



# Fremantle Hospital and Health Service Disability Access and Inclusion Plan

July 2012 – June 2017

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

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## Acknowledgements

Fremantle Hospital and Health Service wishes to acknowledge the input received from individuals and groups within the Service and community which has been invaluable in the preparation of this Disability Access and Inclusion Plan.

Electronic copies of this report are available on the FHHS Internet and intranet websites.

## Feedback

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## **Background**

### **Introduction**

Fremantle Hospital and Health Service (FHHS) is committed to ensuring people with disability, their families, carers and staff are not discriminated against in any way.

To demonstrate this commitment, FHHS has developed a Disability Access and Inclusion Plan (DAIP) 2012-2017 that meets legislative requirements and provides guidelines and strategies to ensure that people with disability have equal access to its services, information and facilities. The FHHS DAIP 2012-2017 continues the work outlined in the FHHS DAIP 2007-2012, with some additions and updates to key strategies as a result of a community consultation process and other feedback.

### **About Fremantle Hospital and Health Service**

As part of the South Metropolitan Health Service (SMHS), the FHHS catchment area includes Fremantle, East Fremantle, Melville and Cockburn, although patients are seen from all over the state.

FHHS comprises Fremantle Hospital - a 450-bed, 24-hour, acute-care public tertiary teaching hospital; Kaleeya Hospital - a 71-bed hospital that provides obstetrics and gynaecological services, rehabilitation, endoscopy and elective surgery; and the Rottnest Island Nursing Post that provides emergency and primary health care services to residents and visitors of Rottnest Island.

Other services include the Fremantle Hospital Mental Health Service which provides both inpatient and outpatient care, and the Moss Street Centre in East Fremantle, a Day Therapy Unit offering outpatient services and specialty clinics to patients in the community.

Acute, tertiary level health services across both Fremantle and Kaleeya Hospital sites include the newly-commissioned Coronary Care and Intensive Care Units, Emergency Department (Fremantle only), general and specialist medical and surgical wards, 14 operating theatres, hyperbaric medicine and obstetric, neonatal and paediatric services. Fremantle Hospital is the state referral hospital for diving and hyperbaric medicine and also has a 66-bed mental health facility at the Alma Street Centre.

The South Metropolitan Health Service (SMHS) is undergoing considerable change as we reconfigure our services, workforce and infrastructure to meet the growing health care needs of our community and prepare for the opening of Fiona Stanley Hospital in 2014. Fremantle Hospital will move from being a tertiary hospital to a specialist hospital as part of this reconfiguration.

## **Functions, facilities and service overview**

FHHS provides a diverse range of health-related services to the community including, but not limited to, direct patient support and services for daily living, promotion of patient health and wellbeing, education programs and regulatory services. Services are provided by FHHS staff either on site from one of the FHHS department buildings, or to patients in their own home. A list of the functions, services and facilities provided by FHHS is provided in Appendix 1.

## **Planning for better access**

According to the 2009 Australian Bureau of Statistics Survey of Disability Ageing and Carers (SDAC), four million people in Australia, or 18.5% of the population, report having a disability. The definition of 'disability' used by SDAC is 'any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months'.

The SDAC reports a decrease in the prevalence of disability in the Australian population from 20% in 2003 to 18.5% in 2009. This decline in people reporting having a disability is also reflected in the Western Australian statistics from 20.6% in 2003 to 17.4% in 2009. The reason for the decline is that the proportion of Australians disabled by physical health conditions including heart disease and asthma has decreased.

Data provided by the Department of Health System Improvement Unit for the 2011-2012 financial year indicates that Fremantle Hospital had approximately 56,000 Emergency Department occasions of service, over 314,800 outpatient occasions of service, and in excess of 49,000 inpatient episodes. These figures are expected to continue to rise over the next few years, however specific data projections beyond this time are difficult due to the planned clinical service reconfiguration, the commissioning of Fiona Stanley Hospital and the move of FHHS from a tertiary hospital to a specialist hospital.

According to the Australian Bureau of Statistics, approximately 221,500 residents live in the FHHS catchment area in 2012. Using the SDAC data on disability prevalence in Western Australia, approximately 38,500 of residents within the FHHS catchment area could therefore report having a disability.

Although not all of the patient presentations are for people with disability, it can be assumed that a significant number of the FHHS patient population are affected by disability, or are carers of people with disability. This highlights the need for FHHS to continue to create and promote an environment that is accessible and inclusive to people with disability and their carers.

