



London Health Sciences Centre

**Annual Accessibility Plan  
for the  
London Health Sciences Centre  
September 2008- August 2009**

**Submitted to:**

**Cliff Nordal  
President and Chief Executive Officer  
30 September 2008**

**Prepared by:**

**LHSC Accessibility Working Group**

*Available online at [www.lhsc.on.ca](http://www.lhsc.on.ca) and in alternate formats upon request*

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## **1. Executive Summary**

This plan documents the measures London Health Sciences Centre (LHSC) took during 2007-08 and describes the measures LHSC plans to take during 2008-09 to identify, remove and prevent barriers to persons with disabilities. It is the sixth annual plan that LHSC has prepared pursuant to the Ontarians with Disabilities Act, 2001, which requires hospitals to publish such plans each year. Despite the passing of the new *Accessibility for Ontarians with Disabilities Act 2005* (AODA) the legal obligations under the ODA 2001 remain in force until it is repealed.

The information used to develop this plan was obtained through an accessibility survey; other feedback from patients, families and visitors; and a questionnaire distributed to hospital directors, managers, coordinators, specialists, consultants and other leaders.

This report makes note of 34 barriers to persons with disabilities identified during 2007-08, including suggestions for improvement. Of these, 17 address physical barriers, 7 architectural, 4 communication / informational, 4 attitudinal, and 2 policy and/or practice. This information is directed to the appropriate leader for consideration.

Each year, LHSC also reports on initiatives to remove and prevent barriers to persons with disabilities. An overview of these activities is provided in section 7.

LHSC is a university teaching hospital with a mission of patient care, research and education. Its three primary facilities are South Street Hospital, University Hospital and Victoria Hospital. LHSC's paediatric care program, the Children's Hospital, is a regional referral centre providing specialized paediatric services to children in Southwestern Ontario.

The Accessibility Working Group helps to support LHSC's commitment to accessibility by preparing this annual plan. The members of the group are drawn from a cross-section of hospital departments. The group reports to a Steering Committee representing St. Joseph's Health Care, London and LHSC.

## **2. Aim**

This plan documents the measures London Health Sciences Centre (LHSC) took during 2007-08 and describes the measures LHSC plans to take in 2008-09 to identify, remove and prevent barriers to persons with disabilities.

## **3. Objectives**

This plan:

1. Describes LHSC's process to identify, remove and prevent barriers to persons with disabilities.
2. Reviews recent efforts to remove and prevent barriers to persons with disabilities.
3. Describes the measures LHSC plans to take during 2008-09 to identify, remove and prevent barriers to persons with disabilities.
4. Outlines how LHSC will make this accessibility plan available to the public.

## **4. Description of London Health Sciences Centre**

London Health Sciences Centre (LHSC) is one of Canada's largest acute-care teaching hospitals and is dedicated to excellence in patient care, teaching and research. Located in London, Ontario, LHSC encompasses three sites, South Street Hospital, University Hospital and Victoria Hospital; two family medical centres; and the London Regional Cancer Program. LHSC is also the home of the Children's Hospital and CSTAR (Canadian Surgical Technologies & Advanced Robotics). LHSC is affiliated with The University of Western Ontario. Physicians and staff at LHSC number more than 9,000 and together they provided care for more than one million patients last year.

## **5. The Accessibility Working Group**

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

The Joint Executive Leadership Team (ELT) of LHSC and the Senior Leadership Team (SLT) of St. Joseph's Health Care, London (St. Joseph's) (together, London's hospitals) formally constituted the LHSC and St. Joseph's Accessibility Working Groups in April 2003.

The Terms of Reference of the LHSC Accessibility Working Group are attached as Appendix A.

### **Coordinator**

Amy Lee, Director, Quality & Patient Safety, is the Coordinator of the joint LHSC/St. Joseph's Accessibility Steering Committee.

Nancy Lawrence, Patient Relations Specialist, served as the Chair of the LHSC Accessibility Working Group for 2007-2008 and prepared this plan.

