



London Health Sciences Centre

Annual Accessibility Plan

October 2009 to March 2011

**Submitted to the LHSC Board of Directors
Submitted by the LHSC Accessibility Working Group**

September 29, 2009

Executive Summary

London Health Sciences Centre (LHSC) prepared this Accessibility Plan in compliance with the Ontarians with Disabilities Act (ODA) (2001). The ODA requires hospitals to prepare annual plans that address *the identification, removal and prevention of barriers to persons with disabilities in the organization's by-laws, if any, and in its policies, programs, practices and services*. The act also stipulates that the plan shall be available to the public.

This plan will:

- Briefly discuss the relationship between the Accessibility for Ontarians with Disabilities Act (AODA) and the ODA;
- Summarize the actions taken to identify, remove and prevent barriers in the 2008/09 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions to be taken from October 2009 to March 2011 to identify, remove and prevent barriers;
- Include an action that will describe how LHSC assesses its proposals for policies and by-laws in relation to their effect on accessibility for persons with disabilities; and
- Describe how the plan will be communicated internally and to the public.

The timing of this plan has been changed to align with LHSC's business planning cycle. The time period for this plan is from October 2009 to March 2011; following which it will match the hospital's fiscal year.

LHSC is committed to continual improvement of facilities access, policies, programs, practices and services for 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; and the provision of quality services to all patients and their family members and members of the community with disabilities.

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1. Description of LHSC

London Health Sciences Centre (LHSC) is an academic health sciences centre with the following primary facilities: University Hospital, South Street Hospital, Victoria Hospital, and the Children's Hospital. Physicians and staff members total more than 10,000 and provided care to more than one million patients in 2008/09. Additional information about LHSC is available at http://www.lhsc.on.ca/About_Us/LHSC/Who_We_Are/index.htm

LHSC has completed an annual accessibility plan annually since 2003. Previous plans are posted on LHSC's internet site under *Publications*, as well as the *Accountable to You* section.

2. The Aim of the Accessibility Plan

This plan will:

- Briefly discuss the relationship between the Accessibility for Ontarians with Disabilities Act (AODA) and the Ontarians with Disabilities Act (ODA);
- Summarize the actions taken to identify, remove and prevent barriers in the 2008/09 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions to be taken from October 2009 to March 2011 to identify, remove and prevent barriers;
- Include an action that will describe how LHSC assesses its proposals for policies and by-laws in relation to their effect on accessibility for persons with disabilities: and
- Describe how the plan will be communicated internally and to the public.

3. The Accessibility Working Group

In accordance with the ODA, senior leaders from LHSC and St. Joseph's Health Care, London (St. Joseph's) formally constituted the LHSC and St. Joseph's Accessibility Working Groups in April 2003. The terms of reference for LHSC's Accessibility Working Group and the Accessibility Policy can be found in appendix 1 and 2 respectively. As part of this plan, the group's terms of reference, its membership and its reporting structure, in addition to the Accessibility Policy will be reviewed and updated to align with efforts undertaken to comply with the AODA Customer Service Standard.

Roy Butler, Integrated Senior Director of Planning and Operational Improvement, is the senior leader sponsor and Susan Greig, Coordinator Special Projects, is chairing the Accessibility Working Group and leading the planning process.

While some members of the working group have disabilities such as hearing and visual impairments, mental health and mobility challenges, other members have experience working with patients and staff members who have a range of disabilities.

4. Planning Cycle

According to the Act, *each year every scheduled organization shall prepare an accessibility plan*. The first plan was due in September 2003 and since then each accessibility plan has covered time period from October to September.

This current plan will cover the period from October 2009 to March 2011; therefore, this and future plans will be aligned with the hospital's business planning cycle. To comply with the Act, a review and update of the plan will be completed by the end of September 2010.

5. Brief Comparison of the ODA (2001) and AODA (2005)

Both Acts are aimed at creating a barrier free Ontario by 2025. The intent of the ODA is to support the rights of people with disabilities *to enjoy equal opportunity and to participate fully in the life of the province* through the development of accessibility plans; where as the purpose of the AODA is to develop, implement and enforce standards to achieve accessibility for Ontarians with disabilities. Both Acts are consistent with our values of respect and collaboration; they use the same definitions for disabilities and barriers; and both have fines to encourage compliance. However the section of the ODA that outlines the fines has not been proclaimed, in contrast the section of the AODA that describes the fines was proclaimed as part of the Act.

Communications announcing the AODA included a preamble that stated the ODA would be repealed once the AODA became law. To date this has not occurred.

