

**Annual Accessibility Plan
For
Thunder Bay Regional Health Sciences Centre
September 2005**

Submitted to:
The Board of Directors
Of
Thunder Bay Regional Health Sciences Centre

Prepared by:
Accessibility Advisory Team
Chair: Don Halpert, Director, Human Resources

This publication is available on the Thunder Bay Regional Health Sciences Centre website.
www.tbrhsc.net

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Alternate formats are available upon request.

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“Continuous Improvement”

Accessibility Advisory Team Preamble – 2005 Board Report

The past year has been gratifying in our quest for continuous improvement in providing for accessibility for persons with disabilities. We have not achieved everything we set our minds to, but we have made progress. We are more accessible now than we have ever been. Our catchphrase is “Continuous Improvement”.

“Every day you may make progress. Every step may be fruitful. Yet there will stretch out before you an ever-lengthening, ever-ascending, ever-improving path. You know you will never get to the end of the journey. But this, so far from discouraging, only adds to the joy and glory of the climb.”

Winston Churchill

Last year we set four main objectives for 2005.

1. *We will complete an internal audit of our accessibility.* We are in the process of identifying and organizing for an independent audit. This has turned out to be more complex than envisioned. We are in the process of identifying standards and selecting an appropriate professional group to conduct the survey.
2. *We will provide for sensitivity training for all of our staff.* We have incorporated this into the hospital orientation for all new staff. We have had three presentations to managers and staff. In order to increase participation, we are organizing our communications to provide for shorter sessions during staff meetings and on our Intranet.
3. *We will enhance our communications.* While we have made progress on this, there is room for improvement. We plan to develop improved internal and external communications.
4. *We will ask our consumers to complete a survey.* This has been achieved. The survey is linked to the Hospital’s Internet site. Consumers are invited to click on the icon to complete the survey.

The new Act, “Accessibility for Ontarians with Disabilities Act, 2005” will mean the process will be mandatory and will be enforced by a newly created government agency. We have attached a summary for information.

Don Halpert
Chair, Accessibility Advisory Team

“I walk slowly, but I never walk backward.”
Abraham Lincoln

Aim

The aim of the Annual Accessibility Plan (AAP) is to describe:

1. The measures that Thunder Bay Regional Health Sciences Centre has taken in the past to identify, remove and prevent barriers to people with disabilities who work in or use the Hospital, including patients and their family members, staff, physicians, volunteers and members of the community.
2. The measures that Thunder Bay Regional Health Sciences Centre will take during the next year (2005-2006) to improve accessibility.

Objectives

This plan:

1. Describes the process by which Thunder Bay Regional Health Sciences Centre will identify, remove and prevent barriers to people with disabilities.
2. Reviews efforts at Thunder Bay Regional Health Sciences Centre to remove and prevent barriers for people with disabilities over the past few years.
3. List the policies, procedures, practices and services that Thunder Bay Regional Health Sciences Centre will review in the coming year to identify barriers for people with disabilities.
4. Describes the measures Thunder Bay Regional Health Sciences Centre will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes how Thunder Bay Regional Health Sciences Centre will make this accessibility plan available to the public.

Description of Thunder Bay Regional Health Sciences Centre

The Thunder Bay Regional Health Sciences Centre (TBRHSC) is a 375-bed, 686,000 square foot facility, which first opened its doors on February 22nd 2004. The new facility was formed as a result of the amalgamation of the Port Arthur and McKellar General Hospitals.

As of January 2004, the Northwestern Ontario Regional Cancer Centre has integrated with the hospital, and in April 2005 the Forensic Mental Health Program transferred to TBRHSC from the Lakehead Psychiatric Hospital site of St. Joseph's Care Group. Also, the Health Sciences Centre, as a partner of the Northern Ontario Medical School, is looking forward to the school's first enrollment taking place in fall 2005.

As the acute care regional referral centre in Northwestern Ontario, the health sciences centre offers a full range of acute medical and surgical services from oncology, neurosurgery and cardiology to obstetrics and gynecology, including tertiary care in maternity, intensive care and psychiatry. It is the regional trauma centre and the main regional centre for dialysis. As one of Ontario's Base Hospitals, the Health Sciences Centre coordinates pre-hospital care given in 13 regional hospitals.

The current Mission/Vision/Values of Thunder Bay Regional Health Sciences Centre is as follows:

Mission Statement

Patient Care is our focus. We provide excellence in acute health care, teaching and research in Northwestern Ontario.

Tag Line: Patient Care is our focus

Vision Statement

Our vision is to deliver world-class health care.

Values Statement

We highly value:

- Care and service based on compassion and respect;
- Our staff, physicians, volunteers and partners;
- The dignity and diversity of individuals;
- Honesty, openness and trust
- Life-long learning, innovation and discovery;
- Professional and ethical practice.

Accessibility Advisory Team (AAT)

The Accessibility Advisory Team first met on October 31, 2002. The AAT will lobby to increase awareness and visibility of accessibility issues within the Hospital and will be at the leading edge of knowledge. The AAT will ensure that there is a process in place for addressing issues and that the process is followed. The role of the AAT is further described by the following Terms of Reference.

Terms of Reference

Purpose

The Team will be responsible for advising the Board regarding the Hospital's obligations under the *Ontarians with Disabilities Act, 2001*.

Membership

The membership of the Team will consist of representatives from the following areas (any individual member may fulfill representation of one or more area(s)):

- Senior Management
- Management
- Human Resources
- Staff Education
- Physical Plant
- Information Technology
- Occupational Health and Safety
- Clinical Services
- Rehabilitation Services
- Support Services
- Chair of the Hospital's Policy and Procedure Committee
- At least 2 Internal Representatives with a Disability
- At least 2 External Representatives with a Disability

The Team will be chaired by a Management leader.

Members appointed by virtue of their position will serve an indefinite term. Representative members will rotate service on a periodic basis.

Reporting Structure and Authority

The Team will report to the Senior Management Team (SMT).

