



East Wimmera Health Service
Cultivating Healthy Communities

Diversity Plan 2015-2016

1. Executive summary

East Wimmera Health Service has five campuses situated within the Northern Grampians Shire and Buloke Shire.

In the Northern Grampians Shire the corporate office situated in the town of St Arnaud whilst the campuses of Donald, Charlton, Wycheproof and Birchip are situated in the Buloke Shire.

This Diversity Plan outlines the strategies the Health Service will take to support, promote and celebrate diversity within our catchment areas and across the three service settings referred to in this diversity plan, they are;

Community Health (CH)

Residential Aged Care Facilities (RACF)

Acute Care (AC)

EWHS will ensure that it is committed to actively fostering diversity, inclusion and cultural competency throughout the Health Service implementing six priority areas.

Priority 1. Dementia

Improve service responses for people with Dementia so that people are meaningfully engaged in enabling- environments across the three EWHS settings, and quality of life is enhanced and carer burden and stress is reduced.

Priority 2. Aboriginal Health

Strengthen access and referral pathways for Aboriginal people presenting to any campus of East Wimmera Health Service by providing person- centred care services through strengthening the relationships between EWHS and local (Aboriginal Community Controlled Organisations) ACCO's in the Northern Grampians and Buloke Shires.

Priority 3. Cultural and Linguistically Diverse (CALD) Health

Improve the links between access, equity, quality and safety, better health outcomes for Cultural and Linguistically Diverse populations across EWHS settings and catchment area.

Priority 4. Social Isolation

Increase service access and response to eligible consumers and their carers living in rural and socially isolated areas within our catchment.

Priority 5. LGBTI (*Lesbian, Gay, Bisexual, Transgender and intersex*) people

Work towards an inclusive culture and practice by gaining the 'Rainbow Tick' across EWHS settings.

Priority 6 Health literacy

Improve health literacy to enable better communication, participation and interactions between consumers and staff across EWHS

2. Summary of Evidence.


This plan has been developed in consultation with the following government departments

- Department of Health and Human Services
- Gay Lesbian Health Victoria (GLHV)
- Grampians HACC Diversity Adviser
- Grampians Pyrenees Primary Care Partnerships
- Primary Health Network- Priority Areas
- Southern Mallee Primary Care Partnerships

This plan aligns with the following Standards

- Community Common Care Standards
- National Safety and Quality Health Service Standards and
- Aged Care- Accreditation Standards

The Department of Health and Human Services has a number of strategic documents that set out best practice in Diversity planning; this plan aligns with the following


- Active Service Model – person centered practice
- Building socially Inclusive Rural Communities Resource 2015
- Koolin Balit- Victorian Strategic direction for Aboriginal Health 2012-2022
- Loddon Mallee Regional Diversity Plan 2012-2015
- National Aged and Aged care strategy for people from cultural and linguistically diversity backgrounds
- Grampians Regional Diversity Plan 2015-2016 
- Victorian Health Priorities Framework 2012-2022- health literacy
- Victorian Public Health and Wellbeing Plan 2011-2015


East Wimmera Health Services Strategic direction documentation alignment

- EWHS Strategic plan 2011-2016
- EWHS Integrated Health Plan 2013-2017
- EWHS ASM implementation Plan 2015-2016
- EWHS statement of priorities 2014-2015

Priority 1.Dementia:


Goal: Improve service responses for people with Dementia so that people are meaningfully engaged in enabling- environments across East Wimmera Health service, in doing so we will improve their quality of life while ensuring the carer burden and stress is reduced.

Priority	Settings: (AC) Acute Care (CH) Community Health (RACF) Residential Aged Care Facility	Standards	What we want to achieve	Strategies What actions will we take	Timeframe	Outcome
1.1	AC, CH, RACF	11.6.1 CCC 2.1,1.4	Identify Younger Onset Dementia (YOD) consumers accessing our services	<ul style="list-style-type: none"> Research consumers and their carers living within our catchment who access our services. 	Oct 2015	
1.2	AC, CH, RACF	CCC 1.5	Improve access to services for HACC eligible people	<ul style="list-style-type: none"> Review processes to ensure we are capturing dementia at intake Establish referral pathways between services and the Memory Support Nurse to enhance knowledge and practice  	Oct 2015	
1.3	AC, CH, RACF	11.1.1,11.3.1, 12.1.1. CCC 2.1, 2.3, 3.1. AS 2.4	Improve service delivery for people accessing our services who have Dementia	<ul style="list-style-type: none"> Improve person-centred / family- centred assessments and care planning for people with Dementia and their carers. Increase access to regional memory nurse 	Dec 2015	
1.4	AC, CH, RACF	CCC 1.5. AS2.3,3.3,4.3	Improve access to education for staff	Promote and enrol relevant staff into the 5 ReHSen online modules in understanding dementia	Sept 2015 & Dec 2015	
1.5	AC, CH, RACF	CCC1.5	Develop resources to support carers of people with dementia	<ul style="list-style-type: none"> Provide carers with a platform to better understand dementia service system. 	Nov 2015	

