



Riverside Health Care Facilities Inc.

2013-2018 Accessibility Plan

This publication is available on Riverside's website (www.riversidehealthcare.ca).
Alternate formats are available upon request.

Contents

Preamble.....	3
Our Commitment.....	3
Riverside Health Care Facilities Inc.....	4
Accessibility Committees.....	5
Barriers Identified.....	5
Monitoring Process.....	11
Communication	11
Appendices	12

Preamble

The 2013 – 2018 Accessibility Plan is the first multi-year plan prepared by the Accessibility Committee.

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) was introduced. The objective of the Act, with the related standards that have been put in place, is to have a barrier-free and fully accessible Ontario by 2025.

The Accessibility Standards for Customer Service required our organization, by January of 2010, to meet a number of requirements that would ensure we were embedding the principles of accessibility in our interactions with our clients, residents, and patients. A set of Integrated Standards were introduced since that time which include regulations addressing information and communications, employment, and transportation. This multi-year plan describes when these requirements will be met, in addition to outlining our ongoing efforts to be as barrier-free as possible.

Our Commitment

We are committed to providing exceptional and accessible service to our customers. Persons with disabilities will be given an opportunity equal to that given to others to obtain, use or benefit from the goods and services provided by us. This Accessibility Plan will establish the foundation for these efforts.

Riverside Health Care Facilities Inc.

Riverside Health Care Facilities Inc. includes the following: Emo Health Centre, LaVerendrye Hospital, LaVerendrye Non-Profit Supportive Housing, Rainy River Health Centre, and Rainycrest Long-Term Care.

Mission

Riverside Health Care Facilities provides quality patient care with a commitment to clinical achievement, safety and enthusiasm to assure the best possible health care.

Riverside Health Care Facilities supports a safe and healthy work environment where each person is valued, respected and where personal and professional growth is encouraged.

Riverside Health Care Facilities is committed to responding to community health care needs and providing creative, ongoing community support initiatives.

Vision

To be the centre of excellence and the leader in providing a continuum of service in Rural/Northern healthcare.

Values

Integrity – We value the honesty of our words and the consistency of our actions. We are committed to the highest ethical standard in the conduct of business.

Respect – We believe that every person deserves respect, dignity and compassion. We value the dedication of our people working together as a team. We value the expertise of others and opportunities to form alliances.

Excellence – We are committed to the pursuit of excellence. We are committed to helping people develop. We value learning and sharing knowledge with others.

Growth – We are committed to being the leader and innovator in our field. We are committed to sustainable growth.

Accessibility Committees

Two committees have been established to support our work. The Accessibility Committee is comprised of staff members from a variety of departments, both clinical and operational. The Accessibility Advisory Committee is comprised of interdisciplinary staff members and members of the community that have disabilities. The terms of reference for each committee are contained in the appendices of this report. A number of policies, processes and procedures have been developed to help us meet our goals for accessibility and these are listed in the appendices and are available upon request.

Barriers Identified

Methodology – the barriers were identified using a variety of sources including, feedback from accessibility committee meetings and a review of reported patient/client/resident/staff concerns and the review of legislated standards. A formal process for gathering information from other sources will be established by the Accessibility Committee in 2013 as part of our commitment to gathering feedback from our customers. The barriers in this report were identified in early in the year and some have already been addressed, but are noted as examples of ongoing work toward barrier removal.

Type of Barrier	Description and location	Strategy for Removal/Prevention
Built/Physical Environment – approach to entryways	Winter snow and ice removal is a concern at all sites.	For pathways maintained by Riverside staff, the snow clearing policy has been reviewed and the routine has been altered (change in work hours, overtime approved). This will be monitored. When contractors or municipalities are involved they must be contacted and a process should be in place for addressing concerns.
Built/Physical Environment – approach to entryways	The wheelchair ramp at Emo Health Centre is steep and a sharp turn is required to access the sidewalk exit.	The ramp was constructed according to Code. The possibility of installing an intercom to facilitate assistance will be explored.

Type of Barrier	Description and location	Strategy for Removal/Prevention
Built/Physical Environment – approach to entryways	Access to the enclosed area on the deck at Emo Health Centre is difficult and there may be a concern if the area needed to be evacuated.	A locked gate has been requested and will require further investigation (potential cost of \$5000).
Built/Physical Environment – approach to entryways	The sidewalks in front of Emo Health Centre and the back ambulance ramp require repairs to cracks in the cement.	The ramp has been repaired.
Customer Service – approach to entryways	Individuals attempting to access LaVerendrye Hospital after hours may not be aware that they must enter via the emergency entrance. If they are visually impaired or have reading difficulties they will be unable to read the sign that advises them of this. The path to the emergency entrance may also be difficult for those with mobility issues.	Engineering will explore the cost of a camera/intercom system. The possibility of activating the doors remotely will also be addressed. These options will have to be put into capital requests. Alternate procedures for arranging for access through the main doors after hours will also be explored.
Built/Physical Environment – approach to entryways	The perimeter of the front entrance at LaVerendrye has an elevation of 1-7 inches. If someone is parked in front of the doors this is the only access and can't be managed by those with wheelchairs and walkers.	Signage should be posted to keep vehicles from parking in front of the doors for extended periods. A memo will also be sent to specialized transportation operators.
Built/Physical Environment – approach to entryways	The emergency ramp at LaVerendrye Hospital is steep and in poor condition, and can be slippery when it is raining or when ice forms.	Downspouts were re-routed to eliminate the water issue. Repaving and levelling was completed at a cost of \$20,000.

