



MANITOULIN HEALTH CENTRE

ACCESSIBILITY PLAN For 2018 - 2019

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Submitted to:

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The Accessibility Working Group

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Executive Summary

The purpose of the *Ontarians with Disabilities Act, 2001 (ODA)* is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal, and prevention of barriers to their full participation in the life of the province. To this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of the plan; and to make the plan public.

2003 - 2004 was the first annual plan prepared by the Accessibility Working Group of the Manitoulin Health Centre. The plan described: (1) the measures that the Manitoulin Health Centre has taken in the past and (2) the measures the Manitoulin Health Centre will take during subsequent years to identify, remove, and prevent barriers to people with disabilities who live, work in, or use the facilities and services of the Manitoulin Health Centre, including patients and their family members, staff, health care practitioners, volunteers, and members of the community.

This year, the Manitoulin Health Centre committed itself to the continual improvement of access to the hospital facilities, policies, programs, practices, and services for patients and their family members, staff, health care practitioners, volunteers, and members of the community with disabilities. The participation of persons with disabilities in the development and review of its annual accessibility plan and the provision of quality services to all in the community were also accounted for.

The 2016-19 plan will continue with this commitment in an effort to further improve accessibility for people with disabilities.

The Accessibility Working Group has recommended the continuation or initiation of the projects, as listed in sections 9-13, for the removal and prevention of barriers to persons with disabilities.

1. Aim

This plan describes:

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

2. Objectives

This plan:

1. Describes the process by which the Manitoulin Health Centre will identify, remove, and prevent barriers to people with disabilities.
2. Reviews the efforts of the Manitoulin Health Centre in removing and preventing barriers to people with disabilities over the past three years.
3. Describes the measures the Manitoulin Health Centre will take in the coming year to identify, remove, and prevent barriers to people with disabilities.
4. Lists the by-laws, policies, programs, practices, and services that the Manitoulin Health Centre will review in the coming year to identify and prevent barriers to people with disabilities.
5. Describes how the Manitoulin Health Centre will make this accessibility plan available to the public.

3. Description of the Manitoulin Health Centre

The Manitoulin Health Centre has two sites - Little Current Hospital and Mindemoya Hospital. The catchment area includes all communities of the Manitoulin Island and those along provincial highway 6. This includes an area of approximately 4,000 Sq. km. with a diverse small community, rural and cottage population.

Mission Statement

To contribute to the health and well-being of all who come to us in need.

Our hospitals serve a resident population base of 12,000 and a summer time population boost to 30,000.

There are 175 employees.

4. The Accessibility Working Group

Establishment of the Accessibility Working Group

Former CEO, J. Van Camp, formally constituted the Accessibility Working Group in April, 2003. The CEO authorized the working group to:

- List and request a review of all by-laws , policies , programs , practices , and services that cause or may cause barriers to people with disabilities ;
- Identify barriers that will be removed or prevented in the coming year ;
- Describe how these barriers will be removed or prevented in the coming year ;
- Prepare a plan on these activities, and after its approval by the CEO, make the plan available to the public.

Members of the Accessibility Working Group

The following chart shows the members of the Working Group.

Representation
Community Representative
Board Member
Mindemoya Staff Member
Little Current Staff Member
Information Technology
Administration

5. Manitoulin Health Centre's commitment to accessibility planning

At its June, 2003 meeting, the Board of Directors recommended the adoption of the following Accessibility Planning Policy:

The Manitoulin Health Centre is committed to:

- The continual improvement of access to facilities, policies, programs, practices, and services for patients, visitors, staff, health care practitioners, volunteers, and members of the community;
- The participation of people with disabilities in the development and review of its annual accessibility plans;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- The establishment of an Accessibility Working Group at the Hospital.

The Chief Operating Officer authorized the Accessibility Working Group to prepare an accessibility plan that will enable the Manitoulin Health Centre to meet these commitments.

6. Barrier-identification methodologies

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

Methodology	Description	Status
Brainstorming exercise and accessibility audit	The Working Group used various accessibility background materials and their own experiences to conduct a brainstorming exercise. A subsequent review / audit of the hospitals will be conducted using the Tool for Hospital Accessibility Working Groups.	The exercise was performed at the bi-weekly Working Group meeting during May / June 2003. The review will be ongoing throughout the year.
e-mail to staff	An e-mail was issued to all staff outlining the Accessibility Plan and the working Group's mandate. They were asked for their barrier observations and all possible solutions.	It was indicated that this request would be on-going; as the Working Group wanted to ensure the continuation of the plan's activities.
Canvassing hospital committees	Members of the Working Group approached various committees, outlined the group's mandate, and requested dialogue be established to ensure barriers be identified and resolved.	OH&S - May 2003 Board of Directors - May 2003 Resource Committee - May 2003
Patient Information Pamphlets	The Working Group will be requesting the insertion of an Accessibility statement and question(s) in the in-patient and out-patient information pamphlets.	
Community consultations	Members of the Working Group have contacted various community groups seeking input	CNIB - presented the booklet 'Clearing Our Path' Community Clinic - offered consultation services Seniors Outreach -

7. Barriers Identified

To date, the Accessibility Working Group has identified seventeen barriers.

