



Annual Accessibility Plan

April 2011 – March 31, 2012

Submitted to the St. Joseph's Accessibility Steering Committee, February 15, 2011,
St. Joseph's Senior Leadership Team, February 25, 2011; and
St. Joseph's Board of Directors, March 22, 2011

Prepared and Submitted by St. Joseph's Accessibility Working Group

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Introduction

St. Joseph's Health Care, London, (St. Joseph's) prepared this Accessibility Plan in compliance with the Ontarians with Disabilities Act (ODA) (2001). The ODA requires hospitals prepare annual plans that address *the identification, removal and prevention of barriers to persons with disabilities in the organization's by-laws, if any, and in its policies, programs, practices and services*. The act also stipulates that the plan shall be available to the public.

This plan will:

- Briefly discuss the relationship between the Accessibility for Ontarians with Disabilities Act (AODA) and the Ontarians with Disabilities Act (ODA);
- Summarize the actions taken to identify, remove and prevent barriers in the 2009/11 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions to be taken from April 2011 to March 2012 to identify, remove and prevent barriers; and
- Describe how the plan will be communicated internally and to the public.

The timing of this plan is aligned with St. Joseph's business planning cycle.

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

1. Description of St. Joseph's Health Care, London

St. Joseph's Health Care, London is a major patient care, teaching and research centre. It is comprised of St. Joseph's Hospital, Parkwood Hospital, Mount Hope Centre for Long Term Care, Regional Mental Health Care London (RMHC London), Regional Mental Health Care St. Thomas (RMHC St. Thomas), and other clinics and outreach facilities. In 2008/09 about 5,000 staff members worked at St. Joseph's, and in 2009/10 St. Joseph's had a total operating budget of \$465 million.

2. The Aim of the Accessibility Plan

This plan will:

- Briefly discuss the relationship between the Accessibility for Ontarians with Disabilities Act (AODA) and the Ontarians with Disabilities Act (ODA);
- Summarize the actions taken to identify, remove and prevent barriers in the 2009/11 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions to be taken from April 2011 to March 2012 to identify, remove and prevent barriers; and
- Describe how the plan will be communicated internally and to the public.

3. The Accessibility Working Group

In accordance with the ODA, senior leaders from St. Joseph's Health Care, London (St. Joseph's) formally constituted a steering committee and working group in April 2003. The terms of reference for St. Joseph's Accessibility Working Group can be found in appendix 1.

The Ministry of Community and Social Services announced that the ODA would be repealed once the AODA was in place. To date this has not occurred. In anticipation of the ODA being repealed, the Accessibility Working Group was disbanded in late 2008; however it reconvened in June 2009 to meet the requirements of the Act.

While some members of the working group have disabilities, other members work directly with patients and staff members who have a range of disabilities. In the upcoming year, the working group will extend invitations to several members of the community to participate join the group.

4. Planning Cycle

According to the Act, each year every scheduled organization shall prepare an accessibility plan. The first plan was due in September 2003 and since then each accessibility plan has covered time period from October to September. This current plan will cover the period from April 2011 to March 2012 in alignment with the business planning cycle.

5. Brief Comparison of the Ontarians with Disabilities Act (ODA) and the Accessibility for Ontarians with Disabilities Act (AODA)

Both Acts are aimed at creating a barrier free Ontario by 2025. The intent of the ODA is to support the rights of people with disabilities *to enjoy equal opportunity and to participate fully in the life of the province* through the development of accessibility plans; where as the purpose of the AODA is to develop, implement and enforce standards to achieve accessibility for Ontarians with disabilities. Both Acts are consistent with our values of respect and compassion; they use the same definitions for disabilities and barriers; and both have fines to encourage compliance. The section of the ODA that outlines the fines has not been proclaimed, in contrast the section of the AODA that describes the fines was proclaimed as part of the Act.

Provincial Government communications announcing the AODA included a preamble that stated the ODA would be repealed once the AODA became law. To date this has not occurred.

St. Joseph's met its compliance obligations under the AODA Customer Service Regulations in March 2010.

Based on feedback about the standards (recall there were five, the first of which was the customer service standard), the Ministry of Community and Social Service changed the format of the standards as well as implementation dates. The standards are now integrated under one. Currently the Government is seeking public comment on the proposed Integrated Accessibility Regulation which prescribes requirements in the following areas;

1. general
2. information and communications
3. employment
4. transportation
5. compliance and enforcement initiatives

For additional information log on to

<http://www.mcass.gov.on.ca/en/mcass/programs/accessibility/OntarioAccessibilityLaws/DevelopingStandards/IAR/introduction.aspx>

The areas of information and communications and employment will be important for St. Joseph's to address.

