An Action Plan:
Meeting the health needs of people in care with a disability

The Queensland Government's implementation plan in response to the Public Advocate's Report,

'Upholding the right to life and health:

A review of the deaths in care of people with disability in Queensland,

A systemic advocacy report'

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An action plan to meet the health needs of people in care with a disability

Overview

In 2016, the Public Advocate released the report *Upholding the right to life and health: A review of the deaths in care of people with disability in Queensland, A systemic advocacy report* (The Public Advocate's Report) which outlined recommendations to enhance the health care of those with a disability in care.

In 2016, the Government responded to the Public Advocate Report and outlined programs and work the Government was undertaking to address the issues raised. It is now timely to consider what further work can be done due to service system changes resulting from the implementation of the National Disability Insurance Scheme (NDIS), which once fully implemented, will mean that NDIS becomes the central funding, approval and coordination mechanism for those with a disability who require support. In Queensland, the NDIS is expected to be fully implemented by 1 July 2019 - at which time all existing state clients are scheduled to have transitioned to NDIS.

This 2018 *Action Plan to meet the health needs of people in care with a disability* (Action Plan) builds on the previous work undertaken, considers the current context and constraints and seeks to ensure that the issues raised in the Public Advocate's Report remain current in the new service system environment. The Action Plan groups the Public Advocate's Report recommendations in groups in order to present a comprehensive view of actions across the service system. The Action Plan includes actions that represent new initiatives, as well as actions that have been completed or are already underway in order to recognise the significant body of work in train to address the issues in the Report. The Action Plan will serve as a guiding document for relevant departments who will continue to monitor actions as they are implemented. There will also be ongoing liaison between key agencies and with the Public Advocate during the scoping, implementation and evaluation of key actions.

The Action Plan addresses several key issues raised in the Public Advocate's Report through a Department of Health (DoH) trial focused on individual and system level barriers to the delivery of health care to people with a disability. One element of the trial will focus on a new phone application that people with a disability can use to share personal information with health providers to support their positive engagement with the health system. The second element of the trial will focus on promoting location-specific disability service plans (DSPs) across all Hospital and Health Services (HHSs) which will include a particular focus on responding to the Public Advocate's Report. DoH will consider lessons from these trials as they continue to encourage all HHSs to implement local DSPs and the phone application's useability is explored.

Section one of the Action Plan includes the DoH trial and further identifies new or enhanced initiatives to address issues raised in the Public Advocate's Report. Actions undertaken by Queensland Health (QH), Department of Communities, Disability Services and Seniors (DCDSS), and Department of Justice and the Attorney-General (DJAG) include enhancing reporting of incidents, processes to raise issues with the Commonwealth Government, and targeted support for services as they transition to NDIS.

Section two provides details of the current service environment which is undergoing a period of significant change due to the implementation of the NDIS. The full implications of the NDIS reforms are currently being identified and addressed by agencies and services. Within this context, government agencies and service providers are prioritising and undertaking a range of actions to improve participant experience and outcomes in order to provide reasonable and necessary supports for participants.

Section three identifies the roles and responsibilities of the service system in delivering health care to people with a disability in care as disability service responsibility for people eligible for NDIS transitions from the Queensland Government to the Commonwealth Government (under the National Disability Insurance Agency). It is necessary for this Action Plan to clearly identify the roles and responsibilities as the service system changes, and those which Queensland will continue to have service responsibility for in order to act effectively.

Section four outlines the work the Queensland Government has already undertaken to address the issues raised by the Public Advocate's Report and enhance health care to those with a disability more broadly. This work has been included in order to understand what has been done, and what needs to be done as the service system continues to change.

Scope of Government response

This 2018 Action Plan covers actions the DCDSS, QH, and DJAG will undertake within their own agencies, including how agencies are attempting to influence the service system under the Commonwealth lead NDIS and primary health care system. Actions in this response will be initiated before 1 July 2019 when the NDIS will be fully implemented.

The framework for moving forward

The overarching framework for supporting people with a disability in care (as defined in the Public Advocate's Report) must include the health and disability systems, alongside of consideration of the liaison and responsibilities between state and federal government. The framework also seeks to ensure that sufficient oversight mechanisms are in place to monitor the effectiveness of the service system, and that any critical incidents (such as deaths) are appropriately examined. To achieve this, the Action Plan groups actions under a framework which identifies system level planning, service delivery planning and participant planning - all of which are required to improve the health care of people with a disability in care.

1. ***System level planning*** includes roles and actions for:
    - Queensland Health - comprising of:
        - The Department of Health (DoH)
        - Hospital and Health Services (HHS)
    - Liaison with primary health care system
    - Department of Communities, Disability Services and Seniors (DCDSS)
    - National Disability Insurance Scheme (NDIS) agencies – comprising of:
        - National Disability Insurance Agency (NDIA)
        - NDIS Quality and Safeguards Commission (NDIS Commission)
        - NDIS Quality and Safeguarding Framework
    - Reporting and reviews of critical incidences (NDIS, QH and DJAG)

2. ***Service delivery*** includes QH, DCDSS, NDIS agencies, primary health care providing
    - Comprehensive Health Assessment Program for participants – including reviews of medication and health concerns
    - Policy and guidelines – with a focus on review of supports, mealtime, transport, and meeting health and disability requirements
    - Education and training support
    - Reviews to ensure service delivery NDIS readiness

3. ***Participant planning*** includes ensuring:
    - Participants have input into their health planning
    - Participants can access health services, including supports to attend where assessed as appropriate
    - Reviews of participants health plans occur
    - Participants receive support that meets their health needs in care

A Queensland Health Trial

The Department of Health proposes a trial to commence in early 2019 to address individual and system level barriers to service access, coordination and patient experience and will liaise with the Public Advocate in scoping and undertaking both elements of the trial.

One element of the trial is proposed to leverage work underway in West Moreton Hospital and Health Service around the Julian's Key Health Passport mobile app for people with disability. The second element of the trial is proposed to focus on promoting location-specific disability service plans across all Hospital and Health Services with a focus on responding to the findings and recommendation in the Public Advocate's Report. This will build a connection between high level policy or legislative obligations and the actions and work occurring on the frontline of service delivery.

Julian's Key Health Passport mobile app

The Julian's Key Health Passport mobile app (Julian's Key) was developed by West Moreton Hospital and Health Service following the death of a patient with disability in 2011. Julian's Key was developed to help people with disability and chronic health conditions to communicate their specific disability support needs that are health related in a convenient and accessible format that can be accessed quickly. The purpose is also to ensure that the patient experience can be enhanced. The app enables better, more accessible services to people who may have previously faced communication or intellectual barriers and challenges when engaging with the health system.

Julian's Key is a mechanism to capture an individual's personal information for sharing with health practitioners as required. The concept of personal health records is not new; however, Julian's Key offers a contemporary, customer-centric option designed specifically for people with disability. The iOS compatible app is designed to support people with disability by capturing key pieces of personal information such as how the person may show pain and what their normal behaviours are in a format that is easily transferable to, or sharable with, carers, services or supports.

Completion of the passport enables the generation of a file that can be emailed to recipients, such as health professionals, that engage with the individual and who would benefit from understanding the complete needs of an individual, beyond their clinical presentations.

Julian's Key, or a similar Health Passport application, could provide a mechanism for achieving improvements in service accessibility, and better coordination between disability and health care services at an individual level in alignment with the recommendations of the Report. Additionally, it may support the breaking down of system level barriers around service coordination and integration.

Through partnering with both West Moreton and Metro South Hospital and Health Service, the trial of a health passport app in 2019 plans to incorporate the following:

- the identification and active engagement of a small cohort of people with disability in two Hospital and Health Service catchments
- the provision of the application to the identified cohort, at no cost, and the provision of support or training in the use of the app as required
- the identification of users in the catchments who are already using Julian's Key or another similar application
- monitoring of the use of the application against project objectives
- the delivery of a final evaluation report, including consideration of effectiveness of a state-wide rollout and, if not effective, other options to address issues from the report.

Location specific Disability Service Plans

Operational-level DSPs form an integral component of the disability policy context. They form a connection between high level policy or legislative obligations and the actions and work occurring on the frontline of service delivery.

Specialist disability services and supports are critical and are being strengthened and improved through the transition to the NDIS. However, the health needs of people with disability extend beyond health needs associated with their disability. As such, it is important the health system is appropriately equipped to support people with disability in terms of service access and quality, and patient experience.

The DoH proposes to develop and deliver a communication and engagement strategy across all Hospital and Health Services in 2019 regarding location-specific disability service plans.

This component of the trial would incorporate:

- the development of key messaging
- the identification of communication mechanisms and enablers
- the establishment of key performance indicators and monitoring mechanisms
- the delivery of the developed strategy across Hospital and Health Services
- implementation support to enable Hospital and Health Services to adopt disability service plans
- monitoring uptake of location-specific disability service plans across Hospital and Health Services.

Review of Queensland Health Trial

Both elements of the project are proposed to be further scoped and developed in consultation with key stakeholders, including the Public Advocate, during the second half of 2018 with the projects to commence in early 2019. This timeframe will be confirmed following comprehensive project scoping.

It is anticipated the trial of the health passport mobile application will incorporate a 12-month application usage period to appropriately monitor improvements in service delivery and changes to patient experience or behaviour.

It is proposed the trial be evaluated independently to Queensland Health to maximise the efficacy of the trial and ensure existing internal resources as utilised efficiently. The evaluation would likely focus on the effectiveness of the app in improving communication between patients, carers and clinicians, and any barriers to uptake, integration with existing e-health systems or the usability of the app for people with disability.

The review will also include consideration of the effectiveness of the mobile app and the location specific disability service plans in addressing the relevant issues raised in the Public Advocate's Report. If the two projects are found to not be effective, consideration will be given to other mechanisms that may assist in addressing the issues and improving linkages between the health and disability systems.

Section 1 – New and enhanced actions under the Action Plan

This section outlines actions the Queensland Government will undertake in order to improve health care for people with a disability in care through new initiatives or enhancing existing initiatives. It includes actions to improve system level planning, service delivery planning, and direct participant planning. It takes account of the Public Advocate's Report and the system and service level changes occurring as a result NDIS implementation.

1. System Level Planning

Rec #	High Level Action	Actions across all systems
4/39/53 and 40	***Develop frameworks to improve the coordination and delivery of health care for people with an intellectual or cognitive impairment***	***The frameworks comprise of multiple actions across parts of the health and disability service system that the Queensland Government can affect.*** ***This will include actions committed to through developing Disability Service Plans, training, education, policy, guidelines, and improving links with the primary health care system and disability networks.*** *Within QH* • As part of the Queensland Health (QH) trial, the Department of Health (DoH) will work with Hospital and Health Services (HHSs) to develop and deliver Disability Service Plans (DSPs) with a focus on optimising health care for people with intellectual or cognitive impairment and improving coordination with disability services. – Reporting against the actions in the DSPs will occur as appropriate. – The DoH will work with the Public Advocate to develop DSPs that include consideration of the issues raised in the Public Advocate's report – The DoH expects to request HHSs to have DSPs developed by the end of 2019. – The DoH expects to use mechanisms such as meetings, communiques and forums etc. to highlight to HHSs the aims of the framework as identified by the Public Advocate and will provide templates and support to assist HHSs to develop their own DSP. – The DoH will work with HHSs that have developed a DSP to share learnings on the development and implementation of their DSP with other HHSs. *Within DCDSS* • The Department of Communities, Disability Services and Seniors (DCDSS) will report annually on the implementation of the DoH DSP, as required by all agencies under the *Disability Services Act 2006.*
10, 7, 8, 13, 14, 15, 33, 46, 55, 63, 67	***Develop specific strategies to enhance the training and education of health professionals (including within tertiary services) people with a disability, their families and support workers on*** • ***Pneumonia*** • ***Respiratory disease*** • ***Epilepsy*** • ***Use of psychotropic medication*** • ***End of life decision making*** • ***Chronic constipation*** • ***Heart disease***	*Within Queensland Government* • The Centre of Excellence in Clinical Innovation and Behavioural Support (CECIBS) has ensured that, during transition to NDIS: – training on key issues in the report has been delivered to the health and disability sector workers, – action included establishment of, and liaison with, the Palliative Care Community of Practice (COP) as appropriate – a suite of documents relating to mealtime supports has been updated and is available on the state government website. *Within QH* • QH is committed to raising awareness of the issues raised in the Public Advocate Report, and developing, promoting or contributing to improved training and education pathways where appropriate. This could be achieved through: – DoH writing to health professional bodies responsible for accreditation of training to raise awareness of the Public Advocate's report and encouraging them to include training needs about health

Rec #	High Level Action	Actions across all systems
	• ***Reporting requirements in relation to deaths of people in care***	vulnerabilities for people with disability in their accreditation standards. – Ensuring Health Pathways is used to alert health practitioners to information on people with certain types of disabilities and their risk of pneumonia. – Ensuring QH Clinical Prioritisation Criteria incorporates information for referrals to emergency services for people with certain types of disabilities and their risk of pneumonia. – QH engaging with the state-wide Respiratory Clinical Network to determine if current information on risk factors for respiratory diseases is adequate, how they are monitored and if it is necessary to develop guidelines for treatment of the population of people with disability in care. – QH leading discussions with clinicians and other relevant stakeholders to assess education and skill gaps for people with a disability in care and the value of a centralised webpage for education and training resources. Consideration will be given to utilising QCIDD as part of this work. – DoH exploring opportunities for training under the Department's DSP to deliver targeted training for HHS acute services clinicians, to improve staff knowledge of health issues of people living with a disability. – Considering how the flu vaccination program can be enhanced to identify those with a disability as a priority group. It is anticipated this could occur prior to June 2019. – DoH continuing to provide advice and support HHSs to meet their reporting requirements for reportable events**.** • As an example of local actions addressing the recommendations, Met South HHS' existing DSP includes the following actions: – Develop a staff training plan that develops training about people with different types of disability (3.1.1). – Promote influenza and pneumococcal pneumonia vaccination amongst people with disability, carers/support workers and health care workers (4.2.2). – Develop a consistent approach across Met South HHS to Positive Behaviour Management and Restrictive Practices Policy (1.1.4). – Work with the Metro South Public Health Network to promote the Comprehensive Health Assessment Program amongst GPs and primary care sector within Metro South HHS as part of SpotOnHealth Health Pathways for NDIS/Disability (4.3.1).
5, 41/58	***Develop networks across the health system to enhance service provision, coordination of services and provide clinical leadership for people with a disability***	*Within Queensland Government* • QH will utilise the Queensland Public Sector Workforce Strategy (NDIS) 2015-2019 as appropriate to assist in recruiting clinicians with disability experience where relevant vacancies exist. • As part of the QH trial, DoH plans to encourage HHSs to incorporate HHS led networks to support DSPs and work with HHSs to share learnings around the development and implementation of local DSPs across HHSs as appropriate. • As an example of existing actions addressing the recommendations, DoH in partnership with HHSs has developed a network for a specialist disability workforce across Queensland.
6/43, 49, 54, 56, 57, 64	***Develop systems and process to ensure equitable access to health care services for those with a disability in care. This may include:***	*Within Queensland Government* • As part of the QH trial, DoH plans to: – Work with HHSs to review the development and implementation of a health passport application in the trial locations and share learnings across HHSs as appropriate.

