

## Haliburton Highlands Health Services

### Accessibility Plan

Prepared by HHHS Accessibility Planning Committee

#### Multi-Year Plan October 2012 – 2017 and Annual Plan 2016/17

This publication is available on the HHHS website ([www.hhhs.ca](http://www.hhhs.ca))  
and in alternate formats upon request.

### 1.0 Background

In 2001, the Ontario government enacted the Ontarians with Disabilities Act (ODA). Its purpose was to ensure that persons with disabilities could be integrated into full participation within their communities and the public services in the province. The Act ensured that persons with disabilities had involvement in the identification, removal, and prevention of barriers to full participation. The ODA required all public sector organizations, including hospitals, to prepare accessibility plans that identify, remove, and prevent barriers for persons with disabilities.

In 2005, the Accessibility for Ontarians with Disabilities Act (AODA) was passed by the Ontario legislature. The AODA allowed the government to develop, implement, and enforce accessibility standards in order to remove and prevent barriers for people with disabilities in the key areas of daily living. Once developed, the standards become regulations, and thus the law, under the AODA. On January 1, 2008, the first standard under the AODA came into force. The Accessibility Standards for Customer Service required all public sector organizations and businesses in Ontario to provide accessible customer service. Public sector organizations, including hospitals, were required to comply by January 1, 2010. The AODA envisions that there will be incremental standards and regulations developed over time (to year 2025) that move the province along the continuum of accessibility. The AODA will continue to develop standards related to built environments, employment, information and communications, and transportation.

Health care organizations, including Haliburton Highlands Health Services, have developed accessibility plans since 2003/04. The annual plans describe the measures that the health services organization has taken in the prior year. The annual plans also describes measures that it will take in the upcoming year to identify, remove, and prevent barriers for people with disabilities. The annual plan will be posted on the HHHS website ([www.hhhs.ca](http://www.hhhs.ca)) and can be made available upon request by contacting the Administration Office.

### 2.0 Description of Haliburton Highlands Health Services

Haliburton Highlands Health Services provides an integrated system of health care to the residents, cottagers, and visitors of Haliburton County and surrounding areas. It is situated in two primary locations in Haliburton and Minden, as well as a number of community service, supportive housing, and mental health service delivery sites in the communities of Haliburton, Minden, and Wilberforce.

Minden and Haliburton Hospital Emergency Departments each provide 24 hours/day, 7 days per week of emergency care. The Emergency Departments have physician coverage and are staffed with Registered Nurses, Registered Practical Nurses, and X-ray technicians.

The Haliburton site provides the County with a 14-bed acute in-patient unit for patients requiring admission to a hospital bed. A palliative care bed is included in the unit. In-patient hospital oversight and care is provided by physicians from the Haliburton Highlands Family Health Team and the HHHS staff. Support services staff, including dietary, housekeeping, laundry, and maintenance ensure patients have the best possible care in the two modern facilities.

Hyland Crest and Highland Wood are Long-Term Care facilities of the Haliburton Highlands Health Services. Hyland Crest at the Minden site provides 62 long-term care beds as well as a respite bed, while Highland Wood at the Haliburton site provides 30 long-term care beds.

HHHS has provided a number of community services including Mental Health services, Supportive Housing and Diabetes Education Network for a number of years. Beginning October 1, 2014, following an integration initiative with Community Care Haliburton County (CCHC), SIRCH Community Services and the Victorian Order of Nurses Ontario Branch (VON), HHHS started providing additional Community Support Services such as Community Hospice Services, Adult Day Programs, and Foot Care Coordination. A Geriatric Assessment and Intervention Network (GAIN) team is also part of the HHHS Community Support Services division.

HHHS is part of the Central East Local Health Integration Network. The closest neighboring hospitals include Peterborough Regional Health Centre, 1.5 hours to the south-east and Ross Memorial Hospital, one hour to the south. HHHS is the only provider of hospital services in Haliburton County.

### **3.0 Standards and Requirements**

During the period of the 2012- 2017 Multi-Year Plan, a number of new regulations will come into effect. All of the six key chapters of the legislation contain new requirements in the following areas: Customer Service, Communications and Information, Employment, Built Environment, Transportation, and General Requirements.

