

North Bay Regional
Health Centre



Centre régional
de santé de North Bay

Multi-Year Accessibility Plan

April 01, 2013 – March 31, 2017

Prepared by

North Bay Regional Health Centre
Accessibility Working Group

This publication is available on the hospital's website

(www.nbrhc.on.ca)

and in alternative formats and/or with communication support upon request



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1.0 Executive Summary

The purpose of the *Ontarians with Disabilities Act, 2001* (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. The Hospital prepares an annual accessibility plan which addresses the identification, removal and prevention of barriers for persons with disabilities, in keeping with the *Ontarians with Disabilities Act* (ODA 2001).

The *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) builds on the ODA by defining standards and measures of enforcement in order to achieve a fully accessible Ontario by 2025. Under the AODA, Provincial Standard Development Committees were established to develop accessibility standards in the following five areas:

- Customer Service
- Transportation
- Information and Communication
- Built Environment
- Employment

The *Accessibility Standards for Customer Service Regulation* was the first standard to become law on January 1, 2008. Public sector organizations, such as hospitals, had to meet the requirements under this standard by January 1, 2010. Compliance reporting on the Customer Service Standard was completed by member organizations in December 2010, as required by law and Customer Service standard initiatives continue.

On September 2, 2010, the Ontario Ministry of Community and Social Services proposed an *Integrated Accessibility Regulation* under the AODA. The proposed Regulation would combine three accessibility standards into one – information and communication, employment and transportation. The *Integrated Accessibility Regulation* became law in June 2011. IASR requires hospitals to produce multi year accessibility plans that include targets and timelines for compliance with the multiple requirements of the IASR.

The North Bay Regional Health Centre (NBRHC) is committed 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 annual accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

2.0 Aim and Objectives of the Plan

The Multi Year Accessibility plan aspires to achieve continuous improvement in moving towards the vision of accessibility and inclusion for all including patients and their family members, staff, health care practitioners, volunteers and members of the community.

This plan will:

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 over the past year.
3. Identifies the, policies, programs, practices and services that The Hospital will review in the coming year to identify barriers to people with disabilities.
4. Outline the measures to be taken to ensure ongoing compliance with the Customer Service Standard (AODA).
5. Outline the measures to be taken during the next 5 years to meet the mandatory requirements of IASR (AODA).
6. Describes how the Hospital will make this accessibility plan available internally and to the public.
7. Describe how the plan will be communicated internally and to the public.

3.0 Definitions

For the purpose of this Plan, the following definitions apply (ref. ODA, 2001).

A **“barrier”** is:

- anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

A **“Disability”** is:

- any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- a condition of mental impairment or a developmental disability,
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- a mental disorder, or
- an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997

4.0 Description of The North Bay Regional Health Centre

The North Bay Regional Health Centre (NBRHC) is a unique healthcare organization with three primary roles. It provides acute care services to North Bay and its surrounding communities, it is the district referral centre providing specialist services for smaller communities in the area, and it is the specialized mental health service provider serving all of northeast Ontario

NBRHC has 420 beds and numerous outpatient and outreach services in North Bay and throughout the northeast region.

NBRHC is one of four major acute care hospitals serving northeast Ontario; the others being Sault Area Hospital, Timmins and District Hospital and Health Sciences North (Sudbury). The area is also served by small community hospitals like Mattawa and West Nipissing General hospitals.

NBRHC's Regional Mental Health Service provides inpatient beds in North Bay and Sudbury and outpatient and outreach services that throughout the region—from Hudson Bay to Muskoka from Sault Ste. Marie to the Quebec border.

A major teaching centre for students in medicine, psychiatry, nursing and allied health professions, NBRHC is proud to be affiliated with the Northern Ontario School of Medicine, Nipissing University, Canadore College and several other Ontario colleges and universities.

North Bay Regional Health Centre is chairing the development of a regional *Academic Health Science Research Network* to better address the unique needs of the north and overcome barriers that impact academic health care. It will try to ensure the translation of knowledge into innovative healthcare solutions.

Mission

As partners in care, we restore and maintain health for mind and body.

Vision

Leading Care, Improving Health, Enriching Communities.

Values

CARE with Courage

- Compassion
- Accountability
- Respect
- Excellence
- Courage

For further information visit our website at www.nbrhc.on.ca

5.0 The Accessibility Working Group

The NBRHC Accessibility Working Group, made up of representatives from the plan member organizations including persons with disabilities as well as the representatives from the

The NBRHC President and CEO in consultation with the Board of Directors authorized the Working Group to:

- Review Accessibility Standards as set out by the Accessibility Directorate of Ontario which are applicable to NBRHC
- 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 year;
- Describe how these barriers will be removed or prevented in the coming year; and
- Prepare a plan on these activities, and after its approval by the Senior Administrative Team, make the plan available to the public.

