

## **Inquest into the death of Paul Joseph Milward**

Mr Milward was a resident at Bundaleer Lodge Nursing Home. He died on 31 August 2015 when he choked on a sandwich. Deputy State Coroner John Lock delivered his findings of inquest on 5 June 2018.

The Queensland Government responds to recommendations directed to government agencies at inquests by informing the community if a recommendation will be implemented or the reason why a recommendation is not supported.

The coroner made recommendations about aged care and disability care. Queensland Health and the Department of Communities, Disability Services and Seniors are the relevant Queensland Government departments delivering services to these sectors.

While the majority of residential *aged care* providers in Queensland are private providers, Queensland Health is the approved provider for 16 state-operated residential aged care facilities and 33 multi-purpose facilities that may accommodate aged care residents. The Queensland Government will respond to the coroner's recommendation and consider how it could be implemented by Queensland Health in these settings.

In relation to *disability services*, all eligible clients receiving disability supports under the Disability Services Act will transition to the National Disability Insurance Scheme (NDIS) by 30 June 2019. The Queensland Government will remain responsible for the accommodation management of 214 group homes and 11 centred-based respite services. These services are currently delivered by the Department of Communities, Disability Services and Seniors through Accommodation Support and Respite Services (AS&RS). AS&RS is a registered NDIS provider with the operation of the service under the relevant quality and safeguarding framework for all NDIS registered providers. The people living in AS&RS will have NDIS packages for their disability supports.

The Queensland Government will respond to the coroner's recommendations and consider how they could be implemented prior to the full implementation of the NDIS and applied to the disability and aged care accommodation services managed by the Queensland Government when the NDIS roll out is completed. Further information relating the implementation of recommendations can be obtained from the responsible minister named in the response.

Information about the federal government's disability services and aged care policy post NDIS transition can be obtained by contacting the National Disability Insurance Agency.

### **Recommendation 2**

All staff involved in the provision of care to residential aged and disability care residents be informed of any material change to a resident's care plan prior to the commencement of their next shift. Whether this be in the form of an oral handover or some other form of information sharing should be a matter for each organization to determine.

### **Responsible agency: Queensland Health.**

Response and action: the recommendation is implemented.

On 1 November 2018 the Minister for Health and Minister for Ambulance Services responded:

Queensland Health is currently reviewing the coroner's recommendation and its application to the 16 aged cared facilities operated by Queensland Health. The outcome of the review team consideration will be reported in 2019.

*On 2 June 2019 the Minister for Health and Minister for Ambulance Services responded:*

Queensland Health provides residential aged care and care for younger people with a disability through a range of service type facilities including:

- multi-purpose health services providing residential aged care and accommodation for younger people with a disability
- residential aged care facilities, which may also accommodate younger people with a disability
- residential disability care services, including the Halwyn Centre which is working towards transitioning its residents to alternative accommodation
- multiple other acute facilities, extended care facilities and community care units.

Queensland Health facilities must comply with a range of legislative and varying accreditation responsibilities, ensuring residents receive safe and quality care. Relevant service standards that apply include:

- Quality of Care Accreditation Standards, transitioning to the Aged Care Quality Standards (from 1 July 2019) – residential aged care facilities
- the National Safety and Quality Health Service Standards – multi-purpose health services
- the Human Services Quality Standards, transition to the National Disability Insurance Scheme – residential disability care services.

The Department of Health led a statewide response to the recommendations and wrote to all hospital and health service chief executives to highlight the relevance and application of the recommendations for the broader disability care and residential aged care sectors.

The 16 hospital and health services confirmed all Queensland Health facilities providing care to residents in an aged care or disability care service have formal handover processes in place for each shift. This includes providing up to date information on each patient's care needs verbally and may also include the use of paper based or electronic handover checklists. These processes ensure all staff involved in the provision of care are aware of each resident's care needs and are informed of any material changes.

**Responsible agency: Department of Communities, Disability Services and Seniors**

Response and action: the recommendation is implemented.

On 7 February 2019 the Minister for Communities and Minister for Disability Services and Seniors responded:

The department provides supported accommodation services through the Accommodation Support and Respite Services.

