



**ST VINCENT'S
HOSPITAL**
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

St Vincent's Accessibility & Inclusion Action Plan

2015-18



St Vincent's Accessibility and Inclusion 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 and inclusive healthcare service for all the community.

Introduction

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

St Vincent's is very proud of the progress made in meeting the needs of patients, community and staff with disabilities. We remain committed to implementing the specific initiatives included in the 2015 – 2018 Accessibility and Inclusion 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 Action 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

As a Catholic health and aged care service our mission is to bring God's love to those in need through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable.

We draw on the talents of our people and collaborate with others who share our vision and values to continue the pioneering spirit of Mary Aikenhead and the Sisters of Charity. We are committed to providing compassionate and innovative care, enabling hope for those we serve.

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** - Treating all people with fairness and equity so as to transform society.
- **Integrity** - Acting with honesty and truth while ensuring that who we are enables others to flourish.
- **Excellence** - Excelling in all aspects of our healing ministry.

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 (SVHA), the largest not-for-profit, non-government provider of healthcare in Australia. St Vincent's comprises St Vincent's Hospital Melbourne (SVHM), St George's Health Service, Prague House and Caritas Christi Hospice.

For 121 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* (Cth) is part of a suite of four Commonwealth Acts that collectively prevent discrimination on the basis of disability, age, gender, sexuality, race, ethnicity, religion, language and culture. Discrimination on the basis of one or any combination of these factors can significantly compromise the health experience for patients, consumers and the community.

According to the 2012 Australian Bureau of Statistics Survey of Disability, Ageing and Carers (ABS SDAC), 1,114,300 (or approximately 20 per cent) of the total Victorian population reported a disability.

At 30 June 2011, the estimated resident population of Victoria was 5,354,042 and of that total, 1,683,109 (or 31.4 per cent) were born overseas.

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

SECTION TWO: Plan Objective and Processes for Implementation

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 Action 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* (Cth) and the *Disability Act 2006* (Vic) in all areas of St Vincent's service delivery including 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* (Cth) 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* (Vic) 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.

Development and review 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 Community Advisory Committee (CAC) 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 Victorian and Commonwealth 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 Plan and work with consumers and people with disabilities. The Committee reports to the St Vincent's CAC and Executive.

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

The **priority areas for action** included in the 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 community recognition, inclusion and acceptance

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

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 to enable people with disabilities in our health workforce to realise their full potential.

SECTION 3: Plan priority areas

1. Planning and policy development

OUTCOME: Greater accessibility to health services for people with disabilities

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
1.1 Clear governance arrangements to ensure ongoing monitoring of the Disability Discrimination Act 1992, Disability Act 2006 and DH policy requirements	<ul style="list-style-type: none"> Convene the Accessibility and Inclusion Steering Committee Register St Vincent's Accessibility and Inclusion Plan with Australian Human Rights and Equal Opportunity Commission 	Executive Director Community Services	August 2015	<ul style="list-style-type: none"> Appropriate members selected and educated Terms of reference confirmed 	<ul style="list-style-type: none"> Committee (formerly Disability Action Plan Steering Committee from 2011 to 2013, then included for oversight by the SVHM Community Advisory Committee (CAC) Legislative compliance reviews completed 6 monthly St. Vincent's Accessibility and Inclusion Plan lodged with Australian Human Rights and Equal Opportunity Commission August 2015
1.2 Integration of the Action Plan into St Vincent's planning process and service development	<ul style="list-style-type: none"> Incorporate Action Plan into St. Vincent's planning process and service development 	Executive Director Strategy and Planning	August 2015	<ul style="list-style-type: none"> Requirements, implications and performance indicators are reviewed as detailed in the St Vincent's strategic and operational plan 	<ul style="list-style-type: none"> Master Planning is being undertaken for the Fitzroy campus over Feb/April 2017, with building and service access being a key consideration. Service Planning will be completed by mid year and has had consumer involvement with accessibility to health services for people with disabilities being a key consideration

