

Eastern Health

disABILITY Action Plan

2019 - 2022

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1. Message from the Chief Executive

Over the next three years Eastern Health will work hard to find ways to provide an inclusive, safe and accessible health service for everyone – our service users and their carers, our employees and volunteers, and visitors to all of our sites.

Eastern Health is committed to supporting the diversity of our staff, volunteers, patients and their families, and our communities. This disABILITY Action Plan aims to identify and adopt inclusive practices so that our organisation is responsive to the health and wellbeing needs of people with a disability, and the needs of their carers.

Eastern Health is committed to identifying, addressing and eliminating barriers that people with a disability may experience in our workplaces and our health services. These barriers may be physical, technical or attitudinal and can deny people access to services and community participation and may make life difficult for people living with a disability.

Eastern Health aims to ensure our organisation is accessible, has a welcoming attitude, and has staff who are informed about disability and have the right skillsets to support colleagues, patients with a disability and their carers by:

- Reducing barriers for persons with a disability accessing Eastern Health goods, services and facilities; and
- Reducing barriers for persons with a disability in obtaining and maintaining employment at Eastern Health; and
- Promoting inclusion and participation in the community for people with a disability; and
- Achieving tangible changes in attitudes and practices at Eastern Health which discriminate against persons with a disability.

Eastern Health will strive to be recognised as a leader in the provision of inclusive services for people with a disability and to be the healthcare service of choice for our local communities.

I would like to acknowledge the contribution of the Disability Taskforce, our consumers and their carers, the community and staff who have developed the Eastern Health disABILITY Action Plan 2019 – 2022.

I encourage all Eastern Health staff to bring this plan to life and provide the best possible care to all our consumers, and to ensure that there are no barriers for people with a disability, and their carers.

David Plunkett
Chief Executive

2. Our Commitment

Eastern Health is committed to ensuring that the needs of all individuals within our diverse community are met in an appropriate and respectful manner. In partnership with consumers and carers, we aim to provide an environment that recognises and responds to individual staff, volunteers, consumer and carer needs and preferences and which provides the necessary supports to meet their needs and expectations.

The Eastern Health disABILITY Action Plan 2019 – 2022 was developed through:

- Consultation – staff workshop and consultation, community consultation forum, *Have your say* feedback form.
- Data analysis – of consultations, identified issues, feedback from multiple sources including Leadership Walkrounds, Victorian Incident Management System (VHIMS – Feedback), Victorian Healthcare Experience Survey (VHES), People Matter Survey (staff).
- Legislative and corporate alignment.
- Best practice research.

disABILITY Action Plan 2019 – 2022: Outcomes

- ✓ Barriers for persons with a disability accessing Eastern Health goods, services and facilities are reduced or eliminated, and
- ✓ Barriers for persons with a disability in obtaining and maintaining employment at Eastern Health are reduced or eliminated, and
- ✓ Eastern Health promotes inclusion and participation in the community for people with a disability, and
- ✓ Tangible changes will be achieved in attitudes and practices at Eastern Health which discriminate against persons with a disability.

We will implement, monitor and evaluate the disABILITY Action Plan 2019 – 2022:

- The disABILITY Action Plan will be made available to our staff and the community.
- Actions identified in the disABILITY Action Plan are documented in Appendix A.
- Progress of local actions will be monitored via the service/department Improvement and Innovation Plans and reports provided to their Executive Director.
- The Disability Action Plan Self-Assessment Tool will be used by local areas, assisted by the Disability Taskforce, to assess their disability inclusiveness. This tool will identify areas currently meeting disability inclusiveness and any areas for improvement.
- Executive Director Quality, Planning and Innovation is responsible for monitoring and reporting the actions.
- The Disability Taskforce is responsible for overseeing the implementation, monitoring and evaluation of the disABILITY Action Plan in consultation with Eastern Health's Community Advisory Committee.
- Eastern Health will report the plan's progress via the annual Quality Account.

What will make our Eastern Health disABILITY Action Plan successful?

- It has been developed in close partnership with people with a disability and their carers. We recognise that this is only the beginning of Eastern Health embedding systems and processes that ensure we can respectfully and appropriately meet the needs of all individuals served. We also recognise that some areas can demonstrate their disability inclusiveness and this information will be collated through the organisation-wide self-assessment process.
- It has been developed in partnership with organisations providing services for people with a disability.
- It will be a core part of planning for all services, departments and units in their service provision, projects and policies.
- A dedicated Disability Taskforce to drive the planning.
- Has solid support from the Board, Executive and senior management.
- The disABILITY Action Plan will be regularly reviewed and monitored to make sure it is appropriate, current and its goals are being achieved.

3. Introduction

Disability affects a significant portion of the Australian population with 19% of people having some form of disability and 11% of people providing informal care for a person with a disability. The complex care needs of many people with a disability are not always known to healthcare workers as well as employers, and it is therefore important that Eastern Health takes steps to better understand disability. This includes the needs of every individual with a disability as well as the needs of their carers so that we can ensure our facilities are accessible, our services are appropriate and our workplaces are suitable for staff and volunteers. The following information helps us to understand disability in our local community.

3.1 The importance of inclusion in Australia





 <p>1 in 5 Australians report having some kind of disability</p>	<p>On average, people with a disability earn only half the average Australian income (45% live in poverty)</p> 	 <p>Most common disabilities: 33% musculo-skeletal 10% circulatory system 7% diseases of the ear</p>
 <p>Disability rates in Indigenous populations are almost twice as high as non-Indigenous rates</p>	<p>The most common activities that people with a disability need help with are:</p> <ul style="list-style-type: none"> Transport Mobility Paperwork Communication 	<p>14% of Australians have a physical disability</p> 
<p>1/3 of people with a disability have profound or severe core-activity limitations</p> 	 <p>1 in 5 Australians will be affected by a mental illness at some point in their lives</p>	<p>25% of Australians with a disability are from non-English speaking backgrounds</p> 
<p>22% of people with a disability have a mental or behavioural disorder</p> 	 <p>40% of Australians have a disability or long-term health condition</p>	<p>2.9% of Australians have an intellectual disability</p> 
<p>11% of people with a disability experience barriers to accessing health care</p> 	 <p>60% of people with a disability need assistance with at least one daily activity</p>	<p>HALF of people with a disability use aids or equipment</p> <p>4.4% use a wheelchair</p> 

Table 1: Disability in Australia (Source: Disability, Ageing and Carers, Australia: summary of Findings, 2015, Australian Bureau of Statistics 2015)

3.2 Defining disability

Disability, as defined within the *Disability Discrimination Act 1992*, means:

- a) loss of all or partial bodily or mental functions; or
- b) presence of organisms causing, or capable of causing, disease or illness; or
- c) a malfunction, malformation or disfigurement; or
- d) a disorder or malfunction causing learning difficulties; or
- e) a disorder, illness or disease affecting thought processes (reality, emotions or judgment) that results in disturbed behaviour – includes existing, previously existed, may exist in the future (e.g. a healthy person may carry a gene that could develop into a disease), or is imputed to a person (e.g. people might assume a gay man is HIV positive).

Disability comes in many forms. The table below identifies a range of disability types and the impacts and barriers that people living with these disabilities face, however it should be noted that the list is not intended to be comprehensive.

