

Annual Accessibility Plan
For
St. Thomas Elgin General Hospital
September 30, 2003 – March 31, 2005

Submitted to:
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V.P. People & Hospitality

Prepared by:
Accessibility Planning Working Group

This publication is available on STEGHnet.

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Executive Summary

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

This is the first annual plan (2003-2004) prepared by the Accessibility Working Group of St. Thomas Elgin General Hospital (hereinafter referred to as "STEGH"). The plan describes: (1) the measures that STEGH has taken in the past, and (2) the measures that STEGH will take during the next two years to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of STEGH, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

This year, STEGH committed itself to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of persons with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

The Accessibility Working Group identified 23 barriers to persons with disabilities in its initial assessment. The most significant findings relate to the design and construction of the facility which was built in 1954, and the barriers that were inherent in the design of 50 years ago when accessibility needs were not anticipated. Over the next several years, the Accessibility Working Group recommends focusing on the removal of these barriers.

In September 2002, a Master Plan was submitted to the Ministry of Health and Long Term Care which identifies different phases to upgrade the entire hospital. We are still waiting for approval from the Ministry. The accessibility plans we have identified in this document recognizes the direction the hospital is taking with its master planning. The hospital relies on Ministry of Health and Long Term Care for its funding of operational and capital projects. Hospitals are underfunded and we require the financial support of the Provincial and Federal governments to ensure we have a viable hospital.

1. Aim

This plan describes: (1) the measures that STEGH has taken in the past, and (2) the measures that STEGH will take during the next several years (2003/4 – 2004/5) to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

2. Objectives

This Plan:

1. Describes the process by which STEGH will identify, remove and prevent barriers to people with disabilities.
2. Reviews efforts at STEGH to remove and prevent barriers to people with disabilities over the past year.
3. List the by-laws, policies, programs, practices and services that STEGH will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures STEGH will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes how STEGH will make this accessibility plan available to the public.

3. Description of STEGH

The St. Thomas-Elgin General Hospital (STEGH) is a progressive, fully accredited community hospital providing comprehensive 24 hour coverage in Medicine, Surgery, Obstetrics, Paediatrics, Anaesthesia, Emergency and Family Medicine. STEGH employs over 850 staff and benefits from the generous contribution of more than 250 Auxiliary members and volunteers. We are a community hospital training centre of the University of Western Ontario and Fanshawe College providing clinical experience for physicians and nurses.

Our 168 bed facility consists of 109 Active, 49 Complex Continuing Care, and 10 Rehabilitation beds. As the only full-service hospital in Elgin County, all except specialized medical services are provided here. We are committed to excellence and our core values of compassion, accountability, respect and simplicity define the approach taken to patient focused care.

A decentralized organizational structure encourages personal accountability and responsibility, promotes decision making at the point of care and provides improved communication at all levels. Our vision is to become the best community hospital in Ontario.

4. The Accessibility Working Group

Establishment of the Accessibility Working Group

Maureen Bedek (Vice President, People & Hospitality) in consultation with the Chief Executive Officer formally constituted the Accessibility Working Group in July 2003. Maureen Bedek authorized the Working Group to:

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify barriers that will be removed or prevented in the coming year;
- Describe how these barriers will be removed or prevented in the coming year; and
- Prepare a plan on these activities, and after its approval by the Chief Executive Officer, make the plan available to the public.

Coordinator

The Vice President of People & Hospitality appointed Shirley Atkinson, Quality and Risk Manager, to coordinate and lead the Accessibility Working Group in 2003/4.

Members of the Accessibility Working Group

<i>Working Group Member</i>	<i>Department</i>	<i>Contact Information</i>
Shirley Atkinson	Quality & Risk	631-2030 ext. 2321
Cathy Fox	Communications & Public Relations	631-2030 ext. 2191
Marg Kampers	Systems & Decision Support	631-2030 ext. 2115
Vera Geiger	Rehabilitation Services	631-2030 ext.
David McMillan	Plant Operations & Maintenance	631-2030 ext. 2716
Mary Turner	Human Resources	631-2030 ext. 2419
David Lautebach	Patient	Ext. 2313
Warren Webster	Patient	Ext 2313
Kathy Jameson	Environmental Support	631-2030 ext. 2386

Two members of the working group are people with disabilities.

5. Hospital Commitment to Accessibility Planning

A presentation was made to the Quality Utilization Management meeting of the Board of Governors on February 25, 2004, outlining the planning document and the initiatives to be taken.

