

# Lake of the Woods District Hospital

## Annual Accessibility Plan

**2008/2009**

**Review: October 1, 2007 - September 30, 2008**

**Plan: October 1, 2008 – September 30, 2009**

***Submitted to***

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Lake of the Woods District Hospital  
Kenora, Ontario

***Submitted by***

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Chair  
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*This publication is available in alternative formats*

### **Contents of Annual Accessibility Plan**

**EXECUTIVE SUMMARY**

Annual Accessibility Plan - Aim

Annual Accessibility Plan - Objectives

Description of the Lake of the Woods District Hospital

LWDH commitment to accessibility planning

The Accessibility Advisory Committee

Establishment of The Accessibility Advisory Committee

Mission, Terms of Reference, Members of the AAC

2007-2008 - Barrier-removal initiatives & Summary of Activities

2007-2008 - Methodologies for Identifying Barriers

2008-2009 - Goals and Objectives

2008-2009 - Barriers to be addressed

2008-2009 - Review and monitoring process

2008-2009 - Communication of the plan

Conclusion

## **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 2007 - 2008, and that will take place in 2008-2009 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 2007-2008, and will take in 2008-2009 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 mission statement of the Lake of the Woods District Hospital is to provide acute care and support optimal healthcare for the people we serve.

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

- People with illness or injury can access a center of excellence and achieve optimum outcomes.
- Those we serve have information to make positive lifestyle choices.
- People have a continuum of services that support optimal health.

## **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 19 years of experience as a Physiotherapist, and 15 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**

<b>Name</b>	<b>Representation</b>	<b>Fax</b>	<b>Phone</b>	<b>Email</b>
Brock Chisholm	LWDH Rehabilitation Manager	468-7096	468-9861	<a href="mailto:bchisholm@lwdh.on.ca">bchisholm@lwdh.on.ca</a>
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Lesley Brown	LWDH AED Patient care	468-3939	468-9861	<a href="mailto:lbrown@lwdh.on.ca">lbrown@lwdh.on.ca</a>
Mary Hall	LWDH Manager of Plant Services	468- 5017	468-9861	<a href="mailto:m.hall@lwdh.on.ca">m.hall@lwdh.on.ca</a>
Shauna Caron	LWDH Rehabilitation (OT)	468-7096	468-9861	<a href="mailto:scaron@lwdh.on.ca">scaron@lwdh.on.ca</a>
Brian Fish	Community Representative		467-3117	<a href="mailto:bfish@gokenora.com">bfish@gokenora.com</a>
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Dianne Griffiths	Community Representative	468-8496	468-7230	<a href="mailto:dgriffiths@chs.ca">dgriffiths@chs.ca</a>
Margaret Maybank	Community Representative			<a href="mailto:maybanks@kmts.ca">maybanks@kmts.ca</a>
Diane Pelletier	Community Representative			<a href="mailto:cmhss@kacl.ca">cmhss@kacl.ca</a>

## **2007 -2008 - Barrier-Removal Initiatives & Summary of Activities - Year 6**

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 2006-2007. Barriers were further identified, listed, and prioritized on an Excel spreadsheet as Barrier ID Form 2007-2008 (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
  - Customer Service Training for front line staff
  - Availability of staff training videos to all staff
- Signage planning and review
- Review of parking lot proposed changes
- Re-design of the LWDH website to improve it's accessibility
- Development of an on-line Accessibility Questionnaire /Survey
- 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 presentation at the NAW launch
- Joint submission by the LWDH AAC and Northwestern Independent Living Services of an Enabling Change Foundation letter of interest
- The LWDH AAC was recognized and honored by the Northwestern Independent Living Services for being "a barrier free business that is easily accessed by persons who are disabled"

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.

### 2007-2008 - Methodologies for identifying barriers

<b>Methodology</b>	<b>Description</b>	<b>Status</b>
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

### 2008 - 2009 - Goals and Objectives

<b><u>Goal</u></b>	<b><u>Objectives</u></b>
1. To complete and submit an accessibility plan to the public by September 30, 2009.	<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 the 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 formal AAC's, such as the City of Kenora and the School Boards, both formally through shared minutes, and informally through common members.</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. Complete project of developing e-training tool for staff awareness	<ol style="list-style-type: none"> <li>1. With NILS, complete and submit a Proposal for Funding</li> <li>2. With NILS, develop, distribute and utilize tool.</li> </ol>

### **2008 – 2009 Barriers to be Addressed**

The current barriers (2007-2008) 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 2008-2009 (Appendix 2)

### **2008-2009 - 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.

### **2008-2009 – 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.