Rec #	High Level Action	Actions across all systems
	• ***Access to telehealth*** • ***24 hour access to guidance on adverse health matters*** • ***Hand-held health records*** • ***Identification of people with a disability in the health system*** • ***Reasonable adjustments*** • ***Appropriate end of life care***	– Work with all HHSs to consider the incorporation of 'reasonable adjustments' in their DSPs to meet the needs of people with a disability. • As an example of local actions to provide equitable access, Met South HHS' existing DSP includes the following actions: – Review options to enhance continuity of care between clinicians about the particular care needs of clients with disabilities. These options may include enhanced clinical care data systems, patient passports or care summaries (1.2.4). – Explore options to incorporate patient disability identifier within new patient safety incident reporting system (Riskman) (1.6.3). – Develop reasonable adjustments principles and procedures which support Met South HHS to modify and tailor services to meet the needs of people with disabilities (1.1.5). • QH is planning to the review of the end-of-life strategy in 2019 and, as part of the review process, will consider whether to strengthen its applicability to those with a disability. *Between Queensland Government and Federal Government* • QH may be able to investigate exemptions from the Commonwealth Medical Benefits Scheme for requirements for those with disabilities living in residential support services who do not meet the location requirements for access to tele-health services. • QH will continue to advocate to the Commonwealth Government to allow access to the use of the NDIS identifier.
9, 59	***Advocate for NDIS system and guidelines to have appropriate standards. This may include:*** • ***Health management guidelines*** • ***Risk management policies and practices*** • ***First aid and health observation training*** • ***Critical incident reporting and review*** • ***Systems for health and disability service providers to work together to deliver health supports, including consideration of resourcing and responsibilitities***	*Within Queensland Government* • During transition to NDIS, DCDSS will continue to advocate for NDIS Local Area Coordinators to assist people who are ineligible for funded supports to connect to mainstream services, including health. • Queensland will use governance mechanisms, including the Transition Steering Committee attended by NDIA and DSS to raise issues, including the importance of establishing Local Area Coordinators well in advance in transition and their importance as a link to mainstream services. • DCDSS will report to the Minister and Public Advocate where minimum standards around health management, risk management, critical incident reporting and training are not incorporated as necessary throughout NDIS transition. • Throughout transition, DCDSS will, where possible, include reviews of health management, risk management, critical incident reporting and training through the HSQF and discuss with NDIA inclusion of these as part of the NDIS Quality and Safeguarding Framework. • DoH and DCDSS will continue to engage with and advocate to the NDIA through stakeholder meetings to ensure support is available for people with a disability throughout the transition to NDIS. *Across Queensland and Federal Government* • DCDSS has worked with service providers and NDIA to ensure minimum standards relating to health management guidelines, risk management, first aid and observation training, and critical incident reporting are included in the system development. • Queensland government will continue to meet regularly with NDIA and Commonwealth Department of Social Services to review progress, identify and escalate issues in transition through the Transition Steering Committee. *Federal Government* • NDIS Code of Conduct is developed, this:

Rec #	High Level Action	Actions across all systems
		– applies to all NDIS registered and unregistered providers and all persons employed or otherwise engaged by and NDIS provider. – requires workers to provide supports and services in a safe and competent manner, with care and skill and to promptly take steps to raise and act upon concerns about matters that may impact the quality and safety of supports and services provided to people with disability. • From 1 July 2019, NDIS Commission will be responsible for receiving, investigating and responding to complaints about potential breaches of the NDIS Code of Conduct in Queensland. The NDIS Commission will use complaints and incident data to identify, investigate and respond to systemic issues. • NDIA, in consultation with states and territories, has developed Incident Management and Reportable Incident Rules and Practice Standards. Quality Indicators for the Practice Standards require providers to demonstrate they have a system in place which meets the Rules, that workers are trained in the system, and there is continuous improvement demonstrated through reviews of incident policies, causes, handling and outcomes. • NDIS Quality and Safeguards Commission will monitor compliance with the Rules and Practice Standards as part of a cycle of independent audits. • Providers also need to demonstrate to the NDIS Quality and Safeguards Commission that risk assessment and management is part of planning for a participant's supports, safe management of medication, and that workers are appropriately trained if a participant has needs which require daily monitoring • Those people who do not receive funded services through the NDIS may still access assistance to connect to mainstream services, such as health services, through NDIS Local Area Coordinators (LAC) and/or linked with community care services where eligible (this can include personal care assistance). • NDIA will promote that people who are not eligible for NDIS will be able to receive assistance from Local Area Coordinators to link to other services. People could also be referred to services funded through the Queensland Community Care Services through other community services, their GP, or could make self-referral. There will continue to be a single point of access (1800 number) for information about, and entry to Queensland Community Care Services. • The NDIA will also fund Information, Linkage and Capacity Building services (ILC) which is about making sure people with disability and their families have the skills, resources and confidence they need to participate in the community or access the same kind of opportunities or services as other people. • ILC will involve community capacity building, to make sure mainstream services or community organisations become more inclusive of people with disability. • NDIA has responsibility for ILC services and the NDIA reports to COAG will include reporting on the ILC services.
1,2, 3, 65, 66 and 68	***Ensure adequate systems to report on deaths of people with a disability in care. This may include:*** • ***Annual reporting*** • ***Improving understanding of requirements with government, non-***	*Within Queensland Government* • DJAG to consider whether legislative amendments are required to the current definition of a 'death in care' under the Coroners Act 2003 in order to reflect the varying individual care arrangements in place under NDIS. • DJAG to update relevant policies and procedures, to reflect revised legislative provisions (if required) and the full transition to NDIS.

Rec #	High Level Action	Actions across all systems
	government and private service providers • ***Regular systemic reviews with biennial reporting to parliament*** • ***Provision of expert advice to the Coroner on health and support needs for people with intellectual and cognitive impairment***	• DJAG to liaise with external partner agencies (police and health) to consider, and address, cross-agency information and training needs, including the development of a communication strategy if required • DJAG to consider options to undertake systemic reviews of deaths in care, with the capacity to report biennially to the Queensland Parliament. Any systemic review function would need to be appropriately resourced to achieve the intended outcomes. • The State Coroner consider if annual reporting of deaths in care can be broken down against the categories associated with the definition of 'death in care' as specified in the *Coroners Act 2003*.

2. Service Delivery

Rec #	Recommendation	Action across all systems
16, 20, 21, 23, 31, 32, 36, 38, 51	***Develop links between disability service providers, specialists and general practitioners to ensure the health needs of those with a disability in care are met. This should include consideration of:*** • ***Risk assessments*** • ***Health care planning*** • ***Epilepsy health care plan*** • ***Accurate recording of health related events such as seizures and action if these increase/become worse*** • ***Appropriate access and use of aids*** • ***Awareness and recording of adverse side effects*** • ***Annual access to necessary specialists (with appropriate support person)*** • ***Guidance on administering emergency care when needed*** • ***Regular access to GP and dentist*** • ***Appropriate action when a critical incident occurs*** • ***Service organisations should:*** – ***prioritise comprehensive reviews, especially for those on psychotropic medication, and epilepsy medication*** – ***have policies to ensure timely physical, behaviour and mental health assessments*** – ***Undertake regular medication reviews – and for those on psychotropic medication this occur 3-6 monthly*** – ***Ensure those who signs of dysphagia are assessed by a health professional***	*Within Queensland Government* • As part of the QH trial: – DoH will work with HHSs to encourage and support them to develop and deliver on DSPs which may include strategies related to developing disability networks, residential support and epilepsy, health care planning, as well as information on dysphagia, medication reviews, and congenital heart disease as appropriate. – DoH will scope options to trial Julian's Key or a similar health passport application to support coordination and delivery of health care to people with a disability. • DoH is committed to raising awareness about health risks for people with disability and connecting different parts of the health system if appropriate. This could be achieved through DoH including information on people with certain types of disabilities and their risk of dysphagia and congenital heart disease in the health Clinical Prioritisation Criteria (clinical decision support tool). This is expected to occur in 2018/19. • DCDSS will provide training (within available resources) to the sector with regards to epilepsy and chemical restraint through current practice leadership activities. • DCDSS to monitor through the Human Services Quality Framework (HSQF) that community services including basic community care services continue to comply with relevant requirements with the intention to "proactively prevent, identify and respond to risks to the safety and wellbeing of people using services" (Indicator 4.2). • During transition, DCDSS and Department of Child Safety, Youth and Women will require all organisations that it funds to deliver complex or high risk services to maintain HSQF accreditation through a cycle of independent third party audits. • As part of the HSQF process, third party auditors consider evidence of how service providers address the health care needs of people with disability including in individual service planning and delivery – examples of evidence include, appropriate policies and procedures, records on client files of individual assessment and planning, medication records, etc • Where this evidence cannot be demonstrated, the third party HSQF auditor will raise a finding, requiring the organisation to implement appropriate improvement actions. • During transition, DCDSS and QH to monitor implementation of polices associated with critical events and/death.

Rec #	Recommendation	Action across all systems
		• During transition, the CECIBS and DCDSS will provide information on the signs of dysphagia to service providers within available resources. *Between Queensland Government and primary health care* • DCDSS has maintained free access to CHAP until 31 December 2018. From 1 January 2019, CHAP will be available from the UNIQUEST website for $11 per download. • During transition, DCDSS and QH will continue to promote to GPs and service providers the Comprehensive Health Assessment Program (CHAP) as the mechanism to track and review the needs of people with a disability in care, (including reviews of epilepsy matters as required) as an evidence based tool to support the health needs of individuals with an intellectual disability. • The DoH will endeavour to prioritise the development of epilepsy and dysphagia related information to be included in the Health Pathways website (a web portal that details healthcare providers) to: – connect general practitioners with accurate information and referral pathway information relevant to their geographical area – reflect the need to monitor and review the needs of those with a disability as clinically appropriate *Between Queensland and Federal Governments* • During transition, DCDSS and DoH will advocate the use of the CHAP as a tool to support the health needs of people with an intellectual disability post NDIS transition to the NDIS Quality and Safeguards Commission. The CHAP tool will be available for free download from the DCDSS website until 31 December 2018. From 1 January 2019, it will be available on the UNIQUEST website for $11 per download. • By 30 November 2018, DCDSS will inform the National NDIS Quality and Safeguarding Commission of the issues related to epilepsy monitoring and dysphagia in the Public Advocate report and advocate for consideration of how to monitor these concerns post transition to the NDIS. • During transition, DCDSS will advocate to the NDIA about the importance of ongoing epilepsy and chemical restraint training to service providers. • During transition DCDSS, in liaison with QH, will consult with NDIA on options to ensure service providers support those with a disability to have regular reviews of all medical needs as is best practice. The NDIS Quality and Safeguards Commission is responsible for monitoring compliance with the NDIS Practice Standards. The Standards require service providers to develop an individual support plan, including a risk assessment with mitigation strategies, and ensure support staff are trained to respond to individual needs. • By 30 November 2018, DCDSS to write to the NDIS Quality and Safeguards Commission and NDIA, raising awareness of the Public Advocate's report, and highlighting the need for NDIS plans to include appropriate disability supports to ensure participants are transported to medical appointments. • The Public Advocate met with the NDIS Quality and Safeguards Commissioner in May 2018 and provided him with a copy of the report.

