



Waitemata
District Health Board
Best Care for Everyone



**Regional
Disability Support Advisory
Committee Meeting
Wednesday, 01 June 2016
1.30pm**

**A+ Trust Room
Clinical Education Centre
Level 5
Auckland City Hospital
Grafton**

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Published 25 May 2016



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District Health Board
Best Care for Everyone



Agenda

Regional Disability Support Advisory Committee

01 June 2016

Venue: A+ Trust Room, Clinical Education Centre, Level 5
Auckland City Hospital, Grafton

Time: 1.30pm

<p>Committee Members</p> <p>Sandra Coney (DiSAC Chair)</p> <p>Max Abbott</p> <p>Jo Agnew (Deputy Chair)</p> <p>Judith Bassett</p> <p>Marie Hull-Brown</p> <p>Dairne Kirton</p> <p>Dr Lester Levy (Board Chair)</p> <p>Jan Moss</p> <p>Robyn Northey</p> <p>Russell Vickery</p> <p>Shayne WiJohn</p> <p>Jade Farrar</p>	<p>Auckland DHB and Waitemata DHB Staff</p> <table border="0"> <tr> <td>Dr Dale Bramley</td><td>Chief Executive Officer Waitemata DHB</td></tr> <tr> <td>Ailsa Claire</td><td>Chief Executive Officer Auckland DHB</td></tr> <tr> <td>Samantha Dalwood</td><td>Disability Strategy Advisor WDHB</td></tr> <tr> <td>Aroha Haggie</td><td>Acting Māori Health Gain Manager</td></tr> <tr> <td>Dr Debbie Holdsworth</td><td>Director of Funding – Auckland and Waitemata DHB</td></tr> <tr> <td>Fiona Michel</td><td>Chief of People and Capability Auckland DHB</td></tr> <tr> <td>Kate Sladden</td><td>Funding and Development Manager, Health of Older People</td></tr> <tr> <td>Marlene Skelton</td><td>Corporate Business Manager</td></tr> <tr> <td>Sue Waters</td><td>Chief Health Professions Officer</td></tr> <tr> <td>Tim Wood</td><td>Funding and Development Manager, Primary Care</td></tr> <tr> <td>Brigita Krismayanti</td><td>Corporate Business Services Administrator</td></tr> </table> <p>(Other staff members who attend for a particular item are named at the start of the respective minute)</p>	Dr Dale Bramley	Chief Executive Officer Waitemata DHB	Ailsa Claire	Chief Executive Officer Auckland DHB	Samantha Dalwood	Disability Strategy Advisor WDHB	Aroha Haggie	Acting Māori Health Gain Manager	Dr Debbie Holdsworth	Director of Funding – Auckland and Waitemata DHB	Fiona Michel	Chief of People and Capability Auckland DHB	Kate Sladden	Funding and Development Manager, Health of Older People	Marlene Skelton	Corporate Business Manager	Sue Waters	Chief Health Professions Officer	Tim Wood	Funding and Development Manager, Primary Care	Brigita Krismayanti	Corporate Business Services Administrator
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<p>Counties Manukau Health Committee Members</p> <p>Dr Lee Mathias (Board Chair)</p> <p>Colleen Brown (DiSAC Chair)</p> <p>Sandra Alofivae</p> <p>David Collings</p> <p>Dianne Glenn</p> <p>Apulu Reece Autagavaia</p> <p>Mr Sefita Hao'uli</p> <p>Ms Wendy Bremner</p> <p>Mr Ezekiel Robson</p> <p>Mr John Wong</p> <p>Anae Arthur Anae</p>	<p>Counties Manukau Health Staff</p> <table border="0"> <tr> <td>Martin Chadwick</td><td>Director Allied Health Counties Manukau Health (DSAC Liaison)</td></tr> </table> <p>(Other staff members who attend for a particular item are named at the start of the respective minute)</p>	Martin Chadwick	Director Allied Health Counties Manukau Health (DSAC Liaison)																				
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Apologies Members: Sandra Alofivae, Jade Farrar

Apologies Staff: Dr Dale Bramley, Chief Executive Officer Waitemata DHB

Agenda

Please note that agenda times are estimates only

- | | | |
|---------------|-----------|--|
| 1.30pm | 1. | Attendance and Apologies |
| 1.35pm | 2. | Register and Conflicts of Interest |
| | | Does any member have an interest they have not previously disclosed? |
| | | Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda? |
| 1.40pm | 3. | Presentations |
| 20min | 3.1 | People First Review Recommendations Implementation [Toni Atkinson MOH in attendance] |
| 2.00pm | 4. | Discussion Topics |
| 20min | 4.1 | Current and Future Areas of Focus for each DSAC |
| 20min | 4.2 | Collection of Data for Patients with Disabilities |
| 20min | 4.3 | Auckland DHB Patient Experience Reports [Tony O'Connor and David Price in attendance] |
| 20min | 4.4 | Environmental Accessibility at Auckland and Counties Manukau DHBs [Tony O'Connor in attendance] |
| 3.20pm | 5. | Closing Comments |
| | 5.1 | Confirmation of opportunities identified and actions arising from today's joint session |

Next Meeting: Wednesday, 24 August 2016 at 1.30pm Auckland Deaf Society, Terrace Boardroom, 164 Balmoral Road, Auckland

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Attendance at Auckland and Waitemata DHBs Disability Support Advisory Committee Meetings

Members	11 Mar. 15	03 Jun. 15	26 Aug. 15	18 Nov. 15	09 Mar. 16	01 Jun. 16	24 Aug. 16	16 Nov. 16
Sandra Coney (Chair)	1	1	1	1	1			
Max Abbott	x	1	1	x	1			
Jo Agnew (Deputy Chair)	1	1	1	x	1			
Judith Bassett	1	1	1	1	1			
Marie Hull-Brown	1	1	x	1	1			
Dairne Kirton	1	1	1	x	x			
Lester Levy	x	x	x	x	1			
Jan Moss	1	1	x	x	1			
Robyn Northey	1	1	1	1	1			
Russell Vickery	1	1	1	1	x			
Shayne WiJohn	n/a	1	x	1	1			
Jade Farrar	n/a	1	x	1	1			
Key: x = absent, # = leave of absence, c = meeting cancelled								

COUNTIES MANUKAU HEALTH – DISAC ATTENDANCE SCHEDULE 2016

Name	Jan	Feb	9 Mar	Apr	May	1 June	July	24 Aug	Sept	Oct	16 Nov	Dec
Lee Mathias (Board Chair)	No Meeting	No Meeting	✓	No Meeting	No Meeting		No Meeting		No Meeting	No Meeting		No Meeting
Colleen Brown (DISAC Chair)			✓									
Sandra Alofivae			X									
David Collings			X									
Dianne Glenn			✓									
Reece Autagavaia			✓									
Mr Sefita Hao'uli			✓									
Ms Wendy Bremner			✓									
Mr Ezekiel Robson			✓									
Mr John Wong			✓									
Anae Arthur Anae			X									

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full **nature** of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legislation.govt.nz) and “Managing Conflicts of Interest – Guidance for Public Entities” (www.oag.govt.nz).

Register of Interests – Auckland and Waitemata DHBs Disability Support Advisory Committee

Member	Interest	Latest Disclosure
Sandra CONEY (Chair)	Chair – Waitakere Ranges Local Board, Auckland Council Patron – Women’s Health Action Trust Member – Cartwright Collective	09.03.2016
Max ABBOTT	Pro Vice Chancellor (North Shore) and Dean – Faculty of Health and Environmental Sciences, Auckland University of Technology Patron – Raeburn House Board Member – Health Workforce New Zealand Board Member – AUT Millennium Ownership Trust Chair – Social Services Online Trust Board Member – The Rotary National Science and Technology Trust	28.09.2011
Jo AGNEW	Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Professional Teaching Fellow – School of Nursing, Auckland University Appointed Trustee – Starship Foundation Casual Staff Nurse – Auckland District Health Board	15.07.2015
Judith BASSETT	Fisher and Paykel Healthcare Westpac Banking Corporation Husband – Fletcher Building Husband is a shareholder of Westpac Banking Group Daughter is a shareholder of Westpac Banking Group	13.07.2015
Jade FARRAR	Disability Advisor for Te Pou National Leadership Group Member (Enabling Good Lives) Enabling Good Lives Christchurch "Local Area Group member" Cerebral Palsy Society Domestic Violence & Disability Group PHAB association (Auckland) Inc Auckland City Advisory Panel Member Director of Epic Studios Limited IT Support Consultant (community Connections Supported Living Trust) Owner/Webmaster of enablinggoodlives.co.nz	18.11.2015
Marie HULL-BROWN	Board Member – Age Concern Auckland Board Member – HOPE Foundation for Research on Ageing Advisory Committee Member – Selwyn Centre for Ageing and Spirituality	18.11.2015
Dairne KIRTON	Northern Regional Representative – CCS Disability Action National Board Mentor – ImagineBetter – Raise Your Bar Project Vice President – CCS Disability Action National Board	09.03.2016
Lester LEVY	Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman) Chairman - Auckland Transport Chairman – Health Research Council Independent Chairman - Tonkin and Taylor Ltd (non-shareholder) Professor (Adjunct) of Leadership - University of Auckland Business School Head of the New Zealand Leadership Institute – University of Auckland Lead Reviewer – State Services Commission, Performance Improvement Framework Director and sole shareholder – Brilliant Solutions Ltd (private company) Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder) Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder)	09.02.2016

	Trustee – Levy Family Trust Trustee – Brilliant Street Trust	
Jan MOSS	Coordinator of Complex Care Group Contractor to MoH, DS.S Board member YES Disability Centre, Albany Reference Group Member – MOH Disability Workforce NZ & Choices in Community Living	12.03.2014
Robyn NORTHEY	Trustee - A+ Charitable Trust Shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fletcher Building Husband – Chair, Problem Gambling Foundation Husband – Chair, Auckland District Council of Social Service	17.02.2016
Russell VICKERY	Wilson Home Management Committee Auckland Disability Law Chairman of Waitemata Community Law Life Member Auckland Branch of NZCCS Disability Action Cook Opie Hi Tech Trust Private Disability Consultant Australasian Rep for Inclusion Press	13.07.2015
Shayne WIJOHN	General Manager of Te Runanga o Ngati Whatua Ngati Whatua Representative – in affiliations to Te Rarawa, Te Aupouri and Ngati Whatua	29.05.2015

**COUNTIES MANUKAU HEALTH
DISAC COMMITTEE MEMBERS'
DISCLOSURE OF INTERESTS
1 June 2016**

Member	Disclosure of Interest
Dr Lee Mathias, Chair	<ul style="list-style-type: none"> • Chair Health Promotion Agency • Chairman, Unitec • Deputy Chair, Auckland District Health Board • Acting Chair, New Zealand Health Innovation Hub • Director, healthAlliance NZ Ltd • Director, New Zealand Health Partners Ltd • External Advisor, National Health Committee • Director, Pictor Limited • Director, John Seabrook Holdings Limited • MD, Lee Mathias Limited • Trustee, Lee Mathias Family Trust • Trustee, Awamoana Family Trust • Trustee, Mathias Martin Family Trust
Colleen Brown	<ul style="list-style-type: none"> • Chair, Disability Connect (Auckland Metropolitan Area) • Member of Advisory Committee for Disability Programme Manukau Institute of Technology • Member NZ Down Syndrome Association • Husband, Determination Referee for Department of Building and Housing • Chair IIMuch Trust • Director, Charlie Starling Production Ltd • Member, Auckland Council Disability Advisory Panel • Member, NZ Disability Strategy Reference Group
Sandra Alofivae	<ul style="list-style-type: none"> • Member, Fonua Ola Board • Board Member, Pasifika Futures • Director, Housing New Zealand • Member, Ministerial Advisory Council for Pacific Island Affairs
David Collings	<ul style="list-style-type: none"> • Chair, Howick Local Board of Auckland Council • Member Auckland Council Southern Initiative

George Ngatai	<ul style="list-style-type: none"> • Chair Safer Aotearoa Family Violence Prevention Network • Director Transitioning Out Aotearoa • Director BDO Marketing • Board Member, Manurewa Marae • Conservation Volunteers New Zealand • Maori Gout Action Group • Nga Ngaru Rautahi o Aotearoa Board • Transitioning Out Aotearoa (provides services & back office support to Huakina Development Trust and provides GP services to their people). • Chair of Restorative Practices NZ.
Dianne Glenn	<ul style="list-style-type: none"> • Member – NZ Institute of Directors • Member – District Licensing Committee of Auckland Council • Life Member – Business and Professional Women Franklin • Member – UN Women Aotearoa/NZ • President – Friends of Auckland Botanic Gardens and Chair of the Friends Trust • Life Member – Ambury Park Centre for Riding Therapy Inc. • Vice President, National Council of Women of New Zealand • Member, Auckland Disabled Women's Group • Member, Pacific Women's Watch (NZ) • Justice of the Peace
Reece Autagavaia	<ul style="list-style-type: none"> • Member, Pacific Lawyers' Association • Member, Labour Party • Member, Auckland Council Pacific People's Advisory Panel • Member, Tangata o le Moana Steering Group • Employed by Tamaki Legal • Board Member, Governance Board, Fatugatiti Aoga Amata Preschool • Trustee, Epiphany Pacific Trust
Sefita Hao'uli	<ul style="list-style-type: none"> • Trustee Te Papapa Pre-school Trust Board • Member Tonga Business Association & Tonga Business Council • Member ASH Board • Board member, Pacific Education Centre <p>Advisory roles:</p> <ul style="list-style-type: none"> • Tongan Community Suicide Prevention Project (MoH) • Tala Pasifika (NZ Heart Foundation Pacific Tobacco Control) • Member Pacific People's Advisory Panel, Auckland Council <p>Consultant:</p> <ul style="list-style-type: none"> • Government of Tonga: Manage RSE scheme in NZ • NZ Translation Centre: Translates government and

	<p>health provider documents.</p> <ul style="list-style-type: none"> • Promotus GSL on Rheumatic Fever campaign (HPA) • Taulanga U Society Rheumatic Fever Innovation project (MoH). • Member, Ministerial Advisory Council for Pacific Island Affairs.
Wendy Bremner	<ul style="list-style-type: none"> • CEO Age Concern Counties Manukau Inc • Member of Health Promotion Advisory Group (7 Age Concerns funded by MOH) • Member Interagency Suicide Prevention Group
Ezekiel Robson	<ul style="list-style-type: none"> • Department of Internal Affairs Community Organisation Grants Scheme Papakura/Franklin Local Distribution Committee • Be.Institute/Be.Accessible 'Be.Leadership 2011' Alumni • Member, CM Health Patient & Whaanau Centred Care Consumer Council
John Wong	<ul style="list-style-type: none"> • Director, Asian Family Services at The Problem Gambling Foundation of New Zealand (PGF), also part of the PGF national management team • Member, National Minimising Gambling Harm Advisory Group • Chairman and Trustee, Chinese Positive Ageing Charitable • Chairman, Chinese Social Workers Interest Group of the Aotearoa New Zealand Association of Social Workers • Chairman, Eastern Locality Asian Health Group • Founding member and council member, Asian Network Incorporation (TANI) • Board member, Auckland District Police Asian Advisory Board • Member, Auckland and Waitemata DHBs Suicide Prevention Advisory Group • Board member, Manukau Institute of Technology (MIT) Chinese Community Advisory Group • Member, CADS Asian Counselling Service Reference Group • Member, Waitemata DHB Asian Mental Health & Addiction Governance Group • Member, Older People Advisory Group (ACC) • Member, University of Auckland Social Work Advisory Group • Member, Community Advisory Group of Health Care New Zealand • Member, Auckland Regional Public Health Service – Asian Public Health External Reference Group • Member of the Advisory Committee for the School of Social Sciences & Public Policy at AUT University

Auckland Region Disability Support Advisory Committee Counties Manukau Health DiSAC 2016 Focus

Recommendation

It is recommended that the regional DiSAC:

Note the focus of the Counties Manukau Health DiSAC for 2016 onward is:

1. Monitoring progress on the initiatives underway around clinician literacy.
2. Monitoring the maturation of the Localities and Community Boards to be able to ensure the voice of the disability community is heard.
3. Learning from social media campaigns that have been undertaken by CM Health and to determine if there are any lessons that can be applied to raising awareness around the disability community.
4. Continuing to engage with Health Point and Health Navigator to ensure there is adequate representation of material pertaining to the disability community.
5. Building the focus on data as it pertains to the disability community.

