



Soldiers'
MEMORIAL HOSPITAL Orillia

Accessibility Plan

2020 - 2025

Reviewed by
OSMH Accessibility Committee
February 5, 2020

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

OSMH is committed to an accessibility-friendly facility and the OSMH Accessibility Advisory Committee remains active in the identification and resolution of barriers to accessibility. Ontario Regulation 191/11 under the Accessibility for Ontarians with Disabilities Act, 2005 and its Standards, require designated public sector organizations “*establish, implement, maintain and document a multi-year accessibility plan, which outlines the organization’s strategy to prevent and remove barriers and meet its requirements under [the] regulation and review and update the accessibility plan at least once every five years*”. Public Sector Organizations are also required to “*prepare an annual status on the progress of measures taken to implement [these strategies] and post a status update on their website*”

Among the highlights for 2019 include:

- OSMH Website (www.osmh.on.ca) – Completed full re-build of the OSMH website to address the following:
 - Compliance with pending AODA requirements - (Beginning January 1, 2021: all public websites and web content posted after January 1, 2012 must meet WCAG 2.0 Level AA other than criteria 1.2.4 (live captions) and 1.2.5 (pre-recorded audio descriptions))
 - Enhanced display on mobile devices (i.e. phones, tablets)
 - Ease of functionality through modern WCM (Web Content Management) system on Wordpress platform
 - Alignment with new Visual Identity
- Development and Implementation of process for Notification of Hard of Hearing patients in patient waiting areas.
- Wheelchair Acquisition – As part of the Giving Tuesday Campaign organized by the OSMH Foundation, OSMH was able to add 17 new wheelchairs to its hospital inventory, which included bariatric and child-size wheelchairs, a need identified by the OSMH Accessibility Advisory Committee.

Also of note, the Hospital continues work on its Future Hospital project aimed at building a new hospital on a different site. Ongoing consultation with the Accessibility Advisory Committee and other key stakeholders is continuing.

Respectfully submitted,

Mr. Terry Dyni
OSMH Director, Community Relations
Chair, OSMH Accessibility Advisory Committee
February 5, 2020

Members of the OSMH Accessibility Committee

The following individuals are the current members of the Committee:

| <i>Committee Member</i> | <i>Affiliation</i> |
|-------------------------|-----------------------------------|
| Chris Creasor | Community Member |
| Diane Jackson | Patient Representative |
| Brenda Jenkins | Community Member |
| Laura Joyce | Community Member |
| Rev. Cathy O'Connor | Community Member |
| Derek Desroches | Community Relations Specialist |
| Terry Dyni | Director Community Relations |
| Nancy Lovatt | Rehabilitation Services |
| Patrick McCarthy | Director Facilities/Redevelopment |
| Marlene Nevill | Administrative Services |

Annual Status Report (for the year ended Dec. 31, 2019)

| Item | Status | Notes |
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| Website conversion to meet pending AODA requirements | Completed on May 28, 2019 | Numerous enhancements to allow for easier access and management of website |
| Development and implementation of new Texting option at patient registration, available by request | Completed in Spring 2019 | Successful strategy designed in-house by OSMH through partnership with patient who is Hard of Hearing. Option has been showcased to other hospitals. |
| Wheelchair Acquisition | Completed in Spring 2019 | OSMH was added 17 new wheelchairs to its hospital inventory, which included bariatric and child-size wheelchairs, a need identified by the OSMH Accessibility Advisory Committee. |
| Future Hospital Project – Community Engagement | Ongoing | The OSMH Future Hospital project is a standing item at all OSMH Accessibility Advisory Committee meetings, and will continue to be until the project is complete. While the move to a new hospital is likely a decade away, the establishment of a new facility, built to current standards and codes, is seen as a significant advancement that will alleviate some of the accessible challenges inherent in the decades old infrastructure currently in place. |
| Accessible washrooms | Ongoing | OSMH has converted several of its washrooms to meet accessibility standards, and will continue to do so as renovations allow. |
| Audible elevators | In planning | A request for funding to add audio to elevators is currently on the capital request list. OSMH is committed to meeting this compliance standard prior to the 2025 requirement date. |
| Intercom system attached to beds | Under review | Ensure system is accessibly compliant, and/or provides options for hard of hearing patients |