It is a requirement of the Western Australian Disability Services Act 1993 (amended 2004) that FHHS develop and implement a DAIP that outlines the strategies used to ensure people with disability have the same opportunities

as others to access facilities, services and information. The review of the FHHS DAIP 2007-2012 has informed the development of the FHHS DAIP 2012-2017. This new DAIP will continue to build on the progress made and areas identified as requiring improvement by the previous DAIP.

## **Progress 2007 to 2012**

During the period 2007 to 2012, FHHS has achieved a number of the outcomes toward improving access and inclusion for people with disability. Examples of some of the initiatives and progress made toward each of the key DAIP Outcomes is provided in Appendix 2.

## **Access and Inclusion Policy Statement**

Fremantle Hospital and Health Service complies with the Western Australian Health Disability Access and Inclusion Policy and the South Metropolitan Health Service Disability Access and Inclusion Policy.

FHHS recognises that people with disability contribute to social, economic and cultural life and are to have the same opportunities as other people to participate in all aspects of community life, including access to services and premises.

To meet this commitment, FHHS will:

- create and actively promote an environment where information, services and facilities are readily accessible to all people and individuals with disability are not directly or indirectly discriminated against
- consult with people with disability, their families and carers and disability-related organisations to ensure barriers to access and inclusion are addressed appropriately
- work in partnership with community groups and other public authorities to facilitate the inclusion of people with disability in consultative forums
- develop and submit a Disability Access and Inclusion Plan in accordance with the Western Australian Disability Services Act 1993 (amended 2004)
- ensure that contracted services to the public are provided in a manner consistent with the FHHS Disability Access and Inclusion Plan.

The aim of the FHHS DAIP is to ensure that people with disability have the same access and opportunities as other people in the community. FHHS is committed to implementing the six desired outcomes identified by Schedule 3 of the Disability Services Regulations 2004. The FHHS DAIP 2012-2017 also includes a seventh outcome relating to employment opportunities that is in the process of being formally legislated. These outcomes form the outline of the FHHS DAIP and provide a framework for the overarching strategies that have been identified through the planning and consultation processes of this DAIP.

These outcomes are:

- People with disability have the same opportunities as other people to access the services of, and any events organised by, FHHS.
- People with disability have the same opportunities as other people to access the buildings and other facilities of FHHS.
- People with disability receive information from FHHS in a format that will enable them to access the information as readily as other people are able to access it.
- People with disability receive the same level and quality of service from the staff of FHHS as other people receive from the staff of FHHS.
- People with disability have the same opportunities as other people to make complaints to FHHS.
- People with disability have the same opportunities as other people to participate in any public consultation by FHHS.
- People with disability have the same access as other people to employment opportunities in FHHS.

A number of other Commonwealth and Western Australian Legislation and Guidelines are also relevant to the DAIP. A list of supporting legislation and reference documents used in the preparation of the FHHS DAIP 2012-2017 is provided in Appendix 3.

## **Development of the Fremantle Hospital and Health Service Disability Access and Inclusion Plan**

### **Responsibility for the planning process**

The FHHS DAIP 2012-2017 will be developed, reviewed, monitored and evaluated by the FHHS Disability Advisory Committee (DAC). The purpose of this committee is to continuously monitor, evaluate and develop services, facilities and programs within FHHS to meet the needs of people with disability. The committee also advises FHHS Executive on the implementation of the DAIP.

Members of the FHHS DAC represent key areas including:

- Allied Health
- Community representatives (person with disability or representing people with disability)
- Customer Relations
- Facilities and building
- Human Resources
- Kaleeya Hospital site representative

- Medical Services
- Mental Health
- Nursing
- Surgical Services
- Staff Development.

Additional internal or external stakeholders are invited to attend FHHS DAC meetings when the need arises to consider specific disability needs.

### **Community consultation process**

Various processes have informed the development of the FHHS DAIP 2012-2017. The consultation process has included:

- consultation with the community and key stakeholders
- consultation with FHHS staff
- review and analysis of previous FHHS DAIPs and review reports to determine progress and areas requiring further development
- review and analysis of other relevant WA Health Department DAIPs, documents and strategies
- review of relevant legislation, policy and guideline documents relating to disability
- review of FHHS DAC meeting minutes and reporting requirements during the period 2007-2012
- literature review and investigation of contemporary trends and good practice in access and inclusion.