Prepared and submitted by: Martin Chadwick, Director Allied Health.

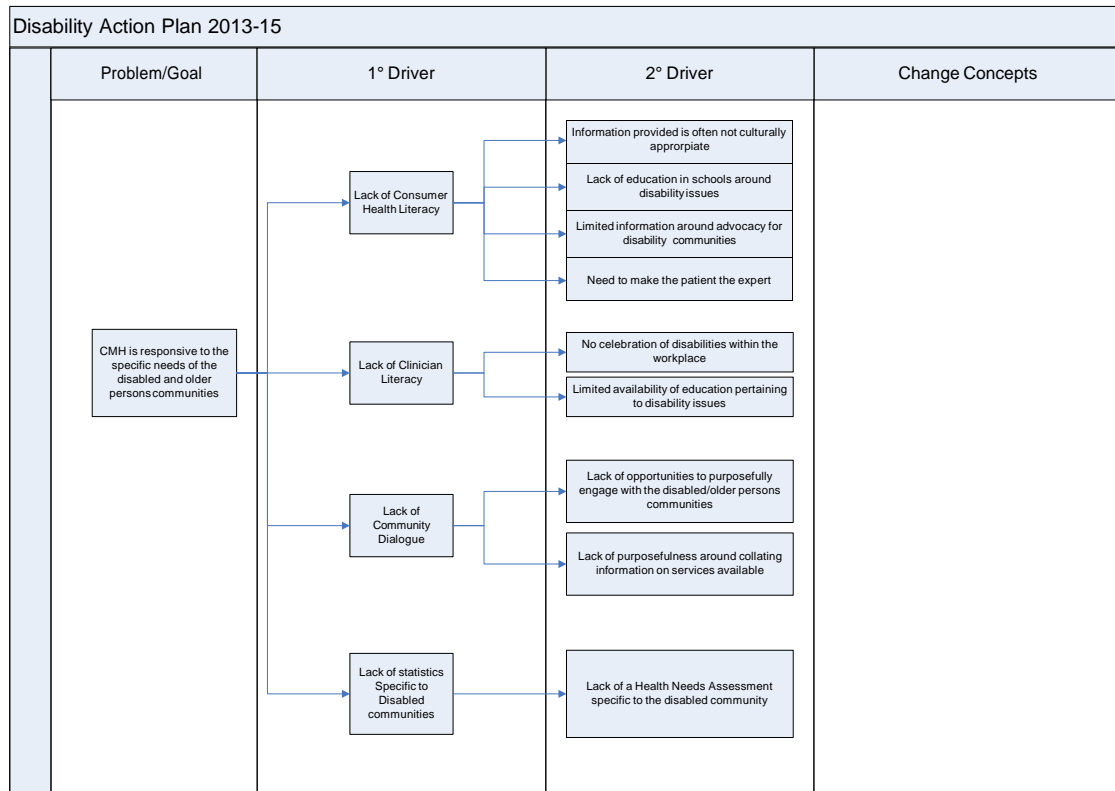
Purpose

In March 2015 DiSAC made the decision to focus on four key areas over the 2015 calendar year.

At the beginning of the 2016, progress was reviewed against these key areas and an agreed approach was formed for the remainder of the calendar year.

Background

The initial driver diagram that drove the focus for DiSAC is represented below. The identified goal for activity is that CM Health be responsive to the specific needs of the disabled and older person's communities. Identified barriers to achieving this goal were lack of consumer health literacy, lack of clinician literacy, lack of community dialogue, and lack of statistics specific to disabled communities.



Reviewing the 2015 Calendar Year

At the March meeting an extended session was facilitated with Population Health, with a specific lens on Maaori living with disability and the Maaori Disability Action plan for Disability Support Services 2012-2017. Outcomes from this session were a recommendation of support for the First 2000 Day strategy given the impact on early life disability. Also there was a recommendation around liaising further with ACC due to the high statistical representation of Maaori and the need for this to be a focus with prevention strategies.

A feedback report was also received from Be.Accessible and the assessment of the Manukau Super Clinic providing a view of how appropriate and accessible our facilities are for the disabled community with an initial silver rating and a clear pathway for a gold rating.

In June, the DiSAC Committee focused on Clinician Literacy with a review of the CLAD 8 Module as well as reviewing the documentation prepared by Te Pou to facilitate disability workforce development. Kim Wiseman for the Building Capability Team within Ko Awatea spoke and facilitated a session of the current on-boarding and ongoing development systems in place. The outcome of this session was for Kim's team to work up what a greater focus on the competencies required of our workforce in working with the disabled community. This work was reported back to the Committee in August and November, and included the enacted plans around celebrating the International Day of Persons with Disabilities. This theme was also carried through with the Winter Ball with a theme of Diversity with a particular focus on embracing people living with a disability.

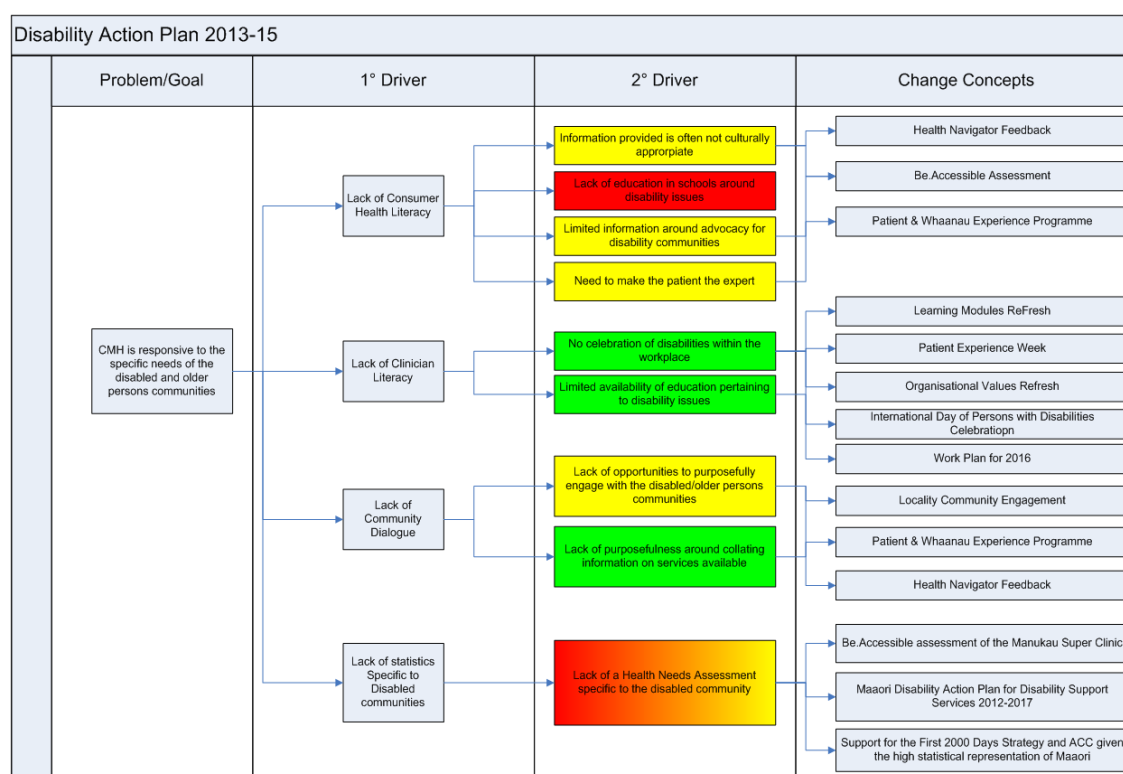
The August session for DiSAC had a strong focus on the voice of the consumer. Presentations were received from the four Locality General Managers as well as the Chair of the Consumer Council. The principles of co-design were reviewed as a part of this session, as well as the linkages to the wider community. The Locality General Managers were able to describe the various stages each locality is at in formally engaging with their respective communities and the next steps that each plans to take.

Feedback was received by the presenters that each opportunity needs to take into account the specific voice of those living with disability as well.

The theme of Consumer Health Literacy was continued with the November meeting with a presentation from Health Navigator. This presentation detailed the wealth of information that is available on the website, and it also highlighted the potential for more in the way of information specific to the needs of the disability community that could be represented within the website.

Assessment

With the work undertaken over the 2015 calendar year, it is timely to review how the focus of DiSAC has been reflected in the original Action Plan. An update taking into account the Committee meetings from 2015 is represented below:



In this diagram there has been an attempt to represent the progress against the four themes. With the secondary drivers, a value judgement has been made as to whether progress has been made with green representing good tangible action, and further action planned. Yellow represents where there has been some action, and there is scope for considerable work to be undertaken. Red represents where there has been no tangible action taken to date. Yellow/red represents where there has been some nominal action, but with limited focus specifically on the disability community.

While a subjective assessment, it is affirming to note that the area most under the control of CM Health (Clinician Literacy) has seen some tangible gains in the previous year and there are plans for on-going action in the coming year. Community dialogue has also demonstrated progress under the establishment of the Localities and the progress towards Community Boards within each, and the Consumer Council. Of lessor progress has been under the streams of statistics specific to the disability community, and consumer health literacy.

Auckland & Waitemata DHBs' DSAC - Current and Future Areas of Focus

Recommendation

That the Regional Disability Support Advisory Committee:

1. Note the five main works areas Auckland and Waitemata DHB are focussing on to ensure both are fully inclusive (as outlined in the 2013 – 16 Disability Strategy Implementation Plan):
 - a. Communication & Access to Information
 - b. Physical Access
 - c. Disability Responsiveness
 - d. Community & Consumer Engagement
 - e. Employment Opportunities
2. Note Auckland and Waitemata DHB has commenced work to develop the 2016-2019 Disability Strategy Implementation Plan
3. Consider how the main work areas align with Counties Manukau DHB's DSAC.

Prepared by: Samantha Dalwood, Disability Advisor, Waitemata DHB

Approved by: Dr Debbie Holdsworth, Director of Funding – Auckland & Waitemata DHBs

Glossary

DHB	District Health Board
DSAC	Disability Support Advisory Committee
ODI	Office for Disability Issues

1. Executive Summary

This paper outlines the five main work areas of the Auckland & Waitemata District Health Boards' (DHB) joint Disability Support Advisory Committee (DSAC), and notes that work is underway for planning for 2016 - 2019. The Regional DSCA is asked to consider how the identified work areas align with those at Counties Manakau DHB.

2. Current Focus

The current vision of the Waitemata and Auckland DHBs' DSAC is that Waitemata & Auckland DHBs will be fully inclusive. We are working towards this with a focus on five main areas of work. These are set out below and in our 2013-2016 Disability Strategy Implementation Plan (attached to this paper as Appendix 1, along with a "where we are now" update).

2.1 Communication & Access to Information

Empowering people through knowledge and understanding. This includes the health literacy work, improving websites and the telephone system.

2.2 Physical Access

Overcoming a disabling society - focusses on improving public spaces and way finding.

2.3 Disability Responsiveness

Educating staff and challenging assumptions - the development of the e-learning Disability Responsiveness training module and the development of an Autism Aware factsheet are examples of different training for staff.

2.4 Community & Consumer engagement

Working within a family & patient centred framework - ensuring the patient voice is heard as part of planning services. Being in the community and being a link between the disability sector and community and the DHB.

2.5 Employment Opportunities

Providing equal employment opportunities for disabled people and carers - collecting data on how many disabled people are employed by the DHBs.

3. Future Focus

Planning is underway to develop the 2016-2019 Disability Strategy Implementation Plan.

The Office for Disability Issues (ODI) is currently reviewing the New Zealand Disability Strategy (2001) to develop an updated version. By August 2016, ODI will be consulting on a draft Strategy. We will have a better idea of the shape of the new Strategy at that stage, and this will shape our work on our 2016-2019 Disability Strategy Implementation Plan.

It is likely that the main areas of focus will be similar to current work, particularly the focus on health literacy and improving access to buildings and public spaces. The Disability Action Plan 2014-2018 focusses on improving the health outcomes for disabled people and increasing employment opportunities for disabled people; and the recently released New Zealand Health Strategy has a focus on achieving equitable health outcomes, through targeting and tailoring services for those groups who have poorer health and social outcomes. Disabled people are included as part of this group and all our future work will continue with the aim of reducing inequality across health outcomes.

Our work on our 2016-2019 Disability Strategy Implementation Plan will also be shaped by:

- UN Convention on the rights of Persons with Disabilities (UNCRPD)

- Whaia Te Ao Marama: the Maori disability Action Plan 2012-2017



Waitemata DHB and Auckland DHB Implementation of the New Zealand Disability Strategy 2013-2016





Communication and Access to Information

Empowering people through knowledge and understanding

Accessible Communication guidelines developed.
Review of Web content and presentation.
Increase formats of key documents, e.g. Strategic Plans.
Review the automated telephone system with regard to access for people with disabilities.
Review the possibility of improved text communication to patients.
Continue the implementation of the Health Passport across both DHBs.
Work with the Deaf community to improve access to interpreters.
Encourage the use of interpreters for non-English speaking families.



Community and Consumer Engagement

Working within a family and patient centred framework

Ensure a diverse range of disabled people are identified as stakeholders in all projects and service development.
Engage regularly with the disability sector to develop their capacity to influence decision making and increase DHB responsiveness.
Ensure the voice of people with learning/intellectual disabilities, particularly people with high/complex needs, is included in consumer reviews of service planning and development.
Continue working with Health Links to increase health literacy through fully accessible patient information.



Employment Opportunities

Equal employment opportunities for people with impairments and carers

Encourage the use of supported employment agencies.
Review all recruitment and employment policies and make recommendations to improve inclusion and employment opportunities for disabled people, as required.
Collect data on the number of staff with disabilities (at the time of employment and/or when a disability is acquired).
Work with Hiring Managers to increase disability awareness.
Working with HR to look at how the DHBs support staff with Carer responsibilities.



Disability Responsiveness

Educating staff and challenging stereotypes & assumptions

Work with Dietitians to improve the nutritional outcomes for disabled patients.
Develop 'Disability Champion' roles across the DHBs.
Promote the Disability Awareness e-learning module to all staff across the DHBs.
Provide a range of disability awareness training, targeting specific services.
Develop tools to increase staff skills for working with people with communication difficulties.
Ensure public waiting areas, wards and treatment areas meet the needs of a range of impairments, including people with autistic spectrum disorders.



Physical Access

Overcoming a disabling society

Encourage the use of symbols and pictograms in signage and way finding.
ADHB Disability Champions will complete the 2-day Barrier Free Training.
An accredited Barrier Free Advisor will be involved in all new Facilities work.
Adoption of Universal Design principles in all Facilities work.
Building standards document developed in ADHB.
A review of accessible toilets in ADHB buildings to be completed.
Work with Auckland Transport to improve accessible transport between hospital sites.
Investigate the reported shortage of wheelchairs available - both numbers and sizes.



