



Royal Perth Hospital

# **Disability Access and Inclusion Plan**

*Improving Access for people with Disabilities*

**2006/2010**

This plan is available in alternative formats such as large print, electronic format (disc or emailed), audio or Braille, on request

<b>Contents:</b>	<b>Page</b>
<b><i>Introduction</i></b>	<b>3</b>
Aims and Objectives	3
<b><i>Royal Perth Hospital</i></b>	<b>4</b>
Overview	4
Vision	5
Mission	5
<b><i>Disability: An Overview</i></b>	<b>6</b>
Definition of a Disability	6
<b><i>Legislative Requirements</i></b>	<b>7</b>
Legislative Base	7
Additional Significant Legislation	8
Related Resource Documents	8
<b><i>Standards</i></b>	<b>9</b>
<b><i>Responsibility</i></b>	<b>9</b>
Implementation Strategies	9
Community Consultation Process	10
Review and Evaluation Mechanisms	13
Reporting on the Disability Access and Inclusion Plan	13
<b><i>Appendix</i></b>	<b>14</b>
Appendix 1 - Disability Access Advisory Group Terms of Reference	14
Appendix 2 – Disabilities in Western Australia	17
Appendix 3 Royal Perth Hospital Disability Plan 2006	.20

## **Introduction**

Royal Perth Hospital recognises that people with disabilities are valued members of the community who make contributions to social, economic and cultural life.

Royal Perth Hospital is committed to ensuring that people with disabilities, including staff, their families and carers, are not discriminated against in any way and that they have access to the range of facilities and services available.

### ***Aims and Objectives of the Disability Access and Inclusion Plan***

#### **Aim**

The aim of the Royal Perth Hospital Disability Access and Inclusion Plan (DAIP) is to ensure that people with disabilities, their carers, families and representatives can access the services provided by Royal Perth Hospital.

#### **Objective**

The objectives of Royal Perth Hospital DAIP are consistent with the six (6) desired outcomes identified in the WA Disability Services Act 1993 (as amended 2004).

Royal Perth Hospital will demonstrate its commitment by ensuring people with disabilities

1. Have the same opportunity as other people to access the services of and events organised by Royal Perth Hospital
2. Have the same opportunities as other people to access buildings and facilities
3. Receive information as readily as other people and are able to access it.
4. Receive the same quality service from the staff of the Hospital as other people receive from staff of the Hospital
5. Have the same opportunity as other people when making a complaint to Royal Perth Hospital
6. Have the same opportunity as other people to participate in public consultation with the Hospital.

Royal Perth Hospital is committed to ensuring that employment programs and practices are in place to achieve equality of employment opportunities for people with disabilities.

## **Royal Perth Hospital**

### ***Overview***

Royal Perth Hospital (RPH) is a public health care service provider and part of a network of public metropolitan hospitals and health services under the control of the South Metropolitan Area Health Service (SMAHS) - RP group.

Royal Perth Hospital is one of three 24- hour acute care public tertiary teaching hospitals in Western Australia and one of two in the SMAHS. RPH caters for the local government areas of the City of Perth.

### ***Direct Patient Services***

Adult Mental Health	Infectious Diseases
After Hours General Practice	Intensive Care
Aged Care Assessment	Maxillo-Facial Surgery
Amputee Service	Neurology
Anaesthesia	Neurosurgery
Bone Marrow Transplantation	Nuclear Medicine
Breast Assessment Service	Oncology
Cardiothoracic Surgery (incl Heart/Lung Transplant)	Ophthalmology
Cardiovascular Medicine	Orthopaedics
Child and Adolescent Mental Health	Pain Management
Clinical Haematology	Palliative Care
Clinical Immunology	Plastic Surgery
Coronary Care	Radiation Oncology
Day Surgery	Radiology
Dermatology	Rehabilitation
Diabetes Education	Renal Services and Dialysis
Ear Nose and Throat	Respiratory Medicine
Emergency Medicine (incl. State Trauma Service)	Respite Care
Endocrinology	Rheumatology
Epilepsy Service	Same Day Unit
Neck of Femur Unit	Sexual Health Service
Gastroenterology	State Adult Burns Centre
General Medicine	State Spinal Unit
General Surgery	Transcultural Psychiatry
Geriatric Medicine and Extended Care	Tropical Medicine
Geriatric Mental Health	Urology
Gynaecology	Vascular Surgery
Hepatology	
HIV/AIDS	

### **Medical Support Services**

Audiology  
Bio-Engineering  
Pastoral Care  
Clinical Psychology  
Community Aids & Equipment Program  
Continence Service  
Dietetics & Nutrition  
Health Record Management  
Infection Control  
Medical Illustration  
Occupational Therapy  
  
Orthotics and Prosthetics  
Pathology  
Pharmacy  
Physiotherapy  
Podiatry  
Social Work  
Speech Pathology  
Stomal Therapy

### **Other Support Services**

Customer Liaison  
Library  
Post Graduate Medical Education  
Post Graduate Nursing Education  
Public Relations

### **Community Services**

Aboriginal Health  
Asthma Education  
Child Development  
Child & Family Health  
Community Physiotherapy  
Chronic Disease Management Teams  
Diabetes Education  
Home Care  
Hospital in the Home  
Health Promotion  
Mental Health Outpatient/Community Services/Day Hospital  
Psychiatric Emergency Services  
Rehabilitation and Living Skills Services  
Rehabilitation in the Home  
School Health  
Teaching, Training & Development

## **These are the vision/mission statements for DoH, not specifically for RPH**

### ***Vision***

To ensure that the health status of the Western Australian population leads the world and the standard of health care is acknowledged as international best practice

### ***Mission***

The State health system is dedicated to ensuring the best achievable health status for all of the Western Australia community.

