Essentials self-assessment and action plan template

Implemented by NSW Health, The Essentials, based on ten guiding principles, incorporates the underpinned rationale of the United Nations Convention of the Rights of Persons with Disabilities. It aims to improve health experience and outcomes for people with intellectual disability and their families and carers.

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| Essential actions colour key | High priority – bold, grey shading | Second level of importance – light grey shading | Third level of importance – white shading |

| **The Essentials actions** | **National Standards or disability inclusion action plan link** | **Current assessment**   * **Yes** * **No** * **Unsure** | **Health service response or update** | **Status**   * **Complete** * **In progress** * **Not yet started** | **Agreed action or next step** |
| --- | --- | --- | --- | --- | --- |
| **Workforce** | | | | | |
| There are local champions, mentors and/or key contacts for improved healthcare for people with intellectual disability within the health service |  |  |  |  |  |
| A senior staff member of the health service leads the coordination of responses to disability issues |  |  |  |  |  |
| Staff training in intellectual disability is undertaken across all sectors: health service, primary care and non-government agencies, mainstream and specialist |  |  |  |  |  |
| Joint consultations are undertaken with clinicians experienced in intellectual disability health |  |  |  |  |  |
| Student placements have been established with specialist teams for nursing and allied health |  |  |  |  |  |
| Commonwealth funded [Specialist Training Program](https://www.health.gov.au/our-work/specialist-training-program) positions in intellectual disability in the health service are supported and promoted |  |  |  |  |  |
| Health staff are supported to make reasonable adjustments as needed, e.g. longer appointment times or minimising waiting times |  |  |  |  |  |
| Staff training includes patient stories and presentations by people with intellectual disability and their carers |  |  |  |  |  |
| Staff are given opportunities to learn from staff experienced in providing support to people with intellectual disability | 1 |  |  |  |  |
| There is a mental health intellectual disability subspecialty team within the health service |  |  |  |  |  |
| Psychologists and other allied health staff in the health service are appropriately skilled to meet the needs of people with intellectual disability |  |  |  |  |  |
| Disability awareness training is included in the health service’s orientation and education programs |  |  |  |  |  |
| Staff are trained in a trauma-informed care approach to service delivery |  |  |  |  |  |
| **Communication** | | | | | |
| All staff (including clerical and clinical staff) are provided with disability awareness training, including a values and attitudes component |  |  |  |  |  |
| The health service website has links to carer support and information, including fact sheets on being in hospital |  |  |  |  |  |
| When a person with intellectual disability is supported by a 'person responsible' for health-related issues and decisions, the latter person is identified and consulted |  |  |  |  |  |
| Easy English resources are available for staff to use, e.g. easy read medical appointments letter and service feedback form |  |  |  |  |  |
| An individual’s communication needs are identified prior to an interaction, e.g. the involvement of a speech therapist or interpreter |  |  |  |  |  |
| There is accessible information for people with intellectual disability on how to provide feedback, compliments and complaints |  |  |  |  |  |
| Health professionals and people with intellectual disability have visual aids which can be used for a range of common procedures |  |  |  |  |  |
| The ‘teach back’ method is used to confirm that people with intellectual disability and their carers understand what has been explained to them |  |  |  |  |  |
| Staff, consumers and carers are trained in communication needs for people with intellectual disability when using virtual care to aid engagement and improve health outcomes |  |  |  |  |  |
| Feedback is collected from people with intellectual disability and their carers about quality of care received as part of health service monitoring and evaluation process |  |  |  |  |  |
| People with intellectual disability are routinely included in any decision-making about them, e.g. carer involvement, end-of-life planning or palliative care |  |  |  |  |  |
| Staff have learnt a range of commonly used signs and know about common communication aids |  |  |  |  |  |
| There is a family advisory council or similar |  |  |  |  |  |
| **Data** | | | | | |
| People with intellectual disability are identified in health service records, including whether they are participants in the National Disability Insurance Scheme (NDIS) |  |  |  |  |  |
| Policies and procedures are reviewed for their impact on inclusiveness of people with intellectual disability |  |  |  |  |  |
| An individual’s healthcare plan is incorporated into their NDIS plan or individual disability support plan |  |  |  |  |  |
| People with intellectual disability are encouraged to keep a copy of their healthcare plan as part of their MyHealth record |  |  |  |  |  |
| Carer information is captured in the electronic MyHealth record as needed |  |  |  |  |  |
| There is a health service plan and monitoring of data to track health service health outcomes for people with intellectual disability |  |  |  |  |  |
