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 (>65yrears ) 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

<table>
<thead>
<tr>
<th>Identified Issue</th>
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| 1.1 Need for clear governance arrangements to ensure continuation of the        | Establishment of the Disability Action Plan Working Group                                                                                | • Appropriate members selected and educated  
                                                                                      |                                                                                                                                          | May '06       | General Manager/TQEH Consumer Advisory Council (CAC) | Finalized      |
                                                                                      |                                                                                                                                          | July 2007     | General Manager                             |                |
|                                                                                  |                                                                                                                                          | • Meeting schedule devised  
                                                                                      |                                                                                                                                          |                |                                             |                |
|                                                                                  |                                                                                                                                          | • Process for managing notices and reporting of meetings (including ongoing monitoring of actions) determined  
                                                                                      |                                                                                                                                          |                |                                             |                |
|                                                                                  |                                                                                                                                          | • Registered on website                                                                                                                                     |              | General Manager                             |                |
|                                                                                  |                                                                                                                                          |                                                                                                                                  |              |                                             |                |
| 1.2 Integration of the Plan into CNAHS strategic plan (when developed) and      | Advise clinical and nursing directors of the plan when completed.                                                                        | Requirements, implications and performance indicators are reviewed as detailed for TQEY functional services business plans                                       | July 2007    | General Manager                             | Finalized August 07 |
| Divisional / Directorates / Units and Departments business plans                  | Incorporate action plan into functional services plans and objectives                                                                                                                                  |                                                                                                                                  | July 08      |                                             |                |
|                                                                                  |                                                                                                                                          |                                                                                                                                  |              |                                             |                |
| 1.3 Regular consultation with people with disabilities and their advocates or    | Conduct annual open forum & invite consumers, consumers with a disability and disability support groups  
                                                                                  | • Number of sessions held with consumers identified from attendance records  
                                                                                  |                                                                                                                                          | Sept 2007     | Consumer Advisory Council (CAC)              | Ongoing        |
| carers to identify and improve services for people with disability               | Include discussing the Plan as agenda items in the annual consumer forums  
                                                                                  | • Numbers of improvement suggestions  
                                                                                  |                                                                                                                                          |              |                                             |                |
                                                                                  | Take advantage of opportunities to present & meet with disability support groups and seek feedback  
<pre><code>                                                                              | • Feedback from advocates and carers that services as far as possible are accessible for people with disability |                                                                                                                                  |              |                                             |                |
                                                                              |                                                                                                                                          |                                                                                                                                  |              | General Manager                             |                |
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| 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 | • Identify relevant regional policies and review current and TQEH-specific policies and guidelines in line with TOR developed from consumer feedback | • 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. | January 2008  
March 2007 | SQ&RM Unit / CAC  
General Manager | Gap analysis completed |
| 1.5 Annual review of effectiveness and progress of the plan | • 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  
Disability Working Group  
Consider independent review | |
| 1.6 Lack of a strategy to audit services to determine whether they are accessible. | • Conduct gap analysis  
• Develop audit tool to measure compliance  
• Plan and complete audit process  
• Complete registry for participation rates of people with disabilities in services and programs | • Compliance audit completed and data collated  
• Register will exist regarding participation rates of people with disability | Nov 2007  
March 08 | SQ&RM Unit  
Disability Working Group | |
## 2. ATTITUDINAL AND CULTURAL AWARENESS IN MANAGEMENT AND SERVICE PROVISION

