Brockville General Hospital

2014 - 2019 Multi-Year Accessibility Plan

Submitted by
Accessibility Committee

This publication is available on the hospital's website
www.bgh-on.ca

This publication is available in alternate formats[1] upon request

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[1] Appendix A – Listing of alternate formats available

TABLE OF CONTENTS

1.0 EXECUTIVE SUMMARY

1.1 Preamble

The Ontario government's goal is a fully accessible Ontario within 20 years. 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 most recently by the Accessibility Standard for Customer Service, Ontario Regulation 429/07. This Standard came into force on January 1, 2008. This Ontario law is the first accessibility standard created under the authority of *the AODA 2005,* which the Province of Ontario had enacted on June 13th, 2005, to require the provincial government to work with the public and private sectors and the disabled community to jointly develop standards to be achieved in stages of 5 years or less.

The preceding *Ontarians with Disabilities Act*, (ODA 2001) however remains in force until repealed. The purpose of this Act was 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 mandated hospitals and other identified public sector organizations to write, approve, endorse, submit, publish and communicate their accessibility plans.   This is Brockville General Hospital's Accessibility Plan and covers the period from January 1, 2014 to December 31, 2019.

A "barrier" is 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, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice. [2]

An example of each of the different kinds of barriers is shown below:

<u>Barrier Type Example:</u>

Physical: A door knob that cannot be operated by a person with limited upper-body mobility and strength.

Architectural: A hallway or door that is too narrow for a wheelchair or scooter.

Informational: Typefaces that are too small to be read by a person with low-vision.

Communicational: A professor who talks loudly when addressing a deaf student.

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[2] A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, http://www.mcss.gov.on.ca/NR/rdonlyres/83A98C75-5EE5-44A1-B2A3-71939F2CF1DC/14/AGUIDETOANNUALACCESSIBILITYPLANNING_Sept_2005.pdf, pg. 12

Attitudinal: A receptionist who ignores a customer in a wheelchair.

Technological: A paper tray on a laser printer that requires two strong hands to open.

Policy/Practice: A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly.

The ODA adopts the broad definition for disability that is set out in the *Ontario Human Rights Code.* **"Disability" is:**

- 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,

- a condition of mental impairment or a developmental disability,

- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

- a mental disorder, or

- an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.[3]

The Statistics Canada Participation and Activity Limitation Survey (PALS)[4] reported that in 2006 there were approximately 14.3 percent of Canadians with a disability, amounting to 1 in 7 or about 4.4 million people. Ontario has a slightly higher proportion at 15.5 percent, which represents about 1.85 million people. The age cohort with the greatest proportion of people with disabilities is the 65+ age group, with 43.4 percent of this cohort having a disability; in Ontario 47.2 percent or almost half of those 65 years or older have a disability.

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[3] http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm#BK2
[4] Information contained in Ontario Ministry of Community and Social Services website
www.mcss.gov.on.ca/mcss/english/topics/pop_ado_stats.htm

2.0   Aim and Objectives of the Plan

This plan is intended to continue to move Brockville General Hospital (BGH) towards its vision of accessibility and describes the actions BGH will take to identify and remove barriers.

BGH will provide the opportunity for all patients and their family members, staff, potential staff, health-care practitioners, volunteers and members of the community to identify their needs related to disabilities and ensure that those needs are accommodated in a manner that supports the dignity of the individual. This will be reflected by integrating accessibility throughout BGH's policies and practices and ensuring that policies are consistent with the following principles:

- dignity
- independence
- integration, except when alternate measures are necessary to meet the needs of people with disabilities
- equal opportunity.

The plan is intended to ultimately ensure that:

- People with disabilities are able to enter the Hospital and reach their destinations without encountering barriers,
- People with disabilities are able to receive services they require without encountering barriers,
- People with disabilities are able to work at BGH without encountering barriers
- Accessibility is accepted as everyone's responsibility.

2.1 Customer Service Standard

The following requirements of the customer service standard that apply to all providers are as follows:

- Establish policies, practices and procedures on providing goods or services to people with disabilities.

- Use reasonable efforts to ensure that your policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.

- Set a policy on allowing people to use their own personal assistive devices to access your goods and use your services and about any other measures your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.

- Communicate with a person with a disability in a manner that takes into account his or her disability.

- Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises you own or operate that are open to the public, unless the animal is excluded by another law. If a service animal is excluded by law, use other measures to provide services to the person with a disability.

- Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in premises open to the public or third parties.

- Where admission fees are charged, provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability.

- Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.

- Train staff, volunteers, contractors and any other people who interact with the public or other third parties on your behalf on a number of topics as outlined in the customer service standard.

- Train staff, volunteers, contractors and any other people who are involved in developing your policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service standard.

- Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public.[5]

Public sector organizations and providers with twenty (20) or more employees are further required to:

- Document in writing all your policies, practices and procedures for providing accessible customer service and meet other document requirements set out in the standard.

- Notify customers that documents required under the customer service standard are available upon request.

- When giving documents required under the customer service standard to a person with a disability, provide the information in a format that takes into account the person's disability.[6]

These are the first regulations that have been issued through the Access for Ontarians with Disabilities Act (2005) and they must be put into place by January 2010. The Brockville General Hospital's Accessibility Task Group will review these standards, and assign implementation of the accessibility standards for customer service to its four teams, and will ensure implementation in accordance with the regulations.

