

Disability Access and Inclusion Plan 2007 - 2012



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Copies of the DAIP will be made available on request in alternative formats including electronic format, hardcopy in both standard and large print and audio format.

DISABILITY ACCESS AND INCLUSION PLAN – AN OVERVIEW

Since 1995, the West Australian Disability Services Act (1993) has required all public authorities in Western Australia to have a Disability Services Plan (DSP). An amendment to the Act in 2004 brought about a number of changes to this requirement, including a change of name to the Disability Access and Inclusion Plan (DAIP).

The purpose of the DAIP is to ensure that people with disabilities can access all information, services and facilities provided by State Government authorities in Western Australia.

King Edward Memorial Hospital, as part of the newly-formed Women and Newborn Health Service, is committed to ensuring that people with disabilities, their carers and families can access all services provided by the health service and its agents and contractors.

ABOUT KING EDWARD MEMORIAL HOSPITAL AND 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 Area 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). Following the demerger of WCHS, WNHS continues to deliver first class health care to women and infants in WA, with dedicated staff and best practises based on current evidence based medicine.

The newly formed WNHS incorporates KEMH, the WA Cervical Cancer Prevention Program, BreastScreen WA and the Sexual Assault Resource Centre. In June 2007, WNHS opened the new Mother and Baby Unit, located at KEMH. This specialist unit provides a comprehensive inpatient service for women suffering postnatal psychiatric disorders such as depression, anxiety, bi-polar disorder and schizophrenia.

KEMH is the State's only tertiary maternity and gynaecological hospital and treated its first patients in 1916. In 2006 there were 5512 births at KEMH. It is anticipated there will be approximately 5500-6000 births for the year ending 2007. KEMH is WA's only major referral centre for high-risk pregnancies, incorporating a state-of-the-art 80 bed Special Care Nursery, as well as 25 beds at PMH designed to care for premature and sick infants.

The WNHS also cares for approximately 5000 women with gynaecological conditions each year - from urological and cancer related problems to sexually transmitted diseases and reproductive disorders.

SERVICES PROVIDED AND CORE ACTIVITIES

Allied Health

Aboriginal Liaison Service
Language Services
Library and Information Services
Nutrition and Dietetics
Occupational Therapy
Pastoral Care Unit
Physiotherapy Department
Social Work

Auxiliary Services

KEMH Volunteers
WIRF Volunteers

Clinical Education and Training

Allied Health Education
Basic Obstetric Ultrasound
Diabetes and Pregnancy-Diabetes Service KEMH
Hospital Liaison GP KEMH
Medical Postgraduate Education
Neonatology Nursing Education
Nursing and Midwifery Education
Medical Specialist Outreach Program

Imaging

Radiology
Ultrasound

Medical Support

Clinical Research and Education
Medical Technology
Pathology
Patient Information Systems
Physical Resources Department

Neonatology

Home Visiting Nurse Service
Neonatal Follow up Program
Paediatric Clinics
Prem Milk Bank
Special Care Nurseries
Western Australian Neonatal Transport Service

Obstetrics and Gynaecology

Adult Special Care unit
Anaesthetic Department
Antenatal Chemical Dependency Service
Antenatal Clinic
Colposcopy Service
Day Surgery Unit
Emergency Centre
Family Birth Centre
Labour and Birth Suite
Maternal Fetal Assessment Unit
Menopause Service
Oncology Service
Pain Clinic
Parent Education
Perinatal Loss Service
Perinatal Mental Health
Private Patient Incentive
Sexual Health Clinic Service
Theatres / HSSD
Thrombosis and Women's Health Clinic
Urogynaecology Clinic
Visiting Midwifery Service
Wards 3, 4, 5 and 6

Pathology

Clinical Biochemistry
Cytogenetics
Haematology
Histopathology
Microbiology

Psychological Medicine

Department of Psychological Medicine for Women
Mother Baby Unit
Sexual Assault Resource Centre
State Perinatal Reference Group

Research at KEMH

Birth Defects Registry
Breast Feeding Centre WA
Maternal Fetal Medicine Service of WA
Twin to Twin Transfusion Syndrome
Women and Infants Research Foundation

Research Resources

Ethics Committee
Library and Information Services

Statewide Services

(WA) Medical Museum
Biochemistry, Clinical
BreastScreen WA
Cytogenetics
Ethics Committee
Genetic Services WA
Gynaecological Histopathology and Cytopathology
Health Information Resource Service (HIRS)
HIV Service for HIV Positive Pregnant Women
Medical Technology Management Unit
Microbiology
Neonatal Follow-Up Service
Paediatric and Perinatal Pathology
Perinatal Loss Service
State wide Obstetric Support Unit

WNHS Vision, Mission and Values

The current Vision, Mission, Values and Key Goals are those of the Women and Children's Health Service (WCHS). A new WNHS Vision, Mission and Values statement will be created in the next 12 months.

Vision

All women and children of Western Australia will have access to the highest quality health services.

Mission

To provide a state wide health service for women and children which is supported by clinical research and education, and promotes the wellbeing of the community.

To advocate on health issues on behalf of the women and children of Western Australia.

To provide an environment and culture of care and protection for children and young people.

Values

- **Excellence** in the provision of care for the women and children of WA.

- **Honesty** in communication, seeking mutual understanding and acting with integrity at all times.
- **Respect** for each other, the patients, their families and the community by preserving individual dignity and supporting the right of all to make choices.
- **Caring** by listening, showing kindness, compassion and understanding, support and loyalty.
- **Teamwork** by involving the patient and family in care, cooperation of team members and effective communication.

