

Reasonable Adjustments at a glance:

Quick Guides for inclusive Healthcare

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AIMS

- Increase awareness and understanding of reasonable adjustments to care for people with disabilities (PwD) across SWSLHD
- Develop resources that are quick and easy for staff to access, reference and display



METHODOLOGY

Plan, Do, Study, Act (PDSA)

SERVICE GAPS IDENTIFIED

- PwD at risk of not having their health care needs met or not receiving adequate health care due to their needs not being identified or understood. (1,2,3)
- PwD at higher risk of readmission, longer length of stay in hospital, earlier mortality. (1,3,4)
- Hospital staff have difficulty identifying PwD upon admission, do not feel equipped to offer support or reasonable adjustments. (1,3,4)
- Limited resources and training opportunities to support/capacitate clinicians in identifying and caring for PwD.

ROLLOUT

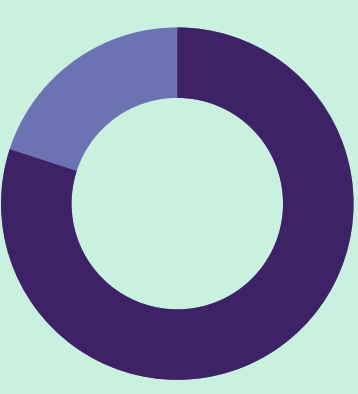
- Fact sheets distributed to 6 hospital facilities (Liverpool, Bankstown, Campbelltown, Camden, Bowral and Fairfield), P & CH, Mental Health
- Increased staff awareness of Disability Resource Team and resources to support staff caring for PwD through promotion of service and available resources
- Positive Feedback from staff (verbal and paper surveys)



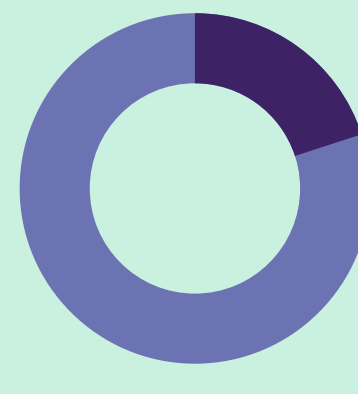
Scan here for access to factsheet package

CONCLUSIONS

Do you find the information relevant & useful to caring for PwD?

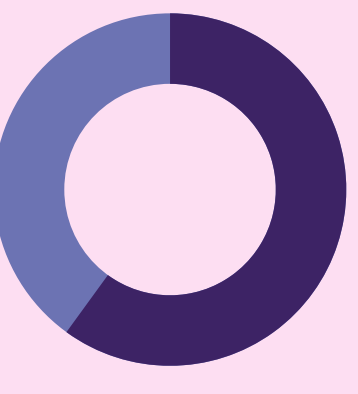


80%
Highly relevant and useful

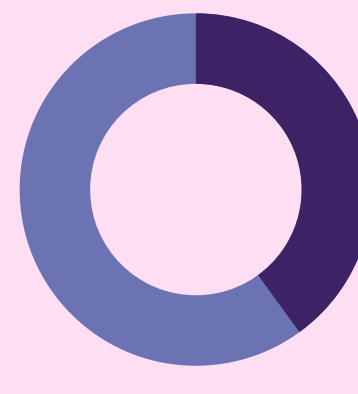


20%
Relevant and useful

How clear & easy to understand is the information?

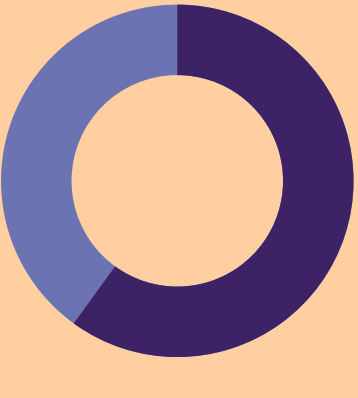


60%
Very clear and understandable

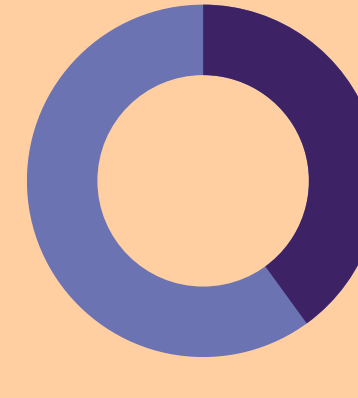


40%
Clear and understandable

How likely are you to access these fact sheets within your work?



