



Princess Margaret Hospital for Children

Disability Access and Inclusion Plan

July 2010 - June 2015

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

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Background

1. Introduction

Princess Margaret Hospital for Children (PMH) adopted its first Disability Service Plan in 1995. In mid-2006, as part of ongoing health reform in Western Australia, Princess Margaret Hospital for Children (PMH) separated from the then Women's and Children's Health Service and became part of a newly formed Child and Adolescent Health Service. PMH, together with the Child and Adolescent Community Health (CACH) form the Child and Adolescent Health Service (CAHS). As required by the Act, PMH and CACH submit separate Disability Access and Inclusion Plans.

PMH developed its first Disability Access and Inclusion Plan (DAIP) in 2007, in line with the Western Australian Disability Services Act 1993 (as amended 2004).

2. Service Overview

PMH was established in 1909 and has become Western Australia's specialist children's hospital. Each year, PMH cares for over 300,000 children, who attend or stay in the 205-bed hospital. PMH is responsible for providing specialist paediatric services for patients aged 0 – 16 years of age.

A list of PMH services is attached as Appendix 1.

3. Planning for Better Access

The PMH Disability Access and Inclusion Plan for the period 1 July 2010 – 30 June 2015, has been developed in accordance with the following aim and outcomes identified in the WA Disability Services Act 1993 (as amended 2004).

Aim

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

Objectives of the PMH Disability Access and Inclusion Plan are consistent with the six desired outcomes:

1. People with disabilities have the same opportunities as other people to access the services of, and any events organised by, a public authority.
2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of a public authority.
3. People with disabilities receive information from a public authority 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 a public authority as other people receive from the staff of that public authority.
5. People with disabilities have the same opportunities as other people when making complaints to a public authority.
6. People with disabilities have the same opportunities as other people to participate in any public consultation by a public authority.

An Overview of Disability is provided as Appendix 2 and a list of legislation and reference documents utilised in the preparation of the DAIP is attached at Appendix 3.

4. Progress During the Period 2007-2010

PMH has made significant progress to improving access and inclusion for people with disabilities since 1995. A summary of its most recent achievements for the period 2007-2010 is attached as Appendix 4.

Development of the PMH Disability Access and Inclusion Plan

5. Responsibility for the Planning Process

The PMH DAIP will be developed, reviewed, monitored and evaluated by the CAHS Disability and Carers Advisory Committee (DCAC), chaired by the Executive Director Nursing and Support Services. The DCAC will include representatives from:

- PMH Executive
- Allied Health
- Physical Resources
- Workforce Development
- Safety, Quality and Performance
- Customer Service Unit
- Consumers
- Heads of Services.

When a need arises to consider specific disability needs, appropriate internal and external stakeholders will be involved.

PMH will report on the implementation of the DAIP through the NMAHS annual report and the prescribed proforma to the Disability Services Commission by 31 July of each year, outlining:

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

6. Consultation Process

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'. To meet these requirements both staff and community consultation was carried out.

Various WA Department of Health (DoH) consultation processes have informed the development of the PMH DAIP 2010 – 2015, including:

- consultation with the community;
- consultation with staff;
- consultation with the Disability Services Commission;
- the analysis of previous DAIPs and subsequent review reports to identify any improvements required;
- research of other relevant WA Health DAIPs, documents and strategies; and
- desk top research of contemporary trends and good practice in disability access and inclusion.

The following strategies were used to obtain input from people with disabilities, their families and carers, community partners, the general public and staff to identify access barriers to services and facilities:

- The WA DoH used the following strategies to invite comments from the community on how access to public hospitals and community health services for people with disabilities could be improved:
 - An advertisement was published in the "West Australian" newspaper 3 February – 2 March. The advertisement advised that alternative formats of the advertisement were available upon request.
 - The advertisement was circulated via the Department of Health global email to elicit input from staff.

