

Annual Accessibility Plan for the Englehart and District Hospital September 2008 - August 2009

Submitted to
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Chief Executive Officer
November 13, 2008

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Coordinator
Accessibility Working Group

*This publication is available on the hospital's website
(www.edhospital.on.ca)
and in alternative formats upon request*

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Executive Summary

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. To this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

This is our sixth annual plan (2008 - 2009) prepared by the Accessibility Working Group of the Englehart and District Hospital. The plan describes: (1) the measures that Englehart and District Hospital has taken in the past, and (2) the measures that Englehart and District Hospital will take during the year (2008 - 2009) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of Englehart and District Hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

Again this year, Englehart and District Hospital committed itself to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of persons with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

The Accessibility Working Group identified 10 barriers to persons with disabilities. The most significant findings were barriers of a Physical /Architectural nature resulting in decreased or difficult access to some services. The Accessibility Working Group will continue to reevaluate, recommend and focus on the removing of barriers that are identified annually. This year, the Working Group recommends removing and preventing 6 barriers.

1. Aim

This plan describes: (1) the measures that Englehart and District Hospital have taken in the past, and (2) the measures that Englehart and District Hospital will take during the next year (2008 - 2009) to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

2. Objectives

This plan:

1. Describes the process by which Englehart and District Hospital will identify, remove and prevent barriers to people with disabilities.
2. Reviews efforts at Englehart and District Hospital to remove and prevent barriers to people with disabilities over the past year.
3. Lists the by-laws, policies, programs, practices and services that Englehart and District Hospital will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures Englehart and District Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes how Englehart and District Hospital will make this accessibility plan available to the public.

3. Description of the Englehart and Hospital Corporation

The Englehart and District Hospital was first established in 1955 and now is comprised of the Englehart and District Hospital and the E&D Physicians Clinic building located at 61-5th Street in the Town of Englehart. The primary care facility is the Englehart and District Hospital, which is an accredited 30-bed facility that offers an extensive array of services that include: laboratory, radiology and physiotherapy departments and 24-hour emergency room coverage.

The E&D Physicians Clinic which is owned and operated by the hospital is located adjacent to the hospital and is home to the Englehart and District's Physician's services. The newly designed building supports a pharmacy, physicians' offices, exam rooms, dental office, Well Woman's Clinic and an executive boardroom over two floors accessible by an elevator.

Our catchment area of central Timiskaming includes approximately 9000 individuals in the urban and rural areas of the Towns of Englehart and Charlton Robillard and the townships of Brethour, Hilliard, Armstrong, Thornloe, James, Evanturel, Chamberlain and unorganized townships. Our hospital serves approximately 1500 patients annually and has 80 employees including a full complement of six physicians.

4. The Accessibility Working Group

Establishment of the Working Group

Lois Kozak (Chief Executive Officer) authorized the Working Group to:

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify barriers that will be removed or prevented in the coming year;
- Describe how these barriers will be removed or prevented in the coming year; and
- Prepare a plan on these activities, and after its approval by the Chief Executive Officer, make the plan available to the public.

Coordinator

The Chief Executive Officer appointed Mark Montminy as the Coordinator. Mark Montminy has served as Director of Support Services at Englehart and District Hospital for the past six years. He also has a broad knowledge of disability issues gained through his role as the certified chair of the Joint Occupational Health and Safety Committee.

Members of the Accessibility Working Group

Working Group Member	Department	Contact Information
Lois Kozak	Chief Executive Officer	705-544-5217 ext. 5200
Mark Montminy	Director – Support Services	705-544-5217 ext. 5202
John Moon	Director of Finance/Human Resources	705-544-5217 ext. 5297
Elsie Grenon	Director - Nursing Unit	705-544-5217 ext. 5201
Jackie Murphy	Physiotherapy	705-544-5217 ext. 5204
Provided upon request	Person with Disabilities	Provided upon request
Provided upon request	Person with Disabilities	Provided upon request
Provided upon request	Person with Disabilities	Provided upon request
Provided upon request	Person with Disabilities	Provided upon request
Quality Committee	Diverse cross section of staff	Contact: Mark Montminy
Joint Occupational Health and Safety Committee	Nursing, Ambulatory, Maintenance, Patient Services, Management	Provided upon request

