London Health Sciences Centre

Annual Accessibility Plan for the London Health Sciences Centre

September 2005 - August 2006

Submitted to

Tony Dagnone
Chief Executive Officer
30 September 2005

Prepared by

LHSC Accessibility Working Group
Co-ordinator, Douglas Glover

This publication is available on the hospital's website and in alternative formats upon request

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Executive Summary

On June 13, 2005 the new *Accessibility for Ontarians with Disabilities Act, 2005* (*AODA 2005*) received Royal Assent and is law. The *AODA 2005* will require the provincial government to work with the disability community and the private and public sectors to jointly develop standards to be achieved in stages of five years or less, leading to an accessible Ontario in 20 years.

Since the legal obligations under the *Ontarians with Disabilities Act (ODA) 2001* remain in force until the Act is repealed, LHSC is required to prepare and make public our Year Three accessibility plan in accordance with *ODA 2001*.

The *Ontarians with Disabilities Act* (ODA) is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. The ODA requires hospitals to 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," and to make these plans available to the public.

This is the third year plan (2005 - 2006) prepared by the London Health Sciences Centre (hereinafter referred to as “LHSC”). The report describes: (1) the measures that LHSC has taken in the past, and (2) the measures that LHSC will take during the year (2005 - 2006), to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of LHSC, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

LHSC has committed itself to the continual improvement of access to hospital facilities, 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.

The Accessibility Working Group identified 64 barriers to people with disabilities. The most significant findings were accessibility of our facilities and the need to increase awareness of accessibility issues. This year, the Working Group will focus on removing and preventing seven barriers.

1. Aim

This report describes (1) the measures that LHSC has taken in the past, and (2) the measures that LHSC will take during the next year (2005-2006), to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

2. Objectives

This report:

1. Describes the process by which LHSC has and will identify, remove and prevent barriers to people with disabilities.
2. Reviews earlier efforts at LHSC to remove and prevent barriers to people with disabilities.
3. Describes the measures LHSC will take in the coming year to identify, remove and prevent barriers to people with disabilities.
4. Describes how LHSC will make this accessibility plan available to the public.

3. Description of London Health Sciences Centre

London Health Sciences Centre (LHSC) is a leading patient care, teaching and research centre. LHSC is comprised of three hospitals, University Hospital, South Street Hospital, and Victoria Hospital, as well as two community health centres. LHSC has a capacity of 744 beds and 44 bassinets, with more than 8,000 staff who care for over 700,000 inpatients, outpatients and emergency patients each year. LHSC provides primary, secondary, tertiary and selected quaternary services for the communities of London and Middlesex. The hospital also serves as a regional referral centre for selected, highly specialized tertiary and quaternary clinical services for Southwestern Ontario. For more information please refer to www.lhsc.on.ca.

LHSC Mission Statement

Together we care, we learn, we discover

London Health Sciences Centre, a university teaching hospital, is committed to improving health. Building on our tradition of leadership and partnership, we champion patient-centred care, a spirit of inquiry and discovery, and a commitment to life-long learning.

4. The Accessibility Working Group

Establishment of the Accessibility Working Group

The Joint Executive Leadership Team (ELT) of LHSC and Senior Leadership Team (SLT) of St. Joseph's Health Care, London (SJHC) formally constituted the LHSC and SJHC Accessibility Working Groups in April 2003.

The Terms of Reference of the LHSC Accessibility Working Group can be found in Appendix A.

Coordinator

Amy Lee, Director Quality and Patient Safety, is the Co-ordinator of the City-wide (LHSC/SJHC) Steering Group.

Douglas Glover, Manager Routine Laboratories, is the Co-ordinator of the LHSC Accessibility Working Group.