### **Members of the Accessibility Working Group 2006-07**

<b>Name</b>	<b>Department</b>
Gwen Abdallah	Nurse
Lew Acre	Specialist, Facilities
Cathy_lee Benbow	Coordinator, CNS (MS Clinic)
Barbel Hatje	Communications Consultant, Corporate Communications & Public Relations
Lisa Hawthornthwaite	Family Advisory Liaison Children's Care
Glenda Hayward	Professional Practice Specialist, Nursing
Meaghan Innes	Volunteer Services
Nancy Lawrence (Chair)	Patient Relations Specialist
Dianne Legault	Human Resources Consultant
TerriLynn Ptasznik	Nurses, ICU
Holly Reid	Organizational Development Consultant
Paul Toplack	Social Worker, Renal Care
Cathy Vandersluis	Professional Practice Leader, Occupational Therapy
Cathy Wood	Sleep Lab

## **6. Hospital commitment to accessibility planning**

LHSC and St. Joseph's are committed to the following Accessibility Planning Policy:

- The establishment of Accessibility Working Groups at the hospitals
- The members of the Accessibility Working Groups should encompass a diverse cross section of staff representing departments relevant to accessibility planning such as Human Resources, Planning, Communications, IT, Occupational Health and Safety, Risk Management, and Organizational Development. The group should also include clinical staff as well as staff members with disabilities.
- The participation of people with disabilities or parents of children with disabilities in the development and review of its annual accessibility plans.
- The review of recent barrier-removal initiatives and identification of the barriers to be addressed in the next year.
- Authorize the Working Groups to prepare an accessibility plan each year for approval to Senior Leadership.
- Seek Board approval of the accessibility plan by September 30<sup>th</sup> of each year.
- London Health Sciences Centre is committed to improving health. Building on our tradition of leadership and partnership, we are committed to the continual improvement of access to our facilities and services for our patients, their family members, volunteers, students, staff, health care practitioners and visitors.

## 7. Recent barrier-removal initiatives

Hospital directors, managers, coordinators, consultants, specialists and other leaders were invited to respond to a survey on accessibility in July 2008 (a sample of the questionnaire is provided in Appendix B). The following initiatives to remove barriers to accessibility at LHSC were reported in their responses.

1. Three staff education/awareness training sessions held from Dec. 2006 to May 2007 conducted by an external provider. The curriculum was substantially modified after the pilot session to better meet LHSC's needs.
2. Staff training module in development being led by LHSC Organization Development.
3. Interpretation Policy revised, published and communicated to staff.
4. Exterior phone at Colborne/Nelson entrance at SSH relocated
5. Project Clean Sweep – In August 2007, security dedicated 125 hours non-budgetted time to remove obstructions from corridors across LHSC
6. Proposal put forth for power assisted doors at Nurses Residence by Sustaining South Street Committee. Approved and installation pending.
7. Imaging in process of identifying equipment needs to be able to provide care to morbidly obese patients

## 8. Barrier identification methodologies

Barriers to accessibility at LHSC were identified through the following methods during 2007-08:

Methodology	Description	Status
Accessibility Survey	LHSC invites feedback on accessibility through the LHSC Accessibility Survey, which is located on the home page of the hospital's public website. Specific feedback received through survey responses is directed to the appropriate leader for review and consideration. A sample of the survey is appended as Appendix C.	Ongoing
Feedback Management System	LHSC manages and documents feedback from patients, families and visitors for quality improvement purposes, including feedback about accessibility. Feedback is directed to the	Ongoing

	appropriate leader for review and consideration.	
Questionnaire for Leaders	A questionnaire was sent to directors, managers, coordinators, specialists, consultants and other leaders in June to identify barriers and document recent efforts to remove barriers.	Annual Survey. Completed in July.

## 9. Barriers identified

A list of barriers identified in 2007-08 is appended (see *Appendix D*). A total of 32 barriers are listed by type. This list includes 16 physical; 6 architectural; 4 communication/informational; 4 attitudinal; and 2 policy and practice barriers.

## 10. Barriers that will be addressed in 2008-09

Each year, the Accessibility Working Group directs feedback regarding specific barriers to the responsible leader for consideration. In addition, the Accessibility Working Group selects action areas that are intended to foster barrier removal at a systemic level.