WNHS KEY GOAL AREAS

1. To support improved delivery of cost effective state wide women's and children's health care services in collaboration with service providers.
2. To develop and support strategies which provide an environment of culture and care and protection for children and young people.
3. To foster and integrate a culture of clinical and corporate governance to ensure the best possible outcomes for patients.
4. To improve education services to ensure that current and future health care providers have the appropriate skills and knowledge.
5. To support research that ensures the provision of evidence-based health services.
6. To introduce appropriate technologies and procedures that facilitates best practice clinical care and management of the organisation.
7. To foster an organisational culture where staff feel supported and valued.
8. To establish and maintain an environment for patients and staff which minimises risk and emphasises safety and quality as the norm.
9. To develop and support strategies which emphasise the promotion of good health and prevention of illness.
10. To build and maintain the confidence of GPs, other service providers and the community in the quality and integrity of our services.
11. To work with other service providers in ensuring a smooth transition for our adolescent patients from WCHS to adult services.

DISABILITY ACCESS AND INCLUSION PLAN (DAIP)

Introduction

King Edward Memorial Hospital (KEMH) recognises that people with disabilities are valued members of the community who make contributions to social, economic and cultural life.

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

To demonstrate this commitment KEMH has developed this DAIP in accordance with the Disability Services Act 1993 (as amended 2004). This DAIP is applicable to all facilities and services of KEMH, including those provided by its agents and contractors.

Aim

The aim of the King Edward Memorial Hospital DAIP is to ensure that people with disabilities, their carers, families and representatives can access the services provided by KEMH and its agents and contractors.

Objectives

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

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.

KEMH is also committed to ensuring that employment programs and practices are in place to achieve equality of employment opportunity for people with disabilities.

DISABILITY – AN OVERVIEW

Definitions of Disability

“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 Western Australian Disability Services Act (1993) defines a disability as a functional deficit that:

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

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

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

DISABILITY IN WESTERN AUSTRALIA

Disability affects one third of the Western Australian population.

An estimated total of 405,500 Western Australians have disabilities (20.6 percent of the total population). An estimated 246,800 Western Australians are carers for people with disabilities (12.6 percent of the total population). One in every 17 Western Australians aged 15 and over (91,600 people) has a disability or is a carer of a person with a disability.

Of the 405,500 Western Australians with disabilities, 115,800 people have profound or severe core activity limitation. 71,600 of these are under 65 years of age. Profound limitation refers to when a person is unable to do or always requires assistance with a core activity task. Severe limitation refers to when a person sometimes needs help with a core activity task; or has difficulty understanding or being understood by family or friends or can communicate more easily using non-spoken forms of communication.

TRENDS IN DISABILITY

Disability in 1998 and 2003

- The Australian Bureau of Statistics (ABS) conducts regular surveys on disabilities to report the extent of disability in Australia, the need for support and the adequacy of support, and the contribution of informal care.
- The ABS reports that for disability in Western Australia the age-specific rates show no significant differences over the five year period from 1998 to 2003. The increase in numbers is entirely a result of population increase and an aging population.
- For Western Australians of all ages the estimated number of people with disabilities has increased from 355,500 in 1998 to 405,500 in 2003. The estimated number of people with profound or severe core activity limitation has increased from 101,400 in 1998 to 115,800 in 2003.
- For Western Australians aged under 65 years the estimated number of people with disabilities has increased from 249,000 in 1998 to 283,200 in 2003. The estimated number of people with profound or severe core activity limitation has increased from 62,400 in 1998 to 71,600 in 2003.

Disability Projections: 2006-2026

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

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

Age Group	2006	2026	Overall % Increase	Annual Rate of Increase
Aged under 65 years	297,600	351,200	18.0	0.8
Aged 65 years and over	136,700	294,800	115.7	3.9
State population	2,032,800	2,522,300	24.0	1.1

- Over the 20 year period from 2006-2026 most of the increase in the numbers of Western Australians with disabilities will be a result of population ageing.
- The number of older Western Australians with disabilities will increase substantially as the 'baby boomers' move into age groups in which disability is more prevalent. There will be an overall increase of 115.7 percent from 136,700 in 2006 to 294,800 in 2026.
- The overall increase for those aged under 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.

Sources:

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

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

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

Disability Services Commission. (2005). *Types of disability*. Perth, WA: Disability Services Commission. Retrieved December 2005 from <http://www.dsc.wa.gov.au/default.aspx?et=2&ei=295&subSiteID=48>

LEGISLATIVE REQUIREMENTS

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

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

LEGISLATIVE BASE

King Edward Memorial Hospital is required to develop, implement and monitor a Disability Access and Inclusion Plan in compliance with the Disability Services Act 1993. The principles to be endorsed by the implementation of a Disability Access and Inclusion Plan are:

1. People with disabilities are individuals who have the inherent right to respect for their human worth and dignity.
2. People with disabilities, whatever the origin, nature, type or degree of disability, have the same basic human rights as other members of society and should be enabled to exercise those basic human rights.
3. People with disabilities have the same rights as other members of society to realise their individual capacities for physical, social, emotional, intellectual and spiritual development.
4. People with disabilities have the same right as other members of society to services that will support their attaining a reasonable quality of life in a way that also recognises the role of the family unit.
5. People with disabilities have the same right as other members of society to participate in, direct and implement the decisions which affect their lives.
6. People with disabilities have the same right as other members of society to receive services in a manner which results in the least restriction of their rights and opportunities.
7. People with disabilities have the same right as other members of society to pursue any grievance concerning services.
8. People with disabilities have the right to access the type of services and supports they believe are most appropriate to meet their needs.
9. People with disabilities who reside in rural and regional areas have a right, as far as is reasonable to expect, to have access to similar services provided to people with disabilities who reside in the metropolitan area.
10. People with disabilities have a right to an environment free from neglect, abuse, intimidation and exploitation