This Disability Action Plan is relevant for all people who have a disability, regardless of whether the disability has been diagnosed or labelled as such by a health professional.

DISABILITY TYPE	IMPACTS ON	BARRIERS
Physical impairment		
<ul style="list-style-type: none"> - Spinal cord injuries - Cerebral palsy - Musculo-skeletal disorders e.g. arthritis, rheumatism - Communication disorders e.g. stuttering, swallowing 	<ul style="list-style-type: none"> - Mobility and ability to move about to get up and sit down, to carry things, use doorknobs, controls and levers, negotiate physical environment 	<ul style="list-style-type: none"> - Non-accessible physical environment e.g. steps, roads, footpaths, public transport
Sensory impairment (of one or more of the five senses)		
<ul style="list-style-type: none"> - Hearing e.g. deafness or hearing impaired - Vision: 90% of blind people have some vision 	<ul style="list-style-type: none"> - Communication, including ability to comprehend - Ability to participate in community or public events - Ability to participate in decision making about their lives e.g. healthcare options 	<ul style="list-style-type: none"> - Information provided in standard print and limited formats - Limited media options/ telecommunications - Standard healthcare consultations format
Intellectual and cognitive impairment		
<ul style="list-style-type: none"> - Acquired brain injury e.g. drug/alcohol abuse, stroke, accident - Neurological condition e.g. epilepsy, dementia, diseases (Huntington's, Parkinson's) - Developmental disability e.g. Asperger's syndrome 	<ul style="list-style-type: none"> - Comprehension and learning - Communicating, controlling, coordinating thoughts/actions - Speech and language abilities - Social interaction/behaviour 	<ul style="list-style-type: none"> - Standardised information - Complex instructions or communications
Psychiatric impairment		
<ul style="list-style-type: none"> - Schizophrenia - Bipolar disorder - Obsessive-compulsive disorder - Clinical depression 	<ul style="list-style-type: none"> - Mood, behaviours, auditory and visual experiences - Ability to participate in decision making about their lives e.g. healthcare options 	<ul style="list-style-type: none"> - Hostile attitudes and stereotypical thinking - Stigma

Table 2: Disability impacts and barriers

3.3. Health issues for people with a disability

The *VicHealth Indicators Survey* of 2015 highlights that in Australia, people with a disability experience significantly poorer health than people without a disability including:

- Poorer self-rated health.
- Higher rates of long-term health conditions.
- Higher prevalence of risk factors for health conditions.
- Greater rates of being overweight or obese.

There are a variety of reasons for these poor health outcomes for people with a disability, some of which may be directly related to a person's disability. As well, people with a disability commonly experience greater social and economic disadvantage, known indicators for poorer health outcomes, than people without a disability. The VicHealth survey also found that one in seven people with a disability experienced discrimination or unfair treatment in the previous 12 months, and this group also experiences greater levels of all forms of violence than people without a disability.

The Australian Institute of Health and Welfare's 2017 report, *Access to health services by Australians with disability*, shows that people with a disability under 65 years of age use a range of mainstream health services—such as GPs, medical specialists and dentists. The difficulties experienced by this group of people with a disability in accessing health services includes:

- Unacceptable or lengthy waiting times.
- 1 in 5 delayed or did not see a GP because of the cost.
- 2 in 6 had difficulty accessing medical facilities.
- 1 in 6 experienced discrimination by health staff.
- 1 in 8 needed help with health care but had no source of assistance.

The La Trobe University 2018 research report, which included findings from the experiences of Eastern Health patients, *Enabling mainstream systems to be more inclusive and responsive to people with disabilities: Hospital encounters of adults with cognitive disabilities*, highlights the following health disparities for people with cognitive disabilities compared to the general population:

- Poorer physical and mental health.
- High rates of comorbidity, multiple and complex health needs.
- High rates of obesity and low rates of exercise.
- Shorter life expectancy.
- Higher age specific mortality rates.
- 38% death potentially avoidable vs 17%.

Many of the differences in health outcomes for people with cognitive disabilities compared to the general population stem from social, economic and system factors such as:

- The quality and responsiveness of the health care system.
- An absence of social relationships to advocate in health care.
- Unhealthy lifestyle, and low use of preventative health care.

The report also noted that a systematic review of international research, mainly focused on intellectual disability, highlights that this population group:

- Are frequent and costly users of hospital services.
- Find health systems unresponsive to their needs.
- Are at risk of mismanagement of health issues and poor quality care in hospitals.
- Experience problems associated with failure of hospital staff and procedures to make adjustments to accommodate their needs.
- Find that healthcare services have difficulties identifying people with cognitive disabilities and their care needs, providing day to day care, adhering to clinical guidelines and finding ways to support patient compliance with treatment regimes, with:
 - A high reliance on family or paid disability staff to ensure basic needs are met.
 - Negative attitudes of staff.
 - Lack of knowledge of intellectual disability.
 - Compounded cultural differences.

3.4 Eastern Health's catchment area

The Eastern Health catchment extends across an area of 2800 km², covering the largest geographical space of any of the Melbourne metropolitan health services. The location of each major Eastern Health facility within the primary and secondary catchments can be seen in the map below.



Figure 1: Eastern Health catchments and locations of major Eastern Health sites

Eastern Health's primary catchment extends from the densely populated inner-eastern suburbs of metropolitan Melbourne, to the sparsely populated and rural outer-east. The primary catchment includes the six local government areas (LGAs) of Boroondara, Knox, Manningham, Maroondah, Whitehorse and Yarra Ranges (N.B. Boroondara and Knox LGAs are only partially included in the catchment).

3.5 Eastern Metropolitan Region health profile

The Eastern Metropolitan Region (EMR) has one of the most diverse populations across Victoria, with 35% of people born overseas. In addition, the community profile across the region is quite varied between and within Local Government Areas (LGAs). For example:

- 4.9% of people in the EMR have a severe or profound disability with the lowest rate of 4% in Boroondara and the highest rate of 5.3% in Manningham.
- Disadvantage, as measured by the Australian Bureau of Statistics SEIFA Index of Disadvantage, shows the Eastern Region as having lower disadvantage than Greater Melbourne, Victoria and Australia. However, comparing across our local LGAs, Boroondara has the lowest level of disadvantage and the Yarra Ranges has the highest level of disadvantage.
- People living in the Eastern Metropolitan Region have lower rates of all doctor-diagnosed chronic disease than all of Melbourne as well as Victoria. Despite this, 16% of adult females and 13.4% of adult males living in the Eastern Metropolitan Region have been diagnosed with two or more chronic diseases.

4. Development of the disABILITY Action Plan

This disABILITY Action Plan has been developed with the support of Eastern Health's Disability Taskforce. Throughout the development of this document Eastern Health's senior leaders and key staff members have consulted widely with internal and external stakeholders, including consumers, to deliver a comprehensive disABILITY Action Plan for Eastern Health.



Figure 2: Eastern Health target disability audience/stakeholders

4.1 Consultation

Several methods of consultation were utilised including a staff workshop, a community consultation forum and distribution of feedback forms to a wide range of stakeholders.

Promotion of the community forum included phone and email contact with more than 200 organisations (see Appendix C), most located in the Eastern Metropolitan Region of Melbourne. Social media was also used to promote the forum and the feedback opportunities for people to participate using the '*Have your say*' feedback form (Appendix D).