Terms of Reference and Membership list can be found in **Appendix A**.

6.0 Hospital commitment to accessibility planning.

The North Bay Regional Health Centre is committed to:

- Building an accessible and inclusive organization that takes into account the principles of dignity, independence and equality;
- The continual improvement of access to facilities, policies, programs, practices and services for patients and their families, staff, volunteers and members of the community;
- Focusing on implementing a structure that will ensure that the phased in requirements of the Integrated Accessibility Standards Regulation are met and that all compliance deadlines are achieved;
- In the coming 5 years (2013-2017); progressing toward IASR requirements and other accessibility related objectives contained in the present plan and report to Senior Leadership on this progress;
- Continue the ongoing process of barrier identification, removal and prevention;
- Respond on behalf of the organization to any and all compliance reporting requests from the Accessibility Directorate of Ontario (ADO) and/or the Ministry of Community and Social Services

The fundamental foundation for ensuring the development of an accessible environment is the development of a culture that supports barrier-free access to care and services and the establishment of corporate policies, and multi-year strategies that set and maintain clear expectations and resources for barrier identification and removal.

The enactment of the provincial accessibility standards such as the Customer Service Standards and the Integrated Accessibility Standards will serve as guideposts to the Accessibility Committee in prioritizing the activities that must be undertaken to fulfill its requirements over the next several years. The Accessibility Committee is also to act in a timely manner, on barriers identified by people with disabilities and their families through feedback mechanisms.

7.0 Barrier Identification & Achievements

The Accessibility Working Group uses a variety of methods for barrier identification to create a list of barriers to be addressed. This includes, but is not limited to:

- Feedback mechanisms posted on the organization website;
- Management input. Stemming from staff meetings, patient requests and/or family/support persons inquiries;
- Employee input.
- Participants in accessibility training are invited to provide feedback on accessibility issues
- Volunteer engagement feedback
- Mandatory requirements/legislative targets
- Occupational Health Services – through Modified Work initiatives
 - Early Safe Return to Work

ACHIEVEMENTS IN 2012-2013

- Grab bars were installed in various locations including:
 - Patient Showers on pod B
 - Patient washroom AIPU
 - Outpatient washroom Renal
 - Patient room washroom Sunshine Lodge
 - Diagnostic Imaging washrooms
- Toilet paper holders on grab bars were reversed to sit on the outside in several washrooms including:
 - D3
 - C3
 - AIPU
- Extension of main sidewalk from Lot 6 to Pod D1 (along south ring road).
- Additional parking spots (8 ea) for O/P Therapy in D1.
- Improved crosswalks at ER and main west entrance, 2 locations, c/w line painting, signage, and curb reconstruction.
- Additional and improved Barrier-Free parking at Lots 2 and 6 (line painting and signage).

- Sidewalk extension from College Drive sidewalk to Lot 4 for improved access to Lot 4.
- Sidewalk extension and crosswalk from walk adjacent ER entrance to Lot 1.

ACHIEVEMENTS IN 2014-2015

- Automatic Door Openers Added
 - NICU
 - Food Services
 - Washroom 300 level
 - Renal Waiting Room
 - Birthing Unit
- Hold Opens Added
 - Eleven door hold opens were added to various doors throughout the hospital.
- Signage
 - Miscellaneous signage throughout the facility-details available upon request.
- Stop sign and crosswalk at Lot 1 to main east entrance.
- Stop signs and crosswalk at Lot 10 to sport field.
- Main west entrance: entrance loop converted to “one way” and 3-way stop where loop meets the south ring (adjacent to Rogers tower).
- Sidewalk extension from main sidewalk to Lot 5 at College Drive and ring road.

ACHIEVEMENTS IN 2015-2016

- Improvements to Hospital grounds included:
 - Concrete sidewalk extended from existing sidewalk at Lot 6, along south ring road to Lot 7 – outpatient therapy parking at D1;
 - Crosswalk improvements at East end improving access to both Main Entrance Lobby and Emergency Department;
 - Concrete sidewalk extension, adjacent to Emergency department;
 - Crosswalk improvements and concrete stairs at Lot 1;
 - New sidewalk and curb drop at Lot 9 for improved barrier-free access to crosswalk;
 - 8 additional parking spots added for Outpatient Therapy, D1;
 - General reworking of wheelchair accessible parking at Lot 1, Lot 6 and Lot 9 to accommodate crosswalk improvements;
 - Improved access for City bus at East end, including signage, markings and line painting
- Installed TTY payphone in main lobby
- Signage
 - Miscellaneous signage throughout the facility-details available upon request
- Implementation and distribution of NBRHC Code of Conduct
- Policies and practices including: parking, emergency response, return to work completed and published

8.0 Work Plan for 2013-2017

The work plan will be divided into two parts. The first (8.1) will address the barriers identified through the feedback methods described in section 7.0 of this plan, and/or those brought forward from past accessibility plans.

