

**Annual Accessibility Plan  
For  
Leamington District Memorial Hospital  
APRIL 2010 – MARCH 2011**

**Developed  
by**

LDMH Accessibility Steering Committee

March 2010

Approved by:

Senior Management Team – May 4, 2010

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## **Executive Summary**

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) and the subsequent Bill 118 (2005) 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.

LDMH is committed to the continual improvement of access to Hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the 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.

The plan is updated and revised annually, and reviewed by the Municipality of Leamington Accessibility Advisory Committee and appended to their plan. All their suggestions will be considered for inclusion into the LDMH Plan.

This plan for 2010 - 2011 was prepared by the Accessibility Steering Committee of the Leamington District Memorial Hospital (LDMH). The plan describes: (1) the status of the previous year plans (2) the measures that LDMH will take during the next fiscal year to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of LDMH, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

Our biggest challenges are related to the design and construction of the Facility, and the barriers that were inherent in the design 50 years ago, when accessibility needs were not anticipated. New construction and renovations are designed with these needs in mind.

We will continue to address areas of concern identified through various audits as opportunities arise, in conjunction with the physical and organizational change that is occurring and will occur over the next year or so.

The main focus for 2009/10 was the implementation of New Accessibility Standards for Customer Service which became mandatory January 2010. This involved the review, revision, development of related policies and procedures and the training of our over 300 staff members, as well as volunteers and other service providers. We are also actively involved in public hearings and keeping up with the progress of the other upcoming standards (Accessible Information and Communication, Employment, and Built Environmental Standard).

For 2010/2011 we plan to 'get a jump' on the proposed standards for information and communication by making improvements as opportunities for change arise.

Other areas of concern, in particular parking issues will be addressed soon as a new parking lot is under construction.

We are also pleased to have a more direct working relationship with the Town of Leamington Accessibility Committee. Their knowledge and experience is very valuable, and we have gained a better understanding of each others expectations and challenges.

The Accessibility Plan as well as Policies on Customer Service for people with Disabilities is published on the Hospital website. [www.learmingtonhospital.com](http://www.learmingtonhospital.com) and available upon request.

## **1. Aim**

This plan describes: (1) the measures that LDMH has taken in the past, and (2) the measures that LDMH will take during the next year (**2010-2011**) to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

## **2. Objectives**

This plan:

1. Describes the process by which LDMH will identify, remove and prevent barriers to people with disabilities.
2. Reviews recent efforts at LDMH to remove and prevent barriers to people with disabilities.
3. Lists the programs, practices or services that LDMH will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures LDMH will take in the coming year to identify, remove and prevent barriers to people with disabilities.

## **3. Description of the Leamington District Memorial Hospital Corporation**

Leamington District Memorial Hospital is located in Leamington, Essex County, Ontario. Our catchment area includes South Essex County and South Kent County. Annually, our hospital serves almost 4,100 inpatients, 15,400 outpatients, 27,500 emergency patients and has over 300 employees.

### **Our Mission Statement:**

LDMH is dedicated to improving the health status of the people we serve. With compassion and in partnership with others we will strive to provide quality, continuity of service and excellence in health care."

### **Our Standing Goals:**

#### **QUALITY**

Demonstrate improved patient outcomes, patient satisfaction and quality service.

#### **PEOPLE**

Create a high performing organization by investing in values based recruitment and retention of highly skilled people.

#### **FINANCE**

Optimize operating efficiency by achieving benchmark performance.

#### **INFORMATION**

Invest in technology systems that improve quality, safety and effectiveness of all services delivered.

#### **PARTNERSHIP**

Provide coordinated and seamless care by leveraging partnership and integration opportunities.

## **4. The Accessibility Steering Committee**

### **a. Mandate**

The tasks of the committee include:

- Review Disability Plan requirements;
- Review and list barriers to accessibility;
- Identify barriers that will be removed or prevented in the coming year;
- Identify, contact, and interact with external stakeholders;
- Develop plans to address deficiencies found.

