



NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA
TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE

ANNUAL ACCESSIBILITY PLAN FOR THE NIAGARA HEALTH SYSTEM

September 2009 - August 2010

Submitted to:

NHS Board of Trustees

Prepared by:

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EXECUTIVE SUMMARY

The purpose of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to enable their full participation in the life of the province. To this end, the Act requires each hospital to prepare an annual accessibility plan; to consult with persons of disabilities¹ in the preparation of the plan; and to make the plan public.

The AODA builds on the Ontarians with Disabilities Act, 2001 by defining the standards and enforcement measures to realize full accessibility in Ontario by 2025. The first standard under this legislation that requires hospital compliance is the Customer Service Standard, by January 1, 2010. The Niagara Health System (NHS) Advisory Structure will address the compliance requirements in the 2009/2010 plan.

The NHS is committed to continual improvement, between 2003 - 2009, of access to hospital facilities, policies, programs, and services for patients, employees, volunteers, physicians, agents/contractors and members of the community. This plan reviews the ongoing activities, over the period 2007 - 2009, of the hospital to remove and prevent barriers to accessibility, as well as the plans for the coming year. It also establishes the requirement to review by-laws, policies, programs, and services to identify improvements necessary to meet the developing standards. The NHS will make the accessibility plan available on its website along with contact information for any questions related to the plan or availability in accessible formats.

The NHS is Ontario's largest multi-site hospital system and has established an Action Team to address the Customer Service Standards compliance plan. In addition to this the advisory structure includes an Executive Sponsor (Terry McMahon, VP Human Resources) and the Senior Executive Team that provides oversight to ongoing activities. The plan summarizes the five accessibility standards in various stages of review and

¹ Barrier Audits and Action Plans developed with The Herrington Group Ltd.
Community member on NHS Working Group to address the physical/architectural Barrier Audits

submission to the government for consideration as law. This plan for 2009/2010 will focus on strategies to address the Customer Service Standard.

AIM

This 2009/2010 plan continues the work of the NHS, building on the measures that have been addressed in past years. Included is a status report of the activities undertaken to identify, remove and prevent barriers to people with disabilities who live, work in or use our facilities and access our hospital services. The 2009/2010 plan details measures to be taken in the coming year to identify and address further barriers.

OBJECTIVES

This plan:

- Identifies the activities that have been completed to remove and prevent barriers to accessibility within the NHS, and plans for the coming year;
- Identifies the by-laws, polices, programs and services we are required to review to make improvements necessary for equal access to people with disabilities to our health care services;
- Describes how the NHS will make the accessibility plan available to the public.

DESCRIPTION OF THE NIAGARA HEALTH SYSTEM

The NHS is Ontario's largest multi-site hospital amalgamation comprised of seven sites serving 434,000 residents across the 12 municipalities making up the Regional Municipality of Niagara.

- Douglas Memorial Site
- Greater Niagara General Site
- Niagara-on-the-Lake Site
- Ontario Street Site
- Port Colborne Site
- St. Catharines General Site
- Welland Site

The NHS has 733 Acute Care, Complex Continuing Care, and Mental Health beds as well as 115 Long Term Care beds and 78 Addiction Treatment beds. A wide range of inpatient and outpatient clinics/services are provided at seven sites. The NHS has 4,136 employees, approximately 553 physicians and over 1,100 volunteers, with an annual operating budget of approximately \$390 million.

NHS ADVISORY STRUCTURE

The NHS is committed to compliance with the AODA. Under this legislation there exists the Standards Development Process to provide guidance to all public organizations with responsibilities under the legislation. The five Accessibility Standards are: Customer Service, Transportation, Information/Communication, Built Environment, and Employment.

The NHS has established a Customer Service Standard Action Team to respond specifically to the Customer Service Standard. The overall response to the accessibility legislation is overseen by an Executive Sponsor (Terry McMahon, VP Human Resources) and the Senior Executive Team.