- Radio 99.90 read a radio version of the advertisement from 3 February 2010 for 3 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 2009 and various disability organizations.
 - WA Health Clinical Networks branch forwarded the advert to all people listed on its community clinical networks databases.
- Members of the community and staff were invited to provide feedback to the Senior Policy Officer, Workforce Policy, Planning and Reviews Branch by telephone, email, in person or by submitting a separate written response.
 - The duration of the WA DoH consultation process was for a minimum of one month from the day of advertising. The advertisement advised that different formats were available upon request.
 - Members of the PMH Community Advisory Council were sent a copy of the advertisement requesting feedback.
 - PMH staff consultation took place during March and April 2010 by means of distribution of the DoH advertisement via a WA DoH global email requesting feedback. Heads of Department were encouraged to circulate the information through formal and informal networks within the PMH service.
 - Previous Disability Access and Inclusion Plans were reviewed to ascertain what had been achieved and to identify areas for further work.
 - The PMH Disability Advisory Committee provided input into the plan and key Executive members were consulted in developing the Plan.

While some feedback related to specific health services, other feedback was directed to the Department as a whole.

7. Findings of the Consultation

The review and consultation found that the majority of the objectives in the previous PMH DAIP had been achieved. In addition, there had been a number of new initiatives aimed at improving services, information and access for people with disabilities. The consultation process identified a variety of remaining barriers to access and inclusion that will be addressed in the new DAIP Implementation Plan.

As a result of the Department of Health advertisement in the West Australian, a total of eight responses were received. As a result of the staff global email, a total of 18 responses were received.

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

- WA Association for Mental Health
- Care and Share Community Services Inc.
- Multiple Chemical Sensitivities Association.

Various barriers to access were identified that were considered in the development of strategies included in the development of the PMH DAIP.

8. Responsibility for Implementation

The PMH DAIP will be implemented by the members of the recently reviewed PMH Disability Advisory Committee, now known as the CAHS Disability and Carers' Advisory Committee (DCAC) that incorporates carer issues.

- PMH Executive will inform hospital staff of the release of PMH DAIP for the period 2010-2015 and it will be promoted internally via hospital newsletters and the CAHS intranet.
- A copy of the DAIP will be available to consumers via the CAHS/PMH website.

- Agents and contractors of PMH will be advised of the DAIP and the requirements.
- Copies of the DAIP will be made available on request and in alternative formats.
- Patients, families, and carers will access information via generic written consumer information and the Customer Service Unit.
- Printed copies of the DAIP and related information will conform to the State Government Access Guidelines for Information Services and Facilities.
- The DAIP will be promoted to relevant Government, contractors and community groups.

9. Review and Evaluation Mechanisms

There will be an annual review and evaluation of the Disability Access and Inclusion Implementation Plan by the Chair of the DCAC in conjunction with relevant Committee members.

PMH will ensure an ongoing consultation process is used with relevant peak bodies, people with disabilities, their families and carers, to assist in reviewing and updating the DAIP.

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 relations to Disability Access and Inclusion Plans.

PMH will report on the implementation of the DAIP through DoH annual reporting mechanisms and to the Disability Services Commission by 31 July of each year, outlining:

- its progress towards the desired outcomes of its 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 its DAIP.

10. Standards

The outcomes of the Disability Access and Inclusion Plan will be integrated with the standards and guidelines for the Australian Council on HealthCare Standards Evaluation and Quality Improvement Program (EQuIP) that provides a mechanism for evaluating organisational performance against established standards and benchmarks.

The PMH DAIP will comply with the WA Health Disability Access and Inclusion Policy which includes all legislative compliance requirements.

Strategies to Improve Access and Inclusion for People with Disabilities

As a result of the consultation process, the following overarching strategies will guide tasks, reflected in the Implementation Plan attached as Appendix 5.

Outcome One: People with disabilities have the same opportunities as other people to access the services of, and any events organised by Princess Margaret Hospital (PMH)

Strategy
1. Promote the use of appropriate event venues for people with disabilities, amongst staff
2. Support contractors to identify and meet the needs of people with disabilities
3. Monitor and develop PMH policies taking into account the needs of people with disabilities
4. Ensure that a "Better Hearing" Card is placed on all public counters at PMH
5. Monitor access to services and events for people with disabilities

Outcome Two: People with disabilities have the same opportunities as other people to access the buildings and other PMH facilities

Strategy
1. Evaluate accessibility to PMH buildings and facilities for people with disabilities
2. Ensure the planning of New Children's Hospital planning provides comprehensive input from people with disabilities
3. Improve the provision of information in a clear and concise format regarding accessibility to information, buildings and facilities for people with disabilities

