

## Appendix 3

### Report on progress with recommendations from 2006.

#### Identification and management of risks Recommendation 1

**DADHC should report on progress towards releasing the revised *Managing Client Risks* policy to DADHC-operated and funded accommodation services. In doing so, DADHC should advise how it intends to monitor and evaluate the implementation of the policy.**

#### DADHC response

The draft renamed *Client Risk* policy was released for consultation on 18 May 2007. Implementation of the policy is planned for the end of September 2007.

DADHC advised that it will monitor implementation of the policy in DADHC-operated services through the Quality and Safety Framework, and in DADHC funded services through individual funding agreements with the department. The policy will be included in Schedule 3 of the agreement, and compliance with the policy will be one of the requirements of funding.

DADHC has indicated that it will commence planning for an evaluation strategy once the policy has been implemented.

#### Our comments

There has been progress in relation to this recommendation, but the policy is yet to be rolled out. We will continue to monitor the department's work in this area.

#### Identification and management of risks Recommendation 2

**In the context of monitoring the implementation of the *Ensuring Good Nutrition* policy in DADHC — operated and funded accommodation services, DADHC should provide advice regarding:**

- a) Progress towards conducting a formal evaluation of the policy following its implementation in funded services.**
- b) The Health Care Review Team's progress towards developing and releasing the audit tool for monitoring the implementation of the policy in DADHC-operated services.**
- c) How DADHC monitoring staff ensure funded services' compliance with performance indicator 2.3.2, in relation to the implementation of the *Ensuring Good Nutrition* policy.**

## Recommendation 2 (continued)

### DADHC response

In March, DADHC advised that it was scoping a consultancy brief for an evaluation of the *Ensuring Good Nutrition* policy to be conducted in 2007. In July, DADHC indicated that it had developed a specification for evaluating the *Ensuring Good Nutrition* policy, and would liaise with the Centre for Developmental Disability Studies (CDDS) with a view to it undertaking an evaluation of the policy.

DADHC advised that its Health Care Review Team completed the audit tool in September 2006, but has recommended that the audit tool be evaluated prior to implementation. The department advised in July that it would shortly tender for a quality assurance program for DADHC-operated accommodation and respite services, and consideration would be given to use of the tool within that context.

DADHC monitoring staff will ensure compliance with the *Ensuring Good Nutrition* policy and Key Performance Indicator 2.3.2 by conducting on-site service reviews. Monitoring staff will require evidence of risk assessment, health care and nutrition plans in order for this KPI to be met.

### Our comments

The evaluation of the *Ensuring Good Nutrition* policy is yet to commence — it has not yet been confirmed who will undertake the evaluation, or what the timeframe will be. We will continue to monitor the department's work in relation to the evaluation.

We consider that parts b) and c) of the recommendation have been met. We will monitor implementation through our reviews.

## Identification and management of risks

### Recommendation 3

**In relation to the review of the screening tool for entry to licensed boarding houses, DADHC should:**

- a) Provide advice on progress towards completing the review of the current application of the screening tool, including an audit of the quality and accuracy of the assessments.**
- b) At the completion of the review, provide a copy of the final report, and provide advice regarding any action it intends to take in relation to the review findings and recommendations.**

### DADHC response

In March, DADHC advised that resource issues had delayed the start of the project. At that time, the project plan for the review of the screening tool for entry to licensed boarding houses was being finalised, and the revised date for completion of the project was October 2007. In July, the department stated that it was scoping a consultancy brief to conduct the review of the screening tool.

### Recommendation 3 (continued)

DADHC advised that it would provide a copy of the report to the Ombudsman's Office on completion of the review.

NSW Health advised that, in conjunction with DADHC, it is reviewing the informal arrangement that has existed with Aged Care Assessment Teams to undertake the screening of potential licensed boarding house residents using the Licensed Residential Centre Entry Screening Tool.

NSW Health reported that the above review will include assessment of people with disabilities and those who are ageing, and would involve the Inter-Government Funding Strategies Branch, and the Mental Health and Drug and Alcohol Office of NSW Health.

#### Our comments

There has been little progress in this area since the recommendation was made in December 2005. Initially, DADHC planned to complete the review by March 2007. Resource issues meant that the start of the project was delayed, and the timeframe for completion was revised to October 2007. The review has still not commenced, and an updated timeframe has not been provided.

We will continue to monitor DADHC's work in this area.

## Identification and management of risks

### Recommendation 4

**In the context of DADHC's review of its *Medication* policy, it should consider whether adequate guidance is provided to:**

- a) Ensure that staff are able to identify risk criteria during regular health reviews to alert the person's GP for possible referral for a Domiciliary Medication Management Review.**
- b) Adequately prompt staff and GPs in relation to the need for medication reviews.**

#### DADHC response

DADHC has reported that it is in the final stages of preparing a revised medication policy for consultation during July 2007. The policy will apply to DADHC-operated services only, and it is anticipated that the policy will be implemented by the end of December 2007.

The department has advised that the revised policy will include reference to Domiciliary Medication Management Reviews (DMMR) and some of the criteria that can trigger a DMMR as a reminder to staff of the need to be aware of, document, and respond to adverse reactions to medications.

