



TILLSONBURG DISTRICT MEMORIAL HOSPITAL

*A community hospital committed to promoting health & providing exceptional patient care.*

# TDMH Multi-Year Accessibility Plan

April 1, 2014 to March 31, 2019

This publication is available on the following website:

[www.tillsonburghospital.on.ca](http://www.tillsonburghospital.on.ca)

and will be made available in alternative formats upon request

Anyone wishing to provide feedback on customer service or accessibility at TDMH or anyone wishing written information or other forms of communication to be provided in an accessible format may contact TDMH via:

- mail at 167 Rolph Street, Tillsonburg, Ontario N4G 3Y9, or
  - email at [accessibility@tdmh.on.ca](mailto:accessibility@tdmh.on.ca), or
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## **1.0 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 in the Province of Ontario. To this end, the ODA mandates that each hospital prepare an annual accessibility plan.

Tillsonburg District Memorial Hospital (TDMH) is committed to the continual improvement of access to the hospitals' premises, facilities, and services; participation of people with disabilities in the development and review of its annual accessibility plans; and provision of quality services to patients, visitors, staff, and all members of the community with disabilities.

The report describes the measures proposed during the period covered by this plan to identify, remove, and prevent barriers to people with disabilities who use the facilities and services of the hospitals, including patients, visitors, staff, and members of the community.

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, and informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

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

- (a) 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 coordination, 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,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

## **1.1 Requirements under the AODA 429/07 Customer Service Regulation**

The Act requires that we:

1. Implement policies, practices and procedures on providing goods and services to people with disabilities.
2. Execute a policy on allowing people to use their own personal assistive devices to access goods and services, and provide information about any other means offered by the hospital (assistive devices, services etc.) to allow them access to goods and services.
3. Ensure hospital policies, practices and procedures are in line with the core principles of independence, dignity, integration and equality of opportunity.
4. Communicate with a person having a disability in a manner that takes into account his or her disability.
5. Train staff, volunteers, contractors and other people that interact with the public or other third parties on the hospital's behalf on the topics outlined in the customer services standard, and record all training including the dates the training occurred and names of the individuals trained.
6. Train staff and any other people involved in developing hospital policies, practices and procedures on the requirements regarding goods or services as outlined in the customer service standard.
7. Allow people with disabilities to be accompanied by their guide dog, service animal or support person in areas of the premises unless the animal or person is restricted for health reasons, or by law.
8. Provide information on any admission fees that may be charged for a support person, with as much advance notice as possible.
9. Provide notice when services, goods, or facilities used by people with disabilities are temporarily disrupted.
10. Establish a process for people to provide feedback on the hospital's method of providing goods and services to people with disabilities and how you will respond to any feedback, and take action on any complaints, ensuring information about how the hospital will provide feedback should be readily available to the public.
11. All policies, practices and procedures that govern accessible customer service and associated requirements must be documented.
12. Provide notice to customers that documents required under the customer service standard are available upon request.
13. Ensure the documents required under the customer service standards are available when requested, by a person with a disability, in a format that takes into account the person's disability

## **2.0 Aim**

This report describes the measures that TDMH has or will take during the period covered by this plan to identify, remove, and prevent barriers to people with disabilities who use the facilities and services of the TDMH, including patients, visitors, and staff, and other members of the community.

## 2.1 Commitment to Our Patients

### Mission & Vision:



### Values:

#### **INNOVATIVE**

- We think outside the box
- We challenge the status quo
- We implement innovative ideas

#### **ACCOUNTABLE**

- We are responsible
- We take ownership
- We are reliable, ethical, and trust-worthy

#### **PROFESSIONAL**

- We display professionalism in:
  - our attire
  - our Code of Conduct
  - how we go about our work
  - how we adapt to and embrace change

#### **COMPASSIONATE**

- We display compassion by empathizing with and listening to others
- We display compassion by understanding other people's roles, the challenges they face, and what they are going through

### **3.0 Description of Tillsonburg District Memorial Hospital**

Tillsonburg District Memorial Hospital is located at 167 Rolph Street, Tillsonburg, Ontario, N4G 3Y9. TDMH is a fifty (50) bed fully accredited acute care hospital serving the tri-county community of Oxford, Elgin and Norfolk Counties. TDMH is committed to providing exceptional patient care and promoting health and wellness through collaboration with our health care partners. TDMH has a workforce of 320 employees. For more information refer to [www.tillsonburghospital.ca](http://www.tillsonburghospital.ca).

