

Annual Accessibility Plan

2008/09

for St. Thomas Elgin General Hospital

Updated February 2009

From the document originally prepared by the
Accessibility Advisory Team

This publication is available on the hospital's website at:
www.stegh.on.ca
and in alternative formats upon request.

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Executive Summary

The Province of Ontario enacted on June 13th, 2005, the new *Accessibility for Ontarians with Disabilities Act 2005, (AODA 2005)*. The AODA 2005 will require the provincial government to work with the public and private sectors and the disabled community to jointly develop standards to be achieved in stages of 5 years or less. The goal is a fully accessible Ontario by 2025.

The preceding *Ontarians with Disabilities Act, (ODA 2001)* however remains in force until repealed. The purpose of this Act was 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.” This Act mandated hospitals and other identified public sector organizations to write, approve, publish and communicate their accessibility plans.

This report has been updated from the first annual plan (2003-2004) prepared by the Accessibility Advisory 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 will continue to take 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.

A “barrier” is defined as anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

“Disability” is defined as :

- a. any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- b. a condition of mental impairment or a developmental disability,
- c. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. a mental disorder, or
- e. an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997

STEGH has 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 ultimate goal for our organizations is that we will integrate accessibility planning into budget and other strategic and operational planning cycles.

The Accessibility Advisory Team initially identified 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. Additional barriers have been corrected, with many others in various stages of investigation or scheduled for completion during 2008/2009.

Although the hospital went through an extension planning process in 2002 culminating in the submission of a Master Plan to the Ministry of Health and Long Term Care, the plan has never been approved. However in July 2008, the Ministry gave the hospital a \$900,000 planning grant to plan for a new acute Mental Health Unit and the proposed redevelopment of the associated Emergency and Ambulatory Care facilities to support the Schedule 1 Unit as per the requirements of the Mental Health Act. Although the grant does not imply approval to proceed to implement the proposed redevelopment project, it does afford the Community an opportunity to provide feedback to improve the accessibility to key hospital services.

1. ***Aim***

This plan describes the measures that STEGH will take during the next year (2008-2009) 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 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 approx. 36,000 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 technologists.

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. Mission Statement

Our Mission is to,

- **CARE** for the sick and injured people of Elgin County and support their personal pursuit of health and wellness,
- **ENABLE** patients to participate appropriately in decisions about their care in a safe and quality driven environment,
- **SUPPORT** a culture of respect, learning and continuous improvement and a workplace that enables our health professionals to apply their knowledge and skills,
- **BALANCE** as one partner in the local health care system, the needs of our community with our available resources.

5. STEGH Vision

Our Vision is to be the Best Community Hospital in Onatrio

Our 4 Point Strategy:

Become the Employer of Choice
Engage our Community
Strengthen Current and Forge New Partnerships
Target a Bold Fiscal Strategy

Our Corporate Values:

Compassion
Accountability
Respect
Simplicity

The Accessibility Advisory Team

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

The Team utilized an eight-step procedure in preparing the Accessibility Plan:

1. Establish an accessibility planning working group.
2. Commit to accessibility planning.
3. Review and report on recent initiatives and successes in identifying, removing and preventing barriers to persons with disabilities within the member organizations.
4. Identify (list/categorize) barriers that may be addressed in the coming year.
5. Set priorities and develop strategies to address barrier removal and prevention.
6. Specify how and when progress is to be monitored.
7. Write, endorse, submit, and communicate the plan to the public.
8. Review and monitor the plan.

MEMBERSHIP

The Accessibility Advisory Team is comprised of:

MEMBER	PROGRAM	CONTACT INFO
Jim Shea	Director, Corporate Services	Ext. 2344
Cathy Fox	Public Relations & Communication	Ext. 2191
Kathy Jameson	Manager, Facilities & Materials	Ext. 2386
Cindy Ryan	Program Assistant, Corporate Services	Ext. 2956
Rita Herbert	Specialist, Corporate Services	Ext. 2346
Susan Gordon	Manager, Human Resources	Ext. 2039

The Accessibility Advisory Team will meet quarterly to review progress on action plans, identify new barriers, and complete the Annual Accessibility Plan.

