



NORTHUMBERLAND HILLS
HOSPITAL

ANNUAL ACCESSIBILITY PLAN

Under

The Ontarians with Disabilities Act

Submitted to

**Elizabeth Vosburgh,
The Vice President of Human Resources and Quality**

Prepared by:

**Wayne Goodwin, Director of Environmental Services
Accessibility Working Group
Of the Joint Occupational Health and Safety Committee
Northumberland Hills Hospital**

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. 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 is the ninth plan prepared by the Accessibility Working Group of the Northumberland Hills Hospital. The plan describes (1) the measures that the hospital has taken in the past, and (2) the measures that the hospital will take during the year 2012–2013 to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of Northumberland Hills Hospital, including patients and their family, members, staff, health care practitioners, volunteers and members of the community.

This year, Northumberland Hills Hospital 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.

Northumberland Hills Hospital identified a number of barriers to persons with disabilities. The identification of barriers was based on a formal audit of the facility by the members of the Joint Occupational Health and Safety Committee and persons with disabilities from the community.

1. Aim

This plan describes; (1) the measures that Northumberland Hills Hospital has taken in the past and (2) the measures that Northumberland Hills Hospital will take during the next year (2012-2013) 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

The plan includes the following objectives:

1. Identifying, removing and preventing barriers to people with disabilities.
2. Reviewing efforts at Northumberland Hills Hospital to remove and prevent barriers to people with disabilities over the past year.
3. Listing the by-laws, policies, programs, practices and services that Northumberland Hills Hospital that identifies barriers to people with disabilities.
4. Describing the measures Northumberland Hills Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describing how Northumberland Hills Hospital makes this accessibility plan available to the public.

3. Description of the Northumberland Hills Hospital

Opened in 2003, the Northumberland Hills Hospital (NHH) is located in Cobourg, Ontario, directly off Highway 401, and approximately 100 kilometers east of Toronto. An acute care hospital, NHH delivers a broad range of Services, including emergency and intensive care, medical/surgical care, restorative/long-term care,

Rehabilitation, palliative care and obstetrical care. A variety of ambulatory care clinics are also offered at NHH. In addition to these, NHH also sponsors a community mental health program. NHH serves a mixed urban and rural population of approximately 60,000 residents in west Northumberland Including the Town of Cobourg, the Municipality of Port Hope and the townships of Hamilton, Cramahe and Alnwick/Haldimand. NHH employs close to 600 people and relies on the additional support provided by physicians and volunteers.

NHH is an active member of the Central East Local Health Integration Network (Central East LHIN). The current Operating budget for the hospital is \$60 million.

Our Shared Vision

Leaders and partners creating health care excellence.

Our Mission

Exceptional patient care. Every time.

Our Core Values

Integrity

Quality

Respect

Collaboration

Compassion

4. Establishment of the Northumberland Hills Hospital Working Group

The VP Human Resources and Quality authorized the Joint Occupational Health and Safety Committee under the direction of Wayne Goodwin 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 approval by the President and CEO, make the plan available to the public.

Coordinator

The Vice President of Human Resources and Quality appointed Mr. Wayne Goodwin as the Coordinator at Northumberland Hills Hospital.

Mr. Goodwin is the Director of Environmental Services at Northumberland Hills Hospital and has been with the hospital for many years. He also has broad knowledge of accessibility including assistive devices through his previous work as Director of Materials Management.