The new compliance criteria that came in place in 2013 included requirements to:

- Develop and post a multi-year accessibility plan outlining strategies to prevent and remove barriers. At least once every five years (section 4.1.c), the plan is to be reviewed in consultation with persons with disabilities. Annual status reports are also to be posted.
- Incorporate accessibility design, criteria and features when procuring or acquiring goods, service or facilities.
- Complete Accessibility Reporting with the first report due December 31, 2013. Then reporting is done every other year thereafter (section 86.1).

The new compliance criteria that came into place in January 2014 are more extensive and focus largely on standards for accessible workplace practices. These new standards include requirements related to:

#### **Employment Standards**

- Notify applicants during recruitment, that accommodations are available on request in the selection process.
- Inform employees of supports for disabilities including accommodations
- Provide accessible formats for employment and employee information
- Develop individualized workplace emergency response information and plans for staff who require assistance during an emergency
- Provide written procedures for the development of individual accommodation plans
- Provide a “return to work” process and ensure it is documented
- Ensure that performance management and career development accounts for accessibility needs
- Ensure that redeployment takes into account the accessibility needs

### **Communications and Information**

- Ensuring that communication and feedback processes are in accessible formats.
- Ensure communication supports are available upon request. There are also requirements to notify the public about this access and to provide it when requested. (sections 11-14)
- Emergency procedures and public safety information and plans also must be provided in accessible formats upon request
- Content on new websites must conform to WCAG 2.0, Level A criteria. <http://www.wuhcag.com/wcag-checklist/> (section 14.2)

### **General Requirements**

- Consideration is to be given to disability needs when acquiring and installing self service kiosks. (Section 6.4)
- Ongoing training on accessibility standards for all employees, volunteers, those providing services and those developing organizational policies. Records are to be kept on the content, dates, and numbers participating (section 7.6.2)

New compliance criteria for January 2015, and beyond, included requirements to:

- Provide accessible communication formats upon request in timely manner at cost equal to charges to other people. (2015)
- Adhere to the standards of Design of Public Spaces and Built Environments (2016) for newly constructed and redeveloped exterior paths of travel (sidewalks, walkways). Accessible pathways must meet technical requirements and measurements related to width, slope, level changes, ramps, landings, curbs, handrails, and stairs. (sections 80.21-80.31)
- Adhere to new standards when constructing or redeveloping off street parking. Accessible parking spaces must be a certain ratio (typically 4%) of the total numbers of spaces. Appropriate dimensions of accessible spaces are also specified.
- Adhere to accessibility standards when constructing new or renovating service counters and waiting areas. Standards relate to counter height, accommodating mobility aides, and accommodating (space) seating.
- Plan for temporary disruptions when mobility aides cannot be used and communicate these plans appropriately.
- Ensure that all internet websites and web content conforms to WCAG2.0 Level AA (2021)

New compliance criteria for July 2016, and beyond, include the following:

- All employees and volunteers must now be trained on accessible customer service.
- More types of regulated health professionals can provide documentation of a need for a service animal.
- More specific information is provided to clarify that an organization can only require a support person to accompany someone with a disability for the purposes of health or safety and in consultation with the person. If it's determined a support person is required, the fee or fare (if applicable) for the support person must be waived.
- All accessibility standards — including the accessible customer service standard — are now part of one Integrated Accessibility Standards Regulation. This means that the requirements are now better aligned to make it easier for organizations to understand their obligations.
- Private sector and non-profit organizations with 20-49 employees no longer need to document policies (does not remove compliance or reporting requirements).
- Certain terms and definitions have also been updated and do not affect your existing requirements.

#### **4.0 Commitment of Haliburton Highlands Health Services**

HHHS is committed to treating all people in a way that allows the individual to maintain dignity and independence to the greatest extent possible across all of its services and sites. This commitment is founded in the HHHS core value of Respect. HHHS also supports integration and equal opportunity. HHHS is committed to a continuous quality improvement effort aimed at increasing the accessibility of communications, services, and facilities for patients, visitors/public, staff and volunteers. The HHHS goal is that patients, clients, and residents with disabilities can participate fully in their healthcare and that appropriate supports to do so are available and timely.