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
<p>1.3 Consultation with advocacy groups as required for people with disabilities and their advocates or carers to identify and improve services for people with disabilities</p>	<ul style="list-style-type: none"> • Consultation with advocacy groups as required • Take advantage of opportunities to meet with disability support groups and seek feedback 	<p>Executive Director Community Services</p>	<p>August 2015</p>	<ul style="list-style-type: none"> • Feedback from advocates and carers that services are accessible for people with disabilities • Actions resulting from feedback 	<ul style="list-style-type: none"> • Scope (2013) • YACDS • Polio Victoria • Carers Victoria • Eating disorders (eg. Butterfly Foundation) • Mental Health eg. MIND • SACS service wide consumer feedback survey implemented • SACS Oncology rehab Program content guided by consumer focus group feedback • Carers Support Program developed and implemented at Community Rehab Centre • Quarterly engagement between Polio Services Victoria with Polio Support Group • Carer Support Group for Movement Disorders established at Community Rehab Centre in response to consumer demand • YACDS supported patients to engage with the Joint Solutions Project funded by the DHHS to review implementation of the NDIS within NEMA (north eastern metropolitan area) • Previous participants of the SACS Cardiopulmonary Program attended Heart Foundation focus group to talk about their experiences as part of the educational component of the program

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
<p>1.4 Review of policies, guidelines and frameworks affecting people with disabilities</p>	<ul style="list-style-type: none"> Review St Vincent's specific policies and guidelines relevant to the Disability Discrimination Act 1992 and Disability Act 2006, including the SVHM Disability Services Policy 	<p>Executive Director Community Services</p>	<p>November 2015</p>	<ul style="list-style-type: none"> Relevant policies reviewed in a timely manner Legislative compliance attestation undertaken as per the schedule 	<ul style="list-style-type: none"> SVHM Disability Services Policy developed and ratified July 2015 Legislative compliance reviews completed 6 monthly
<p>1.5 Annual review of effectiveness and progress of Action Plan</p>	<ul style="list-style-type: none"> Review the Accessibility and Inclusion Action Plan at the St. Vincent's CAC annually 	<p>Executive Director Community Services</p>	<p>October 2015</p>	<ul style="list-style-type: none"> Audit as per DHHS requirements 	<ul style="list-style-type: none"> Revised Accessibility and Inclusion Plan on agenda for review by CAC 15 February 2017

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	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
<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"> • Identify all relevant legislation and standards relating to access • Source an appropriate audit tool/contractor • Plan and complete audit process against relevant standards • Assess wheelchair access to desks/reception counters from disabled car parks • Explore if letters for inpatient and same day patients have information on car parking and drop off points • Assess possibility of having a volunteer service at St Vincent's car park • Assess access to disability car parking and make recommendations as required 	<p>Chief Financial Officer</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • All refurbishment and new buildings provide suitable physical access, where appropriate and, as far as possible to people with disabilities • Access barriers identified and evaluated during the planning and refurbishment for new minor and major works • Number of new buildings and building upgrades compliant with relevant legislation and standards • All desks/reception counters are wheelchair accessible • Review completed and action plan developed • Support services required by people with disabilities identified prior to or during admission • Assessment completed and action plan developed 	<ul style="list-style-type: none"> • All new works are reviewed for access generally as part of the building permit application process which requires DDA compliance. • Boom gate access to Bolte Wing parking installed to limit unauthorized parking within disabled car spaces dedicated to patients attending outpatient appointments within this building • Disabled parking car space Bolte Wing refurbished • Patient drop off zone SGH refurbished to improve access for patients with a disability

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	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
<p>3.1 Staff access to a policy regarding publications, information and communication being accessible to people with disabilities</p>	<ul style="list-style-type: none"> Compliance with the Written Information for Consumers policy and instruction on patient information 	<p>Executive Director, Strategy and Planning</p> <ul style="list-style-type: none"> 	<p>Ongoing</p>	<ul style="list-style-type: none"> Policy and instruction regarding publications, information and communication access for people with disabilities meets requirements Recommendations will be addressed according to the timeframes nominated 	<ul style="list-style-type: none"> The policy and instructions are available for staff via the intranet. The policy was reviewed in February 2016, and deemed to be compliant. The patient information is available in printed form on our premises, and also on the website. SACS services have reviewed 40 brochures to ensure they meet these new guidelines Health Independence Program has developed a Consumer Participation resource kit which covers development of information for people with a disability YACDS staff undertook Easy English course delivered by SCOPE

