



South Huron Hospital Association

Multi-Year Accessibility Plan

2015-2019

Submitted to

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This publication is also available at www.shha.on.ca

and will be made available in alternative formats upon request



Accessibility Plan – 2015-2019

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Our VISION

To improve the overall health and well-being of our communities through being a leader and working with partners in an integrated and sustainable rural health care system.

Our MISSION

As your healthcare partner close to home, dedicated to quality and safe patient care we will:

- Treat everyone with respect, compassion and dignity
 - Place patients and families as a core focus
 - Build a workplace environment where all staff, physicians and volunteers feel valued and have opportunities to grow
 - Strengthen and expand our relationships with stakeholders and health care partners
 - Demonstrate our social responsibilities and good stewardship of all resources
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Our VALUES Which Translate Into Actions

CARING – We will provide excellent care, and make our patients, staff, physicians and volunteers feel cared about.

ACCESSIBLE – We will overcome barriers, and work to ensure our patients have care “close to home”.

RESPONSIVE – Working hard to reduce wait times for services. We want our communities to know they can find help with their questions and concerns about their care.

INTEGRITY – We will make ethical decisions, embrace positive change, and face challenges with the intent to make the system better for those we care for.

NETWORKING – We will build strong collaborative relationships that provide our communities with health promotion strategies and solutions that are understandable with transitions that are seamless and easy to navigate

GROWTH – We will be good stewards of our resources, with worthwhile growth objectives and goals that stretch our physicians, staff and volunteers to reach their full potential as we strive to achieve our vision and mission.

1. PURPOSE

The purpose of the Ontarians with Disabilities Act 2001 (ODA), now the Accessibility for Ontarians with Disability Act 2005 (AODA), is to improve opportunities for people with disabilities and provide for their involvement in the identification, removal and prevention of barriers in the Province of Ontario. To this end, the AODA mandates that each hospital prepares an annual Accessibility Plan.

With the introduction of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and the subsequent Integrated Accessibility Standard Regulations (O. Reg. 197/11); the requirement to create, maintain and communicate a multi-year accessibility plan replaced the annual plan requirement. This document is the multi-year Accessibility Plan for the South Huron Hospital Association (SHHA; The Hospital). The plan builds on previous years plans and includes measures that the SHHA will take in the upcoming years to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the SHHA. The plan will be reviewed annually and updated as barriers are identified and/or eliminated.

SHHA is committed to:

- the continual improvement of access to hospital facilities, policies, programs, practices and services for patients, their family members, staff and volunteers
- the participation of persons with disabilities in the development and review of its annual plan
- the provision of quality services to all patients, their family members, and members of the community with disabilities

Within the AODA there are five areas that have been identified as targets for improvement in accessibility. These areas are:

Customer Service

The provision of service to the public and training of employees in accessibility

Information and Communication

Communication to the public of information through uses of print, electronic devices, telephone or in person to ensure accessible information no matter the disability

Employment

Ensuring equal opportunities for hiring and retaining employees and providing all required measures to ensure equality during employment

Transportation

Transportation methods to accommodate persons with disabilities, and equality in access and fees

The Built Environment

Accessibility as provided to the physical environment, including ramps, hand rails and automatic doors

2. AIM AND OBJECTIVES OF THE PLAN

This report describes:

1. The measures that the Hospital has taken in the past and,
2. The measures that the Hospital will take during the next fiscal year to identify, remove and prevent barriers to people with disabilities who use the facilities and services of the Hospital, including patients, visitors, staff and other members of the community.

With respect to identifying, removing and preventing barriers for people with disabilities, this report:

1. Describes the process
2. Reviews efforts to date
3. Describes the measures taken in the current year
4. Describes how this plan will be made available to the public

3. DEFINITIONS

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, technological barrier, a policy or a practice.

Disability:

- a) 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, 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 remedial appliance or device.

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

Service Animal: An animal described in subsection 4(9) of the Accessibility Standards for Customer Service. An animal is a service animal for a person with a disability:

- a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
- b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

Guide Dog: Guide dog is defined in section 1 of the *Blind Persons' Rights Act* and means a dog trained as a guide for a blind person and having the qualifications prescribed by the regulation.

Support Person: In relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods and services.

