



London Health Sciences Centre

**Annual Accessibility Plan
for the
London Health Sciences Centre
September 2007- August 2008**

Submitted to:

**Cliff Nordal
President and Chief Executive Officer
30 September 2007**

Prepared by:

LHSC Accessibility Working Group

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

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1. Executive Summary

This plan documents the measures London Health Sciences Centre (LHSC) took during 2006-07 and describes the measures LHSC plans to take during 2007-08 to identify, remove and prevent barriers to persons with disabilities. It is the fifth annual plan that LHSC has prepared pursuant to the Ontarians with Disabilities Act, 2001, which requires hospitals to publish such plans each year.

The information used to develop this plan was obtained through an accessibility survey; other feedback from patients, families and visitors; and a questionnaire distributed to hospital directors, managers, coordinators, specialists, consultants and other leaders.

This report makes note of 107 barriers to persons with disabilities identified during 2006-07, including suggestions for improvement. Of these, 35 address physical barriers, 26 architectural, 24 communication / informational, 12 attitudinal, and 10 policy and/or practice. This information is directed to the appropriate leader for consideration.

Each year, LHSC also reports on initiatives to remove and prevent barriers to persons with disabilities. An overview of these activities is provided in section 7.

During 2007-08, LHSC will focus on developing its capacity to respond to regulatory standards under the Accessibility for Ontarians with Disabilities Act, 2005. Actions pertaining to this focus are detailed in section 10.

LHSC is a university teaching hospital with a mission of 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 support LHSC's commitment to accessibility by preparing this annual plan. The members of the group are drawn from a cross-section of hospital departments. The group reports to a Steering Committee representing St. Joseph's Health Care, London and LHSC.

2. Aim

This plan documents the measures London Health Sciences Centre (LHSC) took during 2006-07 and describes the measures LHSC plans to take in 2007-08 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 2007-08 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

London Health Sciences Centre (LHSC) is one of Canada's largest acute-care teaching hospitals and is dedicated to excellence in patient care, teaching and research. Located in London, Ontario, LHSC encompasses three sites, South Street Hospital, University Hospital and Victoria Hospital; two family medical centres; and the London Regional Cancer Program. LHSC is also the home of the Children's Hospital of Western Ontario and CSTAR (Canadian Surgical Technologies & Advanced Robotics). LHSC is affiliated with The University of Western Ontario. Physicians and staff at LHSC number more than 9,000 and together they provided care for more than one million patients last year.

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, Communications Consultant, served as the Coordinator of the LHSC Accessibility Working Group for 2005-06 and 2006-07 and prepared this plan.

The incoming Coordinator of the LHSC Accessibility Working Group for 2007-08, effective October 1, 2007, is Nancy Lawrence, Patient Relations Specialist.

Members of the Accessibility Working Group 2006-07

Name	Department
Lew Acre	Specialist, Facilities
Cathy-Lee Benbow	Coordinator, CNS (MS Clinic)
Greg Davies	Web Producer, Corporate Communications & Public Relations
Barbel Hatje	Communications Consultant, Corporate Communications & Public Relations
Lisa Hawthornthwaite	Family Advisory Liaison Children's Care
Glenda Hayward	Professional Practice Specialist, Nursing
Holly Reid	Organizational Development Consultant
Pat Smith (Coordinator)	Communications Consultant
Paul Toplack	Social Worker, Renal Care
Cathy Vandersluis	Professional Practice Leader, Occupational Therapy

The Accessibility Working Group wishes to warmly thank the following individuals who served partial terms during 2006-07 for their contributions: Marla Girvan, Erin Pearson and Elaine Pollett.

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

Hospital directors, managers, coordinators, consultants, specialists and other leaders were invited to respond to a survey on accessibility in June 2007 (a sample of the questionnaire is provided in Appendix B). The following initiatives to remove barriers to accessibility at LHSC were reported in their responses.