The second section (8.2) will address the action plans that have been created to meet the requirements as detailed in the Integrated Accessibility Standards Regulation (IASR).

Through implementation of the itemized action plans to follow, legislative compliance as well as identified local priorities will be achieved.

8.1 Identified Barriers

BARRIER	ACTION PLAN	RESPONSIBILITY
Doors throughout Hospital under review to assess the need for automatic functions	Prioritized throughout the year	Facilities – Kevin Vescio
Review of assistive devices inventory	When a request for an assistive device arises, the decision will be made on acquiring the device and where to store it	Facilities – Shirley Strood
Grab Bars	A list will be maintained of desired locations and installations will continue to occur by priority	Facilities – Kevin Vescio

Signage – additional signage required with visibility and contrast consideration	A list will be maintained of desired locations and installations will continue to occur by priority	Facilities – Public Relations
Footrests on Wheelchairs – more outpatients and visitors accessing wheelchair use due to distances within Hospital	Develop a mechanism to repatriate the footrests and the wheelchairs	Katrina Barnes – Supervisor of Patient Porter
Visually impaired difficulties identified in the elevators	Being investigated to retrofit our existing elevators	Kevin Vescio
Ongoing inventory evaluation of Assistive devices within Hospital	Information currently being accumulated and an active listing will be posted and available once complete	Shirley Strood

8.2 Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg., 191-11)

GENERAL REQUIREMENTS

IASR Section 3: Establish written accessibility policies

- Accessibility policy to include standards of the Integrated Accessibility Standards Regulation (IASR) and posted on external and internal websites.

IASR Section 4: Establish multi-year accessibility plan

- Multi-Year Accessibility Plan to be posted on external and internal website.

IASR Section 5: Incorporating accessibility criteria when procuring goods, services and facilities

- Review current practices in procurement and identify points of opportunity for integration of accessibility criteria;
- Accessibility language integrated into the RFP process and other related documentation;
- Statement integrated in all contracts that contractors are responsible for AODA Customer Service Training for their employees;
- Review of purchasing policy to include integration of accessibility criteria in procurement;

IASR Section 6: Incorporate accessibility features when designing procuring or acquiring self-service kiosks

- Build accessibility criteria into procurement process for self-service kiosks, through RFP process.

IASR Section 7: Training on IASR accessibility standards and Human Rights Code for all staff

- All employees, volunteers, persons participating in development of organizational policy and other persons who provide goods, services or facilities on behalf of the organization, receive training;
- Obtain and launch training;
- Develop alternate methods for Accessibility Training, where LMS not available.

MULTI YEAR WORK PLAN

PART 1 – GENERAL REQUIREMENTS		
Section 7	ACTION PLAN	TIMELINE & RESPONSIBILITY
7.1 Provide training on IASR accessibility standards and Human Rights Code	<p>Develop or acquire Training to include IASR requirements.</p> <p>Launch to all staff</p> <p>Compliance training to Managers and Coordinators</p> <p>Establish if alternate training methods are required</p> <p>Launch Accessibility Communications Strategy across organization</p>	<p>Accessibility Committee in coordination with the Education department.</p> <p>2013-2014</p> <p>2013-2014</p> <p>2013-2017</p>
7.3 Deliver training as soon as practicable	Education to be provided immediately and ongoing as required	2013-2014
7.5 Record of training	Tracked through LMS or manually as required	2013-2014
PART II: INFORMATION AND COMMUNICATION STANDARDS		
Section 11	ACTION PLAN	TIMELINE & RESPONSIBILITY
11.1 Ensure feedback process are accessible and in accessible formats and/or communication support upon request	<p>Clarify existing methods of communication for accessibility feedback and streamline where possible.</p> <p>Consolidate feedback across the organization, track and report as needed.</p> <p>Solicit feedback through various methods and identify where it could be increased.</p>	<p>Accessibility Committee</p> <p>2013-2014</p> <p>2013-2014</p>

