

Pembroke Regional Hospital Accessibility Plan 2009-2010

Executive Summary

Compliance with the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*, formerly *Ontarians with Disabilities Act (ODA)*, is entering its sixth year; this act requires public organisations to prepare annual plans and improve opportunities for people with disabilities. People with disabilities are involved in the process from the identification to the removal and prevention of barriers within Pembroke Regional Hospital. Once again in order to achieve this goal, the Pembroke Regional Hospital has prepared an annual accessibility plan through consultation with persons with disabilities and has stated the plan to the public.

Additionally, the *Accessibility Standards for Customer Service, Ontario Regulation 429/07*, was created under the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*. The standard came into effect on January 1, 2008. It sets out obligations for certain persons, businesses and other organizations to provide goods or services in a way that is accessible to people with disabilities in Ontario.

In addition to the requirements under the *Accessibility Standards for Customer Service, Ontario Regulation 429/07*, the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* legislation requires organizations to comply with the following by January 2010:

1. **Establish policies, practices and procedures** for the provision of service o those with disabilities and how to deal with the use of assistive devices.
2. **Establish a training program and train staff:** overview of the Act, how to interact and communicate with people with disabilities, how to use equipment and assistive devices, what devices and equipment are available for use on our premises, what to do if a person is having difficulty accessing services because of a disability and where to find polices and procedures about the provision of service to people with disabilities
3. **Establish a feedback process** for receiving and responding to complaints about the way we provide service to people with disabilities, make allowances for the provision of feedback in a variety of ways, and make the information accessible to the public.
4. **Prepare documentation:** description of client service policies and practices, policies with respect to service animals, steps to be taken when there is an interruption of service, and the organizational training that is provided.

In order to address the expanded requirements, the Human Resources and Environment Committee established an Accessibility Planning Subcommittee and established Terms of Reference. The subcommittee reports to the Human Resources and Environment Committee and is responsible for leading all aspects of accessibility planning as required by both the *Accessibility for Ontarians with Disabilities Act* and the *Accessibility Standards for Customer Service, Ontario Regulation 429/07*. Accessibility planning which has previously focused on the identification and removal of barriers has broadened to include organizational requirements to develop policies, procedures and practices for the provision

of service to those with disabilities. Additionally, organizations with 20+ employees are required to train employees on how to provide service to persons with disabilities by January 2010. There must be an established process for receiving and responding to complaints about the way we provide service to those with disabilities. The membership of the committee includes representation from Human Resources, Plant Services, Mental Health Services, Medical and Rehab Programs, Occupational Therapy. Professional Practice and Quality and Risk Management are resources to the sub-committee. Ad hoc members represent persons living with, or experienced with disabilities.

The 2009- 2010 annual accessibility plan is the sixth plan.

The plan expresses:

1. The accomplishments that the Pembroke Regional Hospital has made in 2008-2009 under the AODA, and
2. The measures that the Pembroke Regional Hospital will take during the next year, 2009 – 2010 to identify, remove, and prevent barriers to people with disabilities who use the facilities and services of PRH, and the plan to achieve compliance with the *Accessibility Standards for Customer Service, Ontario Regulation 429/0*.

In 2008 – 2009, key accomplishments include the completion of barrier free upgrades to the obstetrics unit, completion of the cafeteria renovation project, and ground floor Tower C waiting area.

Objectives

This plan:

1. Describes the process by which the Pembroke Regional Hospital will identify, remove, and prevent barriers to people with disabilities.
2. Reviews the progress the Pembroke Regional Hospital has made in removing and preventing barriers that were identified in recent years.
3. Lists the facilities, policies, programs, practices and services that the Pembroke Regional Hospital will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures the Pembroke Regional Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes the ways that the Pembroke Regional Hospital will make this accessibility plan available to the public.

Description of the Pembroke Regional Hospital

The Pembroke Regional Hospital Inc. (PRH) is a public hospital under the Public Hospitals Act, although, it is separately incorporated with a volunteer Board of Directors. Located in within the Champlain Local Health Integration Network (LHIN), PRH provides acute services for the City of Pembroke and surrounding communities including the townships of Laurentian Valley, Bonnechere Valley, North Algona-Wilberforce, Town of Petawawa and CFB Petawawa, Pikwakanagan First Nations Reservation and portions of north western Quebec. PRH also serves a portion of residents of Barry's Bay, Chalk River, Deep River, Bromley and the Town of Renfrew in its role as a secondary referral hospital within the guidelines of the Rural and Northern Health Care Framework.