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[5] Accessibility Standards for Customer Service, Ontario Regulation 429/07, http://www.mcss.gov.on.ca/NR/rdonlyres/FEE69AC5-45FA-4DDF-88FD-F6309550C3C8/4645/GuidetotheAccessibilityStandardsforCustomerService.doc, pg. 12-13.
[6] Accessibility Standards for Customer Service, Ontario Regulation 429/07, http://www.mcss.gov.on.ca/NR/rdonlyres/FEE69AC5-45FA-4DDF-88FD-F6309550C3C8/4645/GuidetotheAccessibilityStandardsforCustomerService.doc, pg. 13.

2.2 BGH's Commitment to Accessibility

Brockville General Hospital (BGH) is committed to providing accessible service to all persons with disabilities and to meet the standards outlined within the Accessibility for Ontarians with Disabilities Act (AODA) 2005, the Accessibility Standards for Customer Service, Ontario Regulation 429/07 and the Integrated Accessibility Standards, Ontario Regulation, 191/11.

In fulfilling its mission, BGH strives at all times to provide care and services in a way that respects the dignity and independence of people with disabilities. We are committed to giving people with disabilities the same opportunity to access and benefit from our services as other individuals would have.

Of note, the Hospital continues with the planning of a major capital redevelopment project at the Charles Street Site". In addition BGH also has other redevelopment projects – the transitioning of the Mental Health Services to a newly renovated area at the Charles Street Site. To that end, the Hospital has consulted extensively with experts in the area of accessibility.

In addition, BGH is committed to comprehensively identifying, removing and preventing barriers towards a "barrier-free" environment through:

- continually improving access to BGH facilities, policies, programs, practices and services for patients, family members, staff, health care practitioners, volunteers and members of the community,
- the participation of people with disabilities in the development and review of the it's annual accessibility plans,
- ensuring hospital policies and practices are consistent with the principles of accessibility

2.3 Implementation Approach

The Brockville General Hospital has utilized the following steps in preparing their Accessibility Plan:

- Established an accessibility task group representative of stakeholders.
- Committed to accessibility planning.
- Reviewed and reported on initiatives and successes in identifying, removing and preventing barriers to persons with disabilities.
- Identified (list/categorize) barriers to be addressed.
- Set priorities and develop strategies to address barrier removal and prevention.
- Specified how and when progress is to be monitored.

- Write, approved, endorsed submitted, published and communicated the plan to the public.
- Reviewed and monitored the plan.

3.0 BGH Customer Service Standard Actions To Date

BGH has established policies so that care and service are provided in a manner that respects the dignity and independence of all persons with disabilities and that they are given an opportunity to obtain, use or benefit from the services provided by and on behalf of the organization equal to that given to others.

3.1 Accessibility –Customer Service Policy

BGH has established policies for providing patient centered care to people with disabilities in compliance with AODA. Our policies, practices and principles are consistent with the principles enumerated under the Accessibility Standards for Customer Service.

3.2 Training Resources

As set out in our *Accessibility – Customer Service Policy*, all BGH employees, physicians, volunteers, contractors and any other people who interact with the public or other third parties on behalf of the organization shall receive mandatory training on providing customer service to people with disabilities and the content of the Policy. The training includes:

- A review of the purposes of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the Customer Service Standard;
- Tips on how to interact and communicate with people with various types of disabilities;
- Tips on how to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person;
- How to use the assistive equipment or devices e.g. wheelchairs, lifts etc. available on our premises;
- What to do if a person with a particular disability is having difficulty in accessing our services;
- BGH policies, practices, and procedures relating to the Customer Service Standard.

  A variety of training methods are used including:
- an education booklet, *Guidelines for Delivering Accessible Customer Service:*
- a brochure entitled *Commitment to Accessibility: Customer Service;*
- e-learning, in-service education and training as appropriate to individual job descriptions and/or department functions;
- orientation to new employees, physicians and volunteers;
- Annual reviews as part of staff annual core training

3.3 Communication to Public

BGH employs a number of different methods to notify the public that documents required under the Customer Service Standards are available upon request. The accessibility documents required under the Customer Service Standards are posted by BGH on its public website and as such, are available to members of the public, including patients and families.

- BGH works with members of the public, including patients and families to provide documents required under the Customer Service Standard in an accessible format, upon request.
- Hospital policies and procedures, including those pertaining to accessibility are available to all staff, physicians and volunteers via our intranet (SharePoint – MyBGH).

3.4 Providing Documents in Accessible Formats

BGH is pleased to work with patients, families and members of the public to provide relevant information in an accessible format or with appropriate communication supports, as soon as practicable, upon request.

BGH has an accessible external website which will conform to the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 Level A compatibility on or before January 1, 2014 and Level AA on or before January 1, 2021. The new website was launched in summer of 2013.

3.5 Feedback Policy and Process

BGH welcomes feedback from patients, families and visitors as part of its commitment to the continuous improvement of patient care and Patient Feedback process. The process is applicable to any information, feedback, or inquiries regarding accessibility. Feedback relating to the accessibility of services is submitted to the Accessibility Committee for consideration in the accessibility planning process.

3.6 Notice: Disruption of Service

BGH makes reasonable efforts to provide advance notice of any disruption to its services to the public, including information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that may be available. The notice is made available by various methods - posting the information on the premises, posting on the BGH external and internal websites, including information in BGH newsletters, advertising in local newspapers, utilizing media releases to local news outlets or by such other method as is reasonable under the circumstances.