<p>11.3 Notify the public about the availability of accessible formats and communication supports</p>	<p>Insert statement regarding availability of alternative formats and communication supports</p>	<p>2013-2104</p>
<p>Section 12</p>	<p>ACTION PLAN</p>	<p>TIMELINE & RESPONSIBILITY</p>
<p>12.1 Provide accessible formats and communication supports for information:</p> <ul style="list-style-type: none"> • In a timely manner that takes into account the person's accessibility needs due to disability and • At a cost that is no more than the regular cost charged to other persons 	<p>Develop a sub committee to focus on developing a standard process for requesting alternate formats for patients, staff and visitors.</p> <p>Review Accessible PDF's and PDF forms with WCAG 2.0.</p> <p>Develop campaign to increase awareness amongst staff and patients.</p> <p>Investigate accessibility options for non-print formats of communication ie. Video resources, online directories, text, captioning, audio captioning.</p> <p>Create policy and standards. Integrate consultation with the requestor into the standard process for requesting alternate formats.</p>	<p>Accessibility Sub-committee (TBD)</p> <p>2014-2015</p> <p>2014-2015</p>
<p>12.3 Notify public of availability of these alternatives & post notices of available alternate formats on:</p> <ul style="list-style-type: none"> • Internal and External website • TV monitors • Signage • Pamphlets 	<p>Develop messaging and integrate appropriate wording/statement for website, signage, a guide or any/all methods of communication</p>	<p>Accessibility Sub-Committee (TBD)</p> <p>2013-2014</p>

Section 14	ACTION PLAN	TIMELINE & RESPONSIBILITY
<p>14.1 Ensure internet and intranet websites and web content conform to WCAG 2.0 guidelines at the following levels:</p> <ul style="list-style-type: none"> • New websites and web content to level A by January 1, 2014 • All websites and web content to Level AA by January 1, 2021 	<p>In consultation with the IT department, including the webmaster develop a plan to ensure the guidelines are met.</p> <p>Determine the implications.</p> <p>Collaborate to ensure content to be posted is appropriately formatted relative to WCAG standards.</p> <p>Conduct evaluation to ensure compliance.</p>	<p>Information Technology</p> <p>2013-2017</p>
PART III: EMPLOYMENT STANDARDS		
Section 22-24, 26 and 32	ACTION PLAN	TIMELINE & RESPONSIBILITY
<p>Ensure availability of accommodation on recruitment, selection, hiring processes.</p> <p>Consult with the individual to determine necessary accommodations.</p> <p>Include accessibility considerations in redeployment processes.</p> <p>Provide accessible formats and communication support for job or workplace</p>	<p>Develop strategy and process for integrating accommodation needs into recruitment, selection and hiring processes.</p> <p>Develop process/policy for involving individual in determination of the necessary accommodations.</p> <p>Develop process for addressing accessibility considerations in redeployment processes.</p> <p>Develop process for the request of workplace information in alternate format and/or with communication supports and implement.</p>	<p>Human Resources & Occupational Health Services (OHS)</p> <p>2013-2014</p> <p>2013-2014</p> <p>2013-2014</p>

information, upon request		
Section 25	ACTION PLAN	TIMELINE & RESPONSIBILITY
25.1 Inform employees of policies supporting employees with disabilities	Develop method of communicating to employees of the policies supporting employees with disabilities	OHS - Attendance Support Consultant 2013-2014
25.2 Provide this information to new employees as soon as practicable after hiring	Review orientation presentation from OHS. Add components on accommodation and return to work, if required	OHS - Attendance Support Consultant 2013-2014
25.3 Provide updated information on accommodation policies to employees when changes occur	Policies posted and distributed as per NBRHC protocol	OHS – Attendance Support Consultant 2013-2014
Section 28	ACTION PLAN	TIMELINE & RESPONSIBILITY
28.1 Develop a written process for documented individual accommodation plans	Develop Accommodation Policy, including consultation with stakeholders.	OHS – Attendance Support Consultant 2013-2014
28.2 Include prescribed elements in process	The above policy will include prescribed elements	OHS – Attendance Support Consultant 2013-2014
28.3 Individual	The above policy will include	OHS – Attendance

