

Annual Accessibility Plan

SEPTEMBER 2003—
AUGUST 2004

Rouge Valley Health System

Rouge Valley Health System is committed to fulfilling all of the requirements outlined in the Government of Ontario's accessibility legislation. As an institution, we are committed to assisting all individuals with disabilities to experience hospital care in our two hospital buildings and our extended community services with as few barriers as possible. The Ontarians with Disabilities Act (2001) has allowed up an opportunity to further assess how we look at those with disabilities and for that we are thankful.

Health is a precious gift – one that is often unappreciated until it is at risk. When our health is threatened, we want skilled and compassionate care – the kind provided by the staff and physicians of the Rouge Valley Health System. We also want to ensure we do our best to offer a barrier-free environment and services so that individuals are not excluded from receiving the services they need.

Rouge Valley brings together two community hospitals – Rouge Valley Centenary and Rouge Valley Ajax and Pickering – to provide comprehensive, high quality health care to the communities of Scarborough, Pickering, Ajax and Whitby. We provide excellent care, close to home for more than 700,000 people across east Toronto and west Durham.

Rouge Valley reflects the character and responds to the needs of its communities. We are a diverse, open and energetic institution, always looking for ways to improve and move forward. We eagerly embrace new technologies.

We work hard to provide as many services as



possible within our communities. We structure our health services around the needs of our patients and their families, providing seamless, integrated and expert care. We respond to our patients as unique individuals, respecting their needs, cultural preferences and life situations.

In a recent Ontario Hospital Association, 80 percent of our patients rated the quality of our care as good to excellent – one more sign that at Rouge Valley, it is in our nature to care about your health.

Rouge Valley Health System – *It's in our nature to care.*

Serving Two Communities

Rouge Valley Health System has two sites – Rouge Valley Centenary (RVC) and Rouge Valley Ajax-Pickering sites (RVAP). RVC serves the community in East Toronto and beyond, and RVAP serves the West Durham community. RVHS is renowned as a centre of excellence committed to delivering the highest quality health care in a dedicated and caring environment.

The following are our values, vision and mission at Rouge Valley and we would like to share them with you.

Our Values

Everyday at Rouge Valley Health System we are:

- Responsive and caring;
- Respectful and collaborative; and
- Committed to learning and innovation

Our Vision

Leaders in family centred care.

Our Mission

To provide the best patient care experience for you and your family and to improve the health of our community.

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PREPARED BY THE ROUGE VALLEY ACCESSIBILITY WORKING GROUP

*This publication is
available on the
hospital's website*

www.rougevalley.ca

*and in alternative
formats upon request*

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Executive Summary

The purpose of the *Ontarians with 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 this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make this plan public.

This is the first annual plan (2003-2004) prepared by the Accessibility Working Group at Rouge Valley Health System (RVHS). The plan describes: (1) Rouge Valley's commitment to implementing improvements to our facilities and practices in line with the Ontarians with Disabilities Act Legislation as our financial situation allows; (2) the progressive measures that Rouge Valley has taken already to improve access to services for individuals with disabilities; and (3) the measures that Rouge Valley will take during the year (2003-2004) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services at Rouge Valley, including



patients and their family members, staff, health care practitioners, volunteers and members of the community.

Rouge Valley is committed to the improving access to its hospital facilities and services; its policies, programs, practices and services. Participation of persons with disabilities in the development and review of these annual plans is a Rouge Valley commitment. The provision of high quality, safe, family centred care to all patients and their family members is Rouge Valley's mission.

During the information gathering process for this plan, the Accessibility Working Group identified many barriers to persons with disabilities. Over the course of the next year, the Accessibility Working Group will be committed to the further identification of existing and possible future barriers. Our commitment will be to plan, within our budget, to make our two sites and many services as accessible as possible, in a barrier-free environment.

Our Aim

This plan describes:

- 1) The commitment from Rouge Valley to make its system more accessible to those with disabilities;
- 2) Highlights of those measures Rouge Valley has already taken to improve its facilities; and
- 3) The measures that Rouge Valley will take during the next year (2003-2004) to identify, remove and prevent barriers for 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.

Rouge Valley is committed to becoming a leader in family centred care and to addressing needs identified by members of the community, which will improve the experience for anyone receiving care within our two facilities. Responsiveness to suggestions has always been a part of the culture at both Rouge Valley Health System sites and continues to be a strength going forward in addressing the needs identified in our Ontarians with Disabilities Plan at the Health System.