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

Strategy
1. Promote the availability of PMH information in alternative formats
2. Promote the use of clear and concise language for documentation generated for consumers
3. Improve the PMH Internet and Intranet format in accordance with the Web Content Accessibility Guidelines (W3C) and the DSC Guidelines for accessible printed information
4. Review generic consumer information in accordance with the DoH Access to information Policy and DSC Guidelines for Accessible Printed Information
5. Review specific clinical service written information provided to consumers/staff in accordance with the DoH Access to information Policy and DSC Guidelines for Accessible Printed Information
6. Inform communities and staff about the PMH DAIP

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

Strategy
1. Plan and implement strategies to facilitate and support CAHS compliance with disability legislation
2. Evaluate the DAIP Committee
3. Promote disability access and inclusion in order to increase awareness and buy-in amongst staff to enable people with disabilities to receive the same level and quality of service as other people receive
4. Establish mechanisms to identify the investment in improving services/facilities for people with disabilities
5. Review CAHS systems related to employment to ensure they support recruitment and retention of people with disabilities
6. Monitor the satisfaction rate of people with disabilities, with PMH services
7. Implement mechanism to improve disability access and inclusion awareness and buy-in amongst staff throughout PMH

Outcome Five: People with disabilities have the same opportunities as other people to make complaints to PMH

Strategy
1. Evaluate complaint mechanisms for accessibility to people with disabilities
2. Monitor staff feedback and grievance processes for staff in terms of facilitating the needs of staff with disabilities in accordance with intent for non-exclusivity and the principles of natural justice

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

Strategy
1. Review the representation of people with disabilities on all PMH Committees
2. Implement a mechanism to ensure that people with disabilities contribute to PMH public consultations

List of Princess Margaret Hospital Services

Allied Health Services

- Occupational Therapy
- Physiotherapy
- Social Work
- Pastoral Care Unit
- Hospital School Services (Department of Education)
- Nutrition & Dietetics
- Speech Pathology
- Medical Illustrations
- Library Services

Diagnostic Imaging

- Radiology
- Ultrasound
- Nuclear Medicine
- Magnetic Resonance Imaging (MRI)
- Computerised Tomography (CT)
- Cardiac Angiography
- Interventional Radiology
- General Angiography
- Intra Operative Imaging

Medical Support Service

- Medical Technology Management Unit
- Clinical Research and Education
- Pathology
- Patient Information Management Systems
- Pharmacy

Psychological Medicine

- PMH Consultation Liaison
- Eating Disorders Service
- PMH Acute Mental Health Services
- Family Pathways

Paediatric Medicine

- Child Protection Unit
- Adolescent Medicine
- Cardiology/Cardiothoracic
- Dermatology
- Paediatric Rehabilitation
- Endocrinology/Diabetes
- Clinical Oncology/Haematology
- Emergency Department
- Nephrology
- Neurology/Neurosurgery
- Respiratory Medicine

- Rheumatology
- Gastroenterology
- Rural Paediatric Service
- Ambulatory care, including Hospital in the Home, Post Acute Care and Chronic Care
- Clinical Investigation Unit (Medical Same Day Service)

Surgical Services

- Audiology
 - Newborn Hearing Screening
- Burns
- Cranio Maxillo Facial and Plastic
- Surgery
 - Cleft-Lip and Palate Service including Speech Pathology
- Dental
- Continence and Stomal Therapy
- General Paediatric Surgery
- Paediatric Gynaecology
- Paediatric Urology
- Intensive Care Unit
- Ophthalmology
- Orthopaedics
- Orthotics
- ENT and Head and Neck surgery
- Theatres/HSSD
- Vascular Surgery
- Same Day Procedure Unit

Overview of Disability

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.

“An impairment is any loss or abnormality of psychological, physiological or anatomical structure or function; 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; a 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 (WA) 2003 refers to ‘disability’ as one -

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

Statistics relating to Disability

- Disability affects one third of the Western Australian population, ie, an estimated total of 20.6% (405,500 people) of the total population.
- An estimated 12.6% (246,800 people) Western Australians are carers for people with disabilities.
- 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 Australians with disabilities, 115,800 people have profound or severe core activity limitation; 71,600 of these are under 65 years of age.

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.

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.

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 a 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 300,900 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 a 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.

Disability Projections: 2006-2026

- Disability projections can be accurately forecast by applying current ABS reported age specific disability rates to ABS population projections.
- 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 65 years is only 18.0 percent, representing an annual increase of 0.8 percent, slightly less than the total population increase of 1.1 percent.

