



# Disability access and inclusion at NMHS

Results of community consultation



## What we did

Community consultation with consumers, carers and staff was undertaken in June and July 2022 as part of the development of the NMHS Disability Access and Inclusion Plan (DAIP) 2022-2027.

People could provide feedback using



**Online survey**



**Phone**



**Email**



**Conversation kit**

## Who participated

29

people responded to the survey:

6 **people** with disability

2 **staff** with disability

4 carers or family members

14 others (mostly NMHS staff)

3 **consumer** advocates

**One family** and **two staff groups** also provided feedback



# What people said

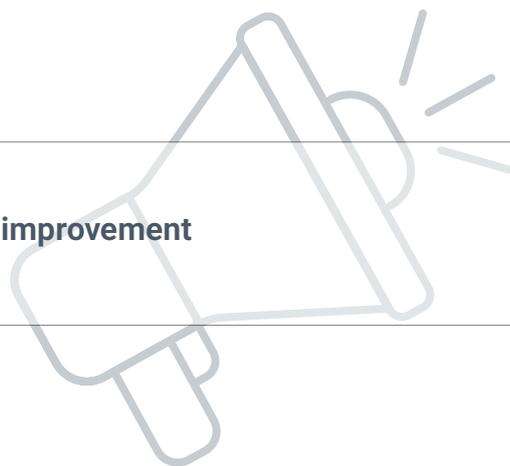
KEY



Comments



Idea for improvement



Comments were grouped into 10 themes.

## Physical access



“When you present to A&E in the current COVID climate the patient and the support person are separated for COVID testing – creates stress and undue worry for patient and support person, patient may give incorrect information to triage staff without support person’s help.”

Ensure the needs of people with disability and their carers are considered in COVID policies and procedures



“I have a mobility issue (can’t walk very far & use a walking stick). I can’t walk from the entrance to the outpatient clinic as the distance is too long.”

Facilitate patient movement between different areas of a hospital campus



“Create a Disability User Group for all projects, redevelopments to assist with disability access. The disability building standards do not always reflect access; they need to be tested by a variety of users, and many of those who use SCGH and OPH have access issues.”

Consult with people with disability for new builds and redevelopments



## Access to bathrooms



“Access to accessible bathrooms is not always available.”

Increase number of accessible toilets



## Physical space and equipment



“There is only one hoist available for the whole hospital with one sling only rated to 100kgs.”



“The benches in EWC at KEMH are too high for those in a wheelchair to be seen.”



“Increased access to hearing devices such as hearing amplifiers. Very high number of patients with severe hearing loss impacts communication and staff feel these tools and devices would greatly assist with access to important health information for this population”

Ensure all spaces are accessible



## Parking



“Ensure that the parking areas enable people with a disability to move between them (with assistance) 7 days a week, eg: the buggys. Have disability parking longer than 15 minutes closer to the hospital rather than in the multi-storey car park.”

Increase accessible parking closer to entry points for longer periods of time



## Service delivery



“Separation between services can create barriers, eg: people with disabilities may need mental health and physical health services involved. Don’t always have integration across services to treat someone as a whole person.”

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Better integrate services to support people with disability



“When your hospital appointment runs over, cost by the hour to the patient’s NDIS plan starts ticking up, which causes stress to the family as they watch the time tick on and the NDIS costs to sit and wait rise by the hour – taxpayer wastage.”

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Look for cost efficiencies for NDIS users



“Recommend creating positions of ‘disability access/liaison coordinator’ who clients could contact for support in navigating health services and ‘disability experts’ who services can consult with.”

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Create a role that supports consumers and staff to navigate the health service and NDIS



“More services in the community, in the home, telehealth, etc.”

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Make use of technology to better meet the needs of people with disability



## Appointments and waiting times



“Appointment times are often just given. Patients should be asked initially what time they would like to have their appointment as not all time slots are suitable (not all disabled people have carers for the entire day and may need support to attend appointments). Always allow a carer to attend with a person who has a disability.”

Ensure the needs of people with disability and their carers are considered in appointment processes



## Information



“Confusing hospital websites that lack clarity on who you should call for surgical waitlist progress, outpatient apt details – even more difficult if you need additional assistance to navigate websites online systems, such as a person using a screen reader.”

Improve website accessibility



“Convert more documents to plain language – this would benefit many patients, not just those with cognitive and other disabilities.”

Ensure written information is easy read/plain language



## Wayfinding



“Clearer signage to know where to go - digital or augmented reality would possible help. App for direction around the hospital could help - you select if you are disabled and it would show you the route to take to access ramps, etc.”

Improve wayfinding



## Communication and customer service



“A lot of switchboard staff speak too fast, flick you on without listening to you and could benefit from access and inclusion, disability awareness training.”

Improve staff understanding of disability access and inclusion



## Staff recruitment and support



“Ask what staff need individually when they identify as having a disability on forms, etc. Some staff may need specific access support. It is very important to have more information available on Sharepoint, not only for people with disabilities but other staff on how to be supportive.”

Improve support provided to staff with disability



## Partnership



“Carers get forgotten about – their needs and input must be valued.”

Increase consumer and carer involvement



“Would love to see recognition of services that are going above and beyond and encouragement of other services to do better.”

Recognise and celebrate best practice



## Next step

NMHS will use this feedback to help draft the NMHS DAIP 2022-2027.

Thank you to everyone who participated in the consultation process.

Any questions can be directed to Lanny Hoskin, Safety and Quality Coordinator, at [NMHS.SQGCE@health.wa.gov.au](mailto:NMHS.SQGCE@health.wa.gov.au)



NSQHS Standard 2  
Partnering with consumers

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