In particular, the system will deliver;

- Strong public health and preventative measure to protect the community and promote health;
- First class acute and chronic health care to those in need
- Appropriate health, rehabilitation and domiciliary care for all stages of life
- A continuing and cooperative emphasis on improving the health status of our indigenous, rural and remote and disadvantaged populations

## **Disability: An Overview**

### ***Definitions of a Disability***

*“In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being” (WHO, Geneva, 1980)*

#### *Impairment*

Any loss or abnormality of psychological, physiological or anatomical structure or function.

#### *Disability*

Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

#### *Handicap*

Is a disadvantage for a given individual, resulting from an impairment or a disability, that prevents the fulfilment of a role that is considered normal (depending on age, sex and social and cultural factors) for that individual (WHO, Geneva, 1980).

The Disability Services Act of Western Australia (1993) defines a disability as a functional deficit which:

- Is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments
- Is permanent or likely to be permanent
- May or may not be of a chronic or episodic nature

And results in:

- A substantially reduced capacity of the person for communication, social interaction, learning or mobility
- A need for continuing support services

The Australian Bureau of Statistics (ABS) defines a disability as a limitation, restriction, or impairment, which has lasted or is likely to last, for at least six months and restricts everyday activities.

## **Legislative Requirements**

The Western Australian Disability Services Act 1993 (as amended in 2004) includes ten principles applicable to people with disabilities. In Summary, these principles state that a person with a disability has the right to be respected for their human worth and dignity and has the same human rights as other community members, regardless of the degree and nature of their disability.

Under Part 5, Section 28 of the Act, each public authority must have a Disability Access and Inclusion Plan to ensure that people with disabilities have equitable access to services, facilities and events provided by public authorities in Western Australia.

Each public authority is required to lodge its Disability Access and Inclusion Plan with the Disability Services Commission.

### ***Legislative Base***

Royal Perth Hospital is required to develop, implement and monitor a Disability Access and Inclusion Plan in compliance with the Disability Services Act of Western Australia (1993, as amended in 2004).

The principles to be furthered by the implementation of a Disability Access and Inclusion Plan are:

1. People with disabilities are individuals who have an inherent right to respect for their human worth and dignity.
2. People with disabilities, whatever the origin, nature, type or degree of disability, have the same basic human rights as other members of society and should be enabled to exercise those basic human rights.
3. People with disabilities have the same rights as other members of society to realise their individual capacities for physical, social, emotional, intellectual and spiritual development.
4. People with disabilities have the same rights as other members of society to services that will support their attaining a reasonable quality of life in a way that also recognises the role of the family unit.
5. People with disabilities have the same right as other members of society to participate in, direct and implement the decisions which affect their lives.
6. People with disabilities have the same right as other members of society to receive services in a manner which results in the least restriction of their rights and opportunities.
7. People with disabilities have the same right as other members of society to pursue any grievance concerning services.

8. People with disabilities have the right to access the type of services and supports they believe are most appropriate to meet their needs.
9. People with disabilities who reside in rural and regional areas have a right, as far as is reasonable to expect, to have access to similar services provided to people with disabilities who reside in the metropolitan area.
10. People with disabilities have a right to an environment free from neglect, abuse, intimidation and exploitation.

(Extracted from the Disability Services Act of Western Australia 1993, amended 2004 *Schedule 1 p 52*)

### ***Additional Significant Legislation***

The Western Australia Disability Services Act (1993 amended 2004)  
The Disability Services Regulations 2004  
The Western Australian Equal Opportunity Act 1984 as amended  
The Commonwealth Disability Discrimination Act 1992  
The Public Sector Management Act 1994 as amended  
National Disability Service Standards  
Carers Recognition Act 2004

### ***Related Resource Documents***

#### Disability Services Commission (DSC)

- Access Resource Kit
- Disability Access and Inclusion Plans: Resource Manual for State Government
- State Government Access guidelines on Information, Service and Facilities
- Principles of Universal Design
- Buildings: A guide to Access Requirements
- Creating Accessible Events checklist

#### Department of Health (DOH)

- Equal Opportunity Policy
- Flexible Work Practices Policy
- Grievance Resolution Policy
- Equal Opportunity & Diversity Management Plan

#### Department of Premier and Cabinet- Premier's Circulars

- 2002/01: Equity and Diversity Plan 2001-2005
- 2002/14: Web Site Standards
- 2002/25: Funding and Purchasing Agreements with the Not - For - Profit Sector
- 2003/08: State Government Access Guidelines for Information, Services and Facilities

#### State Supply Commission

- Guidelines on Buying wisely to Ensure Access for people with Disabilities

## **Standards**

The outcomes of the Disability Access and Inclusion Plan are integrated with the standards and guidelines for the Australian Council on HealthCare Standards Evaluation and Quality Improvement Program (EqUIP).