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

ADDITIONAL SIGNIFICANT LEGISLATION

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

RELATED RESOURCE DOCUMENTS

Disability Services Commission (DSC)

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

Department of Health (DoH)

Equal Opportunity Policy
Flexible Work Practices Policy
Grievance Resolution Policy
Equal Opportunity & Diversity Management Plan
Disability Access and Inclusion Policy

Department of Premier and Cabinet - Premier's Circulars

2002/01: Equity and Diversity Plan 2001-2005
2002/14: Web Sites Standards
2002/15: Funding and Purchasing Agreements with the Not-For-Profit Sector
2003/08: State Government Access Guidelines for Information, services and Facilities

State Supply Commission

Guidelines on Buying Wisely to Ensure Access for People with Disabilities

STANDARDS

The outcomes of the Disability Access and Inclusion Plan are integrated with the standards and guidelines for the Australian Council on HealthCare Standards Evaluation and Quality Improvement Program (EQUIP 4).

RESPONSIBILITY

- Responsibility for overall coordination of DAIP activities – Manager, Customer Service Unit.
- Accountability for particular actions under the DAIP Implementation Plan – Executive Directors and Heads of Department.
- Consultation, guidance and support for management and monitoring of the DAIP – Diversity Management Group (DMG).

The DMG will be formed to assist in the implementation and ongoing monitoring process and is comprised of key stakeholders. External stakeholders, including people with disabilities or representatives from their support organisations, are invited to attend meetings where particular disability and needs are to be considered.

The areas represented by the key stakeholders include:

Allied Health

Ambulatory Services

Customer Service Unit

Finance

Human Resources

Midwifery and Nursing

Occupational Health and Safety

Physical Resources

Web Services

Invitation for a representative from the Community Advisory Council

The King Edward Memorial Hospital, Diversity Management Group will undertake, as appropriate:

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

IMPLEMENTATION STRATEGIES

- The availability of the King Edward Memorial Hospital DAIP will initially be publicised through Hospital and Health Service Newsletters.
- KEMH Executive and Management will advise staff of the DAIP.
- Agents and contractors of King Edward Memorial Hospital will be advised of the DAIP and its requirements.
- Patients, families, and carers will access information via patient information booklets, customer service charters and inquiry points at KEMH.
- Copies of the DAIP will be forwarded to disability service organisations, local government authorities and consumer groups, metropolitan and rural Aboriginal Health Services, multicultural and other appropriate groups.
- Copies of the DAIP will be made available on request in alternative formats

(including electronic format, hardcopy in both standard and large print and audio format).

- Printed copies of the DAIP and related information will conform to the DSC – Access Guidelines for People with Disabilities.
- A notice will be placed in a Statewide newspaper about the availability of the DAIP.
- A copy of the DAIP will be available on the KEMH Intranet site.
- A copy of the DAIP will be available on the KEMH Internet site.
- A copy will be available in the KEMH library and Customer Service Unit.

CONSULTATION PROCESS

KEMH has consulted with the general community and external organisations that support people with disabilities to develop its Disability Access and Inclusion Plan. Ongoing consultation will be undertaken to implement and maintain the DAIP.

Community Consultation

- An advertising campaign was developed to advise the community that the Department of Health (DoH) was developing a DAIP to address the barriers that people with disabilities, their carers and families experience in accessing information, services and facilities in the health service. The campaign included an advertisement in the West Australian on 10/12/06 and radio announcements. The campaign invited feedback from the community. The feedback relevant to KEMH was then collated and considered for inclusion in the DAIP implementation plan.
- The KEMH website carried a link to a notice requesting feedback from community members.
- All KEMH contractors were advised of the new DAIP requirements.
- The DAIP was reviewed by the KEMH Community Advisory Council Chairperson.
- A number of community agencies, who provide services to people with disabilities, their carers and families, were contacted and asked for feedback. These agencies included:

ACROD (WA Division)
Activ Foundation Inc
Cerebral Palsy Association of WA Ltd
Commonwealth Rehabilitation Service
Developmental Disability Council of WA
Health Consumers Council
Multiple Sclerosis Society of WA Inc
People with Disabilities (WA)
The Association of the Blind
Women with Disability (WA)

Staff Consultation

- Previous KEMH Disability Services Plans were reviewed to ascertain what had been achieved and to identify areas for further work.

- Individual meetings were held with relevant Executive to obtain feedback on the Plan.
- A global email was sent to all Heads of Department requesting that feedback be obtained from their staff in relation to the Plan.

FINDINGS OF THE CONSULTATION

The review and consultation found that the majority of the objectives in the existing King Edward Memorial Hospital DSP had been achieved. In addition, there had been a number of new initiatives at KEMH 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 would be addressed in the new DAIP Implementation Plan.

REVIEW AND EVALUATION MECHANISMS

- There will be an annual review of the Plan and its objectives.
- The review will be coordinated by the Manager, CSU on behalf of the DGM and will be presented by the Chairperson of the DGM to the Executive Director WNHS.

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.

KEMH 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:

- 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.

