

## **Pembroke Regional Hospital Multi-Year Accessibility Plan 2021-2023 Executive Summary**

The Accessibility for Ontarians with Disabilities Act (AODA) 2005, formerly Ontarians with Disabilities Act (ODA), requires public organizations 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 the Pembroke Regional Hospital Inc. (PRH). 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 (AODA) 2005. 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 and the Accessibility for Ontarians with Disabilities Act (AODA) 2005, legislation requires organizations to comply with the following:

1. **Establish policies, practices, and procedures:** for the provision of service 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 policies 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.

### **Integrated Accessibility Standard**

The Integrated Accessibility Standard does not replace or limit any requirement or obligations owed to individuals with disabilities under the Human Rights Code.

The Integrated Accessibility Standard sets out minimum standards in each of three areas: Information and Communication, Employment, Accessibility and Transportation.

### **1. Information and Communication Standard**

This standard addresses the need to provide information and to communicate in a way that is accessible to individuals with disabilities, which includes providing accessible web content and alternate formats.

### **2. Employment Accessibility Standard**

This standard addresses the creation of accessibility through all aspects of the employment cycle starting with recruitment, assessment, selection, hiring, and performance management through to retention.

### **3. Transportation**

This standard was created to eliminate the physical barriers to public transportation and to improve specialized transportation systems. This standard applies to organizations that provide transportation services without being primarily engaged in transportation.

### **The 2021- 2023 Accessibility Plan expresses:**

1. The accomplishments that the Pembroke Regional Hospital has made to date under the AODA.
2. The measures that the Pembroke Regional Hospital will take during the next year 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.
3. The measure that the Hospital has taken in 2021 to comply with the Integrated Accessibility Standards.

### **Objectives of this plan are:**

1. Describe the process by which the Pembroke Regional Hospital will identify, remove, and prevent barriers to people with disabilities.
2. Review the progress the Pembroke Regional Hospital has made in removing and preventing barriers that were identified in recent years.
3. List 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. Describe the measures the Pembroke Regional Hospital will take in the coming year to identify, remove, and prevent barriers to people with disabilities.
5. Describe 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. is a public hospital under the Public Hospitals Act that is separately incorporated with a volunteer Board of Directors. Located 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, Garrison Petawawa, Pikwakanagan First Nations Reservation, and portions of south western Quebec. PRH also serves a portion of residents of Barry's Bay, Chalk River, Deep River, Whitewater 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 is designated by the province to offer regional programming in the areas of stroke care, cardiac care, Ontario Breast Screening Programs, mental health services, and perinatal services. In addition to these services, PRH is recognized as a teaching hospital affiliated with the University of Ottawa's Faculty of Medicine and other educational institutions.

The Pembroke Regional Hospital is also part of the Ontario Telemedicine Network that provides a full range of clinical consultation services including cardiac care, paediatrics, dermatology, endocrinology, neurology, and psychiatry, to name a few. These services are achieved through the application of telecommunications technology. In our community, telemedicine helps to bring specialty services closer to home by connecting doctors in Ottawa with our patients and by connecting doctors from our hospital with patients in Barry's Bay, Deep River, and Renfrew.

The Pembroke Regional Hospital employs approximately 750 staff 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 and its continued progress in providing services closer to home.

### **The Accessibility Planning Sub-Committee**

The Accessibility Planning Sub-Committee reports to the Pembroke Regional Hospital's Senior Leadership Team and Board of Directors through the Patient Care, Quality and Risk Management Committee.

The Accessibility Planning Sub-Committee's 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;
- To prepare a plan on these activities, and after its approval 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 is in place 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 so that it is accessible to the public.

### **Accessibility Planning Sub-Committee Members are:**

- Senior Vice-President Clinical and Support Services, Partnerships and Integration
- Vice President Clinical and Support Services, CNE
- Coordinator of Procurement
- Director of Plant Services
- Director of Surgical, LDRP, MDR
- Manager of Materials Management
- Manager of Emergency Department
- Manager of Environmental Services
- Manager of Risk Management/Policy and Procedures
- Manager Human Resources Labour Relations/Leave and Attendance
- Coordinator Communication and Public Affairs
- Occupational Therapist
- Physiotherapist

### **Ad hoc Members**

Members of the Hospital, and broader community 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, Pembroke Regional Hospital 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, physicians, 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 Planning Sub-Committee at the hospital.