Issues requiring the attention of SMT will be highlighted in the minutes. The Chair of the Team is responsible for ensuring that items to be referred to SMT are identified and will ensure that a response is communicated back to the Team.

Goals and Objectives

1. Develop an annual accessibility plan for approval by the Board that shall address the identification, removal and prevention of barriers to persons with disabilities in the Hospital's policies, programs, practices and services. Particularly, the plan shall include:
 - A report on the measures the organization has taken to identify, remove and prevent barriers to persons with disabilities;
 - The measures in place to ensure that our organization assesses its proposed changes to by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities;
 - A list of the by-laws, policies, programs, practices and services that our organization will review in the coming year in order to identify barriers to persons with disabilities;
 - The measures that our organization intends to take in the coming year to identify, remove and prevent barriers to persons with disabilities; and
 - All other information that the regulations prescribe for the purposes of the plan.
2. Submit, to SMT for approval by the Board, the Annual Accessibility Plan.
3. Make available and communicate to the public, in accessible formats, the approved Annual Accessibility Plan.
4. Consider and advise on issues referred by Senior Management.
5. Recommend the measures necessary for compliance with the *Ontarians with Disabilities Act, 2001*, the Canadian Council of Health Services Accreditation Standards and other relevant legislation and established standards.
6. Evaluate, at least annually, the overall strengths and weaknesses of the Team's functioning and develop strategies to deal with identified gaps.

Process

Decision-making will occur through discussion and consensus whenever possible and will be data-driven, in consideration of the legal and ethical requirements.

Time-limited sub-committees and task forces may be struck to deal with specific issues as required. These may include others who are not normally Team members.

The Team will normally meet monthly, or at the call of the Chair.

Agendas will be prepared at least one week in advance. Minutes will be distributed to all Team members.

Membership Duties and Responsibilities

Members are expected to:

1. Attend all meetings of the Team and to actively participate in facilitating the overall goals and objectives.
2. Review and provide feedback on proposed or current strategies, issues, programs, practices, policies and procedures.
3. Provide informal and formal reports to staff on the plans activities and decision of the Team.
4. Attend meetings and utilize the Team as a forum for general discussion and debate of relevant issues.
5. Research issues as required.
6. Provide recommendations, where appropriate, to Senior Management on matters dealt with by the Team.

Accessibility Advisory Team Membership

Don Halpert	Director, Human Resources (Chair of AAT)
Tara Tyson	Director, Quality Management
Mary Jane Kurm	Coordinator, Clinical Systems, Patient Care Services
Derek Gascoigne	Director, Environmental Services
Kathryn Shewfelt	Manager, Staff Education and Library Services
Steve Spirka	Meditech Administrator, Information Technology
Caterina Kmill	Coordinator, Cardiac Rehabilitation
George Fieber	Professional Practice Leader, Patient Care Services
Linda Sanzo	Occupational Therapist
Jan Murchison	Occ. Health Nurse, Occupational Health & Safety
Nella Lawrence	Program Planner, Corporate Services and Support
Brian Kanakakeesic	Human Resources Assistant
Michelle Sinclair	Secretary, Human Resources
Michael Del Nin	Manager, Decision Support
Ron Ross	P.U.S.H. Northwest Representative
Bruce Carella	P.U.S.H. Northwest Representative (alternate)
Pat Seed	Community Representative
Nancy Frost	Canadian Hearing Society
Caroline High	Canadian Hearing Society
Wendy Savoy	Independent Living Resource Centre
Janet Skinner	Canadian National Institute for the Blind

In addition to TBRHSC's own team, Mary Jane Kurm represents the hospital on Accessibility Thunder Bay's committee.

Hospital Commitment to Accessibility Planning

Thunder Bay Regional Health Sciences Centre, in recognizing the diversity of our community, is committed to accessibility planning to ensure that all services and programs are provided.

The Senior Management Team will oversee the Accessibility Advisory Team and monitor the Team's compliance with legislation and appropriate policies. The Team will submit an annual report to the Board of Directors.

Barrier Identification Methodologies

Thunder Bay Regional Health Sciences Centre will continue to employ (unless otherwise stated) each method listed below to identify and remove barriers to accessibility.

Methodology	Description	Status
Maintenance requisitions	When a person or department identifies an issue, a maintenance requisition form is completed. Electronic requisitions are available through the Hospital's Intranet site.	Electronic requisitions are in place. With the exception of emergencies, the practice of phone requisitions has been discontinued.
Information Technology Helpdesk	The call will be documented if the Helpdesk is the initial contact point. The call (Barrier) will then be sent to the appropriate individual so that a strategy for its removal can be developed.	Currently being used.
Modified Work/Medical Recommendations for Staff	When an employee is unable to perform regular work due to disability, a Modified Work Program (refer to Policy OHS-oh-124) may be provided for staff with short-term restrictions. Accommodation is considered for staff requiring permanent restrictions. Elimination of barriers is considered in both cases.	Currently being used.
Health and Safety Inspections	Identify health and safety issues and also barriers that may be present for staff and patients.	Currently being used.
Staff Incidents/Issues	Staff complete Incident Reports which are reviewed and followed up by the department manager/delegate, the Occupational Health and Safety Department, and the Occupational Health & Safety Team.	Currently being used.
Occupational Health and Safety Statistics	Statistics, such as the number of back injuries, identify issues that need to be addressed.	Currently being used.

Patient Records	On each admitted patient, an admission database is completed that identifies a number of limitations for an individual. From this information the care team forms a plan of care that is communicated.	Currently being used.
Patient Satisfaction Survey	Inpatients and emergency patients are surveyed, through random sampling, monthly using a Picker Survey tool. Responses to the survey are collated by an external agency in order to maintain patient anonymity. Results are used by the Care Teams and the organization as a whole to identify opportunities for improvement and implement positive change. Patient complaints are analyzed monthly to identify opportunities for improvement and implement positive change.	Currently being used.
Annual Accessibility Issues Feedback	A process whereby feedback generated will be given active consideration and the person/group that has brought forward the concern will have a response from the Hospital. Please see Appendix A for flowchart, Appendix B for Feedback Form and Appendix C for the Accessibility Issue Tracking Database.	Currently being used.
Community and Organizational Input	Representatives from PUSH Northwest, CNIB, Canadian Hearing Society, and the Independent Living Resource Centre are active members of the AAT.	Currently being used.
Accessibility Survey	An ODA Survey is available on the hospital website for the public, staff and consumers to provide input to the AAT.	Currently being used.