#### **5.0 Multi-Year and Annual Plans**

The Multi-Year Plan will articulate the current state of compliance and opportunities to reduce barriers for the period of 2012 – 2017. Due to the extended time horizon, the plan should be interpreted as the intent to change and adapt during that timeframe. The annual plans will provide more specific commitments as funding constraints and opportunities are clearer in the short term.

The 2016/17 Annual Accessibility Plan will review the progress HHHS has been able to make in 2015/16 to improve the accessibility features of spaces and services and eliminate barriers. The Annual Plan will then describe the measures planned for implementation from October 1, 2016 to September 30, 2017. Each year the planning process is intended to increasingly identify, remove and prevent barriers for persons with disabilities.

#### **5.1 Objectives**

##### **The Multi-Year Plan:**

- a) Describes the process by which Haliburton Highlands Health Services will identify barriers, remove, and prevent barriers for people with disabilities
- b) Articulates the current state of compliance with accessibility standards in the following categories:
  - General
  - Customer Service

- Information and Communications
  - Employment
  - Transportation
  - Built Environment
- c) Articulates the opportunities for improvement based on the current state.

### **Annual Plan:**

- a) Reviews efforts that have been taken to remove and prevent barriers since the last Accessibility Plan
- b) Describes the measures HHHS will take in the coming year to identify, remove, and prevent barriers

## **5.2 HHHS Accessibility Planning Committee**

The HHHS Accessibility Planning Committee membership includes:

- Carolyn Plummer, President & CEO
- Kris Baird, Director of Human Resources
- Peter Fearrey, Director of Facilities/Projects
- Shelley Vanlieshout, Ontario Telemedicine (OTN) Coordinator
- Judy Cumming, Support Services Coordinator
- Val du Manoir, Past President, Minden Health Care Auxiliary
- Wendy Wilkins, Member, Haliburton Hospital Auxiliary

## **6.0 Multi-Year Plan**

### **6.1 Planning Process**

The multi-year plan began with a full review of relevant legislation and regulation in 2013. Policies were reviewed to ensure their compliance with standards and other requirements. Organizational practices, services, and facilities were reviewed to develop a 'current state' snapshot of accessibility features across health services and sites. Standards in force now and in future years were considered in the current state review.

Previous accessibility plans, policies, and initiatives were reviewed to identify improvement options that had been considered in the past but had not yet been implemented. These options started the list of opportunities for the multiyear plan. Other opportunities were considered with respect to related to the standards that come into force at later dates (website) or standards that apply only to 'new building or redevelopments'.

The Hospital Accessibility Committee met to:

- Validate documentation of the current state
- Comment on gaps between current state and accessibility standards
- Review the independent Accessibility Audit conducted in 2014/15
- Recommend specific opportunities for improvement in 2015/16 and 2016/17

Once the plan was shaped by the Accessibility Committee, it was presented to the Senior Management Team of the organization which includes the Chief Executive Officer, the Chief Nursing Officer, the Chief Financial Officer, the Director of Human Resources and the Director of Care. This committee endorsed the directions and plans.

The Multi-Year Accessibility Plan received approval by the Board of Governors in January 2014.

## **6.2 Current State**

The following section provides an overview of accessibility features of the HHHS. In general, hospitals and Long-Term Care Homes are organizations dedicated to the care and support of patients that are experiencing an illness or disability in functioning, either temporary or long term. Hospital/LTC staff, physicians, and volunteers are experienced in accommodating many physical disabilities. Some disabilities (sensory or cognitive) can require additional sensitivities and accessibility efforts. There will always be opportunities to improve, but it is also important to recognize the accessibility features of the organization that are already in place.