4.0 Integrated Accessibility Standards

The Integrated Accessibility Standards Regulation (ISAR) is now in effect and the work plan includes plans to begin the process of compliance with the mandatory requirements as detailed in the regulation.

Multi- year Plan to meet Hospital Requirements under the Integrated Accessibility Standards Regulation (O. Reg. 191/11)

Requirement	Action Plan/Evidence	BGH Time frame for completion	BGH Status	Legislated Compliance Date
PART I - GENERAL				
Establishment of Accessibility Policies a) Prepare one or more written documents describing policies; and b) Make the documents publicly available, and provide in an accessible format upon request.	Policies are developed and established. Policies are available on BGH website or in accessible format upon request.	January 2009	Complete Complete	January 1, 2013
Accessibility Plans a) Establish, implement, maintain and document a multiyear accessibility plan b) Post accessibility plan on website and provide the plan in an accessible format upon request c) Establish, review and update accessibility plans in consultation with persons with disabilities and have	An annual Accessibility Plan is posted on BGH website. It is a working document which will be revised and updated regularly as the organization grows and expands. Need to develop a multi-year plan BGH will provide the Plan in an accessible format upon request. The Plan has been established in consultation with the Accessibility committee and persons with disabilities.	December 2013	 Complete Complete	January 1, 2013

Requirement	Action Plan/Evidence	BGH Time frame for completion	BGH Status	Legislated Compliance Date
d) Review and update the accessibility plan at least once every five years	The plan will be reviewed and updated in consultation with the Diversity and Accessibility Committee and persons with disabilities, as required.	Ongoing	Ongoing	January 1, 2013
Procuring or Acquiring Goods, Services or Facilities Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities, except where it is not practicable	BGH has 3SO as the shared service provider, allowing for the full continuum of Supply Chain Services. 3SO will have completed the following: **Procurement Documentation and Agreements** Include in all procurement documentation (e.g., RFPs, RFQs, etc.) and all vendor agreements language that requires vendors, who are providing goods, services or facilities to hospitals, to comply with all relevant requirements of the AODA and its regulations. The template agreements used by 3SO currently include language related to the AODA. **Accessible Procurement Documents.** 3SO and its members and clients ensure that any documents posted in respect of competitive procurement processes are accessible to individuals with disabilities, upon request.	January 2013	Complete	January 1, 2013

Requirement	Action Plan/Evidence	BGH Time frame for completion	BGH Status	Legislated Compliance Date
	Training. All representatives of 3SO will attend training sessions related to the AODA and the IAS Regulation. Training on the AODA and its regulations will allow contract specialists and negotiators to recognize situations in which the AODA is relevant and explain to vendors the importance of AODA compliance with respect to the provision of goods, services or facilities to members and customers.			
Self-Service Kiosks Incorporate accessibility features when designing, procuring or acquiring self-service kiosks	BGH currently has ATM banking machine and prepaid parking kiosk which do not meet the accessibility criteria. Any future process for kiosk procurement ensures incorporation of accessibility.	January 2013	Complete	January 1, 2014

Training				
Provide training on the requirements of the accessibility standards and on the Human Rights Code Training provided to: all employees, volunteers, persons who provide goods, services, facilities on behalf of BGH	Mandatory training is provided on the Customer Service Standard for all staff, physicians, volunteers and persons who provide goods, services on behalf of BGH. The training is also included in the orientation programs for all new staff, physicians and volunteers. • Ongoing education and reminders through corporate intranet and weekly corporate newsletter.	January 2012	Complete	January 1, 2014
	• Have established an Accessibility Section on BGH Intranet (SharePoint – MyBGH) which will be enhanced and updated as required to increase ongoing awareness and promote accessibility initiatives. • To run short Accessibility Customer Service tips in BGH newsletter on a regular basis.	January 2012	Complete	January 1, 2014
	• Review current training program and resources and revise/update to meet Integrated Accessibility Standard requirements. • Roll-out revised training program to employees, physicians, volunteers and 3rd party employees who provide goods and services.	January 2012	Ongoing	January 1, 2014

PART II – INFORMATION AND COMMUNICATIONS STANDARD				
Emergency Procedure, Plans or Public Safety Information Any emergency procedures, plans or public safety information and made available to the public must also be provided in an accessible format or with appropriate communication supports, as soon as practicable, upon request.	BGH emergency plans are not made available to public. BGH is pleased to work with patients, families and members of the public to provide relevant information in an accessible format or with appropriate communication supports, as soon as practicable, upon request.	January 2012	Complete	January 1, 2012
Accessible Websites and Web Content Must make internet websites and web content conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0,	BGH has an accessible external website which conforms to the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0.	August 2013	Ongoing	Level A – January 1, 2014 Level AA – January 1, 2021

Feedback a) Processes for receiving and responding to feedback must be accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports, upon request	BGH welcomes feedback from patients, families and visitors as part of its commitment to the continuous improvement of patient care and Patient Feedback process. A patient feedback policy is in place. The process is applicable to any information, feedback, or inquiries regarding accessibility. Feedback relating to the accessibility of services gathered is forwarded to the Accessibility Committee for consideration in the accessibility planning process.	January 2012	Complete	January 1, 2014
b) Notify the public about the availability of accessible formats and communication supports	The Accessibility documents required under the Customer Service Standards are posted by BGH on its public website and as such, are available to members of the public, including patients and families.	January 2012	Complete	January 1, 2014

