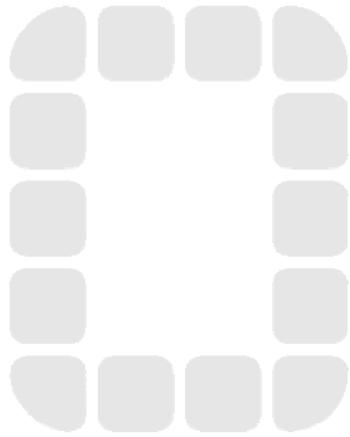


Women and Newborn Health Service



Disability Access and Inclusion Plan 2012 – 2017

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



Message from the Executive Director

The Women and Newborn Health Service is the state-wide tertiary hospital and health service for women and newborn babies.

WNHS is committed to ensuring that people with disabilities, their families and carers are able to fully access the range of health services that WNHS provides.

WNHS will work in partnership with community groups and consumer representatives to include people with disabilities in service planning and consultative forums.

Our intention is to provide an environment where people with disabilities, their families and carers can equitably access our services.

Achieving this requires commitment from all staff.

I endorse the Women and Newborn Health Service Disability Access and Inclusion Plan 2012-2017 and expect all WNHS staff to take action to help achieve its objectives.

Over the next five years, the Plan will be regularly monitored and updated to ensure it remains current and relevant. I am confident that we will continue to build on the achievements that have been made so far.



Debbie Chiffings
Acting Executive Director
Women and Newborn Health Service

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The Women and Newborn Health Service

In mid-2006, as part of the health reform in Western Australia, King Edward Memorial Hospital (KEMH) joined with other women's based health services to form the new Women and Newborn Health Service (WNHS), which is a part of the larger North Metropolitan Health Service.

KEMH was formerly a part of the Women's and Children's Health Service (WCHS) together with Princess Margaret Hospital for Children (PMH).

WNHS incorporates KEMH, Aboriginal Maternity Services Support Unit, BreastScreen WA, Genetic Services of Western Australia, Gynaecological Cancer Service, Newborn Emergency Transport Service WA, Sexual Assault Resource Centre, State-wide Obstetric Support Unit, WA Cervical Cancer Prevention Program, Women's Health Policy and Projects Unit and the WA Perinatal Mental Health Unit.

KEMH is the State's tertiary maternity, neonatal and gynaecological hospital and treated its first patient in 1916. KEMH is WA's only major referral centre for high-risk pregnancies, incorporating a state-of-the-art Neonatal Unit with 94 beds, as well as 25 beds at PMH designed to care for premature and sick infants. KEMH oversees approximately 6000 births each year and provides exceptional clinical expertise to WA's most unwell expectant mothers and babies. There is also an 8 bed Mother Baby Unit for mothers with mental health needs.

WNHS cares for approximately 5,000 patients each year with gynaecological conditions including urological and cancer related needs, menopause, sexually transmitted diseases and reproductive needs.

The WNHS Vision is for excellence and leadership in the health care of women and babies in Western Australia.

The WNHS Mission is to provide Western Australia's women and babies with world's best practice healthcare, leadership, education and research.

The WNHS Values, based on commitment to the best achievable health outcomes, are:

- Integrity, honesty and transparency;
- Compassion and empathy;
- Having the health of the consumer as the prime focus of our service provision;
- Continuous improvement through innovation, research, education and training;
- Mutual respect and equality in collaborative partnerships.

Background

The Disability Services Act 1993 (WA) requires all State and Local Government authorities to develop and implement a Disability Access and Inclusion Plan (DAIP). A DAIP ensures that people living with a disability have the same opportunities as other people in the community to access services, facilities and information and to receive the same level and quality of service, opportunity to comment and complain and to participate in events held by the public authority. A DAIP can assist a public authority to identify barriers to access and inclusion and enable improvements to be made.

This DAIP addresses the statutory requirements under the WA Disability Services Act 1993. Other legislation underpinning disability access and inclusion includes the Equal Opportunity Act 1984 (WA) and the Disability Discrimination Act 1992 (Federal).

WNHS strives to improve accessibility to its services for women with disabilities and their carers. To achieve this, WNHS has developed a DAIP which covers the period from 1 July 2012 to 30 June 2017.

WNHS is committed to the concept of equality in health care.

Disability Defined

A disability is defined as: “Any continuing condition that restricts everyday activities.”¹

The Disability Services Act (1993) defines ‘disability’ as meaning a disability 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 substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services.

WNHS has developed a DAIP which facilitates access to the services of WNHS.

¹Disability Services Commission, What is a Disability?
<http://www.disability.wa.gov.au/aboutdisability/disabilitydefined.html>

Disability Access and Inclusion Policy Statement

WNHS observes the WA Health Disability Access and Inclusion Policy.

WNHS affirms its strong acceptance of consumers with disabilities, their families and carers and commits to meet their needs by providing equal opportunity, accessible information and appropriate services and facilities.

