



## **St Vincent's Disability Action Plan 2010–13**



*St Vincent's Disability Action Plan identifies and commits St Vincent's to implementing specific initiatives over the next three years. This will ensure the organisation continually improves its services and facilities with a view to delivering an accessible healthcare service for all the community.*

## Introduction

St Vincent's Melbourne Disability Action Plan has been developed with reference to the Victorian Disability Act 2006 and the Commonwealth Disability Discrimination Act 1992. St Vincent's Disability Action Plan outlines strategies and identifies actions, in accordance with the requirements of the Acts and the Department of Health's (DH) policy in meeting the needs of patients, community and staff with disabilities.

St Vincent's is committed to implementing the specific initiatives included in the Disability Action Plan and will monitor progress and outcomes over the next three years. This will ensure the organisation continually improves its services and facilities with a view to delivering a truly accessible healthcare service for all the community.

This plan is in three sections:

**Section 1** provides a profile of St Vincent's and its core business.

**Section 2** identifies the Plan's objectives, how it was developed and the processes by which it will be implemented, communicated, monitored and evaluated.

**Section 3** identifies specific, practical and achievable outcomes, and strategies St Vincent's will implement and deliver. In addition, timeframes will be clearly identified and responsibility and resources allocated to ensure implementation.

# SECTION ONE: The role and function of St Vincent's Melbourne

## Mission statement

St Vincent's strives to maintain and improve the health and wellbeing of the people of Victoria by:

- providing a comprehensive range of high quality accessible hospital and related health services to meet consumer/community needs
- promoting the health of the general community and encouraging healthy behaviour on the part of individuals by being part of the continuum of healthcare delivery
- encouraging and supporting teaching and research.

## Our values

The values of St Vincent's are the foundation of our mission. We are guided by these values in our relationships with the people we serve and our partners. In all our activities we strive to demonstrate:

- **Compassion:** accepting people as they are, bringing to each the love and tenderness of Christ
- **Justice:** acting with integrity and respecting the rights of all
- **Human dignity:** respecting the uniqueness of each person created in the image and likeness of God
- **Excellence:** excelling in all aspects of our healing ministry
- **Unity:** creating a community characterised by harmony and collaboration.

## Role and function

St Vincent's is a leading teaching, research and tertiary health service providing integrated care. It is a part of St Vincent's Health Australia, the largest not-for-profit, non-government provider of healthcare in Australia. St Vincent's comprises St Vincent's Hospital Melbourne, St George's Health Service, Prague House and Caritas Christi Hospice.

For 118 years St Vincent's has been offering the highest standards of care driven by our concern for others, especially those in need. This focus permeates every aspect of our work.

St Vincent's provides acute medical and surgical services, emergency and critical care, aged care, diagnostics, rehabilitation, allied health, mental health, palliative care, correctional health and residential care. We have more than 5,000 staff and an enviable reputation as an employer of choice for nursing graduates. Our employees' results in medical and surgical examinations are second to none.

We serve a diverse community. Geographically, our primary catchment takes in the municipalities of Yarra, Boroondara, Darebin and Moreland, yet only 43 per cent of patients live in these municipalities. A further 40 per cent are from other parts of Melbourne, 12.5 per cent are from rural and regional Victoria and 3 per cent from interstate or overseas.

Our collaborative partners work with us to deliver high quality treatment, teaching, education and research. These include the University of Melbourne, Australian

Catholic University, St Vincent's Institute, O'Brien Institute, Bionics Institute and Step Ahead Australia.

### **Population profile**

The Disability Discrimination Act 1992 prevents discrimination on the basis of disability, age, gender, sexuality, race, ethnicity, religion, language and culture. Any combination of these factors can significantly compromise the health experience for patients, consumers and the community.

According to the 2003 Australian Bureau of Statistics Survey of Disability, Ageing and Carers (ABS SDAC), 992,300 (or 20 per cent) of the total Victorian population reported a disability, and of that total, 276,100 were born overseas (or 5.6 per cent of the total Victorian population).

Based on the 2003 ABS Estimated Resident Population, the total population of Victoria is 4,917,311 and of that total 1,246,800 (or 25.4 per cent) were born overseas.

