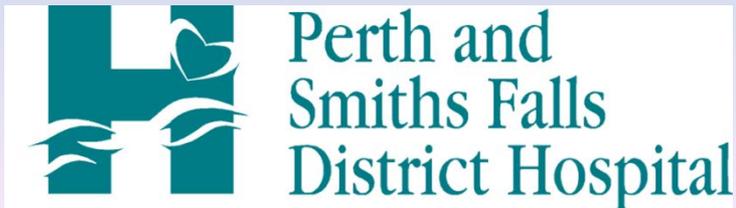


Perth and Smiths Falls District Hospital Multi-Year Accessibility Plan 2019-2024



Preface

This document was prepared by the Perth and Smiths Falls District Hospital (PSFDH) Accessibility Working Group (Wellness Committee). Review and revisions were completed. As such, it is intended as a guide only and should not be construed as constituting legal advice. It does not replace the Act or any policies of the Accessibility Directorate of Ontario as final authority.

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Executive Summary

The purpose of the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, the removal and prevention of barriers, enhancing their full participation in all aspects of life.. In accordance with the [Accessibility Standards for Customer Service, Ontario Regulation 429/07](#) (Customer Service Standard), revoked July, 2016 under Ontario Regulation 165/16 and consolidated into the [Integrated Accessibility Standards, Ontario Regulation 191/11](#) under the AODA, the Perth and Smiths Falls District Hospital has prepared this Multi-year Accessibility Plan 2019-2024. This plan has been reviewed by the President and CEO of the Perth & Smiths Falls District Hospital (hereinafter referred to as “PSFDH”). To summarize, the report describes:

1. The measures that PSFDH will take during this period,
 2. The measures that PSFDH has employed in the past.
- The PSFDH is committed to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients, their family members, staff, volunteers and members of the community with disabilities; the participation of people with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients, their family members and members of the community with disabilities.

Objectives

This report intends to:

- Describe the process by which PSFDH will identify, remove and prevent barriers to people with disabilities;
- Review previous efforts at PSFDH to remove and prevent barriers to people with disabilities;
- Describe the measures PSFDH will take to identify, remove and prevent barriers to people with disabilities;
- Describe how PSFDH will make this accessibility plan available to the public.
- Review, develop and implement new policies, programs, practices and services related to accessibility as required.
- Develop and maintain an accessibility plan and post publicly on the hospital website.
- Monitor the status of the plan and ensure follow up is carried out.
- Promote community awareness of the accessibility and safety issues as they relate to individuals with disabilities.

Description of PSFDH

The Perth and Smiths Falls District Hospital is a multi-site hospital consisting of two sites approximately 20 kilometres apart in the County of Lanark. The Great War Memorial site is located at 33 Drummond Street in Perth, Ontario and the Smiths Falls site is located at 60 Cornelia Street West in Smiths Falls, Ontario.

PSFDH is a fully accredited Hospital serving a catchment area of approximately 60,000 residents within the tri-county region of Lanark, Leeds and Grenville. PSFDH provides a comprehensive scope of primary and secondary services including, but not limited to, emergency, diagnostic, ambulatory, surgical and inpatient services.

The Accessibility Working Group

Establishment of the Accessibility Working Group

The Terms of Reference for an Accessibility Working Group were commissioned in August of 2002. In 2018, the roles of the Accessibility Working Group were assigned to the Hospital's Wellness Committee. The PSFDH Wellness Committee has amended its Terms of Reference and mandate to incorporate compliance with the *Accessibility for Ontarians with Disabilities Act 2005 (AODA)* and Integrated Accessibility Standard, Ontario Regulation 191/11. The Working Group will annually focus on identifying or preventing new barriers, reviewing the requirements of the Accessibility Standards and developing a status report of outstanding barriers.

The Working Group will:

- Review legislation and regulations and seek out templates or other approaches to the development of the plan;
- Prepare a report on measures taken to identify, remove and prevent barriers to persons with disabilities;
- Determine whether an ad hoc or ongoing group is required to assess proposed amendments to policies, programs, practices and services for their effect on accessibility;
- Develop the list of measures the organization intends to implement in order to identify, remove and prevent barriers; and
- Develop mechanisms for addressing any other problematic areas the regulations may recommend.

Coordinator

- The President and Chief Executive Officer appointed the Vice President Finance and Support Services as the Coordinator of the Accessibility Working Group (Wellness Committee).

Hospital Commitment To Accessibility Planning

PSFDH is committed to:

The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community; The participation of people with disabilities in the development and review of its annual accessibility plans; Working toward ensuring hospital policies are consistent with the principles of accessibility; and the training of those required regarding the requirements of the Act and the continuation of an Accessibility Working Group for the Corporation.

The President and Chief Executive Officer authorized the Accessibility Working Group to prepare an accessibility plan that will enable PSFDH to meet these commitments.