The Built Environment is another of the five original standards that would have a significant impact on St. Joseph's. This status of this standard is currently unknown; the Ministry is apparently attempting to incorporate the requirements of the Built Environment into the building code.

6. Barrier removal initiatives for September 2009 to March 2011

The following initiatives were recorded to identify, remove and prevent barriers to people with disabilities for the period beginning September 2009 and ending March 2011.

a) Healthy Vision Day – 2009

The London Advisory Committee for the Visually Impaired (LACVI) is organizing Healthy Vision Day for November 21, 2009, to be held at the Wolf Performance Hall at the London Public Library (251 Dundas Street). Physicians, educators and others will provide information on various aspects of eye diseases and treatment. For further information, go to the Healthy Vision Day website at www.healthyvision.ca.

Project Status: Completed in 2008 and planning complete for 2009

b) Tour of Ivey Institute to Identify Barriers

A stakeholder with impaired vision, the coordinator and the chair of the accessibility working group toured the Ivey Eye Institute to identify barriers for those with visual impairments. Work to address the barriers has begun. *Project Status: completed in 2009/11 plan*

c) Working Group Members to Learn About the Design and Renovation of Buildings from an Accessibility Perspective

This initiative was deferred until the Ministry of Community and Social Services introduced its “Build Standard” under the AODA. *Project Status: Deferred*

d) Consistent Approach to Assessing Proposed Policies for their Impact on Accessibility

Modifications in the policy development process have led those working on policies determining whether persons with disabilities are a stakeholder group that needs to be considered. *Project Status: completed in 2009/11 plan*

e) Parking

- i) The Working Group began to advocate for one or two parking spots for high vans at St. Joseph’s Hospital and through the process learned that most vans for persons in wheelchairs are no longer high and the demand for this type of parking was now minimal. *Project Status: cancelled*
- ii) Install automated door openers on the doors leading from the St. Joseph’s parking garage to the elevator vestibule at the corner of Richmond and Grosvenor Streets. *Project Status: completed in 2009/11 plan*

- iii) Create or acquire maps of accessible parking spots for each major site and post them on St. Joseph's internet site for patients and visitors. *Project Status: completed in 2009/11 plan*

f) Wheelchairs availability at St. Joseph's Hospital

A small group established a wheelchair system that included the procurement, maintenance, inventory and tracking, theft deterrence, cleaning of wheelchairs that facilitate the transportation of patients with disabilities. The system also involves placing the wheelchairs at entrances and other areas where they are frequently needed. *Project Status: completed in 2009/11 plan*

g) Disability Awareness Workshops

Organizational Development and Learning Services (ODLS) partnered with an outside agency to customize and provide three two-hour awareness and education sessions for staff. Sessions included video, personal stories, disability simulation exercises, and literature on various barriers and accessibility needs of the disabled.

Workshop objectives included:

- Acquiring an increased understanding of barriers faced by persons living with disabilities
- Examining stereotypes and attitudes and increased sensitivity towards persons with disabilities
- Learning how to foster change to enhance accessibility and inclusiveness in the work environment

A workshop was held on November 16, 2010.

Project Status: Completed

h) Customer Service Education – Emphasis on Hearing Loss

The AODA Customer Service Standard mandates that organizations must provide education to all staff and affiliates about the Act and how to interact with people with disabilities. The survey of leaders indicated that hearing loss was a common barrier; this disability and the strategies to address the barriers and implications (such as privacy challenges) were addressed with intention and detail during the creation of the education program. *Project Status: completed in 2009/11 plan*

i) Grab bars reinstalled in Nuclear Medicine Washroom

A patient who uses a wheelchair identified that the grab bars in the accessible washroom were not mounted appropriately to allow ease of use. An assessment was completed of the washroom, and the grab bars were remounted. *Project Status: completed in 2009/11(not in the plan)*

j) Accessibility Working Group – Terms of Reference

The Accessibility Working Group's Terms of Reference is aligned with the AODA structure and processes. *Project Status: completed in 2009/11 plan*

