

**Annual Accessibility Plan  
For  
Thunder Bay Regional Health Sciences Centre  
October 2009**

Submitted to:  
The Board of Directors  
Of  
Thunder Bay Regional Health Sciences Centre

This publication is available on the Thunder Bay Regional Health Sciences Centre website.  
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## **Accessibility Advisory Team Preamble – 2009 Board Report**

*“Don’t wait until everything is just right. It will never be perfect. There will always be challenges, obstacles and less than perfect conditions. So what. Get started now. With each step you take, you will grow stronger and stronger, more and more skilled, more and more self-confident and more and more successful.”*

- Mark Victor Hansen

Our 2009 Accessibility Report is about Change and Change Management. This is our 7th Annual Report to the Board. We have used the catchphrase, “Continuous Improvement”. While we have achieved continuous improvement, we have had successes and disappointments along the way.

People with disabilities are asking to be treated like anyone without disabilities and are demanding change to make that happen. This is reflected in the new *Accessibility for Ontarians with Disabilities Act 2005* that provides for mandatory progressive change. Businesses and organizations that provide goods and services to people in Ontario will have to meet certain accessibility standards in five important areas:

1. customer service
2. transportation
3. information and communications
4. employment
5. built environment

The Customer Service Regulations are now law. This will be followed shortly by the necessary regulations for Transportation and then Information and Communications. Information and Communications, especially, will have a profound impact on Hospitals.

*“A true friend knows your weaknesses but shows you your strengths; feels your fears but fortifies your faith; sees your anxieties but frees your spirit; recognizes your disabilities but emphasizes your possibilities.”*

- William Arthur Ward

A great deal of the systemic discrimination faced by people with disabilities emanates from faulty presumptions and conclusions. We often presume that appearance or behaviour is culpable, somehow the fault of the individual. Social and personal attitudes are a system-wide problem that will become a key to addressing the requirements of the AODA in the long term.

Our objectives for 2010 include:

- Customer Service training and continuing improvements in all areas for people with disabilities.
- We will continue to assess our facility and address any Accessibility issues that arise.
- We will continue to work to increase awareness and availability, both internally and externally, to all of the services we offer.

## **Goal**

Consistent with the spirit and content of the “*Ontarians with Disabilities Act (ODA) 2001*” and the “*Accessibility for Ontarians with Disabilities Act (AODA) 2005*”, the Accessibility Goal of the Thunder Bay Regional Health Sciences Centre is:

***To be fully accessible for all patients, staff and visitors with disabilities by January 1, 2025.***

## **Objectives**

1. To actively engage those with disabilities, community members and appropriate special interest groups in identifying barriers, determining priorities, designing solutions and planning and evaluating appropriate implementation strategies.
2. To continually refine the processes that will be used to identify, remove and prevent additional barriers for people with disabilities.
3. To maintain an ongoing record and evaluation of past measures taken to identify, remove and prevent barriers to people with disabilities.
4. To target the identification and removal of barriers for the coming year by:
  - Identifying by-laws, policies, procedures, practices and services that will be reviewed.
  - Detailing the measures that will be taken to identify, remove and prevent barriers for people with disabilities.
5. To ensure that the Annual Accessibility Plan is available to the general public for their review and comment.

## **Description of Thunder Bay Regional Health Sciences Centre**

After three and a half years of construction the Thunder Bay Regional Health Sciences Centre (TBRHSC) was completed and first opened its doors on February 22<sup>nd</sup> 2004. Upon inauguration, this Hospital boasted a state of the art 686,000 square foot facility with 375 inpatient beds offering a variety of outpatient services. This facility is constantly expanding and now accommodates an area of 721,000 square feet. The TBRHSC is the amalgamation of two pre-existing hospitals in Thunder Bay Ontario, The General Hospital of Port Arthur and McKellar Hospital. This transition symbolizes an evolution towards becoming a leader in the practices and delivery of cutting edge health care in Ontario, but more importantly in the Northwest.

On January 1<sup>st</sup> 2004 the Northwestern Ontario Regional Cancer Centre integrated their operations with the TBRHSC to create a cancer control program for Northwestern Ontario. In March 2005 the Forensic Mental Health program relocated to TBRHSC from the Lakehead Psychiatric Hospital site of St. Joseph's Care Group. On February 1<sup>st</sup> 2006 the Adolescent Mental Health program was opened at TBRHSC that specializes in the assessment and treatment of youths and adolescents up to 17 years. September 13<sup>th</sup> 2005 was the first official day of the Northern Ontario School of Medicine (NOSM). In June 2009, TBRHSC opened a 575 square foot area on the 3<sup>rd</sup> floor of the Hospital dedicated to NOSM. NOSM offers an undergraduate medical program and the accredited Family Practice Programs. Specialty post-graduate Residency Programs in the areas of Internal Medicine, Pediatrics', Orthopedics, General Surgery and Psychiatry are in affiliation with McMaster University and soon to be accredited by NOSM. The TBRHSC has recently launched an Angioplasty program. This program was offered on a limited basis in October 2007. Beginning September 2008, the program now offers daily services.

In addition, the TBRHSC continues to provide acute patient care and prides itself in offering a wide array of services from oncology, neurosurgery and cardiology to obstetrics and gynecology, including tertiary care in maternity, intensive care and psychiatry. Also, it is the regional trauma centre and the main regional centre for dialysis and stroke. In accordance with our Patient and Family Centred Care focus we are incorporating patient and family knowledge, values, beliefs and cultural backgrounds into planning and delivery of care.

The Mission/Vision/Values of Thunder Bay Regional Health Sciences Centre are as follows:

### **Mission Statement**

To advance world-class patient and family centred care in an academic and research-based, acute care environment.

### **Vision Statement**

To lead world-class patient and family centred care.

### **Values Statement**

We believe in:

- Patient and families being at the centre of everything we do
- The value of our staff, physicians, volunteers and regional partners
- Team-based compassionate care
- Diversity, dignity and respect
- Helpful and empowering communication
- Life-long learning, innovation and discovery.

*~ Caring Together ~*

### **Accessibility Advisory Team (AAT)**

The Accessibility Advisory Team (AAT) first met on October 31<sup>st</sup> 2002. The purpose of the AAT is to identify issues and concerns regarding accessibility. From these concerns the AAT can recommend ways for the hospital to make improvements, while making sure a course of action is in place for addressing those issues. The role of the AAT is illustrated in more detail by the following Terms of Reference.

### **Terms of Reference**

#### **Purpose**

The Team in partnership with people with disabilities, community members and special interest groups will be accountable for identifying and removing, as well as identifying and initiating strategies for removing, barriers to accessibility. In addition, the Team will report on the current year's accomplishments and subsequent years' strategies, with respect to increasing accessibility, in the Annual Accessibility Plan. This plan will be presented to the Board and the Team will

advise on the Hospital's obligations under the *Accessibility for Ontarians with Disabilities Act 2005*.

### Membership

The following areas will have representatives on the Team (any individual member may fulfill representation of one or more areas):

- Senior Management
- Management
- Human Resources
- Staff Education
- Physical Plant
- Purchasing
- Information Technology
- Occupational Health and Safety
- Clinical Services
- Rehabilitation Services
- Volunteer Services
- Support Services
- Chair of the Hospital's Policy and Procedure Committee
- At least 2 Internal Representatives with a Disability
- At least 2 External Representatives with a Disability
- Representatives from organizations representing individuals with disabilities

A Management leader will chair the Team.

Members selected by virtue of their position will serve an indefinite term.

Representative members will rotate service on a periodic basis.

