

Deep River and District



Hospital

2012/2013 Accessibility Plan

Prepared by

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*This publication is available on the hospital's website (www.drdh.org)
and in alternative formats upon request*

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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 annual plan was prepared by the Accessibility Working Group of the Deep River & District Hospital (DRDH). The plan describes:

1. the measures that DRDH has taken in the past, and
2. the measures that DRDH will take during the year to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of DRDH, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

The DRDH is committed to the following activities:

- 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.

1. Aim

This plan describes:

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

3. Description of the Deep River & District Hospital

The DRDH is a single-site, rural hospital serving a population of about 7,500 people in the Upper Ottawa Valley featuring:

- A sixteen (16) bed acute care unit
- A ten (14) bed long term care facility (The Four Seasons Lodge)
- A 24 hour/7 day per week emergency department
- Contemporary laboratory and diagnostic imaging services including ultrasound and accredited bone densitometry.
- Ambulatory and in-patient physiotherapy, nutrition and diabetes counselling
- An active telemedicine program with linkages with the University of Ottawa Heart Institute, SCO Health Services, and the Children's Hospital of Eastern Ontario and the Queensway-Carleton Hospital.

The DRDH is accredited with the Canadian Council on Health Services Accreditation and is a member of the West Champlain Healthcare Network.

Mission Statement

To provide a broad range of high quality healthcare services for our local communities

Vision

Every client's healthcare experience will be exceptional

Values Statement

Caring

- *We improve the quality of life in our client communities through education and leadership in health care services*
- *We focus on both the quality of care and the quality of caring*
- *We value and support our community of care-givers*

Excellence

- *We deliver high quality health care services close to home and facilitate access to secondary and tertiary care as needed*
- *We manage our affairs prudently within our financial realities and regulatory compliance requirements*

Safety

- *We ensure the highest levels of patient safety*
- *We ensure a safe working environment for our care-givers*

Innovation

- *We have the courage to evaluate and embrace new operational methods, practices and technologies*

Partnering

- We champion collaboration and partnership with other Health Service Providers to ensure seamless and efficient health care

Integrity

- *We are honest and transparent in all we do*
- *We respect and maintain the highest levels of client privacy*
- *We adhere to the highest level of professional standards and respect in our interactions with each other, with our clients, and with our service partners*

4. The Accessibility Working Group

Establishment of the Accessibility Working Group

The Accessibility Working Group was formally constituted in May 2003. The Group was authorized 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

Co-Chairs

Allison Felix, Director of Rehabilitation Services
 Sean Patterson, Manager of Environmental Services

Members of the Accessibility Working Group

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Nancy Carter	North Renfrew Family Services	613-584-3358

5. Hospital commitment to accessibility planning

DRDH 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 establishment of the Accessibility Working Group at the hospital.*

The Accessibility Working Group was actioned to prepare an accessibility plan that will enable DRDH to meet these commitments.

6. Recent barrier-removal initiatives

During the last several years, there have been a number of formal and informal initiatives at DRDH to identify, remove and prevent barriers to people with disabilities.

(a) Review of complaints received

DRDH continues to monitor all complaints. The CEO conducts a comprehensive review of each complaint and identifies corrective measures where appropriate. The DRDH Board of Governors reviews all formal complaints and their resolutions. Over the past two years we have not had any complaints specifically about accessibility for disabled people.

(b) Internal Site audit

On November 2, 2012 the Accessibility Working Group engaged in an internal site audit to: (1) determine whether there were other significant barriers to be addressed, and (2) prioritize those barriers and the work that needed to be completed to address those concerns.

(c) Barrier-free redevelopment planning

Since the fall of 2010 Phase 1 and Phase 3 of a three phase front end renovation have been completed. The design and construction strictly adhered to the requirements of Section 3.8 Barrier Free design of

the Ontario Building Code. Over the past two years DRDH has also undergone several small renovations to continue to upgrade our facility. During this redevelopment process, accessibility for people with disabilities has been a significant priority. Improved lighting, wheelchair access, handicap parking and large lettering for signs are just a few examples of areas where we have endeavoured to meet or exceed standards.

