

# **Lake of the Woods District Hospital**

## **Annual Accessibility Plan**

**2013 - 2017**

**Review: October 1, 2013 - September 30, 2014**

**Plan: October 1, 2014 – December 31, 2017**

### ***Approved by***

Mr. M. Balcaen

Chief Executive Officer and President

Lake of the Woods District Hospital

Kenora, Ontario

### ***Submitted by***

Brock Chisholm

Chair

Accessibility Advisory Committee

*This publication is available in alternative formats upon request*

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## **Executive Summary**

People with disabilities represent a significant and growing part of our population. According to Statistics Canada, about 1.9 million Ontarians have disabilities — about 16% of the population. It is estimated that 20% of the population will have disabilities in two decades.

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA), is a law passed by the Ontario legislature that allows the government to develop specific standards of accessibility and to enforce them. The standards are made into laws called regulations, and they provide the details to help meet the goal of the AODA. The AODA is the foundation on which the standards are built.

As well, 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 in the life of the province. The ODA mandates that all hospitals prepare annual accessibility plans.

To this end, the Accessibility Advisory Committee of the Lake of the Woods District Hospital has prepared this Annual Accessibility Plan.

### **Annual Accessibility Plan - Aim**

The aim of this plan is to review activities that were undertaken in order to comply with both the ODA (2001) and the AODA (2005), and to describe measures that were taken during 2013-2014, and that will take place in 2014-2017 to identify, remove and prevent barriers to people with disabilities in accessing Lake of the Woods District Hospital's facilities and services, including staff, clients, families, and other members of the community.

### **Annual Accessibility Plan - Objectives**

This report:

1. Describes the process by which Lake of the Woods District Hospital identifies, removes, and prevents barriers to people with disabilities.
2. Reviews the progress Lake of the Woods District Hospital has made in removing and preventing barriers that were identified last year in its facilities, policies, programs, practices and services.

3. Lists the facilities, policies, programs, practices and services that Lake of the Woods District Hospital will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures Lake of the Woods District Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes the ways that Lake of the Woods District Hospital will make this accessibility plan available to the public.

The Annual Accessibility Plan was endorsed by LWDH President and Chief Executive Officer Mr. Mark Balcaen.

### **Description of the Lake of the Woods District Hospital**

The Lake of the Woods District Hospital is an 86 bed community hospital located centrally in the City of Kenora. The Lake of the Woods District Hospital employs 485 people, of which 240 are full time. It offers patient care services both on-site, and off-site through community services. The Hospital provides In-patient services to approximately 3,000 patients annually, ambulatory services of approximately 38,000 visits, a variety of In and Out-patient health professional services such as physiotherapy and radiology, and off-site community services to addictions and mental health.

The mission statement of the Lake of the Woods District Hospital is: The people we serve receive optimal health care for a justifiable use of public resources.

This statement is further interpreted to include, but not limited to:

- People with illness or injury achieve optimum outcomes.
- Those we serve have information to make positive lifestyle choices.
- Health care delivery partners have enhanced capacity and capability to achieve their missions

### **Commitment to accessibility planning**

The Lake of the Woods District Hospital has a commitment to providing an accessible and responsive environment to its clients and staff. This commitment is evident in the LWDH policy- Accessibility – General Requirements:

The Lake of the Woods District Hospital (LWDH) is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner, and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act, 2005

### **The Accessibility Advisory Committee**

The LWDH Accessibility Advisory Committee (AAC) was first convened on July 14, 2003, and has continued to meet regularly since. LWDH members were chosen for their unique skills, knowledge and key positions of authority. Community members were specifically invited to join the AAC based on their ability to represent the following key groups:

- Mobility impaired
- Visually impaired
- Hearing impaired
- Mental Health
- Seniors

The AAC was chaired and coordinated by LWDH Rehabilitation Manager Mr. Brock Chisholm. Mr. Chisholm has 26 years of experience as a Physiotherapist, and 23 years experience managing a Rehabilitation Department that provides service to persons with all manners of impairments and injuries.

