



Annual Accessibility Plan
For
Groves Memorial Community Hospital
(GMCH)
2013-2018

This publication is available on the hospital's website

www.gmch.ca and in alternative formats upon request

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Executive Summary

This is the sixth Accessibility Plan (2013-2018) prepared by Groves Memorial Community Hospital (GMCH)

The plan describes the measures that GMCH has taken in the past to address issues. The Plan also identifies the measures that GMCH will take during this multi-year plan to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of Groves Hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

The Accessibility Committee was disbanded in November 2007 and the Accessibility Function has become a part of the role of the Occupational Health and Safety Committee. (OH&S Terms of Reference in Appendix A)

In the first Accessibility Plan in 2003, the Accessibility Committee identified over 20 barriers to persons with disabilities. The most significant findings were architectural in nature related to the limitations of an outdated building with small restricted doorways, patient rooms and inaccessible washrooms, as well as inadequate space for storage. A Master Plan for renovating the existing facility was submitted to the Ministry of Health and Long-Term Care in 2002. More recently that plan was reviewed and the hospital submitted a Business Plan for construction of a new facility to the Ministry of Health and Long-term Care (MOHLTC) in January 2008. Since then, the Ministry of Health has provided conditional approval to the Stage 1, Part B Capital Submission, as outlined in the winter 2013 edition of the “New Groves Hospital Update”. The new facility will address these accessibility issues. The cost of resolving many of the present architectural barriers now would far exceed the benefits knowing that a “new” facility is proposed.

Five priority areas have been identified for attention in 2008. These include:

- Renovations to install an accessible washroom for each in-patient floor and in the diagnostic imaging department;
- Ongoing efforts to enhance the visibility of accessibility issues;
- Follow-up uncompleted recommendations from previous plans ;
- Reference to County of Wellington Accessibility Guidelines for any renovation project within the facility to ensure compliance.
- Implement Accessible Customer Service Standard (Regulations 429/07 and 430/07 under the AODA.

The Committee is committed to continual improvement of access to hospital facilities, policies, programs, practices and services for patients, their families, staff, health care practitioners, volunteers and members of the community.

1. Aim

This plan describes: (1) the measures that Groves Memorial Community Hospital has taken in the past, and (2) the measures that Groves Memorial Community Hospital will take during the the next five years ending 2018 to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community. This plan will improve opportunities for all people, including those with disabilities.

2. Objectives

1. Report on the measures the organization has taken to identify, remove and prevent barriers to people with disabilities.
2. Describe the measures in place to ensure that the organization assesses its Acts/by-laws, regulations, policies, programs, practices and services to determine their effect on accessibility for people with disabilities.
3. List the policies, programs, practices and services that the organization will review in the coming year to identify barriers to people with disabilities.
4. Describe the measures the organization intends to take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Make the accessibility plan available to the public.

3. Description of Groves Memorial Community Hospital

The Hospital, an incorporated and independently governed, single site rural health care facility located in Fergus, Ontario, serves a population of approximately 35,000 in the Township of Centre Wellington, the villages of Arthur and Belwood and surrounding area. During 2002, the Hospital celebrated 100 years of service to the community. It is currently operating 45 beds, with 285 staff and an annual operating budget of approximately \$20 million. In 2005, Groves formed an Administrative Alliance with North Wellington Health Care. The Hospital is part of the Waterloo-Wellington LHIN #3.

The Hospital provides a full range of inpatient, ambulatory, acute and complex continuing care services including: 24 hour emergency services, acute medicine, surgery and activation, obstetrics, and complex continuing care (18 beds).

The Mission, Vision and Values of the Hospital are as follows:

Mission:

Groves Memorial Community Hospital, a small, rural hospital, enables people to achieve optimal health through a range of integrated health services provided by a committed team working with a network of partners.

Vision:

Our vision at Groves Memorial Community Hospital is to be to be a leader in the provision of excellent, compassionate, rural health care.

