



# **Accessibility Plan**

**January 2013 – December 2015**

## **Status Report**

**February 2014**

Submitted to St. Joseph's Accessibility Advisory Committee January 27, 2015

Submitted to St. Joseph's Senior Leadership Team on February 12, 2015

## Introduction

In fulfilling our mission and in alignment with our values of respect, compassion and excellence, St. Joseph's Health Care London (St. Joseph's) strives to provide accessible care in a manner that respects the dignity and independence of people with disabilities. St. Joseph's is also committed to ensuring that all patients have an equal opportunity to obtain, use, and benefit from our programs and services.

St. Joseph's is committed to continual improvement of facilities access, policies, programs, practices and services for patients and their family members, staff members, health care practitioners, volunteers and members of the community with disabilities; the participation of people with disabilities in the development and review of its accessibility plan; and the provision of quality services to patients and their family members and members of the community with disabilities.

In compliance with the Ontarians with Disabilities Act (ODA) and the Accessibility for Ontarians with Disabilities Act's (AODA) Customer Service Standards and Integrated Accessibility Standards, a multi-year accessibility plan was prepared and approved for 2013-2015 (inclusive). Public sector organizations are obligated under the Integrated Accessibility Standard to prepare an annual status report that indicates the progress of measures underway to address barriers and then to make the report available to the public.

This report summarizes the following:

- Status of actions to remove barriers identified in the workplan
- Actions taken from January 2014 to January 2015 to remove barriers in addition to those identified in the workplan
- Accessibility features of the Mental Health Care Building (MHCB)

## **1. The Accessibility Advisory Committee**

The Accessibility Advisory Committee is accountable to the Senior Leadership Team via the Vice President of Patient Care and Quality. The committee draws staff members from across the sites with varied roles as well as community members and a resident of Parkwood Institute. Some members of the working group have disabilities while other members work directly with patients and staff members who have disabilities.

## **2. Planning Cycle**

An annual status report was prepared for senior leaders in early 2014 and 2015. The next accessibility plan is scheduled to begin in January 2016.

## **3. Accessibility Compliance Report**

St. Joseph's Accessibility Compliance Report was completed and submitted to the Accessibility Directorate of Ontario on December 17, 2013. Designated as a *large designated public sector organization*, St. Joseph's is required to file online reports with the Accessibility Directorate, which now falls under the Ministry of Economic Development, Trade and Employment. The next report is required by December 31, 2015. The report asked for responses about St. Joseph's compliance with the Customer Service and Integrated Accessibility Standards.

#### 4. Work Plan for 2013-2015

#### Work Plan

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Status
Physical - RMHC London	Poor access to designated smoking area at the rear parking lot by the north loading docks	Repair ramp, repair door	Door repaired. With move to a smoke-free site in 2014, access was no longer an issue.
Physical – St. Joseph’s Hospital 3 <sup>rd</sup> Floor Clinics	Heavy doors lead to waiting rooms in areas that are accessed by patients with upper extremity difficulties and those using wheelchairs	Automate doors; there are other doors to this area that are barrier free but automating doors would improve accessibility.	Complete
Physical – St. Joseph’s Hospital	Snow may present a barrier to those using a wheelchair or walker to travel from the St. Joseph’s Hospital parking garage to St. Joseph’s Hospital	Security and Clintar monitor snow fall and icy conditions. Clintar removes snow when 5 cm covers the sidewalks.	On-going monitoring; no comments received as of mid-January 2015.
Physical - St. Joseph’s Hospital Cafeteria	Placement and number of tables makes it difficult for those using wheelchairs and walkers to manoeuvre and to obtain a place at a table	Currently a temporary situation given construction; congestion being addressed by changing table and chair placement. In the longer term completed renovations will allow more space to be available.	Complete  When chapel moves there will be more room in the cafeteria, until then the situation is being monitored.  In November 2013, the placement of the tables was

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Status
			changed now there are two tables marked for accessibility in the café.
Physical – St. Joseph’s Hospital Ivey Eye Institute	Braille on signs has worn off on levels 0 and 1 elevators	Replace signs	Part of elevator upgrade which is out to RFP. Otherwise too expensive.
Technological - St. Joseph’s Hospital	Traffic lights at the corner of Richmond and Grosvenor are not long enough to allow people with disabilities to cross safely	Advocate for the timing of lights to be changed	City of London lengthened the lights and installed lights with audible tones.
Physical – Parkwood Hospital	Doors leading to activity rooms, dining rooms, and recreation rooms adjacent to unit entrances are heavy and awkward	Install automatic door openers	Automatic door openers installed in some locations including two in Day Hospital
Physical - Mount Hope Organizational Development and Learning Services	Washroom doors close to class room are not automatic	Install automatic door opener	Complete
Physical - Mount Hope-smoking area facing Richmond Street	Parked vehicle does not allow residents to manoeuvre a wheelchair or walker around the opened door to travel to the gazebo. The door has an automated opener	Eliminate parking spot in front of door temporarily with a pylon and permanently with hatch marks when the parking lot is resurfaced	Resolved initially by placing a pylon in the parking space and then by removing the gazebo when the facility became “no smoking”.  When parking lot is resurfaced in