Data are sourced from the Australian Bureau of Statistics 2004, 2003 Disability Ageing and Carers, Australia: Summary of Findings – State Tables for Western Australia. 2003. Cat. No. 4430.0. Canberra: ABS.

Legislation and References

The following documents were utilised in the development of the PMH DAIP:

- WA Disability Services Act 1993 (Amended 1994)
- WA Disability Services Regulations 2004
- Disability Discrimination Act 1992
- Human Rights and Equal Opportunity Commission Act 1986
- WA Equal Opportunity Act 1984
- Guidelines available from the Disability Services commission website: <http://www.dsc.wa.gov.au>
- WA Health Disability Access and Inclusion Policy OD 0271/10
- CAHS Disability Access and Inclusion Policy
- The various WA Health DAIPs can be accessed through the Department of Health Internet website at www.health.wa.gov.au
- WA Public Sector Code of Conduct

Disability Access and Inclusion Achievements for the Period 1 July 2007 - 31 July 2010

A summary of achievements for the period 1 July 2007 – 30 June 2010 is provided below, in accordance with the six outcomes.

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

- The provision of appropriate access to PMH buildings and facilities was reviewed and updated in 2006-07.
- PMH submitted a Disability Access and Inclusion Plan (DAIP) for the period of 2007-2010, which identified strategies for maintaining and improving access to services and events at PMH for people with disabilities. The DAIP was overseen by the PMH Disability Access Committee, which was implemented in December 2007. The Committee included a Consumer representative position, held by a Carer.
- PMH actively involved young people and parents on the Transitional Framework Working Party, to improve the transition of young people with disabilities from paediatric to adult care.
- A room and mobility equipment, i.e. a hoist was allocated to provide easy access to accessible change facilities for people with disabilities who attend outpatient appointments,
- The Ambulatory Care Coordination program was initiated to improve access to services for patients who regularly require services through PMH, including children with severe disabilities.
- A set of wheelchair scales was purchased for the Outpatient Department at Princess Margaret Hospital (PMH) to facilitate the transport of children who are wheelchair dependant.
- As a result of the Four Hour Rule Program, the PMH Discharge Policy was changed so that parents/carers can provide written consent to authorize other people to pick up their children on discharge which facilitates the discharge of children with disabilities.

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

- As part of the refurbishment of oncology Ward 3B at PMH, wheelchair access was improved to the nurses' station, outpatient reception desk area, and toilet and bathroom facilities.
- Ramp access was provided to the PMH Friendship Room and a public telephone in the outpatient area was adapted to ensure improved wheelchair access.
- Refurbishment of the PMH Hay St Building, and design and creation of the Children's Rehabilitation Unit was completed, including:
 - provision of adequate doorway and room space for wheelchair access;
 - slip-resistant floor surface;
 - continuous accessible paths of travel;
 - designation of ACROD parking bays; and a
 - purpose-built wheelchair training area.
- A review of hospital signage was undertaken, to coordinate and order accessible signage in compliance with disability guidelines and legislation ie, the use of Braille and symbols as required.
- A toilet for people with disabilities was purpose-built in the Psychological Medicine Unit.
- For all capital works and facility alterations at PMH, disability access was factored in at the point of design ie, ramp access where required and the nurses station in the Emergency Department and Outpatient area was constructed to allow wheelchair access for both staff and general public. Rails and slip resistant floor tiles and shower fittings were added to shower facilities.
- Electric beds were provided on the adolescent ward to allow greater independence of people with disabilities.
- Sit-on Scales were purchased for children with disabilities who access the CIU, Botox or Day-Stay ward.

- The Occupational Health & Safety Department supported consumers with disabilities by providing ergonomic advice on projects.
- The CAHS Parent Focus Group provided input into the whole of health Bed/Mattress/Cot/Incubator/Trolley and Treatment Chair tender, relating to bed requirements of children and adolescents with a broad range of disabilities. The input was reviewed and specific requests were acceded to after consideration of the need for compliance with Australian Standards.
- The CAHS Public Relations Department reviewed hospital maps to improve the identification of disability access.