The Disability Services Regulations 2004 set out the minimum consultation requirements for public authorities in relation to DAIPs. Local Government Authorities must 'call for submissions (either general or specific) by notice in a newspaper circulating in the district of that local government, or on any website maintained by the public authority'. Other consultation methods may also be used.

In order to inform the development of the FHHS DAIP 2012-2017 the following strategies were used to invite comment from people with disability, organisations representing people with disability, caregivers, the general public and staff of FHHS:

- A print advertisement inviting comment on how to improve access to facilities, services and information. It was published in March 2012 in local community newspapers servicing the FHHS catchment area.
- A Perth 990AM Information Radio advertisement (minimum one per day) ran for two consecutive weeks in March 2012.
- A FHHS Disability Access and Inclusion Plan Feedback Form was used as a guide to request feedback specifically related to the outcome areas listed in the DAIP.

- Disability Advisory Committee Members forwarded the FHHS DAIP Feedback Form to various internal and external stakeholders and organisations representing people with disability.
- Links to the FHHS DAIP Feedback form were provided on the FHHS intranet and Internet websites with an explanatory note regarding the consultation process and a request for feedback.
- Information regarding the consultation process with a request for feedback and a link to the FHHS DAIP Feedback form was circulated to all staff on FHHS global e-mail via the FHHS Global e-Bulletin on 14 March 2012.

Both the advertisement and feedback forms included advice on how to obtain alternative formats of the documents on request. From commencement to completion, the consultation period was open for four weeks.

### **Findings of the consultation**

The review process found that systems were in place or had been completed to meet many of the strategies set in the previous FHHS DAIP. Responses received from staff and the wider community as part of the consultation process highlighted achievements in some areas, but also identified a number of barriers to access and inclusion that require further review under the new DAIP Implementation Plan.

Some of the access barriers identified include:

- Inadequate availability of transport and parking facilities for people with disability.
- Difficulty accessing outpatient services due to physical layout and distances between outpatient services.
- Communication barrier for deaf and hard of hearing people with no subtitles on hospital television service.
- Communication barriers for people with disability requiring on-going staff training and technology resourcing to facilitate communication.
- Inadequate maps defining wheelchair accessible routes within and around the hospital and location of disabled parking bays.
- Improvements required in providing readily accessible information to the public about accessible services and facilities in FHHS.
- Improvements required in some service areas to provide clear signage.
- Difficulty for general public to access information on FHHS DAIP outcomes.
- Improvements required by FHHS in networking with community members, organisations, and reference groups on issues relating to disability, access and inclusion.
- Changes to policies and service restructure requires consideration of the impact of these changes on people with disability.

## **Responsibility for implementing the DAIP**

The Western Australian Disabilities Services Act 1993 (amended 2004) requires public authorities to take all practical measures to ensure that the DAIP is implemented by its officers, employees, agents and contractors.

The Department of Health Disability Access and Inclusion Policy states that Chief Executives and Executive Directors are responsible for providing the resources and support required to develop and implement DAIPs in their organisations. The FHHS Executive Group and Chief Executive South Metropolitan Health Service (SMHS) have formally endorsed the FHHS DAIP 2012-2017.

The FHHS DAIP Implementation Plan is a separate supporting document that outlines specific actions and assigns responsibility for each of the strategies identified within the FHHS DAIP. The FHHS DAC facilitates FHHS in meeting the outcomes of the DAIP Implementation Plan by supporting and advising staff and consumers to be involved in the planning, management, implementation and evaluation of the DAIP. The Implementation Plan is available on the FHHS Internet and intranet sites and is reviewed annually during the lifetime of the FHHS DAIP.

## **Communicating the Disability Access and Inclusion Plan to staff and people with disability**

In August 2012, FHHS will provide those identifiable individuals and organisations who contributed to the consultation and planning process with electronic or hard copies of the FHHS DAIP 2012-2017. The availability of the new DAIP will also be advertised to staff and the general public via notice in the West Australian. Any feedback obtained from this process will be used to further inform the Implementation Plan.

Copies of the FHHS DAIP 2012-2017 will be made available electronically on the FHHS Internet and intranet websites from August 2012. A hard copy version will be available in the FHHS Library. Existing FHHS staff will be advised via Global email of the availability of the new DAIP on the intranet and Internet. Managers and supervisors will be responsible to ensure that staff without email have access to this information. All new FHHS staff will continue to be advised of the FHHS DAIP as part of the formal hospital induction and orientation processes.

