



Accessibility

LENNOX & ADDINTON COUNTY GENERAL HOSPITAL ACCESSIBILITY PLAN



September 2010-2011

Prepared By: The Lennox & Addington County General Hospital
Accessibility Working Group

TABLE OF CONTENTS



Overview	1
Accessibility Working Group	2
Goals	2
Objectives	2
Hospital and Community Profile.....	3
Hospital Commitment to Accessibility Planning	4
Barrier Identification Methodology	5
Accomplishments - Past Initiatives	6
Barriers Identification	10
Review and Monitoring Process	12
Annual Review	14
Communication Plan	14
Accessibility Standards	13
Accessibility Policies	13
Contact Information	14

OVERVIEW

The purpose of the Ontarians with Disabilities Act, (ODA) is to improve opportunities for people with disabilities and to engage their involvement in the identification, removal and prevention of barriers, enhancing their full participation in all aspects of life. To accomplish this goal, the ODA requires each hospital to develop and maintain an annual accessibility plan and to make the plan public. The participation of individuals with disabilities is essential in achieving this goal.

The Lennox & Addington County General Hospital (LACGH) first annual plan was prepared by the Accessibility Working Group in September 2003 and is reviewed and revised annually. The plan describes the measures that LACGH has taken in the past and the path the hospital will take during the current and future years to identify remove and prevent barriers to all individuals with disabilities. The Accessibility Working Group completed the 2010/2011 annual review of the plan on September 30, 2010.

In the initial assessment of the hospital in 2003, the Accessibility Working Group identified a number of barriers to people with disabilities. The most significant findings included inaccessible washrooms, doors and entranceways, sidewalks/drop off zones, communication barriers and identification of patients with disabilities to care givers. The recent Hospital Redevelopment project has provided us with the ideal opportunity to remove most of the barriers that have been identified in the plan. Over the next year, the Accessibility Working Group will focus on five barriers identified and earmarked for removal.



THE ACCESSIBILITY WORKING GROUP

The Lennox & Addington County General Hospital formally constituted the Accessibility Working Group (AWG) in June 2003.

Patti Scott maintains the role of Coordinator of the Accessibility Working Group.

Members	Position	Contact
Patti Scott	Administrative Assistant	613-354-3301 ext. 416 psscott@lacgh.napanee.on.ca
Mr. W. Coveyduck	Executive Director	613-354-3301 ext. 201 wcoveyduck@lacgh.napanee.on.ca
Ray Trowhill	Director, Support Services/Project Manager	613-354-3301 ext. 203
Larry Storey	Maintenance	613-354-3301 ext. 273
Sandra Burtch	Community Member	
Brian Shenton	Community Member	
Ed Peters	Community Member	

GOAL

The Lennox & Addington County General Hospital is committed to improving the quality of life for all persons with disabilities by promoting equal opportunity in all aspects of life. The hospital is committed to the continual improvement of access to the facility, policies, programs, and services.

The LACGH Accessibility Working group is dedicated to strengthening the process of identifying, removing and preventing barriers to all individuals who work in, visit or utilize services provided by the hospital. The focus is on patients and family members, hospital staff, health care professionals, volunteers and members of the community and visitors to the area with disabilities.

OBJECTIVES

- To describe the process by which the Lennox & Addington County General Hospital identifies barriers to people with disabilities;
- To continually identify barriers and develop strategies for removal;
- To review, develop and implement new policies, programs, practices and services related to accessibility.
- To reviews past efforts taken to remove and prevent barriers;
- To describe the measures Lennox & Addington County General Hospital will take in the coming year to remove and prevent barriers.
- To develop an annual accessibility plan and post public on the hospital website;
- To monitor the status of the plan and ensure follow up is carried out;
- To describes resources LACGH will use to make this plan available to the public;
- To promote community awareness of the accessibility and safety issues as they relate to individuals with disabilities.



HOSPITAL AND COMMUNITY PROFILE

The L&A County General Hospital opened in 1966. The Hospital is owned by the Lennox & Addington County General Hospital Association, a not for profit corporation chartered in 1959. The responsibility for operating the facility rests with a volunteer Board of Governors elected from the community as provided for in the Bylaws.



Mission

“To be a progressive hospital meeting the needs of our local communities, and then some.”

Role

The Lennox & Addington County General Hospital (LACGH) functions as a community health care centre that provides a range of primary and selected secondary health care services (general surgery and general medicine). The hospital provides these services and others on an in-patient, out-patient and emergency basis to residents of Lennox and Addington County, Deseronto, and Tyendinaga Township, northern townships of Frontenac County and visitors to the area.

