THE MIDDLESEX HOSPITAL ALLIANCE

Strathroy Middlesex General Hospital and Four Counties Health Services

Multi-Year Accessibility Plan

November 2015 - October2018

***Submitted to***

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This publication is available on the following website:

[www.mhalliance.on.ca](http://www.mhalliance.on.ca/)

and will be made available in alternative formats upon request

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**Our Mission**

To provide the healthcare we would expect for our own families

**Our Vision**

 Exceptional Care by Exceptional People

**Strategic Pillars**

* Quality Care – unparalleled focus on quality
* People – Attract, Retain and Support the Best
* Relationships – Optimize and Leverage Partnership Opportunities
* Resources – Utilize our Resources in an Effective and Efficient Manner
* Innovation – Challenging the Status Quo

**Executive Summary**

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To this end, the ODA requires each organization to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

With the introduction of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and the subsequent Integrated Accessibility Standard Regulations (O. Reg. 197/11); the requirement to create, maintain and communicate a multi-year accessibility plan replaced the annual plan requirement. This document is the multi- year accessibility plan for the Middlesex Hospital Alliance (hereinafter referred to as “MHA”). The plan builds on previous years plans and includes measures that the MHA will take in the upcoming years to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the MHA. The

Plan will be reviewed annually and updated as barriers are identified and/ or eliminated.

At the MHA we are committed to improving access to our facilities, services and care for patients, their families, visitors, staff and volunteers.

MHA is committed to:

 the continual improvement of access to hospital facilities, policies, programs, practices and services for patients, their family members, staff and volunteers

 the participation of persons with disabilities in the development and review of its annual plan

 the provision of quality services to all patients, their family members, and members of the community with disabilities

**Introduction**

The Ontario government’s goal is a fully accessible Ontario by 2025. In 2001, the Ontarians with Disabilities Act

(ODA) was passed. This was followed in 2005 by the Accessibility for Ontarians with Disabilities Act (AODA), and in

2008 with the Accessibility Standard for Customer Service, Ontario Regulation 429/07. The Integrated Accessibility Standards, Ontario Regulation 191/11 is the latest standard to be issued under the AODA 2005 and became law on June 3, 2011. It covers accessibility standards in information and communication, employment, transportation and the design of public spaces. There is a phased-in approach to compliance, with deadline dates for each standard being based upon organization type and size, primarily ranging between January 1, 2012 and January 1, 2017.

The preceding Ontarians with Disabilities Act, (ODA 2001) remains in force until retracted. The purpose of this Act 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.” This Act mandates hospitals and other identified public sector organizations to write, approve, endorse, submit, publish, and communicate their accessibility plans. The Middlesex Hospital Alliance (Four Counties Health Services) and (Strathroy Middlesex General Hospital) is committed to providing an environment free of barriers for the

disabled.

A “Barrier” is defined as:

A. Anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, a policy or a practice.

A Disability is defined as:

A. Any degree of physical disability, infirmity, malformation, or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device

B. A condition of developmental disability or mental impairment

C. A learning disability or a dysfunction in one or more of the processes involved in understanding or using spoken language or symbols

D. An injury or disability for which benefits were claimed and received under the insurance plan established under the Workplace Safety and Insurance Act, or

E. A Mental Disorder

The MHA has undertaken projects throughout the years to enhance the accessibility of the hospital, and its services. The sites of the MHA will continue to do so with the goal of eliminating any barriers to access, communication and service for those with disabilities.

**Requirements under the AODA 429/07 Customer Service Regulation**

The Act requires that we:

1) Implement policies, practices and procedures on providing goods and services to people with disabilities

2) Execute a policy on allowing people to use their own personal assistive devices to access goods and services, and provide information about any other means offered by the hospital (assistive devices, services etc.) to allow them access to goods and services

3) Ensure hospital policies, practices and procedures are in line with the core principles of independence, dignity, integration and equality of opportunity

4) Communicate with a person having a disability in a manner that takes into account his or her disability

5) Train staff, volunteers, contractors and other people that interact with the public or other third parties on the hospital’s behalf on the topics outlined in the customer services standard, and record all training including the dates the training occurred and names of the individuals trained