## **Responsibility**

Royal Perth Hospital Disability Access and Inclusion Plan will be administered and reviewed by a committee known as the Disability Access Advisory Group (DAAG) This group has been formed to assist in the process and is comprised of key stakeholders. External stakeholders, including people with disabilities or representatives from their support organisations, are invited to attend meetings where a particular disability and needs are to be considered.

Royal Perth Hospital key stakeholders include:

Executive Director (Executive sponsor)  
Director Medical Services (Chairperson)  
Director Nursing Services  
Director Infrastructure Support Division  
Customer Liaison Department  
Community Representatives

Royal Perth Hospital Disability Access Advisory Group will undertake, as appropriate:

- Action plans, strategies and reports
- Customer surveys and complaints procedure
- Coordination of service wide requirements to optimise cost savings
- Consultation with relevant peak bodies, people with disabilities, their families and carers.

### ***Implementation Strategies:***

- Royal Perth Hospital will publicise the Disability Access and Inclusion Plan through the Servio newsletter, Medical newsletter and the Intranet
- Royal Perth Hospital will advise staff of the plan through electronic mail, induction programs and the Intranet
- Agents and contractors of Royal Perth Hospital will be advised of the Disability Access and Inclusion Plan and the requirements
- Patients, families and carers will access information via patient/client information booklets, customer service charters, or via the Customer Liaison Department
- The plan will be forwarded to disability service organisations, local government authorities and consumer groups, metropolitan and rural Aboriginal Health Services, multicultural and other appropriate groups

- The DAIP is available on request in alternative formats including electronic format, hardcopy in both standard and large print, audio format, by email and on the website
- Printed copies of the plan and related information will conform to the DSC - Access guidelines for People with Disabilities
- A copy of the plan will be included on the Royal Perth Hospital Internet site
- A copy of the plan will be available in the Royal Perth Hospital library
- A Notice will be placed in the Government Noticeboard section of the West Australian Newspaper

### ***Community Consultation Process***

In 2006/7, DoH undertook to review the various previous Disability Services Plans (DSPs) and DAIPs from the different health areas, consult with key stakeholders and draft a new DAIP to guide further improvements to access and inclusion.

The process included:

- the analysis of previous DSPs and DAIPs and subsequent review reports to see what has been achieved and what still needs work
- research of other relevant DOH documents and strategies
- investigation of contemporary trends and good practice in access and inclusion
- consultation with the Disability Services Commission
- consultation with the community
- consultation with staff

The Disability Services Act Regulations 2004 set out the minimum consultation requirements for public authorities in relation to DAIPs. 'State Government Authorities must call for submissions (either general or specific) by notice in a statewide newspaper or on any website maintained by or on behalf of the State Government Authority. Other mechanisms may also be used'.

The DoH has a well established practice of community consultation in all of its programs. The following strategies were used in the consultation:

- An advertisement was developed advising the community that DoH was developing a DAIP to address the barriers that people with disabilities and their families experience in accessing DoH functions, facilities and services and inviting feedback from the community. The duration of the

consultation process was for a minimum of one month from the day of advertising. The advertisement advised that different formats were available upon request.

- The community consultation process included the distribution of the advertisement in various formats over November and December 2006. These included:
  - on 10 December 2006, the advertisement was placed in 'The West Australian' newspaper
  - Radio 9990 read a radio version of the advertisement on and after 13 December for 5 weeks on Mondays, Wednesdays and Fridays (for minimum of 3 times per day)
  - a copy of the advert was emailed to the DoH Consumer Council in December and various disability organisations (list provided by DSC)
  - ACROD WA circulated the advertisement to its WA members through their broadcast Email service in December
  - local Coordinators arranged for the advert to be placed in local newspapers.
- A staff consultation process took place in December 2006 and January 2007 as follows:
  - on 18 December, a copy of the advert was posted on DoH's intranet website 'Holii – What's Happening Section
  - local DAIP Coordinators sent out the advert to staff in a global email
  - local DAIP Coordinators used their existing networks to circulate the advert and obtained feedback through their formal and informal networks in the health services.

Members of the community and staff were invited to provide feedback to the Senior Policy Officer, Organisational Development Directorate by telephone, email, in person or by submitting a separate written response.

Seventeen responses from the wider and staff community as follows:

- Twelve responses by email
- Four written submissions
- One meeting

Responses included written submissions from a variety of organisations as well as individuals. Some of these included:

- ACROD WA Division
- Aged and Community Services Western Australia
- Ministerial Advisory Council on Disability
- WA Deaf Society

While some feedback related to specific health services, other feedback was directed to the Department as a whole. The feedback received as a result of the community and staff consultation was subsequently forwarded to all DAIP coordinators in the Government Health System, rather than only those DAIP Coordinators associated with the DoH DAIP.

### **Findings of the consultation**

The review and consultation found that the new plan should not only address current access barriers but also reflect contemporary values and practices, such as striving for inclusion and meeting more than the minimum compliance with access standards.

The consultation also identified a variety of remaining barriers to access and inclusion to be addressed in the DAIP Implementation Plan.

### **Access Barriers**

While the review and consultation noted a great deal of achievement in improving access, it also identified a range of barriers that require redress. The identification of these barriers informed the development of strategies in the DAIP.