#### Our comments

DADHC's revision of the policy is continuing, and we will continue to monitor the department's work in this area.

## Identification and management of risks

### Recommendation 5

**DADHC and NSW Health should consider ways in which Domiciliary Medication Management Reviews may be promoted with disability accommodation services and General Practitioners in NSW for use with people with disabilities in care.**

#### DADHC and Health response

DADHC advised that it would meet with the NSW Divisions of General Practice in August 2007 to identify ways of increasing GP awareness about the issues arising from polypharmacy in people with intellectual disabilities. Following the meeting, the department will provide further advice to the Ombudsman, and give consideration to the appropriate involvement of NSW Health.

#### Our comments

Implementation of this recommendation has commenced, but is in the initial stages. We will continue to monitor the work of DADHC and NSW Health in this area.

## Identification and management of risks

### Recommendation 6

**DADHC should provide a copy of the final document(s) relating to the review of the chest care checklist, including any guidelines or procedures for use.**

#### DADHC response

DADHC has provided a copy of the chest care checklist.

In response to a draft of this report, DADHC advised that it does not intend to implement the chest care checklist. During the finalisation of the *Health Care* policy, a decision was made to use the Comprehensive Health Assessment Program (CHAP) tool as the key health assessment tool for the *Health Care* policy. It was considered duplicative to also use the Chest Care Checklist

#### Our comments

This recommendation has been met. We will monitor the use of the CHAP tool in DADHC-operated and funded services as a mechanism for identifying and assessing health care needs, through our reviews.

## Planning to meet individual needs

### Recommendation 7

**DADHC should report on progress towards finalising the revised *Support of Clients with Epilepsy* policy, including details of release to DADHC-operated and funded accommodation services, and training for staff.**

## Recommendation 7 (continued)

### DADHC response

The *Epilepsy* policy was released to DADHC-operated and funded services in April 2007. DADHC has reported that the policy will also be included in the new *Client Policy Manual*, which is due for release to DADHC-operated and funded services by the end of September 2007.

DADHC advised in July that it plans to deliver training in its operated services on the *Epilepsy* policy at the same time that it delivers training on the *Health Care* policy. Training resources have been developed, and training dates will be determined in conjunction with regional training schedules. DADHC-operated services will receive training under the DADHC Workplace Trainer initiative as a component of the regular regional training program.

DADHC has provided the National Disability Services (NDS) with a one-off grant to coordinate and implement training to the funded sector. NDS will identify training specialists who will undergo train-the-trainer familiarisation training from DADHC. NDS will then be responsible for coordination of the program. It is anticipated that NDS will implement the training in the funded sector before the end of December 2007.

### Our comments

This recommendation has been met.

## Planning to meet individual needs Recommendation 8

**In relation to DADHC's review of the *Managing Client Health* policy and its roll out to funded services, DADHC should:**

- a) Provide a copy of the final document(s).
- b) Report on progress towards developing and releasing briefing and training materials to DADHC-operated and funded services to support the release of the policy.
- c) Report on progress of the Centre for Developmental Disability Studies' work on establishing baseline data, and provide advice as to how the implementation of the policy in funded services will be monitored and evaluated.

### DADHC response

The renamed *Health Care* policy was released to DADHC-operated and funded services in July 2007.

DADHC has advised that training resources have been developed, and training dates will be determined in conjunction with regional training schedules. DADHC-operated services will receive training under the DADHC Workplace Trainer initiative as a component of the regular regional training program.

DADHC has provided the National Disability Services (NDS) with a one-off grant to coordinate and implement training to the funded sector. NDS will identify training specialists who will

## Planning to meet individual needs Recommendation 8 (*continued*)

undergo train-the-trainer familiarisation training from DADHC. NDS will then be responsible for coordination of the program. It is anticipated that NDS will implement the training in the funded sector before the end of December 2007.

In March, DADHC advised that the CDDS report had been submitted and the department was considering it. The department advised that the document required amendment, but once endorsed it would be provided to the Ombudsman's Office. In July, DADHC advised that it would consider the report's application to future monitoring and evaluation strategies after the revised *Health Care* policy is implemented in DADHC-operated and funded services.

### Our comments

We consider that parts a) and b) of this recommendation have either been met or are sufficiently progressed. We will continue to monitor DADHC's work in relation to part c) of the recommendation.

## Planning to meet individual needs Recommendation 9

**In relation to the review of the clinical nurse specialist model of health care case management, DADHC should provide advice on:**

- a) **The findings and recommendations of the review.**
- b) **The department's view as to the potential for wider application of the clinical nurse specialist model in DADHC-operated and funded accommodation services.**
- c) **If the department decides that the model does have potential for wider application, outline what action DADHC intends to take in this regard.**

### DADHC response

DADHC has advised that the review of the Clinical Nurse Specialist (CNS) model of health care found that the model was useful in terms of client health outcomes, and contained a recommendation that the position of CNS / Educator — Health Care Planning be established across the disability sector, linked to DADHC Community Support Teams and local Area Health Service Rehabilitation Teams. The model has been proposed as one of the specialist support options in the NSW Health / DADHC discussion paper on the development of a service framework to improve the health care of people with an intellectual disability.

