



MULTI-YEAR ACCESSIBILITY PLAN

SEPTEMBER 2013- SEPTEMBER 2017

Submitted to:
Senior Management Team, September 2013

Prepared By:
St. Mary's General Hospital Accessibility Working Group

This publication is available on the hospital's website at:

www.smgh.ca

and in alternative formats upon request.



TABLE OF CONTENTS

1.0	EXECUTIVE SUMMARY	3
2.0	POLICY STATEMENT	3
3.0	DEFINITIONS	3
4.0	OBJECTIVES	5
5.0	DESCRIPTION OF THE HOSPITAL	5
6.0	ST. MARY'S ACCESSIBILITY WORKING GROUP.....	6
6.1	Accessibility Working Group Members.....	6
	- Department	
	- Contact Information	
6.2	Involvement with Community Resources to Improve Accessibility.....	7
7.0	HOSPITAL COMMITMENT TO ACCESSIBILITY PLANNING.....	7
8.0	RECENT BARRIER REMOVAL INITIATIVES.....	7
9.0	BARRIER-IDENTIFICATION METHODOLOGIES.....	10
10.0	BARRIERS IDENTIFIED.....	10
11.0	BARRIERS TO BE ADDRESSED FROM SEPT. 2013 – SEPT. 2017	13
11.1	Increased Disability Awareness for Staff.....	17
12.0	REVIEW AND MONITORING PROCESS	17
13.0	COMMUNICATION OF THE PLAN	17

1.0 EXECUTIVE SUMMARY

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To this end, the ODA requires each organization to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

This document is St. Mary's General Hospital's multi-year 2013-2017 plan. The plan describes: (1) the measures that St. Mary's has taken in the past, and (2) the measures that St. Mary's will take during the upcoming years (2013-2017) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of St. Mary's.

This year, St. Mary's has again committed itself to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff; participation of persons with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

2.0 POLICY STATEMENT

The purpose of the Ontarians with Disabilities Act (ODA) is to "improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province" (ODA, 2001). To fulfill this purpose, St. Mary's General Hospital uses the Accessibility Working Group to identify barriers, suggest improvements, and develop the Multi-Year Accessibility Plan.

3.0 DEFINITIONS

Within this document, the term:

"barrier" means:

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 information or communication barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

"bariatric" means:

- o Overweight by greater than 100-200 LB (45-90kg); or,
- o Body weight greater than 300 LB (137 kg); or,
- o Body Mass Index (BMI) greater than 40 (World Health Organization – WHO)

ODA Coordinator means:

The person with the primary responsibility for ensuring the completion of the Multi-Year Accessibility Plan. This person serves as Chair of the Accessibility Working Group. At St. Mary's General Hospital these duties fall under the position of the Health & Safety Specialist.

"Working Group" means:

The Accessibility Working Group, consisting of representatives from many areas across the hospital.

"disability" means:

- 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 coordination, blindness or visual impairment, deafness or hearing impairment, or speech/language impairment, 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; ("handicap")



4.0 OBJECTIVES

This plan:

- 1) Describes the process by which the Hospital will identify, remove and prevent barriers to people with disabilities.
- 2) Reviews efforts at the hospital to remove and prevent barriers to people with disabilities.
- 3) Lists the by-laws, policies, programs, practices and services that the Hospital will review in the coming years to identify barriers to people with disabilities.
- 4) Describes the measures that the Hospital will take in the coming years to identify, remove and prevent barriers to people with disabilities.
- 5) Describes how the Hospital will make this accessibility plan available to the public.

5.0 DESCRIPTION OF THE HOSPITAL

St. Mary's General Hospital is a 150-bed adult acute care hospital and home to the Regional Cardiac Care Centre, serving patients in Waterloo Region, Wellington County and beyond. For more than 85 years, St. Mary's has been a leader in health care excellence, with a reputation for providing innovative, excellent and compassionate care consistent with the Catholic traditions and values of its founders, the Sisters of St. Joseph of Hamilton.

The Hospital proudly completed a large scale addition in 2008, including a new lobby, outpatient clinics, Surgical Suites, Food Service & Cafeteria and Sterile Processing Department.