Communication and Information Empowering people through knowledge and understanding
Current Status at 2 May 2016

What we will do... actions	Where we are now...current status
1. Accessible Communication guidelines developed.	May 2016 – Health Literacy Project Manager and WDHB Community Engagement Manager have met with Counties Manakau DHB to learn from the health literacy projects that they have done. Counties are keen to connect with the health literacy work happening on ADHB & WDHB and all three DHBs agree there are opportunities for a regional wide approach to Health Literacy.
2. Review of Web content and presentation.	May 2016 – ongoing work. Changes will be made as part of the Health Literacy work.
3. Increase formats of key documents, e.g. Strategic Plans.	May 2016 – Changes will be made as part of the Health Literacy work.
4. Review the automated telephone system with regard to access for people with disabilities.	May 2016 – Go live of new telephone system planned for 30 May. A further technical issue, which has now been resolved, caused this additional delay.
5. Review the possibility of improved text communication to patients.	May 2016 – Once new system goes live, the email channel can be bolted on very easily. There will be the development of some standard templates so that communication from the contact centre is consistent.
6. Continue the implementation of the Health Passport across both DHBs.	May 2016 – The Health Passport is a key part of the new Disability Responsiveness e-learning training. This will continue to raise its profile and promote staff awareness of this communication tool.
7. Work with the Deaf community to improve access to interpreters.	<p>May 2016 – Disability Advisor was a member of the panel at Deaf Action's community meeting on how to improve the experiences of Deaf people in hospitals by improving interpreting and communication.</p> <p>The key points that came out of the meeting were:</p> <ul style="list-style-type: none"> • DHB systems do not make it easy to book interpreters quickly. It is often quicker for Deaf people to book their own interpreters on the way to the hospital and the NZSL agencies sort out payment with the DHBs at a later date. • It is important that Deaf people complain when they do not get an interpreter. If people complain this means that the DHBs get an idea of how widespread problems are. • There is concern about Deaf people who do not have an interpreter consenting to treatment without really

	<p>understanding what they have agreed to.</p> <ul style="list-style-type: none"> • Lack of understanding means that Deaf people may not follow treatment recommendations and this can lead to poorer health outcomes. • The Deaf community would like their NHI number to be attached to information that they are Deaf. Some people wanted this to mean an interpreter was booked automatically, while other people said that this should mean they are asked the best way to communicate with them. • There are plenty of NZSL interpreters in Auckland. • There is limited understanding of Deaf culture in the health system. • People at the meeting said that they use the 'Deaf nod' frequently if they don't have an interpreter – this is where a person nods vigorously while not understanding what is being said. <p>Deaf Aotearoa is running an NZ Sign Language workshop with the joint ADHB/WDHB Funding & Planning Team as part of NZSL Week.</p>
8. Encourage the use of interpreters for non-English speaking families.	



Community and Engagement Working within a family and patient centred framework
Current Status at 2 May 2016

<u>What</u> we will do... actions	<u>Where</u> we are now...current status
9. Ensure a diverse range of disabled people are identified as stake-holders in all projects and service development.	
10. Engage regularly with the disability sector to develop their capacity to influence decision making and increase DHB responsiveness.	<p>May 2016 – Disability Advisor was a member of the panel at Deaf Action’s community meeting on how to improve the experiences of Deaf people in hospitals by improving interpreting and communication.</p> <p>Disability Advisor is working with Te Pou, CCS Disability Action & Mental Health Foundation to develop and run two workshops for disabled people on 10 August. The first is ‘Disability & Mental Health’ looking at mental wellbeing, mental illness and stigma & discrimination. The second is run by Te Pou and will focus on disabled people getting the most from their supports both as employers and service users. This will be in the context of the “Let’s get real” framework. For more information on Let’s Get Real, see http://www.tepou.co.nz/initiatives/lets-get-real/107</p>
11. Ensure the voice of people with learning/intellectual disabilities, particularly people with high/complex needs, is included in consumer reviews of service planning and development.	
12. Continue working with Health Links to increase health literacy through fully accessible patient information.	<p>May 2016 – Health Links continue to improve new and updated patient information before it is made available to the public. The DHBs Health Literacy drive will also improve the accessibility of patient information.</p>



Employment Opportunities Equal employment opportunities for people with impairments and carers

Current Status at 2 May 2016

4.1

<u>What</u> we will do... actions	<u>Where</u> we are now...current status
13. Encourage the use of supported employment agencies.	August 2015 – The Disability Advisor met with Waitemata DHB Director of Human Resources to discuss employment opportunities for disabled people, working with Hiring Managers and using supported employment agencies. The focus on Diversity in HR in 2016 will include this work.
14. Review all recruitment and employment policies and make recommendations to improve inclusion and employment opportunities for disabled people, as required.	August 2015 – Waitemata DHB HR Department are focusing on diversity in 2016. This will mean a focus on employment opportunities for Maori and Pacific people and people with impairments. Recruitment and employment policies will be reviewed and updated and there will be education for staff who are responsible for hiring and employing staff.
15. Collect data on the number of staff with disabilities (at the time of employment and/or when a disability is acquired).	May 2016 – Waitemata DHB are in the process of getting costs for the customisation of the HR database to record information on staff with impairments. The Disability Advisor has been working with HR so that the information recorded matches the information in the census, rather than space for just a yes/no response.
16. Work with Hiring Managers to increase disability awareness.	August 2015 – Waitemata DHB HR Department are focusing on diversity in 2016. This will mean a focus on employment opportunities for Maori and Pacific people and people with impairments.
17. Working with HR to look at how the DHBs support staff with Carer responsibilities.	August 2015 – The WDHB Good Employer policy is clear that it supports carers and allows for flexible working hours, where possible. The Diversity focus in 2016 will include carers.



Disability Responsiveness Educating staff and challenging stereotypes & assumptions
Current Status at 2 May 2016

What we will do... actions	Where we are now...current status
18. Work with Dieticians to improve the nutritional outcomes for disabled patients.	August 2015 - Nutrition and Hydration are embedded into the Patient Care Standards at Waitemata DHB. There are 'Nutrition Champions' in place across the nursing teams and great improvements have been made.
19. Develop 'Disability Champion' roles across the DHBs.	October 2015 - ADHB Allied Health directors will take on the role of Disability Champions for the directorates at Auckland DHB
20. Promote the Disability Awareness e-learning module to all staff across the DHBs.	May 2016 -The updated Disability Responsiveness e-learning module has been completed. The focus is on Communication (Ask the person) and Attitude (unconscious bias) and improving the patient experience. There is less focus on legislation and more on a practical response in a health setting. This will be available for both Waitemata and Auckland DHBs.
21. Provide a range of disability awareness training, targeting specific services.	May 2016 - Deaf Aotearoa is running an NZ Sign Language workshop with the joint ADHB/WDHB Funding & Planning Team as part of NZSL Week.
22. Develop tools to increase staff skills for working with people with communication difficulties.	May 2016 -The updated Disability Responsiveness e-learning module has been completed. The focus is on Communication (Ask the person) and Attitude (unconscious bias) and improving the patient experience. There is less focus on legislation and more on a practical response in a health setting. This will be available for both Waitemata and Auckland DHBs.
23. Ensure public waiting areas, wards and treatment areas meet the needs of a range of impairments, including people with autistic spectrum disorders.	February 2016 - Auckland DHB is in the midst of a RFP process for the retail spaces at Greenlane Clinical Centre and on level 5 of Auckland City Hospital. 'Accessible' is a principle that the RFP respondents have been asked to demonstrate in their service offering.



Physical Access Overcoming a disabling society Current Status at 2 May 2016

4.1

What we will do... actions	Where we are now...current status
24. Encourage the use of symbols and pictograms in signage and way finding.	<p>May 2016 –</p> <p>The following is underway for way finding at ADHB:</p> <ul style="list-style-type: none"> • developing reference wayfinding strategy for a full way finding solution, which will be a multi-year programme of activity to bring together all the elements of way finding into a consistent, accessible and cohesive system • Building an icon library for use with new wayfinding signage • Prototyping improvements to the welcome areas extending way finding pilot currently at level 1 • formally evaluating changes instituted in the Emergency Department to make entry and process clearer for patients. Commencement date TBC. • ADHB Facilities & Development are prescribing the use of symbols and pictograms in all new signage installations under its control, a recent example includes the pedestrian walkway from Car Park A to the Regional Cancer and Blood Building.
25. ADHB Disability Champions will complete the 2-day Barrier Free Training.	<p>May 2016 – 8 members of the WDHB and ADHB Facilities Team will complete the Barrier Free course..</p>
26. An accredited Barrier Free Advisor will be involved in all new Facilities work.	<p>May 2016 – The Design Manager at ADHB Facilities & Development is organizing a joint core training course through the Barrier Free New Zealand Trust http://www.barrierfreenz.org.nz/education/training-courses.html for project managers from both Auckland DHB and Waitemata DHB to be held in the next quarter. The architectural design of projects will be submitted for review by a expert trained in barrier free design at preliminary design stage including Level 5 Starship Refurbishment, Clinical Decision Unit, Level 2, Main Building. Providers for this service include the Barrier Free NZ Trust, CCS Disability Action and the Waitemata DHB Disability Advisor.</p>
27. Adoption of Universal Design principles in all Facilities work.	<p>May 2016 - <i>Waitemata DHB Core Design Principles</i> The core principles that should be applied across all Waitemata DHB design projects now include reference to sustainability. These five areas are:</p> <ol style="list-style-type: none"> 1. Inclusive planning and universal design: designing with and for everyone using our services 2. Flexible and future-focused design: adaptability for future uses and new models of care while providing functional spaces for today's patients and staff; future models of care informed by evidence and inter/national best practice 3. Enhanced patient and whanau experiences of our services: including welcoming environments 4. Health promoting environments: including safe and secure (real and virtual) environments for all, and promoting independence in patients caring for themselves 5. Low impact and high efficiency design: ensuring that our

	<p>facilities have the lowest possible environmental impact and the highest operational efficiency</p> <p>As with everything else we do, facilities design is underpinned by Waitemata DHB's core values: everyone matters; with compassion; connected; better, best, brilliant.</p>
<p>28. Building standards document developed in ADHB.</p>	<p>ADHB Facilities and Development Design Manager will develop, in collaboration with key stakeholders including Occupational Health and Safety and ADHB Disability Champions, a building standard document that includes barrier free design principles and standard. This work will be complete by December 2016.</p>
<p>29. A review of accessible toilets in ADHB buildings to be completed.</p>	<p>May 2016 - The Design Manager, ADHB Facilities and Development and a ADHB Disability Champion will review the planning, design of all toilet facilities and obtain external review as required.</p>
<p>30. Work with Auckland Transport to improve accessible transport between hospital sites.</p>	
<p>31. Investigate the reported shortage of wheelchairs available - both numbers and sizes.</p>	<p>May 2016 - Auckland DHB has purchased a fleet of new wheelchairs and has replacement built into the wheelchairs budget for 2016-17. Wheelchair bays have been installed at each of the entrances on the Grafton site and a replenishment process has been agreed with our Orderly service.</p>

Auckland Region Disability Support Advisory Committee Data Collection for Disability

Recommendation

It is recommended that the regional DiSAC:

Note the process in place for collation of patient data and the issues pertaining to specifically collecting data on disability issues.

Prepared and submitted by: Martin Chadwick, Director Allied Health.

Purpose

To give the necessary detail and background information around data collection and how data collection can be focused on disability issues.

Background

Electronic health information is codified under the ICD10-AM for all inpatient events in New Zealand and follow set definitions and conventions. The detail of these coding conventions can be found at:

<http://www.health.govt.nz/nz-health-statistics/classification-and-terminology/icd-10-am-achi-acs/new-zealand-clinical-coding-conventions>

Simply put, clinical coding is the translation of written clinical documentation into code format. Coding involves:

- Abstraction of relevant information from the entire clinical record of the hospital stay including discharge summary, clinical documentation and diagnostic reports.
- Determining which diagnoses and procedures in the admitted episode meet criteria for coding as per mandatory state and national standards
- Determining the primary diagnosis which has caused the patient admission
- Assigning codes for diagnoses and procedures using the ICD-10-AM classification
- Conditions/manifestations (where the classification assumes a causal link), that are listed in test results and not documented or confirmed by the clinician, are not to be used to inform code assignment.

Not all clinical documentation is relevant to coding. Only conditions that require treatment, diagnostic procedures, or increased clinical care/monitoring during the inpatient episode are deemed to meet criteria for coding. There are some exceptions to this rule, including:

Underlying cause, when known and documented, can be coded. For example, “pressure injury secondary to quadriplegia” – even if quadriplegia itself is not treated, it is coded as the underlying cause of the pressure injury being treated. Not all injuries have clear causal relationships.

In summary, coding data is unlikely to provide a complete picture of disability in our hospital population.

Collation of Data for People with Disabilities

Recommendation

that the Regional Disability Support Advisory Committee:

- a. **Note that when collecting information, neither Auckland nor Waitemata DHB capture whether the information relates to a patient, visitor or staff member who identifies as being disabled or having an impaired function**
- b. **Note that it is envisaged that in the future both DHBs will develop a consistent process that enables disability and impairment information to be collected and reported on**
- c. **Note that in June 2015 the Auckland and Waitemata DHB joint DSAC agreed that the information be collected using questions 16 & 17 from the 2013 Census as a framework**
- d. **Consider issues relevant to collecting responses to questions about a person's difficulties with everyday tasks when reporting on serious adverse events, so as to enable each DHB to monitor trends, and better understand its disabled population .**

Prepared by: Samantha Dalwood (Disability Advisor, Waitemata District Health Board)

Endorsed by: Debbie Holdsworth (Director of Funding, Waitemata and Auckland District Health Board)

Glossary

DHB	-	District Health Board
DSAC	-	Disability Support Advisory Committee

Executive Summary

At a 2014 meeting, the Auckland and Waitemata District Health Board (DHB) joint Disability Support Advisory Committee (DSAC) requested a report on the feasibility of providing data on serious adverse events that have involved people who identify themselves as impaired or disabled.

Currently, neither Auckland nor Waitemata DHB collect information that enables reporting on a person's functioning or disability in our routine collection of patient information relating to episodes of care. It is envisaged that in the future, both DHBs could implement changes to reporting systems, to enable functioning and disability information to be captured. This is dependent on future changes to IT systems. Challenges with how that information is collected have been previously discussed, including a strong view from members of the CCS Disability Action Health & Wellness Group that people don't want to be labelled.

At its meeting on 11 March 2015, and following feedback from the CCS Disability Action Health & Wellness Group, DSAC considered what standard language or framework could be used to classify a person's functioning or disability. At its meeting on 3 June 2015 DSAC agreed that the definition of 'disability' used by Statistics New Zealand would be suitable. It is:

'a disability is an impairment that has a long-term, limiting effect on a person's ability to carry out day-to-day activities. Long term is defined as six months or longer.'

Auckland and Waitemata DHBs are now considering the implications of establishing mechanisms in reporting systems, to enable information to be collected to identify whether a patient, visitor or staff member who has suffered a serious adverse event has a long-term disability.

It has been agreed that Questions 16 and 17 from the 2013 Census are suitable for use by the DHBs as a framework for collecting information about a person's functioning or disability. Question 16 is:

'Mark as many spaces as you need to answer this question.'