### **4.0 Commitment to Accessibility Planning**

- We strive for continuous improvement of access to hospital premises, facilities, and services for patients, visitors, staff, and members of the community with disabilities
- We encourage the participation of people with disabilities in the development and review of our annual accessibility plans
- We will provide quality services to all patients, visitors, staff, and members of the community with disabilities
- We will ensure all hospital by-laws and policies are consistent with principles of accessibility

The Board of Directors directed the organization to prepare an accessibility plan that will enable TDMH to meet these requirements.

#### **4.1 Objectives**

With respect to identifying, removing, and preventing barriers for people with disabilities, this report:

1. Describes the process
2. Reviews efforts to date
3. Lists the facilities, policies, programs, practices and services to be reviewed in the current year
4. Describes the measures to be taken in the current year
5. Describes how this plan will be made available to the public

### **5.0 Barrier Identification Information Sources**

- Leadership Team consultations
- Patient and visitor feedback
- Consultation with representatives from community
- Impact of architectural and building system elements

### **6.0 List of Barriers to Consider**

Physical	Hearing	Speech	Vision
Deaf-Blind	Smell	Taste	Touch
Intellectual	Mental Health	Learning	Other

## 7.0 Barriers Identified and Addressed at TDMH

BARRIER	OBJECTIVE	MEANS TO REMOVE/PREVENT	PERFORMANCE CRITERIA	TIMING (Red = Complete)	RESPONSIBILITY
Fire Alarm Coverage	Ensure all areas of hospital can hear fire alarms	Review current fire alarm system and increase number of alarms if required	Review, once modifications made, to ensure complete hospital coverage	2008	Environmental Services
P.A. System Coverage	Ensure P.A. system can be heard by all areas of hospital	Review current P.A. system and increase number of required speakers if required	Review P.A. system coverage once modifications have been made	2008	Environmental Services
Access to Wheelchairs	To ensure wheelchairs are available as required for persons with mobility challenges	Review of wheelchair needs and purchase of sufficient wheelchairs to ensure supply always available as required	Elimination of wheelchair shortages	2009 2011 2013	Environmental Services / Nursing
No Grab Bars in Public Washrooms	To ensuring accessibility aid is present in all public bathrooms	Install Grab Bars where required	All public washrooms have grab bars installed	2010	Environmental Services
Repair and replace sidewalk adjacent to North Parking Lot	Increased safety and accessibility	Repair and replace sidewalk adjacent to North Parking Lot	Increase ease of access and remove safety hazard	2010	Environmental Services

Lack of leadership direction for AODA sustainability	Ensure AODA standards are continually reviewed and accessibility concerns are addressed	Responsibility for leadership and compliance with AODA Act assigned to Environmental Services	On-going review and elimination of barriers	2010	Environmental Services
Hand rail completion of 2 South nursing ward	Ensure continuous hand rail in place through 2 South nursing ward	Install hand rails to ensure no gaps in coverage throughout 2 South nursing ward	No gaps in hand rail coverage throughout 2 South nursing ward	2010	Environmental Services
Improve lighting in interior public spaces	To increase lighting levels	Install LED lighting throughout facility to increase lumens	All lighting retrofitted to new standard (except areas on 347 power grid)	2014	Environmental Services



**8.0 Future Barriers to be Addressed within TDMH Multi-Year Accessibility Plan 2014 – 2019**

BARRIER	OBJECTIVE	MEANS TO REMOVE/PREVENT	PERFORMANCE CRITERIA	TIMING (Red = Complete)	RESPONSIBILITY
Policy	Review policy and procedure manual	Ensuring appropriateness of policies to accommodate patients & visitors with various types of disabilities.	Policy review complete	Sept 2014 Sept 2015 Sept 2016 Sept 2017 Sept 2018	JHSC, Leadership Group
Add "Accessibility Considerations" to Project Plan Template	Ensure that accessibility is incorporated into any future projects	Changing the hospital template	Seeing that consideration being addressed on all projects	Sept 2014	Environmental Services
Architectural	Increase visible of reserved parking spaces for persons with disabilities	To increase visibility of existing handicapped parking spaces in east parking lot	Increase visibility to make spaces easier to identify	2014	Maintenance
Physical	Improve patient access to beds	Purchase High Low beds	Beds purchased and in service	Ongoing (Capital Process)	Patient Services
Lever door knob conversion throughout the facility	Increased safety and accessibility	Replacement of all door knobs to lever style door openers	Conversion of all door knobs	June 2014	Maintenance
Lever faucet handle conversion throughout the facility	Increased safety and accessibility	Replacement of all taps to lever style faucet handles	Conversion of all faucet handles	June 2014	Maintenance

