



East Metropolitan Health Service

Disability Access and Inclusion Plan

2024 - 2029

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.



Introduction

The East Metropolitan Health Service (EMHS) is committed to creating an environment that enables people with disability, their families, carers and workforce to have full access to all services, facilities and information, as well as having an inclusive organisational culture based on equity and respect.

The EMHS Disability Access and Inclusion Plan (DAIP) aims to eliminate physical, institutional and attitudinal barriers to inclusion, and empower people with disability. The DAIP ensures that people with disability can access services, facilities, buildings, information and employment provided by the health service, in a way that facilitates increased independence, opportunities and inclusion.

EMHS have developed a new DAIP for the period 2024-2029 in accordance with the statutory responsibilities of the Disability Services Act 1993 (amended 2004) and other related legislation.

The DAIP provides a strategic direction and a framework for EMHS to plan, implement, monitor and evaluate improvements to access and inclusion across the seven outcome areas, in partnership with staff, consumers and members of the community. This plan acknowledges the Department of Health's 2020-2025 DAIP and the requirement for all staff to provide an environment that is readily accessible to all people to ensure that no individual is adversely affected.

The process of reviewing EMHS previous DAIP achievements and developing a new DAIP demonstrates our ongoing commitment to ensuring equity and access to our facilities and services and ensure that no individual is discriminated against, and their diverse needs are taken into account.

EMHS's Royal Perth Bentley Group (RPBG), Armadale Kalamunda Group (AKG) and St John of God Midland Public Hospital (SJGMPH) facilities and services, as well as EMHS comprehensive community and population health programs 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 the EMHS strategies for desired outcomes (1 – 7) of DAIP.

Definition of disability

The Disability Service Act 1993 (amended 2004) defines disability as that which:

- a) is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment;
- b) is permanent or likely to be permanent; and
- c) may or may not be of a chronic or episodic nature; and
- d) results in –
 - i. a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and
 - ii. a need for continuing support services



About EMHS

The EMHS is an extensive hospital and health network that strives to maintain and improve the health and wellbeing of approximately 749,000 Western Australians within its catchment area, which covers 3647 square kilometres. It also serves residents of regional Western Australia requiring more complex care.

EMHS 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 also 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)

An inner-city tertiary hospital, providing an extensive range of services, including adult major trauma, emergency and highly specialised services as well as community and hospital-based mental health services. RPH is comprised 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 specialist hospital with services including rehabilitation, elective and same-day surgery, aged care and community, maternity services and hospital-based mental health services. BHS is located on Mills Street, Bentley and is accessible by road and a nearby rail line (noting Armadale and Thornlie closures for Metronet upgrade until approx. mid 2025).

The Armadale Kalamunda Group comprises of:

Armadale Health Service (AHS)

A general hospital and health service that provides a range of health care, including emergency, maternity, intensive care and community and hospital-based mental health services. AHS is located on Albany Highway, Mount Nasura and is accessible by road or nearby rail line.

Kalamunda Hospital (KH)

A specialist hospital that provides palliative care and endoscopy services. KH is located on Elizabeth Street, Kalamunda and is accessible by road.



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

Is a public hospital providing a wide range of services to the Swan and Hills community, including emergency and intensive care services. SJGMPH is located on Clayton Street, Midland and is accessible by road and a nearby rail line.

EMHS has a contract with St John of God Mount Lawley (SJGML) to provide Restorative Care (inpatient and outpatient) Services for public patients. SJGML is accessible by road including Transperth buses and a nearby rail line.

Achievements from the previous DAIP 2017-2022

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. As such EMHS has implemented significant achievements to improving disability access and inclusion across the seven outcome areas during the 2017-2022 DAIP.

This included:

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

- EMHS Expanded the use of volunteers at site entrances to assist with visitor enquiries and wayfinding
- Purchase of additional wheelchairs for consumer transit given reduction in access points to site due to COVID-19
- Created and sign-posted additional rest stations in access walkways and rostered additional staff to assist people with disability to navigate to different areas of sites
- Increased use of workstations on wheels, tablets, etc to increase access to family meetings held in clinical areas and allow consumers to participate in external events including funerals
- Consideration given to accessibility of services with changes due to COVID-19 requirements

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

- Increased dedicated senior car parking and ACROD bays above minimum requirements
- Improved hospital signage at entry points across sites
- Free call phones installed across hospital sites
- Establishment of specialised geriatric assessment teams in Emergency Departments to improve safety and quality of care for older adults



