

Pembroke Regional Hospital Accessibility Plan 2007-2008

Executive Summary

Compliance with the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*, formerly *Ontarians with Disabilities Act (ODA)*, is entering its fifth year; this act requires public organisations to prepare annual plans and improve opportunities for people with disabilities. People with disabilities are involved in the process from the identification to the removal and prevention of barriers within Pembroke Regional Hospital. Once again in order to achieve this goal, the Pembroke Regional Hospital has prepared an annual accessibility plan through consultation with persons with disabilities and has stated the plan to the public.

The 2007 – 2008 annual accessibility plan is the fifth document prepared by the Accessibility Working Group of the Pembroke Regional Hospital under the AODA guidelines. The plan expresses

1. The accomplishments that the Pembroke Regional Hospital has made in 2006-2007 under the AODA, and
2. The measures that the Pembroke Regional Hospital will take during the next year, 2007 – 2008 to identify, remove and prevent barriers to people with disabilities who use the facilities and services of PRH.

In 2006 – 2007, key accomplishments include barrier free upgrades to the obstetrics unit, 2nd floor medical unit, the endoscopic suite, and ground floor Tower C waiting area.

The Accessibility Working Group identified 24 barriers to people with disabilities. In 2007 - 2008, the working group has explained the difficulties in removing some barriers as well as recommending the removal and prevention 16 of those recorded barriers.

Objectives

This plan:

1. Describes the process by which the Pembroke Regional Hospital will identify, remove, and prevent barriers to people with disabilities.
2. Reviews the progress the Pembroke Regional Hospital has made in removing and preventing barriers that were identified in recent years.
3. Lists the facilities, policies, programs, practices and services that the Pembroke Regional Hospital will review in the coming year to identify barriers to people with disabilities.

4. Describes the measures the Pembroke Regional Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes the ways that the Pembroke Regional Hospital will make this accessibility plan available to the public.

Description of the Pembroke Regional Hospital

The Pembroke Regional Hospital Inc. (PRH) is a public hospital under the Public Hospitals Act, although, it is separately incorporated with a volunteer Board of Directors. Located in within the Champlain Local Health Integration Network (LHIN), PRH provides acute services for the City of Pembroke and surrounding communities including the townships of Laurentian Valley, Bonnechere Valley, North Algona-Wilberforce, Town of Petawawa and CFB Petawawa, Pikwakanagan First Nations Reservation and portions of north western Quebec. PRH also serves a portion of residents of Barry's Bay, Chalk River, Deep River, Bromley and the Town of Renfrew in its role as a secondary referral hospital within the guidelines of the Rural and Northern Health Care Framework.

The Pembroke Regional Hospital employs close to 750 full-time, part-time and casual workers and serves a catchment of approximately 100,000 people. PRH has been recognized for its effective communication and partnership strategies with internal and external stakeholders. Last year, PRH developed a new Strategic 5-year Human Resources Plan and is currently developing a Physician Human Resources Plan and continues to integrate the objectives from the 5-year strategic plan, organizational action plan, master plan, and development control plan into daily decision-making processes.

The Accessibility Working Group

The Accessibility Working Group is coordinated by the Director of Human Resources and was composed in March 2003 by the VP of Human Resources and Organizational Service who directed the completion of the previous four accessibility plans.

The working group is responsible to:

1. Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
2. Identify barriers that have been found and removed in 2006 – 2007;
3. Identify barriers that will be removed or prevented in 2007 – 2008;
4. Describe how these barriers will be removed or prevented in the coming year; and
5. Prepare a plan on these activities, and after its approval by the Board of Directors, make the plan available to the public.

Members of the Accessibility Working Group

<i>Working Group Members</i>	<i>Department</i>	<i>Contact information</i>
Danielle Thomas	Director, Human Resources	(613) 732-3675 ext. 6265
Vince Brunet	Director, Maintenance & Physical Plant Operations	(613) 732-3675 ext. 6290
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Hospital Commitment to Accessibility Planning

Through its mission and values, the Pembroke Regional Hospital is committed to fostering a caring environment of respect and dignity for all. In accordance with the value of social responsibility and the hospital's motivation to maintain dignity of life, PRH ensures:

- The monitoring and continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, professionals, volunteers and members of the community;

- The participation of people with disabilities in the development and review of its annual accessibility plan;
- Ensuring that the hospital by-laws and policies are consistent with the principles of accessibility; and
- The continuance of an accessibility-working group at the hospital.

Recent Barrier removal and prevention initiatives (2006-2007)

(a) Obstetrics

The east wing of the obstetrics unit on the fourth floor of Tower A has been renovated creating 5 new birthing suites. The suites are designed to more similar to home with wooden furniture and design that is unlike a classic clinical setting. The rooms are equipped with all the equipment which may be needed through the birthing process, yet it is stored out of sight, in contemporary cabinets and bureaus. The rooms are designed in a manner that allows ease of movement by increasing space for mobility, ensuring contrasting doorframes for visibility and ensuring comfort of all individuals within the space. There has also been one room designated as accessible with a universally accessible washroom and even more increased space for mobility within a wheelchair.

