

CHIEF EXECUTIVE, AGEING DISABILITY AND HOME CARE

QUESTIONS ON NOTICE

Public Hearing 4, 27 September 2010

Inquiry into Services provided or funded by Ageing, Disability and Home Care

Question 1: Asked by the Hon. Trevor Khan (page 12)

a) When a person with an intellectual disability with complex needs fronts up at accident and emergency (A&E) what information is available to the registrar on previous assessments that have been done on that person?

b) Where is the Mental Health MOU up to as of 27 September 2010?

Question 2: Asked by the Hon. Helen Westwood (page 12)

In regards to clinical services to people with a disability and the diagnostic and assessment resource that was transferred to NSW Health in 2005, was there any mechanism put into place which monitored and perhaps reviewed the implications or impacts of this?

Question 3: Asked by the The Chair (page 15):

Is there any information you can give to us arising out of the Stronger Together Consultation process?

Question 4: Asked by the Hon. Trevor Khan (page 15):

Have there been discussions with anyone apart from the top levels of NSW Health (in relation to the Stronger Together consultations)?

Question 5: Asked by The Chair (page 15):

Can you provide the Committee with information on the Coroner's recommendations resulting from investigations into the death of Kate Bugmy? Have those recommendations been actioned? Can you provide that advice on Notice?

Question 1: Asked by the Hon. Trevor Khan (page 12)

a) When a person with an intellectual disability with complex needs fronts up at accident and emergency (A&E) what information is available to the registrar on previous assessments that have been done on that person?

b) Where is the Mental Health MOU up to as of 27 September 2010?

Answer:

a)

1. If the person is a client of Ageing, Disability and Home Care (ADHC), the agency's *Health Care Policy and Procedures* require disability support staff to provide accident and emergency personnel with:
 - o In the first instance a copy of the person's emergency medical file which includes -
 - the medication chart
 - a 'blister pack' containing the person's medication
 - a copy of the person's *Health Care Plan* and
 - the person's health care card.
 - o Once the immediate emergency situation has been dealt with, ADHC disability support staff provide the hospital's accident and emergency with a copy of:
 - the person's *Client Risk Profile*
 - the person's eating and drinking plan.

Whenever possible, disability support staff remain in the hospital's emergency department to provide emotional support to the person with an intellectual disability, and to provide information to hospital staff on the person's medical history and support needs.

2. With regard to NSW Health processes and policies, ADHC has sought information on this matter and will provide this as soon as it is available.

b)

1. The Mental Health Memorandum of Understanding has been endorsed by Ageing, Disability and Home Care and is being finalised by NSW Health.
2. ADHC can provide a copy of the final document once it has been endorsed by both agencies.

Question 2: Asked by the Hon. Helen Westwood (page 12)

In regards to clinical services to people with a disability and the diagnostic and assessment resource that was transferred to NSW Health in 2005, was there any mechanism put into place which monitored and perhaps reviewed the implications or impacts of this?

Answer:

1. In 2005 the responsibility for funding, administration and delivery of diagnosis and assessment services was transferred from the then Department of Ageing, Disability and Home Care to NSW Health. The transfer of these services occurred in recognition that as a health service, diagnosis and assessment was best provided within the NSW health system.
2. The transfer was subject of a Memorandum of Understanding between the two departments which detailed the transfer of the funding and administration arrangements of the five Diagnosis and Assessment services. Whilst no specific mechanisms were put in place for Ageing, Disability and Home Care (ADHC) to monitor the services following the transfer, the ADHC and NSW Health Senior Officer's Group works collaboratively to identify and address systemic issues of common concern relating to the needs of people with disabilities.

Question 3: Asked by the The Chair (page 15):

Is there any information you can give to us arising out of the Stronger Together Consultation process?

Answer:

1. The Stronger Together Report will be released shortly by the Premier and the Minister for Disability Services. Ageing, Disability and Home Care can provide the committee with a copy once it is released.

Question 4: Asked by the Hon. Trevor Khan (page 15):

Have there been discussions with anyone apart from the top levels of NSW Health (in relation to the Stronger Together consultations)?

Answer:

1. In June/July 2010, Ageing, Disability and Home Care (ADHC) held a number of consultations across NSW to discuss the NSW Government's 10 year disability plan, *Stronger Together*.
2. Nearly 300 people attended these consultations including approximately 100 people with a disability, their families and their carers, and 100 service providers. While not all attendees used the sign in sheet 285 people are officially recorded to have attended the face to face consultations. A review of the sign-in sheets has identified no one that has a connection with NSW Health.
3. Of the 422 people or organisations who contributed to the consultation through an online survey or through email and mail submissions, the majority of the contributions were through the online survey which were subject to a privacy clause and therefore ADHC is unable to provide any further details on these submissions. A review of email and mail submissions has identified the following organisations that have a connection with NSW Health:

Northern Sydney Multicultural Access Project Multicultural Health Service (x 1 submission)
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Child and Family Clinical Services (x 1 submission)

Concord Centre for Mental Health (x 3 submissions)
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Question 5: Asked by The Chair (page 15):

Can you provide the Committee with information on the Coroner's recommendations resulting from investigations into the death of Kate Bugmy? Have those recommendations been actioned? Can you provide that advice on Notice?

Answer:

The Coroner's recommendations from the Inquiry into the death of Kate Bugmy and Ageing, Disability and Home Care (ADHC) responses:

That DADHC should give strong consideration to:

Recommendation

- (a) Developing and implementing a policy to ensure that the disabled with complex needs living with family, particularly in remote areas, are allocated a caseworker who together with a General Practitioner and other service providers ensures that an annual health care plan is developed and met and all services co-ordinated.