<p>accommodation plans shall:</p> <ul style="list-style-type: none"> • Include information re: accessible formats and communication supports provided, if requested • Include individualized workplace emergency response information, if required • Identify any other accommodation that is to be provided 	<p>prescribed elements</p>	<p>Support Consultant</p> <p>2013-2014</p>
<p>Section 29</p>	<p>ACTION PLAN</p>	<p>TIMELINE & RESPONSIBILITY</p>
<p>29.1 Develop a documented Return to Work process</p>	<p>Update Return to Work Policy</p>	<p>OHS – Attendance Support Consultant</p> <p>2013-2014</p>
<p>29.2 Include steps employer will take to facilitate return to work and use documented individual accommodation plans</p>	<p>Update Return to Work Policy</p>	<p>OHS – Attendance Support Consultant</p> <p>2013</p>
<p>Section 30</p>	<p>ACTION PLAN</p>	<p>TIMELINE & RESPONSIBILITY</p>
<p>30.1 Include accessibility considerations in performance</p>	<p>Review current process.</p> <p>Ensure tools are available in alternate formats and/or</p>	<p>Human Resources</p>

management processes and ensure it takes accessibility needs of employees with disabilities, including existing accommodation plans	communication supports provided.	2013-2014
	Integrate accessibility questions into performance tools.	2013-2014
	Integrate questions into probationary period assessment.	2013-2014
	Educate managers and supervisors around rationale for including these questions and considerations.	2013-2014

9.0 Review and monitoring process

The Accessibility Working Group will meet quarterly to review progress toward goals and targets outlined in this multi-year accessibility plan.

As per the Terms of Reference of the Accessibility Working Group – Appendix A, sub-working groups will be formed as needed to facilitate

implementation and to foster a collaborative process that will ensure compliance and attention to other priority issues.

As indicated in the IASR legislation, annual progress reports on the multi-year plan will be produced and reported publicly on external and internal websites.

All accessibility planning documentation and reporting will be available in alternate formats and/or with communication support, upon request.

10.0 Communication of the plan

- The 2013-2017 Multi-Year Accessibility Plan will be posted on the NBRHC internal and external websites;
- Printable versions will be made available upon request from the Public Relations department;
- Managers will communicate the publication of the Multi-Year accessibility plan to staff at unit/department meetings and committees, when applicable;
- Plan will be made available in alternate formats and/or with communication support, upon request. Such alternate formats include large print text ...

APPENDIX A

The North Bay Regional Health Centre Accessibility Working Group

Terms of Reference

Purpose

The Accessibility Working group representing the North Bay Regional Health Centre will oversee the progress in development, review, implementation and evaluation in the field of accessibility. It will also ensure the accessibility needs of employees, patients, visitors are considered and incorporated into our services.

Objectives

- The Working Group will have an understanding of the organizations' facilities, by-laws, legislation, policies, programs, practices and services;
- The Working Group will have an understanding of the barriers to access issues for people with disabilities;
- People living with disabilities will be represented in all Accessibility Committee initiatives;
- The Working Group will:
 - a) Review recent initiatives and successes in identifying, removing and preventing barriers;
 - b) Identify (list or categorize) barriers that may be addressed in the coming year;
 - c) Advise the organization regarding the setting of priorities and the development of strategies to address barrier removal and prevention;
 - d) Enable the enactment of pertinent accessibility legislation and standards.
 - e) Specify how and when progress is to be monitored.

f) Write, approve (seek Board approval), endorse, submit, publish and communicate the plan.

g) Review and monitor the plan.

Membership

The Working group will be comprised of the following stakeholder representatives;

- Senior Management
- Facilities Management
- Technological Service Delivery (IT/IS)
- Rehab Services
- HR Policy staff
- Planning and Development
- Staff and Volunteer work groups as required
- Nursing and/or Professional Practice
- Community members/employees with disabilities
- Community partners
- Communications/Public Relations

Working Group Structure: As a complement to the work of this team, the membership may choose to form a sub working group in order to facilitate collaboration around objectives in the following areas: Training and Awareness, Employment, Customer Service, and others as needed.

Meeting Frequency: The working group will meet quarterly with sub groups meeting on a schedule determined by the members.

Reporting Relationship: To the Senior Leadership Team of NBRHC

NAME	TITLE	DEPARTMENT
Tina Heppenstall	Total Compensation	Human Resources
Kevin Vescio	Manager Building Maintenance	Facilities
Lise St. Marseilles	Director	Kirkwood Program Mgmt

Line Gauthier	HR Generalist	Human Resources
Bob Pinder	Facilities Technologist	Facilities
Elena Paris	Team Leader Patient Registration	Emergency Dept
Kimberley McElroy	Volunteers and Communication Manager	Volunteer Services and Communication
Ray Sweig	Hospital Volunteer	Volunteer Services
Francesca Morabito	Counsellor	Canadian Hearing Society
Niko Gregorin	Senior Occupational Therapist	Occupational Therapy
Nathalie Dominico	Disability Management-Admin Support	Human Resources