Recent Barrier Removal Initiatives and Strategies for their Removal

Type of Barrier	Description of Barrier	Strategy for its Removal/Prevention
Architectural (Log #2005-03)	Islands in parking lots were too narrow, preventing side loading vans from deploying their ramps.	<ul style="list-style-type: none"> Parking islands were repainted to accommodate the larger vans. Signs designating the spots as "Wheelchair Side Loading Vans Only" were ordered.
Architectural (Log #2004-05)	Inappropriate number and size of accessible parking lots.	<p>6 new spots have been added in the centre island making a total of 36 spots.</p> <ul style="list-style-type: none"> 3 spots are oversized and are designated for Renal patients only. The other 3 will be by Permit Only

		<ul style="list-style-type: none"> • Signs, along with symbols are also posted to indicate "Barrier Free parking".
Architectural (Log 2005-04)	A patient expressed concern over the absence of an elevated seat in the Emergency department washroom.	A new seat was ordered and has been installed. The department manager contacted the patient to express apologies.
Architectural (Log #2005-06)	A community member expressed concern over the buildup of snow in the parking lots.	The winter season brought a series of heavy snowfalls. The hospital worked diligently on the removal spending over \$300,000. The hospital responded to the patient's concern via e-mail.
Architectural (log #2005-06)	Wheelchair users have expressed having difficulty maneuvering between the doors at the washroom near the Robin's Donuts outlet.	The washroom was examined according to the ODA guidelines and building codes. A sign identifying the location of the nearest wheelchair accessible washroom, at 2A, was ordered and is now posted.
Architectural (Log #2004-12)	Visitors have expressed concern over the lack of privacy at the TTY in the main lobby.	The hospital investigated the matter and is considering other options such as repositioning the unit.
Architectural (Log #2004-08)	Accessibility of TBRHSC to blind and visually impaired to be examined.	The CNIB had toured the hospital in August 2004 to conduct an accessibility assessment utilizing the "Clearing Our Path" manual. The manual is available in the hospital library. The CNIB presented a report to the hospital outlining recommendations. The recommendations will be further examined during the internal audit. The suggestions included modifications to the entrance, stairs, patient rooms, wayfinding, signage, written materials, presentations and meetings.
Architectural	Ensure the availability of accessible washrooms.	The hospital has redesigned two washrooms to be barrier free. The washrooms are located in the Forensics and Support Services departments.
Architectural	Construction of Professional Building	The building is privately owned, therefore the hospital can only bring forward suggestions and advice to address the needs of the public. <ul style="list-style-type: none"> • Floors 4 and 5 will hold hospital programs so

		<p>accessible washrooms and millwork will be built to standard.</p> <ul style="list-style-type: none"> • The building will be included in the HSC audit.
Communication	Ensure members of the public have opportunity to receive AAP in accessible format	<p>The AAP is available on the hospital website. Improvements have been made to the website.</p> <ul style="list-style-type: none"> • The website is now ReadPlease enabled. The software is able to read back text messages. To utilize the feature, ReadPlease must first be downloaded, which is offered free. • Babel Fish, a language translation tool enables translation into 12 different languages. • Both programs are compatible with each other; allowing translated messages to be read back in their own languages.
Communication	Ensure members of public, staff and consumers have convenient method to review and provide input to AAT.	<p>A survey for the public to forward concerns regarding accessibility at the hospital and to offer suggestions is available on the main page of the hospital website. The responses are forwarded to an e-mail address and are researched, logged, and forwarded to the appropriate parties.</p> <p>Information resources are available for staff in the hospital library:</p> <ul style="list-style-type: none"> • Independent Living Resource Centre - In our Shoes • PUSH Barrier Free Design Manual • City of London Barrier Free Design Manual • CNIB Manual - Clearing Our Path
Communication (Log #2005-01, 2004-10, 2004-13, 2004-14)	<p>Portable TTY not available for patients.</p> <p>Volume control on phones.</p>	<p>Two portable units are now available through Switchboard. In addition, three fixed TTY units are placed in the hospital: in the Emergency department, front lobby, and in the main cafeteria.</p> <ul style="list-style-type: none"> • 7 amplifiers for the phones have been ordered and are available at Switchboard. • Switchboard staff will be trained on the usage of the units, one will be a super-user. • A process for coordinating the assignment of the amplifiers and TTY units will be developed. • Volume control adapters are available for patient rooms. Staff will be aware of proper use and instruct patients.
Communication (Log #2005-07)	A community representative had suggested a tour of the Professional Building	<p>Members of the AAT toured the building on June 28, 2005. Most of the interior construction is completed.</p> <ul style="list-style-type: none"> • Lever handles are on most doors. • Hallways and lobby areas are spacious. • The Tamarack House is equipped with two fully accessible suites. • A quote for a TTY has been forwarded to the building's owner. • The AAT submitted a report to the owner