Some of these access barriers include:

- lack of staff awareness in some health areas of the needs and issues faced by people with disabilities – this may be as a result of staff who may be uninformed or lacking in confidence to adequately provide the same level of service to people with disabilities
- the physical infrastructure in some specific health areas is not easily accessible for people with disabilities
- inadequate transport and parking facilities for people with disabilities available near some health services
- lack of or insufficient access to information about specific services eg. clear signage in hospitals, pamphlets for clients that are easy to read and understand, in different formats and containing contact names to discuss specific issues
- communication barriers for deaf and hard of hearing people and the increased need of the use of appropriate interpreters
- the need for DSC Local Area Coordinators to obtain more information about health services and make this information available to their clients.

- events may not always to be held in a manner and location that best facilitates the participation of people with disabilities
- people with disabilities may not be sufficiently aware of consultation opportunities and ways of lodging grievances and complaints with the Department of Health.

### ***Review and Evaluation Mechanisms***

- Royal Perth Hospital will ensure a consultation process is used with relevant peak bodies, people with disabilities, their families and carers, to assist in reviewing and revising the Disability Access and Inclusion Plan
- Royal Perth Hospital Disability Access Advisory Group will review the Disability Access and Inclusion Plan and objectives annually
- Royal Perth Hospital will prepare a report on the implementation of the Plan outcomes for the Annual Report

### ***Reporting on the Disability Access and Inclusion Plan***

The Disability Services Act 1993 (as amended 2004) outlines the minimum reporting requirements for public authorities in relation to the Disability Access and Inclusion Plans (DAIP)

Royal Perth Hospital will report on the implementation of the DAIP through its annual report and the prescribed proforma to the Disability Services Commission by 31<sup>st</sup> July of each year outlining:

- The progress towards the desired outcomes of DAIP
- The progress of any agents and contractors towards meeting the six desired outcomes
- The strategies it used to inform its agents and contractors of DAIP

## **APPENDIX 1**

### **TERMS OF REFERENCE DISABILITY ACCESS ADVISORY GROUP**

#### **1. PURPOSE**

The purpose of the DISABILITY ACCESS ADVISORY GROUP (DAAG) is to ensure that all facilities, services and programs within Royal Perth Hospital (RPH) are accessible to people with disabilities including staff, their families, carers and visitors.

#### **2. ACCOUNTABILITY**

The Group reports to The Executive Committee (TEC) on activities/outcomes achieved.

#### **3. TERMS OF REFERENCE**

- 3.1 Advises the Hospital on matters relating to Disability Access within the Hospital.
- 3.2 Review Hospital policies in terms of Disability Access and develop strategies to improve performance.
- 3.3 Provide a consumer perspective on activities, initiatives and projects that impact on the uses of the Health Service.
- 3.4
  - To review consumer feedback and identify issues.
  - To contribute to the development of consumer evaluation/patient satisfaction surveys.

#### **4. MEMBERSHIP**

Executive Director  
Director Clinical Services  
Director Nursing Services  
Director Infrastructure Support Division  
Director Rehabilitation/Orthopaedics Division  
Manager Customer Liaison  
Occupational Therapy Representative  
Disability Services Commission Representative

#### **5. OPERATING PROCEDURES**

##### **5.1 Chairman**

Executive Director

**5.2 Acting Chairman**

To be nominated as required.

**5.3 Committee Secretary**

Secretarial support for the Group will be the responsibility of the Customer Liaison Department.

**5.4 Record of Proceedings**

Minutes of each meeting shall be recorded and distributed to each member of the Group.

Action sheets/minutes are ratified by the Group at subsequent meetings and are retained on file by the Customer Liaison Department.

**5.5 Cooption**

The Group may, for special purposes, co-opt the attendance of other persons. These persons will not have voting rights.

**5.6 Substitution**

Representatives who are unable to attend a meeting may nominate a proxy to attend. The proxy will have voting rights.

If a representative is absent from more than three meetings a letter will be sent asking if they wish to continue as a member and if not to nominate a replacement representative.

**5.7 Subcommittees and Working Parties**

Not relevant.

**5.8 Quorum**

A quorum shall consist of half the membership. In the absence of a quorum, decisions would be subject to notification at the next succeeding full meeting of the Group.

**5.9 Meeting Frequency**

Meetings shall be conducted quarterly.

**5.10 Special Meetings**

The Chairman may call special meetings if necessary.

**5.11 Conduct of Meeting**

Each member including the Chairman shall have one vote. The Chairman does not have the casting vote.

**5.12 Circulation of Agenda and Action Sheets**

Notice of meetings and supporting papers shall be dispatched one week in advance of the meeting. The Chairman may cancel a meeting if there are insufficient attendees or business to warrant holding a meeting.

**5.13 Confidentiality**

The discussion and decisions of the meeting shall not be conveyed to unauthorised persons.

**5.14 Monies/Accounts**

Not relevant.

Approved by

**Dr Philip Montgomery  
Executive Director**

Date .....

## APPENDIX 2

### DISABILITIES IN WESTERN AUSTRALIA

#### *Disabilities in Western Australia*

Disabilities affect one third of the Western Australian population.

An estimated total of 405,500 Western Australians have disabilities (20.6 percent of the total population)

An estimated 246,800 Western Australians are carers for people with disabilities (12.6 percent of the total population).