DADHC has reported that the concept of the CNS model was discussed with NSW Health during the preparation of the discussion paper, and is proposed in the discussion paper as a means of supporting primary care services and others for the complex specialist health needs of people with an intellectual disability.

## Recommendation 9 (continued)

DADHC has advised that while it supports the model in principle, it must be considered within the context of the competing demand for resources. In relation to adopting the model as one of the options proposed in the discussion paper, a decision will be determined by the final outcomes of the recent consultation and the impact the model would have on NSW Health resources.

### Our comments

Part a) of the recommendation has been met. We will continue to monitor DADHC's work in relation to parts b) and c) of the recommendation.

## Planning to meet individual needs Recommendation 10

**In relation to the provision of health care information to licensed boarding houses, DADHC should:**

- a) Provide a copy of the updated *Licensing, Monitoring and Closures* policy manual and appendices, when completed.**
- b) Ensure that the information is promoted and available through alternative means for licensed boarding houses without internet access.**

### DADHC response

DADHC has reported that resource issues have delayed the completion of the policy, and a copy will be provided to the Ombudsman's Office once completed.

DADHC has advised that the primary and secondary health care service providers will have a role in providing health care information to licensed boarding houses. An objective of these services is to promote health care education and awareness in licensed boarding houses, and the objective will be met through:

- Providing health care education to residents, either individually or in a group setting.
- Providing health care education to relevant stakeholders, such as Licensees and Licensed Managers, to better facilitate health care programs for residents.
- Disseminating information about current leading research and practice in health care to licensed boarding houses and other support services.

The department has also advised that in addition to providing individual case management services, DADHC boarding house case workers will have a role in the coordination of support services to improve outcomes for residents of licensed boarding houses.

The department has reported that its licensing and monitoring staff have a role in monitoring licensed boarding houses for compliance with the licence and associated conditions. In

## Recommendation 10 (continued)

addition, DADHC regional staff have a contract management role with primary and secondary health care service providers.

### Our comments

The recommendation will be met once the policy manual is provided.

## Response to critical incidents Recommendation 11

**DADHC should provide further advice in relation to the recommendation that it should:**

- a) Require that the disability accommodation services it operates, funds or licenses have at least one staff member on each shift with current first aid qualifications.**
- b) Provide assistance to funded and licensed disability accommodation services to achieve this requirement.**

### DADHC response

#### *Licensed boarding houses*

DADHC has advised that licence conditions require that at least one member of the licensed boarding house staff is qualified to render first aid, but the department has no legal authority to enforce the requirement that at least one staff member on each shift is qualified in first aid.

Notwithstanding this, DADHC has reported that its staff advocate for the practice of employees at licensed boarding houses being qualified in first aid. Where this practice is refused, operators of licensed boarding houses are required to demonstrate, through other forms, that they are complying with licence conditions related to care, supervision and staff suitability.

The department has advised that its regional staff are scoping the current status of staff with first aid qualifications in licensed boarding houses to understand practice in the sector with regard to this issue. The DADHC LRC Reference Group will consider the findings at the August 2007 meeting.

#### *DADHC-operated accommodation services*

In relation to DADHC staff, the department has advised that it has engaged in extensive first aid training of disability staff in recent years. First aid training is included in the competency training and assessment for the Certificate 3 in Disability Work. One of the selection criteria for DADHC residential support workers is possession of a Certificate 3 or willingness to undertake one.

DADHC also reported that it has now entered into contracts with seven preferred suppliers of agency staff Residential Support Workers and nursing staff. Contracts were signed in April



## Recommendation 11 (continued)

2007, and formal roll out of the contracts is expected to occur by 1 September 2007 at the latest. Conditions of contract require that all Residential Support Workers and nursing staff engaged by contract suppliers and provided to DADHC will have a current first aid certificate.

In addition, the department advised that it has reopened the *Residential Support Workers Award* for negotiation with relevant Unions. Included in the negotiations is a requirement for all direct care staff to have a first aid qualification as part of their skill base. If the negotiation is successful, all direct care staff employed by DADHC will have first aid qualifications and they will be renewed as required.

### **DADHC funded accommodation services**

In relation to funded services, DADHC has advised that it is not considering providing assistance to enable those services to ensure that at least one staff member on each shift has current first aid qualifications. However, a recent report provided by CDDS contained findings from a sample of NGO services indicating that, in general, they have a policy for staff to be qualified in first aid procedures.

### **Our comments**

We consider that DADHC has met the recommendation in relation to the first aid requirements for staff in the services it operates.

In relation to licensed boarding houses, this recommendation will not be progressed until the issue about the enforceability of the licence conditions is resolved.

In relation to funded services, we consider that DADHC's response is inadequate. There are currently no requirements that support workers in funded services have current first aid qualifications, and our reviews continue to raise questions about the response of staff in funded services to critical incidents.

We consider that it is unacceptable that there is no mandatory requirement for people with disabilities in care to be supported by at least one carer trained in first aid on each shift, and that what is required in terms of first aid qualifications for DADHC-operated, funded and licensed accommodation services is inconsistent.

