

# Metro South Health

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## Disability Plan 2016-2018

# Background to the disability plan

## Purpose:

The purpose of the Metro South Health Disability Health Plan is to outline the future priorities for improving health service delivery for people with disability and their families and carers in the Metro South Hospital and Health Service. This plan has two key priorities:

1. To ensure equitable, accessible and effective health care for people with disability, their families and carers
2. To prepare Metro South Health to work with the National Disability Insurance Scheme

Metro South Health recognises that people with disabilities are a diverse group. We recognise that each person with a disability has individual and unique needs when accessing our services.

## Rationale

- People with disability are more likely to experience premature mortality, greater morbidity, have multiple National Health Priority Area conditions, and develop these conditions at much significantly younger ages than people without disability.<sup>i</sup>
- People with disabilities experience higher rates of avoidable hospital admissions than people without disability.<sup>ii</sup>
- Different disabilities can affect people's ability to communicate, understand and navigate health services. Communication issues are strongly associated with adverse healthcare outcomes.<sup>iii</sup>
- People with disability are more likely to use health services at higher rates than people without disability but are less likely to have conditions diagnosed or have their health needs met.<sup>iv,v, vi, vii</sup>
- People with disability have higher rates of social determinants and health behaviours associated with poor health outcomes.<sup>i, viii</sup>
- People with disabilities, their families and support workers are often not medically trained and need health sector assistance to understand and manage complex health issues.<sup>ix</sup>

## Policy and strategic context

On 2 December 2013, the Queensland Government endorsed the [Queensland Disability Plan 2014–19: Enabling choices and opportunities](#) (QDP). The QDP aligns with—and will deliver on—Queensland's commitments under the *National Disability Strategy 2010–2020*.

It also contributes to meeting the Queensland Government's obligations under the [United Nations Convention on the Rights of Persons with Disabilities](#) (the Convention). The Convention, ratified by Australia on 17 July 2008, obligates all governments in Australia to work towards promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

The [National Disability Strategy 2010–2020](#), endorsed by the Council of Australian Governments in 2011, represents a unified approach by all governments in Australia and the Australian Local Government Association to work together with business and community toward the vision of an inclusive Australia.

The *National Disability Strategy* outlines six priority areas for action: inclusive and accessible communities; rights protection, justice and legislation; economic security; personal and community support; learning and skills; and health and wellbeing. These action areas are delivered with the following underpinning principles:

- **Involvement of people with disability**—the views of people with disability are central to the design, funding, delivery and evaluation of policies, programs and services which impact on them, with appropriate support and adjustment for participation.
- **Community engagement**—a whole-of-community change effort is required to remove barriers and support inclusion of people with disability in the life of their communities.
- **Universal approach**—products, services, environments and communities are accessible and usable by all people to the greatest extent possible without the need for specialised modification.
- **Life course approach**—takes into account a person's likely needs and aspirations over their lifetime, paying particular attention to milestones and times of transition.
- **Person-centred**—policies, programs and services for people with disability are designed to respond to the needs and wishes of each individual.
- **Independent living**—the provision of services and equipment that facilitate the greatest level of independence and the enjoyment of a lifestyle that reflects the choices of people with disability.
- **Interconnectivity**—governments work together to ensure interconnectivity of policies and programs.

In addition, on 8 May 2013, the Queensland Government signed an agreement with the Commonwealth Government to commence the NDIS in Queensland from 1 July 2016, with full implementation by 2019. When the NDIS is fully implemented, an estimated 97,000 Queenslanders will receive the disability supports they need to participate in the community and pursue their life goals.

The work of Metro South Health is also guided by the [Queensland Carers Recognition Act \(2008\)](#) and the principles outlined within the Queensland Carers Charter.

## About the Metro South population

Broadly consistent with the Queensland average, the Metro South Health district had 40,375 persons in need of assistance with a core activity, representing 4.1% of the total population<sup>x</sup>. People with disabilities are most likely to live in the following 21 Statistical Local Areas (SLAs) within the MSH district:

| <b>MSH SLA</b>                                    | <b>% of residents requiring assistance with a core activity</b> |
|---|---|
| Redland Bay Islands                               | 8.7%  |
| Eagleby<br>Inala – Richlands                      | 6.6%  |
| Bethania – Waterford<br>Rocklea<br>Victoria Point | 6.5%  |
| Beaudesert  | 6.4%  |
| Beenleigh<br>Boronia Heights                      | 6.3%  |
| Carina Heights<br>Upper Mt Gravatt                | 6.2%  |
| Woodridge   | 6.1%  |
| Durack  | 6.0%  |
| Cleveland<br>Wynnum West – Hemmant                | 5.9%  |
| Waterford West                                    | 5.8%  |
| Logan Central                                     | 5.6%  |
| Kingston<br>Seventeen Mile Rocks                  | 5.4%  |
| Browns Plains<br>Slacks Creek                     | 5.3%  |

# Overview of Metro South Health

## Our vision

*To be renowned worldwide for excellence in health care, teaching and research.*

## Our purpose

Metro South Health's purpose is to deliver high quality health care through the most efficient and innovative use of available resources, using planning and evidence-based strategies.

## Our key focus areas and enablers

The [Metro South Health Strategic Plan 2015-2019](#) reflects the Health Service's commitment to working closely with the Queensland Government to implement its *Objectives for the Community*. This is demonstrated by Metro South Health's key focus areas and enablers:

Focus areas:

- Clinical excellence and better health care solutions for patients through redesign and improvement, efficiency and quality
- Technology that supports best practice, next generation clinical care
- Improved health system integration

Enablers:

- Resource management and system planning and implementation
- Enabling and empowering our people
- Ensuring the needs of our stakeholders influence all our efforts

## About Metro South Health

Metro South Health covers 3,856 square kilometres from the Brisbane River in the north to the Redland City Council in the east, and to the Scenic Rim Shire down to the border of New South Wales in the south-west.