NIAGARA HEALTH SYSTEM Customer Service Standard Action Team

NAME	TITLE	DEPARTMENT
Rachel Bayley	Consultant	Organizational Development
Tracey Davey	Regional Director	Quality and Education
Eric Doucette	Director	Professional Practice & Patient Centered Care
Tracy Fattore	Regional Director	Risk Management
Helen Ferley	Administrator	Extended Care Unit
Teri Haeni	Supervisor	Regional Switchboard
Paul Hesch	Manager	Intensive Care Unit
Nick Jancsar	Regional Director	Hospitality Services
Helen Law	Regional Manager	Physiotherapy Services
Tim Mackey	Regional Director	Engineering Services
Joanna Mataya	Regional Manager	Rehabilitation Services
Liz Meehan	Regional Director	Patient Registration
Debbie Smith	Health Program Director	Medical Services
Rita Strickland	Manager	Employee Health & Abilities

REVIEW OF REQUIREMENTS - STANDARDS DEVELOPMENT COMMITTEES

Customer Service Standard

The Customer Service Standard is effective January 1, 2010. Under this legislation the, following items are required.

- Development of policies and procedures for the provision of goods and services;
- Policies shall be consistent with the principles of: dignity and independence; integrated services and equal opportunity to access for people with disabilities;
- Service provided in a way that respects the specific type of disability;
- Policies and procedures for the use of support persons and service animals;
- Provision of notice required for temporary disruptions in services;
- Training of staff, volunteers and agents about the provision of goods and services;
- Training to include: effective interaction/communication; interaction where assistive devices are used; and use of equipment and devices available; assistance for people having trouble accessing services;
- Development and communication of a feedback process that must permit various avenues of feedback;
- Notice of availability of documents in a location that provides reasonable access to the public;
- Provision of documents in accessible formats.

Information / Communication Standard

Overview of Proposed Standard

1. Requirements for all classes: (compliance by 2011, except for notification of emergency and public safety information which is required within 3 months of the standard coming into effect).
 - Inform persons with disabilities that accessible information available;
 - Charge no more for accessible formats;
 - Ensure individuals with disabilities not disadvantaged in terms of timeliness, quality, and availability of communication, given or received;

- Establish a user request, feedback and complaints process to identify communication needs and to communicate with the organization;
 - Provide emergency and public safety information required under existing law (i.e., evacuation procedures) to public and employees in accessible formats;
 - Develop, implement, and maintain policies and procedures to comply with accessible information/communication requirements; and
 - Ensure employees, volunteers and others responsible for providing and receiving information/communication receive accessibility training.
2. Capacity Development - provide same level of response as others in terms of timeliness, quality, and availability of communication.
- Prepared communication (brochure);
 - Predictable communication (e.g., order form for goods);
 - Unprepared communication (e.g., doctor explains a medical test);
 - Unpredictable communication (e.g., request for assistance);
 - Available in plain language; and
 - Ability to use someone who is specifically trained as a communication assistant.
3. IT Based Systems
- New IT systems must provide accessible user interface and content file format by default - for use by employees or public;
 - New content available in digital file format; and
 - User interfaces in existence must be made accessible.
4. Business Enterprise Systems (e.g., payroll, accounting or human resources)
- Once standard in effect all new systems must provide accessible formats and methods of communication (for use by employees or public);
 - Systems in use or under contract when standard comes into effect will have 3 years to become compliant; and
 - Existing systems will need to be updated within 6 years of standard coming into effect, user interfaces and data formats compliant by 2012.

5. Educational Organizations and Regulatory Bodies

- Educational materials for students must be accessible;
- Educational libraries must obtain new materials in accessible format, existing materials must be changed; and
- Professional/regulatory bodies must require accessibility training for their members.

The Standards Development Committee has submitted the final proposed standard to government for consideration as law in summer 2009.

Built Environment Standard

Overview of Proposed Standard

1. New construction will have to comply with the Standard within 12 months of it becoming law.
2. Extensive renovation would have to comply with the standard within 12 to 36 months of becoming law.
3. Existing buildings will have 5-13 years to comply after becoming law (publicly funded buildings i.e., hospitals will be among the first to have to comply).
4. Eleven groups of building elements
 - Common access and circulation (e.g., doors and doorways);
 - Interior accessible routes (e.g., ramps);
 - Exterior spaces (e.g., pedestrian crossings);
 - Communication elements and facilities (e.g., signage);
 - Plumbing elements and facilities (e.g., washrooms);
 - Building performance and maintenance (e.g., air quality);
 - Special rooms, spaces and other elements (e.g., courtrooms);
 - Transient residential (e.g., hotels);
 - Recreation elements and facilities (e.g., amusement parks);
 - Transportation elements (e.g., bus shelters); and
 - Housing (e.g., single detached houses).

