



# Disability Access and Inclusion Plan

## East Metropolitan Health Service

2017 – 2022

This plan is available in alternative formats including in standard and large print, in audio format on CD, electronically by email, and on the [East Metropolitan Health Service website](#).



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## Introduction

East Metropolitan Health Service (EMHS) is committed to creating an environment that enables people with disability, their families and carers, to have full access to all EMHS services, facilities and information.

This Disability Access and Inclusion Plan (DAIP) is devised in accordance with the statutory responsibilities of the Disability Services Regulations 2004 and other related legislation such as Equal Opportunity Act of 1984. This plan acknowledges the Department of Health's 2016 – 2020 DAIP and the requirement for all staff to actively work towards progressing better access and inclusion in our workplaces.

EMHS will ensure no individual is discriminated and will take into account their diverse needs.

EMHS was established as a new statutory authority on 1 July 2016 as part of the WA Health Governance Reform process. EMHS's Royal Perth Bentley Group (RPBG), Armadale Kalamunda Group (AKG) and St John of God Midland Public Hospital (SJGMPH) facilities and services, will continue to build on the strategies previously implemented when formally a part of the South and North Metropolitan Health Services. EMHS also provides comprehensive community and population health programs. As such the EMHS will comply with:

- taking all practicable measures to ensure this plan is implemented by its employees, agents and contractors
- reviewing this accessibility and inclusion plan every 5 years
- undertaking public consultation for this, and any significant amendment to this plan
- reporting annually to the Disability Services Commission on EMHS strategies for desired outcomes (1 – 7) of DAIP.

## Definition of disability

The Disability Services Act 1993 defines disability as any continuing condition that restricts everyday activities. Disability can affect a person's capacity to communicate, interact with others, learn and get about independently. Disability is usually permanent but may be episodic. Types of disability involving one or more impairments include sensory, neurological, physical, intellectual, cognitive, or psychiatric factors.





## About EMHS

EMHS provides healthcare to the eastern metropolitan community of Perth, and also has specified responsibilities for the Pilbara, Kimberley and parts of WA wheatbelt country areas. There are more than 708 000 people in the catchment.

Our hospital groups work together to provide a combination of tertiary, secondary and specialist health care services including emergency and critical care, state trauma, elective and emergency surgery, general medical, mental health, inpatient and outpatient services, aged care, palliative care, rehabilitation and women's, children's and neonatal services.

EMHS provides population and community health programs. The Health Promotion team works on social and political interventions to strengthen the skills and capabilities of individuals, and to improve adverse social, environmental and economic conditions which impact on health. The Aboriginal Health team works to improve the health of Aboriginal people by improving their access to culturally appropriate health care. Other programs that assist the vulnerable and homeless are also available.

### The Royal Perth Bentley Group comprises of:

#### **Royal Perth Hospital (RPH)**

A 450-bed tertiary adult that provides the highest level of acute care, often treating those with serious injuries or life-threatening conditions. RPH comprises of a number of buildings located at the eastern end of Murray and Wellington streets and can be accessed by road, rail, or helicopter; it also provides over road protected pedestrian walkways.

#### **Bentley Health Service (BHS)**

A 199-bed specialist hospital for aged care and rehabilitation, maternity, significant mental health services in WA, as well as elective surgery and community health programs. It is accessible by road and a nearby rail line; the hospital is located on Mills Street, Bentley.

### The Armadale Kalamunda Group comprises of:

#### **Armadale Health Service (AHS)**

A 173-bed multiday and 32-bed same day general hospital that provides community care to the people living within the eastern districts. The AHS demographic profile includes people from a broad mix of socioeconomic groups as well as those from culturally and linguistically diverse backgrounds. The specialty services at AHS include aged care, day procedures, emergency medicine, gastroenterology, intensive care, general medicine, mental health, neonatal services, obstetrics and gynaecology, paediatrics, rehabilitation, general surgery and orthopaedics. It is located on Albany Highway, Mount Nasara, and is accessible by road or nearby rail line.





The AHS community programs include midwifery group practice and community rehabilitation.

### **The Armadale Mental Health Service (AMHS)**

A 41-bed multiday facility within the AHS campus for patients over 18 years. Their AMHS community programs and facilities include Eudoria Street (Clinical Treatment Team), Mead Centre (Assessment Treatment Team), and Jacaranda House (Community Residential Facility).

### **Kalamunda District Community Hospital (KDCH)**

A 20-bed multiday and 6-bed same day specialist hospital providing palliative care and low risk endoscopy services to the EMHS local catchment area. The KDCH has provided health services to the Kalamunda and Hills community since 1973. It is accessible by road.