(b) 2nd Floor Medical

The Medical unit on the second floor of Tower A has been continuously receiving upgrades as budget allows, in 2006-2007 a fully accessible shower and washroom as added. The washroom allows more mobility is patient care between medical floors and allows patients more independence.

(c) Surgical Suites

In 2006-2007 PRH completed upgrades to the endoscopic suite and endoscope equipment maximizing mobility by expanding the suites and reorganizing materials and supplies to ensure universal accessibility. A cataract surgical suite was also created to improve patient care closer to home.

(d) Ambulatory Clinic Waiting Area

Renovations to Tower C ground floor waiting area and the access point to Tower B has been opened to increased seating as well as removing the barriers of narrow doorframes and condensed space which limits mobility to those with disabilities.

(e) Bariatrics

As in previous years accommodating patients, visitors and staff with disabilities is a top priority and is always considered when purchasing new equipment and establishing the annual budget. In 2006-2007 an Air Pal flotation device used to transport bariatric patients was purchased in improve patient care. As well improvements were made to waiting rooms through the hospital with movement of Bariatric seating to the majority of waiting areas.

Barrier Identification Method

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
Staff walk through	Took hospital tour with staff member in a wheelchair to identify barriers that exist through the hospital.	Completed July 2007 with Kaley Rosen
Occupational Therapy Geriatric tour for creating a Senior Friendly Environment	Evaluation of the hospital completed by an Occupational Therapist to identify barrier which exist for senior patients and visitors within the hospital	Completed May 2007
Internet research	Research the web sites of groups working with persons with disabilities and the barriers that their clients face. Looked for these barriers within the hospital environment.	Completed May – August 2007
Brainstorming exercise and accessibility audit	After reviewing information that was collected from numerous sources the Accessibility Working Group conducted a brainstorming exercise and performed a review/audit of the hospital.	Exercise conducted August 2007

Barriers Found and Removed in 2006-2007

	Barrier	Objective	How to remove/prevent	Performance Criteria	Responsibility	Update
1	No signage or information from reception about nearest accessible washroom	Direct visitors to an accessible washroom	Ensure signage is placed in hall and staff and volunteers are informed to direct patients & visitors to the Ground Floor.	Receptionists in Tower C informed about accessible washroom available on Ground Floor	\$200	Complete
2	Call button is blocked by television in lounge	Make the call button accessible	Rearrange furniture in the room	Call buttons is able to be reached by patients in a wheelchair	N/C	Complete
3	Door cannot be opened automatically into the Business office	Make finance office accessible	Door maintains open by Finance staff	Accessible Finance Office	N/C	Complete
4	Exiting Tower A and B elevators on Ground is confusing no idea how to get to outpatient Physiotherapy and cardiopulmonary departments	Make locations/directions clear	Add way finding maps at volunteer desks	Create way-finding maps to be available at all Volunteer desks	\$1000	Complete

5	Large sized garbage cans in smaller washrooms	Create more space in washrooms	Replace with smaller sized garbage can to improve mobility with the washroom	Improve space in washrooms around the hospital	\$1000	Complete
6	No handrails on 3B	Improve safety	Replace bumpers with handrails	Handrails through third floor medical unit	\$5000	Moved to 2007-2008 budget
7	The telephone outside of ICU is at only one entrance and are too high to be reached by someone in a wheelchair	Make ICU direct line more accessible	Lower the telephone to just above the handrail and place signage to indicate direct line at other entrance	Lower the telephone to be accessible by people in wheelchairs	\$100	Door maintains open
8	No barrier free public washrooms on the second floor	Construct a public washroom	Design a new public washroom in the old ICU area outside of the cafeteria	Construct a public washroom outside of the cafeteria to more accessible to visitors	Capital Budget	Barrier free patient washroom Complete

Barriers Identified in 2007-2008

	Barrier	Barrier type	Possible strategies for removal or prevention
1	High gloss flooring through hospital causes glare and reflections resulting in confusion for perception	Physical	Begin using no gloss floor cleaner
2	Stairs difficult to determine step	Physical	Paint edges of stairs to create contrast
3	Door frames into exam rooms in Tower C are not universally accessible	Architectural	Construct one exam room with a wider doorframe
4	Elevator in Tower C is too small for ease of entry, buttons are also placed too high	Architectural	Construct new elevator in Tower C; inform clerks to direct wheelchair users to Tower B elevators or accompany users to desired location
5	No Bariatric seating at main entrance in Tower A	Physical	Purchase Bariatric chair for waiting area
6	Registration desk in Emerge is not accessible	Physical	Change desk to similar to triage so staff can move around desk
7	Washroom near Emerge the toilet paper is not reachable	Physical	Move dispenser to closer to toilet
8	Information is placed too high to be accessed by an individual in a wheelchair	Physical/Information	Move pamphlet rack lower on the wall
9	Within Mural Café the condiments are placed too high and the area near the cash is too crowded to allow entry with a wheelchair	Physical	Move tables and chairs away from cash, place items on shelf lower
10	Wet floor signs placed by housekeeping are regularly in the middle of entry point to hallways or washrooms	Physical	Place signs in a visible yet not intruding location
11	Dialysis doorway is not accessible	Physical	Add automatic door opener

