



## **Accessibility Plan**

**From April 2016 to March 2019**

*Prepared by*  
The Accessibility Working Group



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## **Executive Summary**

The purpose of the *Accessibility for Ontarians with Disabilities Act (AODA 2005)* is to:

- Address the history of discrimination against persons with disabilities,
- Achieve accessibility in provision of goods and services, facilities, accommodations, employment, buildings by 2025
- Involve persons with disabilities in the creation of standards.

To this end, the AODA requires employers to prepare an accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public. In years past this was an annual requirement. More recently, organizations are now charged with creating a multi-year plan to address accessibility issues over a longer time period in a planned manner.

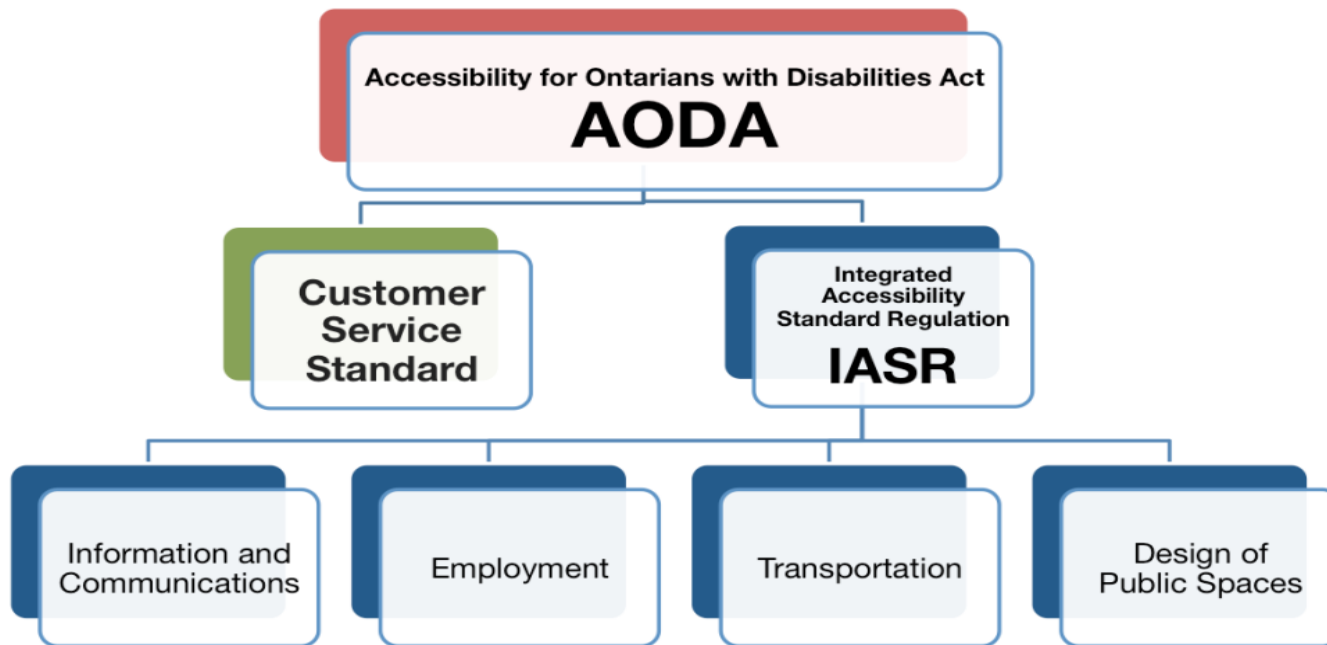
This is the ninth accessibility plan and the second multi-year plan prepared by Campbellford Memorial Hospital (hereinafter referred to as “the Hospital”). The plan describes the measures taken in the past, and the measures that will take place during the coming years to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

The Hospital continues with the commitment to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of persons with disabilities in the development and review of its accessibility plans; and the provision of quality services to all patients and their family members of the community with disabilities.

The AODA has been working through a process to set accessibility standards in consultation with stakeholders. There are five key areas of daily living addressed under the regulations:

1. Customer Service
2. Information and Communication
3. Employment
4. Transportation
5. Built environment

On June 3, 2011 the *Integrated Accessibility Standard Regulation (IASR)* was introduced. This combines three of the key areas of daily living into one standard: Transportation; Employment; Information and Communication.