### **St John of God Midland Public Hospital (operates within a public/private partnership)**

The SJGMPH opened on 24 November 2015, replacing the former Swan District Hospital (SDH) with a significantly increased bed capacity and expanded range of health services available to the local community. Further significant population growth is expected in the Midland catchment area.

SJGMPH offers both a general hospital providing free services to public patients, and a private hospital for services to private patients. The public hospital has 307 public beds, offering a comprehensive range of clinical services including an Emergency Department, critical care, surgical services, medical services, maternity, neonatal services, paediatrics, geriatric and aged care, a cancer unit, rehabilitation and adult and older adult mental health.

The public hospital is co-located with a private hospital containing 60 private beds, with some infrastructure shared by both facilities. The public and private hospitals work with other EMHS providers to ensure a seamless healthcare journey for residents. SJGMPH also participates in university undergraduate and postgraduate clinical teaching and training to ensure development of the health workforce. SJGMPH is accessible by road and nearby rail line.

*EMHS recognises the importance of ensuring that people with disability, their families and carers are provided with the same opportunity, rights and responsibilities enjoyed by other people in the community.*





## Responsibility for the EMHS DAIP

Each EMHS provider has developed individual site DAIP implementation plans for 2017 – 2022 that are based on seven desired disability outcomes, and adhere to the overarching strategies listed in this plan. Each site is responsible for developing, monitoring and reviewing specific tasks and timelines, that address the barriers for people with disability wanting to access services, information and facilities.

The DAIP policy states that health service provider chief executives and health service provider executive directors are responsible for the resources and support required to develop and implement DAIPs for their organisations. All agents and contractors providing services to the public on behalf of EMHS are also required to work in a manner consistent with the Department of Health's plan and site-based disability plans.

Health service providers will conduct a progress review of the DAIP annually, which will include consultation with relevant stakeholders, and involve all EMHS services via their DAIP committees. It is expected that the DAIP plan will be embedded in daily practice and monitoring of services, facilities, information and employment opportunities will occur to ensure facilities remain accessible to all individuals. A copy of the EMHS DAIP will be accessible via HealthPoint and the hubs.

The implementation of the strategies outlined in the health service DAIP is the responsibility of the Executive Director as guided by their DAIP committee and relevant reference groups.

## Communicating the EMHS DAIP

A number of mediums will be used including:

- EMHS websites and intranets
- alternative formats such as large print, audio CD or via an interpreter, upon request
- usual communication strategies to inform staff, visitors and consumers
- advertisement for public feedback (e.g. EMHS website, intranet and print media).

A community consultation advertisement was placed in The West Australian newspaper in May 2017, and staff consulted via key committees and the intranet. Feedback was incorporated, and this final plan will be made available for public and staff via the EMHS website, the West Australian newspaper, at staff induction, on Intranet, including in alternative formats.

If an EMHS provider significantly amends any DAIP site plans, both staff and the community will be advised.





Staff who do not have access to email, will be advised via the responsible managers and supervisors (e.g. hard copy postings), or will have representatives on EMHS site DAIP committees.

## Review and reporting

As per the Disability Services Act 1993, EMHS DAIP will be reviewed at least every five years and, staff and public feedback sought. DAIP site committees will have ongoing responsibility to continue reviewing progress, initiate and implement their strategies. Complaints regarding access by individuals, carers or families of those with disability, when received by services, should be considered by the DAIP committee with a view to resolving requirements.

A designated EMHS executive sponsor will be responsible for preparation of the annual Disability Services Commission reporting requirements and implementation of DAIP strategies. These reports will be formally endorsed by the area chief executive.

## EMHS strategies to improve DAIP

The following overarching strategies provide the framework for individual health service DAIPs. Whilst all health services will comply with these strategies there will be some similarities and differences in regard to actions undertaken to achieve outcomes based on site health service needs. The following seven desired outcomes and the related strategies form the outline of the EMHS DAIP, providing a framework for achieving equitable access. Some recently completed strategies are included and EMHS would value any consumer/staff feedback.





## EMHS Outcome One: People with disability have the same opportunities as other people to access the services of, and any events organised by the EMHS.

