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**Multi-Year Accessibility Plan
For the
Atikokan General Hospital
January 2018 – December 2019**

Submitted to
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C E O

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Prepared by
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1. Aim

This plan describes (1) the measures that the Atikokan General Hospital has taken in the past, and (2) the measures that the Atikokan General Hospital will take during the next multi-year period to identify, remove and prevent barriers to persons with disabilities who live, work in or use the hospital, including clients and their family members, staff, health care practitioners, volunteers and members of the community.

2. Description of the Atikokan General Hospital

The Atikokan General Hospital was constructed in 1974 and the extended care wing added in 1984. Redevelopments took place in 2015-2017 with the addition of a new acute care wing and refurbishment and expansion of the extended care wing. This 41-bed hospital services over 5,000 people and employs 100. Community counselling services are off-site in rented office space owned by the municipality. A house that accommodates up to 4 clients for a Mental Health Homelessness Initiative project is owned by the Hospital.

The Hospital's mission, vision and values:

Mission

Partnering to achieve continual improvement in health outcomes for Atikokan.

Vision

A community providing healthcare closer to home.

Our values are:

Dignity	Integrity
Hospitality	Creativity
Learning and Growth	Compassion

3. Hospital commitment to accessibility

The Hospital has adopted the following commitments to Accessibility, as stated in the Hospital's Accessibility for Customer Service Policy:

The Atikokan General Hospital is committed to:

- Providing exceptional and accessible service for its clients.
- Ensuring that our policies and procedures are consistent with the principles of dignity, independence, integration, and equality.

- Integrating the provision of services to persons with disabilities wherever possible, unless an alternate measure is necessary.
- Giving equal opportunities to people with disabilities.

4. The Accessibility Committee

Establishment of the Accessibility Committee

Past CEO Kelly Isfan formally constituted what was then the Accessibility Working Group in late August 2003. Present CEO Doug Moynihan re-named it to the Accessibility Committee. The responsibilities of the Committee are found in the Terms of Reference (Policy # GA-01-59), and include the following:

- Guiding the hospital to be an organization that provides accessible customer service to people with disabilities
- Regularly monitor progress on compliance with the four standards of ensuring accessibility contained in the Act
- Plan strategies to ensure compliance with the Act
- Review and update the Accessibility Report
- Develop and maintain Accessibility Policies and Procedures as mandated by the Act.

The hospital's accessibility plan, training, communication and accessibility policies were audited in 2013 by the province and found to be in compliance with the Accessibility for Ontarians With Disabilities Act (AODA).

Over the years, the Accessibility Committee has consulted directly with people who have disabilities who have been willing to provide their input.

5. Previous Inspections and Results

In 2015 Pauline Ratelle, Occupational Therapist, toured the building with two individuals using assistive devices to identify barriers. At the time of the last review, the following two barriers were scheduled to be addressed:

Barrier	Objective	Means to remove	Resources	Timing	Responsibility
Signage for Wash-rooms	Graphic signage for Public Washrooms	Obtain proposed signs		Dec. 2014	- Working group - Maintenance to install

Barrier	Objective	Means to remove	Resources	Timing	Responsibility
Attitudinal	Train all staff on how to treat individuals with disabilities	Best practices on proper actions and Online training module by the OHA	OHA & Hospital Orientation check list	On-going	- HR, Finance, Department heads - completed in 2010 and ongoing

6. Progress towards barrier- free status

Since the coming into force of the Accessibility for Ontarians with Disabilities Act, many changes have been made in the hospital to improve accessibility.

6A. Barriers identified in previous inspection:

In the previous inspection of the site in 2015, two barriers were identified as an area of focus (see # 5, above). Progress has been described below:

- Training on how to treat individuals with disabilities has been an ongoing process. Employees must review Accessibility training on an annual basis and pass an assessment of their competency; records of these annual reviews are kept on file. The hospital continues to be alert for new training methods and opportunities for growth as they become available.
- Graphical signage for public washrooms has mostly been implemented. Only one of our public washrooms does not have graphical signage as of this writing: room # L1-145, located in the Extended Care area. The Accessibility Committee will follow up with the Maintenance team to ensure that graphical signage is added.

6B. Renovations and New Construction:

Some of the most significant changes with regards to accessibility have occurred as a result of the renovations to the Hospital that took place in 2015-2017. These renovations involved the opening of a new Acute Care Wing and extensive renovations to the Extended Care facilities. Although many of the improvements were implemented with the goal of improving patient care, the resulting improvements will also be of benefit to clients,

visitors, and guests of the Hospital. The improvements all met code requirements as of the finalization of the designs. The following accessibility improvements have been implemented:

- Widening of corridors, doorways, and other passageways to accommodate assistive devices.
- Installation of graphical signage, which includes Braille type where applicable.
- Redesign of patient rooms allowing for improved accessibility and space for movement.
- Improvements to lighting and visibility.
- Increased storage space, enabling possible barriers to be removed and properly stored.
- Public and private (for patients) washrooms are accessible.
- New furniture and furnishings have been installed, which are more ergonomic and accessible than previous equipment.
- Hand sanitizers are mounted lower than before and are being converted to motion-detecting models.
- Handles for doors are accessible “wing-type” handles.
- Exterior doors have been equipped with automatic door openers.
- Handrails are mounted at the code-required elevation for accessible usage.

