## Counties Manukau District Health Board
Disability Support Advisory Committee Meeting Agenda

**Wednesday, 16th April 2014 at 3.30pm – 4.30pm, Manukau Board Room, Lambie Drive**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Page No</th>
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<tbody>
<tr>
<td>3.30pm</td>
<td>Welcome</td>
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<td>3.30pm – 3.40pm</td>
<td><strong>Governance</strong></td>
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<tr>
<td></td>
<td>2.1 Attendance &amp; Apologies</td>
<td>1-4</td>
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<td></td>
<td>2.2 Disclosure of Interests/Specific Interests</td>
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<td></td>
<td>2.3 Acronyms</td>
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<td></td>
<td>2.4 Confirmation of Previous Minutes (26 March)</td>
<td>6-8</td>
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<td>2.5 Action Items Register</td>
<td>9-10</td>
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<tr>
<td>3.40pm – 4.00pm</td>
<td><strong>Updates – Martin Chadwick</strong></td>
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<tr>
<td>4.00pm – 4.15pm</td>
<td>3.1 Health Passport</td>
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<tr>
<td>4.15pm – 4.30pm</td>
<td>3.1A Health Passport (with pictures)</td>
<td>11</td>
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<td>3.1B Health Passport (without pictures)</td>
<td>12-29</td>
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<td></td>
<td>3.1C Introduction to the Health Passport</td>
<td>30-43</td>
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<td></td>
<td>3.1D Guide to Completing the Health Passport</td>
<td>44-47</td>
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<td></td>
<td>3.2 Be Accessible</td>
<td>48-61</td>
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<td></td>
<td>3.3 Disability Issues in the DHB</td>
<td>62</td>
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**Next Meeting: Wednesday 21st May 2014, Lambie Drive**
<table>
<thead>
<tr>
<th>Member</th>
<th>Disclosure of Interest</th>
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</table>
| Dr Lee Mathias         | • MD Lee Mathias Limited  
                         • Trustee, Lee Mathias Family Trust  
                         • Trustee, Awamoana Family Trust  
                         • Chair Health Promotion Agency  
                         • Deputy Chair Auckland District Health Board  
                         • Director, Pictor Limited  
                         • Director, iAC Limited  
                         • Advisory Chair, Company of Women Limited  
                         • Director, John Seabrook Holdings Limited |
| Sandra Alofivae        | • Chair of the Auckland South Community Response Forum (MSD appointment)  
                         • MSD Member, Auckland Social Policy Forum, Auckland Council  
                         • Member, Fonua Ola Board  
                         • Appointed to the Ministerial Forum on Alcohol Advertising & Sponsorship |
| David Collings         | • Chair, Howick Local Board of Auckland Council  
                         • Member Auckland Council Southern Initiative |
| Colleen Brown          | • Chair Parent and Family Resource Centre Board (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, Early Childhood Education Taskforce for COMET  
                         • Member, Manurewa Advisory Group  
                         • Member, Child Advocacy Group – Manukau  
                         • MSD Member, Auckland Social Policy Forum, Auckland Council  
                         • Deputy Chair, Auckland City Council Disability Strategic Advisory Group  
                         • Chair ECE Implementation Team Auckland South |
<table>
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<tr>
<th>Name</th>
<th>Positions and Roles</th>
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</table>
| George Ngatai       | • Arthritis NZ – Kaiwhakahaere  
• Chair Safer Aotearoa Family Violence Prevention Network  
• Director Transitioning Out Aotearoa  
• Director BDO Marketing |
| Dianne Glenn        | • Member – NZ Institute of Directors  
• Member – District Licensing Committee of Auckland Council  
• Member – Auckland Conservation Board  
• Life Member – Business and Professional Women Franklin  
• President – National Council of Women Papakura/Franklin Branch  
• Member – UN Women Aotearoa/NZ  
• Vice President – Friends of Auckland Botanic Gardens and Member of the Friends Trust  
• Member – Friends of Regional Parks  
• Life Member – Ambury Park Centre for Riding Therapy Inc.  
• CMDHB Representative - Franklin Health Forum/Franklin Locality Clinical Partnership |
| Reece Autagavaia    | • Executive Member, Pacific Lawyers’ Association  
• Member, Labour Party |
| Sefita Hao’uli       | • Trustee Te Papapa Pre-school Trust Board  
• Deputy Chair: Anau Ako Pasifika Inc. (Pacific ECE provider)  
• Member Tufungalea Tonga Inc. (Promoting and Growing Lea Tonga)  
• Member Tonga Business Association & Tonga Business Council  
Advisory roles:  
• Counties Manukau District Health Board  
• Toko Suicide Prevention Project (Ministry of Health)  
• Tala Pasifika (NZ Heart Foundation Pacific Tobacco Control)  
• (On short-list for the Pacific Advisory Board, Auckland Council)  
• Primary ITO & MBIE: Ola e Fonua Project.  
Consultant:  
• Government of Tonga: Manage RSE scheme in NZ  
• Alliance Health: Community Engagement & Communication Advice.  
• Ministry of Business Innovation and Employment: Policy Advice and Leadership Training |
| Ezekiel Robson          | • Auckland Council Disability Strategic Advisory Group  
|                       | • Department of Internal Affairs Community Organisation Grants Scheme Papakura/Franklin Local Distribution Committee  
|                       | • Be.Institute/Be.Accessible ‘Be.Leadership 2011’ Alumni  |
| Wendy Bremner          | • CEO Age Concern Counties Manukau Inc  
|                       | • Member of Auckland Social Policy Forum  
|                       | • Member of Health Promotion Advisory Group (7 Age Concerns funded by MOH)  |
Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 16\textsuperscript{th} April 2014