In-patient services provide diagnosis and treatment for patients who require intensive nursing and specialized services. Ambulatory Care and Out-patient Services are provided as appropriate to ensure that patients receive the best possible care while living in the community. Emergency services are available 24 hours each day and provide rapid assessment and basic stabilization of patients with life, limb function-threatening conditions.

The Hospital has established and maintains strong linkages with other health care and social service providers in Lennox and Addington and a wider area. The Hospital is committed to an ongoing relationship with specialized service providers affiliated with Queen’s Health Sciences Centre and other health and social service providers in Frontenac and Hasting/Prince Edward Counties. These linkages ensure that our patients have access to a continuum of health care and social services on an appropriate and timely bases.

The hospital is also committed to its role in teaching programs for health care professionals, Queens University Faculty of Health Sciences and Community Colleges in the area, which offer educational programs with students assigned to the LACGH for the purpose of acquiring experience in the community hospital setting.

The hospital serves approximately 30,000 people in the surrounding communities and employs 200 employees.

HOSPITAL COMMITMENT TO ACCESSIBILITY

ACCESSIBILITY POLICY



Approved by: Chief Executive Officer **Effective Date:** December 23, 2010 **No.** AO-48
Issued by: Accessibility Working Group **Replacing:** 24/09/03
Department(s): All

POLICY:

Lennox and Addington County General Hospital is committed to providing equal access to services for people with disabilities. We will continually strive to improve access to the facility, policies, programs and services for all individuals.

It is the policy of the Hospital to engage participation of individuals with disabilities in the development and review of its annual Accessibility Plan.

The Hospital will encourage staff and public participation in identifying barriers and making recommendations to remove them (See Policy CPR - 9 - Identification and Reporting Accessibility Barriers).

It is the intent that Hospital by-laws and policies are consistent with the principles of accessibility in accordance to the Ontarians with Disabilities Act, 2001 (ODA). The hospital will develop and implement programs that meet the requirements of accessibility standards established by regulation.

The Hospital will maintain an Accessibility Working Group (AWG) to initiate, implement and maintain an annual Accessibility Plan which meets the objectives of this policy.

PURPOSE:

To improve the quality of life for all persons with disabilities by promoting equal opportunity in all aspects of life.

RESPONSIBILITY:

It is the responsibility of the Executive Director to ensure that the hospital makes every effort to meet the target(s) of the Accessibility Plan.

REFERENCES:

Ontarians with Disabilities Act, 2001

BARRIER-IDENTIFICATION METHODOLOGIES

The Accessibility Working Group uses the following methodologies to identify barriers:

1. **Community Involvement:** Two community members with disabilities are active members of the LACGH Accessibility Working Group. The group meets with the community members annually to review the plan and develop strategies for barrier removal.
2. **Review Background Information:** By using the background material provided in the Ontarians with Disabilities Act and the Accessibility Standards by the OHA, the Accessibility Working Group has incorporated relevant recommendations into the hospital accessibility plan.
3. **Review of Complaints and Incident Reports:** The committee will review complaints and incident reports related to accessibility issues and use the information to identify accessibility barriers to be addressed in the annual plan. There have been no accessibility related incidents reported.
4. **Canvassing Hospital Committees:** Two AWG members sit on the Clinical teams and encourages accessibility consideration as opportunities arise.
5. **Staff Participation/Education:** Communiqués are relayed through the newsletter, hospital intranet, general orientation program and memos encouraging staff to consider barriers routinely in all aspects of worklife and report any barriers and recommendations to the AWG. Educational Material for new staff General Orientation Day has been adapted to include the Hospital Accessibility Plan, staff responsibilities and the process to report barriers as identified.
6. **Barrier Reporting:** A process has been established for reporting and addressing accessibility issues. (See hospital policy CPR-9) The process is included in the patient information handbook provided in patient rooms and outpatient areas, posted on the hospital website and the hospital newsletter. The hospital will continue to communicate to the public and staff as the opportunity arises.
7. **NCR Picker Survey:** The hospital participates in the NCR Picker Patient Survey alternating between ER and Inpatient units annually. At the next available opportunity, a question will be designed to give patients the opportunity to report any barriers to be included in survey.
8. **Local Newspaper.** Communicate Accessibility issues to the public using the local newspaper as a tool.



