

ANNUAL ACCESSIBILITY PLAN

For the
Espanola Regional Hospital & Health Centre
Espanola, Ontario
September 2012



espanola

regional hospital and health centre

hôpital régional et centre de santé

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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 hospital 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 is the annual plan (2012/2013) prepared by the Accessibility Working Group at the Espanola Regional Hospital & Health Centre. The plan describes:

- (1) the measures that the Espanola Regional Hospital & Health Centre has taken in the past, and
- (2) the measures that the Espanola Regional Hospital & Health Centre will take during the year (2012/2013) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Espanola Regional Hospital & Health Centre, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

In the first year, the Espanola Regional Hospital & Health Centre committed itself 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 Accessibility Working Group identified many barriers to persons with disabilities. The most significant findings were Communication/Information barriers. Over the next several years, the Accessibility Working Group recommends focusing on as many different barriers as possible.

AIM

This plan describes

- (1) the measures that the Espanola Regional Hospital & Health Centre has taken in the past, and
- (2) the measures that the Espanola Regional Hospital & Health Centre will take during the next year (2012/2013) 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.

OBJECTIVES

This plan,

- (1) Describes the process by which the Espanola Regional Hospital & Health Centre will identify, remove and prevent barriers to people with disabilities.
- (2) Reviews efforts at the Espanola Regional Hospital & Health Centre to remove and prevent barriers to people with disabilities over the past year.
- (3) List the by-laws, policies, programs, practices and services that the Espanola Regional Hospital & Health Centre will review in the coming year to identify barriers to people with disabilities.
- (4) Describes the measures the Espanola Regional Hospital & Health Centre will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- (5) Describes how the Espanola Regional Hospital & Health Centre will make this accessibility plan available to the public.

DESCRIPTION of the ESPANOLA REGIONAL HOSPITAL & HEALTH CENTRE

The Espanola Regional Hospital & Health Centre is located 80 km west of Sudbury on the Trans-Canada highway.

The Hospital serves a catchment area of approximately 12,000 people which stretches from Worthington on the east to Spanish on the west, High Falls on the north and Whitefish Falls being the southern boundary.

Forest products are the dominant industry in the area with Eacom Timber Corporation operating a sawmill in Nairn Centre and a Domtar Inc. operating a pulp and paper mill in Espanola.

The relocation of the Espanola Regional Hospital & Health Centre in 1988 represents the last component in a complex to provide a continuum of care for the residents of Espanola. The complex consists of a 30-unit apartment building designed for independent living, Senior's Drop-In Centre, 19 assisted living beds, a 62-bed long-term care unit, a 15-bed acute care facility, a 24-hour emergency and Family Health Team. Even though all these components are physically joined and use common support facilities, the independent apartments, Senior's Drop-In Centre, and assisted-living units are owned by the Town of Espanola Non-Profit Housing Corporation and managed by the Espanola Regional Hospital & Health Centre.

Our Lab currently averages 450 patients per week and Diagnostic Imaging 200 patients per week. We accommodate 11 different specialist clinics, some as often as weekly.

There are currently over 220 employees.

VISION

Leader in health care and Gateway to services.

MISSION

To provide excellent health care programs and services to all we serve.

VALUES

Our Values apply to every human being with whom we interact.

Patients First

'Patient' = Patient, Long Term Care Resident, Tenants, Out Patients
We strive to put patients' needs first in all our interactions, day to day work and decision making at all levels.
We are here to serve.

Integrity

We see 'Integrity' as Honest and 'Doing the Right Thing'.

Caring and Compassion

We strive to make every patient interaction as positive as possible.
We strive to treat every patient as we would wish to be treated.

Continuous Quality Improvement

We strive for excellence in all we do.

Respect and Dignity

We strive for the equal treatment of all, while celebrating the diversity of each person.

The Contribution of All

We strive to recognize everyone's contribution, and to provide equal opportunities for care and for learning.

A Culture of Effective Communication

We strive to keep all avenues of communication open and effective, and encourage dialogue amongst all.

Members of the Accessibility Working Group

The following members have been appointed to the Working Group at the Espanola Regional Hospital & Health Centre:

Member	Department	Phone	Email
Eric Parlowe	Environmental Services	705.869.1420, ext. 3122	eparlowe@esphosp.on.ca
Marlo DesJardins	Human Resources	705.869.1420, ext. 4085	mdejsardins@esphosp.on.ca
Nicole Haley	Director of Clinical Services	705.869.1420, ext. 3003	nhaley@esphosp.on.ca
Paula Mitroff	Longterm Care	705.869.1420, ext. 3019	pmitroff@esphosp.on.ca
Phyllis Paradis	Queensway Place	705.869.1420, ext. 3122	pparadis@esphosp.on.ca
Ray Hunt	CEO	705.869.1420, ext. 3001	rhunt@esphosp.on.ca
Terrance Smith	Health and Safety	705.869.1420, ext. 3048	tsmith@esphosp.on.ca

As the work of the Working Group progresses in the development and annual implementation of the Accessibility Plan, other members of the organization may be called upon to provide input.

