



# **Timmins and District Hospital**

## **Multi-year Accessibility Plan**

**2016 – 2020**

April 26, 2016

Updated: Oct. 25, 2017

## **Executive Summary**

The *Ontarians with Disabilities Act* (ODA) was enacted in 2001 to “*improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of accessibility barriers*”. The *Accessibility for Ontarians with Disabilities Act* (AODA) was enacted in 2005 for the purpose of creating “*accessibility for all by 2025*”. Regulations under the AODA including the *Integrated Accessibility Standards Regulation* (IASR) establish specific accessibility targets including timelines for compliance with the various requirements of the IASR. One of the requirements is to have a *Multi-Year Accessibility Plan*.

This multi-year plan is a 5 year plan describing the measures TADH will take to further identify, remove and prevent barriers to people with disabilities that use, work at or visit the hospital, including patients, staff (incl. potential staff), students, vendors, visitors and volunteers.

This plan was developed in consultation with the Senior Management Committee (SMC) and has been approved by the hospital’s President and Chief Executive Officer (CEO)

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## 1. Objectives of the plan

This plan is intended to:

1. Describe the process by which TADH identifies, removes and prevents accessibility barriers ;
2. Describe the measures TADH will take to identify, remove and prevent accessibility barriers ;
3. Describe how TADH will make this plan available to the public.

## 2. Definitions

A “disability” is:

- a. 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 on a wheelchair or other remedial appliance or device,
- b. a condition of mental impairment or a developmental disability,
- c. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. a mental disorder, or
- e. an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

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, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice (organizational barrier).

Architectural and physical barriers are features of buildings or spaces that cause problems for people with disabilities. Examples are:

- hallways and doorways that are too narrow for a person using a wheelchair, electric scooter or walker ;
- counters that are too high for a person of short stature ;
- poor lighting for people with low vision ;
- doorknobs that are difficult for people with arthritis to grasp ;
- parking spaces that are too narrow for a driver who uses a wheelchair ;
- telephones that are not equipped with telecommunications devices for people who are deaf, deafened or hard of hearing.

Information or communications barriers happen when a person can't easily understand information. Examples are:

- print is too small to read ;
- websites that can't be accessed by people who do not use or are not able to use a mouse ;
- signs that are not clear or easily understood ;
- a person who talks loudly when addressing a person with a hearing impairment.

Attitudinal barriers are those that discriminate against persons with disabilities. Examples are:

- thinking that persons with disabilities are inferior ;
- assuming that a person who has a speech impairment can't understand you ;
- a receptionist who ignores a customer in a wheelchair.

Technological barriers occur when a technology can't be modified to support various assistive devices. An example is:

- a website that doesn't support screen-reading software.

Organizational barriers are an organization's policies, practices or procedures that discriminate against persons with disabilities. Examples are:

- a hiring process that is not open to persons with disabilities ;
- a practice of announcing important messages over an intercom that persons with hearing impairments cannot hear clearly.

### **3. Description of the Timmins and District Hospital**

The Timmins and District Hospital (TADH) is a level C, fully accredited (Accreditation Canada) referral and teaching hospital serving the residents of the City of Timmins and Cochrane District as well as the adjoining areas of the Temiskaming, Sudbury and Algoma districts. TADH is dedicated to providing health care services that are consistent with the needs of our community and catchment area. The hospital offers a full range of medical, surgical, critical care, maternity, newborn, pediatric, long-term care and mental health services as well extensive health education and district services. TADH houses 134 beds hospital wide and has approximately 850 frontline staff and 70 physicians. The hospital is a leader in state-of-the-art telecommunications and diagnostic equipment connecting physicians and staff to medical practitioners and specialists throughout Canada.

### **4. Hospital's Commitment to Accessibility**

The Timmins and District Hospital 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. We will do so by preventing and removing barriers to accessibility and by meeting accessibility requirements under the *Accessibility for Ontarians with Disabilities Act*.

### **5. TADH Accessibility Committee**

The President and Chief Executive Officer (CEO) of the Timmins and District Hospital has authorized the Accessibility Committee to:

- Review the hospital's policies, practices, programs, and services that cause or may cause barriers to people with disabilities and make recommendations for improvement;
- Review the feedback we receive from internal and external sources regarding barriers to people with disabilities and respond accordingly;
- Monitor the hospital's implementation and on-going compliance with the *Ontarians with Disabilities Act* and the *Integrated Accessibility Standards Regulation*;
- Act as a liaison with the community and appropriate external agencies in regards to accessibility planning; and

- Maintain the *Accessibility Plan* (i.e. review, recommend and revise) and make it available to the public.

The President and CEO of the hospital has appointed our *Chief Human Resources Officer* as the executive lead of the Accessibility Committee and our *Health and Safety Coordinator* as its Coordinator.

## 6. Barrier Identification methodologies

Methodology	Description
Accessibility requirements	Compliance with existing requirements and changes to applicable Acts and Regulations. Monitoring of previous activity to ensure ongoing compliance.
Patient issues / concerns / suggestions	Complaints / suggestions received by way of discharge questionnaires
Visitor issues / concerns / suggestions	Issues / concerns and suggestions received by staff in Reception areas (Reception, Registration, DI, Dialysis, Day Surgery and Endoscopy)
Employee input	Staff raising issues / concerns or providing suggestions as a result of accessibility training
Risk Management issues / concerns	Issues / complaints identified through incident reports and site inspections
Accessibility Committee issues / concerns	Issues / concern raised by committee members.
Review of construction projects	Concerns and issues identified as a result of renovations and new construction
Accessibility feedback mechanism	Emails (issues / concerns and suggestions) received via the hospital's accessibility email address

## 7. Review and Monitoring Process

The Accessibility Committee will meet at least once every three months to review progress. Meeting dates and times for a given year shall be established at the first meeting of that year by the committee members in attendance. The chair of the Accessibility Committee reserves the right to reschedule a meeting if half the members will be absent.