Values:*Caring**Accountability**Respect**Excellence...**with Integrity***4. The Accessibility Working Group**

The Accessibility Committee was formed in March 2003 and functioned until November 2007. At that time, to enhance committee efficiency, the Accessibility Planning function was transferred to the Occupational Health and Safety Committee.

Accessibility Committee: March 2003 - November 2007

Committee Member	Title	Departments Represented
Sue Ledger, Chair	Director, Special Projects	Administration; Volunteers; Redevelopment.
Lisette Columbus	Clinical Practice Leader, CCU	CCU; Surgery; Medicine; Obstetrics; ER; OR.
Bill Whyte	Environmental Services	Maintenance; Housekeeping; Laundry/ CSD; Purchasing.
Corrine Malette-Wolter	Patient Educator	Diabetic Education; Chiropody; Nutritional Services; Pharmacy.
Jan Muysson	Director, Human Resources	Employment/HR; Business Office.
Lyn Schmeler	Manager: Admitting, Health Records, and Discharge Planning	Admitting/ Switchboard; Health Records; Information Technology
Walt Visser	Board Member	Board; Community Perspective
Kim Bell	Physiotherapist	Physiotherapy; Respiratory Therapy

Occupational Health and Safety Committee Members

Member	Title	Department	Contact Number
Sherri Ferguson (Co-Chair)	Director, Human Resources	Human Resources	(519) 843-2010 x 3225
Paul Klausen (Co-Chair)	Food Service Worker	Food Services	(519) 843-2010 x 3248
Joe Gurney / Mark Clark	Manager Building Services / Supervisor, Building Services	Housekeeping Maintenance CSD Laundry	(519) 843-2010 x 3245/3247
Trina Kamm	Registered Nurse	Occupational Health & Infection Control	(519) 843-2010 x 3217
Sharri Crowley	Physiotherapy Assistant	Physiotherapy	(519) 843-2010 x 3265

Member	Title	Department	Contact Number
Melissa Layman	Registered Nurse	ONA Member	(519) 843-2010 x 3230
Denise Vervoort	Registered Nurse	ONA Member	(519) 843-2010 x 3230
Lois Ballah	Manager, Quality and Risk	Quality and Risk	(519) 843-2010 x 3216
Betty McMahan	Manager, Laboratory Services	Laboratory Services	(519) 843-2010 x 3263
Jeanette Boutcher	Housekeeping Aide	Unifor Member	(519) 843-2010
Tanya Murtagh	Patient Care Manager	ER, OR, MDRD	(519) 843-2010 x 3211
Cathy Beardmore	Registered Technologist	Diagnostic Imaging	(519) 843-2010 x 3234
Shelley Noble	Human Resources Assistant	Human Resources	(519) 843-2010 x 3236

5. Hospital Commitment to Accessibility Planning

At its meeting on April 24, 2003, the Board for GMCH recommended the approval of the following motion:

“Moved by D. Hurlburt, seconded by W. Visser, that the Board of Governors accept the recommendation of the Property/Finance Committee that the Accessibility Planning Policy, as noted below, be approved:

Groves Memorial Community Hospital is committed to:

- *The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;*
- *The participation of people with disabilities in the development and review of its annual accessibility plans;*
- *Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and*
- *The establishment of an Accessibility Working Group at the hospital.*

This commitment to Accessibility Planning was renewed by the GMCH Board in the fall of 2004 and again in 2005.

The Board approved the original Accessibility Plan for 2008 and will be receiving an update in January 2014.

6. Barrier Removal Initiatives

The most significant initiative taken by Groves to achieve a barrier-free facility was the decision to begin a major redevelopment project. During this process, it was identified that many patient care areas of the facility do not meet current standards for accessibility. For example, patient washrooms are not wheelchair accessible and room sizes are small. Consequently, the Hospital developed a Master

Program and Master Plan recommending major renovation and minor new construction for the facility, with the Ministry of Health providing conditional approval to the Stage 1, Part B Capital submission, in 2013. Since then, the Ministry of Health has given approval to build a new hospital. Currently, Groves is in the planning stages of creating a facility that will address the inadequacies and accessibility challenges presented by the current building.