### **Members of the Accessibility Advisory Team**

Mary Jane Kurm	Clinical Manager (Chair)
Debbie Babiak	Occupational Health and Safety
Donna Brown	Volunteer
Shanna Cameron Picard	CNIB
Margaret Capon	Admitting/Health Records
Krysten Deering	CNIB
Trina Di Stefano	Information Technology
Don Edwards	Communications
George Fieber	Professional Practice Leader
Nancy Frost	Canadian Hearing Society
Derek Gascoigne	Environmental Services
Rob Gaunt	Cancer Centre Volunteer Coordinator
Don Halpert	Senior Management Representative
Tracy Hurlbert	Public Member
Caterina Kmill	Cardiac Rehab
Angela Kutok	Human Resources

Nella Lawrence	Planning
Jay Leather	Canadian Hearing Society
Earl McIvor	Financial Services
Melissa Minelli	Independent Living Resource Centre
Sharon Peters	CNIB
Linda Sanzo	Occupational Therapy
Wendy Savoy	Independent Living Resources Centre
Pat Seed	Board of Citizens with Disabilities of Ontario
Adam Shaen	Human Resources - Student
Kathryn Shewfelt	Staff Education
Janet Skinner	CNIB

In addition to TBRHSC's own team, Mary Jane Kurm presently sits on the Accessible Thunder Bay committee. Accessible Thunder Bay is a group comprised of members from a variety of municipal organizations who together deal with issues regarding accessibility in the City of Thunder Bay. Don Halpert, who represents the Ontario Hospital Association, is a member of the Provincial Advisory Committee recommending standards for Information and Communications under the AODA.

#### Reporting Structure and Authority

The Team will report to the Senior Management Team (SMT).

The minutes will include issues requiring the attention of SMT.

The Senior Management representative is accountable for making certain that items to be referred to SMT are identified and will ensure that a response is communicated back to the Team.

#### Goals and Objectives of the Accessibility Advisory Team

1. Develop an Annual Accessibility Plan for approval by the Board that shall address the identification, removal and prevention of barriers to persons with disabilities in the Hospitals policies, programs, practices and services. Specifically, the plan will include:
  - A report stating the actions the organization has taken to identify, remove and prevent barriers to persons with disabilities;
  - The measures in place to make certain that our organization evaluates its proposed changes to by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities;
  - A list of the by-laws, policies, programs, practices and services that our organization will review in the coming year in order to identify barriers to persons with disabilities;
  - The measures that our organization plans to take in the coming year to identify, remove and prevent barriers to persons with disabilities; and
  - All other information that the regulations prescribe for the purpose of that plan.
2. Presentation of the Annual Plan to the Board of Directors for approval.

3. Make available to the public, in accessible formats, the approved Annual Accessibility Plan.
4. Consider and advise on issues referred by Senior Management.
5. Recommend the measures necessary for compliance with the *Accessibility for Ontarians with Disability Act, 2005*, the Canadian Council of Health Services Accreditation Standards and other relevant legislation and established standards.
6. Evaluate, at least annually, the overall strengths and weaknesses of the Team's functioning and develop strategies to deal with identified gaps.

#### Process

Decision-making will be based upon Team discussions and whenever possible will be data-driven, with consideration of the legal and ethical requirements.

Time-limited sub-committees and task forces may be struck to deal with specific issues as required. These may include others who are not normally Team members.

The Team will assemble one of two ways, monthly or at the call of the Chair.

The agendas will be prepared at least one week in advance. As well Team members will receive a copy of all the minutes.

#### Membership Duties and Responsibilities

The expectations of the Members are as follows:

1. Be present at all meetings of the Team and actively contribute to achieving the overall goals and objectives
2. Make use of the Team as a forum for general discussion and debate of relevant issues.
3. Review and provide feedback on proposed or current strategies, issues, programs, practices, policies and procedures.
4. Provide formal and informal reports to staff regarding the plans, activities and decisions of the Team.
5. Research issues as required
6. Supply Senior Management with recommendations, where appropriate, on matters dealt with by the Team.
7. Members of the Accessibility Advisory Team shall participate in on-going internal inspection audits.

#### **Hospital Commitment to Accessibility Planning**

Thunder Bay Regional Health Sciences Center is committed to accessibility planning and strives proactively to make its services and programs accessible through:

- The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, 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 and;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility.

The Accessibility Advisory Team will provide an annual report to the Board of Directors. It is the Senior Management Team's responsibility to supervise the Accessibility Advisory Team. (See *Appendix F*) In addition, on a bi-annual basis the Accessibility Advisory reports to the Board Quality Management Committee.

### **Consumer Participation**

Thunder Bay Regional Health Sciences Centre welcomes the perspectives and participation of people with disabilities and community members as part of their commitment to accessibility planning. The following are the channels available to participate and contribute to accessibility.

1. Contact Renee Laakso at 684-6007 or send an email to [accessibility@tbh.net](mailto:accessibility@tbh.net) to file a complaint or make a suggestion regarding accessibility.
2. Complete the Accessibility Survey on the Hospital's website at [www.tbrhsc.net](http://www.tbrhsc.net) to make a suggestion regarding accessibility.
3. Become a member of the Hospital's Accessibility Advisory Team (AAT) by sending application to [accessibility@tbh.net](mailto:accessibility@tbh.net). As a member of the Team you will have the opportunity to participate in Accessibility Audits as well as attend Accessibility meetings throughout the year.

### **Strategic Planning**

*Accessibility is not a privilege. It is necessary to reach the illusive utopia of absolute equality.*

During the fall of 2007, the AAT conducted a Strategic Planning Session at the Hospital. From this session, a plan was established outlining where we would like to be throughout the next 3 years.

Throughout this session we realized areas which need to get stronger with regard to accessibility. A few of these areas include:

- Social Sciences training
- Encouragement Recognition
- Communication Plan for Accessibility
- Improved Diverse Communication
- Education Plan and Strategy
- First Nations Partners
- Evaluation Plan and sharing of the plan

Members who have acted as a catalyst for accessibility throughout our Strategic Planning session and within the community include:

- PACE – People Advocating for Change through Empowerment
- CLTB – Community Living of Thunder Bay
- CMHA – Canadian Mental Health Association
- ILRC – Independent Living Resource Centre
- CHS – Canadian Hearing Society
- TBRHSC – Thunder Bay Regional Health Sciences Centre
- TBCD - Thunder Bay Centre for the Deaf
- HAGI - Handicap Action Group Incorporated
- PUSH – Persons United for Self Help
- CNIB – Canadian National Institute for the Blind
- LCC – Lutheran Community Care Centre

The Strategic Planning session that was held in 2007 resulted in an ambitious plan to enhance our services and facility within the realm of accessibility. This session was not intended to place feasibility restrictions on ideas; conversely it was to create an ideal view of our next steps. Some of the ideas that were cumulated are outlined below.

We realized the need for partnership establishment and have strived to accomplish this through our Accessibility Committee and external partners. There is now a realization of the magnitude of resources that are needed to fulfill our mandates, which are not readily available. We have submitted proposals to be granted funding for a Youth Internship to be dedicated to Accessibility. Patients with disabilities identification systems need to be implemented. We have introduced sticker flagging systems to identify patients with vision and hearing loss in outpatient areas. We have now realized the need for accessibility training for staff and volunteers. We have implemented an overview of Accessibility and our “People First” brochure in staff orientation. The Accessibility Advisory Team realizes the need for strong partnerships throughout the community and continues to seek and acquire new accessibility partners to fulfill the identified needs in our Strategic Plan.

*“~ No more of the same~”*

**Barrier Identification Methodologies**

Methods that Thunder Bay Regional Health Sciences Centre continues to employ to identify and remove barriers to accessibility are as follows:

<b>Methodology</b>	<b>Description</b>	<b>Status</b>
Maintenance requisitions	When a person or department recognizes an issue, a maintenance requisition form is completed. Electronic requisitions are accessible through the Hospital’s Intranet site.	Electronic requisitions are in place. With the exception of emergencies
Switchboard	The call will be documented if switchboard is the initial contact point. The call (Barrier) will then be sent to the appropriate individual so that a strategy for its removal can be developed.	Presently being used.

