

**Annual Accessibility Plan
For the
Atikokan General Hospital
September 2009 – August 2010**

Submitted to

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C E O

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Prepared by

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1. Aim

This plan describes (1) the measures that the Atikokan General Hospital has taken in the past, and (2) the measures that the Atikokan General Hospital will take during the next year (2008-2009) to identify, remove and prevent barriers to persons with disabilities who live, work in or use the hospital, including clients and their family members, staff, health care practitioners, volunteers and members of the community.

2. Objectives

This plan:

1. Describes the process by which the Atikokan General Hospital will identify, remove and prevent barriers to persons with disabilities.
2. Review efforts that the Atikokan General Hospital has taken to remove and prevent barriers to persons with disabilities over the recent past.
3. List the policies, programs, practice and services that the Atikokan General Hospital will review in the coming year to identify barriers to persons with disabilities.
4. Describe the measures the Atikokan General Hospital will take in the coming year to identify, remove and prevent barriers to persons with disabilities.
5. Describes how the Atikokan General Hospital will make this accessibility plan available to the public.

3. Description of the Atikokan General Hospital

The Atikokan General Hospital was constructed in 1974 and the extended care wing added in 1984. This 41-bed hospital services over 5,000 people and employs 100. Community counselling services are off-site in rented office space owned by the municipality. A renovated house that accommodates 4 full-time people for a Mental Health Homelessness Initiative project is owned by the hospital.

The Hospital's mission, vision and values:

Mission

Atikokan General Hospital is dedicated to excellence in compassionate and supportive healthcare for all those we are committed to serve.

Vision

Atikokan General Hospital will be a leading edge community health centre that promotes wellness and safety and provides comprehensive health services.

Our values are

Dignity

Integrity

Hospitality

Creativity

Learning and Growth

Compassion

4. The Accessibility Working Group

Establishment of the Accessibility Working Group

Past CEO Kelly Isfan formally constituted the Accessibility Working Group in late August 2003. Present CEO Robert Wilson authorized the Working Group to:

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify barriers that will be removed or prevented in the coming year;
- Describe how these barriers will be removed or prevented in the coming year; and
- Prepare a plan on these activities, and after its approval by the CEO, make the plan available to the public.

Coordinator

The CEO appointed Grant Pfeifer and Amanda Dickson as the Coordinators of the Accessibility Working Group.

Amanda Dickson has served as Director of Occupational Therapy at the Atikokan General Hospital since 2003. She also has a broad knowledge

of disability issues gained through her past experience as an Occupational Therapist.

Grant Pfeifer has served as Maintenance Supervisor/Engineer at the Atikokan General Hospital since 1986. He has been involved in all the renovations projects taken place at the hospital during this time and is involved in the current projects. He is very familiar with the physical buildings and grounds.

Ruth Belanger has worked in the hospital setting since 1996 and has valuable ideas regarding the physical building and procedures within the hospital.

Tracy Danis has worked at Atikokan General Hospital since 2008, has a background in Human Resources and developed the hospital's Customer Service Accessibility Plans policies, procedures and best practices.

Members of the Accessibility Working Group

| Working Group Member | Department | Contact Information |
|-----------------------------|--------------------------------------|----------------------------|
| Amanda Dickson | Rehab Occupational Therapy | AGH 597-4215 ext. 342 |
| Grant Pfeifer | Maintenance | AGH 597-4215 ext. 315 |
| Ruth Belanger | Environmental Services | AGH 597-4215 ext 343 |
| Tracy Danis | HR Finance Assistant | Ext 356 |
| John Doe Patient | Patient Rep. Partial Quadriplegia | |

When the Accessibility Group was first formed in 2004, a 70-year-old male patient with partial quadriplegia and limited hand strength who used powered mobility was a member of the group and gave input to the plan.

5. Hospital commitment to accessibility planning

The hospital has adopted the following Accessibility Planning Policy recommended by the Accessibility Working Group.

The Atikokan General Hospital is committed to:

- The continual improvement of access to facilities, policies, programs, practices and service for patients and their family members, staff, health care practitioners, volunteers and members of the community;
- The participation of people with disabilities in the development and review of its annual accessibility plans;
- Ensuring hospital by-laws and policies are consistent with the principals of accessibility; and
- The establishment of an 'Accessibility Working Group' at the hospital.

6. Recent barrier- removal initiatives

During the last several years, there have been a number of informal initiatives at the Atikokan General Hospital to identify, remove and prevent barriers to persons with disabilities.

(a) Review of complaints received from staff

The inside electric doors are sometimes shut off making it extremely difficult to open.

Maintenance has worked on this and has resolved the issue.

It is difficult for staff to communicate with non- English speaking people.

A list of translators will be revised each year and posted at all nursing stations.

Some furniture brought into the hospital is not totally accessible to users.

Language was added to the existing Furniture and Equipment Policy # 07-01 that will allow appropriate furniture for that resident or client.