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Status
			2014/15 thatching will be used to indicate no parking in this space.
Technological-Corporate	Internal website difficult for some with low vision to read	Redevelop the intranet to meet WCAG 2.0 Level AA	Complete

\*Names of building reflect the name they were called at the time the barriers were identified

### 5. Barriers addressed from January 2014 to January 2015 in addition to those captured in the workplan

Category of Barrier and location	Opportunity for Improvement or Identified Barrier	Means to prevent or remove barrier or enhance accessibility
Communication - Mount Hope	An employee with a hearing impairment using cooking equipment	New cooking equipment with loud settings and specific tones was ordered and installed
Physical – St. Joseph’s Hospital	Doors in Hand and Upper Limb Clinic heavy and difficult to open for people in wheelchairs or who have had recent surgery	Automatic door installed in one washroom and in the main OT/PT waiting area
Communication - Parkwood Institute	Toured and reviewed portion of the south west portion of the grounds for barriers and identified curb cuts are inconsistently painted	Paint will be removed from areas that are inaccurately marked
Communication – Parkwood Institute	Small font size used in communications to patients in Aging Brain and Memory Clinic	Increased to 14 size font

Category of Barrier and location	Opportunity for Improvement or Identified Barrier	Means to prevent or remove barrier or enhance accessibility
Architectural - Parkwood Institute	Doorway to wheelchair training area narrow	Doorway was widened
Physical - Parkwood Institute	Flooring un-level. Opportunity to enhance the environment to serve a patient population.	Flooring improvements to help those with gait aids transition from inside to outside
Physical – Parkwood Institute	Opportunity to enhance the environment to serve patients with disabilities better.	Automated door to public washroom in outpatient area installed
Physical – Parkwood Institute (SGS)	Improvement initiative implemented to determine the most appropriate bedside chairs	Purchased bedside chairs on Specialized Geriatric Services inpatient units. OT and PT selected 5 models and patients were consulted regarding the model and colour.
Policy/Practice - PI-MHCB	Raise awareness of the accessibility of service dogs to facilities as identified in the policy	Two patients have service dogs; one dog is on site three days a week for 4 to 5 hours; and the other, which is in training, frequently accompanies a family member for visits.
Communication - Corporate	Some on-line learning modules for staff use voice or sound to engage participants, this creates difficulties for those staff who have hearing impairments.	Printable transcripts are now available for three e-learning modules and there are plans to develop printable transcripts for four more.
Architectural – Mount Hope	Staff training rooms accessed by stairs	Elevator access available to all floors of the “link”
Architectural – Parkwood Institute	When constructing the facilities and grounds there was an opportunity to improve access.	A tunnel from the parking garage to the MHCB to Western Counties Wing was opened in 2014 to facilitate travel. Elevators and automatic doors allow for accessible entrance and egress from the buildings connected by the tunnel.
Architectural – St. Joseph’s Hospital	When constructing facilities there was an opportunity to enhance access.	A tunnel from Mount Hope to the Grosvenor Street parking garage to St. Joseph’s Hospital was re-opened in 2014 to

Category of Barrier and location	Opportunity for Improvement or Identified Barrier	Means to prevent or remove barrier or enhance accessibility
and Mount Hope		facilitate travel. Elevators and automatic doors allow for accessible entrance and egress from the buildings connected by the tunnel.
Architectural – St. Joseph’s Hospital	Congestion at door close to Urgent Care.	New entrance with automated sliding doors, sidewalks level with driveway, circular drive allows for easy pick and drop off, and room for patients in wheelchairs and scooters to manoeuvre.

## 6. Initiatives to Improve Accessibility

### Occupational Therapy Department at the Parkwood Institute, Main Building

The outpatient area of the Occupational Therapy Department was redesigned and developed to include a wheelchair mobility training area. In this area people in wheelchairs learn to navigate ramps, curbs, gravel and other environmental barriers in a controlled environment.

### Parkwood Institute

Work is underway to prioritize the public washrooms that need to be rebuilt or renovated to enhance their accessibility.

### Ivey Eye Institute, St. Joseph’s Hospital

A representative from the CNIB, with others, completed an accessibility review of the area and provided recommendations to make the Institute and the areas surrounding it more accessible for the Institute’s patient population.