Modified Work/Medical Recommendations for Staff	When an employee is incapable to perform regular work due to disability, a Modified Work Program (refer to Policy OHS-oh-124) may be provided for staff with short-term restrictions. An accommodation is considered for staff requiring permanent restrictions. Elimination of barriers is considered in both cases.	Presently being used.
Staff Incidents/Issues	Staff complete Incident Reports, which are reviewed and followed up by the department manager/delegate, the Occupational Health and Safety Department, and the Occupational Health & Safety Team.	Presently being used.
Occupational Health and Safety Statistics	Statistics, such as the number of muscular injuries, recognize issues that need to be addressed.	Presently being used.
Patient Records	On each admitted patient, an admission database is completed that identifies a number of accommodation needs for an individual. From this information the care team forms a plan to care that is communicated.	Presently being used. Also exploring options to increase process and accuracy of the communication.
Patient Satisfaction Survey	Inpatients and emergency patients are surveyed, through random sampling monthly using a Picker Survey tool. Responses to the survey are collated by an external agency in order to maintain patient anonymity. The Care Teams and the organization as a whole use the results to identify opportunities for improvement and implement positive change. Patient complaints are analyzed monthly to recognize opportunities for improvement and implement positive change.	Presently being used.
Annual Accessibility Issues Feedback	A procedure whereby feedback generated will be given active consideration and the person/group that has brought forward the concern will have a response from the appropriate Hospital Manager. Please see Appendix A for flowchart, Appendix B for Feedback Form and Appendix C for the Accessibility Issue Tracking Database.	Presently being used.
Community and Organizational Input	Representatives from the, City of Thunder Bay, CNIB, Canadian Hearing Society, and the Independent Living Resource Centre, among others, are active members of the ATT.	Presently being used. Also exploring ways to increase membership from the community.
Accessibility Survey	An ODA Survey is available on the hospital	Presently being used.

	website for the public, staff and consumers to provide input to the AAT.	
Accessibility Improvement List	A list has been compiled that outlines our accomplishments related to Accessibility over the last two years. This list will be updated for each edition of the Annual Plan.	First published in 2009 Annual Plan as Appendix I
Internal Audits	A systematic process whereby a team comprised of AAT members does an audit of the scheduled section to measure its accessibility and formulate plans to address identified issues. The hospital is divided into 23 sections and by auditing one section every month the entire hospital will be visited over an approximate two year period. As of June 2009 we have completed the full 23 section cycle. Please see (Appendix E) for the sectional breakdown and (Appendix D) for the audit tool.	Presently being used.

### **Barrier Removal Initiatives and Strategies in 2008/2009**

Achievements Thunder Bay Regional Health Sciences Centre has accomplished throughout the past year, as it strives toward becoming a Centre of Excellence are as follows:

<b>Type of Barrier</b>	<b>Description of Barrier</b>	<b>Strategy for its Removal/Prevention</b>
Physical, cultural and communications	TBRHSC physical, cultural and communicative environment.	Environmental Services in conjunction with members of the AAT are responsible for conducting internal accessibility audits. The hospital was divided into 23 sections and one section is audited monthly. The following areas were audited during this past year: See Appendix E.
Physical	Hospital wide review of incorrect signage.	All washrooms assessed and signs modified where required.
Physical	Concerns expressed over lack of accessible doors in the facility.	<ul style="list-style-type: none"> <li>○ An internal audit of the facilities doors was done in 07.</li> <li>○ In combination with government grant for six automatic doors and TBRHSC approved funding, an additional six automatic doors for a total combined spending of \$240,000 have been implemented over the previous three years.</li> <li>○ In 2007, five automatic doors had been installed: two in ICU, one in the OR, one in the Cancer Clinic and one in Labor and Delivery.</li> <li>○ Throughout 2008, five more automatic</li> </ul>

		door installations were completed: two in Mental Health, two in Emergency and one in the Cardiac Catheterization.
Physical	Concern expressed over lack of Accessible Washrooms	<ul style="list-style-type: none"> <li>➤ An Accessible washroom has been installed in the 3<sup>rd</sup> floor of the Cancer Centre which is the first washroom to meet the new Standard based requirements.</li> <li>➤ An Accessible washroom was installed in the 3<sup>rd</sup> floor NOSM area to compliment the over 20 other accessible washrooms in our facility.</li> </ul>
Physical	Lack of Accessibility of the Security Desk in the Emergency department	Security desk was retrofitted to a lower height to allow sufficient access to clients in wheelchairs.
Physical	Concerns were raised regarding the accessibility of the Westside entrance Doors closest to the Professional Building.	Sliding glass doors have been installed in this entrance.
Physical	To increase the accessibility of way finding and well as doors in the Diagnostic Imaging Department.	Renovations have been made to Diagnostic Imaging which included moving signage from inside the waiting room to the hallway to increase way finding. Funding for installation of automatic doors on the North and South sides of the department have been approved and completed.
Physical	An internal audit expressed concern over the echoing in Adult Mental Health.	Noise reduction painting took place to reduce the echoing.
Attitudinal	Lack of staff knowledge regarding Sighted Guides.	CNIB offered voluntary Sighted Guide Training for staff members and volunteers.
Attitudinal	Lack of knowledge/information for staff surrounding the treatment for and services offered to people with hearing loss.	A staff brochure was published entitled "People with Hearing Loss" and distributed to all staff throughout the hospital. This brochure was developed as a quick reference for staff and contains tips on how to effectively communicate with people with hearing loss and the facts. regarding different levels of hearing loss.
Attitudinal	Lack of staff knowledge of the services that the hospital offers to	A staff pamphlet on disability awareness has been developed titled People First. The pamphlet contains information on the

	accommodate patients with various types of disabilities	different types of disabilities. As well, the pamphlet details tips on the best ways to communicate and what services TBRHSC offers to assist in better serving people with disabilities. Staff has received this pamphlet as a quick reference source. Distribution and incorporation into new staff hire orientation has been implemented for general staff education as well as an overview of the new Patient and Family Centred Care initiative.
Architectural	Concern was expressed over the bus scheduling system, and the lighting near the bus stop platform.	<ul style="list-style-type: none"> <li>○ An additional 14 foot light fixture has been installed in the summer of 2008 to improve crosswalk lighting leading to bus stop.</li> <li>○ A GPS digital scheduling system has been installed in the front lobby of the Hospital to provide an Accessible bus scheduling system.</li> </ul>
Architectural	To more easily identify and provide better signage for parking for persons with disabilities	Plans were put in place to redefine the lines and enhance the logos on the parking spaces for persons with disabilities. This painting has been done with a fluorescent paint that is not only more visible during the day but also reflective at night. Additional signage for parking for persons with disabilities has also been posted. Our parking lots currently accommodate over 30 accessible parking spaces.
Technological	Concern was expressed over the Closed Captioning feature on the waiting room televisions being turned off.	An audit has been performed of the quantity of waiting room televisions. Name plates have been installed on the televisions to inform staff, volunteers, and clients to ensure closed captioning remains active.
Technological	Need for accommodation for patients with vision loss.	Adam and Mary Jane visited the CNIB to look at different types of technology and to develop a plan to purchase to accommodate persons with vision loss.
Technological	Need to document patient files to alert staff of necessary accommodation.	It was discovered that the current system will not easily accommodate electronic documentation flags. We have implemented a sticker flagging system for patients with Vision and Hearing loss in outpatient areas that have paper records.
Technological	Need to communicate expectations and requirements for	Multilingual Patient Navigation Videos have been developed and will be distributed. These videos contain