Hospital Commitment to Accessibility Planning

The Espanola Regional Hospital & Health Centre is committed to:

- (1) 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;
- (2) The participation of people with disabilities in the development and review of its annual accessibility plans;
- (3) Ensuring Hospital by-laws and policies are consistent with the principles of accessibility; and
- (4) The establishment of an Accessibility Working Group for the Hospital

Recent Barrier-Removal Initiatives

During the last several years, there have been a number of informal initiatives at the Espanola Regional Hospital & Health Centre to identify, remove and prevent barriers to people with disabilities:

Switchboard/Admitting Area

Improvements were made to allow persons in a wheelchair to be at a counter height that allowed them to converse with staff at their level

Fire Doors

Fire doors to Queensway Place have had installation of automatic door opener for ease of access

Delay on Automatic Doors

The timing on the attenuators for our automatic doors have been adjusted to allow more time for people to get through.

Pay Phones

Lowered for ease of access for wheelchairs and lighting installed

Curbs/Parking Area

Curbs at the front entrance have been modified for wheelchair access; as well, the parking lot has identified handicapped parking spaces

Washrooms

Public washrooms in the main entrance are wheelchair accessible; Housekeeping will be installing paper towel dispenser at appropriate level

Handicap Bus

A handicap bus is available for community use for transport to the hospital

Wheelchairs

New wheelchairs are available at the front and Emergency entrances for public use when required. These include standard and bariatric sizes.

Pamphlets

Available in large print for the public

Lighting

Upgrades of lighting have been completed for better illumination in various areas.

PA System

In 2012, the phone and PA systems were improved to allow clear verbal messaging to all patient/staff areas.

Carpeting

Carpeting has been removed from the administration areas throughout the hospital.

Staff Education

In 2010, all staff completed the OHA Accessibility Customer Service E-Learning Module. Accessibility education has been a component of our New Hire Orientation since that time.

Emergency Department Renovations

Plans for our Emergency Department renovation have incorporated accessibility standards into the design.

Barrier-Identification Methodologies

The Accessibility Working Group used the following barrier-identification methodologies:

Methodology	Description	Status
Brainstorming exercise and accessibility audit by committee members	Each member was required to review their area(s) of work and discuss with peers any barriers that exist and bring these back to committee for discussion	Ongoing at each committee meeting, barriers that exist are discussed as well as barriers that have been removed.
Email canvassing of staff and bulletin board notices	An email was issued to all outlining the Accessibility Plan and the Working Group's mandate. Staff were asked for their barrier observations and all possible solutions. As well, notices were posted on bulletin boards for staff that do not have access to email.	It was indicated that this request would be ongoing as the Working Group wanted to ensure the continuation of the plan's activities
Community consultations	Members of the Working Group contacted various community groups seeking input	Community partners were invited to provide input to Accessibility Committee

Community Partners

Canadian Diabetes Association
Community Care Access Centre
Canadian Cancer Society
Canadian Hearing Society
First Nations Reserves
CNIB
NELHIN

Canadian Mental Health Association
March of Dimes Canada
The Arthritis Society
ERH&HC Board Members
Canadian Red Cross
Alzheimer Society of Ontario

Barriers Identified

In its review, the Accessibility Working Group identified many barriers that have been removed and many barriers that still exist. Over the next several years, the Accessibility Working Group will focus on as many different barriers as possible. This list is divided into six (6) types of barriers:

Physical
 Informational/Communication-based
 Technological

Architectural
 Attitudinal
 Policies and Practices

Type of Barrier	Description of Barrier	Strategy for its Removal/Prevention
Physical	ER nighttime entrance has wheelchair access restricted because of curbing	To be addressed with new renovation and design
Physical	Landscaping outside of exit at end of hall in Queensway Place is sloped and difficult to maneuver	Landscaping to be done to raise level and patio stones to be installed
Architectural	Washroom in ER not wheelchair accessible	ER renovations include wheelchair accessible washrooms
Attitudinal	Staff education and training could be updated and refined to include how to assist persons with disability	Program to be developed and put on Learning management System and assigned to all staff.
Communication/Information	Signage – small lettering, too high for wheelchair access, detailed font, too busy, too many signs	New sign engraving machine purchased for Hospital 2012. Standard for signs to be developed
Policy/Practice	Bylaws and policies recognizing accessibility issue	Bylaws and policies to be reviewed and updated as required
Architectural	Handicapped parking spaces at the LTC lot do not have raised signage for winter	Signs to be installed
Architectural	Landscaping outside of the Queensway Place hall exit, near the gazebo, is not level and difficult to maneuver with walking aids	Landscape area, raising grade and installing patio stones

Barriers that will be addressed in 2012/2013

The Accessibility Working Group will address the following barriers in the coming year:

Barrier	Objective	Means to remove /improve	Performance criteria	Resources	Timing	Responsibility
Signage	Improve clarity and readability of hospital signage	Develop policy for hospital signage	Policy developed		1 Dec 2012	T. Smith
		Gradually change out signage to comply with new policy	Signage in compliance with policy		1 Jan 2014	E. Parlowe
Training	Provide appropriate training to all employees	Develop online training package for staff	All staff complete review of Accessibility education package	Medworxx Learning Management System	1 Apr 2013	T. Smith

Review and Monitoring Process

The Accessibility Working Group will meet on an annual basis to review progress or as needed. At each meeting, the Working Group will remind staff, either through personal contacts or by email, about their roles in implementing the plan. Members of the Working Group will also commit to making presentations to the Occupational Health and Safety Committee and to updating the Senior Management Team on a regular basis.

Communication of the Plan

The Hospital’s Accessibility Plan will be posted internally by e-mail to all users within the system. The Plan will also be included during Staff Orientation. The plan will be available to the public on our website.

Act and Regulations

Accessibility for Ontarians with Disabilities Act, 2005
 Ontario Regulation 191/11
 Ontario Regulation 429/07