<table>
<thead>
<tr>
<th>Director having interest</th>
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<td>Glossary</td>
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<td>Accident Compensation Commission</td>
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<td>ADU</td>
<td>Assessment and Diagnostic Unit</td>
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<td>ARDS</td>
<td>Auckland Regional Dental Service</td>
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<td>BT</td>
<td>Business Transformation</td>
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<td>CADS</td>
<td>Community Alcohol, Drug and Addictions Service</td>
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<td>CAMHS</td>
<td>Child, Adolescent Mental Health Service</td>
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<td>CNM</td>
<td>Charge Nurse Manager</td>
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<td>Computerised Tomography</td>
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<td>Child, Women and Family service</td>
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<td>DNA</td>
<td>Did not attend</td>
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<td>ESPI</td>
<td>Elective Services Performance Indicators</td>
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<td>FSA</td>
<td>First Specialist Assessment (outpatients)</td>
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<td>FTE</td>
<td>Full Time Equivalent</td>
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<td>Intensive Care Unit</td>
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<td>iFOBT</td>
<td>Immuno Faecal Occult Blood Test</td>
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<td>Mental Health service group</td>
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<td>Ministry of Health</td>
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<td>Month To Date</td>
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<td>MOSS</td>
<td>Medical Officer Special Scale</td>
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<td>OHBC</td>
<td>Oral health business case</td>
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<td>ORL</td>
<td>Otorhinolaryngology (ear, nose, and throat)</td>
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<td>PACU</td>
<td>Post-operative Acute Care Unit</td>
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<td>PHO</td>
<td>Primary Health Organisation</td>
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<td>PoC</td>
<td>Point of Care</td>
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<td>SCBU</td>
<td>Special care baby unit</td>
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<td>Senior Medical Officer</td>
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<td>Sterile Services Unit</td>
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<td>Territorial Locality Areas</td>
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<td>WIES</td>
<td>Weighted Inlier Equivalent Separations</td>
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<td>YTD</td>
<td>Year To Date</td>
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Minutes of the meeting of the Counties Manukau Health

**Disability Support Advisory Group**

**Wednesday 26 March 2014**

held at Counties Manukau Health Boardroom, 19 Lambie Drive, Manukau
commencing 3.30pm

**COMMITTEE MEMBERS PRESENT:**
Dr Lee Mathias (Board Chair)
Ms Colleen Brown (Committee Chair)
Mr George Ngatai
Ms Dianne Glenn
Ms Wendy Bremner
Mr Ezekiel Robson
Ms Sandra Alofivae

**ALSO PRESENT:**
Mr Geraint Martin (Chief Executive)
Ms Lisa Gestro (General Manager, Primary Care)
Mr Martin Chadwick (Director Allied Health)

**APOLOGIES:**
Apologies were received and accepted from Mr David Collings, Mr Sefita Hao’uli, Mr Apulu Reece Autagavaia, Mr Benedict Hefford (Director Primary Health & Community Services) and Ms Karyn Sangster (Chief Nursing Advisor, Primary & Integrated Care)

**WELCOME**
The Committee Chair welcomed those present.

3. **PRESENTATION**

**Be.Accessible**
Ms Minnie Baragwanath, CEO Be Institute provided this powerpoint presentation. A copy of the presentation is attached to the minutes.

Some of the matters highlighted were:

- Be Institute was formed by a group of people to do more in New Zealand to advance a more accessible world.
- We all will be functionally disabled at some point in our lives either with a disability or simply as we grow older and we have extra access needs.
- An Access Citizen is a person who:
  - Is deaf or has trouble hearing in noisy places
  - Is blind or has difficulty reading small print
  - Uses a wheelchair or is unable to walk easily
  - Finds it difficult to read and understand things
  - Is carrying a child or has to manoeuvre a stroller
Is from a different country with a different language

- Three interconnected programmes: Be.Welcome, Be.Leadership, Be.Employed
- Be.Welcome is a programme that works with organisations to unpack what accessibility means for that organisation. There is a rating system that the companies can attain to achieve - Just Starting (an organisation is just starting its journey towards being accessible) to Platinum (an organisation is a model of first class accessibility in almost all areas of its business).
- Be.Employed is a space for employers to come together and talk about what the employment challenges and opportunities were for employing staff with disabilities.
- Be.Leadership is a one-year programme where we work with arrange of leaders with experience of disability across New Zealand around leadership development.
- Be.Accessible - a social media on-line system that enables people to find accessible places in New Zealand.

The Chair thanked Ms Baragwanath for taking the Committee through her presentation. The presentation was received.

2.2 DISCLOSURE OF INTERESTS

The Disclosures of interests were noted with no changes.

2.2 SPECIFIC INTERESTS

There were no specific interests to note with regard to the agenda for this meeting.

2.3 ACRONYMS

The acronym list was noted.

2.4 CONFIRMATION OF PREVIOUS MINUTES

Confirmation of the Minutes of the Counties Manukau Health Disability Support Advisory Committee meeting held 26 February 2014 (agenda pages 6-9).

