

Lake of the Woods District Hospital

Annual Accessibility Plan

2010 - 2012

Review: October 1, 2010 - September 30, 2011
Plan: October 1, 2011 – September 30, 2012

Submitted to

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Submitted by

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Chair
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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 2010-2011, and that will take place in 2011-2012 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 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 chaired and coordinated by LWDH Rehabilitation Manager Mr. Brock Chisholm. Mr. Chisholm has 22 years of experience as a Physiotherapist, and 18 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

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 Manager of Plant Services	468- 5017	468-9861	m.hall@lwdh.on.ca
Shauna Caron	LWDH Rehabilitation (OT)	468-7096	468-9861	scaron@lwdh.on.ca
Brian Fish	Community Representative		467-3117	bfish@gokenora.com
Scott Garner	Community Representative	345-0786	345-3341 ext. 5468	Scott.Garner@cnib.ca
Dianne Griffiths	Community Representative	468-8496	468-7230	dgriffiths@chs.ca
Ann Baker	Community Representative			rosiebm@kmts.ca
Diane Pelletier	Community Representative			cmhss@kacl.ca

2010 -2011 - Barrier-Removal Initiatives & Summary of Activities - Year 9

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 2009-2010. Barriers were further identified, listed, and prioritized on an Excel spreadsheet as Barrier ID Form 2010-2011 (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 all new hires
 - Availability of staff training videos to all staff
- Ongoing signage review and revision as required
- Admission form voluntary identification of impairments procedure reviewed and revised
- Development of wayfinding maps and process for distribution
- Participation in the Local “National Accessibility Week” activities, including promoting the wheelchair basketball tournament
- Ongoing upgrades of equipment as required
- Provision of bariatric seating
- Review and response to the proposed “Built Environment Standard” and the proposed “Integrated Access Regulation”

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.

2011-2012 - Methodologies for identifying barriers

Methodology	Description	Status
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

2011 - 2012 - Goals and Objectives

<u>Goal</u>	<u>Objectives</u>
1. To complete and submit an accessibility plan to the public by September 30, 2012.	<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.
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"> 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.

3. Coordinate Accessibility planning with other local and provincial agencies.	<ol style="list-style-type: none"> 1. Communicate with other AAC's, such as the City of Kenora and the School Boards, informally through common members and formally as required. 2. Communicate with municipal, provincial and federal agencies as required re. accessibility standards.
4. Function as a conduit for accessibility concerns	<ol style="list-style-type: none"> 1. Communicate with community members re. accessibility issues 2. Provide advice to LWDH Senior Management re. Accessibility issues.
5. Liaise with provincial bodies re AODA legislation	<ol style="list-style-type: none"> 1. Communicate with AODA legislative review 2. Monitor and respond to proposed changes to AODA legislation as appropriate
6. Monitor the progression of the proposed Integrated Accessibility Regulation	<ol style="list-style-type: none"> 1. AAC Chair and members to regularly review and report on progress of the proposed Integrated Accessibility Regulation

2011 – 2012 Barriers to be Addressed

The current barriers (2010-2011) 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 2011-2012 (Appendix 2)

2011-2012 - 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.

2011-2012 – Communication of Accessibility

Communication at meetings was enhanced with 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 2010-2012 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 various media options, as 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. The AAC will regularly monitor, respond to and ensure compliance with all AODA initiatives.