Attendees of the Disability Consultation Forum held on 11 April 2019 were asked to provide feedback regarding the forum administration, format and content (Appendix E). Of the 31 participants at the forum, 13 returned evaluation forms, with the following outcomes:

- Overall, the forum attendees rated the event as being successful and meeting expectations of attendees.
- The consultation forum held indicated a need for further consultation which is tailored to hear from a diverse range of people with a disability. The learnings from this consultation will be applied to future forums and will inform this plan.

4.2 Data analysis

Thematic data analysis was conducted on a range of data with the aim to identify key themes and incorporate the recommendations into the goals and actions of Eastern Health's disABILITY Action Plan Schedule (Appendix 1). The following data sources were analysed:

- *Have your say* feedback form
- Staff workshop outcomes
- Disability Community Consultation Forum
- Consumer & Carer Forum
- Victorian Healthcare Experience Survey (Eastern Health data)
- Victorian Health Incident Management System (Eastern Health data).

4.2.1 *Have your say* feedback form

More than 200 organisations were contacted to invite them to the Community Consultation Forum, and to offer them the opportunity to provide feedback using the *Have your say* feedback forms. In addition, the form was distributed widely throughout Eastern Health, including promotion at the Box Hill Hospital Outpatients Clinic.

The feedback was reviewed with the following items/issues identified as priority areas for Eastern Health to focus on:

Reduce barriers for persons with a disability accessing Eastern Health goods, services and facilities

- Some services, due to their very nature, produce anxiety before the person actually attends the site e.g. patients with Asperger's can easily become hospital-phobic.
- Welcoming environment - apply a 'dignity' approach to all access points of the service and facilities so patients can access with autonomy and dignity e.g. a smiling face 'concierge' at the front door to help direct people, information staff walking/rolling around .
- Identify with the client e.g. 'my brother has Asperger's'.

- Patient information provided prior to attendance to identify special needs in advance and reduce need to educate medical professionals repeatedly.
- Tailor services to individual's needs e.g. at ED, admit patient with behavioural issues and do all the necessary testing whilst sedated.
- Establish a disability/autism clinic to assist with continuity of care and understanding of people with different needs (reduced wait times, quiet waiting room and/or chill out space).
- Inclusive communication e.g. compatible screen-reading documents/information.
- Access to transport.
- Clear information about building access provided prior to attendance.
- More ramps.
- More accessible and affordable parking.

Reduce barriers for persons with a disability in obtaining and maintaining employment at Eastern Health

- Pathways – work experience, volunteering, VET, traineeships, apprenticeships, buddy system.
- Apply a 'dignity' approach to employees to allow flexibility and adaptability of policies and procedures. Not the indignity of being a special case!
- If people see people with disabilities working, others know it's an option for them. For people with non-visible disabilities, make info available through health providers.
- Adapt to the person, assessing individual needs and tailoring positions to the individual.
- See past the disability – need to be open to adapt to specific needs.

Promote inclusion and participation in the community for people with a disability

- Work in collaboration with local community groups, disability organisations.
- Establish a network, social media etc.
- Promote success stories via local shops, schools, shopping centres, newspapers, work experience.

Achieve tangible changes in attitudes and practices at Eastern Health which discriminate against persons with a disability

- Provide awareness training to staff so they understand the lived experience of patients with a disability.
- Train staff to identify and manage patients with special needs.
- Staff training to be provided by people with a disability and disability support groups.

4.2.2 Staff workshop outcomes

A Disability Workshop was conducted with 30 staff on 28 February 2019. The aim of the workshop was to identify key internal and external stakeholders in relation to the development and implementation of a disABILITY Action Plan at Eastern Health. The outcomes included:

- Acknowledgement that every staff member and every department should have a voice and a role in the development and implementation of the disABILITY Action Plan.
- Identification of specific Eastern Health services with a disability focus.
- People with a disability to be partners in the development and implementation of the disABILITY Action Plan.
- Establish a Disability Taskforce to manage the disABILITY Action Plan.
- Acknowledgement of the importance of consulting and partnering with a wide range of external stakeholders.
- Importance of engaging with staff e.g. disability champions.

4.2.3 Disability Community Consultation Forum outcomes

On 11 April 2019 a Disability Consultation Forum was held to hear the voice of our community in the eastern region. Over 200 organisations were invited to attend to help shape our disABILITY Action Plan. The organisations were contacted via phone and email to promote the forum, with many of these organisations distributing the forum flyer via their own networks and e-newsletters.

At the forum 31 consumers, carers, advocates and employees of organisations that provide services to people with a disability attended, with eight Eastern Health staff also present. The aim of the forum was to focus on barriers to access, inclusion and participation, and to help influence and change attitudes and practices. The key outcomes are listed below – see Appendix G for full details.

1. Reduce barriers for persons with a disability accessing Eastern Health goods, services and facilities:
 - Provide a welcoming, comforting, culturally sensitive environment.
 - A meet and greet concierge service – to assist, guide and support.
 - Inclusive facilities – ramps, wider lifts, less congested entrances, ergonomic chairs, audio in lifts announcing floors, quiet/chill out room .
 - Increase disabled parking.
 - Easy to read signage, maps and sensory pathways.
 - Adopt a patient passport – provides information to identify, understand and manage needs. It also avoids the need to repeat information.
 - Identify communication needs – staff trained to identify and use aids.
 - Accessible (range of formats for all impairments), current and informative website.
 - 24/7 NDIS expert available to provide support.
 - Improved sharing of information across services – connect networks.
2. Reduce barriers for persons with a disability in obtaining and maintaining employment at Eastern Health:
 - Seeing the person for who they are and not the disability (not a quota).
 - Accessible, flexible and customised employment.
 - Utilise knowledge and needs of staff with a lived experience of a disability.
 - Support person or unit to provide assistance and understanding of support needed.

- Welcoming attitude from employer.
 - Career pathways and a 'come and try a day at Eastern Health' to promote employment opportunities.
3. Promote inclusion and participation in the community for people with a disability:
 - Regular community consultations to remain informed about the needs of the community.
 - Consult with the community (with lived experience of a disability) about building improvements/works to ensure needs are identified.
 - Listen to needs of patients and carers with respect and empathy.
 - Promote services available.
 - Flexible and responsive feedback/complaints processes.
 4. Achieve tangible changes in attitudes and practices at Eastern Health which discriminate against persons with a disability:
 - Site support experts – lived experience officers.
 - Respect the knowledge of lived experience.
 - Caring and respectful culture – employ staff with this attitude.
 - Training of staff – provide disability awareness education at orientation.
 - Utilise research to underpin practices.
 - Knowledge of services available – referrals internal and external.
 - Care pathways for continuity of care - support, flexibility regarding appointments and communication.

4.2.4 Consumer & Carer Forum outcomes

Eastern Health held a Consumer & Carer Forum on 13 May 2019 where the disABILITY Action Plan draft was presented and discussions held to identify the group's key priorities regarding disability. The following provides an overview of the key themes:

Physical

- Better process for drop off zone.
- How do we make car parking an easier experience?
- More signage/clearer directions for all disability levels i.e. colours, jargon, pictures.
- Space for those in wheelchairs/mobility scooters.
- Food service access/preparation (patients and visitors e.g. Zouki):
 - Lids/seals on containers difficult to remove.
 - Provide meals/drinks in oversized containers to assist people with tremors.
 - Consider serving temperature.
 - Meat serving – e.g. meat to be cut up by food staff prior to arriving on ward.

