

# **Lake of the Woods District Hospital**

## **Multi Year Accessibility Plan**

**Jan 1, 2022 – December 31, 2026**

### ***Approved by***

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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*

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## **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 multi year accessibility plans.

To this end, the Accessibility Advisory Committee of the Lake of the Woods District Hospital has prepared this multi year Accessibility Plan.

### **Multi Year Accessibility Plan - Aim**

The aim of this plan is to review activities and to describe measures that will comply with both the ODA (2001) and the AODA (2005) and that will be undertaken in 2022 -2026 in order 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.

### **Multi Year 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 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 multi year Accessibility Plan was endorsed by LWDH President and Chief Executive Officer Mr. Ray Racette.

## **Description of the Lake of the Woods District Hospital**

The Lake of the Woods District Hospital is a 72 bed community hospital located centrally in the City of Kenora, Ontario . The Lake of the Woods District Hospital employs over 500 people, of which approximately 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 of the Lake of the Woods District Hospital is to support people in their health care journey in an innovative, collaborative and compassionate way with a goal to build healthy communities.

## **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 and believes in integration and equal opportunity. The LWDH is 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 32 years of experience as a Physiotherapist, and 28 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 multi year Accessibility Plan.

## **AAC Terms of Reference**

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 or equal to 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.

## **2017 -2021 - Barrier-Removal Initiatives & Summary of Activities**

The barrier removal initiatives and activities from 2017 - 2021 were reported annually in the LWDH Accessibility Plan Annual Reports.

### **Methodologies for identifying barriers**

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

## **2022 – 2026: Goals and Objectives**

<b><u>Goal</u></b>	<b><u>Objectives</u></b>
1. To complete and submit a Multi year accessibility plan	<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 years.</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>

<p>2. Educate other LWDH staff regarding accessibility issues and the existence and mandate of the Accessibility Advisory Committee.</p>	<ol style="list-style-type: none"> <li>1. Post approved minutes to LWDH internal and external websites</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 on a public viewing board outside the cafeteria.</li> <li>4. Provide regular and ongoing accessibility training for front –line LWDH staff.</li> <li>5. Collaborate with community partners regarding accessibility awareness and training.</li> </ol>
<p>3. Coordinate Accessibility planning with other local and provincial agencies.</p>	<ol style="list-style-type: none"> <li>1. Communicate with other AAC's, such as the City of Kenora and the School Boards, informally through common members and formally as required.</li> <li>2. Communicate with municipal, provincial and federal agencies as required re. accessibility standards.</li> </ol>
<p>4. Function as a conduit for accessibility concerns</p>	<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> <li>3. Liaise with OHCNAP and share provincial concerns with LWDH</li> </ol>
<p>5. Liaise with provincial bodies re AODA legislation</p>	<ol style="list-style-type: none"> <li>1. Communicate with AODA legislative review</li> <li>2. Monitor and respond to proposed changes to AODA legislation as appropriate</li> <li>3. Educate and inform LWDH staff re. pending AODA Health Care Accessibility Standards</li> <li>4. Complete and submit a biennial Accessibility Compliance Report to the Accessibility Directorate of Ontario.</li> </ol>
<p>6. Monitor the requirements of the Integrated Accessibility Regulation</p>	<ol style="list-style-type: none"> <li>1. AAC Chair and members to regularly review and report on requirements of the Integrated Accessibility Regulation and any new legislation that pertains to the LWDH</li> </ol>

## **2022 – 2026 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) Existing barriers will be reviewed and new barriers identified according to the established Barrier Identification form in 2022-2026.

## **2022-2026 - 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 using virtual platforms when not face to face. 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 2022-2026 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 social 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.