- Kalamunda Hospital refurbishment and new day hospice incorporated disability access into designs, including additional ramp access to garden areas and refreshing of accessible toilet areas. Ramps to garden areas enable both wheelchair and bed access
- Regular/ongoing maintenance of buildings, grounds, car parks and facilities to ensure compliance with relevant disability and access requirements

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

- Continual monitoring and oversight of publications via EMHS communication team and ability to obtain in different formats/languages
- Caring for Carers resources available for culturally and linguistically diverse groups
- Signage and wayfinding markers reviewed with additional aids provided at key locations including directions to amenities
- Increased variety to alternative 'call buttons' or communication with nursing staff on inpatient wards
- Utilisation of digital solutions (e.g. computer programs activated by eye movement) to assist with communication
- Ensured ongoing access to a variety of interpreter services including in-person, by phone and by telehealth
- Audit conducted of hearing loop utilisation and accessibility of EDI internal resources

Outcome Four: People with disability receive the same level and quality of service from the staff of EMHS as other people receive from the staff of EMHS

- Expansion of volunteer "Forget Me Not" program which enables more time to create meaningful connections supporting people with dementia and cognitive impairment through their hospital journey
- Expansion of telehealth access and training to increase access options for outpatient services
- Trial of use of virtual reality technology for palliative care patients to engage in experiences otherwise inaccessible due to loss of physical function
- Focus on accessibility as part of organisation values across EMHS sites



Outcome Five: People with disability have the same opportunities as other people to make complaints to EMHS

- Constant monitoring of patient feedback / complaints via the AKG Consumer Engagement Office RPBG Patient Experience Department and quarterly review at AKG and RPBG Disability Access and Inclusion Committee meetings
- A variety of methods are available for providing feedback and lodging complaints including paper based, EMHS website, e-mail, verbal and via staff/volunteers assisting to compile complaints
- Promotion of 'Care Opinion' platform to staff and consumers
- Installation of visual aids and equipment (e.g. dedicated phones) regarding 'Aishwarya's CARE call' and other consumer-initiated care escalation pathways across hospitals, especially in emergency departments

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

- Shire of Serpentine-Jarrahdale Byford Health Hub community consultation and planning has included multiple modalities to enable engagement with a diverse range of consumers and other stakeholders
- Various site-level consumer engagement activities seeking input on design of new models of care (e.g. Emergency department geriatrics team, COVID screening and COVID clinics, St James Transitional Care Unit, Secure Extended Stay Unit at BHS and Maternity Birthing Centre)
- Consumer representation on Disability, Access and Inclusion Committees
- Diverse representation on site Consumer and Community Advisory Committees/Councils
- Mental Health specific Consumer Advisory Groups across sites

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

- Implementation of a talent acquisition team to assist in recruitment strategies incorporating equity and diversity principles
- New Equity, Diversity and Inclusion role created for EMHS
- EMHS uses inclusive recruitment practices and encourages people with disability to apply for positions advertised across the organisation



Development of the DAIP

The development of the new DAIP was led by representatives from site specific DAIP committees. A review of progress, against the existing EMHS DAIP (2017-2022) was undertaken to identify achievements, completed actions and tasks still in progress. Consumer and internal stakeholder engagement allowed us to build on this previous work through identification of new target areas to incorporate into the new DAIP.

Legislative and Policy context

People with disability, their families and carers have the same rights as other to access services, buildings and information within the community. Their rights are protected by State and Commonwealth legislation which make it unlawful to discriminate against a person with a disability and to ensure that they have the same opportunities and choices as the rest of the community.

Public authorities in Western Australia are required to have DAIP under the *Disability Services Act 1993*.

Other legislation, strategies and reports underpinning access and inclusion includes the:

- *Equal Opportunity Act 1984* Western Australia
- *Australian Human Rights Commission Act 1986*
- *Disability Discrimination Act 1992*
- *Public Sector Management Act 1994*
- *Carers Recognition Act 2004*
- *Convention on the Rights of Persons with a Disability 2007*
- *Sustainable Health Review 2019*
- *WA State Disability Strategy 2020-2030*
- *Australia's Disability Strategy 2021-2031*

Consultation Process

A number of mediums were used for this consultation phase:

- EMHS website
- Alternative formats such as large print, audio CD or via an interpreter, upon request
- Communication strategies to inform, staff, visitors and consumers
- EMHS social media
- Newspaper advertisement