Members of the Accessibility Working Group 2004-2005

Working Group Member	Department	Contact Information
Purvi Desai	Facilities Management	52173
Douglas Glover	London Laboratory Services Group	75536
Catherine Vandersluis	Professional Practice	52381 / 34788
Marla Girvan	Surgical Care (Outpatient Services)	57497
Greg Davies	Communications	77662
Barbel Hatje	Communications	35947
Erin Pearson	Children's Care	50102
Glenda Hayward	Professional Practice	75384
Julie Sans	Cancer Care	75306 / 53697
Paul Toplack	Renal Care	53993
Nicole Lanthier	Clinical Neurosciences	35642
Pat Smith	Risk Management & Patient Safety	55705
Holly Reid	Human Resources	75417

5. Hospital commitment to accessibility planning

LHSC and SJHC are committed to the following Accessibility Planning Policy:

- *The establishment of Accessibility Working Groups at the hospitals.*
- *The members of the Accessibility Work Groups should encompass a diverse cross section of staff representing departments relevant to accessibility planning such as Human Resources, Planning, Communications, I.T., Occupational Health & Safety, Risk Management, and Organizational Development. The group should also include clinical staff as well as staff members with disabilities.*
- *The participation of people with disabilities or parents of children with disabilities in the development and review of its annual accessibility plans.*
- *The review of recent barrier-removal initiatives and identification of the barriers to be addressed in the next year.*
- *Authorize the Working Groups to prepare an accessibility plan each year for approval to Senior Leadership.*
- *Seek Board approval of the accessibility plan by September 30th of each year.*
- *London Health Sciences Centre is committed to improving health. Building on our tradition of leadership and partnership, we are committed to the continual improvement of access to our facilities and services for our patients, their family members, volunteers, students, staff, health care practitioners and visitors.*

6. Recent barrier-removal initiatives

The LHSC Accessibility Working Group created a survey to document recent barrier removal initiatives (see Appendix B). The survey was sent out electronically to the leadership of the hospital. Survey results include the following:

a) Procedure to Gather Concerns on Disability Issues

Brief Description: A web-based survey is available on the LHSC home pages for staff, patients, visitors, and community partners to raise accessibility issues.
Project status: Ongoing – The survey will remain on the web. The Accessibility Working Group will review information gathered.

b) Management of Compliments and Complaints

Brief Description: Patient feedback is an indicator of an organization's performance of care and services provided to our clients. Management of these indicators is a part of LHSC's quality improvement activities and risk management strategy. Disability / barrier issue sections have been added to the FM Pro software (15 July 2003) so that tracking reports may be generated. Management of feedback at the unit level promotes accountability for the quality of care and service provided by staff, physicians, and volunteers.
Project Status: Ongoing.

c) Height of Toilet seats in Nephro/Medicine units VH

Brief Description: Toilet seat heights have been increased from 14 inches to 18 inches
Project Status: Completed

d) Risk Management Occurrence Report (a current form)

Brief Description: To promote quality patient care and service, improve safety for patients, visitors and staff, and to reduce the possibility of adverse outcomes.
Project Status: Ongoing – Reviewing/revising current record.
Risk Management is planning to implement an electronic system that could track disability / barrier issues.

e) Critical Occurrence / Incident Review

Brief Description: Review in a reflective manner with all stakeholders, the critical incident that caused the negative outcome. Perform analysis of root causes and contributing factors that may be due to a disability or barrier. Develop a plan of action to prevent similar occurrence in the future and improve patient, visitor and staff safety.
Project Status: Planning stage. Draft policy development.

f) London Regional Cancer Program (LRCP) Wheelchair Availability

Brief Description: In 1995 an ad hoc committee was formed to address wheelchair availability in the LRCP. The issue was that the LRCP had 20 wheelchairs, however only 6 to 8 were available at any one time. The action that took place was a physical search for the wheelchairs, marketing to create an awareness of the issue by using e-mail, voice mail and posters, and as a result the missing equipment was replenished. Another outcome was an ongoing quality control program that included all wheelchairs being stenciled and labeled for inventory purposes and a policy on Inventory and Repair of Wheelchairs.
Project Status: The initiative was revisited in 1999. The initiative is continually evaluated.
The volunteers have taken on the task of locating the wheelchairs and placing them at both entrances for easy access for patients. A map has been developed routing from LRCP to LHSC and back depicting key locations where the wheelchairs could be stored / found.

g) Wayfinding Project

Brief Description: LHSC with the help of Entro Communications has adopted signage standards that comply with the ADA (American Disabilities Act) and the ODA. All signs meet criteria for character height, character proportion, finish and contrast.