Does a health problem or a condition you have (lasting 6 months or more) cause you difficulty with, or stop you from:

- *seeing, even when wearing glasses or contact lenses*
- *hearing, even when using a hearing aid*
- *walking, lifting or bending*
- *using your hands to hold, grasp or use objects*
- *learning, concentrating or remembering*
- *communicating, mixing with others or socialising*
- *or no difficulty with any of these.'*

Question 17 is:

'Do you have a long-term disability (lasting 6 months or more) that stops you from doing things other people can do?'

Auckland and Waitemata DHBs consider that collecting responses to questions about a person's difficulties with everyday tasks when reporting on serious adverse events will enable each DHB to monitor trends, and better understand its disabled population.

Disability data will assist the DHBs to make health and disability services safer; report against the Disability Strategy and other policies and conventions; and will support policy analysis, programme development and service delivery that advocates for the rights of disabled people (including work the Disability Data and Evidence Working Group is doing at the Office for Disability Issues to improve the data available about disabled people in New Zealand).



Waitemata
District Health Board
Best Care for Everyone

Auckland DHB Patient Experience Reports

Tony O'Connor (Director of Participation and Experience Auckland DHB) and David Price (Director Patient Experience Waitemata DHB) in attendance to lead a discussion.

TOP THREE

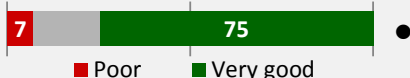
Our inpatients are asked to choose the three things that matter most to their care and treatment.

1. Communication (49%)

Communication is the aspect of our care most patients (49%) say makes a difference to the quality of their care and treatment.

"The early morning visits from various [clinical staff] was very hit and miss. Sometimes I felt they hadn't read my file and they tended to talk about me rather than to me." (Rated good)

How are we doing on communication?



2. Confidence (45%)

For nearly half of all our patients (45%), feeling confident about the quality of their care and treatment is one of the top three things that matter to the quality of their care and treatment.

"I was made fully aware of everything that was happening or going to happen. No surprises." (Rated excellent)

How are we doing with patients feeling confident about their care and treatment?



3. Consistency (41%)

Four out of every 10 patients (41%) rate getting consistent and coordinated care while in hospital as one of the things that make the most difference.

"Good handover between nurses so as not to have to bring new nurses up to speed." (Rated excellent)

How are we doing with consistent and coordinated care?



● = + change, ● = no change ● = - change

Changing our environment; changing our perspectives ...

This report focusses on the experience of inpatients with disabilities. The statistically significant finding that **"our inpatients with disabilities consistently rate their care and treatment between 2 and 6 percentage points lower than patients who do not have a disability"** should be of concern to all of us.

The New Zealand Disability Strategy: **Making a World of Difference – Whakanui Oranga** (NZDS, 2001) provides a framework for organisations to focus on eliminating barriers to participation for disabled people. To 'make a world of difference', we need to understand the needs of people with a disability in our care and encourage staff to talk about disability issues. We have made a start. Our patient experience portal tells us how well we are doing and where we need to focus our efforts. We continue to implement the Health Passport and have introduced the online Moodle course on Disability Responsiveness for staff. However if we listen to the 'voice' of our patients, as highlighted in this report, we still have some way to go.

A major participation challenge for disabled people relates to environmental factors (World Health Organisation) and our patients continue to express the presence of these barriers. Environmental factors include not only physical factors such as accessibility to buildings, but also ease of access to services. Institutional and political factors, products and technology can also be environmental barriers, alongside people's attitudes, values and beliefs towards disability issues and disabled people and how we communicate with disabled people. If we can consistently get things right from an environmental perspective, through partnership and co-design with disabled people, we will have gone a long way towards understanding, respecting and supporting disabled people as consumers of our services.

Objective 1 of the NZDS, states that all New Zealanders should understand, respect and support disabled people by seeking to know what disabled people expect and to treat disabled people the same as everyone else. Questions here include: How well do we know about and respond to disabled people? Are all our buildings and services easy for disabled people to access? Is our patient information (written, verbal and digital) available in ways that caters for the varied requirements of disabled people? Do we have accessible systems that enable us to communicate well and respectfully with disabled people?

Objective 2 encourages us to ensure disabled people's rights are understood and promoted. As health care workers we can do this by ensuring disabled people obtain their rights when they enter into our care. We can provide our staff, patients, family/whānau and visitors with information on the rights of disabled people, and, we can support independent advocacy and self-advocacy for disabled people.

Objective 5 asks us to strengthen the leadership of disabled people. At the Directorate and service level we can do this by involving disabled people in decision-making as service users and in service management and planning. We are beginning to do this through our co-design projects ... we just need to do this more, and do it consistently across the whole of the DHB. In 2016, we will be embedding our Disability Support Steering Committee and strengthening our model of Disability Champions at Directorate level through the Allied Health Directors.

Our values: Welcome/Haere Mai, Respect/Manaaki, Together/Tuhono and Aim High/Angamua should serve us well as we continue to strive for equity and inclusion of disabled people in their care and in the design of patient facilities and services.

Carolyn Simmons Carlsson
Allied Health Director and Professional Leader Occupational Therapy

A focus on patients with disabilities

Our Inpatient Experience Survey asks our patients to indicate if they have difficulty doing everyday activities because of a health condition or disability. The data in this report are from the 44% of inpatients who responded affirmatively to this question.

The following data are from the period October 1, 2014 to September 30, 2015.



Four out of every 10 ADHB inpatients have difficulty doing everyday activities because of a health condition or disability.

WHAT MATTERS

The three things that matter most to inpatients with disabilities are:

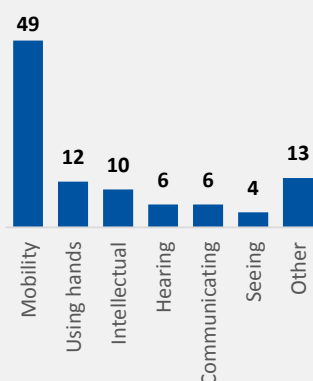
COMMUNICATION 45%

CONSISTENT CARE 43%

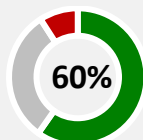
CONFIDENCE 42%

PATIENTS WITH DISABILITIES

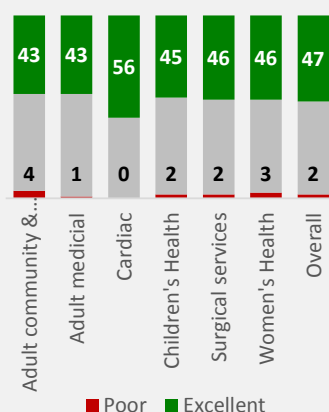
TYPE OF HEALTH CONDITION OR DISABILITY EXPERIENCED BY PATIENTS WITH DISABILITIES



PERCENTAGE OF PATIENTS WITH DISABILITIES WHO SAY THEY WERE DEFINITELY GIVEN THE SUPPORT THEY NEEDED WHILE IN HOSPITAL



EXCELLENT AND POOR CARE EXPERIENCED BY PATIENTS WITH DISABILITIES (%)



Overall n=1830; Adult community & long term n=83; Adult medical n=233; Cardiac n=227; Children's Health n=324; Surgical services n=662; Women's Health n=239. The differences are significant

HOW ARE WE DOING?

Communication

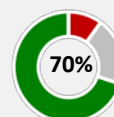
PERCENTAGE OF STAFF WHO TALK TO PATIENTS ABOUT THEIR CONDITION AND TREATMENT IN WAYS THAT ARE EASY TO UNDERSTAND.



Patients with disabilities: Doctors n=1777; Nurses/Midwives n=1694; Administration n=1211; Allied staff n=1322. All inpatients: Doctors n=3037; Nurses/midwives n=2796; Administration n=2670; Allied staff n=2642

*The differences are significant (p<0.05).

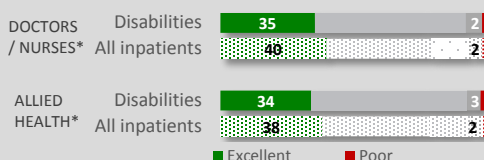
OVERALL RATING



70 per cent of inpatients with disabilities rate us "very good" on communication. 10 per cent rate us "poor".*

Consistent and coordinated care

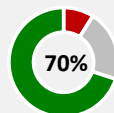
PERCENTAGE OF PATIENTS WHO SAY STAFF WORK WELL TOGETHER



Patients with disabilities: Doctors/Nurses n=1828; Allied staff n=1216. All inpatients: Doctors/Nurses n=3930; Allied staff n=2219

*The differences are significant (p<0.05).

OVERALL RATING



70 per cent of inpatients with disabilities rate us "very good" on consistent care. Nine per cent rate us "poor"

35% of inpatients with disabilities say they are given conflicting information* (compared with 30 percent of all inpatients)

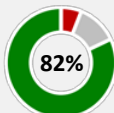
Confidence in care and treatment

PERCENTAGE OF PATIENTS WHO SAY THEY HAVE CONFIDENCE IN THE STAFF TREATING THEM



Patients with disabilities: Doctors n=1820; Nurses/Midwives n=1796; Allied staff n=1319. All inpatients: Doctors n=3365; Nurses/midwives n=3027; Allied staff n=2035. *The differences are significant (p<0.05)

OVERALL RATING



82 per cent of inpatients with disabilities rate us "very good" on confidence in care. Six per cent rate us "poor"

75% of inpatients with disabilities say they are given confident they are getting good care* (compared with 80 percent of all inpatients)

Overall, 820 patients who identified as having some sort of disability commented. Nearly three quarters (73%) of the comments were positive, whilst 47 per cent of patients commented negatively (note that most patients make more than one comment, which is why these figures total more than 100 per cent).

EQUIPMENT

WHAT OUR PATIENTS APPRECIATE (18%)

Patients appreciated it when:

- Equipment was provided, in the entrance to the hospital, the wards and on discharge;
- Assistance was given to use the equipment or demonstrate how to use it safely;
- The equipment enabled them to be more independent.

"A specialised bed, that I could raise and lower using an electric motor, so I could self-care - hugely important, maybe more than the hospital realises, and reduced the nursing care I needed and caused my comfort and mood to remain high."

"The physiotherapist obtained a walker for me which was excellent as I was able to go for longer walks and not restricted just to the room and part of the ward."

WHAT OUR PATIENTS DON'T WANT TO SEE (7%)

Having equipment, such as wheelchairs, walking frames, shower seats, toilet seats, chairs, and specialised beds on hand and easily available is important for patients with disabilities. Patients felt that their mobility and independence was limited when equipment was unavailable; had to be actively sought out by a patient; not provided or poorly explained and therefore difficult to use. In some cases not having the right equipment caused embarrassment and made patients feel a 'burden' on staff and family members, when with the right equipment they could have been more independent.

"The ward was not correctly advised of my mobility issues and when I could not get up from the toilet the lifting equipment was incomplete! Eventually a male nurse/physio arrived and I was lifted by three staff manually."

Staff availability and helpfulness

WHAT OUR PATIENTS APPRECIATE (17%)

Patients appreciated it when staff:

- Offered assistance e.g. in and out of bed, to the bathroom etc.
- Noticed when help was needed e.g. left meals, water within reach
- Were supportive, kind, compassionate and encouraging.

"I have difficulty lifting as cancer is in my bones especially the spine and also getting up if I lie down. The doctors and nurses always help me get up off a bed after examination and or treatment."

WHAT OUR PATIENTS DON'T WANT TO SEE (6%)

Some patients with disabilities commented that staff were not helpful, competent nor kind, or did not listen to the patient. They commented that staff were unhelpful when they needed assistance, had not read notes about their disabilities, limitations and abilities and did not provide the support they needed, even when asked.

"I have cerebral palsy. The nurse who put a line in my foot when I explicitly told her I can't keep my foot still because of my disability, disregarded what I said and just repeated what she had just said. I am not stupid or retarded. What you repeated didn't justify what you did or answer my concern about my foot."

Post discharge plans and support

WHAT OUR PATIENTS APPRECIATE (17%)

Patients appreciated it when there was a sound discharge plan; follow-up care was proactively arranged and the arrangements proceeded as planned.

This is an area of care that seems particularly important to patients who need support from friends and family at home.

"Excellent follow-up phone call from a paediatrician the day after discharge to check my daughter was okay. Also, an excellent follow up call from an occupational therapist to ask if we needed any further assistance and what to look out for and how to manage my daughter's condition to speed her recovery."

"Help at home from the rapid response nurses and housekeeping helped me immensely."

WHAT OUR PATIENTS DON'T WANT TO SEE (6%)

Patients were concerned when there appeared to be no plan in place on discharge; supports were inadequate and the patient 'struggled to cope', or supports organised were delayed or did not eventuate. Many of these patients stated that they were still unclear about the next steps of their care and treatment.

"I was asked who would be at home with me, but they did not ask if that person was capable of caring for me. With only one arm/hand functioning it was a struggle to feed myself properly as my husband has no idea how to prepare my special needs meals. I've been forced to do things with my arm which I'm not supposed to be doing, even when it's painful."

Information

WHAT OUR PATIENTS APPRECIATE (10%)

Patients appreciated it when they got full information about their condition that considered their needs in the broadest sense – e.g. if they needed to exercise post-surgery, that the exercises took into account their disability. They also commented positively when:

- They were given specific, tailored information – sometimes protocols don't apply;
- All options were considered and given, taking into account complex needs and conditions;
- Information was tailored to maximise their chance for recovery, quality of life, or independence.

WHAT OUR PATIENTS DON'T WANT TO SEE (5%)

Patients commented that:

- They were not informed about their condition, milestones and what to expect;
- They did not receive important information about their treatment;
- They received platitudes rather than practical assistance.

"More information about what I can and should not do would be helpful. This could have been achieved if the surgeon had spoken to me after my operation like he said he would."

Accessibility and environment

WHAT OUR PATIENTS APPRECIATE (5%)

Patients appreciated it when the hospital environment is accessible, particularly:

- There were places to rest around the hospital;
- There was access for people with walkers and wheelchairs;
- Maps were provided so people knew where to go;
- There were ramps, working lifts, hand rails in bathrooms etc.;
- They were able to be independent.

"I had no difficulty negotiating access to facilities and nursing staff were willing to help if I needed it (I am impaired by a longstanding condition and am used to managing the associated challenges by myself). I didn't need help."

WHAT OUR PATIENTS DON'T WANT TO SEE (6%)

Some patients commented that the hospital environment / physical surroundings were inaccessible (e.g. too long to walk, stairs, lifts, parking, cleanliness). They said that:

- There were insufficient disability car parks;
- Some rooms are small making it difficult to manoeuvre;
- Distances, e.g. from the transition lounge to the car park are too far;
- Better signposting is needed to avoid unnecessary wrong turns;
- There are safety issues with cords, slippery surfaces etc.

General support and communication

WHAT OUR PATIENTS APPRECIATE (5%)

Patients appreciated it when support and accommodations were made for people with a disability improving their access to care and treatment. This occurred when staff were aware of the disability, checked with the patient what was required, understood the implications (e.g. spoke clearly and slowly) put things within reach and were proactive in providing assistance whenever required.

Patients also appreciated it when staff communicated with them clearly and in a variety of ways, e.g. oral instructions, pamphlets, wrote things down for patients, used interpreters or just generally made sure that the channels of communication worked for the patient.

WHAT OUR PATIENTS DON'T WANT TO SEE (4%)

Patients commented that some staff did not adjust their care to support the person with a disability e.g.

- Patients were not questioned about their disability and what was needed, or there was no acknowledgement of the disability;
- Bells were placed out of reach to people with mobility impairments, things were described visually to people with impaired sight, quiet voices were used with those with hearing impairments;
- Children with sensory processing difficulties were put in noisy situations; and
- Staff did not slow down or speak clearly
- Interpreters (e.g. deaf interpreters) were not made available.