5. Hospital commitment to accessibility planning

At its meeting on November 13, 2008, the Board of Directors reaffirmed its commitment to continue to support the following Accessibility Planning Policy:

The Englehart and District Hospital is committed to:

- *The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, healthcare practitioners, volunteers and members of the community;*
- *The participation of people with disabilities in the development and review of its annual accessibility plans;*
- *Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and*
- *The Accessibility Working Group consisting of the senior administration, Quality Committee and the Joint Occupational Health and Safety Committee at the hospital.*

The Chief Executive Officer authorized the Quality Committee and Senior Administration to update and amend the annual accessibility plan to enable Englehart and District Hospital to continue to meet its goals and objectives outlined in the above-mentioned policies.

6. Recent barrier-removal initiatives

During the last several years, there have been a number of informal initiatives at Englehart and District Hospital to identify, remove and prevent barriers to people with disabilities.

(a) Site Audit / Quality Committee Brainstorming

A site audit by the quality committee, Director of Nursing Unit, maintenance and departmental heads to identify and assess the full spectrum of barriers. Barriers that were identified and removed were:

Barriers identified and remove prior to 2003-2004:

- Physical – Front entrance renovations, which included ramp slope redesigns, canopy coverage, handrails and automatic door opener.
- Physical – Wheelchair accessible washroom constructed off main hallway.
- Physical – Construction of wheelchair accessible shower room.
- Physical – Construction of new tub room with Ultra Sonic tub and lift device.
- Physical and policy and practice - Client base procedures in force to establish an environment that meets the needs of individuals with disabilities.
- Physical and policy practice – Utilization of municipal wheelchair bus for transportation of out patients.
- Policies and Practices - On going program developed by the Physiotherapy department to address proper workstation ergonomics. (Ergonomics sub-committee which is part of the Occupational Health and Safety Committee)
- Physical – Installation of elevator during the initial construction of E&D Physicians services building.
- Physical and policy practice – Installation of “wandering patient system”
- Physical and policy practice - Special needs addressed for clients when purchasing furniture.
- Physical - Renovated Patient Room for clients' Hairdressing / Grooming needs
- Informational or communication-based - Painted lines / Handicap icons in parking
- Physical – Ergonomic laptop carts purchased for the implementation of electronic patient care systems.

(b) Policy review and development by Human Resources

On going review and development of policies will continue by Human Resources to identify and remove barriers to employees with disabilities. Director of Nursing in coordination with the Quality Committee will continue to proactively identify, implement and review policies that are related to patient care.

Barriers identified and removed: 2003 – 2004

Through the development and implementation of our first annual Accessibility Plan the barriers below were successfully removed.

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>
Physical	Replace worn carpeting	Replaced with commercial grade tile
Communication Based	Patient Call Station in washrooms	Installed Patient Call Station in two handicapped washrooms and washroom in emerge.
Architectural	Fire barrier door located in hallway by Director of Nursing Unit difficult to open	Installed interconnected magnetic door opener to fire alarm so door can remain open
Architectural	Remove the height differential of ramp to sidewalk at front of hospital	Removed and reinstalled interlocking brick
Physical	Easy access to bedside drawers	Installed large surface mount handles on drawers
Physical	Install new public/main washroom door handles	Tool on hand at nursing station for fast, easy access in the event of an emergency

Barriers identified and removed: 2003 – 2004 continued...

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>
Physical	Tub Room needs hooks to hang clothes	Installed two sets of hooks at different heights.
Physical	Hand washing stations located too high for use by individuals in wheelchairs	Placed additional hand wash stations throughout facility, which can be accessed by individuals in wheelchairs
Policies and practices	Remove barrier to access services at clinic	Daily tests of call bell for assistance. Ensure all staff is informed of policy and practice in the utilization of lift.
Informational	Remove old wheelchairs that prevent independent mobility	Purchased 4 new wheelchairs
Physical	Older beds with bed cranks difficult to use	19 new electric beds purchased. All patient rooms now equipped with electric assist control beds.
Architectural	Patient Kitchenette has poor ergonomics for patients. Difficult for patients to use toaster, kettle and difficult to reach and manipulate plugs	Relocated Kitchenette to Cafeteria
Architectural	Tub Room – no room to maneuver with wheelchairs	Continue to use established policies and practice

Barriers identified and removed: 2004 – 2005

Through the development and implementation of our second annual Accessibility Plan the barriers below were successfully removed.