Groves has implemented many other initiatives over the last several years to move towards a Universally Accessible organization. These initiatives include:

Architectural/Physical

- The Emergency Entrance has automatic sliding doors for ease of entry into the building.
- Ramps are in place in basement hallways to eliminate the barrier presented by stairs.
- The hospital has two patient elevators for accessing all three floors.
- Parking spaces for people with disabilities are available near the Emergency entrance.
- Renovation plans for the Emergency Department included a reception counter that is accessible by individuals in wheelchairs. This project was completed in February 2004.
- Chairs have been situated strategically along long hallways to provide a resting place for patients and visitors as required.
- Wheelchairs are available at entrances for use as needed. A retired staff member with a physiotherapy background is the Volunteer Convener for the ongoing assessment and repair of wheelchairs to ensure that they are in good, safe working order.
- Windows have been put in fire doors to enhance visibility of approaching persons/equipment. (completed 2005)
- Automatic openers were installed on front and rear entrance doors to ER and Diagnostic Imaging for ease of patient transfer and access by patients (2006/07)
- Automatic openers have been installed on all basement fire doors. (2007)
- Automatic openers installed for patient washrooms in ER area and by admitting office. (2007)
- Bariatric wheelchairs are available.(2006/07)
- Increased Bariatric equipment and furnishings. (2012/13)
- Renovation of male and female washrooms in the Emergency Department and Admitting to meet accessibility standards. (2014/15)
- An accessible Volunteer Foundation office was built. (2014/15)
- Ten doors throughout the hospital were upgraded from knob handles to lever handles. (2014/15)
- Staff elevators were upgraded to become more accessible. (2014/15)

Information/Communication/Technology

- The hospital has a phone fitted with an amplifier ear piece, which can be used by patients with a hearing disability. This phone is transferable to different bedsides as required.
- The hospital recently purchased a phone with large raised numbers for visual enhancement and tactile enhancement. (2005)
- Signage is either white on dark blue or black on silver to enhance visibility for people with vision impairment.
- New signs installed during 2004 in the newly renovated Emergency Department space were displayed at a height of 54” from the ground as recommended in the “Guidelines for Universal Design” – City of London document.

- .Audio tapes and videos are available as well as print material for several patient education topics.
- Volunteers are in the reception area during visiting hours to direct people to the appropriate area and assist with wheelchair transportation if required.
- The Hospital is working collaboratively with members of the Elora Arts Council to use art to promote an uplifting and soothing environment in the hospital. Art which could be perceived as disturbing has been removed from display.
- New Web site was designed with input from many stakeholders to ensure accessibility, ease of use and comprehension by all individuals.
- Guidelines for use in the creation of printed material were developed and recommended for approval by the Accessibility Committee in 2004. These guidelines were implemented in 2005.
- New signage regarding visiting hours and self-screening guidelines for communicable respiratory disease was endorsed by the Accessibility Committee as meeting the needs of those with a visual impairment.

Attitudinal/Policy and Practice

- Personnel policies address issues such as harassment, respect and open hiring practices
- The Hospital offers an Employee Assistance Program to support staff requiring counseling and help with mental health issues.
- An evacuation protocol is in place which addresses the needs of those with disabilities
- Several staff attended a Customer Service workshop in 2004, offered by the Wellington County Consortium for the Public Sector.
- Enhancing awareness of multicultural diversity education sessions were offered in 2005.
- Hospital newsletters promote positive attitudes and respect through “quotes”.