6.0 ST. MARY'S ACCESSIBILITY WORKING GROUP

6.1 Accessibility Working Group Members

<i>Working Group Member</i>	<i>Department</i>	<i>Contact Information</i>
Adrian Dorazio	IT, Systems Analyst	(519) 749-6578 x 4106
Anne Kelly (ad hoc)	Communications Specialist	(519) 749-6578 x 1501
Candy Miller-Kuehn	Clinical Nurse Educator, Patient Services	(519) 749-6578 x 6932
Gerald LeMoine	Manager, Engineering	(519) 749-6578 x 3022
Julie Emrich (Chair)	Health & Safety (ODA Coordinator)	(519) 749-6578 x 1024
Lisa Bacic (ad hoc)	Speech-Language Pathologist	(519) 749-6578 x 5672
Lyne Aubrey-Yates	Director, Human Resources	(519) 749-6578 x 6556
Mary Ostrowski	Emergency Department, GEM Nurse	(519) 749-6578 x 5320
Pauline Rasmussen	Manager, Volunteer Services	(519) 749-6578 x 6551
Sandra Hett	VP Patient Services & Chief Nursing Executive	(519) 749-6578 x 6540
Sonya Doughty	Occupational Therapist (Staff Representative)	(519) 749-6578 x 1106
Tammy Quigley	Director, Quality, Risk, Legal & Chief Privacy Officer	(519) 749-6578 x 1209
Terry Boshart	Professional Practice and Patient Safety Manager	(519) 749-6578 x 1406

The Accessibility Working Group meets bi-monthly to review progress on action plans, identify new barriers, and complete the Multi-Year Accessibility Plan.

6.2 Involvement with Community resources to improve accessibility

In addition to providing hospital facilities that are accessible to Waterloo Region residents, St. Mary's also has a working relationship with many community support programs and groups for persons with disabilities such as:

- Independent Living Centre
- Community Care Access Centre
- K-W Barrier Free Association
- The City of Kitchener
- Canadian Hearing Society
- Canadian National Institute for the Blind
- Employee Assistance Program – Mosaic Family Counseling

7.0 HOSPITAL COMMITMENT TO ACCESSIBILITY PLANNING

The St. Mary's Board of Trustees has adopted the following Accessibility Planning Policy:

St. Mary's General Hospital is committed to:

- The continual improvement of access to facilities, policies, programs, practice 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 multi-year accessibility plan
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility
- Supporting the efforts of the SMGH Accessibility Working Group
- Providing its staff with on-going disability awareness training to support the commitments outlined in the Accessibility Plan and to continually improve patient care for persons with disabilities

St. Mary's President authorized the ODA Coordinator, in collaboration with the Accessibility Working Group, to prepare an accessibility plan that will enable St. Mary's to meet these commitments.

8.0 RECENT BARRIER REMOVAL & PREVENTION INITIATIVES

During the last several years, there have been a number of informal initiatives at the hospital to identify, remove and prevent barriers to people with disabilities:

(a) Recent Accessibility Plan Barrier Removal and Prevention

The following barriers were remediated in 2012/2013:

Physical:

- Doorway to Health Records was widened to accommodate wider wheelchair access.
- Round 'Caution' sign was installed on the revolving door in the Main Lobby entrance to provide legally blind people with easier coordination.
- Soap dispenser in the washroom (Room 1.396) on the Main Floor was lowered to accommodate people in wheelchairs.

Policy / Procedure:

- Early and Safe Return to Work policy was modified to incorporate accessibility requirements and ensure compliance.
- Human Resources documents were updated to reflect accessibility standards. These include job postings, external job offers and job descriptions.

Communication:

- Completed St. Mary's signage to improve way finding around the hospital.



(b) Review of complaints Received by the Communication Coordinator

As of August, 2013, there were zero accessibility patient complaints reported for September 2012 – August 2013.

If an accessibility complaint is received, it will be documented and forwarded to the ODA Coordinator for review.

(c) Review of Complaints Received by the Manager, Volunteer and Other Services

The Manager, Volunteer Services was asked in July 2013 to communicate any accessibility complaints received by Volunteers for the previous year. No complaints were received this past year by volunteers related to accessibility.

(d) Accessibility Site Audit

The accessibility audit was conducted by the Independent Living Centre in the winter of 2013. It involved two persons with different disabilities; one required the use of a wheelchair and the other person was legally blind. Barriers identified during the audit have been completed.