	Strategy	Tasks	Task Timeline / Review Date	Responsibility
1.1	Ensure that people with disability are provided with an opportunity to comment on access to services.  NSQHSS 11.7.2	Complaint/comments are a 'standing item' on the Disability Access and Inclusion Committee agenda to review relevant complaints, and assist appropriate action is undertaken (e.g. Press Ganey, Patient Opinion survey and Consumer Engagement Unit report).  Check that the Better Hearing Strategy reminders are located at all first point entries.	Monthly  September 2017	DAIP committees
1.2	Ensure that events organised at EMHS locations are accessible to people with disability.  NSQHSS 11.3.1	EMHS e-newsletters to remind staff of disability access requirements for events; where possible hold events in disability accessible areas and close to accessible parking/drop-off and pick-up areas.  Link to Disability Service Commission's (DSC) "Accessible Events Checklist" on hub page for EMHS staff event organisers.	Biannual reminder	Staff organising public events and relevant communication teams  DAIP committees
1.3	Ensure that Disability Access and Inclusion issues are regularly monitored.	Broad representative committee membership, of EMHS Health Service Providers and conduct regular DAIP committee business meetings.	Bi-monthly DAIP Committee meeting	DAIP committees
1.4	Scope developing the role of "Coordinator Disability Services" to manage and monitor DAIP progress.  NSHQSS 11.7.2	Identify full time equivalent (FTE) resource and role definition, to support the DAIP requirements.	Review annually December 2017	Area director of allied health
1.5	To ensure that the objectives of the DAIP are incorporated into strategic business planning and budgeting processes.  NSQHSS: 1.22, 1.62, 13.1.2, 15.1.1	Review and escalate issues, risks and actions to Population Health, Hospital and Area Executive groups.  Report ongoing actions to other agencies when required.	Ongoing/annual	Chairs of DAIP committees, area director of allied health and BHS Site Coordinator







<b>1.6</b>	Ensure that any health service redevelopments or new services, identifies any special requirements for a person with a disability  NSQHSS: 1.17.2 NS 2.5.1	Ensure the early involvement of consumers and carers, staff, patients, visitors, Consumer Advisory Council (CAC) and the MH Group (MHG), who are aware of DAIP requirements. Facilities Management are responsible for compliance with disability requirements and Act.	Ongoing	Chairs of DAIP committees  Director of Consumer Engagement
<b>1.7</b>	For new strategies and service operational plans, include reference to DAIP issues.	Ensure senior staff and executive are aware of requirement to incorporate reference to DAIP issues in relevant strategic and operational plans.	Ongoing	Area director of allied health
<b>1.8</b>	Wayfinding working group (RPH initiative).	Develop electronic wayfinding terminals and locate at strategic entry/exit points. Install voice recorded messages in lifts.  Assess if successful and potential for use at other sites.	Completed	Director of Consumer Engagement





## EMHS Outcome Two: People with disability have the same opportunities as other people to access buildings and other facilities.

	Strategy	Tasks	Tasks Timeline	Responsibility
2.1	Ensure that all buildings and facilities are physically accessible with respect to parking, external and internal access, toilets, signage and telephones.  NSQHSS 2.	Conduct access audits of existing facilities (involve community/ carer/disability representative) to ensure continued compliance with access requirements. Audit outcomes are communicated via site governance committee representatives, community advisory committees, and site accreditation reporting.	Annual July 2018	DAIP committees, facilities management, occupational health and safety (OHS) and CAC)
2.2	Ensure signage is appropriate for people with disability.	Signage to be reviewed by health service providers for compliance with relevant Department of Health signage guidelines.	5 years or as required	DAIP committees and facilities management
2.3	Ensure patients and visitors with disability have assistance when required to locate their destination. Wayfinding for visual impairment and intellectual disability.	Liaise with volunteer groups and establish concierge assistance service. Assign volunteers at key Reception Areas to accompany patients/visitors to required destination. Provide colour coded floor routes to key hospital areas and access points. Review suitability of recent RPH implementation for other sites.	Annual	CAC volunteers and customer liaisons
2.4	Ensure all facilities and other infrastructure related to public transport (buses & taxis) are accessible (e.g. porticos and bus stop for entering/exiting public transport).  EQuIP National Standard 15 and NSQHS 2.	Audit all transport related infrastructure against the <i>Disability Discrimination Act (DDA) – Transport Standard</i> as part of commissioning any new infrastructure or current site access audit.	Ongoing December 2018	DAIP committees, facilities management and OHS
2.5	Provide alternate access to existing disability ramp (recent RPH outpatient initiative) for patients with higher level disability attending specific outpatient clinics.	Review utilisation and effectiveness of new stair lift.  Scope potential for use in higher level disability patients/visitors at other sites.	Completed	DAIP committees, OHS and facilities management





### EMHS Outcome Three: People with disability received information from EMHS in a format that will enable them to access the information as readily as other people are able access it.