	upcoming procedures to prospective clients outside the city.	information regarding procedural and surgery expectations and timelines as well as an overview of the TBRHSC. This information will be available to our surrounding regions in their native tongue. These DVD's will be sent out to the regional areas that utilize our Hospital and are also accessible online.
Technological	Increase the level and efficiency of communication for staff and patients.	A submission for split screen TV's has been approved. These 42" flat screen TVs will make the necessary move from paper to electronic. These TVs will allow pertinent news to be displayed at all times while regular TV programming is administered. Live or recorded broadcasts will be viable as well as an efficient communication of staff and patient notifications.
Educational	Need for Management accessibility awareness	A presentation was given by Mary Jane Kurm and the CNIB at the Managers Meeting to educate on the types of vision loss and how to accommodate patients with this disability.
Legislative	To implement legislated standards.	New Customer Service standards, based on regulation 429/07, see Appendix G, have been legislated. The Hospital has approved a new Customer Service Policy that meets the new requirements. (See Appendix H.) Hospital personnel participated in an Accessibility Standard based information session.
Collaborative Potential	To add additional capability to TBRHSC Accessibility Planning and Implementation efforts.	A proposal in collaboration with the Canadian Hearing Society has been established and submitted to be granted a possible Youth Internship who would be dedicated solely to Accessibility.
Communication	Concern expressed from public regarding lack of services for persons with disabilities.	Thunder Bay Regional Health Sciences Centre is proud to offer a variety of services for persons with disabilities. To inform patients of what services are available to them. <ul style="list-style-type: none"> <li>○ We expanded our section on accessibility in the most recent publication of the Patient Services Directory to better inform patients.</li> <li>○ We have been featured in the Accessible Thunder Bay Guide, a publication outlining the accessibility</li> </ul>

		<p>provisions in various Municipal organizations.</p> <ul style="list-style-type: none"> <li>○ We have adapted our website to allow larger font options for better visibility and a "READ ME" option for the visually impaired.</li> </ul>
Informational	Lack of planning or understanding of future accessibility goals.	A Strategic Planning Session was conducted in 2007 with members of the A.T.T. and several members of community organizations. A Strategic Plan was established and will be used as an accessibility mandate guide for the next three years.
Informational	To gain input from outside Accessibility Services.	Don and Mary Jane attended an informational session at PUSH Northwest to address their concerns and will follow up with them.
Informational	To gain input from Accessibility partners.	A session was held with Occupational Therapists to discuss potential solutions to present and future barriers. A Suggestion List was generated (see Appendix J).

**Accessibility Standards**

On October 12, 2004 the Ontario government introduced Bill 118, the Accessibility for Ontarians with Disability Act, 2005 (the "AODA" or the "Act") The AODA replaces the Ontarians with Disabilities Act, 2001, which was passed by the former Conservative government. It is intended to require a more proactive approach to achieving full accessibility for persons with disabilities in the province. The 5 standards that will be developed and implemented are:

- customer service
- transportation
- information and communications
- employment
- built environment

Customer Service Standard

The Customer Service standard is the first accessibility standard created under the authority of the Accessibility for Ontarians with Disabilities Act 2005 (AODA). This standard is now law and will see compliance in January 2010. (See Appendix G for Customer Service Standard)

<b>Requirements</b>	<b>Compliance Strategy</b>	<b>Implementation Date</b>
Communication with a person that takes into account their disability	We offer the Medbridge translation system that translates in many different languages. (See pg 12)	Spring 09
Communication with a person that takes into account their disability	We are presently investigating viable American Sign Language,	Summer/Fall 09

	online interpreting services. Currently the admissions database asks if a patient has any specific needs.	
Notice of a Disruption of Service	Magnetic signs to inform clients of a Physical Plant disruption of service have been approved and are in the process of being developed.	Summer 09
Establish policies, practices, and procedures for providing goods or services to persons with disabilities.	We have developed a Customer Service Policy that addresses this standard's requirements. (see appendix H)	Spring 09
Allow people with disabilities to be accompanied by their service animal or guide dog.	We have developed a policy to allow persons with disabilities to be accompanied by their service animal as per the policy. (see appendix H)	Winter 08
Staff accessibility awareness and training	All HSC employees, volunteers, agents, contractors and others who deal with the public or other third parties and those involved in developing customer service policies, practices, and procedures will receive Accessibility Awareness Training within six months of beginning their duties.(see appendix H) Currently our Code of Conduct policy emphasizes accessibility awareness.	Ongoing
Staff accessibility awareness and training	We have developed a "People First Brochure" (see pg 14) that outlines different types of disabilities and the proper methodologies for accommodating them. These brochures have been provided to all staff. We have acquired a video titled "What do you do when you see a blind person?" This Video has been shown at a Managers meeting and is available for all departments to utilize, which several departments have taken advantage of so far. TBRHSC is committed to continuous learning and accessibility	Summer 2008

	awareness training.	
Staff accessibility awareness and training	The CNIB offered voluntary Sighted Guide Training for staff members and volunteers.	Winter 08
Allow persons with disabilities to be accompanied by their support persons in all areas accessible to third parties.	Support persons shall be permitted to enter the premises and not be prevented from having access to the person they are assisting while in the premises. (see appendix H)	Spring 09

Information and Communications Standard

The Information and Communications standard has been developed and is in the process of being reviewed by the Accessibility Directorate. The A.A.T.'s Don Halpert sat on the committee for the development of this standard as a representative for the Ontario Hospital Association (OHA). This standard could very well have the most profound impact on the Health Care sector. The A.A.T. has begun to look at possible methods of complying with the forecasted regulation.

**Budget**

Our Accessibility Advisory Team has a small budget to cover its direct operating costs. We also benefit from Thunder Bay Regional Health Sciences Centre's corporate repairs and maintenance budget, which provides funds for minor accessibility related modifications and updates on an ongoing basis. More costly modifications that exceed our current year's budget allocations are included in our budget submission for the next fiscal year. Recently, we began tracking costs related to accessibility modifications so we can both report and use them for future budget submissions.

**Review and Monitoring Process**

The Accessibility Advisory Team will meet on a monthly basis, or at the call of the Chair, to evaluate progress, raise accessibility issues, discuss issues that are raised and formulate plans for the future.

The Accessibility Advisory Team will make use of a process, form, database and audits system, outlined in Appendices A, B, C and D respectively, to identify barriers and manage any concerns raised. This database will make certain that all concerns are tracked and brought to the attention of the appropriate manager and department.

### **Communication of the Plan**

Not only is the Thunder Bay Regional Health Sciences Centre committed to making the Annual Accessibility Plan available to the public, it will communicate the Plan to the community and solicit and welcome their suggestions for improvement.