(e) Barrier-Free Development Planning

In many of the architectural aspects of building redevelopment at St. Mary's accessibility and the requirements of the physically challenged are considered (i.e. mobility, visually impaired, hearing impaired, low physical effort). The construction and design teams consult, when needed, with a representative from the Independent Living Center to discuss changes in design to improve accessibility for persons with disabilities. In the past, several suggested changes were incorporated into the plans such as preferred ramp heights and grab bars for washrooms. Ongoing design and construction modification will occur as issues are recognized that were not identified in the original planning.



9.0 BARRIER-IDENTIFICATION METHODOLOGIES

The ODA Coordinator and the Accessibility Working Group used the following barrier- identification methodologies to gain information:

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
Inquiries to Communications	Reviewed patient/community complaints related to accessibility	Information taken to SMGH Accessibility Working Group for review
Communication with SMGH Accessibility Working Group	Reviewed patient/staff complaints related to accessibility	Information discussed at SMGH Accessibility Working Group meeting
Communication with Manager, Volunteer Services	Reviewed patient/community complaints related to accessibility	Information taken to SMGH Accessibility Working Group for review

10.0 BARRIERS IDENTIFIED

In its review, the Accessibility Working Group identified the following accessibility barriers to be considered for remediation in the coming year. This list is sub-divided into six types: architectural; communication; informational; physical; policies and procedures; and technological. The barriers have been listed in alphabetical order below:

An asterisk "*" has been placed next to barriers that are new for this year.

<i>Type of Barrier</i>	<i>Description of Barrier</i>	<i>Strategy for Removal/Prevention</i>
Communication	How well are people able to find their way around the hospital?	Initiate a way finding audit
Communication *	Website compliance (Level A)	Work with the web developer and Communications team to identify and comply with website requirements
Physical	Geriatrics Reception Counter is very high	Renovate according to the CSA Standard
Physical	Shower rooms on 500, 600, and 700, are inconsistent in their set up and accessibility issues for all rooms have been identified	<ul style="list-style-type: none"> • Determine standardization requirements for shower rooms on 500, 600, and 700 • Renovate according to CSA standards
Physical	Door widening project (patient washrooms on 500-600-700) which are currently very narrow	<ul style="list-style-type: none"> • Determine standardization requirements for washrooms on 500, 600, and 700 • Renovate according to CSA standards
Physical	Poor condition of ring road for patients and visitors crossing road from visitors parking lot	Complete resurfacing will be completed in 2014

<i>Type of Barrier</i>	<i>Description of Barrier</i>	<i>Strategy for Removal/Prevention</i>
Policy/ Procedure *	Various Built Environments Compliance	To incorporate accessibility standards into new areas and areas that will be renovated throughout the hospital
Policy/ Procedure *	New self-service kiosks to meet accessibility criteria	To ensure any new self-service kiosks meet accessibility standards
Technological	Portable TTY phone does not accept incoming calls	Incoming calls will be accepted at Switchboard and training provided to staff who will use it
Physical *	Limited hospital wide access to functional wheelchairs	Increase access to functional wheelchairs by purchasing additional wheelchairs

*** denotes new for 2013-2017 plan**



11.0 BARRIERS TO BE ADDRESSED FROM SEPTEMBER 2013– SEPTEMBER 2017

Of the identified accessibility barriers, St. Mary's will address the following from Sept. 2013 - Sept. 2017:

A risk calculation was completed for each barrier and barriers are listed in order of highest to lowest risk

New for 2013-2017	Barrier Type	Barrier	Objective	Means to Remove/ Prevent	Timing	Responsibility
-	Physical	Shower rooms on 500, 600, and 700, are inconsistent in their set up and accessibility issues for all rooms have been identified	To improve accessibility of washrooms in these patient care areas.	<ul style="list-style-type: none"> Determine standardization requirements for shower rooms on 500, 600, and 700 Renovate according to CSA standards 	Deferred according to 2017 Master Plan; Will be reviewed annually	Roger Holliss/ Gerald LeMoine
-	Physical	Door widening project (pt washrooms on 500-600-700) which are currently very narrow	To improve accessibility of washrooms in these patient care areas	<ul style="list-style-type: none"> Determine standardization requirements for washrooms on 500, 600, and 700 Renovate according to CSA standards 	Will be completed with above according to the 2017 Master Plan	Roger Holliss
-	Communication	How well are people able to find their way around the hospital?	Improve accessibility through way finding/ signage program	Initiate a way finding audit	Spring 2014	Angela Volpe