- Signs have a foreground / background contrast level of 80%
- A Sans Serif medium font has been used for best readability
  - interior directional signs have a cap height of 25 mm
  - suspended directional signs have a cap height of 32 mm
  - departmental signs have a cap height of 50 mm
  - exterior signs with cap height of 129 mm & 190 mm
- non-glare materials have been used on sign surfaces
- all painted components to be painted with Grip Gard ® / Grip Flex ®. Paint to have a matte finish
- a number a pictograms have been developed so that visitors who cannot read or read the English language can easily identify the various amenities

Project Status: The majority of signs are in place at University Hospital and Victoria Hospital.

h) Accessible LHSC Corporate and Affiliate Web Sites

Brief Description: Pages on LHSC Corporate Sites and Affiliate Sites will be accessible across a wide range of web browsing devices and comply with the Priority 1 and Priority 2 Checkpoints of the World Wide Web Consortium's "Checklist for Web Content Accessibility Guidelines 1.0"

http://www.w3.org/TR/WCAG10/full?checklist.html

It is important to note that most people, when referring to web accessibility, only consider it in terms of access for visually impaired users. These Checkpoints address a far broader range of disabilities.

"The power of the Web is in its universality. Access by everyone regardless of disability is an essential aspect."

Tim Berners-Lee, inventor of the World Wide Web

Project Status: Ongoing.

i) Accessibility Policy

Brief Description: An Accessibility Policy has been developed by the Accessibility Working Group.

Project Status: Ongoing – The policy is in the review phase prior to acceptance.

j) Accessibility Awareness Training

Brief Description: Training material has been developed to incorporate awareness training into new staff orientation
Project Status: Ongoing – The Working Group will continue to develop training opportunities for staff on accessibility awareness.

k) Accessible Entrances

Brief Description: Visitor guidelines and available entrances, including wheelchair accessibility are available on the LHSC web pages.
The South entrance to the Westminster Tower is designated a wheelchair only entrance with disabled parking spots nearest to the door.
The main entrance to the Westminster Tower ramp under construction to be opened by September 05
Project Status: Ongoing – Entrances will continue to be assessed.

l) Recent renovations

Brief Description: Non-invasive Cardiology and Core Laboratories have been renovated and incorporated physical accessibility improvements such as wheelchair accessibility, proximity sensors to unlock doors and automatic doors.

Project Status: Completed

m) Human Resources Policies

Brief Description: An Accommodation Policy is being developed by Human Resources to ensure employees are integrated back into the workforce and are productive after an injury.
Project Status: Ongoing - Human Resources is in the process of reviewing all Human Resources policies to ensure recruiting from the broadest marketplace possible and to ensure there are no barriers to the retention of staff.

n) Raised Sinks in CCTC

Brief Description: Sinks in CCTC have been raised to allow wheelchair accessibility.
Project Status: Completed

o) Relocation of Sleep Lab

Brief Description: The Sleep Lab will be relocated from the Nurse's Residence to the main building at the South Street Hospital so that patients will not be required to go through the tunnel to reach the Sleep Lab.
Project Status: August 2005

p) Victoria Family Medical Centre

Brief Description: The Victoria Family Medical Centre added four wheelchair accessible exam rooms, four Hi-Lo exam tables, a high adjustable Physiotherapy treatment table and a new wheelchair accessible washroom.

