

Annual Accessibility Plan

2009/10

St. Thomas Elgin General Hospital

Updated January 2010

from the document originally prepared by the
Accessibility Advisory Committee

This publication is available on STEGHnet and www.STEGH.on.ca

On request, the plan may be made available in alternative formats such as an audio recording,
large print or in Braille.

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Executive Summary

St. Thomas Elgin General Hospital (STEGH) is committed to supporting a culture that values promoting a positive and safe environment for the hospital community and that is reflective of the hospital's values. In particular, "Respect" means honouring the worth of each individual. STEGH is committed to providing barrier-free accessibility to individuals with disabilities, consistent with the principles of understanding, acceptance, and inclusion. For the purposes of this document, barrier means anything that prevents a person with a disability from fully participating in all aspects of society, including physical barriers, architectural barriers, information or communication barriers, attitudinal barriers, technological barriers, and policy or practice obstacles.

Approximately 1.8 million Ontarians (15.5%) have some form of disability. This number increases with seniors (aged 75 and older) to more than half (50%). Legislated responsibilities apply under Human Rights code (1977) – duty to accommodate; Ontarians with Disabilities Act, 2001 "ODA", and Accessibility for Ontarians with disabilities Act, 2005 "AODA".

The STEGH Accessibility Plan

Under ODA, STEGH is responsible to:

- develop an annual accessibility plan
- consult with people with disabilities to develop the plan
- make the plan available to the public
- have an Accessibility Advisory Committee

Over the past few years, the Accessibility Advisory Committee has identified many barriers to persons with disabilities related to the design and construction of the facility. 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. The Accessibility Advisory Committee put forward a plan to address removing barriers over the next several years as resources become available.

This list is divided into six types of barriers: *See Barrier Update.*

1. physical
2. architectural
3. informational or communication-based
4. attitudinal
5. technological
6. policies and practices

The AODA introduces more opportunities for individuals in our community and in Ontario and new accountabilities for all of us to uphold here at STEGH. Education on the new act was introduced to all hospital team members in November 2009. AODA has five standards which will be introduced over time. The standards cover the following broad categories:

1. Customer Service
2. Accessible Information and Communications
3. Accessible Built Environment
4. Employment Accessibility
5. Accessible Transportation

Aim:

The plan continues to move STEGH toward its vision of accessibility, outlining initiatives to be achieved in the 12-month period covered. Specifically, STEGH will provide the opportunity for all patients and their family members, employees, volunteers, and members of the community to identify their needs (related to disabilities) which need accommodation in a manner that supports the dignity of the individual. This will be reflected within STEGH when the following is achieved:

- People with disabilities entering the hospital and reaching their destination without encountering barriers.
- People with disabilities receiving the services they require without encountering barriers.
- People with disabilities working without encountering barriers.
- Accessibility being integrated throughout the hospital's policies and procedures.
- A feedback process is available in a variety of ways to ensure continuous improvement.
- Accessibility becomes everyone's responsibility.

This plan begins to describe the steps STEGH will take to meet the five standards identified under the AODA.

Accessibility Customer Service

Implementation of the first standard, Customer Service, was initiated in November 2009 and will be reviewed for ongoing compliance at regular Committee Meetings. This standard requires policy, procedures and practice; staff training; a feedback method; alternate communications methods and; notice of service disruption.

Members of the public are encouraged to use their own personal assistive devices to access STEGH services or use those provided by STEGH to assist with accessibility for individuals with disabilities. STEGH continues to promote an accessible environment for people with disabilities; monitored through the STEGH Accessibility Advisory Committee.

New Policies and procedures recently adopted by the hospital::

- Accessibility Customer Service Policy & Procedure
- Accessibility Service Animals Procedures
- Accessibility Interpreter List Procedure

Accessibility Customer Service hospital-wide Education:

- Accessibility Customer Service e-Learning
- Accessibility Customer service update to Corporate Orientation
- In-service education for Volunteers planned for early 2010

STEGH Services now available

- **Printed Floor Plan**
 - 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**
Accessible washroom marked with symbol
- **Accessible Elevators**
Accessible and equipped with audio tones and Braille
- **Handrails/bumpers** in main hallways
- **Wheelchairs**
Available in Emergency and East Entrance
- **Care of the Bariatric Patient**
 - Bariatric beds, lifts, stretchers, commodes, wheelchair
 - Policy and Procedures for bariatric patient care developed and implemented
- **Animals**
 - See policy on Service Animals; pet therapy/visitation policy (CCC)
 - Contact the department manager for further information
- **Teletypewriter (TTY) Text Phone Devices**
 - Portable device (TTY) is available at Switchboard for loan for patients
 - Permanent TTY device at payphones in the Emergency Department
- **Phones** lowered to wheelchair height
- **American Sign Language (ASL) Interpreters** available upon request – advanced notice is required
- **Interpreters** - Policy includes an updated Interpreter List

Hospital Commitment: Responsibilities

Senior Management is responsible for:

- considering accessibility for people with disabilities as part of the regular development and ongoing review of existing policies and Accessibility for Ontarians with Disabilities Act 2005 (AODA); and
- amending existing policies as needed to comply with the Accessibility Standards;
- overseeing, monitoring and supporting principals and implementing Accessibility Standards in the workplace;
- ensuring that practices are consistent with the core principles of independence, dignity, integration and equality of opportunity; and
- ensuring that the workplace permits and facilitates the use of assistive devices, service animals and/or support persons by those seeking customer service.