Resolution (Moved Dr Lee Mathias/Seconded Mr George Ngatai)

That the minutes of the Counties Manukau Health Disability Support Advisory Committee meeting held 26 February 2014 be approved.

Carried

2.5 ACTION ITEMS REGISTER

The Chair requested a meeting with Mr Martin Chadwick and Mr Ezekiel Robson to review the Action Items register.
4. \hspace{1em} UPDATES

4.1 \hspace{1em} Disability Advisory Group – update on direction of DAG

Mr Ezekiel Robson provided this update.

The Disability Advisory Group provided advice around what disabled people need to be able to have excellent health and well-being and input into the community and consumer engagement with the DHB. We need to make sure we don’t lose the goodwill in the community and we need to carry on that flow of enthusiasm into all the things that we do and don’t leave the community behind.

There will come a time when the government says that DHBs must have plans. We can’t do that as an advisory group but now that we are operating at a more strategic level, that this is done as part of what the DHB does in terms of community liaison.

The report was received.

4.2 \hspace{1em} Health Passports

Held over until April and will be included along with a presentation to the Committee.

5.0 \hspace{1em} Disability Action Plan/Driver Diagram

Mr Martin Chadwick took the committee through the driver diagram.

From the work from the previous workshop, the suggestions and ideas that were raised and priorities have now been put into a Driver Diagram. In essence this tried to capture what the main goal or problem is, which is: We need to have a higher visibility and responsiveness as an organisation to the needs of the disability and older persons community.

The next step in this process is to look at specific change concepts that can help the secondary drivers. This will form the basis of a second workshop.

The report was received.

The Chair thanked those present for their participation in the meeting.

The meeting concluded at 4.54pm.

Signed as a correct record of a meeting of Counties Manukau Health’s Disability Support Advisory Committee meeting held 26 March 2014.

Chair \hspace{2em} Ms Colleen Brown

Date
### Disability Support Advisory Group Meeting
#### Summary of Action Items as at 16th April 2014

<table>
<thead>
<tr>
<th>DATE ITEM ADDED</th>
<th>ITEM</th>
<th>DETAIL</th>
<th>RESPONSIBILITY (GM/ADVISORY COMMITTEE)</th>
<th>COMMENTS/UPDATES</th>
<th>WHEN COMPLETE</th>
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</thead>
<tbody>
<tr>
<td>Aug 2011</td>
<td>Policies</td>
<td>That policies need to be sent for review to DiSAC before implementation of policy and the Committee to receive a brief analysis to be put in papers for following meeting.</td>
<td>Mr Chadwick</td>
<td>Ongoing</td>
<td></td>
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<tr>
<td>November 2012</td>
<td>Wayfinding</td>
<td>Further update on Wayfinding</td>
<td>Mr Chadwick/Ms Janet Kamau</td>
<td>May 2014</td>
<td></td>
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<tr>
<td>February 2012</td>
<td>Stroke Guidelines</td>
<td>Information on the CMDHB stroke unit rehabilitation project</td>
<td>Mr Chadwick (Dana Ralph-Smith)</td>
<td>June 2014</td>
<td></td>
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<tr>
<td>February 2012</td>
<td>Dignified Patient Handling</td>
<td>Further update in June including info on staff training</td>
<td>Mr Chadwick (Denise Kivell)</td>
<td>July 2014</td>
<td></td>
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<tr>
<td>March 2012</td>
<td>Whaanau ora</td>
<td>How does Whaanau Ora work to meet the needs of the disability communities and health of older people</td>
<td>Mr Chadwick</td>
<td>June 2014</td>
<td></td>
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<tr>
<td>26 March 2014</td>
<td>Health Literacy</td>
<td></td>
<td>Mr Chadwick/Mr Kuyper</td>
<td>May 2014</td>
<td></td>
</tr>
<tr>
<td>26 March 2014</td>
<td>Health Passports</td>
<td></td>
<td>Mr Chadwick</td>
<td>April 2014</td>
<td>✓</td>
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Counties Manukau District Health Board  
Health Passport

Recommendation

It is recommended that the Disability Support Advisory Committee discuss appropriate options to further promote the uptake of the Health Passport within CMH.

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

Background

The Health and Disability Commissioner has through their office over the last several years promoted the uptake in usage of the Health Passport. The Health Passport is designed to be a portable document owned by the patient in which they can record information that is important to them with regards to their health status and how they would like to be treated and or any special needs if they are in the care of health services.

The roll-out of the Health Passport was being done on a DHB by DHB basis. CMH was in line to receive support for progressive implementation. In July of last year the Commissioner changed tack and devolved responsibility to local NGO’s for on-going roll-out, stating:

From 1 July 2013, HDC will be working directly with relevant community organisations to facilitate distribution of passports to consumers on a nationwide basis. Advocates from the Nationwide Health and Disability Advocacy Service will assist HDC with the distribution of health passports in all rest homes and disability residential homes throughout the country.

It is proposed that DiSAC discuss what options (if any) should be undertaken from a DHB perspective to promote the uptake of the Health Passport usage. Any discussion should take into consideration the drive within localities to the usage of a “Shared Care Plan” that as an electronic record my allow for many of the functionalities of the Health Passport to be realised.
Health Passport

First name: 

Last name: 

I like to be known as: 

Please ensure I take this with me when I leave.
1. Personal Details

a) NHI number: ____________________________

b) Address: _________________________________

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c) Telephone: ___________ Mobile: ___________ Fax: ___________

d) Email: ________________________________

Date of completion: ____________ (see Updates page for changes, if any)

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Notes for person completing the passport:

- Completing this passport is optional. You may decide how much information you want to give under each section and may even choose not to complete some sections of the passport.