STEGH is committed to:

- The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;
- The participation of people with disabilities in the development and review of its annual accessibility plans;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- The regular review and elimination of the barriers.

The Vice President, People & Hospitality Services, is responsible for ensuring that the plan is reviewed and implemented.

6. Recent Barrier Removal Initiatives

(a) Site Audits

In 1995 a Proposed Wayfinding System for the St. Thomas Elgin General Hospital was prepared by an external consultant. An up to date blueprint for signage is needed.

In 1995 the CNIB, Canadian Hard of Hearing Society and the March of Dimes were enlisted to undertake a review of the facilities to identify barriers to people with disabilities. Subsequently, contrasting paint is now being used on doorframes. Yellow paint has been applied to the pool steps, outside major curbing and bus stop. Yellow paint still needs to be applied on the step portion of stairway facing the individual and on the step edge looking down on stairways throughout the facility. Four phones for the hearing impaired were purchased and one TTD is kept in emergency. Curb ramps were done. East entrance was made wheelchair accessible with a covered drop off area and handicap parking spots were made available. There is a Male/Female wheelchair accessible washroom in x-ray and a woman's washroom in the rotunda is wheelchair accessible.

(b) Surveys

In March 1995 an Access Survey was conducted and a number of improvements were made. See above improvements

(c) Redevelopment Planning

In 2002, the hospital consulted industry professionals, employees and physician groups to design a new plan that would consider our facility needs for the next 10 years. Barrier-free design is one of the key considerations in the design of any new projects. Preliminary guidelines for use in the RFP process are to be developed to ensure all companies submitting proposals for development projects are able to demonstrate their ability to design barrier-free facilities.

(d) Security & Access Team

In August 2003, the hospital pulled together a team to review security and access issues at the hospital. There were a number of recommendations made to improve the access to the hospital and in October 2003 focus groups with users of the healthcare system including those with physical disabilities, community partners and staff were conducted. The final recommendations made by the Security & Access Team were in line with the Accessibility Plan.

7. Barrier Identification Methodologies

The Accessibility Working Group used the following barrier identification methodologies:

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
Canvassing staff for input	A letter was sent to staff (e-mail, distributed to floors, cafeteria) requesting suggestions and comments about barriers in the hospital. A follow up article was published in the hospital's newsletter, Notables.	Letter sent September 8, 2003. Published October 2003
Patient Satisfaction Survey reviewed	The Patient Satisfaction Survey was reviewed for comments related to accessibility. There were no questions on the survey that related to accessibility.	Questions related to accessibility will be added to the Patient Satisfaction Survey. Pending
Brainstorming with Working Group	The Accessibility Working Group used background material from the OHA, Ministry of Citizenship, Accessibility Directorate of Ontario and information from past surveys and site audits to brainstorm.	August & September 2003
Consulting with	The hospital enlisted the services of an external consultant	September 2003

professional groups	to design and cost a wheelchair accessible front entrance. The Security and Access Team consulted with experts in the field.	
Consulting with Disabled Groups	CNIB, March of Dimes and the Canadian Society for the Hard of Hearing were consulted in 1995. It was felt that their recommendations were still relevant today. Canadian Mental Health Association and Learning Disabilities will be contacted. A focus group with people with disabilities will be arranged.	September 2004 November 2004

8. Barriers Identified

In its initial review, the Accessibility Working Group identified 24 barriers which will be addressed over the next several years as resources become available.

This list is divided into six types: (1) physical; (2) architectural; (3) informational or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

Type of Barrier	Description of Barrier	Strategy for its removal/prevention
Architectural	Increase the effects of colour for contrasting purposes i.e. doorframes and walls	Currently using contrasting paint for doorframes on new paint projects Implement Painting policy
Architectural	Apply yellow paint on the step portion of stairway facing the individual as well as on the step edge, looking down	Pool steps, outside major curbing, bus stop complete. Over next year will do riser and nose of stairs as part of maintenance plan
Architectural	Handrails should be a contrasting color	Reflective tape to be applied to stainless steel handrails.
Architectural	Eliminate shiny floors. Appears to be wet and significantly lowers the confidence or even independent traveling skills	New flooring not to be shiny.
Architectural	Use matte finish paint to help reduce the potential for glare reflected from both overhead lights and the flooring.	Future painting will be matte finish