Changing our environment; changing our perspectives ...

This report focusses on the experiences of people with disabilities in our outpatient services. Almost half of our outpatients (45%) have a disability, either temporary or permanent.

Information, Organisation and Confidence are highlighted as the top three things that matter to our outpatients overall. To address these issues for disabled people when they come into our care requires us to understand their needs: ensuring we ask disabled people what they think, alongside asking about their experiences and encouraging staff/people to talk about disability issues.

The New Zealand Disability Strategy: ***Making a World of Difference – Whakanui Oranga*** (NZDS, 2001) provides a framework for organisations to focus on in eliminating barriers to participation for disabled people. In the writing of the NZDS, the government's relationship with the disability sector was founded on three key principles of partnership: ***Participation at all levels; Partnership in service delivery*** and ***Protection and improvement of Maori wellbeing***.

Our partnerships with disabled people as our outpatients also need to be founded on collaborative principles; recognising that patients are the experts of their own lives and their 'lived health conditions'. For some of us, this perspective will be challenging. However whilst we may be the technical experts in health care, outpatients seek to partner with their health care practitioners so that they can manage their conditions within the context of living their lives well, in their given environments, with their family, friends, work colleagues and whānau. To 'make a world of difference', we need to understand and practice from this perspective.

Our values: *Welcome/Haere Mai, Respect/Manaaki, Together/Tuhono* and *Aim High/Angamua* all serve this perspective. *Welcome/Haere Mai* extends to seeing the disabled person from a *person first* perspective, not just their condition. This is particularly pertinent in the context of disability issues – disability is not an illness – it is a condition that stems from a disabling society. To quote the NZDS: *"Disability is not something individuals have ... individuals have impairments ... rather it is a process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have"* (NZDS, 2001, p. 3).

The interface with health care services/practitioners forms only a small part of disabled people's 'lived experience' - we need to be mindful of this. People want to be listened to and shown compassion; they want us to ask their permission to engage with them and to provide services and they want their dignity and privacy respected. This is evidenced in pretty much every complaint and compliment we receive from our patients - the expectation of *Respect/Manaaki*. This is no different for disabled people. Disabled people also expect and appreciate partnership with their health care practitioners; to work with us: *Together/Tuhono*. They expect to be collaborated with and they expect communication that is clear, open, honest and pitched at the right level for understanding and that due time is provided to allow helpful processing of the information. As an organisation, we need to ensure that our information systems cater for the requirements of all disabled people and communities and our services need to empower self-management and self-care in the community – the place where outpatients live their lives.

Carolyn Simmons Carlsson
Allied Health Director and Professional Leader Occupational Therapy

TOP THREE

Our outpatients are asked to choose the three things that matter most to their care and treatment.

1. Information (67%)

Getting good information is the aspect of our care most patients (67%) say makes a difference to the quality of their care and treatment.

"Information tailored to what I needed and wanted to know. Could have had some more written material to take home about exercises and what to expect" (Rated very good)

How are we doing on information?

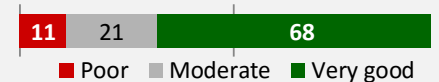


2. Organisation (55%)

For more than half of all our patients (55%), organisation, appointments and correspondence matter to the quality of their care and treatment.

"My Nurse always provides me with a written sheet of next/future appts due etc and has even provided me with a schedule for the next three months showing exactly when and where etc." (Rated excellent)

How are we doing with organisation?

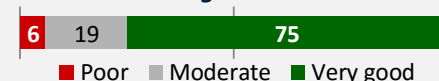


3. Confidence (52%)

Half our patients (52%) rated having confidence in their care and treatment as one of the things that make the most difference.

"Dr had excellent knowledge of my medical conditions and history. Involves me in decision making and options." (Rated excellent)

How are we doing with confidence?



A focus on patients with disabilities

Our Patient Experience Survey asks our outpatients to indicate if they have difficulty doing everyday activities because of a health condition or disability. The data in this report is from the 45% of outpatients who responded affirmatively to this question.

The following data is from the period October 1, 2014 to September 30, 2015.



Four out of every 10 ADHB outpatients (45%) have difficulty doing everyday activities because of a health condition or disability.

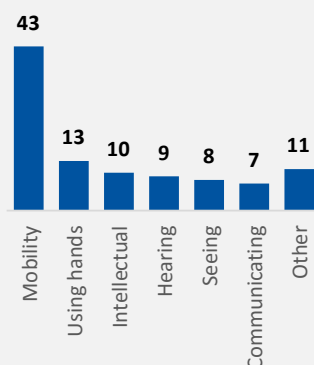
WHAT MATTERS

The three things that matter most to patients with disabilities are:

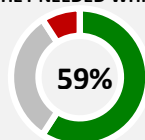
INFORMATION	67%
ORGANISATION	53%
CONFIDENCE	50%

OUTPATIENTS WITH DISABILITIES

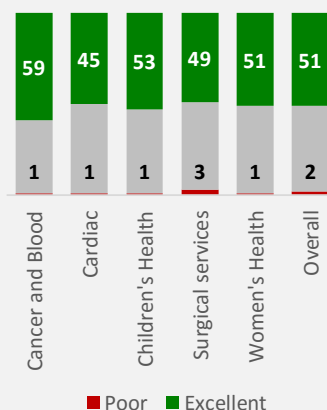
TYPE OF HEALTH CONDITION OR DISABILITY EXPERIENCED BY PATIENTS WITH DISABILITIES



PERCENTAGE OF PATIENTS WITH DISABILITIES WHO SAY THEY WERE DEFINITELY GIVEN THE SUPPORT THEY NEEDED WHILE IN HOSPITAL



EXCELLENT AND POOR CARE EXPERIENCED BY PATIENTS WITH DISABILITIES (%)

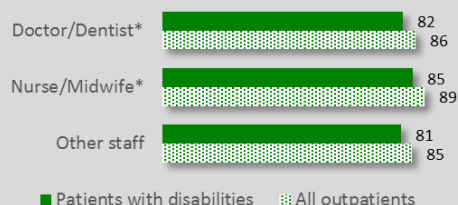


Overall n=2160; Cancer and Blood n=450, Cardiac n=126; Children's Health n=219; Surgical services n=1131; Women's Health n=172.
The differences are significant

HOW ARE WE DOING?

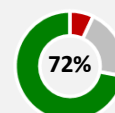
Information

PERCENTAGE OF PATIENTS WHO SAY STAFF ANSWERED QUESTIONS IN WAYS THEY COULD UNDERSTAND



Patients with disabilities: Doctors/Dentists n=1722; Nurses/Midwives n=489; Other staff n=466
All outpatients: Doctors/Dentists n=3861; Nurses/Midwives n=1016; Other staff n=1056

OVERALL RATING



72 per cent of outpatients with disabilities rate us "very good" on information. 7 per cent rate us "poor".

✓ 85%

of outpatients with disabilities say they are given the right amount of information about their condition*
compared with 88% of all outpatients

! 37%

of outpatients with disabilities say they don't always get information like test results and x-rays on time*
compared with 32% of all outpatients

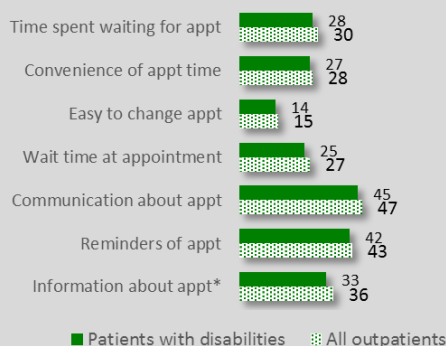
! 32%

of outpatients with disabilities say they don't always get the information they need to make informed choices*
compared with 26% of all outpatients

*The results are significant (<p0.05)

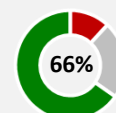
Organisation, appointments and correspondence

PERCENTAGE OF OUTPATIENTS WHO RATE ORGANISATION OF APPOINTMENTS AS EXCELLENT



Patients with disabilities: n=2157; All outpatients: n=4782

OVERALL RATING



66 per cent of outpatients with disabilities rate us "very good" on organisation, appointments and correspondence. 12 per cent rate us "poor".

✓ 69%

of outpatients with disabilities say the clinic was very organised prior to their appointment.*
compared with 88% of all outpatients

✓ 73%

of outpatients with disabilities say the clinic was very well organised at their appointment.
compared with 75% of all outpatients

! 35%

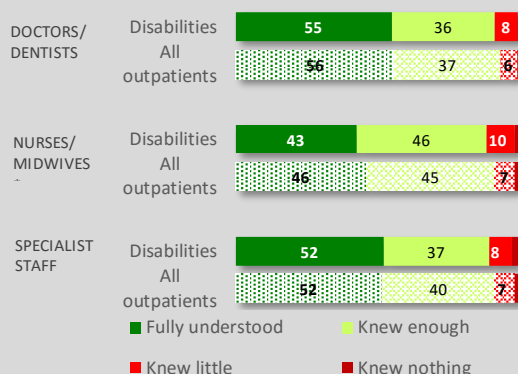
of outpatients with disabilities say the clinic was not well organised after their appointment.*
compared with 26% of all outpatients

*The results are significant (<p0.05)

HOW ARE WE DOING?

Confidence in care and treatment

RATING OF STAFF AWARENESS OF MEDICAL HISTORY



PERCENTAGE OF OUTPATIENTS WHO HAVE CONFIDENCE AND TRUST IN THE STAFF TREATING THEM

83% of outpatients with disabilities 'always' have confidence in doctors and dentists* compared with 87% of all outpatients

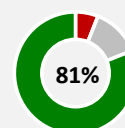
83% of outpatients with disabilities 'always' have confidence in nurses and midwives compared with 87% of all outpatients

82% of outpatients with disabilities 'always' have confidence in specialist staff compared with 84% of all outpatients

Patients with disabilities: Doctors/Dentists n=1686; Nurses/Midwives n=442; Other staff n=441
All outpatients: Doctors/Dentists n=3726; Nurses/Midwives n=884; Other staff n=934

*The results are significant (<p0.05)

OVERALL RATING



81 per cent of outpatients with disabilities rate us "very good" in confidence in care and treatment. Six per cent rate us "poor".

PATIENT COMMENTS

Accessible environment

WHAT OUR PATIENTS APPRECIATE (8%)

Patients appreciated it when the physical environment was accessible from the parking building to the clinic. They particularly appreciated:

- Public transport to the clinic and hospital door;
- Easy parking, mobility parks close to entrance;
- Short distances to walk from car park/reception to clinic;
- Well sign-posted clinics and wall maps;
- Volunteers giving directions which made navigating the hospital and clinics easier;
- Foot rests, chairs available where they could take a rest in corridors;
- Lifts to the departments or clinics; and
- Enough space in waiting areas for wheelchairs.

We found it easy to get in and out the building with a wheelchair, the lifts are a bit tricky and the doors close too soon, but other facilities were accommodating and staff were very helpful.

WHAT OUR PATIENTS DON'T WANT TO SEE (18%)

Almost one in five outpatients with a disability commented that they found the hospital and clinics inaccessible, commenting:

- It is difficult to find parking;
- There were long walks from car park or other departments to treatment;
- There were stairs when lifts were required;
- Chairs at difficult heights to get in and out of;
- There was insufficient space in waiting rooms;
- Flooring was slippery e.g. the tiles; and
- There were no ramps for wheelchairs.

Parking is a very stressful diabolical issue for me as a patient on my own with joint issues. I have a mobility card but there is almost never any available parking and I usually have to park illegally and pray I don't get towed - a stress one doesn't need when coming for cancer treatment.

Equipment and resources

WHAT OUR PATIENTS APPRECIATE (10%)

Patients appreciated:

- being given the required equipment for home use – for example wheelchairs, crutches, shower stools, braces, toilet seats;
- Being given the resources they needed, such as mobility cards, interpreters for clinics etc.;
- Having wheelchairs available for people to use at entrance ways to get to and from clinics and around the hospital.

WHAT OUR PATIENTS DON'T WANT TO SEE (3%)

Patients commented that:

- The equipment and resources that they needed, such as wheelchairs, mobility cards or interpreters, were not offered;
- In some cases, it was noted that equipment was offered but it was not available, or there was a lack of follow-up; and
- Some patients were provided with equipment which was unsuitable for their situation.

Support and accommodation

WHAT OUR PATIENTS APPRECIATE (7%)

Patients appreciated when active support and adjustments were made for the disability, in particular:

- Support was offered in transition to and from the clinic e.g. help to car, checking they have a driver or taxi, offering information on transport;
- Medical staff considered the disability when providing information or examining the patient (e.g. speaking slowly/repeating information or giving physical help onto examination table, providing a bed to rest on during the appointment when fatigued, giving morning appointment times when the patient had more energy); and
- Patients were assisted to move between appointments if a physical disability made it difficult to move independently.

I was offered help onto the examination table in the clinic room. I was asked if I needed help to stand from the chair. Help was offered, but not forced on me which suits me because I am independent to a large degree. I found this reassuring.

Patients appreciated it when staff were friendly and helpful and family were able to be present.

My healthcare team have always been supportive of me... At time I have been brought to tears at [their] compassion and assistance. I am indeed most fortunate.

WHAT OUR PATIENTS DON'T WANT TO SEE (4%)

Our outpatients comment negatively when no accommodation is made for their disability, specifically:

- The patients were clearly struggling with a disability when moving around the hospital and no help was provided;
- The disability was not considered when providing information or examining the patient e.g. the staff talked too fast or too quietly for those who were hearing impaired;
- No support was offered in transition from hospital to home given impairment e.g. they were not given help to get to the car, no-one checked they had access to a driver or taxi; and
- The booking service (phone based) is not accessible for people with speech or hearing impairments.

I have cognitive difficulties so being asked when events occurred is very stressful as I cannot remember. Also when given information verbally I have difficulty retaining it.

Some outpatients with disabilities didn't know who to talk to about problems or what to do when those assigned to help them didn't respond.

I have been left to discover on my own what works for me by trial and error, which has been painful at times.

Follow up and in-home support

WHAT OUR PATIENTS APPRECIATE (5%)

Patients appreciated it when:

- Follow up calls were made to the patient at home to check on progress
- They were provided with a caregiver, home help, or a district nurse if they needed it.

All the staff that has come to our house and any equipment which has been supplied has been fantastic. We couldn't ask for better.

WHAT OUR PATIENTS DON'T WANT TO SEE (3%)

Patients commented that:

- Home support was not offered despite it being clearly needed
- The support that was offered was inadequate, the wrong type of support or too infrequent
- They were not told of any follow-up plans.

If I had received the post-surgical follow-up appointments I had been told I would, I believe that my condition would have been dealt with in a timelier manner and that those physical difficulties would be resolved by now.

Dignity and Respect

WHAT OUR PATIENTS APPRECIATE (2%)

Patients appreciated it when staff were understanding, listened to and respected patient opinions, treated with dignity and manners in difficult situations, offered help but gave patients a choice, attentive to needs, and they didn't feel pushed, judged or treated like a number.

I have difficulty moving onto and back down from medical beds etc. The doctor offered to help me sit up descend - but I chose to move my own body to the side-position and then use my arms to sit up, shuffle to the edge and step down. My choice was respected.

WHAT OUR PATIENTS DON'T WANT TO SEE (3%)

Our outpatients with disabilities are asking to be treated with dignity and respect.

The one problem I have is some staff talk and use eye contact with whoever is with me and not at and with me. I think this is because I use a wheelchair. It is my legs which are the problem not my brain. I can still see, talk and hear. I can communicate very well.