6. Actions Taken to Address Barriers from October 2008 to September 2009

a) Accessibility policy requires review given AODA Customer Service Standard

Action Taken: A review of the AODA Customer Service Standards indicates the need to align the Accessibility Policy with the new AODA required policy(s). Preliminary work has begun in this area.

Status: Continue to align the policies and include in the October 2009 to March 2011 plan.

b) Terms of reference of Accessibility Working Group requires review given AODA Customer Service Standard

Action Taken: A draft version of the terms of reference for the Joint AODA Steering Committee has been completed and is expected to be finalized in the fall. The terms of reference for the Accessibility Working Group will be reviewed with the aim of aligning the group's work with the work of committees which have the mandates of meeting AODA requirements.

Status: Continue to align the committees' terms of references in the October 2009 to March 2011 plan.

c) Systems and strategy to be formalized to compliance with AODA Customer Service Standard

Action Taken: To meet the requirements of the AODA Customer Services Standard the following actions have been undertaken:

- completed a draft project charter;
- created temporary working groups;
- began identifying and assessing training tool options; and
- drafted a supporting structure

Status: Continue to develop processes, structures and strategies to meet AODA Customer Service requirements in the October 2009 to March 2011 plan.

d) Recruit a dedicated person

Action Taken: A temporary full time coordinator was hired to reconvene the Accessibility working group, lead the ODA planning process, and align the ODA work with the AODA Customer Service Standard.

Status: A temporary coordinator was hired.

e) Incorporate accessibility practices in the redesign of LHSC's public website

Action Taken: LHSC's public website now boasts many features that enhance its accessibility for people with a variety of disabilities. Some of these features include:

- Providing alternative textual descriptions of images to describe photos and pictures.
- Providing a "skip to content" link as the first element on each page to allow individuals using assistive devices to avoid repetitive page elements (for example headers and navigational icons).
- Allowing users to control sizes of text.
- Providing content in alternate accessible formats, where appropriate, when the original document may be inaccessible to some.
- Providing a high contrast version of the site.

LHSC's public website has been designed to exceed the World Wide Web Consortium's (W3C) Priority 1 and Priority 2 checkpoints from its Checklist of Checkpoints for Web Content Accessibility Guidelines 1.0. Our W3C compliance follows the guidance of the Canadian Government's Common Look and Feel Standards for the Internet, Part 2: Standard on the Accessibility, Interoperability and Usability of Web Sites.

Status: Complete

7. Barrier Identification Methodology

The Accessibility Working Group used the following barrier-identification methodologies:

| Methodology | Description | Status |
|---|--|--|
| Generated reports from the patient feedback software (FM Pro) | Patient, visitor and family complaints and compliments regarding barriers are captured using the software | Reports were reviewed by the Working Group and considered during selection and prioritization exercise |
| Conducted an electronic leaders' survey in July 2009 | An email containing the survey was sent to members of Leaders' Forum and 81 people responded. To enhance the response rate, an announcement was made at Leaders' Forum and the survey was designed to be brief and simple. | Survey results were reviewed by the Accessibility Working Group and recommendations were identified |
| Conducted a brainstorming exercise of Accessibility Working Group members from which they drew from observations and experience | Working group members identified barriers and initiatives to overcome barriers | This input has contributed to the 2009/11 plan |
| Reviewed AODA Customer Service Standard together with a review of initiatives put forth in the previous annual plan | Structures and processes (some temporary) need to be established to meet the AODA Customer Service Standards | Three of the four original initiatives from 2008/09 remain applicable and work will continue in the 2009/11 plan |
| Conducted a tour of specific areas at UH | A person who uses a scooter, a representative from Engineering and Environmental Stewardship and the working group chair toured some areas of the first and third floors of UH identifying and discussing barriers | A list of barriers were identified and submitted for the working group's consideration |

The Accessibility Working Group developed the following list of criteria to aid in prioritization of the barriers that should be addressed in the 2009/11 plan.

- How many times has this barrier been identified?
- Is this a long standing barrier/ has it been reported in previous Accessibility Plans?
- Is this a barrier related to entering and exiting the hospital?
- Where is the nearest accessible washroom to the one identified to be modified?
- How many people are affected by this barrier?
- Can this barrier be addressed with a simple low cost solution?
- What is the relative cost of addressing this barrier?
- Will redevelopment of facilities (M2P2) address this barrier?
- Use of the ODA definition of disabilities and barriers

8. Opportunities and Barriers to be addressed from October 2009 to March 2011

Two barriers have been identified as priorities for the upcoming year; these barriers have been cited in past plans, acknowledged in the Leaders' Survey, and identified during the tour.

