

Annual Accessibility Plan
for the
Niagara Health System

September 2006 - August 2007

Submitted to:

Debbie Sevenpifer
CEO

Prepared by:

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Co-Chairs, NHS Accessibility Steering Committee
September 30, 2006

Approved by:

NHS Board of Trustees – September 18, 2006

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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 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 disabilities in the preparation of the plan; and to make the plan public.

This is the fourth annual plan (2006-2007) prepared by the Accessibility Steering Committee (ASC) of the Niagara Health System also referred to as NHS. The plan describes:

1. The measures that the Niagara Health System has taken in the past year.
2. The measures that the Niagara Health System will take during the next year to identify, remove and prevent barriers to people with disabilities who live, work in or use our facilities and services, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

This year, the Niagara Health System continued its commitment to the continual improvement of access to hospital facilities, policies, programs, practices, and services; 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, their family members and members of the community with disabilities.

In the first year, the NHS formed the Accessibility Steering Committee (ASC) along with three working groups, Communication/Information/Technology; Physical/Architectural; Attitudinal/Policy & Practice. The ASC met to establish the methodologies by which barriers would be identified within the NHS and the communication strategies for the collection of information and education regarding the plan.

In year two, a comprehensive barrier audit was conducted of all eight sites of the NHS identifying all barrier types. Each working group reviewed their audit results and began to map out a plan to address and prioritize each identified barrier.

In the third year, the NHS continued to work on implementation of next step responses to identified barriers. Through the work of the ASC and the working groups, efforts were made to address issues from barrier audits conducted at our sites. The working groups prioritized barriers and began the necessary activities required to reduce and prevent them. Redesign of print materials is underway and initiatives to produce a fully standards-compliant website are complete. Purchase of barrier-free equipment and hardware including door handles, bed lifts, etc., and ongoing education of staff, volunteers and physicians have been key components of the Plan this year.

In November 2005, a presentation by legal counsel outlining the legislative requirements of AODA was made to the Accessibility Steering Committee, Working Groups, Human Resources staff and Senior Team members.

The fourth year will see the NHS continue to work towards a barrier-free environment.

Activities of the Physical / Architectural Working Group in the previous year include continued prioritization of the Barrier Audit recommendations, development of a Construction Checklist, and recommendations to improve accessibility for washrooms at various sites.

Washrooms were considered a priority because of the degree of independence people wish to feel in caring for themselves and because there is a higher risk of injury associated with older washroom design that limits accessibility. The recommendations for the next year will focus on providing a minimum of one accessible public and one accessible patient washroom per hospital wing.

Along with prioritizing washrooms, other physical and architectural barriers are being reviewed. In addition to this, monitoring will continue to ensure that other construction, renovation and maintenance activities follow recommendations made by the ASC and Working Groups to prevent barriers in future.

Development, approval and implementation of Standards and Guidelines related to printed materials will play a key role in the elimination of barriers in our communications. At the NHS, all departments and programs develop their own communication and information materials. Standards and Guidelines are the most effective way to improve the capability of staff when producing materials for distribution. The NHS also makes available to the public, information that is provided by outside agencies (ie. Cancer Care of Ontario). The content and/or format of these external print pieces are not within the control of the NHS and for that reason any Standards and Guidelines used by the NHS, will not apply.

A new standards-compliant website was launched in April 2006 that will allow users to view the site in a text-only format and/or resize text to suit their needs. In addition, the website can be used with assistive user-agents such as screen readers, and provision of this technology is a significant achievement for the NHS in supporting accessibility. In order to remain at the forefront of web accessibility, the NHS has also made a commitment to ongoing monitoring of the website to ensure compliance.

Feedback from staff included a desire to learn more regarding the AODA. A first step in this process was the development and publication of information points in *Round Up*, an internal newsletter, in June of this year. Other feedback from staff included a request for information to improve their awareness of how to best provide care and services to individuals with a disability. Work has begun gathering this information from advocacy organizations and will continue in the next year. The plan is to distribute this information to staff/volunteers/physicians in a variety of ways and retaining the information on an internal computer network for easy reference.

There have been a number of educational initiatives undertaken at the NHS aimed at assisting staff in the prevention and/or response to a variety of situations. These include resolving conflict, building an environment of trust, responding to complaints, job interviewing skills and giving/receiving feedback. The intent is to provide an overall improvement in customer service to all patients which in turn will impact accessibility.

The NHS has also developed and distributed its Workplace Relations Policy this year. The Workplace Relations Policy includes a specific reference to the AODA and draws attention to the requirements to prevent inappropriate actions or behaviours related to individuals with disabilities. The implementation of this policy included staff education sessions.

Terms of Reference for the Physical/Architectural Working Group and the Information/Communication/Technological Working Group have been submitted and approved by the Accessibility Steering Committee. Terms of Reference for the Attitudinal/Policy & Practice Working Group are expected to be finalized in the near future.

1. **AIM**

This plan describes: (1) the measures that the Niagara Health System (NHS) has taken in the past year, and (2) the measures that the NHS will take during the next year 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. Reviews commitments made in the third annual plan (2005-2006).
2. Summarizes the evaluation of the barrier audits and additional prioritization of activities.
3. Identifies the activities that have been completed to remove and prevent barriers to accessibility within the NHS, and plans for the coming year.
4. Describes how the NHS will make the accessibility plan available to the public.