Objectives

This plan:

1. Describes the process by which Rouge Valley will identify, remove and prevent barriers to people with disabilities, reviews actions taken by Rouge Valley to remove and prevent barriers to people with disabilities over the past year;
2. Lists policies, programs, practices and service areas that Rouge Valley will review in the coming year to identify barriers to people with disabilities;
3. Describes the measures Rouge Valley will take in the coming year to identify, remove and prevent barriers to people with disabilities;
4. Describes how Rouge Valley will make this accessibility plan available to the public.



Definition of Disability

The ODA adopts the broad definition for disability that is set out in the *Ontario Human Rights Code*. "Disability" is:

(a) Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,



(b) A condition of mental impairment or a developmental disability,

(c) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

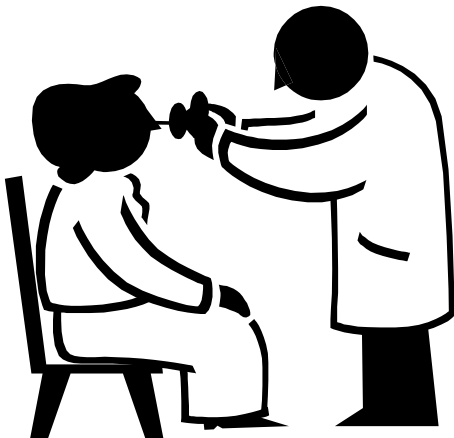
(d) A mental disorder, or

(e) An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act 1997.

Ontarian's with Disabilities Act (ODA) Workgroup Terms of Reference

Purpose/Deliverable

To develop a plan that complies with the requirements of the *Ontarians With Disabilities Act, 2001*. The plan which will be non-discriminatory will describe 1) the measures that Rouge Valley has taken in the past year, and 2) the measures that Rouge Valley will take in the following year 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.



The process will include raising awareness at all levels and will use input from a variety of sources including people with disabilities.

The plan will apply to current facilities owned by Rouge Valley with a commitment to address needs in any redevelopment plans.

The Rouge Valley Executive and Board of Directors will approve the plan.

Frequency of Meetings

Every 2 weeks starting April 10th, 2003 until September 18th, 2003 or until plan is completed

Location

Board Room or Committee Room, RVC

Establishment of the Accessibility Working Group

Hume Martin, Chief Executive Officer, formally constituted the Accessibility Working Group in May 2003 with Gloria Zive, VP, Facilities and Support Services, and Maria Milanetti, VP Communications as co-chairs. The Accessibility Working Group was authorized to:

- Review and list policies, programs, practices and service areas that cause or may cause barriers to people with disabilities;
- Identify barriers that can be removed or prevented in the coming year;
- Describe how these barriers will be removed or prevented in the coming year; and
- Prepare a plan on these activities, and after its approval by the Chief Executive Officer, make the plan available to the public

<i>Working Group Member</i>	<i>Department and Profession</i>	<i>Contact Information</i>	<i>Member Description</i>
Gloria Zive, Co-chair	Vice President, Facilities and Support Services	416-281-7401	Having responsibility for facility maintenance and Capital redevelopment.
*Maria Milanetti, Co-chair	Communications		15 years of experience in hospital administrative related jobs.
*Raj Rajkumar, Admin Fellow	Health Administration Grad and Medical School candidate		A masters health administration student with a wealth of student government experience. Raj is now a medical student at a U.S. University.
*Antje Reid	Support Services staff member with a background in industrial design	416-944-9436	A design student who works part-time at Rouge Valley Health System.
Melissa Collins	Occupational Therapist	416-714-2213	Over 14 years experience as an Occupational Therapist working with adult population, primarily with neurological problems
*Diane Ellis	Human Resources Specialist and former Nurse Manager and bedside nurse	416-281-7385	30 years of service. Has a recruitment and nursing background.
Bob Florence	Manager, Facilities and Professional Engineer	416-281-7329	Over 30 years experience (13 in Healthcare) working in Facilities Departments.
Joy Freemantle	Diagnostic Imaging Office Manager, RVAP	905-683-2320 x1490	Worked at RVAP for over 20 years in diagnostic imaging. Having witnessed friends and family lose mobility in their declining years, she is committed to ensuring access to all departments at the hospital.