ADHC Response

ADHC will review existing *Case Management Policy (2009)* and guidelines to incorporate information including, though not limited to, the following:

- The circumstances under which a case manager would provide follow up assistance, particularly in remote areas where the individual with a disability has complex needs or complex family circumstances.
- The role and responsibility of case managers in circumstances identified above, including:
 - involvement in the development and coordination of an annual health care plan incorporating review periods;
 - practice guidelines relating to collaboration and engagement of other service providers who may be supporting an individual, family/carer including any health professionals; and
 - protocol for facilitating case conferences engaging other support services such as health, respite and involving individual and family members where appropriate.

Recommendation

- (b) Reviewing and implementing the allocation of human resources to and within the Broken Hill office to ensure that caseworkers are able to complete the currently required annual plans and three-monthly reviews and whether further training is required. This might include the

appointment of Clinical Nurse Consultants to assist with health care plans and ensure on going case management.

ADHC Response

- A review of current resource allocation to the Broken Hill office will be undertaken and the findings will inform the Region of actions required to ensure recommendations can be implemented.
- Implementation of *Stronger Together* has enabled the establishment of additional Clinical Nurse Consultant and Registered Nurse positions within ADHC. These resources are now available to ADHC clients in Broken Hill.
- In circumstances where an annual health plan is required, consideration is also given to utilising the Medicare Health Assessment for people with an intellectual disability.
- The Medicare health assessment items 718 and 719 have been introduced for people with an intellectual disability.
- For the purpose of the health assessment, a person has an intellectual disability if he or she has significantly sub-average general intellectual functioning (two standard deviations below the average intelligence quotient (IQ)) and would benefit from assistance with daily living activities.
- The health assessment provides a structured clinical framework for General Practitioners (GPs) to comprehensively assess the physical, psychological and social function of patients with an intellectual disability and to identify any medical intervention and preventative health care required.
- ADHC has recently commenced working on the proposal for a pilot project to trial the use of video conferencing. The proposal includes the use of this technology to convene case conferences for a small number of families and individuals where a number of service providers are involved with the family and where distance is an issue in relation to bringing key support services together to plan and review with family members. The intent of the proposal is to test the value of this technology with the aim of improving coordination of service delivery while engaging clients actively in the process. It is anticipated that a number of resources can be developed from the trial to assist ADHC and other services who may want to replicate the process.
- ADHC is exploring capabilities within the existing Client Information System (CIS) as to whether a flag/alert can be incorporated to flag upcoming health reviews and development of annual plans. If this were possible, it could provide a reminder to staff and managers to undertake the reviews.

Recommendation

- (c) Implementing a respite care discharge protocol which requires that issues arising during respite care, including any health problems and their treatment or future treatment are communicated to the primary

carer and the DADHC case worker, and a decision made as to who bears the responsibility for following up where necessary.

ADHC Response

- The *Allocation of Planned Respite Services* policy states that it is the responsibility of the key worker in ADHC's centre-based respite service to liaise with family, co-workers and case manager regarding a client's respite care. In some regions, including the Western Region, a 'summary of stay report' is provided to parents/guardian and case manager. These reports are on CIS, which is the ADHC Corporate System.
- ADHC will revise the *Allocation of Planned Respite Services* policy to strengthen the requirement that issues arising during respite care, including health problems and their treatment or future treatment, are communicated to the primary carer and the case manager.

Recommendation

- (d) Developing a protocol which could be incorporated into the existing three-monthly review for recognising 'flags of concern' (to include weight loss, pressure sores, absence from contact or refusal to accept services), in order that early consideration be given if necessary to an application to the Guardianship Tribunal.

ADHC Response

ADHC is currently exploring capabilities within the existing CIS as to whether a flag/alert can be incorporated to highlight upcoming health reviews, development of annual plans, issues of concern etc. These flags would be incorporated into the individualised plan to promote and facilitate early intervention where required. Development of final protocol in this regard will be dependent upon system capability – alternate methods of flagging concerns/reviews will be developed should CIS not support this.

Recommendation

- (e) Providing urgently a protocol for managing prolonged staff absences including physiotherapist, occupational therapists, social workers, speech pathologists and dieticians, at least by the case manager advising all service users of the likely duration of the absence, seeking advice for alternative assistance from local hospital staff, and considering whether funding private access to allied health services might be provided.

ADHC Response

Endorsed guidelines (relating to CIS) have now been released for statewide implementation by Community Access teams. These protocols guide staff

through processes for reallocation of clients when a break in service is necessary

- This rule allows Managers access to identify where a staff member has been working with a client and there is an absence of the staff for whatever reason. This function flags for the Manager that subsequent action/contingencies should be developed for the client.
- ADHC currently supports families to access a wide range of therapy services based on persons need and availability of services. This includes internal ADHC disciplines (therapy, case management, psychologist etc) and external services (non-government organisation funded services, Fee for Service arrangements).

Recommendation

- (f) Promoting awareness among staff, patients and primary carers of the "Clinical Practices, Pressure Ulcer Prevention-Policy Directive-NSW Department of Health-PD2005_257" and of "Taking the Pressure Off-Wound Care Association of NSW Inc.-2008" guide.

ADHC Response

- ADHC undertakes to promote and facilitate education in relation to the nominated Policy directive and associated document to relevant staff, clients and primary carers.
- ADHC staff will continue to liaise with other service providers in the education of staff regarding health issues concerning people with disabilities.