Requirement	Action Plan/Evidence	BGH Time frame for completion	BGH Status	Legislated Compliance Date
	BGH works with members of the public, including patients and families to provide documents required under the Customer Service Standard in an accessible format, upon request. Hospital policies and procedures, including those pertaining to accessibility are available to all staff, physicians and volunteers via our intranet (Connections).			
Accessible Formats and Communication Supports a) Shall upon request provide or arrange for the provision of accessible formats and communication supports for persons with disabilities b) Shall notify the public about the availability of accessible formats and communication supports	Available upon request as noted above	January 2012	Complete	January 1, 2015

PART III – EMPLOYMENT STANDARD				
Workplace Emergency Response Information Provide individualized workplace emergency response information to employees who have a disability, where necessary	BGH has emergency preparedness plans and programs in place to ensure that critical and essential services continue for our patients and community. Employees are asked to identify their accessibility needs and if they require assistance/accommodations during an emergency. BGH captures this information for all newly hired employees, as well as employees that have modified work plans. BGH annually surveys all employees to self disclose/identify any needs to be assisted/ accommodated during an emergency, as part of the Corporate Emergency Preparedness Program.	December 2011	Complete	January 1, 2012
Recruitment and Selection Employer must establish processes to ensure: • accessibility in recruitment processes • Job related information provided in accessible format • employees accessibility needs are considered for employment opportunities	Review current policies and processes. • Revise policies to meet requirements • Inform/education for managers and supervisors	December 2013	Ongoing	January 1, 2014

PART IV – TRANSPORTATION STANDARD				
Public Sector Organizations Designated public sector organizations (including hospitals) that are not primarily in the business of transportation, but that provide transportation services, shall provide accessible vehicles or equivalent services upon request.	BGH does not provide transportation, however when we arrange to transport patients either between sites or to other facility we ensure that the arranged transportation services meets patient's needs.	January 2012	Ongoing	July 1, 2011

5.0 Communication of Plan

The Brockville General Hospital Multi-Year Accessibility Plan will be posted to both the BGH internal and external web sites. In addition, hard copies and alternate formats of the Plan will be available upon request (Appendix A).

BGH will also develop a comprehensive communication plan to announce and promote the plan across the organization and engage its staff, physicians and volunteers in establishing a barrier-free work environment by providing them with the training and resources to serve persons with disabilities as well as a process to identify and voice concerns regarding any barriers to the BGH Accessibility Committee.

The Multi-year Accessibility Plan is a working document which will continue to be updated based on current best practices and feedback as BGH responds to new information and as the organization grows and expands.

If you have any questions or concerns, or if you identify a barrier --physical, technical, communication, attitudinal or other, please contact: Rene Melchers – Chair Accessibility Committee 613-345-5649 X2360 or email melre@bgh-on.ca.

6.0 THE ACCESSIBILITY TASK GROUP

6.1 Terms of Reference

BROCKVILLE GENERAL HOSPITAL	I-110

Accessibility Committee

TERMS OF REFERENCE
Created On: May 2007
Revised On: December 16, 2009

Mandate:

The purpose of the Accessibility Committee of the Brockville General Hospital is to support the organization in the achievement and maintenance of Accessibility Standards to ensure ongoing compliance with the Accessibility for Ontario with Disabilities Act (AODA).

The **Accessibility Committee** will:

- Review and list by-laws, policies, programs, practices, and services that cause or may cause barriers to people with disabilities.
- Determine an 'inventory' of barriers and develop a method for prioritizing barriers that need to be removed or minimized.
- Submit requests to the annual Capital Budget process, if capital funds are required.
- Act as a resource to organizational Managers, staff as well as external stakeholders e.g. Planners and architects planning construction and renovations.

Principal Functions:

- Identify accessibility barriers and ways to remove or minimize them.
- Educate staff about barriers to persons with disabilities.
- Involve persons with disabilities in identifying and minimizing barriers.
- To make timely recommendations to the Senior Leadership Team in accordance with the Mandatory Accessibility Standards from the Government of Ontario.

Responsibilities:

- To identify and remove barriers to persons with disabilities, both with regard to access to/within BGH buildings, and to employment in BGH.

- To encourage and monitor progress towards compliance for the Accessibility Standards for Customer Service.

Reporting Relationship:

The Accessibility Committee reports to the Senior Leadership Team.

Membership of the Accessibility Committee:

The Accessibility Committee shall consist of representatives across the organization and may include respective community groups within the Hospital's catchment area.

Membership shall include, but not be limited to, representatives at the employee or Managerial level from the following departments:

- Information Technology
- Facilities Services
- Organizational Development
- Rehabilitation Services
- Central Registration/Admitting
- Infant and Child Development
- Public Relations
- Human Resources
- Patient Care
- Volunteer Services
- Senior Leadership Team liaison

In addition representatives shall be identified as consultants from community organizations within the following designated categories:

- Deaf, Oral Deaf, deafened and hard of hearing
- Deaf/blind
- Intellectual or developmental Disabilities
- Learning Disabilities
- Mental health Disabilities
- Speech or Language Impairments
- Physical or disabilities affecting mobility
- Vision Loss

In the event that the Accessibility Committee determines its membership or terms of reference not to be appropriate, it shall have the power to recommend to Senior Leadership amendments to these and the Terms of Reference.