## **Aim**

This plan describes: (1) the measures that the Hospital has taken in the past, and (2) the measures that the Hospital will take in the coming years, 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.

## **Objectives**

This plan:

1. Describes the process by which the Hospital will identify, remove and prevent barriers to people with disabilities.
2. Reviews efforts at the Hospital to remove and prevent barriers to people with disabilities in the past.
3. Lists the by-laws, policies, programs, practices and services that the Hospital will be reviewed in the coming years to identify barriers to people with disabilities.
4. Describes the measures the Hospital will take in the coming years to identify, remove and prevent barriers to people with disabilities.
5. Describes how the Hospital will make this accessibility plan available to the public.

## **Description of the Campbellford Memorial Hospital**

Campbellford Memorial Hospital is a 60 plus year old, 34-bed health care facility located in Campbellford within the Municipality of Trent Hills. The hospital's service population, which approximates 30,000 residents, is drawn from a large number of rural townships and municipalities located in Northumberland, Peterborough and Hastings & Prince Edward Counties. In addition, the hospital serves a large seasonal tourist population due to its location on the Trent River system. The hospital employs approximately 180 individuals.

Core services include Medical/Surgical and Special Care Unit inpatient services, Day Surgery, a variety of ambulatory care clinics and diagnostic services. The emergency and outpatient services provide treatment to over 23,000 residents each year.

CMH mission statement is:

Campbellford Memorial Hospital is dedicated to relief of illness, pain and suffering, and to promotion of health, for the communities we serve.

Campbellford Memorial Hospital's vision is to be a recognized leader in rural health care, creating a healthy community through service excellence, effective partnerships and the development of innovative hospital services.

Our values are **C.L.E.A.R.:**

Compassion - Compassionate care is a commitment we make to patients and their families. We understand that the art of care is often just as important as whatever technical expertise we bring to our jobs and that compassion is something that staff members give of themselves to our patients and their families.

Learning and Innovation - A commitment to opportunities for learning and personal growth for staff members in all departments is essential to maintaining a vibrant and dynamic organization. CMH will continue to budget resources for learning and growth opportunities for staff members in every department. We will also promote an organizational culture of innovation, that encourages advancement of knowledge and experience in order to make continual improvements in patient care, and in our services across the organization.

Excellence - We must not only meet, but also exceed the needs and expectations of our patients. Excellence means that we will not only provide highly skilled patient care, but also that we understand the human dynamics involved in providing care and services. Excellence means a commitment to maintaining the best equipment and facilities that we can possibly afford. It means a commitment to assisting professionals in furthering their education and skills. It also recognizes that all staff members play key roles in ensuring that patients have the best experiences possible in our hospital.

Accountability - We acknowledge our responsibility to provide the best possible quality of care by managing our resources effectively. We also recognize our responsibility to act as advocates for our community to secure needed resources.

Respect - This value encompasses how we treat our patients and their families, and how we relate to each other. We value the rights of our patients and their families to be treated with dignity and have their individual values and decisions appreciated. We recognize and value the unique contributions of staff members, physicians, volunteers, and supporters.

## **The Accessibility Working Group**

Historically the work surrounding accessibility has been a focus for different groups, including the senior administration team and the Environment Team. In 2013 we formed a renewed team now known as the "Accessibility Working Group or AWG", who is tasked with the responsibility to:

- Review and list 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 years;
- Describe how these barriers will be removed or prevented in the coming years; and
- Prepare a plan on these activities, and after its approval by Administration and the Board of Directors, make the plan available to the public.

The Accessibility Working Group meets as required to discuss all issues affecting the accessibility of the Hospital.

### Members of the Accessibility Working Group

Name	Position, Department	Extension	E-mail
Sandra Beatty	Manager, Health Records	2147	sbeatty@cmh.ca
Janelle Prince	Physiotherapy Assistant, Restorative Care	2212	jprince@cmh.ca
Bonnie Eno	Financial Analyst	2015	beno@cmh.ca
Lori Ellis	Registered Practical Nurse, Medical/Surgical Unit	2143	lellis@cmh.ca
John MacPherson	Manager, Environmental Services	2005	jmacpherson@cmh.ca
Susan Redhead	Director, Human Resources	2111	sredhead@cmh.ca
Marilyn Petherick	Registered Nurse/Infection Control Officer	2102	mpetherick@cmh.ca