ACCOMPLISHMENTS



Past Initiatives

During the last several years, there have been a number of initiatives at the Lennox & Addington County General Hospital to identify, remove and prevent barriers to people with disabilities.

1. Elevators:

Braille signs have been placed outside of each elevator and signage has been installed directing traffic to elevators.



2. Hazard Recognition:

The hospital has implemented a Hazard Recognition and Reporting Policy and Procedure (See # 4-70, Health and Safety Manual). This program identifies hazards which may impair accessibility such as cluttered pathways, and monitors visitor incidents. All staff members have been educated and are aware of their responsibility to report and prevent workplace hazards such as impaired pathways etc. Incidents are reviewed by the Joint Occupational Health and Safety Committee monthly.

3. Work Accommodation:

The Hospital has implemented a Return to Work Program, which addresses accommodation for permanently impaired employees. Also an Employee Assistant Program has been made available to any employees who require counseling or assistance with mental or physical disabilities.

4. Language Interpreters Policy:

The hospital has introduced a language interpreter policy (See # CPR-2, Policy and Procedure Manual) for people who do not speak English and require an interpreter. A sign language interpreter for the hearing impaired can be arranged as needed through the Canadian Hearing Society.



5. Door Knobs.

Door knobs that are difficult to open have been equipped with grippers and any knobs which require replacement have been replaced with lever handles. It is the intention to replace all door knobs with lever knobs during the final restructuring phase in 2011.

6. Redevelopment:

The hospital has undergone substantial redevelopment to the facility. Consideration has been given to accessibility barriers when designing for hospital redevelopment.

Washrooms: All public and most staff washrooms have been restructured during hospital redevelopment to meet accessibility standards.

Interior Doorways: All central entrances and interior public traffic doorways have been replaced with wider automatic door systems, either motion censored or push button.

7. Electric Beds:
All patient beds have been replaced with electric beds. A Bariatric Bed has been purchased for patients over 500 lbs. and arrangements have been made to rent an additional bed if needed.
8. Waiting Area:
New seats have been installed in waiting areas which include sections with armrests for easier access.
9. Patient Flow:
The ER department has been redesigned to improve patient flow and decrease wait time.
10. Policies and Procedures:
The Hospital Management team has been approached to ensure that consideration is given to employees, patients and visitors with disabilities when developing and revising hospital policies and procedures.
The hospital "Respect and Dignity" policy has been revised to include sensitivity to people with disabilities.
New policies have been developed and several policies have been updated to reflect requirements of the Accessibility act and standards. Continued efforts will be made as new standards are implemented.
Education related to new policies are provided through the hospital newsletter, website and new staff orientation.
Management will continually strive to incorporate accessibility issues into routine hospital procedures and policies.
11. Patient Information:
A patient handbook has been developed to inform patients on what to expect during their stay and what to do if they experience difficulty with care, accessibility etc.
12. Staff Awareness:
The initial nursing assessment in all patient areas is designed to identify disabilities of patients such as hearing/vision impairment and tools have been modified to include disability identifiers.
An individual patient bed side tool has been adapted for patients at risk for falls, which identifies patient care issues including disabilities.
13. Staff Education:
2008 – The General Orientation day material has been modified to promote Accessibility awareness and responsibilities to remove and report barriers to new employees .
14. Disabled Parking Spaces: Standard signs have been posted at disabled parking spaces notifying the public of penalty for unauthorized parking in disabled spot. Permission has been given to Napanee by-law enforcement officer to come on Hospital property and ticket unauthorized vehicles.
A new drop off loading zone is located at the new front entrance which is designed to meet everyone's needs.

ACCESSIBILITY PLAN

2010/11

Additional disabled parking spaces have been added close to the Emergency entrance and 2 spaces behind the hospital for a total of 12 disability spaces.