Members of the Accessibility Working Group

The Members of the Occupational Health and Safety Committee were chosen to represent the members of the Accessibility Working Group. These members are as follows:

Members Name	Position	Certified Member	Department	Telephone Extension
Elizabeth J. Vosburgh (Co-chair)	Vice President of Human Resources and Quality	Yes	Human Resources	4019
Elaine Brown (Co-chair)	Medical Laboratory Technologist	Yes	Laboratory	4318
Wayne Goodwin	Director of Environmental Services	No	Engineering, CSR and Housekeeping	7774
Leanne McCullough	Program Director	No	Surgical, Medicine, Ambulatory Care and Maternal Child Services	4109
Tanya Herman	RN	No	ICU	4238
Myonne Allan (ad hoc)	Manager of Lab and Infection Control	No	Laboratory	4439
Elayne Kingston (ad hoc)	Occupational Health and Safety	No	Human Resources	4814
Kelly Walker	Support Service Attendant	No	Support Services	3416
Linda Stevenson	Support Service Attendant	No	Support Services	3416
Cheryl Blodgett	Community Representative	No	Community	
Selena Forsyth	Community Representative	No	Community	
Desta McAdam	Community Representative	No	Community	
Bob Robertson	Community Representative	No	Community	

5. Hospital Commitment to Accessibility Planning

The Joint Occupational Health and Safety Committee recommends to the Vice President of Human Resources and Quality of the Northumberland Hills Hospital that the following principles be adopted:

The Northumberland Hills Hospital 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 an Accessibility Working Group at the hospital.

The Vice President of Human Resources and Quality authorized the Accessibility Working Group to prepare an accessibility plan that will enable Northumberland Hills Hospital to meet these commitments within available resources.

6. Recent barrier-removal initiatives

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

a) Review of complaints received by patient representative

A policy and process is in place to deal with informal and formal complaints. If a complaint is received on the unit, it is addressed immediately by the Director. An audit was conducted regarding the number of formal complaints filed because of barriers to people with disabilities. In 2011/2012 there were no complaints filed.

b) Site audit

The Joint Occupational Health and Safety Committee members conduct a site audit on a monthly basis. Barriers are noted and addressed.

A site audit of the facility was conducted in April 2012 and recommendations are attached. Representatives from the municipal committee including Selena Forsyth, Cheryl Blodgett, Bob Robertson, and Desta McAdams assisted with the audit.

c) Barrier-free redevelopment planning

The following plans were previously implemented:

Location	Barrier	Action Taken
Emergency	<ul style="list-style-type: none">• Entrance door from the main part of the hospital is easy to open, but a hold open devise would be helpful.	<ul style="list-style-type: none">• An accessible operator was added to this door in 2010
Policy and Practice Issues	<ul style="list-style-type: none">• Questions were raised regarding dogs and where they could be walked etc.	<ul style="list-style-type: none">• Information to the general public on how to treat persons with disabilities was

Location	Barrier	Action Taken
	<ul style="list-style-type: none"> • Education to staff regarding visual impairments. • Utilize a variety of venues for communicating to persons with disabilities e.g. hearing impairments etc. 	<ul style="list-style-type: none"> • included in some of our newsletters. • Signage is of a consistent format with darker borders. • A self learning package was developed for staff regarding diversity and bullying in the workplace. This package is on line for use on an individual basis or on a group basis.
Ambulatory Care	<ul style="list-style-type: none"> • Waiting area is congested and does not have room for a wheelchair or scooter. • Cannot access the window in a wheelchair or scooter. 	<ul style="list-style-type: none"> • Seating has been re-arranged. Lowering of window is planned.
Main Entrance	<ul style="list-style-type: none"> • Review parking at main entrance 	<ul style="list-style-type: none"> • Addition of Metered accessible parking spaces in 2010
Emergency	<ul style="list-style-type: none"> • East end of Emergency waiting to DI hall door does not have accessible operator. 	<ul style="list-style-type: none"> • Accessible operator installed.
Main Entrance	<ul style="list-style-type: none"> • Main way finding map does not show all accessible washrooms 	<ul style="list-style-type: none"> • New map identifies all public accessible washrooms
TTY Phone	<ul style="list-style-type: none"> • Phone purchased but location not decided. 	<ul style="list-style-type: none"> • Now have several available throughout the building.
Height of toilet Seat is 15 inches in accessible washrooms	<ul style="list-style-type: none"> • Accessible height is 17 inches. 	<ul style="list-style-type: none"> • Purchased and installed new accessible height toilet seats.
Some accessible washrooms have support bars on only one side of toilet	<ul style="list-style-type: none"> • Meets code, but some people are weak on one side and can only use washrooms with support on strong side 	<ul style="list-style-type: none"> • Purchase and installed additional support bars to make washrooms usable to all persons.