| Local initiatives and specific tools are shared to benefit other health services and service providers and build a pool of quality resources |  |  |  |  |  |
| Local clinical data accurately reflects activity under the activity-based funding model |  |  |  |  |  |
| Easy read material is available about sharing information and data |  |  |  |  |  |
| People with intellectual disability are routinely asked if they have an ‘All about me’ or ‘Passport’ profile or ‘healthcare plan’ which can be accessed by staff |  |  |  |  |  |
| Community initiatives that prevent unnecessary hospitalisation of people with intellectual disability are documented and reported against |  |  |  |  |  |
| **System** | | | | | |
| People with intellectual disability and their carers are involved in healthcare planning and setting health goals in respect of their own healthcare |  |  |  |  |  |
| Tools to capture the top five essential pieces of information about the individual and their support needs are used routinely and incorporated into health data systems |  |  |  |  |  |
| The health service integrated care strategy includes provision for the health needs of people with intellectual disability, including those from a culturally and linguistically diverse background |  |  |  |  |  |
| Strategies have been put in place for transitioning from paediatric to adult services |  |  |  |  |  |
| Links have been developed between aged care services and hospital, mental health, dental and justice health |  |  |  |  |  |
| Links have been developed between disability service providers (including for children in out of home care) and hospital, mental health, dental and justice health |  |  |  |  |  |
| Links have been developed between Aboriginal Medical Services and hospital, mental health, dental and justice health |  |  |  |  |  |
| There are links with the carer program in the health service around intellectual disability |  |  |  |  |  |
| People with intellectual disability and their carers are included at each stage of health service development, such as co-design methodology |  |  |  |  |  |
| Clinicians have training in communication and the principles and goals of patient-centred healthcare for people with intellectual disability |  |  |  |  |  |
| Education is available about supported decision-making strategies |  |  |  |  |  |
| **Mental health** | | | | | |
| There is a specific health service strategy and plan for intellectual disability mental health, which includes the involvement of justice health and ambulance services |  |  |  |  |  |
| Local capacity in intellectual disability mental health has been mapped, encompassing the primary health network, general practice, private specialist (psychiatrist or psychologist), hospital and specialised health services levels |  |  |  |  |  |
| The health service has easy read brochures and pathways on mental health services in the health service |  |  |  |  |  |
| Mental health services are clear about their current and future role in assessing and treating challenging behaviours in light of current disability reform |  |  |  |  |  |
| Health service staff are familiar with University of NSW publication [The Guide: Accessible Mental Health Services for People with an ID: a guide for providers](https://www.3dn.unsw.edu.au/the-guide#:~:text=Accessible%20Mental%20Health%20Services%20for,Disability%3A%20A%20Guide%20for%20Providers&text=The%20Guide%20is%20a%20national,people%20with%20an%20intellectual%20disability.) |  |  |  |  |  |
| The video [Intellectual disability and mental health](https://aci.health.nsw.gov.au/networks/intellectual-disability/resources/training-videos/#IDMH-video) is available to staff |  |  |  |  |  |
| Emergency department and ambulance services staff have been given training in intellectual disability mental health to support people presenting to emergency department |  |  |  |  |  |
| There is an established intellectual disability mental health connection across all settings of care |  |  |  |  |  |
| Comprehensive training resources in intellectual disability mental health are promoted to health service staff generally |  |  |  |  |  |
| **Hospitalisation** | | | | | |
| The health service has its own policies and procedures for the implementation of a statewide hospitalisation policy directive, which includes, or is specific to, people with intellectual disability |  |  |  |  |  |
| Any individual with intellectual disability and complex needs who presents to hospital is given a comprehensive and holistic review |  |  |  |  |  |
| Preadmission visits or clinics are offered to people with intellectual disability and their support network prior to a planned hospital stay |  |  |  |  |  |
| A transfer of care policy and guideline is used to support health and disability accommodation support services as they work with the person with intellectual disability before, during and after transfer of care from hospital |  |  |  |  |  |
| Tools to capture the top five essential pieces of information about the individual and their support needs are used routinely and incorporated into health data systems |  |  |  |  |  |
| Care by carer units have been established |  |  |  |  |  |
| Discharge or transfer of care planning takes place for all people with intellectual disability who have been in hospital |  |  |  |  |  |
| The disability liaison role or champion for the health service is routinely involved in oversight of episodes of acute care for people with intellectual disability |  |  |  |  |  |
| Upcoming investigations for people with intellectual disability are managed so each interaction can be used opportunistically, e.g. general anaesthetic also used for dental care and blood tests |  |  |  |  |  |