Project Status: Completed

q) Patient Lifts

Brief Description: To facilitate the movement of disabled patients and to reduce injury to staff, patient lift devices are in place at all three hospitals.
Project Status: Completed

r) Exam Areas

Brief Description: Height adjustable stretchers will be the standard for replacement.
Project Status: Ongoing

s) Process to identify disability Standards for Equipment

Brief Description: A process is in place to identify disability standards for equipment purchased through Healthcare Material Management Services
Project Status: Ongoing

7. Barrier-identification methodologies

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

Methodology	***Description***	***Status***
Procedure to obtain accessibility feedback from staff, patients, visitors	A web-based survey is available on the LHSC home pages for staff, patients, visitors, and community partners to raise accessibility issues. Disability / barrier issue sections have been added to the Compliments and Complaints FM Pro software (15 July 2003) so that tracking reports may be generated. Management of feedback at the unit level promotes accountability for the quality of care and service provided by staff, physicians, and volunteers.	Responses were compiled and reviewed by the Accessibility Working Group in June 2005
Survey to record recent barrier	A survey to record recent barrier removal initiatives and identify barriers was sent out to help the	Survey was sent out in June 2005. Responses were

removal initiatives	Working Group with accessibility planning.	compiled and reviewed by the Accessibility Working Group in July 2005.
Focus groups	Focus groups were held at each hospital to gather an indication of staff awareness, attitudes toward disabled and to identify barriers.	Results were presented by the Attitudinal Subcommittee and reviewed by the Working Group in May 2005.

8. Barriers identified

The Accessibility Working Group obtained and listed feedback on 64 barriers. The list was compiling from information obtained from the initiatives survey sent to leadership of LHSC, the web based survey available to staff, patients and visitors and three staff focus group sessions. In its review the Accessibility Working Group divided the list into six types: physical (19 barriers); architectural (4 barriers): informational or communication-based (18 barriers); attitudinal (7 barriers); technological (7 barriers); and policies and practices (12 barriers). The feedback on barriers, as received, is available as Appendix C.

9. Barriers that will be addressed 2005 - 2006

The Accessibility Working Group will address seven barriers during the coming year.

Barrier	***Objective***	***Means to remove/prevent***	***Performance criteria***	***Timing***	***Responsibility***
No finalised accessibility policy.	Build on senior leadership commitment to accessibility planning and work towards a hospital wide policy on accessibility.	A new policy outlining a hospital wide commitment to identifying and removing barriers for those with disabilities	Have policy approved. Policy is presently at Policy Committee stage.	Follow policy through review process to approval.	Risk Management
Staff lack extensive knowledge about various disabilities.	Staff will better understand how to accommodate patients and staff with	Distribute brochure		Corporate orientation	Human Resources Communications

	non-physical disabilities. Explore the extent of potential attitudinal barriers at LHSC	prepared for new staff orientation binder Conduct focus groups with LHSC volunteers and staff	All new staff will be aware of ways to accommodate patients and staff with disabilities. Potential attitudinal barriers identified and/or areas for further examination.	Fall 2005 – Spring 2006	Risk Management Occupational Therapy Services.
Lack of accessible entrances. Lack of accessibility within our existing facilities.	Explore additional ways of ensuring physical accessibility of Victoria Hospital and University Hospital.	Engage Occupational Therapy (OT) students from the University of Western Ontario to assess our entrances and corporate public spaces	Review assessment and recommendations completed by OT students for the City of London and determine which elements apply to the hospital.	Fall 2005 – Summer 2006	Facilities Management & Restructuring
No central policy on identifying people with access challenges/disabilities so that staff will know to take appropriate accommodating measures	Ensure patients with special needs are identified to allow for awareness of the issue/disability and hence the provision of appropriate accommodations	Develop a policy/procedure whereby patients with access challenges are asked to identify themselves and their needs at a point of entry (i.e. admissions) and this is noted on charts in a visible but non-stigmatizing way	Staff will be easily able to check if patients require accommodation, and be aware of how they may provide accommodation or gain assistance with providing accommodation	Work has begun on creating a policy and procedure. Follow up with stakeholders in 2005/2006	Risk Management & Learning and Communications Human Resources Privacy Office
Lack of understanding of use of service animals within LHSC	To update the policy on use of service animals	LHSC meets the needs of individuals with service animals	Have updated policy approved	Follow policy through review process to approval.	Occ Health Infection Control Policy Development Professional Practice
Number of poorly placed and confusing signs / lack of clarity of main entrance.	To ensure that the resulting wayfinding signage system is comprehensible for University Hospital and Victoria Hospital. Ensure adequate signage is available at South Street Hospital	Finalize the destination list for UH and VH. Determine final configuration of services at South Street Hospital and ensure signage is in place to best direct patient and visitors.	A comprehensive, consistent nomenclature and signage that meets universal design standards.	Total project completion by 2008.	Wayfinding Committee