It comprises five hospitals (Princess Alexandra, Logan, Redland, Queen Elizabeth II Jubilee (QEII), and Beaudesert), an emergency clinic on North Stradbroke Island plus a number of residential care facilities, community health centres, mental health and oral health services, as well as outreach and home visiting services.

Through these facilities we deliver a full suite of specialties from eight clinical streams. The clinical streams are:

- Aged Care and Rehabilitation Services
- Cancer Services
- Emergency and Clinical Support Services
- Medicine and Chronic Disease Services
- Mental Health Services
- Patient Flow, Ambulatory Care and Hospital Avoidance

- Surgical Services
- Women's and Children's Services.

We also play a key role in education and research, with strong links to the University of Queensland, Queensland University of Technology, Griffith University and several other academic institutions.

In recognition of the significant diversity of the Metro South community, a specific unit has been formed within Metro South Health, called the Health Equity and Access Unit (HEAU). The HEAU works to support Metro South Services to improve service delivery and outcomes for communities identified as having priority health needs within Metro South Health.

The HEAU will play a key role in guiding Metro South Services in the process of planning and implementing improvements to services to maximise outcomes for people with disability and their families.

## Metro South Health Disability Plan: Priorities

The Metro South Health Disability Plan 2016-2018 reflects Metro South Health's commitment to improving health and wellbeing for people with disabilities. Metro South Health will work in partnership with people with disabilities, carers, advocates and health care stakeholders to make changes within the following six priority areas:



## Acronyms and initialisations

ABI – Acquired Brain Injury

ABIOS – Acquired Brain Injury Outreach Service

A&MHS – Addictions and Mental Health Service

BIRU – Brain Injury Rehabilitation Unit

CHAP - Comprehensive Health Assessment Program

DAC – Disability Action Committee

DoR – Division of Rehabilitation

EQulP – EQulPNational Accreditation Standards

HEAU – Health Equity and Access Unit

MASS – Medical Aids Subsidy Scheme

MSH – Metro South health

NDIA – National Disability Insurance Agency

NDIS – National Disability Insurance Scheme

NIIS – National Injuries Insurance Scheme

PAH – Princess Alexandra Hospital

SDSAOT - Specialist Disability Services Assessment and Outreach Team

TIC – Transformation and Innovation Collaborative

TRS - Transitional Rehabilitation Service

QALS – Qld Artificial Limbs Service


QHDSP – Queensland Health Disability Service Plan

QSCIS - Queensland Spinal Cord Injuries Service

QDN – Queenslanders with Disability Network



## Metro South Health Disability Actions 2016-18

| Domain 1. Inclusive systems and environments  |  |  |                                      |           |   |
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| Elements   | Action   | Milestones   | Responsibility                       | Timeframe | Policy /strategic plan links                      |
| <b>1.1 Leadership and organisational commitment</b>  | 1.1.1 Develop and maintain a Metro South Health Disability Action Committee.   | Meetings minuted and occur in accordance with Terms of Reference<br><br>Increase the number of people with disability and disability advocates in 2017<br><br>Terms of Reference reviewed annually | Health Equity and Access Unit (HEAU) | Ongoing   | EQUIP 2.1 & 2.2                                   |
|  | 1.1.2 Deaf and Hearing Impaired Service Improvement Working Party provides a regular forum for communication, consultation, discussion and decision making on matters relating to, or impacting on, access for people who are deaf or hard of hearing. | Meetings occur twice a year in accordance with Terms of Reference<br><br>Deaf and hearing impaired advocates and consumers are represented   | Director Audiology PAH               | Ongoing   | QHDSP6.4.8  |
|  | 1.1.3 Implement and review the Metro South Health Disability Plan.   | Quarterly reports completed and reviewed at Disability Action Committee (DAC)<br><br>Plan reviewed in 2018   | Disability Action Committee (DAC)    | Ongoing   | Queensland Health Disability Service Plan (QHDSP) |
|  | 1.1.4 Develop a MSH Positive Behaviour Management and Restrictive Practices Policy.  | Working group formed<br><br>Internal and external consultation occurs<br><br>Policy and procedures endorsed by MSH Executive.  | DAC                                  | 2017      | Public Advocate Deaths in Care Report             |
|  | 1.1.5 Develop a Reasonable Adjustments Policy and procedures which support MSH services to modify and tailor services to meet the needs of people with disabilities.   | Working group formed<br><br>Internal and external consultation occurs<br><br>Policy and procedures endorsed by MSH Executive.  | DAC                                  | 2017      |   |