Type of Barrier	Description and location	Strategy for Removal/Prevention
Built/Physical Environment – approach to entryways	The sidewalk along the handicapped parking at LaVerendrye Hospital is too narrow for wheelchairs and is often not clear: parked vehicles can cover some of the space, weeds and grass encroach in the summer, water and mud collect when it is raining, and ice and snow are an issue in winter.	The path was widened by 8” and will be a priority for winter snow removal. Signs should alert those parking to leave their vehicles well back from the curb. Concrete stops may also be considered, provided this does not create snow-clearing issues.
Built/Physical Environment – approach to entryways	The curb elevation at Rainycrest LTC is too high.	The curb was ground down and this barrier has been eliminated.
Built/Physical Environment – approach to entryways	The walkways at all supportive housing sites are obstructed by trees and shrubs.	The trimming of foliage has been completed.
Built/Physical Environment – approach to entryways	Uneven patio blocks at Front Street have created a tripping hazard.	Engineering to investigate options.
Built/Physical Environment - entry	Doors with traditional round knobs can be difficult to turn.	Most doors have levers. As knobs need to be replaced they will be replaced with levers.
Built/Physical Environment – entry	The ramp and entryway at the Community Health Services building requires wheelchairs to manoeuvre in a small area near a set of steps.	The opening of the door cannot be changed. Engineering will look at options.
Built/Physical Environment – entry	At Emo Health Centre the most convenient entrance for the cafeteria and Golden Age Manor must be locked and solutions implemented to allow access (door bell, telephone) have not been successful, requiring individuals to use an entrance at a greater distance.	The system currently in place meets the need for resident care. This issue can be explored further by accessibility committees.

Type of Barrier	Description and location	Strategy for Removal/Prevention
Built/Physical Environment - entry	The door leading to the gazebo at Emo Health Centre is heavy, making it difficult to open and hold open. There is also a lip on the threshold.	An operator for the door will be included in this year's capital requests. The lip can be adjusted.
Built/Physical Environment - entry	The double doors leading to dialysis at LaVerendrye Hospital close too quickly.	The timing was adjusted in 2012.
Built/Physical Environment - entry	The door to chemotherapy at LaVerendrye Hospital is heavy and there is no automatic opener for those patients who are weak or are using a wheelchair or walker.	A "hold open" option is available for the door; further investigation will be undertaken to determine why it is not a practical solution. Additional signage may be appropriate to restrict access to the treatment area while allowing access to the waiting area without difficulty.
Built/Physical Environment - entry	Bathroom doors in LTC at Rainy River Health Centre open the wrong way in relation to the bed, making it difficult to access.	Engineering will investigate.
Built/Physical Environment - entry	Handicap door buttons at the front and back entrance to Rainy River Health Centre are not very accessible.	Although the buttons met the 1999 building codes this will be explored further by accessibility committee members and Engineering.
Built/Physical Environment - entry	Some of the doors at Front Street are heavy and hard to open.	Some door operators have already been installed (approximately \$3000 each) and maintenance will investigate further needs.
Built/Physical Environment - entry	The automatic doors at Front Street are difficult to open when there is a power interruption.	Education of residents and staff regarding the safety of residents during power interruptions and any other emergency will be explored.

Type of Barrier	Description and location	Strategy for Removal/Prevention
Built/Physical Environment – accessible washrooms	Public and patient washrooms have been identified as inaccessible to some degree in most facilities. Common issues are: low toilets, high sinks, non-angled mirrors, baby change tables and limited floor space.	A list of concerns will be provided to Engineering for further investigation. These will be considered for inclusion in capital requests.
Information and Communication - signage	There is no braille at front entrances.	A signage steering committee has been formed and all accessibility-related concerns will be forwarded to them.
Information and Communication – signage	Handicapped parking spots are not clearly marked at LaVerendrye Hospital.	The signs have been re-painted and foliage has been cut back to expose signage.
Information and Communication – signage	Handicapped parking spots are not clearly marked at Rainycrest LTC.	The signs have been re-painted and foliage has been cut back to expose signage.
Built/Physical Environment	The second floor of the Community Health Services building is not accessible.	Practices are in place to provide service on the main floor. Funding for an elevator is not currently available.
Information and Communication	Individuals may not be able to communicate in English.	Develop a corporate-wide procedure and ensure that an updated interpreter list is provided to all facilities. Explore the need for availability of sign language.
Information and Communication	Individuals with hearing impairments may not be able to follow instructions.	Have “pocket talkers” available, particularly in emergency departments, urgent care, nursing wards and admitting/switchboard areas.
Information and Communication	The intercom is difficult to hear in some areas at LaVerendrye Hospital (outpatient services and chemotherapy).	A request will be made to maintenance for additional speakers.