Environmental Accessibility at Auckland and Counties Manukau DHBs

Tony O'Connor (Director of Participation and Experience Auckland DHB) and Martin Chadwick (Director Allied Health Counties Manukau Health) to initiate and lead a discussion.

Auckland Region Disability Support Advisory Committee Environmental Assessment Using Be.Accessible

Recommendation

It is recommended that the regional DiSAC:

Note the approach taken within Counties Manukau Health to test using an external agency to review facility accessibility.

Prepared and submitted by: Martin Chadwick, Director Allied Health.

Purpose

DiSAC requested that Counties Manukau Health (CM Health) explore the benefit of being assessed from an accessibility standpoint by an external agency. Be.Accessible is an agency that examines the entire client journey from this standpoint. Manukau Super Clinic was selected as a test case as to the benefit of this approach.

Background

DiSAC has a particular focus on challenging CM Health to not just meet minimum code from an access to facilities standpoint but to excel in the area of accessibility from a disability perspective.

Be.Accessible is an entity that was developed in perperation for the 2011 Rugby World Cup to demonstrate the economic benefit of taking into account the disability population and encouraging businesses to target this population cohort. They achieved this by assessing a business or entity from an entire client journey perspective and will then grade a business. Once assessed, this rating is made available on their website and becomes a public statement of how a business rates from a disability access perspective.

DiSAC requested that CM Health explore the benefit of being assessed as an organisation by Be.Accessible to give an external view of how we rate from this perspective. Manukau Super Clinic was selected by the Executive Leadership Team as a test case to determine the worth of this process. The cost of the Manukau Super Clinic assessment was \$3599 + GST.

The Be.Accessible assessment is based on four areas:

- Finding out about your environment
- Arriving and getting in
- Getting around within
- Getting out safely

At the initial feedback session, Manukau Super Clinic was rated at a Silver level, one percentage point from a Gold rating. Many action points that were suggested at the assessment have been addressed.

Rating by access group is summarised below:

Access Group	Percentage Score	Rating
Vision	81%	Gold
Hearing	79%	Silver
Mobility	81%	Gold
Learning	81%	Gold
Partents	82%	Gold

Of the recommendations made, there are some that cannot be addressed immediately but could be factored into future development (ie) more wheelchair curb access. Other recommendations continue to be considered as an overarching organisation approach (ie) videos embedded on the CM Health website with NZ Sign Language.

Summary

The cost of the assessment (\$3599 + GST) is reasonable and has provided good feedback to the Manukau Super Clinic management staff. Be.accessible offers training for staff to build on the findings of the evaluation report. Given that our business is healthcare, we are generally well placed as far as understanding the need for accessibility for the disability population.

Attached is a copy of the Be.Accessible Assessment of the Manukau Super Clinic site.



Manukau SuperClinic

Your Accessibility Journey

Report

Be. Institute

PO Box 5614, Wellesley Street, Auckland 1141, New Zealand

p 0800 Be in touch (234 686) **or** 09 309 8966 **e** info@beaccessible.org.nz

Dear Martin,

Thank you for embarking on this accessibility journey, we are excited to work with you towards becoming a fully accessible service provider to your clients, as well as make a positive contribution to your community.

In this report you will find:

- 1. A Brief Introduction**
How we got to where we are now
- 2. Your Accessibility Report**
A full detailed report of how the Clinic performed in each section of the accessibility assessment
- 3. An Accessibility Development Plan**
Goals for your organisation to work towards 100% accessibility
- 4. Appendix**
Frequently Asked Questions
Helpful Resources
Environmental Resources
Be. Accessible Disclaimer

This report is intended to be a reference guide as your accessibility journey continues. Please do not hesitate to contact us if you need further clarification or explanation of anything in this report.

Kind Regards,

Megan Barclay and Kylie Shirliff
Be. Welcome Programme

www.beaccessible.org.nz



Background

In October 2014, Counties Manukau District Health Board commissioned Be. Accessible to perform a Be. Welcome Assessment on the Manukau Super Clinic with the purpose of facilitating their journey towards accessibility.

Approach

Julianne McEldowney was the Be. Coach who visited Manukau Super Clinic and completed the holistic Be. Welcome Assessment, which was structured upon the following four areas:

1. Finding Out About your Environment
2. Arriving and Getting In
3. Getting Around Within
4. Getting Out Safely

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1



The Benefits of Accessibility for Your Organisation

1. Increase the quality outcomes of your services
 - Reach a broader range of patients
 - Create high satisfaction results across your client base
 - Ensure ongoing referrals by existing patients
2. Increase reach through
 - New service opportunities
 - Having a reputation for quality accessibility
 - Profile on www.beaccessible.org.nz
3. Increased awareness
 - Understand the needs of your patients and how to serve them well
 - Access to toolkits and best practice information
4. Improved environment
 - A better work environment for your staff
 - Empowered employees who are confident in their ability to provide for any access citizen
 - A better experience and environment for all your patients

Your Accessibility Report

2

Overall Rating

Your overall assessment score was 79% which means you receive the following Be. Welcome rating:



Your organisation has achieved good levels of accessibility in a number of areas.

Ratings by Access Group

We have also calculated which rating you have achieved in each particular access group:

Access Group	Percentage Score	Rating
Vision	81%	Gold
Hearing	79%	Silver
Mobility	81%	Gold
Learning	81%	Gold
Parents	82%	Gold

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3



Your Accessibility Report

2

Your Organisational Profile

The following text will be the organisational profile that will be displayed on the Be. Accessible website.

Summary

Manukau Super Clinic demonstrates a high standard of accessibility from information provided on their website to the accessible car parks, public transport and public drop off points near the main entrance and an accessible route to and within the site that provides both visual and tactile cues for navigation.

Inside the building volunteers and staff appear friendly and helpful, available to assist if you have any questions or require a wheelchair. Signs for Clinical Modules are well placed and visible from a distance. Waiting rooms have a range of seating to suit a variety of access needs. Accessible toilet facilities are located on the ground floor and on Level 1.

www.beaccessible.org.nz



Your Accessibility Report

2

Getting ready to go:

The website:

- The Counties Manukau Health website provides information about Manukau Super Clinic on one page. This is easy to navigate by the scroll bar on the right hand side of your screen.
- Contact details, a location map and information on Parking and Public Transport options are provided. Additional information is provided as PDF documents requiring the free Adobe Reader application to view.

Brochures:

- Brochures produced by Counties Manukau Health use good colour contrast, text, symbols, and photos to explain important information when attending an appointment at the Manukau Super Clinic.
- A large sign offset from Great South Road is visible on approach from both directions.

Arriving and Getting In:

Bus Stop:

- Bus stops are located on either side of Great South Road within a short distance to the Manukau Super Clinic's main entrance.
- The bus stop is located on Great South Road, Manurewa.
- The number of the bus stops are 8035 and 6888.

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Your Accessibility Report

2

- The bus routes are: 454 Manurewa to Manukau City via Mahia Road, Clendon and Browns Road; 455 Weymouth to Manukau City via Manurewa Interchange; 456 Wattle Downs to Manukau City via Manurewa Interchange; 470 Papakura to Downtown via Great South Road, 471 Pahurehure to Downtown via Great South Road; 472 Red Hill to Downtown via Great South Road; 473 Keri Hill to Downtown via Great South Road.
- There is seating and shelter at the bus stop.

Car parking:

- There are 16 accessible parking spaces in the public car park. Follow the signs for Manukau Super Clinic Parking (to the left at the round-a-bout). You will need to display your Mobility Parking Card if using these car parks. If you don't have a Mobility Parking Permit but would benefit from parking near the main entrance use the Limited Mobility Parking spaces provided on the southern side of the accessible parks.
- There is no shelter over the accessible car parking.
- There are no dedicated parent car parks.

Drop off/pick up zone:

- A Set Down Zone outside the main entrance has a kerb ramp to access the footpath.
- The drop off/pick up zone is located within 200 metres of the organisation's entrance.
- There is shelter over the drop off/pick up zone.
- There is a kerb curb cut to the pavement.

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Your Accessibility Report

2

Drop off/pick up zone signage:

- The drop off/pick up zone is easy to find and well sign posted.

The identified accessible route to the site:

- The accessible route from bus stops, public car park and set down area (drop off zone) is highly visible, flat and appears slip resistant.
- Footpaths are wide allowing multiple people to pass one another easily. Pedestrian crossings and a highly visible Pedestrian Access sign provides a safe and direct path of travel to and from public car park.
- The accessible route to the site has a minimum width of 1200mm.
- There are ground tactile indicators installed to help navigate to the main entrance.

Getting around within the site:

Customer Service:

- Staff and volunteers appear welcoming and friendly, they wear uniforms to be easily identifiable and will be at reception to answer any questions you may have and direct you to the appropriate Module for your appointment.
- There are staff available to help with any access enquiries.
- There are wheelchairs available.
- All support animals are welcomed on premises (e.g. guide, hearing or mobility dogs etc).

Communicating Accessibly:

- Information can be sent out via email.

www.beaccessible.org.nz



Your Accessibility Report

2

- Texts to mobile phones.

The identified accessible route within the site:

- The route throughout Manukau Super Clinic is accessible and provides a visually contrasted path of travel (for example, a dark blue carpet pathway with white tiles on either side) that can be easily detectable by canes.
- Doors may be heavy for some access citizens to open independently and doorways may be narrow for double strollers to move through easily, however staff and volunteers are on hand to assist. One clinic has a step to the entrance, however a wooden ramp can be installed to assist patients or support people using mobility equipment to access easily.
- The accessible route within the site has a minimum width of 1200mm.
- Any permanently fixed objects are detectable by a person using a cane.
- You can access all facilities and services within from this accessible route.
- Lighting levels on this accessible route offer good visibility and viewing.
- The layout suggests a welcoming physical environment.

Signage within the site:

- Signage is very good throughout the site - easy to read, consistent in layout identifying where accessible facilities are located.

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Your Accessibility Report

2

Sensory options:

- Sunlight through the Atrium glass ceiling produces a bright, intense light that reflects off the stair handrails, most noticeable when exiting the lift on the first floor.
- A listening system exists.
- Braille or tactile methods are used to help indicate location.

Surfaces:

- Easy movement around the site due to short cut carpet pile.
- The floor surface covering is plain and clear.
- Tactile indicators are installed on accessible route

Lifts:

- Lifts are located behind the Reception area and stairs, heading in the opposite direction from the main entrance. Volunteers can provide you with directions.
- All controls (i.e. landing controls, alarm and emergency telephone) are located within a reachable range.

Stairs or Steps:

- Stairs to Level One are accessible with handrails on both sides and secure, slip resistant nosing provides good colour contrast on each step.
- There is a handrail located on at least one or both sides of the stairs.

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9



Your Accessibility Report

2

Accessible Reception/ Counter / Ticket Sales

- The Reception counter is easily approachable by all people including children and access citizens using mobility equipment. There is some clearance underneath for people using wheelchairs to approach directly. Colour contrasted floor tiles surround the reception counter providing tactile and visual cues for access citizens with visual impairment to identify.
- A public telephone is located several metres along the left hand corridor of the reception area, on your right.
- There is a counter located on the accessible route.
- The counter is accessible and has a clear space of 1200mm x 1200mm in front.
- There is at least one access space at the service or reception counter.
- There is at least one seat (with an armrest on at least one side and a usable seat height) available to use while waiting.
- There is a private room or quieter area available to use for communication or personal requirements.
- There is a telephone available for the access customer to use.

Accessible Toilets:

- Unisex, accessible toilet facilities are located in all Modules and on the ground floor at the south end of the building. Gender specific accessible facilities are located on Level 1.
- All gender accessible toilets are in a self-contained compartment with full privacy.
- There is a baby change station or separate parent room available.

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Your Accessibility Report

2

- Accessible toilets are distributed evenly throughout multi storey buildings.
- The toilet seat lid can act as a back rest.
- Caution when transferring as the toilet pan is not a completely stable base.
- The accessible toilet is a minimum of 1600mm wide x 1900mm long.
- The washbasin is reachable from the toilet seat.

Places of assembly, entertainment and recreation:

- Conference and meeting rooms are well designed for multi-disciplinary presentations, with a kitchenette available for food preparation. Furniture can be moved to accommodate staff requirements. Rooms are provided with lecterns, microphones and data projectors.
- An indoor children's playground is centrally located with seating available for adults supervising.
- Meeting rooms, entertainment and recreation areas are on the accessible route.
- There are drinking fountains available.
- There is level access and floor space for wheelchair users to be seated with the general audience.
- There is direct access to an accessible toilet.
- The presentation area or stage is accessible.

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Your Accessibility Report

2

Designated Accessible Areas:

- Manukau Super Clinic provides a range of seating options in Module waiting areas, and the Atrium allowing patients and support people to select the most suitable for their needs. Options include chairs with back supports, with or without armrests and seat height variation.
- Manukau Super Clinic is a Smokefree Environment.
- There is a grassed area for support animals (e.g. guide, hearing or mobility dogs).
- There is an ATM located on the accessible route.

Getting out safely:

- All staff are required to read and understand Manukau Super Clinic's Health & Safety Orientation Booklet at the commencement of their position to ensure a safe work environment for themselves and all on site. There are regular Health and Safety Audits carried out to ensure safety of all onsite.
- The emergency exits are accessible and hazard free.
- All fire/smoke doors can stay open automatically during an emergency.
- There are audible fire alerting devices.
- Assembly areas (e.g. evacuation point) are on the accessible route.

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Accessibility Development Plan

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Commendations

The following commendations have been made:

Finding Out About

- Information on the website is easy to find and provides everything from Outpatient Services, to contact information, parking and public transport options - making it easy for patients to make contact or attend their appointment.
- Brochures produced by Counties Manukau Health use good colour contrast, text, symbols, and photos to explain important information.
- Business cards make excellent use of colour contrast and provide detailed contact information.

Arriving and Getting In

- The bus stop is in an easily accessible position within a short distance to the Clinic's main entrance.
- The accessible car parking at the main entrance is also well situated for easy access for patients.
- The covered drop off zone at the main entrance is an excellent initiative to assist access patients arriving and leaving the hospital.
- The accessible route to the main entrance is clear and easy to navigate for most access patients.
- All support animals are welcomed on premises (e.g. guide, hearing or mobility dogs etc).

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Accessibility Development Plan

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Getting Around Within

- Playground for kids with seating area for adults supervising.
- The reception staff and volunteers are always there to assist people to get where they need to be as well as assisting with transport enquiries and any other queries. The volunteers wear uniforms to be easily identifiable.
- Clear signage with symbols to indicate accessible facilities.
- All surfaces are easily managed by access patients including the outdoor area.
- The inclusion of an accessible counter space is helpful.
- Accessible toilets are well located throughout the facility.
- The Super Clinic is a Smokefree Environment.

Getting Out Safely

- Health and Safety appears to be of a very high standard at Manukau SuperClinic with regular audits carried out and cross-organisation staff meetings to address Health and Safety issues arising.
- The Health and Safety Orientation Booklet for new staff to complete within one month of commencing their position is highly commended.



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Accessibility Development Plan

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Recommendations

We suggest the following recommendations to improve on your current percentage and rating.

Every improvement, no matter how big or small, contributes to your overall accessibility in a unique way. Please note that not all improvements are scored equally under the Be. Welcome Assessment, and the ease and practicality of these recommendations will differ between organisations depending on your circumstances so we encourage you to go through this list with your Be. Coach to create a list of priorities and work through these as time, effort and money permits.

