Annual Accessibility Plan
for the
London Health Sciences Centre
September 2006- August 2007

Submitted to:

Cliff Nordal
President and Chief Executive Officer
30 September 2006

Prepared by:

LHSC Accessibility Working Group
Coordinator, Pat Smith

Available online at www.lhsc.on.ca and in alternate formats upon request

Table of Contents

1. Executive Summary

This plan documents the measures London Health Sciences Centre (LHSC) took during 2005-06 and describes the measures LHSC plans to take during 2006-07 to identify, remove and prevent barriers to persons with disabilities. It is the fourth annual plan that LHSC has prepared pursuant to the Ontarians with Disabilities Act, 2001, which requires hospitals to publish such plans each year.

Four methods were used to gather the information needed to develop this plan: a web-based accessibility survey; other feedback from patients, families and visitors; a survey of leaders; and qualitative research by Masters level Occupational Therapy students at the University of Western Ontario.

Based upon information obtained throughout the past year, some 94 barriers to persons with disabilities are noted in Appendix C. At LHSC, this information is forwarded to the appropriate leader for consideration. Each year, the Accessibility Working Group surveys hospital leaders to identify actions planned, initiated and completed to remove barriers to persons with disabilities. Some 29 initiatives to remove barriers over the past year are reported in section 7.

In addition, the Accessibility Working Group addresses systemic-level barriers through specific measures in the five broad theme areas of: staff awareness, facility accessibility, accommodating the needs of patients with disabilities, wayfinding and accommodating persons with disabilities as an employer. The measures planned this year within these theme areas are outlined in section 10.

LHSC is a university teaching hospital with a mission focused upon patient care, research and education. Its three primary facilities are South Street Hospital, University Hospital and Victoria Hospital. LHSC's paediatric care program, the Children's Hospital of Western Ontario, is a regional referral centre providing specialized paediatric services to children in Southwestern Ontario.

The Accessibility Working Group helps to fulfill LHSC's commitment to accessibility; it reports to a Steering Committee representing St. Joseph's Health Care, London (St. Joseph's) and LHSC (together, London's hospitals). The members of the group are drawn from a broad cross-section of hospital departments and work collaboratively to prepare this annual plan.

2. Aim

This plan documents the measures London Health Sciences Centre (LHSC) took during 2005-06 and describes the measures LHSC plans to take in 2006-07 to identify, remove and prevent barriers to persons with disabilities.

3. Objectives

This plan:

1. Describes LHSC's process to identify, remove and prevent barriers to persons with disabilities.
2. Reviews recent efforts to remove and prevent barriers to persons with disabilities.
3. Describes the measures LHSC plans to take during 2006-07 to identify, remove and prevent barriers to persons with disabilities.
4. Outlines how LHSC will make this accessibility plan available to the public.

4. Description of London Health Sciences Centre

LHSC is a leading patient care, teaching and research centre. LHSC provides primary, secondary, tertiary and selected quaternary services for the communities of London and Middlesex, and serves as a regional referral centre for selected, highly specialized tertiary and quaternary clinical services for communities beyond. The Children's Hospital of Western Ontario (CHWO) within LHSC serves as a regional referral centre providing specialized paediatric services to children in Southwestern Ontario. CHWO also supports other Ontario regions through its paediatric critical care transport system.

LHSC has approximately 744 beds, including 44 bassinets. More than 8,000 London Health Sciences Centre staff, physicians, and students care for more than 650,000 inpatients, outpatients and emergency patients each year.

LHSC has hospitals located on three sites: University Hospital, Victoria Hospital and South Street Hospital, as well as two community health centres. LHSC is spread over three million square feet of property.

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.

5. The Accessibility Working Group

Establishment of the Accessibility Working Group

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

The Terms of Reference of the LHSC Accessibility Working Group are attached as Appendix A.

Coordinator

Amy Lee, Director, Quality & Patient Safety, is the Coordinator of the joint LHSC/St. Joseph's Accessibility Steering Committee.

Pat Smith, Policy Development Specialist, is the Coordinator of the LHSC Accessibility Working Group.

