# 2013/2018

# **ACCESSIBILITY PLAN**

### HORNEPAYNE COMMUNITY HOSPITAL

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Submitted by:
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#### **EXECUTIVE SUMMARY**

The purpose of the Ontario 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. To this end, the ODA mandates that each hospital prepare an annual accessibility plan.

#### The report describes:

- 1. The measures that the Hornepayne Community Hospital has taken in the past, and
- 2. The measures that the Board proposes to take during the year to identify, remove, and prevent barriers to people with disabilities who use the facilities and services of the Hospital, including patients, staff, visitors, and other members of the community.

Again this year, the Hornepayne Community Hospital has committed itself to the continual improvement of access to hospital premises, facilities, and services for patients and staff with disabilities; the participation of people with disabilities in the development and review of its annual access plans; and the provision of quality services to all patients, visitors, and members of the community with disabilities.

The accessibility working group will endeavor to identify barriers to people with disabilities. Once the group has identified the significant barriers, recommendations will be made by the working group to the Board.

#### Aim

The aim of this report is to describe measures that the Hornepayne Community Hospital will take in the years from 2013/2018 to identify, remove, and prevent barriers to all Ontarians in accessing hospital services, including staff, patients, and visitors.

### **Objectives**

#### This report:

- 1. Describes the process by which the Hornepayne Community Hospital will identify, remove, and prevent barriers to people with disabilities.
- 2. Reviews earlier efforts to remove and prevent barriers to people with disabilities.
- 3. Lists the facilities, policies, programs, practices, and services that the Board may review in the coming year to identify barriers to people with disabilities.
- 4. Describes the measures the Hornepayne Community Hospital will take in the coming year to identify, remove, and prevent barriers to people with disabilities.
- 5. Describes how the Board will make this accessibility plan available to the public.

### **Description of the Hornepayne Community Hospital**

The Hornepayne Community Hospital is a 20 bed facility that is located in Northern Ontario. It services a community population of approximately 1,100 citizens, with 60 employees. The Hospital is 23 years old.

It offers several health care services:

- 1. 24-Hour Emergency Department
- 2. Family Medicine Clinic
- 3. Diagnostic Services
- 4. Long Term Care facility
- 5. Acute Care beds

### Vision

The vision of the Hornepayne Community Hospital is to be recognized for the passion of its people in providing the safest highest quality health care and the best experience possible for our community.

## The Accessibility Working Group

#### **Establishment of the Accessibility Working Group**

Ms. Lisa Verrino (Chief Executive Officer) in consultation with the Board of Governors formally constituted the accessibility working group in September of 2003.

The CEO authorized the accessibility working group to:

- 1. Conduct research on barriers to people with disabilities, regulations, policies, programs, practices, and services offered by the Hornepayne Community Hospital.
- 2. Identify barriers that will be removed or prevented in the coming year.
- 3. Describe how these barriers will be removed or prevented in the coming year.
- 4. Prepare a report on these activities, and after its approval by the CEO, make the plan available to the public.

### **Co-Ordinator**

Miss Shannon Milley, Charge Tech Health Records/Privacy Officer, has been appointed as the Co-Ordinator of the group.

### **Members of the Working Group**

<b>Working Group Member</b>	Department	<b>Contact Information</b>
		807-868-2442
Shannon Milley	Patient Information	Ext. 161
Joan Saban	Nursing	Ext. 123
Cheryl Browne	Finance & Domestic	Ext. 136
Donna MacInnis	Outpatient Clinic	Ext. 230
Heidi Verrino	Environmental Servi	ces Ext. 155

## **HCH Commitment to Accessibility Planning**

The Hornepayne Community Hospital is committed to:

- 1. The continuous improvement of access to hospital services, facilities, and premises for patients, residents, staff, and visitors with disabilities.
- 2. The participation of people with disabilities in the development and review of its annual access plans.
- 3. The provision of quality services to all patients, residents, staff, visitors, and residents of the community with disabilities.

The Chief Executive Officer authorized the working group to prepare an accessibility plan that will enable the HCH to meet these commitments.

#### **Recent Barrier-Removal Initiatives**

During the last several years, there have been several informal initiatives to identify, remove and prevent barriers to people with disabilities.

- 1. Automatic/push button door openers for the front of the facility
- 2. Door openings wheel chair accessible
- 3. Call bell system, at chair level in all public washrooms and patient rooms
- 4. Elevator to basement
- 5. Signs posted at all sight levels, in both French and English
- 6. Translators
- 7. Education to the staff and physicians on an informal level regarding communication tools with individuals with disabilities.
- 8. Individual education for individuals and their families, who have disabilities, services that are offered in the community, physician house calls, etc.
- 9. Installation of an additional after hour's entrance buzzer/speaker which is low enough to be wheel chair accessible.
- 10. Public washrooms have had "universal" washroom signs affixed to

the doors.

### **Identification of Barriers**

The working group will consider several options to identify barriers:

- 1. Group brainstorming
- 2. Determine the needs of the community commencing with collecting statistics perform needs assessment
- 3. Survey patients, staff, and visitors
- 4. Interview the physicians; collect information on their perspective, what they deem as barriers.

## **Review & Monitoring Process**

The working group will meet on an adhoc basis to review progress. At each meeting, the working group will remind staff, either through personal contacts or by e-mail, about their roles in implementing the plan.

#### **Communication of the Plan**

Copies of this plan are available on our website and throughout the hospital and in all departments. The plan will be shared, communicated and discussed at all department and managers' meetings. The public will be made aware of the plan by leaving copies in the patient waiting areas of the hospital. Upon request the plan will be made available in the French language, computer disk, and large print.