## **8. Communication of the Plan**

The hospital's Accessibility Plan is posted on the hospital's website and a printed copy is available in our Administration office. The Accessibility Plan is also available in alternate formats upon request.



## 9. 2016 – 2020 barrier removal initiatives

Type of barrier	Issue / Concern	Plan	Responsibility	Target completion date
Attitudinal	Competing priorities as a result of limited budgets and work loads	Provide Leadership group with annual AODA compliance refresher training.	<b>Accessibility Coordinator</b>	Completed
Attitudinal	Lack of awareness and sensitivity of disabled persons at receiving areas (Reception, Registration, DI, Workfit, MHU, Surgery, Endoscopy, fracture clinic and Dialysis)	Provide accessible customer service training to new reception staff.	<b>Unit Manager</b>	Ongoing - Part of corporate orientation
		Provide annual refresher training on accessible customer service to all reception staff.	<b>Unit Managers</b>	Completed
Physical and architectural	Clutter at front entrance caused by assistive devices and hand-washing station	Develop storage plan and monitoring strategy	<b>Security / EVS</b> i.e. porters	June 30, 2017 (r)
Physical and architectural	Clutter on promenade near stairwell	Develop / implement a process for providing assistance at parking pay station	<b>Security</b>	June 30, 2017 (r)
		Develop / implement a standard for rest areas	<b>Risk Mgt.</b>	June 30, 2017 (r)

9. 2016 – 2020 barrier removal initiatives (cont.)

Type of barrier	Issue / Concern	Plan	Responsibility	Target completion date
Physical and architectural	Periodic Clutter on promenade near Tuck Shop and lecture theater	Develop and implement a policy for periodic promenade events that require alternate accessibility measures	Risk Mgt.	Aug. 1, 2017 (r)
Physical and architectural	Heavy doors leading to Telemedicine and specialists (three doors total)	Install one auto door per year	Maintenance	Dec. 1, 2018
Physical and architectural	Distance required to access Telemedicine	List options for reducing length of travel. Seek approval to implement most suitable option.	Risk Mgt.	Dec. 1, 2018
Physical and architectural	Access doors to OTN and health records	Install auto door openers	Maintenance	Dec. 1, 2018
Physical and architectural	Hallway clutter on Integrated Medical	Develop policy and procedures that reduce clutter	Int. Med. IPC & OHS	Dec. 1, 2017 (r)
Physical and architectural	Technical requirements outlined in the AODA are met in all new construction and/or renovation, in all relevant areas including: <ul style="list-style-type: none"> <li>• Accessible Parking</li> <li>• Exterior paths of travel</li> <li>• Outdoor public use eating areas</li> <li>• Service Counters</li> <li>• Fixed queuing guides</li> <li>• Waiting areas</li> <li>• Maintenance of accessible elements</li> </ul>	Ensure compliance with regulatory requirements for the construction / renovations of public spaces	Purchasing / Maintenance	Ongoing

9. 2016 – 2020 barrier removal initiatives (cont.)

<b>Type of barrier</b>	<b>Issue / Concern</b>	<b>Plan</b>	<b>Responsibility</b>	<b>Target completion date</b>
Physical and architectural	No designated or reserved spaces in reception areas, the lecture theater or cafeteria	Develop and implement seating plan that considers the needs of disabled persons	<b>Dietary Mgr. (r)</b>	Dec. 31, 2017 (r)
Physical and architectural	Preventative and emergency maintenance of accessibility elements and temporary disruptions	Perform maintenance of physical and architectural accessible elements in public spaces	<b>Maintenance dept.</b>	Ongoing
Technical barriers	Ensure internet and intranet websites and web content conform to WCAG 2.0 Level AA guidelines	Perform Gap analysis.	<b>IS / IT</b>	Completed
		Develop compliance / project plan to meet deadline requirements	<b>IS/IT</b>	Dec. 1, 2017
		Update the accessibility plan to reflect above project plan	<b>Accessibility Committee Chair</b>	Jan. 1, 2018
Info and communication barriers	Audio paging is not appropriate for hearing impaired person in Emerg, DI, Day Surgery and Workfit	Develop and implement an appropriate notification process that considers the patient's disability	<b>Unit Mgrs.</b>	Dec. 31, 2017
Info and communication barriers	The font on some department-made signs is inappropriate (i.e. size and font style).	Develop and implement standards for public signs and video screens.	<b>Purchasing &amp; Communications</b>	June 30, 2017 (r)
		Audit public signs and video screens for compliance to standards noted above		Feb. 1, 2017 (r)

**9. 2016 – 2020 barrier removal initiatives (cont.)**

<b>Type of barrier</b>	<b>Issue / Concern</b>	<b>Plan</b>	<b>Responsibility</b>	<b>Target completion date</b>
Info and communication barriers	Paging, fire alarms and overhead emergency calls might not be effectively communicated in all areas	Perform audit and identify problem areas. Develop / deliver recommendations to SMC to correct.	<b>Emergency Response Committee</b>	Dec. 31, 2017 (r)
Info and communication barriers	Multiple accessibility training modules and formats	Consolidate training modules and reduce access to LMS and print	<b>Accessibility Coordinator</b>	Completed
Info and communication barriers	The Accessibility page on the TADH web site is not compliant with requirements (as per Accessibility Directory audit)	Add missing information to web site accessibility page	<b>IS/IT</b>	Completed