1.6	AC, CH, RACF	CCC2.1		<ul style="list-style-type: none"> Support for carer of PAG dementia clients experiencing dementia with loved ones. 	Nov 2015	
1.7	AC, CH, RACF	CCC1.5,1.8 AS 2.1 2.4 2.14 3.1 3.7 3.8 4.4	Enhance the quality of spaces where Dementia clients gather to ensure there is meaningful engagement for the best health outcomes for the client.	<ul style="list-style-type: none"> Check dementia spaces against the Dementia friendly checklists across all settings. <ul style="list-style-type: none"> Environments, Activities. Culture Spirituality 	Sept 2015	
1.8	AC, CH, RACF	CCC 1.4,1.5 AS 3.1 3.7		<ul style="list-style-type: none"> Ensure the interactions in these spaces and activities are meaningful through observation and consultation with consumers and staff. 	Sept 2015	
1.9	AC, CH, RACF	CCC 1.5 AS 2.1		<ul style="list-style-type: none"> Develop an improvement report for management 	Sept 2015	
1.10	AC, CH, RACF	12.5 12.5.212.6.1 CCC 1.5 AS 2.10		<ul style="list-style-type: none"> Develop strategies to assist with food intake and adequate nutrition for consumers across settings 	Oct 2015	
1.11	AC, CH, RACF	CCC 1.5 AS 1.1		<ul style="list-style-type: none"> Link with Dementia specific services for improvement strategies 	Dec 2015	
1.12	AC, CH, RACF	13.7.2 CCC 1.7 AS1.3		<ul style="list-style-type: none"> Provide training and education on improvement strategies to staff across all settings 	Feb 2016	
1.13	AC, CH, RACF	CCC 1.4,1.8	Partner with local organisations to support regional developments	Support regional development of guidelines for agreed approaches and practices that support dementia enabling environments 	July 2016	

Priority 2. Aboriginal Health:

Goal: Improve access to person centred care and enabling services for eligible Aboriginal People by strengthening the relationships Between Aboriginal Community Controlled Organisations (ACCO) in our regions

Priority	Settings: (AC) Acute Care (CH) Community Health (RACF) Residential Aged Care Facility	Standards	What we want to achieve	Strategies What actions will we take	Timeframe	Outcome
2.1	AC, CH, RACF	11.1.2 ,11.6.1 CCC 1.5,2.1,2.5, 1.4	Improve access to person centred care and enabling services for eligible Aboriginal People by strengthening the relationships with ACCO's in the regions	Develop collaborative working relations with the local ACCO organisations in the Northern Grampians and Buloke Shire. <ul style="list-style-type: none"> Improve consistency in data reporting by ongoing monitoring of MDS data in relation to Aboriginal service users. 	Nov 2015 July 2016	
2.2	AC, CH, RACF	13.7.2. CCC 2.1 AS 1.1, 3.1 3.3, 3.8,3.9	Staff education and training 	Provide strategies to promote cultural awareness training and education for staff. <ul style="list-style-type: none"> Promote indigenous health and cultural competency modules 3-10 on REHSEN online courses Present cultural awareness at staff meetings 	Nov 2015 & Feb 2016	


Priority 3. CALD- (Cultural And Linguistically Diversity) people: 

Goal: Improve the links between access, equity, quality and safety better health outcomes for CALD populations across our settings and catchment area.

Priority	Settings: (AC) Acute Care (CH) Community Health (RACF) Residential Aged Care Facility	Standards	What we want to achieve	Strategies What actions will we take	Timeframe	Outcome
3.1	AC, CH, RACF	11.1.1,11.1.2,11.3.1,11.6.1,11.8.1 CCC 3.1 AS 1.1	Increase and improve access for consumers from CALD backgrounds	Improve data reporting consistency by ongoing monitoring of MDS data in relation to CALD users	Nov 2015	
3.2	AC, CH, RACF	13.7.2 CCC 1.7. AS 2.3 3.3		<ul style="list-style-type: none"> • Training and use of the Health Translation Dictionary. • Training on MDS data – DoHH resource 	Nov 2015	
3.3	AC, CH, RACF	11.1.2,11.2.2, 11.6.1 CCC 2.1,3.1		<ul style="list-style-type: none"> • Ensure appropriate resources are available to assist with communication across all settings 	Jan 2016	
3.4	AC, CH, RACF	CCC 3.1		<ul style="list-style-type: none"> • Review and update CALD consumer information for HACC programs 	Jan 2016	
3.5	AC, CH, RACF	2.1.2,11.6.1,12.2.2 CCC 3.1 AS 3.1,3.8		<ul style="list-style-type: none"> • Develop and distribute information regarding services for CALD communities across EWHS settings 	March 2016	
3.6	AC, CH, RACF	11.7.2,12.2.1,12.3.1,12.4.1.12.6.1 CCC 2.3 AS 3.9		<ul style="list-style-type: none"> • Care planning documents to include spiritual, cultural and social requirements of the client. 	Nov 2015	
3.7	AC, CH, RACF	11.7.1 CCC 1.5,2.1 AS 3.8	Ensure organisational policies and procedures support CALD consumers	The development of a Cultural Care Kit for use by staff across EWHS with required policies and procedures across all settings.	June 2016	


Priority 4. Rural and Social isolation

Goal: Increase service access and response to eligible consumers and their carers living in rural and socially isolated environments by providing appropriate service delivery models with a focus on person, family and community care.

