

**Annual Accessibility Plan
For
Orillia Soldiers' Memorial Hospital
September 2011 – August 2012**

Prepared by
OSMH Accessibility Planning Committee

This publication is available on the hospital's website
(www.osmh.on.ca)
and in alternative formats upon request

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EXECUTIVE SUMMARY

The purpose of the Ontarians with Disabilities Act, 2001 (ODA), S.O. 2001, C.32, is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to full participation in the life of the province. To this end, the ODA requires each hospital to prepare an annual accessibility plan, to consult with persons with disabilities in the preparation of this plan and to make the plan public.

More recently, on October 13, 2005 the provincial government also enacted the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), S.O. 2005, Ch. 11. This Act, which will repeal the ODA when s. 42 is proclaimed by the Lieutenant Governor, establishes a requirement that organizations, in addressing accessibility barriers, meet accessibility standards to be established by provincial standards development committees. The composition of the committees and the terms of reference are established by the Act.

The effect of the two Acts is a recognition and legislated mandate to ensure minimum accessibility standards applicable to particular industries, organizations and persons, for implementation on or before January 1, 2025, or sooner if so prescribed by law.

The first annual plan (2003 – 2004) prepared by the Accessibility Planning Committee of Orillia Soldiers' Memorial Hospital (hereinafter referred to as OSMH). Described:

1. the measures that OSMH has taken in the past,
2. the measures that OSMH would take during the year (2003 – 2004) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of OSMH. This includes patients and their family members, staff, health care practitioners, volunteers and members of the community.

Between 2004 and 2008 OSMH committed to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities, and to the provision of quality services to all patients and their family members and members of the community with disabilities.

Throughout that period, and on an ongoing basis, OSMH continued to implement measures to address identified barriers in access to facilities, programs, and services, and to identify, remove and prevent additional barriers to people with disabilities who live, work in or use the facilities and services of OSMH. This includes patients and their family members, staff, health care practitioners, volunteers and members of the community.

Over the years the Accessibility Planning Committee identified 19 significant barriers to persons with disabilities. The most significant findings were barriers that exist within the physical building. For persons who use wheelchairs or have limited mobility, there is a lack of access to a sufficient number of barrier free design washrooms. There has historically existed a lack of easy access into certain areas of the hospital such as the cafeteria and the gift shop.

The Accessibility Planning Committee has worked hard to eliminate as many of the physical barriers within the building as is reasonably possible. Most of these barriers have been fully remedied over the years, although some have been only partially or minimally resolved. With the construction and opening of the Community Tower, the addition of the new MRI suite in 2007 and the retrofitting of older areas of the hospital, OSMH continues to implement barrier-free architectural designs and equipment into new construction. Improvements include the installation of barrier-free elevators, washroom, patient services counters in nursing stations, fire alarms and doors/facility access routes. In addition, project quotes in many cases include up-grades to the original facilities. That upgrading continues. It is hoped all construction and retrofitting will be complete by the end of 2007 or early 2008.

1. Aim

The 2011 - 2012 plan continues the work of the Committee, building on the measures that OSMH has taken in the past. Included is a status report on measures that OSMH took during the years 2003 – 2010, to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of OSMH. The 2011-2012 plan will detail the measures to be taken in 2011 – 2012 to identify and as necessary address further barriers.

2. Objectives

This plan:

- i. Reviews efforts at OSMH to remove and prevent barriers to people with disabilities over the past year.
- ii. Requires that OSMH review and revise as necessary by-laws, policies, programs, practices and/or services that OSMH in the coming year to identify barriers to people with disabilities.
- iii. Describes the measures OSMH will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- iv. Describes how OSMH will make this accessibility plan available to the public.

3. Description of Orillia Soldiers' Memorial Hospital

Orillia Soldiers' Memorial Hospital (OSMH) serves the people of Orillia and the surrounding region. We are a general hospital providing programs, services and education in Acute Medical and Surgical Care, Complex Continuing Care, Diagnostics, Emergency and Critical Care, Mental Health, Oncology, and Rehabilitation, as well as serving as a regional referral centre in a number of fields of expertise. Our specialized regional programs include Dialysis, Level II Obstetrics, Paediatrics and Neonatal Services, Oncology, Ophthalmology, Genetics, Paediatric Diabetes Education, Pre-school Rehabilitation, Paediatric Oncology, and Sexual Assault/Domestic Violence. We are also a Schedule 1 Mental Health facility, and we provide a variety of sub-specialty, diagnostic and clinical services which are unique in the region which includes a state-of-the-art MRI suite.