Members of the Accessibility Working Group 2005-06

Name	Department
Lew Acre	Specialist, Facilities
Cathy-Lee Benbow	Coordinator, CNS (MS Clinic)
Greg Davies	Web Producer, Corporate Communications & Public Relations
Marla Girvan	Coordinator, Outpatient Services, Surgical Care
Douglas Glover (Past Coordinator)	Manager – Routine Laboratories
Barbel Hatje	Communications Consultant, Corporate Communications & Public Relations
Glenda Hayward	Professional Practice Specialist, Nursing
Nicole Lanthier	Professional Practice Leader – Audiology
Carol Mooney	Ontario Breast Screening Program
Erin Pearson	Family Advisory Liaison Children's Care
Elaine Pollett	Patient-Centred Care Consultant
Holly Reid	Organizational Development Consultant
Julie Sans	Supervisor, Finance & Facilities LRCP
Pat Smith (Coordinator)	Policy Development Specialist, Risk Management
Paul Toplack	Social Worker, Renal Care
Cathy Vandersluis	Professional Practice Leader, Occupational Therapy

6. Hospital commitment to accessibility planning

LHSC and St. Joseph's are committed to the following Accessibility Planning Policy:

- The establishment of Accessibility Working Groups at the hospitals

- The members of the Accessibility Working Groups should encompass a diverse cross section of staff representing departments relevant to accessibility planning such as Human Resources, Planning, Communications, IT, Occupational Health and 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.

7. Recent barrier-removal initiatives

The LHSC Accessibility Working Group surveyed leaders in June 2006 in order to document recent barrier-removal initiatives (*a sample of the questionnaire is provided as Appendix B*). The survey results included the following 29 initiatives:

a) Accessibility Policy
LHSC adopted an Accessibility policy on September 15, 2005. The policy commits the hospital to fulfilling its responsibilities under the Ontarians with Disabilities Act, 2001, and includes an associated procedure.
Status: *Completed.*

b) Workplace Accommodation Policy
LHSC's Human Resources Department developed and approved a Workplace Accommodation policy, which applies to hospital employees. This policy sets out the hospital's commitments to employees who are disabled as a result of an occupational or non-occupational illness or injury. The policy became effective on May 1, 2006.
Status: Completed

c) Staff Awareness Brochure
All new employees of LHSC, including students who receive clinical experience at LHSC, are required to attend a corporate orientation session to learn about LHSC's vision, culture, norms, values, policies and legislated requirements. Each attendee at this session receives a brochure entitled "Attitudinal Awareness the Difference You Can Make."
This brochure provides guidance that is designed to encourage appropriate interactions between staff and persons who have disabilities. The brochure was reviewed, updated and republished this year by a Staff Awareness sub-committee of the Accessibility Working Group.
Status: Completed.

d) Expansion of Patient Relations Services
This year, LHSC expanded its patient relations services, increasing the staff contingent from one full-time equivalent to two. LHSC's two patient relations specialists stagger their hours and days of work to provide coverage from 7:30 am to 5:30 pm Monday to Friday, and on-call services on weekends. This enhances LHSC's capacity to respond to patient feedback. Also this year, two related policies were reviewed and revised. One guides the management of feedback, while the second provides an overview of patient rights and responsibilities.
Status: Service expansion completed; policies at consultation stage.

e) Harassment and Discrimination Policy
LHSC's Human Resources Department reviewed and updated the hospital's policy on Harassment and Discrimination. This policy addresses LHSC's responsibilities under the Ontario Human Rights Code. The updated policy became effective on March 7, 2006.
Status: Completed.

f) London Renal Care Unit Proposal
To enhance LHSC's capacity to meet the demands of this growing patient population, a proposal has been completed for the development of a new London Renal Care Unit. The proposed new facility is designed to better meet the needs of chronically ill patients with physical disabilities.
Status: Planning stage. Proposal completed.

g) Purchase and deployment of new wheelchairs
Wheelchairs are the basic means of patient transport within LHSC and are also used by anyone who has difficulty walking. The hospital needs to supplement and replace the fleet on a regular basis. LHSC received 100 new wheelchairs in the summer of 2006, thanks to the dedication and generosity of the LHSC Auxiliary and hospital volunteers.
Status: Ongoing project.