- If you are unsure what to write in a particular section, please refer to the Guide to Completing the Health Passport.

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Notes for medical and support staff:

- If you are involved with my care and support, please read this passport.

- This is not my Medical Record. This passport gives information about:
  - Things you MUST know about me (Section A)
  - Things that are important to me (Section B)
  - Other useful information (Section C)

- This passport stays with me in hospital. Please ensure I take it with me when I leave.
2. This is what I want to tell you about myself

a) My impairment or other health condition/s are (e.g., I have cerebral palsy; I have epilepsy and my seizures vary from mild seizures to strong seizures that may last up to three minutes; I have Alzheimer’s disease, etc):

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
b) Up to THREE things you need to know in an EMERGENCY (e.g., Please ensure my next of kin knows about my hospital admission; I have a child to be looked after, etc):

(i) ____________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(ii) ____________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(iii) ____________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
3. My Communication

a) My first (or preferred) language is: ________________________________

b) I can also use: ________________________________ language/s

c) I need help with interpreting? NO / YES: ________________________ language

d) I communicate with people using (e.g., gestures, facial expressions, picture charts, hearing aid, digital diary, electronic communicator, etc):

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4. Things to know when providing medical care

a) You would know I am in pain when (e.g., I can tell you, I make a particular sound, I rock my body, etc):


b) I am allergic to (e.g., certain medicines, perfume, nuts, etc):


c) When giving me medication, please (e.g., crush my tablets):


d) When conducting a medical examination, please (e.g., be aware of my catheter bag, lie me on my left side, etc):


e) Other things that you need to know about my medical care (information that you need to know that I have not already told you):


5. Decision-making

I can and would like to make my own decisions, so please ask me first.

If, for some reason, I am incompetent or unconscious at the time when the decision needs to be made, the following will apply:

a) I have a legal representative YES / NO (see item (b) below)

The full name of my legal representative is:

________________________________________________________________________

Legal relationship (e.g., welfare guardian, enduring power of attorney, etc):

________________________________________________________________________

Telephone: ____________ Mobile: ____________ Fax: ____________

Email: __________________________________________________________________

b) I have a list of my wishes for care in the future YES / NO (see item (c) below)

Information about my wishes can be found at (e.g., on my medical file, in cupboard at home, in my advance directives held by my GP, I have given verbal directives to my eldest son, etc):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

c) (Please note that this section applies only if I have ticked ‘No’ to both sections a and b above.) I do not have a legal representative or advance directives and trust that any decision concerning my care and welfare will be made by appropriate professional/s in my best interests after taking into account my views if they are known, or consulting people who know me and care about me.
6. Safety and comfort

(I have circled the statement that applies to me)

* I don’t need support with my safety. Please go to Section B.

* I may need support in keeping safe. Please read information below.

a) Things important for my physical safety (e.g., raised bed rails, my chest harness, sharp objects removed from room, to be watched as I tend to run away, etc):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

b) Things that upset me or cause me stress are (e.g., bright lights, loud noise, etc):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

c) You would know that I am anxious or stressed when (e.g., I start rocking my body, I start biting myself, I start banging my hands, etc):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

d) Things you could do to help me settle down are (e.g., play soft music, take me out for a walk, call the crisis team, etc):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Section B: Things that are important to me

7. Moving around

(I have circled the statement that applies to me.)

* I don’t need support with moving around. Please go to item 8.

* I may need support with moving around. Please read information below.

a) I move around using (e.g., I can walk with the support of a wall, I can see only up to a certain distance, I use a hoist for transfers, I have a guide dog, etc):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

b) Things you need to know when supporting me to move around (e.g., roll me on one side when helping me to move in bed, let me hold your left arm when you are guiding me, please put my power wheelchair on charge at night, etc):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
8. Daily activities
(I have circled the statement that applies to me.)

* I don’t need support with daily activities. Please go to item 9.

* I may need support with daily activities. Please read information below.

a) Using toilet
I can: ________________________________________________

____________________________________________________
You can support me with: ______________________________

____________________________________________________
Things to be aware of: __________________________________

b) Washing/ Taking shower
I can: ________________________________________________

____________________________________________________
You can support me with: ______________________________

____________________________________________________
Things to be aware of: __________________________________

c) Grooming & personal hygiene
I can: ________________________________________________

____________________________________________________
You can support me with: ______________________________

____________________________________________________
Things to be aware of: __________________________________
d) Dressing

I can: 

You can support me with: 

Things to be aware of: 

e) Eating & drinking

I can: 

You can support me with: 

Things to be aware of: 

f) Sleeping

I can: 

You can support me with: 

Things to be aware of: 
9. Important people in my life:

a) Next of kin (e.g., my spouse, family member, relative, or friend):

Full name: ______________________________________________________

Relationship to me: _____________________________________________

Telephone: ___________    Mobile: ___________    Fax: ___________

Email: _______________________________________________________

b) Support person (e.g., my key support worker in the house where I live):

Full name: ______________________________________________________

Relationship to me: _____________________________________________

Name of agency (if applicable): ____________________________________

Telephone: ___________    Mobile: ___________    Fax: ___________

Email: _______________________________________________________

c) General practitioner:

Full Name: _____________________________________________________

Address: _______________________________________________________

_______________________________________________________________

Telephone: ___________    Mobile: ___________    Fax: ___________

Email: _______________________________________________________

d) Any other person or agency and their contact details: ________________

_________________________________________________________________
Section C: Other useful information

a) Things I like (e.g., music, routines, etc):

b) Things I don’t like (e.g., certain food, dark rooms, etc):

c) My religious needs (e.g., karakia/prayers, Halal food, etc):

d) My cultural needs (e.g., I prefer a woman doctor, etc):

e) Other information (e.g., tell me when you bring food and what’s in it, etc):
Section D: Updates

There have been changes to my support needs. I have crossed out the original and completed this section.