7. Barrier-identification Methodologies

Methodology	Description	Status
Review of resources	Resources included: Accessibility Directorate website and materials about the ODA and Accessibility Planning; OHA Toolkit for Annual Accessibility Planning; material from CNIB, Canadian Hearing Society; Accessibility Guidelines – City of Guelph and City of London; Signs and Symbols for the Workplace – CSA International; material from the Guelph-Wellington Barrier Free Committee; attendance at Accessibility Workshop	Used as resource material for planning on an ongoing basis.
Accessibility Audit	An extensive audit of the whole facility was undertaken in 2003. Staff from all departments and the Groves Hospital Volunteer Association were involved. This audit was reviewed and actions implemented during 2004 to eliminate or minimize several identified issues. The audit was reviewed in 2005 and 2006.	2003 - 2006

Methodology	Description	Status
Presentation to Managers	Material regarding the ODA and the hospitals obligations to create an Accessibility Plan were shared with Managers. Regular updates are ongoing.	Ongoing
Information Sharing with Staff	CEO holds information sessions for staff and regularly distributes updates through memos. Electronic weekly newsletter is used as required.	Ongoing
Stakeholder Focus Groups	Patient/family/visitor focus groups were held in 2004 and 2006.	July 2003
Community Consultation	Consultation with representatives of the following special interest groups: Guelph-Wellington Barrier Free Committee Ontario March of Dimes Guelph-Wellington Adult Community Living	August 2003
Review of policies/ procedures	Review of documents to identify language that presents barriers or language that should be included to enhance accessibility Personnel Policies	Ongoing
Review of Patient Feedback	Hospital Report Care results reviewed – particularly Patient Satisfaction. Patient complaints/acknowledgements reviewed.	Ongoing
Commitment to Barrier-Free Planning for Redevelopment Project	The philosophy and vision statement for hospital redevelopment was reviewed by the Project Steering Committee. The document was revised to include language regarding universal accessibility as being a priority in planning. A new policy – Accessibility Planning was approved in May 2003.	September 2003, 2004, 2005

8. 2006/07 Action Plan - Review

Initiative	Goal	Resources Required	Completion Date	2007 Update
1. Automate back doors of ER and Diagnostic Imaging.	To ensure that staff and patients can readily move through doorways free of barriers.	Will include project in HIRF Funding Grant from MOHLTC if required.	June 30, 2007	Done Also automated doors installed for all fire doors in basement and for patient washrooms by ER and Admitting.
2. Investigation of solutions to facilitate the installation of	To promote independence of individuals using	Consultant time and fees – architects,	August 2007	Preliminary planning done. Work to be

Initiative	Goal	Resources Required	Completion Date	2007 Update
accessible washrooms on each patient care floor and in the Diagnostic Imaging area.	wheelchairs. To maintain dignity of individuals.	electrical, plumbing etc. Cost for renovations.		completed in 2008
3. Investigation of perceived shortage of accessible parking.	To enhance accessibility to the facility for individuals with disabilities.	Potential cost to create additional parking spaces.	August 2007	No change in parking at this time.
4. Enhance directional signage for volunteer office.	To enhance direction finding.	Costs for additional signage – approximately \$200.	March 2007	Done
5. Continued enhancement of the Accessibility Committee and accessibility issues.	To encourage people to identify accessibility issues and bring them to the attention of the committee for recommendations for resolution.	Use of newsletters, meetings	Ongoing	Ongoing
6. Follow-up incomplete recommendations from 2005/06 plan. <ul style="list-style-type: none"> • Bariatric chairs for ER wait area • Braille for public elevator • Update interpreters list. 	To enhance communication with individuals who have hearing and sight impairment. To enhance availability of interpreters to assist with communication for people who speak another language.	Cost of 2 chairs – approx. \$1500 Cost of Braille labels – approx. \$700 Time to update list.	March 31, 2007	In progress
7. Comply with Accessibility Standards for any renovations within the facility.				Completed for Oncology Suite.