Infrastructure

- Outpatient appointments model needs to be revamped with flexibility; online appointment booking system; text options if appointments running late.

Patient needs

- Patients who acquire disability whilst a patient – identify their needs.
- Proactively support patients to find out their needs e.g. communication preferences.

- Create live 'listening post' in Box Hill Hospital to hear real time experiences on the day of issue.
- Chronic illness to be included in action plan.

Staff

- Roll out Safe Wards to all departments especially ED.
- Promote inclusive workplace to existing staff, social media, job advertisements.
- Recruitment to focus on the CAN DO not the barrier.
- Flexibility in employee contracts.
- Workplace disability % to reflect disability in community.
- Mystery shoppers expanded to include patient experience (in and out-patient).
- Training delivered by people with disabilities *Travel my mile* (walk a mile in my shoes).

Volunteers

- Volunteers provided with training re disability, dementia, mental health etc
- More consumers with disabilities on committees
- Volunteers with lived experience e.g. in waiting rooms and ED
- Volunteers in waiting rooms to be kept in loop with what is happening re clinic delays etc.

4.2.5 Victorian Health Incident Management System (VHIMS) Data

Although identifying feedback specifically from people with a disability is difficult, thematic analysis of all feedback to Eastern Health for 2018 was undertaken. Using 37 key search words, 126 feedback/complaints were identified with the following key themes:

- Lack of respect for individual needs e.g. food left out of reach of patient who could not move, written instructions provided to patient who could not read, lack of care and assistance for patients with physical limitations.
- Disabled car parks limited and not affordable.
- Poor external and internal signage at sites.
- Lengthy wait times e.g. anxiety provoking, incontinence.
- Poor communication between patients, carers and healthcare staff.

A review of incidents for the 2018 calendar year was undertaken using a number of search terms e.g. disability, disabled, unable, dementia. The analysis identified the following themes:

- The patient is the primary carer for a disabled person – much anxiety about the welfare of that person.
- The disabled patient with 24 hour carer provided for an admission (generally supplied by the patient's facility or care package) – what is the carer's orientation to the hospital environment (duress alarms, meal delivery times), do we cover their breaks, can they administer medications etc. Do we provide sleeping facilities in the room for the carer?

- Need for constant observer due to demonstration of behaviours of concern (generally advanced dementia or intellectual disability).
- Resistant to care resulting in pressure injuries/falls and other hospital-acquired complications.
- Special diet requirements not always readily available.
- Behaviour plans essential.
- Medication management – example: routine daily medications for conditions such as epilepsy, depression, Parkinson's, rheumatoid arthritis and opioids are either not prescribed, dispensed or administered resulting in poor symptom control.
- Equipment needs to be available and working e.g. portable oxygen readily available to enable disabled person to go to toilet, commodes and wheel chairs in working order, pressure relieving chairs such as floatation chairs for people who cannot walk.

4.2.6 Victorian Healthcare Experience Survey (VHES) Data

A review of Eastern Health's recent Victorian Healthcare Experience Survey (VHES) data indicates that although most patients feel they were treated fairly, there are a number of people who felt they were not treated fairly. Although the 2018 data shows considerable fluctuation, patients felt they were treated unfairly because of their disability as follows:

- Up to 1 in 10 people with a mobility impairment, more so in ED than as an inpatient
- Up to 1 in 10 people with deafness/hearing or blindness/vision impairment, more so as an inpatient than in ED
- Up to 1 in 10 people with a mental health condition, more so in ED than as an inpatient
- Up to 1 in 4 people with a learning disability, more as an inpatient than in ED.

	Adult Inpatients 2018				Adult Emergency 2018			
	Jan – Mar (n=672)	Apr – Jun (n=587)	Jul – Sep (n=604)	Oct – Dec (n=514)	Jan – Mar (n=195)	Apr – Jun (n=207)	Jul – Sep (n=183)	Oct – Dec (n=166)
Chronic illness	2.3%	3.7%	1.7%	1.9%	0%	1.5%	3.3%	5.3%
Mobility impairment	5.5%	3.3%	6.1%	3.5%	10.3%	3.4%	9.4%	11%
Deafness or hearing impairment	11%	0%	4.4%	0%	0%	0%	0%	0%
Blindness or vision impairment	11%	12%	0%	0%	0%	0%	0%	0%
Mental health condition	6.7%	0%	4.4%	2%	19%	11.6%	0%	9.1%
Learning disability	7%	23%	0%	25%	19%	0%	0%	0%

Table 3: Patients with long-standing conditions who believe they were treated unfairly because of their disability

4.3 The legislative context

Eastern Health's disABILITY Action Plan has been developed with reference to the following:

- *Disability Discrimination Act 1992* (Cth)
- United Nations Convention on the Rights of Persons with Disabilities
- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Disability Act 2006* (Vic)
- *Disability Amendment Act 2012* (Vic)
- *Equal Opportunity Act 2010* (Vic)
- *State Disability Plan 2017-2020* (Vic)
- WHO International Classification of Functioning Disability and Health 2001

4.4 Corporate alignment

Alongside the information gained through stakeholder consultation, development of this plan included a review of Eastern Health's existing policies/standards/guidelines, services and plans, including but not limited to:

- Appropriate and Effective Care Standard
- Code of Conduct Standard
- Consumer & Carer Information Resource Booklet – consumer information
- Diversity and Inclusion Framework
- Diversity and Inclusion Standard
- Equal Opportunity Guideline
- Employee Training and Development Standard
- Grievance Policy and Procedure
- Partnering with Consumers Standard (Consumer, carer and community participation)
- Patient and Family-Centred Care Standard
- Patient Experience of Care Policy
- Patient Information Document Development Guideline
- Privacy Standard
- Recruitment Standard
- Resolution of Complaints from Consumers and Carers Standard
- Rights and Responsibilities of Patients, Clients and Residents
- Staff Health and Wellbeing Standard
- Strategic Plan 2017-2022
- Workplace Bullying Prevention and Management Guideline
- Workplace Mental Wellbeing Guideline

4.4.1 Eastern Health Strategic Plan

The Eastern Health Strategic Plan 2017-2022 defines Eastern Health's vision, mission, strategic initiatives and values. In particular, this planning document supports the delivery of 'Great Care, Everywhere, Every time' and the overarching value of 'Patients First'. This

strategy guides the services provided by Eastern Health and ensures they align with the strategic objectives of the organisation.



Figure 3: Eastern Health Strategic Plan

5.0 Next steps

Eastern Health's disABILITY Action Plan aims to ensure that staff, volunteers and consumers with disabilities experience an inclusive, safe and accessible workplace and health service. This approach aligns with Eastern Health's core values as outlined in the Strategic Plan. The Plan will be delivered over three years to 2022 and will see Eastern Health strive to be recognised as a leader in the provision of inclusive workplaces and services for people with a disability and to be the healthcare service of choice for our local communities.

Appendix A provides the three-year program to deliver our disABILITY Action Plan with the gap analysis the first major item of work to be progressed. Actions will be progressively implemented across the full three years with progress reported internally to the Board and externally to the community via the annual Eastern Health Quality Account.

