

DEEP RIVER AND DISTRICT HOSPITAL

Policy: Multi-year Accessibility Plan 2018-2021		
Original Date: 2017-12-21	Policy Manual: Administration	
Approved by:		
<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Chief Financial Officer	<input type="checkbox"/> ED, Family Health Team
<input checked="" type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Chief Nursing Officer	<input type="checkbox"/> Human Resources Officer

Introduction

Deep River and District Hospital (DRDH) is committed to continually improving access to hospital and health campus facilities, policies, programs, practices and services for: patients, family members, staff, health care practitioners, volunteers and members of the community with disabilities. An action plan is prepared bi-annually to identify existing barriers for individuals with disabilities, and outline plans to remove these barriers. DRDH is further committed to the participation of persons with disabilities in the development and review of its accessibility plan, and the provision of quality services to all patients, family member and members of the community with disabilities.

Policy

The DRDH Accessibility Plan:

1. Describes the process whereby we will Identify, remove and prevent barriers to people with disabilities
2. Reviews our past initiatives to remove and prevent barriers to people with disabilities
3. Lists the by-laws, policies, programs, practices and/or services that DRDH will review to further identify barriers to people with disabilities.
4. Develop a work plan to remove and prevent barriers to people with disabilities
5. Describes how DRDH will make this accessibility plan available to the public.

The Accessibility Advisory Council (formerly Accessibility Working Group) is responsible for carrying out the above mentioned activities. Please refer to the Accessibility Advisory Council's Terms of Reference for further information regarding the group's mandate and composition.

Barrier-identification methodologies

The Accessibility Advisory Council used the following barrier-identification methodologies:

<i>Methodology</i>	<i>Description</i>	<i>Current Status - 2018</i>
Accessibility Advisory Group tour of DRDH premises	The working group completed a walk-around of all departments in January 2018, noting potential accessibility issues for consideration	Complete and recommendations integrated into Work Plan
Staff and Public Feedback	Process to seek staff and public consultation	Accessibility working group received feedback from staff and public – January 2018
Review of Requirements in Integrated Standards Act	Review of all AODA regulations complete and compliance gaps noted	Review complete; To review January 2019
Accessibility audit / survey	Plan to conduct a staff, volunteer and physician workplace experience survey in 2018	Planned – fall 2018

Section 1: Past Achievements to Remove and Prevent Barriers

- Barrier-free redevelopment planning: Requirements of Section 3.8 Barrier Free design of the Ontario Building Code. Over the past five years DRDH has undergone several small renovations to upgrade the facility. Improved lighting, wheelchair access, handicap parking and large lettering for signs are examples of areas where barriers have been removed to improve accessibility.
- 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.
- Review of complaints received:
DRDH monitor all complaints and implemented a new patient feedback tracking and response tool in 2017. The CNO conducts a comprehensive review of each complaint and identifies corrective measures where appropriate. No complaints related to accessibility have been received.
- Handicapped parking spaces have improved signage for visibility during winter/snow season
- Alternative formats of DRDH documents are offered on our website

Section 2: Strategies and Actions

See Appendix A: Accessibility Work Plan 2018-2021 for actions and timelines.

Communication of the Annual 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 in large print or in Braille. The plan will also be included within the hospital orientation package to new staff and reviewed with all staff annually.

Definitions

Architectural and physical barriers are features of buildings or spaces that cause problems for people with disabilities. Examples include:

- Doorways and hallways that are too narrow for persons using wheelchairs, walkers or motorized mobility aides
- Counters that are too high for clients to be served in a seated position
- Parking spaces too narrow for safely accommodating wheelchair positioning
- Poor lighting, lack of contrast or high gloss finishes for persons with vision disabilities
- Telephones lacking communication devices for hearing impaired persons

Attitudinal barriers are those that discriminate against persons with disabilities. Examples include;

- Assuming a person with a speech impairment can't understand what's being said
- Ignoring persons with disabilities because of the challenge of communication
- Thinking/implying that persons with disabilities are inferior

Barrier: 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: as defined by the Accessibility for Ontarians with Disabilities Act, 2005 and the Ontario Human Rights Code, is:

- 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.
- A condition of mental impairment or a developmental disability
- A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- A mental disorder, or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

Information and/or communications barriers exist when a person can't easily understand information provided. Examples include:

- Small print for the visually impaired
- Signs that are unclear and/or difficult to understand
- Speaking too loudly to persons with hearing impairments
- Websites that can be accessed by people unable to use a mouse

Organizational barriers are organizations, policies, practices or procedures that discriminate against persons with disabilities. Examples include:

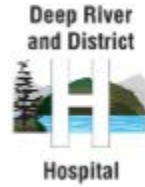
- Hiring processes that are not open to qualified persons with disabilities
- Overhead paging and announcements that can't be heard by persons with hearing disabilities
- Holding events and/or meetings in spaces that can't be accessed by persons using wheelchairs or other mobility aides

Technological barriers occur when technology can't be modified to support assisted devices.