### **General Requirements**

- Annual plans to improve accessibility have been implemented since 2004.
- Annual plans will continue to be developed with input from a wide range of stakeholders.
- The organization has a policy that fosters accessibility through training, inclusion, and appropriate supports.
- The principles of accessibility are incorporated into the policy (dignity, independence, integration, equal opportunity)
- Information regarding public safety, particularly related to infection control practices, is available in various formats including the accessible website.
- Most procurement is managed centrally by the Central Ontario Healthcare Procurement Alliance (COHPA) which can insert accessibility features/requirements into purchasing processes such as the Request for Proposal (RFP).

### **Customer Service**

- Training for customer service, with emphasis on sensitivity to disabilities is provided for staff, volunteers and students at orientation to the organization.
- Ongoing customer service training occurs at two levels. Department and role specific learning is one level. On an organizational level, ongoing training occurs through e-Learning modules.
- Policies exist for the inclusion of service animals and support persons.
- The HHHS environment accommodates most assistive devices for mobility.
- Hearing amplification systems known as “pocket talkers” are available upon request (Emergency Department).
- Disruptions in service and access to entrances are well publicized and communicated internally.
- Loaner wheelchairs are available for people requesting wheeled assistance while in the Emergency Department.
- Senior friendly features have been incorporated into the hospital operation. Handrails are available in most patient/resident areas.

### **Information and Communications**

- Feedback of concerns, complaints, or compliments can be done via the website email, standard mail, phone call, or in person. The *Excellent Care for All Act* also requires a designated patient relations process.

The designated staff involved in patient relations is well trained and sensitive to different abilities and disabilities.

- The website and website content are compliant with accessibility standards. For example the font size can be increased and the content is compatible with special readers and viewers.
- Patient information, including the *Patient & Visitor Handbook*, is available in the Acute Care area and available in accessible formats upon request.
- The many written materials and information brochures can be made available in other formats upon request.
- Emergency notifications are broadcast over the overhead paging system.
- Emergency visual alerts (strobe lights) are activated with the fire alarm in the effected fire compartment.

### **Employment**

- Policies have been developed and in place for the January 2014 compliance date.
- The Collective Agreements with unions and long standing practices of the hospital include “return to work” and personal needs accommodation processes, particularly related to illness or injury. These processes are in place to ensure that workers are afforded the opportunity to return to work despite injury and/or disability.
- Personal emergency plans are in place for employees who self-identify as needing assistance during an emergency situation.

### **Transportation**

- Patients with disabilities requiring transport during the course of their hospital stay have transportation that is fully accessible with respect to their needs. The hospital works with various transportation providers to ensure patient needs are met. Both wheelchair and stretcher transportation is available and accessible for patients who need it.
- With the integration of additional Community Support Services into HHHS, including patient/client/resident transportation, standards for transportation are reviewed to ensure compliance.

### **Built Environments**

- All entrances to main facilities are fully accessible with electronically activated doors; entrance to Community Support Services building requires installation of accessible entryway.
- Multiple elevators are available at both Minden and Haliburton sites.
- Waiting areas are accessible.
- Internal spaces such as washrooms vary in accessibility. Most public washrooms are very accessible. Where possible, conversion to accessible washrooms is being phased into annual improvement plans.
- Some patient rooms are equipped with transfer poles that are firmly anchored into the floor.
- All in-patient rooms in Acute Care and Long-Term Care Home tub rooms are equipped with ceiling lift devices to ensure that immobility is not a barrier to ‘getting up’ out of bed and into or out of tubs. Portable lifts are available in the two Long-Term Care Homes (Hyland Crest and Highland Wood) and within the two Emergency Departments in Minden and Haliburton.
- Waiting areas and eating areas (including patient/resident dining) have spaces for wheelchairs and walkers.
- The exterior pathways of travel (curbs, ramps) are regularly inventoried and maintained. This includes structural maintenance as well as clearing of hazards such as snow and ice.

- Accessible parking is available with 16 accessible parking spaces at the Minden site and 5 at the Haliburton site for a total of 21.
- Yellow warning lines are painted on curbs, and uneven portions of the level pathway, to provide high contrast and visual cues to pedestrians.
- The garden area outside Highland Wood was designed to be accessible. There are level concrete pathways to access the garden area. There are also raised growing beds accessible from wheelchairs.
- Doorways and entrances are designed to allow palliative care patients access to the outside, even in a bed.