Appendix A - DISABILITY ACTION PLAN (DAP) – ACTION ITEM LIST

Outcome One: Reducing barriers to persons with a disability accessing goods, services and facilities		
Objective	Actions	Timeframe
Organisational commitment to DAP	Ensure all patient, family, carer and community feedback mechanisms are disability-inclusive	Year 1
EH's policies, procedures and guidelines affecting people with disabilities will be inclusive	Relevant policies and guidelines to be disability-inclusive as they come up for review	Year 1
Patients and other consumers are encouraged and enabled to inform services of their disabilities and any supports they require	Consideration of feasibility including alerts in medical records for people with a disability with specific care needs e.g. Engagement Plan re intellectual disability, hearing loss etc	Year 2
	Investigate the practicability of the development of a Patient Health Information Passport to include: communication needs, advocacy responsibilities, privacy needs, access needs, care preferences	Year 3
EH provides supportive infrastructure for people with a disability	Review and identify opportunities to improve infrastructure including <ul style="list-style-type: none"> - accessible parking e.g. increased disabled parks, - inclusive signage - hearing aid battery bank - safe keeping strategies e.g. hearing aids 	Year 2
	Identify elements of a disability-inclusive, welcoming environment e.g. concierge, mobile information staff	Year 2
	Consider the opportunity for a multi-disciplinary clinic designed for people with a disability –e.g. quiet waiting rooms, reduce wait times especially patients with behavioural issues	Year 3
Consumer information and communications	Promotion of EH's accessibility: <ul style="list-style-type: none"> - map showing building access points, parking and public transport options - availability of information in alternative formats - support services available - Care Plan policy 	Year 2

Outcome Two: Reducing barriers to persons with a disability obtaining & maintaining employment		
Objective	Actions	Timeframe
Increase workforce participation of people with a disability	Review recruitment and employment policies to identify opportunities for improvement to enable people with a disability to work at EH: <ul style="list-style-type: none"> - Pathways e.g. work experience, 'come and try day', traineeships, volunteering - Job ads emphasise 'applications are welcome from diverse... 	Year 1
	Managers and recruitment staff trained: <ul style="list-style-type: none"> - equal employment opportunity - reasonable adjustment - disclosure - interviewing techniques communication options/aids 	Year 2
EH supports employees and	Review relevant policies to identify opportunities for	Year 1

volunteers with a disability	improvement in supporting employees and volunteers with a disability: - Disability policy - Reasonable adjustment policy - Flexible working arrangements - Recruitment policy/framework	
	EH provides relevant support services for all employees and volunteers with a disability: - adaptation of the physical environment - provision of specialist equipment or resources - job redesign	Year 1

Outcome Three: Promoting inclusion & participation in the community of persons with a disability

Objective	Actions	Timeframe
EH acknowledges and celebrates people with disabilities and their carers	Celebrate disability via the various local, national and international calendar of events	Year 2
EH's DAP is promoted widely	Develop a Disability Action Plan communication strategy: - Internal and external promotion of the Disability Action Plan	Year 1
EH proactively assists people with a disability to participate	Provide capability building opportunities for people with a disability to participate effectively in health service governance	Year 3
EH has effective and ongoing relationships with key internal and external stakeholders, particularly disability advocacy groups in EH's catchment area	Develop a Stakeholder Engagement Committee plan to include: - consumers with a disability - carers - staff with a disability - organisations supporting people with a disability	Year 1

Outcome Four: Achieving tangible changes in attitudes and practices which discriminate against persons with a disability

Objective	Actions	Timeframe
Staff demonstrate positive attitudes and practices towards people with a disability	Develop a disability training and awareness program for EH staff and volunteers: - targeted training for specific staff e.g. reception, intake/assessment staff, call centre, HR - facilitated by people with a disability - includes experiential learning activities	Year 2
Staff provided with support and resources	Develop staff resources: - How to source and use access aids e.g. portable audio loop hire options	Year 3

Appendix B: Glossary

A/AA/AAA web accessibility standards

These standards determine how accessible a website is. They are governed by the World Wide Web Consortium (W3C) and are outlined in their Web Content Accessibility Guidelines www.w3.org

Access aids

Equipment to help people with a disability deal with mobility and communication issues. Includes mobility aids, aids for daily living, alternative and augmentative communication, seating and positioning equipment, computer access aids, environmental controls, prosthetics and orthodontics, sensory aids etc.

Access audits

Rates a building for useability and accessibility by people with a disability by identifying barriers and seeking solutions e.g. adjustments to be made to ensure the building/services are accessible.

Accessible formats

Accessible formats include Word, Rich Text Format, HTML, Braille, large print, audio, Easy English.

Barriers

Things that exclude people with a disability e.g. physical such as information in standard print or an inaccessible building, or attitudinal such as wrong assumptions about a person's abilities.

Built environment

Physical, public environment including commercial and public buildings, toilets, parks, shops, paths.

Communication aids

Includes manual devices e.g. laminated sheets with signs, symbols and pictograms, or electronic devices e.g. communication boards and switches, speech-output devices and sign picture boards.

Disability discrimination

To treat someone with a disability less favourably than someone without a disability, on the basis of their disability, is prohibited under *Disability Discrimination Act 1992*, Commonwealth and the *Equal Opportunity Act 1995*, Victoria. Discrimination can be direct

e.g. refusing to allow an eligible person with a disability to enrol in a course because they have a disability, or indirect e.g. all job applicants are required to fill in a form that may be difficult for a person with a disability.

Easy English

A simplified form of English to convey information in a plain and concise way that includes basic pictograms and diagrams to help comprehension.

Reasonable adjustment

Employees with a disability may require reasonable adjustments to ensure sustained productivity and safety in the workplace e.g. changes to work processes/equipment or work schedules. By law, whenever necessary, possible and reasonable, employers should take into account a person's disability and make appropriate adjustments to the work environment to accommodate that person.

National Disability Insurance Scheme

The National Disability Insurance Scheme was initiated by the Australian Government for Australians with a disability, including people with intellectual, physical, sensory and psycho-social disabilities. It creates a managed market for disability services in Australia.

Stereotypes

Entrenched assumptions that are not based on evidence e.g. assuming all blind people are helpless inhibits change required to promote the participation of people with a disability in society.

Universal design

Universal design is a solution that produces buildings, products and environments that are usable and effective for everyone, not just people with a disability. For example:

- flat panel light switches, rather than small toggle switches, are easier to use for everyone;
- light switches that can be reached from standing and sitting positions;
- a ramp that is incorporated into a building's main entrance; and
- captions on all visual material such as DVDs, television programs and videotapes.

Appendix C: Stakeholder consultations

The following stakeholder organisations have been consulted during the development of this disABILITY Action Plan. Eastern Health is grateful to all contributors for their time and honest feedback. Individual contributors have not been listed for privacy reasons.