3. **DESCRIPTION OF THE NIAGARA HEALTH SYSTEM**

The Niagara Health System (NHS) is Ontario's largest multi-site hospital amalgamation comprised of six hospital sites and an ambulatory care centre serving 411,000 residents across the 12 municipalities making up the Regional Municipality of Niagara. The NHS employs more than 4,200 employees, of which about 1,800 are nurses, and has approximately 925 hospital beds. It is supported by a medical staff of about 650 physicians and is served by more than 1,100 active volunteers. The NHS provides care to roughly 35,500 in-patients annually. More than 186,000 patients are treated annually at our five 24/7 Emergency Departments and one 14-hour Prompt Care Centre.

**NIAGARA HEALTH SYSTEM
CLINICAL PROGRAM MANAGEMENT
LEADERSHIP STRUCTURE**

Person	Position Title
Debbie Sevenpifer	President and CEO
Betty Lou Souter	Chair, Board of Trustees
Anne Atkinson	Vice President, Patient Services
Linda Boich	Vice-President, Clinical Services
May Chang	Chief Financial Officer
Christine Clark	Chief Communications Officer
Frank Demizio	Vice President, Clinical Services
Franca Hoda	Chief Human Resources Officer
Gloria Kain	Chief Planning & Development Officer
Bala Kathiresan	Integrated Vice President & CIO, LHIN 4
Tracy MacDonald	Vice President, Patient Services
Dr. W. Shragge	Chief of Medical Staff

4. THE ACCESSIBILITY STEERING COMMITTEE AND WORKING GROUPS

Accessibility Steering Committee (ASC) - Membership

Member	Position Description	
John Cox	Chair, Attitudinal / Policy & Practice Working Group, Senior Consultant, Human Resources	378-4647 x32261
Franca Hoda	Chief Human Resources Officer	378-4647 x43117
Gloria Kain	Chief Planning & Development Officer	378-4647 x43118
Jo Ann Mattei	ASC Co-Chair, Chair, Communication / Information / Technology Working Group, Community Relations and Communications, Web Master	378-4647 x32424
Debbie Smith	Health Program Director	378-4647 x50202
Rita Strickland	ASC Co-Chair, Chair Physical / Architectural Working Group, Occupational Health Consultant	378-4647 x32348

Accessibility Working Groups – Membership

Information / Communication / Technology Working Group

Chair – Jo Ann Mattei (378-4647 x32424)

Member	Position Description
Louise Baillargeon	Translation Administrator, French Language Services
Albert Lee	Manager Laboratory Services
Janice Rauccio	Patient Services/Medical Records
Dave Rotz	Senior Project Analyst Information Systems
Tom Roy	Manager Diagnostic Imaging

Physical / Architectural Working Group

Chair – Rita Strickland (378-4647 x32348)

Member	Position Description
Jane Charette	Clinical Manager Nursing
George Harron	Plant Operations
Marg Johnson	Occupational Therapist
Angela Smith	Community Member
Scott Wagar	Occupational Health Analyst

Attitudinal / Policy and Practice Working Group

Chair – John Cox (378-4647 x32261)

Member	Position Description
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Rachel Bayley Sandy Clarkson Tracey Davey Marilyn Gazley Margaret Ludberg Rosemary Massotti Heather Scott	Consultant, Organizational Development Executive Administrative Assistant Regional Director, Quality & Education Manager, Support Services Employee Health & Abilities Co-ordinator Case Manager Regional Director, Mental Health & Addictions
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Advisor Group

Member	Position Description
John Cox Tracey Davey Tracy Fattore Tim MacKey Justin Kelly	Senior Consultant, Human Resources Regional Director, Quality & Education Regional Director, Risk Management Regional Director, Engineering Services Materials Management

The ASC has continued to oversee the development, review and submission of the annual plan in compliance with the Ontarians with Disabilities Act, 2001 and the NHS Ontarians with Disabilities Act Policy and Process. Bill 118, Accessibility for Ontarians with Disabilities Act, 2005 received Royal Assent on June 13, 2005, and is set to replace the ODA, 2001. The Ministry has formed Standards Development Committees who are now in the process of creating and disseminating accessibility standards related to customer service and transportation. These standards will apply to all public and private organizations and are expected to be communicated in the fall 2006.

Hospitals continue to be responsible for improving accessibility under the ODA, 2001. The NHS will continue to review standards as they are established to ensure compliance with existing legislation and new legislation (AODA).

The ASC will meet at least quarterly to review the Annual Plan, make recommendations to the working groups regarding activities or membership, monitor the barrier removal process and complete the next plan submission. Additional meetings will be called by the Chairs to address business that arises from the working groups.

The working groups will meet at least six (6) times per year to address identified barriers and provide input to the Annual Plan.

Decisions within the working groups and the ASC will be made by consensus whenever possible. If a situation arises in which a consensus proves impossible, a majority vote of the members present will decide the issue, provided that 50% or more of the group are present.

All recommendations submitted by the working groups to the ASC are subject to approval by the Senior Management Team.

5. REVIEW OF COMMITMENTS MADE IN THE THIRD ANNUAL PLAN (2005-2006)

In year three the NHS committed to ensuring that the plan was made available to the public, to improving accessibility to the NHS, to reviewing barrier audits completed at all sites and for all barrier types, and to ongoing consultation with community members in development of the plan.

The plan was made available to the public through the NHS web site, and was available in alternate formats upon request to the Communications Department. Accessibility to the NHS was improved through various initiatives.