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| <b>1.2 Inclusive models and pathways</b> | 1.2.1 | Continue to develop Queensland Spinal Cord Injuries Service / Spinal Injuries Unit Telehealth / Telerehabilitation clinic to improve services to people with spinal cord injury who have difficulty travelling to an outpatient clinic including people in rural and remote communities. | Current SIU clinic is permanently established  | Division of Rehabilitation (DoR)    | June 2016                      | QHDSP7.5.3  |
|  | 1.2.2 | Investigate establishment of telehealth clinic for people with acquired brain injury (ABI) - particularly for people with mild ABI   | Business case approved<br><br>Clinic commenced   | DoR                                 | December 2016                  | QHDSP7.5.3  |
|  | 1.2.3 | Develop Speech Pathology telehealth outpatient clinic to substitute for face to face assessment and therapy for patients with some communication or swallowing impairments who live remotely (Redland Bay islands) or who have difficulty accessing outpatient clinics.                  | Trial telehealth therapy blocks for voice and aphasia therapy<br><br>Consumer engagement occurs and feedback is incorporated into project<br><br>Information and communication technology barriers for remote and elderly patients is considered<br><br>Project outcomes considered for wider application. | Bayside Speech Pathology Department | Ongoing                        | QHDSP 7.5.3   |
|  | 1.2.4 | Review options to enhance continuity of care between clinicians about the particular care needs of clients with disabilities. These options may include enhanced clinical care data systems, patient passports or care summaries.  | Report completed which identifies and recommends practical and affordable clinical care information systems.   | HEAU                                | 2017                           | QHDSP 7.5.1   |
|  | 1.2.5 | Conduct a scoping exercise to identify options to better coordinate the integration of oral health services with hospital and community services for people with a disability.   | Scoping exercise report completed  | Oral Health Services                | June 2016                      | QHDSP6.4.11<br>QHDSP6.4.12  |
|  | 1.2.6 | Establish the Acquired Brain Injury (ABI) Transitional Rehabilitation Service (TRS) to improve transition to community living and discharge from the Brain Injury Rehabilitation Unit (BIRU) at PAH.   | TRS clinical services commenced<br><br>TRS fully operational   | DoR                                 | July 2016<br><br>December 2016 | QHDSP 6.4.14<br>MSH Aged Care and Rehabilitation Services Plan:<br>Service Direction #7<br>DoR Strategic Plan |

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| <b>1.3 Support and liaison roles</b>             | 1.3.1 | Implement Disability Nurse Navigator service at Logan Hospital. This service will assist people with complex health and disability needs, high service use and people transitioning from paediatric to adult health services.   | Position recruitment occurs by first quarter 2016.<br><br>Steering Group formed which includes clinical services and consumer advocates.<br><br>Service planning and systems developed.              | Division of Medicine and Emergency, Logan Hospital | April 2016<br><br>July 2016<br><br>October 2016 | QHDSP 6.4.14  |
| <b>1.4 Welcoming and accessible environments</b> | 1.4.1 | MSH Bariatric Services Project: This project will clearly define the bariatric population, equipment requirements and map facilities' capabilities across the district in order to ensure a more coordinated response throughout the bariatric patient's inpatient journey. | MSH Bariatric Patient Management Policy and Guideline endorsed by each facility Executive Team.<br><br>Training and promotion materials to be developed.<br><br>Web-based resources to be developed. | Transformation and Innovation Collaborative (TIC)  | End of June 2016                                | QHDSP6.4.8  |
|  | 1.4.2 | Develop an Accessible equipment procurement policy and procedure  | Policy and procedure adopted   | DAC Working Group                                  | 2017  | QHDSP6.4.8  |
|  | 1.4.3 | MSH will develop an organisational assessment tool which assists services to assess and improve the accessibility of their services for priority groups, including people with disabilities.  | Assessment tool is endorsed by HEAU Director and made available to MSH staff   | HEAU   | June 2017                                       |   |
|  | 1.4.4 | MSH will review options to improve toilet access issues such as safe continence and colostomy disposal services.  | Options identified and costed  | DAC/Consumer Engagement                            | June 2017                                       |   |
| <b>1.5 Specialised services</b>                  | 1.5.1 | Continue to participate in state-wide ABI and Spinal Cord Injury (SCI) planning processes to completion of Plans  | SCI and ABI statewide plans completed  | DoR Executive                                      | February 2016                                   | QHDSP6.4.1<br><br>MSH Aged Care and Rehabilitation Services Plan – Service Direction #6<br><br>DoR Strat Plan: 2Aii |
|  | 1.5.2 | Determine appropriate opportunities and processes to be involved in implementation of SCI and ABI state-wide plans  | DoR Executive contributed to planning for implementation of various activities as described in statewide SCI and ABI plans   | DoR Executive                                      | July 2016                                       | Health Aged Care and Rehabilitation Services Plan – Service Direction #6<br>DoR Strat Plan: 2Aii                    |
|  | 1.5.3 | Metro South Addictions and Mental Health Services (A&MHS) will continue   | Provision of education to internal and external stakeholders to strengthen local capacity to   | A&MHS  | ongoing   | QHDSP6.4.2  |

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|  | to support the Southern Cluster Dual Disability Coordinator within MS A&MHS to enhance the capacity of mental health services to respond to the mental health needs of people with intellectual and developmental disabilities.           | <p>provide specialist mental health care to adults with intellectual disability and/or acquired brain injury.</p> <p>Strengthen referrals to the Specialist Disability Services Assessment and Outreach Team (SDSAOT) to improve access to specialist services.</p> <p>Provision of consultation and liaison services for people with dual disability e.g. forensic clients via an offenders' program, consumers of ED Mental Health team and 1300 MHC-CALL.</p> |                          |                    |                                       |
|  | 1.5.4 MSH Chronic Disease Services will work with clients with complex chronic conditions and their families and carers to improve health literacy, condition management skills and care coordination.                                    | Reasonable adjustments are made to services to accommodate the individual needs of consumers and their families and carers.  | Chronic Disease Services | Ongoing            |                                       |
|  | 1.5.5 MSAMHS will continue to support the implementation of the Partners in Recovery model through collaborative service initiatives.   | <p>Formalise a direct referral pathway for consumers to PIR for support on discharge from acute inpatient units, particularly for those consumers not requiring ongoing follow up with the service.</p> <p>Active participation in the PHN and PIR partnership initiatives including the PIR Stakeholder Advisory Group, the Queensland Hearing Voices Community and the ATAPS Reference Group.</p>  | A&MHS                    | June 2016          | EQuIP Standard 11.7.2<br>QHDSPP 6.4.6 |
|  | 1.5.6 Assist people who are deaf or hard of hearing to access culturally affirmative and inclusive mental healthcare and promote appropriate and accessible mental health treatment for deaf and hard of hearing people across the state. | <p>Provide education and training to support mental health clinical staff and other service providers .</p> <p>Provide services which improve access to prevention and health promotion services.</p> <p>Provide consultancy services to other service providers on a state-wide basis.</p>  | A&MHS                    | Ongoing<br>Ongoing | QHDSPP6.4.3                           |