9. 2008 Action Plan

Initiative	Goal	Resources Required	Lead Person	Completion Date
1. Complete unfinished tasks from 2007 plan: Bariatric chairs for ER wait room Raised numbers for elevators Interpreters list update	To enhance comfort of individuals waiting in ER area. To preserve dignity of individuals waiting in ER area. To enhance communication with patients/visitors.	Cost of 2 chairs – approx. \$1500 Cost of Braille labels – approx. \$700 Time to update list.	ER wait area – S. Pearsell Elevators – S. Ledger	December 31, 2008
2. Install accessible washrooms in each in-patient area and diagnostic imaging.	To enhance patient independence in accessing washroom facilities.	Washrooms – approximately \$15,000.	S. Ledger/ M. Clark	March 31, 2009
3. Continue to enhance visibility and awareness of accessibility issues	To encourage people to identify accessibility issues and bring them to the attention of the committee for recommendations for resolution.	Use of newsletter CEO forums Any other methods	S. Ledger	Ongoing
4. Refer to Accessibility Guidelines for all renovation/ new construction projects.	To ensure barriers are minimized.	Review of plans/specs prior to commencement of construction	S. Ledger	Ongoing
5. Implement Accessible Customer Service Standard for AODA.	To enhance communication with patients/visitors.	Review of Standard. Develop implementation plan. Plan to be reviewed by OH&S Committee. Operationalize plan.	S. Ledger	March 31, 2008

10. Barriers Addressed in 2013

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
1. Follow up from outstanding 2008 issues	To demonstrate commitment to the Plan	Identify timing of any outstanding projects and resource requirements.	Outstanding projects will be completed	Funds for renovations as required. Planning time Capital funds and HIRF	Reviewing Capital Planning at Leadership Team meeting December 17, 2013	Leadership Team
2.Meet all requirements of AODA to be ready to file compliance report by December 31, 2013	Ensure we can make our Hospital accessible to people with disabilities in all five key areas of daily living, by 2025.	Review new AODA standards to ensure compliance,	When complete	OHA Webcast November 2013	Completed	Chief Human Resources Officer
3. Ensure sustainability of Customer Service Standard	Ensure training of all Staff and Volunteers on their role in being responsive to the needs of people with a disability to improve access to our services.	Develop and conduct on-going training sessions	Demonstrate on-going training i.e new hires and volunteers	OHA & office of AODA	Completed in 2010 Training is on-going for all new hires and Volunteers	Manager, Support Services (L.S.) completed initial training. Now included in New hire and New Volunteer process
4.New Hospital Web Site Design	Ensure new Hospital websites are compliant with Information and Communication standard	Communicate accessibility requirements to Web Site Designer	Conform with WCAG 2.0 Level A	Web-Site Designer www.w3.org AODA resources	Completed	Professional Recruiter/Comm (A. Armstrong)
5.New Standards not implemented	Comply with Transportation, Employment, Information and Communication and Built Environment Standards	Review the four new standards and develop an action plan for compliance with AODA	Policies and Education will be visible on the Intranet and accessible to all staff and volunteers	OHA Webinar And AODA resources	Completed Review October 2013 Transportation Standard not applicable to our Hospitals.	C.H.R.O. (S. Ferguson)

11. Actions Required for 2014 - 2018

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
Employment Standard	Need to develop processes and resources that support our ability to be responsive to the needs of people with disabilities, for both current employees and potential employment candidates.	Processes needed to ensure we can identify and provide Individualized workplace emergency response information for employees with disabilities	Our ability to be responsive	Emergency Plan “Leads” and H.R. Staff and Occ. Hlth Nurse Conference Brd of Canada Employment Toolkit	Review and respond on request	C.H.R.O
	Ensure Recruitment is Accessible	Add a note to all Job Postings – Internal and External to let candidates know that we will ensure that people with disabilities are able to access all aspects of the recruitment and hiring process .	Our ability to be responsive	H.R. Advisor & Occ Hlth Nurse	Complete	C.H.R.O.
		Ensure an employee’s accessibility needs are considered for all employment opportunities	Our ability to accommodate	Occ Hth Nurse and H.R. , Mgr & Union Rep	Complete - Process in place using Return to Work (RTW) model and group	C.H.R.O.
	Workplace Information and Communications are provided in accessible formats	Send out an email to all staff, advising them of our ability to provide more accessible formats for all workplace communications and information	Our ability to meet specific needs, as they are identified	Occ Health Nurse AODA resources	Complete	C.H.R.O
	Individual accommodation plans are developed	Continue our standard practice of accommodation using the Return to Work	Our ability to accommodate and meet the individuals needs as they are identified	Occ Health Nurse, Mgr, H.R. Union Rep.	Complete	C.H.R.O.

