QON No. 72

Legislative Assembly for the Australian Capital Territory
Standing Committee on Social Policy

Inquiry into annual and financial reports 2024–2025

Answer to question on notice

Asked by: Ms Chiaka Barry MLA

Addressed to: Minister for Health

Reference: Health - CHS

Hearing: 11 November 2025
In relation to: Disability Management in Hospitals
Question received: 19 November 2025
Answer Due: 26 November 2025

At the Disability Hearing on 13 November, I was asked to refer disability questions to the relevant Operational Minister. There are concerns about the treatment and management of people with disabilities in hospital settings, particularly people with complex co-morbidities.

1) Why is it that adequate adjustments are not being made for people with disabilities, particularly in the Emergency Department (ED)?

2) Why do Official Visitors report that extended hospital stays without clear pathways for returning home for people with obesity continues to be a problem?

3) Why is it that safe discharge plans are not put in place for people with disabilities who have been identified as having complex needs and are presenting to hospital frequently.

4) Why do providers and investigative agencies have had great difficulty in facilitating communication and change with North Canberra Hospital.

5) What are you doing to address these concerns?

MINISTER STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

1) The Emergency Department (ED) can be a noisy and unpredictable environment. It is acknowledged that this may impact the experience for people with disabilities.

   There are low stimulus spaces for both adults and children in the ED at Canberra Hospital. There are also some additional areas co-located within the waiting room for patients who require a waiting space in a lower stimulus area. It is challenging to predict how many patients presenting will require access to these areas and the nature of a low stimulus space may mean less visibility of the patient. Therefore, depending on the presenting problem, it may not always the best space for that condition.

On 5 September 2025, the ACT Government officially opened the new Yamba Drive entrance at Canberra Hospital. The new entrance delivers a more welcoming, inclusive and accessible experience for patients, families, carers and staff. Now featuring a dedicated public bus stop connecting directly to Canberra's public transport network, the new entrance provides level access to the hospital, directly responding to feedback from the ACT Disability Reference Group.

2) The ACT Government recognises the important role of Official Visitors in identifying issues and challenges across the system. While reasons for extended hospital stays can vary, including access to required supports, Canberra Health Services (CHS) has a range of processes to support discharge planning where pathways may be unclear.

These include dedicated complex care coordinators, the Care Optimisation and Transition Unit, and various long-stay forums where multidisciplinary teams and senior managers collaborate to progress solutions. The goals of these meetings are to identify individual options and potential solutions which can then be explored with patients and any relevant agencies.

3) CHS leads stakeholder meetings with patients, carers, and relevant agencies to identify options and continues to work with Residential Aged Care Facilities, Capital Health Network, and the Department of Health, Disability and Aged Care to improve access within the ACT. CHS has several processes to support people with disabilities who present frequently to hospital and have complex needs, with the goal of maximising community living and reducing hospital re-presentations. These include:

- Exploring care and support options through funded schemes (NDIS, Support at Home) and other government and non-government agencies.
- Multidisciplinary planning meetings with patients, carers, and supported decision-makers to develop safe, sustainable discharge plans.
- Stakeholder meetings involving formal and informal support providers, community services, mental health services, integrated service response programs, child and family services, and primary care providers.
- In significant cases, monthly stakeholder meetings that include emergency response services.

In addition, the CHS Liaison and Navigation Service exists to support people with complex care needs and link them with necessary care supports, build their capacity to manage their own health care and disability needs, and develop a care plan that is shared with agreed care partners.

4 & 5) The ACT Government acknowledges that implementing communication and change processes in a complex health environment can present challenges. While staff make every effort to provide reasonable adjustments within the resources available, the limitations of the environment can restrict options for creating a more suitable setting for patients with specific needs.

To address these constraints, NCH has introduced measures aimed at improving patient experience, such as distraction tools including a distraction trolley and SmileyScope for paediatric patients. In addition, work is underway to establish a dedicated space for managing Behavioural and Psychological Symptoms of Dementia within a general medical ward. These initiatives reflect a commitment to continuous improvement despite infrastructure challenges.

There have been no reported delays in access for agencies such as Official Visitors, accreditation bodies, and professional colleges. Communication and change are primarily facilitated through structured consumer engagement processes, including the Network Partnering with Consumers Committee and the Disability Action and Inclusion Plan Implementation Steering Group. Both groups provide a formal mechanism for collaboration and report directly to the NCH Clinical Governance Committee, ensuring that consumer perspectives inform decision-making and service improvement.

Finally, NCH continues to work closely with community organisations, disability advocates, and investigative agencies to identify barriers and implement practical solutions that enhance patient safety, experience, and equity of access. These actions reflect a commitment to delivering care that is inclusive, responsive, and consistent with ACT Government policies on disability inclusion.

Approved for circulation to the Standing Committee on Social Policy

Signature:  Date: 3/12/25

By the Minister for Health, Rachel Stephen-Smith