- The entrance and exit doors to University Hospital's cafeteria are too heavy to open independently for most people using wheelchairs, scooters and walkers.
- The washroom marked accessible washroom on first floor by University Hospital's main lobby is not accessible for people using scooters.

The following barriers are categorized according to seven barriers: physical, architectural, informational, communication, attitudinal, technological, and policy/practice.

| Category of Barrier and Location and Cost Category | Identified Barrier or Opportunity | Means to prevent or remove barrier | Indicator of success | Timing |
|--|---|--|-----------------------------------|-------------------|
| Policy / Practice - Corporate (No or low cost) | The terms of reference for the Accessibility Working Group will be reviewed with the aim of aligning the group's work with the work of committees, which have the mandates of meeting AODA requirements | Align the Accessibility Working Group with those committees working toward meeting the requirements of the AODA Customer Service Standards | New or revised terms of reference | Complete by 09/10 |

| Category of Barrier and Location and Cost Category | Identified Barrier or Opportunity | Means to prevent or remove barrier | Indicator of success | Timing |
|--|---|--|--|-------------------|
| Policy / Practice - Corporate (No or low cost) | Accessibility Policy requires review given the AODA Customer Service Standards | Align or integrate the Accessibility Policy with new policy(s) arising from the need to comply with the AODA Customer Service Standards | Revised or integrated Accessibility Policy | Complete by 09/10 |
| Policy / Practice – Corporate (No or low cost) | ODA and AODA Customer Service Standards structures and processes not currently linked or integrated | Develop structures and processes to meet the requirements of the AODA Customer Service Standards | New structures and processes | Complete by 09/10 |
| Policy / Practice – Corporate (No or low cost) | Inconsistent approach to assessing the impact of new policies, practices and programs on people with disabilities | Understand how policy and by-law development occurs and determine whether the processes ensure consideration of people with disabilities | Consistent and intentional approach to considering the impact of new policies and by-laws on persons with disabilities | Complete by 03/11 |
| Architectural - UH (No or low cost) | There is a long distance between the Voyageur drop off point and the main lobby and elevators | New signage can indicate a shorter route via the side corridor. | Signs mounted directing traffic through side corridor | Complete by 09/10 |
| Physical – UH (No or low cost) | Garbage bins mounted to walls under elevator buttons create a barrier to accessing the elevator buttons for people in wheelchairs or scooters | Remove garbage bins | No barriers under elevator buttons | Complete by 09/10 |
| Physical - UH | Cafeteria entrance and exit doors are heavy to open and no longer have handles, this creates a barrier for people using wheelchairs, scooters, or walkers | Automate one set of entrance and exit doors | People using wheelchairs etc. can access cafeteria independently | Complete by 03/11 |
| Architectural - UH | Accessible washroom on first floor by lobby is not accessible for people using scooters | Reconfigure space | People using wheelchairs etc can access accessible washrooms independently | Complete by 03/11 |

| Category of Barrier and Location and Cost Category | Identified Barrier or Opportunity | Means to prevent or remove barrier | Indicator of success | Timing |
|---|---|---|---|-------------------------------------|
| Physical - UH (No or low cost) | People using wheelchairs and scooters drive frontward into elevators therefore they cannot see the floor number or obstacles when reversing out of the elevator | Mount mirrors in rear corners of elevators | People using wheelchairs and scooters can use elevators independently | Complete by 09/10 |
| Informational - UH (No or low cost) | Font size on directories posted between elevators is sometimes too small to be read easily | Consult with Planning regarding increasing the font size and/or readability of directories | Improved readability of directories | Ongoing with most complete by 03/11 |
| Architectural - VH Proactive measure (No or low cost) | When the staff parking garage is converted into the visitors parking garage, the design should contain accessible parking places and automatic doors leading to the hospital near accessible parking places | Design of visitor parking garage should include accessible parking spots and automated doors. Request a member of the ODA working group be included in discussions | Patients and visitors in wheelchairs can travel from their vehicles to the hospital without encountering barriers | Yet to be determined |
| Informational – SSH (No or low cost) | Entrances 2 and 3 are wheelchair accessible; little signage for entrance 2 as an accessible entrance (directory sign on South Street has a wheelchair logo beside entrance 2 and 3; large wheelchair sign directing people to entrance 3) | Improve signage identifying where wheelchair accessible entrances are located Communicate to cab drivers and staff who provide directions where accessible entrances are located | A sign is erected | Complete by 09/10 |
| Actions to be considered for 2010 Update | | | | |
| Architectural – SSH | Navigating the Nurses Residence and Education Building is currently a challenge for people using wheelchairs and scooters due to the distance from accessible entrances/exits | Tour and make recommendations to Facilities to improve the accessibility of the entrances to Nurses Residence and the Education Building | Recommendations for improving accessibility to Nurses Residence and Education Building | Complete by 03/11 |
| Architectural – SSH | Number and location of accessible washrooms in Nurses Residence Building and Education Building may prove to be a | Assess the number and location of accessible washrooms in the Nurses Residence and Education Building | Recommendations for accessible washrooms are | Complete by 09/10 |