Disability Services collects data via the Quarterly Data Collection (QDC) Information System based on individuals who receive support from the government and non-government disability sector. Preliminary QDC data for the 2003–04 period indicates that of the approximately 40,000 people who accessed disability supports in Victoria, about 5 per cent spoke a language other than English, and 4 per cent were born in non-English speaking countries.

Approximately 1 in 7 Australians have a communication disability, either present at birth or acquired later in life. Approximately 10 per cent of the population in Victoria over 60 have a hearing impairment with this increasing to 41 per cent for people over the age of 71.

This Action Plan should be read in conjunction with St Vincent's Cultural Responsiveness Plan.

## SECTION TWO: Action Plan

### Aim

The purpose of this Action Plan is to provide access and equity to the services and facilities provided by St Vincent's to all members of the community, in particular those with a disability.

### Objectives

The objectives of the Plan are to:

- better meet the needs of people with a disability who access St Vincent's services
- meet legislative requirements under the Disability Discrimination Act 1992 and the Disability Act 2006 in all areas of St Vincent's service delivery and in its role as a responsible employer
- foster and create a healthcare service where people with a disability are afforded the same opportunities as the broader community
- promote and increase awareness about the rights and needs of people with disabilities to St Vincent's employees and the broader community
- focus on practical, achievable and deliverable initiatives to enhance the physical and visual environment
- enhance communication and reduce attitudinal barriers that may discourage people with a disability from using the organisation's services.

### Policy and legislation

The Disability Discrimination Act 1992 requires respect for the basic human rights of people with disabilities and defines 'disability' in relation to a person as:

- total or partial loss of the person's bodily or mental function
- total or partial loss of a part of the body
- the presence in the body of organisms capable of causing disease or illness
- the malfunction, malformation or disfigurement of a part of the person's body
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour.

And includes a disability that:

- presently exists
- previously existed but no longer exists
- may exist in the future
- is imputed to a person.

The Disability Act 2006 requires all public sector bodies to:

- ensure a Disability Action Plan is prepared for the purpose of:
  - reducing barriers to people with a disability accessing goods, services and facilities
  - reducing barriers to people with a disability obtaining and maintaining employment
  - promoting inclusion and participation in the community of people with a disability
  - achieving tangible changes in attitudes and practices which discriminate against people with a disability
- lodge their Disability Action Plan with the Human Rights and Equal Opportunity Commission
- report on the implementation of their Disability Action Plan in its annual report.

The DH policy *Doing it with us not for us: Strategic direction 2010–13* requires that all public health services have a Disability Action Plan as specified under the Disability Act 2006.

### **Development of the plan**

The St Vincent's Director of Medical Services, Aged and Community Care assumed responsibility for overseeing the development and implementation of the Action Plan.

The Quality and Risk Unit and the Consumer Advisory Committee undertook the role of facilitators in the external consultation phase with key consumer agencies and individuals to assist in the development of the Action Plan.

The development of the Action Plan included the engagement of St Vincent's staff in:

- determining the extent that people with disabilities currently use St Vincent's services or facilities
- assessing staff knowledge and awareness of the specific needs of people with disabilities
- identifying St Vincent's obligations under the Acts
- identifying areas and opportunities for improvement.

### **Governance**

A Disability Steering Committee was formed to develop the Action Plan. The chairperson is the General Manager of Quality and Risk, the executive sponsor is the Director of Medical Services, Aged and Community Care and committee members are staff who represent the six priority areas of the Action Plan and work with consumers and people with disabilities. The Committee reports to the St Vincent's Community Advisory Committee and Executive.

Performance indicators have been determined and will be reviewed in line with the documented timeframes. A review of the Action Plan to identify successes and achievements and to update the Plan will be conducted in September of each year.

The **priority areas for action** included in the Action Plan are:

**1. Planning and policy development**

Outcome: Greater accessibility to health services for people with disabilities.

**2. Accessibility of buildings and services**

Outcome: People with disabilities have improved physical access to buildings and facilities where health services and programs are provided.

**3. Communication**

Outcome: All communication regarding services are made available in the full range of formats and promoted via a specific disability communication strategy.

**4. Promoting recognition and acceptance**

Outcome: Demonstrated awareness and understanding by staff and volunteers of the needs of people with disabilities.

**5. Complaints, rights and responsibility, and confidentiality**

Outcome: People with disabilities will have appropriate access to complaint handling, rights and responsibilities, and confidentiality procedures within services and to independent complaint authorities.