## Boarding House Reform Program Recommendation 12

**In relation to the provision of Boarding House Reform Program services to licensed boarding house residents, DADHC should advise this office of:**

- a) Progress towards developing new auspice and service model arrangements for primary and secondary health services, including review of the service type description.**

- b) Details as to how and when primary and secondary health services will be incorporated into the Integrated Monitoring Framework.**
- c) The findings of the review of the health needs of licensed boarding house residents in the inner-west area of Sydney.**
- d) Progress towards filling the eight additional casework positions, and the allocated primary and secondary health casework positions across NSW.**

### **DADHC response**

DADHC advised that its Director-General approved the re-auspice of primary and secondary health care services for a fixed-term period to July 2008. A revised service type description has been developed and will form a part of the funding agreements to approved service providers.

The department advised that organisations funded to deliver this service will enter into a Funding Agreement with DADHC, and will be subject to the Integrated Monitoring Framework. Regions will schedule monitoring taking into account other monitoring activities and priorities.

DADHC has reported that the review is now underway of the health needs of licensed boarding house residents in the inner-west area of Sydney. The assessment team from Central Sydney Community Nursing Service and Sydney South West Area Health Services attended a briefing day on 27 November 2006, and commenced work in January 2007. The project is due to be completed by 30 November 2007, and DADHC will provide a copy of the report to the Ombudsman's Office at that time.

The department advised that appointments have been made to all of the licensed boarding house casework positions, and recruitment to primary and secondary health care casework positions will be the responsibility of approved service providers.

### **Our comments**

We consider that parts b) and d) of this recommendation have been met. Part c) of this recommendation will be met once a copy of the report has been provided.

We will continue to monitor the department's work in relation to the re-auspicing of the primary and secondary health care services, and completing the review of the health needs of licensed boarding house residents in Sydney's inner-west.

## **Contact with hospitals**

### **Recommendation 13**

**NSW Health should provide advice as to progress towards evaluating the implementation of the *People with Disabilities: Responding to their needs during hospitalisation* policy directive across Area Health Services.**

### **NSW Health response**

NSW Health has reported that the evaluation commenced on 2 October 2006, and involved two stages:

- Stage 1 — formative evaluation of the implementation of the policy at Area Health Service level.

## Recommendation 13 (continued)

- Stage 2 — development of a framework for monitoring performance that links to other relevant performance monitoring processes. This work has included a workshop with representatives from NSW Health, Area Health Services, DADHC, key disability consumer organisations, and disability service providers. The purpose was to identify barriers and enablers to effective implementation, and develop a performance monitoring framework for the policy.

NSW Health has advised that it received the final report on the evaluation of the policy directive in April 2007, and is currently considering it. The report identified a range of strategies to enhance the effectiveness and responsiveness of the policy and includes a mix of State, Area Health Service, and local level actions.

The department advised that it anticipates that a response to the report, including future actions, will be finalised by September 2007.

### Our comments

This recommendation has been met. However, NSW Health's response to the recommendations from the evaluation is still in progress. As a result, we will continue to monitor the department's work in this area.

## Contact with hospitals Recommendation 14

**NSW Health should provide this office with advice as to how the *Relative Stay Index* will be used to monitor the implementation of the *Discharge Planning: Responsive Standards* in relation to people with disabilities, such as the use of the screening tool for entry to licensed boarding houses.**

### NSW Health response

NSW Health advised that the *Relative Stay Index (RSI)* is a data collection tool that is standardised for age and diagnosis related groups, comparing length of stay between hospitals. It is expected that the RSI will reduce as a result of reductions in delays and lengths of stay, following on from improved discharge planning processes. NSW Health automatically collects the RSI on a quarterly basis, and there has been a downward trend in the RSI over the last couple of years.

The department reported that it also collects data regarding unplanned readmission rates. Along with the RSI, this key performance indicator is a surrogate marker of efficiency of discharge planning processes. 2004–2006 data demonstrates that there has been no rise in the readmission rates in the NSW Health system.

## Recommendation 14 (continued)

NSW Health advised that, since release of the *Discharge Planning: Responsive Standards* in July 2006, informal feedback from Area Health Services indicates that Areas are actively reviewing the policy to identify appropriate strategies for effective implementation. In March, the department advised that it was in the process of determining support for the implementation and performance monitoring of the policy at the Area level.

### Our comments

From the information provided, it appears that the RSI does not provide the means to monitor the implementation of specific aspects of the policy directive, such as the discharge planning requirements regarding people with disabilities.

We have not received further advice from NSW Health as to implementation and performance monitoring of the policy at the Area Health Service level, and, consequently, will continue to monitor the department's work in this area.

## Contact with hospitals Recommendation 15

**NSW Health should provide advice on progress towards evaluating the implementation of the *Guidelines for end-of-life decision-making across Area Health Services*.**

### NSW Health response

NSW Health reported that Area Health Services have various policy development processes to assimilate these guidelines into their current local policies related to end-of-life decisions and care. Each Area Health Service has provided a report to NSW Health on the progress of the implementation of the *Guidelines*. The reports indicated satisfactory progress with implementing these guidelines, including strategies such as reviewing and amalgamating all current policies with regard to end-of-life decisions and care. This is occurring through purpose-specific working groups to undertake policy development and implementation in end-of-life decisions.