The AAC met on 3 occasions in the last year. The AAC reviewed previously identified accessibility issues, identified new accessibility issues, developed management strategies, and refined the process for ensuring that LWDH policies and procedures are consistent with accessibility requirements.

### **AAC Mission**

The Accessibility Advisory Committee of the LWDH will set priorities and develop strategies to identify, remove and prevent barriers to people with disabilities at all LWDH facilities, and will write, approve, endorse, submit, publish, communicate, review and monitor a comprehensive Accessibility Plan.

**AAC Terms of Reference (revised March 2014)**

1. The Committee will meet three times a year and/or as required.
2. The Committee will make recommendations for further action to LWDH Senior Administration and the Board of Directors
3. The Committee will function in an advisory capacity to all LWDH programs re. all relevant policy and procedure development and change, relevant program development and change and relevant structural change.
4. Community committee membership is voluntary and members will be selected by request from the chairperson and upon recommendation from the existing committee members. Term of office is 2 years, with review and possible extension at 2 years. Chair will be appointed by LWDH Senior Management from existing LWDH members. Membership will be representative of the facility and the disabled community, and will have the following minimal representation, which ensures a more than 50% community/users group representation:

LWDH Rehabilitation Manager  
LWDH Senior Manager  
LWDH Plant Services Manager  
LWDH Community Programs Representative  
LWDH Occupational Therapist  
Community Representative- Visual  
Community Representative- Hearing  
Community Representative- Mobility  
Community Representative- Mental Health/Intellectual Disability  
Community Representative- Seniors

5. Decisions will be reached by consensus.

## **Members of the Accessibility Advisory Committee**

<b>Name</b>	<b>Representation</b>
Brock Chisholm	LWDH Rehabilitation Manager
Patti Dryden-Holmstrom	LWDH Mental Health and Addictions Manager
Kathy Dawe	LWDH AED Patient Services LWDH Manager of Enviro and Plant Services
Mary Hall	
Kendra Dobinson	LWDH Rehabilitation (OT)
Wayne Ficek	Community Representative
Nadine Haalboom	Community Representative
Pat Clink	Community Representative
Robert Bartolo	Community Representative
Diane Pelletier	Community Representative

## **2013 -2014 - Barrier-Removal Initiatives & Summary of Activities**

The LWDH AAC met on 3 occasions over the course of the last year. During this time, the group reviewed the progress of the previously identified barriers from 2013-2014. Barriers were further identified, listed, and prioritized on an Excel spreadsheet as Barrier ID Form 2013-2014 (Appendix 1, Sheet 1), and removal and prevention strategies were identified, prioritized and completed as possible.

Major activities undertaken by the LWDH or the AAC in the past year included:

- Ongoing staff Sensitivity training, including
  - Accessibility Training for all new hires – refined in-house accessibility training package
  - Availability of staff training videos to all staff
- Ongoing signage review and revision as required
- Further development of wayfinding maps and process for distribution
- Development of Accessibility policies as per AODA requirements and completion of AODA compliance reporting
- Review of special needs washrooms for in-patients with initiation of redesign plan

- Ongoing upgrades of equipment as required, including bariatric seating
- Further facility tour completed with committee members as able, and some required changes implemented
- Review of visual fire alarms status

The LWDH AAC intends to continue to meet on a regular basis, in order to identify remaining existing barriers, and to ensure that new programs, processes and services are all accessible. The existing LWDH Internal Responsibility System will ensure that all LWDH staff consider accessibility with all current and future programs and services. Specifically, any physical barrier, architectural barrier, informational barrier, communications barrier, attitudinal barrier, technological barrier, or policy/practice barrier will be investigated and removal/prevention strategies will be developed.