h) Acute Care of the Elderly Unit (ACE)
In July 2005, LHSC opened an Acute Care of the Elderly Unit at its Victoria Hospital. This unit cares for acutely ill older people who require the investigation and management of complex health issues. It incorporates best elder care principles into its practices with the goal of optimizing the health of patients served. The design features of the unit reflect best practices documented in studies of elder care. The décor features shades of yellows and reds or rusts, colours that are more visible to elderly persons. Darker colours add to the contrast and are painted around the unit's doorframes to enhance visibility. Hallways are furnished with handrails for enhanced safety. To reduce glare, floor are maintained appropriately, i.e., without buffing, and lighting is warm. Washroom floors are non-skid.
Status: Completed/ongoing.

i) Geriatric Emergency Management
LHSC has an Advanced Practice Nurse managing geriatric cases at the University Hospital Emergency Department, under Ontario's Geriatric Emergency Management (GEM) program. Specialized services are provided to frail seniors to prevent or postpone decline and loss of independence. Seniors have the highest level of illness complexity, hospital admission rates, lengths of stay and risk of functional decline.
Status: Ongoing.

j) Implementation of the RNAO Best Practice Guideline "Screening for Delirium, Dementia and Depression in Older Adults"

Delirium, dementia and depression are common clinical conditions of the hospitalized elderly. Hospital barriers (e.g., physical, architectural, information/communication, attitudinal and practice barriers) can have significant impacts on these geriatric conditions. Delirium can result in increased morbidity and mortality. Implementation of the Registered Nurses Association of Ontario **(**RNAO) Best Practice Guideline "Screening for Delirium, Dementia and Depression in Older Adults" and elements of its adjunct, "Caregiving Strategies for Older Adults with Delirium, Dementia and Depression", will help to increase the interdisciplinary staff's capacity to provide quality elder care for those patients with one or more of these clinical conditions. The P.I.E.C.E.S.^{TM} approach (*see below*) will be used in the implementation of these Best Practice Guidelines. It is planned that this initiative will be done in collaboration with St. Joseph's to ensure a consistent approach on these issues in London's hospitals.
Status: Initial planning stage.

k) Acute Care and Emergency Department P.I.E.C.E.S.^{TM} Approach

Hospitalized elderly persons can have cognitive, mental health, physical and/or functional impairments. However, multiple barriers in the hospital environment often preclude elder-friendly care. A comprehensive assessment approach known as P.I.E.C.E.S. ^{TM} is being adopted in Acute Care and the Emergency Department to enhance the coordination, consistency and integration of elder care across the health continuum.
Status: Implementation planning stage.

l) The Geriatric Consultation-Liaison team in Acute Care

The Geriatric Consultation-Liaison Team is an innovative, collaborative partnership between LHSC and St. Joseph's to provide integrated geriatric medicine and psychogeriatric care for hospitalized, frail elders. This team of Geriatricians, a Geriatric Psychiatrist and four Advanced Practice Nurses provides comprehensive geriatric assessments, case management, education, clinical leadership and capacity building in elder care best practice in London acute care settings. The Geriatric-Consultation Liaison Team also works in partnership with community health care providers to optimize elder care across the care continuum.
Status: Ongoing.

m) Best Practice Guideline "Fall Prevention Program"

The Best Practice Guideline "Fall Prevention Program" was implemented in the Acute Medical Care and Community Transitions program at LHSC to reduce risk and critical incidents related to falls in the elderly population This program includes risk assessment, fall precautions, environmental modifications and patient/family education about fall prevention.
Status: Implemented and ongoing.

n) Senior-Friendly Hospital Initiative
The Accessibility Working Group welcomed representatives of Specialized Geriatric Services based at Parkwood Hospital (part of St. Joseph's), who gave a presentation on the Senior-Friendly Hospital Initiative, a complement to LHSC's efforts to enhance accessibility. A senior-friendly environment is universally accessible, eliminating the need for adaptation or specialized design. Related initiatives at LHSC are documented above. The LHSC Accessibility Working Group will make efforts to heighten awareness of the principles underlying this initiative in the context of its barrier-removal plans for the coming year, emphasizing barrier prevention.
Status: Ongoing.

o) Community capacity building – learning disabilities
Members of LHSC's Accessibility Working Group are participating with representatives of other public and private sector organizations in a community project to develop employer guidelines for accommodating persons with learning disabilities. The LD Edge Project is developing a resource to help employers to assess current practices and draw upon best practice to maximize the contribution of persons with learning disabilities in the workplace. Members of the LD Edge team also presented an educational session to LHSC's Human Resources team.
Status: Ongoing.

