



Annual Accessibility Plan 2013-2018

Prepared by the:
Accessibility Working Group
Stevenson Memorial Hospital

This publication is available on the hospital's website:
www.stevensonhospital.ca

Table of Contents

	Page
Executive Summary	3
Aim	3
Objectives	3
Description of Stevenson Memorial Hospital	4
Hospital Commitment to Accessibility Planning	5
The Accessibility Working Group	6
Barriers Identified	6
Barrier Identification Methodologies	8
Barriers that will be addressed 2018	9
Communicating the Plan	10
Review and Monitoring Process	10

Executive Summary

The purpose of the *Ontarians with Disabilities Act, 2001* (ODA) is 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. To this end, the ODA requires each hospital to prepare an Annual Accessibility Plan, to consult with persons with disabilities in the preparation of their Plan, and to make the Plan public.

The Integrated Accessibility Standards Regulation (IASR) of Accessibility for Ontarians with Disabilities Act (AODA 2005) became law in 2011, and now requires hospitals to produce multi-year accessibility plans that include targets and timelines for compliance with the multiple requirements of the IASR, in addition to their ongoing activities around both the Customer Service Standard of AODA and locally identified barriers in by-laws, policies, programs, practices, and services.

The Accessibility Working Group of Stevenson Memorial Hospital (SMH) has prepared this Plan. The Plan describes: the measures that SMH has taken in the past year, and the measures that SMH will take during this year (2017 to 2018) to identify, remove and prevent barriers to people with disabilities who live, work in, or use the facilities and services of SMH, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

Statement of Commitment

The Accessibility Working Group is focused on updating a multi-year plan going forward to ensure that the requirements of the IASR are met. The Working Group is accountable to the President and CEO through updates by Corporate Communications and will respond to compliance reporting requests from the Accessibility Directorate of Ontario as well as any requests from patients, staff and the community.

SMH is committed to the ongoing process of improving access to our facilities, programs and services. We welcome the opportunity to present our Annual Accessibility Plan to our community and invite the participation of persons with disabilities in the future development and review of our Plan.

Aim

This Plan describes the measures SMH will take during the next year (2017-2018) to identify, remove and prevent barriers to people with disabilities, who visit, use, or are employed by the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

Objectives

This Plan:

- Describes the process by which SMH has and will continue to identify, remove and prevent barriers to people with disabilities.

- Describes the measures SMH will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- Describes how SMH will make this Plan available to SMH staff, volunteers and the public.

About Stevenson Memorial Hospital

Stevenson Memorial Hospital is a fully accredited acute health care facility, located in the community of Alliston in the Town of New Tecumseth. The community is experiencing tremendous growth at more than double the provincial population increase and three and a half times the national rate. Over the 89-year history of the hospital, community, staff and physician support has never been stronger. Stevenson Memorial Hospital continually strives for and is committed to, building health services to meet the needs of the growing and aging population of its communities.

The Board of Directors of Stevenson Memorial Hospital has reaffirmed its commitment to “be the model community hospital in Ontario.” The organization will be responsive to the changing health needs of the growing community it serves, providing high quality services within the resources of the hospital. Services will be patient and family focused, accessible and provided in a prompt, respectful and compassionate manner. The Hospital has committed to the ideal that “We, at Stevenson Memorial Hospital, will move healthcare excellence into the future.”

Our Vision

We champion your care... every step of the way.

Our Mission Statement

We are a key partner in the healthcare system; working with other health service providers to help residents in our communities access safe, quality care where and when they need it. Whether our patients spend an hour or a number of days with us, they will be treated with respect and compassion. When it's time for them to go home or to an alternate setting, we play an active role in supporting the smooth transition of their care.

Values

Integrity

We commit, each and every day, to deliver safe, quality health care following the highest ethics, principles, and standards. We know that our patients and their families put their trust in our hands, and it is up to us—individually and collectively—to consistently meet and even exceed their expectations.

Care With Compassion

Regardless of our position at Stevenson, we will always respond to our patients' needs with empathy and understanding. We recognize that our patients have a right to be involved in decisions affecting

their health and wellbeing. We acknowledge that our patients are unique individuals who are experiencing a range of emotions, and we will attentively listen and respond to their questions and concerns with compassion.