Staff and the community will be informed of the availability of amended Implementation Plans and annual reviews of the Implementation Plan via the FHHS intranet and Internet websites. The Metropolitan Health Service Annual

Report, of which FHHS is a part, documents a selection of the strategies implemented to facilitate the DAIP across its health service. This report is available for public access.

All copies of the FHHS DAIP will include advice on how to obtain alternate formats of the document upon request if required. Information is provided in this document and on the FHHS DAC Internet and intranet sites on how to provide feedback regarding the publication or ongoing identified access and inclusion issues.

### **Review and evaluation mechanisms**

The Western Australian Disability Services Act (1993) sets out the minimum review requirements for public authorities in relation to DAIPs. As a public authority the FHHS DAIP will be reviewed at least every five years. A formal review of the FHHS Implementation Plan will be completed annually by the FHHS DAC to address additional access and inclusion issues that may arise. If any amendments are made to the FHHS DAIP a copy of the amended plan will be lodged with the Disability Services Commission.

The FHHS DAIP 2012-2017 will be formally reviewed and reported on six months before its expiry in 2017, with a view to developing the next DAIP as required by legislation.

### **Monitoring**

Both qualitative and quantitative data is collected to monitor the FHHS DAIP and progress in working towards the Implementation Plan. The FHHS DAC facilitates this process in consultation with key stakeholders. Qualitative information includes customer or staff feedback; quantitative data sources include access audit data and percentages of customer complaints relating to disability.

The FHHS DAC will meet bi-monthly to monitor progress on the implementation of strategies, identify new or potential barriers to access and inclusion and work towards achieving improvements.

The FHHS DAC is also involved in the development and review process of any FHHS or SMHS Policy relating to disability (e.g. the South Metropolitan Health Service Disability Access and Inclusion Policy).

## Reporting on the DAIP

The Western Australian Disability Services Act 1993 (amended 2004) sets out minimum reporting requirements for public authorities in relation to Disability Access and Inclusion Plans.

FHHS will report on the implementation of its DAIP through the required Department of Health and Disability Services Commission reporting mechanisms. Currently the Chair of the FHHS DAC completes the following reporting requirements:

- Disability Services Commission – annual submission of prescribed progress report by 31 July outlining progress towards the desired outcomes of the DAIP, progress of agents and contractors towards meeting the six desired outcomes and strategies used to inform agents and contractors of the DAIP.
- South Metropolitan Health Service Annual Report, Disability Access and Inclusion Plan Outcomes – annual submission explaining the services FHHS provides to assist people with disability, grouped according to the six outcomes of the DAIP.
- Clinical Governance Report for FHHS – quarterly submission providing an update on achievements against each of the FHHS DAIP Implementation Plan outcomes.
- Australian Council on Healthcare Standards (ACHS) - participation by the DAC in the periodic review process to document progress and achievement of the organisation against EQUiP criteria relating to people with disability.
- Review of Achievements – formal review of achievements made during the FHHS DAIP 2012-2017 will be included in the FHHS DAIP 2017-2022 and submitted to the Disability Services Commission in 2022.

Additionally the FHHS DAC bi-monthly meeting agenda and minutes will be uploaded to the FHHS Internet and intranet websites.

## Standards

Accreditation is a process that promotes patient care and supports continuous quality improvement. It provides a system to evaluate organisational performance against established benchmarks and standards. The recently endorsed National Safety and Quality Health Service (NSQHS) standards will be implemented from January 2013. These 10 standards focus on quality of care and improving patient safety and will be combined with five additional standards focussing on non-clinical systems to form EQUiP National. The strategies in the FHHS DAIP Implementation Plan will be integrated with these

standards and their related guidelines, and be reported on as required in periodic Accreditation assessment and reviews.

The new FHHS DAIP 2012-2017 also considers current legislation and standards relating to disability and reflects best practice in the area of disability. It complies with the WA Health Disability Access and Inclusion Policy which includes all legislative requirements.

Refer to Appendix 3 for a list of reference documents that have been used in the development the new FHHS DAIP. Current versions of these documents, along with other relevant literature developed in the lifetime of this DAIP, will continue to be used to monitor and inform the strategies of the Implementation Plan during the period 2012-2017.

## Strategies to Improve Access and Inclusion for People with Disability

As a result of the consultation process, a number of overarching strategies have been identified to guide the tasks that FHHS will undertake from 2012-2017. The seven desired outcomes outlined previously in this report, and the related strategies listed below form the outline of the FHHS DAIP Implementation Plan and provide a framework for achieving equitable access.