p) Completion of accessible entrance
Work on the construction of a ramp for the main entrance to Victoria Hospital Zone E (Westminster Tower), reported in LHSC's Annual Accessibility Plan for 2005-06, was completed in the fall of 2005. As a result, entrances on both the north and south sides of this building are now accessible to persons using wheelchairs.
Status: Completed.

q) Purchase of patient stretchers
LHSC is acquiring new, height-adjustable patient stretchers to enhance patient access. The hospital's old stretchers lacked this feature and were high, often requiring patients to use a step stool for access.
Status: Ongoing project.

r) Installation of feel patches to support familiarization with surroundings
To accommodate the needs of a patient with a visual impediment, a unit installed feel-patches to the walls in the hallway between the patient's room and the nursing station. These were kept in place until the patient became familiar with unit surroundings.
Status: Completed.

s) Involvement of community supports for inpatient clients
To support newly admitted clients with a learning and/or developmental disability, the acute mental health inpatient unit invites and involves community supports

while the client becomes familiar with his or her surroundings. This helps the client by increasing his or her comfort level and trust of staff. Group home staff are always welcomed and invited to continue contact with the client while the client is in hospital as their suggestions and knowledge of the client are helpful and appreciated.
Status: Ongoing practice.

t) Modifications to premises of Ivey Eye Institute

The Ivey Eye Institute examines more than 70,000 patients with eye diseases and disorders annually. One of the Institute's two locations is sited at Victoria Hospital and houses glaucoma, pediatric and retina eye care services. To better accommodate patients with visual impediments, LHSC Engineering Services had carpenters change the laminate colour on all of the tables and surfaces in the entranceway to provide better visual contrast for patients. Previously, the flooring in the entry area was replaced with a low sheen material, also to provide better visual contrast.
Status: Completed.

u) Assistance Dogs in the Hospital Policy

A working group has drafted a corporate policy on Assistance Dogs in the Hospital to ensure that the hospital meets its obligations to accommodate persons who rely upon assistance dogs. As part of the policy development process, the Working Group consulted organizations serving individuals who rely upon assistance dogs as well as the staff of assistance dog training schools. LHSC's Accessibility Working Group and Patient Care Management Committee have reviewed the draft policy. Three additional committee consultations are planned, leading to approval in the fall.
Status: Draft completed. Approval anticipated Fall 2006.

v) Enhancements to entrance of Byron Family Medical Centre

LHSC's Byron Family Medical Centre (BFMC) is an academic family medicine centre serving the community. LHSC Risk Management, Physiotherapy, Occupational Therapy and BFMC Management completed a review of the centre's front entrance. To enhance patient safety and accessibility, handrails were installed outside the front door. In addition, a button for operating the automatic door opener was installed between the facility's inner and outer doors. The timing of the door opening mechanism was also adjusted to accommodate patient needs.
Status: Completed.

w) Adjustments to wayfinding signage at University Hospital

Following upon the implementation of LHSC's new wayfinding system in 2005, adjustments and refinements to signage locations are planned at University Hospital, e.g., within the Non-Invasive Cardiology Unit.
Status: Assessment completed, implementation to follow.

x) Trauma Program office relocation plan
LHSC is the Lead Trauma Hospital for Southwestern Ontario. The role of LHSC's Trauma Program is to provide leadership in the specialized care of moderately and severely injured adults and children. The program office is relocating within LHSC from South Street Hospital to Victoria Hospital. Wheelchair-accessible doorways will be installed in both the program office and the Injury Prevention Educator's office at the new location.
Status: Planning stage.

y) Sustaining South Street Hospital
LHSC's South Street Hospital is an aging facility that in use only until the completion of restructuring within London's hospitals. In February 2005, the Emergency Department at this facility relocated to Victoria Hospital. On June 12, 2005, all but one of the inpatient units followed suit. As such, South Street Hospital was not initially included in LHSC's Wayfinding Project. As one inpatient program remains at the site, along with several outpatient clinics, some wayfinding enhancements are planned. Certain measures to enhance the accessibility are also under study.
Status: Planning stage.