Rec #	Recommendation	Action across all systems
		• During transition, DCDSS to liaise with the NDIS Quality and Safeguards Commission about post NDIS implementation mechanisms for reviewing critical events. *Federal Government* • The NDIS Commission will receive, investigate and respond to complaints, including using data to identify and respond to systemic issues. • At full scheme, the NDIS Quality and Safeguards Commission is responsible for monitoring compliance with the NDIS Practice Standards. The Standards require service providers to develop an individual support plan, including a risk assessment with mitigation strategies, and ensure support staff are trained to respond to individual needs.
22, 35, 60, 61	***Ensure delivery of health care to people with an intellectual or cognitive disability is:*** • ***Based on transparent criteria with the individuals owns needs and interest being given primacy, especially for end of life decision making, treatment of congenital heart disease*** • ***Alert to the possibility of chronic constipation in those with an intellectual and cognitive disability who cannot describe the symptoms but may exhibit other related behaviours.*** • ***involves referral to palliative care for expert advice when end of life decision making is involved***	*Within QH* • QH is planning to the review of the end-of-life strategy in 2019 and, as part of the review process, will consider strengthening its applicability to those with a disability; ensuring the family and carers of those with a disability are involved where appropriate and empower those with a disability to make decisions; and how to make a referral for specialist palliative care advice. • QH is planning to review the Clinical Prioritisation Criteria for constipation in 2018/19 and, as part of this review will consider chronic constipation in patients with intellectual disability or cognitive impairment.
11, 19, 44, 52	***Ensure service organisations delivering residential care*** • ***Identify and appropriately support those at risk of pneumonia and/or dysphagia, including training of staff, monitoring of signs and symptoms, close monitoring of those administered internal feeding*** • ***Ensure regular reviews of those on medication*** • ***Have a risk management framework, including response plans to address identified risks*** • ***Have a designated person/role for coordinating the health care of each resident with a disability***	*Within Queensland Government* • For people not eligible for NDIS, during transition, DCDSS will ensure quality standards are applied to organisations providing basic community care services under Queensland Community Care Services - this requires organisations to proactively prevent, identify and respond to risks to the safety and wellbeing of people using their services. • DCDSS will update the HSQF to strengthen requirements for providers to demonstrate the health care needs of people are documented and regularly reviewed, risk identification and management strategies are applied to minimise the risk of preventable incidents such as swallowing and/or breathing difficulties. Evidence required may include evidence that service delivery to individuals is informed by a current CHAP with strategies in place to reduce the risk of preventable incidents. The revised User Guide is anticipated to be published in the first quarter of 2019. *Across DCDSS and Federal Government* • DCDSS to write to the NDIA and the NDIS Quality and Safeguards Commission by 30 November 2018 raising the need: a. to identify, implement and monitor strategies to ensure people with a disability in residential care at risk of developing pneumonia and/or who have dysphagia are identified by

Rec #	Recommendation	Action across all systems
		residential organisations and provided with appropriate support, including specific consideration of the issues during planning discussions b. for disability residential services to have a designated person/role that takes responsibility for coordinating the health care of each resident with disability c. for the NDIS Quality Indicators to consider matters raised in the Public Advocate report and include a requirement for a risk assessment to be conducted, mitigation strategies developed and included in a person's support plan, and reviewed regularly d. for disability service organisations to develop and implement a risk management framework e. develop and maintain strategies to improve the health and wellbeing of support workers so that they can model healthy lifestyle behaviours and strategies f. monitor implementation of plans and training for service providers as part of evidence required during audits against NDIS Practice Standards. • If there remain concerns about a – f above, during transition, DCDSS will liaise with the Public Advocate to advocate at a national level and raise concerns with the Minister for Disability Services. • DCDSS has had input into development of the NDIS Quality Indicators which include: identification of risks, appropriate training in individual needs, workers understand effects and side effects of medication, specific indicators for complex bowel care, enteral nutrition, catheter, tracheostomy, ventilator management, subcutaneous injection, and complex wound management require plans developed by health care professionals and participant's health status regularly reviewed by health professional, staff trained by health professional, training plan in place, policies and procedures. *Federal Government under NDIS* • NDIS Commission will be responsible for registration of providers and for the implementation of the NDIS Quality and Safeguarding Framework which requires providers of higher risk supports (including personal care) to gain certification through independent audit. Auditors will look at support plans and training plans in assessing compliance with the NDIS Practice Standards.
12, 16, 17, 18, 24, 27, 29, 34, 47, 48	***Ensure adequate training for disability support staff. This includes training on:*** • ***Supporting those with epilepsy*** • ***Signs and symptoms of pneumonia and chronic constipation*** • ***Helping those in care make informed lifestyle choices*** • ***Identification of potential eating, drinking and swallowing problems*** • ***The importance of comprehensively implementing mealtime management plans*** • ***First aid and responding to choking and aspiration*** • ***Awareness or deterioration of behavioural and health changes***	*Within Queensland Government* • During transition DCDSS will deliver training through practice leadership opportunities to the disability sector to raise awareness of the Public Advocates report, including particular health vulnerabilities identified in the report and recommendations relevant to service providers. The final presentation relating to the Public Advocate's report was provided by CECIBS in September 2018 and will be made available via web cast for 12 months. CECIBS is undertaking a project to identify and support people with dysphagia. • During transition, DCDDS will apply the HSQF to disability support organisations which includes the requirements to demonstrate how they ensure they recruit people with the knowledge, skills and experience required to fulfil their roles, how they provide relevant training, support and supervision to workers. • DCDSS to write to the NDIS Quality and Safeguards Commission by 30 November 2018, raising the need to build capacity among

Rec #	Recommendation	Action across all systems
	that warrant seeking medical advice, including a checklist • ***Refresher coursing and training occurring annually***	service providers to identify, implement and monitor strategies for people with a disability in residential care at risk of developing chronic constipation, as part of highlighting health vulnerabilities raised in the Public Advocate's report. *Between Queensland and Federal Government* • Queensland has provided comprehensive input to the development of the NDIS Practice Standards, with the NDIA being responsible for finalising and developing the Practice Standards. • DCDSS will continue to use available mechanisms as opportunities arise to liaise with the NDIS development, such as the present work of the NDIA to establish the Complex Needs panel during transition. *Federal Government commitments under NDIS* • Organisations delivering supports under the NDIS are required to gain certification against the NDIS Practice Standards. • Organisations are required to demonstrate that each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience. The Quality Indicators require organisations demonstrate a system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure workers meet the needs of each participant.

3. Participant Planning

Rec #	Recommendation	Actions across all systems
45	***Ensure NDIS participants have their full health care needs considered during the NDIS planning stage***	*Within Queensland Government* • During transition to the NDIS, DCDSS will continue to support the important role of CHAP/healthcare planning for people with an intellectual disability. *Between Queensland and Federal Government* • Queensland Government to raise with the NDIS Senior Officials Working Group the key issues in regard to health assessments and how these will be monitored post NDIS implementation.
25, 26	***Ensure health care professionals who develop mealtime management plans discuss, and ensure, appropriate consideration of the implications, resourcing and associated risks with service providers. This should also include supporting the participant to understand the mealtime management plan.***	*Within Queensland Government* • During transition, DCDSS will continue to provide mealtime support to clients who are at risk due to swallowing disorders until the transition to the NDIS is complete. *Across Queensland Health and Service Providers* • QH, State-wide Food Services Network and HHSs will further consider options to improve information on mealtime management particularly in the transition to/from facilities. • *Between Queensland and Federal Government* • The National Senior Officials Working Group has tasked a working group to clarify the Applied Principles and Tables of Service (APTOS). The group is working to clarify the roles of the NDIA and Health systems in relation to conditions including Oral Eating and Drinking Care Plans. This work is yet to be finalised.

Rec #	Recommendation	Actions across all systems
		• Service providers are responsible for implementation of plans to developed by health professionals to address specific health needs. This will be monitored through regular independent audit against the NDIS Practice Standards. • Dependent on the outcome, the state may need to determine ongoing strategies to provide this support to people with intellectual disability if it is not included in an individual's NDIS plan post transition.
26, 28, 30, 37, 42, 50	***Development of health care plans for participants post NDIS implementation. These should include:*** • ***Consideration of modifiable risks for cancer*** • ***Access to screening programs appropriate to age and risk factors*** • ***Take a CHAP review prior to NDIS*** • ***How participants will access appointments*** • ***A support person accompanying a participant to appointments if necessary***	*Within Queensland Government* • During transition QH, and DCDSS will continue to support the use of CHAP as an evidence-based tool to support the health needs of people with an intellectual disability. The CHAP contains prompts for GPs regarding primary health activities such as screening for health conditions. • During transition, DCDSS will promote to service providers (through practice leadership activities such as webinar) that a review of a participant's CHAP occurs as best practice before they are transitioned to the NDIS through existing practice leadership activities, such as webinars. • During transition, DCDSS and QH will continue to promote resources relating to primary health programs, e.g. screening to GPs and Service Providers and promote these as part of supporting the health needs of people with disability. • CECIBS to write to the NDIS Quality and Safeguards Commission by 30 November 2018, raising the need for service providers to consider modifiable risk for cancer, have access to appropriate screening mechanisms, support to access medical appointments, and for service providers to encourage people with a disability in care to be supported by people who are familiar to them.

References:

QH – Queensland Health
DCDSS – Department of Communities, Disability Services and Seniors
DJAG – Department of Justice and Attorney-General
DSP – Disability Support Plans
CHAP – Comprehensive Health Assessment Plan
HHS – Hospital and Health Service
HSQF – Human Services Quality Framework
Q&S Committee - National NDIS Quality and Safeguarding Committee
PHN – Primary Health Network
SRCN – State-wide Respiratory Clinical Network
CECIBS - The Centre of Excellence for Clinical Innovation and Behaviour Support (in DCDDS but due to cease in July 2019)
QCIDD – Queensland Centre for Intellectual and Developmental Delay (in QH, Mater Hospital and affiliated with University of Queensland)

Section 2 – System context and constraints

Scope of the 2016 Public Advocate's report

The scope of the 2016 Public Advocate's report *Upholding the right to life and health: A review of the deaths in care of people with disability in Queensland, A systemic advocacy report* is people who had a disability under the *Disability Services Act 2006* and lived in either a level three accredited residential service or a government funded or provided residential service, or were subject to involuntary assessment or treatment under the *Mental Health Act 2000* or the *Forensic Disability Act 2011* and were either being taken to or detained in an authorised mental health service or the forensic disability service, detained because of a court order, or undertaking limited community treatment .

While the scope also included children awaiting adoption under the *Adoption Act 2009* and children who lived away from their parents as a result of action taken under the *Child Protection Act 1999*, the youngest person was 19, and the oldest person 74. The vast majority of people whose deaths were reviewed were living in supported accommodation, with only 11 per cent living in level three residential hostels. Level three residential hostels provide accommodation, meals, and some support services including assistance with health care and medication.

Queensland Health

Queensland Health (QH) operates in a large, complex and evolving health system with multiple players and complex interfaces. The Department of Health is responsible for the overall management of the public health system, defined in the *Hospital and Health Boards Act 2011* and through the Director-General as the accountable officer. Hospital and Health Services (HHSs) were established in 2012 and are statutory bodies each governed by a Hospital and Health Board. HHSs operate under service agreements that define the health services, teaching, research and other services that are to be provided by the HHS and the funding to be provided to the HHS for the delivery of these services. It also defines the outcomes that are to be met by the HHS and how its performance will be measured.

The Primary Health Networks funded by the Commonwealth Department of Health have key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. Department of Health and the HHSs work closely with the Primary Health Networks on a variety of cross sectoral and interface issues. Queensland Health is committed to embedding comprehensive accurate information across the system. The distribution of this information can occur through many channels including HealthPathways which will allow consistent end to end information for clinicians only throughout the client's journey across primary, community and secondary health care systems, through a web-based information portal.

In addition, QH and DCDSS currently promote the use of the Comprehensive Health Assessment Program (CHAP). CHAP is a tool designed to prompt a comprehensive health assessment for adults with intellectual disability. It has been designed to help minimise the barriers to health for people with intellectual disability by prompting health care and screening. The CHAP tool is a two-part questionnaire. The first part creates a comprehensive health history and is completed by the parents, paid support staff and/or person with intellectual disability. The health history is then taken to the person's GP who then fills in the second part of the questionnaire in collaboration with the person and their family or support worker

An example of the complexity in the system is the interface between residential care, disability services (including the National Disability Insurance Scheme (NDIS)), general practice, primary care and the public health system. Each service has their own governance systems and responsibilities and each sector and service organisation directly impacts on each other and the patient journey. Queensland Health has a focus on continuous improvement and works together with cross sectoral partners on areas such as the system level planning, provision of information, provision of services and quality and consistency. These improvements are aimed at improving the continuity of care, the patient journey and address issues raised in the 2016 Public Advocate report.

Department of Communities, Disability Services and Seniors

Queensland's transition to the National Disability Insurance Scheme (NDIS) will be completed by 1 July 2019. At this time, the NDIS will be responsible for funding reasonable and necessary supports for people with significant and permanent disability which results in support needs. Once transition to the NDIS occurs, individuals will purchase services from providers of their choice using funding allocated in their NDIS plan. Queensland will continue to deliver Accommodation Support and Respite Services for NDIS participants who choose this service.

The Queensland Government will continue to fund basic community care services through its Queensland Community Care Services for a range of people whose needs are not intended to be met by the NDIS. People who are not eligible for NDIS will be able to receive assistance from Local Area Coordinators to link to other services. People could also be referred to Queensland Community Care Services through other community services, their GP, or could make self-referral. There will continue to be a single point of access (1800 number) for information about, and entry to, community care services.

Once Queensland has completed transition to the NDIS, the majority of Queensland-led Disability Services (within the Department of Communities, Disability Services and Seniors (DCDSS)), including the provision of clinical support to people with a disability, will cease. This includes clinical training and practice leadership and support provided through the Centre of Excellence for Clinical Innovation and Behaviour Support (CECIBS) and clinical teams within the regions. Resources available within these areas to undertake activities (both human and financial) will reduce as transition occurs until 30 June 2019.

Following a review, the National Disability Insurance Agency (NDIA) piloted in Victoria a new 'pathway' which participants undertake from engaging with the NDIS to developing, implementing and reviewing their plan. The new pathway, which will be progressively rolled out nationwide from late 2018, includes face to face planning for all participants (unless they choose another option) with a skilled Local Area Coordinator or Planner and enabling a participant to review their plan before it is finalised. Participants will be supported to connect with services such as health and transport as part of developing their plan. The NDIA has implemented a second pilot in Toowoomba, Queensland and Coffs Harbour, New South Wales to test and evaluate pathway features relating to plan reviews, preparing for the plan review, implementing the new plans, and increasing plan length to two years (where appropriate). The planning process includes consideration of a person's health and well-being needs.

The NDIA is also developing enhanced pathways for people with psychosocial disability, children, people from Aboriginal and Torres Strait Islander communities, those from Culturally and Linguistically Diverse backgrounds, and people with more complex needs. The NDIS planning process includes risk identification and plans for people with complex needs should include additional supports and supports coordination. If participants and/or their family members/advocates are not satisfied with the supports included in the plan, they can seek an internal review of the decision and if still unsatisfied, can seek a review through the Administrative Appeals Tribunal.

