



**London Health Sciences Centre**

## **Annual Accessibility Plan**

**April 2011 to March 2012**

**Submitted to LHSC Board of Directors April 2011**

**Submitted to LHSC Senior Leaders March 4, 2011**

**Submitted to Accessibility Steering Committee February 17, 2011**

**Submitted by LHSC's Accessibility Working Group**

**April 20, 2011**

## ***Introduction***

London Health Sciences Centre (LHSC) prepared this Accessibility Plan in compliance with the Ontarians with Disabilities Act (ODA) (2001). 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*. The act also stipulates that the plan shall be available to the public.

This plan will:

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

The time period for this plan is from April 2011 to March 2012 in alignment with the hospital's fiscal year.

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

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## **1. Description of London Health Sciences Centre**

London Health Sciences Centre (LHSC) is an academic health sciences centre with the following primary facilities: University Hospital, South Street Hospital, Victoria Hospital, and Children's Hospital. Staff members total about 10,260 and the budget for last year was about \$886 million. Additional information about LHSC is available at

[http://www.lhsc.on.ca/About\\_Us/LHSC/Who\\_We\\_Are/Facts\\_And\\_Stats/FactsandStats10.pdf](http://www.lhsc.on.ca/About_Us/LHSC/Who_We_Are/Facts_And_Stats/FactsandStats10.pdf)

LHSC has completed an accessibility plan annually since 2003. Previous plans are posted on LHSC's internet site under *Publications* or go to [http://www.lhsc.on.ca/About\\_Us/LHSC/Publications/index.htm](http://www.lhsc.on.ca/About_Us/LHSC/Publications/index.htm)

## **2. Aim of the Accessibility Plan**

This plan will:

- Briefly discuss the relationship between the Accessibility for Ontarians with Disabilities Act (AODA) and the Ontarians with Disabilities Act (ODA);
- Summarize the actions taken to remove and prevent barriers in the 2011/12 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions planned to remove and prevent barriers from April 2011 to March 2012; and
- Describe how the plan will be communicated internally and to the public.

## **3. Accessibility Working Group**

In accordance with the ODA, senior leaders from LHSC and St. Joseph's Health Care, London (St. Joseph's) formally constituted the LHSC and St. Joseph's Accessibility Working Groups in April 2003. The terms of reference for LHSC's Accessibility Working Group and its Accessibility Policy can be found in appendix 1 and 2 respectively.

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

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

**Members of the Accessibility Working Group (October 2009 to March 2011)**

<b>Working Group Member</b>	<b>Department</b>
Susan Greig (chair)	Professional Practice Leader Nutrition and Food Services (St. Joseph's Health Care)
Cathy Lee Benbow	Coordinator CNS, Ambulatory Care Clinics
Bärbel Hatje	Communications Consultant, Corporate Communications and Public Relations
Glenda Hayward	Profession Practice Specialist, Nursing
Meaghan Innes	Assistant, Volunteer Services
Nancy Lawrence	Patient Relations Specialist
Dianne Legault	Human Resources Specialist
Holly Reid	Consultant, Organizational Development
Leann Merle	Occupational Therapy
Lew Acre	Specialist, Facilities
Shawna Cunningham	Manager, Maternal and Newborn Care
Cathy Wood	Project Leader, Sleep Lab

**4. Planning Cycle**

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

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

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

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

LHSC met its compliance obligations under the AODA Customer Service Regulations in March 2010.

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

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

The Government accepted feedback on the proposed standard until March 18, 2011. It is now considering public comments as it finalizes the standard. For additional information about the process and standards log on to <http://www.mcsc.gov.on.ca/en/mcsc/programs/accessibility/OntarioAccessibilityLaws/DevelopingStandards/IAR/introduction.aspx>

The areas of information and communications and employment will have particular implications for LHSC. The Built Environment, another of the five original standards, will have significant impact on LHSC. This status of this standard is currently unknown; the Ministry is apparently attempting to incorporate the requirements of the Built Environment into the building code.