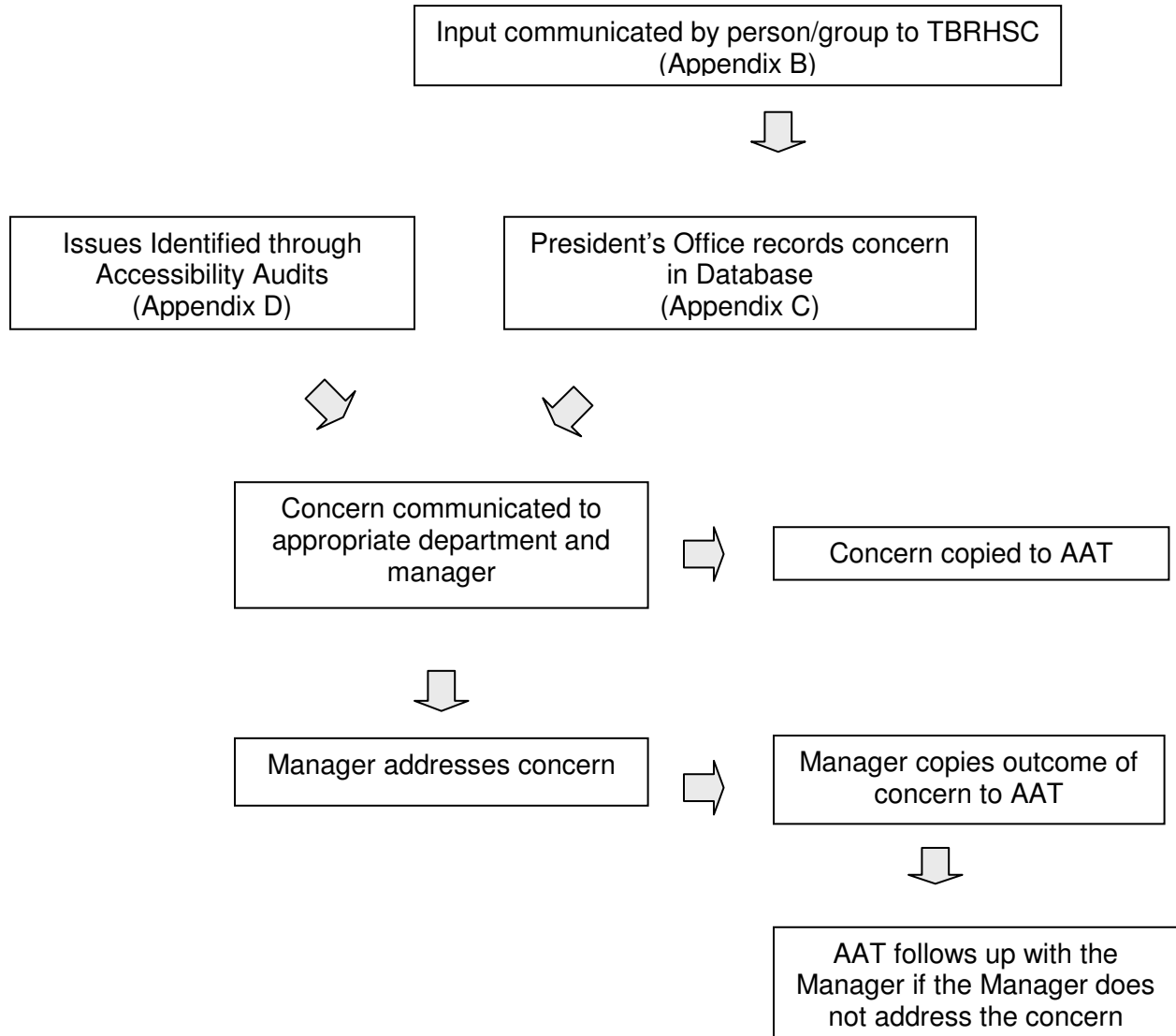
To help broadcast the Annual Accessibility Plan the Hospital will be placing an advertisement in the Chronicle-Journal, and other regional newspapers. This advertisement will contain contact information where interested parties can obtain a copy of the complete plan and put forward their questions and concerns.

The Hospital's website will contain the complete Annual Accessibility Plan for external parties and on the Intranet site for employees. Both sites will include a link to the feedback form. The Hospital's Internet website is Read-please enabled which allows audio playback of the entire Annual Accessibility Plan. Brochures will be available containing summary outlining recent accomplishments and challenges, terms of reference and a form where staff, public or any other interested parties can address their comments, concerns or suggestions.

Comments/Concerns/Suggestions can be sent to:

Thunder Bay Regional Health Sciences Centre  
Executive Assistant  
President's Office  
980 Oliver Road  
Thunder Bay, Ontario P7B 6V4  
*accessibility@tbh.net*

**Appendix A: Flowchart for Addressing Accessibility Issues**



**Appendix B: Accessibility Feedback Form**

I want my identity kept confidential

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Communication: \_\_\_\_\_

Please describe your views on our Accessibility:

Describe specific examples or departments where Accessibility has improved or improvement can be made:

Did you tell anyone about your thoughts at the time? Yes:  No:

If yes, whom did you tell and what was their response?

Name of Person:  
Title of Person:  
Person's Response:

Do you have further comments on our Accessibility? Or our Annual Accessibility Plan?

Please Specify, Are you:

- Patient
- Family
- Staff
- Volunteer
- Visitor

If employed with the TBRHSC specify which department:

\_\_\_\_\_

Please return this form to: Executive Assistant Phone: (807) 684-6007  
 President's Office Fax: (807) 684-5890  
 Thunder Bay Regional Health Sciences Centre  
 980 Oliver Road  
 Thunder Bay, ON P7B 6V4  
 Email: [accessibility@tbh.net](mailto:accessibility@tbh.net)

**Appendix C: Overview of Accessibility Issue Tracking Database**

Concern Tracking #	Category of Concern					Date Raised	Contact Info for Concern	Confidentiality Requested	Manager/ Department to Address	Date Forwarded	AAT follow up Date	Follow up Comments	Person's Response	Date of Response	Active/Inactive
	Physical	Architectural	Technological	Communication	Attitudinal										
2005-01															
2005-02															
2005-03															

**Appendix D: Internal Accessibility Audit Tool**

**Thunder Bay Regional Health Sciences Centre**

**Accessibility Inspection Audit Section**

**Location:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Parking:**

**Hallway/Corridors/Waiting Room/Washrooms:**

**Building Entrance/Internal Door Functionality:**

**Elevators:**

**Lighting:**

**Reception/Nursing Station:**

**Way finding/Signage:**

**Staff Awareness:**

**Equipment:**

**General Comments:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**


\_\_\_\_\_  
**Date**

**Appendix E: Breakdown of Hospital Sections to be Audited**

<b>Accessibility Inspection Audit</b>			
<b>Month</b>	<b>Date</b>	<b>Inspection Team</b>	<b>Location –Section-Division</b>
September 2006	Oct 31/06	D. Gascoigne, D. Halpert, MJ Kurm, A. Bahlleda	Laundry, Print Shop, Mail Rm, Stores, Shipping/Rec
October 2006	Oct 31/06	D. Gascoigne, MJ Kurm	Maintenance, Plan Rm, Biomedical
November 2006	Nov 28/06	D. Gascoigne, MJ Kurm	Clinical Laboratories, Offices, Morgues
December 2006	Dec 8/06 -9 am	D. Gascoigne, MJ Kurm, T.Hurlbert	Nutrition Food Serv., Cafeteria, Regional Stroke Prog.
January 2007	Jan 10/07- 9 am	D. Gascoigne, MJ Kurm, K. Deering	Cancer Research, Foundation, Cancer OP level 2+3
February 2007	Feb 20/07	D. Gascoigne, K. O'Neill	Surgical Day Care, Endoscopy, Cardiac Cath Lab
March 2007	Mar 21/ 07	D. Gascoigne, G. Fieber	Hskpg Areas, Waste Rm, Staff Lounge & Sterile Processing Dept.
April 2007	April 23/07	D. Gascoigne	Pharmacy, Information Technology, Information Systems
May 2007	June 8/07	D. Gascoigne, MJ Kurm, M. Beach	Diagnostic Imaging
June 2007	Aug 29/07	D. Gascoigne, MJ Kurm	Outside Grounds, Entrances
September 2007	Sept 19/07	D. Gascoigne, MJ Kurm	Rehabilitation, Cardiac Rehab, OH&S, HR, Staffing, Finance
October 2007	Nov 27/07	D. Gascoigne, MJ Kurm	1A Oncology, 1B Paeds Unit - IP & OP, 1C Maternal Newborn
November 2007	Feb 26/08	D. Gascoigne, MJ Kurm	Operating Rm, Recovery Rm
December 2007	Jun 18/08	D. Gascoigne, MJ Kurm	Cancer Care Radiation, Administration Offices Level 2
February 2008	Jun 26/08	D. Gascoigne, MJ Kurm	Pt Care Serv, Foundation, Switchboard, Security, Gift Shop, Front Entrance
March 2008	Jan 29/08/Feb 5/08	D. Gascoigne,	Mental Health IP & OP,