| Category of Barrier and Location and Cost Category | Identified Barrier or Opportunity | Means to prevent or remove barrier | Indicator of success | Timing |
|--|---|---|---|-----------------|
| | barrier | and provide recommendations | completed and mapped | |
| Policy / Practice - VH | Wheelchairs are not always available for people with mobility challenges | Assess which committee or service should address this operational issue | Wheelchairs are available for patients entering the hospitals | Assess by 09/10 |
| All categories of barriers at VH | Barriers are often not identified by people without specific disabilities | Consider conducting a tour with a representative from Facilities, someone with a disability, and a member of the Accessibility Working Group to identify barriers | Barriers identified to be addressed in this plan or the next | Assess by 09/10 |
| Communicational | Insufficient information is available for people using wheelchairs and scooters to plan their trip to and from the hospital | Consider providing maps of accessible parking spots for each site (including the Family Medical Clinic). Post maps on the external website and inform people who often provide directions of these maps and website | Maps with colour and large print posted on the internet | Assess by 03/11 |
| Communicational | Staff report not knowing where accessible washrooms are located (2008/09 plan) | Consider providing maps of accessible parking spots for each site (including the Family Medical Clinic). Post these maps on the external website and inform people who often provide directions of these maps. | Maps with colour and large print posted on the internet | Assess by 03/11 |
| Communicational | Staff do not know where TTY phones are located and how to access them | Consider creating maps citing the locations of TTYs | Maps posted on the intranet | |
| Physical - VH | Doors between D4-100 and C4 are difficult to open and are kept closed at all times due to the infant security system | Means to assess barrier will be considered in relation to the time lines of move | | |
| Architectural - UH | No accessible washrooms in Psychology Department | Assess location of accessible washrooms and/or need for modifications to current washrooms | | |

| Category of Barrier and Location and Cost Category | Identified Barrier or Opportunity | Means to prevent or remove barrier | Indicator of success | Timing |
|--|--|--|----------------------|------------------|
| Architectural - VH | Investigate whether door jams leading into the Dentistry Department are too narrow to allow people in wheelchairs and scooters to pass through | Using standards and guidelines assess the width of doors | | Assess by 03/11 |
| Physical - UH | Doors in parking garage between parking and the elevator lobbies are heavy and present as a barrier for those people in wheelchairs (who have parked in wheelchair accessible spots) | Investigate parking garage for accessibility | | Assess by 03/11 |
| Physical – UH | Sidewalk from the patient parking garage to the front door is poorly drained and snow is often not well cleared making it difficult for people using wheelchairs, walkers and scooters | Consult with representative from Facilities and Planning | | Consult by 10/09 |
| Physical - PDC | Two sets of heavy doors leading from elevator banks across walkway to the main building. The width of these doors and the height of the button may also create barriers. | Assess the need for automated doors and other actions to improve accessibility | | Assess by 03/11 |
| Physical - PDC | Doors to washrooms require automation | Assess the need for automated doors | | Assess by 03/11 |

SSH – South Street Hospital
UH – University Hospital
VH - Victoria Hospital

9. Review and Monitoring Process

The Accessibility Working Group meets eight times a year to review progress and prepare a plan for the following year. Between meetings, regular correspondence will be conducted through email and telephone. Subcommittees may be formed to address one or more barriers. At each meeting, the subcommittees will report to the Accessibility Working Group on their progress in implementing the plan. The Chair of the Accessibility Working Group will present the plan and updates to senior leaders as required.

10. Communication of the plan

Each year, LHSC publishes the Accessibility Plan on its Internet website and in hard copy form. The publication of the plan is communicated by the following means:

- An E-cast to staff members
- Notice in the staff newsletter *the Page*
- Posting on the LHSC website under the *Accountable to You* section
- A link in a brochure entitled *Attitudinal Awareness: the difference you can make'*, which is distributed to new staff members and students receiving clinical experience at LHSC
- Link in the *News and Events* section of the LHSC Internet website

A copy of the plan is available in the libraries at each hospital site, from the Corporate Communications and Public Relations Department, and from the Patient Relations specialists.

On request, the plan is available on computer disk, in large print, or in Braille.

11. Appendices

1. Working Group Terms of Reference
2. Accessibility Policy