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
		(RTW) template				
	Employees returning to work after disability-related absences are to be accommodated	Continue our Return to Work (RTW) process	No complaints or grievances	Occ Hlth, Mgr, H.R. Union Rep	Complete	C.H.R.O.
Built Environment Standard	Ensure the future design of all public spaces ensures access to and within buildings and outdoor spaces	Communicate the value we place on "Accessibility" and our legislated requirements to all contractors i.e. Architects, Cost Consultants, Engineers etc.	Accessibility identified as a requirement for all RFPs and all contracts that involve the design of all public spaces		Complete	V.P. Corporate Services and Planning as part of the Hospital Redevelopment Process
Lack of participation of persons with disabilities, in the on-going development and review of its annual accessibility plan.	Need the participation of persons with disabilities in the on-going development and review of its annual accessibility plan.	Post a notice to have a focus group to review our accessibility plan and participate in the audit of our facilities	Focus group held and evaluate their feedback	Hospital Websites	June 2016	C.H.R.O.
Capital Projects and Capital Equipment plans need to include req'd resources to ensure accessibility	Ensure that Accessibility is considered as a priority when reviewing all capital equip, IT plans and renos	Capital Planning (Five year Capital Plan) has been added as a standing agenda item to each leadership team meetings	LT Minutes	Leadership Team Agendas December 2013	Ongoing 5 year capital plan 2013-2018	C.H.R.O.
Education	Provide education for all staff and volunteers on AODA and Human Rights Code, by January 1, 2014	Train all staff and Volunteers on the Human Rights Code and all AODA standards (new	100% of all rpt and ft staff compliance rate and 100% of Volunteers in Hospital.	OHA Accessibility Training e-learning modules just released Dec 16, 2013 - budgeted	94% Complete (Dec 31/15)	CHRO

12. Review and monitoring process

- a) Occupational Health and Safety Committee will continue to meet on a regular basis and review Accessibility Plan Action Plan progress.
- b) Variances from the Plan will be assessed and initiatives implemented, as required.
- c) The Committees will report progress to the Senior Management Team, semi-annually in June and December.

13. Communication of the plan

The hospital's accessibility plan will be available on the intranet and website, and hard copies will be available from the Administration Office. On request, the plan can be made available in alternative formats, such as computer disk in electronic text, in large print, or in Braille.

Appendix A

Terms of Reference Occupational Health and Safety Committee

The following is an excerpt from the OHSC Terms of Reference re the responsibility for Accessibility:

“Purpose:

To develop an accessibility plan and monitor the implementation of the plan for Groves Memorial Community Hospital in order to identify, remove and prevent barriers to people with disabilities. This plan will improve opportunities for all people, including those with disabilities.

Objectives:

- 1. Report on the measures the organization has taken to identify, remove and prevent barriers to people with disabilities.*
- 2. Describe the measures in place to ensure that the organization assesses its Acts/by-laws, regulations, policies, programs, practices and services to determine their effect on accessibility for people with disabilities.*
- 3. List the policies, programs, practices and services that the organization will review in the coming year to identify barriers to people with disabilities.*
- 4. Describe the measures the organization intends to take in the coming year to identify, remove and prevent barriers to people with disabilities.*
- 5. Make the accessibility plan available to the public.*