One in every 17 Western Australians aged 15 and over (91,600 people) has a disability or is a carer of a person with a disability.

Of the 405,500 Western Australian with disabilities, 115,800 people have profound or severe core activity limitation and 71,600 of these are under 65 years of age

Profound limitation refers to when a person is unable to do or always requires assistance with a core activity task.

Severe limitation refers to when a person sometimes needs help with a core activity task, or has difficulty understanding or being understood by family or friends or can communicate more easily using non-spoken forms of communication.

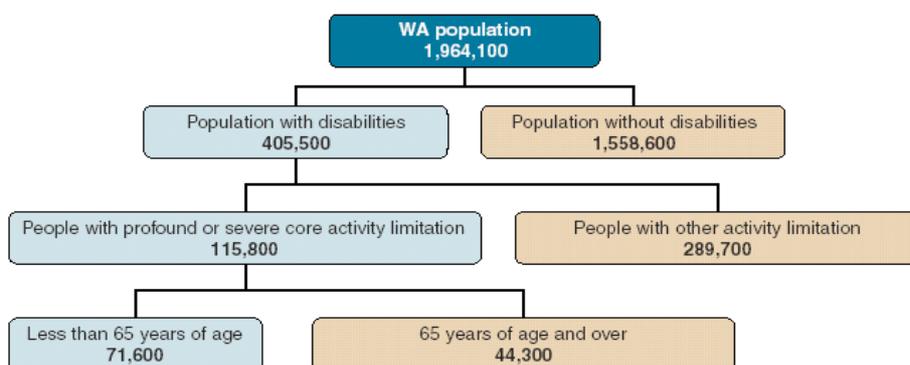


Figure 1: Numbers of Western Australians with disabilities

Most people with disabilities experience some form of limitation or restriction due to their disability. This is defined in terms of the impact of the disability on selected activities of daily living.

Core Activities include:

- Self care, such as bathing or showering; dressing; eating; using the toilet and managing incontinence

- Mobility, such as moving around at home and away from home; getting into or out of bed or chair; bending and picking up an object from the floor; and using public transport
- Communication, that is understanding and being understood by others; including strangers, family and friends.

Three quarters (74.2 percent) of Western Australians with disabilities (approximately 33,900 people) have core activity limitation; that is they need personal help, have difficulty, or use aids or equipment in connection with at least one of the tasks comprising the core activities of self care, mobility or communication.

Other activities:

- Schooling restriction where there is difficulty at school; attendance is affected; there is need for at least one day a week off school on average; and/or a special school or special classes are attended.
- Employment restriction where employment is precluded or limited by the disability; special assistance or equipment is required; there is restriction in the number of hours they can or could work; and/or assistance from a disability job placement program or agency is required.

About 11 percent of Western Australians with disabilities (approximately 46,000 people) are restricted in their ability to participate in schooling or employment only.

Persons who experience an activity limitation in either a core activity area or in schooling or employment are described by the Australian Bureau of Statistics (ABS) as having a “specific limitation or restriction”. 85.5 percent of Western Australians with disabilities (346,900 people) experience specific restrictions or limitations due to their disability.

### ***Trends in Disabilities***

#### *Disability in 1998 and 2003*

The ABS conducts regular surveys on disabilities to report the extent of disability in Australia, the need for support and the adequacy of support and the contribution of informal care.

The ABS reports that for disability in Western Australia:

- Age-specific rates show no significant differences over the five year period from 1998 to 2003
- The increases in numbers are entirely a result of population increase and population ageing.

For Western Australians of all ages:

- The estimated number of people with disabilities has increased from 355,500<sup>1</sup> in 1998 to 405,500<sup>2</sup> in 2003
- The estimated number of people with profound or severe core activity limitation has increased from 101,400<sup>1</sup> in 1998 to 115,800<sup>2</sup> in 2003

For Western Australians aged under 65years:

- The estimated number of people with disabilities has increased from 249,000 in 1998 to 283,200 in 2003
- The estimated number of people with profound or severe core activity limitation has increased from 62,400 in 1998 to 71,600 in 2003

Disability Projections: 2003-2006

Disability projections can be accurately forecast by applying the current ABS reported age-specific disability rates to ABS population projections.

**Table 1** All persons with disability in Western Australia, 2006 and 2026

<b>Age Group</b>	<b>2006</b>	<b>2026</b>	<b>Overall % Increase</b>	<b>Annual Rate of Increase</b>
Aged under 65 years	297,600	351,200	18.0	0.8
Aged +65 years	136,700	294,800	115.7	3.9
State Population	2,032,800	2,522,300	24.0	1.1

Over the 20 year period from 2006-2026 most of the increase in the numbers of Western Australians with disabilities will be a result of population ageing.

The number of older Western Australians with disabilities will increase substantially as the 'baby boomers' move into age groups in which disability is more prevalent. There will be an overall increase of 115.7 percent from 136,700 in 2006 to 294,800 in 2026.

The overall increase for those aged under 65years is only 18.0 percent, representing an annual increase of 0.8 percent, slightly less than the total population increase of 1.1 percent.