STRATEGIES TO IMPROVE ACCESS AND INCLUSION

The following strategies have been developed, as a result of the consultation process and will guide tasks, reflected in the Implementation Plan, that KEMH will undertake from 2006-2010 to improve access to its facilities, services and information to people with disabilities.

The six desired outcomes provide a framework for achieving this access.

Outcome 1

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

STRATEGY	TIMELINE
Establish a Diversity Management Group to guide the implementation and ongoing review of the Disability Access and Inclusion Plan.	December 2007
Ensure that the objectives of the DAIP are incorporated into KEMH strategic business planning, budgeting processes and any other relevant plans and/or strategies.	December 2007
Ensure that people with disabilities are provided with opportunity to comment on access to KEMH services.	December 2007
Review and evaluate the DAIP to ensure that it supports ongoing equitable access to services by people with disabilities throughout the continuum of care.	Annually
Ensure that KEMH staff, agents and contractors are aware of the relevant requirements of the DAIP.	July 2007
Ensure that events organised by KEMH are accessible to people with disabilities.	Ongoing

Outcome 2

People with disabilities have the same opportunities as other people to access the buildings and other facilities of KEMH.

STRATEGY	TIMELINE
Ensure that all KEMH buildings and facilities are physically accessible to people with disabilities.	July 2008
Ensure that all new or redevelopment work within KEMH provides access to people with disabilities as required.	Ongoing
To provide information regarding accessibility of buildings and facilities to people with disabilities.	Ongoing
Ensure signage is accessible to people with disabilities.	July 2009

Outcome 3

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

STRATEGY	TIMELINE
Ensure that documentation regarding KEMH services and facilities uses clear and concise language and is available in alternative formats upon request where appropriate.	Ongoing
Improve community awareness that information is available in alternative formats where appropriate.	Ongoing
Improve staff awareness of accessible information needs and how to obtain information in other formats.	December 2007
Ensure that the KEMH website addresses the needs of people with disabilities.	Ongoing
Ensure that communication aids are available where required.	Ongoing

Outcome 4

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

STRATEGY	TIMELINE
Increase staff awareness of disability and access issues.	Ongoing
Identify and develop an awareness of disability issues for staff through JDFs, recruitment, selection and performance management processes.	Ongoing
Provide ongoing disability awareness training for staff.	Ongoing

Outcome 5

People with disabilities have the same opportunities as other people to make complaints to KEMH.

STRATEGY	TIMELINE
Ensure that people with disabilities are informed about the complaint process.	July 2008 and ongoing
Ensure that the complaint mechanism is accessible to people with disabilities and that communication aids are available where required.	July 2008 and ongoing
Ensure staff knowledge of how to facilitate the receipt of complaints from people with a disability.	Ongoing
Ensure all complaints are registered, recorded and responded to in a way that is accessible to people with disabilities.	July 2007 and ongoing

Outcome 6

People with disabilities have the same opportunities as other people to participate in public consultation by KEMH.

STRATEGY	TIMELINE
Ensure that people with disabilities are informed of planned public forums and consultative processes.	Ongoing
Ensure that public forums are accessible for people with disabilities.	December 2007 and ongoing
Seek views on disability and access from people with disabilities and from the community.	December 2007 and ongoing
Ensure access for people with disabilities to established consultative processes of KEMH i.e. Community Advisory Council.	Ongoing
Ensure that people with disabilities are included in service review and planning.	Ongoing

IMPLEMENTATION PLAN

The Implementation Plan will identify and prioritise what KEMH will be undertaking in 2006-2007, to improve access to its services, information and facilities for people with disabilities.

The Implementation Plan is presented using a table to outline:

- The broad strategies that the individual tasks are supporting
- Individual tasks being undertaken;
- A timeline for completion of the individual tasks
- The officer position with responsibility for completing the tasks

As outlined in the KEMH DAIP, many of the strategies will not be completed in 2006-2007. However, individual tasks may well be undertaken in part or whole in 2006-2007.

Broad strategies that will not be achieved in 2006-2007 will be identified and supported by tasks outlined in future Implementation Plans.

STRATEGIES TO IMPROVE ACCESS AND INCLUSION

Key to abbreviations:

CAC – Community Advisory Council

CSU – Customer Service Unit

DMG – Diversity Management Group

DSA – Disability Services Act

DSC – Disability Services Commission

DAIP – Disability Access and Inclusion Plan

HOD – Head of Department

KEMH – King Edward Memorial Hospital

JDF – Job Description Form

TTY – Telephone Typewriter

Outcome 1

People with disabilities have the same opportunities as other people to access the services of, and any events organised by, King Edward Memorial Hospital.