Finding Out About

Website:

- Ensure all images and photos on the website have "alternative text". These are descriptions of the images to help access customers who will be accessing your website through screen reading technology.
- Text contrast is good, however a darker colour (for example, black text on a white background) may improve viewing for some access citizens with low vision.
- Outline the accessible facilities on the website to give the access patient access information and promote the accessibility of the clinic.
- Include your Be. Welcome Rating and the International Symbol of Access (ISA) on the website to inform the access patient that the business is accessible.
- In the event that videos may be used on your website in the future, consider including video with NZ Sign Language interpreters and captions to inform Deaf access citizens or people with hearing impairment audio or spoken language.



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- Provide alternative formats in addition to PDFs (for example Word documents or links to web content) for those who access information by screen reader technology. Some screen reader software is unable to decipher PDFs. By way of example visit <http://www.beaccessible.org.nz/the-movement/resources>.

Brochures:

- Increase the size of the font used in brochures to make it easier to read. A minimum of 12 point is recommended. Broadly speaking the larger the font size, the easier it is to read for children, older people, those with a visual, intellectual impairment or people for whom English may not be a first language.
- Consider offering a large print version of the brochure, for customers who find small text difficult to read. Provide alternative language formats, this would be especially beneficial to your organisation, as you will be able to reach and communicate with a wider group of access citizens (patients).
- Add an ISA (International Symbol of Access) in your brochure in future, this will communicate that your organisation is accessible. While a location map of facilities is not available in brochure format, these are available from the website.
- Consider having a facilities map available for patients on arrival.
- Consider displaying the business card information in braille format that does not affect other users' ability to read the card.

Alternative Marketing Formats:

- Suggest consideration be given to exterior signage on the building to inform access citizens where the Manukau Super Clinic is located (and for the Surgical Centre on the other side of the building).

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Accessibility Development Plan

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Arriving & Getting In

Car parking:

- It would be useful to provide a designated car park for parents close to the entrance, this measure would provide safety for parents to load and unload children.
- Consider providing additional accessible car parks to meet the growing needs of people with limited mobility to have reasonably close access to the main entrance.
- There was insufficient signage identifying accessible car parking. Suggest installing suitable consistent signage to inform access patients where the accessible car parks are located as they enter the car park area.
- Consider creating additional kerb ramps where accessible and limited mobility car parks are located to provide direct access and a smooth transition between the car park and footpaths. It's important to consider the route access citizens using mobility equipment are required to take from their car to the nearest kerb ramp as this is a potential hazard.

Drop Off Zone:

- Ensure the full length of the Set Down surface area is level to the pavement (that is, with kerb ramps) to allow several drivers to draw up giving access citizens direct access to the footpath and avoid negotiating kerbs. If necessary, install stainless steel bollards with reflective strips to prevent vehicles from pulling up on the footpath.

Getting Around Within

Customer Service:

- Staff expressed during the interviews (refer to interview report below) that they would find Accessibility Awareness training beneficial, to understand the needs of people with diverse access needs and know how to respond more effectively.
- Staff were in favour of attending Accessibility Awareness workshops to increase their confidence in supporting access citizens with diverse needs.
- Consider professional development modules that includes how to support access citizens who are Blind or Deaf during an emergency evacuation.
- Consider adding accessibility awareness training to Staff Inductions to foster an accessible, responsive and inclusive organisational culture.

Accessible route within the site:

- Consider ways to improve the ability of access citizens who have limited upper body strength, older people or parents with children using wheelchairs or strollers to open doors independently and easily. In the event of a major upgrade consider installing automatic opening doors to all Modules and ensuring doorway widths are 810mm.
- Where possible have double doors opening into Modules to enable access patients using large powerchairs, mobility scooters or double strollers to enter the waiting areas easily without drawing attention to themselves if they are unable to manage opening the doors by themselves.



Accessibility Development Plan

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Signage:

- Consider installing signage that is consistent in layout with directional information to accessible facilities, visible from the main entrance or along the accessible route (for example, directing access citizens to the Lifts, Stairs and Accessible Toilet Facilities).

Lifts:

- Install directional signage and/or tactile indicators to further indicate the location of the lift.
- Install raised tactile numbers on the leading edge of each landing lift door or on the entrance architrave indicating the floor level.

Stairs:

- Use a stronger colour contrast surface treatment at the top and bottom or any stairs to inform people with vision impairment they are about to encounter a change in the environment. We also suggest installing colour contrasting, slip resistant, ground tactile indicators at the bottom or head of stairs for further navigation assistance.

Accessible Reception Counter:

- Display the ISA (International Symbol of Access) so that it is visible. Consider providing a higher surface area at Reception for access citizens who may find it difficult to stand comfortably without something to lean on (due to limited strength, mobility, fatigue, or balance concerns).
- Consider providing a higher surface area at Reception for access citizens who may find it difficult to stand comfortably without something to lean on (due to limited strength, mobility, fatigue, or balance concerns).



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Toilet Facilities:

- Ensure appropriate signage alerting the location of the accessible toilet can be seen within the accessible route.
- In future, ensure provisions are made to ensure that at least one all gender toilet is located within a self-contained compartment.
- The accessible toilet door locking mechanism is faulty requiring extra force to close properly. We suggest regular checks are added to maintenance schedules.
- Ensure all toilet seats are made secure to allow for safe transfer from a wheelchair.
- Signage provides direction to patients and family members of the location of 'disabled toilet facilities'. We suggest changing the word, 'disabled' to accessible. (Please note: on a subsequent visit to Manukau Super Clinic signage had been changed to 'Be. accessible toilet facilities' - while we commend the immediate response, patients may not know the term, Be. accessible – therefore we suggest that Accessible Toilets is sufficient (with the use of the International Symbol of Access (ISA) to support the text).
- Install kick plates on both sides of the accessible toilet door. Kick plates help protect the toilet door from pushchair and wheelchair users who 'bulldoze' the door open with the front of the pushchair/wheelchair.
- In the event of modifications to the toilet facilities consider installing a raised flusher located in the centre of cistern, or providing one with a lever handle located to the open side of the toilet to be easily activated by access citizens with tetraplegia, arthritis or limited hand dexterity.



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Getting Out Safely

- Consider providing Evacuation Chairs for the safe egress of access citizens using mobility equipment or with limited mobility who may be on Level 1 during an evacuation procedure.
- Install visual fire alerting devices throughout for the safe evacuation of all access customers, particularly for access citizens who are Deaf or hearing impaired.



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Manukau Super Clinic Staff Interviews

Your Be. Coach conducted four interviews with key Super Clinic staff. These staff members included Carol, Volunteer Co-ordinator; Joy, Nurse Manager Module 1, Orthopaedics and X-ray; Pene, Team Leader Call Centre; and Aaron, Team Leader Module 3, Ear Nose Throat and Audiology.

Your Be. Coach established the level of awareness of accessibility and service delivery across each interviewee, and drew out their suggestions for improvement.

Key Findings and Recommendations

The following suggestions stem from interviews with staff and the assessors observations of things which may improve access citizens experience attending a clinic at Manukau Super Clinic. These are for your consideration and as a way of seeding ongoing development for the benefit of staff and patients alike.

Accessibly Awareness

During the interviews staff agreed that an increased awareness of people with access needs would be beneficial across all functions.

Consider holding a series of Be. Confident workshops as professional and team development opportunities for the organisation.

Be. Confident is a conversation for staff and volunteers across the organisation (for example, one group may be a mix of clerical staff, nursing staff and volunteers). This provides a unique opportunity for people to engage in a conversation around accessibility. It increases awareness of individual roles and professional boundaries and recognising people bring with them a wealth of experience to the role.



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It is also an excellent way to begin creating a culture focused on delivering good Customer Service to every person, without needing to consider exceptions or creating unique experiences for some.

Diversity in employment

Certain individuals interviewed discussed the positive impact of having a team member living with an impairment.

Consider actively employing people with access needs across all functional teams. If there are barriers to this, consider a facilitated conversation to draw out concerns and fears you or other staff may have.

Patients and Families – an Untapped Resource

Consider creating multiple opportunities to listen to your patients and what matters to them.

Consider implementing accessible measures to invite patients and family members to share insights on how the environment and experiences can be more accessible for them.

Seeking feedback via a survey letter is one option. Another is to encourage people while waiting for appointments to give feedback. For example, a wall with post-It notes with a starting sentence "I wish..." and inviting people to share their suggestions, another may be to have an i-Pad or interactive screen set up inviting participation.

To show the community that the Clinic and Health Board are serious about taking on feedback, consider creating a tracking wall or method that communicates where suggestions have been implemented.

Health and Safety

It is critical that the clinic evacuation procedures are revisited to create client-focused approaches for Getting Out Safely.

Modelling best practice Health and Safety for employees, volunteers and clients as a health provider is important.

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Removal of potential hazards are key to creating a highly aware and caring culture.

Shuttle Bus Service

The free shuttle bus service to and from Manukau Super Clinic from a number of locations is commended. Consider providing an accessible service with hoist capability which will enable access citizens using mobility equipment to have the same level of service as other patients. Currently the logistics for patients booking accessible taxi companies coincide with their appointment times and avoid school runs is difficult for Manukau Super Clinic staff, clinic times and patients.

Car Park Kerb Ramps

Consider creating additional kerb ramps where accessible and limited mobility car parks are located to provide direct access and a smooth transition between the car park and footpaths.

It is important to consider the route individuals with access needs, and/or using mobility equipment are required to take from their car to the nearest kerb ramp.

Accessible Module and Clinical Processes

The shared space areas of the Super Clinic have a generally accessible design.

However, there is an opportunity to establish a client-friendly and universally designed set of Clinical Modules with minor modifications to create space for people waiting for appointments and low anxiety experiences.

This might include reconfiguring waiting areas, and giving careful consideration to what is communicated for those waiting for specialist/appointment.

There is a great opportunity to create a client-focused approach to client contact. Physical letter communication is not accessible to all in the general population. Developing a holistically accessible client

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communication approach would set the Super Clinic apart as a leader in this space.

For example, capturing a flag on patient/client records of preferred method of communication selected from three separate options: a) letter in post; b) email; c) text/voice message to a phone number.

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Detailed Transcripts of Staff Interviews

Interview 1: Carol – Volunteer Coordinator

The volunteers tend to choose an area of work that they are most comfortable with, and confidently know their limits. Each volunteer commits to 4 hours per week, and in that time their work can be varied, ranging from:-

- Driving courtesy coaches;
- Delivery and pick of specimens;
- Assisting with the 10,500 letters to be sent each week to clients/patients;
- Attending to tea trolleys;
- Attend the Reception Counter from 6.30am;
- Act as Greeters from 8am

Approximately 56 volunteers exist and undergo ongoing monitoring of the services they provide.

Carol's Comments on Accessibility:

In General

- The Modular style of the Clinics allows for flexibility by not using medical terms, to have men, women and children waiting in one area for various appointments;
- The Information Patient Management system ...;
- People with an impairment usually attend with a support person;
- Wheelchairs are available for anyone needing them;
- Disability awareness programme would be beneficial for volunteer team, and when Be. Confident workshops described, agreed these would be welcome.

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Complaints

Jean, Kathie, Facilities Manager & Carol deal with these.

Physical Accessibility

- Car parks require additional kerb ramps to be installed;
- Automatic opening doors would be better for the Clinic entrance

Evacuation

- Emergency power generators exist in some areas;
- Each Team Leader is responsible for different areas;
- Fire Wardens – report to front desk, and advise who is left in the examination rooms for the Fire Service to evacuate;
- Evacuation bags include blankets, barley sugars, cones to stop car cars coming up road, vomit pots;
- People with limited mobility stay upstairs.

Disability Clinics

- Removing or changing seating to accommodate people in waiting areas – staff and patients look out for one another, offer to assist as required.
- Staff are aware of what's happening in the waiting room and make adjustments to the physical environment to enable all people to have a place and for access ways to remain clear.
- Kids with motorised wheelchairs...

Potential Access Hazards

- Not aware of any hazards to patients, although the letter folding machine is noisy, therefore volunteers wear ear muffs;
- Opening and folding wheelchairs can be problematic;
- Volunteers don't handle fluids at all;
- Greeters deal with 'bleeders' and are aware of safe protocols and processes.

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Interview 2: Joy, Nurse Manager Module 1, Orthopaedics and X-ray for other areas

Joy's Comments on Accessibility:

Building – physical environment

- The waiting room is not adequate for catering to the number of patients attending appointments, both in size and accessibility - The environment is required to cater to a diverse range of patients: paediatrics and adults, people using wheelchairs, and varying abilities;
- On Wednesday mornings for example, people will be attending for appointments from different specialities (for example, Radiology).
- The heating in the waiting areas (air conditioning) and atrium area is inconsistent and can be cold in the atrium area.
- Access for patients in wards, on beds, plaster room – the movement of beds can be challenging;
- The environment does not cater for the larger equipment now being used by young people, e.g Special needs children – large power chair for an 18 year old, blocks access ways
- As the original intention for the building was that food was not to be consumed on premises, Volunteers started a tea trolley, selling tea and coffee to patients while they waited for their appointments. And the Café was an add-on.

Shuttle bus service

- Children's car seats are provided for families travelling;
- The vehicle does not currently include hoist capability – there is an opportunity to provide a Shuttle Service to people using mobility equipment (wheelchairs, power chairs, scooters) who may be at most need of this service.
- The availability of accessible taxis impacts on appointment time if this coincides with the school runs (which accessible taxi companies hold the contract for), another reason to support the adaptation of vehicle to include hoist capability.

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Professional development

- Accessibility and disability awareness training is regarded as beneficial to increase staff understanding.
- CP clinics, disabled children and support people attending.
- Deaf patients, if identified will book NZSL interpreter. Accessible communication – texting appointments/sending reminders.

Hazards

- Access to rooms for people using power chairs in clinic rooms
- Lifting – staff know how to use sliding transfer boards.

Signage:

- On occasions when a patient approaches Reception with a hearing impairment, the receptionist makes a note in the patient's notes to inform the Nurse of this access need.

Interview 3: Pene, Team Leader Call Centre

24 part time + administration and phone staff

Call centre

The call centre deals with incoming telephone, text and emails from patients/clients.

The general process is that:-

A patient appointment letter is sent; Appointments are negotiated with the patient; Follow up appointments are set by calling patients.

A Separate booking/scheduling team for first appointment

For changes of appointment, patient focussed booking – new system exists.

The call centre is a one-stop shop, where staff have skill sets to answer questions patients may have.

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The team have Call Paths to provide answers (a manual folder with frequently asked questions mapped, signed off by specialist).

The Team

The Call Centre have employed someone with a physical impairment, however access to the building for this employee is via the Surgical entrance with a slight hill. The team are very supportive.

There is no specific, allocated accessibility parking for staff.

There is a High-low desk in the interpreter area of the office.

Communicating with Patients accessibly

- Call centre staff reply in the format a patient has contacted them, and refer some patients to Module staff if necessary
 - There is usually a note against patient phone numbers for exceptions
 - Staff are familiar with NZ Relay
 - No face to face contact except for the Eligibility Team who collect a person's passport information.
 - Re-scheduled appointments are confirmed by letter.
 - Automated text reminder system covers 78% of patients. This had an instant impact on Did Not Attend rate.
 - Reminder calls for surgery.
 - Reminder calling for people who don't have text capability, carried out between 5pm and 8pm
-
- Complaints come in via similar modes, and are logged in the database and always acknowledged.