		identifying the findings.
Communication/ Attitudinal (Log #2005-05)	Doctor did not write or wait for interpreter for deaf mother of patient	The hospital investigated the concern and had responded to the family.
Communication/ Technological (Log #2005-02)	Add deaf on patient charts so that staff are aware	Patient charts contain a Medic Alert area where health care staff can outline patient needs.
Technological	Information Technology (IT) Systems not fully accessible to those with sensory disabilities.	All new workstations are being installed with the Windows XP Professional operating system. In the past, this was only done on a per user request basis. The following accessibility features are included in Windows XP: <ol style="list-style-type: none"> 1. Magnifier – provides functionality for users with slight visual impairments. 2. Narrator – reads what is displayed on the screen for users that are visually impaired. 3. On Screen Keyboard – provides functionality for users with limited mobility. 4. Show Sounds – instructs programs that output sound to also provide text captions or informative icons. 5. Sound Sentry – computer will flash part of the screen every time the system's built in speaker plays a sound. 6. Toggle Keys – computer plays a high pitched sound when the CAPS, SCROLL, or NUM lock keys are on, and a low-pitched sound when they are off. 7. Sticky Keys – useful for people who have difficulties pressing two keys simultaneously.
Attitudinal	Management training to recognize and deal with staff who suffer from mental health problems	Mental Health Works workshops are set to begin in September 2005. Managers will be educated on awareness, communication, accommodation, and rights and responsibilities.
Attitudinal	Attitude towards and exclusion of staff and patients with disabilities by staff and Physicians.	The hospital participated in Mental Health Awareness Week during the week of October 4, 2004. Activity forms were available at a display table in the cafeteria. Staff received a mental health tip each day of the week via e-mail.
Attitudinal	Increase awareness of accessibility issues and staff	A training session has been developed in conjunction with Independent Living Resource Centre entitled "In our Shoes: Disability Etiquette and Sensitivity A Guide to Positive Interactions".

	sensitivity	The sessions were for managers and staff. Presentations were well enjoyed and appreciated by attendants. Other methods are in development, see next section.
Policies and Procedures	To address the needs of patients who use service animals the hospital saw a need to prepare a policy on Service Animals.	Service Animals are working animals, providing guidance and independence to people with disabilities. Consultation was done with community members, the CNIB, and the Canadian Hearing Society in the development of the policy. The Service Animal Policy was approved in April 2005 and is attached to this report. See Appendix E.
Policies and Procedures (Log #2004-09 and #2004-11)	A patient expressed concern over the lack of interpreter services.	The hospital reviewed the Interpreter Services for the Deaf policy and revised in December 2004. See Appendix F. A representative from the Canadian Hearing Society participated in the process. Consultations were done with Clinical Managers and the Interpreter to address concerns.
Policies and Procedures	Overhead Paging – Confidentiality and Restrictions Policy	The new policy will reduce the number of overhead paging allowing for quieter environment for patients. Pocket pagers with vibration modes will be available for patients with hearing loss. The pagers are available through Switchboard. See Appendix G.
Polices and Procedures	The new Accessibility for Ontarians with Disabilities Act 2005 received Royal Assent.	The Accessibility Advisory Team redrafted the Terms of Reference to reflect the changes to the ODA. The Terms of Reference will be forwarded to Senior Management Team as a recommendation. The draft is attached to this report. See Appendix H. See Appendix D for an overview of the new Act.

Barriers that will be addressed in 2005-2006

Barrier	Objective	Means to Remove/ Prevent	Timing	Person Responsible
Communication	To improve sensory communications within the Hospital.	A unified messaging system that will allow selected staff to access their voice mail via the Groupwise e-mail system. Voice mail can be played back through the computer speakers or directed back to	Fall/Winter 2005	Information Technology

		the telephone for playback.		
Communication	To improve communications, both internally and externally.	Press releases, internal newsletters and posters.	Fall 2005	Communications
Web Accessibility	The Internet and Intranet sites for the TBRHSC and SJCG need to include improvements for visitors and staff with special needs.	Adopt Web Design Standards to be tested and implemented. Develop a method to audit the accessibility features that have been implemented.	Development of the accessibility audit began in 2004 and was more complex than initially anticipated. The process will continue throughout 2005-06.	Communications and Information Technology.
Policies may contain barriers to accessibility	Ensure that the Hospital does not create new barriers to accessibility or perpetuate an existing barrier in developing or updating its policies, procedures and guidelines.	Policies brought forward for approval by the Hospital Wide Policy and Procedure Team will be examined to determine if they create or fail to address accessibility issues in their formation.	Will become an ongoing practice for the P&P Team.	Hospital-Wide Policy and Procedure Team
Attitudinal	Increase awareness of accessibility issues and staff sensitivity.	1 ½ hour training sessions were developed in conjunction with the Independent Living Resource Centre entitled "In Our Shoes – Disability Etiquette and Sensitivity". <ul style="list-style-type: none"> A video is being developed for use on the hospital educational channel. 	Training sessions held were one in November 2004 and two in February 2005. Both the video and the Intranet material will be available in Fall 2005.	Staff Education Department

		<ul style="list-style-type: none"> The material will also be posted on the Intranet and currently is available in the library. 		
Management Awareness	To improve Management awareness of Mental Health Issues	Mental Health Works, an initiative of the Canadian Mental Health Association, has developed multimedia presentations. Topics focus on awareness, understanding, communication, accommodation and rights and responsibilities in the workplace.	Sessions are scheduled to begin in September 2005.	Manager, Staff Education
Consumer Participation	Ensure that members of the public, staff and consumers have a convenient method to review and provide input to the AAT.	A survey has been developed and is available on the hospital website. The survey allows the public to address issues involving the use of services and programs, staff communication, awareness and sensitivity plus any other relevant issue.	Ongoing	Communications
Architectural	To ensure and maintain the physical accessibility of the Hospital.	New sidewalks to be laid to increase access to parking lots. Reduce slopes on walkways.	2006 and overall site improvements will be Ongoing.	Environmental Services

Review and Monitoring Process

The Accessibility Advisory Team will meet monthly, or at the call of the Chair, to review progress and discuss issues that are raised.

The Accessibility Advisory Team will use a process, form and database, outlined in Appendices A, B and C respectively, to track and monitor concerns raised. This database will ensure that all concerns are tracked and brought to the attention of the appropriate manager and department.

Communication of the Plan

The Hospital is committed to doing more than simply making the Annual Accessibility Plan available to the Public. The Hospital will actively communicate the Plan to the community and solicit their suggestions in order to address issues within the disabled community.

