



The Queen Elizabeth Hospital

Action plan for people with a disability

2007 - 2010

Introduction

The Action plan for people with disabilities identifies and commits The Queen Elizabeth Hospital to implementing specific initiatives and delivering outcomes over the next three years, that ensures a continuous improvement to its services and facilities with a view to delivering an accessible health care service for all the community.

This plan is in three sections:

- Section 1** provides a profile of The Queen Elizabeth Hospital 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 that The Queen Elizabeth Hospital will implement and deliver: In addition, time frames are clearly identified and responsibility and resources are allocated to ensure implementation.

Section 1

The role and function of The Queen Elizabeth Hospital

The Queen Elizabeth Hospital (TQEH) is a 361 bed public hospital, which provides a comprehensive range of treatment services to a population base of approximately 250,000 people, living primarily in the western suburbs of Adelaide, South Australia. This population includes high numbers of people of very low socioeconomic status and high levels of welfare recipients. There are also high number of aged people (>65years) in the region and many of these people are of a non-English speaking background.

TQEH is located in the western metropolitan region of Adelaide. It comprises an acute hospital campus, an extensive mental health service and a community based pregnancy advisory and satellite dialysis centres.

The in-patient services provided at the hospital campus are extensive and include a range of medical and surgical specialties (with operating suites and a day surgery unit), diagnostic services, nuclear medicine, intensive care, coronary care, gynaecology, psychiatry, pharmacy, allied health services and a renal unit. The hospital is widely recognized for its achievements in such areas as renal medicine, cardiology, haematology/oncology, and surgery.

TQEH is affiliated with the University of Adelaide, the University of South Australia and Flinders University.

Section 2

Action Plan

Aim

The purpose of this 'Action Plan for People with Disabilities' is to provide access and equity to all members of the community needing health care and in particular those with a disability, the services and facilities provided by TQEH.

Objectives

The objectives of the Plan are to:

- Better meet the needs of people with a disability who access TQEH services;
- Meet legislative requirements under the *Disability Discrimination Act 1992* in all areas of TQEH service delivery and in its role as a responsible employer;
- Foster and create a health care 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 TQEH 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.

Disability Discrimination Act 1992 (the Act)

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; or
- Total or partial loss of a part of the body; or
- The presence in the body of organisms capable of causing disease or illness; or
- The malfunction, malformation or disfigurement of a part of the person's body; or
- A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- 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, or
- previously existed but no longer exists; or
- may exist in the future; or
- is imputed to a person.

4.0 DEVELOPMENT OF THE PLAN

4.1 Management

The General Manager TQEH assumed responsibility for overseeing the development and implementation of the Action Plan.

The Safety and Quality Unit and the Consumer Advisory Council will undertake 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 Safety, Quality and Risk Management Unit will assist in engaging TQEH staff by:

- determining the extent that people with disabilities currently use TQEH services / and or facilities,
- in collaboration with the Clinical Education Centre assessing and improving staff knowledge and awareness of the specific needs of people with disabilities
- identifying their obligations under *the Act*, and
- identifying areas and opportunities for improvement.

5.0 GOVERNANCE

A Disability Action Plan Working Group was formed to develop, manage and monitor the plan. The Working Group is chaired by the General and Committee members represent consumers, disability support and consumer groups and TQEH staff. The Working Group reports to the TQEH Senior Management Team and the Executive Director Acute Services.

Performance indicators will be determined and will be reviewed in line with the documented time frames. A review of the plan to identify successes and achievements, and to update the plan will be conducted annually.