6) Train staff and any other people involved in developing hospital policies, practices and procedures on the requirements regarding goods or services as outlined in the customer service standard

7) Allow people with disabilities to be accompanied by their guide dog, service animal or support person in areas of the premises unless the animal or person is restricted for health reasons, or by law

8) Provide information on any admission fees that may be charged for a support person, with as much advance notice as possible

9) Provide notice when services, goods, or facilities used by people with disabilities are temporarily disrupted

10) Establish a process for people to provide feedback on the hospital’s method of providing goods and services to people with disabilities and how you will respond to any feedback, and take action on any complaints, ensuring information about how the hospital will provide feedback should be readily available to the public

11) All policies, practices and procedures that govern accessible customer service and associated requirements must be documented

12) Provide notice to customers that documents required under the customer service standard are available upon request

13)Ensure the documents required under the customer service standards are available when requested,

by a person with a disability, in a format that takes into account the person’s disability

**Middlesex Hospital Alliance**

Formed in 1999 the MHA is made up of two partner sites: Four Counties Health Services and Strathroy Middlesex General Hospital. The hospitals have agreed to operate cooperatively, but maintain their independent corporate status.

Four Counties Health Services (FCHS) is a twelve bed rural community hospital, with an active Emergency

Department, several outpatient clinics, and community services available.

Strathroy Middlesex General Hospital (SMGH) is a fifty-four bed community hospital, with an active Emergency

Department, and many outpatient clinics.

This accessibility plan builds on previous site accessibility plans in place at Four Counties Health Services and Strathroy Middlesex General Hospital. The planning and implementation of changes occurs over a period of time, keeping in mind the operational, and in some cases capital costs of implementation.

**Statement of Commitment**

The MHA is committed to continual improvement of facilities access, policies, programs, practices and services

for patients and their family members, health care practitioners, volunteers and members of the community with disabilities; the participation of people with disabilities in the development and review of its accessibility plan;

and the provision of quality services to patients and their family members and members of the community with disabilities.

**Accessibility at the Middlesex Hospital Alliance**

Accessibility Planning was previously the responsibility of the Joint Occupational Health and Safety/Environment Team at each individual site. In October 2012 this responsibility was moved to the MHA Facilities Management Department in consultation with senior leadership. A working group was established to ensure the involvement of staff and persons with disabilities in the annual review of this accessibility plan moving forward. In 2015, the responsibility of Accessibility Planning transitioned to the Occupational Therapist/Improvement Facilitator with continued consultation with Senior Leadership and the working group.

Staff, volunteers, third party contracts, and physicians have received training on the accessibility standards and have reviewed the corresponding policies as part of our plan to enhance accessibility to customer services at the MHA.

The accessibility working group is dedicated to identifying, removing and preventing barriers to people with disabilities. The resulting accessibility plan is available on the Middlesex Hospital Alliance Corporate Website, and in hard copy, including large print version upon request.

**Identification of barriers**

We believe that it is the responsibility of all staff to be on the alert for barriers within the organization, and to bring the existence of the barrier to the attention of Administration and the Accessibility Working Group. To facilitate this, a designated space is available for staff, volunteers and physicians to report the barrier, and a possible solution if known. As well, in keeping with Accreditation standards of Patient/family engagement, we encourage our patients to identify any barriers.

**Barriers identified and addressed at the Middlesex Hospital Alliance**

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| **Barrier** | **Objective** | **Means to****remove/****prevent** | **Performance Criteria** | **Responsibility** |
| Grab Bars | To improve better positioning and fit of current grab bars | Assess and properly size and position replacement grab bars | Walkaround completed October 2015. No issues noted in current accessible washroom areas | Facilities Management |
| SMGH - Redevelopmentof front entrance | To improve accessfor persons with mobility challenges | Improved grade toentrance area and added radiant heating to concrete to prevent slippery surfaces | Completed – October2015Moved parking paystations inside to facilitate access/use by persons with disability. | Facilities Management |