The FHHS DAIP Implementation Plan is available on the FHHS Internet and intranet and identifies specific actions and assigns responsibility for each of the strategies listed below.

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

Strategy
Incorporate the objectives of the DAIP into FHHS strategic business planning and budgeting processes.
Monitor SMHS policies relating to access and inclusion to ensure they support equitable access to services, facilities and events by people with disability throughout the various functions of FHHS.
Provide opportunity for all service users and staff to comment on access to FHHS facilities and services.
Promote the use of accessible event venues for people with disability.
Support staff, agents and contractors of FHHS to meet the access needs of people with disability.

**Outcome 2:** People with disability have the same opportunities as other people to access the buildings and other facilities of FHHS.

Strategy
Evaluate accessibility to FHHS buildings and facilities for people with a physical disability and work towards improvements in line with Australian Standards including the Disability Standards on Access to Premises.
Ensure all new or redevelopment works provide access to people with disability.
Ensure signage is accessible to people with disability.
Provide readily accessible information regarding services, facilities and customer feedback in an appropriate format and using clear and concise

language.

Ensure adequate accessible parking to meet the needs of people with disability in terms of quantity and location within FHHS, in line with relevant Standards.

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

Strategy

Promote the availability of FHHS information in alternative formats upon request.

Ensure FHHS intranet and Internet sites meet contemporary good practice.

Provide readily accessible information regarding services, facilities and customer feedback in an appropriate format and using clear and concise language.

**Outcome 4:** People with disability receive the same level and quality of service from the staff of FHHS as other people receive.

Strategy

Include the awareness of disability issues in recruitment and selection of new staff.

Improve staff awareness of disability and access issues and improve skills to provide a good service to people with disability.

Further generate and sustain staff awareness of disability and access issues.

**Outcome 5:** People with disability have the same opportunities as other people to make complaints to FHHS.

Strategy

Ensure that complaint and feedback mechanisms are readily accessible for people with disability.

Improve staff knowledge so they can facilitate the receipt of complaints or feedback from people with disability.

Ensure that grievance mechanism processes and outcome satisfaction survey forms are readily available in alternative formats to meet the needs of people with disability.

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

Strategy
Ensure that a minimum of two community representatives with disability or representing people with disability maintain membership on the existing FHHS Disability Advisory Committee
Ensure public forums meet the physical and communication requirements of people with disability.
Seek a broad range of views on disability and access issues from the community and staff.

**Outcome 7:** People with disability have the same opportunities as other people to obtain and maintain employment with FHHS.

Strategy
Conduct regular education/information sessions for managers to improve awareness and achievement of objectives outlined in the WA Health Equity and Diversity Plan 2010-2015.
Complete all workforce advertising and recruitment processes in accordance with the Equal Employment Opportunity Act (1993).

## **Appendix 1: List of Fremantle Hospital and Health Service Functions, Facilities and Services (2012)**

### **Fremantle Hospital:**

#### Clinical Directorate

Biomedical Services, Clinical, Governance Unit, Dietetic and Nutrition, Doctors, Four Hour Rule, Freedom of Information, GP Liaison, Human Research Ethics SMAHS, IT, Information Technology (service provided by the Health Information Network), Legal Services, Library and Web Services, Lung Multidisciplinary Team, Mandatory Reporting of Medical Conditions for Drivers SMAHS, Medical Administration, Medical Illustrations, Nuclear Medicine, Occupational Therapy, Pharmacy, Physiotherapy, Podiatry, Postgraduate Medical Education, Public Interest Disclosure SMAHS, Radiology, Radiotherapy, Rehabilitation and Restorative Ward V5, Rehabilitation in the Home, Social Work including Interpreter Service, Speech Pathology, UGI Multidisciplinary Team Kaleeya Hospital - Amity Rehabilitation Ward, Obstetrics, Neonatal and Maternity, Pharmacy, Allied Health, Quality and Safety, Radiology

#### Critical Care Directorate

Cardiac Catheter Theatre, Cardiothoracic Surgery, Cardiovascular Medicine, Coronary Care Unit, Emergency Department, Emergency Medicine Research Unit, Geriatric Delirium Unit GDU, Infectious Diseases SMAHS, Intensive Care Unit, Medical Assessment Unit, Nurse Specials Unit, Plastic Surgery, Rottneest Island Nursing Post, Sustainability Committee, Ward B8 North, Cardiothoracic