Feedback has been received regarding the initial proposed standard and the Standards Development Committee is preparing the final draft to be submitted to government.

Employment Standard

The final proposed Employment Accessibility Standard has now been submitted to the Minister of Community and Social Services for consideration as law. Feedback received during the review period from February to May 2009 was used to develop the final standard submitted in fall 2009.

The goal of the proposed standard is to help employers create equal employment opportunities for people with disabilities. It establishes requirements for recruitment, retention and accommodation of people with disabilities.

A standards development committee, made up of representatives from the disability and business communities developed the proposed standard.

Transportation Standard

The final proposed standard was submitted to government for consideration as law in summer 2008. This is the only standard that is sector specific and it applies to modes of transportation that are under the municipal and provincial governments.

REVIEW AND MONITORING PROCESS

The annual plan shall include a review of actions taken and strategies to be taken in the next year to continue progress toward accessibility of the NHS. All plans will be submitted through the Senior Executive Team, Resource and Audit Committee and Board of Trustees.

COMMUNICATION STRATEGIES

The NHS will use the following avenues (or others as appropriate) of communication to inform stakeholders of planned changes to barriers and our successes in barrier removal.

- Intranet
- Website
- Orientation - Manager and New Employee
- Presentations to groups - e.g., Site Leadership, Community Groups, Department meetings, Unions, Vendors/Contractors, etc.
- Hospital Newsletters - Foundation Newsletter, Niagara Health Now, etc.
- Patient / consumer satisfaction surveys
- Local news media
- Physician Groups - e.g., Medical Advisory Committee, Department of Family Practice, etc.
- SharePoint Portal
- Flyers in waiting areas
- Bulletin boards
- Admission and pre-admission process
- Promotional materials and advertising through Recruitment
- Communication of initiatives through existing publications or through newly created brochures specifically designed to address accessibility issues

DISSEMINATION OF THE PLAN

The annual plan will be available in standard text, and in large text. Requests may be made by any stakeholder for alternate formats (including Braille) through Rita Strickland in the Human Resource Department of the NHS at 905-378-4647, extension 32348. A summary of the plan will be posted on the NHS website, with instructions on how to obtain a full copy. Completion and availability of the plan will also be communicated through the Hospital newsletter, and departmental and management meetings. A full copy of the plan will be available through the administrative office at each site.

APPENDIX 1

NHS ANNUAL STATUS REPORT 2009/2010

CUSTOMER SERVICE STANDARD

Achievements	Status	Future
<p>POLICIES:</p> <ul style="list-style-type: none"> ▪ Patient Client Centered Care Program ▪ Patient Safety Program ▪ Principles of Fair and Just Culture ▪ Patient Bill of Rights ▪ Clinical Ethics and Research Committee ▪ Patient and Visitor Complaints Management Process ▪ Workplace Relations and Behaviour Policy and Procedure ▪ Workplace Relations and Behaviour Process for Reporting, Investigating and Resolving Complaints of Inappropriate Workplace Behaviours ▪ Patient / Substitute Decision Maker Access to and Disclosure of Personal Health Information ▪ Consent to Treatment Policy ▪ Privacy and Health Information Management Program ▪ Permanent and Temporary Interior Signage and Wayfinding Policies and Procedures 	<p>Policies and Programs in effect. The first four programs listed contain overarching principles consistent with the accessibility legislation. These programs guide the organizational approach to customer service within the NHS.</p>	<p>These policies will be included / referenced in the education plan. Development of a standing committee for ongoing review and implementation of Customer Service Standard compliance.</p> <p>Need to review relevant by-laws, policies and procedures to ensure ongoing compliance.</p>
<p>TRAINING: Various organizational training initiatives on principles of effective Customer Service</p> <ul style="list-style-type: none"> ▪ Building Trust ▪ Valuing Differences ▪ Influencing Others ▪ Communication Workshop ▪ Unintentional Tolerance 	<p>Training provided to staff.</p>	<p>Incorporate customer service principles into ongoing training initiatives.</p>