60%
Very Likely



40%
Likely

NEXT STEPS

- Annual reviews to ensure currency and accuracy
- Develop additional fact sheets to cover other disabilities, including Aphasia, communication difficulties and Autism (adapted for paediatric settings)
- Develop Easy Read, and high contrast versions (for people with low vision)

RESOURCE

SWSLHD Disability Resource Team

Understanding Autism

What is Autism
Autism is a developmental condition that affects how people interact with others and understand the world. It commonly affects a person's social and communication skills, as well as sensory processes.

Clinical Features

- Difficulty navigating complex social settings
- May need extra time to process verbal information
- May prefer to avoid eye contact
- Communication style can be direct and literal
- Sensitive to sensory stimuli (e.g. sounds, smells, textures)
- Difficulty reading social cues (e.g. facial expressions, body language)
- Responds well to concrete visual communication (e.g. visuals, pointing)
- Can have hyperfocus on interests and exceptional skills in specific areas (e.g. math, art)
- Routine-oriented and may engage in stimming behaviors (e.g. flapping, repetitive actions)

Reasonable Adjustments to care

Before appointment

- Ask patient about accessibility needs prior to any appointments
- Use of visuals (e.g. social story to manage expectations)

The Waiting Room

- Minimise external sensory stimuli (e.g. noise, clutter)
- Offer a private waiting room or quiet, uncrowded area
- Allow patients to wait outside if they prefer
- Provide approximate waiting time to reduce anxiety
- Have sensory/foidget toys or activities on hand

During appointment

- Where possible, keep appointment structure predictable and consistent
- Keep language direct and easy-to-follow
- Allow for pauses in conversation
- Offer sensory or movement breaks and encourage patient to bring any foidget toys/sensory aids
- Encourage patient to use own or offer visuals to aid in communicating information e.g. communication board

After appointment

- Provide written information such as summaries of the session, follow-ups needed, any resources discussed

Problems experienced at Hospital

"I found the waiting part and being alone really stressful."
"I often need convincing to go to the emergency room because the experience alone of fluorescent lights, lots of people, and constant beeping is traumatic for me."
"It was just that communication wasn't there in a way that was understandable for both parties."
"That inconsistency, lack of control and poor communication from practitioners are a huge barrier to me accessing support."
"I'm concerned that I won't be taken seriously when I describe my symptoms."

Did you know?
1 in 70 Australians identify as autistic

SWSLHD Disability Resource Team

Understanding Cerebral Palsy

What is Cerebral Palsy
Cerebral Palsy (CP) is a disorder affecting movement, posture and balance due to injury to the developing brain. It is a non-progressive and life-long condition.

There are four types:

- **Spastic** - involves stiffness/tightness of muscles (most common)
- **Ataxic** - uncontrolled and erratic body movements
- **Ataxic** - presents with a lack of balance and coordination including unsteady, shilly movements (least common)
- **Mixed Type** - a combination of different types of CP

Effects of Cerebral Palsy

- Higher risk of mental health conditions such as anxiety, depression
- May lead to visual, learning, hearing, speech, and intellectual disability
- Affects body movement, muscle control, muscle coordination, muscle tone, reflex, posture and balance

Reasonable Adjustments to care

Accessibility

- Provide assistive devices such as wheelchairs and walkers where required
- Ensure equipment for transfers is available or patient can bring their own e.g. hoists, slings
- Provide verbal preparation and gain consent for manual handling, transfers, procedures etc.
- Make sure needed items are left within patient's reach at all times e.g. call buzzer, glasses, phone, water

Appointments and Procedures

- Ask patient about accessibility needs prior to any appointments
- Provide longer appointment times to allow for communication barriers or additional assistance
- Modify medical procedures to accommodate for movement limitations

Family Involvement

- Involve family/carers with patient's consent

Communication

- Speak directly to the patient, not through family/carer
- Allow patient to use own, or provide access to, alternative communication methods
- Give the patient extra time to respond
- Ensure call system is available e.g. adaptive switches - liaise with Speech Pathologist and Occupational Therapist

Problems experienced at Hospital

"I don't have access to appropriate care."
"When you are telling them what is the best way to handle you without hurting you or themselves, they just don't hear or listen."
"They know about cerebral palsy, but they didn't have any experience with my speech problem."
"I couldn't reach the buzzer."
"I think they see people in a wheelchair and they immediately think that they don't have a brain."
"I'm in a wheelchair and they make me stand up for a screening."
"My mental health wasn't taken seriously because they thought I was stupid."

Did you know?
1 in 700 Australian babies are diagnosed with cerebral palsy



Contact the Disability Resource Team