1. Date: ______________  Updated by: ______________
   Details: ____________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Date: ______________  Updated by: ______________
   Details: ____________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Date: ______________  Updated by: ______________
   Details: ____________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. Date: ______________  Updated by: ______________
   Details: ____________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
5. Date: _______________  Updated by: ________________________________
Details: __________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Date: _______________  Updated by: ________________________________
Details: __________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Date: _______________  Updated by: ________________________________
Details: __________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Acknowledgements:
This passport is based on original work entitled, ‘This is my Hospital Passport’ by Wandsworth Community Learning Disability Team, UK.

All pictures are from the CHANGE picture banks: www.changepeople.co.uk.

Thanks to everyone who helped in the redesign of this document.

Disclaimer:
The Health and Disability Commissioner provides this passport template as a guide only and accepts no responsibility for the accuracy of the information completed in the passport.
This Passport stays with me in hospital. Please ensure I take it with me when I leave.

To provide feedback on the Passport, please contact:

Health & Disability Commissioner
PO Box 1791, Auckland 1140.
Free Phone: 0800 11 22 33; Fax: 09 373 1061
Email: healthpassport@hdc.org.nz
Website: www.hdc.org.nz
Health Passport

First name:

Last name:

I like to be known as:

Please return this Passport to me when I leave.
1. Personal Details

a) NHI number: ____________________________

b) Address: ________________________________

                                  ________________________________
                                  ________________________________

                                  ________________________________

c) Telephone: ___________ Mobile: ___________ Fax: ___________

d) Email: ________________________________

Date of completion: ____________ (see Updates page for changes, if any)

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Notes for person completing the passport:

• Completing this passport is optional. You may decide how much information you want to give under each section and may even choose not to complete some sections of the passport.

• If you are unsure what to write in a particular section, please refer to the Guide to Completing the Health Passport.

Notes for medical and support staff:

• If you are involved with my care and support, please read this passport.

• This is not my Medical Record. This passport gives information about:
  — Things you MUST know about me (Section A)
  — Things that are Important to me (Section B)
  — Other Useful information (Section C)

• Please return this passport to me when I leave.
Section A: Things you MUST know about me

2. This is what I want to tell you about myself

(You may wish to write here about your impairment or other health condition/s. For example: I have cerebral palsy; I have epilepsy and my seizures vary from mild seizures to strong seizures that may last up to 3 minutes; I have Alzheimer’s disease; etc.)
3. My Communication

a) My first (or preferred) language is: ____________________________

b) I can also use: ____________________________ language/s

c) Do I need an interpreter? NO / YES: ____________________________ language

d) I communicate with people using: (e.g., gestures, facial expressions, picture charts, hearing aid, digital diary, electronic communicator, etc)

________________________________________

________________________________________

________________________________________

e) Things you need to know when communicating with me are:
(e.g., speak slowly, face me, tap my shoulder for attention, turn on my equipment, etc)

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
4. Things to know when providing medical care

a) You would know I am in pain when: (e.g., I can tell you, I make a particular sound, I rock my body, etc)

b) I am allergic to: (e.g., certain medicines, perfume, nuts, etc)

c) When giving me medication, please: (e.g., crush my tablets)

d) When conducting a medical examination, please: (e.g., be aware of my catheter bag, lie me on my left side, etc)

e) Other things that you need to know about my medical care: (please provide other information not already covered that staff must know about you)
5. Decision-making

I can and would like to make my own decisions, so please ask me first.

If, for some reason, I am incompetent or unconscious at the time when the decision needs to be made, the following will apply:

a) Do I have a legal representative? Yes / No (see item (b) below)

My legal representative is: ____________________________

Full name: ____________________________

Legal relationship: (e.g., welfare guardian, enduring power of attorney, etc)

________________________________________________________________________

Telephone: ___________ Mobile: ___________ Fax: ___________

Email: ____________________________

b) Do I have advance directives? Yes / No (see item (c) below)

My advance directives can be found at: (e.g., on my medical file, in cupboard at home, I have given verbal directives to my eldest son, etc)

________________________________________________________________________

________________________________________________________________________

(If you need to enter text, please replace the dots with your information.)

(Please note that this section applies only if I have ticked ‘No’ to both sections a and b above.) I do not have a legal representative or advance directives and trust that any decision concerning my care and welfare will be made by appropriate professional/s in my best interests after taking into account my views if they are known, or consulting people who know me and care about me.
6. Safety

(Circle one statement that applies to you)

* I don’t need support with my safety. Please go to Section B.