Architectural	A/B CCC: Washrooms not to spec (tactile signs, hand bars, dimensions of room/stall/vanity) Bathroom doors (A/C) are heavy. No barrier free washrooms on acute side Rehab women's washroom: stall not to spec Emergency: tactile signage for washrooms, toilet and sink not to spec. Lab area: public washroom need to be redesigned or a M/F public accessible washroom needs to be constructed Ambulatory care: no grip bar and is not wheelchair accessible. Outpatient: toilets are low.	Recommend one barrier free (public) washroom on each floor of CCC (A,B,C,D) Acute side –all washrooms to be looked at in master plan
Architectural	Elevators: older elevators do not have an emergency alarm and are not accessible for people with disabilities	Install emergency alarm, lower buttons and add Braille.
Architectural	Rehab hallway is dark	Assess 2004
Architectural	Ambulatory main door is heavy	Correction Made in Nov 2003
Architectural	Doors to Chemo not automated	Assess 2004
Architectural	Rehab entrance ramp is difficult to navigate in a wheelchair and by persons with impaired mobility	Assess 2004
Architectural	Lab doorways are too narrow for wheelchair access, and are not automated.	Assess 2004
Architectural	Hallway door at Outpatient is too narrow for wheelchair access.	Assess 2004
Attitudinal	There are no signs to indicate assistance is available for people with a hearing impairment.	Provide training to staff about communicating with hard of hearing patients. Once education is completed, display ACCESS sign (blue ear) at entrances; At the patient's bedside; At each nurses station
Communication	Some forms are hard to read. Instructions for the phone at the east entrance are difficult for visually impaired people to read	Enlarge printing on instructions.
Communication/ Information	There are signage issues in every area of the hospital, eg . directional signs do not have arrows placed on them pointing people in the right direction Parking Lots: Signage directing to each parking lot directing outpatients to east entrance, directing people to wheelchair accessible entrance, etc. not clear	Constitute signage working group to review previous blueprint for signage, make recommendations, draft signage policy. Use of fonts, font size, font colour, consistency, placement of signage, abundance of signage, tactile signs
Communication/ Information	Doctor's entrance is not wheelchair accessible.	Signage needed to direct to alternate entrance
Physical	Door in Rehab is not automated.	Electric eye or push button Recommend vestibule and automatic door
Physical	Main Entrance: curb ramps at ends of circular drive, front doors not to spec. Signage needed.	Obtaining cost for making front entrance wheelchair accessible and/or include in master plan

Physical Communication	Pay telephones are not all accessible	There are newer Bell phones but they are in alcoves Enclosures and objects must not protrude, phones too high, need space cleared in front, directory shelf needs to be 500mm wide, equipment needs to be updated, shelf space for Telecommunication Devices for the Deaf needs to be provided
Physical	Aging Visitor wheelchairs are in need of maintenance. There are not enough wheelchairs	"Wheelchairs That Work" CQI Team implemented November 2003 to improve the maintenance and the availability of visitor wheelchairs.
Physical & Communication /Information	Courtyard: doors (x2) not accessible could trap someone inside. Signage needed.	Automate door (off dining room)
Physical	Limited number of handicap parking spaces.	Increase number of handicap parking spaces.
Technological	Fire alarms are audible only	Include visual display of fire alarm in fire alarm upgrade

9. Barriers to be Addressed 2003-2004/2004-2005

The Accessibility Working Group will focus on the following barriers.

Barrier	Objective	Means to remove/prevent	Performance Criteria	Resources	Timing	Responsibility
Shiny floors	To increase confidence and independent traveling skills of persons with disabilities.	New flooring not to be shiny. Use low shine on existing floors.	People with disabilities will feel more secure walking through the facility	To be determined.	Currently using crystallization (low shine) when cleaning floors.	Environmental Support.
Glare from overhead lights and floor.	To reduce the potential for glare.	Use matte finish paint.	More comfortable for persons with visual disabilities	Included in maintenance operating budget.	Existing paint is matte finish.	Environmental Support.

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>	<i>Performance Criteria</i>	<i>Resources</i>	<i>Timing</i>	<i>Responsibility</i>
There are signage issues in every area of the hospital.	To provide signage to direct people to wheelchair accessible entrance, and to appropriate parking lot, and throughout the hospital.	To the extent possible use consistent, large print, tactile signage at appropriate level.	Signage committee will be set-up in 2004 to review signage.	\$25,000	Commence committee in Feb. 2004. Apply for capital budget dollars again for 2005-06	Environmental Support.
Main Entrance is not wheel chair accessible.	Easy access for everyone	Build ramp at front entrance.	People with disabilities can access hospital's main entrance. Focus group discussion in Oct-03 not supported ramp not desirable.	Pricing obtained in 2003/04.	Too cost prohibitive; alternate location chosen is east entrance.	Environmental Support.
Lack of contrast between doorframes and walls creates difficulty for visually impaired.	To provide easier access for visually impaired.	Use contrasting paint on doorframes and walls.	Increased visibility for visually impaired.	Included in maintenance operating budget.	Currently using contrasting paint for doorframes on new paint projects. Implementing painting policy.	Environmental Support.