ACCESSIBLE INFORMATION AND COMMUNICATIONS STANDARD

Achievements	Status	Future
NHS Website - Accessible in alternate format	Complete	Review status under current standards
POLICY - Standard for Development of print materials	Policy draft completed	Require policy approval and development of education plan
GUIDEBOOK AND PROCESS PACKAGE - Development of print materials	Draft completed	Approval of draft package and implementation plan target for those who develop training and print materials
Temporary and Permanent Signage Policies	Complete	Incorporate into training materials for both Customer Service and Information/Communications Standards

ACCESSIBLE BUILT ENVIRONMENT STANDARD

Achievements	Status	Future
New Hospital Construction Plans	Submission of requirements to Plenary Health regarding NHS standards of built environment (compliance with Ministry funding for Programs and Facility Accessibility Design Standard - FADS)	Participation throughout the design stages to support the development of accessible building design
Ergonomic Assessments and Physical Demands Analysis - assists with the prevention and removal of barriers related to the physical environment in areas impacting employees, patients and the public	Sixty-two Physical Demands Analyses completed to date; two hundred and sixty-five ergonomic assessments completed to date	Continue to provide individual information based on the needs of the employee and patient population
Port Colborne Site	No changes	
Niagara on-the-lake Site	No changes	
Ontario Street Site	Poor and incorrect way finding	Site directory boards updated through out the facility Nov 2009 Additional exterior signage added in parking areas
GNG - Radiology Dark room and film viewing	Dark room space was not accessible and small; picture archiving system allows us to remove darkrooms	Remove room and reconfigure space to be open concept and accessible
Achievements	Status	Future

GNG - Trillium Unit Face Lift	New barrier free access for reception desk for patients and staff	Standardize any further nursing station to allow barrier free access
GNG - Ambulatory Wing and new lobby	<ul style="list-style-type: none"> ▪ Seven new barrier free public washrooms ▪ New barrier free entry hall with power doors ▪ Two new barrier free public washrooms ▪ Two private barrier free patient washrooms ▪ Curb cuts at main patient drop off for new lobby ▪ Relocate all existing barrier free parking stalls closer to front of main hospital entrance ▪ 1 nursing and 4 reception desks designed to provide barrier free access ▪ All doors in unit over sized for beds and stretchers ▪ Signage set at lower height for easy visibility ▪ Doors/walls contrasts painted c.f. wall areas ▪ Service doors and mechanical rooms painted to match walls 	Set standard to meet Ontario Building Code (OBC) requirements in all future modifications.
Achievements	Status	Future

GNG - Intensive Care Unit (ICU)	<ul style="list-style-type: none"> ▪ Provided barrier free access in and out of the unit ▪ Provide secure door control to ICU 	New double wide doors installed with power operators tied into the card access system for access controls Doors have operator access controls on both sides of entry and exit.
GNG - Acute Stroke Unit	<ul style="list-style-type: none"> ▪ Renovate non compliant space to meet new standards ▪ Allow for barrier free washroom facilities 	Unit approved for construction start Feb 2010 Will include 4 new barrier free washroom facility for 10 stroke unit.
GNG - Coffee Kiosk -Tim Hortons (Aramark)	Counters and facilities not accessible	New barrier free design
GNG - Way finding	Existing directory boards are not compliant with AODA standards	New directory boards installed in 4 locations. Annual budget set aside for constant updating of way finding.
GNG - Geriatric Assessment Program (GAP)	<ul style="list-style-type: none"> ▪ Unit located inside a patient care unit ▪ Access for elderly-extremely long walk from patient parking area ▪ No access to barrier free washroom when in clinic space 	Relocated the GAP from inpatient unit to Allied Health building. Building is barrier free access, elevator to second floor. Constructed barrier free washroom in the new clinic space. Provide barrier free reception window and desk.
Achievements	Status	Future