Barrier	Objective	Means to Remove/Prevent	Performance Criteria	Timing	Responsibility
Accessibility Policy now three years old	Align policy with current environment	Review policy under lens of AODA	Accessibility Policy is reviewed and, if necessary, revised.	Spring 2009	Senior Leadership / Steering Committee (Sponsorship / commissioning)  Accessibility Working Group (Support)
Terms of Reference developed in 2003, prior to AODA	Align Terms of Reference with current environment	Review terms of reference under lens of and AODA	Terms of Reference are reviewed and, if necessary, revised	Spring 2009	Senior Leadership / Steering Committee
Systems and strategy yet to be formalized for compliance with future standards under AODA	Develop capacity to assure compliance with expected standards	Complete impact analysis for customer service standard	Impact analysis commissioned to identify gaps that must be addressed to assure compliance and options for implementation	Ongoing throughout fiscal year	Senior Leadership / Steering Committee (Commissioning)
Recruitment of dedicated staff resource	City-wide resource to maximize productivity and synergy	Recruitment process initiated	Successful hire	ASAP within fiscal year	Senior Leadership / Steering Committee (Commissioning)



## **11. Review and monitoring process**

The Accessibility Working Group has been decommissioned at this time awaiting further direction from Senior Leadership regarding recruitment efforts.

## **12. Communication of the plan**

Annual Accessibility Plan 2008-09 DRAFT

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

- An e-mail to staff members
- Notice to staff on the LHSC Intranet
- Notice in the staff newsletter *the Page*
- A link in a brochure 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 hard copy version of the plan is available in the libraries at each hospital site, from the Corporate Communications and Public Relations Department and in the offices of LHSC's two Patient Relations Specialists.

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

## Appendix A - Terms of Reference

### **Purpose:**

The LHSC Accessibility Working Group is responsible to prepare an annual accessibility plan for identifying, removing and preventing barriers to improve access and opportunities for people with disabilities across the hospital.

### **Definitions:**

#### ***Disability:***

- 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,
- A condition of mental impairment or a developmental disability,
- A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- A mental disorder, or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

*(Source: Ontarians with Disabilities Act, 2001)*

#### ***Barrier:***

- Anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

*(Source: Ontarians with Disabilities Act, 2001)*

### **Objectives:**

- Develop measures to identify, remove and prevent barriers to persons with disabilities.

- Report on the measures in place to ensure that the organization assesses its proposals for by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities.
- List the by-laws, policies, programs, practices and services that the organization will review in the coming year in order to identify barriers to persons with disabilities.
- Report on the measures that the organization intends to take in the coming year to identify, remove and prevent barriers to persons with disabilities.

### **Duties:**

- Review recent initiatives and successes in identifying, removing and preventing barriers.
- Identify barriers that may be addressed in the coming year.
- Set priorities and develop strategies to address barrier removal and prevention.
- Specify how and when progress is to be monitored.
- Write, approve, endorse, submit, publish and communicate the plan.
- Review and monitor the plan.

### **Membership:**

Each member brings his or her special expertise, experience and commitment to identifying, removing and preventing barriers to improve access and opportunities for people with disabilities. Each member does not represent the concerns of only one disability or group. All members of the committee will work together to develop a common approach that is reasonable and practical.

The Accessibility Working Group may form sub-committees as necessary to address specific issues. These sub-committees will draw upon members of the Accessibility Working Group as well as resource people from within or outside the hospital as deemed necessary.

The Accessibility Working Committee will appoint a Coordinator. The Coordinator will be responsible for co-ordinating and developing the plan and should have an understanding of:

- The organization's facilities, by-laws, legislation, policies, programs, practices and services.
- The range of access issues people with disabilities live with every day.

- The organization's annual business and capital planning cycles.

**Guidelines:**

There is a general guide to accessibility planning under the Ontarians with Disabilities Act, 2001. The current guide can be found on the Internet at the following address:

[http://www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/planning/planning\\_informati  
on.htm](http://www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/planning/planning_informati<br/>on.htm)

The Ontario Hospital Association with the help of many of its members has created a Toolkit for Annual Accessibility Planning under the Ontarians with Disabilities Act. The toolkit is used as a guide to create the accessibility plan.

**Accountability:**

The Accessibility Working Group will report to a Citywide Steering Committee consisting of members from both LHSC and St. Joseph's. All initiatives to identify and remove barriers will then be reported to the Joint Senior Leadership Team; final approval of the plan is given by the Board of each hospital.

**Frequency of meetings:**

The Accessibility Working Group will meet monthly, or at the discretion of the Coordinator.

**Deliverables:**

By Sept. 30 of each year, an accessibility plan must be drafted.