### **6.3 Opportunities for 2016/17 and Beyond**

As new standards are released during the next several years, further opportunities to extend accessibility will be identified. The following notations indicate potential opportunities to improve that have been identified by hospital staff and the steering committee members each year since 2013. Some of the suggestions have significant resource implications that will have to be prioritized for implementation.

#### **General Requirements**

- Online training mechanisms for AODA content that could be used by staff, volunteers, students, and physicians.
- Extend staff orientation, particularly to accommodation of sensory and cognitive disabilities.

#### **Customer Service**

- Continue to redesign all reception/registration areas for patient flow, privacy, and accessibility
- Develop a process to review any renovation or redevelopment with respect to accessible design standards and improvements
- Offer (website and instruction) to have patients call ahead to Administration if they anticipate issues with access to the building or service
- Expand access to services via telemedicine (OTN)
- Conduct a full third-party objective accessibility audit to inform annual plans in future
- Work with municipal accessibility committees to ensure coordination of efforts
- Review the Senior Friendly toolkit and implement plans to reduce any outstanding gaps in HHS performance

#### **Information and Communication**

- Patient Bill of Rights and other information available in alternate accessible formats upon requested
- Adopt an organizational standard for font, formatting, and language level that is easy to read and is compatible with automated reading software
- Patient education materials made readily available in alternative accessible formats
- Develop a process to have information brochures/pamphlets reviewed for accessibility
- Add web content that specifically describes accessibility features at each entrance; the current site includes the photos of the main entrances and the Emergency entrances
- Develop a reliable process to ensure that temporary service interruptions are posted clearly on the website
- The Multi-Year and Annual Accessibility Plans are to be posted on the website which meet accessibility standards

## **Employment Standards**

- Finalize the package of policies for compliance January 1, 2014
- Complete a communication plan related to the new employment policies
- Conduct communications on these policies for various target audiences

## **Transportation**

- Continue to explore opportunities to expand Community Support Services' accessible van to provide increased services to patients/clients/residents
- Monitor compliance with new transportation standards

## **Built Environment**

- Increase the number of fully accessible public washrooms – public washrooms will be enhanced to ensure full accessibility
  - Inventory and assess current patient/resident/client/visitor washrooms that do not accommodate patients in wheelchairs or have other limitations (light switch, seat height, transfer bars, coat hooks)
- Parking space designations at all sites – most spaces are compliant to the van sizing
- Yellow contrast paint on the interior stair treads and edges
- Review all interior and exterior signage to accommodate accessibility

### **6.4 Addressing the Multi-Year Plan**

The regulatory standards for the Accessibility Plan provide a conceptual structure for future planning. HHHS conducted an objective third-party accessibility audit to identify approaches within the following areas that need to be addressed by levels of priority to be determined over the timeline of the Multi-Year Plan.

- Human Resources and Training
- Information and Communication
- Customer Service
- Buildings and Grounds
- Transportation

Based on the audit and ongoing monitoring, HHHS will identify priorities to be addressed on an annual basis over the period of the Multi-Year Plan. The Accessibility Committee will incorporate the detailed initiatives year-by-year in the Annual Accessibility Plans.

### **7.0 Annual Accessibility Plan**

#### **7.1 Barrier Removal Initiatives in 2015/16**

The following are the barriers were identified in 2015/2016 and the status of actions taken upon those.