	Strategy	Tasks	Tasks Timeline	Responsibility
3.1	<p>Ensure all EMHS publications meet minimum communication guidelines. Information can be made available in alternative formats upon request.</p> <p>NSQHSS 11</p>	<p>Compliance with EMHS publication guidelines for the creation of public brochures and other communications material.</p> <p>Develop register of EMHS publications available in alternative formats, or publications needing to be converted into alternative formats.</p> <p>Ensure relevant publications are readily accessible at key access points at heights of 700 – 1200mm (zone of common use for ambulant and wheelchair users).</p>	Ongoing	DAIP committees and managers
3.2	<p>Ensure websites and intranets meet State Government accessibility requirements.</p>	<p>Review annually to ensure complies with W3C Web Content Accessibility guidelines.</p> <p>Ensure feedback form is available electronically.</p> <p>Provide access maps on website (e.g. best routes from parking to specific clinics and accessible toilets).</p>	Ongoing	DAIP committees
3.3	<p>Ensure staff are aware of how to access information in alternative formats.</p> <p>NSQHSS: 1.3, 1.13.2</p> <p>Standard 11</p>	<p>Develop centralised repository for staff of DAIP resources and information, and publicise.</p> <p>Inform staff at orientation regarding communication guidelines checklist, EMHS Publication Policy and Department of Health Style Guide.</p>	Annual	DAIP committees, EMHS Communications and managers







## EMHS Outcome Six: People with disability have the same opportunities as other people to participate in any EMHS public consultation.

	Strategy	Tasks	Tasks Timeline	Responsibility
6.1	<p>Ensure all EMHS venues inviting public participation have no access barriers in regard to location and design.</p> <p>Standard 15</p>	<p>Ensure staff are aware of disability accessible locations when organising venues.</p> <p>Staff made aware of Disability Services Commission “Creating Accessible Events” checklist.</p> <p>Provide appropriate alternative format content if required.</p> <p>Inform CAC/MHG of planned events.</p> <p>Include appropriate access and inclusion information when advertising public participation events.</p>	Ongoing	DAIP Committees, CAC, EMHS Communications and Consumer Engagement Office
6.2	<p>Advertise opportunities to public to participate in EMHS disability requirement consultation events.</p>	<p>Advertise and conduct open forum for community feedback on disability access and inclusion issues.</p>	As required	DAIP Committees, CAC and Consumer Engagement Office





## EMHS Outcome Seven: People with disability have the same opportunities as other people to obtain and maintain employment within EMHS.

	Strategy	Tasks	Tasks Timeline	Responsibility
7.1	Recruitment strategy incorporates equity and diversity principles.  <i>WA Health Equity and Diversity Plan 2015 – 2020</i>	Check recruitment practices to ensure all advertisements (including EOIs) for employment have appropriate wording to encourage people with disability to apply. Managers to be considerate of a disabled applicant's capacity for work.  This applies to clinical, corporate and support workforce.	September 2017	DAIP committees and EMHS workforce
7.2	Increase retention of employees with disability or existing employees who acquire a disability.	Managers to provide appropriate work environment and practices. Develop work plans with employee. Provide flexible employment options.	December 2017	DAIP committees, EMHS workforce and OHS
7.3	Maintain current workforce diversity data for all diversity groups including people with disability.  <i>WA Health Equity &amp; Diversity Plan 2015 – 2020 (Outcome 3)</i>	Collect and report EMHS employee diversity data.  Achieve WA Health employee diversity benchmarks.  Review WA Health employee diversity survey data to better inform EMHS progress.	October 2017  March 2018  March 2018	DAIP committees and EMHS workforce
7.4	Employment services (RPBG initiative).	Liaise with Rocky Bay Employment Services to scope employment and traineeship opportunities. Ongoing assessment for employment areas that are suitable for disability employees.	Ongoing	Director of Consumer Engagement





# DAIP community and staff consultation

EMHS welcomes feedback on any access issues the community, members of staff or contractors may have encountered within our services or facilities. This includes hospital sites, corporate areas, education venues, or at community and population health service programs. This plan is available on the EMHS website at [www.eastmetropolitan.health.wa.gov.au](http://www.eastmetropolitan.health.wa.gov.au), under 'Involving our community'. A copy of the plan can also be mailed upon request.

Your feedback is welcomed via:

- [EMHS.GeneralEnquiries@health.wa.gov.au](mailto:EMHS.GeneralEnquiries@health.wa.gov.au)
- (08) 9224 1637
- GPO Box X2213, Perth WA 6847

Services are all available for people with hearing and speech impairments:

- National Relay Service (NRS) on 13 36 77
- SMS Relay on 0423 677 767
- Speak and Listen on 1300 555 727

For any queries on this EMHS Disability Access and Inclusion Plan please contact **East Metropolitan Health Service**, on (08) 9224 1637.

## Supporting documents

- [Accessibility, Disability Services Commission, Government of WA](#)
- [Disability Access and Inclusion Plans Resource Manual for Local Government, Disability Services Commission, Government of WA](#)
- [Disability Services Commission Access and Inclusion Resource Kit](#)
- [WA Health Disability Access & Inclusion Policy OD 0586/15](#)





This document can be made available in alternative formats on request.

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Compiled: May, 2017

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