15. Patient Phones: New phones have been purchased for patients rooms and have large number pads. New public phone cubical have been installed post construction that are wheelchair accessible and have TTY features and one portable TTY unit has been purchased by the hospital for use by patients and families as needed. Large print phone books are used in patient rooms
16. Outpatient Clinics: The hospital has implemented new outpatient clinics such as Ophthalmology and Respiriology, enabling clients to access services locally eliminating long distance travelling to Tertiary centers. The hospital along with the LHIN will be considering more outpatient clinics in future functional plans.
17. Telemedicine Clinical Consultations: Ontario Telemedicine Network (OTN) gives patients access to on site videoconference clinical consultations and assessments, which would otherwise require long distance travel. This includes: Rehab, Dermatology, Stroke, Transplant, Respiriology, Anesthesia, Chronic Pain clinics etc. The Telehealth Clinical Coordinator is present during consultation for assistance to persons with disabilities if required. Further assistive measures such as sign language interpreter etc. is the responsibility of the consulting site or referring physician.
OTN has invited the clinical sites to complete a request form for a head phone attachment to be used by patients with hearing impairments.
18. Lobby Floor Surface:
New non slip surfaces and grates to catch moisture have been installed in the new front lobby areas and throughout the hospital where applicable.
19. Unit Nursing Stations:
New workstations have been installed in the new Complex Continuing Care ,Acute Care Units and Emergency Department designed with low window for wheelchair users.
20.  Televisions:
New TV's and equipment have been purchased by L&A Volunteer Services to support closed caption capabilities as well as teletext for the visually impaired. Volunteer services will program according to individual patients needs at time of installation.
21. Wheelchairs:
Additional wheelchairs have been purchased with leg rests that cannot be removed. Some wheelchairs are located at the entrance way for easy access.
22. Hand Sanitizer Dispensers:
All Hand Sanitizers are hands free and at wheelchair height.
23. Radiology Exam Tables:
New X-ray tables are adjustable to assist patients who are unable to assist themselves.



ACCESSIBILITY PLAN

2010/11

- 24. Handrails:
Extenders have been applied to handrails in new wing which were too close to the stone wall resulting in persons scraping hands on stone.
- 25. Information Desk:
Volunteer Services has located an information desk in the front lobby to direct people as they enter the hospital and provide assistance if required.
- 26. Hospital Emergency Evacuation Plan:
The hospital Emergency Preparedness Team has updated the evacuation plan to ensure assistance to disabled personnel and visitors.
- 27. Signage:
Standardized clear signage has been located throughout the hospital as part of the reconstruction project.



BARRIER IDENTIFICATION

The AWG has reviewed five barriers that are still in existence. Four will be addressed in the short term plan and one is ongoing.

Barriers are divided into six types:

PH-Physical

I- Informational or Communication-based

T - Technological

AR- Architectural

AT-Attitudinal

PP - Policies and practices

SHORT TERM PLAN

BARRIER	OBJECTIVE	TYPE	STRATEGY FOR REMOVAL	Resource	MRP	Target
1. Door Handles Many doors handles are difficult to open for wheelchair users or someone with limited strength.	To make doors more easily manageable to those who have difficulty.	PH	Replace all knobs with lever handles or push button. Expected to be completed as the lower level redevelopment project	Restructuring Budget	Maintenance	2011
2. Website The hospital website is now live, but does not have capabilities to support accessibility tools such as screen readers.	To improve accessibility to the Hospital Website for persons with disabilities.	T	Accessibility capabilities are not available to current website hosted by KGH. Manager of IT is researching designing and hosting our own site which will be accessible.	IT	IT	2011
3. Education/ Communication Barrier.	To establish an effective tool for communicating relevant information to all hospital employees.	I	Purchase and introduce Intranet program hospital wide.	Hospital Budget.	Admin Assistant	2010/2011

ACCESSIBILITY PLAN

2010/11

There has been one new barriers identified in 2010/2011.

NEW BARRIERS IDENTIFIED						
BARRIER	OBJECTIVE	TYPE	RECOMMENDATIONS	Resource	MRP	Target
4. Light switches in washrooms on second floor are not conveniently located near door and difficult for person with disability to hold door while reaching across room to turn on switch.	Provide convenient lighting in washrooms to eliminate the need to reach for switch.	AR	Install motion sensory lights in washrooms.	Maintenance Dept.	N. Manion R. Trowhill	2010/2011

ONGOING INITIATIVES						
BARRIER	OBJECTIVE	TYPE	RECOMMENDATIONS	Resource	MRP	Ongoing
1. Patient Information Patient handouts are in small print and difficult to read and not accessible persons who are blind.	To the extent possible provide patient information in alternative formats or provide patient with necessary resources to interpret information.	I	<p>Redevelop patient handouts to incorporate large print format. Audio format will be available upon request.</p> <p>Provide assistance to help people with visual impairments. Patient volunteers will be assigned the role of reading information to patients when required.</p>	<p>Inhouse typesetter</p> <p>Volunteer Services</p> <p>Healthcare Professionals</p>	Admin Assistant	Ongoing.