<i>Working Group Member</i>	<i>Department and Profession</i>	<i>Contact Information</i>	<i>Member Description</i>
Carmela Fuoco	Administrative Assistant, Facilities and Support Services	416-281-7288	Has been working in the Healthcare industry over 16 years in a variety of departments.
Martin Green	Manager Security and Parking	416-281-7324	
Brenda Moore	Manager, Telecommunications and former RPN	416-281-7405	Have been in various roles, including Nursing and Supervisor, Materiel Mgmt. Disabled...has experience and empathy for "both" sides of the Bedrails!
Joyce Rankin	Nurse Manager, Medical Program – 8 th Level Medicine, IV Team, Allied Health	416-284-8131 x4696	Over 15 years of experience clinical experience as an RN and manager. Joyce has personal experience with barriers to the disabled community, and would like to see public environments more accessible.
William Brown, O.M.C.	Community Activist	416-439-7924	City of Toronto Advisory Committee, Disability Issues - volunteer member, TTC Advisory Committee Access to Transportation (3 terms as chair), GO Transit Disability Advisory Committee – volunteer member, Anne Johnston Health Centre Barrier-Free Committee – 1 term, The Scarborough Hospital Accessibility Working Group – volunteer member, Canadian Standards Association committee member on five standards – 3 transportation standards & 2 oxygen storage standards
Alina Picanco	Mental Health Program	416-284-8131 x 4412	Representing the needs of cognitively disabled individuals. Our representative is bringing back our issues to a group of appropriate patients for feedback.
Keith Roberts	Professional Engineer and Director, Information Management	416-281-7383	Extensive experience in planning, implementing and supporting information technology and telecommunications
Angela deJonge	Director Volunteer Services & Human Resources Professional	416-281-7351	Currently responsible for providing volunteer opportunities to support hospital departments and patient needs including interpretation.

* Past members

Rouge Valley Health System's Commitment to Accessibility Planning

At its meeting on February 9th, 2004, the Rouge Valley Health System Executive Committee of the Board of Directors recommended that the hospitals led by the Executive Team adopt the following Accessibility Planning Policy:

The Rouge Valley Health System is committed to continuous improvement, within available resources, of access to facilities, policies, programs, practices and services as they relate to patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities;

- 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 Rouge Valley Health System.

The Chief Executive Officer authorized the Accessibility Working Group to prepare an accessibility plan that will enable Rouge Valley to meet these commitments.

Recent barrier-removal initiatives

Over the course of the last several years, Rouge Valley has undertaken several initiatives to identify, remove and prevent barriers for people with disabilities.

Some of the initiatives and projects we have completed include:

- Wheelchair accessible washrooms in all renovations at both sites. The best of these include 45-degree bars, reasonable height toilets and proper tap and door handles. Extras such as low level hooks and shelves for purses and bags (RVAP West Tower and RVC Margaret Birch Wing)
- A commitment to non-slippery floors and yet with enough slide to allow wheelchairs and walkers (sometimes a difficult combination)
- Staxi chairs for visitors RVC
- Braille elevator numbers
- Translated signage and pamphlets RVC – Tamil and Chinese

Mental Health 6th and 10th level renovations at RVC

- Contrasting door frames in bright colours
- Contrasting floor edges
- No vertical stripes/complex patterns on walls
- Accessible washrooms exist on both units

Signage

- Directional signage has been developed at both sites, but will be improved (particularly at RVC)



- Dot system for way finding is in place, and could be expanded
- Signs for floor numbers are large in some cases, and should extend to all floors for ease of sight

Parking

- Accessible parking (in excess of the standard) has been increased at both sites and many dedicated, close spaces are now available

Cafeteria -RVC

- Wheelchair accessible tables were added to the RVC cafeteria during renovation, but are no longer in use. Tables could be moved to another area to create a new section. This section should be properly signed.

Noise

- Frequency of announcements overhead has been reduced at both sites

MRI/Breast Centre -RVC

- Wide doorways
- Accessible Washroom

RVAP 3rd floor Rehabilitation

- Wheelchair showers
- Handicapped washroom central

RVAP Physiotherapy Unit

- Wheelchair Accessible washrooms central

RVAP Ambulatory Care Unit

- Widened Door with automatic opener
- Good Lighting

Administration -RVC

- Board and Committee Room Door Widening Projects identified and plans are underway to address
- Mirrors in Elevators to allow people in wheelchairs to view the elevator doors when backing out.