Strategy	Task	Timeline	Responsibility
Establish a Diversity Management Group to guide the implementation and ongoing review of the Disability Access and Inclusion Plan.	<ul style="list-style-type: none"> • Identify key stakeholders and interested parties to sit on the DMG. • Establish Terms of Reference for the DMG. • Chairperson of the DMG to provide copies of the DAIP to Executive members and Heads of Department. • The DMG to review the DAIP Implementation Plan on an annual basis. • Invite membership from CAC 	<p>December 2007</p> <p>December 2007</p> <p>Annually</p> <p>Annually</p> <p>December 2007</p>	<p>CSU</p> <p>CSU</p> <p>DMG</p> <p>DMG</p> <p>CSU</p>
Ensure that the objectives of the DAIP are incorporated into KEMH strategic business planning, budgeting processes and any other relevant plans and/or strategies.	<ul style="list-style-type: none"> • Copies of the DAIP to be forwarded to Executive members and Heads of Department. • Executive and Heads of Department to provide feedback on an annual basis to the Chairperson of the DMG regarding outcomes in relation to the Implementation Plan. • CSU Manager to coordinate an annual review of the DAIP, with DMG support/input. • Incorporate the objectives of the DAIP into strategic planning and other KEMH policies. 	<p>December 2007</p> <p>Annually</p> <p>Annually</p> <p>Ongoing</p>	<p>CSU</p> <p>Executive and HODs</p> <p>CSU</p> <p>Executive and HODs</p>
Ensure that people with disabilities are provided with opportunity to comment on access to KEMH services.	<ul style="list-style-type: none"> • KEMH Internet site to provide a link to the DAIP and a process for community feedback. • Chairperson of the DMG to liaise with appropriate parties who are developing and implementing evaluation activities, to increase 	<p>December 2007</p> <p>Ongoing</p>	<p>Web Services</p> <p>DMG</p>

	their awareness of the requirements of people with disabilities.		
Review and evaluate the DAIP to ensure that it supports ongoing equitable access to services by people with disabilities throughout the continuum of care.	<ul style="list-style-type: none"> Incorporate the objectives of the DAIP into strategic planning and other KEMH policies developed or reviewed. 	Ongoing	Executive and HODs
Ensure that KEMH staff, agents and contractors are aware of the relevant requirements of the DAIP.	<ul style="list-style-type: none"> All KEMH agents and contractors to be notified in writing regarding the requirements of the DAIP. 	July 2007	CSU
	<ul style="list-style-type: none"> Copies of the DAIP to be sent to Executive members and Heads of Department for distribution to staff. 	July 2007	CSU
Ensure that events organised by KEMH are accessible to people with disabilities.	<ul style="list-style-type: none"> Ensure that all events are planned using DSC's Accessible Events checklist where appropriate. Make the Accessible Events checklist available to staff via a link on the KEMH Intranet. 	Ongoing	All areas
		December 2007	Web Services

Outcome 2

People with disabilities have the same opportunities as other people to access the buildings and other facilities of King Edward Memorial Hospital.

Strategy	Task	Timeline	Responsibility
Ensure that all KEMH buildings and facilities are physically accessible to people with disabilities.	<ul style="list-style-type: none"> • Review current Disability Access Audit and identify barriers that have not been addressed. • Prioritise and make submissions to rectify identified barriers. • Identify access complaints to support submission. 	July 2008 December 2008 December 2008	Physical Resources Physical Resources CSU
Ensure that all new or redevelopment work within KEMH provides access to people with disabilities as required.	<ul style="list-style-type: none"> • Chairperson of the DMG in consultation with Infrastructure Support to review proposals for redevelopment and new work projects. • Apply the Building Code of Australia, Australian Standards on Access (mandatory and recommended). • Include appropriate specifications in tender documents. 	Ongoing Ongoing Ongoing	DMG Physical Resources Physical Resources
To provide information regarding accessibility of buildings and facilities to people with disabilities.	<ul style="list-style-type: none"> • Identify location of accessible buildings and facilities e.g. ACROD parking and toilet for people with a disability, on new customer information brochures, Internet, site maps etc. • Review of existing customer information to ensure that it identifies the location of accessible buildings and facilities. 	Ongoing Ongoing	PubCom All areas
Ensure signage is accessible to people with disabilities.	<ul style="list-style-type: none"> • Audit current KEMH signage. • Identify areas for improvement in relation to signage. • Prioritise and make submissions to relevant Executive members to rectify identified barriers. 	July 2007 December 2007 July 2008	Physical Resources Physical Resources Physical Resources

Outcome 3

People with disabilities receive information from King Edward Memorial Hospital in a format that will enable them to access the information, as readily as other people are able to access it.

Strategy	Task	Timeline	Responsibility
Ensure that documentation regarding KEMH services and facilities uses clear and concise language and is available in alternative formats upon request where appropriate.	<ul style="list-style-type: none"> • Ensure that public documents carry a notation regarding their availability in alternative formats where appropriate. • Advise all KEMH staff of the minimum requirements. 	Ongoing	All areas
Improve community awareness that information is available in alternative formats where appropriate.	<ul style="list-style-type: none"> • All customer related information to be made available in alternative formats upon request where appropriate. 	Ongoing	All areas
Improve staff awareness of accessible information needs and how to obtain information in other formats.	<ul style="list-style-type: none"> • Ensure that a link to DSC's Accessible Information guidelines is available on the Intranet. 	December 2007	Web Services
Ensure that the KEMH website addresses the needs of people with disabilities.	<ul style="list-style-type: none"> • All customer related information needs to be made available in alternative formats upon request. 	Ongoing	Web Services
Ensure that communication aids are available where required.	<ul style="list-style-type: none"> • Provide access where appropriate to volume-controlled telephone and TTY (telephone typewriter). • Inform staff of the process to obtain and use communication aids. • Information on community events to be published on the website where possible. 	Ongoing	All areas HODs Web Services Public Relations

Outcome 4

People with disabilities receive the same level and quality of service from the staff of King Edward Memorial Hospital as other people receive from staff.