As Queensland transitions to the NDIS, interface issues between health and disability service systems are being negotiated between the state, the Commonwealth and the NDIA in consideration of the *Principles to Determine the Responsibilities of the NDIS and other Service Systems* and the *Applied Principles and Tables of Services*.

At present, the DCDSS is primarily a funder of disability services, providing funds to non-government organisations, which then provide supports to people with a disability. These funded disability service providers are responsible for the operations of the service, including monitoring and ensuring the needs of their clients are being met. During transition to the NDIS, funded specialist disability providers are required to demonstrate that they meet the Human Services Quality Standards through the Human Services Quality Framework (HSQF).

The HSQF user guide is being updated to strengthen requirements for providers to demonstrate individual health care needs are documented and regularly reviewed and that risk identification and strategies are developed to reduce the risk of preventable incidents such as swallowing and/or breathing difficulties, and medication management issues.

As part of the HSQF, organisations delivering services to vulnerable people are required to achieve certification against the standards through an audit conducted by an independent body. As part of HSQF audits, auditors assess whether funded disability providers have systems and processes in place to ensure providers are adequately able to meet the needs of people who use their services. Where issues are identified as part of HSQF audits, improvement actions are included in audit reports provided to the department. Queensland's existing quality and safeguards system will apply to all NDIS providers registered to deliver prescribed disability services in Queensland during the transition to the NDIS or until the national NDIS Quality and Safeguarding Framework (the Framework) is implemented.

Once Queensland's transition to the NDIS is complete, disability service providers will be required to meet the NDIS Practice Standards under the Framework. Organisations delivering support with daily living activities will be required to gain certification against the Standards through an audit by an independent body. The standards include requirements for service providers to demonstrate how they support the health and wellbeing of people using their services. The NDIS Quality and Safeguards Commission has been established to oversee implementation of the Framework. The Commission will work to improve the quality of services and help to ensure they are safe for participants.

The Commission will be responsible for:

- registration and regulation of NDIS providers, including through the new NDIS Practice Standards and an NDIS Code of Conduct
- compliance monitoring, investigation and enforcement action
- responding to concerns, complaints and reportable incidents, including abuse and neglect of a person with disability
- national oversight of behaviour support, including monitoring the use of restrictive practices within the NDIS with the aim of reducing and eliminating such practices
- leading collaboration with states and territories to design and implement nationally consistent NDIS worker screening
- facilitating information sharing arrangements with the National Disability Insurance Agency (NDIA), state and territory and other Commonwealth regulatory bodies.

The Queensland Government will continue to be responsible for a range of services to people with disability after the NDIS has been fully implemented. DCDSS will be responsible for funding basic community care services to people who are not eligible for the NDIS; children with a disability being cared for as a result of voluntary arrangements; continuity of support for existing clients (under 65 years) who are not eligible for the NDIS; and the clients at the Forensic Disability Service. The Department of Health will provide for people ineligible for the NDIS through the Medical Aids Subsidy Scheme; Queensland Artificial Limb Service; Rehabilitation Engineering; Spinal Cord Injury Response (equipment stream); High Cost Home Support Program; Community Managed Mental Health; and the Housing and Support Program (HASP).

The Department of Justice and Attorney-General will continue to provide: guardianship services for people with impaired capacity; deaths in care oversight through the Coroners Court; marketplace regulation; systemic advocacy in the guardianship system; and Public Trustee functions. While it is intended the community visitor program will continue, this is subject to further consideration of how this service will operate post NDIS full roll-out. The scope of the Coroner's jurisdiction will also need to be considered post NDIS full roll-out.

Under the NDIS Quality and Safeguarding Framework, the Queensland Government will retain responsibility for worker screening for persons delivering NDIS supports and services and authorising restrictive practices. NDIS Commission will be responsible for educating people with disability and families about how the Quality and Safeguarding Framework works, including difference between registered and unregistered providers. Any person whose support plan includes the use of restrictive practice must have supports provided by a registered provider.

Under current legislative arrangements, if an adult will be subject to restrictive practices other than containment and seclusion, a relevant service provider must develop a positive behaviour support plan and obtain consent from a relevant decision maker for the adult (which may include a guardian for a restrictive practice (general) appointed by the Queensland Civil and Administrative Tribunal (QCAT)). If an adult will be subject to containment or seclusion, DCDSS clinicians, as delegates for the chief executive of DCDSS, will develop a positive behaviour support plan in collaboration with relevant service providers. Approval of this plan is provided through QCAT. DCDSS provides short-term approvals for restrictive practices other than containment and seclusion. The Public Guardian provides short-term approvals for containment or seclusion.

The Department of Education will continue to provide Early Childhood Development Programs until at least 2020 when a review will determine if they are required longer term. The Department of Housing and Public Works will provide reasonable adjustment to public housing stock through home modifications or sourcing alternative housing solutions for people with disability. The NDIS will fund home modifications for participants in social housing dwellings that sit outside of reasonable adjustment.

During transition to the NDIS, CECIBS and clinical teams will continue to promote best practice in supporting the health needs of people with a disability.

DCDSS has limited influence on curriculum development in relation to disability for allied health degrees offered through Queensland Universities. Curriculum development is the responsibility of each University and, where registration is required for a clinical profession, the relevant professional registration body.

DCDSS has advocated to the NDIA regarding the need to ensure that NDIS planners are appropriately trained around disability needs such as challenging behaviour, restrictive practices and health vulnerabilities for people with an intellectual disability. This is to ensure that appropriate disability supports are included in the person's NDIS plan. The Queensland Government also raised the importance of this matter in its response to the Joint Standing Committee on the NDIS' inquiry into transitional arrangements for the NDIS.

Department of Justice and the Attorney General

The State Coroner's commitment to supporting the implementation of relevant recommendations from the Public Advocate final report is reflected with the commencement of annual reporting of deaths in care in the 2016–17 State Coroner Annual Report. It is further demonstrated in the trial of an Expert Review Panel during this time period of eleven natural causes' deaths of persons with a disability who lived in Level 3 supported accommodation or in government operated or funded residential services, which considered the adequacy of clinical and other care the deceased person received. Actual timeframes for the delivery of other actions within this plan are dependent on clarification of the legislative definition of a deaths in care, and other planning processes that need to be undertaken, as part of the transition to NDIS.

While the Coroners Court continues to work with respective partner agencies to improve the identification and reporting of these types of deaths, with the ongoing transition to the NDIS, there is a need to give further consideration as to the legislative definition of a death in care. The current definition is predominantly based on whether the death occurred in a known residential facility, which may not reflect the varying individual care arrangements put into place post-transition to the NDIS.

For deaths in care which are reportable under the Coroners Act 2003, coroners will continue to have the power to compel information from other entities in connection with the death, including where applicable, the NDIS Quality and Safeguards Commission. As such, consideration will also be required by the Coroners Court as to what information sharing arrangements may need to be entered into with the national body regarding notification processes for relevant deaths, to reduce duplication of efforts. Notably, under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 (Cth), Rule 17(4), the Commissioner may decide to defer taking action in relation to a complaint or an issue raised in a complaint if the complaint or issue is the subject of a legal proceeding or a coronial inquiry.

Section 3 – Roles and responsibilities for health care for people with a disability

Overarching goal: coordinated delivery of health and disability services

This section identifies the agencies and services within the disability and health service systems that are responsible for delivering services, supports and/or policies to address the high level concerns identified in the Public Advocate's Report.

	Element and associated recommendations	NDIS	Other service systems
1	**Safeguards and Monitoring** Monitoring and reviewing responsibilities of parties	• From 1 July 2019 (full scheme), NDIS Quality and Safeguards Commission (NDIS Commission) monitors service provider responsibilities to ensure individuals receive safe, quality supports. NDIS Commission is responsible for monitoring compliance, taking action to address non-compliance, and identifying systemic issues. • NDIA quarterly reports identify numbers of complaints and the types of complaints and include specific outcomes measures for proportion of NDIS participants who report their health as good, very good or excellent, and the proportion of NDIS participants who report they did not have any difficulty accessing health services. • The Australian Bureau of Statistics' Survey of Disability, Ageing and Carers captures the proportion of all people with a disability who report their health as good, very good or excellent, and who report they did not have any difficulty accessing health services.	• Adult guardians (where appointed) have input into individual's plans and raise issues with service providers to ensure individuals' needs are met. • The Public Guardian investigates complaints raised on behalf of individuals with impaired capacity. • The Health Ombudsman is responsible for dealing with health service complaints, identifying and dealing with health service and systemic issues, and identifying and communicating ways to provide health services that minimises and assists in resolving health service complaints. • All Hospital and Health Services are required to comply with relevant legislation and regulations, and have established issue escalation and complaints processes. Commonwealth Government funded primary health practices and services also comply with these processes.
2	**Improved education and information sharing between health professionals** (recs 10, 55, 63, 67) Including: • GP's • medical specialists • dentists • pharmacists • allied health therapists • a multi-faceted education and information strategy (recs 7, 8) • networks or communities of practice with disability expertise (recs 5, 41, 58)		• Queensland Health (Clinical Excellence Division) is responsible for managing the HealthPathways platform, which connects general practitioners (GPs) with accurate information and referral pathway information. • Hospital and Health Services provide people who access acute services with a Medication Action Plan to assist in review of medication by their GP after discharge. • Twelve Hospital Foundations help their associated hospitals provide improved facilities, education opportunities for staff, research funding and opportunities, and support the

	Element and associated recommendations	NDIS	Other service systems
			health and wellbeing of communities. These are administered by voluntary boards appointed by the Governor in Council on recommendation of the Health Minister. • Primary Health Networks meet regularly, at times with Hospital and Health Services. A range of meetings, committees and communities of practice are held that link primary, secondary and tertiary healthcare professionals.
3	**Preventive health strategies** Including: • targeted education strategy and awareness raising for all stakeholders including people with disability and their informal support networks and service providers (recs 7, 13, 14, 15, 33, 46) • each person with disability has a consistent GP • regular health checks and comprehensive health reviews including reviews of medication and NDIS readiness (recs 36, 37, 38) • each person with disability has a health care plan • access to health screening (rec 30) • aids and equipment including health related monitoring devices (rec 16) • encouraging healthy lifestyles (recs 17, 18, 19, 28)	• NDIA is responsible for NDIS ensuring planners have relevant skills to include appropriate supports in plans. • NDIA is responsible for including reasonable and necessary supports in plans, including aids and equipment, and funding to enable staff to attend medical appointments where this is within scope of reasonable and necessary supports. • In full scheme, NDIS Practice Standards require service providers demonstrate staff to be competent to meet needs of individuals, development and evaluation of risk management strategies, and demonstrate ongoing training of staff. Providers delivering supports to people with complex or higher intensity needs, including providers delivering personal care, will be required to undergo independent audit against the standards. NDIS Commission has responsibility for registration of providers and monitoring compliance with Practice Standards. NDIS Commissioner can impose penalties for non-compliance, including temporary bans on service provision or revoking registration. NDIS Commissioner will identify systemic issues and can take action and/or alert the NDIA.	• During transition and at full scheme in 2019, all parts of the health system will continue to have a level of responsibility for developing and promoting resources about public health issues and making public health resources accessible, in consultation with stakeholders. • The Department of Health has a Preventive Health Branch that provides expertise, leadership and innovation to improve policy, systems, research, programs and services at a state-wide population level to encourage behaviours and create environments that are supportive of health. • GPs and Primary Health Networks have a role in promoting preventive health in the primary health system, which is funded by the Commonwealth Government. • People who do not meet access criteria for NDIS individually funded supports may still be eligible for assistance through NDIS Local Area Coordinators (LACs) to link with mainstream supports, including health, and for capacity building supports through Information Linkage and Capacity Building (ILC) to assist people to build the skills, resources and confidence to access the same kind of opportunities or services as other people. • People who do not meet NDIS access criteria may still be eligible for low intensity services

	Element and associated recommendations	NDIS	Other service systems
			through the Queensland Community Care Services. The QCSS will deliver in-home support, support to connect to the community, and assist people with enquiries and referrals. Providers delivering these supports will meet the required quality standards. • Organisations in scope for HSQF are required to have recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. HSQF also requires organisations to have processes in place for ensuring that people working in the organisation recieve induction, training and development opportunities relevant to their roles.
4	**Raising awareness of health vulnerabilities of people with disability, especially among disability service providers** Including: • communication strategy on reporting requirements for service providers (rec. 67)	• In full scheme, NDIS Quality and Safeguards Commission has responsibility for building capability in the market to respond to participants' needs. • NDIA has responsibility for ensuring thin markets are addressed so that providers are available to respond to participant needs.	• Annual reporting on deaths in care to be included in the State Coroner's annual report (Department of Justice and Attorney-General) • The Queensland Mental Health Commission is responsible for supporting services and initiatives that promote prevention, early intervention and awareness raising activities about mental health and wellbeing. This includes capacity building and grants for community organisations to raise awareness about mental health. • The Queensland Government is responsible for planning, funding (with the Commonwealth Government), and delivering teaching, training and research for public hospitals across a range of areas, including on particular cohorts.
5	**Effective delivery of supports** Including: • regular monitoring of health care plan • medication administration (recs 16, 21, 31, 32) • recording symptoms (rec 34) • critical incident reporting (recs 6, 51)	• The NDIA is responsible for the inclusion of reasonable and necessary funded supports in participants' plans. • Registered providers delivering higher risk supports, including personal care, will be subject to NDIS Practice Standards, which cover administration of medication and risks, and require workers to have	• The Queensland Government provides a 24-hour health advice service available on phone through 13 HEALTH (13 43 25 84) seven days a week. Advice is provided by a registered nurse. • Queensland Health manages the telehealth network with videoconferencing systems in more than 200 hospital and