Managers are responsible for:

- implementing, monitoring and evaluating compliance of Accessibility Standards for Customer Service;
- receiving requests for accommodation from customers with disabilities;
- determining, in consultation with the patient/customer/hospital team member, the most appropriate accommodations;
- ensuring all front-line staff interfacing with patients/customers know the Accessibility Standards for Customer Service, and are trained in client specific accessibility customer standards where appropriate for their service area;
- ensuring staff are aware of procedure for back up accommodation or to notify patients/clients should accessibility be temporarily out of service
- ensuring patient information includes education of the accessibility customer standards
- ensuring all records of training/attendance related to Accessibility is maintained in Human Resources or Clinical Education Centre/Units for record keeping or through the electronic Learning Management System (LMS).

Human Resource Services are responsible for:

- identifying and responding to corporate training needs;
- annual review of policies and procedures related to Accessibility Standards for Customer Service

Physicians, Employees, Students, Volunteers are responsible for:

- supporting the implementation of the Accessibility Standards for Customer Service in the workplace;
- participating in required education related to the Accessibility Standards for Customer Service;
- forwarding feedback from patients/customers regarding the Accessibility Standards for Customer Service to their immediate supervisor/manager of the appropriate area; and
- interacting with patient/client population encouraging self-identification of disabilities by asking, "How may I help you?"

Patients/Clients/Hospital Team Members are responsible for:

- self-identifying as having a disability for which they require assistance in accessing STEGH services and communicating such to the appropriate STEGH personnel.

The Accessibility Advisory Committee is responsible for:

- Reviewing, monitoring changes, and meeting the legislated requirements;
- Developing the Annual Accessibility Plan for STEGH and after acceptance by the CEO and the Board of Governors, and making the plan available to the public;
- Reviewing by-laws, policies, programs, practices and services that support and make services readily accessible for people with disabilities;
- Ensuring the work plan is completed as per annual goals
- Developing a monitoring process which includes feedback, and reviewing/revising the ongoing plan as required
- Responding to emerging accessibility concerns identified through various mechanisms including patient, employee, and visitor concerns.

- Ensuring all reports related to Accessibility required by the Ontario Government are completed on time and submitted.

Accessibility Advisory Committee

a) Membership

Member	Program	Contact Info
David Simpson	Patient Flow Shift Manager	Ext. 2040
Cathy Fox	Public Relations & Communication	Ext. 2191
Lee McLellan	Environmental Support	Ext. 2855
Kathy Jameson	Environmental Support	Ext. 2386
Lesley Ryckman	Program Assistant, Corporate Services	Ext. 2368
Susan Gordon	People Development	Ext. 2037
Lisa Minielly	Volunteer Services, Pastoral Care	Ext. 2912
Jim Shea	Committee Sponsor	Ext. 2344

Feedback – Measurement and Monitoring

The Accessibility Advisory Committee will establish baseline measures which they will monitor bimonthly.

Potential Measures:

1. Email address established for questions/feedback accessibility@stegh.on.ca Measure # of submits.
2. LMS Learning modules on accessibility standards. Metric: % of employees completing accessibility training over total # of employees.
3. Patient feedback obtained through the patient feedback process in place through Quality and Risk team representation.
4. CCC Patient Council team representation to bring feedback/suggestions to meetings.
5. Patient Survey includes two questions related to accessibility which will be reviewed at regular committee meetings. (1) Enough handicapped-accessible parking spaces? (2) Rate the accessibility of the facility

The Accessibility Advisory Committee will meet bi-monthly through 2010. During these meetings feedback in its various forms will be a standing agenda item to consult and document action planning taken toward continual improvement. Records of completed education will be reviewed during implementation of new standards to ensure 100% compliance.

Walk-rounds will occur during meetings by the Accessibility Advisory Committee to observe and audit accessible standards at STEGH. During these walk-rounds adhoc team members may include representation from persons with disabilities (patient, employee, and/or community member) or external resources (e.g. CNIB). These will result in gap assessment and further feedback for planning improvements.

Accessibility Information and Communications Standard

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.

Regular communications on application of the new accessibility standards is published in the STEGH *code of conduct* handbook, policies & procedures, in monthly newsletters, and via the electronic board communication.

Future Planning Opportunity

A Master Plan submitted to the Ministry of Health and Long Term Care in 2009 identifies different phases to upgrade the entire hospital and includes a significant improvement in physical accessibility. We are presently waiting for approval from the Ministry.