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

- The PMH Publications Committee began utilising disability access standards when reviewing and approving hospital publications and external and internal training information/publications.
- The PMH guidebook that includes information to assist people with disability to access hospital services was reviewed.
- The PMH intranet site was reviewed. All new designs were updated to meet the disability access standards set by the Office of e-Government.
- The PMH publication committee was represented on the Disability Advisory Committee.
- The PMH family handbook review resulted in the inclusion of information on the Disability Access and Inclusion Plan and also provides general information for people with disabilities on how to access services, seek assistance, provide feedback and lodge a complaint.
- The DAIP was placed on both the PMH Intranet and Internet to allow access to both staff and consumers.
- Corporate Staff Development Intranet site was updated to include information related to disability access and inclusion.

Outcome 4: People with disabilities receive the same level and quality of service from the staff of the relevant public authority as other people receive from that authority.

- Makaton Key Word Signing, facilitated by CAHS speech pathologists, was offered at PMH education workshops.
- PMH provided ongoing support to service providers funded by WA Country Health Service, the Health Department, Disability Service Commission and Non-Government Organisation's responsible for supporting children with disabilities.
- The PMH Speech Pathology Department provided second opinion assessments and video-fluoroscopy swallow examinations; online support via telephone and email; and video-teleconferencing support to speech pathologists and other allied health professionals who provide services to children with disabilities.
- PMH provided ongoing disability awareness/education sessions to staff via corporate education and on-going nursing education.
- Information regarding the DAIP and the Disability Services Act was provided as part of the Orientation days for Generic staff, Nurses and Resident Medical Officers.
- Workforce Services at CAHS implemented mandatory inclusions in all Job Descriptions and selection criteria to improve disability access and inclusion awareness.
- The PMH Speech Pathology Department liaises with the Independent Living Centre to arrange hire of Augmentative and Assistive Devices for children with disabilities to communicate effectively during their hospital stay.
- The PMH Speech Pathology Department has submitted a request for funding to purchase a comprehensive range of Augmentative and Assistive Devices to enable children with disabilities to access quickly to communicate effectively during their hospital stay.
- The PMH Speech Pathology Department liaises extensively with community and disability service providers to ensure the smooth transition of services for children with disabilities from the acute tertiary setting to the long term community.
- The PMH Speech Pathology Department acquired a comprehensive range of Augmentative and Assisting Devices to enable children with disabilities to communicate effectively during their hospital stay.

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

- The PMH Customer Service unit continued to support consumers with disabilities, their families and carers, to ensure the complaint process is accessible. This included the use of interpreters, communication aids and linking to external services.
- The CAHS Complaint Management Policy was updated in accordance with the WA Complaint Management policy, which notes that complaints can be made in writing, provided verbally or transcribed to accommodate the needs of all health service consumers.
- An information brochure explaining how to lodge a complaint or provide feedback was developed to ensure that all consumers, including those with disabilities, can access appropriate information and/or assistance in making a complaint.

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

- PMH's Community Advisory Committee helped facilitate three consumer consultation events to review current services and plan for Western Australia's new children's hospital.
- PMH encouraged and facilitated community engagement in the above projects with particular emphasis on people with disabilities and their families who are often long-term consumers of hospital services.
- To assist in the development of the CAHS DAIP, information was sought from over 80 consumer groups providing services and support for people with disabilities and their carers.
- The CAHS Community Advisory Council (CAC) membership included people representing the disability sector and carers, and the CAC reviewed its terms of reference and identified the area of Disability and diversity as one of their key portfolios for 2007-2008.
- The CAHS CAC included a representative on the PMH Disability Advisory Committee.
- The CAHS CAC investigated the possibility of holding a networking project with the CAHS Customer Service Unit and Kalparrin (Parents of Children with Disabilities Inc), to provide information to PMH consumers and staff on the disabilities and other consumer issues.

Princess Margaret Hospital Disability Access and Inclusion Implementation Plan 2010-2015

Outcome One: People with disabilities have the same opportunities as other people to access the services of, and any events organised by Princess Margaret Hospital (PMH)