Restricting the available candidates for hire	To ensure we can recruit from Ontarians who have disabilities	Use resources of local agencies to develop an understanding of learning disability needs	Approved new policy outlining a hospital wide commitment to accommodating new hires	Follow policy through review process to approval.	Human Resources Occ Health Policy Development

10. Review and monitoring process

The Accessibility Working Group will meet monthly to review progress. Subcommittees will be formed to address each barrier. At each meeting, the subcommittees will report to the Working Group on their progress in implementing the plan. Members of the Working Group will also commit to making presentations to the leadership of the hospital and to updating the City-wide Steering Committee on a regular basis.

11. Communication of the plan

The hospital's accessibility plan will be communicated to staff in an e-mail broadcast as well as a newsbrief in the staff newsletter. The plan will be posted on LHSC's website and hard copies will be available from the library services at each site, the Corporate Communications and Public Relations Department and the Patient Relations Specialist's Office. On request, the report will be made available on computer disk, in large print, or in Braille. The plan will also be included within the hospital orientation package to new staff.

APPENDIX A

LHSC Accessibility Working Group

Terms of Reference

Purpose:
The LHSC Accessibility Working Group is responsible to prepare an annual accessibility plan for identifying, removing and preventing barriers to improve access and opportunities for people with disabilities across the hospital.

Definitions:
"Disability" means:

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

"Barrier" Means:

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

Objectives:

- Develop measures to identify, remove and prevent barriers to persons with disabilities.
- Report on the measures in place to ensure that the organization assesses its proposals for by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities.

- List the by-laws, policies, programs, practices and services that the organization will review in the coming year in order to identify barriers to persons with disabilities.
- Report on the measures that the organization intends to take in the coming year to identify, remove and prevent barriers to persons with disabilities.

Duties:

- Review recent initiatives and successes in identifying, removing and preventing barriers.
- Identify barriers that may be addressed in the coming year.
- Set priorities and develop strategies to address barrier removal and prevention.
- Specify how and when progress is to be monitored.
- Write, approve, endorse, submit, publish and communicate the plan.
- Review and monitor the plan.

Membership:

Members of the Accessibility Working Group 2004-2005

Working Group Member	Department	Contact Information
Purvi Desai	Facilities Management	52173
Douglas Glover	London Laboratory Services Group	75536
Catherine Vandersluis	Professional Practice	52381 / 34788
Marla Girvan	Surgical Care (Outpatient Services)	57497
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Paul Toplack	Renal Care	53993
Nicole Lanthier	Clinical Neurosciences	35642
Pat Smith	Risk Management & Patient Safety	55705
Holly Reid	Human Resources	75417

Each member brings their special expertise, experience, and commitment to identifying, removing and preventing barriers to improve access and opportunities for people with disabilities. Each member does not represent the concerns of only one disability or group. All members of the committee will work together to develop a common approach which is reasonable and practical.

The Accessibility Working Group may form sub-committees as necessary to address specific issues. These sub-committees will draw upon members of the Accessibility Working Group as well as resource people from within or outside the hospital as deemed necessary.

The Accessibility Working Committee will appoint a Coordinator. The Coordinator will be responsible for co-ordinating and developing the plan and should have an understanding of:

- The organization's facilities, by-laws, legislation, policies, programs, practices and services.
- The range of access issues people with disabilities live with every day.
- The organization's annual business and capital planning cycles.

Guidelines:

There is a general guide to accessibility planning under the Ontarians with Disabilities Act, 2001. The current guide can be found on the internet at the following address:

http://www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm

The OHA with the help of many of its members has created a Toolkit for Annual Accessibility Planning under the Ontarians with Disabilities Act. The toolkit will be used as a guide to create the accessibility plan.