	Element and associated recommendations	NDIS	Other service systems
	• health coordination role (rec 52) • access to Telehealth (recs 6, 43) • access to 24 hour advice (rec 49) • hand-held health records (e.g. CHAP, health passport) (rec 54) • accessible information (rec 26) • each GP has access to tools to support development of health care plans for people with disability	relevant qualifications, be competent to deliver supports to participants, and for organisation to have a training plan. • In full scheme, registered providers will be required to demonstrate through independent audit against the NDIS Practice Standards, how they meet the need for service providers to collaborate and share information to meet individual needs. • In full scheme, the NDIS Quality and Safeguards Commission is responsible for monitoring compliance with the Practice Standards, and can impose penalties for non-compliance including temporary bans or revoking a provider's registration. • Service providers are responsible for complying with NDIS Rules on Incident Management. The NDIS Registrar has responsibility to monitor, review and analyse reports to identify systemic issues and build capability in the market.	community facilities across the state. Hospital and Health Services and other external providers deliver telehealth services to patients. • During transition to the NDIS, DCDSS and Queensland Health to monitor implementation of policies associated with critical events. In Queensland, responsibilities for the reporting of deaths in care under the *Coroners Act 2003* will continue.
6	**Improved coordination of health services** Including: • impact of behaviour support needs (recs 59) • improved data collection (rec 56) • HHS reasonable adjustments (recs 57) • disability services - individual health coordination role (rec 52)	• The NDIA is responsible for including supports coordination in participants' plans where necessary, for example, where the health needs of a participant constitute a complex need. • NDIA is developing an enhanced participant pathway for people with complex needs. • NDIS Quality and Safeguarding Framework (including Rules) regulate the development of behaviour support plans including restrictive practices. The NDIS Senior Practitioner is responsible for monitoring compliance with a Behaviour Support Competency Framework (still in development) for behaviour support planners and will monitor the use of restrictive practices within the NDIS with the aim of reducing and eliminating such practices. In full scheme, the NDIS Commission will monitor compliance against the NDIS Practice Standards' additional module on behaviour support, including undertaking investigations and taking enforcement action.	• The Statistical Services Branch within the Department of Health collects, processes, analyses and disseminates statistics on the health of Queenslanders and their use of health services. Hospital and Health Services are responsible for collecting data at presentation at a service, including completing the data elements related to disability. • During NDIS transition and at full scheme, Queensland Health staff to use the NDIS identifier in HBCIS to record NDIS participants presenting at public health services. • All parts of the health system will continue to promote service coordination and integration across all levels of healthcare to support people to access a range of services that meet their needs. • The Queensland Government will retain responsibility for worker screening for persons delivering NDIS supports and services and authorising restrictive practices. • People who do not meet access criteria for the NDIS may be

	Element and associated recommendations	NDIS	Other service systems
			eligible for basic community care services which can include personal care assistance. Under the HSQF Standard 4 Responding to Individual need, funded organisations are required to develop and use referral pathways and partnerships to promote integrated service provision – this includes referring people to more appropriate services (e.g. mainstream health services, other support services) where a service provider is unable to meet a client's needs
7	**Identifying serious health conditions** Including: • NDIS planning to include health care needs. (rec 45) • a risk management framework that includes a clear process for identifying risk factors, including assessment and response plans (rec 44) • regular health check-ups with consistent GP • each person has a health care plan	• The NDIA is responsible for ensuring NDIS planning identifies reasonable and necessary supports linked to health needs e.g. funding for implementing supports as recommended in meal time support plan, and that these are included in participants' plans. • Service providers are responsible for developing risk management plans, including emergency response plans (required by NDIS Practice Standards) and for ensuring support workers are trained to meet participant needs • In full scheme, the NDIS Commission is responsible for identifying systemic issues through analysis of incident reports	• Primary Health Networks, GPs and Hospital and Health Services are all responsible for specialist assessments and development of management plans and reviews of health management plans. • The Commonwealth Government is responsible for funding GP and primary care services, and promoting equitable and timely access to GP and primary health care services. Queensland Government Hospital and Health Services work with Primary Health Networks to better plan, deliver and connect health services.
8	**Decision making about health care, including end of life care** (recs 22, 60, 61, 64)	• NDIA is responsible for funding reasonable and necessary supports in individual participant's plans, including supports coordination where necessary. If a person and/or their family member is dissatisfied with the type and/or level of supports included in the plan, they may seek a review of the decision through the NDIA, and if still unsatisfied may appeal to the Administrative Appeals Tribunal (AAT). The NDIA reports on participant satisfaction trends and issues, and on AAT appeals, to COAG through the Disability Reform Commission.	• Health professionals are responsible for providing patient-centred care and working within frameworks that promote informed decision-making i.e. providing suitable information and seeking consent. • Qualified teams of healthcare professionals, along with the patient, their families and carers are involved in end of life decision-making. When a patient lacks decision-making capacity, health professionals must obtain consent from a substitute decision-maker to withhold or withdraw treatment. If a health professional believes the patient's best interests are not being served by a substitute-decision maker, they must seek the opinion of a more experienced doctor and/or refer

	Element and associated recommendations	NDIS	Other service systems
			the matter to the Public Guardian (refer Guardianship and Administration Act 2000). • The Commonwealth Government has a health policy leadership role in palliative care and provides funding to state and territory governments to operate palliative care services. GPs are responsible for referring patients to palliative care units or consultation with services. Palliative care services are provided at home, hospital (public and private), palliative care unit, residential aged care facility or a hospice.
9	**Training of support workers to recognise and appropriately manage health conditions** Including: • respiratory disease (recs 11, 12, 13, 14) • epilepsy (recs 15, 16) • dysphagia (rec 23, 24, 26, 27,) • heart disease (recs 20, 21, 22) • neoplasm/cancer (recs 28, 29, 30) • reducing use of psychotropic medication and behaviour support (recs 31, 32, 33) • chronic constipation (rec 35) • signs and observations of health and ill-health - risk factors (rec 34, 47)	• Service providers are responsible for ensuring support workers are trained in managing participants' individual needs. During independent audits against the NDIS Practice Standards, providers will be required to demonstrate they have training schedules in place relevant to the participant's individual needs. • The NDIA is responsible for including reasonable and necessary supports in plans, including supports to maintain functional capacity or prevent deterioration including allied health or other therapy. Where individuals are not satisfied with the level or type of supports included in their plan, they may ask the NDIA to review the decision, and if still not satisfied may appeal to the AAT for a review. The NDIA reports to DRC on participant satisfaction and AAT appeals. • NDIS Practice Standards are applicable to providers in full scheme and require workers to be trained. NDIS Quality and Safeguards Commission is responsible for monitoring registration and compliance with quality standards, taking action to remedy non-compliance, and identifying systemic issues.	• Training of workers occurs throughout the health system at appropriate times. Responsibility for training spans the primary and tertiary health systems. • Pre-transition to NDIS, disability service providers are required to demonstrate compliance with HSQF. This includes ensuring staff are appropriately trained to meet individual needs. Providers of higher risk supports, such as personal care, are required to gain certification via an independent audit. • Post-transition to NDIS, the NDIS Quality Indicators (Guidelines) 2018 requires providers to demonstrate they have in place a system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. • During transition to the NDIS, HSQF requires organisations to demonstrate how they ensure they recruit people with the knowledge, skills and experience required to fulfil their roles, how they provide relevant training, support and supervision to workers. From 1 July 2019, providers of specific disability supports will be subject to the NDIS Quality and Safeguarding Framework • HSQF will continue to apply to organisations funded by the

	Element and associated recommendations	NDIS	Other service systems
			Department of Communities, Disability Services and Seniors and the Department of Child Safety, Youth and Women. Funded organisations delivering complex or high risk services will be required to achieve and maintain HSQF certification through a cycle of independent third party audits. • As part of the certification process, organisations need to demonstrate how they respond to and support the individual needs of clients, including Aboriginal and Torres Strait Islander people, people with disability and those from culturally or linguistically diverse communities.
10	**Particularly vulnerable cohorts** • people with disability in residential care including people with disability in residential aged care (rec 28, 30, 42) • people with complex support needs (rec 50) • people with intellectual and cognitive disability (recs 4, 33, 35, 39, 53, 54, 66,	• Under the NDIS Practice Standards, registered providers delivering high intensity/risk supports are required to be accredited against additional modules to deliver supports to people with complex needs. In full scheme, the NDIS Commission has responsibility for monitoring quality assurance and compliance, taking action to address non-compliance, and identifying systemic issues.	• The Commonwealth Government is responsible for system management, planning, policy and funding of the national aged care system. Queensland Health operated residential aged care providers deliver services in line with the Aged Care Act 1997 (Cth) and the Quality of Care Principles 2014 (Cth). Age is not specified in the Aged Care Act 1997. Schedule 2 Part 2 of the Quality of Care Principles 2014 includes Accreditation Standards, and covers standards relating to health and personal care. Approved providers must provide care or services that meet the Accreditation Standards. • The Health Ombudsman is responsible for dealing with health service complaints, identifying and dealing with health service and systemic issues, and identifying and communicating ways to provide health services that minimises and assists in resolving health service complaints. • The Health Ombudsman also monitors the performance of the Australian Health Practitioner Regulation agency and the national health practitioner boards in their functions relating

	Element and associated recommendations	NDIS	Other service systems
			to health, conduct and performance of registered health practitioners in Queensland.
11	**Improve Disability Practice Standards** (rec 9) Recommendations include: • minimum standards for health management guidelines • risk management • First Aid and health observation training (rec 48) • critical incident reporting and review (rec 51) • strategy to share disability–specific knowledge across allied health and clinical service delivery (recs 10, 41, 58)	In full scheme • Registered providers are required under the NDIS Practice Standards to identify risks, implement and evaluate risk management strategies, and reportable incident requirements. Providers are required to be certified against additional modules for complex supports – e.g. complex bowel care, tracheostomy - requiring workers to have completed training and a training plan is in place. • The NDIS Practice Standards have an emphasis on continuous improvement • NDIS Registrar and NDIS Complaints Commissioner will monitor complaints and incident data to identify systemic issues. • The NDIS Code of Conduct, which apply to all workers delivering NDIS-funded supports, requires disability workers to provide supports and services in a safe and competent manner, with care and skill and to promptly take steps to raise and act upon concerns about matters that may impact the quality and safety of supports and services provided. • The NDIS Commission has responsibility for monitoring compliance with NDIS Practice Standards, addressing non-compliance, and identifying systemic issues.	• HSQF applies to organisations that deliver a range of community services including basic community care services. During transition to NDIS, the HSQF applies to disability service providers: • The HSQF includes a requirement that an organisation "proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services" (Standard 4, Indicator 4.2 – Safety, Wellbeing and Rights). • Post-transition, disability service providers will be subject to the NDIS Practice Standards if they are registered with the NDIS. Services not required to register will be delivering low risk services. The Code of Conduct will apply to all workers delivering NDIS services, and this requires workers to provide supports in a safe and competent manner with care and skill, and take all reasonable steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability. The NDIS Commission is responsible for responding to complaints about potential breaches of the Code of Conduct. Civil penalties are attached to breaches of the Code. • The Queensland Ambulance Service provides accredited and non-accredited first-aid training. It is also provided by private organisations. • The Queensland Government is responsible for delivering teaching, training and research for public hospitals. • During transition and at full scheme, all areas of the health system are responsible for ensuring healthcare is provided in line with current practice standards, and working to

	Element and associated recommendations	NDIS	Other service systems
			improve practice standards for health services across all settings.
12	**Governance** Recommendations include: • annual reporting on deaths in care (recs 1, 65) • review and update information resources on reporting requirements and establish a targeted communication strategy to improve understanding about reporting requirements by both government, non-government and private providers (rec 2) • undertake regular systemic reviews with biennial reporting to Parliament (recs 3, 68) • access for Coroners to expert advice on people with intellectual and cognitive impairments (rec 66)		• State Coroner's office to continue investigating deaths in care in accordance with legislative requirements. • Public Advocate to continue systemic advocacy. Disability advocacy organisations funded through National Disability Advocacy Program to continue systemic advocacy. • Queensland Health is responsible for system-wide public hospital service planning and performance and reports. Governance arrangements are complex and span the primary and tertiary levels of healthcare and State and Commonwealth funding.

Section 4 – Previous action to enhance health care to those with a disability

This section outlines work that the Queensland Government has done, both to address some of the issues and recommendations in the Public Advocate Report and actions to enhance health care for people with a disability more broadly since 2016.

