



ANNUAL ACCESSIBILITY UPDATE

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**

**Submitted:
April 25, 2013**

Members of the Accessibility Working Group 2013

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
Margaret Newton	Community Representative	No	Community	
Selena Forsyth	Community Representative	No	Community	
Marie Gordon	Community Representative	No	Community	
Karen Truter	RN Geriatric Nurse Specialist	No	Geriatrics	3212

2. 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.

1. 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 2012/2013 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 2013 and recommendations are attached. Representatives from the municipal committee including Selena Forsyth, Margaret Newton, and Marie Gordon assisted with the audit. This year we again had a Clinical Nurse Specialist, Karen Truter, assisting with the review.

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.

c) 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.

2. 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. • Each team will address accessibility issues on an annual basis. 	<ul style="list-style-type: none"> • Ongoing
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.

3. 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 Senior Friendly and accessibility was conducted in April 2013. 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 Senior Friendly and accessibility was conducted in April 2013. 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 Senior Friendly and accessibility was conducted in April 2013 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.

4. Barriers 2012 - 2014

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

Action Item	Action Required	Comment
Walkways in main parking lot are difficult to see	<ul style="list-style-type: none"> Repaint red or orange and white and extend farther into lot to highlight locations 	<ul style="list-style-type: none"> To be addressed during annual line painting
Parking signs are green on white	<ul style="list-style-type: none"> Noted that contract is good, but signage would be easier seen if color was reversed 	<ul style="list-style-type: none"> Replace faded signs as required and ensure future signs are green on white instead of white on green
Floor color breaks give impression of level changes to seniors	<ul style="list-style-type: none"> Review current floor color scheme and set future replacement standard 	<ul style="list-style-type: none"> Further review required
The main public washrooms are not fully accessible.	<ul style="list-style-type: none"> Additional signage needs to be added to stop people with a disability from entering and give them directions to fully accessible washrooms 	<ul style="list-style-type: none"> In process
A person with a visual impairment cannot determine via signage public washroom layouts.	<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 for soap and paper towel.	<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 handrails for a person with a visual impairment to access 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 the floors at the elevators	<ul style="list-style-type: none"> • Source and install a tactile marker on the floor that will meet the needs of the person with a visual impairment. 	<ul style="list-style-type: none"> • In process • Infection control and Occupational Health and Safety will need to review this suggestion to ensure other hazards are not being created.

5. 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.

6. 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.