#### Medical Directorate

Clinical Haematology PathWest, Clinical Immunology and Allergy Service, Community and Geriatric Medicine, Dermatology, Diabetes Education, Diving and Hyperbaric Medicine, Endocrinology and Diabetes, Gastroenterology and Hepatology, General Medicine, MACSOP Medical Area Credentialling and Scope of Practice Committee SMAHS, Nephrology, Renal Unit, Neurology and Clinical Neurophysiology, Oncology and Palliative Care, Paediatrics, Respiratory Medicine, Rheumatology, Stroke Unit, Ward B9 North, Ward B9 South, Ward F6, Ward V6, Web Services SMAHS

#### Nursing and Patient Support Services

Accreditation, Chaplaincy and Pastoral Care, Clinical Pathways, Customer Relations, Emergency Management, Equipment Pool, Francis A Jones Hospital in the Home, Nurses Education, Travel and Research, Kaleeya Patient Support Services, Manual Handling, Nursing Corporate, Nursing Human Resources, Nursing Informatics, Nursing Research and Evaluation, Patient Support Services, Silver Chain, Staff Development, Volunteer

## Services

### Surgical Directorate

Administration/Support Team, Anaesthetics, Acute/Chronic Pain Service, Day Procedure Unit (DPU), ENT Surgery, General Surgery, Ophthalmology, Oral / Maxillofacial Surgery, Orthopaedics, Paediatric Surgery, Plastic Surgery, Continence, Urology, Vascular Surgery, Stomal Therapy, Theatres, Hospital in the Home (HITH), Hospital Sterile Supply Department (HSSD), Acute Surgical Unit (ASU), B7 North, B7 South, B8 South, Short Stay Surgical Unit (SSSU).  
Outpatient Clinics: Continence, Ear Nose and Throat, General Surgery, Ophthalmology, Oral Surgery, Orthopaedic, Pre Admission, Pain (chronic), Plastics, Stomal, Ulcer, Urology, Vascular Laboratory, Vascular Surgery.  
Other: UWA School of Surgery and Pathology.

### **Moss Street Centre:**

The Moss Street Centre in East Fremantle offers an outpatient service for Fremantle Hospital and Health Service's Department of Community and Geriatric Medicine providing between 800 and 900 appointments a month to the community.

The Moss Street Centre runs the following clinics:

General Geriatric, Memory Evaluation, Balance and Mobility, Parkinson's Clinic, Continence, Allied Health, Clinical Psychologist, Nurse, Speech Therapy, Physiotherapy, Dietitian, Occupational Therapy.

### **Kaleeya Hospital:**

Kaleeya Hospital in East Fremantle has operating theatres, birth suites, an endoscopy unit and gymnasium. On-site allied health services include physiotherapy, occupational therapy, social work, pharmacy and dietetics. The services provided by the hospital include surgical, rehabilitation, ambulatory surgery and obstetrics and gynaecology.

### **Rottnest Island Nursing Post:**

Rottnest Island Nursing Post is part of the Fremantle Hospital and Health Service Critical Care Directorate. It provides a range of health services including emergency care, wound care, antenatal and postnatal care, pharmaceutical supplies, immunisations, pathology collection, x-rays, child health and primary health care.

### **Fremantle Hospital Mental Health Service:**

Fremantle Hospital Mental Health Service (FHMHS) provides comprehensive mental health care, both inpatient and community based to people residing in the catchment area.

### **Other services located on the Fremantle Hospital and Health Service (FHHS) campus:**

PathWest Laboratory Medicine

PathWest provides diagnostic services across a full range of pathology disciplines through four divisions: Clinical Pathology; Microbiology and Infectious Diseases; Tissue Pathology; and Branch Laboratories.

## Appendix 2: FHHS Disability Access and Inclusion Plan Achievements July 2007 – June 2012

**Outcome 1:** People with disability have the same opportunities as other people to access the services of, and any events organised by, Fremantle Hospital and Health Service (FHHS).

- Repairs completed to bitumen in B Block courtyard area to assist people using mobility aids access this area.
- Customer telephone in B Block relocated to improve accessibility.
- Process developed with hospital volunteer service to assist carers return hospital wheelchairs from car parks as required.
- Draft copy of Disability Services Brochure completed to inform consumers of disability services available at Fremantle Hospital.
- Ongoing and active participation by the DAC in the Australian Council on Healthcare Standards (ACHS) periodic review process to monitor progress and achievement against EQUiP criteria relating to people with disability.
- Purchase of a stretcher vehicle to assist in the transfer of patients unable to utilise standard transport means.
- Hospital transport vehicle has the ability to accommodate wheelchair bound patients to bring them to and from appointments.
- Platform scales located in the renal unit to permit patients to be weighed on their wheelchairs and reduce the need to transfer or stand.
- FHHS identified strategies to improve access to services and events within the Disability Access and Inclusion Plan (DAIP) submitted to the Disability Services Commission for the period 2007-2012.