Examples include:

- Websites that don't support screen-reading software
- Phones that can't be adjusted for volume control

Reference Documents	<ul style="list-style-type: none">• https://www.ontario.ca/page/how-create-accessibility-plan-and-policy#, World Health Organization,
Acknowledgements	<ul style="list-style-type: none">• Queensway Carleton Hospital Accessibility Plan
Review Process	<ul style="list-style-type: none">• Accessibility Advisory Council, January 2018• Executive Leadership Team, February 2018• Patient Family Advisory Committee, February 2018• Quality Patient Safety Committee, March 2018



Deep River and District Hospital Accessibility Work Plan: 2018-2021

Area	Barrier	Objective	Plan	Time Frame	Person Responsible
Policies and Practices	<ul style="list-style-type: none"> Not all policies, practices and procedures are updated re: provision of accessible customer service 	<ul style="list-style-type: none"> Ensure organizational commitment to accessibility is reflected in documents 	<ul style="list-style-type: none"> Thorough review of customer service policies Update policies 	2018	HRO
Technological	<ul style="list-style-type: none"> Computer Terminal Font Size and other options (audio) Examine options for bed alarms and call bells (wear a visual signal?) 	<ul style="list-style-type: none"> Educate staff Create awareness of options available 	<ul style="list-style-type: none"> All employee communication and support (showing “How-to” and directing them to ask for help if other issues) 	2018	IT and HR
Attitudinal	<ul style="list-style-type: none"> A hospital organizational mentality is to “help” people, however, people with disabilities do not always want us to help, 	<ul style="list-style-type: none"> Spread knowledge across organization re: customer service for individuals with all types of disabilities 	<ul style="list-style-type: none"> Develop training materials Assign and track 	2018	CNO/HRO

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	they want to be supported in their independence				
Information & Communications	<ul style="list-style-type: none"> Way finding challenging Patients don't always see signs at registration to ring bell Visual fire alarm not visible in all areas Alternative formats for information materials not consistently available 	<ul style="list-style-type: none"> Reduce visual clutter Consider selective use of pictograms for way finding Lower some signage and/or increase and standardize font Consider options for notifying staff with hearing impairments of alarms Create and provide alternative formats upon request 	<ul style="list-style-type: none"> Consultation with accessibility vendors re: signage, alternative formats etc. 	2020	CFO
Employment and/or Training	<ul style="list-style-type: none"> Lack of process regarding individualized accommodation plans 	<ul style="list-style-type: none"> Policy and process created to outline steps for individualized accommodation 	<ul style="list-style-type: none"> Identify and education on process for individualized accommodation plans 	2018	HRO
Physical/Architectural	<ul style="list-style-type: none"> Door Handles round 	<ul style="list-style-type: none"> Replace with lever handles 		2021	CNO/CFO
	<ul style="list-style-type: none"> No Grab bars in staff washrooms 	<ul style="list-style-type: none"> Install grab bars or identify alternative staff accessible washroom 		2020	
	<ul style="list-style-type: none"> Lack of automatic door openers 	<ul style="list-style-type: none"> Install auto door openers where lacking or identify alternative routes 		2021	
	<ul style="list-style-type: none"> Registration Desk not at optimum height to serve customers in wheelchairs 	<ul style="list-style-type: none"> Redesign registration desk during hospital redevelopment 		2021	
	<ul style="list-style-type: none"> No call bells in staff washrooms 	<ul style="list-style-type: none"> Install call bells in staff washrooms 		2019	

	<ul style="list-style-type: none"> • New buildings and RFP process need to comply with Accessibility legislation 	<ul style="list-style-type: none"> • Ensure compliance 		Ongoing	
	<ul style="list-style-type: none"> • Difficult threshold to outside at end of Medical floor 	<ul style="list-style-type: none"> • Examine in spring and assess options 		Spring 2018	
	<ul style="list-style-type: none"> • Chairs difficult to get out of when removing footwear at FHT 	<ul style="list-style-type: none"> • Replace Chairs or provide alternative accessible seating 		2019	
	<ul style="list-style-type: none"> • Parking lot difficult to navigate in winter 	<ul style="list-style-type: none"> • Review contract and ensure clearing in future 		2018	
	<ul style="list-style-type: none"> • Emergency exit door in Physiotherapy not wheelchair accessible 	<ul style="list-style-type: none"> • Replace/widen door or provide directions to accessible door 		2019	
Training	<ul style="list-style-type: none"> • Gaps in comprehensive orientation training program re: accessibility and ongoing training in accessible customer service 	<ul style="list-style-type: none"> • Structured training and development in place for all staff related to accessible customer service 	<ul style="list-style-type: none"> • Develop/source appropriate training materials • Assign and track compliance 	2020	Human Resources Officer

Deep River and District Hospital plans to address the identified project and programs between 2018 and 2021 to remove and prevent barriers to people with disabilities.in accordance with the Accessibility for Ontarians with Disabilities Act

Reference Documents	<ul style="list-style-type: none"> • https://www.ontario.ca/page/how-create-accessibility-plan-and-policy#, Accessibility for Ontarians with Disabilities Act: A Comprehensive Guide for Developing Accessibility Policies and Accessibility Plans
Acknowledgements	<ul style="list-style-type: none"> • St. Michael's Accessibility Plan
Review Process	<ul style="list-style-type: none"> • Executive Leadership Team - February 2018 • Patient Family Advisory Committee - February 2018 • Quality Patient Safety Committee - March 2018