## APPENDIX 3

### Royal Perth Hospital Disability Services Report 2006-07

#### ***Existing Services are adapted to ensure they meet the needs of people with disabilities***

- Disability Services Committee continues to monitor and review the disability services plan.
- Review of outpatients clinics at Wellington Street Campus and Shenton Park Campus was completed and a plan developed to review the recommendations. A number of actions were completed to address the recommendations and an action plan highlighting high, medium and low risk recommendations has been developed. This plan is reviewed by the Disability Access Advisory Group( DAAG)

#### ***Access to buildings and facilities are improved.***

- Disability access standards were included in the redesign of the Wellington Street Campus outpatient clinics including
- The cashier desk at Shenton Park Campus is being redesigned to allow easy access for wheelchairs
- Access to the hospital from level 2 and level 3 car park has been redesigned, the step has been removed and the footpath and pavement is level. providing easier access to the hospital.

#### ***Information is provided in formats that meet the communication requirements of people with disabilities***

- Interpreter services are engaged to assist clients with disabilities
- TTY machine available at Wellington Street Campus and Shenton Park Campus and available through the switchboard.
- Disability pamphlet is available to all staff through the Intranet.
- Reference to Disability Services Act is included on all JDF's

#### ***Advice and services are delivered by staff who are aware of and understand the needs of people with disabilities***

- Disability Access Advisory Group members are aware of and understand the needs of people with disabilities.
- People with disabilities have access to make a complaint regarding the health service.

#### ***Opportunities are provided for people with disabilities to participate in public consultation, grievance mechanisms and decision making processes***

- The Community Advisory Council at Royal Perth Hospital advises the hospital on any client issues
- Complaints are registered with the Customer Liaison Department and the outcome provided to the complainant. Complainants have requested

letters be sent to them in appropriate font size to meet their needs ( letters have been sent in font size 20 at complainants request)

#### SOURCES:

Disability Services Commission. (2005) *Trends and projections in disability in WA*. Perth, WA: Disability Services Commission. Retrieved December 2005 from <http://www.dsc.wa.gov.au/1/85/48/Disabilitynbsp.pm>

Disability Services Commission. (2005) *Disability in Western Australia*. Perth, WA: Disability Services Commission. Retrieved December 2005 from <http://www.dsc.wa.gov.au/1/85/48/Disabilitynbsp.pm>

Disability Services Commission. (2005). *What is disability* Perth. WA: Disability Services Commission. Retrieved December 2005 from <http://www.dsc.wa.gov.au/default.aspx?et=2&ei=296&subSiteID=48>

Disability Services Commission. (2005) *Types of disability*. Perth, WA: Disability Services Commission. Retrieved December 2005 from <http://www.dsc.wa.gov.au/default.aspx?et=2&ei295&subSiteID=48>

## Outcome 1

**People with disabilities have the same opportunity as other people to access the services of, and any events organised by Royal Perth Hospital.**

Strategy	Task	Time Line	Responsibility	EQuIP 4 Criteria
To ensure that the objectives of the DAIP are incorporated into strategic business and budgeting processes	The chairperson of DAAG will provide copies of DAIP to Executive members, MAC members, Clinical Safety & Quality Council, Heads of Departments and Divisions and Departments	Dec 2007	Chairperson DAAG	2.1.1
	The Chairperson DAAG will liaise with the RPH Executive Group and provide advice as appropriate			
Monitor RPH's DAIP policy to ensure it supports equitable access to services, facilities, and events by people with disabilities and is available throughout the continuum of care	Adopt State Government guidelines for Information, Services and Facilities and incorporate into RPH Operational Instructions (Premier's circular 2003/08)		DAAG Committee	
	Policy will be reviewed annually and forwarded to the DoH : Equity and Diversity Working Group and Steering Committee for endorsement	June 2008	Customer Liaison	2.1.5 & 1.1.2
To ensure all health care consumers are provided with the opportunity to comment on access to services	The Chairperson DAAG will liaise with appropriate parties who are developing and implementing evaluation activities to increase their awareness of the requirements of people with disabilities		DAAG Committee	2.4.1

<b>Strategy</b>	<b>Task</b>	<b>Time Line</b>	<b>Responsibility</b>	<b>EQUIP 4 Criteria</b>
To ensure RPH policies integrate the specific requirements for people with disabilities to access services throughout the continuum of care	All RPH policies developed or reviewed will integrate the requirements of disability, equal employment opportunity, and multicultural legislation and guidelines	Ongoing	Customer Liaison	2.1.5
To ensure complaints relating to access to service are resolved to the negotiated satisfaction of the complainant	Register, record and respond to all compliments and complaints in accordance with RPH policy and procedures	June 2008	Customer Liaison	1.3.1
	Conduct an annual audit of complaints related to service access by people with disabilities	June 2008	Customer Liaison	
	Use Respond 3 data base to identify and collate complaints relating to access to services from people with disabilities	June 2008	Customer Liaison	

## Outcome 2

People with disabilities have the same opportunity as other people to access buildings and other facilities at Royal Perth Hospital.