SCG - Diagnostic Imaging Department (DI)	<ul style="list-style-type: none"> ▪ Provided barrier free access to unit ▪ Provide secure door control to DI department after hours ▪ Doors to be wide enough to allow for crash team access while defibrillating 	New double wide doors installed with power operators tied into the card access system for controlled access. Doors have operator access controls on both sides of entry and exit
SCG - Operating Room Theatres	<ul style="list-style-type: none"> ▪ Provided barrier free access to unit ▪ Provide secure door control to DI department after hours ▪ Doors to be wide enough to allow for crash team access while defibrillating 	New double wide doors installed with power operators tied into the card access system for controlled access. Doors have operator access controls on both sides of entry and exit.
SCG - Mammography Suite	New barrier free access reception desk for patients and staff	Meet OBC for all future reception windows.
SCG - Heart Function Clinic	New barrier free hand washing station	
Achievements	Status	Future

<p>SCG - Emergency Department</p>	<ul style="list-style-type: none"> ▪ Provided barrier free access to unit ▪ Provide secure door control to DI department after hours ▪ Doors to be wide enough to allow for crash team access while defibrillating ▪ Inadequate signage inside emergency department 	<p>New double wide doors installed with power operators tied into the card access system for controlled access. Video camera and two way voice activated door communicator provide for staff to screen people prior to entering controlled treatment space. Doors have operator access controls on both sides of entry and exit. New visual signage provided to identify room names and numbering in large font with dark background to meet AODA standards.</p>
<p>SCG - Digital Fluoroscopy Unit</p>	<p>Antiquated room, not accessible</p>	<p>New room constructed with oversized entrance doors for easier access into the imaging room</p>
<p>Achievements</p>	<p>Status</p>	<p>Future</p>

WHS - Niagara Diabetes Education Centre	<ul style="list-style-type: none"> ▪ Vacant dialysis portable to be reassigned for out patient clinic space. ▪ Area requires barrier free access to public 	<p>New Power operated entrance door tied into to card access system provided.</p> <p>Space was designed in open concept for easy access to public.</p> <p>Barrier free washroom provided, barrier free hand washing station provided</p>
WHS - Cat Scan Room	Limited access to room due to original space constraints	New oversized double leaf door provided to access imaging room
WHS - Diagnostic Imaging Department	<ul style="list-style-type: none"> ▪ Provide barrier free access to unit ▪ Provide secure door control to DI department after hours. ▪ Doors to be wide enough to allow for crash team access while defibrillating 	<p>New double wide doors installed with power operators tied into the card access system for controlled access.</p> <p>Doors have operator access controls on both sides of entry and exit.</p>
Achievements	Status	Future

WHS - Permanent Dialysis Unit	<ul style="list-style-type: none"> ▪ New barrier free entry lobby with power doors ▪ New barrier free entry hall with power doors ▪ Two new barrier free public washrooms ▪ Two private barrier free patient washrooms ▪ Curb cuts at main patient drop off for new addition ▪ Relocate all existing barrier free parking stalls closer to front of main hospital entrance ▪ Nursing and reception desks designed to provide barrier free access ▪ All doors in unit over sized for beds and stretchers ▪ Signage set at lower height for easy visibility ▪ Doors/walls contrasts painted c.f. wall areas ▪ Service doors and mechanical rooms painted to match walls ▪ Bariatric seating provided in wait area ▪ Recessed floor scale provided for weighing patients 	Future dialysis facilities will include all of the noted barrier free amenities as a base benchmark.
DMH - Patient Registration	<ul style="list-style-type: none"> ▪ Registration reception desks designed to provide barrier free access ▪ Signage set at a lower height for easy visibility ▪ Service doors and mechanical rooms painted to match walls 	Standardize any further nursing station to allow for barrier free access
Achievements	Status	Future

DMH - Urgent Care Centre	<ul style="list-style-type: none"> ▪ New barrier free entry lobby with power doors ▪ New barrier free patient washroom ▪ Two private barrier free patient washrooms ▪ Curb cuts at main patient drop off for new addition ▪ Triage desk and patient care desk designed to provide barrier free access ▪ Signage set lower for easy visibility ▪ Doors/walls contrast painted c.f. wall areas ▪ Service doors and mechanical rooms painted to match walls 	Standardize any further nursing station to allow for barrier free access
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