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| FCHS - Improved lightingat entrances | To increaselighting levels | Installed LED wallmounted lighting at all entrances | Overall building improvements to lighting (LED) to occur over 2016. | Facilities Management |
| SMGH - Access to wheelchairs | To ensure wheelchairs are available as required for persons with mobility challenges | Lean wheelchair team formed and studied wheelchair needs and implemented changes in process to ensure wheelchairs are identified and available as required | Completed – 2012Beginning 2013, the Rehab department manages wheelchairs within the hospitals, completing monthly audits to ensure chair maintenance and access. | Lean Wheelchair Team |
| Review of DraftIntegrated AccessibilityStandard | Developunderstanding of draft currently out for review | Ensure futureplanning / projects include review of191/11 as part of design process | Completed – Summer2012 | Facilities Management |

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| SMGH - Improve accessto Facilities Management for persons with disabilities | To ensurecustomers entering the department are not subject to barriers | Renovated existingarea ensuring pathways and office spaces were sized to accommodate persons in wheel chairs | Completed – Fall 2012 | Facilities Management |
| Lack of leadership/direction for AODAsustainability | Ensure facilitiesare continually reviewing and addressing accessibility concerns | Responsibility forleadership and compliance with AODA act and regulations moved from JHSEC to Director, Facilities Management | Completed – October2012Transitioned to Occupational Therapist/Improvement Facilitator in 2015 | Occupational Therapist/Improvement Facilitator |
| SMGH - Installation of automatic door operator for barrier free washroom in lobby area | To improve ease of access to barrier free washroom | Automate operator | Completed –2015 | Facilities Management |

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| SMGH - Newlyredeveloped front entrance nontraditional door layout creates barrier for visually impaired | To create easilyidentifiable pathway through entrance | Installeddirectional marking tape in vestibule to indicate pathway. | Completed - 2013 | Facilities Management |
| SMGH - Installation ofaccessible entrance signage that had been removed during renovations | To indentifywhich entrances are accessible | Install appropriatesignage | Walkaround Fall 2015 identified new signage needed to indicate accessible front entrancewith signage to be installed January 2016 | Facilities Management |
| Involvement from peoples with disabilities in the review anddevelopment of policies /procedures annually | Ensure that disabled community members have input to policies / procedures | Establish working group in fall of2012 | 2015 - Moving forward with Patient/Family engagement that will include patient and family input as part of improvement projects as per QIP and Accreditation standards | Facilities ManagementAccreditation Team Leads |

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| SMGH - Hand rails formain corridor to Ambulatory Care and Diagnostics Imaging | Railings to aidpersons with mobility issues | Installed railings | Completed - 2013 | Facilities Management |

Future identified barriers for the Middlesex Hospital Alliance

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| Barrier | Objective | Means toremove/prevent | Performance Criteria | Responsibility |
| FCHS - Installation of automatic door operators for barrier free washroom in emergency department lobby area | Improve ease of access |  | Implementation of AODA washroom under review. | Facilities Management |
| SMGH - Patient assistancetechnology for ambulatory care and the emergency department | Patient/family have access to technological supports are necessary | MHA Wi-Fi compatible so patients can bring their own devices | Technology need to bereviewed with concurrent technology projects in progress (Funding and resource dependent)WI –FI 2015Improved network access | Facilities Management /Information Systems and Telecommunications |
| SMGH - Voiceannunciation for passenger elevators | Aide visuallyimpaired persons with elevator operation | Upgrade elevatorcontrols to include voice annunciation | To be implemented with replacement of Elevators at their end of useful life. Estimated 2020. | Facilities Management |

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| SMGH - Hand rails forcorridor between Ambulatory Care and Diagnostics Imaging | Railings to aidpersons with mobility issues | Add railing toopposite side of corridor | To be considered as part of future planning as handrails throughout building are reviewed | Facilities Management |
| Patient registration kiosks | Improve accessfor patients and visitors | Install fullyaccessible kiosksfor self registration | Planning continuous for consideration of accessible kiosks.  | Materials Management/ Information Systems and Telecommunications |
| Planning for re-launch of MHA Intranet site in accessible format | Prepare for a fully accessibleinternal website | Review of current intranet site to determine gaps to compliance with WCAG 2.0 LevelAA | Intranet/Internet site being reviewed for addressing over 2016/17 fiscal year. | Information Systems and Telecommunications |
| MHA website upgrades | Prepare for a fully accessibleexternal website | Review of current website to determine steps to ensure that it will be compliant with WCAG 2.0 LevelAA | Intranet/Internet site being reviewed for addressing over 2016/17 fiscal year. | Information Systems and Telecommunications |