The department also advised that it has decided that an adjunct policy to the *Guidelines* on 'No Cardio Pulmonary Resuscitation (CPR) orders' would be a valuable resource for Area Health Services to help them to develop consistent and appropriate local policies relating to CPR. NSW Health's Research and Ethics Branch has developed the supplement to the *Guidelines* in conjunction with the department's Clinical Ethical Advisory Panel. NSW Health issued the supplement for consultation in August 2007.

### Our comments

There has been progress in relation to this recommendation, including development of additional policy guidance on no-CPR orders. We will continue to monitor the department's work in this area.

## Contact with hospitals Recommendation 16

**NSW Health should consider the role of disability services staff in end-of-life decision-making for the people with disabilities in their care.**

### NSW Health response

NSW Health reported that it is implementing a planning process to facilitate the implementation of the policy directives relating to advance care planning and end-of-life care and decision-making.

The department advised that, to oversight the implementation planning process, a Steering Committee has been established with representatives from NSW Health, DADHC, Guardianship Tribunal, Area Health Services, Clinicians, nursing professionals, GPs, and key non-government organisations. NSW Health advised that the needs of disability workers and their clients with regard to end-of-life care and decision-making would be considered during the planning process.

NSW Health advised that the Advance Care Planning Implementation Project Steering Committee held their inaugural meeting on 23 May 2007. A project plan will be formulated to support Area Health Service implementation.

### Our comments

There has been progress towards meeting this recommendation, and key work is continuing. We will continue to monitor NSW Health's work in this area.

## Palliative care Recommendation 17

**DADHC should provide advice as to the progress of its discussions with NSW Health on evaluating the effectiveness of the *Palliative Care* policy in facilitating the coordination of palliative care for residents of DADHC- operated and funded accommodation services.**

### DADHC response

DADHC advised that NSW Health has agreed to conduct an evaluation of the *Palliative Care* policy and its effectiveness in facilitating palliative care for DADHC clients.

DADHC advised in July that it was preparing documentation to provide funding to NSW Health to conduct the evaluation. It is estimated that the evaluation will be completed within the 2007/08 period.

## Our comments

The evaluation of the *Palliative Care* policy is in the planning stages. We will continue to monitor the work of NSW Health and DADHC in this area.

## Palliative care Recommendation 18

**NSW Health should provide advice as to progress towards implementing the Role Delineation Framework across Area Health Services.**

### NSW Health response

NSW Health has advised that the Role Delineation Framework (RDF) for the Palliative Care document is currently being finalised as a policy guideline, with a timeframe for completion of 30 August 2007.

NSW Health has allocated \$1.49M recurrent funds from 2006/07 to each Area Health Service and the Children's Hospital Westmead to employ both a clinical and a project officer palliative care position for each Area. These positions will assist in the development and implementation of strategic reforms in palliative care in NSW, including supporting the implementation of the RDF.

The department has advised that the implementation of the Palliative Care Role Delineation Framework (RDF), National Palliative Care standards and the National Minimum Data Set is a priority. This work includes integration of care across primary and specialist palliative care sectors, education of primary care providers, and community awareness raising.

In addition, NSW Health advised that the mapping exercise of palliative care services currently underway would enable the department to monitor the implementation of the RDF. One of the major objectives of the RDF is to facilitate a collaborative relationship between primary care workers and specialist palliative care teams, which includes DADHC workers and facilities.

## Our comments

NSW Health has dedicated considerable resources to palliative care reforms, including the development of the Role Delineation Framework. This recommendation has been met.

## Record keeping Recommendation 19

**DADHC should provide advice as to progress towards implementing the following actions identified through its review of record keeping practices in licensed boarding houses:**

## Recommendation 19 (continued)

- a) **Review of the Monitoring Tool associated with Licence Condition 4.**
- b) **Setting good practice benchmarks for Licence Condition 4.**
- c) **Developing a resource to support the sector to improve compliance and practice in regard to Licence Condition 4.**

### DADHC response

DADHC advised that its LRC Reference Group met on 16 February 2007 to commence a review of the Monitoring and Review Tool, which includes Licence Condition 4. The revised tool will be considered for approval as an appendix to the updated *Licensed Residential Centres Licensing, Monitoring and Closure* policy. The department anticipates that the revised policy will be finalised by the end of September 2007.

DADHC reported that good practice benchmarks and support resources for the sector will be considered following the finalisation of a revised Monitoring and Review Tool.

### Our comments

The review of the Monitoring and Review Tool is in progress. We will continue to monitor the department's work in this area.

## Record keeping Recommendation 20

**In relation to improving the reliability and accuracy of records in disability services, DADHC should provide advice regarding:**

- a) **Progress towards implementing the Records Management Procedures for Group Homes in DADHC-operated services.**
- b) **Whether DADHC has, or intends to, roll out the Records Management Procedures to DADHC-operated large residential centres and respite services.**
- c) **Whether DADHC has, or intends to, roll out the Records Management Procedures to DADHC funded accommodation services.**

### DADHC response

DADHC advised that its standard client record keeping system for hard data client information has been fully implemented in all DADHC-operated group homes. DADHC advised in July that, as the system has been in place for two years, it was recently reviewed, and found to be working effectively. Training materials have been produced to ensure that staff understand the links between individual planning for clients and the maintenance of good records in order to achieve consistent record keeping across services.