- Code of Conduct (done)
 - Hospital administration introduced a Code of Conduct as a guide to behaviour among employees, physicians, dentists, midwives students and volunteers. The code includes two provisions that are supportive of strategies to identify, prevent and remove attitudinal barriers:
 - Embrace compassion and show genuine concern for patients and their families.
 - Treat everyone with dignity and respectMembers of the LHSC community received training on the Code of Conduct through a comprehensive, organization-wide rollout during the year. In addition, all incoming members of the hospital community will receive training in the code during their orientation.

- Public website redesign (implementation in progress)
 - The hospital's public website is being redesigned and will meet and exceed the World Wide Web Consortium's Checkpoints for Web Content Accessibility Guidelines.
 - The implementation of the redesign began in the summer of 2007, and will continue into the fall.
 - While meeting industry standards will make the site broadly accessible, additional enhancements will allow visitors to increase the size of text on the site and select a colour scheme to greatly increase contrast.

- Upgrading of Feedback Management System Software (done)
 - The hospital upgraded its feedback management system software and provided training to all system users. The system allows users to flag feedback specifically involving accessibility issues and concerns.

- Tips for assisting patients and families with wayfinding (done)
 - The hospital's patient-centred care consultant wrote to physician secretaries to suggest tips for assisting with the orientation of patients to the wayfinding system at Victoria Hospital when booking appointments.

- Enhancement of wayfinding system at Victoria Hospital (Summer 2007)
 - Large new exterior signs are being installed at Victoria Hospital to better identify Zone entrances. This will assist patients and families with selecting the parking lot / entrance that is closest to their destination.

- Installation of automatic doors (done)
 - A motor-assisted door was installed at the entrance to the Geriatric Mental Health Program off Colborne Street at South Street Hospital.
 - A motor-assisted door was installed at the Children's War Memorial Hospital Building entrance.

- Safe Lift and Transfer of Patients Policy (done)
 - Occupational Health and Safety Services developed a corporate policy (approved and published) on the safe lift and transfer of patients.
 - The goal of the policy is to prevent and reduce the incidence of staff and patient injuries by following a consistent standard of practice.
 - Under the policy, the hospital will ensure patient lift equipment complies with the Canadian Standards Association's Standard for Mechanical / Electrical Lifting Devices for Persons and other applicable standards.

- Wireless Internet Access (done)
 - Piloted the introduction of wireless Internet access within two patient care areas of the hospital and in common areas such as cafeterias to enable patients and families to maintain involvement in the activities of their daily lives while hospitalized, e.g., education, communication with family.

8. Barrier identification methodologies

Barriers to accessibility at LHSC were identified through the following methods during 2006-07:

Methodology	Description	Status
Accessibility Survey	LHSC invites feedback on accessibility through the LHSC Accessibility Survey, which is located on the home page of the hospital's public website. Specific feedback received through survey responses is directed to the appropriate leader for review and consideration. A sample of the survey is appended as Appendix C.	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
Questionnaire for Leaders	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.	Annual Survey. Completed in June.

9. Barriers identified

A list of barriers identified in 2006-07 is appended (*see Appendix D*). A total of 107 barriers are listed by type. This list includes 35 physical; 26 architectural; 24 communication/informational; 12 attitudinal; and 10 policy and practice barriers.

10. Barriers that will be addressed in 2007-08

Each year, the Accessibility Working Group directs feedback regarding specific barriers to the responsible leader for consideration. In addition, the Accessibility Working Group selects action areas that are intended to foster barrier removal at a systemic level.