Accessible Formats may include but are not limited to large print, recorded audio and electronic formats, Braille and other formats usable by persons with disabilities.

Communication Supports may include but are not limited to captioning, alternative and augmentative communication supports, plain language, sign language and other supports that facilitate effective communications.

AODA Coordinator refers to the person appointed by SHHA to carry out the duties set out under the AODA.

Requirements under the AODA 429/07 Customer Service Regulation

The Act requires that we:

- 1) Implement policies, practices and procedures on providing goods and services to people with disabilities.
- 2) Ensure hospital policies, practices and procedures are in line with the core principles of independence, dignity, integration and equality of opportunity.

- 3) Execute a policy on allowing people to use their own personal assistive devices to access goods and services, and provide information about any other means offered by the hospital (assistive devices, services etc.) to allow them access to goods and services.
- 4) Communicate with a person having a disability in a manner that takes into account his or her disability.
- 5) Allow people with disabilities to be accompanied by their guide dog, service animal or support person in areas of the premises unless the animal or person is restricted for health reasons, or by law.
- 6) Train staff, volunteers, contractors and other people that interact with the public or other third parties on the hospital's behalf on the topics outlined in the customer services standard, and record all training including the dates the training occurred and names of the individuals trained.
- 7) Train staff and any other people involved in developing hospital policies, practices and procedures on the requirements regarding goods or services as outlined in the customer service standard.
- 8) Provide information on any admission fees that may be charged for a support person, with as much advance notice as possible.
- 9) Provide notice when services, goods, or facilities used by people with disabilities are temporarily disrupted.
- 10) Establish a process for people to provide feedback on the hospital's method of providing goods and services to people with disabilities and how you will respond to any feedback, and take action on any complaints, ensuring information about how the hospital will provide feedback should be readily available to the public.
- 11) All policies, practices and procedures that govern accessible customer service and associated requirements must be documented.
- 12) Provide notice to customers that documents required under the customer service standard are available upon request.
- 13) Ensure the documents required under the customer service standards are available when requested, by a person with a disability, in a format that takes into account the person's disability.

During the period of the 2012- 2017 Multi-Year Plan, a number of new regulations will come into effect. All of the 6 key chapters of the legislation contain new requirements in the following areas: Customer Service, Communications and Information, Employment, Built Environment, Transportation, and General Requirements.

The new compliance criteria include requirements to:

- Develop and post a multiyear accessibility plan outlining strategies to prevent and remove barriers. At least once every 5 years (section 4.1.c), the plan is to be reviewed in consultation with persons with disabilities. Annual status reports are also to be posted.
- Incorporate accessibility design, criteria and features when procuring or acquiring goods, service or facilities.
- Complete Accessibility Reporting with the first report due December 31 2013.
- Then reporting is done every other year there after (section 86.1).

4. DESCRIPTION OF THE ORGANIZATION

Located in Exeter, the nineteen (19) bed primary care facility serves the municipalities of South Huron and Bluewater. For many residents and visitors, the twenty-four (24) hour Emergency Department provides resuscitative, emergent and urgent care and is often the point of entry for inpatient care.

Emergency and specialist clinics serve approximately 17,000 patients annually. It is estimated that another 30,000 patients enter the building annually for services such as lab, x-ray and physiotherapy. In addition, the South Huron Medical Centre and Walk-in Clinic provide non-urgent/outpatient care to our community.

The Hospital, which is located in LHIN 2, has developed many partnerships with community-based providers and local and regional hospitals.

The Hospital employs greater than one hundred (100) employees.

5. ACCESSIBILITY COMMITTEE

Accessibility Working Group/AODA Team (Joint Occupational Health & Safety Committee)

The Hospital Joint Occupational Health & Safety Committee (JOH&S) is responsible for reviewing and updating the SHHA Accessibility Plan annually and reviewing updates to the AODA 2005 on an ongoing basis. The JOH&S Committee consists of employees from various Hospital departments and management representation. The Committee meets quarterly to discuss and monitor issues to be addressed for the next fiscal year.

The Accessibility Coordinator endorses the plan with the Hospital President & CEO.