The Accessibility Committee may establish sub-committees to investigate and address specific issues and to report thereon to the Accessibility Committee.

Quorum:

A majority 50% of all members shall constitute a quorum for the meetings of the Accessibility Committee.

Process:

The Accessibility Committee shall meet quarterly or at the call of the Chair. An agenda for each meeting shall be sent prior to the meeting. Members of the Group will be encouraged to contribute to the agenda.

7.0 BARRIER IDENTIFICATION METHODOLOGIES

7.1 How Barriers Were Identified

Barriers were identified in several ways:

- The Accessibility Committee reviewed previously identified barriers and determined whether each one had already been fixed or if further work was needed.

- In 2007/08, a questionnaire was drafted and distributed by mass email to all staff and physicians who have access to the BGH intranet. Paper copies were posted at the Main Entrance and in the Cafeteria so that those who didn't have email could also participate. Paper copies of the questionnaire were also placed at the information desk, the main entrance, the Gift Shop and Eleanor's Café and at Garden Street in order to ensure that the public could participate. Volunteers were also asked to complete the survey. Completed questionnaires were compiled into a list that identified each barrier, categorizing each barrier as:

  a. Architectural and physical

  b. Information and communication

  c. Attitudes and perceptions

  d. Technology

  e. Systemic

Each barrier reported or identified was reviewed by the Accessibility Committee.

- An Inventory of Barriers was created from the list (see Inventory of Barriers, Appendix B).

- Common themes or areas of concern were identified.

- Responsibility for removing/minimizing common barriers was assigned to members of the Accessibility Committee or other hospital staff that have the authority to resolve them.

- New standards for accessibility have been published by the Ministry of Community and Social Services and have become Regulations under the Act. The Accessibility Committee will ensure compliance to them and will use them to help identify any additional barriers.

7.2   Barriers to be removed/minimized:

Four teams made up of members of the Accessibility Committee were created around four common "themes" or areas of concern that were identified:

1.   INFORMATION & TECHNOLOGY – barriers regarding information, communication, or technology.

2.   INFRASTRUCTURE – physical barriers found in the building or on the property.

3.   AWARENESS & EDUCATION – the education needed to bring an awareness of barriers to the staff and volunteers.

4.   SYSTEMS, PROCEDURES, & POLICIES - the way things are done in the hospital.

Barriers Removed or Minimized to date

Each Team was assigned a category of barriers to be addressed over the succeeding twelve month period:

No.	Barrier to be Addressed	Actions Taken
1	**Information & Technology Team**	
1.1	Newly redesigned BGH website will meet the W3C (World Wide Web) standards and ensure ready access to the website by Persons with Disabilities who use "reading software" to read information on the Internet	A new (accessible) BGH website has been completed that meets the W3 standards for website accessibility. This would ensure accessibility to those users who employ "screen readers" to translate written words into audible language. **DONE**
1.2	Need for Communication Devices (e.g. telephones, TTY, Pocket Talker) will be reviewed throughout BGH.	All hearing and visually impaired devices (i.e. TTY, Pocket Talker and Talking Phone) locations were identified within the facility; stored in one secure area with sign-out sheets; operating instructions added to SharePoint (Internal website) for access 24/7 for all staff. Two TTY payphones have been added (one in the ER waiting room and one in Central Registration waiting area) to improve access for the deaf and hard-of-hearing. Garden Street has their own hearing devices available. **DONE**
1.3	Standard for pint-type (font and size will be passed to the Forms Committee, to consider revamping all forms we ask the Public to fill out.	Standard font type and size (Arial 12 pitch) to be used in all publications available to the public. **DONE**
2	**Infrastructure Team**	
2.1	Doors have been identified throughout BGH	Motion sensor doors have been installed between Eleanor's Café

		needing either automatic openers or hold-open devices, i.e. doors between Eleanor's Café and Medical Records/Cafeteria area.	and Health Records. Push button door openers have been installed on washroom doors in the lobby area. Doors at GSS from parking lot have been fitted with push button access. The McDougall building is now accessible. **DONE**
	2.2	Renovations will be examined and costs estimated for one "booth" at CSS Registration and at Patient Information to be renovated so access by people using wheelchairs is easier.	A Capital Request for renovating the desk at Central Registration was included with all other Capital Requests for capital funding. **NO PROGRESS TO DATE.**
	2.3	Recommendations will be passed to the Coordinator of Volunteers to address and resolve: • Wheelchair availability hospital wide. CSS Volunteers who transfer patients/public by wheelchair know how to do it safety; and • Look at modifying the counters in the Gift Shops (at both sites) and at Eleanor's Café (CSS so wheelchairs can get close enough to use them more easily.	Volunteer Association bought new wheelchairs that are dedicated for use by those volunteers who escort or assist persons with ambulatory limitations, from Central Registration to the point of their care or treatment in BGH. Volunteers will provide recommendations that will aid accessibility in the Gift Shop and Eleanor's Café. **ONGOING**
3	**Awareness and Education Team**		
	3.1	Plan education events for staff, volunteers and medical staff on topics related to accessibility based on the problem areas identified in BGH.	Training was made available via intranet, binder and presentation format. Additional training on how to communicate with persons with various types of disabilities was being offered in monthly in-services throughout the year.