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|   | 1.5.7 | Standing Offer Arrangement (SOA) for assistive technology and continence products. The SOA commenced in late 2014 and available products increased from approximately 100 to over a 1,000. The continence SOA commenced in February 2015 and has increased available products from 400 to over 600 items. These SOAs will continue to be maintained. | Over 1,000 items of assistive technology are available on SOA.<br><br>The MASS website displays the SOA products and specifications and links to suppliers.<br><br>Over 600 continence items are available on SOA.            | Medical Aids Subsidy Scheme (MASS)                  | Ongoing  | QHDSP6.4.16  |
|   | 1.5.8 | An online application system is being developed for MASS products. This system will be accessible on laptops, tablets and smart phones.  | Test concept with Oxygen/Continence applications.<br><br>Develop remaining MASS Application forms.<br><br>Trials with non-government prescribers are carried out and evaluated.<br><br>Online application system is launched. | MASS  | Timeframes being negotiated within tender processes. | QHDSP6.4.16  |
|   | 1.5.9 | Finalise the Joint Action Plan process for current residents (with severe ABI) of Jasmine Unit, Casuarina Lodge to transition to new community living arrangements through Wesley Mission.   | All current residents of Jasmine Unit have re-located to new community living option.<br><br>Joint Action Plan process completed.   | DoR Executive, Jasmine Unit / Casuarina Lodge       | July 2016<br><br>September 2016                      | Metro South Health Aged Care and Rehabilitation Services Plan – Service Direction #7 Division of Rehabilitation (DOR) Strategic Plan – 2Aiii |
| <b>1.6 Monitoring, evaluation and improvement</b> | 1.6.1 | Complete We're Listening research project about the health service needs of people with intellectual disabilities and acquired brain injuries.   | Research report produced which identifies patient, family/carer, and health care staff needs.   | HEAU  | Stage 1: 2016<br>Stage 2: 2017                       | ACHS EQuIP 12.1  |
|   | 1.6.2 | Support the recommendations of the statewide review of patient disability data identification systems.   | MSH will support and comply with the Department of Health data system recommendations.  | DAC & HEAU  | 2017   | QHDSP Other Action 4.  |
|   | 1.6.3 | Explore options to incorporate patient disability identifier within new patient safety incident reporting system (PRIME replacement).  | Form a working group to map patient identification options.<br><br>Options paper produced with recommendations.   | DAC, HEAU, Patient Safety, Consumer Liaison Service | Dec 2016   | Public Advocate: Deaths in Care report recommendation.<br><br>QHDSP Other Action 4.  |

Domain 2. NDIS and NIIS readiness.



| Elements                     | Actions | Milestones  | Responsibility  | Timeframe  | Policy /strategic plan links                |  |
|------------------------------|---------|---|---|--|---|--|
| <b>2.1 Service readiness</b> | 2.1.1   | MSH Divisions which work with a high proportion of potential NDIS/NIIS consumers will form NDIS/NIIS planning committees which report back to DAC. Each of these committees will develop service-specific action plans.   | NDIS/NIIS planning committees are formed and report back to DAC<br><br>NDIS/NIIS committees develop action plans (see action 2.1.2 and 2.1.3) | DoR<br><br>MASS<br><br>A&MHS   | July 2016<br><br>July 2016<br><br>July 2017 |  |
|                              | 2.1.2   | NDIS/NIIS actions plans are developed for services which are directly impacted by the new insurance schemes: <ul style="list-style-type: none"> <li>• Medical Aids Subsidy Scheme</li> <li>• Queensland Artificial Limb Service</li> <li>• Spinal Cord Injury response service</li> <li>• High Cost Home support clients</li> </ul> | Action plans developed for all services.  | MASS<br><br>DoR<br><br>Qld Artificial Limbs Service (QALS)<br><br>QSCIS (Qld Spinal Cord Injuries Service) | December 2016                               |  |
|                              | 2.1.3   | NDIS/NIIS Action Plans are developed for services which frequently interface with disability services: <ul style="list-style-type: none"> <li>• Brain Injury Rehabilitation Unit (BIRU)</li> <li>• QSCIS</li> <li>• Allied Health</li> <li>• Addictions and Mental Health</li> </ul>  | Action plans developed for all services.  | Brain Injury Rehabilitation Unit (BIRU), QSCIS, Allied Health, A&MHS                                       | December 2017                               |  |
|                              | 2.1.4   | Conduct a short-term NDIS and NIIS readiness project to support state-wide rehabilitation services to discharge clients back to regions where the NDIS has commenced operation  | Policies, procedures and systems developed to facilitate patient discharge.   | DoR  | December 2016                               |  |
|                              | 2.1.5   | Undertake a review and mapping exercise in order to develop a position on whether MSHHS should become a provider of NDIS "Specialised Services"   | Project report will recommend if MSH should provide services under the NDIS.  | DAC  | July 2017                                   |  |
|                              | 2.1.6   | Develop clear referral pathways for requests for NDIS-related health assessments and medical reports. This  | Key specialist services consulted during the development of NDIS/NIIS information request pathways.   | DAC, HEAU, MSH Referral Hub, Strategic Policy Unit   | July 2017                                   |  |