The EMHS DAIP 2024 - 2029

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 – All staff, agents and contractors who provide services to EMHS are aware of and conduct their business in accordance with the DAIP and other relevant legislation	<ul style="list-style-type: none"> The DAIP is incorporated into Service Agreements and contracts 	As required	EMHS Area Executive Group
1.2 – EMHS will ensure events organised or promoted by our health services are considerate of, and accessible to, people with disability	<ul style="list-style-type: none"> 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 	Bi-annually Ongoing	EMHS Communications
1.3 – Ensure that people with disability are provided with an opportunity to comment on access to services	<ul style="list-style-type: none"> Disability Access and Inclusion feedback is a ‘standing item’ on the Disability Access and Inclusion Committee agenda to review complaints, comments and 	Quarterly at each DAIP meeting	DAIP Committee members



	<p>Standard and develop an access audit checklist</p> <ul style="list-style-type: none">• Audit outcomes are communicated via site governance committee representatives, community advisory committees and site accreditation reporting	Annually	
2.2 – Ensure patients and visitor with disability have assistance, when required, to locate their destination. Wayfinding for visual impairment and intellectual disability	<ul style="list-style-type: none">• Establish concierge assistance service. Assign volunteers at key reception areas to accompany patients/visitors to required destinations.• Provide colour coded floor routes to key hospital areas and access points.	Annually	DAIP Committees Volunteers Customer Liaison Facilities Management
2.3 – Ensure all fire wardens are trained in evacuation procedures for people who have requested or may require support	<ul style="list-style-type: none">• Ensure fire warden training includes evacuation procedures for people with disability• Ensure instructions are on the site hubs regarding evacuation meeting points for people with disability and/or staff who require mobility support• A register is maintained for staff with disability/mobility requirements and they have a personal emergency evacuation plan	Annually	Emergency Management Consultant Work Health and Safety EMHS Communications Line Managers



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 to access it

Strategy	Tasks	Task Timeline / Review Date	Responsibility
3.1 – Ensure EMHS internet and intranet sites meet the World Wide Web Consortium (W3C) web standards and are continually reviewed and updated to meet accessibility standards	<ul style="list-style-type: none">• Review EMHS intranet and internet sites to ensure compliance with W3C and the international standard WCAG 2.0	Ongoing	Communications
3.2 – Ensure all EMHS publications meet minimum communication guidelines. Information can be made in alternative formats upon request and staff are aware of how to access	<ul style="list-style-type: none">• Compliance with EMHS publication guidelines for the creation of public brochures and other communications material• Develop a register of EMHS publications available in alternative formats, or publications needing to be converted into alternative formats	Ongoing	Communications DAIP Committees



EMHS Outcome Four: People with disability receive the same level and quality of service from the staff of EMHS as other people receive from staff of EMHS

Strategy	Tasks	Task Timeline / Review Date	Responsibility
4.1 – Improve staff understanding of disability access and inclusion issues, that enable more appropriate service delivery	<ul style="list-style-type: none"> • Provide related information/education at local induction/orientation • Promote staff to complete the Equity, Diversity and Inclusion Learning Suite on the LMS • Consider which elements of staff training relating to provision of services to people with disability and their families be co-facilitated by consumers with disability and carers • Celebrate International Day of People with Disability, inviting staff, patients and visitors to engage in activities 	<p>Ongoing</p> <p>Bi-Annually</p> <p>Ongoing</p> <p>Annually</p>	<p>Line Managers</p> <p>Communications /People and Capability</p> <p>DAIP Committees and Learning and Development</p> <p>RPBG Patient Experience Department and AKG Consumer Engagement Office</p> <p>DAIP Committees</p>
4.2 – EMHS to eliminate aggression, harassment and discrimination within the health service	<ul style="list-style-type: none"> • Promote resources to support clear information on how staff can raise issues and concerns around micro-aggressions, discrimination and harassment 	Annually	<p>Work Health and Safety/Area Manager</p> <p>Communications</p>
4.3 – Promote external education opportunities which relate to	<ul style="list-style-type: none"> • Liaise with external providers on availability of training sessions for staff 	Annually	Learning and Development