Strategy	Task	Timeline	Responsibility
1.Promote the use of appropriate event venues for people with disabilities, amongst staff EQulP Ref: 1.2.1, 1.6.3	1.1 Prepare a list of facilities known to be compliant with the Disability Services Commission (DSC) Accessible Events Checklist (AEC)	Dec 10	Public Relations Manager
	1.2 Implement mechanism/s to promote the use of appropriate event venues for people with disabilities, amongst staff	Jul 11 Jul 12 Jul 13 Jul 14	
2.Support contractors to identify and meet the needs of people with disabilities EQulP Ref: 3.1.4, 1.6.3	2.1 Develop a Disability Access and Inclusion Information Sheet for contractors as part of the Contractors Information Package	Jul 11	Campus Facilities Manager
	2.2 Develop a checklist for contractors to identify aspects of their services that support disability outcomes	Jul 12	Campus Facilities Manager
3.Monitor and develop PMH policies taking into account the needs of people with disabilities EQulP Ref: 3.1.5, 1.6.3	3.1 Identify policies developed and reviewed with the needs of people with disabilities taken into account	Jul 11 Jul 12 Jul 13 Jul 14	Director Safety, Quality & Performance
4. Ensure that a "Better Hearing" Card is placed on all public counters at PMH EQulP Ref: 1.2.1, 1.6.3	4.1 Conduct a needs analysis and cost estimate for "Better Hearing" cards on all public counters	Dec 10	Customer Liaison Service Manager
	4.2 Plan and implement "Better Hearing" Cards for all public counters		Customer Liaison Service Manager

Strategy	Task	Timeline	Responsibility
5. Monitor access to services and events for people with disabilities EQulP Ref: 1.1.4, 1.6.3, 2.1.1	5.1 Review consumer feedback, incident and risk reports to identify possible improvements	Jul 11 Jul 12 Jul 13 Jul 14	Director Safety, Quality and Performance and Customer Liaison Service Manager
	5.2 Monitor implementation of possible improvements	Jul 11 Jul 12 Jul 13 Jul 14	Director Safety, Quality and Performance and Customer Liaison Service Manager

Outcome Two: People with disabilities have the same opportunities as other people to access the buildings and other PMH facilities

Strategy	Task	Timeline	Responsibility
1. Evaluate accessibility to PMH buildings and facilities for people with disabilities EQulP Ref: 3.2.1, 3.2.2, 1.2.1, 1.6.3	1.1 Complete a Disability Access and Inclusion Audit for PMH to identify access barriers	Jul 11	Campus Facilities Manager
	1.2 Develop a plan with risk rating and prioritised improvements to PMH facilities for people with disabilities	Dec 11	Campus Facilities Manager
	1.3 Complete Briefing Note for funding	Jul 12	Campus Facilities Manager
	1.4 Implement identified improvements from facilities audit	Dec 13 Jul 14	Campus Facilities Manager
2. Ensure the planning for the New Children's Hospital provides comprehensive input from people with disabilities EQulP Ref: 3.2.2, 1.6.3	2.1 Include representation from people with disabilities	Jul 11 Jul 12 Jul 13 Jul 14	Director Safety, Quality and Performance
3. Improve the provision of information in a clear and concise format regarding accessibility to information, buildings and facilities for people with disabilities EQulP Ref: 1.2.1, 1.6.3	3.1 Identify possible improvements in printed information, brochures, websites, signage or any other consumer based information source	Jul 11 Jul 12 Jul 13 Jul 14	Public Relations Manager, Campus Facilities Manager

Strategy	Task	Timeline	Responsibility
	3.2 Implement identified improvements relating to printed information, brochures, websites, signage or any other consumer based information source	Jul 11 Jul 12 Jul 13 Jul 14	Public Relations Manager

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

Strategy	Task	Timeline	Responsibility
1. Promote the availability of PMH information in alternative formats EQulP Ref: 1.2.1, 1.6.3	1.1 Identify and update the consumer related publications (including booklets, flyers, pamphlets, information sheets, maps,) that require a notation regarding the availability in alternative formats	Jul 11 Jul 12 Jul 13 Jul 14	Public Relations Manager
2. Promote the use of clear and concise language for documentation generated for consumers EQulP Ref: 1.2.1, 1.6.3	2.1 Advise all authors of publications submitted to PubCom of the minimum requirements and State Government Access Guidelines for Information Services and Facilities	Jul 11 Jul 12 Jul 13 Jul 14	Public Relations Manager
	2.2. Advise authors to update publications in compliance of the minimum requirements and State Government Access Guidelines for Information Services and Facilities	Jul 11 Jul 12 Jul 13 Jul 14	Public Relations Manager
3. Improve the PMH Internet and Intranet format in accordance with the Web Content Accessibility Guidelines (W3C) and the DSC Guidelines for accessible printed information EQulP Ref: 1.2.1, 1.6.3	3.1 Include a reference to the W3C Web content and the DSC Guidelines for accessible printed information with all update requests to the PMH Internet and Intranet	Jul 11 Jul 12 Jul 13 Jul 14	Director Safety, Quality and Performance, Customer Liaison Service Manager, Public Relations Manager
4. Review generic consumer information in accordance with the DoH Access to information Policy and DSC Guidelines for Accessible Printed Information EQulP Ref: 1.2.1, 1.6.2, 1.6.3	4.1 Review, identify and implement improvements to the following publications in consultation with the Community Advisory Council: <ul style="list-style-type: none"> • Rights and Responsibilities • Patient Hand Book • Consumer feedback forms 	Jul 11 Jul 12 Jul 13 Jul 14	Customer Liaison Service Manager