## Appendix B - Questionnaire for Leaders

### Purpose of the Questionnaire

The Ontarians with Disabilities Act 2001 requires hospitals to publish annual accessibility plans. The plans report on measures taken, in place and planned to identify, prevent and remove barriers to persons with disabilities. These barriers may arise in hospital by-laws, policies, programs, practices and services. The responses to this questionnaire will contribute to the development of the 2006 accessibility plan.

Please reply by **June 19**. The plan will be written in July for publication before September 30.

### Examples of Barriers to Persons with Disabilities

<i>Barrier type</i>	<i>Example</i>
Physical	A door knob that cannot be operated by a person with limited upper-body mobility and strength
Architectural	A hallway or door that is too narrow for a wheelchair or scooter
Informational	Typefaces that are too small to be read by a person with low-vision
Communicational	A health care professional who talks loudly when addressing a deaf student
Attitudinal	Staff who ignore patients/visitors in a wheelchair
Technological	A paper tray on a laser printer that requires two strong hands to open
Policy/Practice	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly, or at all

#### 1. Your job function

- Director
- Manager
- Coordinator
- Other \_\_\_\_\_

#### 2. Your location

- South Street Hospital
- University Hospital
- Victoria Hospital
- Other \_\_\_\_\_

3. **Have you identified a barrier(s) to persons with disabilities in the hospital?**  
 Yes       No

**If yes, please describe the barrier(s).**

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4. **Are you aware of plans to address the barrier(s)?**  
 Yes       No

**If yes, please describe the planned resolution.**

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5. **Do you have a process for identifying, removing and preventing barriers to persons with disabilities when considering proposed policies, programs, practices and services?**  
 Yes       No

6. **Are you aware of any initiative(s) in the last twelve months addressing barriers to accessibility (as defined above)?**  
 Yes       No

**If yes, what type of involvement do you have?**

- Leading the initiative  
 Participating directly in an initiative  
 Acting as a resource to an initiative  
 No involvement, just aware of initiative

***If you have knowledge of an initiative, please provide details below.***

Name of Project/Initiative	
Objective(s) (If known)	
Project status	<input type="checkbox"/> Ongoing (known completion date) <input type="checkbox"/> On hold <input type="checkbox"/> Planning stage <input type="checkbox"/> Completed (provide date completed)
Comment if you can on this initiative.	

Name of Project/Initiative	
Objective(s) (If known)	
Project status	<input type="checkbox"/> Ongoing (known completion date) <input type="checkbox"/> On hold <input type="checkbox"/> Planning stage <input type="checkbox"/> Completed (provide date completed)
Comment if you can on this initiative.	

Name of Project/Initiative	
Objective(s) (If known)	
Project status	<input type="checkbox"/> Ongoing (known completion date) <input type="checkbox"/> On hold <input type="checkbox"/> Planning stage <input type="checkbox"/> Completed (provide date completed)
Comment if you can on this initiative.	

**7. Do you have any recommendations for new initiatives to address barriers to accessibility within London Health Sciences Centre?**

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Thank you for completing this questionnaire.

## Accessibility Survey

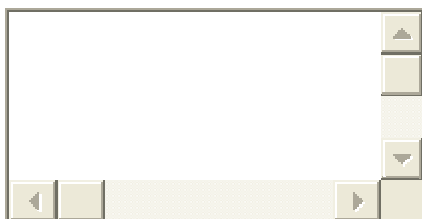
Please take a few moments to provide LHSC with feedback on the accessibility of our facilities to persons with disabilities. Your feedback will help us to identify, prevent and remove barriers to persons with disabilities in accordance with the Ontarians with Disabilities Act, 2001. We take feedback into serious consideration and especially welcome suggestions for improvement. Since LHSC is a large organization operating programs and services on several sites, please help us by providing specific information about any barrier you identify.

**Please assist us by answering the following questions.**

1. Have you, or has someone you know, experienced difficulty in accessing programs or services at LHSC because of a lack of accommodation for persons with disabilities?

- Yes
- No
- Not sure

If **yes**, please describe the barrier that you or someone you know faced at the time of visit and offer suggestions for improvement.



2. Have you, or has someone you know, experienced difficulty in communicating with hospital personnel because of a disability while receiving hospital services?



- Yes
- No
- Not sure

If **yes**, please describe in detail and offer suggestions for improvement

3. Have you or has someone you know experienced an attitudinal barrier toward a person with a disability while at London Health Sciences Centre?