z) Realignment of counters at issuing windows of Blood Transfusion Labs
To reduce strain and injury to staff, counters at the issuing windows of the Blood Transfusion Labs at both University and Victoria Hospitals were realigned. Staff members no longer need to reach over the counter to issue blood products.
Status: Completed in January 2006.

aa) Under-counter pass-through at Blood Transfusion Lab receiving area
To reduce strain and injury to staff and couriers, an under-counter pass-through was added to the receiving area at the Victoria Hospital Blood Transfusion Lab. This counter is the delivery point for boxes of blood arriving from Canadian Blood Services.
Status: Completed in June 2006.

bb) Installation of adaptive technology for staff of Routine Labs
To accommodate staff with hearing impediments, telephones for the hearing impaired were installed in the Routine Labs at both University and Victoria Hospitals. The telephones incorporate nine special features designed to meet the needs of persons with a hearing impediment.
Status: Completed in November 2005.

cc) Repair of curb to remove barrier to users of wheelchairs
Patients attending the dialysis unit at Victoria Hospital reported difficulty in negotiating wheelchairs over the curb into the adjacent parking lot. The concrete was repaired to remove this barrier and reduce the risk of injury.
Status: Completed.

8. Barrier identification methodologies

Four methods were used to gather input for the development of this plan:

Methodology	Description	Status
Web-based survey	Internet survey on LHSC public website. Directly accessed via a link from website homepage. Enables any website visitor to provide feedback on barriers to accessibility within LHSC. Feedback is directed to the appropriate leader for review and consideration.	Ongoing
Feedback management system	LHSC manages and documents feedback from patients, families and visitors for quality improvement purposes, including feedback about accessibility. Feedback is directed to the appropriate leader for review and consideration.	Ongoing
Leadership Questionnaire	A questionnaire was sent to directors, managers, coordinators, specialists, consultants and other leaders in June to identify barriers and document recent efforts to remove barriers. To foster participation/response, leaders received a presentation on LHSC accessibility planning.	Annual Survey. Completed in June.
Research Studies	LHSC's Professional Practice Leader for Occupational Therapy supervised two qualitative research studies by Masters level students in the Occupational Therapy Program at the University of Western Ontario. One study examined LHSC staff attitudes toward persons with physical disabilities, based on interviews with hospital patients. The other examined attitudes toward persons with mental health impairment within the full health care system, based on interviews with patients.	Completed. Results communicated to LHSC leadership in July.

9. Barriers identified

A list of barriers identified in 2005-06 through the channels described in section 8, above, is appended (*see Appendix C*). A total of 94 barriers are listed by type. This list includes 25 physical; 23 architectural; 12 communication/informational; 15 attitudinal; 7 technical; and 12 policy and practice barriers.

10. Barriers that will be addressed in 2006-07

Each year, the Accessibility Working Group directs feedback regarding specific barriers to the responsible leader for consideration. In addition, the Accessibility Working Group selects five to seven action areas that are intended to foster barrier removal at a systemic level. Specific measures within the five theme areas vary from year to year. The five theme areas are: staff awareness, facility accessibility, accommodating patients with disabilities, wayfinding, and accommodating persons with disabilities as an employer.

Barrier	**Objective**	**Means to remove/prevent**	**Performance criteria**	**Timing**	**Responsibility**
Staff lack extensive knowledge of full range of accommodation measures for persons with disabilities and how attitude may affect accessibility.	Increase staff capacity/ability to appropriately accommodate persons with disabilities by employing a patient-centred approach.	Respond to learning needs of all staff, including new hires. Investigate feasibility of providing attitudinal awareness sessions.	Increase in positive feedback pertaining to accommodation measures by staff / decrease in any negative feedback including web-based comments.	Fall 2006 – Spring 2007	Human Resources Communications Risk Management Occupational Therapy
Lack of accessible entrances. Lack of accessibility within existing facilities.	Raise awareness of / engagement in measures to enhance accessibility across the organization	Develop an internal website to provide information and resources to management and staff. Implement strategy to drive traffic to website.	Increasing awareness of, commitment to and implementation of universal design principles at LHSC.	Fall 2006 – Spring 2007	Quality & Patient Safety Communications Facilities Planning IM
Lack of a process for accommodating persons with disabilities on a consistent and systematic basis.	Enhance access for persons with disabilities.	Develop and implement a strategy to heighten awareness of existing accommodations and to identify and respond to needs in a proactive way.	Completion and implementation of strategy.	Fall 2006 – Spring 2007	Quality & Patient Safety Communications Professional Practice Patient Care Customer Service