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
3.2 Availability of patient information in alternative formats and media	<ul style="list-style-type: none"> Alternative formats to be provided specific to the requirements identified Publicise availability of publications and information via SVHM communication processes 	Executive Director, Strategy and Planning	Ongoing	<ul style="list-style-type: none"> Number of patient information provided in alternative formats that are acceptable to people with disabilities 	<ul style="list-style-type: none"> Patient publications include information for the hard of hearing, and advice on accessing interpreters. Some of the patient information (e.g. "Getting here" is also provided in video, via the intranet). This will be expanded as funds allow. Parking information for outpatients attending SACS appointments on the Fitzroy and SGH sites are written in Easy English, and available on the web Outpatient appointment details and reminders are now communicated to SACS patients via SMS. This initiative resulted from consumer feedback, particularly from people with significant a significant disability (patients of the YACDS)

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
<p>3.3 Ability to access services and information by people who are hearing impaired</p>	<ul style="list-style-type: none"> • Provide appropriate signage indicating the location of equipment (TTY telephones and other devices) • Ensure appropriate access to Auslan interpreters • Gain consistency in recording deaf and hard of hearing status on PAS • Schedule training for staff on how to communicate with people who are deaf and use sign language • Increase the number of amplifiers available for patients upon referral to the Deaf and Hard of Hearing program 	<p>Executive Director Community Services</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Hearing impaired staff and consumers provided with appropriate assistive technology and AUSLAN interpreters as required for information access to services 	<ul style="list-style-type: none"> • In 2015 and 2016 the number of Deaf patients who required an Auslan interpreter were 18 and 71 respectively increasing by almost 300%. This was in part due to a combination of an increased awareness in the Deaf community that they had the right to an interpreter in a public hospital through development of the DHSS brochure “Signs for Health” and ensuring ED staff knew how to access an Auslan interpreter 24 hours a day.

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
3.4 Wayfinding Signage	<ul style="list-style-type: none"> Complete the Wayfinding project. 	Director, Planning and Government Relations	Ongoing	<ul style="list-style-type: none"> Survey consumers in order to gauge the effectiveness of the new wayfinding signage 	<ul style="list-style-type: none"> Consumer feedback identified some gaps in the signage. Old signs have now been removed, and supplementary signage is currently being installed (planned completion by end October 2016).
3.5 Access to augmentative communication aids for patients with a communication disability (pre-existing or acquired)	<ul style="list-style-type: none"> Provide communication aids to patients during their admission Train staff on how to communicate with patients and use aids Conduct audit of communication aids available, use and gaps in equipment 	Executive Director Community Services	Ongoing	<ul style="list-style-type: none"> Patients with a communication disability are provided with an aid Number of education sessions with staff Audit completed 	<ul style="list-style-type: none"> A new Alert (Administrative) which identifies a patient who is aphasic; inclusive of preferred communication needs has been developed by SACS/ Speech Pathology SACS Rehabilitation and reception staff underwent communication with aphasic clients hands on training in 2015

4. Promoting community recognition, inclusion and acceptance

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

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
4.1 Staff awareness of disabilities and consideration of needs for patients, staff and consumers with a disability and/or special needs	<ul style="list-style-type: none"> • Broadcasting the Accessibility and Inclusion Plan • Implement training awareness program on a bi-annual basis through the CAC Work Plan 	Executive Director Community Services	Ongoing	<ul style="list-style-type: none"> • Number of staff undertaking online training 	<ul style="list-style-type: none"> • Completed. Access to online training via intranet site. • Scope training program delivered • Scope on line training available on an ongoing basis. As at January 2017, 90 current staff have completed the training package • Support/mentoring is provided to inpatient staff by the YACDS, as requested, regarding how to best meet the needs of the YACDS clients who require a hospital admission • Disability awareness training is included within the Medical Registrar Training, delivered by the YACDS Rehab Consultant • Staff awareness of Cerebral Palsy and Disability promoted by the YACDS via SVHM windows and display cases, and open morning tea with a patient guest speaker • Polio awareness promoted by Polio Services Victoria via World Polio Day morning tea