Type of Barrier	Description and location	Strategy for Removal/Prevention
Information and Communication	Alarms and pages will not be detected by individuals with hearing impairments.	Alarms currently meet codes, but upgrades that would provide visual prompts would be possible if funding were available.
Customer Service	Individuals sharing personal information at Emergency and Urgent Care Departments may have concerns for privacy, particularly when hearing difficulties require staff members to speak loudly.	The availability of more private interview areas and/or additional training will be investigated.

Goals related to the Integrated Accessibility Standards	
Customer Service	Information on the integrated standards and the Human Rights Code as it relates to individuals with disabilities will be required for training. Accessibility training will be enhanced in 2013 to comply with regulation by January, 2014.
Customer Service	Our customers will be able to provide feedback on accessibility issues in alternate formats. This will be in place by January, 2014.
Information and Communication	All information and communication developed at Riverside will be available in alternate formats upon request or, if not practical, an explanation will be provided. The accessibility committee will assist with strategies to meet this regulation by January, 2015.
Information and Communication	Our website will conform to the standard required for accessibility (WCAG2.0 Level AA) by January, 2016.
Employment	Employment policies and practices for employees with disabilities will be developed for: individual accommodation plans, return to work process, performance management, career development and advancement, and re-deployment. Accommodations will also be part of the recruitment process. These standards will be met by January, 2014.
Integrated Standards	A status update on this plan will be posted on Riverside's website in January of each year and this multi-year plan will be updated at least once by December 31, 2018.

Monitoring Process

The Accessibility and Accessibility Advisory Committees will continue to meet regularly to review the progress of the plan and to identify new initiatives. An annual update will be posted on our website.

Communication

The plan will be posted on Riverside's website and paper copies in alternate formats will be available upon request.

Appendices

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RIVERSIDE HEALTH CARE FACILITIES INC.

ACCESSIBILITY COMMITTEE

PURPOSE:

To develop policies, processes and procedures to comply with accessibility standards as dictated by Accessibility for Ontarians with Disabilities Act (AODA), 2005.

TERMS OF REFERENCE:

1. Identify and initiate policy, process or procedure review and development which will reflect the principles laid out in the standards enacted under the AODA.
2. Support and provide educational programs to raise and maintain awareness within our facilities of accessibility issues as they affect clients, residents, patients, staff, volunteers and contracted services.

MEMBERSHIP:

Representation from:

- Patient Information Services
- Human Resources
- Engineering/Environmental
- IST & Finance
- Nursing, Emo
- Nursing, Rainy River
- Nursing, La Verendrye
- Rainycrest Long-term Care Facility
- Communications
- Outpatient Services
- La Verendrye Non-Profit Supportive Housing
- Membership may be supplemented by other disciplines or support services as the need arises

QUORUM:

50% plus one member.

FREQUENCY OF MEETINGS:

Quarterly, or more frequently at the call of the Chair.

REPORTING TO:

Executive Vice-President/Chief Nursing Executive

Revised: 11/11

RIVERSIDE HEALTH CARE FACILITIES INC.

ACCESSIBILITY ADVISORY COMMITTEE

PURPOSE:

The Accessibility Advisory Committee is responsible for advising Riverside Health Care Facilities Inc on the requirements and implementation of accessibility standards and the preparation of accessibility reports and such other matters for which the corporation may seek advice.

TERMS OF REFERENCE:

1. Members of the advisory committee will provide advice on the preparation, implementation, and effectiveness of the annual Accessibility Plan to ensure that it addresses the identification, removal, and prevention of barriers to person with disabilities in Riverside Health Care Facilities Inc. policies, processes, procedures and services.
2. The committee will provide advice, if requested, on issues of accessibility in decisions related to purchasing goods and services.
3. The committee will provide advice on accessibility to a building, or part of a building, that the corporation purchases, contracts or significantly renovates.
4. The committee will provide advice for compliance purposes as per the Accessibility for Ontarians with Disabilities Act (2005).

MEMBERSHIP:

Membership is voluntary and members will be selected by request from the Chairperson and upon recommendation from the existing committee members. The term of office is a minimum of two years. Membership will be composed of members representing Riverside Health Care Facilities Inc. and the community:

- Communications
- Human Resources
- Engineering
- Environmental
- Occupational Therapy/Physiotherapy

- Acute Care Nursing
- Long-Term Care Nursing
- Valley Diabetes Education Centre
- Community Counselling
- La Verendrye Non-Profit Supportive Housing
- Information Systems & Technology
- Patient Information Services
- Community members with disabilities
- Others may be invited on an ad hoc basis

QUORUM:

50% plus one member

FREQUENCY OF MEETINGS:

Quarterly, on the 3rd Thursday of the month, or more frequently if required.

REPORTING TO:

Accessibility Committee

New: 11/11