

Lake of the Woods District Hospital

Annual Accessibility Plan

2007/2008

Review: October 1, 2006 - September 30, 2007

Plan: October 1, 2007 – September 30, 2008

Submitted to

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Submitted by

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Chair
Accessibility Advisory Committee

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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 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 report. Its aim is to describe measures that were taken during 2006 - 2007, and that will take place in 2007-2008 to identify, remove and prevent barriers to people with disabilities, including staff, clients, families, and other members of the community.

The Accessibility Advisory Committee established that the four most significant barriers at the LWDH are:

1. Inadequate signage throughout the buildings, including lack of accessible floor plans and way finding plans.
2. Sensitivity training re. patients with unique accessibility continues to be required by front line staff.
3. All patient care rooms and washrooms have extremely limited space for mobility impaired.
4. Difficult access to facility, including parking lots, crosswalks, and door handles

The identified priorities, consistent with the Committee Goals and Objectives for the coming year, are to:

1. Complete and distribute Annual Accessibility Plan, including Barrier forms.
2. Promote Accessibility through Hospital and community involvement, both generally and specifically with an identified Accessibility Week.
3. Continue to resolve and address priority A, B and C accessibility issues.
4. Continue to review, identify and prioritize new barriers to accessibility.
5. Continue to review critical policies and procedures to ensure accessibility concerns are addressed. (ie fire plan, evacuation plan etc.)
6. Continue to provide impairment sensitivity training for front-line LWDH staff.

Annual Accessibility Plan - Aim

The aim of this report is to describe measures that the Accessibility Advisory Committee of the Lake of the Woods District Hospital took during 2006-2007, and will take in 2007-2008 to identify, remove and prevent barriers to all Ontarians 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.

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 **Slogan** of the Lake of the Woods District Hospital is “Quality Health Care from a Quality Team ... Looking Well in the Future”.

The **End Statement** of the Lake of the Woods District Hospital is that the hospital “exists so that there will be optimal healthcare and optimal health for the people of the community.”

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

- People with illness or injury will achieve optimum outcomes.
- Reduce preventable disease through healthy lifestyle choices.
- Students in health professions have access to education and clinical experience through Lake of the Woods District Hospital.

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 following excerpts from both the Vision and Values statements:

- We will ensure coordinated quality health care through established working linkages and partnerships with other health care providers and with the community at large.
- All persons have the right to accessible, high-quality health care and to participate in decisions affecting their care.
- We have a responsibility to collaborate fully with all other providers and stakeholders throughout the region affected by each of the services we provide.

The Accessibility Advisory Committee

The LWDH Accessibility Advisory Committee (AAC) was first convened on July 14, 2003, and has continued to meet intermittently 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 endorsed by LWDH Chief Executive Officer Mr. Mark Balcaen.

The AAC was chaired and coordinated by LWDH Rehabilitation Manager Mr. Brock Chisholm. Mr. Chisholm has 18 years of experience as a Physiotherapist, and 14 years experience managing a Rehabilitation Department that provides full service to persons with all manners of impairments and injuries.

The AAC met on 5 occasions in the last year. The AAC reviewed the previously identified accessibility issues, identified new accessibility issues, 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

1. The Committee will meet quarterly or as required to ensure that barriers are identified and prioritized, and that recommendations are made to remove the barriers, and that an annual Accessibility Plan is completed and made available by Sept 30 of each year.
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 changes.
4. 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 a minimum of 2 years. Membership will be composed of members representing the facility and community, and will have the following minimal representation, which ensures a 50% community/users group representation:

LWDH Rehabilitation Manager
 LWDH Senior Manager
 LWDH Plant Services Manager
 LWDH Community Programs Representative
 LWDH Rehabilitation (OT)
 Community Representative- Visually Impaired
 Community Representative- Hearing Impaired
 Community Representative- Mobility Impaired
 Community Representative- Mental Health
 Community Representative- Seniors