		MJ Kurm	Forensic IP & OP
April 2008	July 3/08	D. Gascoigne, MJ Kurm	Ambulatory Care, Volunteer Serv., Pastoral Centre, Stair Case, Health Records
May 2008	July 31/08	D. Gascoigne, MJ Kurm	3A Surgical Unit, 3B Surgical Unit, 3C Surgical Unit
June 2008	June 2008	D. Gascoigne, MJ Kurm	Admitting & Accounts Rec., Utilization, Social Work, Renal Unit
January 2009	January 21/09	D. Gascoigne, MJ Kurm	Administration -Level 3, Roof Section, Staff Ed, Auditoriums, Library
March 2009	March 23/09	D. Gascoigne, MJ Kurm	Emergency, Base Hospital, Ambulance Area
May 2009	May 22/09	D. Gascoigne, MJ Kurm	ICU, Cardio Respiratory
June 2009	June 18/09	D. Gascoigne, MJ Kurm A Shaen	2A Medical Unit, 2B Medical Unit, 2C Medical Unit

**Appendix F: Accessibility Policy – ADMIN-11 Accessibility**

 <h1 style="text-align: center;">Regional Health</h1> <p style="text-align: center; color: orange;">POLICIES PROCEDURES STANDARDS GUIDELINES</p>			
<b>TITLE:</b>	Accessibility	<b>NUMBER:</b>	ADMIN-11
<b>CATEGORY:</b>	Administration	<b>PAGE:</b>	1 of 2
<b>DEPARTMENT:</b>	Administration	<b>POLICY</b>	<input checked="" type="checkbox"/> <b>PROCEDURE</b>
<b>SERVICE/PROGRAM:</b>		<b>GUIDELINE</b>	<input type="checkbox"/> <b>STANDARD</b>
<b>INTERNAL DISTRIBUTION:</b>	Organization Wide	<b>EXTERNAL DISTRIBUTION:</b>	
<b>APPROVED:</b>	President and Chief Executive Officer	<b>APPROVAL DATE:</b>	May 4, 2004
		<b>REVIEWED:</b>	
		<b>REVISED:</b>	Sept. 7, 2004

Thunder Bay Regional Health Sciences Centre in recognizing the diversity of the community we serve is committed to continually improving accessibility for persons with disabilities in employment and services provided to our community.

Based on the provisions within the Ontarians with Disabilities Act (ODA), 2001, the hospital will develop and communicate an annual accessibility plan that describes the measures taken in the past and planned for in the upcoming year to identify, remove and prevent barriers to persons with disabilities. The development of The Annual Accessibility Advisory Plan is the responsibility of the Accessibility Advisory Team (AAT). This Team advises the Board regarding the Hospital's obligations under the Ontarians with Disabilities Act. The Board supports compliance with the principles of accessibility. Specifically the AAT will:

1. Report on the measures the organization has taken to identify, remove and prevent barriers to people with disabilities.
2. Describe the measure in place to ensure that the organization assesses its Act/by-laws, regulations, policies, programs, practices and services to determine their effect on accessibility for people with disabilities.
3. Draft the policies, programs, practices and services that the organization will review in the coming year to identify barriers to people with disabilities.
4. Describe the measures the organization intends to take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Make the accessibility plan available to the public.

The hospital encourages active participation from employees and outside persons/groups with disabilities as it plans for and evaluates the Annual Accessibility Plan.

## Roles

1. The Accessibility Advisory Team will educate, lobby, and advise on best practices to achieve the objectives of the Act. The Team will set up the procedures and review input and suggestions to provide for enhanced accessibility. It will report, annually, to the Board as defined in the Act.
2. Individual Managers are responsible to assure their services are provided in a manner that is accessible for persons with disabilities.
3. SMT will oversee the Accessibility Advisory Team and monitor compliance with the legislation and appropriate policies.
4. The Board and Quality Management Committee receive and review the annual report of the Accessibility Advisory Team. The Board will receive the Accessibility Plan on an annual basis and provide a Board resolution to endorse the plan.

## **REFERENCES:**

Ontario. Ministry of Citizenship, 2002. "Ontarians with Disabilities Act, 2001" Bill 125. Toronto, Queen's Printer. [www.gov.on.ca/citizenship/accessibility/english/act2001.htm](http://www.gov.on.ca/citizenship/accessibility/english/act2001.htm)

Ontario. Ministry of Citizenship, 2002. "A Guide to Annual Accessibility Planning under the Ontarians with Disabilities Act, 2001". Toronto, Queen's Printer. [www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm](http://www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm)

## **Appendix G: Accessibility Standards for Customer Service**

### **ONTARIO REGULATION 429/07**

made under the

### **ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT, 2005**

Made: July 25, 2007  
Filed: July 27, 2007  
Published on e-Laws: July 31, 2007  
Printed in *The Ontario Gazette*: August 11, 2007

### **ACCESSIBILITY STANDARDS FOR CUSTOMER SERVICE**

#### **Purpose and application**

1. (1) This Regulation establishes accessibility standards for customer service and it applies to every designated public sector organization and to every other person or organization that provides goods or services to members of the public or other third parties and that has at least one employee in Ontario.

(2) In this Regulation,

“designated public sector organization” means the Legislative Assembly and the offices of persons appointed on the address of the Assembly, every ministry of the Government of Ontario, every municipality and every person or organization listed in Schedule 1 or described in Schedule 2 to this Regulation; (“organisation désignée du secteur public”)

“provider of goods or services” means a person or organization to whom this Regulation applies. (“fournisseur de biens ou de services”)

#### **Effective dates**

2. The accessibility standards for customer service apply to the designated public sector organizations on and after January 1, 2010 and to other providers of goods or services on and after January 1, 2012.

#### **Establishment of policies, practices and procedures**

3. (1) Every provider of goods or services shall establish policies, practices and procedures governing the provision of its goods or services to persons with disabilities.

(2) The provider shall use reasonable efforts to ensure that its policies, practices and procedures are consistent with the following principles:

1. The goods or services must be provided in a manner that respects the dignity and independence of persons with disabilities.
2. The provision of goods or services to persons with disabilities and others must be integrated unless an alternate measure is necessary, whether temporarily or on a permanent basis, to enable a person with a disability to obtain, use or benefit from the goods or services.
3. Persons with disabilities must be given an opportunity equal to that given to others to obtain, use and benefit from the goods or services.

(3) Without limiting subsections (1) and (2), the policies must deal with the use of assistive devices by persons with disabilities to obtain, use or benefit from the provider’s goods or services or the availability, if any, of other measures which enable them to do so.

(4) When communicating with a person with a disability, a provider shall do so in a manner that takes into account the person’s disability.

(5) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures and, upon request, shall give a copy of a document to any person.

### **Use of service animals and support persons**

4. (1) This section applies if goods or services are provided to members of the public or other third parties at premises owned or operated by the provider of the goods or services and if the public or third parties have access to the premises.

(2) If a person with a disability is accompanied by a guide dog or other service animal, the provider of goods or services shall ensure that the person is permitted to enter the premises with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law from the premises.

(3) If a service animal is excluded by law from the premises, the provider of goods or services shall ensure that other measures are available to enable the person with a disability to obtain, use or benefit from the provider's goods or services.

(4) If a person with a disability is accompanied by a support person, the provider of goods or services shall ensure that both persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on the premises.

(5) The provider of goods or services may require a person with a disability to be accompanied by a support person when on the premises, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.

(6) If an amount is payable by a person for admission to the premises or in connection with a person's presence at the premises, the provider of goods or services shall ensure that notice is given in advance about the amount, if any, payable in respect of the support person.