## Recommendation 20 (continued)

The department reported that it has begun to roll out a similar standard client record keeping system in its large residential centres, including standard forms and reporting requirements. A training CD, and an additional training presentation package, is in production to reinforce this system and its ongoing maintenance. Common reporting tools will be in use from 1 July 2007, and new operational procedures, auditing, and ongoing training will be implemented by the end of September 2007.

A standard client shift reporting booklet has been designed and trialled for centre-based respite services and is expected to be implemented in all outlets.

The department advised that DADHC funded services are required to meet the fundamental record keeping requirements outlined in NSW legislation and DADHC's program guidelines. The department does not prescribe the systems and processes that individual organisations follow, although some funded services do adopt DADHC's systems and processes. As a minimum requirement, funded services maintain the overall range of content and monitoring activities required by relevant and existing program guidelines.

In March, DADHC advised that it would ascertain the interest of funded services in the records management system it has implemented in its services, and would approach the NDS Accommodation Committee in the first instance. The department had indicated that interested services may receive briefings on the system. No further advice was provided regarding this initiative.

### Our comments

This recommendation has been met. Our reviews will continue to consider the adequacy of record keeping in services.

## Access to health services for people with disabilities in care Recommendation 21

**In relation to improving the access of people with disabilities to the health system, DADHC and NSW Health should:**

- a) **Advise of progress towards finalising and implementing the Health Care of People with Intellectual Disability Service Framework.**
- b) **Advise of the outcomes of the Disability Service Mapping Project, and how this information has or will be used to improve the access of people with disabilities in care to the health system.**
- c) **Advise of specific plans for training health workers on health care for people with intellectual disabilities.**



## Recommendation 21 (continued)

**d) Consider the potential for broader application of multidisciplinary health teams across NSW for people with intellectual disabilities, such as the developmental disability clinic model operated by the Centre for Developmental Disability Studies.**

### DADHC and NSW Health response

The departments advised that, on 27 April 2007, consultation was completed on the discussion paper about the development of a *Service Framework to Improve Health Care of People with Intellectual Disabilities*. Forty responses were received, and NSW Health convened a working group, including DADHC, to consider the feedback from stakeholders. The feedback, and further targeted consultations, will inform a revision of the framework. The working group will consider the revised framework by August 2007.

The discussion paper outlined possible options for developing a specialist infrastructure on two levels: local area specialist health resources and a statewide specialist centre to provide clinical leadership.

NSW Health advised that the service mapping work (commenced November 2005) was subsumed by the Interagency Standing Committee on Disability<sup>46</sup>, which developed a three-tier framework for the classification of service responses provided by NSW government agencies: comprised of universal services, adapted and assisted services and substituted or specialist services. The outcomes from the mapping exercise informed the work of the ISCD and contributed to the development of an interagency policy and service delivery framework for disability services in NSW: *Better Together — A new direction to make NSW Government services work better for people with a disability and their families 2007–2011*.

NSW Health advised that training of health workers on health care for people with intellectual disabilities was an issue that was identified in the discussion paper, and has been raised in the evaluation of the implementation of the policy directive relating to the hospitalisation of people with disabilities. NSW Health reported that it will await the outcomes of the consultation on the discussion paper — and the evaluation of the policy directive — to review education and training needs and gaps, current education and training resources, and strategies to improve the delivery of, and access to, training and education.

DADHC and NSW Health reported that options for the development of a statewide system of multidisciplinary intellectual disability health resources were outlined in the discussion paper. Options for consideration included the developmental disability clinic model operated by the CDDS.

NSW Health advised that the responses to the discussion paper indicated strong support for the use of multidisciplinary health teams. The department will consider the potential for broader application of multidisciplinary teams in the further development of the service framework.

### Our comments

Since development of this recommendation there has been considerable progress towards improving the access of people with disabilities to the health system, through both the proposed service framework and the commencement of *Better Together*.

<sup>46</sup> NSW Health advised in August 2007 that the ISCD is now known as the Interdepartmental Committee on Disability (ICD).

## Recommendation 21 (continued)

However, the service framework is still under development, and action in relation to multidisciplinary health teams and training for health workers is yet to be determined.

We will continue to monitor the work of NSW Health and DADHC in this area.

## Access to health services for people with disabilities in care Recommendation 22

**DADHC and NSW Health should provide advice on the progress of work by the Interagency Standing Committee on Disability in relation to access to health services for people with disabilities.**

### DADHC and NSW Health response

NSW Health advised that the interagency policy and service delivery framework for disability services in NSW (*Better Together*) identifies that government services for people with disabilities are provided on three levels — universal services, adapted services, and specialist services. It outlines strategies to coordinate effort across the whole spectrum of government services, including health related services, so that services at each level are properly resourced, coordination is enhanced and access is improved.

NSW Health reported that the (now) Interdepartmental Committee on Disability (IDC) has responsibilities that encompass the management and change process in the provision of therapy services in the NSW disability sector. This includes the development of:

- Partnership strategies that ensure the availability and access to therapy services for people with a disability;
- Strategies for recruitment, career path and staff retention for therapists and therapy assistants; and
- Linkages with universities and other vocational education providers to encourage more undergraduate placements in the disability sector.