Disability: Definition

The AODA 2005 adopts the broad definition for disability that is set out in the *Ontario Human Rights Code*. “Disability” is:

Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment or physical reliance on a guide dog or other animal or a wheelchair or other remedial appliance or device, a condition of mental impairment or a developmental disability, a learning disability, or dysfunction in one of the processes involved in understanding or using symbols or spoken language a mental disorder, or an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

What is a Barrier?

A “barrier” is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

Training

- Training will be provided to staff based on the position's job requirements and probability of contact with the public.
- Training will be provided to volunteers based on the level of contact with the public
- Training will be provided to all other persons who provide goods, services or facilities on behalf of the Hospital based on the level of contact with the public.
- Training will be provided to people developing our organization's training policies.
- Staff will be trained on an ongoing basis when changes are made to the policies, practices and procedures.
- The Hospital will keep records of the training provided, including dates training is provided and the number of persons trained.
- For every new hire, training will be provided within 6 months after a staff person commences their duties.

Training

Training will include the following:

- The purposes of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard;
- The requirements of the Integrated Accessibility Standards Regulation (IASR) and the Ontario Human Rights Code;
- How to provide goods and services in a manner that respects the dignity and independence of persons with disabilities;
- How to interact and communicate with persons in a manner that takes into account their disabilities;
- How to interact with persons with disabilities who use an assistive device or require the assistance of a service animal or a support person to access goods or services;
- How to use equipment or devices available on Hospital premises or provided by the Hospital that may help with the provision of goods and services to persons with disabilities;
- What to do if a person with a disability is having difficulty accessing the Hospital's goods and services;
- Information on other Hospital policies, practices and procedures dealing with the AODA;
- The process for people to provide feedback to the Hospital about its provision of goods and services to persons with disabilities and how the Hospital responds to the feedback and takes action on any complaint.

Feedback Process

To assist PSFDH in ensuring that the delivery of goods and services to those with disabilities is provided in an effective and timely manner, the customer and staff are invited to provide their feedback as follows:

In writing, in person, by e-mail or telephone, addressed to:

President & CEO

Perth and Smiths Falls District Hospital

60 Cornelia Street West

Smiths Falls, ON

K7A 2H9

Telephone: 613-283-2330 ext. 1110

Fax: 613-283-8990

Email: webinquiry@psfdh.on.ca

Website: www.psfdh.on.ca

The President & CEO and/or designate will respond either in writing, in person, by e-mail or telephone acknowledging receipt of feedback and will set out the action to be taken in response to any complaints. A response will be provided within 21 days.

Barrier Identification Methodologies

The Accessibility Working Group (Wellness Committee) will use the following barrier-identification methodologies to address areas of improvement:

- Patient & Family Advisory Council (PFAC) involvement – a member of PFAC is represented on the Wellness Committee
- Canvas Management, Staff, Physicians, Volunteers
Staff Participation/Education sessions
- Review of complaints, feedback and incident reports

Barriers Identified That Will Be Addressed

In its initial review, the Accessibility Working Group identified barriers. On an annual basis, progress against these barriers is noted. The Accessibility Working Group has categorized the areas into four main headings: Physical, Architectural, Information and Communication.

Barriers Identified That Will Be Addressed

Going forward, PSFDH will review potential barriers that may still exist (See Appendix A). PSFDH will use its Wellness Committee to help with this identification process. A plan will be put into place to attend to any barrier that may be identified at that time. Signage on both Hospital sites is an area that will be improved during the next period of time, both for way finding within the buildings and external to the Hospital. Additional parking signage will also be improved on. All major renovation/construction projects that are planned will have the input of the architect who demonstrates a commitment to building code and accessibility standards.



Barriers Identified That Have Been Addressed to 2018

Barrier Type	Location	Description	Measures implemented
Physical Barrier:			
Entrances	SF	Covered drop off areas (canopies) required for Outpatient and Visitors Areas	Redevelopment Project: <ul style="list-style-type: none"> - Main Entrance opened in May 2010 has canopy. - Improved access to main entrance by extending hours - Emergency Department canopy built in the spring of 2011 - Done

Parking	SF	Close and convenient handicap parking required	Main parking lot opened in May 2010 with barrier free parking spaces close to Main Entrance. ER parking lot expanded in November 2010 with barrier free spaces close to ER entrance. Line painting for accessible parking Introduced additional designated parking spots for accessible parking
	SF	Pick Up/Drop Off	Main Entrance redeveloped 2010
	GWM	Handicap parking spots still in use by non-handicapped visitors	Ongoing communication with Town By-Law
	GWM	Re-Painting of the Parking Lines	- Done

Physical Barriers, Cont'd

Lighting	SF	Insufficient lighting throughout the site	Improved with the renovations in 2011
Parking Lot	GWM	Parking Lot Grade	Raised/Completed
Sidewalks	GWM	Improvements required	Sidewalk to Medical Centre Repaired. Addition of a sidewalk to the Cenotaph and main entrance completed in 2017

Architectural Barriers:

Washrooms	SF	More wheelchair accessible washrooms are required	Barrier free washrooms added with opening of building in May 2010. More added in 2011 with renovations of 1950's and 1960's wing
	GWM	Limited accessibility Patient rooms, mirrors too high Accessible washroom door	Improved with opening of building and renovations of 1950's and 1960's wings completed in 2012 Swing doors in patient care areas introduced in bathrooms Automatic door openers installed on Public Washrooms by the ER waiting room and DI areas in 2018

Entrance	SF	Automatic Door required at front/back and entrances	New main entrance opened in May 2010 has automatic doors.
	SF	Lower door handles and elevator buttons required for better accessibility	Improved with opening of new building and renovations of 1950's and 1960's wings in 2011/12
		Limited drop off space at emergency entrance	Space increased in November 2010 as part of ER parking lot redesign
		Ramp to back entrance used for patients clear of boxes and carts	New main entrance opened in May 2010.
	GWM	Automatic door required at cafeteria	Auto door installed

Architectural Barriers Cont'd

Doors	SF	Doorways not compatible for those in wheelchairs	Improved with opening of new building and renovations of 1950's and 1960's wings
	SF		Patient rooms done in 2011
	GWM	Doorways not compatible for those in wheelchairs Accessible Door	Mammography Waiting room - Automatic door opener installed in 2018 Patient Registration accessible with the renovations completed in 2019

Patient Care Units	SF	Venepuncture area is too narrow for patients with disabilities	New venepuncture area opened in summer of 2011 - Done
Signage	GWM	Signage point print too small and difficult to interpret. Point print must be at least 22-24 with high contrast background	Signage updated in 2010, further review to be done

Informational Barriers:			
GWM/SF	Query regarding registration forms: should the form identify if the patient has any handicaps?	Identified patient challenges/limitations are now recorded in the Medical Alert Field at registration	
Communication Barriers:			
SF	Fire alarms to be equipped with strobe lights	Installation with opening of new building and renovations of 1950's and 1960's wings in 2012	
SF	Paging system not clearly heard throughout site	Installation with opening of new building and renovations of 1950's and 1960's wings in 2012	
SF	Some signs are unclear and the print need to be made larger for the vision impaired	Improved with opening of new building and renovations of 1950's and 1960's wings in 2012– further review to be done	
Attitudinal Barriers:			
SF	Patients are referred to business office to pay for crutches, etc. rather than pay at the patient registration desk	Registration office is now located on the same level as Business Office resulting in easier access.	

Review, Monitoring Process, Maintenance and Disruption

The PSFDH Multi-Year Plan will be reviewed annually and updated every five years. This current plan covers the period of 2019-2024. The requirements outlined in the Integrated Accessibility Standards have been built into the annual plan to ensure all standards are met according to schedule. The Accessibility Coordinator will monitor the progress of the plan and, if necessary, remind the responsible parties of their roles in implementing the plan. The Wellness Committee will meet as required to review implementation of barriers. Any new barriers identified are incorporated into the plan with a strategy for removal and status of existing barriers updated.

The Hospital promptly addresses all emergency situations. We have 24 hour coverage for operations and all emergency situations are addressed. The hospital has a preventative maintenance plan. When temporary disruptions occur, alternate routing and communications are put in place as needed.

Communication of the Plan

The hospital's accessibility plan will be available on the Hospital's web site (www.psfhdh.on.ca) and copies will be available from the Administrative Offices at each site. Related Hospital policies are also available from the Administration Offices. On request, the report will be made available, in large print, or in audio format.

The plan is also available to staff on the shared drive of the Corporation's information system.

Appendix A

2019 – 2024 New Barriers Identified

Barrier type	Description	Measures to Implement
Physical Barriers		
Stairs	Access to Medical Centre – GWM Site	<ul style="list-style-type: none"> - Signage to direct individuals to main building - Further funding requests to design stairwell to include accessibility
Hallways	Slopes in floors – both sites	<ul style="list-style-type: none"> - Handrails and identification of change in grade
Washrooms	Grab bars – GWM Site	<ul style="list-style-type: none"> - Review and add where required

Architectural Barriers

Doors

Auto Openers – Both Sites

Install – Medical Center ,
Nursing Unit Floors

Floors

Tiles – tripping hazards –
GWM Site

Replace – Nursing Unit Floors

Washrooms

Need to be made accessible –
GWM Site

Review when renovations are
being recommended to ensure
accessibility is considered in
design

Information Barriers

Elevators	Signage and annunciation – Both Sites	- Any retro-fits to elevators to take into consideration upgrading of signage and adding auditory announcement of levels
Signage	Font size, braille – Both Sites	- Review wayfinding and upgrade where necessary
Handrails	Visibility – GWM Site	- Addition of colour strip
Fire Alarm	GWM site	- As upgrades occur, addition of strobe lights
Patient Information Handouts	Large print	- Availability of large print when requested

Attitudinal Barriers		
Administration	Registration areas and nursing stations – accessibility for wheelchairs	- Areas to be assessed and recommendations made
Technological Barriers		
Website	WCAG (Web content Accessibility Guidelines) – conform to content accessibility guidelines	- Upgrades to hospital website in 2019 to take into consideration