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| SMGH - Relocate Infodesk or redesign front lobby | Improve visibilityof info desk (available assistance) for visually impaired persons | Explore redesign,colour options, location to aid visually impaired persons when entering the facility | Update 2015/16 –under review | Facilities Management |
| FCHS - Create barrier freewashroom in Adult Day Centre at Four Counties Health Services | Provide accessiblefacilities for adult day program participants | Renovate andrepurpose space to create new accessible washroom | Completed 2014 | Facilities Management |
| SMGH - Barrier FreePathway to Fountain | Create an accessible pathway and sitting area | Design pathway, gardens, seating area etc. to create gathering space | Completed 2014 | Facilities Management / SMGH Auxiliary |
| Improved access to frontentrance (handrails) | Railing to aidpersons with mobility issues | Install a hand railtowards the sidewalk | To be completed in 2015Currently under review | Facilities Management |

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| Parking services Kiosk(not owned by MHA) | Ensure thatparking servicesKiosk is accessible |  | Kiosks have been moved to front lobby. Parking services indicates kiosks are accessible | Foundation / ParkingServices Vendor |
| FCHS - Improved FireAlarm signaling devices | Replace or augment fire alarm bells with strobe devices for persons with hearing impairments | Review current system, engineer solution and install | Completed 2014 | Facilities Management |

**Integrated Accessibility Standards Compliance Plan**

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| **IASR Requirement** | **Status** | **Timing** |
| **General** |
| Create accessibility policies that demonstrate theorganization’s commitment to becoming more accessible | Compliant | Policy to be reviewed every 3 years as per MHA policy review |
| Create a multi-year accessibility plan that outlines whatyou will do to remove and prevent barriers in your organization | Compliant | Plan to be reviewedannually and updated as required.A status report will be completed by the working group and provided to SLC in with changes |
| Post the multi-year accessibility plan on the organization’swebsite | Compliant | 3 year cycle – next review 2018 |

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| Incorporate accessibility criteria and features whenprocuring or acquiring goods, services or facilities, except where it is not practicable to do so. | Compliant | Complete |
| Incorporate accessibility features in the design,procurement and acquisition of self-serve kiosks | Parking Kiosks (not owned by MHA) have been reviewed. Consideration will be made for other kiosks as indicated. | Complete |
| Ensure training is provided on the requirements of theaccessibility standards referred to in the IASR and in the Human Rights Code as it pertains to persons with disabilities to employees, volunteers, persons developing the organization’s policies and others who provide goods or care on behalf of the organization | Training program exists for staff,Physicians, volunteers, clergy, auxiliary members and leadership. | Training updated in 2012 Training is issued to new hires and students through Learning Management System |
| **Information and Communication Standards** |
| Have process for receiving and responding to feedbackand ensure the process is accessible | Currently RL Solutions is utilized forfeedback.  | Complete  |

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| Upon request, provide or arrange the provision ofaccessible formats and communication supports for persons with disabilities | Some methods are accessible andsupport currently available. Notice of this service will be posted on the website when updated | Complete  |
| If an organization makes emergency procedures, plans orpublic safety information available to the public it is required to be in accessible formats or with communication supports | Emergency information is notcurrently made public however patients and visitors are informed of emergency procedures as needed | Complete |
| New internet and intranet websites and web content must conform to WCAG 2.0 Level AA, other than captions and audio descriptions | Under Review | TBD |
| All internet websites and web content must conform toWCAG 2.0 Level AA other than captions and audio descriptions | Under Review | Complete by 01/21 |
| **Employment Standards** |
| Notify employees and members of the public of the availability of accommodation for applicants with disabilities in our recruitment processes | Compliant - Accommodation noted on job posting page | Complete  |