NSW Health advised that an interagency workshop was held on 31 May 2007 to commence development of an Interagency Agreement regarding provision of therapy services for people with a disability in NSW.

NSW Health reported that, through the work of the IDC, options would be explored for more effective use of the existing workforce, including exploration of strategies such as an increased use of trained therapy assistants to support the delivery of therapy services for people with a disability. A review of current roles of therapists and therapy assistants will inform an implementation strategy to support the optimal use of the workforce.

## Recommendation 22 (continued)

In addition, NSW Health advised that a procurement framework would be developed for those therapy services for people with a disability that will be provided by the non-government sector. The framework will include a statement of services to be purchased, unit costings, required standards, output and outcome measures and service specifications.

### Our comments

The work of the ICD and the implementation of *Better Together* may provide a means to improve the access of people with disabilities to key health services, such as therapy. However, this work is in the initial stages of development.

We will continue to monitor the work of DADHC and NSW Health in this area.

## Access to health services for people with disabilities in care Recommendation 23

**DADHC should provide advice on the outcomes of its review of the structure of the Community Support Teams and review of the *Prioritisation and Allocation* policy. In doing so, DADHC should provide advice as to any action it intends to take to improve the department's capacity to respond to requests for services.**

### DADHC response

DADHC reported that the work to refocus the Community Access structure is continuing, and the allocation of new therapy positions from *Stronger Together* has been completed.

The department advised that a proposal to reform its case management practices and structures has been completed, and the first stages of the implementation process have commenced. The proposal includes the introduction of a graded case management structure, and improved supervision and line management structures.

DADHC reported that the allocation of resources under *Stronger Together* includes the recruitment of up to 168 new positions, comprising case managers, line managers, and senior case management practitioners. Recruitment will commence in August 2007 and will roll out over 2008/09.

The department advised that the development of a case management framework to guide all Community Access policies commenced on 18 June 2007. The *Prioritisation and Allocation* policy will now sit within this framework.

A final draft of the *Prioritisation and Allocation* policy has been completed, and will be circulated for final comments in July 2007. The policy ensures that a needs assessment will identify the person's needs, risks and service requests. The needs assessment will also inform the prioritisation and allocation decisions. Those service requests that are not allocated for a response will be considered against new service requests.

## Recommendation 23 (continued)

### Our comments

This recommendation has been met.

## Access to health services for people with disabilities in care Recommendation 24

Through the DADHC and NSW Health Senior Officers Group, DADHC and NSW Health should:

- a) **In the context of the issues raised in this report, consider the adequacy of access to mental health services for people with dual diagnoses of intellectual and psychiatric disabilities.**
- b) **Provide advice on the outcomes of these discussions.**

### DADHC and NSW Health response

DADHC reported that the issue of people with a dual diagnosis of mental illness and intellectual disability has been included on the agenda for discussion at the meetings of the Senior Officers' Group (SOG).

NSW Health advised that, in conjunction with DADHC, the Mental Health and Drug and Alcohol Office has drafted a discussion paper for consideration by the SOG. It was tabled at the SOG meeting on 16 July 2007, and was endorsed as a basis to develop a strategic framework to improve the effectiveness of services for people with a dual diagnosis of mental illness and intellectual disability.

NSW Health also advised that its draft *Discharge Planning Policy for Adult In-patient Mental Health Services* (due for release during 2007) provides consistent guidelines to improve continuity of care, and includes measures to ensure the involvement of the patient, the family/carers, and other relevant stakeholders. There is particular reference to special considerations for people with an intellectual disability in the discharge process.

### Our comments

Work in relation to this recommendation is in the initial stages. We will continue to monitor the work of DADHC and NSW Health in this area.

## Access to health services for people with disabilities in care

### Recommendation 25

**In relation to mental health services for licensed boarding house residents, NSW Health should consider extending the provision of Mental Health Liaison positions across NSW.**

#### NSW Health response

Recommendation not supported.

NSW Health advised that it supports the continued provision of mental health liaison services by community Mental Health Teams to residents of licensed boarding houses with mental illness, but does not support the expansion of Mental Health Liaison positions into licensed boarding houses.

NSW Health reported that its approach to housing people with mental illness has shifted away from shared accommodation in boarding houses and group homes to the Housing and Accommodation Support Initiative (HASI), which 'better meets the housing and support needs of people with a mental illness and associated functional disability'.

The department advised that HASI is seen as helping to reduce the current and future need for people with mental illness to access boarding houses for their community accommodation.

NSW Health stated that all residents of NSW with mental illness have access to core mental health services such as inpatient and community care, including acute and crisis services and, where appropriate, specialist support services such as HASI. Programs and policies are being strengthened to ensure that people with mental illness and co-morbidities such as intellectual disability have equitable access to a skilled workforce in both the disability and mental health services. Strategic planning in this regard involves the framework document referred to in Recommendation 24, and programs such as the newly appointed first Chair in Disability and Mental Health at the University of NSW along with the nine Advanced Psychiatric Fellowships in Disability Mental Health through the NSW Institute of Psychiatry.

The department also advised that the primary and secondary health care program for licensed boarding house residents ensures that a resident's needs, including mental health, are addressed through direct referral or liaison with health services.