**6. Employment and human resources**

Outcome: Improved equity and equal opportunity for people with disabilities in the health workforce.

## SECTION 3: Action priority areas

### 1. Planning and policy development

**OUTCOME: Greater accessibility to health services for people with disabilities**

Identified issue	Actions	Performance indicators (evaluation)
1.1 Clear governance arrangements to ensure implementation of the Disability Discrimination Act 1992, Disability Act 2006 and DH policy requirements	<ul style="list-style-type: none"> <li>• Convene Disability Action Plan Steering Committee</li> <li>• Register St Vincent's Disability Action Plan with Australian Human Rights and Equal Opportunity Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate members selected and educated</li> <li>• Terms of reference confirmed</li> <li>• Meeting schedule actioned</li> </ul>
1.2 Integration of the Action Plan into St Vincent's planning process and functional units and departments work plans	<ul style="list-style-type: none"> <li>• Incorporate Action Plan into functional units and departments work plans and objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Requirements, implications and performance indicators are reviewed as detailed in St Vincent's strategic and functional units and departments work plans</li> </ul>
1.3 Consultation with advocacy groups for people with disabilities and their advocates or carers to identify and improve services for people with disabilities	<ul style="list-style-type: none"> <li>• Annual consultation with advocacy groups</li> <li>• Discuss Action Plan as an agenda item in consultations held each year</li> <li>• Take advantage of opportunities to meet with disability support groups and seek feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Number of sessions held with advocacy bodies</li> <li>• Number of improvement suggestions made</li> <li>• Number of suggestions implemented</li> <li>• Feedback from advocates and carers that services are accessible for people with disabilities</li> </ul>
1.4 Review of policies, guidelines and frameworks affecting people with disabilities	<ul style="list-style-type: none"> <li>• Identify and review current and relevant St Vincent's specific policies and guidelines in line with Terms of Reference</li> <li>• Consider the need for a Disability Access Policy</li> <li>• Review the St Vincent's Consumer Participation framework</li> </ul>	<ul style="list-style-type: none"> <li>• Number of current and relevant policies and guidelines reviewed</li> <li>• Policies and guidelines incorporate and promote the objective that people with disabilities have the same fundamental rights as other members of the community</li> <li>• Gap analysis completed</li> <li>• Identified gaps are documented and recommendations actioned as appropriate</li> </ul>

## 1. Planning and policy development *(cont)*

**OUTCOME: Greater accessibility to health services for people with disabilities**

Identified issue	Actions	Performance indicators (evaluation)
1.5 Annual review of effectiveness and progress of Action Plan	<ul style="list-style-type: none"><li>• Identify any specific evaluation processes and tools</li><li>• Develop and implement evaluation process</li><li>• Ongoing reporting process determined</li></ul>	<ul style="list-style-type: none"><li>• Audit as per DH standards</li></ul>

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## 2. Accessibility of buildings and services

**OUTCOME: People with disabilities have improved physical access to buildings and facilities where health services and programs are provided**

Identified issue	Actions	Performance indicators (evaluation)
<p>2.1 Ensure all new buildings, building upgrades and refits, car parks and outdoor areas used for service provision comply with guidelines, legislation and Australian Standards including the Building Code of Australia</p>	<ul style="list-style-type: none"> <li>• Identify all relevant legislation and standards relating to access</li> <li>• Source an appropriate audit tool/contractor</li> <li>• Plan and complete audit process against relevant standards</li> <li>• Assess wheelchair access to desks/reception counters from disabled car parks</li> <li>• Explore if letters for inpatient and same day patients have information on car parking and drop off points</li> <li>• Assess possibility of having a volunteer service at St Vincent's car park</li> <li>• Assess access to disability car parking and make recommendations as required</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance audit completed and data collated</li> <li>• Action plan developed from the audit</li> <li>• All refurbishment and new buildings provide suitable physical access, where appropriate and, as far as possible to people with disabilities</li> <li>• Access barriers identified and evaluated during the planning and refurbishment for new minor and major works</li> <li>• Number of new buildings and building upgrades compliant with relevant legislation and standards</li> <li>• All desks/reception counters are wheelchair accessible</li> <li>• Review completed and action plan developed</li> <li>• Support services required by people with disabilities identified prior to or during admission</li> <li>• Assessment completed and action plan developed</li> </ul>