6. COMMITMENT TO ACCESSIBILITY

The Hospital is committed to excellence in serving all customers, including people with disabilities, and will carry out functions and responsibilities in the following areas as required under Bill 103, Accessibility for Ontarians with Disability Act, 2005 (AODA) and the Integrated Accessibility Standards Regulation (IASR). It is the policy of the Hospital to strive, at all times, to provide goods and services in a way that respects the dignity and independence of people with disabilities. The Hospital is also committed to giving people with disabilities the same opportunity to access our goods and services, allowing them to benefit from the same services, in the same place and in a similar way as other customers. In order to do so, the Hospital will address the specific needs of all persons with disabilities in a timely manner.

The Hospital will establish policies, practices and procedures on eliminating barriers and providing services and supports to people with disabilities. These will be consistent with the core principles of independence, dignity, integration and equality of opportunity.

Documentation that describes this policy and each of its requirements shall be maintained on the Hospital website and provided to individuals upon request in the appropriate format or with communication support.

The Hospital will produce an annual Accessibility Plan, in consultation with persons with disabilities. The plan will be posted on the Hospital's website and shall be made available in an accessible format and with communication supports, upon request. Progress on the plan will be provided on the schedule determined by the AODA legislation.

The Hospital maintains and develops policies on how the Hospital will meet its requirements under the AODA and will provide such policies in an accessible format upon request.

When procuring goods, services, or facilities, the Hospital will incorporate accessibility criteria and features, unless it is not feasible (practicable). If not practicable, the Hospital shall provide an explanation, upon request.

7. BARRIER IDENTIFICATION METHODOLOGIES

The following barrier-identification methodologies are used to create the list of barriers to be addressed:

- AODA Customer Service Standards
- AODA Integrated Accessibility Standards
- Suggestions and comments from staff, visitors, patients and the public regarding the way the Hospital provides goods and services to people with disabilities can be made by:
 - In writing attention to: SHHA Accessibility Coordinator
 - By email to: shha.accessibility@shha.on.ca
 - By Phone: 519-235-2700 ext. 0 and asking for the SHHA Accessibility Coordinator or delegate
 - In Person: Director of Corporate Affairs
 - Or by using other methods as agreed upon between the individual and the hospital.
- The participation of people with disabilities in the development and review of its annual Accessibility Plan.
- Awareness of the current Building Code and improvements for accessibility will be implemented during any reconstruction where feasible.

LIST OF BARRIERS TO CONSIDER

- Physical
- Hearing
- Speech
- Vision
- Deaf-Blind
- Intellectual
- Mental Health
- Language

ASSISTIVE DEVICES AND SUPPORTS

As part of the Hospital's Accessibility Plan, it is important for the public to know that there are various assistive devices and supports that are encouraged while visiting or staying at the hospital. These include:

- Assistive devices such as wheelchairs, canes and oxygen tanks
- Support persons
- Service animals such as guide, hearing, or special skills animals

Policies outlining the use of such devices and supports are available upon request to the Accessibility Coordinator and on the Hospital's website – www.shha.on.ca . Contact information is listed at the end of this document.

8. REVIEW AND MONITORING PROCESS

The Accessibility Coordinator or Delegate will work with the Joint Occupational Health & Safety Committee and senior management to:

- Review and revise the annual Accessibility Plan
- Respond to issues that require attention and review progress
- Review, revise and implement Accessibility policies and procedures

9. COMMUNICATION OF THE PLAN

The SHHA Accessibility Plan will be made available on the MHA web site (www.shha.on.ca) and copies will be available from the Administrative office. On request, the report will be made available in alternate formats.

11. WORKPLAN (ongoing per year)

Barriers identified and addressed at South Huron Hospital Association

Barrier	Objective	Means to remove/prevent	Performance Criteria	Responsibility
Parking	Improve access to SHHA and the South Huron Medical Centre as well as safety of the public	Addition of handicap/limited mobility parking spots and signage	Completed – 2015	Director of Diagnostics/Operations Director of Ambulatory Services
Public Washrooms	Improve access to wheelchair accessible washrooms	<ul style="list-style-type: none"> • Installation of grab bars to accommodate left and right hand dominant patients • Renovation of wheelchair accessible washroom in basement 	Completed – 2015	Director of Diagnostics/Operations
		Interpreter Survey - Staff and Physicians surveyed for onsite interpretation services	Completed - 2012	Director of Corporate Affairs
		Diagnostic Imaging washroom renovation – now wheelchair accessible	Completed - 2012	Director of Diagnostics/Operations
		Purchase/update bariatric equipment, including the rental of a bariatric bed	Ongoing as required <ul style="list-style-type: none"> • Bariatric table purchased in January 2012 	Director of Clinical Services Director of Ambulatory Services