These barriers have been divided into the following six types:

1. Physical
2. Architectural
3. Information or communication-based
4. Attitudinal
5. Technological
6. Policies and practices

The following is a list of the identified barriers and their type:

Type of Barrier	Description of Barrier	Strategy for its removal / prevention
Communication / Information Mind / L.C. Sites	Existing interior signage is too small, posted too high, & does not address literacy or language barriers.	Utilize tactile signs with pictograms & colour coding to improve accessibility to those with visual or learning difficulties. Increase the size of signs. Install signs in more prominent positions. Paint entrance areas to match sign directional indicators.
Attitudinal Mind / L.C. Sites	Bylaws & policies do not support the Prevention & removal of barriers.	Review & edit the Bylaws & Policies to ensure they support the removal & prevention of barriers.
Physical Mind / L.C. Sites	Cafeteria vending machines are too high for wheelchair access.	
Physical Mind / L.C. Sites	Patient room Washroom doors are not equipped with handicap handles.	Install wing-style handles on all washroom doors.
Physical Mind / L.C. Sites	Patient room doors collide with the room entrance doors causing them to lock together & block passage.	Design review
Communications / Information Mind. L.C. Sites	Departments, fire hose cabinets, pay phones, corridor ends are indistinct.	Colour codes these areas to ensure easy recognition.

Type of Barrier	Description of Barrier	Strategy for its removal / prevention
Physical Mind./ L.C. Sites	Waiting rooms are cramped, without room to accommodate a wheelchair.	Reorganize the waiting rooms.
Communications / Information Mind./ L.C. Sites	The Fire Alarm & other emergency notifications cannot be detected by the hearing impaired.	Investigate visual emergency notification systems.
Physical Mind./ L.C. Sites	Stairways are not properly marked for the sight impaired.	Install approved marking systems at both the top & bottom of stairways.
Communications / Information	Staff unsure of proper communications with the handicapped (i.e. sight or hearing impaired)	Awareness education for staff Consult with various groups, societies dealing with the handicapped.
Communications / Information Mind./ L.C. Sites	Existing forms and records ; Type is too small, improper font used.	Redesign printed forms and records Create a policy to standardize type size & font.
Physical L.C. Site	The Admitting desk patient area is inaccessible for the handicapped; making it difficult to communicate & sign forms.	Review design
Physical L.C. Site	Emergency area payphone is too high for wheelchair access.	reduce payphone height
Physical L.C. Site	Various interior & entrance doors are too heavy & awkward for the handicapped to maneuver through : - Medical Clinic entrance doors - Interior door between the hospital & medical clinic - Cafeteria entrance door	Install power operators on these doors.
Physical L.C. Site	The elevator is not fully handicap accessible.	Install a new handicap accessible elevator for patient, visitor, & emergency use.
Physical L.C. Site	Sidewalks are too steep , cracked , and /or poorly sloped.	Replace and /or repair sidewalks.

Type of Barrier	Description of Barrier	Strategy for its removal / prevention
Physical - Mind Site	Patient room washrooms are too small	Design review
Communication / Information Mind / L.C. Sites	Many hospital forms & records are only available in print, which are not accessible to the visually impaired or those with learning disabilities.	Working group to consult with disabled groups to obtain possible alternatives Make electronic format available

8. Recent barrier-removal initiatives

During the past few years, there have been a number of informal initiatives taken at the Manitoulin Health Centre to identify, remove, and prevent barriers to people with disabilities. These include, but are not limited to:

a) Mindemoya renovations 2000

This was a major renovation of the Mindemoya Hospital which incorporated the installation of:

- a handicap accessible elevator
- canopies over the main and emergency entrances
- automatic sliding doors at the main entrance
- a handicap accessible public pay phone
- wheelchair accessible public washrooms
- a handicap accessible patient-lift tub
- mobility friendly flooring
- handicap accessible sidewalks and entrances
- wide , barrier and clutter free corridors

b) Zero lifts programs

The following devices were purchased and placed in service to accommodate both staff and patients in achieving a zero lift environment:

- Height adjustable X-ray tables
- various patient lifts
- height adjustable emergency stretchers
- handicap accessible tubs
- regular and extra-wide wheelchairs

c) Little Current Canopy 2001

A weather protective canopy was installed at the Little Current Hospital's front entrance. This also included ramping of the walkways; making them handicap accessible.

d) Little Current renovations

A recent renovation at the Little Current Hospital incorporated automatic openers at all public entrances, handicap public washroom interiors, handicap accessible public phones, mobility friendly floors, wide barrier and clutter free corridors.

e) Video Conferencing Program

Video conferencing equipment has been installed at the Little Current Hospital and connected to a medical network allowing an accessible program for patient examinations, consultations, medical conferences, and other training sessions.