- Able Australia (multiple disabilities)
- Action on Disability in Ethnic Communities ADEC
- Advocate
- Aleph Melbourne (Jewish LGBTI)
- Alkira
- Alzheimer's Australia
- Amaze (formerly Autism Victoria)
- AMES Australia
- Anchor Inc
- annecto Inc – South Eastern Region
- Anglicare
- Anxiety Disorders Assoc of Victoria
- AQA (spinal cord injury)
- Arthritis Australia
- Arbias
- Aspergers Victoria
- Association for Children with a Disability
- Australian Leukodystrophy Support Group
- Australian Network on Disability
- Australian Greek Welfare Society
- Australian Multicultural Community Services
- Australian Patients Association
- Australian Unity Retirement Living
- Autistic Family Support Association
- Belonging Matters
- Better Health Victoria
- Better Hearing Australia
- Beyondblue
- Blind Citizens Australia
- Blue Cross
- Bolton Clarke
- Boroondara City Council
- Brain Injury Australia
- Brain Injury Matters
- BrainLink
- Bright ideas network
- Burke & Beyond
- Cancer Council Victoria
- CareChoice
- Care Connect
- Carers Victoria
- Carrington Health
- Celebrate Ageing
- Centre for Culture, Ethnicity and Health
- Centre for Disability Employment Research and Practice
- Centre for Cultural Diversity in Ageing
- Centre for Culture, Ethnicity & Health
- Cerebral Palsy Support Network
- Chinese Community Social Services Centre Inc
- Chinese Parents Special Support Network
- Communication Rights Australia
- COTA
- CO.AS.IT Italian Assistance Association
- Commissioner for Senior Victorians
- Commissioner for Gender & Sexuality
- Connections Uniting Care
- Cystic Fibrosis Victoria
- Deaf Australia
- Deaf Children Australia
- Deaf Victoria
- Dementia Australia (Victoria)
- DHHS – disability services (east)
- Department of Health & Human Services
- Different Journeys
- Disabilities Services Commissioner (Vic)
- Disability Advocacy Resource Unit
- Disability Justice Advocacy
- Disability Resources Centre
- Diversity & Disability Alliance (CALD support)
- Down Syndrome Vic
- Each – Knox Social and Community Health, eachchoice, new horizons
- ECHO Australia
- Eastern Community Legal Centre Inc, Outer East
- EDVOS
- Eastern Disability Action Group (EDAG)
- Eastern Health Consumer Register
- Eastern NDIS CALD network
- Epic Assist
- Epilepsy Foundation of Victoria
- Expression Australia (was vicdeaf)
- Foundation House
- First Peoples Disability Network Australia
- Ferntree Gully Carers Group
- Foundation House
- Gippsland Disability Advocacy
- GPs
- GP Middle Camberwell MC
- Guide Dogs Victoria
- Healesville Indigenous Community Services Association (HICSA)
- Health Abilities
- Home instead Senior Care
- Huntington's Victoria
- Irabina Autism Services
- Illowra Projects
- Independent Mental Health Advocacy (IMHA)
- Interchange Outer East
- Inspiro Community Health
- Knox City Council
- Knox Village Services Assoc Inc
- Knox Disability Partnerships Network (Knox Council)
- Knoxbrooke Inc
- Lifeline
- Link Health & Community
- Living with Disability Research Centre La Trobe Uni
- Manningham City Council
- Maroondah City Council

- Melba Support Services Inc
- Melbourne East Disability Advocacy (MEDA)
- Mental Health Foundation of Australia (Victoria)
- Migrant Information Centre, Eastern Melbourne
- Migrant Settlement Committee
- Mind Australia
- MND Australia (motor neurone disease) & MND Victoria
- Monash Health
- Mullum Mullum Indigenous Gathering Place
- MS - multiple sclerosis
- Muscular Dystrophy Australia
- Musculoskeletal Australia (arthritis etc)
- National Ageing Research Institute (NARI)
- National Disability Insurance Scheme
- National Ethnic Disability Alliance
- National Stroke Foundation
- North East Citizen Advocacy
- OELLEN
- Office of the Minister for Women
- Office of the Public Advocate
- Outer East Primary Care Partnership
- Parkinson's Victoria
- Physical Disability Australia
- Rainbow Families Victoria
- Reinforce
- Robinson Gill Lawyers
- Rubix Support
- Safe Futures Foundation
- Safe Futures Foundation
- Safe Steps
- SANE Australia
- SCOPE (physical, intellectual or multiple disabilities)
- Self Advocacy Resource Unit (Vic)
- Speech Pathology Australia
- SPELD Victoria (dyslexia)
- Spina Bifida Foundation Victoria
- Star Victoria
- Stroke Association of Victoria
- Tabulam and Templer Homes for the Aged Inc.
- Taralye – the Oral Language Centre for Deaf Children
- TANDEM – (carers supports)
- Thorne Harbour Health
- United Brains
- unitingCare Harrison – Disability Services
- Uniting Care Life Assist
- unitingCare lifeAssist – Homeshare Program
- Uniting
- Vt.uniting
- Vic Equal Opp & Human Rights Commission
- Vic League for individuals with a disability VALID
- Vic Mental Illness Awareness Council (VMIAC)
- Victorian Aboriginal Community Controlled Health Organisation (Vaccho)
- Victorian taxi Directorate
- Victoria Police
- Villamanta Disability Rights & Legal Service
- Vision Australia
- VMCH (carers)
- We are rainbow
- Wesley Disability Services – East
- Wellways
- Whitehorse City Council
- Whitehorse early Years sector network
- Women's Health East
- Women with Disabilities Victoria (advocacy)
- Work Health Systems
- Yarra Ranges Council
- Yooralla - physical, intellectual, multiple disability
- Youth Disability Advocacy Service
- Young People in Nursing home National Alliance

Have your say!

We are now seeking feedback on the development of Eastern Health's Disability Action Plan.

What's this about?

Eastern Health is committed to improving access and service delivery for people with a disability. We are now inviting feedback from all interested stakeholders. Your feedback will play an important role in informing Eastern Health's Disability Action Plan.

What are the key areas that the plan will focus on?

Eastern Health's Disability Action Plan will focus on:

- Reducing barriers to persons with a disability accessing goods, services and facilities, and
- Reducing barriers to persons with a disability obtaining and maintaining employment, and
- Promoting inclusion and participation in the community of persons with a disability, and
- Achieving tangible changes in attitudes and practices which discriminate against persons with a disability.

Have your say

Eastern Health is inviting public submission from all interested stakeholders. Your feedback will play an important role in informing the Disability Action Plan. People with disability are encouraged to participate. If you require an alternative method of communication please contact Sandy Ashton on 1800 327 837 or diversity@easternhealth.org.au. If you are deaf, or have a hearing or speech impairment, email or contact us through the National Relay Service (NRS).

How to submit your feedback

Email the completed submission form to: diversity@easternhealth.org.au

Phone: 1800 327 837 and ask for Sandy Ashton

Post: Disability Consultation, Centre for Patient Experience, Eastern Health, PO Box 94, Box Hill, Victoria 3128

To provide a submission in alternative format please call or email via the above contacts.

Submissions are due by Friday 26 April 2019

Have your say!

Submission for Eastern Health's Disability Action Plan.

We are now accepting submissions. Please complete the form below to provide your feedback on the new Disability Action Plan.

Submissions are due by Friday 26 April 2019

Name: _____

Email or preferred method of contact: _____

Stakeholder type (mark the box most relevant to you):

- ☐ **Individual**
- ☐ **Non-Government Organisation:** (please provide name of organisation)
- _____
- ☐: **Other:** (please provide name of organisation)
- _____

The Disability Action Plan will focus on four key areas to create a service and a workplace that is inclusive of people with disability:

- Reducing barriers to persons with a disability accessing goods, services and facilities, and
- Reducing barriers to persons with a disability obtaining and maintaining employment, and
- Promoting inclusion and participation in the community of persons with a disability, and
- Achieving tangible changes in attitudes and practices which discriminate against persons with a disability.