SECTION 3: ACTION PRIORITY AREAS

1. PLANNING AND POLICY DEVELOPMENT

OUTCOME: Progressive and current planning and policy framework developed

	Identified Issue	Actions	Performance indicators (evaluation)	Time frame	Responsibility	Progress
1.1	Need for clear governance arrangements to ensure continuation of the <i>Disability Discrimination Act 1992</i> requirements	<p>Establishment of the Disability Action Plan Working Group</p> <p>Register TQEH Disability Action Plan with Australian Human Rights and Equal Opportunity Commission</p>	<ul style="list-style-type: none"> ○ Appropriate members selected and educated ○ Terms of reference confirmed ○ Meeting schedule devised ○ Process for managing notices and reporting of meetings (including ongoing monitoring of actions) determined <ul style="list-style-type: none"> ● Registered on website 	<p>May '06</p> <p>July 2007</p>	<p>General Manager/TQEH Consumer Advisory Council (CAC)</p> <p>General Manager</p>	Finalized
1.2	Integration of the Plan into CNAHS strategic plan (when developed) and Divisional / Directorates / Units and Departments business plans	<ul style="list-style-type: none"> ○ Advise clinical and nursing directors of the plan when completed. ○ Incorporate action plan into functional services plans and objectives 	Requirements, implications and performance indicators are reviewed as detailed for TQEH functional services business plans	<p>July 2007</p> <p>July 08</p>	General Manager	Finalized August 07
1.3	Regular consultation with people with disabilities and their advocates or carers to identify and improve services for people with disability	<ul style="list-style-type: none"> ○ Conduct annual open forum & invite consumers, consumers with a disability and disability support groups ○ Include discussing the Plan as agenda items in the annual consumer forums ○ Take advantage of opportunities to present & meet with disability support groups and seek feedback 	<ul style="list-style-type: none"> ● Number of sessions held with consumers identified from attendance records ● Numbers of improvement suggestions ● Number of suggestions implemented ● Feedback from advocates and carers that services as far as possible are accessible for people with disability 	Sept 2007	Consumer Advisory Council (CAC)	Ongoing

	Identified Issue	Actions	Performance indicators (evaluation)	Time frame	Responsibility	Progress
1.4	Review of policies and guidelines affecting people with disabilities using the regular consumer consultation as the Terms of Reference for this review process	<ul style="list-style-type: none"> Identify relevant regional policies and review current and TQEH-specific policies and guidelines in line with TOR developed from consumer feedback 	<ul style="list-style-type: none"> Number of current and relevant policies and guidelines reviewed Policies and guidelines will incorporate and promote the object that people with disabilities have the same fundamental rights as other members of the community Gap analysis completed. Identified gaps are identified, documented and recommendations to TQEH GM to determine action. 	<p>January 2008</p> <p>March 2007</p>	<p>SQ&RM Unit / CAC</p> <p>General Manager</p>	<p>Gap analysis completed</p>
1.5	Annual review of effectiveness and progress of the plan	<ul style="list-style-type: none"> Identify any specific evaluation processes and tools Develop and implement evaluation process Provide report to general manager 	Audit as per Department of Health 4% compliance to standards	Sept 2008	<p>Disability Working Group</p> <p>Consider independent review</p>	
1.6	Lack of a strategy to audit services to determine whether they are accessible.	<ul style="list-style-type: none"> Conduct gap analysis <ul style="list-style-type: none"> Develop audit tool to measure compliance Plan and complete audit process Complete registry for participation rates of people with disabilities in services and programs 	<ul style="list-style-type: none"> Compliance audit completed and data collated Register will exist regarding participation rates of people with disability 	<p>Nov 2007</p> <p>March 08</p>	<p>SQ&RM Unit</p> <p>Disability Working Group</p>	

	Identified Issue	Actions	Performance indicators (evaluation)	Time frame	Responsibility	Progress
2.3	Lack of integrated multidisciplinary assessment for people with disabilities that is incorporated into the consumer's management plan	<ul style="list-style-type: none"> • Develop a multi-discipline assessment tool that meets best practice evidence <ul style="list-style-type: none"> ○ Research for best practice evidence-based assessment tool or develop new tool (trial no longer than 6 months) ○ Develop and implement the assessment tool (including a trial) ○ Provide education ○ Establish and conduct evaluation process ○ Develop evidence based tools to guide staff in meeting the needs of people who are vision, hearing and physically impaired. 	<p>Assessment tool developed, trialed (6 months) and introduced</p> <p>Evaluation process is used to identify number of areas using tool and improved patient outcomes</p> <p>Staff are able to provide or arrange for the provision of information and additional assistance and technology where required.</p> <p>Staff are able to assist, where required, people with disability who use assistive technology</p> <p>Visual prompts developed</p>	Ongoing	<p>Disability Working Group</p> <p>Divisional Nursing CoDirector Division of Medicine</p>	