1. System Level Planning

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
4/39/53 and 40, 59	***Development of frameworks for health care of people with a disability*** • 4, 39, 40 and 53: Development of a Framework (lead by QH - rec 53, with reporting by HHS –rec 40) to improve the health of people with intellectual or cognitive impairment that aims to: – Promote better understanding of the health needs of people with intellectual or cognitive impairment; – Improve the quality, accessibility and integration of services needed to meet the health care needs of people with intellectual or cognitive impairment; – Improve coordination between disability services and health care services; and – Include strategies to promote better coordination with disability services and better access to health care for people with disability. • 59: Where a person is exhibiting behaviours that may impact on their ability to seek and receive medical attention (including hospitalisation), the respective health provider and disability service must work together to agree on what additional supports are needed and negotiate responsibility and resources for gaining these additional supports.	• **4, 39, 40 and 53: QH -** The Department of Health (DoH) has a Disability Service Plan (DSP) under the *Disability Services Act 2006*. This plan provides the framework for improving health care for people including those with intellectual or cognitive impairment. Under the plan, the DoH will encourage and supports HHSs to develop Disability Service Plans specific to their location and client needs. Reporting, at both an HHS and departmental level, against the actions in the Disability Service Plans will occur for those HHSs with a DSP. • **59: DCDSS** - The CECIBS promotes collaboration between disability and health providers as part of best practice through activities such as training and complex case reviews, but the department is unable to monitor that funded disability service providers do this in practice unless an issue is identified through the Human Services Quality Framework (HSQF), complaints or compliance investigation. In situations where departmental clinical teams are involved, clinical teams have worked in collaboration with Queensland Health to develop processes to support individuals to access medication attention e.g. developing information stories, arranging to have all appointments clustered together. • **59: QH** - Nurse Navigator positions are being introduced into HHSs. These positions work across system boundaries and in close partnership with multiple health specialists and health service stakeholders to ensure patients receive appropriate care. Some HHSs have already recruited specific disability nurse navigators. For example, disability nurse navigator services are available at Logan Hospital to assist people with complex health and disability needs. • The Department of Health is supporting HHSs to encourage NDIS participants to seek funds in their NDIS plans to assist people with complex disability and behavioural issues to attend medical appointments where reasonable adjustment by clinicians is insufficient.
5, 41/58	***Establish and Utilise Networks*** • 5: Establish local, regional and state-wide networks, led by Health and Hospital Services in partnership with QCIDD, to provide clinical leadership, education and support to enhance	• **5, 41 and 58: QH -** As part of the Department of Health Disability Service Plan, HHSs are being supported to develop HHS level disability service plans. • Nurse navigator positions are being introduced into HHSs that support and work across system

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
	the provision and coordination of health services to people with disability • 41 and 58: Health and Hospital Services should work to develop local, regional and state-wide networks of health practitioners with disability-specific knowledge and expertise (including clinical nurse consultants, allied health professionals, psychiatrists, physicians, general practitioners, dentists, etc.) to provide clinical leadership and enhance the provision and coordination of services	boundaries and in close partnership with multiple health specialists and health service stakeholders to ensure patients receive the appropriate and timely care needed. Each nurse navigator develops their own informal local partnerships. Some HHSs have already recruited specific disability nurse navigators. For example, disability nurse navigator services are available at Logan Hospital to assist people with complex health and disability need
7, 8, 10, 13, 14, 15, 33, 46, 55, 63, 67	***Development of education, training and information strategies*** • 7: Develop and implement a multi-faceted education and information strategy to respond to identified gaps in knowledge in respect of providing health care support for people with disability • 8: Develop a multi-layered strategy for the training of health professionals, inclusive of that provided by tertiary institutions as well as that which is provided 'on-the-ground' in Health and Hospital Services • 10: Develop and implement a strategy for the sharing and/or transfer of disability-specific knowledge and skills across allied health and clinical service delivery. • 13: As part of a targeted education and information strategy, Queensland Health (in collaboration with QCIDD, Health and Hospital Services and expert practitioners) should develop resources that educate people with disability, their families/carers, support staff and health practitioners to the high risk of people with certain types of disabilities developing pneumonia, and the 'red flags' or signs and symptoms that a person may have pneumonia and that indicate the need to seek urgent medical assistance. • 14: As part of the above strategy (at 13), Queensland Health should develop evidenced-based guidelines for clinicians that take into account the risk factors for respiratory disease in the population of people with disability in care who often have comorbidities/multiple conditions that make them particularly vulnerable. • 15: As part of a targeted education and information strategy, Queensland Health (in collaboration with QCIDD, Health and Hospital Services and expert practitioners) should publish guidelines for medical practitioners on the management of epilepsy that include: - A checklist for identifying risks for people with	• **7 and 8: QH:** A key activity under the Department of Health's Disability Service Plan (DSP) is improving Queensland Health staff knowledge of health issues of people living with a disability. Opportunities for training are being explored, including training resources on intellectual disability and cognitive impairment, specifically targeting acute services (hospital) staff and clinicians. There are existing training resources targeted at community level health professionals at https://www.edx.org/xseries/intellectual-disability-healthcare. • **10: DCDSS -** In 2017, the CECIBS delivered training across the state to staff within Disability Services (both clinical and accommodation support) on health issues identified in the Deaths in Care report (general awareness session on the report, oral health, mealtime support, mental health, physical health). • In 2017 and 2018, CECIBS delivered training on epilepsy, and current concepts in autism for health care professionals, supporting health outcomes for people with intellectual disability, paediatric feeding, and reducing and eliminating restrictive practices. Training was also delivered on postural support, complex seating and respiration for function. • CECIBS also delivered a one-day health workshop to the sector on health issues identified in the report (mealtime support, oral hygiene, mental health, postural care). In collaboration with the Centre for Palliative Care Research and Education, the CECIBS established the Palliative Care and Intellectual Disability Community of Practice. This is attended by staff from NGOs and other government departments including both clinicians and support workers. • The CECIBS has delivered a professional development agenda to support the capability of clinicians to respond to identified health risks through the commissioning of relevant training e.g. mealtime support, complex positioning. The CECIBS has hosted a Positive Practice Symposiums each year which also includes presentations on health-related issues e.g.

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
	epilepsy; - Resources and guidance on how to discuss epilepsy and risks of SUDEP with the person, their carers and family members; and - The importance of continuing to manage epilepsy during any period of hospitalisation and how this can be achieved. • 33: As part of a targeted education and information strategy, Queensland Health (in collaboration with QCIDD, Health and Hospital Services and expert practitioners) should develop and issue guidelines for health practitioners on the use of psychotropic medications for people with intellectual disability and cognitive impairment. The guidelines should address both the dangers of, and potential lack of efficacy in, using these medications for behaviour control, as well as guidance in relation to dosage and monitoring. The guidelines should promote regular reviews as well as adherence to standard pharmacy practices and procedures with active discouragement of 'off-licence' use of such medications for people with disability. • 46: As part of a targeted education and information strategy, Queensland Health (in collaboration with QCIDD, Health and Hospital Services and expert practitioners) should develop educative resources for support services and health • 55: There should be enhanced training and education of health professionals on providing health care to people with disability in universities, to trainee general practitioners and in ongoing professional education. The training must be underpinned by: - The inclusion of this topic as a competency in medical school accreditation and other regulatory organisations; - Committed curriculum time, with teaching and learning modules developed; - Committed and skilled teaching staff to lead teaching and learning in this area; and - Succession plans through the mentoring of more junior staff • 63: Health professionals should receive further education and training (both in medical school and as part of continuing education) about the law that applies to end-of-life decision-making, within the wider context of medical ethics, including the ethical issues concerning making decisions about life-sustaining treatment and quality of life for people with disability.	mealtime support, palliative care and behaviour support. • **10: QH** The Department of Health is encouraging HHSs to embed Disability Service Plans in each location, this will be strengthened though the upcoming QH trial. • **13: QH** The Department of Health undertakes seasonal influenza communication, and people with chronic disease and those who care for them are part of the priority audience. The 2018 seasonal influenza communication plan identifies the following stakeholders providing care, including to those with disabilities: General Practitioners - Check-up; Primary Health Networks; GP Liaison – Lady Cilento Children's Hospital; Seniors and aged care - Department – Health and Ageing; Leading Age Services Australia - Queensland (LASA-Q); Parents/carers of young children- Department of Education and Training (DET); Office of Early Childhood Education and Care (though DET); Independent Schools Queensland; and Catholic Education Office Queensland. In addition, Metro South Hospital and Health Service (MSHHS) has co-developed flu vaccination resources with people who live in level 3 supported accommodation services. The resources were developed with hostel residents who were also featured within the resource photos. Most participants have either intellectual or psychosocial disabilities. https://metrosouth.health.qld.gov.au/sites/default/files/content/flu_vaccination_posters_2016.pdf • **14: QH** The Department of Health has reviewed existing guidelines and information and identified potentially applicable resources. • **15: QH** The Department of Health has reviewed existing guidelines and information and identified potentially applicable resources including: QCIDD epilepsy information for GPs http://www.qcidd.com.au/gps/practice-tools and NICE clinical guidelines for Epilepsies: diagnosis and management https://www.nice.org.uk/guidance/cg137. • The Queensland Government has invested $4 million in a state-wide epilepsy program based out of the Royal Brisbane and Women's Hospital. This investment increases capacity to provide highly specialised surgery to treat epilepsy, enhances research capacity and increases access to specialised neurologists. • **33: QH** endorses and provides access to the Therapeutic Guidelines which include in the eTG the

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
	• 67: There should be enhanced education and awareness raising about the reporting requirements in relation to the deaths of people with disability in care.	Management Guidelines Developmental Disability Version 3, 2012. • **33: DCDSS** delivered training to build sector capability in positive behaviour supports for people subject to restrictive practices across key topic areas: – Writing Positive Behaviour Support Plans – Introduction to Positive Behaviour Support – Restrictive Practices – Recording and Reporting – Defining and Identifying Restrictive Practices – Evaluating the Quality of Positive Behaviour Support Plans – Teaching Skills to People with an Intellectual Disability – Key Concepts: Communication with Sign. • **46: QH** A key activity under the Department's DSP is improving Queensland Health staff knowledge of health issues of people living with a disability. Opportunities for training are being explored, including training resources on intellectual disability and cognitive impairment, specifically targeting acute services (hospital) staff and clinicians. • **55: QH** The Department of Health continues to identify and advocate for improvements as a key stakeholder in university and professional associations. • **63: QH** The Queensland Health Guide to Informed Decision-making in Health Care provides a guide to good clinical practice and has specific sections relating to impaired capacity https://www.health.qld.gov.au/__data/assets/pdf_file/0019/143074/ic-guide.pdf. All patient and clinician resources, and other collateral, developed under the State-wide Strategy for End-of-Life Care are underpinned by the notion that all adults, including those with a disability, are presumed to have capacity. In circumstances where the person with a disability has impaired decision-making capacity, advance care planning is encouraged to the extent the person's abilities allow. Formal processes and resources have been developed to enable substitute decision-makers to make decisions that are based on the best interests of the person without decision-making capacity • **67: QH** The QH Patient Safety and Quality Improvement Service provides advice and support to HHSs to meet their reporting requirements for reportable events. Each HHS reviews deaths that occur within that service (including where there has been a previous admission within 30 days of the patient's death) at regular Mortality and Morbidity meetings.
6/43, 49, 54, 56, 57, 64	***Enhancing equitable access to health care services*** • 6 and 43: Establish an exemption from the need to live in a certain geographical area to be	• **6 and 43: QH** Residents of Residential Aged Care Facilities in all areas of Australia are eligible for specialist video consultations under Medicare.

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
	eligible for funded tele-health services for people with disability living in residential support services • 49: Having access to specialist disability health advice to provide 24-hour a day guidance in response to adverse health matters is recommended for residential disability services (this could be established by working collaboratively with local Health and Hospital Services to establish 'on call' arrangements). • 54: Hand-held health records should be implemented for all people with intellectual or cognitive disability. These should also be available as smart phone applications. • 56: All Health and Hospital Service Districts should collect data to ensure that people with disability can be identified in the health system to attend to identified risks and enable additional supports to be provided where necessary and appropriate. • 57: Queensland Health should engage with all Health and Hospital Service Districts to make it a requirement for 'reasonable adjustments' to be made to enable high standards of health care to be provided to people with disability • 64: The Department of Health's state-wide strategy for end-of-life care 2015 provides an important resource for health practitioners. Implementation of this strategy should ensure consideration for the specific needs of people with disability, particularly those with impaired decision-making capacity (related to rec 61 and 62).	However, people with disability living in residential support services are not included in the Commonwealth's MBS ASGC-RA 2-5 criteria exemptions. Under the QH Activity Based Funding model, there is provision for localised telehealth services, as people with disability receiving a consultation in an ABF funded outpatient clinic may receive an in home videoconference appointment where the treating specialist is a telehealth provider and satisfied it is clinically appropriate. Telehealth Coordinators based in each HHS are able to determine if a particular clinic is ABF or Medical Benefits Scheme (MBS) funded. Over 70, 000 outpatient telehealth events occurred in Queensland during 2016-17. The system is unable to provide a disability breakdown as it has no specific 'disability flag'. • **49: QH** 24 hours a day health advice is available through the QH Health Contact Centre, which provides 24/7 health assessment and information services to the public via 13 HEALTH (13 43 25 84) and 13 QUIT (13 7848). The Health Contact Centre is a multidisciplinary health care team delivering a range of services including general health information, triage nursing advice, chronic disease self-management coaching and Quitline counselling. The Health Contact Centre uses skilled staff and an evidence-based clinical decision support system when providing triage assessment. This service is currently accessed by staff and residences of residential disability services, however for some callers the matters are complex and needing specialist knowledge particularly regarding medications. These matters often result in residents needing emergency care. **54: QH** Technological options are being progressed, with West Moreton HHS currently developing a patient controlled and patient-held health record application (patient passport). The Commonwealth funded My Health Record provides a secure online summary of health information that is accessible using hand held devices. Individuals or Authorised Representative/s can control what information is entered, and who has access. Users can choose to share their health information with doctors, hospitals and other healthcare providers. • **56: QH** The Department of Health is negotiating with the Commonwealth to obtain access to the National Disability Insurance Scheme identifier number. The Department of Health has made provision for enhancements to the Hospital Based Corporate

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
		Information System (HBCIS) to record the NDIS number. This enhancement was activated in August 2017. Queensland Health is working on additional enhancements to HBCIS including Patient Registration and Admission Screens to record the NDIS number. While not a specific identifier for people with an intellectual disability or cognitive impairment, it will enable staff to identify people with disability as it will indicate the person has had a disability assessment and been assessed as having a significant functional impairment. • **57: QH** HHSs have been encouraged as part of the development of Disability Service Plans to consider the needs of people with disability in all areas of the organisation. • **64: QH** The Queensland Health Guide to Informed Decision-making in Health Care provides a guide to good clinical practice and has specific sections relating to impaired capacity https://www.health.qld.gov.au/__data/assets/pdf_file/0019/143074/ic-guide.pdf.
9	***Development of adequate NDIS standards and requirements*** • 9: The NDIS Code of Conduct and/or registration/accreditation requirements must include minimum standards in relation to: – Health management guidelines (premised on article 25 of the Convention and drawing from available evidence such as this report and those of the New South Wales (NSW) Ombudsman that highlight known risks) – Risk management policies and practices – First aid and health observation training – Critical incident reporting and review	• **9: DCDSS:** In May 2018, the NDIS Code of Conduct was finalised and will come into effect once the NDIS is at full-scheme in each state and territory: in Queensland that is from 1 July 2019. Specific obligations in the Code which may relate to supporting the health needs of people with a disability include: 1) Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions2) Provide supports and services in a safe and competent manner with care and skill. 5) Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability 6) Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability. • Queensland provided feedback on the NDIS Practice Standards (both core and supplementary modules) which provide further guidance as to standards that a provider must meet to register for particular registration groups. Relevant Supplementary modules include High Intensity Daily Personal Activities (Module 1) and Community Nursing (Module 3).
1, 2, 3, 65,66, 68	***Enhance systems to report on deaths in care*** • 1: Report annually on deaths in residential care of people with disability. • 2: Review and update information resources and establish a targeted communication strategy to improve understanding about reporting requirements by both government, non-government and private providers	• **1 and 65: DJAG** - Included in the Queensland State Coroner's Annual Report for reporting period 2016-17. • **2: DJAG:** This process has become increasingly complex post-NDIS as there are a range of additional complexities associated with the identification of those living in supported residential accommodation. Generally identification has been largely place-based (addresses of care facilities), and while there is some training and advice provided around this, a more