Complete semiannual review of physical environment to identify and address any new accessibility barriers	Increased safety and accessibility	Completion of semiannual review and presentation of findings to Director Environmental Services	Add new items to list below as identified	June/Dec 2014 June/Dec 2015 June/Dec 2016 June/Dec 2017 June/Dec 2018	Maintenance
Replace ER Ramp Sidewalk (trip hazard) <i>Added: June 2015 Review</i>	Increased safety and accessibility	ER sidewalk needs to be replaced to prevent access and tripping hazard	Increase ease of access and remove safety hazard	Completed	Maintenance
Replace Entranceway of North Stairwell (trip hazard) <i>Added: June 2015 Review</i>	Increased safety and accessibility	North stairwell entranceway needs to be replaced to prevent access and tripping hazard	Increase ease of access and remove safety hazard	Completed	Maintenance
Replace ER Entranceway Flooring (trip hazard) <i>Added: December 2015 Review</i>	Increased safety and accessibility	Flooring within ER entranceway vestibule needs to be repaired or replaced to prevent access and tripping hazard	Increase ease of access and remove safety hazard	To be completed by March 31, 2016	Maintenance

## **9.0 Review and Monitoring Process**

The Accessibility Plan will be reviewed annually by the JHSC in conjunction with Human Resources and Environmental Services. The review will outline and itemize proposed initiatives and monitor approved projects.

Accessibility planning is an important means of improving both the safety and quality of service delivery to the populations we serve, of attracting and retaining employees, and of increasing efficiency of our operations. The JHSC will assume responsibility for the monitoring and evaluation of current plans and for the development of subsequent annual plans. The JHSC will:

- Evaluate the previous year's results against identified targets
- Ensure the inventory of new barriers is updated and prioritized
- Ensure implementation strategies are identified and carried out
- Ensure the plans are endorsed by Senior Management and that funds are allocated appropriately

This team will liaise directly with program managers and departments to achieve these objectives when appropriate, and will provide updates to Senior Management on an annual basis. Information will be prepared and circulated on the hospital web site for use by internal and external stakeholders, where appropriate.

## **10.0 Communication of the Plan**

### **10.1 Objectives**

- To publicly communicate the Accessibility Plan as required by the Ontarians with Disabilities Act
- To share the progress the hospital is making to improve access for people with disabilities
- To continue raising staff, physician, and volunteer awareness regarding the challenges faced by people with all types of disabilities
- To solicit support from various stakeholders to facilitate the implementation of a barrier-free environment

### **10.2 Theme and Key Messages**

TDMH has responded to *The Ontarians – with Disabilities Act* by developing an Accessibility Plan. The identification and removal of barriers, be they attitudinal, physical, architectural, informational, communicational, technological, a policy or a practice, is the first step in making our facility more accessible to staff, patients and the communities they serve.

#### **Key Messages**

- TDMH will identify and coordinate the removal of barriers and develop an annual accessibility plan
- Accessibility plans will allow our organization to integrate accessibility planning into other planning cycles.
- TDMH is committed to the continual improvement of access to hospital facilities, policies, programs, practices and services for people with disabilities

## **10.3 Communication Tactics**

### **Internal and External Audiences:**

- When planned renovations are occurring, for removing existing barriers, then posters will be designed and installed to further promote Hospital's commitment to make the public aware while visiting the hospital.
- Post Accessibility Plan on the Internet and Intranet
- Distribution of the Plan to the community partners where applicable

### **Internal Audiences:**

- E-learning module on intranet for staff "Accessibility Training"
- Increased learning opportunities to "front-line staff" by providing Customer service training and education.

### **External Audiences:**

- Release of TDMH Accessibility Plan to Board for approval and upload to TDMH Website

Copies of this plan will be posted in the hospital and on the Hospital website. Upon request, it will be made available on computer disk or large print.