### 3. Communication

**OUTCOME: all communication regarding services are made available in the full range of formats and promoted via a specific disability communication strategy**

Identified issue	Actions	Performance indicators (evaluation)
3.1 Staff access to a policy regarding publications, information and communication being accessible to people with disabilities	<ul style="list-style-type: none"> <li>Review policy and instruction on patient information</li> <li>Develop and conduct an audit to assess information and communication strategies</li> <li>Audit report, recommendations and action plan to be overseen by appropriate committee</li> </ul>	<ul style="list-style-type: none"> <li>Policy and instruction regarding publications, information and communication access for people with disabilities meets requirements</li> <li>Audit tool completed</li> <li>Recommendations will be addressed according to the timeframes nominated</li> </ul>
3.2 Availability of patient information in alternative formats and languages	<ul style="list-style-type: none"> <li>Alternative formats to be provided where appropriate by:               <ul style="list-style-type: none"> <li>top 5 languages</li> <li>font size</li> <li>CD</li> </ul> </li> <li>Publicise availability of publications and information to staff and consumers via staff forums, St Vincent's newsletter and intranet</li> <li>Monitor demand for information in alternative formats and interpreter services</li> <li>Annual review of St Vincent's website to ensure it meets Web Content Accessibility Guidelines 1.0 and World Wide Web Consortium requirements</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of patient information provided in alternative formats and languages that are acceptable to people with disabilities</li> <li>Formats presented in a manner that maximizes accessibility to people with disabilities</li> <li>St Vincent's website meets requirements</li> </ul>
3.3 Access to televisions with closed caption capacity	<ul style="list-style-type: none"> <li>Review capability with the television contractor</li> </ul>	<ul style="list-style-type: none"> <li>A number of televisions have closed caption ability</li> </ul>
3.4 Readability of letters that go to patients	<ul style="list-style-type: none"> <li>Review letters that go to patients to facilitate reading ease</li> </ul>	<ul style="list-style-type: none"> <li>Letters that go to patients meet disability requirements</li> </ul>

### 3. Communication (cont)

**OUTCOME: all communication regarding services are made available in the full range of formats and promoted via a specific disability communication strategy**

Identified issue	Actions	Performance indicators (evaluation)
3.5 Ability to access services and information by people who are hearing impaired	<ul style="list-style-type: none"> <li>• Provide appropriate signage indicating the location of equipment (TTY telephones and other devices)</li> <li>• Ensure appropriate access to Auslan interpreters</li> <li>• Gain consistency in recording deaf and hard of hearing status on PAS</li> <li>• Schedule training for staff on how to communicate with people who are deaf and use sign language</li> <li>• Increase the number of amplifiers available for patients upon referral to the Deaf and Hard of Hearing program</li> </ul>	<ul style="list-style-type: none"> <li>• Alternative systems implemented</li> <li>• Hearing impaired staff and consumers provided with appropriate assistive technology and AUSLAN interpreters as required for information access to services</li> </ul>
3.6 Signage	<ul style="list-style-type: none"> <li>• Consider engaging an external consultant to conduct an audit of all signage against legislation and Australian Standards</li> <li>• Audit report and recommendations for consideration and appropriate action</li> <li>• Consider the possibility of touch screen computers or audio/visual aids to direct consumers</li> <li>• Develop signage strategy and replacement plan for improvements</li> </ul>	<ul style="list-style-type: none"> <li>• Access audits completed and barriers identified</li> <li>• Recommendations are completed according to the timeframes determined</li> <li>• Signage strategy plan completed that complies with Australian Standards for Access and Mobility</li> <li>• Signage replacement program developed and implemented as possible</li> </ul>
3.7 Access to augmentative communication aids for patients with a communication disability (pre-existing or acquired)	<ul style="list-style-type: none"> <li>• Provide communication aids to patients during their admission</li> <li>• Train staff on how to communicate with patients and use aids</li> <li>• Conduct audit of communication aids available, use and gaps in equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with a communication disability are provided with an aid</li> <li>• Number of education sessions with staff</li> <li>• Audit completed</li> </ul>