Barrier	Objective	Means to Remove/Prevent	Performance Criteria	Timing	Responsibility
Accessibility Policy now two years old	Align policy with current environment	Review policy under lens of ODA and AODA	Accessibility Policy is reviewed and, if necessary, revised.	May 2008	Senior Leadership / Steering Committee (Sponsorship / commissioning) Accessibility Working Group (Support)
Terms of Reference developed in 2003, prior to AODA	Align Terms of Reference with current environment	Review terms of reference under lens of ODA and AODA	Terms of Reference are reviewed and, if necessary, revised	March 2008	Senior Leadership / Steering Committee
Systems and strategy yet to be formalized for compliance with future standards under AODA	Develop capacity to assure compliance with expected standards	Complete impact analysis for customer service standard	Impact analysis commissioned to identify gaps that must be addressed to assure compliance and options for implementation	Within three to six months of standard being made into law	Senior Leadership / Steering Committee (Commissioning)
Assistance Dogs policy not yet formally approved and added to corporate policy manual	Ensure staff have access to a policy and procedure for accommodating patients who rely upon an assistance dog	Submit policy for approval Publish policy	Policy is approved and published	January 2008	Senior Leadership (Review and approval) Accessibility Working Group (Policy submission / revision if necessary)
Staff lack extensive knowledge of full range of accommodation measures for persons with disabilities and how attitude may affect accessibility	Increase staff ability to appropriately accommodate persons with disabilities	Respond to learning needs of all staff, including new hires. Pilot test a training program.	Measurable change in awareness and / or attitude among training participants, post-training.	Spring 2008	Steering Committee (Sponsorship) Human Resources and Occupational Therapy (Plan / support)

11. Review and monitoring process

The Accessibility Working Group meets monthly to review progress and reports twice annually to the Accessibility Steering Committee for London's hospitals.

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 to staff on the LHSC Intranet
- Notice in the staff newsletter *the Page*
- A link in a brochure 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 hard copy version 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 - 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.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/planning/planning_informati
on.htm](http://www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/planning/planning_informati
on.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 Senior Leadership Team; final approval of the plan is given by the Board of each hospital.

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

<i>Barrier type</i>	<i>Example</i>
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

- Director
- Manager
- Coordinator
- Other _____

2. Your location

- South Street Hospital
- University Hospital
- Victoria Hospital
- Other _____

3. **Have you identified a barrier(s) to persons with disabilities in the hospital?**
 Yes No

If yes, please describe the barrier(s).

4. **Are you aware of plans to address the barrier(s)?**
 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	<input type="checkbox"/> Ongoing (known completion date) <input type="checkbox"/> On hold <input type="checkbox"/> Planning stage <input type="checkbox"/> Completed (provide date completed)
Comment if you can on this initiative.	

Name of Project/Initiative	
Objective(s) (If known)	
Project status	<input type="checkbox"/> Ongoing (known completion date) <input type="checkbox"/> On hold <input type="checkbox"/> Planning stage <input type="checkbox"/> Completed (provide date completed)
Comment if you can on this initiative.	

Name of Project/Initiative	
Objective(s) (If known)	
Project status	<input type="checkbox"/> Ongoing (known completion date) <input type="checkbox"/> On hold <input type="checkbox"/> Planning stage <input type="checkbox"/> 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?

Thank you for completing this questionnaire. Please send responses to:

Pat Smith
 Accessibility Working Group
 Fax: 667-6797
 E-mail: pat.smith@lhsc.on.ca
 Mail: SSH, Ed Centre, Room 140

For assistance or information: ext. 77062.

Accessibility Survey

Please take a few moments to provide LHSC with feedback on the accessibility of our facilities to persons with disabilities. Your feedback will help us to identify, prevent and remove barriers to persons with disabilities in accordance with the Ontarians with Disabilities Act, 2001. We take feedback into serious consideration and especially welcome suggestions for improvement. Since LHSC is a large organization operating programs and services on several sites, please help us by providing specific information about any barrier you identify.

Please assist us by answering the following questions.

1. Have you, or has someone you know, experienced difficulty in accessing programs or services at LHSC because of a lack of accommodation for persons with disabilities?