## 11.0 TDMH Compliance with Customer Service Standards

Standard	Progress	Plans
1. Establish policies, practices and procedures on providing goods or services to people with disabilities.	Compliant. All policies and procedures developed.	On-going annual review.
2. 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 measure your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.	Complaint. TDMH policy allows for use of own personal assistive devices which include the use of cell phones near medical equipment. TDMH Accessibility Guide outlines equipment, services and methods provided by TDMH and tips on interacting with people with disabilities. Accessibility Policies, Plan and Guide are available on the intranet.	On-going annual review.
3. 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	Compliant. Accessibility awareness training has been completed with all staff. All employees received disability awareness education in 2012 and all new hospital employees and volunteers receive disability awareness education during orientation.	All new employees are required to complete Accessibility training during orientation.
4. Communicate with a person with a disability in a manner that takes into account his or her disability.	Compliant. Accessibility awareness training has been completed with all staff.	All new employees are required to complete Accessibility training during orientation.
5. 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	Compliant. Accessibility awareness training has been completed with all staff.	All new employees are required to complete Accessibility training during orientation.
6. 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 standards.	Compliant. Accessibility awareness training has been completed with all staff.	All new employees are required to complete Accessibility training during orientation.

7. 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.	Compliant.	TDMH Policy.
8. 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.	Compliant.	TDMH Policy.
9. 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	Compliant/Not Applicable. TDMH does not charge admission fees.	Not applicable.
10. Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.	Compliant. All service disruptions are posted on TDMH website.	TDMH Policy.
11. 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.	Compliant. TDMH Accessibility Survey available on hospital website. Feedback can be provided by phone, mail or email.	Departmental and Client surveys need to be revised to include Accessibility questions Target is to revise departmental/client surveys by March 31, 2016.
12. Document in writing all your policies, practices and procedures for providing accessible customer service and meet other document requirements set out in the standard.	Compliant. All policies and procedures developed.	On-going annual review.
13. Notify customers that documents required under the customer service standard are available upon request	Compliant. This information is provided in the Accessibility Plan and Guide as posted on website.	None.

14. 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	Compliant. This is covered within Accessibility awareness training that has been completed with all staff.	All new employees are required to complete Accessibility training during orientation.
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## 12.0 TDMH Compliance with Integrated Accessibility Standards Regulation (IASR)

IASR Requirement	Status	Timing
<b>General</b>		
1. Create accessibility policies that demonstrate the organizations commitment to becoming more accessible	Compliant.	Policy to be reviewed annually.
2. Create a multi-year accessibility plan that outlines what you will do to remove and prevent barriers in your organization	Compliant.	Plan to be reviewed annually and updated as required.
3. Post the multi-year accessibility plan on the organizations website	Compliant.	5 year cycle
4. Incorporate accessibility criteria and features when procuring goods, services and facilities, except where it is not practicable to do so.	Compliant.	Complete.
5. Incorporate accessibility features in the design, procurement and acquisition of self-serve kiosks	Kiosks to be investigated for use at TDMH by March 31, 2017.	Complete investigation by March 31, 2017.
6. Ensure training is provided on the requirements of the accessibility standards referred to in the IASR and in the Human Rights Code as it pertains to persons with disabilities to employees, volunteers, persons developing the organization's policies and others who provide goods or care on behalf of the organization	Training program exists for all staff, physicians and volunteers.	Training to be completed by May 30, 2016.
<b>Information and Communication Standards</b>		
7. Have process for receiving and responding to feedback and ensure the process is accessible	Compliant. TDMH Accessibility Survey, Feedback, Questions and Concerns available on TDMH website	Complete.
8. Upon request, provide or arrange the provision of accessible formats and communication supports for persons with disabilities	Compliant. TDMH will provide accessible formats and communications supports upon request.	Complete.