The following questions are a guide to assist with your submission.

1. Issues or suggestions on how to reduce barriers for persons with a disability accessing Eastern Health goods, services or facilities.

2. Issues or suggestions on how to reduce barriers for persons with a disability obtaining and maintaining employment at Eastern Health.

3. Issues or suggestions on how Eastern Health can promote inclusion and participation in the community for persons with a disability.

4. Issues or suggestions on how Eastern Health can contribute to achieving tangible changes in attitudes and practices which discriminate against persons with a disability.

5. Any other comments or feedback you would like to share with us?

Appendix E: Disability Consultation Forum Evaluation Report

Attendees of the Disability Consultation Forum were asked to provide feedback regarding the forum administration, format, and content. Of the 31 participants at the forum, 13 returned evaluation forms with the following detail:

- Average rating for the forum was 6.4 (0 = poor, 10 = excellent).
- Rating of the forum's organisation 6.8
- Seven participants said the forum met their expectations, four stated it did not, and one person was not sure.
- Most interesting or useful topics included:
 - Attendees comments and discussions
 - Attitudes, practices, barriers
 - Improving relationships between staff and clients and their carers/family
 - Future planning
- Least useful or of least interest:
 - Negativity of some attendees focusing on the past.

Suggested improvements for future disability forums include:

- Do not rush participants.
- Ensure all voices are heard and respected e.g. nothing is irrelevant.
- Identify communication needs before the forum and provide appropriate aids.
- Do not ask participants to move tables.
- Keep attendees and their carers together e.g. don't allocate to different tables.
- Regular breaks.
- Provide agenda before the meeting.
- Less noisy room.
- Provide a chill out space.
- Ensure facilitator/organiser has disability awareness.

Appendix F: *Have your say* feedback report

More than 200 organisations were contacted to invite them to the Community Consultation Forum, and to offer them the opportunity to provide feedback using the 'Have your say' feedback forms. In addition, the form was distributed widely throughout Eastern Health including promotion at the Box Hill Outpatients Clinic.

The feedback was reviewed with the following items / issues identified as priority areas for Eastern Health to focus on:

- Welcoming environment e.g. identify with the client such as 'my brother has Aspergers', or 'I used to be on this drug'
- Patients with Aspergers avoid CYMHS - anxiety
- Parents, carers, patients having to educate medical professionals repeatedly
- Attending healthcare with a non-verbal disabled child is 'hit and miss' regarding staff awareness and capabilities for dealing with people with a disability
- People with disabilities, particularly children, can easily become hospital-phobic
- Parent places child in a t-shirt stating 'I have autism ... please be patient'
- Nursing staff did not do observations on an Autistic child as it would have distressed him, or too difficult with the child screaming and squirming
- A doctor stating 'may god help you' to the parent when he was unable to examine the child's ear
- Tests and examinations being abandoned, resulting in no diagnosis or treatment, because autistic child unable to be suitably restrained - why not admit child during one of the many ED presentations and do all the necessary testing whilst sedated
- Provide an autism or disability clinic/hospital to assist with continuity of care and understanding of people with different needs
- I am my son's voice. I am the voice for many parents and carers seeking medical help in the public system. I only hope you hear my voice.
- Unable to provide feedback as you don't have compatible screen-reading documents / information
- Appropriate/inclusive building design and warm welcomes/kindness and sensitivity
- Re employment: VET, traineeships, apprenticeships, volunteering, work experience, pathways for people with lived experience.
- Listen and respect the person with the disability
- Inclusive communication
- Nurse was nervous about taking blood from young man with behavioural issues and took incomplete sample which meant a return trip the following day
- Child cannot sit for long periods and waiting times in clinics is way too long
- Would be good to have someone from my own culture and speaks my language for the first point of contact, and with experience and knowledge of disabilities
- Quiet waiting rooms for people with special needs
- Reduce waiting time for children with behavioural issues
- Parents/carers can advise of their child's special needs in advance of attending the hospital
- Employees in hospitals should have a better understanding and awareness regarding symptoms of people with special needs
- Apply a 'dignity' approach to all access points of the service and facilities - so patients can access with autonomy and dignity
- Apply a 'dignity' approach to employees to allow flexibility and adaptability to policies and procedures. Not the indignity of being a special case!
- Structures, services and policies need to be accessible and inclusive
- Full staff education about the social model of disability

- Support and education from disability access groups, those already involved in creating universally designed spaces
- Parking is a real issue
- More parking
- Potential employers should judge the person not their disability
- Treat the person as you would like to be treated or any member of your own family
- When people see the person's physical disability they overlook their mental ability
- BBQ organised by persons with a disability to demonstrate inclusion
- Better parking facilities
- Adapt to the person, assessing individual needs and tailoring positions to the individual
- See past the disability – need to be open to adapt to specific needs
- Opportunity is key – inclusion, non-judgemental
- Bringing a sense of self-worth when sometimes people with a disability feel worthless because they are judged on appearance not ability
- The hospital is confusing
- A smiling face at the front door to help direct visitors, patients e.g. like department store – information staff walking around or rolling around would also be helpful
- Access to transport
- Establish a network, social media etc
- Clearer information about how to access building locations before arriving
- If people see people with disabilities working, others know it's an option for them. For people with non-visible disabilities, make info available through health providers
- Media campaigns – create the conversation and steer it in the direction you want it to go
- Until I had accessibility issues I didn't fully understand accessibility issues
- The training and workplace rhetoric needs to change in order for able bodied people to better understand
- More ramps
- Access for treatment, more carers, more money for disability
- Everyone deserves a chance to work and feel good about themselves
- Educate people without a disability to accept people with a disability. Could help with meals on wheels, directing people in hospitals
- How about Eastern Health employs people with a disability – many are capable of doing useful work. lots of supermarkets employ people with disabilities and they are very diligent workers, very happy because they are appreciated
- Just because they have a disability they are not stupid – unless you give them a chance no-one will ever know
- Eastern Health could start the ball rolling and employ people with a disability. Give them a chance to grow.
- Interpreters
- Subsidising
- Working with employers to hire and train people with a disability. Promoting it within the workplace and local council
- Peer support workers
- Work in collaboration with local community groups
- Promote via local shops, schools, shopping centres, newspapers, work experience
- Promote success stories, interview/statements, promotional materials
- More accessible and affordable parking
- Buddy system to promote inclusion and participation

