

Lake of the Woods District Hospital

Five Year Accessibility Plan

2017 - 2021

Review: Jan 1, 2014 - December 31, 2017

Plan: Jan 1, 2018 – December 31, 2021

Approved by

Mr. M. Balcaen

Chief Executive Officer and President

Lake of the Woods District Hospital

Kenora, Ontario

Submitted by

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Chair

Accessibility Advisory Committee

This publication is available in alternative formats upon request

Contents of 5 Year Accessibility Plan

EXECUTIVE SUMMARY

5 year Accessibility Plan - Aim

5 year 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

Barrier-removal initiatives & Summary of Activities

Methodologies for Identifying Barriers

Goals and Objectives

Barriers to be addressed

Review and monitoring process

Communication of the plan

Conclusion

Executive Summary

People with disabilities represent a significant and growing part of the 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) (ONTARIO REGULATION 191/11, Integrated Accessibility Standards), 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 5 year 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 2014-2017, and that will take place in 2017-2021 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 that the Lake of the Woods District Hospital has made in removing and preventing barriers that were identified in

the last 4 years 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 five years to identify barriers to people with disabilities.

4. Describes the measures that the Lake of the Woods District Hospital will take in the coming 5 years 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 5 year 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 509 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 Organizational End of the Lake of the Woods District Hospital is: People we serve achieve the best possible health outcomes for a justifiable use of resources.

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

People we serve receive patient-centered care that incorporates the values and preferences of patients and their families and is based on evidence-based medicine. This is the highest priority.

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. The AAC guides the LWDH in ensuring that its environment and services are accessible to all. LWDH members are chosen for their unique skills, knowledge and key positions of authority. Community members are 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 is chaired and coordinated by LWDH Rehabilitation Manager Mr. Brock Chisholm. Mr. Chisholm has 28 years of experience as a Physiotherapist, and 24 years experience managing a Rehabilitation Department that provides service to persons with all manners of impairments and injuries.

The AAC meets 3 times annually. The AAC reviews previously identified accessibility issues, identifies new accessibility issues, develops management strategies for accessibility issues, and refines 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 5 year 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

Name	Representation
Brock Chisholm	LWDH Rehabilitation Manager
Patti Dryden-Holmstrom	LWDH Mental Health and Addictions Manager
Donna Makowsky	LWDH AED Patient Services LWDH Manager of Enviro and Plant Services
Mary Hall	LWDH Rehabilitation (OT)
Shauna Caron	Community Representative
Wayne Ficek	Community Representative
Nadine Haalboom	Community Representative
Pat Clink	Community Representative
Robert Bartolo	Community Representative
Diane Pelletier	Community Representative

2014 -2017 - Barrier-Removal Initiatives & Summary of Activities

The LWDH AAC met 3 times annually over the course of the last 4 years. During this time, the group reviewed the progress of the previously identified barriers and further identified, listed, and prioritized new barriers on an Excel spreadsheet as Barrier ID Form 2014-2017 (Appendix 1, Sheet 1). Removal and prevention strategies were identified, prioritized and completed as possible.

Major activities undertaken by the LWDH or the AAC in the past 4 years 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
- Ongoing development of wayfinding maps and process for distribution
- Development of Accessibility policies and procedures as per AODA requirements and completion of AODA compliance reporting, including procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements are

not in working order. (Refer to Appendix 2 – Design for Public Spaces Procedure)

- Development and implementation of accessible bariatric in-patient room
- Ongoing upgrades of equipment as required, including bariatric seating
- Intermittent facility tours completed with committee members as able, with identification of barriers and required changes implemented

The LWDH AAC intends to continue to meet 3 times annually and on an ad hoc basis as required, 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.

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 formal and informal review of accessibility barrier correction.
Encourage public and Committee member input	The AAC encourages and responds to written and verbal concerns re Accessibility issues	The AAC allows for open forum discussion of concerns and issues

2017 – 2021: Goals and Objectives

<u>Goal</u>	<u>Objectives</u>
1. To complete and submit a 5 year accessibility plan	<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 years. 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 accessibility issues and the existence and mandate of the Accessibility Advisory Committee.	<ol style="list-style-type: none"> 1. Post approved minutes to LWDH internal and external websites 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 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 3. Complete and submit a bi-annual Accessibility Compliance Report to the Accessibility Directorate of Ontario.
6. Monitor the requirements of the Integrated Accessibility Regulation	<ol style="list-style-type: none"> 1. AAC Chair and members to regularly review and report on requirements of the Integrated Accessibility Regulation

2017 – 2021 Barriers to be Addressed

Existing barriers 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 2017-2021 (Appendix 1, Sheet 2)

2017-2021 - Review and Monitoring Process

The AAC will continue to meet three times per year and on an ad hoc basis as required, in order to review accessibility issues and the progress of the recommended interventions for the identified barriers.

Communication of Accessibility

Communication at meetings is 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 2017-2021 will be available in both hard copy on request and in electronic format. The Plan will be made 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.