**Outcome 2:** People with disability have the same opportunities as other people to access the buildings and other facilities of Fremantle Hospital and Health Service.

- Steps and ramp adjacent to the Ladies Auxiliary Kiosk on B5 treated with non-slip materials.
- Braille numbers to various passenger lifts have been fitted – 45% of all lifts at Fremantle Hospital (including both passenger and service lifts) now have Braille numbers, including 7 in B Block, 1 in L Block and 1 in T block.
- Toilet facilities at Kaleeya Hospital audited and modifications made to positions of grab rails, soap holders and mirrors.
- Toilet facilities at Fremantle Hospital audited and modifications to positions mirrors and installation of lever taps completed.
- Ramp outside T Block modified to meet Australian Standards.

- Additional funding source within FHHS identified for potential use for projects related to disability. Process for use of this funding developed and approved.
- Self-opening door installed at entry to L Block, internal door also modified to improve access.
- Approval of plan for conversion of door to F Block public toilet to self-opening door.
- Approval of plans for an upgrade to B Block toilets to meet Australian Standards.
- All engineering contractors receive a contract that includes the FHHS DAIP and Carers Recognition Reporting requirements.
- Preliminary review of current access to disabled parking in and around Fremantle Hospital started.
- Intercom installed at both standard height and wheelchair height to the entrance of MAU on ward F6.
- Accessibility improved during daylight hours via the hospital service road with changes made to the time the boom gate is lowered.

**Outcome 3:** People with disability receive information from Fremantle Hospital and Health Service in a format that will enable them to access the information as readily as other people are able to access it.

- ‘Better Hearing’ packages for clinical areas of the hospital developed and implemented with education provided to ward staff in use of items in the package.
- FHHS Library and Web Services monitor all intranet and Internet sites to ensure accessibility for people with disability.
- Increased awareness via Library and Web Services for new documents and publications to include ‘alternative formats available upon request’.
- Establishment of FHHS Disability Advisory Committee intranet and Internet sites developed to meet accessibility standards.
- Software identified and made available for conversion of documents into accessible formats within Library and Web Services e.g. conversion of written information onto audio disc for visually impaired people.
- Communication aids resources identified by Customer Relations including a telephone typewriter (TTY) machine and delayed relay service allowing customers with a hearing impairment to correspond via handwriting or email
- Development of an online feedback form for customer complaints/comments and suggestions.
- Hospital television service provider arranging to provide subtitles/‘Teletext’ for hearing impaired patients.

**Outcome 4:** People with disability receive the same level and quality of service from the staff of Fremantle Hospital and Health Service as other people receive.

- Review by the DAC of all customer complaints related to DAIP Outcomes and actions initiated by the DAC for service change and modifications to improve access and resolve complaints.
- Participation by the DAC in all stages of the Australian Council on Healthcare Standards (ACHS) Accreditation cycle to demonstrate compliance with relevant EQulP standards.
- Disability Services Commission education sessions conducted by Staff Development in 2008
- Disability Awareness and Diversity in the Workplace education sessions delivered by Staff Development within the formal Induction Programme for all new staff.
- Ongoing disability awareness/education provided to managers through Manager moments sessions covering the three areas of Respect, Resources and Reporting. Information regarding the DAIP is part of this session.
- The FHHS Customer Relations Department commenced ward and department based education sessions with the purpose of promoting listening and respect by staff as well as educating staff on the Complaints process.
- Home visiting service established for patients with Parkinson's disease to enable better management of their disease and increased access by them to specialist health care (new COAG funded Parkinson's project).
- The hospital has reviewed and expanded the range of equipment available through the Equipment Pool with consideration to the needs of people with disability. Staff are able to access this Equipment Pool to better assist and improve the care of patients including those with disability.

**Outcome 5:** People with disability have the same opportunities as other people to make complaints to Fremantle Hospital and Health Service.

- The FHHS complaints process adheres to the Western Australian Health Management Policy.
- The FHHS Customer Service Department continues to support people with disability with the hospital service to ensure the complaint and feedback process is accessible.

**Outcome 6:** People with disability have the same opportunities as other people to participate in any public consultation by Fremantle Hospital and Health Service.