REVIEW AND MONITOR PROCESS

The Lennox & Addington County General Hospital is committed to following through with this plan. The Accessibility Working Group will meet as required to follow up on the progress of the plan and, if necessary, remind the responsible parties of their roles in implementing the plan.

The Accessibility Working Group will revise the plan annually by reviewing and updating the status of existing barriers and developing a plan for removal of any new barriers identified.

The Working Group will work in close proximity with the Hospital Management Team and the Occupational Health and Safety Committee to ensure that hospital accessibility is considered in all aspects of hospital management. The Hospital Management Team will incorporate the Accessibility Plan into the Hospital's Operating Plan whenever possible. When developing and reviewing hospital policies, consideration will be given to ensure accommodation to employees, patients, and visitors with disabilities.

ANNUAL REVIEW

On September 30, 2010, the Accessibility Working Group met to review the 2010/2011 Accessibility Plan and develop a strategy for barrier removal. The majority of the previous barriers identified for removal in 2009/2010 have been addressed with a small number of the remaining barriers targeted for removal. There was one new barrier identified which has been designated for removal in 2020/11.

COMMUNICATION OF THE PLAN

The hospital's accessibility plan will be updated annually or as necessary. A current copy is posted on the hospital communications bulletin board, and on the LACGH website and internal intranet.

The Hospital will make every attempt to make the plan available to those with disabilities upon request in a format that is acceptable for individual impairments. i.e. audio or large print format.

The Hospital will utilize the local newspaper, the hospital newsletter, the hospital website, patient information booklet and verbal communication as tools to communicate the plan's availability and to encourage reporting of accessibility concerns.

ACCESSIBILITY STANDARDS

OVERVIEW

Recognizing the history of discrimination against persons with disabilities in Ontario, the new standards will be developed, implemented and enforced by the Government of Ontario in order to achieve accessibility in respect to Customer Service, Transportation, Information and Communication, Built Environment and Employment.

CUSTOMER SERVICES STANDARD

The Customer Service Standard came into effect January 1, 2010 and is the first of the five standards to come. The purpose of this standard is to ensure that organizations provide its goods and services in a way that respects the dignity and independence of people with disabilities. Lennox and Addington Hospital will use reasonable effort to give people with disabilities the same opportunity to access our services and allow them to benefit from the same services, in the same place and in a similar way as other customers.

The hospital has completed all requirements of this standard.

ACCESSIBILITY RELATED POLICIES

Accessibility Policy - Hospital Policy AO-48

Hazard Recognition and Reporting Policy and Procedure - Health and Safety Policy 4-70

Respect and Dignity Policy - Hospital Policy

Identification and Reporting Accessibility Barriers - Hospital Policy CPR-9

Interpreter Service - Hospital Policy CPR-2

Accessibility Customer Services Standard Training Program - Hospital Policy CPR-96

Notice of Temporary Service Disruption - Hospital Policy CPR-95

Providing Services to People with Disabilities - Hospital Policy CPR-89

Pet Visitation and Service Animals - Hospital Policy CPR-18

Assistive Devices for People with Disabilities - Hospital Policy CPR-97

CONTACT INFORMATION

1. Accessibility concerns regarding the Lennox & Addington County General Hospital can be directed to:

L&A County General Hospital Accessibility Working Group

Patti Scott, Administrative Assistant - Committee Coordinator
Lennox & Addington County General Hospital
8 Richmond Park Drive,
Napanea, Ontario K7R 2Z4
613-354-3301 Ext. 416 613-354-7175 Fax
email: pscott@lacgh.napanea.on.ca

2. **INFOline Services for people with Disabilities**

ALRC
Active Living Resource Centre
for Ontarians with Disabilities

www.getactivenow.ca
Phone: 1-800-311-9565
email: info@getactivenow.ca

CNIB
Canadian Nation Institute for the Blind

www.cnib.ca
Phone: 1-800-563-2642
email: info@cnib.ca

CHS
The Canadian Hearing Society

www.chs.ca
Belleville
TTY: 613-966-7381
Voice: 613-966-8995
email: office@belleville.chs.ca

Kingston
TTY: 613-544-2765
Voice: 613-544-1927
email: office@kingston.chs.ca

This publication is available on the Lennox & Addington County General Hospital Website www.lacgh.napanea.on.ca.

Hardcopies can be obtained from: Patti Scott, Administrative Assistant 613-354-3301 ext. 416.

Copies can also be made available in large print or audio versions upon request.