Wayfinding	Continue to refine and adjust wayfinding system to enhance access.	Ensure system enhances access to facilities by persons with disabilities.	Persons with disabilities have access to information needed to reach destinations within LHSC.	Total project completion by 2008	Facilities and Planning
Restricting the available candidates for hire	Ensure LHSC can recruit and accommodate persons with learning disabilities.	Use resources of local agencies to develop an understanding of the needs of persons with learning disabilities	Development of a strategy for accommodating persons with learning disabilities in the recruitment process.	In tandem with progress of community project to develop guidelines.	Human Resources

11. Review and monitoring process

The Accessibility Working Group meets monthly to review progress. Sub-groups are formed to work on specific barriers. The sub-groups report on their progress at the Accessibility Working Group's monthly meetings. The Accessibility Working Group reports to the Accessibility Steering Committee for London's hospitals, which meets at least twice each year.

12. Communication of the plan

Each year, LHSC publishes this annual plan on its Internet website and in hard copy form. The publication of the plan is communicated by the following means:

- An e-mail to staff members
- Notice in the staff newsletter *the Page*
- A link in a brochure distributed to new staff members and students receiving clinical experience at LHSC

A copy of the plan is available in the libraries at each hospital site, from the Corporate Communications and Public Relations Department and in the offices of LHSC's two Patient Relations Specialists.

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

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:

- 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.

(Source: Ontarians with Disabilities Act, 2001)

Barrier:

- 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.

(Source: Ontarians with Disabilities Act, 2001)

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:

Each member brings his or her 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 that 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.mcss.gov.on.ca/mcss/english/pillars/accessibilityOntario/planning/planning_information.htm

The Ontario Hospital Association with the help of many of its members has created a Toolkit for Annual Accessibility Planning under the Ontarians with Disabilities Act. The toolkit is 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 St. Joseph's. 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 Questionnaire for Leaders

Purpose of the Questionnaire

The Ontarians with Disabilities Act 2001 requires hospitals to publish annual accessibility plans. The plans report on measures taken, in place and planned to identify, prevent and remove barriers to persons with disabilities. These barriers may arise in hospital by-laws, policies, programs, practices and services. The responses to this questionnaire will contribute to the development of the 2006 accessibility plan.

Please reply by **June 19**. The plan will be written in July for publication before September 30.

Examples of Barriers to Persons with Disabilities

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

1. Your job function

☐ Leadership (Director, Manager, Coordinator)
☐ Clinical Staff (Physician, Nurse, Allied Health)
☐ Other (Customer Support)

2. Your location

☐ South Street Hospital
☐ University Hospital
☐ Victoria Hospital
☐ Other _____

3. **Are you aware of barriers to persons with disabilities in your area?**
   ☐ Yes ☐ No

   If yes, please indicate and describe the type of barrier(s).

Potential to affect	Description
☐ Person with a physical disability	
☐ Person with a visual impediment	
☐ Person with a hearing impediment	
☐ Person with a speech impediment	
☐ Person with a mental health disability	
☐ Person with a developmental disability	
☐ Person with a learning disability	

4. **Are you aware of plans to address these barriers?**
   ☐ Yes ☐ No

   If yes, please describe the planned resolution.

_____

_____

_____

5. **Do you have a process for identifying, removing and preventing barriers to persons with disabilities when considering proposed policies, programs, practices and services?**
   ☐ Yes ☐ No

6. **Are you aware of any initiative(s) in the last twelve months addressing barriers to accessibility (as defined above)?**
   ☐ Yes ☐ No

   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 provide details below.

Name of Project/Initiative	
Objective(s) (If known)	
Project status	❑ Ongoing (known completion date) ❑ On hold ❑ Planning stage ❑ Completed (provide date completed)

Comment if you can on this initiative.	

Name of Project/Initiative	
Objective(s) (If known)	
Project status	❑ Ongoing (known completion date) ❑ On hold ❑ Planning stage ❑ Completed (provide date completed)
Comment if you can on this initiative.	

Name of Project/Initiative	
Objective(s) (If known)	
Project status	❑ Ongoing (known completion date) ❑ On hold ❑ Planning stage ❑ Completed (provide date completed)
Comment if you can on this initiative.	