In order to receive feedback on the Plan and accessibility issues at TBRHSC, an employee of TBRHSC will be designated to receive feedback and ensure that they are directed to the appropriate person or department. The designated individual's phone number, fax number and email address will be made available in the brochure described below.

The Hospital will be placing an advertisement in the Chronicle-Journal, and other regional newspapers, announcing the Annual Accessibility Plan, and providing contact information where interested parties can receive a copy of the entire plan and submit their questions and concerns.

The entire Annual Accessibility Plan will be available on the Hospital's Internet site for external parties, and on the Intranet site for employees. Each will contain a link to the feedback form, directing the person's comments to the designated employee mentioned above. The Hospital Internet website is Readplease enabled, as mentioned in the body of this plan, allowing for audio playback of the entire plan.

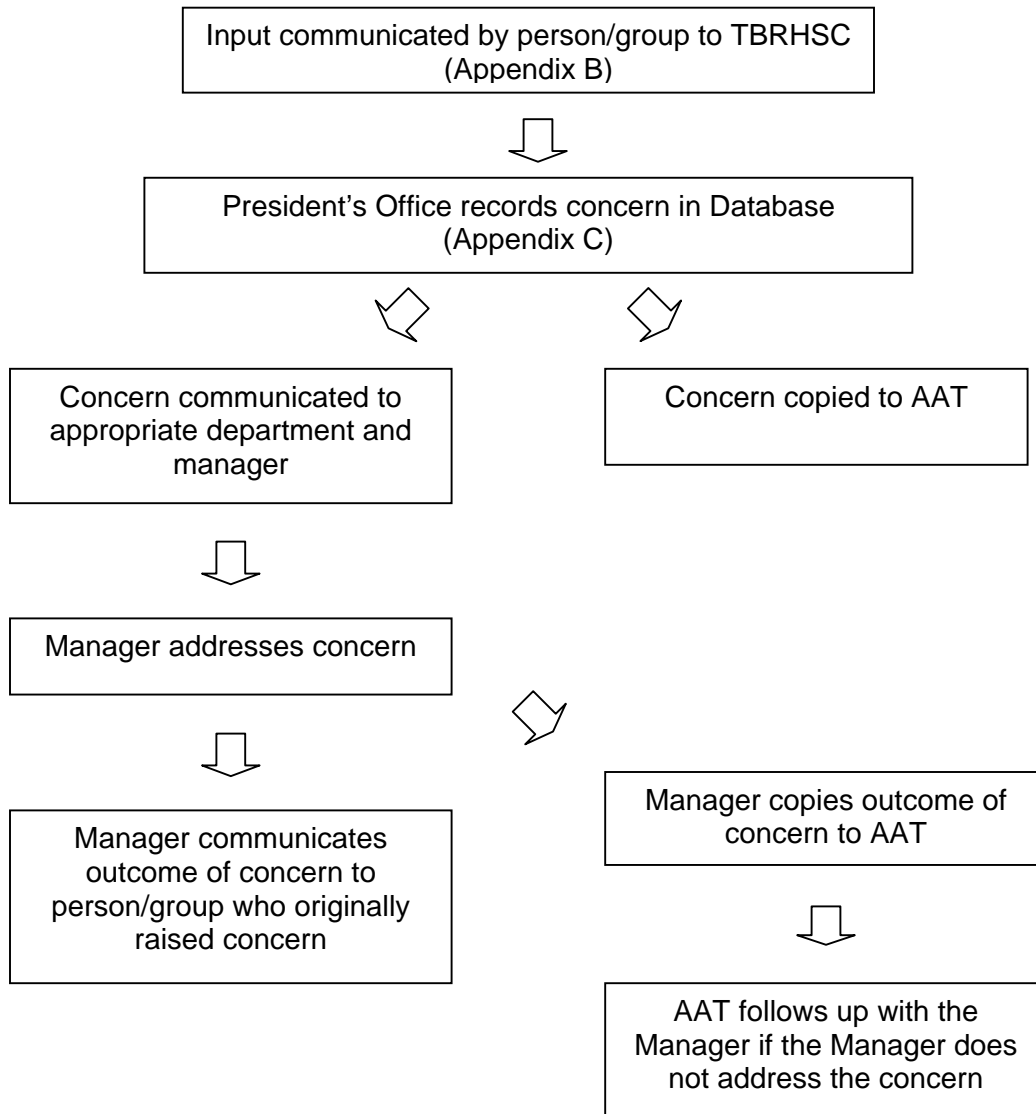
A brochure outlining the achievements, challenges, terms of reference and a form for soliciting feedback will be available for staff, public any other interested parties.

The Annual Accessibility Plan will also be available in large text and audio format upon request.

Feedback can be sent to: Thunder Bay Regional Health Sciences Centre
Executive Assistant
President's Office
980 Oliver Road
Thunder Bay, ON P7B 6V4

accessibility@tbh.net

Appendix A: Addressing Accessibility Issues Flowchart



Appendix B: Accessibility Feedback Form

I want my identity kept confidential

Name: _____ Date: _____

Address: _____

Phone Number: Home: _____ Work: _____

Fax Number: _____ Email: _____

Preferred Method of Communication: _____

Please describe your views on our Accessibility:
Describe specific examples or departments where Accessibility has improved or improvement can be made:
Did you tell anyone about your thoughts at the time? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, whom did you tell and what was their response? Name of Person: Title of Person: Person's Response:
Do you have further comments on our Accessibility?