Appendix G: Disability Consultation Forum Report

Disability Consultation Forum 11 April 2019

1. Key outcomes that improve access at Eastern Health

Access to goods & services
<p>PATIENT HEALTH INFORMATION</p> <ul style="list-style-type: none"> - In use at Frankston Hospital - Used on admission, including first outpatients presentation - Individualised care – provides vital information to identify, understand and manage needs of patients with a disability e.g. understanding of patient's capacities - Requires staff to read and comply with needs of patients with a disability – highlight that non-compliance may have life threatening outcomes e.g. dietary needs - Reduces need to avoid repeating self - Patient has power and can voice their choices e.g. consent for carers to make decisions - Enables alerts e.g. EDs recognise, understand and manage needs - Addresses pre-conceived perceptions and assumptions - Supports health literacy needs <p>Process</p> <ul style="list-style-type: none"> - Ability to fast track - Prompts for staff to ask 'what can I do to help you' - Provision of support during procedures - Processes address time needs of patients e.g. more time needed in bathroom, appointment times realistic to reduce anxiety etc.
<p>WELCOMING ENVIRONMENT – PHYSICAL ACCESS & ENVIRONMENT</p> <ul style="list-style-type: none"> - A visual sign/symbol image that shows acceptance and provides comfort for patients with a disability - Culturally sensitive - Sensory pathways - Meet and greet service at all levels of service – concierge (at BHH) - Quiet rooms/chill out spaces/meltdown rooms - Adequate and easy to read signage - Safe, private place for triage in ED - Inclusive facilities e.g. ramps, no stairs, wider lifts, audio in lifts to announce floors, more space in general, ergonomic chairs in waiting rooms - Staff in uniforms - Include patient in handover - Simple means of identifying who is who - more power points - Car parking – enough disability parking spaces to cater for all who need it at zero, or low, cost - phone chargers available - Wifi access (reduces social isolation, improves access to info) - Correct info/maps about venues - Seeing the person not the disability <p>Opportunities for assisted access</p> <ul style="list-style-type: none"> - Provide map or plan of what will happen, to help reduce anxiety - Maps

- Orientation

Comments

- Quiet room at MH dirty, down in the dump, crappy and needs paint
- MH entrance is congested, busy, Zouki café too busy and overpowering smells at entrance
- Tight space for wheelchair access into ED

COMMUNICATION AIDS

- Access to communication aids for all staff and patients
- Personalised communication aids
- Staff trained
- Provision of alternative formats e.g. tablet, book, audio
- Available in other languages
- Staff trained regarding identification of range of communication difficulties and tools/resources to support
- Feedback opportunities provided in multiple formats e.g. children, blind etc.

HEALTH LITERACY

Language of health care designed to keep patients OUT!

- Good clear website with ease of access, range of formats and mobile application (for all impairments)
- Web Content Accessibility Guidelines (for all impairments)
- Identification of range of
- Communication access certified
- Health literacy support person available for all questions throughout the visit

CARE PATHWAYS: CONTINUITY OF CARE

- Address needs of all disabilities
- Special needs recognised in ED
- Seamless processes to manage admissions
- Quick access to community services e.g. dental, pain clinics
- Make access to second opinions available quickly (e.g. in mental health issues)
- Focus on client and carers' wider support
- Review current practices from patient perspective – not around budgets
- Stop bedside handover (privacy)

Support

- Access to support when not in acute phase
- 24 hour NDIS expert in a hospital
- Long-term case management to support patients across transitions e.g. at 18 support through transitional life stages – handover, healthcare, service provider
- Someone to sit and talk when bored and in for long periods
- Group activities – lifestyle e.g. aged care RACS services

Appointments

- Timely follow up for appointments and rescheduling
- Patients with a disability to have option of choosing dates and times that suit them
- Do not use voicemail or texting – speak to someone

Communication

- Better info sharing between services
- Communication with patients with a disability and their carers throughout e.g. from admission to discharge
- Include patient in handover

- Connect services across networks better, so services in EH know what's available in other networks and easy links to help people access these
- One database across EH with real time information
- Space for cues in the file to provide relevant info
- Create opportunities for staff provide explanations
- Allow patients with a disability to explain what is happening to them and to ask questions

STAFFING

- EH to be nice to staff – value them
- Staff need time to assist clients e.g. mealtimes
- Listen to each client's 'life expert' e.g. themselves, their carers
- Increase staff numbers – currently OHS issue re exhaustion
- Timely call bell response e.g. closest person responds
- patients with a disability as paid peer workers
- patients with a disability are volunteers in clinical areas to support clients
- Support the staff to support the patients e.g. allowing staff to spend time with patients who need it

WAITING ROOMS

- Decrease wait times – e.g. staggered arrival times
- Ticketing system e.g. take a number and wait, patients check-in and then sent text when appointment is due in 5 mins time
- Reception – explain wait time e.g. posters/wall murals, or verbal indication from staff

CURRENT COMMUNICATION PROJECT TO BE FAST TRACKED

Access to employment

PHYSICAL ACCESS/ ENVIRONMENT:

- Create suitable and flexible work stations
- Remove all physical barriers e.g. correct work station
- Create welcoming environment including welcoming attitudes (staff training)

SUPPORT FOR patients with a disability WHO ARE EMPLOYEES

- Accessible and customised employment
- Find out how many staff identify as having a disability and take steps to identify their specific needs and action them
- Support person OR unit
- Flexible work hours, short shifts, work from home
- Provide free or low cost car parks
- Coordinate RTW with work, medical and individual needs

RECRUITMENT

- Active/targeted recruitment e.g. from volunteer cohort
- Understanding what roles can be offered and what levels of support needed
- Come and try day at EH – (future) employee follows a staff member
- Career pathways e.g. work experience, volunteer, part-time
- Promotion of 'can do' welcoming attitude to potential and current employees i.e. encouraged via disability action training
- Volunteer opportunities provided, with appropriate support e.g. coaching, taxi vouchers

- PDs – criteria to be flexible and to consider capacities of individuals
- Employer of choice for patients with a disability

Inclusion & participation

CONSULTATION AND COLLABORATION

- Disability reference group
- Including people with lived experience in decision making
- Regular community consultations
- New works and renovations to consult with patients with a disability
- Collaborate with disability providers to identify how they can help EH enhance services

FEEDBACK & COMPLAINTS

- Easier complaints process
- Quick response
- Listen to needs of clients/carers with respect and empathy
- Multiple ways to participate
- Safe to be heard
- Needs to be flexible opportunity for face to face interviews

PROMOTION OF SERVICES

- Promote services for patients with a disability and deliver on these services

Attitudes & practices

MECHANISMS FOR INDIVIDUALISED CARE

- Processes e.g. NDIS support person on call 24/7 at EH
- Alerts in patient files
- Passports
- Services and resources tailored to specific groups e.g. youth and young adults, CALD, LGBTI, ATSI
- Don't assume that the 'medical knowledge' trumps lived experience and knowledge
- Ask the person 'how would you like this to happen for you?'

STAFF CAPACITY

- EH should become site-specific experts in disability – each site having lived experience officers
- Disability support unit for patients with high care needs
- Don't assume that if you don't understand the patient, the patient does not understand you especially non-verbal, people with cognitive issues
- EH to have caring/respectful culture towards staff
- Better recognition of pain and impact on behavior
- A balance of power
- Listen
- Respect
- Identify communication needs
- Culture of holistic approach to health care

Staff education

- On-boarding/orientation
- Mandatory disability awareness and training for all staff
- Consistent model of disability training – disability experts and patients with a disability lived experience
- Increased disability training integrated into medical/allied health to minimise issues with superiority
- Genuine education, face to face and not online
- Staff trained in specialist spheres – identify and address knowledge gaps

Processes

- Processes to ease patients with a disability (through system – adaptable) Ref: RMH Med Round
- Intake and referral staff should be knowledgeable of services
- Review policies and standards and processes with a disability eye to ensure they are inclusive i.e. OHS/evacuation/employment/HR
- Use research to underpin practices

Appendix H: References

Eastern Health utilised the following resources in the development of this plan:

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