## **6. Barrier removal initiatives for April 2011 to March 2012**

### **a) Modify terms of reference of Accessibility Working Group**

The terms of reference was modified and now is in alignment with the work of committees which have the mandates of meeting AODA requirements. *Project Status: completed*

### **b) Create an accessibility policy**

Accessibility Policy created and approved by senior leaders in December 2009. *Project Status: completed*

### **c) Develop ODA and AODA Customer Service Standard structure and processes**

Processes and structures were created and implemented to facilitate meeting the requirements of the AODA Customer Service Standard and the ODA accessibility planning process. *Project Status: completed*

### **d) Develop a consistent approach to assessing proposed policies for their impact on accessibility**

An addition to the policy development process has led to leaders working on policies to determine whether persons with disabilities are a stakeholder group. *Project Status: completed in 2009/11 plan*

- e) University Hospital – Erect signage to indicate shorter route from Voyageur drop off point to elevators in main lobby**  
For people with mobility challenges the shortest distance from the Voyageur drop off point to the main elevators is through the side corridor. Signage can help people navigate this route *Project will be captured in 2011/12 plan*
- f) University Hospital - Remove of garbage bins from under the elevator buttons**  
Garbage bins mounted to walls under the elevator buttons create a barrier for people in wheelchairs or scooters pressing the buttons. *Project Status: completed*
- g) University Hospital – Install accessible cafeteria doors**  
Cafeteria exit doors are large and heavy and can not be opened by persons in wheelchairs or scooters without use of force. Manual entrance doors are not consistently open. *Project Status: It is difficult and expensive to replace cafeteria exit doors; new doors must meet building and fire codes as well as be esthetically similar to the area. Plans are in place to replace entire door systems; having two doors rather than three and having locking mechanisms to meet fire code requirements. Project will be captured in 2011/12 plan*
- h) University Hospital – Create accessible washroom off main floor lobby**  
Both washrooms and the small corridor leading the washroom need to be reconfigured. *Architect creating plans to reconfigure area. Project Status: Project will be captured in 2011/12 plan*
- i) University Hospital – Mount mirrors in elevators**  
People using wheelchairs and scooters drive into the elevator to face the back wall. Mirrors in the rear corners assist those backing out of the elevators. *Work requisition submitted to P. Renaud. Project will be captured in 2011/12 plan*
- j) Victoria Hospital – Identify need for accessible features in new parking garage**  
Request that consideration be given to ensuring the garage contains adequate accessible parking spots, located close to automated doors that lead to accessible entrances to the hospital. *Project Status: Initial contact made, will continue to monitor*
- k) University Hospital - Library Services B3-248– Installation of automated doors** *Project Status: completed December 2010*
- l) University Hospital - Washroom A1-506 - Installation of automated doors** *Project Status: completed December 2010*
- m) University Hospital - Transplant Unit 4 TU2- Installation of automated doors and level threshold to garden entrance**  
*Project Status: completed December 2010*

n) University Hospital- B1-110 Business Office - Installation of automated doors *Project Status: completed*

## 7. Barrier Identification Methodology

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

Methodology	Description	Status
Generated reports from the patient feedback software (FM Pro)	Patient, visitor and family complaints and compliments regarding barriers are captured using the software	Reports were reviewed by the Working Group and considered during selection and prioritization exercise
Conducted an electronic leaders' survey in December 2010	An email containing the survey was sent to members of Leaders' Forum. The survey was designed to be brief and simple to facilitate a greater response rate.	Survey results were reviewed by the Accessibility Working Group and recommendations identified
Conducted a brainstorming exercise of Accessibility Working Group members from which they drew from observations and experience	Working group members identified barriers and initiatives to overcome barriers	This input has contributed to the plan
Review of AODA proposed Integrated Standards	The standards are currently out for public consultation	The standards and links have been forwarded to the most appropriate departments. The requirements of the standards will be addressed once passed into law.
Review of initiatives from 2009/11 plan	Some initiatives are ongoing from the 2009/11 plan	Each ongoing initiative was reconsidered for the 2011/12 plan

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

Barriers can be categorized according to seven barriers: physical, architectural, informational, communication, attitudinal, technological, and policy/practice. These are categories are used in the workplan.

The Accessibility Working Group developed the following list of criteria to aid in prioritization of the barriers to be addressed in the 2011/12 plan.

- Will the program be moving within the next year? If so, the barrier will not be addressed unless it creates a safety risk and then temporary measures will be considered.
- Is the area is moving? If so, alert Facilities Planning to the accessibility issue so that it may be considered in the new space.
- Does the barrier have an impact on one specific population or does it have an impact on the broader patient population?
- Are the cost and the scope of the barrier within the scope of the Working Group?
- Does the project address access issues for those people with disabilities as defined in the AODA?

In addition to the barriers captured in the plan, other barriers will be addressed as they are identified throughout the year. Patients and visitors can alert the Working Group to barriers via email, mail, telephone or in person. Staff members and communicate barriers to any one of the Working Group members.