Priority	Settings: (AC) Acute Care (CH) Community Health (RACF) Residential Aged Care Facility	Standards	What we want to achieve	Strategies What actions will we take	Timeframe	Outcome
4.1	CH,	CCC 1.5,2.1	Increased service access for eligible clients and carers from rural and remote areas by providing service delivery models applicable to isolated people	Identify consumers living in rural and remote environments through demographic data and identify any barriers to assessing service..	July 2016	
4.2	CH,	CCC 1.5		<ul style="list-style-type: none"> Complete rural social inclusion checklist to determine contributing factors to social exclusion. 	May 2016	
4.3	CH	CCC 1.4, 1.5		<ul style="list-style-type: none"> Engage with consumers from these environments to discuss what social isolation means to them 	June 2016	
4.4	CH	CCC 1.5	Identify potential innovative ways to address social isolation	Develop and explore potential ideas from the consumer engagement group and/ or explore these as potential ways to address areas of social isolation 	July 2016	

Priority 5. LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) people

Goal: Work towards an inclusive culture and practice across EWHS by gaining the rainbow tick across all Settings

Priority	Settings: (AC) Acute Care (CH) Community Health (RACF) Residential Aged Care Facility	Standards	What we want to achieve	Strategies What actions will we take	Timeframe	Outcome
5.1	AC, CH, RACF	CCC 1.5,1.2 AS 1.1	Work towards gaining the rainbow tick across the health service	Increased awareness of LGBTI across all settings through dissemination of information <ul style="list-style-type: none"> Attend LGBTI inclusive practice forum 	Nov 2015 Sept 2015	
5.2	AC, CH, RACF	CCC 1.8 AS 2.1,3.1,4.1		<ul style="list-style-type: none"> Complete the LGBTI inclusive practice checklist in all settings to determine current practice and feedback the outcome to setting management 	Dec 2015	
5.3	AC, CH, RACF	CCC 1.5 AS 1.8		<ul style="list-style-type: none"> Development of an action plan based on the outcome of the LGBTI audit tool  	Feb 2016	
5.4	AC, CH, RACF	CCC 1.4 AS 1.1, 1.2		<ul style="list-style-type: none"> Partner with Gay & Lesbian Health Victoria's Inclusive Practice Audit or other audit/accreditation process. 	Sept 2015	
5.5	AC, CH, RACF	11.6.1,13.7.2 CCC 1.7 AS1.1	Increase staff and volunteer knowledge about LGBTI practice.	Access LGBTI training and awareness for staff and volunteers across all settings.	March 2016	
5.6	AC, CH, RACF	12.1.1-2 CCC1.2 AS 1.1	Policies and processes are in place to support LGBTI practice	Development of policies and processes	July 2016	

Priority 6. Health Literacy

Goal: Improve health literacy to enable better communication, participation and interactions between consumers, patients and residents across East Wimmera Health Service

Priority	Settings: (AC) Acute Care (CH) Community Health (RACF) Residential Aged Care Facility	Standards	What we want to achieve	Strategies What actions will we take	Timeframe	Outcome
6.1	AC, CH, RACF	2.1.2, 2.4.1 CCC 1.4, AS 1.1	Consumer engagement in health care design	Consumer focus group to assist with the development of health literacy strategies for EWHS	April 2016	
6.2	AC, CH, RACF	14.4, CCC1.2. AS 1.1,1.5		<ul style="list-style-type: none"> Measure current written health information and communication methods with a health literacy lens 	Dec 2015	
6.3	AC, CH, RACF	1 AS 1.1		<ul style="list-style-type: none"> Develop an action plan based on the above findings for action 	Jan 2016	
6.4	AC, CH RACF	13.7.2. CCC1.7 AS 1.3	Staff training and development	Identify resources to assist health professionals with linking health literacy to better health outcomes.	March 2016	
6.5	AC, CH RACF	13.7.2. CCC1.7 AS 1.3		<ul style="list-style-type: none"> Attend PCP consumer engagement forum in October 2015 Access EMR HACC alliance Consumer feedback toolkit 	Oct 2015	
6.6	AC, CH, RACF	13.7.2 AS 3.3,3.8		<ul style="list-style-type: none"> Provide training to staff on <i>Health and Culture-understanding health literacy and diversity of health beliefs</i> module 	March 2016	
6.7	AC, CH RACF	2.4.2 CCC 1.4 AS1.1	Policy Development	Develop policies and procedures based on health literacy	July 2016	