6. REVIEW OF WORKING GROUP ACTIVITIES TO ASSESS, REMOVE, AND PREVENT BARRIERS WITHIN THE NHS

Physical / Architectural Barrier Audit

The Physical / Architectural Working Group met nine times over the past year to address activities related to identifying, removing, and preventing barriers to access within the NHS.

Items discussed by the working group include obligations related to the new legislation (i.e. Accessibility for Ontarians with Disabilities, 2005), further prioritization of the Barrier Audit recommendations, development of a Construction Checklist, Terms of Reference specific to our working group, and recommendations to improve accessibility for washrooms at various sites. Activities completed within the NHS that continue to improve accessibility for both patients and employees were also reviewed and are included in our progress report. Please see *Appendix 4* for our *Progress Report 2005–2006*.

The Accessibility Steering Committee and all three Working Groups met in November 2005 to review our obligations according to AODA. The requirement of this working group is to continue addressing physical barriers while the Standards Development Committee (SDC) is established by the Ministry. The SDC will then publish priorities for physical and architectural changes to our facilities. In the interim we will continue to address concerns as identified.

In 2005-2006 this working group prioritized Barrier Audit recommendations according to a Workplace Hazard Assessment Form that established Significance based on the following considerations.

Severity + Probability + Frequency = Significance

A general recommendation that came from this evaluation was to prioritize activities by the following categories in order of most often to least often identified with a higher Significance rating.

- Washrooms
- Signage
- Entrances
- Lighting
- Parking lots
- Door handles & faucets

- Door width

This will guide our recommendations for the coming year. The working group recognizes that priorities may change and require specific attention to items originally scheduled to be addressed beyond this next year. Priorities may change due to identified patient concerns, injuries, or organizational initiatives.

A Construction Checklist was developed to assist with and guide renovation and construction projects within the NHS. Consideration was given to needs within specific patient areas and a guide will be developed to make the document easy to use by anyone who is overseeing a project.

Terms of Reference specific to our working group were also developed and are included in *Appendix 3*.

The focus of recommendations for the coming year was placed on retrofitting or renovating washrooms across NHS sites. Please see *Appendix 4* for specific items to be considered. Hardware was purchased in the previous year in order to assist with these recommendations.

Construction projects at St. Catharines General Site were completed for program transfers and accessibility was considered and addressed for a number of areas at that site. The construction project to complete an Emergency Room and Ambulatory Care Center at Greater Niagara General site is still in progress. Recommendations were made to improve accessibility in these units and our working group will continue to follow-up on the progress that has been made.

Ongoing communication will continue within our organization to improve awareness and efforts toward increasing accessibility within the NHS. In addition to the internal partnerships established we need to continue informing the public about the challenges, needs and achievements to improve accessibility and

service, this advocacy will help broaden community understanding and support for accessibility initiatives.

Information / Communication / Technology (ICT) Barrier Audit

The NHS is working towards making all public-consumption printed materials (general health and/or hospital information) available in large print format upon request. As reprints of existing materials, or creation of new materials, take place, a notation is added advising that the material is also available in alternate formats upon request.

Access guidelines developed by the Web Access Initiative (W3 or www.w3.org) were used to audit Web Access. These guidelines have been adopted worldwide as the standard for creating fully accessible web sites and internet tools. As a result of this audit, the NHS launched a new, fully accessible website. The newly designed web site allows users to view the site in a text-only format and/or resize text to suit their needs. In addition, the website is fully accessible with assistive user-agents (ie. screen readers).

Terms of Reference (see Appendix 3) specific to their working group, were established, submitted to and approved by the Accessibility Steering Committee.

For additional details related to response to barrier audit recommendations, please see Appendix 5.

ICT Plans for the coming year:

Ongoing monitoring of our website, along with routine page validation testing is in place to ensure it remains standards compliant. New software was purchased to ensure the creation of future web pages is also compliant.

A pilot project to review and assess public-consumption materials has begun with the Stroke Prevention Program first on the list. This pilot project will allow us to rework aspects of the review process to ensure it works well for users and, when implemented, ensures the provision of barrier-free print materials.

Development of a Standards Guidebook is in the early stages. This guidebook will incorporate standards to follow to ensure barrier-free literature for both print materials and signage.

Policy & Practice / Attitudinal Barrier Audit

Feedback from staff surveys indicated that staff wanted more information on the AODA and the role of the Hospital. Information tips were developed and published in a June edition of *Round Up* (an internal newsletter). This included information on where past NHS Accessibility Plans were located on the Hospital's computer system. Further information regarding awareness and general knowledge related to accessibility will be developed with updates on activities of the NHS for this year.

Additional feedback from staff indicated a desire to improve their knowledge of how to provide care or service to individuals with a disability. Contact was made with several advocacy groups seeking information to provide to staff. It was felt that this information should be distributed to staff/volunteers/physicians through a variety of communication vehicles within the Hospital. This information would be placed on an internal computer network (SharePoint portal) where staff could access it as they might need it in the future.

Recommendations are being developed for amendments to the NHS' policy development process. The intent is to ensure that future policies are developed with the requirements of the AODA in mind. It is expected that these will be finalized in the next year.

The group also developed Terms of Reference consistent with those of the Accessibility Steering Committee and are expected to be finalized in the near future.

This group has begun research for best practices in the area of accessibility by looking at other public sector organizations. This research will continue during the next year.

