

ANNUAL ACCESSIBILITY UPDATE

Under

The Ontarians with Disabilities Act

Submitted to

Elizabeth Vosburgh,
The Vice President of Human Resources and Quality

Prepared by:
Chuck Cudmore, Manager Plant Operations
Accessibility Working Group
Of the Joint Occupational Health and Safety Committee
Northumberland Hills Hospital

Submitted: June 2016

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
Chuck Cudmore	Manager of Plant Operations	Yes	Plant Operations	7774
Whitney Lake	Patient Care Manager	No	Chemo, Ambulatory Care, Maternity	4109
Tanya Herman	RN	No	ICU	4238
Myonne Allan (ad hoc)	Director of Quality and Safety	No	Laboratory	4439
Ellen Woodward	Occupational Health and Safety	Yes	Human Resources	4814
Kelly Walker	Support Service Attendant	Yes	Support Services	3416
Linda Stevenson	Support Service Attendant	No	Support Services	3416
Cathy Rylott	Physiotherapist	No	Inpatient Rehab	<mark>3101</mark>
Selena Forsyth	Community Representative	No	Community	

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 2015/2016 there were no complaints filed.

b) Site audit

Signage

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 December 2015, with a representative from the municipal committee which included, Selena Forsyth and Chuck Cudmore who assisted. Northumberland Hills Hospital was found to be compliant.

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

	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
Те	lephones
	Barrier free telephones are available in the ER.
Wa	ashrooms
	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.
	Tower operators with past residentials.
Ed	ucation 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
La	b Office
	An external bell system allows persons in a wheel chair to notify staff of their presence.
Ex	ternal Grounds and Entrance to the Building
	The courtyards were designed for wheelchairs
	The front doors are sliding
Pa	rking 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
Do	pors Doors throughout the facility are push button and barrier free
Te	lephones 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.
En	nergency 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
Ac	Iditional Initiatives Mechanical lifts are available in each patient room TV system will have closed caption There is a "Falls Prevention Program" in place
Ch	hanges 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	☐ 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.	□ Ongoing
Brainstorming exercise and accessibility audit	☐ This legislation will be formally addressed on a monthly basis as an agenda item at the Joint Occupational	□ Ongoing

	Health and Safety Meetings. Each team will address accessibility issues on an annual basis.	
Presentations to Staff	☐ 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.	 □ 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	 Members of the Municipal Committee will be invited to participate on this committee and assist with the audit. 	 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 accessibility and senior friendly was conducted. A list of physical barriers was developed with an action plan for their removal. A recent audit for accessibility was completed, December 2015 which found NHH compliant and accommodating.
2) Architectural	After on-going accessibility and senior friendly audits, our facility has addressed all identified barriers over the past few years. Through new construction practices we continue to respect the dignity of people with disabilities and promote full use to our hospital through barrier-free design.
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 Frenidly 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 2015-2016

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	 Repaint red or orange and white and extend further into lot to highlight locations 	To be addressed during annual line painting
Parking signs are green on white	□ Noted that contrast is good, but signage would be more visible if colours were reversed	☐ 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	 Review current floor color scheme and set future replacement standard 	☐ Further review required
The main public washrooms are not fully accessible.	 Additional signage needs to be added to re-direct people who may require accessible washrooms 	□ Completed
A person with a visual impairment cannot determine via signage public washroom layouts.	 Source and install brail description of washroom layout. 	□ In process
Accessible washroom requires automatic dispensers for soap and paper towel.	 Source and install electric soap and hand towel dispensers 	□ Completed
There are no tactile clues on handrails for a person with a visual impairment to access door buttons.	Source and install a tactile marker on the handrail that will meet the needs of a person with visual impairement and infection control	☐ In process
There are no tactile clues on the floors at the	 Source and install a tactile marker on the 	In processInfection control and

elevators	floor that will meet	Occupational Health
	the needs of the	and Safety will need
	person with a visual	to review this
	impairment.	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.