Barrier	Objective	Means to remove/prevent	Performance Criteria	Resources	Timing	Responsibility
Lack of contrast on the stairs creates difficulty for visually impaired.	To provide easier access for visually impaired.	Use contrasting paint on the riser and nose of stairs.	Increased visibility for visually impaired.	Included in maintenance operating budget.	Pool steps, outside major curbing, Bus Stop complete 2003/04. 2004/05 will complete riser and nose of stairs as part of maintenance plan. Implementing painting policy.	Environmental Support.
There is not enough wheelchair accessible washrooms	To provide one barrier free public washroom on each floor.	Redesign current and/or build accessible washrooms.	People with disabilities will be able to access washrooms	\$10,000	Wheelchair accessible washroom to be built at the east entrance.	Environmental Support. CQI team to review 2004/05.
Disabled individuals have difficulty operating elevators. (this is vague; what types of disabilities and difficulties?)	To ensure people with disabilities can operate elevators.	Upgrade older elevators, install emergency alarm.	People with disabilities will be able to operate the elevator and hear what floor they are on.	Elevator upgrade funding request submitted to Ministry of Health July, 2003/04.	2004/05	Environmental Support.
Pay telephone cubicles are not accessible to people with disabilities.	To ensure people with disabilities can access public telephone.	Lower telephones and shelf, update equipment, shelf space for TDD.	Pay phones will be accessible to people with disabilities.	To be investigated	Design and proposal obtained in 2003/04. Project to commence in 2004/05	Environmental Support SDS

Barrier	Objective	Means to remove/prevent	Performance Criteria	Resources	Timing	Responsibility
No wheelchair ramp in existing drop-off area at CCC.	To create an accessible drop-off area at CCC entrance.	To install wheelchair ramp.	Staff and patients with disabilities will have easier access to CCC.	\$4000	Spring 2004/05	Environmental Support.
Not enough handicap parking spaces.	To allow persons with disabilities to park closer to the building.	To increase the number of handicap parking spaces.	A greater number of people with disabilities will be able to park closer to the building.	To be included in maintenance operating budget.	Spring 2004/05	Environmental Support.
Door to Rehab is not wheelchair accessible.	To provide easier access for persons with disabilities to Rehab.	To automate the door.	People with disabilities will have to travel a shorter distance to Rehab.	Costs to be determined. 2003/04. Keeping in line with Security and Access recommendations	Security, cost & limited access to hospital also needs to be considered	Environmental Support.
Poor acoustics in Rehab.	To provide a quieter environment	In areas where the acoustics are bad put carpeting on the floors and/or walls and heavy banners on the ceiling.	Noise level will be reduced.	Pricing to be obtained 2004/05	To be assessed in 2004/05	Environmental Support.
Hearing impaired cannot hear audible fire alarms	To provide a safe environment for all people.	Install light-flashing fire alarms.	Hearing impaired individuals will be able to see if the fire alarm is activated.	Fire alarm replacement funding request submitted to Ministry of Health July, 2003.	Commence 2004/05	Environmental Support
Courtyard in CCC is not wheelchair accessible.	To allow patients easy access to outside courtyard.	Automate doors. (x 2)	Patients with disabilities can access courtyard.	\$3500	Complete 2004/05	Environmental Support
Visitor wheelchairs are in poor shape.	To improve maintenance and availability of wheelchairs	CQI team established to investigate	Efficient and safe transportation	To be determined	Complete 2004/05	"Wheelchairs that work" CQI team

10. Review and Monitoring Process

The VP People and Hospitality Services is responsible for ensuring the plan is reviewed and implemented. An Accessibility Working Group will be formed yearly to review the progress and update the plan as required. The VP People and Hospitality Services will also commit to making presentations to the Occupational Health and Safety Committee and to updating the Board as required.

A review of the Bylaws and Human Resources Policies will be conducted by March 2005.

The Working Group will review progress to date in November 2004.

11. Communication Plan

The hospital's accessibility plan will be posted on STEGHnet and hardcopies will be available by contacting Cathy Fox, Communications & Public Relations, ext 2191. On request, the plan can be made available in alternative formats such as an audio recording, in large print or in Braille.