6C. The Duty to Accommodate:

In order to ensure the full participation of all persons in the work environment, the Atikokan General Hospital has a duty to accommodate individuals who face barriers to employment.

Accommodations are presently facilitated through the Hospital’s Return to Work Policy. Human Resources is working with senior management to introduce a discrete Accommodation Policy. The purpose of this Policy will be:

- To define what an accommodation is.
- To define who is eligible for accommodations.
- To define the process of requesting an accommodation.
- To define expectations and processes once an accommodation is put into place.
- To create an appeals process for unsuccessful accommodation requests.

Work on the Accommodation Policy will continue as part of the Hospital’s plans for 2018 (see Sec. 8, below).

7. Current Barriers identified

In its review of 2017, the Accessibility Committee identified the barriers listed below. Where applicable, these barriers were reviewed in consultation with the Hospital's Maintenance Department for opinions regarding possible strategies for removal/prevention.

#	Type of Barrier	Description of Barrier	Strategy for removal/prevention	Timeline for removal/prevention	Responsibility
1	Attitudinal	Some employees are unfamiliar with practices for persons who have service animals.	Hospital to provide "refresher" training on Accessibility for all employees.	Coincides with annual training review: April 2018	Human Resources
2	Built Environment	Some (but not all) Fire alarm pull handles are too high for persons who are in wheelchairs to reach.	To be addressed as part of long-term renovation / new construction planning.	TBD	Maintenance
3	Built Environment	Intercom cannot be heard in certain rooms- e.g.: Rehab Offices, Locker rooms.	Efforts to fine-tune the intercom system are ongoing. Emergency codes are also announced through all telephones. The Hospital is investigating the purchase of wireless notification devices for nursing staff.	Decision expected in 2018.	Maintenance, Management, JOHSC
4	Built Environment	Extended Care Wing door-keypad numbers are worn off. Also, not usable for the visually impaired- have to be able to see which keys to press.	This keypad will be removed once the new Extended Care Wing entrance enters service. At that point, this door will be exclusively for Rehab patient use.	By end of February 2018	Maintenance

#	Type of Barrier	Description of Barrier	Strategy for removal/ prevention	Timeline for removal/ prevention	Responsibility
5	Built Environment	Employee / staff washrooms may not be wheelchair accessible. Specifically, the employee washroom in Extended Care.	Washrooms in new Acute Care Wing and on basement level are accessible. Any employees with mobility barriers will need to use the alternate washrooms.	N/A	Management
6	Information / Communication	Signage inside building is lacking- difficult to know where you are going. New wing has improved signage, but more is needed.	New signage has been ordered. Will include "signposts" at all entrances with text and graphics showing the locations of Hospital departments.	By end of January 2018	Maintenance, Management, Nursing
7	Built Environment	X-Ray washroom is frequently used as a change room. It is small and cramped and not designed for this purpose.	Long-term plans for renovations and new construction shall include improvements to Diagnostic Imaging design. In the meantime, employees will need to support patients who have difficulties changing.	TBD	Management
8	Communication	Limited options to communicate with patients who cannot communicate verbally (e.g.: stroke victims, ESL, etc.)	Create a flipchart / storyboard / visual aide that includes additional languages besides English.	July 2018 (tentative)	Accessibility Committee
9	Technology	Too many passwords to remember- difficult for an employee who has a memory impairment.	No employees with such a barrier at present. Accommodations for such a barrier will be investigated should the need arise.	N/A	Accessibility Committee

#	Type of Barrier	Description of Barrier	Strategy for removal/ prevention	Timeline for removal/ prevention	Responsibility
10	Organizational Practices / Built Environment	Clutter that hinders accessibility: chairs in hallway for Lab patients, lack of storage	To be addressed as part of long-term renovation / new construction planning.	TBD	Management
11	Built Environment	Power outlets on wrong side of the wall in the ER Wing hallway. When people plug things in, it creates trip hazards and blocks the hallway.	To be addressed as part of long-term renovation / new construction planning.	TBD	Management
12	Organizational Practices	Availability of wheelchairs: difficult to track, not always available when needed, people take them and don't put them back.	Investigate replacing with <i>transport chairs</i> (used at the Regional Hospital). Provide additional training to employees, information to public. Signage has been used in the past, but was ineffective.	TBD	Accessibility Committee
13	Communication / Attitudinal barrier	Unsure if we have a list of interpreters / where to find interpreters.	Update the list of interpreters. The Hospital has a list, but the list is outdated (revised Jul. 2014).	Ongoing	Accessibility Committee
14	Communication	Accessibility pamphlet should be revised. Needs to be available in large print if needed.	Create a committee to oversee design of a new Admission Package for all new admissions, i.e.: "Welcome to AGH- here's what to expect"	July 2018	Admission Package committee