Accountability:

The Accessibility Working Group will report to a Citywide Steering Committee consisting of members from both LHSC and SJHC. All initiatives to identify and remove barriers will then be reported to the Joint Committee and Joint ELT / SLT groups and final approval of the plan will be given by the Boards of both hospitals.

Frequency of meetings:

The Accessibility Working Group will meet monthly, or at the discretion of the Coordinator.

Deliverables:

By Sept. 30 of each year, an accessibility plan must be drafted.

APPENDIX B

ONTARIANS WITH DISABILITIES ACT (ODA)

SURVEY ON RECENT BARRIER REMOVAL INITIATIVES '04

Preamble:
The *Ontarians with Disabilities Act* (ODA) is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. The ODA requires hospitals to 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," and to make these plans available to the public. The deadline for developing and publishing these plans is September 30th, 2005.

The following survey *of* will help us review initiatives and successes in barrier identification and removal practices for those who work in or use the facilities and services of the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community. We are looking at all types of barriers as defined by the ODA:

Barrier type	***Example***
Physical	A door knob that cannot be operated by a person with limited upper-body mobility and strength
Architectural	A hallway or door that is too narrow for a wheelchair or scooter
Informational	Typefaces that are too small to be read by a person with low-vision
Communicational	A health care professional who talks loudly when addressing a deaf student
Attitudinal	Staff who ignore patients/visitors in a wheelchair
Technological	A paper tray on a laser printer that requires two strong hands to open
Policy/Practice	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly, or at all

Please reply by **July 07, 2005** to the *following* sections where you feel you have information to share.

1) Your job function?
☐ Leadership (Manager, Coordinator) ☐ Clinical Staff (Physician, Nurse, Allied Health)
☐ Other (Customer Support personnel)

2) Your location?
☐ South Street Hospital ☐ Victoria Hospital
☐ University Hospital

3) Are you aware of any initiative(s) in the last twelve months addressing any types of barriers (as defined above)?

☐ Yes ☐ No

3a) If yes, what type of involvement do you have?

☐ Leading the initiative ☐ Participating directly in an initiative ☐ Acting as a resource to an initiative

❑ No involvement, just aware of initiative

If you have knowledge of an initiative, please complete question 4.

4) Please document your knowledge of the initiative using the following framework.

Name of Project/Initiative	
Objective(s) (If known)	
Project status	❑ Ongoing (expected completion date) ❑ On hold ❑ Planning stage ❑ Completed (Approximate date completed)
Comment if you can on this initiative. What could be improved?	

Name of Project/Initiative	
Objective(s) (If known)	
Project status	❑ Ongoing (expected completion date) ❑ On hold ❑ Planning stage ❑ Completed (Approximate date completed)
Comment if you can on this initiative. What could be improved?	

5a) Have any issues about access or barriers been identified?

☐ Yes ☐ No

5b) If yes, what type of issue(s) were identified?

☐ Lack of wheelchair access at entrances
☐ Limited availability of ASL interpreters
☐ Insufficient number of wheelchairs available
☐ Insufficient number of accessible parking spaces

☐ Other (please describe):_____

5c) Is there a process to have these issues addressed?

☐ Yes ☐ No

5d) If yes, what have been the outcomes? Please explain.

6) Do you have any recommendations / suggestions for new initiatives that would address access / barrier issues?