Summary of Barriers, Accomplishments and Future Plans

| | Barrier | Objective | What's been done so far | What more is planned |
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| 1 | <i>Customer Service</i> - Insensitive or inappropriate communication or interaction with people with disabilities | Enhance awareness and understanding among OSMH staff about the appropriate methods of communication with people with disabilities | <ul style="list-style-type: none"> Internal staff brochure developed, entitled '<i>Understanding Accessible Customer Care</i>' and made available to all employees Inclusion in all new staff orientation Guest speakers Sharing of recommendations from support/advocacy agencies such as Canadian Hearing Services, Simcoe County Association for the Physically Disabled (SCAPD), Canadian National Institute for the Blind (CNIB), and others | <ul style="list-style-type: none"> Continue bringing in guest speakers Reminder Column(s) in staff newsletter Build an e-Learning presentation on Accessibility for staff (Target implementation date: <i>December 2021</i>) Seek out new opportunities for staff training |
| 2 | <i>Customer Service</i> - Inappropriate notification method of Visually Impaired, Deaf/Hard of Hearing patients when they are in waiting rooms | Ensure patients with disabilities receive notification in an effective and appropriate method | <ul style="list-style-type: none"> Comprehensive and thorough review of options and alternatives completed in 2019 Review was prompted, in part, by formal complaints to Ontario Ombudsman and Ontario Human Rights Tribunal – matter was resolved internally without requirement for a hearing Unique 'texting of patient' option now available to patients by request New Centralized Patient and Scheduling structure now in place with enhanced system adopting new notification technologies | <ul style="list-style-type: none"> Will continue to openly receive feedback on the success of new patient notification measures in place, and make improvements where required |
| 3 | <i>Bariatric Accessibility</i> | Ensure there are sufficient furnishings and equipment to meet the needs of bariatric | <ul style="list-style-type: none"> Additional bariatric wheelchairs were added to hospital inventory on two separate occasions in the | <ul style="list-style-type: none"> Will continue to assess inventory of bariatric furnishings/equipment and |

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| | | patients. | <p>past 5 years.</p> <ul style="list-style-type: none"> • 4 Additional bariatric chairs have been added to waiting areas in the past 5 years • All current renovations ensure that design meets accessibility requirements. Examples include the Front Lobby project and NICU renovations where the Accessibility Committee has been consulted. | <p>update when necessary</p> <ul style="list-style-type: none"> • Will continue to consider the needs of bariatric patients in future renovations, including the planned construction of a new hospital on a different site as part of the OSMH Future Hospital project. |
| 4 | No audio notification on elevators | Audio notification, informing people on elevators which floor they are on, or what direction the elevator is travelling, would be helpful to patients with sight impairments. | <ul style="list-style-type: none"> • Item has been added to Capital Planning list for consideration | <ul style="list-style-type: none"> • Compliance by 2025 is required under AODA legislation |
| 5 | It's difficult for people in wheelchairs to open entry doors into the hospital | Install easily accessible buttons that open doors automatically | <ul style="list-style-type: none"> • Automated door openers are now in place at all public entrances into the hospital | <ul style="list-style-type: none"> • No further action required |
| 6 | Patients with mobility issues have difficulty accessing some services in Diagnostic Imaging (DI) | Ensure access to DI services is as accessible as possible | <ul style="list-style-type: none"> • Installation of 66 overhead lifts over 3 years commenced in Aug 2013. • Patient Lift in Bone Density installed with an incorporated weigh scale. • Patient Lifts installed in Nuclear Medicine and CT (CT lift to be incorporated with CT replacement project) . • Unable to install lifts in radiology due to structural concerns. | <ul style="list-style-type: none"> • Continue to assess patient satisfaction regarding access to DI services and make changes where possible |
| 7 | It is difficult to find your way around the hospital | Ensure there is adequate information/signage/support to guide people to the area of the hospital they are trying to get to | <ul style="list-style-type: none"> • Large volunteer contingent available to assist people in getting to their destination within the hospital • Large wayfinding signage in main lobby with directional signage throughout building | <ul style="list-style-type: none"> • Will continue to look for new ways to enhance wayfinding • Electronic maps/images posted on hospital website under consideration |