Location	Barrier	Action Taken
Lights in some accessible washrooms are difficult to turn on	<ul style="list-style-type: none"> Light switches difficult for some people to operate 	<ul style="list-style-type: none"> Installed motion sensors that are activated by the power door operation
Accessible washroom doors are manual operation	<ul style="list-style-type: none"> Manual operated doors are difficult for some people to operate 	<ul style="list-style-type: none"> Installed power operators that are designed for double swing doors
Parking gates-pedestrian safety hazard	<ul style="list-style-type: none"> Visitors walking on pavement at parking lot exit. Potential to be struck by gate when it is closing 	<ul style="list-style-type: none"> Installed visual and sound indicators to gate mechanisms

The following plans were initiated in previous years based on audits. Please note that this list is not all inclusive.

Signage

- CNIB and Occupational Therapists were consulted on all signage. Clearer signage with more distinct borders will be introduced.
- As new signs are purchased, new easy to read formatting will be used

Telephones

- Barrier free telephones are available in the ER.

Washrooms

- Barrier free washrooms are available in all areas
- Visitor washrooms are all barrier free including barrier free entry and exit
- Accessible washrooms are shown on hospital map at main entrance
- Power operators with push locks installed.

Education Centers

- A practice was established that in the Education Centers that aisles will be large enough to accommodate assistive devices including wheel chairs and carts

Lab Office

- An external bell system allows persons in a wheel chair to notify staff of their presence.

External Grounds and Entrance to the Building

- The courtyards were designed for wheelchairs
- The front doors are sliding

Parking Lots

- Larger parking spots are available for persons with wheel chairs
- Van parking signs are posted.
- Wheel chair accessible curbs are highlighted in yellow

Public Rooms

- The cafeteria, Spiritual Care Centre and other public areas will have moveable tables and chairs
- Barrier free chairs are available throughout the facility

- Flooring in public areas is finished with a non slip barrier free material

Doors

- Doors throughout the facility are push button and barrier free

Telephones

- A variety of telephones that are barrier free are placed throughout the facility. These barrier free telephones include: hands free sets, volume adjustments and large number push pads.

Emergency Measures

- Fire pull stations are placed at a lower level
- The fire alarm system has a visual light to assist the hearing impaired In Patient areas
- The nurse call system allows for an intercom system to speak directly to patients from the nursing station

Additional Initiatives

- Mechanical lifts are available in each patient room
- TV system will have closed caption
- There is a “Falls Prevention Program” in place

Changes to Practice

- A system was developed in the ER to assist patients with hearing impairments. An ear symbol is distributed to patients who are deaf or hard of hearing. This allows the nurse to easily identify patients with hearing disabilities.

d) Policy review and development

Policies and procedures are reviewed on a regular basis to ensure that the challenges that people with disabilities encounter are addressed in a proactive manner.

7. Barrier-identification methodologies

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

Methodology	Description	Status
Canvassing hospital committees	<ul style="list-style-type: none"> • Each member of the Joint Occupational Health and Safety Committee serves as Accessibility Ambassadors and will take forward information regarding the action plans to the various committees that they represent. 	<ul style="list-style-type: none"> • Ongoing
Brainstorming exercise and accessibility audit	<ul style="list-style-type: none"> • This legislation will be formally addressed on a monthly basis as an agenda item at the Joint Occupational Health and Safety Meetings. 	<ul style="list-style-type: none"> • Ongoing

	<ul style="list-style-type: none"> • Each team will address accessibility issues on an annual basis. 	
Presentations to Staff	<ul style="list-style-type: none"> • Education to staff will be presented on multiple levels including staff in service education and ongoing educational information placed in the Monday report and communicated at Team meetings. 	<ul style="list-style-type: none"> • A Respectful Workplace policy was implemented and education was provided to all staff. • AODA presentation to all staff on customer service
Focus Groups/Community Consultations	<ul style="list-style-type: none"> • Members of the Municipal Committee will be invited to participate on this committee and assist with the audit. 	<ul style="list-style-type: none"> • Four community members participated in the review of the environment.