Strategy	Task	Timeline	Responsibility
Increase staff awareness of disability and access issues.	<ul style="list-style-type: none"> Provide information and training to staff on disability and access issues through staff induction and staff newsletters. 	Ongoing	Human Resources Public Relations
Identify and develop an awareness of disability issues for staff through JDF's, recruitment, selection and performance management processes.	<ul style="list-style-type: none"> Include reference to DSA 1993 (as amended 2004) in JDF's (selection criteria) where appropriate. 	Ongoing	Human Resources HODs
Provide ongoing disability awareness training for staff.	<ul style="list-style-type: none"> Ongoing training with staff. 	Ongoing	Human Resources in conjunction with CSU

Outcome 5

People with disabilities have the same opportunities as other people to make complaints to King Edward Memorial Hospital.

Strategy	Task	Timeline	Responsibility
Ensure that people with disabilities are informed about the complaint process.	<ul style="list-style-type: none"> • Staff involved in customer complaint process are made aware of the communication and physical environment requirements of people with disabilities. • CSU webpage on the website is accessible to people with disabilities. 	Ongoing July 2008	HODs Web Services
Ensure that the complaint mechanism is accessible to people with disabilities and that communication aids are available where required.	<ul style="list-style-type: none"> • Customers are informed of the complaints procedure where appropriate. • Ensure that a link to DSC's Accessible Information guidelines are available on the Intranet. 	Ongoing December 2007	All areas Web Services
Ensure staff knowledge of how to facilitate the receipt of complaints from people with a disability.	<ul style="list-style-type: none"> • Ensure that staff provide all customers with information about the complaint process where appropriate. 	Ongoing	All areas
Ensure all complaints are registered, recorded and responded to in a way that is accessible to people with disabilities.	<ul style="list-style-type: none"> • Provide methods to allow customers to submit their complaints verbally, through a third party or in writing. • Develop an Intranet and Internet site that informs customers of the complaint process and how to make a complaint to KEMH. 	Ongoing July 2007	All areas Web Services

Outcome 6

People with disabilities have the same opportunities as other people to participate in any public consultation by King Edward Memorial Hospital.

Strategy	Task	Timeline	Responsibility
Ensure that people with disabilities are informed of planned public forums and consultative processes.	<ul style="list-style-type: none"> Information on public forums to be posted on the Internet where appropriate. 	Ongoing	Public Relations
	<ul style="list-style-type: none"> CAC to be consulted on any community programs/initiatives. 	Ongoing	All areas
Ensure that public forums are accessible for people with disabilities.	<ul style="list-style-type: none"> Ensure that events are planned using the DSC's Accessible Events checklist where appropriate. 	Ongoing	All areas
	<ul style="list-style-type: none"> Ensure that a link to DSC's Accessible Events checklist is available to staff on the KEMH Intranet. 	December 2007	Web Services
	<ul style="list-style-type: none"> Conduct public forums in accessible venues. 	Ongoing	All areas
Seek views on disability and access from people with disabilities and from the community.	<ul style="list-style-type: none"> Internet to provide a link to the KEMH DAIP, including a feedback mechanism for community members. 	December 2007	Web Services
Ensure access for people with disabilities to established consultative processes of KEMH i.e. Community Advisory Council.	<ul style="list-style-type: none"> Advertise opportunities to participate in public consultation giving consideration to the communication requirements of people with disabilities. 	Ongoing	Public Relations Project Coordinators
Ensure that people with disabilities are included in service review and planning.	<ul style="list-style-type: none"> DMG and CAC to review relevant plans in relation to service development and change. 	Ongoing	DMG CAC

APPENDIX I

PROGRESS SINCE KEMH DISABILITY SERVICES PLAN IN JULY 2006

Outcome 1

KEMH continue to provide a TTY phone for customers in the front foyer of the hospital as well as a portable TTY phone that can be wheeled to the bedside.

The Occupational Therapy team at KEMH continue to provide functional assessments, home visits, and education/advice on home modifications, to ensure that patients' with a disability will be safe following discharge.

Outcome 2

The new Mother and Baby Unit at KEMH has fully accessible facilities for people with disabilities, including treatment rooms, consulting rooms and toilets.

The new Sexual Assault Resource Centre (SARC) building has fully accessible facilities for people with disabilities, including treatment rooms, consulting rooms and toilets.

The new premises for Mediation and Legal Support Services has a purpose-built reception area, which was designed to ensure that customers in a wheelchair could have face to face interaction with staff.

The doorbell at the Centenary Clinic at KEMH has been moved to wheelchair height.

A designated wheelchair space has been created in the waiting room at Centenary Clinic at KEMH. Signage has been provided to indicate the latter.

The Maternal Fetal Assessment Unit (MFAU) has redesigned their reception desk so that it is easily accessible for customers in a wheelchair.

The Hensman Road staff carpark is being made available to KEMH customers; this carpark has one ACROD bay.

Outcome 3

In 2006-2007 KEMH undertook a recruitment campaign for their Community Advisory Council (CAC). A revision of the application process insured that applicants could respond to the criteria verbally as well as in writing.

The Outpatient appointment cards for the Gynaecology Clinic at KEMH have been reviewed. The appointment cards now prompt patients to contact the receptionist to alert them of any special needs they may have in relation to accessing the appointment.

The Occupational Therapy team at KEMH continue to develop resources for gynaecological and obstetric patients with a disability.

BreastScreen WA (BSWA) has recently updated their brochure entitled 'Women with disabilities, Information on Access'. BSWA has also presented screening information to women with a hearing impairment.

In re-developing the internet site, following the demerger from PMH, KEMH will ensure that the new design meets the disability accessible standards as set down by the Office of e-Government,

Outcome 4

KEMH continue to review and conduct disability awareness sessions for staff.