In 2008/09 The Team will continue to focus on three main areas:

- 1) The continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, physicians, volunteers and members of the community with disabilities.
- 2) The participation of persons with disabilities in the development and review of its Plans
- 3) The provision of quality services to all patients and their family members and members of the community with disabilities.

The fundamental foundation for ensuring the development of an accessible environment is the development of a culture that supports barrier-free access to care and services and the establishment of corporate policies and multi-year strategies that set and maintain clear expectations and resources for barrier identification and removal. As barriers are identified they will be prioritized into a multi year planning framework. Improvements to facilities will be made where technically feasible and fiscally practical. All new capital construction and renovation projects in the planning stage or currently underway will reflect the team's commitment to the removal of current barriers and the prevention of future barriers.

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, Municipality of Elgin Accessibility Group, MS Society, Association for Community Living, Elgin Health Unit (Thumbs-Up Program and Falls Prevention Program), etc.

6. *Hospital Commitment to Accessibility Planning*

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.

7. *Recent Barrier Removal Initiatives and Current Accessibility*

a. Recent Initiatives

In 2008, significant improvements were identified and corrected:

- i. The slope and condition of the sidewalks adjacent to the CCC parking lot have been improved. New cement has been poured to eliminate hazardous cracks and to correct the pitch of the grade.

- ii. The island at the main entrance to the hospital, the East Entrance, was renovated to include a thoroughfare for wheelchair accessibility, improving the safety of the area.
- iii. The modernization of four main Elevators has begun. One elevator retrofit is complete with all updated features to enhance accessibility. All elevators will be complete by October 2009. All 4 elevators will be upgraded with auditory indicators of floors and meet current Building Code.
- iv. Improvements to the Chapel included removal of a pew at the back to accommodate a wheelchair and space for a caregiver.
- v. East Entrance Wheelchair accessible washroom was completed.
- vi. Door between Atrium and Executive offices has been automated for wheelchair accessibility.

For the upcoming year a number of other initiatives have been identified and plans will be put into place to remove/correct additional barriers for the community we serve.

One of the key objectives over the next year will be the implementation of the Customer Service Standard. The Customer Service Standard addresses business practices and training needed to provide better customer service to people with disabilities. The Accessibility Standards for Customer Service (Regulation 429/07 under the AODA) became law on January 1, 2008.


To comply with the new standard by January 1, 2010, STEGH will develop and implement:

- Policies showing commitment to accessible customer service;
- Policy on allowing individuals to use assistive devices;
- Provide Staff training in customer service;
- Develop Customer feedback method;
- Provide a notice of service disruption to those with disabilities
- Provide specialized training for a small group of staff – ie. Communicative Assistants who can assist individuals who have Cognitive Disabilities, Language Barriers, Aphasia, Sensory, etc.
- Ensure STEGH has the necessary “tools” – ie. Picture Boards, Word Boards, Whiteboards, etc for individuals with Communicative Disorders

b. Current Accessibility Services/Accommodation available at STEGH

A number of Accessibility initiatives have been implemented over the years. They include but are not limited to the following:

- **Printed Floor Plans**
 - Signage on each floor posted at elevator.
 - Each floor is designated floor # in large print by elevator
- **Escorts**
 - Volunteers available to escort (Mon-Fri. 0800-1600)
- **Directory Signs**
 - Inside Main Entrance Doors / beside the Information Desk.

- First Floor
- **Accessible Entrances**
 - East entrance/CCC is accessible at ground level and without curbing.
 - Equipped with automatic, sliding doors.
- **Accessible Parking**
 - Designated spaces in lots for visitors, patients, and staff.
- **Accessible Washrooms – East Entrance/ER**
 - Accessible washroom marked with this symbol 
- **Accessible Elevators**
 - Accessible and equipped with audio tones and Braille.
- **Easy Access Doors**
 - External doors are hand waves, sliders.
- **Handrails/bumpers**
 - In main hallways
- **Wheelchairs**
 - Available in Emergency and East Entrance and Emergency
 - Large wheelchair available
 - Bariatric beds, lifts, stretchers, commodes
- **Animals**
 - See policy on Service Animals
 - Contact the department manager for further information.
- **Teletypewriter (TTY) Text Phone Devices**
 - Portable device (TTY) is available at Switchboard/Central Registry for loan
 - Permanent TTY device at Switchboard/Central Registry location
 - Phones lowered to wheelchair height
- **American Sign Language (ASL) Interpreters**
 - Available upon request – advanced notice is required.
 - Contact the Canadian Hearing Society, OIS Assignment as per interpreter policy (no charge to patient – charge to STEGH)
- **Interpreters**
 - Policy with Interpreter List of Employees

