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**Annual Accessibility Plan  
For the  
Atikokan General Hospital  
January 2014 – January 2015**

**Submitted to**  
DOUG MOYNIHAN  
C E O

September 2004 (Original)  
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**Prepared by**  
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AGH Corporate\Accessibility Plan.doc

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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 year (2014) 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. Objectives**

This plan:

1. Describes the process by which the Atikokan General Hospital will identify, remove and prevent barriers to persons with disabilities.
2. Review efforts that the Atikokan General Hospital has taken to remove and prevent barriers to persons with disabilities over the recent past.
3. List the policies, programs, practice and services that the Atikokan General Hospital will review in the coming year to identify barriers to persons with disabilities.
4. Describe the measures the Atikokan General Hospital will take in the coming year to identify, remove and prevent barriers to persons with disabilities.
5. Describes how the Atikokan General Hospital will make this accessibility plan available to the public.

## **3. Description of the Atikokan General Hospital**

The Atikokan General Hospital was constructed in 1974 and the extended care wing added in 1984. 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 renovated house that accommodates 4 full-time people for a Mental Health Homelessness Initiative project is owned by the hospital.

## **The Hospital's mission, vision and values:**

### **Mission**

Atikokan General Hospital is dedicated to excellence in compassionate and supportive healthcare for all those we serve.

### **Vision**

A community providing healthcare closer to home.

### **Our values are**

Dignity

Integrity

Hospitality

Creativity

Learning and Growth

Compassion

## **4. The Accessibility Working Group**

### **Establishment of the Accessibility Working Group**

Past CEO Kelly Isfan formally constituted the Accessibility Working Group in late August 2003. Present CEO Doug Moynihan authorized the Working Group to:

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify barriers that will be removed or prevented in the coming year;
- Describe how these barriers will be removed or prevented in the coming year; and
- Prepare a plan on these activities, and after its approval by the CEO, make the plan available to the public.

### **Coordinator**

The CEO appointed Grant Pfeifer and Amanda Dickson as the Coordinators of the Accessibility Working Group.

Amanda Dickson has served as Director of Occupational Therapy at the Atikokan General Hospital since 2003. She also has a broad knowledge of disability issues gained through her past experience as an Occupational Therapist.

Grant Pfeifer has served as Maintenance Supervisor/Engineer at the Atikokan General Hospital since 1986. He has been involved in all the renovations projects taken place at the hospital during this time and is involved in the current projects. He is very familiar with the physical buildings and grounds.

Ruth Sportak has worked in the hospital setting since 1996 and has valuable ideas regarding the physical building and procedures within the hospital.

### **Members of the Accessibility Working Group**

<b>Working Group Member</b>	<b>Department</b>	<b>Contact Information</b>
Amanda Dickson	Rehab Occupational Therapy	AGH 597-4215 ext. 342
Grant Pfeifer	Maintenance	AGH 597-4215 ext. 315
Ruth Sportak	Environmental Services	AGH 597-4215 ext 282
Volunteer Patient #1	A person with hemiplegia who is wheelchair-bound but independent for propulsion using their unaffected limbs	
Volunteer Patient #2	A person who uses a walker and mobility scooter	
Volunteer Patient #3	A person who is wheelchair-bound with mild dementia	

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).

When the Accessibility Group was first formed in 2004, a 70-year-old male patient with partial quadriplegia and limited hand strength who used powered mobility was a member of the group and gave input to the plan.

In 2012 Amanda Dickson, Occupational Therapist, was able to tour the building with three different individuals who need assistive devices, to help identify barriers.

Results and Comments from the Tour

<ul style="list-style-type: none"> <li>The outside doors leading to the Extended Care Wing have a threshold that is often difficult to get a wheelchair over.</li> </ul>	<ul style="list-style-type: none"> <li>Meets accessibility standards – ½” high</li> </ul>
<ul style="list-style-type: none"> <li>The door between the Extended Care and Active Unit is very difficult to open given the new code lock. One of the wheelchair users was unable to figure out how to use this. Help is available but not always as staff are often busy with patients. This makes it difficult for Active Care patients to access Rehab or visit on Extended Care.</li> </ul>	<ul style="list-style-type: none"> <li>Not likely a solution for this as this is an important safety precaution for ECW residents.</li> </ul>
<ul style="list-style-type: none"> <li>The inside door at the main entrance has a push bar style lever which makes the accessible door width narrower. This made it difficult to get a scooter through. The automatic door opener was also inaccessible to a scooter user.</li> </ul>	<ul style="list-style-type: none"> <li>Assisted door only. Scooter users should use ECW door or Emergency</li> </ul>
<ul style="list-style-type: none"> <li>The public washrooms on Extended Care are not wheelchair or walker accessible.</li> </ul>	<ul style="list-style-type: none"> <li>Identified in Master Plan</li> </ul>
<ul style="list-style-type: none"> <li>The public washroom in the ER waiting room is not fully accessible; it does not allow for sufficient turning radius of a wheelchair.</li> </ul>	<ul style="list-style-type: none"> <li>Identified in Master Plan</li> </ul>
<ul style="list-style-type: none"> <li>Ladies washroom/change room in basement – door hard to open for those with mobility impairments</li> </ul>	

**5. Hospital commitment to accessibility planning**

The hospital has adopted the following Accessibility Planning Policy recommended by the Accessibility Working Group.