Strategy	Task	Timeline	Responsibility
	<ul style="list-style-type: none"> • Consumer feedback poster 		
5. Review specific clinical service written information provided to consumers/staff in accordance with the DoH Access to information Policy and DSC Guidelines for Accessible Printed Information EQulP Ref: 1.2.1, 1.6.2, 1.6.3	5.1 Identify and update written information to ensure that it meets minimum requirements for people with disabilities	Jul 11 Jul 12 Jul 13 Jul 14	Nursing Director Paediatric Medicine Clinical Care Unit, Nursing Director Surgical Services Clinical Care Unit, Psychological Medicine Clinical Governance & Performance Co- ordinator
6. Inform communities and staff about the PMH DAIP EQulP Ref: 1.2.1, 1.6.3	6.1 Post DAIP on intranet an internet website	Dec 10	Customer Liaison Service Manager

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

Strategy	Task	Timeline	Responsibility
1. Plan and implement strategies to facilitate and support CAHS compliance with disability legislation EQulP Ref: 3.1.2, 1.6.3	1.1 Develop a 5-year Disability Access and Inclusion Plan with input by relevant stakeholders	Dec 10	Executive Director Nursing and Support Services
	1.2 Review CAHS Disability Advisory Committee to ensure effective representation, efficiency and compliance with disability legislation	Dec 10	Executive Director Nursing and Support Services

Strategy	Task	Timeline	Responsibility
	1.3 Monitor CAHS Disability Advisory Committee to ensure effective representation, efficiency and compliance with disability legislation	Jul 11 Jul 12 Jul 13 Jul 14	Director, Safety, Quality Performance, Manager Customer Liaison Service
2. Evaluate the DAIP Committee EQulP Ref: 3.1.2, 2.2.3, 1.6.3	2.1 Review role and performance of DAIP Committee including: <ul style="list-style-type: none"> • Terms of Reference • Agenda Items • Meeting attendance • Disability Access and Inclusion Implementation Plan (DAIIP) achievements • Each member's contribution to the Committee 	Dec 10 Jul 11 Jul 12 Jul 13 Jul 14	Executive Director Nursing and Support Services and Director, Safety, Quality Performance
3. Promote disability access and inclusion in order to increase awareness and buy-in amongst staff to enable people with disabilities to receive the same level and quality of service as other people receive EQulP Ref: 1.6.3, 2.2.4	3.1 Review existing mechanisms used to provide disability access and inclusion information/education to staff	Jul 11	Coordinator Paediatric Nursing Education, Public Relations Manager
	3.2 Develop and implement mechanisms to improve staff awareness	Jul 12 Jul 13 Jul 14	Coordinator Paediatric Nursing Education, Public Relations Manager in consultation with Corporate Workforce Development
	3.3 Monitor staff awareness	Jul 11 Jul 12 Jul 13 Jul 14	Director Safety Quality Performance in liaison with Paediatric Nursing Education Coordinator Paediatric Nursing Education and