c. Consultation

The Facilities & Materials Manager recently attended the OHA sponsored “Accessibility for Ontarians with Disabilities Act” Conference in November 2008 held in Toronto. The focus of the Conference was the implementation of the newly legislated “Customer Service Standard” for January 1, 2010. The session included valuable information and recommendations required for implementation of the standard across all hospitals.

March 11 2009 the Occupational Health, Safety and Wellness Consultant will attend a workshop designed to provide concepts, models and tools to further enhance skill and confidence when providing service to persons with disability or accessibility needs.

d. Redevelopment Planning

In 2008, the hospital hired PRISM Consultants to design a new Master Plan/Master Program that would consider our facility needs projected 10 and 20 years into the future. 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 and to meet current Building Code requirements.

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 aligned with the Accessibility Plan.

8. *Barriers Identified*

The Accessibility Advisory Team 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.

9. *Review and Monitoring Process*

Accessibility planning is an important means of improving both the safety and quality of service delivery to the populations we serve, of attracting and retaining employees, and of increasing efficiency of our operations. The Accessibility Advisory Team, through the office of the Vice President of Corporate Services will assume responsibility for the monitoring and evaluation of current plans and for the development of subsequent annual plans.

Specifically, the Working Group will:

- Evaluate the previous year's results against the identified targets
- Ensure the inventory of new barriers is updated and prioritized
- Ensure implementation strategies are identified and carried out
- Ensure the plans are endorsed by the Senior Management
- The Working Group will liaise directly with programs and departments to achieve these objectives.

- Through the annual budget process, departments will identify and submit applicable budgeting requirements as required for program, service or project strategies identified for barrier identification, prevention or removal.
- The Working Group will provide updates to the Senior Management Team on an annual basis. Progress reports will be prepared and circulated on the Hospital web site for use by internal and external stakeholders.

10. **Communication Strategy**

Objectives

- To publicly communicate STEGH's Accessibility Plan as required by the Ontarians with Disabilities Act.
- To share the progress the hospital is making to improve access for people with disabilities.
- To continue raising staff's, physicians' and volunteers' awareness regarding the challenges faced by people with all types of disabilities.
- To solicit support from various stakeholders to facilitate the implementation of the barrier free environment.

Key Messages

- The Group has been mandated, by the Ontario Government, through the *Ontarians with Disabilities Act*, to prepare accessibility plans in consultation with people with disabilities and others, and make them public.
- An Accessibility Working Group has been created to identify and coordinate the removal of barriers and develop the Accessibility Plan.
- Accessibility plans will allow our organization to integrate accessibility planning into other planning cycles.
- The Group committed themselves to the continual improvement of access to hospital facilities, policies, programs, practices and services for people with disabilities.
- The removal of barriers means that:
 - services, policies and procedures will meet the needs of more individuals
 - the elderly will be better served
 - increased number of people will have access to information

Target Audiences

External

- Patients and their families
- Visitors
- Community-at-large
- Disabled community groups, coalitions and associations that advocate for persons with disabilities
- Media

Internal

- Staff

- Physicians
- Residents and students
- Volunteers

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.

Other Resources

Accessibility for Ontarians with Disabilities Act (AODA) Contact Centre (Service Ontario)

Toll Free 1-866-515-2025

TTY: 416-325-3408 /Toll Free 1-800-268-7095

www.aoda.ca

www.odacommittee.net

www.mcass.gov.on.ca

www.canadabusiness.ca

Breaking Barriers Together