### Hospital Requirements Under the Integrated Accessibility Standard

Regulation/Section	Requirement	Compliance Date	Status
<b>Part I – General:</b>			
Establishment of Accessibility Policies (s.3)	a) Prepare written policies as specified b) Make policies publicly available, in accessible formats upon request	January 1, 2013	Completed. Policy Numbers: 1-160 1-170 1-175 1-180 1-185

Accessibility Plans (s.4)	<ul style="list-style-type: none"> <li>a) Establish, implement, maintain and document a multi-year accessibility plan.</li> <li>b) Post accessibility plan on website and provide in accessibility formats upon request</li> <li>c) Establish, review and update accessibility plans in consultation with persons with disabilities</li> </ul>	January 1, 2013	Update in 2016
Procuring or acquiring goods, services or facilities (s.5)	Incorporate accessibility criteria and features when procuring or acquiring goods, services, or facilities, except where it is not practicable.	January 1, 2013	Within the policy
Self-service kiosks (s.6)	Incorporate accessibility features when designing, procuring or acquiring self-service kiosks	January 1, 2013	Within the policy
Training (s.7)	<p>Provide training on the requirements of the accessibility standards and on the Human Rights Code</p> <p>Training provided to: all employees, volunteers, persons who provide goods, services, facilities</p>	As soon as practicable – must be before January 1, 2014	Complete
<b>Part II: Education and Communication Standard</b>			
Emergency procedure, plans or public safety information (s.13)	Any emergency procedures, plans or public safety information and made available to the public must also be provided in accessible format or with appropriate communication supports, as soon as practicable, upon request	January 1, 2012	Complete
Accessible websites and web content (s.12)	Must make internet websites and web content conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, initially at level A and increasing to Level AA. <b>Applies to web content published on a website after January 1, 2012</b>	January 1, 2014 January 1, 2021	Complete
Feedback (s.11)	<ul style="list-style-type: none"> <li>a) Processes for receiving and responding to feedback must be accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communication supports, upon request.</li> <li>b) Notify the public about the availability of accessible formats and communication supports.</li> </ul>	January 1, 2014	Complete
Accessible formats and communication supports (s.12)	<ul style="list-style-type: none"> <li>a) Shall upon request provide or arrange for the provision of accessible formats and communication supports for persons with disabilities.</li> <li>b) Shall notify the public about the availability of accessible formats and communication supports.</li> </ul>	January 1, 2015	Complete
<b>Part III – Employment Standard</b>			
Workplace emergency response information (s.27)	Provide individualized workplace emergency response information to employees who have a disability, where necessary.	January 1, 2012	Complete



Recruitment & Selection (ss.24-26)	Various recruitment and selection process requirements (detailed below)	January 1, 2014	Complete
<b>Part IV – Transportation Standard</b>			
Public sector organizations (s.76)	Designated public sector organizations (including hospitals) that are not primarily in the business of transportation, but that provide transportation services, shall provide accessible vehicles or equivalent services upon request	July 1, 2011	Not applicable

(Source: Ontario Hospital Association – OHA Backgrounder, November 2011)

### Barrier Removal Initiatives – Progress Report on Prior Objectives – to be reviewed at Committee Meeting

Objective:	Requirements:	Responsibility:	Status:
Review signage needs and improve the look and information provided ensuring that signage meets the needs of people with disabilities.	Standardize, when able, sizes, colors, fonts, design and layout of signage. Ensure that way finding is considered when reviewing signage needs.	Maintenance & Administration	<b>Complete.</b> New directional signs installed at elevator. New large, high contrast general directional signs installed between Emergency Department and Diagnostic Imaging. Accessible entrance sign installed in parking lot.
Improve communication devices to assist clients with hearing disabilities	Order amplified volume telephones compatible with our telephone systems and provide to clients when required. Possibly provide “Pocket Talker” technology as well.	Communications and Maintenance	<b>Complete.</b> Large button phones with special volume control purchased for and available to patients. Office phones have excellent volume control as reported per hearing impaired employee.
Free up short term parking area near the Emergency Department for clients with disabilities and for clients who are in urgent need of Emergency Care	New signage with appropriate wording identifying temporary parking area only.	Maintenance & Administration	<b>Complete.</b> Temporary parking signage has been installed.