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>
Physical	Emergency exit at rear of building does not have hard surface for evacuation	Create a paved walkway for emergency evacuation
Physical	Door to patient patio does not have automatic door opener	Installation of automatic door opener
Physical	Patient entrance from patio difficult for wheelchair or walker access	Edge of ramp altered for easy access.
Physical	Location of handicap parking area at E&D Clinic not ideal	Relocation handicap parking space to accommodate safer and easier transfers
Physical	Exam table too high for wheel chair transfers	Purchased new height adjustable stretcher for emergency department
Physical	Patient transfers	New ceiling lifts installed in four patient rooms
Architectural	Inadequate Emergency generator receptacles in patient rooms for CPAP machine etc.	Installation of additional "red" emergency backup receptacles
Architectural	Doors too narrow for wheelchairs and walkers. Bathrooms too small to allow staff to assist	Replacement of exit door at rear of hospital to accommodate passage of wheelchairs and patient beds
Architectural	Additional "standard" receptacles for patient assist equipment	Installation of additional receptacles in patient rooms
Physical	Exam table too high for wheel chair transfers	Purchase of new height adjustable exam chair in emergency department
Architectural/Physical	Poor access and Ergonomics in the Nursing Station and adjacent rooms.	Re-designed nursing station with easy access entrance / passage ways and new ergonomic desktop area.

Barriers identified and removed: 2004 – 2005 continued...

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>
Physical	New staff washroom to accommodate individuals with disabilities.	New staff washroom incorporates enough interior space to be utilized by individuals with disabilities.
Physical	Fire barrier doors difficult for individuals with disabilities to open	Installation of fire alarm interconnects which allow doors to remain open.

Barriers identified and removed: 2005 – 2006

Through the development and implementation of our third annual Accessibility Plan the barriers below were successfully removed.

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>
1. Physical	Increase access to facility for persons with disabilities	Removal of steps on northeast walkway and replace with ramping
2. Physical	Increase access to facility for persons with disabilities	Ramp walkway into Emergency Entrance
3. Physical	Increase independent mobility for persons with disabilities	Removal of a wall and slop/ramp entrance to shower in isolation room
4. Physical	Increase mobility for pesons with disabilities	Installation of additional ceiling lifts.
5. Physical	Increase independent mobility for persons with disabilities	Installation of remote door switch for new automatic door at patio entrance.
7. Physical	Old metal floor dividers – risk for falls and difficult to maneuver wheelchair and walkers over	Continue process of replacing with low profile type molding
8. Architectural	Doorway to Physiotherapy washroom is not wheelchair accessible	Physiotherapy department relocated
9. Architectural	Doorway to Nursing Unit Coordinator office is not wheelchair accessible	Office relocated
10. Architectural	Clinic elevator not dependable and often out of service for repairs	Replaced elevator that utilizes manual door system

Barriers identified and removed: 2006 – 2007

Through the development and implementation of our fourth annual Accessibility Plan the barriers below were successfully removed.

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>
1. Physical	Increase access to facility for persons with disabilities	Parking lot visual aids. Have parking lines and handicapped symbols repainted by summer students
2. Physical	Increase access to facility for persons with disabilities	Arm chairs in waiting areas not suitable for large clients. Replace with equal amount of armless chairs
3. Architectural	Increase access to facility for persons with disabilities	ECG Room too small and relocated in conjunction with Emerge. renovations
4. Architectural	Increase access to facility for persons with disabilities	Respiratory Therapy room too small and relocated in conjunction with Emerge. renovations

Barriers identified and removed: 2007 – 2008

Through the development and implementation of our fifth annual Accessibility Plan the barriers below were successfully removed.