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

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## 2021-2023 Accessibility Initiatives

Pursuant to:  
 Accessibility for Ontarians with Disabilities Act (2005)  
 Accessibility Standards for Customer Services (Ontario Regulation 429/07)  
 Integrated Accessibility Standards Regulation (191/11)

Requirement of the Accessibility Standards	Who Leads	What (Describe your planned initiatives)	By When
<b>General</b>			
<b>1. Accessibility Plan:</b> <ol style="list-style-type: none"> <li>a. Establish a multi-year accessibility plan</li> <li>b. Meet quarterly to monitor progress on planned initiatives</li> <li>c. Prepare annual status report on progress toward achieving goals outlined in the multi-year plan, post them on PRH's website, and make available in accessible format</li> <li>d. Refresh the Steering Committee membership per the Terms of Reference</li> <li>e. Develop a new multi-year accessibility plan by mid-2023</li> </ol>	Accessibility Planning Sub-Committee	See activities outlined under General	Posted on December 2021
<b>2. Procuring or acquiring goods, services, facilities</b>  PRH will incorporate accessibility criteria and features into procurement process	Materials Management	Continue to utilize the Accessible Procurement Process and Form	Ongoing
<b>3. Training</b>  Ensure that training is provided on the requirements of IASR accessibility standards and Human Rights Code as it pertains to persons with disabilities to: <ul style="list-style-type: none"> <li>• All staff, volunteers, learners</li> <li>• Patient advisors</li> <li>• Physician leaders</li> </ul>	e-Learning committee with HR and hospital leadership team	Review existing mandatory education for staff and update to meet current IASR and Human Rights Codes requirements  Audit electronic e-learning records	Annually

<p><b>4. Accessible web sites and web content</b></p> <p>Ensure PRH internet/intranet sites and content conform to WCAG 2.0 guidelines as follows:</p> <p>All websites/web content for Level AA by January 2021, with the exception of live captions and audio descriptions (pre-recorded)</p>	<p>Accessibility Planning Sub-Committee with Communications</p>	<p>Website changes completed</p>	<p>May 2021</p>
<p><b>5. Employment Standards (see Recruitment, Assessment or Selection Process)</b></p> <p>Notify about accommodation in recruitment process – employees, applicants, public</p> <p>Workplace emergency response – individual plans for employees with a disability</p> <p>Review individualized workplace emergency response (employee moves, changes to policy)</p> <p>Develop written process for documented individual accommodation plans</p>	<p>Human Resources, Occupational Health and Safety</p>	<p>Both internal and external job posting sites provide clear messaging about PRH commitment to accessibility in the recruitment process and in the workplace</p> <p>Accommodation plans are developed following the standards and PRH policy</p> <p>Plans are reviewed and updated as required</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p><b>6. Design of Public Places</b></p> <p>Accessible Parking</p> <p>Exterior Spaces</p> <p>Interior Spaces</p>	<p>Plant Services</p>	<p>Installation of new parking equipment</p> <p>Rehabilitation outdoor space redesign</p> <p>Facilities will be incorporating AODA design with all new construction as well as continuing reviewing existing opportunities</p> <p>Surgical redevelopment projects</p> <p>Cancer Care project</p> <p>Tower C Ground Floor redevelopment</p>	<p>2021</p> <p>2021</p> <p>2021-2023</p> <p>2021-2023</p> <p>2021-2023</p> <p>2021-2023</p>

Maintenance		Tower D 4 <sup>th</sup> Floor redevelopment	2021
		Adapted construction renovation request form to include a question on accessibility standards	2021
		Installed voice-over in Tower A and Tower D elevators	2021
		Ensuring that new redeveloped space meets accessibility requirements	Ongoing
		Installation of electronic door openers	Ongoing
		Using low-gloss glass wax finish in floors in all public spaces	Ongoing
<b>7. Needs Assessment</b>		A group of Patient Family Advisory Council (PFAC) members, with a variety of accessibility challenges, will evaluate Tower D and a Community Mental Health (CMH) site	2022
		D'Youville site will also be evaluated	2023
<b>Information and Communication Standards</b>			
1. Feedback processes are accessible or communication supports upon request	Communication Coordinator, Manager of Quality and Risk	Ensure that feedback process through PRH website is accessible	May 2021
		Monitor Risk Incident Management tool for accessibility-related concerns and follow up at appropriate level	Ongoing

## MONITORING PROGRESS

PRH's Accessibility Planning Sub-Committee meets twice annually to review progress. The committee's Terms of Reference will be reviewed annually, or updated as required, and then presented to Senior Leadership Committee for approval.

## COMMUNICATION OF THE PLAN

The hospital's Multi-Year Accessibility Plan will be made available to both internal and external audiences in various ways. These will include but are not limited to:

1. The plan will be posted for staff, patients, and the public to view on the hospital's external website

2. Hard copies will be made available

3. A suitable accessible version will be made available upon request based on the required need. Requests for other versions can be made at