### **b. Members of the Accessibility Steering Committee**

The committee represents a diverse cross-section of staff, representing departments relevant to accessibility planning such as Patient Care, Human Resources, Planning, Communications, Information Technology and Administration. Membership on the committee was determined by the following criteria:

- Direct contact with or sensitivity to the issues faced by persons with disabilities;
- Communication and public relations resources;
- Knowledge of building functions, architecture and construction;
- Knowledge of supply resources;
- Knowledge of human resources.

## **5. Hospital commitment to accessibility planning**

The Leamington District Memorial Hospital Corporation is committed to:

- The continual improvement of access to facilities, policies, programs, practices 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 the annual accessibility plans;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- The establishment of an Accessibility Steering Committee at the hospital.

The Chief Executive Officer authorized the Accessibility Steering Committee to prepare an accessibility plan that will enable LDMH to meet these commitments.

## 6. Barrier-identification methodologies

The Accessibility Steering Committee used the following barrier identification methodologies in the past 18 months.

Methodology	Description	Status
Internal Consultation	<p>As renovations or building changes are planned, accessibility is considered as a standard part of the planning process. Contractors are well aware of requirements.</p> <p>Management meetings were held to outline the new Standards for Customer Service and our policies and procedures reviewed and revised in order to meet the standards.</p> <p>The process of training staff and volunteers on the Customer Service Standards provided opportunity for feedback and suggestions for improvement.</p>	<p>Ongoing</p> <p>Complete</p> <p>Complete</p>
Surveying and Canvassing Hospital Staff	<p>The Accessibility Steering Committee asked each of the hospital staff, volunteers, and physicians to identify areas of concern.</p>	<p>Last formal survey completed 2008</p>
Reviewing requirements for compliance with new and upcoming standards	<p>The Accessibility Steering Committee and/ or representatives participated in the public review and feedback process for the proposed Accessibility for Information and Communication Standards, Built Environment and Employment Standards.</p> <p>The team reviewed the proposed standards and identified areas of compliance as well as areas for</p>	<p>2009</p>

Methodology	Description	Status
	improvement. (Self assessment process)	
External Stakeholder Consultations	Chairperson of the Town of Leamington Accessibility Committee attended a Committee meeting. More face to face meetings are planned.	Sept 2009

## 7. Barriers Addressed

### 2009-2010

Barrier	Objective	Means to remove/prevent	Performance criteria	Resources	Status	Responsibility
Physicians and Staff attitudes toward clients	Improve communication skills and adjust attitudes	Staff awareness and training as per Accessibility for Customer Service Standards	Staff training	E-learning tools. Newsletters Web Page	<b>Completed</b> Dec31, 2009	SMT, Managers
Front Lobby Registration Desk is too high	Reduce height of counter	Install lower desk Renovate Lobby To remove hazards	Completed	Capital Construction funds	<b>Completed</b> (Front Lobby Now closed – New Registration area has proper levels for wheelchairs.	Environmental Services

Bariatric Accessibility	Provide accessible facility for bariatric patients	Design and equip patient room and washroom	Completed	Capital Funds	<b>Completed</b> (Rm 233).	Environmental Services
Gift Shop accessibility	Provide adequate space for wheelchairs / walkers and lower counter height / display areas	Redesign gift shop (wider aisles, lower counters)	Completed	Capital Funds	<b>Completed</b>	Auxiliary

## 8. Barriers to be addressed

### 2010 – 2011 and ongoing

Barrier	Objective	Means to remove/prevent	Performance criteria	Resources	Status	Responsibility
Accessible parking	Improve parking / direct access to building	Pave new parking lot closer to entrance	Completion	Capital funds	Under construction	J. Keane
Update Ultrasound hallway washroom	Repair, improve access	Improve washroom accessibility.	To be approved	Capital renovations		J. Keane R. Costa
Dialysis project –	Proper planning	Accessible washrooms and other amenities.	In approval process	Provincial funding	In process	S. Padfield

