



Government of South Australia

Central Northern Adelaide
Health Service

Royal Adelaide Hospital

Action Plan for people with a disability

2006 – 2009

The Action plan for people with a disability identifies and commits Royal Adelaide Hospital (North Terrace campus, Hampstead Rehabilitation Centre and St Margaret's Rehabilitation Hospital) to implementing specific initiatives and outcomes over the next three years.



Photo: Tutti Ensemble Celebrating 'International Day of people with a disability' in the RAH Main Foyer – December 2005
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Introduction

From July 1 2004 the Royal Adelaide Hospital (RAH), (North Terrace campus, Hampstead Rehabilitation Centre and St Margaret's Rehabilitation Hospital) became part of the Central Northern Adelaide Health Service (CNAHS) to form the CNAHS Acute Services Directorate along with Lyell McEwin Hospital, The Queen Elizabeth Hospital, Modbury Hospital.

CNAHS and its Health Units support the Health Portfolio Disability Action Plan developed by the Department of Health in response to the *Promoting Independence - Disability Action Plans for South Australia* policy framework for Government departments and meets the requirements of the *Commonwealth Disability Discrimination Act [1992] (DDA)*.

The Royal Adelaide Hospital Disability Action Plan outlines the strategies and actions identified by us to eliminate practices that discriminate against people with disabilities who use our services or are employed by us.

The Action plan for people with a disability identifies and commits Royal Adelaide Hospital North Terrace campus, Hampstead Rehabilitation Centre and St Margaret's Rehabilitation Hospital to implementing specific initiatives and outcomes over the next three years. This will ensure that the organisation continually improves its services and facilities with a view to delivering a truly accessible health care service for all the community. The comprehensive disability action plan already developed for St Margaret's Rehabilitation Hospital is an addendum to this document.

This plan is in three sections:

Section 1 provides a profile of Royal Adelaide 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 Royal Adelaide Hospital will implement and deliver. In addition, time frames will be clearly identified and responsibility and resources allocated to ensure implementation.

SECTION ONE

1. THE ROLE AND FUNCTION OF ROYAL ADELAIDE HOSPITAL

Mission statement:

Royal Adelaide Hospital strives to maintain and improve the health and well being of the people of South Australia by:

- providing a comprehensive range of high quality accessible hospital and related health services to meet the consumer/community needs
- promoting the health of the general community and encouraging healthy behaviour on the part of individuals by being part of the continuum of healthcare delivery
- encouraging and supporting teaching and research.

Values:

Quality – the achievement of the highest standards in everything we do

Service – meeting the consumers expectations

Value – the worth of what we produce is greater than the cost of providing our services

Innovation – looking for better ways of achieving healthcare outcomes for consumers and the community that may be beyond traditional approaches.

Role and function:

Royal Adelaide Hospital (RAH) services are located throughout the city and metropolitan area. The services provide acute, rehabilitation and mental health care together with associated emergency, outpatient, community and outreach services.

Specialist referral services are available to South Australian and nearby interstate consumers, and a range of clinical services are available to those people who rely on the hospital as their regional or local hospital.

It is a major teaching hospital of the University of Adelaide and is affiliated with the University of South Australia and Flinders University. It is involved in various areas of medical and health research, often in conjunction with the Institute of Medical and Veterinary Science and the University of Adelaide, and is closely affiliated with the Hanson Institute. All teaching and research activities are for the sole benefit of the consumer and the community the RAH serves.

SECTION TWO

SECTION TWO: ACTION PLAN

1. AIM

The purpose of this 'Action Plan for people with a disability' 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 Royal Adelaide Hospital.

2. OBJECTIVES

The objectives of the Plan are to:

- Better meet the needs of people with a disability who access the Royal Adelaide Hospital services;
- Meet legislative requirements under the Disability Discrimination Act 1992 in all areas of Royal Adelaide Hospital 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 Royal Adelaide Hospital 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.

3. 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. DEVELOPMENT OF THE PLAN

4.1 Management

The Royal Adelaide Hospital General Manager assumed responsibility for overseeing the development and implementation of the Action Plan.

The Safety and Quality Unit and the Consumer Advisory Council undertook the role of facilitators in the external consultation phase with key consumer agencies and individuals to assist in the development of the action plan.