* I may need support in keeping safe. Please read information below.

a) Things important for my physical safety: (e.g., raised bed rails, my chest harness, sharp objects removed from room, to be watched as I tend to run away, etc)

b) Things that upset me or cause me stress are: (e.g., bright lights, loud noise, etc)

c) You would know that I am anxious or stressed when: (e.g., I start rocking my body, I start biting myself, I start banging my hands, etc)

d) Things you could do to help me settle down are: (e.g., play soft music, take me out for a walk, call the crisis team, etc)
Section B: Things that are important to me

7. Moving around

(Circle one statement that applies to you)

* I don’t need support with moving around. Please go to item 8.

* I may need support with moving around. Please read information below.

a) I move around using: (e.g., I can walk with the support of a wall, I can see only up to a certain distance, I use a hoist for transfers, I have a guide dog, etc)

b) Things you need to know when supporting me to move around: (e.g., roll me on one side when helping me to move in bed, let me hold your left arm when you are guiding me, please put my power wheelchair on charge at night, etc)
8. Daily activities
(Circle one statement that applies to you.)

* I don’t need support with daily activities. Please go to item 9.

* I may need support with daily activities. Please read information below.

a) Using toilet
I can: ___________________________________________

You can support me with: ___________________________________________

Things to be aware of: ___________________________________________

b) Washing/ Taking shower
I can: ___________________________________________

You can support me with: ___________________________________________

Things to be aware of: ___________________________________________

c) Grooming & personal hygiene
I can: ___________________________________________

You can support me with: ___________________________________________

Things to be aware of: ___________________________________________
d) Dressing
I can: ________________________________

You can support me with: ________________________________

Things to be aware of: ________________________________

e) Eating & drinking
I can: ________________________________

You can support me with: ________________________________

Things to be aware of: ________________________________

f) Sleeping
I can: ________________________________

You can support me with: ________________________________

Things to be aware of: ________________________________
9. Important people in my life:

a) **Next of kin** (e.g., your spouse, family member, relative, or a friend):

   Full name: ________________________________
   Relationship to me: ________________________________
   Telephone: ___________ Mobile: ___________ Fax: ___________
   Email: ________________________________

b) **Support person**: (e.g., your key support worker in the house where you live)

   Full name: ________________________________
   Relationship to me: ________________________________

   Name of agency: (if applicable) ________________________________
   Telephone: ___________ Mobile: ___________ Fax: ___________
   Email: ________________________________

c) **General practitioner**:

   Full Name: ________________________________
   Address: ________________________________

   Telephone: ___________ Mobile: ___________ Fax: ___________
   Email: ________________________________

d) **Any other person or agency and their contact details**:

   ________________________________
Section C: Other useful information

a) Things I like: (e.g., music, routines, etc)

b) Things I don't like: (e.g., certain food, dark rooms, etc)

c) My religious needs: (e.g., karakia/ prayers, Halal food, etc)

d) My cultural needs: (e.g., I prefer a woman doctor, etc)

e) Other information: (e.g., tell me when you bring food and what’s in it, etc)
Section D: Updates

When there are any changes to your support needs, cross out the original comments and complete this section.

1. Date: _______________  Updated by: _________________________
   Details: ___________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

2. Date: _______________  Updated by: _________________________
   Details: ___________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

3. Date: _______________  Updated by: _________________________
   Details: ___________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

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Health & Disability Commissioner
PO Box 1791, Auckland 1140.
Free Phone: 0800 11 22 33; Fax: 09 373 1061
Email: healthpassport@hdc.org.nz
Website: www.hdc.org.nz
Please remember to take your Health Passport with you every time you visit hospital, and...

take it home with you after your visit to hospital!

For further information, please contact:

Health & Disability Commissioner
PO Box 1791, Auckland 1140.
Free Phone: 0800 11 22 33
Fax: 09 373 1061
Email: healthpassport@hdc.org.nz
Website: www.hdc.org.nz
Introduction to the Health Passport

Getting a better health service
What is a Health Passport?

A Health Passport is a booklet that you can carry with you when attending hospitals or other providers of health and disability services. Your Passport contains information that you want people to know about how to support and communicate with you. It helps health professionals make appropriate and safe decisions about your care.

The Health and Disability Commissioner (HDC) is working with District Health Boards throughout New Zealand to introduce the Health Passport initiative into our hospitals.

Do I need a Health Passport?

A Health Passport is voluntary. It may be helpful to you if you:

- have an impairment (such as impaired vision, cerebral palsy);
- have a medical condition (such as epilepsy, Alzheimer’s Disease);
- have particular communication or support needs;
- visit hospital often.
How can I get a Health Passport?

You can get your Passport:

• By ordering from the HDC website: www.hdc.org.nz/Publications/Resources-to-order
• By downloading from the HDC website: www.hdc.org.nz/about-us/disability/health-passport
• From your disability support group
• From your hospital - ask at Reception or the Information Centre.

There is a Guide to help you fill out the information needed in your Passport. You can get a Guide in the same way as you get your Passport.

What about completing my Health Passport?

You can complete your Passport electronically and print a completed copy, or fill in the hard copy. If you require assistance you can get your caregiver or a member of your family to help you.

The Guide provides helpful examples and explanations. You can give as much or as little information as you like — not all the questions may apply to you.
Guide to completing the Health Passport
This guide will help you to complete the health passport. It explains what information to give under each heading. It also gives some examples of the information that you may want to include in the passport. Please note that the examples given in this guide under various sections are for reference only and may not cover all key information that applies to you.