### **2014-2017 - Methodologies for identifying barriers**

<b><i>Methodology</i></b>	<b><i>Description</i></b>	<b><i>Status</i></b>
Ongoing Physical Review	The AAC continues to review and identify existing and new accessibility issues at the LWDH.	Ongoing formal and informal review of accessibility barrier correction.
Encourage public and Committee member input	The AAC encouraged and responded to written and verbal concerns re Accessibility issues	The AAC allows for open forum discussion of concerns and issues

## 2014 - 2017 - Goals and Objectives

<u>Goal</u>	<u>Objectives</u>
1. To complete and submit a multi-year accessibility plan	<ol style="list-style-type: none"> <li>1. Review and monitor the plan.</li> <li>2. Re-commit to accessibility planning.</li> <li>3. Review recent initiatives and successes in identifying, removing and preventing barriers within LWDH.</li> <li>4. Identify (list/categorize) barriers that may be addressed in the coming year.</li> <li>5. Set priorities and develop strategies to address barrier removal and prevention.</li> <li>6. Specify how and when progress is to be monitored.</li> <li>7. Write, approve, endorse, submit, publish and communicate the plan.</li> </ol>
2. Educate other LWDH staff regarding accessibility issues and the existence and mandate of the Accessibility Advisory Committee.	<ol style="list-style-type: none"> <li>1. Post approved minutes to LWDH website</li> <li>2. Continue to inform the LWDH Board, and Senior and Mid-managers of AAC developments and activities.</li> <li>3. Post accessibility information, AAC minutes and other relevant information such as the ODA 2001 on a public viewing board outside the cafeteria.</li> <li>4. Provide regular and ongoing sensitivity training for front –line LWDH staff.</li> <li>5. Collaborate with community partners regarding accessibility awareness and training.</li> </ol>
3. Coordinate Accessibility planning with other local and provincial agencies.	<ol style="list-style-type: none"> <li>1. Communicate with other AAC's, such as the City of Kenora and the School Boards, informally through common members and formally as required.</li> <li>2. Communicate with municipal, provincial and federal agencies as required re. accessibility standards.</li> </ol>
4. Function as a conduit for accessibility concerns	<ol style="list-style-type: none"> <li>1. Communicate with community members re. accessibility issues</li> <li>2. Provide advice to LWDH Senior Management re. Accessibility issues.</li> </ol>



5. Liaise with provincial bodies re AODA legislation	<ol style="list-style-type: none"> <li>1. Communicate with AODA legislative review</li> <li>2. Monitor and respond to proposed changes to AODA legislation as appropriate</li> </ol>
6. Monitor the requirements of the Integrated Accessibility Regulation	<ol style="list-style-type: none"> <li>1. AAC Chair and members to regularly review and report on requirements of the Integrated Accessibility Regulation</li> </ol>

### **2014 – 2017 Barriers to be Addressed**

The current barriers (2013-2014) at the LWDH are summarized in the LWDH Barrier ID Forms, under the headings of Priority #, Barrier, Type, Location, Objective/Outcome, Removal/Prevention Strategies, Criteria, Resources, Timelines, Responsibility, Pending or Completed and Outcomes (Appendix 1, Sheet 1). Existing barriers will be reviewed and new barriers identified according to the established Barrier Identification form, in 2014-2017 (Appendix 1, Sheet 2)

### **2014-2017 - Review and Monitoring Process**

The AAC will continue to meet three times per year, or as required, in order to review accessibility issues and the progress of the recommended interventions for the identified barriers. Ad hoc meetings will be arranged as required in order to deal with any significant issues that may arise.

### **Communication of Accessibility**

Communication at meetings was enhanced as required with personal hearing devices, and visually impaired members could access all information with reading computer technology. Information, including agendas, minutes and barrier reviews, was emailed to all members prior to the meetings. All members were encouraged to participate in all discussions, and decisions were reached by consensus.

The LWDH Accessibility Plan 2013-2017 will be available in both hard copy on request and in electronic format. The Plan will be available in alternative formats, including Arial 14 hard copy and LWDH website compatible with reading software. The public will be informed of the Plan through various media options and through public posting at the LWDH.