The Disability Liaison Officer has assisted in engaging the Royal Adelaide Hospital staff by:

- determining the extent that people with disabilities currently use RAH services or facilities,
- 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. GOVERNANCE

A Disability Steering Committee will be formed to manage and monitor the plan. The General Manager will act as the Chairperson and Committee members will be representative of consumers, disability support and consumer groups and RAH staff. The Committee will report to the RAH Operations Committee.

Performance indicators have been 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 in September of each year.

SECTION THREE

SECTION 3: ACTION PRIORITY AREAS

1. PLANNING AND POLICY DEVELOPMENT

OUTCOME: Greater accessibility to health services for people with disabilities

Identified Issue	Actions	Performance indicators (evaluation)
Need for clear governance arrangements to ensure implementation of the Disability Discrimination Act 1992 requirements	<ul style="list-style-type: none"> • Create Disability Steering Committee • Register RAH Disability Action Plan with Australian Human Rights and Equal Opportunity Commission 	<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 • Registered on websites
Integration of the Plan into RAH strategic plan (when developed) and functional units and departments business plans <i>NB: If strategic plan not developed within 12 months, the Plan is stand alone</i>	<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 in RAH strategic and functional services business plans
Regular consultation with people with disabilities and their advocates or carers to identify and improve services for people with a disability	<ul style="list-style-type: none"> • Conduct an open forum each year to which consumers, consumers with a disability and disability support groups are invited • Include discussing the Plan as agenda items in the consumer forums held each year • Take advantage of opportunities presenting to meet with disability support groups and seek feedback 	<ul style="list-style-type: none"> • Number of sessions held with consumers identified from attendance records • Number of improvement suggestions made • Number of suggestions implemented • Feedback from advocates and carers that services as far as possible are accessible for people with disability
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 and review current and relevant regional and RAH specific policies and guidelines in line with Terms of Reference 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 objective 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 RAH General Manager to determine action.

1. PLANNING AND POLICY DEVELOPMENT (cont.)

Identified Issue	Actions	Performance indicators (evaluation)
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 % compliance to standards
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"> • <i>Develop audit tool to measure compliance</i> • <i>Plan and complete audit process</i> • 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 • Number (and %) of departments and services compliant with audit tool criteria • Register will exist regarding participation rates of people with disability

SECTION THREE

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

Identified Issue	Actions	Performance indicators (evaluation)
<p>The lack of general awareness of disabilities and consideration of needs for patients, staff and consumers with a disability</p>	<ul style="list-style-type: none"> • Provide Disability Action Plan to all line managers • Implement training programs from the Disability Awareness and Discrimination Training Framework <ul style="list-style-type: none"> • <i>Undertake a training needs analysis</i> • <i>Identify priority areas for training</i> • <i>Identify and contact people with a disability and organisations to be involved in developing education</i> • <i>Include disability awareness education in orientation process for new staff</i> <p>Develop staff information sheets for major disability illnesses and conditions</p> <ul style="list-style-type: none"> • Invite key disability support organisations to provide presentations, education and training • Participate in the national annual disability awareness week 	<p>100% of line managers will have received and understood implications of the action plan.</p> <p>Staff and volunteers will have an increased awareness of</p> <ul style="list-style-type: none"> • particular access and design requirements for people with a disability • employment and management obligations under <i>the Act</i> <p>Gap analysis completed Action plan developed Focus groups Program established</p> <p>100% of staff will have received and understood information sheets distributed</p> <p>Number of external organizations providing education and training</p>
<p>Lack of integrated multidisciplinary assessment for people with disabilities that is incorporated into the consumer's management plan</p>	<ul style="list-style-type: none"> • Develop a multi-discipline assessment tool that meets best practice evidence • 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 or 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>