Strategy	Task	Time Line	Responsibility	EQulP 4 Criteria
To ensure all buildings and facilities are physically accessible to people with disabilities	Audit and identify access barriers to buildings and facilities using ARK checklists and Disability Access Consultants	Dec 2008	Customer Liaison and Facilities Mgmt	1.1.2
	Prioritise and make submissions to rectify identified barriers	Dec 2008		
	Identify access complaints to support submissions	Dec 2008		
	Adopt STATE Government Guidelines for Information, Services and Facilities and incorporate into RPH Operational Instructions (Premier's Circular 2003/08)	Dec 2008		
To ensure that all new or redevelopment works provide access to people with disabilities	Implement procedures to enable the Chairperson of DAAG to review proposals for redevelopment and new work projects	Ongoing	Facilities Mgmt	1.1.2
	Apply the Building Code of Australia, Australian Standards on Access ( mandatory and recommended) and the advisory Notes on Access to Premises prepared by the Human Rights and Equal Rights Commission when new works to buildings and facilities are undertaken	Ongoing	Facilities Mgmt	
	Include appropriate specifications in tender documents	Ongoing	Facilities Mgmt	

<b>Strategy</b>	<b>Task</b>	<b>Time Line</b>	<b>Responsibility</b>	<b>EQUP 4 Criteria</b>
To ensure signage is accessible to people with disabilities	Include questions on signage/ease of locating services and facilities in customer evaluation surveys	Ongoing	Facilities Mgmt	1.1.2
	Audit signage using the ARK checklist and Access Consultants	June 2009	Facilities Mgmt	
	Prioritise and make submissions to rectify identified barriers	June 2009	Facilities Mgmt	
	Make necessary changes to signage in accordance with the Australian Standards, and/or recommendations made by Access Consultants	Ongoing	Facilities Mgmt	
To provide information regarding accessibility of buildings and facilities to people with disabilities	Identify location of accessible buildings and facilities eg parking and toilets, on customer information brochures, internet (web sites), site maps etc	Ongoing	Customer Liaison	1.1.1
To ensure complaints relating to access to service are resolved to the negotiated satisfaction of the complainant	Register, record and respond to all compliments and complaints in accordance with RPH policy and procedures	Ongoing	Customer Liaison	1.3.1
	Conduct an annual audit of complaints related to service access by people with disabilities	Ongoing	Customer Liaison	
	Use Respond 3 data base to identify and collate complaints relating to access to services form people with disabilities	Ongoing	Customer Liaison	

### Outcome 3

**People with disabilities receive information from Royal Perth Hospital in a format that will enable them to access the information as readily as other people are able to access it.**

Strategy	Task	Time Line	Responsibility	EQulP 4 Criteria
To ensure that all documentation regarding services, facilities and customer feedback is in an appropriate format using clear, concise language	Adopt State Government Guidelines for Information Services and Facilities Operational Instructions (Premier's Circular 2003/08)		Customer Liaison	2.4.2
	Identify customer information and assess this information using the ARK to ensure that it meets the needs of the health care consumer.	Ongoing	Customer Liaison	
	Advise all staff at RPH of the minimum requirements	Ongoing	Customer Liaison	
To ensure that information can be made available in alternative formats including large font, spoken word cassette, disk and Braille as requested	RPH to endorse the use of the statement "This document can be made available in alternative formats such as computer disk, audio-cassette or Braille, on request from a person with a disability".	Ongoing	Customer Liaison	2.4.2
	Develop a process for RPH that allows documents to be converted to an alternative format in an efficient and cost effective manner	Ongoing	Customer Liaison	
	All customer related information needs to be made available in alternative formats upon request	Ongoing	Customer Liaison	
	All videos produced must have video captioning	Ongoing	Customer Liaison	

Strategy	Task	Time Line	Responsibility	EQUIP 4 Criteria
	Statement "This document can be made available in alternative formats such as computer disk, audio-cassette or Braille, on request" to be included on appropriate documents".	Ongoing	Customer Liaison	
	Advise RPH staff of the requirement and process		Customer Liaison	
To ensure that all staff are appropriately trained to effectively communicate with people with disabilities	Implement training programs at induction and via staff development to ensure staff are aware of the requirements and barriers faced by people with disabilities	Ongoing	DAAG Committee	3.1.4
	Conduct annual audit of staff awareness	June 2008	Customer Liaison	
To ensure that people who have difficulty speaking , hearing, seeing and/or reading are not compromised or disadvantaged throughout the continuum of care, including pre-admission assessment, involvement in care planning, providing informed consent for treatment, and obtaining information on rights and responsibilities	Specific communication requirements of customers are identified and communicated to staff prior to commencement of care or treatment	Ongoing	Nursing	2.4.2
	Develop a series of signs to be used above a bed to advise staff of a patient's /clients special communication		Nursing	
	Display "Better Hearing" cards and interpreter information at reception desks		Clinical Services	

Strategy	Task	Time Line	Responsibility	EQUIP 4 Criteria
	Advise any staff involved in the patient's/client's care of the availability of all major internationally accepted language (including Auslan or sign) interpreters	Ongoing	Nursing & Clinical Services	
	Ensure staff are aware of the process involved in obtaining interpreters		All Management	
	Develop patient information documents with input from disability organisations	June 2007	Executive Division – Public Relations	
To ensure that communication aids are available where appropriate	Provide access where appropriate to volume-controlled telephone, TTY (telephone typewriter) or ACENRS, large button telephone, audio loops and video captioning	Ongoing	Clinical Services & All Management	2.4.1
	Inform staff of the process to obtain and use communication aids	Ongoing		
	Where possible develop an Internet site to communicate information on what services are available to the community		Executive Division – Public Relations	
	Adopt Guidelines for State Government Web Sites (Premier's Circular 2002/14)	June 2008	Executive Division – Public Relations	
	Request that Information Technology design a web site in accordance with W3C (World Wide Web Consortium) Web Content Accessibility Guidelines	Dec 2008	Executive Division – Public Relations	
	Provide Teletext Television for hire	Dec 2008	Information Services	