OSMH beds will increase in 2009 to 231. OSMH continues to demonstrate a high volume of admissions, particularly in some areas such as emergency, dialysis, paediatric oncology, obstetrics and some other services, vis-à-vis comparator hospitals. Outpatient visits exceed 77,000 per year, and more than 50,000 emergency care visits. We provide a comprehensive range of surgical services and offer over 90 outpatient services, some in shared clinics, ranging from our Genetic Services to our Disability Assessment Centre. We have a Diabetic Education program to support our community demographic, and continue to provide Chiropody and Ophthalmology services that other hospitals have divested from their service rosters. We offer in-patient and day services in Mental Health, and we continue to work in partnership with other services and programs, such as Children's Treatment Network and Regional Infection Control Networks, to provide ongoing services to our communities.

In 2008/09 we revisited our strategic planning, with broad community and stakeholder participation. We continue to endeavour to attain our vision of creating a healthier future together by providing excellence through leadership and partnership in our Local Health Integration Network and with other community partnerships. In this way we respond to address community needs by continuously improving quality and expanding the range of our services. We provide a positive and healthy environment to satisfy our customers and attract and retain high quality Health Care Professionals. As stated above, we have become designated as a Schedule I facility, with increased Mental Health capacity and capability. Our new emergency and expanded Operating Room Suite mean increased capacity and program and service delivery. As well, the new construction has allowed us to renovate older structures to enhance patient care and general accessibility.

In 2007 we also participated actively in a voluntary and intensive Hospital Accreditation process, achieving a three year accreditation approval. Upon expiry of that accreditation in 2010 we will demonstrate our commitment and advancement by again submitting voluntarily to that process. Patient care, safety and security are our primary considerations.

4. The Accessibility Planning Committee

Establishment of the Accessibility Planning Committee

The Chief Executive Officer in consultation with the Board of Directors formally constituted the Accessibility Planning Committee in April 2003. The Planning Committee was authorized 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 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 Chief Operating Officer and the Board, make the plan available to the public.

Members of the Accessibility Planning Committee

The following individuals are the current appointees to the Planning Committee:

<i>Committee Member</i>	<i>Department</i>	<i>Contact Information</i>	
Catherine Gardner – Chair	Occupational Health and Safety	705-325-2201	ccgardner@osmh.on.ca
Angela Harwood	Vice President, People, Planning and Partnerships	705-325-2201	aharwood@osmh.on.ca
Patrick McCarthy	Director Facilities/Redevelopment	705-325-2201	pmccarthy@osmh.on.ca
Nancy Lovatt	Rehabilitation Services	705-325-2201	njolson@osmh.on.ca
Brenda Jenkins	Social Worker	705-325-2201	bmjenkins@osmh.on.ca
Sandi Johnston	Director of Volunteers	705-325-2201	ssjohnston@osmh.on.ca
TBA	Patient Representative	705-325-2201	TBA
TBA	Community Relations	705-325-2201	TBA
Ruth Mary Engel	Community Member, Canadian Hard of Hearing Association	705-326-7751	drmengel@sympatico.ca
Dr. Ray Kiff	Honorary Medical Staff	705-325-2693	raykiff@rogers.com
Laura Joyce	Community Member	705-327-2068	blinkj@rogers.com
Chris Creasor	Community Member		ccreasor@hotmail.ca
Barbara Danes	Administrative Services	705-325-2201	bhdanes@osmh.on.ca

5. Hospital Commitment to Accessibility Planning

At its meeting on May 27, 2003, the Board of Directors approved the establishment of a committee and Terms of Reference for the Committee with the following mission and aims:

Mission: *to develop, implement, review, and revise a program as per AODA that will help identify and remove barriers in the workplace and within our facilities and programs including physical and non-physical.*

Aims: to ensure all barriers are identified within our facilities and workplace; identify short term and long term goals in an effort to eliminate barriers; ensure an annual review is completed and long-term plans are updated and adjusted based on progress made in eliminating barriers; liaise with persons in the community who have a disability to ensure all barriers are identified.