k) External Website Redesign

St. Joseph's launched a redesign of its internet site in December. This site is now accessible and user friendly for people with disabilities. Some of the features contained in the redesign include the ability to increase the font size of text, that ability to use a keyboard only thereby negating the use of the mouse, and an intuitive navigation format. Content on the site includes a link to St. Joseph's accessibility button which connects the user to a wide range of information such as accessible parking maps, the use of service animals etc. *Project Status: completed in 2009/11 plan*

l) Heavy Doors to B5 Closed

A person using the accessibility email communication method, noted that because the doors to Imaging are closed patients ask for directions because they think this is a 'no entry' area, elderly patients struggle to open the doors, patients in wheelchairs and scooters can not open the doors, and Paramedic staff struggle with the doors as they manage people on stretchers. The magnetic door hold is not used. A message was sent to the leader and the doors now remain open except in the event of a fire alarm. *Project Status: completed in 2009/11(not in the plan)*

m) Interpretation Services Policy

This policy advocates and facilitates sign language interpretation and assistive devices for people who are deaf; and interveners for people who are deaf- blind. References to this policy have been made through the communication and education components required to comply with the AODA's Customer Service Standard. *Project Status: continue to support the rollout of this policy*

7. Barrier Identification Methodology

Individual programs and services are encouraged to identify barriers within their areas and implement actions to enhance accessibility. Some of these actions are brought to the attention of the Accessibility Working Group. People throughout the organization can also email identified barriers to a member of the Planning team who then triages the barriers.

The Accessibility Working Group used the following barrier-identification methodologies:

Methodology	Description	Status
Patient Feedback System (FM Pro software) generated reports	Patient, visitor and family complaints and compliments regarding barriers are captured software	Feedback is reviewed in the Accessibility Working Group meeting
Electronic leaders' survey	Leaders responded to survey conducted in December 2010	Survey results were reviewed by the Accessibility Working Group and recommendations identified
Observations/brainstorming exercise of working group members	Working group members identified barriers and initiatives to overcome barriers.	This input has informed the 2009/11 plan
Review of AODA proposed Integrated Standards	The standards are currently out for public consultation.	The standards and links have been forwarded to the most appropriate departments. The requirements of the standards will be addressed once passed into law.
Review of initiatives from 2009/10	Some initiatives are ongoing from the 2009/10 plan	Each ongoing initiative was reconsidered for the 2011/12 plan

In its review, the Accessibility Working Group has identified and prioritized many barriers for the 2011/12 plan using a variety of methods.

8. Opportunities and Barriers to be addressed from April 2011 to March 2012

The following barriers are categorized according to seven barriers: physical, architectural, informational, communication, attitudinal, technological, and policy/practice. The Accessibility Working Group developed a set of criteria that it used to assess the barriers to be addressed in the upcoming year. The criteria include the following:

- If the program will be moving within the next year the barrier will not be addressed unless it creates a safety risk and then temporary measures will be considered.
- Is the barrier “an easy fix”?
- Has the public voiced the concern about the barrier?
- Given the paths from the parking lot and bus stops to all care areas should be barrier free. Does the barrier prevent this?

In addition to the barriers captured in the plan, other barriers will be addressed as they are identified throughout the year. Patients and visitors can alert the working group to barriers via email, mail, telephone or in person. Staff members communicate barriers to any one of the working group members. FM Pro, a software program used to track patients’ concerns and compliments can also capture barriers when issues are reported.

Those items marked with an asterisk require funding from St. Joseph’s. Facilities Planning has budgeted for accessibility project funding.

Work Plan

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Indicator of success	Timing
*Physical – RMHC London	Cafeteria doors difficult to open for those in wheelchairs and walkers	Install automated doors, or install mag doors that remain open when the cafeteria is open	People in wheelchairs and walkers can easily enter and exit the cafeteria	Complete by 03/12
Physical – RMHC London and St. Thomas	Lids for coffee cups kept at the top of the vending machine in the main corridors	Attach lid dispenser to the side of the machine allowing those in wheelchairs to reach them. Vendor will be asked to fund the dispensers.	Dispensers mounted	Complete by 03/12