WNHS is committed to the six outcomes of the DAIP as prescribed by the Disability Services Commission:

1. People with disabilities have the same opportunities as other people to access the services of, and any events organised by, WNHS.
2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of WNHS.
3. People with disabilities receive information from WNHS in a format that will enable them to access the information as readily as other people are able to access it.
4. People with disabilities receive the same level and quality of service from the staff of WNHS as other people receive from the staff of WNHS.
5. People with disabilities have the same opportunities as other people to make complaints to WNHS.
6. People with disabilities have the same opportunities as other people to participate in any public consultation by WNHS.

Development of the WNHS DAIP

The DAIP Management Committee oversees the development of the WNHS DAIP in accordance with the requirements of the Disability Services Act and Regulations. The membership of the Committee is listed in the Appendix and is subject to review as required.

As WNHS provides tertiary health services to women and newborns throughout WA, an attempt was made, when developing of the DAIP, to reach every West Australian and everyone who works in the public health system throughout WA.

In preparation for the development of a new DAIP, the DAIP Management Committee was re-convened and an internal staff audit of buildings and facilities was conducted in November 2011.

The main new initiatives achieved under DAIP 2007-2012 have been:

- Creation of a DAIP Management Committee to oversee the DAIP.
- Annual reporting on the achievements under the DAIP.
- DAIP information on the website with feedback mechanism.
- A link to the Disability Services Commission's Accessibility Guidelines is provided on the Intranet for staff use.
- Disability Access Map of the Hospital and brochure available online.
- Brochures and educational material available in accessible formats.
- Regular training to staff about DAIP and the Carers Charter.

- Main doors to areas now automated and many walls and doorways widened.
- Signage converted to blue & white graphical & Braille Signage.
- Buttons made lower in the lifts.
- Facilities for bariatric patients increased including acquisition of a bariatric wheelchair and staff training in how to use this.
- More Hoists fitted.
- Wheelchair scales available.
- Reception areas have more accessible countertop height and recessed to enable ease of wheelchair access. Where this has not been possible, staff have been educated on coming around the counter to talk to the person in a wheelchair.
- Dialysis chairs have electronic functionality for access from wheelchair to bed.
- The manager's office in Occupational Therapy made wheelchair accessible.
- Renovations in key clinical areas at KEMH such as the Neonatal Unit and the Maternal Fetal Assessment Unit have full state-of-the-art building and facilities access including accessible unisex toilets.
- BreastScreen WA have fitted all their mobile Vans with automated Wheelchair Lifts and internal layout is accessible for wheelchair users and people who are mobility impaired. BreastScreen WA has a range of special services for women with disabilities to facilitate and support their participation in screening. All their services are accessible for people with disabilities.
- Carers WA representative now sits on the Community Advisory Council.
- Partnership with Carers WA to provide support to carers.
- Inclusion of the patient's carer in the care planning process.

In 2012 the DAIP Management Committee changed its membership and conducted a public consultation from 1 May 2012 to 31 May 2012 inviting feedback from external stakeholders, consumers and the public through:

- 01/05/12 A survey link posted on the WNHS Website inviting feedback.
- 02/05/12 WNHS Community Advisory Council were notified.
- 03/05/12 DAIP Coordinators in WA Health were notified.
- 03/05/12 Letters sent to 30 service providers in the disability and women's health sectors, including peak bodies, with notice and request to circulate.
- 05/05/12 Invitation to Comment placed in Saturday's West Australian.
- 10/05/12 Notice in Health Happenings (The Department of Health WA e-newsletter) providing a link to the survey.
- 11/05/12 Global email to all staff with the link to the survey.
- 17/05/12 Disability Services Commission were notified with request to circulate.

External stakeholders who provided feedback and contributed to the development of the DAIP are listed in the Appendix.

Common themes in the feedback received were the inaccessibility of information on the WNHS website, buildings and facilities concerns, inadequacy of disabled parking and inaccessibility for people with vision, intellectual and hearing disabilities. A suggestion was also made to review and introduce accessibility for people who have Multiple Chemical Sensitivity which can affect their ability to attend hospitals and use electronic media. The need for greater staff awareness and skill in assisting people with disabilities was identified. These are all addressed in the DAIP.

During this period, on 14/05/12, a consumer audit was also conducted of KEMH buildings and facilities.

In addition to this public consultation, the DAIP implementation strategies were informed by:

- The requirements of the Disability Services Act 1993.
- Disability Services Commission DAIP information and resources.
- Contemporary trends in best practice to promote access and inclusion for people living with a disability.
- Review of the WNHS DAIP 2007-2012 and other DAIPS.
- Review of achievements over the past five years.
- Review of complaints lodged through the Customer Service Unit.

Implementation, Review and Reporting

The DAIP 2012-2017 will be implemented from 1 July 2012 to 30 June 2017. The DAIP applies to all services, policies, buildings and facilities, events and programs developed or hosted by WNHS and will be made available to people with a disability, their families and carers and other members of the community through the WNHS website or in alternative accessible format as required. WNHS will take all practicable measures to ensure that the plan is implemented by its employees and relevant agents and contractors.