The Pembroke Regional Hospital employs approximately 775 full-time, part-time and casual workers and serves a catchment of approximately 100,000 people. PRH has been recognized for its effective communication and partnership strategies with internal and external stakeholders. PRH developed a Strategic 5-year Human Resources Plan for the period 2006-2011 and is currently developing a Physician Human Resources Plan. The Hospital continues to integrate the objectives from the 5-year strategic plan, organizational action plan, master plan, and development control plan into daily decision-making processes.

The Accessibility Planning Sub-Committee

The Accessibility Planning Sub-committee reports to the Human Resources and Environment Committee.

The Sub-committee responsibilities are:

- To review yearly and list: by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- To identify barriers that have been found and removed in previous year
- Using a consultative approach, identify barriers that still exist
- To describe how these barriers will be removed or prevented in the coming year; and
- To prepare a plan on these activities, and after its approval by the Board of Directors, make the plan available to the public on the Hospital website
- To ensure that there are policies, practices and procedures in place for the provision of service to those with disabilities and how to deal with the use of assistive devices.
- To ensure that staff are trained on: overview of the Act, how to interact and communicate with people with disabilities, how to use equipment and assistive devices, what devices and equipment are available for use on our premises, what to do if a person is having difficulty accessing services because of a disability and where to find policies and procedures about the provision of service to people with disabilities
- To ensure that a feedback process for receiving and responding to complaints about the way we provide service to people with disabilities, make allowances for the provision of feedback in a variety of ways is accessible to the public.

Members of the Committee are:

- Director of Human Resources – chair
- Director of Plant Maintenance
- Director of Medical, Rehab and Ambulatory Programs
- Director of Mental Health and Social Work
- Occupational Therapist

Resources

- Director of Professional Practice, Policy and Education
- Director of Quality and Risk Management

Ad hoc Members

- Members of the Hospital and broader community and partners who are able to represent the interests of persons with disabilities on an as needed and/or consultative basis

Hospital Commitment to Accessibility Planning

Through its mission and values, the Pembroke Regional Hospital is committed to fostering a caring environment of respect and dignity for all. In accordance with the value of social responsibility and the hospital's motivation to maintain dignity of life, PRH ensures:

- The monitoring and continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, professionals, volunteers and members of the community;
- The participation of people with disabilities in the development and review of its annual accessibility plan;
- Ensuring that the hospital by-laws and policies are consistent with the principles of accessibility; and
- The continuance of an accessibility-working group at the hospital.

Recent Barrier removal and prevention initiatives (2008-2009)

(a) Obstetrics

South wing renovated, completing the renovation of this unit to a completely accessible design.

(b) Bariatrics

The Hospital continues to focus on methods of improving accessibility for this population through its yearly capital planning process. Initiatives to date have focused on seating (wheelchairs and waiting rooms), safe movement (purchase of Air Pal moving device) and mechanical transfers (patient lifts). Additionally, one room in the Medical unit is equipped as a bariatric room, complete with bed, commode, toilet and lift. In the procurement process, we consider the bariatric issues to ensure that we are as inclusive as possible.

(c) Elevator Shaft proposal

A proposal has been submitted to the Ministry of Health and Long Term Care for the addition of a new elevator, large enough to carry a stretcher, within Tower C to allow for easier transport of patients throughout Tower C as well as directly from Tower C to Ground floor Tower B. This will allow access in emergency situation from the dialysis unit, ambulatory clinics and physicians' offices to the emergency department in Tower B.

(d) Cafeteria Revitalization

Project completed in 2008-09. The new design improves the ease of mobility and created more space for individuals with accessibility concerns by reducing congestion at the hot meals section; self serve items, and cash register. The changes within the cafeteria should decrease the incidence of musculoskeletal strain and injuries of staff by reducing the transport of ice and boiling water to the salad bar and steam table, as well as increasing the available storage at each work station reducing the transport of supplies.

Barrier Identification Method

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
Building walk through	Took hospital tour to identify barriers that exist through the hospital.	Completed
Education	Attendance at workshops, and review of resources to increase knowledge of expanded requirements.	Attendance at OHA workshop Nov. 2008. Education to sub-committee Sept. 2009 Review of Resource kit from the Ministry of Health.
Brainstorming exercise	Conducted by sub-committee: Review of previous plans; review of previously identified barriers not feasible to remove.	Completed.