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Indicator of success	Timing
*Physical/ Architectural RMHC St. Thomas	Ramp to Elgin-Norfolk is too steep and short	Ask Facilities Engineering to determine if the slope of the ramp meets code, and to identify a solution	Clients in wheelchairs able to access the building	Complete by 03/12
*Physical/ Architectural RMHC St. Thomas	Doors to Elgin-Norfolk heavy and difficult to manage for people in wheelchairs	Install automated doors at entrance	Clients in wheelchairs able to access the building	Complete by 03/12
*Informational/ Imaging at St. Joseph's Hospital	Signage difficult to read for the persons with visual impairments	Assess the size, type and colour font and colour of background	Signage style changes to enhance readability	Complete by 03/12
*Informational/ Parkwood Hospital	Current signage not "senior friendly"	Assess size, type and colour of font and colour of background	Signage "senior friendly" (large black font on white background mounted at an appropriate height for people in wheelchairs)	Complete by 03/12
Physical/ RMHC London	No accessible parking north of the building where outpatients is located	Assess parking options in relation to accessible entrances	Provide accessible parking to the outpatients parking at the north end	Complete by 03/12
Physical/ RMHC London	Accessible parking spots not usable related to having excess snow dumped on them and being fenced off due to construction	Request Facilities Engineering and Parking ensure accessible spots are usable.	Accessible parking is available	Complete by 03/12
*Physical / Parkwood Hospital	Heavy doors to public washrooms V2 WCW	Install automated doors	People in wheelchairs can access washrooms	Complete by 03/12
Physical / Parkwood Hospital	Sidewalks outside of the WCW to the Hobbins Building have been disrupted due to construction	Pour new sidewalks that are wide enough to allow two people in wheelchairs to pass. Funding should be included in construction	People in wheelchairs can pass on the sidewalks	Complete by 03/12

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Indicator of success	Timing
		budget.		
Physical/ Parkwood Hospital (funded and underway)	Patients who are quadriplegic can not press elevators buttons and need to wait or call for assistance.	A Pod elevators will be retrofitted to improve accessibility. With this new device, any client with the appropriate wheelchair can signal the elevator to come to the requested floor. Patients will be able to independently reach the main floor and cafeteria.	Device functions and people in appropriate wheelchairs are able to use it.	Complete by 06/1
Physical/RMHC London	Aging elevators breakdown resulting in clients in wheelchairs unable to access wards on 2 nd floor	Further investigation required.	Clients able to access the 2 nd floor ward	Complete by 03/12
Physical/ Ivey Eye Institute, St. Joseph's Hospital	Colours used in décor of Ivey Eye Institute similar in tone and shade making it difficult for people with visual impairments to identify doors, handrails etc.	Use distinct paint colours to differentiate architectural and physical features. Funding approved.	People with visual impairments can better identify architectural and physical features	Complete by 03/12
St. Joseph's Hospital	Traffic lights at corner of Grosvenor and Richmond Streets are not long enough to allow people to cross Richmond Street safely	Advocate for the timing of the lights to be changed to allow adequate time for people to cross Richmond Street	The City of London adjusts the timing of the traffic lights	Complete by 03/12
Architectural/Parkwood Hospital Parking Garage	Parking garage will be constructed	Ensure accessibility attributes are included in the design and construction of the parking garage	Obtain assurances that accessibility design elements are included	Complete by 04/11
Information/ Corporate	New Interpretation Policy includes services for people who are deaf and deaf-blind. Plan in place to communicate	The Canadian Hearing Society is providing a presentation as part of the Interpretation Services Policy rollout	The presentation addresses interpretation services for people who are	Scheduled for April 28, 2011

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Indicator of success	Timing
	policy to the organization.		deaf and deaf-blind	
Information/ Corporate	New Interpretation Policy includes services for people who are blind. Plan in place to communicate policy to the organization	CNIB is providing a presentation as part of the Interpretation Services Policy rollout	The presentation addresses interpretation services for people who blind	Scheduled for May 12, 2011

9. Review and monitoring process

The Accessibility Working Group meets six times a year to prepare the annual report and review progress. Subcommittees may be formed to address one or more barriers. At each meeting, the subcommittees will report to the Accessibility Working Group on their progress in implementing the plan. The chair of the Accessibility Working Group will present the plan and updates to the Accessibility Steering Committee as required.

10. Communication of the plan

Each year, St. Joseph's publishes the Accessibility Plan on its Internet website and in hard copy form. Publication of the plan is announced by the following means:

- In the monthly staff newsletter, Imprint
- Notice in the electronic staff newsletter, E-Print

A copy of the plan is posted on the St. Joseph's website in French and English under the Accessibility section and is available in hardcopy format at the libraries at each hospital site and from Communications and Public Affairs.

On request, the plan is available on computer disk, in large print, or in Braille.

11. Appendices

1. Accessibility Working Group Terms of Reference
2. Ontarians with Disability Policy
3. Interpretation Services Policy