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

Identified Issue	Actions	Performance indicators (evaluation)
Lack of evidence of buildings having been audited for physical access	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> tactile controls raised buttons height of button 	<p>% of lifts with</p> <ul style="list-style-type: none"> tactile controls raised buttons appropriate height of buttons <p>Action plan will be developed from the audit</p> <p>All refurbishment and new buildings will provide suitable physical access, where appropriate and, as far as possible to people with disabilities</p>
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	<ul style="list-style-type: none"> Identify all relevant legislation, regulations and standards Audit compliance with relevant standards Assess wheelchair access to desks / reception counters (all areas within hospital) 	<p>Access barriers will be identified and evaluated during the planning and refurbishment for new minor and major works</p> <p>Number of new buildings, building upgrades and refits compliant with relevant legislation and standards</p> <p>All desks / reception counters are wheelchair accessible</p>
Lack of identifiable outline or border around glass doors at front entrance	<ul style="list-style-type: none"> Mark glass doors at front entrance with visually definable border 	<p>Glass doors at the front entrance will be marked with visually definable borders</p>
Scope of equipment available to 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 RAH General Manager for consideration and appropriate action</p> <p>Equipment will be evaluated for:</p> <ul style="list-style-type: none"> availability suitability safety
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 RAH General Manager 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</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>

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)
Absence of a policy regarding publications, information and communication being accessible to people with disabilities	<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 RAH General Manager 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</p>
Limited scope in the availability of patient information in alternative formats and languages	<ul style="list-style-type: none"> • Alternative formats to be provided by: <ul style="list-style-type: none"> • <i>top 5 languages</i> • <i>audio cassettes</i> • <i>font size</i> • <i>CD</i> • Publicise availability of publications and information in alternative via staff forums, SQU newsletter, Intranet, Consumer Advisory newsletter 'Your hospital and you' • Monitor demand for information in alternative formats and interpreter services 	<p>Percentage of patient information provided in alternative formats and 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>
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"> • <i>Personal hearing system</i> • <i>Counter hearing system in key access areas of the organisation</i> • 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>
Lack of televisions with closed caption capacity	<ul style="list-style-type: none"> • Discuss requirements with the television contractor 	<p>100% of televisions will have closed caption ability</p>

4. COMMUNICATION AND INTERPRETER SERVICES (cont.)

Identified Issue	Actions	Performance indicators (evaluation)
Increased risk of diminished ability to access services for people with physical impairment	<ul style="list-style-type: none"> • Review all 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 • Assess & make recommendation for the requirement to place seating in appropriate places to provide rest areas from north car park • Assess & make recommendation for the requirement to have volunteer service at north car park entrance 	<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> <p>Assessment completed and action plan developed</p>
Absence of RAH Patient Information Booklet in alternative formats and languages	<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, RAH 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>

SECTION THREE

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)
Compliance with state public sector employment policy, programs and practices in regard to people with disabilities	<ul style="list-style-type: none"> Identify the requirements of the state public sector employment policy, programs and practices in regard to people with disabilities to inform the review of RAH employment policies and procedures Develop RAH 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>
Compliance with regional employment policies and procedures in relation to: <ul style="list-style-type: none"> equal employment opportunity prevention of sexual harassment recruitment and selection guidelines grievance procedures with state and federal legislation 	<ul style="list-style-type: none"> Review employment policies and procedures in consultation with CNAHS 	<p>Review completed and action plan developed</p> <p>RAH employment policies and procedures compliance promotes equity and equal opportunity for people with disabilities in health workforce</p>
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 RAH 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>
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 a disability</p>

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)
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 Australian Council for Safety and Quality in Health Care (ACSQHC) guidelines Develop revised process if needed Allow for provision to escalate the complaint beyond RAH's internal process (eg. Health & Community Services Complaints Commissioner – HCSCC) 	Complaints process reviewed for compliance and distributed Audit completed
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>	Gap analysis completed and Action Plan developed

ATTACHMENT 1

EXTERNAL AGENCIES / GROUPS CONSULTED

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

ATTACHMENT 2

INTERNAL STAKEHOLDERS CONSULTED

1. RAH Consumer Advisory Council and Consumer registrants
2. Allied Health
 - a. *Physiotherapy*
 - b. *Occupational therapy*
 - c. *Speech pathology*
 - d. *Social work*
3. Engineering and Building
4. Medical Administration
 - a. *Health Promotion Unit*
 - b. *Patient Services Adviser*
5. Nursing
6. Occupational Health and Safety
7. Operating theatres
8. Recovery
9. Pre-operative Assessment Clinic
10. Redevelopment
11. Transitional Care
 - a. *Rural and Remote Liaison*
 - b. *Aboriginal Services*
 - c. *GP Liaison*
 - d. *Hospital avoidance – Emergency department*
12. Nutrition and Food Services
13. Rehabilitation Services



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