During the past year the NHS undertook a number of developmental initiatives including resolving conflict, giving and receiving feedback and building an environment of trust. These initiatives build on prior work which included developing skills for responding to complaints and conducting job interviews that focus on objective evaluation of the skills and experiences of candidates. These sessions are also being delivered to newly hired staff.

The Hospital finalized the development of its Workplace Relations Policy this year. This policy includes a specific reference to the AODA and draws attention to the requirements to prevent inappropriate actions or behaviours related to individuals with disabilities. The policy also sets out standards that are to be met by all members of the Hospital community and a process to investigate and resolve complaints. A copy of the policy was provided to all staff and education sessions were held throughout the month of February.

Next year's work will include finalizing and communicating to staff customer service tips when caring for or providing service to individuals with a disability. Additional information will be communicated to staff on the NHS' Accessibility Plan including the Hospital's responsibilities and actions under the AODA. Ongoing research, improved processes related to policy development and finalization of Terms of Reference will also be key objectives in the coming year.

7. REVIEW AND MONITORING PROCESS

In conjunction with the established meeting schedule requirements of both the ASC and the Working Groups, monitoring and review of barriers includes receiving feedback from community members, staff and patients.

Formal complaints may be communicated to the NHS through the standard Complaints Management Process. Currently the process indicates that Natalie Foster (Patient Relations Specialist, Risk Management) should be contacted at the St. Catharines General Site to submit formal complaints. Any concerns relating to accessibility will be forwarded to the ASC for review and evaluation of remedy where appropriate and necessary.

8. **COMMUNICATION STRATEGIES**

The ASC and working groups have identified avenues of communication within the NHS and the community to inform stakeholders of planned changes to barriers and our successes in barrier removal.

Communication avenues that have already been used include the following:

- ◆ Intranet
- ◆ Website
- ◆ Orientation – Manager and New Employee
- ◆ Presentations to groups – eg. Site Leadership meetings, Community Groups, Department meetings, Unions, Vendors/Contractors, etc.
- ◆ Hospital Newsletters – Foundation Newsletter, Roundup, etc.
- ◆ Patient / consumer satisfaction surveys
- ◆ Local news media

Other communication avenues will continue to be considered where appropriate and may include those listed below:

- ◆ Physician Groups – eg. Medical Advisory Committee, Department of Family Practice, etc.
- ◆ Performance Excellence Program
- ◆ 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

9. **DISSEMINATION OF THE PLAN**

The fourth 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 Jo Ann Mattei in the Communications Department of the NHS at 905-378-4647, extension 32424. 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.

**Accessibility for Ontarians with Disabilities Act, 2005
Niagara Health System
Policy**

Authorized By: Senior Management

Subject: Accessibility for Ontarians with Disabilities Act

Date Of Origin: 2003/10/17

Date Of Revision: 2004/09/30

Date Of Review:

Number:

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Policy Statement

1. The purpose of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is to improve accessibility 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 AODA requires each hospital to prepare an annual accessibility plan; to consult with persons of disabilities in the preparation of the plan; and to make the plan public.
2. The NHS is committed to the development, implementation, and communication of their annual accessibility plan, to meet or exceed our legislative requirements. A steering committee has been established to direct and monitor activities, recommendations and progress of three working groups.

Process

1. The Accessibility Steering Committee (ASC) will oversee the development, review and submission of an annual plan, for Senior Management and Board of Trustees approval, in compliance with the Accessibility for Ontarians with Disabilities Act, 2005.
2. The ASC activities shall be governed by Terms of Reference approved by the Senior Management Team of the NHS.
3. The ASC will recommend members to three working groups, to the Senior Management Team, who will identify barriers within the organization and provide input to strategies for barrier prevention and removal.
4. The three working groups are as follows:
 - Information/Communication/Technological
 - Physical/Architectural
 - Attitudinal/Policy & Practice

Niagara Health System

Authorized By: Senior Management

Subject: Accessibility for Ontarians with Disabilities Act

Date Of Origin: 2003/10/17

Date Of Revision: 2004/09/30

Date Of Review:

Number:

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5. The three working groups are structured to reflect fair representation for all NHS sites including clinical, clinical support and support staff, as well as community stakeholders. Where possible persons with disabilities will be included in the membership.
6. All three working groups will ensure consultation with persons with disabilities internally and from among community stakeholders.
7. The ASC will review the plan annually to evaluate progress towards barrier removal and to provide direction for the development of each annual plan.
8. The ASC will submit the plan annually to NHS Senior Management Team and the Board of Trustees for approval.
9. Formal complaints regarding accessibility at any of the NHS sites will be addressed through the NHS Complaints Management Process. Confidentiality of the complaint will be maintained in compliance with current privacy legislation. However, the content of the complaint will be referred to the ASC for review and remediation where necessary and appropriate.

**Accessibility for Ontarians with Disabilities Act, 2005
Niagara Health System
Accessibility Steering Committee**

TERMS OF REFERENCE

BACKGROUND

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 their full participation in the life of the province. To this end, the AODA requires each hospital to prepare an annual accessibility plan; to consult with persons of disabilities in the preparation of the plan; and to make the plan public.