			As of March 31, 2010 all staff have received mandatory training on Accessibility and new hires will receive this training as part of their orientation. **DONE**
	3.2	When other groups' projects are happening, they will identify the education needs that each project has (e.g. instructing staff on how to use hearing assistive devices when they are installed.	The operating instructions for the assistive devices for the deaf and hard-of hearing are located with the assistive devices, and this information relayed throughout BGH so all staff know where to access the devices and where to find the instructions on how to operate them. As other projects are undertaken the Awareness & Education Team will identify the education needs of staff and arrange to provide in-service education to fulfil that need. **DONE**
4	**Systems, Policies and Procedures Team**		
	4.1	Include the Accessibility Task Group in planning and reviewing the plans for proposed new construction or major renovation.	A presentation has been provided which introduced the Master Plan for future BGH development and described processes that must progress before planning can proceed into detailed design. The Accessibility Task Force will have the ability to advise and influence the plans. The latest version of the Accessibility Plan is available to Architects for information regarding design of the new building in order to avoid/remove/reduce the kinds of barriers now faced by persons with disabilities. **DONE**
	4.2	Develop a "Barrier Free" policy for BGH	The policy "Providing Goods and Services to People with

			Disabilities" was approved and signed on October 30, 2009. **DONE**
	4.3	Organizational/Department Policies and Procedures for affecting Services to People with Disabilities.	A review of all hospital policies, practices and procedures to ensure a reasonable effort has been made so they are consistent with the principles laid out in the customer service standard (dignity, independence integration and equality of opportunity). **DONE**
	4.4	Policy and procedure for Service Animals	The policy "Animals in the Hospital Environment" was approved and signed in February 2010. **DONE**
	4.5	Policy on Assistive Devices and Support Persons	The policy "Assistive Devices" was approved and signed in February 2010. **DONE**
	4.6	Giving notice of disruptions in service.	To review existing policies and draft a new policy if none exists. **DONE**
	4.7	Establish a feedback process. Incorporate accessibility questions on customer surveys and make information about feedback (survey & complaints) readily available for public access and in alternate formats where reasonable, i.e. by telephone, email, in writing, online, on disk or any other method (see attached sample B)	The two questions from Sample B have been included on the Patient feedback form. **DONE**
	4.8	Develop and train all staff on Accessibility.	The policy "Accessibility Training" was approved and signed in February 2010. **DONE**

	4.9	Develop and keep current an Accessibility Plan and other relevant documentation.	The Accessibility Task Group reviews the Accessibility Plan on an annual basis. The Senior Leadership Team then reviews and signs the Accessibility Plan on an annual basis. The plan is available on external and internal internet sites. **ONGOING**

8.0 REVIEW AND MONITORING PROCESS

The establishment of a review, monitoring and evaluation process is an important part of accessibility planning and compliance.

The Accessibility Committee with Senior Leadership, will assume responsibility for the monitoring and evaluation of the current plan and the development of future annual plans.

The Accessibility Committee will:

- Evaluate the previous year's results against identified targets.

- Ensure the inventory of new barriers is up dated and prioritized.

- Ensure the plan is endorsed by the Senior Leadership Team.

SAMPLE A

Notification of Disruptions in Service

Dear Visitors,

Our accessible washroom is out of service due to a broken pipe. A repair person will be on the premises tomorrow to fix it. In the interim, we have made arrangements for our guests to use the accessible washroom at _____, which is located _____. We apologize for any inconvenience.

Thank you.

Executive Administration

Sample B: Documents for Obtaining Feedback

Customer Feedback Form

Thank you for visiting **Brockville General Hospital**. We value all of our customers and strive to meet everyone's needs.

Please tell us the date and time of your visit:

Did we respond to your customer service needs today? ❏ YES   ❏ NO

Was our customer service provided to you in an accessible manner?
❏ YES   ❏ SOMEWHAT   ❏ NO (please explain below)

Did you have any problems accessing our goods and services?
❏ YES (please explain below)   ❏ SOMEWHAT (please explain below)   ❏ NO

Please add any other comments you may have:

Contact information (optional)*:

Thank you.

Management

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*Please note: There may be privacy implications for organizations collecting personal information. Providers should seek their own legal advice regarding the privacy implications of collecting personal information in this manner.

APPENDIX A: ALTERNATE FORMATS

The accessibility plan document can be made available upon request in the following formats:

Large print
Audiocassette
Braille
CD-ROM
E-mail
DVD
Electronic text on diskette

Appendix B: All Barriers Identified from Survey of 2007/2008

Inventory of Barriers			
	Type of Barrier	**Description (as identified on Questionnaire)**	**How can it be fixed?**
1	Architectural	CSS - Washrooms on patient care areas are too small and most are not accessible by wheelchair, or walker.	Due to significant cost, this kind of barrier can only afford to be removed when new construction or major renovation occurs. A listing of all barriers to the architects of the planned new construction.
2	Attitudinal	CSS & GSS - Staff may not be fully informed of non-physical disabilities and how to prevent or remove barriers. On-going need for education.	Training/educational needs will be determined
3	Attitudinal	CSS - Patients with mental health problems may act inappropriately in waiting rooms - should provide them a separate room so they can maintain their dignity.	Group disagreed: rather than segregating persons with mental health issues, the public should be educated to understand and accept their challenges.
4	Communication	CSS & GSS - Telephone not equipped with devices for the deaf.	This was addressed and two TTY payphones were installed
5	Communication	CSS - Public not familiar with 'vague term' used to describe a hospital department.	Signage issue; use of commonly understood terms, and icons, will help people to understand the signs.