Please return this form to: Executive Assistant
President's Office
Thunder Bay Regional Health Sciences Centre
980 Oliver Road
Thunder Bay, ON P7B 6V4
Phone : (807) 684-6007
Fax: (807) 684-5890
Email: accessibility@tbh.net

Appendix C: Overview of Accessibility Issue Tracking Database

Concern Tracking #	Category of Concern						Date Raised	Contact Info for Concern	Confidentiality Requested	Manager/ Department to Address	Date Forwarded	AAT follow up Date	Follow up Comments
	Physical	Architectural	Technological	Communication	Attitudinal	Policy							
2005-01													
2005-02													
2005-03													

Appendix D: Accessibility for Ontarians with Disabilities Act 2005

On October 12, 2004 the Ontario government introduced Bill 118, the *Accessibility for Ontarians with Disability Act, 2005* (the "AODA" or the "Act") The AODA would replace the Ontarians with Disabilities Act, 2001, which was passed by the former Conservative government. It is intended to require a more proactive approach to achieving full accessibility for persons with disabilities in the province.

Purpose:

⇒ The new Act would establish a process to develop, implement and enforce **accessibility standards**. Accessibility standards would apply to goods, services, facilities, occupancy of accommodation, employment, buildings, structures and premises.

Definition of Standard:

⇒ Measures, policies, practices or other requirements for the identification, removal and prevention of "**barriers**" to persons with disabilities, which prevent or inhibit access to goods, services, facilities, occupancy of accommodation, employment, buildings, structures and premises.

Definition of Barrier:

⇒ A barrier is "anything" that prevents a person with a disability from fully participating in all aspects of society because of his or her disability".

Implementation:

⇒ The process established by the Bill would be implemented in a series of **5-year phases**, with defined accessibility goals to be achieved during each phase. The requirements are mandatory. The Hospital will be required to submit an annual plan to the Ministry for approval. The enforcement of the system will be complaint driven.

The Process:



⇒ The first step would be the establishment of "standards development committees" that would include persons with disabilities.

⇒ The process will require the committee to submit draft accessibility standards (including any proposed time frames) to the Board of Governors and to the Minister of Citizenship and Immigration.

Compliance:

⇒ To ensure compliance with the accessibility standards, the Bill would create an oversight regime consisting of inspectors, directors and a tribunal. The Act includes penalties for individuals and hospitals for failure to comply.

Appendix E: Policy - Service Animals

			
TITLE:	Animals-Service	NUMBER:	ADMIN-15
CATEGORY:	Administration	PAGE:	1 of 2
DEPARTMENT:	Administration	POLICY	<input checked="" type="checkbox"/> PROCEDURE
SERVICE/PROGRAM:		GUIDELINE	<input type="checkbox"/> STANDARD
INTERNAL DISTRIBUTION:	Organization Wide	EXTERNAL DISTRIBUTION:	
APPROVED:	President and Chief Executive Officer	APPROVAL DATE:	April 5, 2005
		REVIEWED:	
		REVISED:	

Service animals are animals specifically trained to assist people with disabilities in their activities of independent living. Refer to Accessibility policy ADMIN-11. They are not considered to be pets but rather an auxiliary aid similar to the use of a cane, crutch or wheelchair.

POLICY:

Service animals are permitted in places that the public are customarily admitted. Service animals are permitted within Thunder Bay Regional Health Sciences Centre in areas commonly accessed by the public. A patient accompanied by a service animal is not required to disclose the nature of their disability.

Examples of service animals include:

- A guide animal, trained by authorized vendors to service for mobility, individuals who are visually impaired and/or blind.
- A hearing animal, trained to alert a person with significant hearing loss or who is deaf when a sound occurs, such as a knock on the door or fire alarm.
- Special skills animals, trained to assist a person who has a mobility or health disability. Duties may include carrying, fetching, opening doors, ringing doorbells, activating elevator buttons, steadying a person while walking, helping a person up after a fall, emotional support, etc. Service animals sometimes are called assistance animals.
- A seizure response animal, trained to assist a person with a seizure disorder. The animal's service depends on the person's needs. The animal may go for help, or may stand guard over the person during a seizure. Some animals have learned to predict a seizure and warn the person.
- A companion animal or emotional support animal that assists persons with psychological disabilities. Emotional support animals can help alleviate symptoms such as depression,

anxiety, stress and difficulties regarding social interactions, allowing individuals to live independently and fully use and enjoy their living environment.

SUPERVISION:

The service animal must be supervised and the handler/designate must retain full control of the animal at all times. Refer to Pet Visitation Policy PAT-5-25.

AWARENESS TRAINING:



TBRHSC staff should be aware of the following while caring for a patient who is accompanied by a service animal.

- Allow a service animal to accompany the patient at all times and everywhere on the property except where animals are specifically prohibited.
- Do not pet or touch a service animal. Petting a service animal when the animal is working distracts the animal from the task at hand.
- Do not feed a service animal. The service animal may have specific dietary requirements. Unusual food at an unexpected time may cause the animal to become ill.
- Do not deliberately startle a service animal. Do not separate or attempt to separate a patient from her or his service animal. Avoid making noises at the animal (barking, whistling, etc.)
- Converse with the owner/handler, not the animal. Avoid eye contact with the animal.
- Avoid initiating conversation about the service animal, the patient's disabilities or other service animals one has known. If you are curious you may ask if the patient/handler would like to discuss it, but be aware that many persons with disabilities do not care to share personal details.
- Remember, not all disabilities are visible. The nature of the person's disability is a private matter, and you are not entitled to inquire for details.
- Service animals may wear specialized identifiable harnesses and vests. All service animals/users have identification cards.
- Staff caring for the patient shall make provisions for the service animal to go outside to relieve itself.

REFERENCE:

Bill 103

Appendix F: Policy - Interpreter Services for the Deaf

			
TITLE:	Interpreter Services for the Deaf	NUMBER:	ADM-3-05
CATEGORY:	Administration: Communication	PAGE:	1 of 2
DEPARTMENT SERVICE/PROGRAM:	Patient Care Services Patient Care Services	POLICY	<input checked="" type="checkbox"/> PROCEDURE <input checked="" type="checkbox"/>
		GUIDELINE	<input type="checkbox"/> STANDARD <input type="checkbox"/>
INTERNAL DISTRIBUTION:	Patient Care Areas, Finance, Central Bookings	EXTERNAL DISTRIBUTION:	
APPROVED:	V. P. Patient Care Services and Chief Nursing Officer	DATE:	May, 1999
		REVIEWED:	
		REVISED:	Dec. 7, 2004

Thunder Bay Regional Health Sciences Centre is committed to meeting the needs and ensuring the safety of all people receiving our services. It is an essential aspect of risk management to guarantee that health care procedures, instructions, information, etc. are clearly communicated and understood, enabling our patients to be informed partners in decisions that affect their care. For Deaf consumers who use American Sign Language as their primary language, that means employing the services of a professional sign language interpreter for accurate, two-way communication.