(b) Suggestions received from visitors

(c) Planning Committees

7. Barrier-identification methodologies

The evaluation of accessibility used the following barrier-identification methodologies:

| Methodology | Description | Status |
|--|---|---|
| Survey Hospital and grounds | A member of the Accessibility Working group toured the hospital and grounds with a patient in a wheel chair and submitted concerns. | Tour completed on August 21/03 and August 04/04 Reviewed in Aug/05, Aug/06; Aug/07; Jan/08 |
| Survey of community counselling offices | A member of the Accessibility Working group toured the grounds and office access in a wheel chair and submitted a report. | Tour complete on September 3/03 Reviewed in Aug/04, Aug/05, and Aug/06 Tour done after new flooring installed in 2009 |
| Canvassing hospital committees | The Accessibility Working Group asked various hospital committees to identify areas of concern. | This request was made at October 2009 Department Head meeting and results are being collated. (On-going) |
| Canvassing visitors and hospital employees | Members of the Working Group asked several visitors and hospital employees to identify concerns. | This request was made during the month of November 2009 and results are being collated. (On-going) |
| Survey Supportive Housing Unit | Member and a supportive housing staff member toured the building and grounds | Tour completed summer of 2005; Reviewed in August 2006, 2007, 2008, 2009 |

8. Barriers identified

In its review, the Accessibility Working Group identified several barriers. Over the next year, the Accessibility Group has decided to focus on eight barriers. This list is divided into six types: (1) physical; (2) architectural; (3) information or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

| Type of Barrier | Description of Barrier | Strategy for its removal/prevention |
|----------------------------|---|---|
| Architectural | Patient washrooms acute care are not barrier free | Hospitals master plan addresses problem with washrooms |
| Physical | Main entrance outside door is very heavy and difficult for wheelchair users to open | New electric doors have been identified in the master plan |
| Architectural | Main office counter too high for wheelchair dependant individuals. | Hospital's master plan has provisions for new redesigned administration area. |
| Communication /Information | The inside electric doors are sometimes shut off making it extremely difficult to open | Working Group will discuss concern with extended care staff |
| Architectural | Lower level north exit to grade has one elevation - very difficult for disabled persons to exit | This concern has been identified in the master plan and other planning committees |
| Policies and Practices | Several hospital policies could have more direction to accessibility included in the wording New legislation regarding Accessibility Customer Service comes into effect on January 1 2010. | The Accessibility Working Group will discuss concerns with the management team Policies, procedures and best practice requirements have been completed. |
| Physical | No bright color distinction on stairs for those that are visually impaired | Change edging on stairs to yellow |
| Physical | No clear signage for public stairwell and some public washrooms for those that are visually impaired or people with learning disabilities that may have difficulty reading | Add visual symbols on stairwell 1 and female and male symbols on all public washrooms |
| Physical | The public telephone in the lobby is not easily accessible | Lower the telephone, create more space between the vending machines where the phone is located and add a phone with a larger number pad |

9. Barriers that will be addressed 2009-2010

The Accessibility Working Group will address 2 barriers during the coming year.

| Barrier | Objective | Means to remove | Resources | Timing | Responsibility |
|------------------------------------|--|--|--|----------------------------|---------------------------------------|
| Attitudinal | Train all staff on how to treat individuals with disabilities | Best practices on proper actions and Online training module by the OHA | OHA Orientation check list | Complete by January 1 2010 | HR Finance Assistant Department heads |
| Policies and practices | To meet new legislation on Accessibility Customer Service | Create policies and procedures to meet the new standards | OHA Ontario Accessibility | Completed | HR Finance Assistant |
| Information or communication-based | Information to the public is not available in multiple formats | Policy listing available formats created | Each department is responsible for the cost of providing the public with alternative formats | Completed | Policy Coordinator |
| Door handles | Change from knob to wing format | Change door handles | | Ongoing | Maintenance Management |
| Sick tap handles | Change from knob to wing format | Change tap handles | | Ongoing | Maintenance Management |
| Hand Sanitizers | Too high for some people to reach | Lower some of the hand sanitizers | | Before November 2009 | Housekeeping Maintenance Management |
| Stair railings | Only railings on one side of the stairs | Install a second railing in stairwell 1 | | | Maintenance Management |
| Fire alarm | No warning for the hearing impaired | Install flashing lights | | In the process | Maintenance Management |

10. Review and monitor process

The accessibility Working Group will meet quarterly to review progress. At each meeting, the working group will remind staff, either through personal contacts or by e-mail, about their roles in implementing the plan. Updates will be made to the Joint Health and Safety Committee on a regular basis.

11. Communication of the plan

A hard copy of the hospital's accessibility plan will be posted on the Health and Safety board, the patient lounge, the extended care wing, Community Counselling office and the Supportive House. The plan can be made available in alternate formats, such as large print. The plan may also be included in the orientation package to new staff.