6	Communication	CSS & GSS - Overhead pages hard to hear especially with air conditioners on.	Fire alarms in new building have visual indicator when alarming - this will be included as a requirement in new construction.
7	Communication	CSS - No hearing-impaired device on telephone at information desk.	Bell Relay can be used for incoming calls to BGH. The TTY and other devices are kept at Switchboard for access anywhere in BGH 24/7.
8	Communication	CSS - Need an information board at Main Entrance to tell people to where to go for a test, to visit a doctor, visit a patient and where to get info on patient's rooms, where pay bills, etc.	The Directory needs a major overhaul to make it more useful for persons with visual impairments; e.g. colour contrast, letter size, use of commonly understood icons.
9	Communication	CSS - No Braille markings on doors, etc.	Elevator doors and controls have Braille.
10	Communication	CSS & GSS - Print too small on forms we ask people to fill out.	Standard size of type has been chosen for BGH that will be included in all publications available to the public.
11	Communication	CSS - Signs cannot be clearly understood.	Signage issue; use of commonly understood terms, and universal symbols, will help understanding of signs. Part of potential regional signage project.
12	Communication & Information	CSS & GSS - Fire alarms cannot be detected by persons that are hard-of-hearing or deaf.	Visual signaling devices for fire alarms (strobe light) are in place in new wing (2004); remainder of building will be addressed with redevelopment.

13	Communication & Information	CSS & GSS - Many forms, records and brochures are available in print only.	New website being designed will facilitate 'reading' by screen reading software systems, which will go some way to resolving this issue. It will comply with W3 standards.
14	Information	CSS - Signage for persons coming to OBS, outpatient lab, physician's offices not clear.	Signage issue; use of commonly understood terms, and universal symbols, will help understanding of signs. Part of potential regional signage project.
15	Information	CSS - Not everyone is literate - use colour dots or stripes on walls to direct patients.	Including three 'aspects' to each sign - name, icon, and colour - will be something included for new signage in new construction.
16	Physical	CSS & GSS - Need to use universal symbols.	Committed to ongoing use of universal symbols; investigating possibility of 'standardizing' signage format across LHIN.
17	Physical	CSS - Stairwells and corridors have only one handrail; many corridors in patient care areas are very congested.	Only one handrail may be available as opposite side of corridor is used to temporarily hold patient care equipment (e.g. isolation carts). This may have to wait for new construction to be fixed.
18	Physical	CSS - Some patient rooms on 1 East are very small and therefore difficult for patients in wheelchairs or walkers.	Have reduced Ward Rooms on 1 East from 4 patients to 3 patients, thereby increasing the amount of space available for each patient. Permanent "fix" can only occur through new construction.
19	Physical	CSS - Wheelchairs are not always available in appropriate areas and footrests are missing.	

20	Physical	CSS - Doors in designated 'barrier-free' washroom in new wing too heavy.	This will be checked and openers added.
21	Physical	CSS - Patients in wheelchairs must approach Registration Desk sideways since no foot/leg room exists.	Examining feasibility of renovating one 'booth' to allow easier access for persons in wheelchairs, and would help with confidentiality and individuals who may be hard of hearing.
22	Physical	CSS - Doors into Lab should have automatic door openers.	Investigate possibility of installing door openers.
23	Physical	CSS - Window in business Office problem: people have to bend down to speak through small opening, not wheelchair accessible. Difficult to discuss confidential info without being overheard.	Questioned whether this was correct, as there was some indication that it may already be wheelchair accessible; will be examined.
24	Physical	GSS - public washrooms on 1st Floor and Basement not wheelchair accessible. Boardroom not wheelchair accessible.	Possibility of combining two washrooms into a single accessible washroom. Prohibitively expensive to make Boardroom accessible; will be addressed when CCC, Rehab and Palliative Care moves to Charles Street site.
25	Physical	CSS - Main entrance, walkway very unsafe, uneven walking areas wall in front of doors confusing to patients with sight problems, no room for wheelchair to unload, traffic busy.	Design of Front Entrance recognized as a problem - new construction planned that will eliminate these problems and which will hopefully include the consideration of accessibility for Persons With Disabilities.
26	Physical	CSS - Doors on Washroom Rooms heavy to open for	Determine whether door openers can be installed.

		handicapped.	
27	Physical	GSS- door to Residence too narrow to accommodate a large person in a wider wheelchair.	Residence is not wheelchair accessible and cost-prohibitive to try to make it so; relocation to Charles Street with new construction will fix.
28	Physical	CSS - pay phone too high for persons in wheelchairs.	Height of telephones was checked at Charles; only one found to be too high (2nd Floor) - will be addressed.
29	Physical	CSS & GSS - Gift Shop is too small for a wheelchair, and counter too high.	Ability to modify countertop will be investigated. (Volunteers wiling to examine need for modification).
30	Physical	CSS - Cafeteria (Eleanor's) counter too high for wheelchair.	Ability to modify countertop will be investigated. (Volunteers wiling to examine need for modification).
31	Physical	CSS - Volunteers wheel people in wheelchairs too quickly, especially if they have inner ear problems.	Bring to attention of Coordinator of Volunteers so she can make them aware of this problem.
32	Physical	CSS - Big inconvenience to not letting general public have access to Emergency internally, especially in winter or if handicapped physically, emotionally, or with small children.	Staff helps people through if they inadvertently enter the Main Entrance instead of ER Entrance, however, Security issues require that the ER be "locked down" after hours for the safety of staff. A security Audit has been completed and recommendations were made. to address this concern.
33	Physical	CSS - Parking space not wide enough to use a wheelchair.	Handicapped parking spaces meet standard for handicapped parking space dimensions.