Wheelchair – replacement / repair	Access number and condition of wheelchairs	Improved access to wheelchairs	In process			J. Keane
Implementation of Information and Communications Standards	Meet legislative requirements	Consider variable font size on printed or electronic documents / web site as well as providing audible information.	Meet standards	Significant Human and Capital resources required		Accessibility Steering Committee
Implementation of Employment Standards for Accessibility	Meet legislative requirements		Meet standards	Capital resources (equipment and furnishings as required)		Accessibility Steering Committee
Implementation of Built Standards for Accessibility	Meet legislative requirements		Meet standards	Significant Capital resources required		Accessibility Steering Committee

## **Appendix A: Terms of Reference**

### **Purpose**

To be a resource regarding accessibility issues for all aspects of the Hospital operations to ensure barrier-free access as legislated in the Ontario Disabilities Act and Bill 118.

### **Accountability**

The Chair of the committee reports to the Board of Directors

### **Functions**

1. To commit to accessibility planning.
2. To identify barriers.
3. To address barriers with appropriately designed strategies to raise awareness of accessibility issues.
4. To prioritize and support initiatives to eliminate barriers and to improve access.
5. To develop, implement, monitor, report on and update an accessibility plan.
6. To specify how and when progress is to be monitored.

### **Membership**

Chair  
Sr. Manager  
Hospital Chaplain  
Information Services  
Materials Management  
Patient Care (3)  
Physician  
Rehab, OT/PT  
Volunteer/Auxiliary

### **Frequency of Meetings**

Quarterly or more frequently as necessary.

### **Minutes Distribution**

Senior Management

Management Team

Chair – Town of Leamington Accessibility Steering Committee

## Appendix B

### Survey results 2008 – Summary of Findings

Type of Barrier	Unit / area where Barrier is found	Brief Description of Barrier
<b>1. Physical</b>		
a.	2 <sup>nd</sup> floor	Washrooms too small, difficult to access, no shower on 2W, Renovations to some rooms in progress 04-2010 ( relocation of Obstetrics)
b.	2 <sup>nd</sup> floor	Congestion of equipment in hallways increased with new computers
c.	Parking	Need more accessible parking for patients who have difficulty walking. Parking closer to main entrance. New parking lot under construction 04-2010
d.	Parking	Payment of coins at gate difficult and awkward. Consideration to be given to improve in new parking lot.
e.	Diagnostic Imaging	Washrooms too small
f.	Diagnostic Imaging	Reception window needs to be somewhat lower.

g.	Registration	Mirror needed to be able to see people in seating area. <b>Complete</b>
h.	Lobby	Patients get caught on donor recognition plates in lobby <b>No longer applicable</b>
I	All clinical areas	Lack of wheelchairs, damaged wheelchairs. <b>Wheelchair PM program in place</b>

<b>2. Architectural</b>		
a.	Registration	Difficult to find it. Patients don't realize they have to take a number. <b>Improved – Volunteers available for assistance.</b>
b.	Room Numbers	Confusing – not consistent
c.	Registration / ER waiting	Area too cramped. No room for wheelchairs, or walkers. <b>Plan for renovations awaiting approval.</b>
d.	Registration / ER	Long walk from front parking lot across ambulance entrance driveway. Concern especially in the dark. <b>New parking lot with more direct access.</b>

e.	Public washrooms	Need to be more accessible, larger. All new or recently built washrooms meet code.
f.	Business Office	Window too high
g.	North elevator	Difficult to operate (manual manipulation required)
h.	Multi areas	Doors heavy and hard to open with a walker

<b>3. Informational</b>		
a.	Signs	Lack of appropriate directional signs especially to registration and public washrooms. <b>New signs in place</b>
c.	All over the Hospital	Need larger print on information signs <b>Larger print on new signs</b>
<b>4. Communicational</b>		
a.	Fire alarm	Only audible in some areas
b.	P.A. System	Cafeteria, some offices and other locations the P.A. System cannot be heard clearly.
<b>5. Attitudinal</b>		
<b>6. Technological</b>		
<b>7. Policy/Procedure</b>		