| The hospitalisation co-design toolkit is used to optimise the patient journey from community to hospital care and return |  |  |  |  |  |
| **Integration within health services** | | | | | |
| People with intellectual disability who have chronic disease are supported to access chronic disease management, out of hospital and preventive health programs |  |  |  |  |  |
| A designated health staff member in the health service has specific responsibility for support coordination for people with intellectual disability and networking with similar roles in other health services |  |  |  |  |  |
| Links have been made to support transition readiness for people with intellectual disability from for paediatric to adult services |  |  |  |  |  |
| Partnerships with primary care providers and Aboriginal Medical Services in the health service have been established to provide coordinated support to people with intellectual disability |  |  |  |  |  |
| **Integration with external services** | | | | | |
| Local service mapping and liaison has been undertaken in the health service to identify all community disability services and ability linkers and National Disability Insurance Agency outlets |  |  |  |  |  |
| Partnerships have been established with primary health networks to offer training and capacity building for general practitioners and practice nurses in understanding the health needs of people with intellectual disability |  |  |  |  |  |
| There are local preventive health program messages specifically tailored for and targeted to people with intellectual disability which recognise cultural differences |  |  |  |  |  |
| Comprehensive health assessment, e.g. through Australian Government Department of Health Medicare Health Assessments and tools, such as the CHAP tool in primary care, are offered to people with intellectual disability |  |  |  |  |  |
| The health service plays a role in encouraging the establishment of a community hub model for people with intellectual disability and complex needs, e.g. healthcare home or patient-centred medical home |  |  |  |  |  |
| There are local preventive health program messages specifically designed for Aboriginal and Torres Strait Islander people who also have intellectual disability |  |  |  |  |  |
| Integrated care and support plans are routinely developed between non-government organisations, primary care and acute health services |  |  |  |  |  |
| People with intellectual disability and complex health issues are enrolled in healthcare homes, where available |  |  |  |  |  |
| **Specialised health services** | | | | | |
| Links have been established between the health service and specialised disability health teams. There is consultation regarding developing protocols about hospital admissions, discharges and emergency department admissions for people with intellectual disability |  |  |  |  |  |
| Pathways to access consultative specialist skills and resources specifically addressing the complex health needs of the young person with intellectual disability transitioning to adult services are available to build the capacity of health services |  |  |  |  |  |
| There are opportunities for medical, nursing and allied health staff to gain experience in and exposure to people with intellectual disability |  |  |  |  |  |
| A specialised intellectual disability health or intellectual disability mental health service health team has reviewed the health needs of individuals with intellectual disability and complex needs and provided guidance to the health service for ongoing management. Consultation is the preferred service model for the majority of clients, only those with highly complex needs have ongoing access to specialist teams |  |  |  |  |  |
| Mental health, aged care health, paediatric, drug and alcohol, violence abuse and neglect, general hospital and health promotion services are included in the development of specific health service links with intellectual disability health teams |  |  |  |  |  |
| Pathways to access consultative specialist skills and resources specifically addressing the complex health needs of the refugee and culturally and linguistically diverse population with intellectual disability are available to build the capacity of health services |  |  |  |  |  |
| Pathways to access consultative specialist skills and resources specifically addressing the complex health needs of rural and remote patients with intellectual disability are available |  |  |  |  |  |
| Pathways to access consultative specialist skills and resources specifically addressing the complex health needs of the older person with intellectual disability are available to build the capacity of health services |  |  |  |  |  |
| There are relationships with primary healthcare providers to support them in looking after complex clients with intellectual disability |  |  |  |  |  |
| Pathways to access consultative specialist skills and resources specifically addressing the complex health needs of Aboriginal and Torres Strait Islander people with intellectual disability are available to build the capacity of health services |  |  |  |  |  |
| There is a cohort of nursing, allied health and other health personnel to provide some specialised capacity in the mainstream health service to support practice in intellectual disability during emergency department or inpatient stays |  |  |  |  |  |
| Pathways to access consultative specialist skills and resources specifically addressing the complex health needs of patients with intellectual disability who are experiencing violence abuse and neglect are available |  |  |  |  |  |

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