Outcome 5

The Customer Service Unit (CSU) has recently reviewed their complaint process in relation to services provided to people with disabilities. In cases where the complainant has difficulty with the written component of the complaint process, the CSU provide the opportunity for the customer to attend a meeting with senior staff to resolve the complaint.

Outcome 6

KEMH appointed a dedicated Project Officer to develop the hospital's Disability Access and Inclusion Plan (DAIP).

In developing the KEMH Disability Access and Inclusion Plan (DAIP), letters were sent to ten community agencies that provide services to people with disabilities, requesting feedback on how the hospital could improve its services to customers.

APPENDIX II

DISABILITY SERVICES AND INCLUSION PLAN OUTCOMES FOR NMAHS 2006 - 2007

Governing literature

Disability Services Act 1993 s 29(1)

2006-07 submission

The Disability Services Act 1993 was introduced by the State Government to ensure that people with disabilities had the same opportunities as other West Australians. A 2004 amendment to the Act requires the Department of Health to fully develop and implement a Disability Access and Inclusion Plan (DAIP) by July 2007, replacing the Disability Services Plan. In accordance with the Act and with Western Australian public sector policy, the Department of Health is committed to ensuring that all people with disabilities can access services and facilities provided by the Department.

During 2006-07, the Metropolitan Health Service continued to improve its Disability Services Plan through programs and initiatives to meet the Disability Access and Inclusion Plan key outcomes, as listed below.

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.

Sir Charles Gairdner Hospital (SCGH)

Reception counters have been made universally accessible in the areas of Respiratory Medicine, Day Hospital, Occupational Health and Safety, Cardiology and the Cancer Centre.

Universally accessible toilets have been created in the Interventional Neuro/Radiology Suite and the Cancer Centre (a total of three).

King Edward Memorial Hospital (KEMH)

The Hospital continued to provide a Telephone Typewriter (TTY) phone for customers in the front foyer of the hospital as well as a portable TTY phone that can be wheeled to the bedside.

The Occupational Therapy team continued to provide functional assessments, home visits, and education/advice on home modifications, to ensure that patients with a disability will be safe following discharge.

Swan Kalamunda Health Service (SKHS)

A Carers Survey was carried out to determine satisfaction levels in relation to access to services and information, participation in decision-making and involvement in care planning. Results were positive indicating a high level of satisfaction across a broad range of access to service points.

Mental Health Services

All facilities for signage, parking and access to buildings across all 41 service sites in NMAHS Mental Health have been reviewed.

Osborne Park Hospital (OPH)

All points of physical access have been assessed by access consultants, and appropriate recommendations documented and incorporated into the OPH/DoH DAIP. (Refer to Outcome 2)

Public events at OPH are planned using the events checklist to ensure access.

OUTCOME 2

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

Sir Charles Gairdner Hospital

Reception desks incorporating universally accessible counters were created in Respiratory Medicine, the Day Hospital, Occupational Health and Safety, Cardiology, and the Cancer Centre.

Two universally accessible toilets were created in the Interventional Neuro/Radiology Suite, and another was created in the Cancer Centre.

Plans have been completed for another bariatric universally accessible toilet in Ward G41, and for another universally accessible counter within the reception area on the first Floor of G Block.

King Edward Memorial Hospital

The new Mother and Baby Unit has fully accessible facilities for people with disabilities, including treatment rooms, consulting rooms and toilets.

The new Sexual Assault Resource Centre (SARC) building has fully accessible facilities for people with disabilities, including treatment rooms, consulting rooms and toilets.

The new premises for Mediation and Legal Support Services has a purpose-built reception area, which was designed to ensure that customers in a wheelchair could have face-to-face interaction with staff.

The doorbell at the Centenary Clinic has been moved to wheelchair height.

A designated wheelchair space has been created in the waiting room at the Centenary Clinic. Signage has been provided to indicate the latter.

The Maternal Fetal Assessment Unit (MFAU) has redesigned their reception desk so that it is easily accessible for customers in a wheelchair.

The Hensman Road staff carpark is being made available to KEMH customers; this carpark has one ACROD bay.

Swan Kalamunda Health Service

Better hearing bed disks were purchased and distributed to inpatient areas.

Mental Health Services

All facilities for signage, parking and access to buildings across all 41 service sites in NMAHS Mental Health have been reviewed.

Osborne Park Hospital

Accredited access consultants have completed detailed Disability Access Audits and reports, covering of all blocks of Osborne Park Hospital.

- Recommendations regarding access needs have been prioritised across the site, according to DoH Risk Matrix.

- High priority items are awaiting funding to organise indicative costings and business plans.

Two new fire doors have been installed in Ward 4, with improved lever style door handles and linked to automatic fire release.

Accessible toilet door locks and signage regarding their operation have been installed on sliding doors to toilets, following feedback from a community client.

External access/pathways to Osborne Clinic and Lodge are currently being quoted for access improvements.

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.

Sir Charles Gairdner Hospital

Emergency Department and Observation wards were reviewed for data transfer points to maximise the use of portable Telephone Typewriters (TTY) in these areas.

To ensure greater reliability of printed information to meet these needs, the WA Health Access to Information Policy and Guidelines were reviewed and comment provided at Department of Health (DoH) level.

A change of security level at the Day Hospital Reception counter necessitated a review of accessibility to the desk through the glass barrier, for hearing impaired visitors and staff.

A review of WA Deaf Society information was carried out. Feedback from this to DoH has ensured that their information is now available in larger print.

Staff participated in WA Health Diversity Questionnaire.

