# Multi-Year Accessibility Plan

**For the**

**Atikokan General Hospital**

**January 2020 – December 2022**

## Submitted to

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C E O

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11. **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.

1. **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 6,000 people and employs 120. Community Counselling and Addiction services are off-site in rented office space owned by the municipality. A house that accommodates up to 4 clients for a Mental Health Transition Initiative project is owned by the Hospital.

**The Hospital’s mission, vision and values**

Our Mission:

*Inclusive, Compassionate, Quality Care*

Our Vision:  
*Healthier Communities Together*

What do we value at Atikokan General Hospital?

* Compassion – We demonstrate humility, empathy, kindness and compassion to all, while providing safe quality care.
* Accountability and Integrity – We are trustworthy and professional, transparent in matters of public interest, and we respect privacy and maintain confidentiality
* Respect and Dignity – We are person-centered; we embrace diversity and inclusivity and are responsive to the needs of those we serve
* Education and Evolution – We are innovative, and support ongoing growth, development and preparedness of our employees and teams

1. **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.

1. **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. The committee was re-named to the Accessibility Committee in 2013 and Terms of Reference were created for the committee. The Terms of Reference 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 Committeehas consulted directly with people who have disabilities who have been willing to provide their input.

1. **Previous Inspections and Results**

In 2019 Jessica Occupational Therapist, toured with CNO Jennifer Learning 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.  2019 | - 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 |

1. **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. AGH is working on creating an accommodations 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 2020 (see Sec. 8, below).

1. **Current Barriers identified**

In its review of the 2019-2021 report, the Accessibility Committee identified the barriers listed below that are still issues going forward for the reporting period of 2021. 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** | **Respons-ibility** |
| 1 | Built Environment | Employee / staff washrooms may not be wheelchair accessible. Specifically, the employee washroom in Extended Care. | Washrooms in new Acute Care Wing, in Rehab and on basement level are accessible. Any employees with mobility barriers will need to use the alternate washrooms. | N/A | Management |
| 2 | Built Environment | X-Ray washroom is frequently used as a change room. It is small and cramped and not designed for this purpose. | Employees will need to support patients who have difficulties changing by allowing them to change in the ultrasound room as it is larger. |  | Management |
| 3 | Built Environment | The doors to the emergency department are in the way if swinging open so the person has to go back outside in order for doors to open | Need to put in sliding doors as there isn’t room for doors to be opened out or in. | Fall 2021 | Management |
| **#** | **Type of Barrier** | **Description of Barrier** | **Strategy for removal/ prevention** | **Timeline for removal/ prevention** | **Respons-ibility** |
| 4 | Built Environment | Interior doors between ECW and the rest of the hospital, including rehab are not automatic | Will look at cost for making these doors automatic | Fall 2020 | Management |
| 5 | Built environment | Some door widths may not be wide enough for wheelchair access | Review all door widths including doors to gazebo and determine appropriate width. Make alternative arrangements to see clients in the ER if not able to access rehab. | Jan 2020 | OT/ CEO |

1. **Barriers that will be addressed in 2021-2022**

To summarize from the above list, six (6)barriers have been identified as targets for further discussion during the 2020-2021 period.

In addition to the six barriers, other actions with respect to accessibility that will take place in 2022 include:

* The update of an Accommodation/Return to Work Policy

**New Barriers Identified by the Committee in October 2021:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Type of Barrier** | **Description of Barrier** | **Strategy for removal/ prevention** | **Timeline for removal/ prevention** | **Respons-ibility** |
| 1 | Built Environment | Poor signage distribution and poor signage visibility. Accessible areas no marked appropriately. | Floor way finding system, increase signage and move signage to eye level rather than hanging from roof | End of 2022 | CEO |
| 2 | Built environment | Boardroom door heavy with lack of automatic opener. Secondary exit/emergency exit not accessibly width for wheelchair | Look at new door and possible widening of emergency exit | 2025 | CEO |
| 3 | Built Environment | Poor lighting visibility in main entrance | Temporary solution is bringing in standing lamps.  Long term plan, is to install more fixed lighting on the ceiling | 2022- Temporary  2023- fixed lighting sources | CEO |
|  |  |  |  |  |  |
| **#** | **Type of Barrier** | **Description of Barrier** | **Strategy for removal/ prevention** | **Timeline for removal/ prevention** | **Respons-ibility** |
| 4 | Built  Environment | Poor access to accessible bathrooms. Only 2 true accessible washrooms, which are located in Main Entrance and Acute Care. | Increase access to accessible washrooms by two; Emergency Room and ECW. | 2025 | CEO |
| 5 | Built Environment | Laboratory phlebotomy room is not wheelchair accessible | Currently offering to draw blood in ER if unable to access lab, or providing alternative seating within the laboratory.  Long Term Goal: create accessible phlebotomy environment | 2025 | CEO |
| 6 | Built Environment | Keypad to open door from ECW outdoor court yard is not beside automatic door opener | Move keypad and automatic door switch to same location away from swing of door | 2022 | Maintenance |
| 7 | Built Environment | Gazebo door is not to code for wheelchair access | Change sliding door type to increase width and remove lip on entrance | 2023 | CEO |
| 8 | Built Environment | Maintenance/parcel distribution door has large step up. | Addition of ramp to provide accessible entrance | 2025 | CEO |
|  |  |  |  |  |  |

1. **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 met on September 20 2021 and created a new plan for 2021-2022 and it was accepted by the CEO.

1. **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 Counseling office and the Transition 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.