Barrier	Objective	Means to remove/prevent	Performance Criteria	Responsibility
		Review of signage for Braille translation	Reviewed in 2012 Not complete due to funding	Director of Diagnostics/Operations
		Installation of strobe lights with fire alarm system for the hearing impaired	Completed - 2015	Director of Diagnostics/Operations
		Installation of handrails at the South Huron Medical Centre	Completed –2011	Director of Ambulatory Services
		Contacted Webmaster for SHHA website to ensure website is fully accessible for people with disabilities. A compliancy test was run; the website passed and is in the top 5% of websites for accessibility.	Completed – 2012	Accessibly Coordinator
		Inpatient washroom renovations <ul style="list-style-type: none"> • Retrofitted toilets to ensure correct height as per accessibility and Building Code • Swinging grab bars installed to accommodate left and right hand dominant patients 	Completed - 2011	Director of Diagnostics/Operations Director of Clinical Services

Barrier	Objective	Means to remove/prevent	Performance Criteria	Responsibility
Front entrance improvements	Improve access to SHHA for persons with mobility challenges	<ul style="list-style-type: none"> • Sidewalk repaired to ensure no differences in height between the sidewalk and wheelchair ramp • Thresholds removed from interior doors at front entrance of facility to improve access for those in wheelchairs 	Completed - 2011	Director of Diagnostics/Operations Maintenance Dept.
		Provide free drive thru Flu Shot Clinics for those who were unable to come into the facility to receive their flu shot.	Annually – October/November	Director of Corporate Affairs
		Installation of lever style door handles for all remaining public access doors in facility.	Completed – 2010-2011	Director of Operations/Diagnostics
		Electric automatic door access installed in basement wheelchair accessible washroom	Completed - 2009	

Barrier	Objective	Means to remove/prevent	Performance Criteria	Responsibility
		Training of all staff and affiliates in order to be compliant with the required AODA Customer Service Standard	Completed – 2009	
		Development and approval of policies as it relates to the AODA Customer Service Standard requirements	Completed - 2009	
		Closed captioning on TVs located at registration waiting area	Completed - 2009	
		Final installation and completion of overhead lifts in patient rooms	Completed - 2009	
		Wheelchair accessible washroom installed as part of the ER Renovation Project	Completed - 2008	
		Lever style handle doors upgraded for all doors as part of the ER Renovation Project	Completed - 2008	
		Corridors and public rooms constructed as part of the ER Renovation Project	Completed - 2008	
		Ceiling lifts installed in patient rooms	Completed - 2005-2007	
		New electric patient beds purchased	Completed - 2007	

Barrier	Objective	Means to remove/prevent	Performance Criteria	Responsibility
		Sidewalk installed from Anne Street to employee parking area	Completed - 2006	
		Wheelchair accessible washrooms and ceiling lifts installed	Completed - 2005-2007	
		Mechanical patient lifts to assist with transfer from bed to chair	Completed - 2006	
		Identification of restricted parking for persons with disability.	Completed – 2006	
		Parking spaces available at front entrance of hospital as well as the South Huron Medical Centre	Completed - 2006	
		Front entrance radiant heated wheelchair ramp and automatic door installed	Completed - 2005	
		Wheelchair accessible washrooms and ceiling lifts installed	2005-2007	
		Existing elevator retrofitted to accommodate Braille buttons for visually impaired	Completed 2005	
		New handrails installed in patient rooms along perimeter walls	Completed – 2003	

Barrier	Objective	Means to remove/prevent	Performance Criteria	Responsibility
		Signage to direct visitors/clients to services in the basement area was improved by increasing numbers of signs.	Completed – 2003	
		The installation of the wheelchair ramp and automatic door was completed during renovations	Completed - 2003	