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>
1. Architectural	Patio entrance ramp too steep and a lip exists where ramp meets patio	Not able to extend ramp slope as this would create a tripping hazard in patio area. However a new ramp was installed which eliminated the uneven concrete

7. Barrier-identification methodologies

The Accessibility Working Group used the following barrier-identification methodologies:

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
Canvassing Staff	Submission form setup on Hospital's local intranet site to gain input.	Ongoing
Brainstorming exercise at Quality Committee	Quality committee, which is made up of a diverse staff and managerial group, examined all aspects of barriers.	Ongoing
Consulted with individual with disabilities	Client with disabilities contacted for input on identification of barriers.	Completed May 2008 and ongoing
Consultation with Joint Occupational Health and Safety Committee	Discussed at meetings and ongoing monitoring of barrier removal	September 2008
Health Care Standards	Used benchmarking against similar facilities.	Ongoing process

8. Barriers identified

In its review, the Accessibility Working Group identified over 10 barriers. Over the next year, the Accessibility Working Group will focus on 6 barriers. This list is divided into six types: (1) physical; (2) architectural; (3) informational or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

Type of Barrier	Description of Barrier	Strategy for Removal / prevention
1. Physical	Hand rails on only one side of hallways	Installation of hand rails on walls where they do not exist.
2. Physical	Workstation Ergonomics	Physiotherapy department to continue to educate staff on best practices in relation to posture and to make recommendations when purchasing and altering workstations
3. Physical	Bathroom in Patient Activity Room – Heater located too close to toilet and may cause injury	Relocate heat register
4. Physical	More hand rails needed in tub and shower rooms	Installation of additional handrails
5. Architectural	Poor lighting in rooms creates impediment for individuals with visual disabilities.	Continue replacement of over bed light fixtures
6. Architectural	Door to Rexall Pharmacy does not have automatic door opener	Installation of automatic door opener
7. Communication-based	Visual aids for fire alarm	The installation of warning lights
8. Communication-based	Signage; not at eye level	Develop new signage layout
9. Policies and practices	Document policies and practices already in place	Human Resource and clinical staff to review and adopt newly written policies and practices
10. Physical	Weigh scale suitable for individual not able to stand.	Purchase of a seat scale.

9. Barriers that will be addressed 2008 - 2009

6 barriers have been designated for removal this year.

Barrier	Objective	Means to remove/prevent	Performance criteria	Resources	Timing	Responsibility
2. Architectural	Patient washroom doors too narrow for wheelchairs and walkers.	Increase door width to allow for access and assistance.	Increase independence/self-reliance		01/01/09	Support Services
3. Architectural	Elevator and stairs into doctor's office.	Analyze how to incorporate with future renovations. New LULA lift to be installed as part of expansion	Increase independence/self-reliance		01/15/09	Support Services
4. Architectural	Handicap examination room needed at the E&D Physicians Clinic	Analyze how to incorporate with future renovations. Dimensions of exam rooms increased with new addition.	Allow for better mobility		01/15/09	Support Services
5. Physical	Examination tables in doctor's office and hospital too high	Have input from individuals with disabilities when purchasing new furniture Five electric assist / height adjustable exam tables to be purchase for Family Health Team	Increase independence/self-reliance		01/15/09	FHT Coordinator / Support Services
6. Architectural	Availability of handicap parking at clinic	Increased number of spaces being created with expansion project	Increase independence/self-reliance		01/15/09	Support Services

10. Review and monitoring process

Management and staff chair representative will ensure that a standing agenda item is implemented for the Occupational Health & Safety Committee meetings to ensure progress reports in the removal of barriers. The Quality Committee will also be utilized to re-examine direction and implementation in the identification and removal of barriers at Englehart and District Hospital.

11. Communication of the plan

The hospital's accessibility plan will be posted on Englehart and District Hospital's website and hard copies will be available from the Administrative Assistant. On request, the plan can be made available in alternative formats, such as computer disk in electronic text, in large print and will be communicated to the public through ongoing interviews with the media.