## **Conclusion**

The LWDH AAC continues to identify physical, architectural, informational, communications, attitudinal, technological, or policy/practice barriers in the LWDH, and continues to make recommendations for removal/prevention of these barriers. The AAC will continue to meet regularly and as required to review the progress of the barrier interventions, and to identify remaining and future barriers in all LWDH facilities. The AAC will regularly monitor, respond to and ensure compliance with all AODA initiatives and IAS requirements.

**Appendix 1 (2) Barrier ID Form - October 1, 2014 - December 31, 2017**

**Lake of the Woods District Hospital**

<u>Priority</u>	<u>Date</u>	<u>Barrier</u>	<u>Type</u>	<u>Location</u>	<u>Objective</u>	<u>Resolution</u>	<u>Criteria</u>	<u>Resource</u>	<u>Time</u>	<u>Resp.</u>	<u>P</u>	<u>C</u>	<u>Outcome</u>
B Required	Oct-12	High glare wax	Physical	LWDH	All LWDH facilities will be accesible to low vision	Use only low glare wax throughout buildings	100% of users will have optimal visual cueing and acuity	none	3 months	M. Hall	X		Sept 2014 PARTIAL - high glare only used in high traffic areas and phasing out
B Required	Oct-12	Power door opening range not delineated	Physical	LWDH 2nd Floor	All LWDH facilities will be accesible to low vision	Paint contrast on floor in door range	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		Sept 2014 Unresolved
B Required	Oct-12	2E door frame low contrast	Physical	LWDH 2nd Floor	All LWDH facilities will be accesible to low vision	Paint contrast colors around door frame	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		Sept 2014 Unresolved
B Required 1	2014	In Patient accessible Washroom with adequate turnign space and grab bars, angled mirror, covered sink pipe	Physical	LWDH 3rd Floor	Washroom will be accesible	1. Install mirror 2. Cover undersink pipes 3. Install grab bars 4. retrofit room for accessible WR	100% of users can access washroom	Labour Part Costs	6 mo., pending funding	M. Hall			Sept 2014- Pending

B Required 1	2004	Maternity common Washroom needs grab bars, angled mirror, covered sink pipe	Physical	LWDH 4th Floor	Washroom will be accessible	1. Install mirror 2. Cover undersink pipes 3. Install grab bars	100% of users can access washroom	Labour Part Costs	6 mo., pending funding	M. Hall	√		Sept 2014 Patially resolved - mirrors and pipe wrap pending
B Required	2006	LWDH basement access ramp dangerous grade with inappropriate railing and not accessible through parking spot.	Physical	LWDH Basement	LWDH basement will be accessible to staff, visitors and clients	1. Install appropriate grade access ramp with appropriate railing	100% of staff and users can access LWDH basement	Labour Part Costs	6 mo., pending funding	M. Hall			Sept 2014 Enabling Funding Proposal declined - further funding options required
B Required	July , 2008	LWDH basement stairs have railing only one side	Physical	LWDH Basement	LWDH basement will be accessible to staff, visitors and clients	1. Install appropriate railing on each side of stairs	100% of staff and users can access LWDH basement	Labour Part Costs	6 mo., pending funding	M. Hall			Sept 2014 Enabling Funding Proposal declined - further funding options required

B Required	2006	LWDH basement washroom not accessible.	Physical	LWDH Basement	LWDH basement will be accessible to staff, visitors and clients	1. Convert men's washroom into a lockable, unisex, accessible washroom 2. Remove metal divider to allow open access to toilet 3. Install grab bars	100% of staff and users can access LWDH basement washroom	Labour Part Costs	6 mo., pending funding	M. Hall			Sept 2014 Enabling Funding Proposal declined - further funding options required
B Required	Oct-12	TCC - Fluorescent poor lighting - better with Pot light	Physical	LWDH Basement	All LWDH facilities will be accessible to low vision	Install pot lights	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	1 year	M. Hall	X		Sept 2014 - PENDING - replacing lights with LEDS as required
B Required 1	2004	ER Wicket too high, with glass sound barrier	Architectural	LWDH Main Floor	ER wicket at user friendly height with no sound obstruction	1. Lower wicket height 2. Adapt sound barrier	100% of users can interact with ER staff	Labour	6 mo., pending funding	M. Hall			Sept 2014 Unresolved - current process addresses patient needs as temporary solution
A Urgent 1	Jul-08	Ramp to cafeteria has no railing	Physical	LWDH Main Floor	cafeteria will be easily accessible to all users	1. Install railings on ramp to cafeteria	100% of users can access cafeteria	Labour Cost		M. Hall			Sept 2014 Unresolved-PENDING