Barriers removed/prevented in 2008-2009

	Barrier	Plan	Status	Department Responsible
1	High gloss flooring through hospital causes glare and reflections resulting in confusion for perception	Begin using no gloss floor cleaner	Complete	Housekeeping
2	Stairs difficult to determine steps in Tower B	Paint top and bottom edges of stairs to create contrast	Not completed – difficulty finding appropriate product	Plant Services
3	Door frames into exam rooms in Tower C are not universally accessible	Family medicine Unit Construction	Complete	Plant Services
4	Cafeteria is difficult to navigate	Complete cafeteria revitalization project	Complete	Plant Services
5	Obstetrics unit partially accessible	Completed renovation to South Wing for entirely accessible unit including nursing station	Complete	Plant Services
6	Information is placed too high to be accessed by an individual in a wheelchair in ED	Move pamphlet rack lower on the wall	Complete	Plant Services
7	Within Mural Café the condiments are placed too high and the area near the cash is too crowded to allow entry with a wheelchair	Auxiliary member provide assistance to those who need it	Complete	Auxiliary
8	Telephone within the boardroom is too high	Tabletop telephone available in kitchen and on table beside wall.	Complete	Plant Services
9	Doors from ED into hall that goes to ICU is difficult to open	Automatic door opener installed between ED and hall to ICU	Complete	Volunteer Services
10	Observer newspaper stand is difficult to access	Move stand to outside with others	Complete	Plant Services
11	Within the lab the counter is too high to access services	Add bell to attract attention	Complete	Laboratory
12	Cannot enter D'Youville Centre	Build ramp to entrance – centre	Complete	Plant Services

		door has a ramp.		
13	Access to AMH patio is not possible due to step	Build temporary ramp to be used when necessary	Complete	Plant Services
14	Access to Marianhill	Automatic door opener installed	Complete	Plant Services

Barriers to be removed/prevented in 2009-2010

	Barrier	Plan	Status	Department Responsible
1	Stairs difficult to determine steps in Tower B	Paint top and bottom edges of stairs to create contrast	\$200	Plant Services
2	No handrails on Medical 3B	Installation of handrails	HIRF Funding	Plant Services
3	Accessible paediatric unit	Relocation of unit to 2A, with renovations including accessibility focus	HIRF Funding	Plant Services
4	Training of staff on how to provide service to persons with disabilities	Train all staff by Jan. 2010. Contract with a company to provide on-line training	\$5/employee trained	Human Resources
5	Development of policies, procedures and practices on serving clients with disabilities	Develop policies in collaboration with clinical programs	N/C	Human Resources and Environment Committee
6.	No grab bars in Acute Mental Health washrooms	Equip two bathrooms with grab bars.	2@ \$700 each	Plant Service
7.	ER doors are not all accessible	Identify in priority order, a door to be equipped with an automatic opener in each year until all doors accessible		Plant Services
8.	Acute Mental Health door not accessible	Install automatic door opener		Plant Services

Barriers Unfeasible to Remove in 2008/2009

Barrier	Reason for Unfeasibility
Elevator in Tower C is too small for ease of entry, buttons are also placed too high	Elevator replacement proposal with Ministry
Accessible public washroom Tower A 2 nd floor near cafeteria	Financial constraints – accessible washrooms available in other areas
Board room entrance is too narrow-one door is always locked so it is very difficult to enter	Door is locked for security purposes as the cost of technological equipment is too high, there is normally a larger group in the board room at once therefore another person can unlock the door to remove the barrier temporarily
Doorway into each wing is difficult to get through if door are not held open within Tower C the door	Fire hazard exists in the doors are jammed open therefore must remain closed at all times
Entrance from staff parking lot	There are alternative accessible entrances to the hospital that may be used by staff that are located near more accessible parking. There is one handicap parking space in the Bell Street lot; when employees identify requiring access to a door with automatic opener, a short or long term plan is developed in cooperation with Standard Parking.

Review and Monitoring Process

The Accessibility Planning Subcommittee will meet five times per year to review the timeline and resources needed review the progress of barrier removal initiatives and to ensure that strategies for barrier-removal are implemented effectively and on-time. Reports from the subcommittee will be delivered by the chair to the Human Resources and Environment Committee.

Communication of the Plan

The Hospital's accessibility plan will be posted on the Pembroke Regional Hospital's website, and on the intranet. On request the plan can be made available in alternative formats, such as CD in electronic text, or in large print. The plan will also be included within the hospital orientation package for new staff.

For additional copies or a copy in an alternative format contact:

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