The right of access is supported by a Supreme Court ruling (1997) which asserts that it is the Hospital's responsibility to provide and pay for the services of sign language interpreters.

POLICY:

Every effort will be made to establish effective communication and ensure equal access to our services for patients who use American Sign language by providing professional sign language interpreter services.

PROCEDURE:

Determining need for Interpreter

1. An interpreter meets the needs of both the Deaf individual and the Health Care Provider. If the HCP knows the patient is deaf and uses American Sign Language, the HCP has the responsibility to have a qualified interpreter present to ensure clear communication in various situations (ie. diagnosis, informed consent etc.).

NOTE—Many deaf individuals will show the health care provider a card indicating they require an Interpreter.

Effective communication means two things:

- That the deaf person understands the content of the communication.
 - That a deaf person is able to inform his/her medical service provider of the basic circumstances surrounding his/her illness or injury.
2. Sign language interpretation is not necessary in every medical situation and depends primarily on whether “effective communication” requires that this service be provided.
 3. Consult manager/physician to decide whether it is appropriate to use family for interpretive purposes.

ARRANGING FOR AN INTERPRETER:

1. If the health care provider is aware an interpreter is required, prebook this service 2-3 weeks in advance. If a critical or emergency situation arises, contact the Canadian Hearing Society Office to inquire if the interpreter can re-arrange her schedule to attend the hospital.
2. To arrange for a qualified interpreter through the Ontario Interpreter Service (OIS) program, contact the Thunder Bay Branch of the Canadian Hearing Society (CHS) between 9:00 am – 5:00 pm at 623-1646.

For after hours: Emergency Interpreter Service-phone: 1-866-256-5142.

INTERPRETIVE SESSION:

1. Arrange to service patients with interpreters at the correct appointment time. They are in high demand, short supply and have tight schedules.



FINANCIAL REIMBURSEMENT:

1. The current cost of a qualified interpreter is \$50.00/hr., 2 hour minimum. This cost applies to the time the interpreter waits as well as the interpretive session.
2. Thunder Bay Regional Health Sciences Centre will be billed by the Canadian Hearing Society.

REFERENCES:

Eldridge vs. British Columbia (Attorney General) Supreme Court of Canada, October 9, 1997.
Correspondence, Canadian Hearing Society, Thunder Bay, February 1999, November 2004

Appendix G: Policy - Overhead Paging – Confidentiality and Restrictions

 			
TITLE:	Overhead Paging – Confidentiality and Restrictions	NUMBER:	SWB-tel-02
CATEGORY:	Corporate Services and Operations	PAGE:	1 of 2
DEPARTMENT:	Switchboard	POLICY	<input checked="" type="checkbox"/> PROCEDURE
SERVICE/PROGRAM:		GUIDELINE	<input type="checkbox"/> STANDARD
INTERNAL DISTRIBUTION:	Organization Wide	EXTERNAL DISTRIBUTION:	
APPROVED:	Senior Vice President, Corporate Services and Operations	APPROVAL DATE:	November 1997
		REVIEWED:	
		REVISED:	May 3, 2005

Purpose

1. To ensure emergency pages are heard by staff and medical/privileged staff as required.
2. To reduce the number of overhead pages for staff, medical/privileged staff, patients and visitors.
3. To ensure that overhead paging does not breach any patient or visitor confidentiality.
4. To provide patients with a quiet healing environment.

POLICY

Overhead paging will be used only in emergency situations to keep paging to a minimum. All overhead paging done by Switchboard will ensure patient and visitor confidentiality. Switchboard will page anyone carrying a pocket pager by this means prior to being paged overhead to reduce overhead paging and noise.

PROCEDURE

Confidentiality

Patients and/or their families are only to be paged overhead in an **emergency situation**¹. If there is a requirement to page a patient and/or their family in an emergency situation, the Switchboard Operator will page the person by their given (first) name and first initial of their last name and refer to the patient’s room number or area as an identifier. No full surname (last) name should be announced.

e.g. Will visitor Jane C. please return to room 386 on 3C immediately.

Patient care and diagnostic areas are to inform patients and their families that if they are away from the department, and are then required emergently, that this is the method they will be paged by.

For persons with hearing loss or for those who are deaf there will be an in-house pocket pager with vibrate mode available at Switchboard if family need to leave the patient for meal times. The person borrowing the pager will be responsible for the pager and must sign an agreement in this regard. Instructions on accessing the pocket pagers will be available on all patient care units and at Switchboard.

¹ Emergency Situation – An event that is related to a life or death situation or serious harm.

Staff and Physician Paging

In all instances when staff, physicians or privileged staff are required to be paged and they carry a pocket pager, Switchboard will page the staff or physician by this means prior to activating an overhead page. Overhead paging will only be done in emergency (stat) situations.

Switchboard will confirm in all cases, when asked to page overhead, if this is an “emergency situation” or if the call is required “stat”. If it is not emergent/stat the caller will be asked to find another avenue to contact the staff member, physician or privileged staff member. Switchboard will consider, case by case, paging a physician back to a department for patient care if they are not carrying a pocket pager.

To reduce overhead noise, the citywide paging system will be used to provide for efficient and timely message transfers. Each department is expected to page staff via citywide paging. Codes are the exception. Physicians and other privileged staff are responsible for ensuring that their pocket pagers are tested within the building to allow them to be reached by this means.