MANDATE

The Accessibility Steering Committee (ASC) will oversee the development, review, progress, and submission of an annual plan, for approval by the Senior Management Team and Board of Trustees, in compliance with the Ontarians with Disabilities Act, 2001 and the NHS Ontarians with Disabilities Act Policy and Process. The ASC will recommend to Senior Management members to three working groups who will identify barriers within the organization and provide input to strategies for barrier prevention and removal. The ASC will also be responsible for ensuring appropriate communication of the annual plan to stakeholders. The ASC will review and make recommendations to Senior Management on how to respond to any accessibility concerns raised by stakeholders through the NHS Complaints Management Process.

ACCESSIBILITY STEERING COMMITTEE – MEMBERSHIP

Franca Hoda	Chief Human Resources Officer
Gloria Kain	Capital Redevelopment Officer
Jo Ann Mattei	Community Relations & Communications, Web Master (Co-chair)
Debbie Smith	Health Program Director
Rita Strickland	Occupational Health Consultant (Co-chair)
Gary Wong	Project Manager
John Cox	Senior Consultant, Human Resources

Working group's participants may include, but are not limited to, representation from the departments identified below.

WORKING GROUPS

Information/Communication/Technological Barrier Working Group

Chair

Diagnostic Imaging
Patient Services/Medical Records
Laboratory Services

Communications
Language Services
Information Systems

Appendix 2

Physical/Architectural Barrier Working Group

Chair

Rehab Services

Nursing Clinical Manager

Plant Operations

Occupational Health & Safety

Community Member

Attitudinal/Policy & Practice Barrier Working Group

Chair

Employee Health & Abilities Department

Mental Health

Support Services

Organizational Development

Quality and Education

Human Resources

Advisors to Working Groups

Human Resources

Risk Management

Materials Management

Physical Plant Management

Quality and Education

Organizational Development

Quality of Worklife

MEETINGS

The ASC will meet at least quarterly, or at the call of the Chairs, to review the Annual Plan, monitor progress of the working groups, review recommendations made by the working groups, make recommendations to the working groups, monitor the barrier removal process and complete the next plan submission. Additional meetings will be called by the Chairs to address business that arises from the working groups, or recommendations made by the Senior Management Team.

The working groups will meet at least six (6) times per year; meetings will be scheduled monthly, to address identified barriers, to consider direction provided by the ASC, and to provide input to the Annual Plan.

DECISION MAKING

Decisions within the working groups and the ASC will be made by consensus whenever possible. If a situation arises in which a consensus proves impossible, a majority vote of the members present will decide the issue, provided that 50% of the group are present.

All recommendations submitted by the working groups to the ASC are reviewed by the ASC and final recommendations are submitted to the Senior Management Team for approval.

**Accessibility for Ontarians with Disabilities Act, 2005
Niagara Health System
Information/Communication/ Technological (ICT)
Working Group**

TERMS OF REFERENCE

BACKGROUND

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 their full participation in the life of the province. To this end, the AODA requires each hospital to prepare an annual accessibility plan; to consult with persons of disabilities in the preparation of the plan; and to make the plan public.

The ICT Barrier Working Group reports to the Accessibility Steering Committee (ASC) of the Niagara Health System (NHS). Terms of Reference of the ICT Barrier Working Group are consistent with those of the ASC.

MANDATE

The ICT Barrier Working Group will assist in the development of the NHS annual plan by making recommendations to the Accessibility Steering Committee (ASC). It will identify and monitor barriers within the organization and provide input in terms of strategies for barrier prevention in the areas of Communication, Information and Technology across the NHS.

The ICT Barrier Working Group will also review and make recommendations to the ASC on how to respond to any accessibility concerns raised by stakeholders in the areas of Communication, Information and Technology in the NHS.

TASKS

The ICT Barrier Working Group will use the Minutes Template, Reporting Template and Barrier Tracking Template provided to ensure consistent and standardized reporting to the ASC.

The ICT Barrier Working Group will utilize a barrier tracking system which outlines each identified barrier and the status of same.

The ICT Barrier Working Group will gather information from other working groups within the NHS and collate information related to strategies and criteria improving access and preventing barriers to areas of Communication, Information and Technology. The Criteria for Development of Print Materials under the Patient Information Framework is one such example.

Appendix 3

MEMBERSHIP

The ICT Barrier Working Group's Membership will have representation from the following areas:

Communications
Information Systems
Diagnostic Imaging
Laboratory Services
Patient Services/Medical Records
French Language Services

MEETINGS

The ICT Barrier Working Group will meet at least six (6) times per year or at the call of the Chair. Meetings will be pre-scheduled and members will be advised of the dates ahead of time. The purpose of the meetings is to address identified barriers, to consider direction provided by the ASC, and to provide input to the Annual Plan. Meetings will also serve to review progress of the group, complete the various templates and make recommendations to ASC.

Additional meetings will be called by the Chair to address business that arises from the recommendations made by the ASC.

ATTENDANCE

Members shall inform the Chair if they are unable to attend a meeting.

DECISION MAKING

Decisions within the working group will be made by consensus whenever possible. If a situation arises in which a consensus proves impossible, a majority vote of the members present will decide the issue, provided that 50% of the group are present.

All recommendations by the ICT Barrier Working Group will be submitted to the ASC for review and approval.

**Accessibility for Ontarians with Disabilities Act, 2005
Niagara Health System
Physical / Architectural Working Group**

TERMS OF REFERENCE

BACKGROUND

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 their full participation in the life of the province. To achieve this objective related to physical and architectural barriers the NHS Accessibility Steering Committee has appointed a working group to identify, remove and prevent physical and architectural barriers within the organization.