(d) Policy review and development by Human Resources

The Human Resources department continues to annually review and revise policies and procedures to ensure that they meet all Human Rights and ODA legislative requirements.

(e) Barriers addressed in 2011/2012

- Emergency department renovation provided a much improved accessible entrance for all clients while renewing handicap parking spaces directly beside entrance
- WIFI access for public was renewed enabling access for all clients to the internet
- A new phone system provided us with volume adjustment at patient bedsides to improve use of service for hearing impaired

7. Barrier-identification methodologies

The Accessibility Working Group used the following barrier-identification methodologies:

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
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<i>Methodology</i>	<i>Description</i>	<i>Status</i>
Staff Interviews	The Accessibility Working Group interviewed five randomly selected staff members.	Interviews conducted during audit in November of 2012
Canvassing hospital departments	The Accessibility Working Group asked all of the hospital departments to identify areas of concern.	Completed November of 2012
Brainstorming exercise and accessibility audit	The Accessibility Working Group used background materials on the ODA from the Accessibility Directorate of Ontario to conduct a brainstorming exercise and subsequently performed a review/audit of the hospital using the Tool for Hospital Accessibility Working Groups.	Exercise and audit completed November 2, 2012
Community consultations	The Accessibility Working Group met with North Renfrew Family Services	Consultation took place during meeting November 2, 2012
Tour of other Facilities	The Accessibility Working Group will tour other similar sized facilities and compare their level of accessibility with ours	Plan to tour North Renfrew Long Term Care in January of 2013

8. Barriers identified

In its review, the Accessibility Working Group identified 18 barriers. Over the year, the Accessibility Working Group has decided to focus on 12 barriers. 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.

The following table itemizes and describes each barrier and recommends a strategy for its removal or prevention.

<i>Type of Barrier</i>	<i>Description of Barrier</i>	<i>Strategy for its removal/prevention</i>
1. Physical/Architectural	Despite the re-organization of Administration entrance area it continues to be crowded and would be difficult to negotiate a wheel chair through	Enlarge entrance way during phase 2 of front end renovation
2. Physical	Some faucets throughout facility continue to have regular handles and not quarter turn wing handles	Continue to replace all faucets with wing handled type
3. Physical	Handicap parking areas should be marked during winter/snow season	Install mobile handicap parking signage to function during snow removal season
4. Physical	Many doorknobs throughout the building are standard round knobs.	Replace standard round knobs with wing type knobs during any and all renovations/alterations
5. Physical	Staff entrance is not wheelchair accessible.	Ensure that all staff are aware that alternative wheelchair accessible entrances are available to them
6. Physical	Staff washrooms are not wheelchair accessible.	Instruct staff with disabilities to use handicap washrooms.
7. Physical/Architectural	Washroom in Physiotherapy is not wheelchair accessible.	Install appropriate signage directing clients to handicap accessible washrooms
8. Physical	Paper towel dispensers in washroom outside of classroom and in Four Season's Lodge are too high for someone in a wheel chair to reach	Relocate paper towel dispensers.
9. Physical/Architectural	Washroom in x-ray is not wheel chair accessible.	Install appropriate signage directing clients to handicap accessible washrooms
10. Physical	The Deep River & District Hospital Foundation office is not wheelchair accessible due to location of desk	Relocate desk