Accountability

We understand that our words and actions contribute to our success. We strive to do our best, to meet our objectives, and to take pride in our work. We are committed to providing safe, quality, compassionate care to our patients -- no exceptions. We accept responsibility for our performance and will be accountable to each other, the organization and our community in the building of a great community hospital.

Respect

We respect the similarities and the differences that distinguish our patients, our co-workers, and every member of our Stevenson community. We will be open-minded and fair. We demonstrate through our words and our actions that every person has unconditional worth. We respect and abide by the rules and regulations that keep us and our patients safe. We value the vital role that our organization plays within our community and realize that all we say and do—both inside and outside of work—can impact Stevenson’s overall success

Embracing Teamwork

As champions of community health care, we will work as a team to serve our patients. We will speak up and we will listen. We understand that the strength of our team comes not only from our commitment as individuals, but from our trust, confidence, and support for one another. We will continuously strive for personal and professional growth because we believe that by being our best, we can help Stevenson achieve excellence. We embrace our community partners and value the knowledge, expertise and benefit they bring to our Hospital and to our patients.

Hospital Commitment to Accessibility Planning

Stevenson Memorial Hospital is committed to:

- the continual improvement of access to facilities, programs, and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;
- the participation of people with disabilities in the development and review of its annual accessibility plans;
- ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- the continuance of an Accessibility Working Group at Stevenson Memorial Hospital.

The Accessibility Working Group

The Accessibility Working Group will:

- review by-laws, policies, programs, practices and services that cause barriers to persons with disabilities.
- identify barriers that will be removed in the coming year.
- describe how these barriers will be removed or prevented in the coming year within available resources.
- prepare a plan on these activities, and after its approval by the Hospital, make the plan available to staff and the public, and establish a timeline for their removal.

Accessibility Committee - 2017/18

Our pre-existing accessibility committee had dissolved and we are currently working on organizing a new committee going forward. We will be looking to recruit community members as well. Our first meeting will take place in **January, 2018**. Some of the committee members include:

Working Group Member	Department	Contact Information
Manager, Facilities	Rob Hare	Ext 5101
Manager, Human Resources	Karen Maisonneuve	Ext 2131
Corporate Communications	Rachael Ogorek	Ext 4281
Manager, Quality, Risk and Patient Experience	Kelly Rowntree	Ext 4282
Patient Experience Lead	Trudy Petherick	Ext 2310

Barriers Identified

During 2017, SMH has updated a number of projects to make the hospital more accessible for our community.

Type of Barrier	Description of Barrier	Responsibility	Status
Communications	<ul style="list-style-type: none"> • Web site currently does not include accessibility information • Currently, services for the disabled are not communicated • There are no visual aids for various codes • Print in hospital too small – notices, pamphlets, admitting authorization forms, etc. 	Corporate Communications	<p>-All accessibility policies are currently on our website.</p> <p>-all of our programs info will be updated as of January 2018 on our website.</p> <p>-We have a new emergency code document that has been distributed.</p>
Type of Barrier	Description of Barrier	Responsibility	Status

Architectural/Facilities	<ul style="list-style-type: none"> • Parking – ticket machine is too high for wheelchair access • Access to get into patio door off Med/Surg is difficult • No disabled access to change rooms 	Facilities	-We have a wheelchair accessible pay and display parking meter.
Physical	<ul style="list-style-type: none"> • Some things in washrooms are not easily accessible for those in wheelchairs: mirrors, paper towel dispensers, bars. • Cluttered hallways • Elevators – voice, Braille, heights of buttons for wheelchair access • Ramp at staff entrance does not meet building code • Improve lighting for visually impaired 	Facilities	<p>-we have one wheelchair accessible washroom in lower level of hospital.</p> <p>-Elevators must be upgraded by 2021 as of TSSA. We will comply with these standards.</p> <p>-we have gone from T12 florescent lights to T8, which is</p>