- Yes
- No
- Not sure

If **yes**, please describe in detail and offer suggestions for improvement

4. Please describe any other measures that LHSC could take to accommodate persons with a specific disability.

Respondent Type:

- Staff Member/Affiliate of LHSC
- Community Member
- Patient

### **How LHSC uses the information gathered in this survey**

The information gathered through this survey is considered in the development of LHSC's Annual Accessibility Plan and by the programs and services mentioned in the feedback provided. Please note that LHSC has a separate process through which you can seek to resolve concerns.

If we may contact you to clarify any of the information you have provided in this survey, please enter your name and e-mail address below:

*Name*

*E-mail*

Appendix D - Barriers Identified in 2007-08

Type of Barrier	Feedback Received
Physical	<ul style="list-style-type: none"> <li>• No automatic doors to UH cafeteria</li> <li>• No automatic doors for people wishing to use a washroom on their own (all sites)</li> <li>• No automatic doors between D4 and C4 at VH</li> <li>• Width of washroom doors don't accommodate scooters/chairs</li> <li>• Storage of hospital wheelchairs between sets of doors at UH entrance create a barrier for wheelchair/scooter users</li> <li>• Changerooms in medical imaging VH too small for chair/schooters</li> <li>• Door knobs on older doors</li> <li>• Showers in ED too small to accommodate scooters/chairs</li> <li>• Frayed carpet UH – 3<sup>rd</sup> floor outside auditorium</li> <li>• UH public washroom not accessible on main floor</li> <li>• Missing Braille pads on SSH elevators</li> <li>• VH libray work stations too low for wheelchair to fit under</li> <li>• UH library – no space to maneuver chair/scooter</li> <li>• Tub room Children's Hospital too small to accommodate chair/scooter</li> <li>• UH Parking garage too far from main entrance of hospital for those with mobility issues</li> <li>• Exterior phone at Colborne/Nelson at SSH positioned too high to those in chairs/scooters to use</li> </ul>

	<ul style="list-style-type: none"> <li>• Security call box at SSH old ED entrance too far away from accessible entrance</li> </ul>
Architectural	<p>South Street Hospital</p> <ul style="list-style-type: none"> <li>• Ramps at east end of Education Building are too steep to be safe for persons using wheelchairs.</li> <li>• Entrance to Education Building is not accessible from the street for a person with a disability using a wheelchair, walker or scooter / accessible entrance is available through tunnels from other building, but route is convoluted and confusing</li> </ul> <p>University Hospital</p> <ul style="list-style-type: none"> <li>• The distance from the parking garage / parking spots earmarked for persons with disabilities in the parking garage to the hospital is too far for people who are elderly and/or have a disability.</li> <li>• Entrance to cafeteria no accessible – no automatic doors</li> </ul> <p>Victoria Hospital</p> <ul style="list-style-type: none"> <li>• CCTC entrance doors too heavy – not automated</li> <li>• Only one bathroom on Level 7 big enough for wheelchair access</li> <li>• Persons with disabilities unable to access items on high shelves without assistance in library / library door is awkward to reach and open for persons using a wheelchair or scooter</li> </ul>
Communication / Informational	<ul style="list-style-type: none"> <li>• Elevators are not designed to assist people who are visually impaired.</li> <li>• Staff do not know where TTY phones are located or how to access them</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff do not know where accessible washrooms are located</li> <li>• Inadequate signage for wayfinding in Professional Block, VH</li> </ul>
Attitudinal	<ul style="list-style-type: none"> <li>• Staff inattentive / too hurried to assist patients and visitors with mobility challenges find their way or give them “right of way” on elevators</li> <li>• Height location of products in cafeteria too high for patients/ visitors in chair and scooters. Staff don’t take the time to help</li> <li>• Staff do not provide assistance to patients needing to transfer to stretcher – expect family to do it</li> <li>• Staff use disabled parking spots when staff parking full</li> </ul>
Policy and/or Practice	<ul style="list-style-type: none"> <li>• Address the availability of TTY phones for those with a hearing impairment / communicate location and access for public use</li> <li>• Smoking should not be allowed on Hospital property / patients with asthma, heart conditions or cancer have to walk through billows of smoke to access any entrance / there is no enforcement of the 9 metre / 30-foot rule NOTE: Comments received from multiple sources regarding concerns over smoking near entrances, with some patients and staff unable to use entrances because of exposure to smoke.</li> </ul>

To comment or to request further information, please contact:

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