34	Physical	GSS - Entrance to PC offices on 3rd floor GSS narrow, heavy door, and grease drips from the hinge routinely!	Investigate whether door opener can be installed; plans are in process for PC Offices to relocate out of Residence which would resolve this issue.
35	Physical	CSS - A better escort system for wheelchairs (with footrests) is needed.	Contract is being negotiated to provide Preventative Maintenance checks on wheelchairs (cleaning, and maintaining). (Contract signed in June 2008).
36	Physical	CSS - Need someone to help those requiring assistance (another person or wheelchair) at Info desk.	Bring this need to Coordinator or Volunteers - either a second person or a way of quickly getting a second person.
37	Physical	CSS - Ticket desk at Info too high for people in wheelchair.	Look at modifying at same time as modify Registration Desk.
38	Physical	CSS - Often no wheelchairs at Front Desk when people have difficulty walking.	Bring this need to Coordinator of Volunteers to see if Volunteers can find a solution. (Volunteers have bought several wheelchairs for the exclusive use of their Volunteers at the Front Entrance).
39	Physical	CSS - Counters too high for short people or those in wheelchairs (location not identified).	Counters identified at Registration, Information, Gift Shop, Business Office, and Eleanor's already identified as too high. (Volunteers wiling to examine need for modification).
40	Physical	CSS (MacDougal) - No door opener on 'middle back door' at 70 Charles Street, nor internal doors.	Install door opener on both exterior and interior doors.
41	Physical	CSS (MacDougal) - Bathroom at 70 Charles Street not wheelchair accessible.	This will be checked.
42	Physical	CSS - Change rooms in x-ray not wheelchair accessible.	Another room is used if someone in a wheelchair needs access.

43	Physical	CSS - Entrance to blood lab station has a double turn.	Reported that wheelchair can access the phlebotomy area but it is tight.
44	Physical	CSS - Handicapped parking should be beside the Main doors people with disabilities do drive); parking at Emergency should be free so they wouldn't have to keep feeding the meter.	Handicapped parking is about as close to Main Entrance as it can be; Group disagrees that persons using handicapped parking spaces shouldn't have to pay for parking like everyone else.
45	Physical	CSS - Lower level is hard to a person with disabilities.	This may mean the lower 'parking lot' near ER, may present a barrier to someone in a wheelchair. Handicapped parking spaces are available.
46	Physical	CSS - Double doors between new and old section of BGH - wheelchair button not accessible; should have a sensor to automatically open doors.	Button is at a height that a person in a wheelchair can access however, suggestion of an automatic opener will be investigated, during working/visiting hours.
47	Physical/ Communication	Poor lighting for people with poor vision (location not identified).	Committee to be mindful and try to identify areas where lighting may be a problem.
48	Systemic	CSS - no process exists for reviewing current policies regarding barriers, or for incorporating the review into new policy development.	Develop a "barrier-free" policy. (Assigned to the Systems, Procedures and Policies subgroup to address all existing policies with accessibility in mind).
49	Technological	CSS - Is website accessible to persons who are blind or visually impaired and use screen-reading software?	Redesign of website will incorporate W3C (World Wide Web) standards for web accessibility.

Appendix C: 2013-14 ACCESSIBILITY COMMITTEE MEMBERSHIP

	Representing:	Person:	Contact Information:
1	Representing persons who use wheelchairs or crutches.	Bev Sloan	slobe@bgh-on.ca ext 1171
2	Representing persons who are hard-of-hearing or deaf.	Anna Strati-Morrison	Regional Program Manager, Belleville, Kingston, Brockville The Canadian Hearing Society 470 Dundas Street East, Unit 51 Belleville, ON K8N 1G1 1.877.872.0586 **Toll-free TTY** AStratimorrison@chs.ca
4	Facilities	Todd Schonewille	schto@bgh-on.ca ext 1726
5	Organizational Development	Jessica Gerritsen	gerje@bgh-on.ca ext 1104
6	Information Management (Chair)	Rene Melchers	melre@bgh-on.ca ext 2360
7	Rehabilitation Services	Mary Kellam,	kelma@bgh-on.ca ext 1282
8	Garden Street Site	Sherri Anderson	andsh@bgh-on.ca
9	Human Resources	Darlene Gordon	gorda@bgh-on.ca
10	Public Relations	Maggie Wheeler	whema@bgh-on.ca *Ext. 1504*
11	UCFHT	Jane Banbury-Shakar	banja@bgh-on.ca
12	Mental Health - ACTT	Sandra Lyon	slobe@bgjh-on.ca
13	Senior Leadership	Steve Read CFO	reast@bgh-on.ca 1042