12	Board room entrance is too narrow-one door is always locked so it is very difficult to enter	Physical	Unlock second door to allow easier access
13	Telephone within the boardroom is too high	Physical	Move phone lower on the wall
14	Doorway into each wing is difficult to get through if door are not held open within Tower C the door	Physical	Ensure doors are propped open, unless during a fire drill
15	Automatic door opener button is blocked my wheelchairs at Tower C ground floor	Physical	Ensure access is clear
16	Exit from Tower B and C not accessible	Information	Place signage to state locked entrance or place a phone to ensure communication is available if locked out
17	Access to Marianhill	Physical	Add Automatic door opener
18	Access to AMH	Physical	Add Automatic door opener
19	Entrance form staff parking lot	Physical	Add Automatic door opener
20	No grab bars to washrooms in AMH	Physical	Add grab bars to washrooms in AMH
21	Observer newspaper stand is difficult to access	Physical	Move stand to outside with others
22	Within the lab the counter is too high to access services	Physical	Add bell to attract attention
23	Cannot enter D'Youville Centre	Architectural	Add ramp
24	Access to AMH patio is not possible due to step	Architectural	Build temporary ramp to be place during recreational time

Barriers to be removed/prevented in 2007-2008

	Barrier	How To Remove/Prevent	Resources	Department Responsible
1	High gloss flooring through hospital causes glare and reflections resulting in confusion for perception	Begin using no gloss floor cleaner		Housekeeping
2	Stairs difficult to determine step	Paint edges of stairs to create contrast		Plant Services
3	Door frames into exam rooms in Tower C are not universally accessible	Construct one exam room with a wider doorframe		Plant Services
4	No Bariatric seating at main entrance in Tower A	Purchase Bariatric chair for waiting area		Plant Services
5	Registration desk in Emerge is not accessible	Add deeper shelf to desk to allow those in a wheelchair to be able to use surface		Plant Services
6	Washroom near Emerge the toilet paper is not reachable	Move toilet paper dispenser to closer to toilet		Plant Services
7	Information is placed too high to be accessed by an individual in a wheelchair	Move pamphlet rack lower on the wall		Plant Services
8	Within Mural Café the condiments are placed too high and the area near the cash is too crowded to allow entry with a wheelchair	Inform staff of Mural Café to offer to assist all guest who may need it		Auxiliary
9	Wet floor signs placed by housekeeping are regularly in the middle of entry point to hallways or washrooms	Place signs in a visible yet not intruding location		Housekeeping
10	Telephone within the boardroom is too high	Move phone lower on the wall		Plant Services

11	Automatic door opener button is blocked by wheelchairs at Tower C ground floor	Ensure access is clear		Volunteer Services
12	Exit from Tower B and C not accessible	Place signage to state locked entrance		Plant Services
13	Observer newspaper stand is difficult to access	Move stand to outside with others		Plant Services
14	Within the lab the counter is too high to access services	Add bell to attract attention		Laboratory
15	Cannot enter D'Youville Centre	Build ramp to entrance		Plant Services
16	Access to AMH patio is not possible due to step	Build temporary ramp to be used when necessary		Plant Services

Barriers Unfeasible to Remove in 2007/2008

Barrier	Reason for Unfeasibility
Elevator in Tower C is too small for ease of entry, buttons are also placed too high	Issue is currently under review to determine possible repairs for to the concern
Dialysis doorway is not accessible	For security reasons these doors are to remain closed and nursing staff can open doors for those who would like access
Board room entrance is too narrow-one door is always locked so it is very difficult to enter	Door is locked for security purposes as the cost of technological equipment is too high, there is normally a larger group in the board room at once therefore another person can unlock the door to remove the barrier temporarily
Doorway into each wing is difficult to get through if door are not held open within Tower C the door	Fire hazard exists in the doors are jammed open therefore must remain closed at all times
Access to Marianhill	Doorway through the tunnel to Marianhill must remain latched according to fire code
Access to AMH	Door is closed to create a secure area for patients
No grab bars to washrooms in AMH	Although it has been requested by staff members studies show that grab bars are a potential risk to personal safety. Staff can use a commode or a shower chair for weak patients
Entrance from staff parking lot	There are alternative accessible entrances to the hospital that may be used by staff that are located near more accessible parking

Review and Monitoring Process

The Accessibility Working Group will meet regularly to review the timeline and resources needed review the progress of barrier removal initiatives and to ensure that strategies for barrier-removal are implemented effectively and on-time. After each meeting the Working Group will provide staff reminders, either through personal contact or by e-mail, about their roles in implementing the 2006 – 2007 plan. The Accessibility Working Group will contact key stakeholders involved in the review of the accessibility plan to record feedback on the progress the hospital has made in removing barriers to accessibility.

Communication of the Plan

The Hospital's accessibility plan will be posted on the Pembroke Regional Hospital's website and hard copies will be found in the CEO/Board of Directors' newsletter. On request the plan can be made available in alternative formats, such as CD in electronic text, or in large print. The plan will also be included within the hospital orientation package for new staff.

For additional copies or a copy in an alternative format contact:

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