7. Do you have any recommendations for new initiatives to address barriers to accessibility within London Health Sciences Centre?

_____

_____

_____

APPENDIX C Barriers Identified in 2005-06

Type of Barrier	Feedback Received
Physical	All Sites 1. Lack of automatic doors at entrances 2. Requirement for protracted standing / height of work surfaces South Street Hospital 3. No ramp to Education Centre/Nurses Residence on Hill Street. 4. Many doors to navigate inside Nurses Residence with no automatic opening device 5. Library Services: entry doors regular-sized; items high on shelves; public access computers in shallow units; study tables not wheelchair accessible; doorknob at entry. [Relocation to accessible facility planned as part of hospital restructuring]. University Hospital 6. Distance from parking garage to hospital 7. Doorway to the Pre-Admission Clinic too narrow for some wheelchairs to get through (see also Architectural) 8. No automatic doors at PDC building 9. Location of HR reception within PDC building (no automatic doors) 10. Cluttering of main entrance at UH 11. Library Services: regular-sized doorway, entry doorway difficult to manipulate for a person in a wheelchair or a person with an artificial hand; items high on shelves; public access computers are in shallow units that do not offer much room for a

	person using a wheelchair and that are not accessible to someone using a scooter. Victoria Hospital 12. Insufficient parking for wheelchair users at Paediatric Emergency entrance / parking at Emergency Department too far from entrance 13. Inability to pay for parking from inside vehicle on exiting at some parking locations / lack of communication/posters regarding parking pay stations, lack of accessibility for those in wheelchairs (height of buttons on pay stations, lack of accessibility at outside pay station near exit by Cancer Clinic). 14. Cement stairs to reach parking payment booth at lower parking lot front entrance; stairs exposed to weather; parking area is closest to several clinics including Orthopaedics. 15. Family entrance at VH does not have automatic door to activate from a wheelchair 16. Two hands needed to open locked entrance to staff corridor / security doorknob a barrier to those with physical disabilities 17. Doors under ramp near CCTC cannot be opened by a person in a wheelchair / doors at CCTC entrance large and heavy; no wheelchair access (see also Architectural) 18. Door C (by Ivey Eye Institute) closes too fast for someone using a standard walker 19. Height of workbenches for those with temporary back injury 20. Elevator doors close too quickly; elevators doors on C Tower close too quickly 21. There is no way to know which floor one is on in elevator without seeing number / elevators in C Tower do not let one know what floor one is on;

	some do not ring on arrival 22. Frequent disruptions of visitor elevator service 23. Some toilets too low to accommodate easy transfer from wheelchair 24. Lack of accessibility of E zone (WT) where patient clinics located. Other Sites 25. UWO Research Park, Mogenson Building: door leading to office and one meeting room does not have user-friendly door handles.
Architectural	All Sites 1. Heavy doors into clinics and small clinic spaces. 2. Lack of large washrooms with large change tables for older children or adults who require transfers onto change tables for hygiene care. South Street Hospital 3. No ramp to main entrance 4. SSH not accessible to person with a physical disability (see also Informational) 5. A common department only accessible by stairs 6. SSH washroom doorways too narrow for access by wheelchair 7. Lack of elevator access to second floor of SSH Education Building University Hospital 8. Doorway to the Pre-Admission Clinic at UH is not wheelchair accessible (this door is used by clinic and operating room patients to access registration

	desk) (see also Physical). 9. Lack of accessible stalls within public washrooms 10. Lack of bars within public washroom stalls 11. PDC washrooms have wheelchair accessible cubicles, however doors to washrooms are not wheelchair accessible 12. Public washroom on UH 9 IP (Orthopaedics) not wheelchair accessible. No grab bars in washroom stall for persons with limited strength 13. Only one washroom in a department that fits a large wheelchair Victoria Hospital 14. Doors at CCTC entrance are large and heavy / no wheelchair access (see also Physical) / entrance on second level between PCCU and CCTC is not accessible to wheelchairs / door is large and heavy 15. Pitch of slope in parking lot hazardous for users of wheelchairs (near Emergency Department) 16. Emergency exits are not patient transport or disability friendly 17. Lack of storage space leading to clutter in hallways (see also Policy/Practice) 18. Dental/Plastic Clinic Waiting Rooms very small and have attached chairs—very challenging space for persons using wheelchair. 19. Confusing structural arrangement with patient rooms behind Nurses' station 20. Lack of room to manoeuvre wheelchair inside patient rooms 21. Small size limits accessibility of renal care unit on VH site