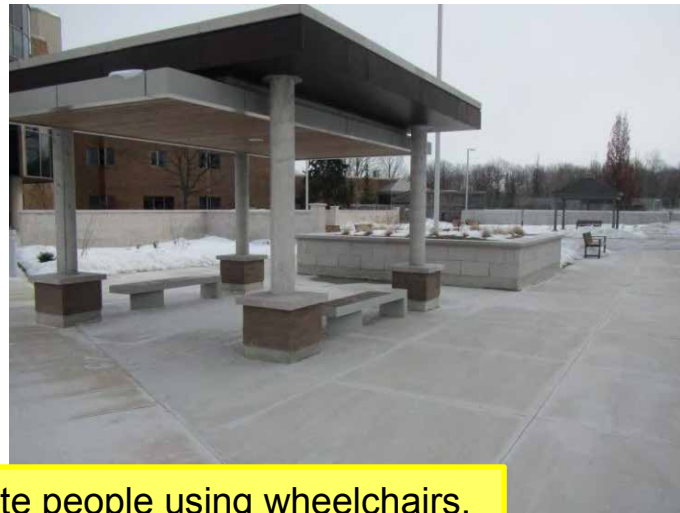


## **New Mental Health Care Building**

On November 16, 2015, mental health patients moved from an aging facility on Highbury Avenue to a new, purpose built facility on the grounds of the Parkwood Institute (formally Parkwood Hospital). This 156 bed facility was designed to facilitate the treatment, recovery and rehabilitation of adolescents and adults experiencing severe and persistent mental illness. Below is link to a video and photos of the new facility. Notice in the video and photos the wide hallways and sidewalks, the large patient rooms, configuration of tables and chairs in the cafeteria and low counters in the lobby, all of which facilitate those using wheelchairs and walkers.

<https://www.sjhc.london.on.ca/your-visit/parkwood-institute/celebrating-parkwood-institute>

Below are photos of some of the accessibility features in the building.



Wide level sidewalks and sitting areas facilitate people using wheelchairs.



Graduated drives and sidewalks eliminated the need for curbs.

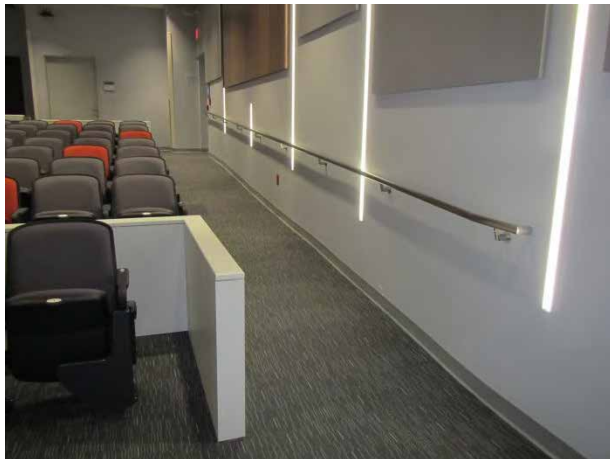


Variations in the colour of the concrete and the pattern in the concrete delineate space and use.



Good design allows for accessibility features to blend with other features.

The lower desk counter at the main entrance and accessible signage welcomes people using wheelchairs.



In the auditorium, traditional stairs have been replaced with a gradually sloping floor and handrails. Notice the sensor on the orange wall to activate the door to open.

Doors can be opened by waving a hand in front of sensors.



Elevators have handrails and audible floor identification.



Accessible washrooms are fitted with wide doors and identified with symbols and braille signage.



Accessible washrooms are fitted with accessible sinks and grab bars; coat hooks and waste bins are placed at heights that allow easy reach for those using scooters and wheelchairs.

The transition from indoors to outdoors is level.



Inside of door to courtyard

Outside of door to courtyard



## **7. Communications Update**

A story about a patient from Parkwood Institute (Parkwood Hospital at the time of the story) was featured in Imprint and on the CTV News. Augmentative communication devices were explained and a list of tips for communicating with people with hearing loss was provided in the Imprint article.

Here is the link to the CTV New video and story.

<https://www.sjhc.london.on.ca/our-stories/hear-me>

Here is the link to the July 2014 edition of Imprint, see pages 4 and 5.

[https://intra.sjhc.london.on.ca/sites/default/files/imprint/imprint\\_july\\_2014.pdf](https://intra.sjhc.london.on.ca/sites/default/files/imprint/imprint_july_2014.pdf)

## **8. Review and monitoring process**

The Accessibility Advisory Committee meets at about six times a year. Subcommittees may form to address one or more barriers. At each meeting, subcommittees report to the Accessibility Advisory Committee on their progress in implementing the plan. The chair of the Accessibility Advisory Committee or the vice president presents the plan or annual status reports to senior leaders.

## **9. Communication of the plan**

The Accessibility Plan and subsequent status reports are posted to St. Joseph's Accessibility Website. Hard copies are available in staff libraries at each site and from Communications and Public Affairs.