- Membership on the FHHS Disability Advisory Committee (DAC) of two people with disability, or representing people with disability, has been maintained for the duration of 2007-2012 and is ongoing.
- An annual display and interactive stand has been developed at Fremantle and Kaleeya Hospitals to mark the International Day of People with Disability and increase staff and public awareness the role of the Disability Advisory Committee.
- Within the process of reviewing the FHHS DAIP 2007-2012, consumer feedback was sought in line with legislative requirements and then incorporated into the development of the FHHS DAIP 2012-2017.

**Outcome 7:** People with disability have the same access as other people to employment opportunities in FHHS.

- FHHS Job Description Forms for management and supervisory positions require a current knowledge of legislative obligations for Equal Opportunity and Disability Services to improve awareness as to how they impact on employment and service delivery.
- FHHS Job Description Forms for all positions require a current knowledge and commitment to equal opportunity in all aspects of employment and service delivery.
- FHHS Job Description Forms are written in plain and inclusive English to not directly or indirectly discriminate against potential candidates.
- Provision of education sessions relating to disability and recruitment/employment for managers and staff sitting on selection panels is covered as part of the Recruitment, Selection and Appointment training delivered at FHHS. These sessions include how to action objectives outlined in the WA Health Equity and Diversity Plan 2010-2015.
- FHHS Occupational Safety and Health (OSH) Department involved in modifications to the workplace environment to improve access staff with disability including redesign of an access ramp and altering desk heights to accommodate a wheelchair.
- FHHS OSH Department involved in the purchase of aids and equipment to assist staff with disability in their employment duties (e.g. Dragon Speaking naturally voice recognition programmes, modified keyboards, mouse controls, forearm supports, desk and lighting redesign, document holders, page turners, drafting height footrests, ramps, laptops).
- All FHHS workforce advertising is completed in accordance with the Equal Employment Opportunity Act (1993).

## Appendix 3: Legislation and References

The following is a list of relevant legislation and supporting documents used in development of the Fremantle Hospital and Health Service Disability Access and Inclusion Plan.

### Legislation

- Australian Human Rights and Equal Opportunity Commission Act 1986
- Carers Recognition Act 2004
- Disability Discrimination Act 1992 (Commonwealth)
- Disabilities Services Act (Western Australia) 1993 (amended 2004)
- Disability Services Regulations 2004
- Equal Opportunity Act (Western Australia) 1984

### Government and Department of Health Policy and Standards

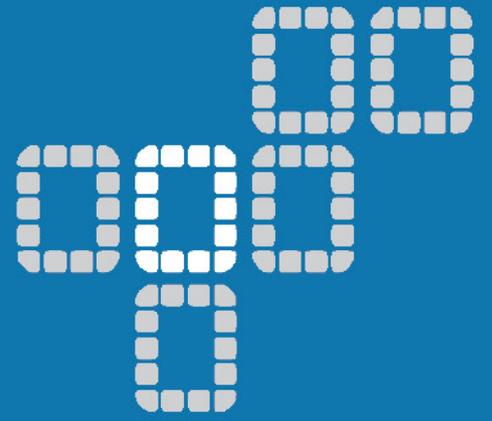
- Department of Health. (2012). WA Health Writing Style Guide, Communications
- [Disability Services Commission Disability Access and Inclusion Plans Resource Manual for State Government](#)
- [Disability Standards on Access to Premises](#) (2010)
- [National Disability Strategy 2010-2020 – An initiative of the Council of Australian Governments](#)
- South Metropolitan Area Health Service Disability Access and Inclusion Policy
- State Government Access Guidelines for Information, Services and Facilities, updated 2009
- WA Health Disability Access and Inclusion Policy
- WA Health Equity and Diversity Plan 2010-2015
- Western Australian Public Sector Code of Ethics 2008
- Western Australian Public Sector Code of Conduct
- Access the current version of Department of Health Policies via the Whole of Health Holii Policies link at:

[http://intranet.health.wa.gov.au/policies/doh\\_policy.cfm](http://intranet.health.wa.gov.au/policies/doh_policy.cfm) West Australian

### Other Supporting Documents

- [United Nations Convention of the Rights of Persons with Disabilities](#)

- [Australian Bureau of Statistics: Survey of Disability, Ageing and Carers \(SDAC\) 2009, Australia.](#)
- [AIHW 2008. Disability in Australia: trends in prevalence, education, employment and community living. Cat. no. AUS 103. Canberra: AIHW.](#)



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