## **Built Environment**

## **Status**

- Improve to full accessibility one public washroom and continue to make modifications to other washrooms to make them more accessible. (Emergency Department) **In Progress**
- Address counter in Haliburton Business Office **Complete**
- Address counter at ED registration in Minden and Haliburton **Complete**
- Address counter in Acute Care Nursing station **In Progress**
- Improve cafeteria accessibility including front door, vending machines, dining tables and cutlery counters **In Progress**
- Hyland Crest (LTC) gazebo walking path to be made fully accessible for wheelchairs or walkers **Complete**
- Paint doorways to provide visual contrast for seniors and those individuals who are visually impaired **In Progress**
- Continue Community Service building renovations to make building more accessible, including:
  - Make front door into building accessible **Partially Complete**
  - Pave walkway/driveway to lower level of building **Partially Complete**
- Install yellow strips across stairs **Complete**
- Ensure palliative care unit expansion incorporates accessible design **Complete**

**Customer Service**

- Coordinate efforts with local municipal Accessibility Committees **In Progress**
- Wheelchair availability to be made available in Minden and Haliburton for those requiring mobility assistance **Complete**
- Develop Client and Visitor Directory **In Progress**
- Continue to expand access to services via telemedicine (OTN) **In Progress**

**Information and Communication**

- Investigate feasibility of live operator to answer telephones through normal business hours **In Progress**
- Improve automated phone system to improve accessibility **Complete**
- Investigate access to translation services **Complete**
- Use Community Advisory Committee for feedback on accessibility plan **In Progress**

**General**

- Develop and approve Integrated Accessibility Standards policy for HHHS **In Progress**

**8.0 Barriers That Will Be Addressed in 2016/2017**

The HHHS Accessibility Planning Committee determined the focus of the upcoming year plan would be to complete barrier removal initiatives not fully completed in the 2016/17 Annual Accessibility Plan, along with priorities identified in the independent Accessibility Audit.

The following are the barriers identified that require priority action by HHHS in 2016/2017:

## **General**

- Use Community Advisory Committee for feedback on accessibility plan
- Approve Integrated Accessibility Standards policy for HHHS (policy has been developed)
- Establish Terms of Reference for Accessibility Committee
- Expand Accessibility Committee membership to include representation from Community Advisory Committee and all client service divisions of HHHS

## **Employment**

- Develop and implement a brochure for all new staff, physicians and volunteers on accessible customer service.

## **Built Environment**

- Improve to full accessibility one public washroom and continue to make modifications to other washrooms to make them more accessible
- Improve cafeteria accessibility including front door, vending machines, dining tables, and cutlery counters
- Continue painting doorways to provide visual contrast for seniors and those individuals who are visually impaired
- Add more handicap parking spots at all sites
- Repair walkways at both Haliburton and Minden sites and include curb cuts for access
- Address way-finding signage at Haliburton and Minden sites
- Replace door knob handles to levered handles across both Haliburton and Minden sites
- Install automatic door opener on entrance to Community Support Services building
- Improve flooring surfaces by replacing carpet with seamless vinyl flooring in common/public areas at Haliburton and Minden sites

## **Customer Service**

- Finalize Client and Visitor Directory
- Install buzzers at doorways of Highland Wood and Hyland Crest entrances
- Establish maintenance plan for common wheelchairs at Haliburton and Minden emergency departments
- Review and revise Support Person Policy to ensure alignment with new standards
- Develop process for ensuring a Senior Friendly environment across all facilities

## **Information and Communication**

- Continue to investigate feasibility of live operator to answer telephones through normal business hours
- Determine feasibility of installing hearing augmentation system in meeting rooms

## **Transportation**

- Explore opportunities to expand Community Support Services' accessible van to provide increased services to patients/clients/residents
- Review current transportation policy to ensure alignment with new standards for support persons accompanying persons with a disability for purposes of health or safety

## **9.0 Review and Monitoring Process**

The HHHS Accessibility Planning Committee will monitor progress of the Annual Accessibility Plan covering the period from October 2016 to September 2017. In the last half of this period, the Committee will work to develop a new multi-year plan as well as the plan for the following year. The Accessibility Planning Committee is responsible for monitoring and following up on recommendations identified in the Plan.

The Accessibility Planning Committee will also review relevant complaints/concerns related to accessibility. These would be brought to the attention of the Committee via the hospital patient relations process. The Committee would then be able to make recommendations for future plans and action where appropriate.

## **10.0 Communication of Accessibility Plan**

The annual accessibility plan will be made public in October 2016. The HHHS Accessibility Plan will be posted on the organization's website and hard copies will be available from the Administration Office. On request, the Plan can be made available in alternate formats.