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
4.2 Person Centred Care Plan's are co-authored with consumers	<ul style="list-style-type: none"> Clinical documentation audit considers compliance with a consumer's consultation during the care planning process 	Executive Director Community Services	Ongoing	<ul style="list-style-type: none"> Compliance with consumer consultation in the care planning process 	<ul style="list-style-type: none"> All YACDS and PSV clinic action plans are written in collaboration with the consumer

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
<p>4.3 Scope of equipment available to staff and consumers with disabilities (availability, suitability, safety)</p>	<ul style="list-style-type: none"> • Implement the equipment audit process across all St Vincent's sites • Undertake an equipment audit across all sites every two years 	<p>Executive Director Community Services</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Scope of equipment identified and documented. Recommendations considered and actioned as appropriate • Extensive list of equipment available to staff and consumers with disabilities. 	<ul style="list-style-type: none"> • Two portable suction machines are available for loan for appropriately identified patients of the YACDS. Guidelines written regarding how to identify appropriate individuals. YACDS staff who assess patient suitability have completed competency training in suctioning • Telehealth facilities have been installed within the Community Rehab Centre at SGH. Staff have received training in how to use the system. This system to be utilized to provide consultation where physical attendance at an outpatient appointment is difficult • iPads are available for loan to patients who require access to this type of device to enable communication and/or facilitate telehealth consultation where their disability is a barrier to attending an outpatient appointment • Seating in Bolte reception area, Barbara Walker Centre for Pain Management and Kew Community Rehabilitation changed to make it easier to get in and out of independently

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
					<ul style="list-style-type: none">• Sonosite ultrasound machine purchased by SACS. Minimises the discomfort of spasticity injections. Significantly improves the patient experience of a highly disabled clientele, non verbal and have an intellectual disability.

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	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
5.1 Evidence that staff with disabilities have appropriate access to complaint handling procedures	<ul style="list-style-type: none"> Review Human Resources suite of policies ensuring it is appropriate for staff with disabilities and complies with the Disability Act 2006. 	Executive Director, People and Corporate Support	Ongoing	<ul style="list-style-type: none"> Human Resource policies audited and no gaps identified Audit completed 	As it has previously been evaluated that this identified issue has been addressed, there has been no need for subsequent action.
5.2 Evidence that staff, patients and visitors with disabilities have appropriate access to hazard reporting processes	<ul style="list-style-type: none"> Review Occupational Health and Safety (OHS) Hazard Report ensuring staff, patients and visitors are represented on the Hazard Reporting system 	Executive Director, People and Corporate Support	Ongoing	<ul style="list-style-type: none"> 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 St Vincent's has public liability insurance protecting visitors to St Vincent's The OHS Hazard Report has governance at the OHS Steering Committee 	OHS Hazard reporting is via VHIMS. This is an on-line system so can be accessed by any employee with computer access. Where the person is unable to access the SVHM Intranet, has literacy issues or is not an employee a report can be completed on their behalf by an SVHM employee. Feedback forms can also be used to report hazards by visitors and patients.

6. Employment and human resource practices

OUTCOME: improved equity and equal opportunity to enable people with disabilities in our health workforce to realise their full potential

Identified issue	Actions	Who is responsible	Timeline	Performance indicators (evaluation)	Progress update
6.1 Compliance with state public sector employment policy, programs and practices in regard to people with disabilities	<ul style="list-style-type: none"> Identify the requirements of DHHS employment policy, programs and practices in regard to people with disabilities to inform the review of St Vincent's employment policies and procedures Comply with SVHA Code of Conduct 	Executive Director, People and Corporate Support	Ongoing	<ul style="list-style-type: none"> All new staff are made aware of the SVHA Code of Conduct The requirements of the DHHS employment policy, programs and practices relating to people with disabilities are met 	As it has previously been evaluated that this identified issue has been addressed, there has been no need for subsequent action.
6.2 Policy compliance with legislation	<ul style="list-style-type: none"> Annual legislative compliance attestation. 	Executive Director Legal and Commercial Services	Annually June	<ul style="list-style-type: none"> All policies are in line with the required legislation 	<ul style="list-style-type: none"> Legislative compliance reviews completed 6 monthly

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