Overhead Paging with Regards to Parking or Vehicles

If a vehicle is parked in a fire route impeding emergency vehicle traffic, Security will inform Switchboard to make an announcement. The announcement will include the make, model, colour of vehicle and the license plate number, the location of the vehicle and the statement that the vehicle will be towed if not removed immediately. These pages will not be made during nights unless Security is aware of the possibility of emergency vehicle traffic. Only one page will be made prior to the removal of the vehicle.

There will be no paging overhead due to vehicles with their lights on in the parking lot or similar non-emergent situations.

Overhead Paging for Education Sessions, Activities or Displays

Overhead paging for the purposes of advising staff of education sessions, activities or displays will not be allowed. Departments are requested to provide information to staff, privileged staff and volunteers via the iNtranet or in paper notices and bulletin boards.

Overhead Paging for Emergency Computer Downtime

Computer downtime will be paged overhead only when it affects multiple departments and affects the clinical information system (Meditech). Routine computer downtime will be announced via the e-mail system and/or paper notices.

Emergency Codes

Emergency Codes will be announced as required under the Disaster Plan and Health Sciences Centre Policy.

Visiting Hours

An overhead page will indicate visiting hours are over.

Appendix H: Draft – Amended Terms of Reference



Accessibility Advisory Team

Terms of Reference

Purpose

The Accessibility Advisory Team is formed under the authority and responsibility of the President of the Thunder Bay Regional Health Sciences Centre as mandated by the Ministry of Citizenship and Immigration. The Team will act in compliance with the Accessibility for Ontarians with Disabilities Act, 2005. The main purpose of the team will be to actively improve and promote accessibility in the workplace.

Membership

The membership of the Team will consist of representatives from the following areas (any individual member may fulfill representation of one or more areas):

- Senior Management
- Management
- Human Resources
- Staff Education
- Physical Plant
- Information Technology
- Occupational Health and Safety
- Clinical Services
- Rehabilitation Services
- Support Services
- Chair of the Hospital's Policy and Procedure Committee
- 2 Internal Representatives with a Disability
- 3 External Representatives

The Team will be chaired by a Management leader.

Members appointed by virtue of their position will serve an indefinite term. Representative members will rotate service on a two-year term with an option for reappointment.

Reporting Structure and Authority

The Team will report to the Senior Management Team (SMT).

Issues requiring the attention of SMT will be highlighted in the minutes. The Chair of the Team is responsible for ensuring that items to be referred to SMT are identified and will ensure that a response is communicated back to the Team.

Goals and Objectives

1. Prepare an annual accessibility report for ratification by the Board. Particularly, the report will include:
 - A report on the compliance of the applicable accessibility standards;
 - A review on the measures, policies, practices and other requirements for the identification, removal and prevention of barriers to persons with disabilities.
2. Submit, for approval by the Board, the Annual Accessibility Report.
3. Make available and communicate to the public the approved Annual Accessibility Report.
4. The Team will recommend the measures necessary for compliance with the Accessibility for Ontarians with Disabilities Act, 2005, the Canadian Council of Health Services Accreditation Standards and other relevant legislation and established standards that apply to individuals with disabilities.
5. The Team will conduct periodic inspections and advise on issues to SMT.
6. The Team will participate in any workplace accessibility inspections conducted by the Ministry of Citizenship and Immigration.
7. The Team will participate in the training of workers related to accessibility.
8. To evaluate, at least annually, the overall strengths and weaknesses of the Team's functioning and develop strategies to deal with identified gaps.

Process

Decision-making will occur through discussion and consensus whenever possible and will be data-driven.

Time-limited sub-committees and task forces may be struck to deal with specific issues as required. These may include others who are not normally Team members.

The Team will normally meet monthly, with the exception of December.

Agendas will be prepared at least one week in advance. Minutes will be distributed to all appropriate staff and physicians.

Membership Duties and Responsibilities

Members are expected to:

1. Attend all meetings of the Team and to actively participate in facilitating the overall goals and objectives.
2. Review and provide feedback on proposed or current standards, strategies, issues, programs, practices, policies and procedures.
3. Provide informal and formal reports to staff on the plans, activities and decisions of the Team.
4. Attend meetings and utilize the Team as a forum for general discussion and debate of relevant issues.
5. Research issues as required.
6. Provide recommendations, where appropriate, to Senior Management on matters dealt with by the Team.

Appendix I: TBRHSC Website Survey

In support of the Ontarians with Disabilities Act, the Thunder Bay Regional Health Sciences Centre has developed an Accessibility Plan that is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. As part of this plan the opinions of staff, community partners and the public we serve are important.

It would be most appreciated if you could answer the following questions:

1. Have you, or someone you know, experienced difficulties arranging for or using services or programs at Thunder Bay Regional Health Sciences Centre due to a lack of accommodation for persons with disabilities?

- Yes
- No
- No Information

If yes, please describe the barrier that you or someone you know faced at the time of visit. Do you have suggestions for improvement?

2. Does our staff communicate appropriately? Have you, or someone you know with a disability experienced difficulty communicating with TBRHSC personnel while visiting the Health Sciences Centre or receiving TBRHSC services? Please assist us to be most helpful. How well do we communicate?

- Courteous and helpful.
- Okay - but need to be more sensitive at times.
- Not sensitive to the needs of persons with disabilities.

Please describe in detail. Do you have suggestions for improvement?

3. Are we as knowledgeable and sensitive as we should be? Have you or someone you know experienced a lack of awareness or sensitivity about a disability or an unacceptable attitude toward a person with a disability, while at Thunder Bay Regional Health Sciences Centre?

- Staff are generally aware and understanding of special needs.
- Staff are okay, but need some improvement.
- Staff are not sensitive to the needs of persons with disabilities.

Please describe in detail. Do you have suggestions for improvement?

4. Please describe any other measures that Thunder Bay Regional Health Sciences Centre could take to improve services to persons with disabilities.

Respondent Type – are you?

- Community Member
- Patient
- Physician
- Staff
- Volunteer

Please provide the following contact information. This information is optional.

Name: _____

Email: _____

Phone: _____