- Yes
- No
- Not sure

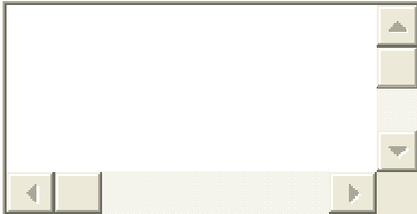
If **yes**, please describe the barrier that you or someone you know faced at the time of visit and offer suggestions for improvement.



2. Have you, or has someone you know, experienced difficulty in communicating with hospital personnel because of a disability while receiving hospital services?

- Yes
- No
- Not sure

If **yes**, please describe in detail and offer suggestions for improvement



3. Have you or has someone you know experienced an attitudinal barrier toward a person with a disability while at London Health Sciences Centre?

- Yes
- No
- Not sure

If **yes**, please describe in detail and offer suggestions for improvement



4. Please describe any other measures that LHSC could take to accommodate persons with a specific disability.



Respondent Type:

- Staff Member/Affiliate of LHSC
- Community Member
- Patient

How LHSC uses the information gathered in this survey

The information gathered through this survey is considered in the development of LHSC's Annual Accessibility Plan and by the programs and services mentioned in the feedback provided. Please note that LHSC has a separate process through which you can seek to resolve concerns.

If we may contact you to clarify any of the information you have provided in this survey, please enter your name and e-mail address below:

Name

E-mail

Appendix D - Barriers Identified in 2006-07

Type of Barrier	Feedback Received
Physical	<p>All Sites</p> <ul style="list-style-type: none"> • Adjust elevator doors to allow sufficient time to enter / exit • Ceiling track or Hoyer lifts needed in some rooms / Emergency Department • Limited parking • No lift equipment in examining or test rooms • No automatic doors for people wishing to use a washroom on their own • Need motor assistance for heavy doors, particularly in main or common entrances • Structural changes should be made once a barrier is identified • Hallways are crowded • Door knobs on most older doors are difficult to use <p>South Street Hospital</p> <ul style="list-style-type: none"> • Front door of the Nurses Residence Building is not wheelchair accessible / not motor-assisted and is difficult for patients and staff with limited upper arm mobility as the door is quite heavy. • Patients attending Psychology appointments experience difficulties with mobility • Accessible door entrances are lacking. • Front doors are not accessible to persons using walkers and wheelchairs / elderly persons do not want to walk the distance to an accessible entrance and attempt to use stairs instead

University Hospital

- Elevator controls are too high for people using wheelchairs or people who cannot raise their arms
- Front doors are difficult to access in a wheelchair as automatic entry is on one side for the first set of doors and the opposite side for the second set
- Cafeteria gate is a barrier for those using a wheelchair and/or with limited upper body strength
- Cafeteria exit does not have an automatic door opener
- Unable to easily enter and exit places like cafeteria and library, etc.
- Washrooms inaccessible for patients with a disability on the neurology / neurosurgical floor; you can only transfer one way, and there is no button to enable patients to access the washroom independently.
- Couches on the main floor are too low, making it difficult for patients and visitors to stand from a sitting position
- Chairs on the main floor should have arms to assist patients and visitors with standing
- Side entrance needs to accommodate persons using wheelchairs
- All public washrooms must be accessible
- Patient washroom not wheelchair accessible (Psychology)
- Doorways to PDC are not automated
- Standard round door knobs are difficult to open, requiring hand and full arm strength