Key information including the outcome of medical appointments and changes to medication, health concerns and special dietary requirements is provided by a staff to staff oral handover after every shift.

A handover guide provides staff clear guidance about what must be covered. Further information about specific needs are included in health and mealtime support plans. The handover guide indicates that staff unfamiliar to a household are to be given an overview of specific client health needs and shown where other supporting information is located. Members of the residential care team are required to record daily in each client's file and health file.

### **Recommendation 3**

Residential aged and disability care residents' care plans be subject to routine review at least three monthly and sooner if health or other personal circumstances have changed.

#### **Responsible agency: Queensland Health.**

Response and action: the recommendation is implemented.

On 1 November 2018 the Minister for Health and Minister for Ambulance Services responded:

Queensland Health is currently reviewing the coroner's recommendation and its application to the 16 aged cared facilities operated by Queensland Health. The outcome of the review team consideration will be reported in 2019.

*On 2 June 2019 the Minister for Health and Minister for Ambulance Services responded:*

The Department of Health led a statewide response to the recommendations and wrote to all hospital and health service chief executives to highlight the relevance and application of the recommendations for the broader disability care and residential aged care sectors.

All hospital and health services confirmed all Queensland Health facilities providing care to residents in an aged care or disability care service:

- develop an initial individualised care plan for each resident
- review each care plan on a three-monthly basis as a minimum
- update any changes in care needs in the care plan and communicate as appropriate.

Queensland Health recommends all residents have a care plan that is not only clinically focused but incorporates factors that improve activities of daily living, lifestyle and quality of life. This recommendation is reinforced in the operational guidelines for Multipurpose Health Services and through accreditation processes.

#### **Responsible agency: Department of Communities, Disability Services and Seniors**

Response and action: the recommendation is agreed in part and implementation is complete.

On 7 February 2019 the Minister for Communities and Minister for Disability Services and Seniors responded:

Review of care plans can only be undertaken by treating health care professionals.

However, the department has made the Comprehensive Health Assessment Program (CHAP) available to every adult with an intellectual disability in Queensland who receives a Disability Services delivered or funded service. CHAP would form part of the individual care plan and can be reviewed every 12 months or as indicated by a treating health care professional (usually the person's GP).

Frequency of review of individual care plans around particular needs (e.g. mealtime support plans) should be determined by the treating health care professional based on their assessment of individual and risk factors in relation to the particular health condition.

The Centre of Excellence for Clinical Innovation and Behaviour Support encourages the use of the CHAP as best practice in supporting the health needs of individuals with a disability. The centre also promotes comprehensive health assessments for individuals with a disability through practice improvement activities such as complex case reviews and practice reviews.

#### **Recommendation 4**

Residential aged and disability care residents with conditions that affect their ability to swallow should undergo regular medical examinations, at intervals as recommended by a medical practitioner, to assess their respiratory health in order to identify and treat aspiration pneumonia.

#### **Responsible agency: Queensland Health.**

Response and action: the recommendation is implemented.

On 1 November 2018 the Minister for Health and Minister for Ambulance Services responded:

Queensland Health is currently reviewing the coroner's recommendation and its application to the 16 aged cared facilities operated by Queensland Health. The outcome of the review team consideration will be reported in 2019.

*On 2 June 2019 the Minister for Health and Minister for Ambulance Services responded:*

The Department of Health led a statewide response to the recommendations and wrote to all hospital and health service chief executives to highlight the relevance and application of the recommendations for the broader disability care and residential aged care sectors.

All hospital and health services confirmed all Queensland Health facilities providing care to residents in an aged care or disability care service have formalised medical review processes in place. These processes ensure residents undergo regular medical examinations and an additional review occurs in response to changes in a resident's clinical condition.

In addition, Queensland Health's guideline on thickened fluids for adults in hospital and health service facilities provides information regarding the recommended roles and responsibilities for all professionals involved in the recognition of dysphagia (an abnormality of swallowing food or fluid) and the prescription, supply, preparation and provision of modified food and fluids.

#### **Responsible agency: Department of Communities, Disability Services and Seniors**

Response and action: the recommendation is implemented.