5. Decisions will be reached by consensus.

Members of the Accessibility Advisory Committee

Name	Representation	Fax	Phone	Email
Brock Chisholm	LWDH Rehabilitation Manager	468-7096	468-9861	bchisholm@lwdh.on.ca
Patti Dryden-Holmstrom	LWDH Addictions Manager	468-3939	467-3575	pdryden@lwdh.on.ca
Lesley Brown	LWDH AED Patient care	468-3939	468-9861	lbrown@lwdh.on.ca
Mary Hall	LWDH Maintenance Manager	468-3939	468-9861	mhall@lwdh.on.ca
Brian Fish	Community Representative		467-8442	
Renee Brady	Community Representative		468-9212	rbrady@nwhu.on.ca
Dianne Griffiths	Community Representative	468-8496	468-7230	dgriffiths@kenora.chs.ca
Margaret Maybank	Community Representative			maybanks@kmts.ca
Diane Pelletier	Community Representative			cmhss@kacl.ca
Shauna Caron	LWDH Rehabilitation (OT)	468-7096	468-9861	scaron@lwdh.on.ca

2006 -2007 - Barrier-Removal Initiatives & Summary of Activities - Year 5

The LWDH AAC met on 5 occasions over the course of the last year. During this time, the group reviewed the progress of the previously identified barriers from 2005-2006. Barriers were further identified, listed, and prioritized on an Excel spreadsheet as Barrier ID Form 2006-2007 (Appendix 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 videotaping for further viewing by staff, of key accessibility issues, including
 - Customer Service Training for front line staff
 - Hearing Impairments
- Signage planning and approval
- Development and distribution of Patient Assistance Signs
- Physical tour and review of all LWDH buildings
- Provide consultation and advice re. suggestions and concerns from LWDH users, including concerns re. accessible washrooms and ramped entrance
- Review of Terms of Reference and change of committee name from Accessibility Review Committee to Accessibility Advisory Committee
- Participation in the Local “National Accessibility Week” activities, including
 - Public open house and lobby demonstration on Accessibility at the LWDH

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.

2006-2007 - Methodologies for identifying barriers

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
Ongoing Physical Review	The AAC continues to review and identify existing and new accessibility issues at the LWDH.	Ongoing 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

2007- 2008 - Goals and Objectives

<u>Goal</u>	<u>Objectives</u>
<p>1. To complete and submit an accessibility plan to the MOHLTC and the public by September 30, 2008.</p>	<ol style="list-style-type: none"> 1. Review and monitor the plan. 2. Re-commit to accessibility planning. 3. Review recent initiatives and successes in identifying, removing and preventing barriers within LWDH. 4. Identify (list/categorize) barriers that may be addressed in the coming year. 5. Set priorities and develop strategies to address barrier removal and prevention. 6. Specify how and when progress is to be monitored. 7. Write, approve, endorse, submit, publish and communicate the plan.
<p>2. Educate other LWDH staff regarding the accessibility issues and the existence and mandate of the Accessibility Advisory Committee.</p>	<ol style="list-style-type: none"> 1. Post approved minutes to LWDH website 2. Continue to inform the LWDH Board, and Senior and Mid-managers of AAC developments and activities. 3. Post accessibility information, AAC minutes and other relevant information such as the ODA 2001 on a public viewing board outside the cafeteria. 4. Provide regular and ongoing sensitivity training for front –line LWDH staff. 5. Collaborate with community partners regarding accessibility awareness and training.
<p>3. Coordinate Accessibility planning with other local and provincial agencies.</p>	<ol style="list-style-type: none"> 1. Communicate with other formal AAC's, such as the City of Kenora and the School Boards, both formally through shared minutes, and informally through common members. 2. Communicate with municipal, provincial and federal agencies as required re. accessibility standards.

2007 – 2008 Barriers to be Addressed

The current barriers (2006-2007) 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). Existing barriers will be reviewed and new barriers identified according to the established Barrier Identification form, in 2007-2008 (Appendix 2)

2007-2008 - Review and Monitoring Process

The AAC will continue to meet on a quarterly basis or as required to review the progress of the identified barriers and recommended interventions. Ad hoc meetings will be arranged as required in order to deal with any significant issues that may arise.

2007-2008 – Communication of Accessibility

Communication at meetings was enhanced with hearing devices, and visually impaired members were provided with large font print and accessed 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 2007-2008 will be distributed in both hard copy, and electronic format. The Plan will be available in alternative formats, including Arial 16 hard copy and LWDH website compatible with reading software. The public will be informed of the Plan through the various media options available in the community, including newspapers, television, and radio, 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 quarterly or as required to review the progress of the barrier interventions, and to identify remaining and future barriers in all LWDH facilities.