f) Patient Room Doors

All existing patient room doors in Mindemoya were replaced with pocket doors c/w handicap latches to allow for handicap operation and to eliminate operational conflicts.

g) Interior Signage

Replaced interior signs with more appropriate units containing international symbols, definite colour coding and are more strategically located.

h) Bylaws & Policies

The hospital bylaws were reviewed and revised to insure they reflected the intent of the Accessibility Plan. Hospital Policies are also being completed on a scheduled program.

i) Department and Life Safety Equipment Identification

The entrances to departments and life safety equipment locations (i.e. fire hose cabinets) have been colour coded and properly identified with signage.

j) Hospital Forms, Records, and Patient Information Brochures

Various forms have been reviewed and revised to insure they reflect the intent of the Accessibility Plan. This is an on-going project.

k) Interior and Exterior Entrance Doors

A computer based electromagnetic security system has been installed on all exterior and strategic interior entrance doors. Along with providing hospital security this system has also assisted with handicap accessibility into various areas.

I) Construction / Renovation Project Standards

The Hospitals' construction / renovation standards have been revised to include the needs of the Accessibility Program. All future projects will reflect these standards.

9. 2007-08 barrier removal accomplishments:

Barrier	Description	Status
Patient Lift program	Continuation of the Hospital's zero lift programs.	Additional Permanent overhead lifts have been installed in strategic locations at both Hospitals.
Attitudinal	A review all Bylaws, Strategic Plan & Policies by those responsible to ensure they reflect the intent of the plan.	All three structures have been improved. Policies dealing with Ethical Issues implemented.
Communication	Goal of Launching a Website, designed with ease of access and use, visually appropriate colors and fonts	Launched in Oct, 2007.
Communication	Next Phase of Signage Project	Design study implemented Dec, 2007
Communication	Phone system does not allow ease of direct automated access	New system implemented Nov, 2007
Spiritual	No room available for First Nations Ceremonies, Smudging, etc.	A multi-purpose Spiritual Room created at LC site
Physical	Entrances, sidewalks, Ramps	Heliport ramp and Family Health Team new sidewalks under construction

10. Barriers addressed in 2008-13

Barrier	Objective	Means of removal / prevention	Performance Criteria	Resources	Responsibility	Status
Communication	Next phase of signage	Design	Total plan for ID and Wayfinding, both sites	Capital funding	Signage Team	Design Completed
Communication	Patient Safety	Posters, memos, pamphlets, website	Increase staff and patient knowledge	Admin	Admin & QI Committee	Implemented QIP, training tools online
Communication	Policies, Procedures, Forms	Move to Electronic Base	Increase automated access to information	Capital Funding	Management Team and IT	Medworxx implemented
Communication	Cultural Awareness	Meet with External Council	Increase knowledge, awareness and respect	Admin	Admin	Council created a new brochure

11. 2014-2015 Plan

Barrier	Objective	Means of removal / prevention	Performance Criteria	Resources	Responsibility	Status, as of Mar 31, 2015
Communication	Next phase of signage	Install	Total plan for ID and Wayfinding both sites	Capital funding	Signage Team	Installed, Both sites
Communication	Patient Safety	Posters, memos, pamphlets, website	Increase staff and patient knowledge	Admin	Admin & QI Committee	Brochures updated
Communication	More Accessible	Improve website tools	Investigate New tools for site	Capital Funding	Admin and IT	Tools investigated for a subsequent re-build
Physical Space	Increase accessible flow	Design space for Mind. FHT	Design and construct by 2015	Capital Funding	Admin and Env Services	Construction Completed

12. 2016-2019 Plan

Barrier	Objective	Means of removal / prevention	Performance Criteria	Resources	Responsibility	Status, as of Mar 31, 2018
Communication	Next phase of website	Install	New Tools for Site	Capital funding	Admin and IT	Installed
Communication	Staff Safety	Posters, memos, pamphlets, website	Increase staff knowledge	Admin	Committee	Non-Violent Crisis Training – initiated Apr, 2018
Physical Space	Increase accessible flow	New space for LC site ED	Design and construct by 2016	Capital Funding	Admin and Env Services	Construction completed

13. Review and monitoring process

The Accessibility Working Group will meet to review the plan's progress and take steps to ensure the active continuance towards removal and prevention of all barriers. The group will also work towards the continual involvement of other internal / external groups and the publication of the plan's progress.

14. Communication of the plan

The Manitoulin Health Centre's accessibility plan will be posted on the hospital's website and on the hospital bulletin boards. Copies will also be made available to various outside groups, the Board of Directors, and other hospital committees, upon request. If required, the plan can be made available in alternate formats, such as computer disk in electronic text or in large print hard copies. An outline of the plan will also be included within the hospital orientation package to new staff.

15. Staff Education

Staff education is seen as a very important component of the plan. The proper approach of people with disabilities, correct terminology, and contact with appropriate resources are integral to the plan's success. The working group will initiate various staff training formats.