Future identified barriers for the South Huron Hospital Association

Barrier	Objective	Means to remove/prevent	Performance Criteria	Responsibility
Access to SHHA	Improve access to front entrance of hospital	Installation of additional heated sidewalk to the west of the front entrance	Completed - 2015	Director Diagnostics/Operations
Access to wheelchairs	Purchase additional wheelchairs for persons with mobility challenges	Addition of wheelchairs in patient areas	Completed 2015	Director of Clinical Services
Increased lighting for passenger elevators	Aide visually impaired persons with elevator operations		To be completed 2016 (funding dependant)	Director of Diagnostics/Operations
SHHA website updates	Prepare for a fully accessible website	Review of current website to determine steps to ensure that it will be compliant with WCAG 2.0 Level AA	To be completed 2016 with Intranet project (funding dependant)	IT/Supervising Director
Way-finding	Improve way-finding for persons with disabilities		TBD (funding dependant)	Director of Corporate Affairs
Voice annunciation for passenger elevators	Aide visually impaired persons with elevator operation	Upgrade elevator controls to include voice annunciation	To be reviewed in 2016 (funding dependant)	Director of Diagnostics/Operations
Improved Fire Alarm signaling devices	Replacement or augment fire alarm bells with strobe devices for persons with hearing impairments	Review current system, engineer solution and install	Completed - 2015	Director of Diagnostics/Operations
Redevelopment of the front entrance	Improve ease of access for persons with mobility challenges		To be completed 2016	Director Diagnostics/Operations
Extension and reformatting of the South Huron Medical Centre parking lot	Improve access to parking for patients at SHHA and SHMC	Improved lighting, number of limited mobility parking spots, improved signage	TBD (funding dependant)	Director of Diagnostics/Operations Director of Ambulatory Services

Integrated Accessibility Standards Compliance Plan

Year	IASR Requirement	Responsibility	Status
2021	<p>Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2021 requirements</p> <p><u>Information & Communication Standard:</u></p> <ul style="list-style-type: none"> • Accessible websites and web content 	Information Technology/Supervising Director	Not started – to be completed by 2021
2015-2016	<p>Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2016 requirements</p> <p><u>Design of Public Spaces Standards:</u></p> <ul style="list-style-type: none"> • Parking • Maintenance 	Director of Operations/Diagnostics	Not started – to be completed by 2016
2014-2015	<p>Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2015 requirements</p> <p><u>Information & Communication Standard:</u></p> <ul style="list-style-type: none"> • Accessible formats and communication supports The Hospital will provide accessible formats and communications supports as quickly as possible and at no additional cost when a person with a disability asks for them. 	All staff, Physicians, volunteers and affiliates of SHHA	January 2015 requirements complete

Year	IASR Requirements	Responsibility	Status
2013-2014	<p>Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2014 requirements</p> <ul style="list-style-type: none"> • <u>Training</u>: All Hospital staff, Physicians and volunteers are required to complete Accessibility training upon hire/volunteering at SHHA. • <u>Accessible feedback process</u>: Staff, visitors, patients and the public are encouraged to provide feedback by mail, email, phone or in person. • <u>New websites and web content</u>: Upon creation of a new Hospital website, the Hospital will ensure software that supports accessibility is used and that WCAG 2.0 requirements are met. • <u>Accessible employment practices</u>: <ul style="list-style-type: none"> ○ Stated in all job postings/employment offer letters that recruitment and hiring processes will be modified to accommodate their disabilities, if requested. ○ Upon hire, employees and volunteers are asked on a confidential Pre-Employment Health Interview <i>“Do you have a disability, whether permanent or temporary, that requires an accommodation plan and/or may require you to need assistance in an emergency?”</i> 	<p>Accessibility Coordinator/Director of Corporate Affairs</p> <p>Accessibility Coordinator/Director of Corporate Affairs</p> <p>Accessibility Coordinator/IT/Supervising Director</p> <p>Accessibility Coordinator/Director of Human Resources/Director of Corporate Affairs</p>	January 2014 requirements complete

Year	IASR Requirements	Responsibility	Status
2012-2013	Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2013 requirements <ul style="list-style-type: none"> • Accessibility policies and plans • Accessible procurement, including kiosks 	Accessibility Coordinator/Director of Corporate Affairs/CFO	January 2013 requirements complete
2011-2012	Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) <ul style="list-style-type: none"> • Workplace emergency information Emergency and public safety info 	Accessibility Coordinator/Director of Corporate Affairs	January 2012 requirements complete