#### Our comments

This recommendation is met. We will monitor how well the core mental health services provided by NSW Health and the primary and secondary health care services funded by DADHC meet the mental health needs of licensed boarding house residents in practice, through our reviews.

## Access to health services for people with disabilities in care

### Recommendation 26

**DADHC should provide advice on progress towards developing and implementing a policy for the care and support of people with an intellectual disability who are ageing.**

#### DADHC response

DADHC advised in March that it was developing a policy, based on research evidence on service models for people with a disability who are ageing.

In July, DADHC advised that its policy position regarding the care and support of people with a disability who are ageing, is that:

- DADHC will continue to provide disability services to clients with a disability as they age; and
- People with a disability, including DADHC clients, should have the same access to aged care services as people without a disability.

DADHC reported that it is seeking to ensure that service models are appropriate to meet the needs of people with a disability who are ageing. This work is ongoing and involves: a review of research as it becomes available; working with aged care providers to assist with meeting the needs of people with a disability as they age; and continuing negotiations with the Australian Government.

DADHC has advised that, because the work is ongoing, implementation of the policy does not have a formal end date. The work will progressively lead to the development of models that have an improved integration of both the disability and aged care perspective. It is anticipated that DADHC will be able to provide further clarity on these issues for the funded sector by early 2008.

#### Our comments

It is unclear whether DADHC is continuing to develop a policy on service models for people with a disability who are ageing. We will continue to monitor the department's work in this area.

## Access to health services for people with disabilities in care

### Recommendation 27

**DADHC should provide advice on the outcome of its discussions with the Commonwealth government regarding accommodation for people with disabilities in relation to ageing.**

## Recommendation 27 (continued)

### DADHC response

DADHC reported that improved service linkages between specialist disability services and other service systems, such as aged care, are being considered in discussions with the Commonwealth as part of negotiations in relation to the Commonwealth States and Territories Disability Agreement (CSTDA). The current CSTDA is due to expire on 30 June 2007.

In March, DADHC advised that State and Territory Disability Services Ministers would meet on 3 April 2007 to undertake formal negotiations for a fourth CSTDA, including consideration of policy areas such as the interfaces between specialist disability services and other service systems.

In July, DADHC pointed to a recent announcement by the Prime Minister of a \$1.8 billion package for people with a disability and their families, which targets services for older carers.

### Our comments

Discussions regarding the fourth CSTDA are continuing, and we will continue to monitor the department's work in this area.

## Access to health services for people with disabilities in care Recommendation 28

**Through the DADHC and NSW Health Senior Officers Group, DADHC and NSW Health should consider the issues raised in this report regarding people with disabilities who are ageing, and discuss possible options to ensure adequate access to appropriate aged care assessment services.**

### DADHC and NSW Health response

NSW Health advised that, under the COAG 'Strengthening the Aged Care Assessment Program (ACAP)' initiative, it would lead the review of the ACAP. The review includes access issues and assessment processes for people with complex support needs who require an aged care assessment.

NSW Health reported that this work would be undertaken in conjunction with the broader ACAP reform work progressing at the National level. The tender process has been completed with negotiations commencing with the successful tenderer. An advisory committee has been established, comprised of NSW Health, Area Health Services, and Commonwealth representatives.

In July, DADHC advised that a draft protocol has been developed, in consultation with NSW Health, for the *Younger People in Residential Aged Care Program* and Aged Care Assessment Teams. Engagement with the Departments of Health and Ageing, and Family and Community Services and Indigenous Affairs regarding the draft protocol is proposed for July 2007. A progress report will be tabled for discussion at the July DADHC/ NSW Health SOG.

## Recommendation 28 (continued)

### Our comments

Work in relation to this recommendation is in the initial stages. We will continue to monitor the work of DADHC and NSW Health in this area.

## Progress of recommendations from 2005

### Consent

#### **Recommendation 2**

**DADHC should report on progress towards finalising its *Decision Making and Consent* policy including details of planned roll out and training.**

#### **DADHC Response**

DADHC's *Decision making and Consent* policy was released for consultation during 2006. DADHC has advised that as a result of feedback, the policy has undergone substantial review. The Department expects that the draft-revised policy will be ready for further consultation in September 2007.

#### **Our comments**

We will continue to monitor progress in relation to the finalisation, and release of the policy to operated and funded services.

### Communication issues and health care

#### **Recommendation 6**

**In the context of its review of the *Managing Client Health* policy, DADHC should ensure that adequate guidance is provided in the revised policy on:**

- a) The importance of a considering resident communication issues in relation to health care needs.**
- b) When a referral for a communication assessment is required.**

#### **DADHC Response**

DADHC advised that the *Health Care Policy* released to operated and funded services in July 2007, makes specific reference to client's communication issues and the development of a communication plan as a component of the Individual Planning process.

DADHC also advised the Inclusive Communication and Behaviour Support (ICABS) project provides training for staff working with clients with specific communication needs. ICABS training is being provided to staff state-wide and aims to improve communication with clients.



## **Progress of recommendations from 2005 (*continued*)**

### **Our comments**

This recommendation has been met.

Our reviews will continue to consider the adequacy of the supports in place to meet people's communication requirements, particularly in relation to the development of communication plans and referrals for communication assessments.

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