### South Street Hospital and the Buildings on the North Side of South Street

The past two leaders' surveys and the braining storming exercises identified many accessibility issues related to South Street Hospital and the buildings on the north side of South Street. At this time, the Working Group has chosen not to put forth recommendations regarding accessibility barriers related to South Street Hospital because of its projected closure in the summer of 2012. Further no barriers identified in the buildings on the north side of South Street will be addressed given Facilities Planning is committed to undertaking a review of the facilities and ensuring their accessibility prior to the closure of South Street Hospital.

When South Street Hospital closes, the tunnel that runs from the hospital to the building on the north side of the street will also close presenting an accessibility issue. The buildings on the north side of the street do not have accessible washrooms, and only one has an accessible entrance. The elevators and physical layout particularly between buildings (ramps and lips) may also present accessibility challenges.

### Process to Engage Facilities Planning (internal document only)

For projects that are classified as physical and architectural, a project request is now submitted to Facilities Management, which assesses the viability of the project and establishes its cost.

## Work Plan

Category of Barrier, Location and Cost	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
Information/ University Hospital (low cost)	For people with mobility challenges the shortest distance from the Voyageur drop off point to the main elevators is through the side corridor. Signage can help people navigate this route.	New signage	Sign mounted	Working Group member	Complete by 03/12
Physical / University Hospital (In Facilities Engineering's budget)	Cafeteria exit doors are large and heavy and can not be opened by persons in wheelchairs or scooters without significant use of force. Manual entrance doors are not consistently open.	Architect engaged in selecting new doors to ensure they meet fire and building codes while considering the esthetics. New doors ordered  Discuss the need to have an accessible entrance with Morrison Foods	Entrance and exit accessible for persons using assistive devices	S. Greig P. Schawb P. Renaud	Complete by 03/12
Architectural / University Hospital (In Facilities Engineering Budget)	Washroom off main floor lobby not accessible	Architect engaged in reconfiguring the space	Accessible washrooms	S. Greig P. Schawb	Complete by 03/12
Physical / University Hospital (Facilities Engineering aware)	People using wheelchairs and scooters drive into the elevator to face the back wall and some have difficulty backing out.	Mirrors in the rear corners would assist in backing out of the elevators  Work requisition submitted to P. Renaud	People using wheelchairs and scooters can exit elevators safely	L. Acre P. Schawb	Complete by 03/12
Architectural - Victoria Hospital (unable to assess)	Opportunity to have the new garage designed for adequate accessible parking spots, which	Consult with Customer Services	A garage with features that allow for an	Working Group member	Ongoing

Category of Barrier, Location and Cost	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
cost at this time)	are located close to automated doors that lead to accessible entrances to the hospital		accessible path from the parking spot to the care area		
Physical -Victoria Hospital Non invasive diagnostic cardiology (\$1,500 to \$2,000)	Door creating a barrier for those in wheelchairs	Install an automatic opener for C2-500	People using wheelchairs and scooters enter unit	L. Acres	Complete by 03/12
Physical – University Hospital, Surgical Care, Ortho Outpatients (nominal cost to be determined)	Raised toilet seat required for patient/visitors washroom; most people using these washrooms are elderly and many have ambulation issues	Install a raised toilet seat	Outpatients able to use toilet	L.Merle to assess	Complete by 03/12
Architectural – University Hospital Medical Imaging – 2 <sup>nd</sup> floor (Facilities Planning to determine cost)	Change room not large enough to accommodate someone in a wheelchair or scooter	Redesign change rooms to make one larger  Project request submitted to Facilities Planning	Patients using wheelchairs can change in privacy	L. Acre P. Renauld	Request complete by 05/11
Physical – Victoria Hospital Medical Imaging (\$1,500 to 2,000)	Doors to main entrance to department difficult for people with mobility challenges to open	Automate doors	Patients able to enter department easily	L. Acre	Compete by 03/12