In addition to the objectives set out in the last accessibility plan the following actions have taken place to improve accessibility during the current reporting period:

1. High contrast hand rails installed.
2. Ongoing Accessibility Customer Service training
3. Developed this multi-year Accessibility Plan
4. Updated policy to ensure we incorporated accessibility criteria and features when procuring or acquiring goods, services, or facilities
5. Maintained policy to ensure we incorporate accessibility features when designing, procuring or acquiring self-service kiosks

### Barrier-identification Methodologies

It is important to acknowledge the age of the facility results in some physical barriers which are very difficult to remove or mitigate. Retrofitting/renovating a facility the age of CMH is cost-prohibitive and in some cases non-effective. Where possible, CMH has and will continue to strive to address the most significant physical barriers.

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

<b>Methodology</b>	<b>Description</b>	<b>Status</b>
Patient care satisfaction survey Staff satisfaction survey, complaint	Patient care satisfaction surveys are reviewed on a continual basis for any accessibility issues.	Complete
Consultation with Departments	Team members brainstorm ideas using work experience from each member to identify barriers and their solutions. Solicitation of feedback from staff via the Monday Report.	Complete
Complaints	Complaints may come to Human Resources or the office of the CEO. Complaints concerning accessibility are brought forward to the Accessibility Working Group.	Complete
Staff self-identification on the health review	This text is included in the New Health Care Worker Health Review: CMH has a legal obligation to support new workers who have disabilities by providing reasonable accommodations in the workplace. Do you have any history disability or physical limitations for which you require modification to your duties or accommodations in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide explanation:	Complete

## Action Plan to Remove Barriers and Comply with the AODO to March 2019

The Accessibility Working Group identifies the following actions to be undertaken.

<b>Barrier/ AODA</b>	<b>Objective</b>	<b>Activities</b>	<b>Resources</b>	<b>Due Date</b>	<b>Responsi bility</b>	<b>Status</b>
Establishm ent of Accessibilit y Policies (s.3)	Update policies to reflect internal changes and regulatory/legislative changes	Policies will be reviewed and updated by the AWG and recommended to Senior Management for approval.	Staff time	May 31, 2013	AWG lead	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
Accessibilit y Plans (s.4)	Create a multi-year Accessibility Plan	Accessibility Plan will be written by the AWG and recommended to Senior Management for approval	Staff time	May 1, 2013	AWG lead	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>

Procuring or acquiring goods, services or facilities (s.5)	Incorporate accessibility criteria and features when procuring or acquiring goods, services, or facilities by updating related policies and informing those responsible for procurement.	<ul style="list-style-type: none"> <li>• Current practices in procurement will be reviewed to identify points of opportunity for integration of accessibility criteria.</li> <li>• Accessibility language and prompts will be integrated into RFP process and other related documentation</li> <li>• Statement integrated in all contracts that contractors are responsible for AODA Customer Service Training for their employees</li> <li>• Purchasing policy revised to include integration of accessibility criteria in procurement</li> <li>• Prompt integrated into purchasing processes to indicate need to document when impracticable to integrate accessibility criteria/features</li> <li>• Process for documenting “impracticable” developed in purchasing for all new purchases.</li> <li>• Training needs re accessibility and procurement for all Managers and staff who request purchases identified and an education plan developed in 2013. This training plan will be included in AODA corporate education strategy.</li> </ul>	Staff time. Potential impact on cost for procured goods.	June 30, 2013	AWG lead, Finance lead	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
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Self-service kiosks (s.6)	Incorporate accessibility features <i>when designing, procuring or acquiring</i> self-service kiosks by updating related policies and informing those responsible for procurement of self-service kiosks.	Related policies will be reviewed and updated as above for procurement.  Communication will take place to ensure those responsible (ie. Information Technology) are aware of this requirement.	When procurement occurs, cost TBD.	March 31, 2016	AWG: lead, Finance Lead	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
Training (s.7)	Provide training on the requirements of the accessibility standards and on the Human Rights Code Training provided to: all employees, volunteers, persons who provide goods, services, facilities	Implement training in human rights and accessibility; reinforce accessible customer service training.  Implement tracking system.  Incorporated into e-learning project	Training time for all staff.  Training development time.  E-solution costs for tracking.	Jan 1, 2014	Human Resources With support from IT	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
Feedback (s.11)	Enhance current communication of the processes for receiving and responding to feedback.  Notify the public about the availability of accessible formats and communication supports.	Add new language to current AODA page to ensure this is clear to the public.	Staff Time	Jan 1, 2014	AWG with support from IT	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
Accessible formats and communication supports (s.12)	Ensure the ability to, upon request, provide accessible formats and communication supports for persons with disabilities.  Communicate to the public about the availability of accessible formats and communication supports.	Ensure patient communication material is available in accessible formats.  Communicate to the public on the website and in suitable publications.	Staff Time  May be some cost for conversion to other formats, e.g. printing large print or in braille	Jan 1, 2014	AWG in consultation with Discharge Planning, Clinical Practice Leader	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>