On 7 February 2019 the Minister for Communities and Minister for Disability Services and Seniors responded:

The Centre of Excellence for Clinical Innovation and Behaviour Support implemented an interim mealtime support project over the next nine months until the full transition to the National Disability Insurance Scheme (NDIS) is complete. The mealtime support project will support transitioned and non-transitioned disability services clients across the state who are identified with swallowing issues and require mealtime support.

The project will use a small team of speech language pathologists to:

- continue to provide mealtime support, primarily to Accommodation Support and Respite Services clients
- provide cross regional support to high risk clients who do not have mealtime support funding included in their NDIS plan
- deliver mealtime support training
- undertake capacity development activities for the disability sector.

The project will analyse the impact of NDIS transition on mealtime supports and provide recommendations in how to reduce the risk of aspiration of food, drink and medication and therefore reduce the risk of aspiration pneumonia.

Mealtime support plans will include regular review dates determined by the degree of swallowing disorder and other related swallowing risks. The assessment process will also recommend any required medical assessment.

The mealtime support project will not apply to Bundaleer Lodge residents directly (as these are aged care clients). However one focus of the project, upskilling private speech language therapists to support people with a disability and swallowing difficulties, may have a flow on benefit to other services.

The department's *Mealtime support resources* was revised and updated. The resources give practical information on good mealtime support for people with disability who experience swallowing difficulty (dysphagia). Updates include a practical introduction to the International Dysphagia Diet Standardisation Initiative (IDDSI) framework. From 1 May 2019, the IDDSI framework will be used in Australia to describe texture-modified food and fluids. These resources are available on the department's website and are able to be accessed by any individual or organisation. Notification of the availability of the updated resources was communicated to all funded disability agencies as well as individuals who have attended Centre of Excellence training.

The use of the Comprehensive Health Assessment Program will also ensure that respiratory health is monitored and regularly assessed.

Provision of data to inform high level sector and government conversations regarding support for people with swallowing issues who require mealtime support. Recommendations will have been developed around standard systems and processes to ensure swallowing safety and mealtime support for clients of Accommodation Support and Respite Services. It is also intended that there will be education to sector clinicians providing mealtime support. The completion date is 30 June 2019.

**On 24 May 2019 the Minister for Communities and Minister for Disability Services and Seniors updated:**

Disability Services accommodation support and respite services established the health support for accommodation support clients practice document which requires regular review of clients' health as required and provides for complex health care support needs.

Specifically, all clients of Disability Services accommodation services must have a general medical examination every 12 months. If a complex health need (e.g. dysphagia) is identified by the treating medical practitioners, a complex health support plan must be developed in consultation with — and based on the recommendations made by — the treating medical practitioner. The complex health support plan outlines the recommended review intervals which must be adhered to and implemented by accommodation support and respite services support workers.

All accommodation support and respite services disability support staff receive induction training in providing safe mealtime support focusing on identifying the signs of choking and swallowing difficulties. It also provides staff with direction on recording and reporting signs of swallowing difficulties to management and health care professionals.

Training is also being provided to accommodation support and respite services management regarding tracking mealtime plan reviews and seeking appropriate medical and allied health supports when working with a person with swallowing difficulties. All training will be completed by 30 June 2019.

Additionally, the Department of Communities, Disability Services and Seniors developed, and is currently rolling out, statewide training targeted at speech-language pathologist (including those in health and aged care) to support people with disabilities with dysphagia. This recognises that Speech Pathology Australia supports members to use current Australian standards for modified foods and fluids while working towards the implementation of the international dysphagia diet standardisation initiative framework (implemented on 1 May 2019). The speech pathology profession plays a significant role in dysphagia management across all people.

With the closure of state provided clinical disability services in Queensland (due to the commencement of NDIS), the training initiative was rolled out to support development of this market capacity. The resources historically developed and maintained by the department relating to supporting people with disability who experience dysphagia were provided to Speech Pathology Australia.

Speech Pathology Australia will manage the resources within their professional governance arrangements into the future. The mealtime support resource directs users to promptly seek advice from a GP and speech language pathologist after instances of choking, to consult GPs if a person has difficulty swallowing medication, and to consult a speech language pathologist if swallowing difficulties are identified or suspected.