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

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| **2.1** The lack of general awareness of disabilities and consideration of needs for patients, staff and consumers with a disability | • Provide disability action plan to all line managers  
• Implement training programs from the Disability Awareness and Discrimination Training Framework  
  o Undertake a training needs analysis  
  o Identify areas for priority training  
  o Identify people to be involved in developing education  
• Include disability awareness education in orientation process for new staff  
  Develop staff information sheets for major disability illnesses and conditions | 100% of line managers will have received and understood implications of the action plan.  
Staff and volunteers will have an increased awareness of  
• particular access and design requirements for people with a disability  
• employment and management obligations under the Act  
Gap analysis completed  
Action plan developed  
Focus groups  
Program established | Nov 2007 | General Manager  
Disability Working Group and Clinical Education Centre | |
| **2.2** | • Invite key disability support organisations to provide presentations, education and training  
• Participate in the national annual disability awareness week | Number of external organizations providing education and training | Sept 2007 | Clinical Education Centre | |
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| 2.3 Lack of integrated multidisciplinary assessment for people with disabilities that is incorporated into the consumer’s management plan | • Develop a multi-discipline assessment tool that meets best practice evidence  
  o Research for best practice evidence-based assessment tool or develop new tool (trial no longer than 6 months)  
  o Develop and implement the assessment tool (including a trial)  
  o Provide education  
  o Establish and conduct evaluation process  
  o Develop evidence based tools to guide staff in meeting the needs of people who are vision, hearing and physically impaired. | Assessment tool developed, trialed (6 months) and introduced  
Evaluation process is used to identify number of areas using tool and improved patient outcomes  
Staff are able to provide or arrange for the provision of information and additional assistance and technology where required.  
Staff are able to assist, where required, people with disability who use assistive technology  
Visual prompts developed | Ongoing | Disability Working Group  
Divisional Nursing  
CoDirector Division of Medicine |
### 3. ACCESSIBILITY OF BUILDINGS AND FACILITIES

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

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| **3.1** Lack of evidence of buildings having been audited for physical access | • Identify all relevant legislation and standards relating to access  
• Source an appropriate audit tool and conduct a review against the legislation and standards  
• Review of lifts for:  
  o tactile controls  
  o raised buttons  
  o height of button | 100% of lifts in buildings constructed post 1999 will meet standards Australia AS 1735.12-1999 and have:  
  o tactile controls  
  o raised buttons  
  o appropriate height of buttons  

All lifts in buildings erected pre 1999 without tactile controls etc if refurbished will as part of their refurbishment meet the above standard.  

All refurbishment and new buildings will provide suitable physical access, where appropriate and, as far as possible to people with disabilities  

Action plan will be developed from the audit | Ongoing | TQE赫 Facilities Services |        |

| **3.2** Ensure all new buildings, building upgrades and refits car parks and outdoor areas used for service provision shall comply with DAIS guidelines, legislation and Australian Standards including the Building Code of Australia | • Identify all relevant legislation, regulations and standards  
• Audit compliance with relevant standards  
• Assess wheelchair access to desks / reception counters(all areas within hospital) | Access barriers will be identified and evaluated during the planning and refurbishment for new minor and major works  
Number of new buildings, building upgrades and refits complaint with relevant legislation and standards  
All desks / reception counters are wheelchair accessible | Dec 07 | TQE赫 Facilities Services  
Redevelopment Unit  
SQ&R Unit | Ongoing |

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Page 9 of 16
<table>
<thead>
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| 3.3 Scope of equipment available staff and consumers with a disability | • Identify equipment required by consumers and staff with a disability  
• Conduct gap analysis of current equipment | Scope of equipment will be identified, documented and recommendations provided to TQEH GM for consideration and appropriate action  
Equipment will be evaluated for:  
- availability  
- suitability  
- safety | Dec 07 | Manager Injury Prevention and Management Unit | Ongoing |
| 3.4 Signage | ○ 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 | Access audits completed and barriers identified  
Recommendations are completed according to the time frames determined in the report  
Signage strategy plan completed that complies with Australian Standards for Access and Mobility  
Signage replacement program developed and reported to General Manager | 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

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| 4.1 Absence of a policy regarding publications, information and communication being accessible to people with disabilities | • 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. | Corporate policy and instruction will exist regarding publications, information and communication access for people with disabilities  
Audit tool completed  
Recommendations will be addressed according to the time frames nominated in the report. | Dec 07  
April 07  
Dec 09 | Public Relations / SQ&RM Unit/ CAC  
General Manager endorsement | Public Relations / SQ&RM Unit/ CAC  
General Manager endorsement |