	Identified Issue	Actions	Performance indicators (evaluation)	Time frame	Responsibility	Progress
3.3	Scope of equipment available staff and consumers with a disability	<ul style="list-style-type: none"> • Identify equipment required by consumers and staff with a disability • Conduct gap analysis of current equipment 	<p>Scope of equipment will be identified, documented and recommendations provided to TQEH GM for consideration and appropriate action</p> <p>Equipment will be evaluated for:</p> <ul style="list-style-type: none"> - availability - suitability - safety 	<p>Dec 07</p> <p>Ongoing</p>	<p>Manager Injury Prevention and Management Unit</p> <p>Product Evaluation Committee</p>	
3.4	Signage	<ul style="list-style-type: none"> ○ Consider engaging an external consultant to conduct an audit of all signage measured against legislation and Australian Standards • Provide audit report and recommendations to TQEH GM for consideration and appropriate action • Develop signage strategy for improvements • Develop signage replacement plan as required 	<p>Access audits completed and barriers identified</p> <p>Recommendations are completed according to the time frames determined in the report</p> <p>Signage strategy plan completed that complies with Australian Standards for Access and Mobility</p> <p>Signage replacement program developed and reported to General Manager</p>	Dec 2007	Facilities Services	

4. COMMUNICATION AND INTERPRETER SERVICES

OUTCOME: That all communications 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)	Time frame	Responsibility	Progress
4.1	<p>Absence of a policy regarding publications, information and communication being accessible to people with disabilities</p> <p><i>Linked to 1 Planning & Policy Development</i></p>	<ul style="list-style-type: none"> Develop a corporate policy and instruction Develop and conduct an audit to assess information and communication strategies Provide audit report and recommendations to the TQEH GM for consideration and appropriate action. 	<p>Corporate policy and instruction will exist regarding publications, information and communication access for people with disabilities</p> <p>Audit tool completed</p> <p>Recommendations will be addressed according to the time frames nominated in the report.</p>	<p>Dec 07</p> <p>April 07</p> <p>Dec 09</p>	<p>Public Relations / SQ&RM Unit/ CAC</p> <p>General Manager endorsement</p>	
4.2	<p>Limited scope in the availability of patient information in alternative formats and languages</p> <p><i>Linked to 4.6 and 1 Planning & Policy Development</i></p>	<ul style="list-style-type: none"> To be provided by: <ul style="list-style-type: none"> top 5 languages Signage Boards Publicize availability of publications and information in alternative via staff forums, SQU newsletter, Intranet 	<p>Percentage of patient information provided in alternative languages that is acceptable to people with disabilities</p> <p>Formats will be presented in a manner that maximizes accessibility to people with disabilities</p>	<p>June 08</p> <p>June 08</p>	<p>Disability Working Group / CALD Working Group</p> <p>SQ&RM Unit</p>	

	Identified Issue	Actions	Performance indicators (evaluation)	Time frame	Responsibility	Progress
4.3	Increased risk of diminished ability to access services and information by people who are hearing impaired	<ul style="list-style-type: none"> • Implement: <ul style="list-style-type: none"> ○ Personal hearing system ○ Counter hearing system in key access areas of the organisation • Provide appropriate signage indicating the location of equipment (TTY telephones and other devices) • Ensure appropriate access to Auslan interpreters • Undertake a review of visual alarms within organisation 	<p>Alternative systems implemented</p> <p>Hearing impaired staff and consumers will be provided with appropriate assistive technology and AUSLAN interpreters as required for information access to services</p> <p>Visual alarms will be installed in the areas identified in the review</p>	March 08	Disability Working Group	
4.4	Lack of televisions with closed caption capacity	<ul style="list-style-type: none"> • Discuss requirements with the television contractor 	Caption TVs are made available to all patients that request them.	June 07	Disability Working Group /	Completed June 07
4.5	Increased risk of diminished ability to access services for people with physical impairment	<ul style="list-style-type: none"> • Review letters for inpatient, outpatient and same day patients to ensure distance from car parks and drop off points are clearly articulated and if required assistance can be made available 	<p>Review completed and action plan developed</p> <p>Support services required by people with a disability will be identified prior to or during admission or for OPD appointment</p>	Dec 08	Disability Working Group Lyn Wakefield	
4.6	<p>Absence of TQEH Patient Information Booklet in alternative formats and languages</p> <p><i>Linked to 4.2 and 1 Planning & Policy Development</i></p>	<ul style="list-style-type: none"> • Identify five most languages spoken with patients, staff and consumers with a disability • Consider alternate modes of delivery, such as audio, TQEH internal TV channel, pictures, CD 	<p>Assessment completed and action plan developed</p> <p>Patient information booklet will be available in alternative formats and languages to maximize accessibility to people with disabilities</p>	March 2008	SQ&RM Unit / Consumer Advisory Council / CALD	