Recruitment & Selection (ss.22)	Revise R&S documents to include communication to employees and the public about the availability of accommodation for applicants with disabilities in its recruitment processes	Review and update relevant policies. Review and update templates for recruitment, ie. postings	Staff time	Jan 1, 2014	Human Resources	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
Recruitment & Selection (ss.23)	Revise the recruitment process to include notification to job applicants, when they are individually selected to participate in an assessment or selection process, that accommodations are available upon request in relation to the materials or processes to be used.  If a selected applicant requests accommodation, will consult with the applicant and provide suitable accommodation in a manner that takes into account the applicant's accessibility needs due to disability.	Review and update relevant policies. Review and update templates for interviews and testing, ie. interview guides, test documents	Staff Time	Jan 1, 2014	Human Resources	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
Recruitment & Selection (ss.24)	Revised job offer process to include notification to the successful applicant of our policies for accommodating employees with disabilities	Review and update relevant policies. Review and update health review process.	Staff Time	Jan 1, 2014	Human Resources	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>

Recruitment & Selection (ss.25)	Inform existing and new employees of policies used to support employees with disabilities; job accommodations and provide updated information whenever there is a change to existing policies.	Review and update relevant policies. Review and update processes and communication changes.	Staff Time	Jan 1, 2014	Human Resources	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
Recruitment & Selection (ss.26)	Where an employee with a disability requests it, CMH will consult with the employee to provide accessible formats and communication supports for,  <ul style="list-style-type: none"> <li>information that is needed in order to perform the employee's job; and</li> <li>information that is generally available to employees in the workplace.</li> </ul> CMH will consult with the employee making the request in determining the suitability of an accessible format or communication support.	Review and update relevant policies. Review and update templates for recruitment, ie. postings  Ensure employee communication material, ie handbooks, policies and procedures, memos, etc. can be made available in accessible formats.	Staff Time  May be some cost for conversion to other formats, ie printing large print or in Braille	Jan 1, 2014	Human Resources	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
Physical	Redesign of washrooms by Emergency Department waiting room. Will be renovated to current building design standards, fully accessibility with adult change table. 2 <sup>nd</sup> washroom will be unisex.	On Facilities Work plan pending special funding.	Staff time, material costs	Early 2017	Facilities Manager,	<b>Incomplete</b> <input type="checkbox"/> In-progress <input type="checkbox"/> Complete <input type="checkbox"/>

Physical	Evaluate feasibility/cost to convert the male and female washrooms outside the Cafeteria into one gender-neutral accessible washroom	Complete cost analysis Check building code; other legislation/regulations of having gender specific washrooms Check building structure	tbd	Dec 31, 2014	Facilities Manager With Finance	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>
Information /Communication	When project(s) undertaken to improve signage and directory information ensure accessibility aspects are considered ie. audio prompts, Braille, large print (ongoing)	Include in signage work plan when undertaken	tbd	Mar 31, 2016	Administration With Facilities Manager	Incomplete <input type="checkbox"/> <b>In-progress</b> <input type="checkbox"/> Complete <input type="checkbox"/>
Physical	Install new accessible washroom in Restorative Care	Included in Facilities work plan	Staff Time Renovation costs	May, 2013	Facilities Manager	Incomplete <input type="checkbox"/> In-progress <input type="checkbox"/> <b>Complete</b> <input type="checkbox"/>



## **Review and Monitoring Process**

The AWG will monitor progress on a quarterly basis and review the plan annually.

## **Communication of the Plan**

The hospital's accessibility plan is presently posted on the Campbellford Memorial Hospital, website and hard copies are available from Administration. On request, the plan can be made available in alternative formats, such as computer disk, electronic text or large print.