8. Barriers identified

In its review, the Accessibility Working group identified a number of barriers. Over the next several years, the Accessibility Working Group has decided to focus on a variety of barriers. The list is divided into six types: 1) physical, 2) architectural, 3) informational or communication-based, 4) attitudinal, 5) technological and 6) policies and practices.

Type of Barrier	Description of Barrier
1) Physical	An audit for both Senior Friendly and accessibility was conducted in February 2011 A list of physical barriers was developed and an action plan for their removal was developed. An audit for accessibility was conducted in April 2012 A list of physical barriers was developed and an action plan for their removal will also be developed
2) Architectural	An audit for both Senior Friendly and accessibility was conducted in February 2011 A list of physical barriers was developed and an action plan for their removal was developed. An audit for accessibility was conducted in April 2012 A list of physical barriers was developed and an action plan for their removal will also be developed
3) Informational and Communications	The current strategy will be reviewed to ensure that persons with disabilities will have ongoing access to information and communications of the Northumberland Hills Hospital
4) Technological	An audit for both Senior Friendly and accessibility was conducted in February 2011 A list of technological barriers was developed and an action plan for their removal was developed. An audit for accessibility was conducted in April 2012 A list of physical barriers was developed and an action plan for their removal will also be developed

5) Policies and Practices	Policies and practices supporting this legislation will be continually developed.
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9. Barriers addressed 2012 - 2013

The Accessibility Working Group will address the following plan during the coming year.

Action Item	Action Required	Comment
Accessible washroom layout cannot be determined by on sign by visually impaired person	<ul style="list-style-type: none"> Source and install brail description of washroom layout. 	<ul style="list-style-type: none"> In process
Accessible washroom requires automatic dispensers	<ul style="list-style-type: none"> Source and install electric soap and hand towel dispensers 	<ul style="list-style-type: none"> In process
There are no tactile clues on handrail for visually impaired person for accessible door buttons.	<ul style="list-style-type: none"> Source and install a tactile marker on the handrail that will meet the needs of the visually impaired and infection control 	<ul style="list-style-type: none"> In process
There are no tactile clues on floor at elevators	<ul style="list-style-type: none"> Source and install a tactile marker on the floor that will meet the needs of the visually impaired, infection control and the hospital health and safety committee 	<ul style="list-style-type: none"> In process
The braille internal elevator signage is confusing	<ul style="list-style-type: none"> The Braille signage identifies car, floor and front or back door. Investigate and install new, clear signage. 	<ul style="list-style-type: none"> In process
ABM machine does not have brail buttons	<ul style="list-style-type: none"> ABM machine contact supplier and have replaced with new braille button model 	<ul style="list-style-type: none"> In process
There are no visual fire alarms in south section of building public areas	<ul style="list-style-type: none"> Investigate the addition of strobe lights. 	<ul style="list-style-type: none"> In process

10. Review and monitoring process

The Joint Occupational Health and Safety Committee will review progress on a monthly basis. At each meeting, the Working Group of the committee will remind staff, either through personal contacts or by e-mail, about their roles in implementing their plan. Members of the working

group will also commit to updating the Quality Care Committee as requested by the President and CEO.

11. Communication of the plan

The hospital's accessibility plan will be posted on the Northumberland Hills Hospital website and hard copies are available upon request from the Communications Coordinator. On request, the plan can be made available in alternate formats such as computer disk in electronic text, in large print or on audio cassette. The plan will also be included within the hospital orientation package to new staff.