developing skills in providing quality care to consumers with disability			
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EMHS Outcome Five: People with disability have the same opportunities as other people to make complaints to EMHS			
Strategy	Tasks	Task Timeline / Review Date	Responsibility
5.1 – Ensure the EMHS complaint and feedback processes are accessible to people with disability	<ul style="list-style-type: none"> • Ensure people with disability are able to access health site/service processes and assigned customer liaison staff locations (including written, phone, web-based processes or survey methods) • Ensure that ‘Compliments and Complaints’ staff training covers EMHS staff responsibilities to record and manage feedback, and especially to assist the person with a disability when making a complaint 	Ongoing	RPBG Patient Experience Department and AKG Consumer Engagement Office and DAIP Committees
5.2 – Conduct a review of the EMHS complaints process in partnership with consumers.	<ul style="list-style-type: none"> • Conduct a review of the complaints process and investigate if: <ul style="list-style-type: none"> ○ Information is easy to find and accessible on the EMHS website ○ The complaints form meets readability and accessible formats • Consumers making a complaint can choose the format or complaint response 	Initially end of 2024 then annually	DAIP Committees and RPBG Patient Experience Department and AKG Consumer Engagement Office



	<ul style="list-style-type: none"> Implement any changes from the review of the EMHS complaints process and share lessons learnt and celebrate You Said/We Did service improvements 		
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EMHS Outcome Six: People with disability have the same opportunities as other people to participate in any public consultation by EMHS

Strategy	Tasks	Task Timeline / Review Date	Responsibility
6.1 – EMHS will identify and use methods of consultation that are inclusive of people with disability	<ul style="list-style-type: none"> Consult with staff and consumers with disability, disability advocates and disability organisations to guide best practice inclusive consultation for EMHS Ensure staff are aware of disability accessible locations when organising venues Public consultation communications are available in a range of accessibility formats including documents, visuals in plain and easy English, W3C, survey and face-to-face Active encouragement of consumers with disability and carers to be involved in EMHS Committees and Working Groups 	Ongoing	DAIP Committees, EMHS Communications RPBG Patient Experience Department AKG Consumer Engagement Office
6.2 – EMHS to develop a process for including	<ul style="list-style-type: none"> Review EMHS project management framework to ensure 	July 2024	EMHS Policy team



<p>consumer consultation, disability awareness and impact into policy and project planning development</p>	<p>appropriate consultation is a consideration in the planning, development, implementation and evaluation of a project</p> <ul style="list-style-type: none">• Include a Statement of Commitment in the EMHS Policy template to ensure consumers with disability and/or carers are involved in the review and development of relevant policies• Identify opportunities for co-designed consultations with people with disability	<p>July 2024</p> <p>Ongoing</p>	
<p>6.3 – Advertise opportunities to the public to participate in EMHS disability requirement consultation events</p>	<ul style="list-style-type: none">• Advertise and conduct open forum for community feedback on disability access and inclusion issues• Provide alternative survey and feedback options	<p>As required</p>	<p>DAIP Committees, CAC RPBG Patient Experience Department AKG Consumer Engagement Office EMHS Communications</p>



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

Strategy	Tasks	Task Timeline / Review Date	Responsibility
7.1 – Increase retention of employees with disability or existing employees who acquire a disability	Develop specific promotional materials to increase understanding of the Flexible Work Policy and communicate availability to EMHS staff, including those with disability and those that are carers Monitoring of workforce statistics regarding employment & retention of staff with disabilities Improve mechanisms to identify staff with disabilities	December 2023	Executive Director, People & Capability
7.2 – EMHS will seek to adopt more inclusive recruitment practices and remove employment barriers for people with disability	Embed inclusive recruitment practices, including inclusive language and assessment adjustments in the selection process Establish partnerships and work collaboratively with Disability Service Providers to identify, promote and advertise suitable job opportunities	December 2023	Executive Director, People & Capability

Implementation and Monitoring

A DAIP implementation plan will be the responsibility of each EMHS site and will detail timelines and responsibilities for each of the strategies above.

As per the *Disability Services Act 1993*, EMHS DAIP will be reviewed at least every five (5) 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.

Reporting

A designated EMHS executive sponsor will be responsible for preparation of the annual Disability Services Commission report. This will be an opportunity to report on progress and highlight achievements. The report will be formally endorsed by the EMHS Chief Executive.

Communication of the DAIP

A copy of the EMHS DAIP is available electronically on the EMHS internet and intranet websites. The new EMHS DAIP will be communicated to staff and the community via a number of mediums including the intranet and eBulletins.

The plan is available in alternative formats on request and managers and supervisors are responsible for ensuring all staff who do not have computer access are made aware of the DAIP and are able to access it.

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

East Metropolitan Health Service

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