#	Type of Barrier	Description of Barrier	Strategy for removal/prevention	Timeline for removal/prevention	Responsibility
15	Communication, Technology	A telephone for public use would allow for self-service for patients with disabilities.	Senior management currently working on a public access telephone solution that will preserve privacy and dignity of the user.	TBD	Management
16	Transportation	Handi-Van only available during the daytime-services unavailable after 6:00 PM.	Hospital could apply for a grant for funding, or issue a letter of support to the municipality if they desire more funding. Will be raised with Senior management.	TBD	Accessibility Committee

8. Barriers that will be addressed in 2018 – 2019

To summarize from the above list, eleven (11) barriers have been identified as targets for further discussion during the 2018-2019 period.

In addition to the eleven barriers, other actions with respect to accessibility that will take place in 2018 include:

- The finalization of a discrete Accommodation Policy (see # 6C, above)
- New inspections of the Supportive House and Community Counselling Office will be scheduled for 2018.

#	Type of Barrier	Description of Barrier	Strategy for removal/prevention	Timeline for removal/prevention	Responsibility
1	Attitudinal	Some employees are unfamiliar with practices for persons who have service animals.	Hospital to provide “refresher” training on Accessibility for all employees.	Coincides with annual training review: April 2018	Human Resources

#	Type of Barrier	Description of Barrier	Strategy for removal/ prevention	Timeline for removal/ prevention	Responsibility
2	Built Environment	Intercom cannot be heard in certain rooms- e.g.: Rehab Offices, Locker rooms.	Efforts to fine-tune the intercom system are ongoing. Emergency codes are also announced though all telephones.	Decision expected in 2018.	Maintenance
3	Built Environment	Extended Care Wing door-keypad numbers are worn off. Also, not usable for the visually impaired- have to be able to see which keys to press.	This keypad will be removed once the new Extended Care Wing entrance enters service. At that point, this door will be exclusively for Rehab patient use.	By end of February 2018	Maintenance
4	Information / Communication	Signage inside building is lacking- difficult to know where you are going. New wing has improved signage, but more is needed.	New signage has been ordered. Will include "signposts" at all entrances with text and graphics showing the locations of Hospital departments.	By end of January 2018	Maintenance
5	Communication	Limited options to communicate with patients who cannot communicate verbally (e.g.: stroke victims, ESL, etc.)	Create a flipchart / storyboard / visual aide that includes additional languages besides English.	July 2018 (tentative)	Accessibility Committee
6	Technology	Too many passwords to remember- difficult for an employee who has a memory impairment.	No employees with such a barrier at present. Accommodations for such a barrier will be investigated should the need arise.	End of January 2018	Accessibility Committee

#	Type of Barrier	Description of Barrier	Strategy for removal/prevention	Timeline for removal/prevention	Responsibility
7	Organizational Practices	Availability of wheelchairs: difficult to track, not always available when needed, people take them and don't put them back.	Investigate replacing with <i>transport chairs</i> (used at the Regional Hospital). Provide additional training to employees, information to public. Signage has been used in the past, but was ineffective.	TBD	Accessibility Committee
8	Communication / Attitudinal barrier	Unsure if we have a list of interpreters / where to find interpreters.	Update the list of interpreters. The Hospital has a list, but the list is outdated (revised Jul. 2014).	2018	Accessibility Committee
9	Communication	Accessibility pamphlet should be revised. Needs to be available in large print if needed.	Create a committee to oversee design of a new Admission Package for all new admissions, i.e.: "Welcome to AGH- here's what to expect"	July 2018	Admission Package committee
10	Communication, Technology	A telephone for public use would allow for self-service for patients with disabilities.	Senior management currently working on a public access telephone solution that will preserve privacy and dignity of the user.	2018	Management
11	Transportation	Handi-Van only available during the daytime-services unavailable after 6:00 PM.	Hospital could apply for a grant for funding, or issue a letter of support to the municipality if they desire more funding. Will be raised with Senior management.	TBD	Accessibility Committee

9. Review and monitor process

The Accessibility Committee will meet regularly to review progress. The Committee will remind staff, either through personal contacts or by e-mail, about their roles in implementing the plan. Updates will be made to the Joint Health and Safety Committee on a regular basis.

The Accessibility Committee Chairperson met with CEO Doug Moynihan in December 2017 and the plan was accepted.

10. Communication of the plan

A hard copy of the hospital's accessibility plan will be posted on the Health and Safety board, the patient lounge, the extended care wing, Community Counselling office and the Supportive House. The plan can be made available in alternate formats- such as large print- upon request. The plan will also be posted on the hospital website.