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| | | | <ul style="list-style-type: none"> Wayfinding maps with directions to specific areas now made available to patients registering through new Central Patient Registration and Scheduling area. | |
| 8 | Some hospital vendors may not be aware of Accessibility requirements of the hospital | Ensure respondents to hospital RFPs are aware of the hospital's commitment to a barrier-free environment and the need to meet accessibility criteria in their submissions | <ul style="list-style-type: none"> Accessibility criteria is now included in all hospital RFPs (Requests for Proposal) | <ul style="list-style-type: none"> No further action required |
| 9 | Hospital website is not user friendly for people with disabilities | Ensure hospital website is user friendly for all, and meets/exceeds all necessary requirements under AODA legislation. | <ul style="list-style-type: none"> New website went live on May 28, 2019 New website meets all accessibility requirements under AODA legislation | <ul style="list-style-type: none"> Continue to monitor requirements, and adjust with technological advances |
| 10 | People with disabilities don't always learn of emergency situations right away | Ensure multiple forms of notification are in place in case of an emergency (e.g. Fire in building) | <ul style="list-style-type: none"> Audio (overhead announcements), and Video (Flashing lights) are activated as means of notifying people of an emergency When an outbreak occurs, there are news releases to all media: newspaper, TV, radio as well as an update on the OSMH external website and signs posted at all entrances. Large print and audio options are considered. | <ul style="list-style-type: none"> Continue to consider new/better ways to advise disabled patients of an emergency |
| 11 | People with disabilities could benefit from communication devices | Ensure supporting devices are available to those who need them while in hospital | <ul style="list-style-type: none"> Provision of Interpretative services, and Assistive Listening Devices already in place for the hard of hearing. | <ul style="list-style-type: none"> Continue to monitor for improvements |
| 12 | Opportunities to provide feedback aren't always clear and accessible | Disabled persons should be able to provide ongoing feedback to the hospital in a manner that is easy and efficient | <ul style="list-style-type: none"> The hospital maintains an active Accessibility Advisory Committee that it consults on a number of matters Feedback can be provided at any time through Patient Relations | <ul style="list-style-type: none"> Continue to monitor for improvements |

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| | | | <p>department</p> <ul style="list-style-type: none"> • Feedback can be provided electronically through our website • Health Records can provide documents: <ul style="list-style-type: none"> ○ Via email direct to patient ○ Direct to physician ○ Large Print ○ Audio of transcript ○ Larger images (with limitations) e.g. DI | |
| 13 | Are hospital employees who are disabled, at increased risk during an emergency | Ensure plans are in place to assist hospital employees in the event of an emergency | <ul style="list-style-type: none"> • This is assessed during new employee assessment and Return To Work meetings. It is included in the new employee assessment policy and procedure. | <ul style="list-style-type: none"> • No further action required |
| 14 | Not all people who consider applying for a job at the hospital are aware of the accommodations available to them, if disabled. | Ensure employees & the public are aware of the availability of accommodation for applicants with disabilities in its recruitment process. | <ul style="list-style-type: none"> • As part of recruitment process, potential applicants are made aware of the hospital's commitment to inclusivity and the availability of accommodation for those with disabilities • All new employees are informed of Accessibility policies during new employee orientation • All new employees are reminded that accommodations are available upon request. • All new employees are made aware of the return to work (RTW) and accommodation processes during new employee orientation. There is ongoing re-education on these processes including when there is a change to policy. | <ul style="list-style-type: none"> • Continue to monitor for improvements, and/or policy amendments |
| 15 | Are new outdoor pathways built to modern, accessible | All new pathways are constructed according to current accessible | <ul style="list-style-type: none"> • The hospital is aware of the requirements and at this point | <ul style="list-style-type: none"> • Monitor |