The Chief Executive Officer authorized the Accessibility Planning Committee to prepare an accessibility plan that will enable OSMH to meet this mission.

6. Barrier Removal Initiatives

In the past, there have been a number of informal initiatives at OSMH to identify, remove and prevent barriers to people with disabilities:

- a. Barrier-free expansion and redevelopment planning.
- b. Review of suggestions received to improve access.
- c. Review of complaints/concerns about access issues received.

7. Barriers identified

In its review over the years, the Accessibility Planning Committee has identified barriers based on the following categories:

- i. Physical
- ii. Architectural
- iii. Informational or communication-based
- iv. Attitudinal
- v. Technological
- vi. Policies and practices

8. Update and Barriers Outstanding to Be Addressed in 2011 - 2012

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Elevators	Upgrade	Improve Accessibility	Universal Accessible Design	Hospital Capital Budget – est. \$50,000 per year	Ongoing Facilities	Quote and terminology requested re “universal accessible design” EJW outstanding
	Audio possibilities	Improve Accessibility		Capital Budget	Facilities	No funds for Audio implementation – will require compliance by 2025 Outstanding
Washrooms	Renovate 1 per year	Improve accessibility	Barrier-free Standards	Maintenance – est. \$5000 – \$7500 per washroom	Ongoing Facilities	As of Sept/09 there are 71 accessible washrooms out of 222 throughout the facility this number includes patient washrooms Create accessible washroom on main floor of Eleanor Johnston wing across from Human Resources – Outstanding – to be completed by Mar 31/12
Patient Information	New brochure	Outline services available for patients with special needs		Hospital Budget	Ongoing Community Relations	Information available on-line on our Accessibility page. Will include in Patient Brochure at next update. Investigating feasibility of an insert for the current brochure Ongoing.
Customer Service Training	Improve Awareness	Educate staff	Improve information for staff	The Canadian Hard of Hearing Association (CHHA) Simcoe County Association for the Physically Disabled (SCAPD) CNIB	Ongoing Accessibility Committee Human Resources 2010 all staff to receive training on-line	Training for staff, volunteers and students received at Orientation Sessions 2010 by Occupational Health Manager. To assess physician orientation. Ongoing/Orientation
Parking	Improve Staff Handicap Parking	Currently flexible spots as needed , Improve	Health and Safety	Occupational Health/ Facilities	Occupational Health	Currently meeting standards for regular handicap spaces.

		Accessibility	Standards			Addressed on an as needed basis. Kiwanis parking available for short term parking to accommodate visitors such as Emergency Ongoing
Physical	Chiropody ramp is difficult for people who use wheelchairs to maneuver. Chiropody department to be relocated.	As Chiropody will remain in current building – go to Senior Team to discuss a move	Improve Access	Capital Budget	Facilities	Outstanding
	Patients wait at front entrance to be picked up and have to stand or stay in wheelchair.	Install bench.	Convenience for Patients who may not be able to stand for extended period of time.	Donated Funds	Facilities	Outstanding

9. Barriers Addressed Through Hospital Redevelopment

1. Electrical requirements – controls for lighting meet the Ontario Building Code requirements for persons with disabilities.
2. Mechanical – mechanical requirements include provisions to support barrier free water closets, showers, washbasins and sink fittings.

10. Ongoing Review and Monitoring Process

The Accessibility Planning Committee will meet quarterly to review progress and will update the plan on an annual basis. At each quarterly meeting, the Committee will remind staff, either through personal contacts or by e-mail, about their roles in implementing the plan. Members of the Planning Committee will also commit to updating Senior Management on a regular basis.

11. Ongoing Communication of the Plan

The hospital's accessibility plan will be made available to both internal and external audiences in various ways. These will include:

1. The entire plan will be posted as a PDF document on the hospital's website at www.osmh.on.ca.
2. A large print version with 16 point font as recommended by the Canadian National Institute for the Blind will also be posted on the website.
3. In addition, for internal audiences the plan is posted on internet.
4. Communication will be in the Memorial Mirror announcing the plan and explaining where it can be accessed.
5. A bulletin board display annually during the first week of May to display the Accessibility Plan to internal audiences during National Access Awareness Week.
6. Full print versions of the plan will be made available in various locations in the hospital including the general library.
7. Full print versions of the plan will be made available in several locations in the community including the public library, Information Orillia and at the community ODA advisory committee.

A Healthier Future.