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|  |       | will assist clients applying for NDIS supports to get supporting medical information in a timely manner. It will also streamline processes to reduce workload impacts on MSH services.   | NDIS/NIIS information request pathways developed.  | DoH   |   |  |
| <b>2.2 Staff education</b>                                   | 2.2.1 | Develop a MSH NDIS/NIIS communication plan which will: <ul style="list-style-type: none"> <li>provide communication strategies and information to staff most likely to interface with the NDIA and/or potential and actual clients eligible for the NDIS/NIIS</li> <li>provide NDIS/NIIS communication strategies and information for the general MSH workforce</li> <li>ensure the MSH Board, facility executives and other high-level partners are fully informed about the NDIS/NIIS rollout in the MSH region and are aware of issues</li> <li>support the promotion and development of training about the NDIS/NIIS for MSH staff and key partners</li> </ul> | MSH NDIS and NIIS Media and Communication Plan developed and implemented.  | Media & Communications<br><br>HEAU<br><br>Executive Director of Allied Health | Begin early communications in March 2016.<br><br>Detailed communication planning can begin following the signing of the Bilateral Agreement in QLD. | QHDSP 1.1.1<br>QHDSP 1.1.3<br>QHDSP 4.1.3<br>QHDSP 4.1.4 |
|  | 2.2.2 | Establish an NDIS/NIIS champions initiative which recruits and trains staff from key facilities and services to provide advice to other MSH staff.   | NDIS/NIIS champions are trained and aware of the NDIS/NIIS<br><br>MSH staff are able to identify their local NDIS/NIIS champion via project information on MSH QHEPS NDIS webpage. | HEAU  | July 2016<br><br>Ongoing  | QHDSP 1.1.1<br>QHDSP 1.1.3<br>QHDSP 4.1.3<br>QHDSP 4.1.4 |
|  | 2.3.1 | As part of the NDIS/NIIS communication plan, develop and disseminate NDIS/NIIS information resources for consumers to ensure they understand the NDIS/NIIS and their choices. Work with partner organisations to develop and disseminate appropriate and accessible resources  | NDIS readiness information is available for MSH consumers.   | Media and Communications  | Begin early communications in March 2016.<br><br>Communication planning can begin after Bilateral Agreement finalised.                              | QHDSP 2.1.1<br>QHDSP 2.1.2                               |
| <b>2.3 Information for individuals, families and carers.</b> |       |  |  |   |   |  |

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|  | 2.3.2 | NDIS Participant readiness initiatives are promoted by MSH to our consumers.  | Information about NDIS participant readiness initiatives and education sessions are incorporated within MSH community engagement newsletters.  | HEAU<br>Consumer Engagement Services                   | June 2016 onwards                   | QHDSP 2.1.1<br>QHDSP 2.1.2 |
| <b>2.4 Development of specific pathways and interfaces</b> | 2.4.1 | Develop agreements between MSH and the NDIA to ensure communication pathways at different levels of service delivery.   | MSH and NDIA have systems in place to coordinate: <ul style="list-style-type: none"> <li>• consumer intake and discharge</li> <li>• requests for consumer information</li> <li>• emerging integration issues</li> <li>• strategic planning issues</li> </ul> MSH and NDIA identify and respond to NDIS and health implementation issues. | DAC  | 2018                                | QHDSP 5.1.2                |
|  | 2.4.2 | MSH will actively participate in local NDIA regional working groups prior to NDIS implementation  | MSH attends and coordinates health sector issues.  | DAC  | Late 2017 – pending NDIA timeframes | QHDSP 5.1.2                |
|  | 2.4.3 | Advocate for the development of strong links and working arrangements between NDIS/NIIS planners and key Metro South Health services.                         | Regular communication occurs between NDIS/NIIS planners and acute health care services.<br><br>NDIS/NIIS planning coordinates care for people with disabilities and complex health co-morbidities.   | Executive Director of Allied Health<br><br>A&MHS       | Late 2017                           | QHDSP 5.1.2                |
|  | 2.4.4 | Nominate a senior officer as HHS NDIS/NIIS contact person, to be a central point of contact to facilitate and coordinate NDIS/NIIS implementation activities. | Clear points of communication exist between MSH, DoH and NDIS.   | Executive Director of Allied Health & Director of MASS | Ongoing                             | QHDSP 5.1.2                |



### Domain 3. Capable and informed staff



| Elements                          | Actions  | Milestones   | Responsibility  | Timeframe  | Policy /strategic plan links |
|-----------------------------------|--|--|---|--|------------------------------|
| <b>3.1 Training and awareness</b> | 3.1.1 Develop a MSH Disability Staff Training Plan which develops training about people with different types   | <p>Staff survey and literature review conducted to identify staff training needs and interests.</p> <p>People with disabilities, carers and disability advocacy organisations are included in the development of our staff training plan.</p> <p>Staff training plan considers and incorporates training about the needs of people with different types of disabilities.</p> <p>Staff training plan developed and endorsed by DAC.</p> | HEAU  | December 2016                                    | QHDSP 4.1.5                  |
|                                   | 3.1.2 Develop and deliver 'personal experience' training modules for MSH staff which are delivered by people with disabilities.  | <p>Personal experiences of people with different types of disabilities are included within health care training module</p> <p>Session content agreed to between HEAU and NGO provider</p> <p>Sessions delivered in conjunction with other disability training modules</p>  | HEAU  | <p>End 2016</p> <p>End 2016</p> <p>June 2017</p> | QHDSP 4.1.5                  |
|                                   | 3.1.3 Develop online consumer 'personal experience' training modules.  | <p>Online content (informed by face-face training initiatives) is available</p>  | HEAU  | Dec 2017   | QHDSP 4.1.5                  |
|                                   | 3.1.4 Develop online training modules about interpreter services, organisational requirements and working effectively with interpreters. These modules incorporate Auslan interpreting issues. | <p>Cultural Diversity training module is available for all staff</p> <p>Working with Interpreters module is available for all staff</p>  | HEAU  | <p>June 2016</p> <p>August 2016</p>              |                              |
|                                   | 3.1.5 Continue to provide support, education and training to professionals providing service to people who are Deaf or hard of hearing.  | <p>Development and publishing of web-based guidelines and resources</p> <p>Continuation in the provision of workshops and</p>  | A&MHS – Deafness and Mental Health Statewide Consultation | Ongoing  | EQulP Standard 11 QHDSP6.4.3 |