	22. Small size of family/visitor restrooms limits accessibility. 23. Small size / lack of accessibility of washroom in E Zone (WT), second floor near the new location of the Surgery Clinic
Communication / Informational	All Sites 1. Unclear signage 2. Signage is inadequate for person with a visual impairment / Wayfinding system does not offer Braille 3. Information not accessible to persons who are visually impaired 4. Lack of picture boards to assist those with a speech impediment 5. Lack of mirrors in elevators for those in wheelchairs or on scooters trying to see what floor they are on or if there is anyone in the way when backing out of the elevator. South Street Hospital 6. Lack of information about accessible entrances and lack of a means of communication at the street level outside the main entrance 7. Lack of a means of communication from the ramp by C parking lot 8. Quality of signage by callbox at old ED entrance 9. SSH not accessible to person with a physical disability (see also Architectural). University Hospital 10. Lack of directional signage to accessible washroom Victoria Hospital

	11. Wayfinding signage unsuitable for visually impaired 12. Wayfinding is challenging, more so for a person with mental, developmental and/or learning disabilities or who cannot read
Attitudinal	1. Lack of sensitivity in providing service to persons affected by chronic pain 2. Lack of attention to invisible disabilities 3. Lack of available Sign Language Services and note takers for the hard of hearing / health care professional does not access the available service 4. Overlooking importance of being welcoming and friendly toward patients and families 5. Unwillingness to permit a support person/attendant of a person with a disability to be present in room during a procedure at hospital 6. Focus on past alcohol abuse by patient during assessment at Emergency Department with insufficient attention to current health issues 7. Lack of working telephones in all rooms to permit communication with loved ones. 8. Lack of compassion for those with chronic pain / stigmatizing of anyone who is treated with powerful pain management prescriptions, particularly in the Emergency Department. 9. Education and learning is impacted by mental illness 10. Lack of accommodation of communication, education and learning needs of persons with mental, learning, or developmental disabilities and / or a visual or hearing impairment 11. Lack of due care in communicating information of a sensitive nature in a confidential manner, i.e.,

	where there is a risk of stigmatizing the information recipient 12. Patient perception that staff are too busy to attend to needs associated with disability 13. Inadequate attention to personal privacy needs of a person with a disability while performing self care 14. Overlooking a person's disability when planning / providing care for other reasons 15. Overlooking need to empower and involve a person with a disability in their care
Technological	1. Lack of public TTY (teleprinter) service 2. Lack of TTY service through rental telephones 3. UH CSRU/MSICU 2nd Floor- no access to TTY in rooms and waiting room 4. Lack of adaptive technology for persons with a visual impairment 5. Lack of alerting systems for persons with a hearing impairment 6. Use of overhead announcements a barrier for persons with a hearing impairment 7. Difficult to hear announcements over intercom at UH
Policy and/or Practice	All Sites 1. Lack of assistance in securing appropriate housing for a dialysis patient 2. Constant change, new techniques and procedures challenging for person with a learning disability 3. Need for additional training, limited job positioning for persons with a learning disability

	4. Inadequate distribution and maintenance of wheelchairs 5. Lack of volunteers and staff in easily accessible open areas at all entrances to LHSC 6. Rules perceived to be rigid South Street Hospital 7. Poor signage within Nurses Residence Building / no information desk. University Hospital 8. Lack of round-the-clock access to healthy, sugar-free snacks for visitors who have diabetes and remain in hospital overnight with palliative care patients. Victoria Hospital 9. Lack of storage space leading to clutter in hallways (see also Architectural) 10. Hearing impaired cannot hear audio calls for codes (fire, evacuation), or call bells and monitor alarms. 11. Lack of volunteers to direct traffic in commonly used hallways. 12. Lack of assistance for wheelchair users to get up the ramp

To comment or to request further information, please contact:

Coordinator, Accessibility Working Group
London Health Sciences Centre
800 Commissioners Road East
London, Ontario N6A 4G5
(519) 685-8500, ext. 55705

www.lhsc.on.ca