The Atikokan General Hospital is committed to:

- The continual improvement of access to facilities, policies, programs, practices and service 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;
- Ensuring hospital by-laws and policies are consistent with the principals of accessibility; and
- The establishment of an 'Accessibility Working Group' at the hospital.

## **6. Recent barrier- removal initiatives**

During the last several years, there have been a number of informal initiatives at the Atikokan General Hospital to identify, remove and prevent barriers to persons with disabilities.

The keypad on the electric exit door in Extended Care was replaced with more visible numbers.

The Zone Map (Fire Plan) was updated to include not only colour but written zone indicators as colour-blind persons had difficulty.

The pavement at entrances to the hospital and ECW has been re-surfaced as the asphalt and concrete made entry difficult due to uneven surfaces.

Need a second handrail in #1 stairwell - completed by Maintenance Department.

The main and Extended Care entrances to the hospital are not clearly marked. It was suggested that clear signage be installed. Signs were ordered and installed.

Some residents in support house reported difficulties opening bedroom doors. Maintenance changed door handles to lever handles.

Signage in Emergency was not in French or Ojibway. Signage was installed at ER entry.

### **(a) Review of complaints received from staff**

The inside electric doors are sometimes shut off making it extremely difficult to open. (Door spring too tight)  
Maintenance has worked on this and has resolved the issue. Door openers and frames have been changed to meet accessibility standards.

It is difficult for staff to communicate with non- English speaking people.  
A list of translators will be revised each year and posted at all nursing stations – to include sign language.

Some furniture brought into the hospital is not totally accessible to users.  
Language was added to the existing Furniture and Equipment Policy # 07-01 that will allow appropriate furniture for that resident or client.

The inside electric doors are sometimes shut off making it extremely difficult to open: key pad and mag lock installed.

#### **(b) Suggestions received from visitors**

No bright color distinction on stairs for those that are visually impaired: Alternate access - use elevators.

Meet new legislation on Accessibility Customer Service - Policies and procedures created to meet the new standards.

Sink tap handles change from knob to wing format. Done

#### **(c) Planning Committees**

Patient telephones have regular sized number pads and limited volume control. - Purchased telephone with large sized numbers on pad and wide range volume control and hearing aid compatible.

Main entrance outside door is very heavy and difficult for wheelchair users to open: New electric doors have been installed.

Several hospital policies could have more direction to accessibility included in the wording.



New legislation regarding Accessibility Customer Service came into effect on January 1 2010: Policies, procedures, training and best practice requirements have been completed to reflect this legislation.

The public telephone in the lobby is not easily accessible  
 – Individuals may use ECW or Active phone.

Information to the public is not available in multiple formats  
 Policy listing available formats was created.

Change door handles from knob to wing format. Format changed.

Hand sanitizers too high for some people to reach. Units were lowered.

Fire alarm – no warning for the hearing impaired. Flashing lights installed.

**Elevator Controls:**

Elevator controls too high; no emergency phone; numbers not in Braille. – 2010-2011 upgrade meets current code

**7. Barrier-identification methodologies**

The evaluation of accessibility used the following barrier-identification methodologies:

<b>Methodology</b>	<b>Description</b>	<b>Status</b>
Survey Hospital	A member of the Accessibility Working group toured the hospital with three persons needing a wheelchair or walker	Tour completed in 2013
Survey of community counselling offices	A member of the Accessibility Working group toured the grounds and office access in a wheel chair and submitted a report.	Tour complete in 2013
Canvassing hospital committees and	The Accessibility Working Group asked various hospital committees to identify areas of	This request was made in Oct 2013 by email to all employees and

hospital employees	concern.	results are being collated on an on-going basis.
Canvassing visitors	Members of the Working Group asked several visitors to identify concerns.	This request was made during the month of Oct 2012.
Survey Supportive Housing Unit	Member and a supportive housing staff member toured the building and grounds	Tour completed summer of 2005; Reviewed in August 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013

## 8. Barriers identified

In its review, the Accessibility Working Group identified several barriers. Over the next year, the Accessibility Group has decided to focus on five barriers. This list is divided into six types: (1) physical; (2) architectural; (3) information or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

Type of Barrier	Description of Barrier	Strategy for its removal/prevention
Architectural	Patient washrooms acute care are not barrier free	Hospital's master plan addresses problem with washrooms – deferred to 2014
Architectural	Main office counter is too high for wheelchair dependant individuals.	Hospital's master plan has provisions for new redesigned administration area. – deferred 2014
Architectural	Lower level north exit to grade has one elevation - very difficult for disabled persons to exit	This concern has been identified in the master plan and other planning committees – Deferred 2014
Architectural	No visitor washroom on main floor (barrier free)	Deferred to Redevelopment Project 2014

Physical	No clear signage for public stairwell and some public washrooms for those that are visually impaired or people with learning disabilities that may have difficulty reading	Add visual symbols on stairwell 1 and female and male symbols on all public washrooms –Identified in Master Plan Redevelopment Project 2014
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## 9. Barriers that will be addressed in 2014

The Accessibility Working Group will address 2 barriers during the coming year.

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
Signage for Washrooms	Graphic signage for Public Washrooms	Obtain proposed signs		December 2014	Working group  Maintenance to install

## 10. Review and monitor process

The accessibility Working Group will meet quarterly to review progress. At each meeting, the working group 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 Working Group met with CEO Doug Moynihan in December 2013 and the 2014 plan was accepted as presented.

## 11. 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. The plan will also be included in the orientation package to new staff and posted on the hospital website.