## 4. Promoting community recognition and acceptance

**OUTCOME: demonstrated awareness and understanding by staff and volunteers of the needs of people with disabilities**

Identified issue	Actions	Performance indicators (evaluation)
4.1 Staff awareness of disabilities and consideration of needs for patients, staff and consumers with a disability	<ul style="list-style-type: none"> <li>• Communication strategy to all staff regarding the Disability Action Plan</li> <li>• Review orientation program</li> <li>• Involve people with disabilities and disability support organisations in developing education program</li> <li>• Implement training program – ongoing, orientation and online</li> <li>• Participate in the national annual Disability Awareness Week</li> </ul>	<ul style="list-style-type: none"> <li>• 100 per cent of managers have received and understood the action plan.</li> <li>• 80 per cent of new staff are aware of the Act and St Vincent’s commitment to the Disability Action Plan</li> <li>• Number of external providers involved in education and training</li> </ul>
4.2 Integrated multidisciplinary assessment for people with disabilities that is incorporated into the consumer’s management plan	<ul style="list-style-type: none"> <li>• Review multidisciplinary screening and assessment tools to guide staff in meeting the needs of people who are vision, hearing or physically impaired against best practice evidence</li> <li>• Re-develop and re-implement the assessment tool as required</li> <li>• Provide education</li> <li>• Establish and conduct evaluation process</li> <li>• Develop and implement an electronic flag for patients with complex needs for early case management and coordination of care planning or to review the care plan from previous admissions</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence-based assessment tools developed and introduced</li> <li>• Evaluation process is used to identify number of areas using tool and improved patient outcomes</li> <li>• Staff are able to provide or arrange for the provision of information and additional assistance and technology where required</li> <li>• Staff are able to assist, where required, people with disabilities who use assistive technology</li> </ul>
4.3 Scope of equipment available to staff and consumers with disabilities (availability, suitability, safety)	<ul style="list-style-type: none"> <li>• Implement the equipment audit process across all St Vincent’s sites</li> <li>• Undertake an equipment audit across all sites every two years</li> </ul>	<ul style="list-style-type: none"> <li>• Scope of equipment identified and documented. Recommendations considered and actioned as appropriate</li> </ul>

## 5. Complaints, rights and responsibilities, and confidentiality

**OUTCOME: people with disabilities have appropriate access to complaint handling, rights and responsibilities and confidentiality procedures within services, and to independent complaint authorities**

Identified issue	Actions	Performance indicators (evaluation)
5.1 Evidence that staff with disabilities have appropriate access to complaint handling procedures	<ul style="list-style-type: none"> <li>Review Human Resources suite of policies ensuring it is appropriate for staff with disabilities and complies with the Disability Act 2006.</li> </ul>	<ul style="list-style-type: none"> <li>Human Resource policies audited and no gaps identified</li> <li>Audit completed</li> </ul>
5.2 Evidence that staff, patients and visitors with disabilities have appropriate access to hazard reporting processes	<ul style="list-style-type: none"> <li>Review Occupational Health and Safety (OHS) Hazard Report ensuring staff, patients and visitors are represented on the Hazard Reporting system</li> </ul>	<ul style="list-style-type: none"> <li>The OHS Hazard Report has capacity to specify who has been impacted by the hazard. Outcomes of the hazard mitigation process are identified and evidenced by corrective measures</li> <li>St Vincent's has public liability insurance protecting visitors to St Vincent's</li> <li>The OHS Hazard Report has governance at the OHS Steering Committee</li> </ul>

## 6. Employment and human resource practices

**OUTCOME: improved equity and equal opportunity for people with disabilities in the health workforce**

Identified issue	Actions	Performance indicators (evaluation)
6.1 Compliance with state public sector employment policy, programs and practices in regard to people with disabilities	<ul style="list-style-type: none"><li>• Identify the requirements of DH employment policy, programs and practices in regard to people with disabilities to inform the review of St Vincent's employment policies and procedures</li><li>• Re-develop St Vincent's specific policy and code of conduct where any gaps exist</li></ul>	<ul style="list-style-type: none"><li>• Review completed and action plan developed</li><li>• Staff provided with education about new policies</li><li>• The requirements of the DH employment policy, programs and practices relating to people with disabilities are met</li></ul>
6.2 Policy compliance with legislation	<ul style="list-style-type: none"><li>• Review the differences between the Disability Discrimination Act 1992 and the Disability Act 2006 to see the potential updates required to the policies that make direct reference to the 1992 policy</li></ul>	<ul style="list-style-type: none"><li>• All policies are in line with the required legislation</li></ul>