9. If an organization makes emergency procedures, plans or public safety information available to the public it is required to be in accessible formats or with communication supports	Compliant. Emergency information is not currently made public	Complete.
10. New internet and intranet websites and web content must conform to WCAG 2.0 Level AA, other than captions and audio descriptions	TDMH Information Technology reviewing options	To be completed by January 1, 2021
11. All internet websites and web content must conform to WCAG 2.0 Level AA other than captions and audio descriptions	TDMH Information Technology reviewing options	To be completed by January 1, 2021
<b>Employment Standards</b>		
12. Notify employees and members of the public of the availability of accommodation for applicants with disabilities in our recruitment processes	Compliant. Information contained within TDMH application process and on TDMH website.	Complete.
13. Notify applicants when they are selected to participate in assessments or selection processes that accommodations are available upon request in relation to the processes or materials being used	Compliant. Information contained within TDMH application process and on TDMH website	Complete.
14. Applicants are notified of policies accommodating employees with disabilities	Compliant. Information contained within TDMH application process and on TDMH website	Complete.
15. Inform employees of policies used to support employees with disabilities including provision of job accommodations that take into account accessibility needs due to disabilities	Compliant. TDMH participates in Partners in Health Program. All staff are informed of policies during orientation and as policies updated.	Complete.
16. Provide information required under this section to new employees as soon as practicable after they begin their employment	Compliant. New employees are informed of information during Occupational Health Clearance process during hiring process.	Complete.
17. Provide updates to employees when there is a change to existing policies on the provision of job accommodations	Ongoing.	On-going process. Training on February 2016 changes to policies to be communicated by May 20, 2016.

<p>18. Upon request by an employee, provide or arrange for the provision of accessible formats and for communication supports for:</p> <ul style="list-style-type: none"> <li>• Information that is needed to perform the employee's job</li> <li>• Information that is generally available to employees in the workplace</li> </ul> <p>The employer consults with the employee making the request to determine the accessible format or communication support required</p>	<p>Compliant. Completed on ad hoc basis upon request.</p>	<p>Complete.</p>
<p>19. Provide individualized workplace emergency response information to employees with disabilities, if the disability is such that the information is necessary, and the employer is aware of the need of accommodation due to the employee's disability</p>	<p>Complaint.</p>	<p>Complete.</p>
<p>20. Develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities</p>	<p>Complaint. Completed during Return to Work process and/or Work Transition process.</p>	<p>Complete.</p>
<p>21. Develop and document a return to work process for employees who have been absent from work due to a disability and require disability related accommodations to return to work</p>	<p>Complaint.</p>	<p>Complete.</p>
<p>22. Performance management shall take into account the accessibility needs of employees with disabilities, as well as accommodation plans</p>	<p>TDMH is currently updating its Performance Review process to meet this standard.</p>	<p>Complete by March 31, 2017.</p>

23. Employers that provide career development and advancement to its employees shall take into account the accessibility needs of its employees with disabilities as well as individual accommodation plans	Complaint.	Complete.
24. Redeployment shall take into account the accessibility needs of employees with disabilities as well as accommodation plans	Complaint.	Complete.
<b>Transportation Standards</b>		
25. Organizations that are not primarily in the business of transportation, but that provide transportation services shall provide accessible vehicles or equivalent services upon request	Standard meet through outsourcing to complaint vendor.	Complete.
<b>Design of Public Spaces</b>		
26. Ensure that new and redeveloped exterior paths of travel follow technical requirements as set out in the standard	Under review.	Complete by March 31, 2017.
27. Ensure that when building or making major changes to existing outdoor public eating areas at least 20%, and no fewer than 1, of the tables are accessible to people using mobility aids, that the ground leading to and under the accessible tables is level firm and stable and that, enough space is clear around the accessible tables so people using a mobility aid can approach the tables	Complaint. TDMH does not offer outdoor public eating areas.	Complete.
28. Ensure that new or redeveloped parking spaces are created according to the technical requirements as set out in the standard	Under review.	Complete by March 31, 2017.

<p>29. When making changes to or adding new service counters ensure that at least one service counter is accessible to people who use mobility aids as per the technical requirements set out in the standard</p>	<p>Complaint.</p>	<p>Complete.</p>
<p>30. When building or making changes to queuing guides ensure that the queuing area is wide enough for people using a mobility aid and people with vision loss can detect the queuing area with a cane</p>	<p>Complaint.</p>	<p>Complete.</p>
<p>31. When constructing or make major changes to waiting areas ensure that 3% of the seating is accessible and that no fewer than 1 seating space is accessible</p>	<p>Under review</p>	<p>Complete by March 31, 2017.</p>
<p>32. Ensure that the accessibility plan contains preventive and emergency procedures for accessible parts of public spaces, such as posting when regular maintenance occurs and letting people know about alternatives</p>	<p>Under review</p>	<p>Complete by March 31, 2017.</p>
<p>33. Ensure that procedures for handling temporary disruptions in service when an accessible part of your public spaces stops working, such as putting up a sign explaining the disruption and outlining an alternative</p>	<p>Complaint.</p>	<p>Complete.</p>