Strategy	Task	Timeline	Responsibility
			Corporate Workforce Development
4. Establish mechanisms to identify the investment in improving services/facilities for people with disabilities EQulP Ref: 3.1.1 , 1.6.3	4.1 Identify the number of home facility modifications implemented related to improving disability access and inclusion, eg, facilities modification/usage	Jul 11 Jul 12 Jul 13 Jul 14	Occupational Therapy Manager
	4.2 Identify investment/expenditure related to improving access and inclusion	Jul 11 Jul 12 Jul 13 Jul 14	All members where feasible
5. Review CAHS systems related to employment to ensure they support recruitment and retention of people with disabilities EQulP Ref: 3.1.1, 1.6.3	5.1 Promote/restate requirement for appropriate inclusion of a reference to disability services issues/responsibilities in Job Description documents	Jul 11	Director, Safety Quality, Performance in liaison with Manager, Workforce Services
	5.2 In conjunction with HCN, review recruitment processes to ensure compliance with and support for Disability Services Act objectives	Jul 11	Director, Safety Quality, Performance in liaison with Manager, Workforce Services
6. Monitor the satisfaction rate of people with disabilities, with PMH services EQulP Ref: 1.6.1, 1.6.3	6.1 Identify specific service areas and mechanisms required to obtain feedback from people with disabilities	Dec 11	Director, Safety Quality, Performance in liaison with Nursing Directors
	6.2 Develop mechanisms to obtain feedback from people with disabilities	Dec 12	Director, Safety Quality, Performance in liaison with Nursing Directors

Strategy	Task	Timeline	Responsibility
	6.3 Implement feedback system	Dec 13	Director, Safety Quality, Performance in liaison with Nursing Directors
	6.4 Respond to areas of improvement identified by feedback mechanisms	Jul 14	Director, Safety Quality, Performance in liaison with Nursing Directors
7. Implement mechanism to improve disability access and inclusion awareness and buy-in amongst staff throughout PMH EQuIP Ref: 3.1.2, 1.6.3	7.1 Implement the establishment of a standing agenda item for Disability Access and Inclusion Matters on all PMH Committees/Sub-Committees/Forums/Working Groups etc as follows: <ul style="list-style-type: none"> • Future public consultation events • Events held where facilities were compliant with the DSC AEC • Feedback from people with disabilities • Improvements to written information, equipment, facilities, etc for people with disabilities • Incidents that did involve or had the potential to involve people with disabilities • Risks identified relating to people with disabilities 	Jul 11	Executive Director Nursing and Support Services
	7.2 PMH Committees/Sub-Committees/Forums/Working Groups etc to report annually on standing agenda item as above	Jul 11 Jul 12 Jul 13 Jul 14	Customer Liaison Service Manager

Outcome Five: People with disabilities have the same opportunities as other people to make complaints to PMH

Strategy	Task	Timeline	Responsibility
1. Evaluate complaint mechanisms for accessibility to people with disabilities EQulP Ref: 1.2.1, 1.6.3, 2.1.3	1.1 Review complaint process to identify possible improvements	Dec 11	Customer Liaison Service Manager
	1.2 Implement mechanism/s to improve access to the complaint system for people with disabilities eg, written, verbal, internet site, fax, text message	Dec 12	Customer Liaison Service Manager
2. Monitor staff feedback and grievance processes for staff in terms of facilitating the needs of staff with disabilities in accordance with intent for non-exclusivity and the principles of natural justice EQulP Ref: 2.1.1 2.2.5, 1.6.3	2.1 Identify issues and implement improvements to address disability issues indicated by staff grievances and other feedback	Jul 11, Jul 12, Jul 13, Jul 14	Manager, Workforce Services

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

Strategy	Task	Timeline	Responsibility
1. Review the representation of people with disabilities on all PMH Committees EQulP Ref: 2.1.1, 1.6.3	1.1 Review PMH Committees to ensure that each committee has a member that 1) either has a disability or 2) has personal on-going interaction with people with disabilities	Jul 11	Executive Director Nursing and Patient Support Services
2. Implement a mechanism to ensure that people with disabilities contribute to PMH public consultations EQulP Ref: 1.6.3, 1.2.1	2.1 Identify PMH forums, events, etc requiring public consultation	Jul 11 Jul 12 Jul 13 Jul 14	All Committee members

	2.2 Identify possible improvements to the public consultation process for people with disabilities, from anecdotal evidence, formal feedback, application of checklists/guidelines	Dec 11 Dec 14	All Committee members
	2.3 Implement improvements to the public consultation process for people with disabilities	Jul 12 Jul 14	All Committee members

Queries and Feedback

Employees who have questions are to contact their managers, supervisors or their local Disability Access and Inclusion Coordinator.

Managers and supervisors with queries should contact their local Disability Access and Inclusion Coordinators.

A list of Disabilities Access and Inclusion Services Coordinators can be obtained by contacting the Policy Officer by email at policyofficer@health.wa.gov.au

Consumer may provide feedback via the Child and Adolescent Health Service (CAHS) website: <http://cahs.health.wa.gov.au>

Version Control

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