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| | standards | requirements. | <p>there are no plans to add or alter walkways, etc.</p> <ul style="list-style-type: none"> When this is required we will following the most current Building Codes and AODA recommendations | |
| 16 | Accessible parking isn't always available | Ensure an adequate amount of accessible parking is available, in as close proximity as possible to a hospital entranceway | <ul style="list-style-type: none"> Currently meeting standards for required number of accessible parking spaces. Staff access needs addressed on an as needed basis through return to work/ disability management process. Kiwanis building parking available for short term parking to accommodate visitors such as Emergency, or when Generator project temporarily blocked accessible entrance Future Hospital Project will meet/exceed accessible parking requirements | <ul style="list-style-type: none"> Continue to monitor |
| 17 | Service counters aren't always at the proper height for accessibility purposes | Ensure all newly constructed service counters, and any that can be modified, are at the appropriate height for accessible access | <ul style="list-style-type: none"> Facilities Planning Committee is aware of the requirements and will incorporate into all new build and renovation projects going forward Full compliance with AODA Standards | <ul style="list-style-type: none"> Continue to monitor to ensure compliance |
| 18 | Accessible areas are sometimes compromised during construction/renovation projects | Ensure accessible portions of public spaces are maintained | <ul style="list-style-type: none"> During emergency repairs in public areas, signage is posted and re-routing is indicated if necessary. Where possible, situation is isolated, made safe and repairs are conducted off-hours. For temporary disruptions in service, notice is always provided, contingency | <ul style="list-style-type: none"> Continue to monitor to ensure this practice is maintained |

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| | | | <p>plans/systems in place.</p> <ul style="list-style-type: none"> • Examples of these procedures include renovations to the Front Lobby, and flooring replacement in the Main floor Soldiers- Harvie Wings. | |
| 19 | Lack of available seating for disabled patients at front entrance | Ensure adequate seating is available | <ul style="list-style-type: none"> • Bench installed | <ul style="list-style-type: none"> • No further action |
| 20 | Low awareness of accessibility supports at hospital | Enhance public awareness of accessibility supports | <ul style="list-style-type: none"> • Brochure created | <ul style="list-style-type: none"> • Information to be posted on new website • Consider additional communication via social media or other means |
| 21 | Inaccessible elevator in EJW | - | <ul style="list-style-type: none"> • Unable to renovate to accessible standards, without substantial building re-construction | <ul style="list-style-type: none"> • No further action |
| 22 | Some washrooms are inaccessible | Increase the number of accessible washrooms in the hospital | <ul style="list-style-type: none"> • Approximately 80 or more of the 220 washrooms meet current accessibility standards • Some washrooms have been renovated to meet standards (Paeds/NICU, Main Entrance, Harvie 2) | <ul style="list-style-type: none"> • Will continue to look for opportunities to renovate washrooms as part of larger renovation projects |

HISTORY

Establishment of the OSMH Accessibility Advisory Committee

The Chief Executive Officer in consultation with the Board of Directors formally constituted the OSMH Accessibility Advisory Committee in April 2003. The 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.

Hospital Commitment to Accessible 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 Advisory Committee to prepare an accessibility plan that will enable OSMH to meet this mission.

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.

Barrier Identification

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

- a. Physical
- b. Architectural
- c. Informational or communication-based, including language and cultural barriers
- d. Attitudinal
- e. Technological
- f. Policies and practices

Barriers Addressed Through Hospital Redevelopment

- a. Electrical requirements – controls for lighting meet the Ontario Building Code requirements for persons with disabilities.
- b. Mechanical – mechanical requirements include provisions to support barrier free water closets, showers, washbasins and sink fittings.
- c. Bring areas up to current guidelines while renovating when possible

Ongoing Review and Monitoring Process

The Accessibility Advisory 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.

Background of Provincial Legislation

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.

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.

Between 2004 and present 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.

The Accessibility Advisory 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 upgrades to the original facilities. That upgrading continues.

Ongoing Communication of the OSMH Accessibility 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 where the document can be easily viewed in different font sizes.
2. In addition, for internal audiences the plan is posted on intranet.
3. Communication will be in *Soldiers' Report* (OSMH Staff Newsletter) and Blue Smock News (OSMH Volunteer Newsletter) announcing the plan and explaining where it can be accessed.
4. A bulletin board display annually during the first week of May to display the Accessibility Plan to internal audiences during National Access Awareness Week.

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, 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, Ophthalmology, Genetics, Paediatric Diabetes Education, 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 continues to demonstrate a high volume of admissions, particularly in some areas such as emergency, dialysis, and obstetrics. OSMH typically registers more than 50,000 emergency care visits each year. We provide a comprehensive range of surgical services. We have a Diabetic Education program to support our community demographic. We offer in-patient and day services in Mental Health. We continue to endeavour to attain our vision of *Excellent Compassionate Care...Everyday* by providing excellence through leadership and partnership in our Local Health Integration Network and with other community partners. In this way we respond to address community needs by continuously improving quality and expanding the range of our services.