

Annual Accessibility Plan
for
St. Thomas Elgin General Hospital

Updated February 2006

From the document originally prepared by the
Accessibility Planning Working Group

This publication is available on STEGHnet

Table of Contents

	Page
Executive Summary	1
Aim Statement.....	2
Objectives	2
Description of St. Thomas Elgin General Hospital	2
Accessibility Working Group.....	3
Hospital Commitment to Accessibility Planning.....	4
Recent Barrier Removal Initiatives	4
Barriers Identified	7
<i>See the appended document for an up-to-date barriers update and projects completed during 2003-2005.</i>	
Review and Monitoring Process.....	6
Communication Plan	6

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 report has been updated from the first annual plan (2003-2004) prepared by the Accessibility Working Group of St. Thomas Elgin General Hospital (herein after referred to as “STEGH”). The first plan described: (1) the measures that STEGH had taken in the past, and (2) the measures STEGH would 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 report also includes progress made and the identification of new barriers.

Like the first plan, 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 initially 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 past year, additional barriers have been corrected, with many others in various stages of investigation or scheduled for completion during 2006/07.

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 under funded and we require the financial support of the Provincial and Federal governments to ensure we have a viable hospital. Although the process to access funds has changed, our hospital has not received any indication that our Master Plan has been accepted.

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 (2006-2007) 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:

- a. Describes the process by which STEGH will identify, remove and prevent barriers to people with disabilities.
- b. Reviews efforts at STEGH to remove and prevent barriers to people with disabilities over the past year.
- c. List the by-laws, policies, programs, practices and services that STEGH will review in the coming year to identify barriers to people with disabilities.
- d. Describes the measures STEGH will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- e. 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 166 bed facility providing comprehensive 24 hour coverage in Medicine, Surgery, OB, Paediatrics, Anaesthesia, Emergency and Family Medicine. The fully accredited hospital serves the city of St Thomas, with a population of 33,000 and the County of Elgin, with eight municipalities, totaling a catchment area of 89,000 residents. STEGH is located 30 minutes from downtown London, 40 minutes from the University of Western Ontario, and 15 minutes from the beaches of Port Stanley in the heart of beautiful Southwestern Ontario.

Our 166 bed facility consists of 107 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. We provide students of the University of Western Ontario and Fanshawe College with clinical experience for physicians, nurses and laboratory and radiological technicians.

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**

STEGH formed the Accessibility Working Group to ensure common elements in developing and monitoring the accessibility plan were addressed, coordinated and consistent to provide operational efficiencies and cost savings.

a) **Purpose**

- Review and determine the requirements of the ODA;
- Consult with persons with disabilities in preparation of the accessibility plan;
- Develop the Annual Accessibility Plan for STEGH and after acceptance by the CEO and the Board of Governors, make the plan available to the public;
- Review by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Develop a plan for the identification and removal of barriers;
- Develop a monitoring process of the Annual Accessibility Plan, and review/revise the plan annually

b) **Membership**

The Accessibility Working Group is comprised of:

Member	Program	Contact Info
Malcolm Hopkins	Corporate Services	Ext. 2158
Cathy Fox	Public Relations & Communication	Ext. 2191
Janis Humeston	Environmental Support	Ext. 2986
Sharon Dutton	Administration	Ext. 2187
Michelle Sylvester	Foundation Office	Ext. 2244
David Lautebach	Patient	Ext. 2313
Warren Webster	Patient	Ext. 2313

Three members of the working group are people with disabilities.

c) **Partnering with the Community**

Focus groups are held annually with both the members of our community and our community partners; e.g. CNIB, Canadian Mental Health Association, March of Dimes, Canadian Hearing Society, etc.

STEGH has initiated and participated in several site audits with our community partners during the past year, working together to identify and remove barriers for our customers.

5. Hospital Commitment to Accessibility Planning

The revised plan was presented to the Board of Governors on March 29, 2006, outlining the planning document and the initiatives to be taken.

STEGH is committed to:

- a. 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;
- b. the participation of people with disabilities in the development and review of its annual accessibility plans;
- c. ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- d. the regular review and elimination of barriers.

The Vice President of Corporate Services is responsible for ensuring that the plan is reviewed and implemented.

6. Recent Barrier Removal Initiatives

a. Site Audits

Throughout the summer and fall of 2005, many discussions and audits of the facility occurred with a member of our community who had a vested interest in ensuring the facility was barrier free. These discussions have resulted in an increased and enhanced awareness, the importance of sensitivity training, and the need for accessible washrooms and patient rooms. During 2005 this individual joined STEGH as an employee, and became a valued addition to the Accessibility Planning Team.

In November 2005, two members of the Accessibility Team met with a representative of the CNIB to review the progress made to date with initiatives to assist those with visual impairments.

b. Recent Initiatives

During the fall of 2005, significant inroads were made to remove barriers for the community we serve.

- i. The main access/egress point for the community was changed to the East Entrance, allowing wheelchair access, a covered entrance for protection from the elements and a comfortable waiting room. The Volunteer Escort and

- information desk was moved into the East Entrance foyer to better assist the public, both physically and with way finding issues.
- ii. Additional way finding initiatives are currently under discussion and investigation; e.g. posters of key services within the facility, tear-away directional maps for personal use and improved signage; e.g. directional signage, including the use of pictograms especially at corridor intersections.
 - iii. During 2006, an accessible washroom will be introduced close to the newly renovated East Entrance.
 - iv. Traffic flow for the new East Entrance was improved and included additional accessible parking spaces.
 - v. In the fall of 2005, sensitivity training was added during orientation of all new employees and in our *Respect in the Workplace* sessions, a mandatory educational opportunity for all employees. Scenarios take participants through a varied sampling of all types of disabilities, including those considered as *less obvious*; e.g. cognitive.

c. Consultation

A copy of the Accessibility Plan was issued to a community member who had been unable to attend our annual community focus group. The Public Relations & Communications Advisor spoke with this individual following review of the plan to discuss findings and recommendations.

Information was also presented and input sought internally through the Nursing Professional Practice Council, Joint Occupational Health & Safety Committee, Patients' Council, and PULSE Team.

d. 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.

e. Security & Access Team

In August 2003, the hospital developed a team to review security and access issues at the hospital. There were a number of recommendations made to improve 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. Barriers Identified

The Accessibility Working Group identified 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.

For the current, updated listing of barriers and initiatives, please refer to the document attached.

8. Review and Monitoring Process

The VP of Corporate Services is responsible for ensuring the plan is reviewed and implemented. This is part of the Director of Environmental Support's and Director of People Development's responsibility and is discussed at least twice annually at their meetings. Utilizing existing groups is preferred and we will continue to bring forward reports and ask for input from the following groups on an annual basis:

- a. Joint Occupational Health & Safety Committee
- b. Nursing Professional Practice Council
- c. CCC Patients' Council
- d. PULSE Team
- e. External agencies and users

9. Communication Plan

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