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|   |       | seminars<br><br>Continued collaborative partnerships in relation to clinical service delivery  | Service   |   |                     |              |
|   | 3.1.6 | Support the annual Queensland Government Disability Action Week Campaigns  | Statewide Qld Govt campaign themes are promoted amongst MSH staff and consumers.  | HEAU  | September each year | QHDSP 4.1.5  |
| <b>3.2 Support and mentoring</b>                      | 3.2.1 | MSH will actively comply with the DoH's human resource policies to promote improved workforce participation and workplace support for employees with disability. | MSH implements changes recommended by DoH reviews of human resource policies and procedures.  | Workforce Services                              | Ongoing             | QHDSP 4.1.1  |
|   | 3.2.2 | Develop and maintain a MSH Disability Staff Network to share training, information and education options.  | Terms of Reference agreed to by members and reviewed annually<br><br>Staff subscription database maintained<br><br>Regular communication maintained between members | HEAU  | Ongoing             | QHDSP 4.1.5  |
|   | 3.2.3 | Develop guide for MSH staff about effective communication with people with disabilities  | Guide is created in consultation with disability advocacy groups.<br><br>Guide is published and made available on MSH QHEPS disability page.                        | HEAU<br><br>Media and Communications            | September 2016      | QHDSP 4.1.5  |
|   | 3.2.4 | <i>Note: NDIS Champions Network – see Action 2.2.2</i>   |   |   |                     |              |
|   |       |  |   |   |                     |              |
| <b>3.3 Induction manuals and operating procedures</b> | 3.3.1 | Develop MSH QHEPS Disability information page for staff.   | MSH QHEPS page provides a summary of disability information resources   | HEAU<br><br>Media and Communications            | July 2016           | QHDSP 4.1.5  |
|   | 3.3.2 | To review how well the online My Community Directory enables Metro South Health staff to find appropriate disability-related referral options.                   | Team of 4 disability-related MSH staff to trial the use of the online directory<br><br>Report developed with key findings and recommendations                       | Planning Engagement and Reform Team<br><br>HEAU | April – August 2016 | QHDSP 6.4.14 |

## Domain 4. Healthy communities



| Elements                                  | Actions | Milestones  | Responsibility   | Timeframe   | Policy /strategic plan links |   |
|---|---------|---|--|---|------------------------------|---|
| <b>4.1 Health literacy programs</b>       | 4.1.1   | The Healthy Living Project delivers health literacy activities with people who live in level 3 supported accommodation services. This project is delivered in partnership with Micah Projects and Qld Centre for Intellectual and Developmental Disabilities. | Minimum of 6 information sessions per year<br><br>2 information resources produced each year with input from participants                              | HEAU  | Ongoing                      | QHDSP6.4.13   |
|   | 4.1.2   | Service Open Day Tours for people with disabilities and their families and carers.  | 2 tour events held per year<br><br>Service staff receive training and event support<br><br>Participant satisfaction feedback is collected and reported | HEAU and MSH partner services                                     | Annual                       | QHDSP6.4.13<br>EQuIP Standard 11                      |
|   | 4.1.3   | Develop an Open Day event kit for health care services to assist services to engage with people with disabilities.  | Toolkit developed and focus tested with both disability organisations and MSH services.  | HEAU  | 2017                         | QHDSP6.4.13<br>EQuIP Standard 11                      |
|   | 4.1.4   | Medical Aids Subsidy Scheme (MASS) holds regular trade exhibition events to raise awareness of the range of assistive technologies amongst people with disabilities and health care workers.  | 2 events/year  | MASS  | Ongoing                      | QHDSP6.4.13<br>EQuIP Standard 11                      |
|   | 4.1.5   | Our chronic disease services will support people with disabilities who have complex chronic conditions and their carers to build health literacy and self-management skills.  | Support provided for people with Motor Neurone Disease and complex diabetes, cardiac and respiratory conditions.                                       | Chronic Disease Services  | Ongoing                      |   |
| <b>4.2 Preventative health activities</b> | 4.2.1   | Mental health first aid training is developed for members of the deaf community.  | Training package developed in partnership with NGOs  | A&MHS – Deafness and Mental Health Statewide Consultation Service | 2018                         | QHDSP6.4.13<br>EQuIP Standard 11                      |
|   | 4.2.2   | Metro South Health will work with the Metro South PHN to promote influenza and pneumococcal pneumonia   | Working group formed which includes MSH, MS PHN and key disability NGOs.   | HEAU  | March/April 2017             | Public Advocate report about deaths in care of people |