Margaret Birch Wing -RVC

- Elevated tubs
- Wheelchair showers
- Colour choice paint soothing
- Lighting dimmers installed
- Drawer pulls more easily opened
- Rehab rooms wide
- Widened doorways, dining Areas to accommodate wheelchairs



The Rouge Valley Health System used the following barrier-identification methodologies:

Barrier-identification methodologies

Methodology	Description	Status
Survey tool	The accessibility working group has decided to distribute surveys to hospital staff to determine what the major issues for accessibility were at both sites	See appendix for results of survey
Awareness Event	The accessibility working group is planning to hold an event in 2004 to create greater awareness about accessibility issues at RVHS	An event subcommittee has been struck and planning is currently work in progress
Education Sessions	Educational sessions are planned to educate front-line staff	In the planning stage with S.Killick, Organizational Development

Methodology	Description	Status
Site Visits	– plans included a visit to The Anne Johnston Health Centre and to The War Amps Facility to observe barrier free environment improvements to facilities at these two sites	Completed: Dec 10 /03 Anne Johnson Centre Feb 4/04 War Amps
Creation of a sub-committee structure	The sub-committee structure going forward will have three ODA sub-committees which will report back to the main steering committee	In the planning stages with the committee. Suggested sub-committees include: <ul style="list-style-type: none"> • Design and Architecture • Communication and Advertising • Transportation and Accessibility
Recruitment of a more representative group of disabled individuals to participate in our committee	This initiative is underway and will be on-going as the work of the committee continues	Committee includes: <ul style="list-style-type: none"> • Staff member with physical disabilities • Community member with physical disabilities • Representative from the Canadian Hearing Society • As well as input from other stakeholder groups, i.e. CNIB for the Blind and Visually Impaired
Patient Focus Group	Mental health out-patients providing feedback on barriers for the mentally challenged	On-going
Staff focus groups	Facilities, Occupational Health, Public relations	To identify recent achievements and barriers to be addressed in the future
Facility assessment	Lobbies and entrances both sites	Barriers identified

Type of Barrier	Description of Barrier	Strategy for its removal/prevention
Physical (parking)	<ul style="list-style-type: none"> • Need to look at lighting and accessibility of lots including spaces for injured employees • (RVC) Wheelchair lots do not have graduated sidewalks for easy access in some cases • Temporary closure of our out-patient entrance to Wheel Trans riders has caused further distances for travel through the building at RVC 	<ul style="list-style-type: none"> • Being dealt with on an on-going basis • This has now been remedied • We are presently working on the solution to this challenge post-SARS
Physical (Entrances/Exits)	<ul style="list-style-type: none"> • Are much too narrow in some cases. • East entrance at RVAP needs to have an automatic door • Doors at both sites are too heavy for arthritic hands • Need to lead people to the proper entrance with signage in the parking lots • Need for volunteer guides in some cases & training for volunteers as to how they can assist • During a crisis such as the SARS crisis we need an alternative parking arrangement for disabled parking included in the Infection Control Contingency Plan 	<ul style="list-style-type: none"> • Key entrances are a priority to widen • This will go on our capital list
Architectural Including Elevators	<ul style="list-style-type: none"> • (RVAP) Doors close too quickly, confusing signage, breaks down often • (RVC) No brail on call buttons for blind persons, buttons too high to reach for some patients • (RVC) elevators close too quickly • Not enough lighting in certain areas • Greater access to accessible washrooms with canted mirrors and appropriate bars and sinks 	

Informational (Signage)

- (RVAP) Sign fonts not very large. Should be in other relevant languages (Chinese/ Tamil @RVC). Signs should be at eye level.
- (RVAP) areas should be demarcated by dots on floor like RVC
- (RVC) should have directories near elevator. Signs inadequate for such large hospital. Fonts too small
- Decrease frequency of overhead announcements as the cause disorientation

Barriers Identified

As a result of the efforts listed above, the Accessibility Working Group was successfully able to identify 23+ barriers. The committee has decided to focus and address 12 barriers as a priority in 2004/05. This list is divided into six types: (1) physical; (2) architectural; (3) informational or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

Physical/ Architectural

- Widen key doorways
- (RVHS) too much clutter due to storage of equipment in hallways causes obstruction
- Need for rest areas for patients who are tired such as cardiac patients and the elderly (benches)
- Alternatively more rails in hallways for this purpose

Cafeterias

- Need for wheelchair accessible tables with Logo Symbol above them – integrated into both cafeterias
- A need for a tray for wheelchairs if possible

Technological (Website)

- Font size is too small
- Too much information

Architectural (Stairs)

- (RVC) require edge marking
- (RVAP) better lighting in stairwells

Communication

- phones not set up for hearing impaired

Attitudinal

- an awareness program to be developed to raise awareness within the RVHS community and staff