You may wish to take help from your support person, doctor, a therapist, or a specialist to complete certain sections of the passport.

If you are completing the passport on someone else’s behalf or assisting someone in completing the passport, please make sure that you read this guide carefully and cover all the possible situations that may apply to the person.
2. This is what I want to tell you about myself

You may wish to write here about your impairment or other health condition. You can give as much or as little information as you like. You may also wish to include information on what impact your impairment has on your ability to do things. The following examples may be of help.

- If you have been formally diagnosed with any impairment or medical condition, it may help to give that information here (for example: Down Syndrome, Asperger’s Syndrome, Cerebral Palsy, Spina Bifida, Depression, Schizophrenia, Vision Impairment or Blindness, Hearing Impairment or Deafness, Parkinson’s Disease, Alzheimer’s Disease, Diabetes, Epilepsy, Heart condition, Hepatitis, etc).

- You may even give a detailed description of your condition or support needs, such as, I would like (or need) support with my mental well-being.

- Some people have a primary diagnosis and a secondary diagnosis or associated condition. For example: vision impairment can be a primary diagnosis and the person may also have partial hearing impairment; or autism can be a primary diagnosis associated with intellectual impairment.

- You may give information about the impact your impairment or condition has on your ability to do various everyday tasks (for example: social skills, ability to control your behaviour, ability to see things at a certain distance, ability to walk or move around, ability to speak, ability to perform daily living activities, etc).
3. My Communication

d) I communicate with people using:
Please give information about your preferred way of communicating with people, including any communication equipment that you may be using. For example: I use gestures or facial expressions; I use special equipment (such as picture charts, symbols, Dynavox, digital diary, large-font prints, hearing aid, etc).

e) Things you need to know when communicating with me are:
Please give as much detail as you can about effective ways of communicating with you. This may include information such as:

- Ask me only Yes and No questions.
- I raise my head for a ‘Yes’ answer and shake it sideways for a ‘No’.
- Speak slowly and face me when talking.
- Ask me whether I have understood you.
- Let me know if you enter or leave the room.
- Let me know where the Emergency Call Bell button is.
- Ask me to repeat if you don’t understand me.
- Tap me on my shoulder to get my attention.
- Write down things for me.

Please also give information about how you use your communication equipment and how others can use the same to communicate with you. This may include information such as:

- How to turn on and off your device
- How to start over if the message is not understood the first time
- Meanings of the symbols and pictures that you use, etc.
4. Things to know when providing medical care

a) You would know I am in pain when:

Please give information about what you do or what happens to you when you are in pain. It may include things such as:

When I am in pain:

• I will be able to tell you
• I make a particular sound
• I start shaking my head or rocking my body, etc.

b) I am allergic to:

• Please give information about any medication or drugs that you may be allergic to. If you are not sure, you may wish to ask your family doctor or family members who have cared for you.

• You should also give information about any other things that you may be allergic to (for example: pollen, perfume), including food intolerance (for example: nuts, dairy products, etc).

c) When giving me medication, please:

• Please give information about any specific method that should be used to give your medication (for example: crush my tablets, give me a straw, put my tablets in my food, lie me on my left side to give any anal medication, etc). You may also give any specific instructions, such as, I have dysphagia, so please follow the swallowing guidelines that are kept on my medical file. Also write about what would happen if the correct method is not followed, for example: I may choke if my tablets are not crushed.
d) When conducting a medical examination, please:

- You should also give information about how health staff can do your medical tests or examination (for example: always use my left arm to take blood; don’t stand in front of my wheelchair during an examination as I may spasm involuntarily and kick you; watch your fingers during dental examination as I may involuntarily bite you; please watch for my catheter bag, etc).

e) Other things that you need to know about my medical care:

Please give details of any other information that you think is important or may be of use for the staff to know.
5. Decision-making

a) My legal representative is:
If you have a legal representative such as an Enduring Power of Attorney (you can appoint one for yourself when you are competent to make your own decisions), or a Welfare Guardian (usually appointed by a court), please give that person’s details here.

b) My advance directives can be found at:
An advance directive is a written or oral directive — (a) by which you make a choice about a possible future health care procedure; and (b) that is intended to be effective only when you are not competent. If you have written your advance directives, the health professional may need to sight the actual document, so please give information on who has a copy of your advance directives or where the hard copy of your advanced directives can be found. For example: My advance directives can be found … in the bottom drawer of my dressing table; in my medical file with my GP; or, my eldest son has a copy in his house, etc. If you have told someone what you want instead of writing it down, please say who you told. Do not forget to update this information if you change your mind.

(If you do not have a legal representative, you may wish to consider choosing someone you trust to be your Enduring Power of Attorney to make decisions for you should you become incompetent.)
6. Safety

a) Things important for my physical safety:

Please give as much information as you can about your safety needs. You may want to include things such as: always keep my bed rails raised; put my chest harness on when wheeling my wheelchair; make sure there are no sharp objects in the room; keep me under close supervision as I often try to run away or wander about, etc.

b) Things that upset me or cause me stress are:

- Please give information on things that may upset you or make you feel giddy, or that may cause you to have seizures (for example: strobe lights, sudden up or down movements, loud noise, or certain colours, etc).