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
	• 3: Undertake regular systemic reviews with biennial reporting to Parliament • 65: The State Coroner should be required to report annually on deaths in care in residential care. Ideally, the numbers of deaths in care would be presented in the Annual Report and would be broken down against the categories associated with the definition of 'death in care'. • 66: Coroners should be provided with further expert advice in relation to health and support issues for people with intellectual and cognitive impairments. • 68: An appropriate agency should be resourced and tasked to carry out regular systemic reviews of the people with disability who have died in care in Queensland. A report detailing the outcomes of these reviews should be tabled in Parliament at least biennially.	targeted communication strategy which takes into account the additional complexities of identification with the transition to NDIS is required. • **3 and 68: *DJAG* -** In late 2016-2017, at the direction of the State Coroner, the Coroners Court undertook their own systemic review process, with the assistance of the Clinical Forensic Medicine Unit, Queensland Health; and a number of independent experts. The Expert Panel was convened to review eleven deaths in care of people with a disability who were residents in supported residential accommodation. In all of these cases potential concerns had been identified with the adequacy of their health care management prior to the death. • In their review of these cases, the Panel identified common issues with respect to the implementation of governance, regulation and practice standards within residential care settings. The clinical management and care provided to the deceased was also found to be variable and several opportunities for improvement were identified in this regard. The Final Report made a number of key recommendations in relation to these issues, and while not relevant to the prevention of future deaths, the Panel recommended the continuation of this process within the Coroners Court. • **66: DJAG:** It is the intention of the State Coroner to develop an investigation standard for the deaths in care (disability) investigations for inclusion in the State Coroner's Guidelines - but this work is yet to commence due to other competing priorities and resourcing constraints. The Coroners Court trialled the use of an Expert Review Panel (the panel) to undertake a systemic review of 11 deaths in care of people with a disability; as representative of the complex issues associated with the health care management of residents in level 3 accredited residential services. While the assistance of the panel would be of value to coroners in their investigations of deaths in care (disability), additional funding would be required prior to progressing this initiative further. The work undertaken internal to the Coroners Court to develop and trial the deaths in care (disability) review process will form the basis of the investigation standard for coroners in due course.

2. Service Delivery

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
16, 31, 32, 36, 38, 51	***Enhance responsibilities and accountability of health and disability service organisations*** • 16: Organisations that provide residential support to people with disability should work with general practitioners and specialists to ensure: – All people with epilepsy have a comprehensive epilepsy care plan; – A risk assessment is conducted of the person with epilepsy and all modifiable risks dealt with; – Seizures are accurately and comprehensively recorded in a seizure diary; – Monitoring aids, such as seizure detection smart watches and pressure mattresses, are used to alert support staff to the presence of a seizure; – People with epilepsy are monitored for any adverse side-effects from their medication; – People with epilepsy have at least annual access to specialist (neurologist) clinician (more often warranted by the severity of the epilepsy) and regular (six monthly) reviews of their epilepsy medication; – People with epilepsy should have someone who knows them well accompany them to appointments with their specialist, taking with them an accurate record of seizures and information about any side effects of medications; – Further specialist attention is sought as soon as possible if the epilepsy does not seem to be under control, if the seizures are worsening, or there is adverse effects from medication; – Staff are trained in the proper administration of medication for epilepsy; and – There is clear guidance available to support workers, as well as training in administering emergency care to people with epilepsy. • 31: Service organisations should prioritise comprehensive reviews of all people with disability being administered psychotropic medications, including medications used for behaviour management. As part of this	• **16: DCDSS -** The Comprehensive Health Assessment Program (CHAP) is available to every adult with an intellectual disability in Queensland who receives a Disability Services delivered or funded service. The CHAP includes questions about Epilepsy and can be accessed by organisations as required. The exact use of CHAP is unknown as it is agency based and once downloaded, can be used as often as desired without the need to download CHAP again. • The CECIBS has commissioned Epilepsy Queensland to deliver 'Understanding Epilepsy' to providing up to 200 places available for clinicians, direct care workers, community access providers and their supervisors. Epilepsy Queensland delivered a 1.45hr session on Epilepsy in sleep during the Disability Support Worker Conference that CECIBS delivers in collaboration with CPL and Multicap. • **16: QH** Provides some residential support services for people with a disability. These services are subject to high levels of oversight and monitoring in relation to safety and welfare safety and requirements. Queensland Health are continuously exploring options and mechanisms to improve links with general practitioners such as through Health Pathways. • **31: DCDSS** - As part of *the Disability Services Act 2006*, there are requirements regarding assessment, approvals and reporting and recording for the use of chemical restraint. A suite of resources on the CECIBS website includes fact sheets on chemical restraint and working with the treating doctor. In training sessions on the use of restrictive practices, the CECIBS promotes best practice in ensuring comprehensive medical and medication reviews in situations where individuals are being prescribed chemical restraint. https://www.communities.qld.gov.au/disability/key-projects/positive-behaviour-support/publications-resources • In 2017, CECIBS developed and delivered: – a half day workshop on the prevalence of intellectual disability and mental health issues, providing a range of practical clinical resources as part of the response to the Public Advocate's report. The workshop was delivered in 3 regional centres around the state, and also as part of a whole day health workshop to the sector in December. In particular the training was developed due in part to the high number of deaths, where psychotropic medication was prescribed and no mental health diagnosis was provided. – additional training was delivered to differentiate presenting behaviour difficulties from signs and symptomology of frank mental illness and investigated concepts exemplified by "Therapeutic Disdain" discussed in the literature, as to why people with an intellectual disability and mental health issues are often not able to access mental health services.

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
	review, attention should be given to ensuring that identified individuals are having a regular (e.g. three monthly) reviews of their medication and that risk assessments have been undertaken in relation to adverse side effects and contra-indications. Further, it should seek to confirm that individuals being administered multiple medications are regularly reviewed by a specialist pharmacist or psychiatrist • 32: Service organisations should develop policies to ensure timely physical health, behaviour and mental health assessments are provided to people with intellectual disability being administered psychotropic medication. • 36: People with disability should have access to regular check-ups by their general practitioner and dentist, including annual CHAP reviews • 38: People with disability should have access to appropriate specialist medical care and reviews relevant and appropriate to the management and monitoring of any conditions they may have such as epilepsy, chronic respiratory disease and heart disease. • 51: Services should take effective action following a critical incident to reduce the risks of reoccurrence. This should include in addition to a report of the critical incident, this should include a mandated internal review of the incident (especially where this resulted in a person's death), the care arrangements, and any deficits related to the person's support and risk management. This should result in the development of recommendations for improving future practice and an implementation plan.	• In 2017 CECIBS also: – reviewed and presented diagnostic tools and specific evidence based mental health screeners designed specifically for use with the intellectual disability population, some examples include the Diagnostic and Statistical Manual for Intellect Disability (DMID) the "sister" version of the DSM-V, PAS-ADD etc – supported a series of workshops on one of the Internationally-accepted 'Gold Standard' assessments of psychiatric symptomology in the intellectual disability population (adults and children) providing instruction from the PAS-ADD and Cha-PAS, author, Dr Steve Moss from the UK. • Most recently CECIBS has supported a presentation by Dr Angela Hassiotis, Co-author of "A manual of Cognitive Behaviour Therapy for People With Learning Disabilities (UK diagnostic term for ID) and Common Mental Disorders. • **Note:** Once transition to the NDIS is complete, registered providers will be required to comply with the NDIS Quality and Safeguarding Framework. The NDIS Quality and Safeguards Commission, to commence in Queensland on 1 July 2019, is being established to oversee the implementation of this Framework. The Commission will work to improve the quality of services and help to ensure they are safe for participants. The Commission includes a Senior Practitioner who will lead best practice in behaviour support, including monitoring the use of restrictive practices within the NDIS with the aim of reducing and eliminating such practices • **31: QH** Individuals prescribed medications to treat mental health conditions who are open to QH mental health services are monitored regularly by treating clinicians and referred to specialist psychiatrists as clinically necessary. It is a requirement of the National Standards for Mental Health Services that multidisciplinary team reviews occur at minimum every three months and more often as clinically indicated. • **32: DCDSS** - As part of the Disability Services Act 2006, there are a number of requirements for service providers supporting individuals who use challenging behaviour and are subject to restrictive practices including chemical restraint. Issues of non-compliance with the *Disability Services Act 2006* may be identified as part of HSQF audits, or complaints and compliance investigations undertaken by Disability Services. Within the NDIS Quality and Safeguarding Framework chemical restraint is identified as a restrictive practice. https://www.communities.qld.gov.au/disability/key-projects/positive-behaviour-support/publications-resources • **32: QH** The Department of Health will continue to collaborate with the NDIA in relation to funding support for NDIS participants who require positive behaviour support plans. The mental health of individuals with dual or multiple diagnoses who receive treatment from QH mental health

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		services is monitored regularly e.g. multidisciplinary team reviews consider outcomes measures such as HoNOS, LSP 16 etc. The QH guideline 'The use of psychotropic medication for people with schizophrenia' states that monitoring for the range of side effects associated with the use of psychotic medications is the responsibility of all clinicians working with individual consumers in the multidisciplinary team. The guidelines also state that the Queensland Psychotropic Medication Advisory Committee recommends the following QH policies and guidelines: - Mental health standardised suite of clinical documentation - Mental health metabolic monitoring form - How to use the mental health metabolic monitoring form - Guideline for the safe and quality use of clozapine therapy in mental health services - The Physical health care of mental health consumers – guidelines from the Department of Health New South Wales is also recommended for clinicians. • **36: DCDSS -** The Comprehensive Health Assessment Program (CHAP) is available to every adult with an intellectual disability in Queensland who receives a Disability Services delivered or funded service. The CECIBS delivered 1 hr session on oral health across the state in 2017 to increase awareness of the importance of good oral health for individuals with a disability. A session on this topic was also delivered as part of the 1 day health workshop for the sector. • **38: DCDSS** - The CECIBS promotes this as part of best practice through activities such as training and complex case reviews, but the department is unable to monitor that funded disability service providers do this in practice unless an issue is identified through HSQF audit process or a complaints or compliance investigation. • **51: DCDSS -** The DCDSS Critical Incident Reporting Management System (CIRMS) has been designed as an alert system to ensure that incidents of a critical nature involving departmental clients, staff and services are alerted to the appropriate management level, to ensure effective operational management of the situation. Policies and procedures around critical incidents including obligations to report a death in care are on the department's website. When transition to the NDIS is complete, service providers will be required to comply with NDIS Rules on reporting critical incidents. The NDIS Commission will use incident data to identify and respond to systemic issues. CECIBS has been requested to undertake three formal practice reviews by regions after critical incidents including deaths in care of six individuals. Reviewers from within the CECIBS identified opportunities for practice improvements based on the

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		individual situations with specific recommendations provided to the region. Issues relating to a funded service providers internal processes relating to review of critical incidents and implementation of improvement actions are considered during HSQF audits and may be identified through compliance investigations. https://www.communities.qld.gov.au/disability/information/publications-resources • **51: QH -** There is a legislated requirement to report events i.e. the death of a person, or an injury suffered by a person, that was not reasonable expected to be an outcomes of the health service provided to the person. The Patient Safety and Quality Improvement Service provides advice, tools and resources to support HHSs to meet their reporting requirements. Each HHS reviews deaths that occur within that service at regular Mortality and Morbidity meetings. The HHS can use these reviews to identify potential improvements in the future management of similar cases.
22, 35, 60	***Enhancing Health services*** • 22: Decisions about treatment of congenital heart disease in people with disability, including advance care planning, should be based on transparent criteria with the individual patient's own needs and interests being given primacy in the decision-making process • 35: Health practitioners should be alert to the possibility of chronic constipation in patients with intellectual and cognitive disabilities who may not be able to describe the typical symptoms but may be experiencing behavioural changes, changes to sleeping patterns, refusal to eat, weight loss, nausea and vomiting. • 60: A decision to withhold or withdraw treatment for people with disability should only be made by the relevant decision-maker after referral to a palliative care team or senior specialist who can provide professional advice.	• **22: QH** The Department of Health notes that access to specialist cardiologist treatment is based on clinical need. The Department has reviewed existing guidelines and information and identified potentially applicable resources including: The Queensland Health Advanced Care Planning Online website at http://apps.health.qld.gov.au/acp/HOME.aspx, which provides information for the community to discuss and plan future healthcare choices, and the Statewide strategy for end-of-life care 2015, which supports the role of all health professionals in the identification of patient needs and supporting the delivery of high-quality end-of-life care. • **60: QH** Currently QH has a variety of resources to guide advanced care decision making including: QH advanced care planning clinical guidelines has sections related to people with disability and supported decision making. https://www.health.qld.gov.au/__data/assets/pdf_file/0037/688618/acp-guidelines.pdf The Statewide strategy for end-of-life care 2015 supports the role of all health professionals in the identification of patient needs and supporting the delivery of high quality end-of-life care.
11, 19, 44, 52	***Enhancing a focus on pneumonia, dysphagia and risk management strategies*** • 11: People with disability in residential care at risk of developing pneumonia should be identified by the organisations responsible for their care and provided with appropriate support to minimise their risks. In particular: a. signs and symptoms of dysphagia (swallowing difficulties) must be monitored closely, with assessments by appropriate professionals carried out, plans developed and implemented;	• **11: DCDSS**: As part of HSQF audits, auditors assess whether funded disability providers have systems and processes in place to ensure that staff are adequately trained to meet the needs of people who use their services. Recommendations relating to staff training and recruitment and selection processes are included in audit reports where issues are identified. DCDSS updated the mealtime support resource in 2012 as a recommendation of the Mealtime Support Practice review. This resource is available on the Department's website and includes information on signs of dysphagia and strategies to support individuals with dysphagia. As part of the *Disability Services Act (2006),* individuals who are prescribed any medication as chemical