APPENDIX C

Type of Barrier	*Feedback on Barriers as Received*
Physical	Distance from parking lots
Physical	Need to lower paper towel dispensers in washrooms
Physical	Difficulty entering UH cafeteria in wheelchair
Physical	Long walk to elevators in Nurses Residence
Physical	More signage, and not too high
Physical	layout of Cancer Centre
Physical	not enough handicapped parking
Physical	snow removal horrible in handicapped area
Physical	cleaning sidewalks – then put foot by foot pile to get to parking
Physical	overhead walkway is difficult for elderly patients VH
Physical	front mats (not clean, slippery) – cleaned at shift change so wet when people coming in
Physical	mats out front – 2nd level at Cancer Centre (2 people have fallen)
Physical	doors to cafeteria too heavy
Physical	not easy to push someone up the ramp at admitting SSH
Physical	why not make an area for smokers – not out front in their pyjamas, as they are going to smoke anyways
Physical	the exit at Urology clinic at UH when it was near ED was difficult for patient to leave as they had to walk all the way back to entrance when they saw an exit at Security but were stopped there

Physical	parking at UH for handicapped is still too far away from building
Physical	Parking for 4NE dialysis is further away post Milestone l
Physical	Need automatic door opener at Colborne entrance to Nurse's residence SSH
Architectural	Lack of wheelchair accessible washrooms at Westminster Tower and Nurses Residence-SSH Sleep Lab
Architectural	Lack of wheelchair ramps at Westminster Tower
Architectural	Lack of automatic doors at Westminster Tower
Architectural	washrooms in quiet rooms in Palliative Care – too small for a wheelchair
Communication/ Informational	Lack of signs
Communication/ Informational	Need for communication boards
Communication/ Informational	Pay booth accessibility for disabled persons
Communication/ Informational	25 days for patients – paying $9 a day (maybe need info package for parking or lower rate) $9 + $4 difference
Communication/ Informational	need more signage, and not too high
Communication/ Informational	phone system – too many menus on the phone system – short staffed at telephone triage
Communication/ Informational	when patients sent to hospital – list parking lot with entrance information for appointment
Communication/ Informational	elevators – better signage on elevator
Communication/	message boards not kept up to date –

Informational	Palliative Care/Family Medicine
Communication/ Informational	is there anyone that can meet a visitor in a wheelchair
Communication/ Informational	communication barrier, i.e. patient or visitors don't know they can call a porter for help
Communication/ Informational	entrance at front – cabs don't move UH
Communication/ Informational	patients walk to their loved one's car UH
Communication/ Informational	parking at the front a problem UH
Communication/ Informational	staff pulling up out front to pick up other staff UH
Communication/ Informational	Need more ASL interpreters
Communication/ Informational	No Braille or automated voice in elevators
Communication/ Informational	Need better directions to disabled access entrances at entry points to property or front doors.
Communication/ Informational	Need intercoms at disabled access entrances to call for help
Attitudinal	Lack of awareness regarding persons with disabilities
Attitudinal	Nursing staff attitudes for chronic illness patients
Attitudinal	people can be a barrier – overbooking of some clinics
Attitudinal	attitude barriers – develop zero tolerance for response to those with disabilities
Attitudinal	note those with wheelchair stickers in car that don't need them

Attitudinal	need to spend more time, pay attention to patients with psychiatric needs – educate staff re: appropriate response
Attitudinal	note response of staff to the person being accommodated – may need education of nurses/staff to this situation – also supervisors and managers
Technological	Need a call button in public washrooms
Technological	Elevator doors close too fast at VH
Technological	wire remote for TV in patient rooms (Palliative Care)
Technological	patients can't push the TV button
Technological	wheelchairs falling apart
Technological	beds should have Braille
Technological	taxi phones not in good locations for ease of entrance and exit to taxi SSH
Policy / Practice	Pricing for Parking
Policy / Practice	never wheelchairs available in Cancer Centre
Policy / Practice	kiosk for parking – line-ups everyday – need one more near clinic
Policy / Practice	access with wheelchairs – outside wheelchairs covered in frost
Policy / Practice	parking for people with disabled stickers – could there be different parking for them?
Policy / Practice	is there anyone that can meet a visitor in a wheelchair
Policy / Practice	at SSH – can only come in 2 entrances with access by wheelchair
Policy / Practice	entrance at front – cabs don't move UH
Policy / Practice	patients walk to their loved one's car UH

Policy / Practice	parking at the front a problem UH
Policy / Practice	staff pulling up out front to pick up other staff UH
Policy / Practice	Need to accommodate staff with disabilities when hiring them