|  |  |  |                           |              |  |
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|  | vaccination amongst people with disability, carers/support workers and health care workers.  | Project plan developed and implemented   | MS PHN                    |              | with disabilities.   |
|  | 4.2.3 Cancer Screening Community Ambassador Program, (representation from disability groups e.g. Donald Simpson Centre).   | 1x training course/year for new Ambassadors, then 2 cancer screening events/year to be conducted for each Ambassador | Cancer Screening Services | Dec 2016     | QHDSP6.4.13  |
|  | 4.2.4 Research options to promote breast and bowel cancer screening at community pharmacies to people who see GPs infrequently.  | Research project completed by December 31 2016 and results disseminated  | Cancer Screening Services | Dec 2016     | QHDSP6.4.13  |
|  | 4.2.5 Attendance of Cancer Screening Services (bowel and breast) at disability expos.  | At least 2 disability events/year attended by cancer screening   | Cancer Screening Services | Ongoing      | QHDSP6.4.13  |
|  | 4.2.4 Develop strategies to integrate oral health screening programs with other disability community and health services.  | Scoping to identify partners and opportunities for integration   | Oral Health Services      | June 2016    | QHDSP6.4.13  |
|  | 4.2.5 Work with the Supported Accommodation Providers Association (SAPA) to develop nutrition initiatives for residents with disabilities and mental health issues who live in level 3 supported accommodation services. | Partnership formed with SAPA<br>Project plan developed and implemented as agreed with SAPA                           | A&MHS<br>HEAU             | June 2017    | QHDSP6.4.13  |
| <b>4.3 Innovative models of primary care</b> | 4.3.1 Metro South Health will work with the Metro South PHN to promote the Comprehensive Health Assessment Program (CHAP) amongst GPs and primary care sector within Metro South.  | Working group formed<br>Project plan developed and implemented   | HEAU<br>MS PHN            | January 2017 | Public Advocate report about deaths in care of people with disabilities. |

## Domain 5. Consumer engagement and partnerships



| Elements  | Actions | Milestones   | Responsibility  | Timeframe                        | Policy /strategic plan links |  |
|---|---------|--|---|----------------------------------|------------------------------|--|
| <b>5.1 Community and stakeholder consultation</b> | 5.1.1   | MSH maintains a Consumer, Carer and Community Engagement Strategy which guides our engagement with our consumers, carers and the communities that we work with.  | Consumer, Carer and Community Engagement Strategy 2016-2019 milestones  | Consumer engagement              | 2016 - 2019                  | <a href="#">MSH Consumer, Carers and Engagement Strategy</a> |
|   | 5.1.2   | Planetree is an accreditation and service-development scheme which promotes excellence in person-centered care. Metro South Health and Planetree will to develop appropriate strategies and to deliver person-centred care and meet the unique needs of our consumers. | Planetree recognition achieved<br><br>The diverse needs of people with disabilities and carers are considered within Planetree initiatives.   | Consumer Engagement              | 2018                         | EquiP Standard 11  |
|   | 5.1.3   | Develop a resource pack to support staff to deliver community engagement activities which are inclusive of people with disabilities, their family members and carers.  | Staff know how to cater for community members' participation requirements.<br><br>Metro South Health community events which are held at offsite venues are accessible for people with disabilities.<br><br>Staff are supported to identify venue access issues. | HEAU<br><br>Consumer Engagement  | 2017                         | QHDSF 6.4.9<br><br>EquiP Standard 11                         |
|   | 5.1.4   | Strategies will be developed to increase the participation of consumers with disabilities and their families and carers within the Metro South Health Communities of Interest project.   | Systems exist to identify participants with disabilities.<br><br>Recruitment plans developed and implemented.<br><br>Explore alternative strategies to support active engagement of consumers which maximise consumer travel and time convenience.              | Consumer Engagement<br><br>HEAU  | 2016                         | QHDSF 6.4.9<br><br>EquiP Standard 11                         |
|   | 5.1.5   | MSH will enhance consumer engagement reporting to detail the inclusion of people with disability and their families and carers on MSH  | Review data collection and engagement reporting framework   | Planning, Engagement and Reform. | 2017-18                      | QHDSF 6.4.9<br><br>EquiP Standard 11                         |

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|                         | committees. |   |   |  |                    |                                      |
|                         | 5.1.6       | Consumer first-impression tours will be conducted at all major hospital facilities. Consumers with disabilities will be asked to navigate through the facility and reflect on access and navigation issues. | Tours conducted at 1 facility every 6 months<br><br>Access issues identified and documented and tabled at local Facility Consumer Advisory Committees for discussion and recommendation.                | HEAU   | Commence July 2017 | QHDSP 6.4.9<br><br>EQuIP Standard 11 |
|                         | 5.1.7       | Volunteering policies, procedures and approaches support the inclusion of people with disabilities and other people from diverse backgrounds.   | Facility volunteering policies and procedures are reviewed.   | Facility based volunteer management positions                                    | 2016               |                                      |
|                         | 5.1.8       | Training for MSH volunteers incorporates information about access and communication skills when working with people with disabilities.  | Volunteers are aware of issues experienced by consumers with disabilities and are able to meet these needs.   | HEAU<br><br>Facility Volunteer Coordinators                                      | 2017               |                                      |
|                         | 5.1.9       | Metro South Health consumer feedback procedures and processes will continue to allow consumers to provide feedback in their preferred communication format or mode (verbal, phone, written etc).            | Consumer liaison policies, procedures and patient information materials reflect this principle.   | Consumer Liaison Services  | Ongoing            | QHDSP 7.3.2                          |
|                         | 5.1.10      | Metro South Health will assess the feasibility of producing disability-related consumer feedback and patient safety reports.  | Report completed which outlines the feasibility of disability consumer feedback and patient safety reports.   | Consumer Liaison Services<br><br>Patient Safety and Quality Services<br><br>HEAU | July 2017          | QHDSP 7.3.2                          |
| <b>5.2 Partnerships</b> | 5.2.1       | Disability sector organisations and community stakeholders are notified and invited to participate within community engagement and planning processes for MSH initiatives.                                  | Processes developed to contact disability sector organisations<br><br>Disability sector organisations are routinely invited to participate in community engagement consultations about MSH initiatives. | Consumer Engagement Services   | 2017               |                                      |
|                         | 5.2.2       | MSH Service Profile information reviewed and includes information about people with disability.   | HEAU<br><br>Planning, Engagement and Reform   | HEAU   | 2017               |                                      |
|                         | 5.2.3       | Develop procedures to ensure that MSH communication plans include the   | Processes to communicate with disability sector will be identified and documented.  | Media and Communications   | June 2016          | NSQHS 2.3<br>EQuIP 11                |