Team processes

- Report goes to Interpreter service daily;
- Team leaders meet weekly;

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- Administration & Clerical Modules;
- Thursday share information and ideas;
- Every second week on Friday meets Kathie (operational);
- On phones – 7.30 – 6pm Monday – Friday, work in shifts;
- Team email address for updates to processes;

Technology

- Technology constraints are currently holding back the flow between patient and clinic – but with work going on – a potential project.
- Doctors referring electronically, however not all are onboard with this method of communicating.

Interview 4: Aaron, Team Leader Module 3, Ear Nose Throat and Audiology

- Building was built with access to sound proof rooms via a step at the entrance. Wooden ramps are available if/when required by patients or support people using wheeled equipment (wheelchairs, power chairs, or children's pushchairs).
- Lynley, Health Psychologist, uses a power chair – it makes a sound so you're aware when she's approaching – staff are mindful of keeping passageways and entrances free of clutter.
- Psychologist sometimes asks for assistance, has support person to help.
- Uses bed in room to lie down when fatigued.
- Patients on site who are severely hearing impaired. Yellow sign at Reception removes barrier on how patients may appear obnoxious.
- Recognition by staff of regulars
- Staff aware of diversity.
- Patient & employee engagement is important to Aaron;
- Some team members take initiatives, depends on experience.

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Opportunities for improvement:

- Reconfigure waiting room – (At times waiting room can be full – there's often 'spill out' into another area)
- Add a sign to say where patients report to;
- Create a patient information board as well as accessible information that explains who, what, how we work;
- Create a patient portal to provide feedback;
- Small team – 4 patient care assistants, spend a lot of time in Module
- Create fortnightly meetings for Learning & Development process, education, keeps everyone on the same page;
- Senior Medical Officers (SMO) - more staff, same number of rooms; Specialist rooms only certain clinics; Pre-admission for surgeries
- Working smarter with what you've got.
- Create greater staff awareness of accessible facilities inside the Module (accessible toilet and baby/child changing table).
- Patient Assistance Care – assistant to nurse, clerical. Processes for double checking work to avoid errors.*

Direction and Delegation Policy

- This is a workbook that provides guidelines for clerical staff. Nursing staff have professional boundaries. This workbook protects patients and clerical staff. Non-clerical staff complete and sign off.
- Aaron mentioned an application called Stella – a storyboard for informing visitors to Module 3 what they can expect when they arrive. Making this available in the waiting area.
- Acute clinic – GPs can phone, dealing with children who have put things up their noses.

Ko Awatea – Quality in Health – complaints

- Follow up with patients who've had a problem when receiving a service:

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- If person appears to be overreacting due to time delay or other reasons, there's an opportunity for people to meet and discuss issues and find resolution.
- In complaint situations the approach for staff is to Stop, Look, Listen, and be aware of their Attitude.*

*Opportunity for staff conversation to understand the impact decisions can have and what the consequences may be. A Be. Confident workshop will help create a platform where staff can discuss openly and honestly, where mistakes are seen as opportunities for learning.

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Draft Accessibility Development Plan on a Page

Plan for Organisational Teams to draft then review with Be. Accessible post report delivery

Area of Development	Short Term 3-12 months	Medium Term 12- 24 months	Long Term 24-36 months
Organisational Culture and Customer Service			
Communication Channels			
Physical Environment			
Organisational Processes			
Health and Safety			
Celebration of accessibility successes			

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Appendix

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This appendix contains the following:

- A. Frequently Asked Questions
- B. Helpful Resources
- C. Environmental Resources
- D. Be. Disclaimer

A. Frequently Asked Questions

Q: How do I improve my rating?

A: There is no prescribed number of actions you must take to improve your rating. The Be. Welcome Assessment is designed to be holistic so it will be different for every organisation; the idea is to do what you can, when you can. Every improvement is very likely to increase your overall percentage score, however feel free to discuss with your Be. Coach how your improvements might impact your rating.

Q: So, are you expecting that we implement all of your recommendations?

A: Not at all – the idea is that you do what you can first; what is easy, inexpensive and practical for you. Then work through the improvements as prioritised by your organisation, and adopt a philosophy of continuous improvement over time.

Q: What if some things are out of my control?

A: We understand that some decisions aren't yours to make, especially when it comes to property or building improvements. The important thing is that you, and your access customers, are aware of these factors so that alternative solutions can be found.

In the case where decisions need to be made by a landlord or higher manager, feel free to use this report as an evidence-base for the need for greater accessibility. Your Be. Coach and the wider team at Be. are also more than happy to answer any questions that your colleagues may have so don't hesitate to get in touch.

0800 Be. in Touch (234 686) or info@beaccessible.org.nz



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Q: What is the role of my 'Be. Coach'

A: Be. Coaches are people who have undergone extensive accessibility training with Be. Accessible and are therefore in a position to give you advice and guidance on your accessibility journey. They are there to answer any questions you may have about your report and accessibility journey, and if they can't answer a question themselves, they'll be able to point you in the right direction!

B. Helpful Resources

At Your Service

Free online course in welcoming customers with disabilities

www.wiawebcourse.org

NZ Disability Strategy Training Resource

Learn about disability in New Zealand

www.adpn.org.nz/resources/kia-rangatu

Independent Living Service (ILS)

Generic information and advice about support options available through organisations and equipment solutions.

www.ilsnz.org

CCS Disability Action

Disability training throughout New Zealand

www.ccsdisabilityaction.org.nz

ASNZ Standard 1428.4 and RTS14

Tactile ground surface indicators

<http://www.standards.co.nz>

Royal New Zealand Foundation for the Blind

To ensure the above is installed correctly

www.rnzfb.org.nz

Office for Disability Issues

Discussion of universal design

www.odi.govt.nz/resources/publications/bridging-digital-divide

Web Accessibility Initiative

Accessible website design

www.w3.org/TR/WCAG20



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Royal National Institute of Blind People – Web Accessibility

www.rnib.org.uk/professional/webaccessibility

Low Visionary NZ

www.lowvisionary.com/?cat=3

Sight Loss Services

www.sightloss-services.com

Deaf Aotearoa

Information relating to deafness and hearing impairment, including deaf awareness and New Zealand Sign Language courses

www.deaf.co.nz

New Zealand Sign Language Week

www.nzsign.org.nz

National Foundation for the Deaf (NFD)

Resources, information and advice relating to hearing impairment including hearing aid equipment and repairs

www.nfd.org.nz

NZ Relay Telephone Service

www.nzrelay.co.nz

WEKA – What everyone keeps asking about disability issues

Transport for people with disabilities

www.weka.net.nz/topics/transport

People First New Zealand Inc.

Information for people with a learning disability

www.peoplefirst.org.nz

Barrier Free New Zealand

Advice and support to help ensure built environments are accessible for everyone

www.barrierfree.org.nz

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Appendix

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Standards New Zealand

Design guidance for access and mobility in buildings and associated facilities

www.standards.co.nz

C. Environmental Resources

Car parks

Accessible car parks

<http://www.dbh.govt.nz/accessible-carparks>

Car park marking services

<http://kiwiroadmarkers.co.nz> Auckland

<http://rossroadmarkers.y8.co.nz/services> Wellington

Entrances

Video and Audio Intercoms

<http://www.pivotalolutions.co.nz>

Ground tactile indicator markers

www.mobilityresearch.co.nz/standards

<http://www.gbsnz.co.nz/dtac.php>

<http://www.mobilityresearch.co.nz/products>

<http://www.ralenti.co.nz/products/barr001.html>

Ramps

Permanent or temporary ramp installation

<http://rampworx.co.nz>

Signage

International Symbol of Access

http://www.deneefe.co.nz/content/product_categories/dp10-mandatoryworkplce.html

Accessible counters

<http://www.dbh.govt.nz/UserFiles/File/Publications/Building/pdf/accessible>

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Appendix

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[-reception-and-service-counters.pdf](#)

Controls

Lever action door handles

Hardware stores nationwide

<http://csfordoors.co.nz/contact>

Braille Products

<http://www.rnzfb.org.nz/products/braille-products>

Visual and Audio Devices

<http://www.reidtechnology.co.nz>

<http://www.hearing.org.nz>

<http://wormald.co.nz>

<http://www.soundstore.co.nz>

Grab rails

www.shop.disabilityresource.org.nz

Hardware stores nationwide



D. Be. Accessible Disclaimer

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Wayfinding Project update

DISAC

May 2016

Key roles

- Enable safe, comfortable movement around the hospital
- Be welcoming, inviting and comfortable
- Enable safe arrival and entry at Auckland City Hospital

Principles

- Well-designed wayfinding to navigate our facilities with ease and confidence
- Consistent look and feel across the DHB
- Patient and family focussed wayfinding information
- Accessible
- Multicultural
- Use of Te Reo
- Flexible and easy to update
- Reflect local context

Activities Completed

4.4

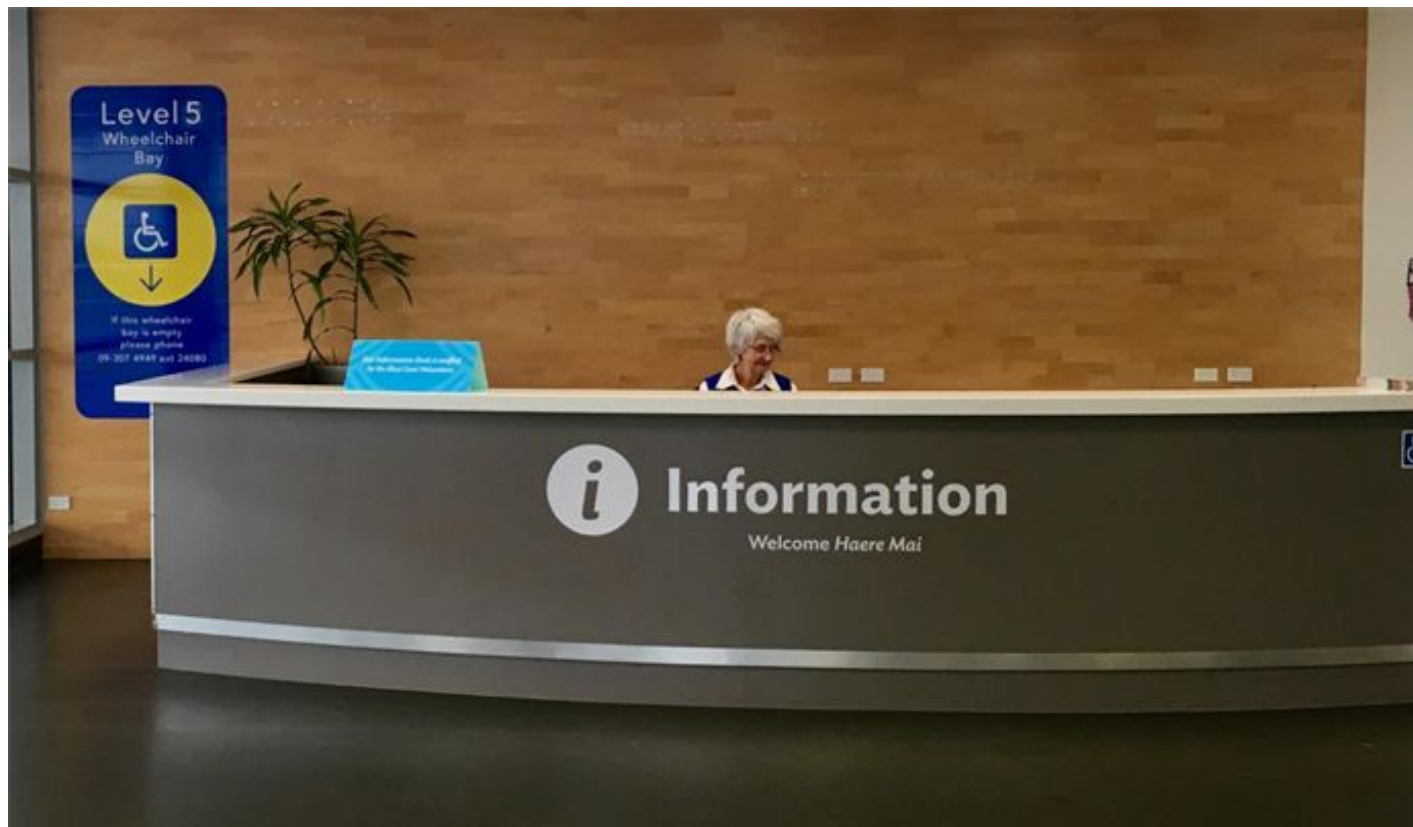
- Wheelchair bay installation
- Taxi phone signage Level 4
- Information Desk Signage

Wheelchair Bays



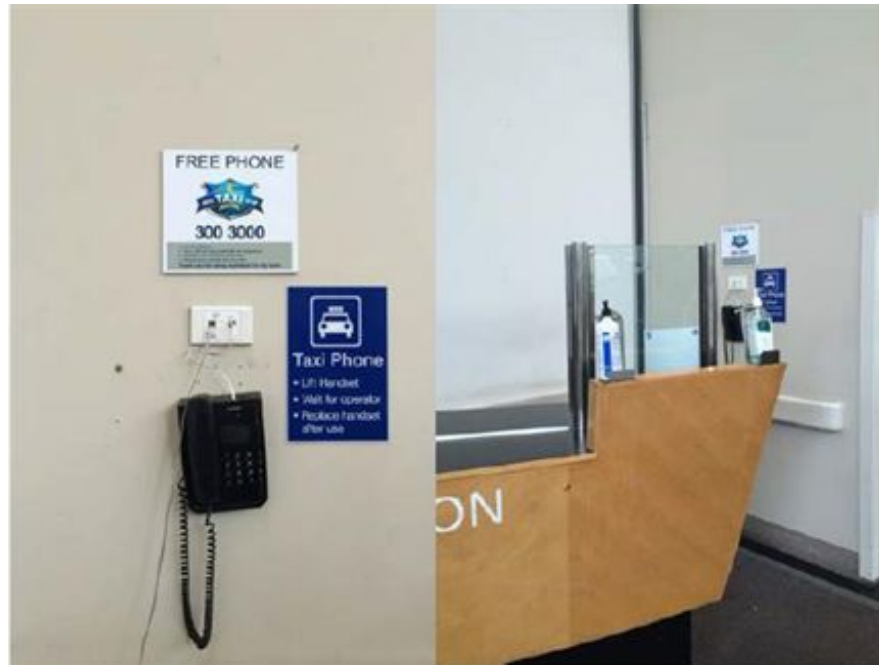
Information desk signage

4.4



Taxi phone signage

Before



After



- Improving how we communicate information in public spaces
- Making the phone accessible to wheelchair users

Activities Planned

4.4

- Level 1 entrance from Carpark B
- Updating campus maps
- Wayfinding Strategy
- Comms and engagement

Level 1 entrance from Carpark B

Update

- Currently testing a stencil and paint application
- Resene will sponsor the paint required for the project
- Starship colour has been confirmed
- Testing colour contrast for with panel of low vision users from the Blind foundation



Campus Maps

4.4

Key considerations in proposed update

- Design for cognitively impaired, confused, anxious user
- Consistent naming of entrances, keys, buildings
- Use of landmarks (Auckland Domain, shops) to orientate users
- Standardised colour palette, typeface, icons

Auckland City Hospital
Campus



- | | | |
|------------------------|----------------------|------------|
| Car Park A Entrance | Bus stop | Taxi Stand |
| Car Park B Entrance | Emergency Department | |
| Park Road Entrance | Food & Retail | |
| Starship drop off zone | Parking | |

Wayfinding Strategy

Update

- Testing ward wayfinding colour contrast with panel of low vision users from the Blind foundation
- Researching best practice
- Collating existing wayfinding work
- Collaborating with WDHB
- Meeting with Auckland Transport to review wayfinding strategy and clean wall policy