(7) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures with respect to the matters governed by this section and, upon request, shall give a copy of a document to any person.

(8) In this section,

"guide dog" means a guide dog as defined in section 1 of the *Blind Persons Rights' Act*; ("chien-guide")

"service animal" means an animal described in subsection (9); ("animal d'assistance")

"support person" means, in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services. ("personne de soutien")

- (9) For the purposes of this section, an animal is a service animal for a person with a disability,
- (a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
  - (b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

### **Notice of temporary disruptions**

5. (1) If, in order to obtain, use or benefit from a provider's goods or services, persons with disabilities usually use particular facilities or services of the provider and if there is a temporary disruption in those facilities or services in whole or in part, the provider shall give notice of the disruption to the public.

(2) Notice of the disruption must include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available.

(3) Notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider of goods or services, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document that sets out the steps to be

taken in connection with a temporary disruption and, upon request, shall give a copy of the document to any person.

#### **Training for staff, etc.**

6. (1) Every provider of goods or services shall ensure that the following persons receive training about the provision of its goods or services to persons with disabilities:

1. Every person who deals with members of the public or other third parties on behalf of the provider, whether the person does so as an employee, agent, volunteer or otherwise.
2. Every person who participates in developing the provider's policies, practices and procedures governing the provision of goods or services to members of the public or other third parties.

(2) The training must include a review of the purposes of the Act and the requirements of this Regulation and instruction about the following matters:

1. How to interact and communicate with persons with various types of disability.
2. How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person.
3. How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods or services to a person with a disability.
4. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services.

(3) The training must be provided to each person as soon as practicable after he or she is assigned the applicable duties.

(4) Training must also be provided on an ongoing basis in connection with changes to the policies, practices and procedures governing the provision of goods or services to persons with disabilities.

(5) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its training policy, and the document must include a summary of the contents of the training and details of when the training is to be provided.

(6) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall keep records of the training provided under this section, including the dates on which the training is provided and the number of individuals to whom it is provided.

#### **Feedback process for providers of goods or services**

7. (1) Every provider of goods or services shall establish a process for receiving and responding to feedback about the manner in which it provides goods or services to persons with disabilities and shall make information about the process readily available to the public.

(2) The feedback process must permit persons to provide their feedback in person, by telephone, in writing, or by delivering an electronic text by email or on diskette or otherwise.

(3) The feedback process must specify the actions that the provider of goods or services is required to take if a complaint is received.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its feedback process and, upon request, shall give a copy of the document to any person.

#### **Notice of availability of documents**

8. (1) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall notify persons to whom it provides goods or services that the documents required by this Regulation are available upon request.

(2) The notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances.

**Format of documents**


9. (1) If a provider of goods or services is required by this Regulation to give a copy of a document to a person with a disability, the provider shall give the person the document, or the information contained in the document, in a format that takes into account the person's disability.

(2) The provider of goods or services and the person with a disability may agree upon the format to be used for the document or information.

**Commencement**

January 1, 2008

**Appendix H – Customer Service Policy**

 <h1 style="text-align: center;">Regional Health</h1> <p style="text-align: center; color: orange;">POLICIES PROCEDURES STANDARDS GUIDELINES</p>			
<b>TITLE:</b>	Accessibility – Customer Service	<b>NUMBER:</b>	Pending
<b>CATEGORY:</b>	Administration	<b>PAGE:</b>	1 of 2
<b>DEPARTMENT SERVICE/PROGRAM:</b>	Administration	<b>POLICY</b>	<input checked="" type="checkbox"/> <b>PROCEDURE</b>
		<b>GUIDELINE</b>	<input type="checkbox"/> <b>STANDARD</b>
<b>INTERNAL DISTRIBUTION:</b>	Organizational Wide	<b>EXTERNAL DISTRIBUTION:</b>	
<b>APPROVED:</b>	President & CEO	<b>APPROVAL DATE:</b>	
		<b>REVIEWED:</b>	May 5, 2009
		<b>REVISED:</b>	

**POLICY STATEMENT:**

All people regardless of disability have equal right of access to all goods and services provided by the Thunder Bay Regional Health Sciences Centre (HSC).

It is the policies of the HSC that people with disabilities achieve accessibility to the provisions of goods and services by the HSC, consistent with the principles of independence, dignity, integration and equality of opportunity as set out in the Accessibility Standards for Customer Service.

All HSC staff and volunteers, who deal with members of the public, will receive Accessibility Awareness training within six months of beginning employment.

Reference Policy: Accessibility Admin - 11

**PURPOSE:**

The purpose of this policy is to establish procedures and practices that will facilitate the implementation of the Accessibility for Ontarians with Disabilities Act 2005 (AODA), and Ontario Regulations 429/07, Accessibility Standards for Customer Service. The goal of the Act is to improve accessibility across the province. Nothing in this policy and procedures diminishes in any way the legal obligations of the HSC with respect to persons with disabilities that are imposed under any other Act or otherwise imposed law.

## **IMPLEMENTATION**

### **Training**

The HSC will provide training about the provision of its goods and services to persons with disabilities. All HSC employees, volunteers, agents, contractors and others who deal with the public or other third parties and those involved in developing customer service policies, practices, and procedures will receive Accessibility Awareness Training within six months of beginning their duties. The HSC will also provide ongoing training with respect to changes in its policies, practices, and procedures to those individuals who require such training as soon as practical. The HSC will keep records of the training provided, including dates training is provided and the number of persons trained.

Accessibility Awareness Training will include:

- a) how to provide goods and services in a manner that respects the dignity and independence of persons with disabilities
- b) how to interact and communicate with a person with a disability in a manner that takes into account his or her disability
- c) the process for people to provide feedback on how we provide goods and services to people with disabilities and how we will respond to any feedback and take action on any complaint
- d) how to interact with persons with disabilities who use an alternative device or require the assistance of a guide dog, service animal or a support person to access services or goods
- e) information on all HSC policies and practices in regards to the AODA, 2005.
- f) a review of the purpose of the AODA, 2005 and the requirements of the Customer Service regulation
- g) how to use equipment or devices on the HSC premises that may help with the provision of goods or services and how to adapt existing service delivery to a person with a disability
- h) what to do if a person with a disability is having difficulty accessing HSC goods or services

### **Guide Dogs, Service Animals and Support Persons**

If a person with a disability is accompanied by a guide dog or other service animal, the HSC shall ensure that the person is permitted to enter the premises with the animal and keep the animal with him or her unless that animal is otherwise excluded by law from the premises. If the service animal or guide dog is excluded by law from the premises, the HSC will provide other measures to enable the person with the disability to obtain, use or benefit from the goods or services.

If a person with a disability is accompanied by a support person, they shall be permitted to enter the premises together and not be prevented from having access to each other while in the premises. The HSC may require a person with a disability be accompanied by a support person while on our premises only if a support person is necessary to protect the health or safety of the person with a disability or others on the premises.

Where fees for goods and services are advertised or promoted, the HSC will include the amount payable in respect of the support person in advance.

Reference Policies: Pet Visitation-PAT-5-25, Animals-Service-ADMIN-15

### **Disruption of Services**

If there is a disruption of a particular facility or service used to allow a person with a disability to access the goods or service, the HSC will give notice of the disruption to the public, by posting the reason for the disruption, the anticipated duration of the disruption and describe alternative facilities or services that may be available. This information will be posted in a conspicuous place in the premises or by other methods considered reasonable. If the disruption is expected, a reasonable amount of advanced notice of the disruption will be given. If the disruption is unexpected, notice will be provided as soon as possible.