<b>Strategy</b>	<b>Task</b>	<b>Time Line</b>	<b>Responsibility</b>	<b>EQIP 4 Criteria</b>
To ensure complaints relating to access to service are resolved to the negotiated satisfaction of the complainant	Register, record and respond to all compliments and complaints in accordance with RPH policy and procedures	Ongoing	Customer Liaison	1.3.1
	Conduct an annual audit of complaints related to service access by people with disabilities	Ongoing	Customer Liaison	
	Use Respond 3 data base to identify and collate complaints relating to access to services from people with disabilities	Ongoing	Customer Liaison	

#### Outcome 4

People with disabilities receive the same level and quality of service from the staff of Royal Perth Hospital as other people receive from staff.

Strategy	Task	Time Line	Responsibility	EQulP 4 Criteria
Include awareness of disability issues in JDF's, recruitment and selection, and performance management processes To provide disability awareness training for all staff	Include reference to DSA 1993 (as amended 2004) in all JDF's (selection criteria)	Ongoing	Executive Division – Human Resources	3.1.2
	Provide information and training to staff on disability and access issues through Staff induction and staff newsletters	Dec 2008	Executive Division – Human Resources & Public Relations	3.1.4
	Adopt State Government Guidelines for Information, Services and Facilities and incorporate into RPH Operational Instructions (Premier's Circular 2003/08)	Dec 2008	Executive Division	
	Utilise RPH Intranet			
	Utilise the DSC training package "You can make a difference to Customer Relations for people with Disabilities in Local Government and State Government"	Dec 2008	Customer Liaison	
To ensure that all internal and external education consultants conform with and further the principles of the DSA 1993	Inform all internal and external educators of the requirements and principles of the DSA 1993	Dec 2008	All Managers	
To ensure complaints relating to access to service are resolved to the negotiated satisfaction of the complainant	Register, record and respond to all compliments and complaints in accordance with RPH policy and procedures	Ongoing	Customer Liaison	1.3.1

Strategy	Task	Time Line	Responsibility	EQIP 4 Criteria
	Conduct an annual audit of complaints related to service access by people with disabilities		Customer Liaison	
	Use Respond 3 data base to identify and collate complaints relating to access to services from people with disabilities	Ongoing	Customer Liaison	

**Outcome 5****Opportunities are provided for people with disabilities to make complaints to the relevant public authority.**

<b>Strategy</b>	<b>Task</b>	<b>Time line</b>	<b>Responsibility</b>	<b>EQIP 4 Criteria</b>
To ensure that customer evaluation surveys are suited to the needs of people with disabilities	Make customer evaluation surveys available in alternative formats and methods, for example focus groups and interviews	July 2008	Customer Liaison	2.4.1
To ensure complaints relating to access to service are resolved to the negotiated satisfaction of the complainant	Register, record and respond to all compliments and complaints in accordance with RPH policy and procedures	On going	Customer Liaison	1.3.1
	Conduct an annual audit of complaints related to service access by people with disabilities	On going	Customer Liaison	
	Use Respond 3 data base to identify and collate complaints relating to access to services form people with disabilities	On going	Customer Liaison	

## Outcome 6

**Opportunities are provided for people with disabilities to participate in any public consultations by the relevant public authority.**

Strategy	Task	Time Line	Responsibility	EQuIP 4 Criteria
To ensure that people with disabilities are informed of planned major public forums and consultation events	Inform the RPH relevant committees of planned consultation events	As required	Customer Liaison	2.4.1
	Advertise opportunities to participate in public consultation giving consideration to the communication requirements of people with disabilities	As required	Customer Liaison & Public Relations	
	Inform relevant disability groups	As required	Customer Liaison	
To ensure that forums meet the physical and communication requirements of people with disabilities	Plan public forums using the DSC "Creating Accessible Events" checklist	As required	Customer Liaison	
	Conduct public forums in accessible venues	As required	Customer Liaison	
	Meet communication requirements of all participants	As required	Customer Liaison	
To ensure that grievance mechanisms are accessible to people with disabilities	Staff involved in customer grievance process are aware of the communication and physical environment requirements of people with disabilities	As required	Customer Liaison	2.4.2 & 2.4.1
	Customers are informed of the grievance procedure	As required	Customer Liaison	

<b>Strategy</b>	<b>Task</b>	<b>Time Line</b>	<b>Responsibility</b>	<b>EQulP 4 Criteria</b>
The DAAG includes the membership of at least one person with a disability	Advise RPH DAAG of the minimum requirement	Feb 2008	Chairperson DAAG & Customer Liaison	2.4.1
To ensure that people with disabilities are involved with service review and planning	Invite service users with disabilities to planning and review forums	As required		2.4.1
	Advertise forums giving consideration to the communication requirements of all people with disabilities	As required	Customer Liaison	
	Adopt State Government Guidelines for Information, Services and Facilities, and incorporate into RPH Operations I Instructions( Premier's Circular 12003/08)	On going	Customer Liaison	