<i>Type of Barrier</i>	<i>Description of Barrier</i>	<i>Strategy for its removal/prevention</i>
11. Physical	All levels of products in the vending machine would not be reachable from a wheelchair	When filling vending machine ensure that a variety of product offerings are put at different levels where possible
12. Physical	Our instant banking machine is not wheelchair accessible	Post signage at machine offering to provide assistance
13. Physical/Architectural	Washrooms and many other rooms in clinic building are not wheelchair accessible	Ensure that any and all renovation plans incorporate accessibility strategies into them
14. Physical	Door between Medical floor and Emergency hallway is often closed and does not have a handicap operator	Install handicap operator on this door
15. Physical	Although many of the beds on the Medical floor have been changed to provide visually impaired “friendly” controls there are still a few that need to be changed	Ensure that all new beds that are purchased are as user friendly for people with disabilities
16. Physical/Architectural	Washrooms in patient rooms of medical floor are not wheelchair accessible.	Ensure that all patients with disabilities are directed to use accessible washroom off medical floor corridor. Develop a long term strategy to address this issue through future expansion/alteration plans to Medical floor
17. Attitudinal	Although all staff have had training on provision of service for people with disabilities there is no ongoing training program to ensure that staff continue to develop appropriate strategies for the provision of these services. Ongoing training will also ensure that staff provide input into plan development	Educational sessions for staff and preparation of material for the staff orientation binder.
18. Technological	Hospital website is not accessible to people who are blind and visually impaired or who use screen-reading software	Ensure that communication strategy for plan clearly demonstrates our willingness to provide access to plan in alternative formats upon request

9. Barriers that will be addressed

The Accessibility Working Group will address 12 barriers during the coming year.

Barrier	Objective	Means to remove/prevent	Performance criteria	Resources	Timing	Responsibility
Barrier #2&4-round door handles and faucets	To make sinks easier to use for people with disabilities and to improve access to rooms with old style door hardware	Install wing handled faucets and or door knobs when altering any areas of hospital	Confirm # of each changed over the upcoming year	Maintenance department to track under plant budget (\$400)	Ongoing throughout the year	Maintenance
Barrier # 3- Handicap parking spots are not clearly marked through winter/snow season	To ensure that Handicap parking spots are available to people with disabilities	Purchase and post signage, other than painted lines on pavement. ie mobile or wall mounted signs	Ensure that handicap parking signs are available throughout the winter	Maintenance department to track under plant budget (\$300)	Signs to be installed by Dec. 20, 2012 and monitor throughout winter	Manager of Environmental Services, and Maintenance department
Barriers #5, 6 & 17- staff entrance and washrooms not handicap accessible, ongoing staff training	To ensure that ALL staff have access to all areas of facility including washrooms, Our staff are able to provide the best possible service to all of our clients, including those with disabilities	Provide staff education outlines alternative access points and annual staff training on provision of service to people with disabilities	Confirm compliance through annual accessibility all staff training	Time during annual skills day training and general orientation	To be completed during fall skills days and any general orientation days	Nurse Clinician
Barriers #7, 9 & 12- x-ray and physiotherapy washrooms are not handicap accessible, bank machine not accessible	Ensure that users of these departments/machine are provided a reasonable alternative	Install signage that directs people requiring handicap access to appropriate alternative	Ensure that signs are posted	\$100	To be completed by September of 2013	Manager of Support Services, Maintenance

Barrier	Objective	Means to remove/prevent	Performance criteria	Resources	Timing	Responsibility
Barrier #8- Paper towel dispensers in two washrooms are not accessible to a person in a wheelchair	Ensure that paper towel is accessible to persons in wheelchair	Move dispensers to appropriate location	Confirm that this has been done in next years audit	NA	To be completed by August 2013	Maintenance
Barrier #14- door between medical floor and ER hallway is not accessible when closed	Ensure access to medical floor for all persons	Install handicap operator on this door	Confirm completion during next years audit	\$3000	Complete by October 2013	CEO, Manager of Support Services
Barrier #18- website is not accessible in alternative formats	Ensure that ODA plan is accessible to all people with disabilities	Ensure communication that plan is available in alternative formats	Confirm statements is on website and on signage within the hospital	\$30	February 2013	Director of Rehabilitation Services

10. Review and monitoring process

The Accessibility Working Group will meet quarterly to review progress. At each meeting, the Working Group will remind staff, either through personal contacts, memorandums, newsletters or by e-mail, about their roles in implementing the plan. Members of the Working Group will also commit to making presentations to the Board of Governors and chief executive officer on an annual basis.

11. Communication of the plan

The DRDH accessibility plan will be posted on the hospital website and hard copies will be available from the Administration office. On request, the plan can be made available in alternative formats, such as computer disk in electronic text, in large print or in Braille. The plan will also be included within the hospital orientation package to new staff and during annual all staff training.