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	b. support staff need to be well trained in the importance of safe feeding techniques and following meal time management plans c. people who are administered enteral feeding (including PEG feeding) should be closely monitored for signs that aspiration could be occurring, and for early signs of respiratory infection d. people with epilepsy should have access to specialist attention and medication reviews e. the use of psychotropic medications should be regularly reviewed and kept to a minimum f. people at risk of pneumonia should be vaccinated against pneumococcal pneumonia as well as influenza g. people with a history of recurrent respiratory infections should have access to specialist respiratory clinicians. • 19: Service organisations should develop and maintain strategies to improve the health and wellbeing of support workers so that they can model healthy lifestyle behaviours and strategies • 44: Risk Management Framework All service organisations should develop and implement a risk management framework that articulates a clear process for identifying clients who have identified risk factors, including requirements for assessment and the development and implementation of response plans that attend to identified risks. • 52: Disability residential services should have a designated person/role that takes responsibility for coordinating the health care of each resident with disability. This role should be responsible for ensuring health care strategies are being carried out, health appointments are booked and attended, annual health checks are carried out, hand-held health records are maintained, and coordinate behavioural support to attend health appointments if necessary.	restraint must have their medications reviewed. In addition, other proactive strategies for behaviour support are included in the person's Positive Behaviour Support Plan including comprehensive health assessments. The NDIS practice standards Supplementary Module 1 - High Intensity Daily Personal Activities includes particular standards around enteral feeding and management. • **44: DCDSS**: During training in 2017 and 2018, the various sessions delivered by the CECIBS on specific health issues (oral health, mealtime support, physical health, positioning and mental health) identified risk factors for the conditions and best practice in assessments and planning to respond to these needs. Broader health risks are best identified through the CHAP and as such will also be covered through other recommendations. • **52: DCDSS**: CECIBS promotes this as part of best practice through activities such as training and complex case reviews, but the department is unable to monitor that funded disability service providers do this in practice unless an issue is identified through HSQF audit process or a complaints or compliance investigation.
12, 16, 17, 18, 24, 27, 29,	***Enhancing Training for disability support staff*** • 12: Support workers and carers should be made aware of the signs and symptoms of pneumonia through easy to read, accessible documentation and training. These resources must be supported by organisational policies that mandate the	• **12: DCDSS**: Information on aspiration pneumonia is included in the mealtime support resource available on the DCDSS website. If issues relating to organisational policies and procedures are identified through HSQF audits or compliance investigations undertaken by DCDSS, recommendations can be made for organisations to ensure these are addressed to an acceptable standard.

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
34, 47, 48	need to seek urgent medical attention where those signs and symptoms appear (even when a person has recently seen a doctor). • 16: Staff are trained in the proper administration of medication for epilepsy and - There is clear guidance available to support workers, as well as training in administering emergency care to people with epilepsy. • 17 and 18: People with disability in residential care must be supported to make informed lifestyle choices by ensuring information is available in accessible formats and training staff to promote and actively support healthy lifestyle habits, including assistance to maintain healthy diets; engage in physical activity and exercise; and reduce/stop smoking. Rec 18: Further strategies may include: - engagement of dieticians to monitor the Body Mass Index of residents and develop healthy eating plans; and - active engagement in exercise programs, such as the walk and talk program. • 24: Support staff and carers must be provided with training and education on the identification of potential eating, drinking and swallowing problems and the importance of comprehensively implementing mealtime management plans including: – Preparing food and drinks to the correct consistency – Techniques of correct positioning, prompting and pacing during meals – The importance of working alongside health professionals (e.g. speech therapists) in developing and implementing plans – The importance of close supervision during mealtime – The risks of non-compliance with plans. • 27: Support staff and carers must be provided with training, including first aid training to respond promptly and confidently to critical incidents including choking and aspiration. • 29: Staff should be trained to ensure awareness of behavioural and other health changes that warrant seeking medical advice • 34: Carers and support staff should be informed about the signs and symptoms of	• **16: DCDSS**: CECIBS promotes this as part of best practice through activities such as training and complex case review. DCDSS is able to monitor if this becomes an issues through the HSQF or a compliance investigation. • **17/18: DCDSS**: CECIBS promotes this as part of best practice through activities such as training and complex case reviews, but the department is unable to monitor that funded disability service providers do this in practice unless an issue is identified through HSQF or a compliance investigation**.** In partnership with Choice Passion Life (CPL) and Multicap, CECIBS has supported the delivery of the Disability Support Worker conference since 2015. In each of these conferences, CECIBS has organised QCIDD to deliver sessions relating to health such as maximising physical and mental health care for people with intellectual disabilities. In 2018, QCIDD delivered a session on 'The pivotal role of Disability Support Workers in health outcomes for people with disabilities'. • **24: DCDSS**: The mealtime support resource is freely available on the internet and provides information on these areas. Information on these areas was also included in the training sessions outlined in recommendation 23. The Senior Clinician - Physiotherapy in the CECIBS also presented on postural care at the one day health workshop. See: https://www.communities.qld.gov.au/resources/disability/community-involvement/mealtime-support/mealtime-support-resources.pdf. • **27: DCDSS**: As part of HSQF audits, auditors assess whether disability providers have systems and processes in place to ensure that: staff are adequately trained to meet the needs of people who use their services; and staff promptly respond to and report critical incidents. Where issues are identified, improvement actions relating to staff training, critical incident management and reporting are included in audit reports provided to the department. Recommendations may also be made if issues are identified in compliance investigations. Post-transition to the NDIS, disability service providers will be subject to the NDIS Quality and Safeguarding Framework. • **29: DCDSS:** In all training sessions offered by CECIBS on positive behaviour support and restrictive practices, the need for comprehensive health assessments are identified as an important part of the assessment process. Relevant training includes: Brody Patterson - 1 hour recorded webinar (2017), a 3 day state-wide trauma informed care symposium and master class presented by Michael Nunno and Brody Patterson (Feb 2018), 3 workshops on Understanding Self Injurious Behaviour presented by Chris Oliver (2017). In 2017 and 2018, Richard Mills presented the Understanding Autism Series to the sector. CECIBS has continued to deliver the 1 day introduction to Positive Behaviour Support session.

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	chronic constipation (as well as the risks associated with chronic constipation) and actively seek medical advice and intervention. Where chronic constipation is a concern, appropriate tools (e.g. Bowel charts) must be used to monitor daily bowel motions. • 47: Support workers should be trained to identify signs of deteriorating health, particularly in people with limited communication. This should be supplemented by simple guidance (e.g. in checklist form) in respect of signs and symptoms that indicate a need for urgent medical assistance 48: Support staff must be educated and trained in providing first aid (particularly in response to identified health risks such as choking, seizure management, etc.) and in taking basic health observations (such as temperature, pulse, and heart rate). Refresher training should be provided annually at minimum. This should be a mandatory requirement for the registration of disability residential and respite services.	• **34: DCDSS**: When the NDIS was launched, governments agreed that a nationally consistent approach to quality and safeguards would be a critical component of the scheme: CECIBS delivered training to staff within DCDSS regarding the OPA 'Deaths in Care report'. In this presentation, chronic constipation was identified as one of the risk factors identified in the 'Deaths in Care report'. In September 2018 CECIBS delivered the workshop to the sector and was made available for 12 months via web cast. • **47: DCDSS**: The CECIBS promotes this as part of best practice through activities such as training and complex case reviews, but the department is unable to monitor operational service delivery unless an issue is identified through HSQF audit process or a compliance investigation. • **48: DCDSS:** Issues relating to staff training in funded disability service providers may be identified through HSQF audits or compliance investigations. When issues are identified recommendations are developed to bring the service provider up to standard. Recommendations such as this may be captured in the NDIS Code of Conduct and practice standards.

3. Participant Planning

Rec #	Issues identified from recommendations in the Public Advocate Report	Queensland Government actions to enhance supports and address issues
20, 21, 23,26, 28, 30, 37, 42, 50, 61, 62	***Better planning for participants to health care, access specialists and have regular reviews*** • 20 and 21: People with disability who have congenital heart disease (including those who had defects corrected as children) should have access to specialist cardiologist treatment. • 22: They should also have regular medication reviews, particularly when being administered psychotropic medications given that this can also be a risk factor for cardiovascular disease. Monitoring and review regimes should be scheduled for every 3-6 months. • 23: People with disability in residential care who are at risk of dysphagia, or showing signs and symptoms of dysphagia, should be assessed by qualified health professionals • 28: Modifiable risks for cancer such as diet, exercise, smoking and alcohol consumption should be addressed by active interventions for people with disability living in residential care. • 30: People with disability in residential care should have access to screening programs appropriate to their age and other risk factors. • 37: A CHAP review should be conducted prior to transition to the NDIS for all people with disability. • 42: Resources and support should be made available to enable people with disability in residential care to access medical appointments, including specialist appointments as necessary. This may mean, for example, rostering on extra support staff or seeking specialist behavioural support. • 50: Support services should ensure that people with disability, particularly those with complex needs and/or communication difficulties, are supported by people who are familiar with them. • 61: The diagnosis of a long-term, chronic or terminal condition should prompt appropriate discussions and decisions around treatment and care at the end-of-life that involve the person with disability, their family, supporters, carers and health professionals involved in their treatment and care. • 62: End-of-life care and advance care planning activities should be empowering of people with disability and ensure that decision-making processes are robust and accountable at all times	• **20 & 21: QH** The Department of Health notes that access to specialist cardiologist treatment is based on clinical need. This involves a local process based on the need of the patients and clinician preference. • **22: QH** - A person who accesses the acute services in a HHS should have a Medication Action Plan form (or e-health/digital equivalent) completed on admission. The medication discharge checklist on this form assists the communication process with their GP that there may be a necessity for a Home Medicines Review upon return to the community. In addition, there are existing local and international training and guidelines potentially applicable including: – Royal Australian and New Zealand College of Psychiatrists eLearning education on Prescribing psychotropic medication for patients with an intellectual disability that are accredited for CPD hours – International guide to prescribing psychotropic medication for the management of problem behaviours in adults with intellectual disabilities – Royal College of Psychiatrists: Psychotropic drug prescribing for people with intellectual disability, mental health problems and/or behaviours that challenge: practice guidelines • **23**: **DCDSS** - The mealtime support resources includes signs and symptoms of dysphagia. Information contained within the 2hr mealtime support training session that was delivered across the state also included information on identifying signs of swallowing difficulties including formal screening tools. The former Senior Clinician - Speech Language Pathology within CECIBS was one of 3 Queensland representatives on a national workgroup that has been formed by Speech Pathology Australia which will utilise a delphi method to develop a list of expert statements relating to best practice when supporting individuals with a disability who have mealtime support needs. The Senior Clinician – Speech Language Pathology was invited to participate in the International Dysphagia Diet Standardisation Initiative (IDDSI) stakeholder industry and user forum to learn more about the IDDSI implementation progress and develop and summaries a prepare phase guideline that can be circulated to others. • **28: QH**: The Department has identified there are currently existing broad population health programs addressing these modifiable risks. • **30: QH** The Department has identified there are currently existing broad population health programs addressing these modifiable risks. • **37: DCDSS:** CECIBS promotes CHAP as part of best practice through activities such as training and complex case reviews, but the department is unable to monitor that

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		funded disability service providers do this in practice unless an issue is identified through HSQF audit process or a compliance investigation. • **43: DCDSS** - While CECIBS may promote best practices e.g. rostering of extra support staff, the department is unable to monitor operational service delivery unless an issue is identified through the HSQF audit process or a compliance investigation**.** • **50: DCDSS** - The Centre of Excellence promotes this as part of best practice through activities such as training and complex case reviews, but the department is unable to monitor operational service delivery unless an issue is identified through HSQF or a compliance investigation. • **61 and 62: QH** Currently Queensland Health has a variety of resources including: Queensland Health advanced care planning clinical guidelines has sections related to people with disability. https://www.health.qld.gov.au/__data/assets/pdf_file/0037/688618/acp-guidelines.pdf • **61 &62: QH** The Statewide strategy for end-of-life care 2015 supports the role of all health professionals in the identification of patient needs and supporting the delivery of high quality end-of-life care.
25, 26	***Enhancing implementation of mealtime management plans*** • 25: Health professionals who develop mealtime management plans should discuss the implications of the plans with service organisations and ensure appropriate consideration for: - Resource and rostering issues - Education and training - Potential risks of not following mealtime management plans. • 26: People with disability who are subject to mealtime management plans should be provided with accessible information about their plan to support understanding of and compliance with plans.	• **25: DCDSS** provides Mealtime Support Resources through the Department of Communities, Disability Services and Seniors website: https://www.communities.qld.gov.au/resources/disability/community-involvement/mealtime-support/mealtime-support-resources.pdf. • **26: DCDSS** In 2012, DCDSS worked in collaboration with the University of Queensland to develop accessible information to support individuals be more involved in the assessment and planning process**.**
45	***Development of appropriate NDIS plans for participants*** 45: The planning phase for participants of the NDIS should give full consideration to their health care needs, identified risks and how their disability service/s will address these risks and coordinate with health practitioners to meet their health needs.	• **DCDSS** - CECIBS promotes this as part of best practice through activities such as training and complex case reviews, but the department is unable to monitor operational service delivery unless an issue is identified through HSQF or a compliance investigation.