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|  | disability sector and disability community. | Disability sector included in relevant MSH communication plans. | HEAU |  |  |
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## Domain 6. Effective communication



| Element   | Actions   | Milestones   | Responsibility   | Timeframe | Policy /strategic plan links   |
|---|---|--|--|-----------|--|
| <b>6.1 Access to Interpreters and Alternative Communication Methods</b> | 5.2.4 MSH Interpreter Services will continue to provide access to accredited interpreters (including Auslan interpreters) at all facilities across MSH including telehealth clinics.                    | Interpreter service contracts include provisions for Auslan interpreters and after-hours interpreter access.<br><br>Interpreter use complies with the Qld Government Language Services Policy. | Interpreter Services   | Ongoing   | QHDSP 7.5.2  |
| <b>6.2 Appropriate written communication</b>                            | 6.2.1 Develop an easy read style guide to support the development of accessible health and service materials for consumers.   | The style guide is focus tested with MSH staff, literacy specialists and people with disability and from CALD backgrounds.   | Media & Communications<br><br>HEAU                             | Dec 2017  | QHDSP 7.3.1  |
|   | 6.2.2 Bowel cancer screening education sessions will be provided using simplified pictorial materials when working with people with low literacy, intellectual disabilities or brain acquired injuries. | 2x presentations/year with community groups of people with disabilities  | Cancer Screening Services                                      | Ongoing   | QHDSP 7.3.3  |
|   | 6.2.3 MSH will work to develop and disseminate plain English health information materials which can be used by disability support workers.  | Resource needs identified in consultation with disability support workers<br><br>Existing resources mapped<br><br>Resources developed with input from disability support workers.              | HEAU<br><br>MSH specialist services as required.<br><br>MS PHN | 2018      | Public Advocate report about deaths in care of people with disabilities. |
| <b>6.3 Customised communication methods and information platforms</b>   | 6.3.1 Ensure all communication materials, including digital platforms, meet accessibility requirements.   | Materials developed in accordance with electronic and written accessibility standards.   | Media and Communications                                       | Ongoing   | QHDSP 7.3.1  |

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| 6.3.2 | A scoping project will be conducted to identify technologies which will enable the delivery of health and appointment information in pictorial, audio-visual and easy read formats.   | Technology scoping report produced<br><br>Recommendations implemented and staff trained to use recommended technologies. | HEAU  | June 2016 | QHDSP 7.3.1<br><br>QHDSP 2.1.2 |
| 6.3.3 | Explore equipment and technology options to improve hospital services for deaf and hearing impaired consumers: <ul style="list-style-type: none"> <li>○ Accessible volume control phones</li> <li>○ Captel phones</li> <li>○ National Relay Service App</li> <li>○</li> </ul> | Technology options will be assessed<br><br>A business case will be written for a trial of technologies.                  | MSH Deaf and Hearing Impaired Working Group | Dec 2017  | QHDSP 7.5.1                    |



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<sup>i</sup> Australian Institute of Health and Welfare 2010a, Health of Australians with disability: health status and risk factors, Australian Institute of Health and Welfare, Canberra.

<sup>ii</sup> Balogh, R, Brownell, M, Ouellette-Kuntz, H & Colantonio, A. 2010. Hospitalisation rates for ambulatory care sensitive conditions for persons with or without an intellectual disability – a population perspective. Journal of Intellectual Disability Research. Volume 54, Part 9.

<sup>iii</sup> Bartlett, G, Regis, B, Temblyn, R, Clermont, R, J. 2008. Impact of patient communication problems on the risk of preventable adverse events in acute care settings. Canadian Medical Association Journal June, 2008 178 (12).

<sup>iv</sup> AIHW 2010b, Australia's health 2010, Australia's health series no. 12, cat. no. AUS 122, AIHW, Canberra.

<sup>v</sup> Australian Institute of Health and Welfare 2011, The use of health services among Australians with Disability Bulletin No.91, Australian Institute of Health and Welfare, Canberra.

<sup>vi</sup> Byrne, J, Ware, R, Lennox, N. 2015. Health actions prompted by health assessments for people with intellectual disability exceed actions recorded in general practitioners' records. Australian Journal of Primary Health; 2015, Vol. 21 Issue 3, p317-320.

<sup>vii</sup> Robertson, J, Hatton, C, Emerson, E, Baines, S. 2014, The impact of health checks for people with intellectual disabilities: An updated systematic review of evidence. Research in Developmental Disabilities October 2014 35(10):2450-2462.

<sup>viii</sup> See AIHW 2010a above.

<sup>ix</sup> Office of the Public Advocate 2016, Upholding the right to life and health: A review of the deaths in care of people with disability in Queensland. Downloaded from <http://www.justice.qld.gov.au/public-advocate/activities/current/deaths-in-care>

<sup>x</sup> Office of Economic and Statistical Research 21/September 2012, Queensland Regional Profiles: Metro South HHS District Report, Queensland Treasury and Trade, Brisbane.