King Edward Memorial Hospital

The Hospital undertook a recruitment campaign for its Community Advisory Council (CAC). A revision of the application process ensured that applicants could respond to the criteria verbally as well as in writing.

The Outpatient appointment cards for the Gynaecology Clinic have been reviewed. The appointment cards now prompt patients to contact the receptionist to alert them of any special needs they may have in relation to accessing the appointment.

The Occupational Therapy team continues to develop resources for gynaecology and obstetric patients with a disability.

BreastScreen WA (BSWA) has recently updated their brochure entitled 'Women With Disabilities, Information on Access'. BSWA has also presented screening information to women with a hearing impairment.

In redeveloping the internet site, following the demerger from PMH, KEMH will ensure that the new design meets the disability access standards as set down by the Office of e-Government.

Swan Kalamunda Health Service

To improve information around access to services the following material has been improved to promote the use of the national relay service to meet the needs of consumers with hearing and speech impairments; Rights and Responsibilities Pamphlet, Patient Information Booklet and Consumer Feedback poster and forms.

Mental Health Services

All common information provided to consumers has been reviewed and recommendations to align with DAIP standards are being implemented.

Easy to use and comprehensive information on all services has been included in the NMAHS Mental Health Website.

Osborne Park Hospital

New televisions with larger screens and improved sound quality have been installed in the wards, which will assist patients with vision and hearing disabilities.

All publications include a caption offering versions in alternative formats on request.

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.

Sir Charles Gairdner Hospital

The Disability Access and Inclusion Plan was lodged with the Disability Services Commission, ensuring there is a plan for progression of equity of access to services, facilities and information available.

King Edward Memorial Hospital

The Hospital has continued to review and conduct disability awareness sessions for staff.

Swan Kalamunda Health Service

Job Description Forms for all management and supervisory positions are required to have the following *essential* selection criterion: “Current knowledge of legislative obligations for Equal Opportunity, Disability Services and Occupational Safety and Health, and how these impact on employment and service delivery.”

Regular presentations were held on working with disabled people. The sessions were conducted by a training officer from the Disability Services Commission and were open to general hospital staff as part of Swan Kalamunda Corporate Training calendar.

Mental Health Services

A survey of staff understanding of access requirements for various types of disabilities received a high rating. Staff Development will incorporate education of disability access requirements into the future planning of programs.

Osborne Park Hospital

A disability awareness fundraising barbeque was held at OPH in conjunction with the OPH Social Club and Occupational Therapy staff to mark International Disability Day and to raise funds for a disability group.

OPH induction day for new staff includes the showing of a DVD on disability to raise staff awareness. Staff are also made aware that OPH has a community representative with a mobility disability on the OPH Community Advisory Council and the OPH DAIP Reference Group.

OPH DAIP Coordinators regularly attend the DoH DAIP reference group meetings and liaise with other health service and department DAIP Coordinators, as well as the Disability Services Commission.

OUTCOME 5

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

Sir Charles Gairdner Hospital

The SCGH complaints process conforms to the policies and processes established by the Metropolitan Health Service. In cases where the complainant has difficulty with the written component of the complaint process, alternative response mechanisms

are available. For example recorded audio tapes can be produced for patients with vision impairment.

King Edward Memorial Hospital

The Customer Service Unit (CSU) has recently reviewed its complaint process in relation to services provided to people with disabilities. In cases where the complainant has difficulty with the written component of the complaint process, the CSU provides the opportunity for the customer to attend a meeting with senior staff to resolve the complaint.

Swan Kalamunda Health Service

Complaint policies and processes are widely advertised. A range of brochures in various formats is readily available to the public explaining internal and external avenues of complaint to accommodate communication difficulties that may be experienced by people with disabilities.

Mental Health Services

A Complaints & Compliments information brochure has been developed and is available in print and also on the Website.

Osborne Park Hospital

OPH has advertised for community feedback on the six disability outcomes, in conjunction with the DoH DAIP Reference group, via newspaper and radio advertisements, global email, Health's Online Information Intranet (HOLII), internet and direct liaison with key disability groups. Feedback was incorporated into the OPH / DoH DAIP Implementation Plan.

Complaint mechanisms include relevant complaints being regularly reviewed by the OPH Community Advisory Council, which has a community representative with a mobility disability. This person is also a representative on the OPH DAIP reference group.

OUTCOME 6

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

Sir Charles Gairdner Hospital

The Community Advisory Council has had continued membership of a consumer with a disability.

King Edward Memorial Hospital

The Hospital appointed a dedicated Project Officer to develop its Disability Access and Inclusion Plan.

In developing the plan, letters were sent to 10 community agencies that provide services to people with disabilities, requesting feedback on how the hospital could improve its services to customers.

Swan Kalamunda Health Service

Consumer representatives with disabilities have membership of the Community Advisory Council.

Mental Health Services

Members of Consumer Advisory Groups include individuals on disability payments.

Representatives from NMAHS Mental Health Service participated in a whole of health community consultation for development of the 07-10 DAIP plan.

Osborne Park Hospital

Two consumer representatives with a disability are members of the OPH DAIP Reference Group and provide a link to community disability groups.

Name of person responsible: Colleen O'Brien-Malone, SCGH
Contact telephone number: 9346 3454

Name of person responsible: Michelle Maclean, KEMH
Contact telephone number: 9340-1444

Name of person responsible: Hal Boronovskis, SKHS
Contact telephone number: 9347 5588

Name of person responsible: Kim Douglas, OPHP
Contact telephone number: 9346 8066

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