### Barriers and Opportunities requiring further Assessment

Category of Barrier, Location and Cost	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
Policy / Practice - VH	Wheelchairs are not always available for people with mobility challenges	Assess which committee or service should address this operational issue	Committee identified and request made	Accessibility Working Group to assess	Complete by 03/12
All categories of barriers- VH	Barriers are often better identified by those with disabilities	Consider conducting a tour with a representative from Facilities, someone with a disability, and a member of the Accessibility Working Group to identify barriers	Conduct a tour to identify barriers	Representatives from Engineering, the Accessibility Working Group, and a person with a disability	Complete by 03/12
Communicational	Insufficient information is available for people using wheelchairs and scooters to plan their trip to and from the hospital	Consider providing maps of accessible parking spots for each site (including the Family Medical Clinic). Post maps on the external website and inform people who often provide directions of these maps and website	Determine viability, and if viable develop plan	B. Hatje	Complete by 03/12
Communicational	Staff report not knowing where accessible washrooms are located	Consider providing maps of accessible washrooms for each site (including the Family Medical Clinic). Post these maps on the external website and inform people who often provide directions of these maps.	Determine viability, and if viable develop plan	B. Hatje	Complete by 03/12
Communicational	Staff do not know where TTY phones are located and how to access them	Consider creating maps citing the locations of TTYs	Determine viability, and if viable develop	B. Hatje	Complete by 03/12

Category of Barrier, Location and Cost	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
			plan		
Architectural - UH	No accessible washrooms in Psychology Department	Assess location of accessible washrooms and/or need for modifications to current washrooms Request submitted to Facilities Planning for a project review.	Request submitted and review completed	Member of Accessibility Working Group	Project Review completed by 09/11
Architectural - VH	Investigate whether door jams leading into the Dentistry Department are too narrow to allow people in wheelchairs and scooters to pass through	Using standards and guidelines assess the width of doors Request submitted to Facilities Planning for a project review.	Request submitted and review completed	Member of Accessibility Working Group	Project Review completed by 09/11
Physical – Victoria Hospital near ER	Showers, in an alcove accessed directly from the hallway that is the thoroughfare to the ambulance entrance, have curtains so as the automatic doors open to admit the ambulances air from outside swirls around and blows the curtains and the water around creating a wind tunnel effect thereby exposing the patient.	This may be a short term issue until mental health moves in the spring when options of using another shower may come available  Request submitted to Facilities Planning for a project review.	Request submitted and review completed	Holly Reid Phil Renaud	Project Review completed by 09/11
Physical - UH	Other than the first level, manual doors in parking garage between parking and the elevator lobbies are heavy and present as a barrier for those people in	Investigate parking garage for accessibility	Path investigated	Member of Accessibility Working Group	Investigate by 05/11

Category of Barrier, Location and Cost	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
	wheelchairs (who have parked in wheelchair accessible spots). Space on either side of accessible parking spots is tight leaving little room to maneuver a wheelchair				
Physical – UH	Sidewalk from the patient parking garage to the front door is poorly drained and snow is often not well cleared making it difficult for people using wheelchairs, walkers and scooters	Consult with representative from Facilities and Planning	No complaints	Member of Accessibility Working Group	Ongoing – each winter
Physical - PDC	Two sets of heavy doors leading from elevator banks across walkway to the main building. The width of these doors and the height of the button may also create barriers.	Assess the need for automated doors and other actions to improve accessibility, Request submitted to Facilities Planning for a project review.	Request submitted and review completed	Member of Accessibility Working Group	Project Review completed by 09/11
Physical - PDC	Doors to washrooms require automation	Assess the need for automated doors. Request submitted to Facilities Planning for a project review.	Request submitted and review completed	Member of Accessibility Working Group	Project Review completed by 09/11
Physical / University and Victoria Hospitals	Designated smoking areas are not accessible		Revisit this barrier as smoking cessation plan progresses	Member of Accessibility Working Group	Contingent upon smoking cessation plan

## **9. Review and Monitoring Process**

The Accessibility Working Group meets about eight times a year to review progress and prepare a plan for the following year. Between meetings, regular correspondence is conducted through email and telephone. Subcommittees may be formed to address one or more barriers. At each meeting, the subcommittees will report to the Accessibility Working Group on their progress in implementing the plan. The chair of the Accessibility Working Group presents the plan and updates to Accessibly Steering Committee as required.

## **10. Communication of the plan**

Each year, LHSC publishes the Accessibility Plan and posts it on its internet website and makes it available in hard copy form. The publication of the plan is communicated by the following means:

- An E-cast to staff members
- Notice in the staff newsletter *the Page*
- Posting on the LHSC website under the *Publications* section
- A link in a brochure entitled *Attitudinal Awareness: the difference you can make*, which is distributed to new staff members and students receiving clinical experience at LHSC
- Link in the *News and Events* section of the LHSC Internet website

A copy of the plan is available in the libraries at each hospital site, from the Corporate Communications and Public Relations Department, and from the Patient Relations specialists.

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

## **11. Appendices**

1. Working Group Terms of Reference
2. Accessibility Policy