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| Notify applicants when they are selected to participate inassessments or selection processes that accommodations are available upon request in relation to the processes or materials being used | Compliant - Individuals coming for interview are asked if they require accommodation | Complete  |
| Applicants are notified of policies accommodatingemployees with disabilities | Compliant - Postings indicate that accommodation is available for applicants with disabilities.There is a statement on the recruitment page a statement indicating the same and that related policies are available upon request | Complete  |
| Inform employees of policies used to support employeeswith disabilities including provision of job accommodations that take into account accessibility needs due to disabilities | Compliant - Every employee, volunteer and physician has been provided the policies.  | Complete |
| Provide information required under this section to newemployees as soon as practicable after they begin their employment | Compliant - New employees receive AODA training and review the policies through e - learning upon commencement of employment | Complete  |
| Provide updates to employees when there is a change toexisting policies on the provision of job accommodations | Compliant - This would be done when required | Complete |

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| Upon request by an employee, provide or arrange for theprovision of accessible formats and for communication supports for: Information that is needed to perform theemployee’s job Information that is generally available to employees in the workplaceThe employer consults with the employee making the request to determine the accessible format or communication support required | Compliant - This has been in place since Jan 2014 | Complete  |
| Provide individualized workplace emergency responseinformation to employees with disabilities, if the disability is such that the information is necessary, and the employer is aware of the need of accommodation due to the employee’s disability | Compliant | Complete |
| Develop and have in place a written process for thedevelopment of documented individual accommodation plans for employees with disabilities | Compliant - This has been in place since the standard effective date | Complete  |

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| Develop and document a return to work process foremployees who have been absent from work due to a disability and require disability related accommodations to return to work | Compliant - In place since standard effective date | Complete |
| Performance management shall take into account theaccessibility needs of employees with disabilities, as well as accommodation plans | Compliant - Under the attendance section of the PA managers will document discussions with staff re accommodation as required | Complete  |
| Employers that provide career development andadvancement to its employees shall take into account the accessibility needs of its employees with disabilities as well as individual accommodation plans | Compliant - This is in place prior to date of Act  | Complete  |
| Redeployment shall take into account the accessibilityneeds of employees with disabilities as well as accommodation plans | Compliant - In place since standard effective date | Complete |
| **Transportation Standards** |
| Organizations that are not primarily in the business of transportation, but that provide transportation services shall provide accessible vehicles or equivalent services upon request | New transportation provider under contract. Contract review date 2018. | Complete |

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| **Design of Public Spaces** |
| Ensure that new and redeveloped exterior paths of travelfollow technical requirements as set out in the standard | Complete – ie front entrances accessible as are ED entrances | Complete  |
| Ensure that when building or making major changes to existing outdoor public eating areas at least 20%, and no fewer than 1, of the tables are accessible to people using mobility aids, that the ground leading to and under the accessible tables is level firm and stable and that, enough space is clear around the accessible tables so people using a mobility aid can approach the tables | Under review | Will be considered with any modification after 01/16 |
| Ensure that new or redeveloped parking spaces arecreated according to the technical requirements as set out in the standard | Compliant | Complete  |
| When making changes to or adding new service countersensure that at least one service counter is accessible to people who use mobility aids as per the technical requirements set out in the standard | Under review | Will be considered with any modification after 01/16 |

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| When building or making changes to queuing guidesensure that the queuing area is wide enough for people using a mobility aid and people with vision loss can detect the queuing area with a cane | Under review | Will be considered with any modification after 01/16 |
| When constructing or make major changes to waitingareas ensure that 3% of the seating is accessible and that no fewer than 1 seating space is accessible | Under review | Will be considered with any modification after 01/16 |
| Ensure that the accessibility plan contains preventive andemergency procedures for accessible parts of public spaces, such as posting when regular maintenance occurs and letting people know about alternatives | Compliant | Complete  |
| Ensure that procedures for handling temporarydisruptions in service when an accessible part of your public spaces stops working, such as putting up a sign explaining the disruption and outlining an alternative | CompliantPolicy issued January 2010and reviewed as per MHA policy review | Complete |

**Communication of the Accessibility Plan**

The MHA accessibility plan will be made available on the MHA web site ([www.mhalliance.on.ca](http://www.mhalliance.on.ca/)) and copies will be available from the Administrative offices at each site. On request, the report will be made available in alternate formats.

The plan is also available to staff on the MHA Insider.