B Required	Oct-12	lack of visual cues for low vision	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	1. put yellow grit paint at top of all stairs 2.paint yellow square around front door power openers	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	1 year	M. Hall	X		Sept 2014 PENDING
B Required	Oct-12	volunteer table at switchboard needs leg for cane detection	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	install leg on corner of table	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall			Sept 2014 Unresolved
B Required	Oct-12	Ramps by maintenance and cafeteria need high contrast at top and bottom	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	Apply paint or tape at top and bottom of ramps	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		Sept 2014 PENDING
B Required	Oct-12	stairwell by IT needs regrit on rumble strips and overhead contrast tape on low ceiling	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	Regrit rumble strips and apply contrast tape	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		Sept 2014 PENDING
B Required 1	2006	Acute ward fire exit requires ramp and walkway and lever handle	Physical	Morningstar	Fire exit will be accesible	1. Install ramp and walkway from fire exit 2. Lever Handle	100% of users can safely exit though fire exits in Morningstar	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom			Funding Declined, unresolved, new funding applications made

B Required 4	2006	Washrooms throughout Morningstar require signage and wider door and wheel in shower	Physical	Morningstar	Washrooms will be accessible	1. Signage 2. Female acute - wider door	100% of users can access washrooms safely in Morningstar	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom			Funding Declined, unresolved, new funding applications made
C Desirable 10	2006	Staff washroom requires grab bars	Physical	Morningstar	Washrooms will be accessible	1. Install grab bars	100% of staff can access staff washroom in Morningstar	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom	√		Sept 2014 - unresolved
B Required 1	2014	Challenge club buzzer not at accessible height	Physical	New St Joes	Door buzzer will be accessible	1. lower door buzzer	100% of users can access assistance	Labour Part Costs	6 mo., pending funding	M. Hall			Sept 2014- Pending
C Desirable 1	2014	Challenge club and addictions doors are manual	Physical	New St Joes	Door can be opened by all users	1. install power door	100% of users can access office	Labour Part Costs	6 mo., pending funding	M. Hall			Sept 2014- Pending
C Desirable	2004	No visual alarm for fire alarm	Physical	New St. Joes	Fire alarm will be appropriate for all	1. Install fire alarms with visual and appropriate audible alarm	100% of users can identify fire alarm in New St. Joes	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom	√		Sept 2014 - part of larger proposal
A Urgent 5	2004	New St. Joes Signage inadequate- Challenge Club and Addictions	Physical	New St. Joes	Consistent and easy to read signage located strategically throughout New St. Joes	1. Large, legible printing - black on white signage located throughout hospital	100% of users can locate and read required information	Labour	6 mo., pending funding	P. Dryden Holmstrom	√		Sept 2014 - PENDING

B Required 1	27-Nov-06	Public Washroom in hall and Challenge Club limited accessibility	Physical	New St. Joes	Washrooms will be accessible	1. Female WR requires soap dispenser height change and angled mirror 2. Male WR requires angled mirror 3. install new L shaped grab bars 4. add handle on to door	100% of users can access the washroom	Labour Purchase Cost	6 mo., pending funding	M. Hall			Sept 2014 - unresolved
B Required 1	27-Nov-06	Entrance and internal rooms have reduced accesibility	Physical	New St. Joes	The Challenge Club will be accessible	1. Washroom requires covered pipe, angled mirror, and replaced slat on broken bath seat	100% of users can access the Challenge Club	Labour Purchase Cost	6 mo., pending funding	P. Dryden Holmstrom	X		Sept 2014 - pending