	<p>Victoria Hospital</p> <ul style="list-style-type: none"> • Air circulation needed at ramp during summer months to alleviate high temperatures • Could not obtain ultrasound because of the lack of proper equipment for transfer, despite having an appointment booked in advance • Not enough automatic doors for those who use a wheelchair, including staff doors on level 2, under ramp • Patients experience difficulty opening main door at CHWO Psychology • Door knobs are difficult to use for people who cannot grip • Lack of automatic doors for entry into waiting area at Children's <p>Other Sites</p> <ul style="list-style-type: none"> • Some meeting rooms at Byron Family Medical Centre are not accessible • Regional and London Satellite Hemodialysis Unit on Baseline Road lacks a railing along the sidewalk leading to the patient entrance; entrance is on an incline; entrance door is heavy; second door must be opened prior to entry into the unit (assessment was completed / awaiting recommendations). • Mogenson Building: door leading into office and one meeting room lacks user-friendly door handles
Architectural	<p>All Sites</p> <ul style="list-style-type: none"> • Limited access to restrooms with aids • All visitor washrooms should have better access for

	<p>the elderly and persons with disabilities / they should all be retrofitted with raised toilet seats and wall handles for physical support.</p> <ul style="list-style-type: none"> • Distances persons with disabilities and the elderly must walk from parking areas to their destinations within the hospital are significant and difficult. <p>South Street Hospital</p> <ul style="list-style-type: none"> • Ramps at east end of Education Building are too steep to be safe for persons using wheelchairs. • Multiple entrances and few elevators for access to upper floors within the buildings on the north side of South Street / heavy doors within building • Entrance to Education Building is not accessible from the street for a person with a disability using a wheelchair, walker or scooter / accessible entrance is available through tunnels from other building, but route is convoluted and confusing • Access to library only available through a series of tunnels from other buildings / items on high shelves inaccessible without assistance / public access computers in shallow units with insufficient space to accommodate a person using a wheelchair or scooter <p>University Hospital</p> <ul style="list-style-type: none"> • Layout of accessible washroom a challenge for persons using a large wheelchair or scooter, particularly the entrance / difficult to transfer from wheelchair to toilet (toilets too low) • Ensure patients can transfer from either side of the toilet • Increase the availability of accessible washrooms • Patients unable to open doors to washrooms that have accessibility features • Outpatient clinic exam rooms are not designed to
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	<p>accommodate patients who use wheelchairs and scooters</p> <ul style="list-style-type: none"> • Elevators are not designed to assist people who are visually impaired. • The distance from the parking garage / parking spots earmarked for persons with disabilities in the parking garage to the hospital is too far for people who are elderly and/or have a disability. Add a covered walkway or provide parking closer to the front of the hospital. • Entry into library challenging for a person using a wheelchair or scooter because of door size and door handle / some items on high shelves are inaccessible without assistance / public access computers inadequate for persons using wheelchairs and scooters. <p>Victoria Hospital</p> <ul style="list-style-type: none"> • Patients using wheelchairs are unable to pull up to the patient registration desk as the space is too narrow / a wall must be removed to provide access; as a result, registration information is being taken in a hallway, compromising patient privacy • Large wall at patient registration area inside the third floor ramp at D3 makes the admitting terminals not wheelchair accessible / wall also causes difficulties for persons using walkers, canes, etc., as the space between the terminals and the walls is so narrow. • An accessible washroom with a raised toilet and hand rails is needed near entrance C • Tub room on 7th floor is not truly accessible: too small / no automatic door / no change table • Doors too small / doors not automated • Long ramp from parking lot to admitting lacks level points for resting
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	<ul style="list-style-type: none"> • Only one bathroom on Level 7 big enough for wheelchair access • The toilet in the visitors' washroom on Level 1 in Tower C is too low. • Difficult to enter washrooms with a wheelchair because of doors and small room size, particularly D4-101 and D4-113, in which the washrooms are behind the door • Staff who use wheelchairs find it difficult to maneuver around the nurses' station and find a convenient place to sit at a computer. • Persons with disabilities unable to access items on high shelves without assistance in library / library door is awkward to reach and open for persons using a wheelchair or scooter
<p>Communication / Informational</p>	<p>All Sites</p> <ul style="list-style-type: none"> • Existing LHSC website has a number of accessibility barriers. It fails to meet industry standards for accessibility (redesign in progress). • Compliance of staff and affiliates with interpretation services policy needs to be verified / confirmed • Interpretive services needed for patients who do not speak English • Add announcement of floor to all elevator systems / bell should ring on elevators to tell people what floor they are on • Send maps with appointment cards to patients attending outpatient clinics • Let people know about the huge parking fees • Offer assistance, coffee and directions (where to wait and what to do) to persons waiting for others