MANDATE

The Physical and Architectural Working Group will assist in the development of the NHS annual plan by making recommendations to the Accessibility Steering Committee (ASC). It will identify and monitor barriers within the organization and provide input in terms of strategies for barrier prevention in the areas of physical and architectural structures across the NHS.

The Terms of Reference are included in the annual plan and therefore will be reviewed annually to reflect any necessary amendments.

TASKS

- The Physical / Architectural Working Group will use the recommended templates for Minutes, Reporting Format and Barrier Tracking Template to ensure consistent and standardized reporting to the ASC.
- Advise the ASC on issues and concerns (barriers) faced by persons with disabilities and the means by which the hospital may work towards the elimination of these barriers.
- Participate in the annual development and/or refinement of the hospital's Accessibility Plan(s).
- Advise the ASC on information and appropriate format for the dissemination of information to the disabled community.
- Support, encourage and be an ongoing resource to the hospital by building awareness about measures (taken by the hospital) for improving the quality of life and access to persons with disabilities through the removal of barriers and provision of education.
- Working group members are to be a liaison to their departments and other committees to improve awareness and communication of identifying and eliminating barriers to access.

Appendix 3

MEMBERSHIP

Staff and community members who have personal or professional knowledge relating to the identification, removal, and prevention of barriers; with representation including, but not limited to, the following departments.

Rehab Services
Nursing Clinical Manager
Engineering
Community Member
Hospitality Services

MEETINGS

The working groups will meet at least 6 times per year to address identified barriers, to consider direction provided by the ASC, and to provide input to the Annual Plan. Meetings will be pre-scheduled and members will be advised of the dates ahead of time.

Additional meeting may be called by the Chair to address business that arises from the recommendations made by the ASC.

ATTENDANCE

Members shall inform the Chair if they are unable to attend a meeting.

DECISION MAKING

Decisions within the working groups and the ASC will be made by consensus whenever possible. If a situation arises in which a consensus proves impossible, a majority vote of the members present will decide the issue. Decisions may be made with a quorum of 50% of the working group.

All recommendations submitted by the working groups to the ASC are reviewed by the ASC and final recommendations are submitted to the Senior Management Team and the Board of Directors of the NHS, for approval.

Appendix 4

NIAGARA HEALTH SYSTEM
PHYSICAL / ARCHITECTURAL WORKING GROUP
PROGRESS REPORT 2005-2006

Access Plan Reference: defines the type of barrier that is identified and includes the following.

- Internal Access: physical access to either patients or employees within the NHS buildings
- External Access: physical access to either patients or employees to enter NHS buildings
- Employment Access: any type of access for employees to begin or maintain gainful employment
- Information / Education: may include information or education to patients, staff or community to increase awareness or understanding of accessibility options.
- Washroom Access: Categorized into patient washrooms, public washrooms, and staff washrooms

Status:

- Complete – Comments / Details to include date of completion
- In Progress – Comments / Details to include target date of completion
- Deferred – Activity may be deferred to another group with a project underway to address barrier
- Incomplete – Activity not selected for completion for this plan, rationale included in Comments / Details
- No Longer Applicable – Circumstances have changed, explanation included in Comments / Details

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
External Access	Physicians parking lot at Greater Niagara General changed to patient parking lot to allow for easier parking and access to Emergency Room during site construction	Complete	June 2006 - alternate access requires travel through a considerable length of tunnel from parking lot at opposite end of hospital. Parking recommendations for new construction have already been submitted in previous activities
External Access	Paving of Ontario Street Site parking lot	Complete	Gravel parking lot paved to improve travel surface and accessible parking was identified
External	NHS representative on a Regional Special	Complete	Communication of service has already been

DMH – Douglas Memorial Site
GNG – Greater Niagara General Site
NOTL – Niagara on the Lake Site
OSS – Ontario Street Site

PCGH – Port Colborne General Site
SCG – St. Catharines General Site
WHS – Welland Site

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
Access	Transport Project Committee to improve access to medical appointments across the region		made to the community
External / Internal Access	Construction Checklist developed to guide any construction or renovation within the Niagara Health System to improve accessibility	In Progress	Additional information requested to improve ease of use for this tool
Internal Access	DMH – Lowered counter at the nurse's station in the Medical / Surgical unit	Complete	Completed in 2005
Internal Access	Installation of grab bars in washrooms at various sites to improved accessibility	In Progress	
Internal Access	Any areas requiring painting have used a colour scheme that was recommended to improve contrast for wayfinding; eg. of areas completed are ground floor at GNG, main floor at SCG, etc.	In Progress	Areas are scheduled for repainting by the engineering managers
Internal Access	A software program is being evaluated to develop signage internally; accessibility standards can be incorporated into the process	In Progress	
Internal Access	Recommendations for appropriate lighting were forwarded to Engineering Manager and are being used to update as lighting is changed; areas that have already been addressed include the GNG cafeteria, and DMH main floor	Deferred	Engineering department responsible to update as required
Internal	SCG – lower counter in Emergency	Complete	Completed in 2006