The WNHS DAIP will be monitored, evaluated and reviewed in accordance with the Disability Services Act 1993 (WA). The WNHS DAIP will be implemented by the DAIP Management Committee which will meet quarterly or more frequently as required. WNHS will report annually on DAIP Implementation. The DAIP 2012-2017 will be reviewed in 2017 and a new DAIP developed.

Communicating the WNHS DAIP

The DAIP will be posted on the website and a public notice placed in the West Australian. All identifiable individuals or agencies who contributed to the DAIP will be provided with an electronic or hard copy of the DAIP. The DAIP will be provided to all staff and contracted agencies and all agencies who were contacted during the consultation phase. The DAIP will be provided to the WNHS Community Advisory Council. A hard copy of the DAIP will be available in the KEMH Library.

Alternative formats of the DAIP will be provided upon request.

Any feedback received from communicating the DAIP 2012-2017 will inform the Implementation Plan.

WNHS Strategies for Improving Access

Outcome 1: People with disabilities have the same opportunities as other people to access the services of, and any events organised by, WNHS.

	Implementation Strategy
1.1	The objectives of the DAIP are reflected in the WNHS Strategic Plan.
1.2	WNHS policies procedures and communications ensure accessibility for people with disabilities and their carers.
1.3	The DAIP scope covers all disabilities which affect access to services.
1.4	Events publications and programs hosted by WNHS are accessible for people with disabilities and their carers.
1.5	Consumers and staff have the opportunity to comment on accessibility.
1.6	The WNHS DAIP is promoted to consumers, staff, and contractors and is published on the WNHS website.

Outcome 2: People with disabilities have the same opportunities as other people to access the buildings and other facilities of WNHS.

	Implementation Strategy
2.1	Ensure the accessibility of the buildings and facilities of WNHS, in accordance with legislative requirements and Australian Standards including the Disability Standards on Access to Premises.
2.2.	Ensure that all new or redevelopment works provide accessibility of the buildings and facilities.
2.3	Provide information regarding the accessibility of the buildings and facilities to people with disabilities and their carers.
2.4	Improve access to parking for people with disabilities and their carers.

Outcome 3: People with disabilities receive information from WNHS in a format that will enable them to access the information as readily as other people are able to access it.

	Implementation Strategy
3.1	The WNHS DAIP is promoted on the website in an accessible format.
3.2	Provide accessible information regarding the accessibility of the buildings and facilities of WNHS.
3.3	Provide training to staff about the alternative formats that they can use to provide information to people with disabilities.
3.4	Review the WNHS website and publications to ensure the format and language used is accessible to people with disabilities.

Outcome 4: People with disabilities receive the same level and quality of service from the staff of WNHS as other people receive from the staff of the Health Service.

	Implementation Strategy
4.1	The WNHS DAIP is promoted at staff induction and accessible on the Intranet.
4.2	Staff are provided with regular education on the DAIP including the skills required to hear the voice of consumers with disabilities and their carers.
4.3	Staff are provided with regular education on the needs of carers of people with disabilities and how to include them in care assessment and planning in accordance with the WA Carers Charter.
4.4	Managers in WNHS are required to report to the DAIP Management Committee on the implementation of the DAIP in their areas.
4.5	Strengthen relationships with the disability services sector to ensure it is aware of the services that WNHS can offer.

Outcome 5: People with disabilities have the same opportunities as other people to make complaints to WNHS.

	Implementation Strategy
5.1	Proactively seek feedback from consumers with disabilities on the quality and accessibility of the services of WNHS.
5.2	Ensure that information about how to lodge a complaint is in an accessible format and location.
5.3	Provide a complaint management service that is accessible to people with disabilities.
5.4	Amend services based on feedback received, as appropriate.

Outcome 6: People with disabilities have the same opportunities as other people to participate in any public consultation by WNHS.

	Implementation Strategy
6.1	The DAIP Management Committee includes at least one member to be a consumer representative representing the needs of consumers with disabilities and their carers.
6.2	The WNHS Community Advisory Council includes at least one member who has a disability or who cares for someone with a disability. Consult with consumers and organisations representing people with disabilities and provide them with the opportunity to contribute to the DAIP.
6.3	The WNHS DAIP is promoted on the website in an accessible format with opportunity to comment.
6.4	People with disabilities and organisations in the disability services sector are invited to contribute in the public consultation phase during the development of the DAIP.
6.5	Ensure that public forums and events held by WNHS are accessible to people with disabilities and their carers.

APPENDIX

DAIP Management Committee 2012

- Manager Customer Service Unit
- Manger Physical Resources
- Manager Public Relations
- Head of Department Occupational Therapy
- Midwifery and Nursing Director Obstetrics and Gynaecology Clinical Care Unit
- Nursing Director Neonatal Clinical Care Unit
- Director Women's Health Clinical Care Unit
- Consumer Representative
- BreastScreen WA Representative

External Stakeholders who contributed to the DAIP

Survey responses totalled 41.

A written letter of response was received from Giz Watson MLC as chair of a Community Taskforce of people who have Multiple Chemical Sensitivity (MCS).