5. 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)	Time frame	Responsibility	Progress
5.1	<p>Compliance with state public sector employment policy, programs and practices in regard to people with disabilities</p> <p><i>Linked to 1 Planning & Policy Development</i></p>	<ul style="list-style-type: none"> Identify the requirements of the state public sector employment policy, programs and practices in regard to people with disabilities to inform the review of TQEH employment policies and procedures Develop TQEH specific instructions and procedures where any gaps exist 	<p>Review completed and action plan developed</p> <p>Staff provided with education about new policies</p> <p>The requirements of the state public sector employment policy, programs and practices relating to people with disabilities will be met</p>	August 2008	TQEH Human Resources	
5.2	<p>Compliance with regional employment policies and procedures in relation to:</p> <ul style="list-style-type: none"> equal employment opportunity prevention of sexual harassment recruitment and selection guidelines Grievance procedures with state and federal legislation <p><i>Linked to 1 Planning & Policy Development</i></p>	<ul style="list-style-type: none"> Review employment policies and procedures in consultation with CNAHS 	<p>Review completed and action plan developed</p> <p>TQEH employment policies and procedures compliance promotes equity and equal opportunity for people with disabilities in health workforce</p>	Dec 07	TQEH Human Resources	

	Identified Issue	Actions	Performance indicators (evaluation)	Time frame	Responsibility	Progress
5.3	Lack of information given to staff at orientation	<ul style="list-style-type: none"> Review orientation program in consultation with Staff Development Unit Provide new staff with information regarding the Act at orientation Identify information resources available to staff 	<p>Needs analysis completed and information to be provided will be determined</p> <p>80% of new staff will be aware of the Act and the TQEH commitment to the Disability action Plan</p> <p>80% of staff will be aware of resources where they can obtain further information regarding disability and disability resources, the Act and it's requirements</p>	July 2008	Clinical Education Centre / Human Resources	
5.4	Lack of physical, communication and access audits of workplaces	<ul style="list-style-type: none"> Research information about audit processes for physical, communication and attitudinal access Develop and implement audits of targeted workplaces in consultation with relevant stakeholders 	<p>Audit process will be developed and communicated to managers and staff</p> <p>Audits will identify opportunities for developing non-discriminatory best practice and the removal of access barriers for staff with disability</p>	March 08	Disability Working Group SQ&RM Unit	

6. COMPLAINT MECHANISMS

OUTCOME: People with disabilities will have appropriate access to complaint handling procedures within services and to independent complaint authorities

	Identified Issue	Actions	Performance indicators (evaluation)	Time frame	Responsibility	Progress
6.1	Lack of evidence that people with disabilities have appropriate access to complaint handling procedures	<ul style="list-style-type: none"> Review complaints process to ensure it is appropriate for people with disabilities and complies with legislative requirements and best practice, such as ACSQHC guidelines Develop revised process if needed Allow for provision to escalate the complaint beyond TQEH's internal process (e.g. Complaint Commission) 	<p>Complaints process reviewed for compliance and distributed</p> <p>Audit completed</p>	Nov 2006	<p>Consumer Liaison SQ&RM Unit</p> <p>Consumer Advisory Council (CAC)</p>	Audit completed
6.2	Absence of information and education strategies on the rights of consumers for people with a disability	<ul style="list-style-type: none"> Conduct a gap analysis to identify current information and education about rights of consumers with a disability Develop and implement action plan to address identified gaps <p>Consider communication strategies to patients, staff and consumers about internal and external avenues available to them in the event they wish to make a complaint</p>		Feb 2008	<p>Consumer Liaison SQ&RM Unit / Consumer Advisory Council (CAC)</p>	

ATTACHMENT 1

EXTERNAL AGENCIES / GROUPS

1. DIRC – Disability Information and Resource Centre
2. DACSSA – Disability Advocacy and Complaints Services SA
3. Brain Injury Network SA
4. Head Injury Society
5. Hampstead Rehabilitation Centre
6. Talkback Association for Aphasia Inc.
7. The Paraplegic and Quadriplegic Association of SA
8. Spina Bifida and Hydrocephalus Association of SA Inc.
9. Royal Society for the Blind
10. Guide Dogs Association of SA and NT
11. Blind Welfare
12. Deaf SA
13. MS Society
14. Muscular Dystrophy
15. Motor Neurone Disease Association of SA
16. Centre for Physical Activity and Ageing (CPAA)
17. Amputee Support Group
18. COTA - Council On The Ageing
19. Stroke SA
20. Disability SA
21. Mental Health Coalition
22. Aboriginal Health Council of SA
23. Multicultural Communities Council of SA Inc
24. Catholic Multicultural Pastoral Service
25. Carers Association of SA