4.2 Limited scope in the availability of patient information in alternative formats and languages | • To be provided by:  
• top 5 languages  
• Signage Boards  
• Publicize availability of publications and information in alternative via staff forums, SQU newsletter, Intranet | Percentage of patient information provided in alternative languages that is acceptable to people with disabilities  
Formats will be presented in a manner that maximizes accessibility to people with disabilities | June 08  
June 08 | Disability Working Group / CALD Working Group  
SQ&RM Unit | Disability Working Group / CALD Working Group  
SQ&RM Unit |
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| 4.3 Increased risk of diminished ability to access services and information by people who are hearing impaired | • Implement:  
  o Personal hearing system  
  o 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 | Alternative systems implemented  
 Hearing impaired staff and consumers will be provided with appropriate assistive technology and AUSLAN interpreters as required for information access to services  
 Visual alarms will be installed in the areas identified in the review | March 08 | Disability Working Group |          |
| 4.4 Lack of televisions with closed caption capacity                             | • Discuss requirements with the television contractor                    | Caption TVs are made available to all patients that request them.                                      | June 07 | Disability Working Group / Lyn Wakefield | Completed June 07 |
| 4.5 Increased risk of diminished ability to access services for people with physical impairment | • 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 | Review completed and action plan developed  
 Support services required by people with a disability will be identified prior to or during admission or for OPD appointment | Dec 08 | Disability Working Group Lyn Wakefield |          |
| 4.6 Absence of TQEIH Patient Information Booklet in alternative formats and languages | • Identify five most languages spoken with patients, staff and consumers with a disability  
 • Consider alternate modes of delivery, such as audio, TQEIH internal TV channel, pictures, CD | Assessment completed and action plan developed  
 Patient information booklet will be available in alternative formats and languages to maximize accessibility to people with disabilities | 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

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| 5.1 Compliance with state public sector employment policy, programs and practices in regard to people with disabilities | • 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 | Review completed and action plan developed  
Staff provided with education about new policies  
The requirements of the state public sector employment policy, programs and practices relating to people with disabilities will be met | August 2008 | TQEH Human Resources |
| 5.2 Compliance with regional employment policies and procedures in relation to:  
• equal employment opportunity  
• prevention of sexual harassment  
• recruitment and selection guidelines  
• Grievance procedures with state and federal legislation | • Review employment policies and procedures in consultation with CNAHS | Review completed and action plan developed  
TQEH employment policies and procedures compliance promotes equity and equal opportunity for people with disabilities in health workforce | Dec 07 | TQEH Human Resources |
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| 5.3 Lack of information given to staff at orientation | • 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 | Needs analysis completed and information to be provided will be determined  
80% of new staff will be aware of the Act and the TQEH commitment to the Disability action Plan  
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 | July 2008 | Clinical Education Centre / Human Resources | |
| 5.4 Lack of physical, communication and access audits of workplaces | • Research information about audit processes for physical, communication and attitudinal access  
• Develop and implement audits of targeted workplaces in consultation with relevant stakeholders | Audit process will be developed and communicated to managers and staff  
Audits will identify opportunities for developing non-discriminatory best practice and the removal of access barriers for staff with disability | 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

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| **6.1** Lack of evidence that people with disabilities have appropriate access to complaint handling procedures | • 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 TQEHe’s internal process (e.g. Complaint Commission) | Complaints process reviewed for compliance and distributed  
Audit completed | Nov 2006 | Consumer Liaison SQ&RM Unit  
Consumer Advisory Council (CAC) | Audit completed |
| **6.2** Absence of information and education strategies on the rights of consumers for people with a disability | • 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  
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 | | Feb 2008 | Consumer Liaison SQ&RM Unit / Consumer Advisory Council (CAC) | |
ATTACHMENT 1

EXTERNAL AGENCIES / GROUPS

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