### **Feedback Process**

The public can provide feedback on the accessibility of provisions of goods and services by the HSC through the Accessibility Advisory Team by:

- a) e-mail at [accessibility@tbh.net](mailto:accessibility@tbh.net)
- b) mail addressed to President's Office, 980 Oliver Road, Thunder Bay, ON P7B 6V4
- c) phone at 807-684-6007
- d) in person President's Office, 980 Oliver Road, Thunder Bay, ON P7B 6V4

Feedback will be responded to within 3 business days by the receipt of the HSC. Refer to Annual Accessibility Plan, [http://www.tbrhsc.net/about\\_TBRHSC/accessibility\\_plan.asp](http://www.tbrhsc.net/about_TBRHSC/accessibility_plan.asp)

### **Assistive Devices**

If a person with a disability requires assistive devices to access the goods or services of the HSC, they will be allowed to use such devices. The HSC provides assistive devices at some facilities. These devices are outlined in the Annual Accessibility Plan, People First disability awareness pamphlet, Patient Services Directory.

### **REFERENCES:**

"Ontarians with Disabilities Act (ODA) 2001" and the "Accessibility for Ontarian's with Disabilities Act (AODA) 2005"

## **Appendix I – Accessibility Improvement List**

### **Accessibility Improvement List for years 2008-2009**

In accordance with the Accessibility for Ontarians with Disabilities Act 2005 (AODA), the Thunder Bay Regional Health Sciences Centre, along with the A.A.T, has made great strides to improve accessibility in our facility and act as a leader in the region.

Throughout the A.A.T's tenure we have realized many challenges and opportunities for growth and advancement. We strive to address existing barriers as well as prevent the development of potential barriers. In a quantitative initiative we have developed the following list representing our accomplishments over the last 2 years.

1. Sliding doors in Cancer Centre – west entrance are in place
2. 3<sup>rd</sup> floor Cancer Clinic –re-building an accessible washroom near treatment areas
3. 7000 square feet of development for the Northern Ontario School of Medicine has been developed and Accessibility issues were part of the plan
4. Vestibule in the Emergency - security desk is now a wrap around and positioned so that security is better able to see and accommodate patients with height restrictions. The triage area is also being renovated.
5. Close to 20% of the 2008 building renovation budget has been dedicated to accessibility improvements
6. To date \$160, 000 has been spent on snow removal in parking lots and on hospital grounds
7. 3<sup>rd</sup> floor Cancer Centre Washroom has been developed which meets the new legislation – costing \$22,000
8. A concern was brought forward regarding the automatic doors in the Professional Building only working until 6:00pm while public access to the building is available until 10:00pm. This concern was forwarded to the Planning Department as well as to the Quality Management Department. The Planning Department has met with the landlords of the building and the automatic doors have been reset to operate until 10:00 pm
9. A concern was brought forward regarding a washroom in Emergency. This concern was forwarded to Quality Management as well as to the Manager of the department for a response. The patient was advised by the Accessibility Advisory Team that the concern is being looked in to
10. Movement of the Diagnostic Imaging bus stop to accommodate better wheelchair access has been carried out
11. Concrete work on sidewalks including wheelchair accessibility from Professional building to southbound bus stop and two spots on perimeter sidewalk by parking lots G and H was done
12. Additional lighting near southbound bus stop as per member request was implemented
13. Repaired and re-sloped entry points to building by doors F near Diagnostic Imaging and the west doors leading to Professional Building
14. Automatic door openers have been added to two Diagnostic Imaging entry points
15. Door hold open devices are to be added in Labor Delivery, Surgical Day Care and Pre-admission clinic
16. Non functioning sliding doors in Emergency - fixed
17. Toilet seat in Emergency below standard – seat raised
18. Noise reduction painting completed in Adult Mental Health
19. GPS bus scheduling system installed in front lobby

- 20. Medbridge is now implemented which provides translation services in many languages including basic American Sign Language
- 21. Patient Navigation Videos are being developed
- 22. 42" Split Screen TV's have been approved
- 23. Closed Captioning (Name plates put on waiting room TV's)
- 24. Patient flagging sticker systems have been implemented in Outpatient settings (Vision and Hearing loss)

Accessibility Advisory Team: June 2009

### **Appendix J – Accessibility Suggestions**

Completed By: Occupational Therapists  
Date: July 23, 2009

<b>Accessibility Issue</b>	<b>Concern</b>	<b>Suggestion</b>
Communication	Lack of translation service for First Nations	<p>First Nations, especially those from the region would benefit from having a translator available to all staff to assist with assessments and communication.</p> <p>Additionally, First Nations clients who are from out of town and have no family or friends here, would benefit from a staff or volunteer to sit with them to provide company/comfort while in hospital.</p>
Communication	Parking Ticket Machines to exit the parking lots	There is too much written information and too many slots and buttons that it is overwhelming for someone to figure out how to use them. The machines "talk", however it is difficult to hear what it is saying.
Communication	Poor signage	<p>Most signs in the hospital are too high on the ceiling, font is too small and they lack contrast. Bathroom signs are particularly difficult to read due to their poor contrast and size of the "wheel chair" symbol.</p> <p>Signs with bigger font, greater contrast and the use of symbols would assist client's of different ages and literacy abilities</p>
Communication	Hard of Hearing	Pocket talkers on each nursing station would facilitate better communication between staff and clients who are hard of hearing.
Communication	Hard of Hearing	Flashing light or buzzers for clients waiting in emergency, diagnostic imaging, fracture clinic,

		etc. wait rooms to indicate that they have been called to see the nurse
Communication	Elevators	For the visually impaired, an elevator with a “talking” feature would be helpful as it would state the floor the elevator is on.  A large sign just outside the elevator doors indicating which floor it is would assist in finding one’s way around as often people get off on the wrong floor by accident.
Communication	Call bells	Call bells by client’s bedside with longer strings would assist clients who are hemiplegic or have limited functional use of one upper extremity.
Mobility	Client room chairs	The high back chairs in client rooms are low and posteriorly tilted which make it difficult to transfer out of. An easy solution would be to have a removable riser that can be placed under the chair (3-4”).
Mobility	Emergency Room Stretchers	The stretchers are too high and make transferring out of them difficult. Additionally, the bed rail runs the length of the bed- this also impedes transfers. A half rail would assist with transfers as well as stretchers that were lower or height adjustable. The stretchers are also not appropriate for an obese client as they are very narrow.
Mobility and Fall Risk	Lack of wheel chairs, and the transport chairs supplied by the Volunteer association are unsafe for transfers for frail elderly and people with mobility issues (i.e. posteriorly tilted, the foot rests are narrow and don’t stay flipped up when someone is trying to get out of chair). They are also very uncomfortable  Lack of bariatric wheel chairs	Basic transport wheel chairs are easier to transfer in and out of and will suit the needs of a more diverse population. Large bars can be placed on the canes to make the chairs theft proof.  Tilt and basic transport chairs are needed in widths 24” +
Mobility and Fall Risk	Lack of bariatric equipment to assist with mobility and	Bariatric commodes, shower chairs, wheel chairs, walkers are required on the units.

	activities of daily living (ADL's)	
Accessibility	Shower	There should be at least one large roll-in shower (with grab bars, bath bench and hand-held shower) in the hospital for bariatric and wheel chair dependent clients.
Accessibility	Patient room bathrooms	A second flip down grab bar on the other side of the toilet would assist clients who are hemiplegic or have limited use of one upper extremity. Power assist doors would again assist with independence of accessing bathroom.
Accessibility	Bathrooms along main halls	<p>The wheel chair symbol on the door is too small and not noticeable.</p> <p>The doors are very heavy and difficult to open independently. We recommend a power-assist feature or automatic door opener.</p> <p>Call bells or intercom to security should be in all bathrooms in case of emergency.</p>
Accessibility	Robin's Donuts	The set up of the café is extremely difficult for someone in a manual or power wheel chair to maneuver in.