- You should also give information about any fears or phobias that you have (things that scare you — for example: closed windows, darkness, height, etc).

c) You would know that I am anxious or stressed when:

Please give information about what you do or what happens to you when you are anxious or stressed. It may include things such as:

- I make a particular sound.
- I start shaking my head or rocking my body.
- I start biting myself.
- I start banging my hands.
- I sit in a corner.
d) Things you could do to help me settle down are:

Please give as much information as you can on what helps you to calm down when you are distressed, including any other specialist support that you might need. It may include things such as:

- Give me my ‘as and when needed’ (PRN) medication.
- Play my favourite CD.
- Gently move your fingers in my hair.
- Take me out for a walk.
- Leave me alone for five minutes, making sure that there are no sharp objects in the room.
- Immediately call my parents or a specific support organisation, for example, Mental Health Crisis Intervention team or the police.
Section B: Things that are important to me

7. Moving around

a) I move around using:
Please give detailed information about how you move around, including any special aid or equipment that you may use. This may include information such as: I use a manual or powered wheelchair; I can walk with the support of a wall; I can see only up to a certain distance; I cannot turn on my right side; I use a hoist for transfers; I have a guide dog; I use a special toilet/shower chairs, etc.

b) Things you need to know when supporting me to move around:
Please give as many details as you can about effective ways of supporting you to move or transfer and find your way around. This may include information such as:

• When I want to go to bed at night, you can support me by helping me to lie on one side and then help me change sides every two hours as I might get pressure sores.

• When I want to move from a bed to a chair, you can support me by moving my chair as close as possible to the bed and rolling me over on one side and sitting me up. I can manage the rest myself.

• I need to be familiar with my room, so please take me around the room explaining what is kept where, letting me know of any obstacles or potential hazards in the room that I should be aware of. Please do not move things around without informing me.
Please also give information about how you use your mobility aid and equipment, and how others can use the same to support you. This may include information such as: how to turn on and off your equipment; how to tilt the chair; where to leave your glasses when you have gone to bed; your dog’s name; and requests such as, please put my power wheelchair on charge at night, etc.

8. Daily activities
Please give as many details as you can about the support you may need with various activities. For example, this may include information such as:

Activity: Dressing

*I can:* put on my shirt.

*You can support me with:* Please button up my shirt for me.

*Things to be aware of:* Watch out for my hands as I may involuntarily hit you.

Activity: Eating & Drinking

*I can:* open my mouth and chew semi-solid food.

*You can support me with:* Please thicken my liquids using a thickener, and soften all hard food by churning it to a yogurt-like consistency before feeding me using a soft spoon.

*Things to be aware of:* Make sure that I am sitting upright when eating; be mindful of your fingers as I may involuntarily bite you; and, I may choke if the food is not churned well.
Section C: Other useful information

c) My religious needs:
Please give as many details as you can about your specific religious needs. This may include information such as: I do karakia before eating meals; I eat only Halal meat, etc.

d) My cultural needs:
Please give as many details as you can about your specific cultural needs. This may include information such as: I prefer to be examined by a woman doctor; I eat my meals before sunset, etc.

e) Other information:
Please give any other details that may help the hospital staff to work with you. This may include information such as: When you bring my meal, please let me know where you have put it and what’s in it; please be aware that I have false teeth and I keep them next to my bed in a container, etc.
Section D: Updates

This section does not need to be completed the first time. If your situation or support needs change after you finish completing the passport, please cross out the original details from the appropriate section of the document and provide the updated information here. It may include information such as:

• I cannot weight-bear any longer so I need full support for all physical transfers.
• I have a new wheelchair that tilts back. Press the up and down arrow on the front panel to tilt the chair back and forth.
• My support agency has changed. The name of the new agency and primary caregiver are ...
To provide feedback on the passport guide, please contact:

Health & Disability Commissioner
PO Box 1791, Auckland 1140.
Free Phone: 0800 11 22 33; Fax: 09 373 1061
Email: healthpassport@hdc.org.nz
Website: www.hdc.org.nz
Recommendation

It is recommended that the Disability Support Advisory Committee approve a stocktake of other large DHBs to determine the level of support that is provided for Disability issues to determine how best Counties Manukau Health (CMH) aligns to the wider sector.

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

Background

CMH has previously had in place a Disability Support Officer. This role has not been in the organisation for the 2013-14 FY. Presently it is not known if there is a consistent approach across large DHBs on how disability issues are being elevated and addressed.

Proposal

It is proposed to do a stocktake of larger DHBs to determine if the Disability Support Officer is a common role and if there other systems and/or processes that CMH could learn from in order to improve how disability issues are supported within the organisation.
**Recommendation**

It is recommended that DiSAC approve seeking feedback from Be.Accessible as to the cost and feasibility of having some of the DHB facilities audited for accessibility as per the Be.Accessible criteria.

**Prepared and submitted by:** Martin Chadwick, Director of Allied Health

At the last DiSAC meeting on the 26th March, a presentation was received by the committee on the scope and purpose of Be Accessible as an organisation seeking to assist organisations to be more accessible to the disability community.

As Counties Manukau Health has a stated goal of being the best healthcare organisation in Australasia by 2015, it has raised the issue of whether we are reaching for this aspiration with the disability community. While CHM is a large and complex organisation with many sites, it has raised the question of whether the organisation could be assessed against this criteria.

Approval is being sought through DiSAC to engage with Be.Accessible to determine the feasibility and cost of accessing some of our facilities against their criteria. The Manukau Super Clinic is proposed as a logical start point.