**LWDH Barrier ID Form - Updated JAN 17, 2022**

<u>Priority</u>	<u>Date</u>	<u>Barrier</u>	<u>Type</u>	<u>Location</u>	<u>Objective</u>	<u>Resolution</u>	<u>Criteria</u>	<u>Resource</u>	<u>Time</u>	<u>Resp.</u>	<u>Status</u>	<u>Outcome</u>
B Required	Oct-12	2E door frame and hall corners low contrast	Physical	LWDH 2nd Floor	All LWDH facilities will be accesible to low vision	Paint contrast colors around door frame	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	L. Somers	p -	Renovation pending
C Desirable	Oct-12	TCC - Fluorescent poor lighting - better with Pot light	Physical	LWDH Basement	All LWDH facilities will be accesible to low vision	Install pot lights	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	1 year	L. Somers	C	Basement lighting review completed, required lighting updated, lighting meets all requirements
B Required	2004	ER Wicket too high, with glass sound barrier	Architectural	LWDH Main Floor	ER wicket at user friendly height with no sound obstruction	1. Lower wicket height 2. Adapt sound barrier	100% of users can interact with ER staff	Labour	6 mo., pending funding	L. Somers	P	Full renovation pending Fall 2021
B Required	June 19, 2017	Admitting office needs grab bar for patients on wall	Physical	LWDH Main Floor at Lobby	Admitting office will be accessible	1. mount grab bar beside bench to assist patients to stand	100% of users can access LWDH services	Labour Grab bar cost	Jul-17	L. Somers	C	Admitting office relocated , increased space and chairs with arm rests
B Required	2006	Acute ward fire exit requires ramp and walkway and lever door handle	Physical	Morningstar	Fire exit will be accessible	1. Install ramp and walkway from fire exit 2. Lever Handle	100% of users can safely exit though fire exits in Morningstar	Labour Part Costs	6 mo., pending funding	C. Voort	C	Funding Declined, unresolved, very low use exit and acceptable for emergency egress

B Required	2006	Washrooms throughout Morningstar require signage and wider door and wheel in shower	Physical	Morningstar	Washrooms will be accessible	1. Signage 2. Female acute - wider door	100% of users can access washrooms safely in Morningstar	Labour Part Costs	6 mo., pending funding	C. Voort	P	New renovation with accessible shower and washroom in design
C Desirable	2006	Staff washroom requires grab bars	Physical	Morningstar	Washrooms will be accessible	1. Install grab bars	100% of staff can access staff washroom in Morningstar	Labour Part Costs	6 mo., pending funding	C. Voort	C	Staff washroom inaccessible by infrastructure limits, staff to use accessible WR
B Required	2014	Challenge club buzzer not at accessible height	Physical	New St Joes	Door buzzer will be accessible	1. lower door buzzer	100% of users can access assistance	Labour Part Costs	6 mo., pending funding	L. Somers	C	New intercom installed and button at accessible height
C Desirable	2014	Challenge club and additions doors are manual	Physical	New St Joes	Door can be opened by all users	1. install power door	100% of users can access office	Labour Part Costs	6 mo., pending funding	L. Somers	P and C	Challenge club doors remain open throughout work day, and funding requested for Community program door
C Desirable	2004	No visual alarm for fire alarm	Physical	New St. Joes	Fire alarm will be appropriate for all	1. Install fire alarms with visual and appropriate audible alarm	100% of users can identify fire alarm in New St. Joes	Labour Part Costs	6 mo., pending funding	C. Voort	C	Laundry strobe light fire alarms installed

B Required	27-Jun-05	Entrance and internal rooms have reduced accessibility	Physical	New St. Joes	The Challenge Club will be accessible	1. Washroom requires covered pipe, angled mirror, and replaced slat on broken bath seat	100% of users can access the Challenge Club	Labour Purchase Cost	6 mo., pending funding	C. Voort	P	In Review
Desirable	May, 2019	Braille signage absent on target locations	Physical	LWDH	All LWDH facilities will be accessible to low vision	Braille signage added to all key target locations	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	L. Somers	P	Samantha working with Larry to print signage