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Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
Access	registration and waiting room on first floor		
Internal Access	SCG – lower counter in Diagnostic Imaging registration and waiting room	Complete	Completed in 2006
Internal Access	WHS – update signage for accessible washroom in Breast Screening unit	Complete	
Internal Access	WHS - two accessible patient washrooms constructed in Rooms 16 and 17 of Woolcott Wing, and installed an accessible shower	Complete	August 2006
Internal Access	WHS – Lower the lockers in staff room for wheelchair accessibility	Complete	Installed new lockers to provide both lower and higher access
Internal Access	WHS – Retrofit bathtub/shower in Woolcott Wing to provide greater accessibility	Complete	Door access widened to 48 inches
Internal Access	WHS – Lower counter access to nurse’s station in Woolcott Wing to 860 mm	Complete	Completed in August 2006
Internal Access	WHS – Woolcott Wing access to physiotherapy department requires automatic door opener	Complete	Completed in August 2006 included the installation of an automatic sliding door with door opener and intercom lowered for improved accessibility
Internal Access	GNG – lowered counter in the Business Office	Complete	Completed in 2005
Internal Access	Working Group completed a more detailed assessment of washrooms to recommend retrofit or construction	Assessment Complete – 2006-07 Plan	July 2006 - washrooms were given priority because of need for patient or visitor independence and risk of injury related to

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
	activities to provide accessible washrooms in public and patient areas	includes specific recommendations	improper installation of necessary equipment
Employment and Internal Patient Access	Portable floor lifts purchased for each site to increase maximum weight capacity for patient lift to 600 lbs; five semi-permanent lifts within NHS with maximum weight capacity for patient lift of 880 lbs	Complete	These lifts were purchased as part of the MOHLTC funding initiatives for both 2005 and 2006
Employment Access	Ergonomic Policy – facilitates adaptability of workstations to reduce the physical demands of specific jobs	In Progress	Requires final approval, education and communication with all staff
Employment Access	Ceiling lifts installation - 63 installed at various sites (with the help of MOHLTC funding project)	In Progress	All ceiling lifts will be installed by October 2006; this is in addition to the 119 installed in 2005 (with MOHLTC funding)
Employment Access	Eighty-nine ergonomic assessments completed during the last year in various departments	In Progress	Assessments are completed to respond to accommodation required or injury prevention initiatives, recommendations for change given to manager responsible
Employment Access	WHS – Widen doorways to secretarial and administration offices in Woolcott Wing	Complete	Completed in August 2006
Employment Access	Interim Lift Policy developed to guide assessment and equipment use during patient lifts and transfers	Complete	Ceiling lifts continue to be installed and the Interim policy is to be used during development of final policy related to Patient lifts and transfers

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
Employment Access	Train the Trainer program implemented to provide staff with education related to safe patient lifts and transfers techniques.	In Progress	90% of nursing staff by March 2007 - education is ongoing
Employment Access	Patient Lifts & Transfers policy developed to guide the use of lift equipment and reduce the need for manual lifts and transfers	In Progress	December 2006 – policy is in the process of stakeholder review
Community Information	Activities that the NHS is undertaking were highlighted in the Welland Tribune in October 2005	Complete	October 2005
Information / Education	Representation on the Working Group from the Engineering staff has improved the awareness, communication and understanding of accessibility concerns and initiatives to the Engineering group members at all sites.	In Progress	Regular updates and communication between the working group and engineering staff is ongoing

Appendix 4

NIAGARA HEALTH SYSTEM
PHYSICAL / ARCHITECTURAL WORKING GROUP
BARRIER REMOVAL PLAN – 2006-2007 ANNUAL PLAN

Access Plan Reference: defines a type of barrier to access that is identified and includes the following

- Internal Access: physical access to either patients or employees within the NHS buildings
- External Access: physical access to either patients or employees to enter NHS buildings
- Employment Access: any type of access for employees to begin or maintain gainful employment
- Information / Education: may include information or education to patients, staff or community to increase awareness or understanding of accessibility options
- Washroom Access: Categorized into patient washrooms, public washrooms, and staff washrooms

Status:

- Complete – Comments / Details to include date of completion
- In Progress – Comments / Details to include target date of completion
- Deferred – Activity may be deferred to another group with a project underway to address barrier
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- No Longer Applicable – Circumstances have changed, explanation included in Comments / Details

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
Washroom Access	<p>Accessible washrooms required in all public and patient areas.</p> <p>Recommendation: Washrooms were selected as a first priority for the NHS because of the independence that it provides, the potential risk for injury can</p>	In Progress	<p>Target date for completion of all washroom recommendations is dependent on amount of funding available through HIRF, or other sources.</p> <p>Priority of recommendations can be impacted by any immediate concerns that may be</p>

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
	be high, and completing a number of washrooms at the same time creates efficiencies in completing tasks. General recommendation is to complete one public and patient accessible washroom per unit where possible.		brought to the site, or to the Accessibility Steering Committee or Working Groups.
Patient Washroom Access	Universal Barrier – all sites require evaluation to complete at least one patient accessible washroom per unit		Consideration will be given first to units where patients will be independent in accessing washrooms during hospital stay
DMH – Public Washroom Access	Renovate two washrooms near coffee shop to create 1 or 2 unisex accessible washrooms according to space available		
	Provide signage and enlarge door to washroom next to ER operating room		
	Complex Continuing Care has a linen room or wheelchair storage room that may be used to create an accessible washroom		
DMH – Patient Washroom Access	Complex Continuing Care unit has an accessible tub room that requires appropriate signage		
	Medical/Surgical unit has three washrooms of which two may be changed to one unisex accessible		