	<p>for long periods of time</p> <ul style="list-style-type: none"> • Cannot find telephone number on website • Ensure front-line staff spend sufficient time with people seeking assistance so as to ensure they avoid sending people to incorrect destination • Staff do not know where accessible washrooms are located • Post directions to accessible washrooms • Library resources are lacking for persons with a visual, hearing or learning impairment <p>South Street Hospital</p> <ul style="list-style-type: none"> • Inadequate signage for wayfinding • There is no signage at the main entrance to SSH to indicated the location of an accessible entrance <p>University Hospital</p> <ul style="list-style-type: none"> • Floors are not announced on elevators (i.e., by means of automatic voiceover) • No signage to advise persons entering the main doors of which doors open automatically (the motor-assisted doors are not aligned) <p>Victoria Hospital</p> <ul style="list-style-type: none"> • Additional wayfinding signage necessary / necessary to orient patients to where they are within the hospital • Necessary to ensure patients arrive at entry point closest to their destination • Exit signage difficult to locate
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	<ul style="list-style-type: none"> • Stairways difficult to locate • Lack of appropriate signage / directions for those with visual impairment (Braille, larger print, directional arrows) • Inadequate signage at entrances for directions / multiple people getting lost • Need floor tile maps to high-traffic areas, such as X-ray • Cannot hear overhead announcements when library door is closed
<p>Attitudinal</p>	<ul style="list-style-type: none"> • Staff require training: each person with a disability knows own challenges with mobility and care; staff need to ask person with a disability then listen to specific instructions. • Staff education is needed to overcome attitudinal barriers. • Medical staff / nurses and trainees could benefit from awareness sessions regarding persons with disabilities living independently in the community using the support services available to them. • Staff should not stare at people in wheelchairs • Staff should not ignore unkempt persons • Difficult to access programs and services, communicate with hospital personnel because of a disability; experienced an attitudinal barrier • Ensure patients with diminished faculties and their caregivers receive consideration and respect; for caregivers: explanations, assistance and communication. • Take the time to listen to those with speaking difficulties to address needs, e.g., for pain control

	<ul style="list-style-type: none"> • Ensure patient who cannot walk is accommodated, no matter the distance involved • Staff inattentive / attributing long waits to absence of funding • Some staff are smoking within the nine-metre no smoking area around hospital entrances <p>University Hospital</p> <ul style="list-style-type: none"> • Accessible shower used for the storage of equipment rather than for patients who needed it.
<p>Policy and/or Practice</p>	<ul style="list-style-type: none"> • Offer valet parking for seniors and assist them with appointments • Have more volunteers at each door to assist with directions • Have maps at each door • Provide more patient lifts on every floor / make transfer equipment available • Address the availability of TTY phones for those with a hearing impairment / communicate location and access for public use • Consider impact of rescheduling appointments for patients who require special transportation • Smoking should not be allowed on Hospital property / patients with asthma, heart conditions or cancer have to walk through billows of smoke to access any entrance / there is no enforcement of the 9 metre / 30-foot rule NOTE: Comments received from multiple sources regarding concerns over smoking near entrances, with some patients and staff unable to use entrances because of exposure to smoke. • Recognize that a barrier identified in one area is likely a barrier in many other areas of the hospital;

	<p>identify source of funding for remediation and implement uniformly throughout the building</p> <p>Victoria Hospital</p> <ul style="list-style-type: none">• Arrange for a way to pay for parking indoors near Zone C entrance• Ensure timely availability of wheelchairs at entrances
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To comment or to request further information, please contact:

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