	<ul style="list-style-type: none"> • Door handles difficult to manoeuvre. 		<p>brighter. All throughout the hospital.</p> <p>-we have implemented wayfinding stripes on the floors of the entire hospital, making navigation easier.</p>
Information	<ul style="list-style-type: none"> • Communicate availability of captioned TVs available to patients • Signage difficult to read 	Corporate Communications	<p>-will be looking into captioning for TVs</p> <p>-all signage will have proper sized fonts going forward</p>
Type of Barrier	Description of Barrier	Responsibility	Status
Policy/Practice	<ul style="list-style-type: none"> • Ensure all hospital policies are reviewed for accessibility 		
Attitudinal	<ul style="list-style-type: none"> • Education for staff on diversity, disabilities awareness 	Human Resources	-This is included in our orientation session
Technical	<ul style="list-style-type: none"> • Teletypewriters (TTY) needs to be available for hard of hearing 		

Barrier Identification Methodologies

The Accessibility Working Group will be using the following barrier identification methodologies:

Methodology	Description	Responsibility	Status
Community consultation	<ul style="list-style-type: none"> • Recruit community rep member of committee • Co-op student member of committee • Website – develop a link • Requested info from staff by email mailbox • Audit patients – Dialysis, Diabetic – questionnaire • Patient satisfaction survey – add an accessibility question 	<ul style="list-style-type: none"> • Corporate Communications 	<p>Website is currently being redesigned and will be AODA compliant as of January, 2018.</p> <p>-All broken links to policies have been fixed.</p> <p>We will discuss</p>

	<ul style="list-style-type: none"> • News releases to the community via newspapers 		all outstanding items at the next Accessibility team meeting.
Review of patient complaints	<ul style="list-style-type: none"> • Patient Ombudsman to forward to Committee for review 	<ul style="list-style-type: none"> • Risk Manager • Patient Experience 	<ul style="list-style-type: none"> • Ongoing
Site audits	<ul style="list-style-type: none"> • Committee members participated in role play exercises. 	<ul style="list-style-type: none"> • Committee to do annually 	<ul style="list-style-type: none"> • Completed 2017
Canvassing hospital committees	<ul style="list-style-type: none"> • Occupational Health & Safety Committee • ONA/OPSEU • Communique to all committees for feedback 	<ul style="list-style-type: none"> • Facilities Manager • HR Manager • 	<ul style="list-style-type: none"> • Spring 2018

Barriers to be Addressed in 2018

Barrier	Objective	Means to remove/prevent	Performance criteria	Timing	Status
Cluttered hallways	Maintain uncluttered hallways	<ul style="list-style-type: none"> • Education • Memos • Share plan • Provide storage where available • Review supply levels for Units 	Hallways are accessible and being monitored	Ongoing	Ongoing
Captioned TVs in rooms and screens in common areas	Make screens accessible for those with hearing impairments.		Captioning is available.	Jan/Feb 2018	Ongoing
Website design – website not accessible for visually impaired	Ensure accessibility is criteria for future web design		People with disabilities are able to access. Able to acquire on own computers	January 2018	In progress
Print size is available in 10 or 12 font and is difficult for some	Promote large print documents or tools	<ul style="list-style-type: none"> • Review all policies to ensure compliance 	Have printed information available in larger print and/or provide magnification	Ongoing	Ongoing
Purchasing – for accessibility, sturdy, appropriate, etc.	Member of committee to sit on Product Standardization Committee	<ul style="list-style-type: none"> • Risk Manager to attend committee 	Appropriate furniture is purchased in future	Ongoing	
Staff are turning lights out inappropriately	Develop policy that lights are to stay on		Proper level of lighting in all areas	Ongoing	-new lighting has been implemented

Review and Monitoring Process

The Accessibility Working Group will be meeting quarterly to review progress on the Plan. It is the responsibility of the Working Group to ensure that projects move ahead to completion.

Members of the group are also responsible for educating hospital staff, physicians, volunteers and the community about the working group's mandate and activities.

The working group will provide the hospital's Leadership Team with an update each quarter.

Communicating the Plan

The hospital's accessibility plan will be posted externally on the SMH website as well as internally on the hospital's Intranet. Education surrounding accessibility is also shared in staff orientation sessions.

Hard copies will be available from:

Stevenson Memorial Hospital
PO Box 4000
Alliston, ON
L9R 1W7
Tel: 705.435.3377

On request, the plan can be made available in alternative formats, such as in large print, or in audio format.