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
GNG – Public Washroom Access	Women’s washroom at the main entrance near Emergency Room to be renovated to meet accessibility guidelines		Emergency Room construction project may extend into this area and may already be addressing this recommendation.
	Renovate one washroom for unisex access on the ground floor near cafeteria.		
GNG – Patient Washroom Access	Renovate one washroom to meet accessibility guidelines in each unit of the hospital.		Recommendations for location to be discussed with both engineering and unit manager.
NOTL – Public Washroom Access	Retrofit washroom adjacent to the Wooll Room to improve accessibility.		Accessible washroom exists at a central location across from the kitchen.
NOTL – Staff Washroom Access	Retrofit staff washroom on upper floor to improve accessibility.		Patient washrooms are accessible at this site.
PCGH – Public Washroom Access	Renovate for accessible washroom in area around first floor offices, Meals on Wheels waiting area, or mail room		
	Renovate washroom at elevators on second floor to improve accessibility.		

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
PCGH – Patient Washroom Access	Ground floor Emergency Room – renovate a washroom / storage room to create unisex accessible washroom.		Recommendation to be made with existing Emergency Room construction project.
	Ground floor Physiotherapy – lever handle for washroom door to be installed to complete washroom that will then meet accessibility standards.		Accessible washroom already exists in Breast Screening area on the same floor.
	Retrofit patient washroom in Special Care Unit to improve accessibility.		
SCG – Public Washroom Access	Signage is required for accessible washrooms in Occupational Health & Safety, two washrooms in Admitting, in CAT scan waiting room, and on Moore 2.		Accessible washrooms exist between Emergency Room and Diagnostic Imaging, in the Emergency Room, and on Moore 3.
SCG – Patient Washroom Access	Recommend one accessible patient washroom on most units.		Accessible washrooms exist for all patient rooms on Moore 2.
SCG – Staff Washroom Access	Recommend one accessible staff washroom per unit.		Accessible staff washroom exists on Moore 3.
WHS – Public Washroom Access	Follow universal barrier recommendations of creating one public and one patient room accessible washroom per unit where possible, reassess main lobby washrooms		Accessible washrooms exist in Breast Screening area, near Diagnostic Imaging and are being constructed in both public and patient areas in Woolcott Wing.

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
WHS - External Access	Main entrance parking where accessible spots located, the ramp to shipping/receiving is too steep. Recommend changing grade of ramp or location.	In Progress	New parking spots for accessibility to be located near Dialysis unit which is being constructed, there should not be a ramp required for entrance.
Information / Education	Create education package for NHS staff to bring to staff meetings where awareness of accessibility knowledge and initiatives can be shared with all staff.		

NIAGARA HEALTH SYSTEM
 INFORMATION / COMMUNICATION / TECHNOLOGY WORKING GROUP
 BARRIER REMOVAL PLAN – PROGRESS REPORT – 2005/2006 AND 2006-2007 ANNUAL PLAN

Access Plan Reference: defines the type of barrier that is identified and includes the following.

- Systemic Access: System-wide process communication barrier
- Specific Information Access: Printed Material-specific communication barrier

Status:

- Complete – Comments / Details to include date of completion
- In Progress – Comments / Details to include target date of completion
- Deferred – Activity may be deferred to another group with a project underway to address barrier
- Incomplete – Activity not selected for completion or no longer necessary, rationale included in Comments / Details

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
Specific Information Access	The following printed materials were reviewed: <ul style="list-style-type: none"> • Bowel Cancer • Child Health & Safety • Cholesterol • Frequently Called Numbers / Wash Your Hands – information cards • Visiting Hours Policy • Round Up • NHS Site Overview • NHS Annual General Meeting • Insider 	Complete	Recommendations related to availability in alternative format, telehealth, 211 numbers (sources of assistance) have been forwarded for insertion in the next reprint of these documents.
		In progress	Changes related to font size, formatting, terminology, simplification of text, will be addressed through the creation and approval of a Standards Guidebook (currently in development).
Systemic Access	Available in Alternate Format notation	In progress	'Available in Alternate Format Upon Request' is currently being added to existing print materials at time of reprint.

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
Systemic Access	English & French Pamphlets	Complete	All existing pamphlets are currently available in both English and French.
Systemic Access	<ul style="list-style-type: none"> • Inconsistent Fonts / Inconsistent Formatting • Maintain White Space • Appropriate colour/brightness contrast • Distinguish between education & policy pamphlets • Provide sources of assistance 	In progress	Development and approval of Standards Guidebook will provide users with information and tools needed to rework existing print materials and create new barrier-free pieces.
Systemic Access	Consistent Terminology (eg. patient/resident/client, X-Ray vs Diagnostic Imaging)	Complete - standardized abbreviations / signage terminology	Standardize abbreviations and signage terminology has been created and is in use NHS-wide.
		In progress	The issue of consistent terminology is being brought forward to the clinical groups for discussion and action.
2006-2007 ANNUAL PLAN			
Systemic Access	<p>Written communications do not meet accessibility standards</p> <p>Recommendation: Development, approval and implementation of a Standards Guidebook to be used within the NHS to ensure the creation of barrier-free print materials.</p>	In progress	
Systemic Access	Development of policy to ensure use of Standards Guidebook.		

Access Plan Reference	Barrier / Recommendations	Status	Comments / Details
Systemic Access	NHS Website redesigned to meet accessibility guidelines. Recommendations: Monitoring to ensure ongoing compliance.	In progress	