New for 2013 - 2017	Barrier Type	Barrier	Objective	Means to Remove/ Prevent	Timing	Responsibility
New	Physical	Limited hospital wide access to functional wheelchairs	To increase access to functional wheelchairs 100% of the time for patients who need one	<ul style="list-style-type: none"> • Purchase 23 new wheelchairs • Develop 5 year plan for wheelchair procurement • Implementation of wheelchair procurement plan 	December 2013 January 2013 2014 - 2019	Pauline Rasmussen
New	Communication	Website compliance	To ensure compliance with Website requirements (Level A)	Work with the web developer and Communications team to identify and comply with website requirements	December 2013	Angela Volpe
New	Policy/ Procedure	Various Built Environments Compliance	To incorporate accessibility standards into new areas and areas that will be renovated throughout the hospital	Follow a procedure for incorporating accessibility when building or renovating areas throughout the hospital. This will include exterior paths of travel, parking and making service counters and waiting areas accessible	Spring 2014	Gerald LeMoine

New for 2013 - 2017	Barrier Type	Barrier	Objective	Means to Remove/ Prevent	Timing	Responsibility
-	Physical	Poor condition of ring road for patients and visitors crossing road from visitors parking lot	Improve accessibility to hospital from Visitor's Parking	City of Kitchener was contacted and SMGH was advised that complete resurfacing will commence in 2014	Complete resurfacing in 2014	Roger Holliss
-	Physical	Geriatrics Reception Counter is very high	Modify reception counter to offer lower counter height to patients	Renovate according to the CSA Standard	Approved on Capital List 2012-2013; Part of 2017 Master Plan; This project has been placed on hold as the department might move in near future	Roger Holliss/Gerald LeMoine
-	Technological	Portable TTY phone does not accept incoming calls	Improve accessibility through communication	Incoming calls will be accepted at Switchboard and transferred to patient rooms. Training on how to use TTY phones to be provided for Switchboard staff and other staff involved	Fall 2013	Adrian Dorazio

New for 2013 - 2017	Barrier Type	Barrier	Objective	Means to Remove/ Prevent	Timing	Responsibility
New	Policy/ Procedure	New self-service kiosks to meet accessibility criteria	To ensure hospital's kiosks including ATMs, self-pay parking and patient registration, are accessible	<ul style="list-style-type: none"> • Revise Accessible Customer Standards Policy to include requirements for purchasing of self-service kiosks • Ensure accessibility criteria is included in all Requests for Proposals 	December 2013 September 2013	Julie Emrich Gary Higgs



11.1 Increased Disability Awareness for Staff

St. Mary's is committed to providing its staff with on-going disability awareness training to support the commitments outlined in this Accessibility Plan and to continually improve patient care for persons with disabilities. In the past year, members of the Accessibility Working Group made presentations at departmental meetings throughout the hospital to increase the profile of the group and to ensure staff is aware of accessibility issues for patients and staff. In addition, information regarding accessibility was added to the Hospital Wide Orientation which is attended by all new staff.

12.0 REVIEW AND MONITORING PROCESS

The ODA Coordinator in conjunction with the SMGH Accessibility Working Group will communicate progress of the remediation of barriers. The ODA Coordinator will remind Managers and/or staff with responsibilities under the plan, either through personal contacts or by e-mail, about their roles in implementing the plan. The ODA Coordinator will also commit to updating the hospital's the Hospital Managers Group and other groups, as necessary.

13.0 COMMUNICATION OF THE PLAN

The hospital's accessibility plan will be posted on St. Mary's website and hard copies will be available from the ODA Coordinator and Communications Specialist. On request, the plan can be made available in alternative formats, such as computer disk in electronic text, in large print or in Braille. Awareness and availability of the accessibility plan will also be included during hospital orientation to new staff.

Signature of Approval:

A handwritten signature in blue ink that reads "Don Shilton".

Don Shilton, President

October 2013
Date