



**Annual Accessibility Plan
for
St. Joseph's Health Care, London**

September 2007 - August 2008

Submitted to

Cliff Nordal
Chief Executive Officer
30 September 2007

Prepared by

SJHC Accessibility Working Group
Co-ordinator, Derek Lall

*This publication is available on the St. Joseph's Health Care, London's website
and in alternative formats upon request*

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Executive Summary

On June 13, 2005 the new *Accessibility for Ontarians with Disabilities Act, 2005 (AODA 2005)* received Royal Assent and is law. The *AODA 2005* will require the provincial government to work with the disability community and the private and public sectors to jointly develop standards to be achieved in stages of five years or less, leading to an accessible Ontario in 20 years.

Since the legal obligations under the *Ontarians with Disabilities Act (ODA) 2001* remain in force until the Act is repealed, St. Joseph's Health Care, London is required to prepare and make public our Year Four accessibility plan and report on Year Three achievements in accordance with *ODA 2001*.

The *Ontarians with Disabilities Act (ODA)* is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. 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," and to make these plans available to the public.

This is the fifth year plan (2007 - 2008) prepared by the St. Joseph's Health Care, London (hereinafter referred to as "SJHC"). The report describes: (1) the measures that SJHC has taken in the past, and (2) the measures that SJHC will take during the year (2007 - 2008), to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of SJHC, including patients and their family members, staff, health care practitioners, volunteers, members of the community and the continuous awareness from education as we learn more about different barriers which face people with disabilities.

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

The Accessibility Working Group identified a number of barriers to people with disabilities. The most significant findings were accessibility of the facilities and the need to increase awareness of accessibility issues. This year the Accessibility Working Group will focus on removing and preventing five barriers.

1. Aim

This report describes (1) the measures that SJHC has taken in the past, and (2) the five measures that SJHC will take during the next year (2007-2008), to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

2. Objectives

This report:

1. Describes the process by which SJHC has and will identify, remove and prevent barriers to people with disabilities.
2. Reviews earlier efforts at SJHC to remove and prevent barriers to people with disabilities.
3. Describes the measures SJHC will take in the coming year to identify, remove and prevent barriers to people with disabilities.
4. Describes how SJHC makes this accessibility plan available to the public.
5. Obtain representation from all sites to create a diverse membership.

3. Description of St. Joseph's Health Care, London

St. Joseph's Health Care, London is a major patient care, teaching and research centre with an annual operating budget of \$410 million. It is comprised of St. Joseph's Hospital, Parkwood Hospital, Mount Hope Centre for Long Term Care, Regional Mental Health Care, London (RMHC-L) and Regional Mental Health Care, St. Thomas (RMHC-S).

St. Joseph's Hospital is expanding its role in day surgery, treatment and illness-prevention programs with the evolution of an ambulatory care centre. Parkwood Hospital plays a leading role in rehabilitation, complex care, palliative care, Veteran's care and geriatrics for both inpatients and outpatients.

SJHC has a leadership role on the transformation of local and regional mental health services. Both Regional Mental Health Care, London and St. Thomas offer specialized bed-based and community based mental health care services for individuals with serious mental health illness.

New facilities for specialized mental health services will be built beside Parkwood Hospital and in St. Thomas.

Lawson Health Research Institute (LHRI) is the research arm of the London Hospitals. LHRI is one of the largest hospital based research institutes in Canada attracting over \$50 million funding each year.

SJHC operates from 23 geographic locations consisting of 1608 beds with more than 7,000 staff and volunteers, caring for more than 18, 600 inpatients and 368, 000 outpatients annually.

For more information refer to www.sjhc.london.on.ca

SJHC MISSION, VISION, VALUES

MISSION...WHAT WE DO

We help people to maintain and improve their health and work with them to minimize the effects of injury, disease and disability. We do this by pursuing excellence in care, research, and education in a wide range of hospital, clinic, long term and community-based settings.

We work with our partners to create a better health care system.

VISION...WHAT WE'LL BE

A respected source of excellent health service ... guided by the people we serve ... provided by people who care.

VALUES...HOW WE SERVE

Inspired by the care, creativity and compassion of our founders -- the Sisters of St. Joseph, the Women's Christian Association, and the London and St. Thomas Psychiatric Hospitals -- we serve with...

Respect

- Honour the people we serve
- Appreciate the work of others
- Welcome the contributions of all
- Celebrate diversity
- Be truthful, honest and open
- Listen

Excellence

- Give our best each day
- Be creative and resourceful with our gifts, skills and talents
- Build on our proud past
- Work as a team to seek the new; the undiscovered
- Make a difference
- Learn

Compassion

- Be with others
- Understand their needs, realities and hopes
- Give from the heart
- Sustain the spirit
- Care

4. The Accessibility Working Group

Establishment of the Accessibility Working Group

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

The Terms of Reference for SJHC Accessibility Working Group can be found in Appendix A.

Amy Lee, Director Quality and Patient Safety, is the Co-ordinator of the City-wide Steering Group.

Derek Lall, Co-ordinator, Facilities Planning and Development, is the Co-ordinator of SJHC Accessibility Working Group.

Karen Trower, Facilities Planning and Development is the Co-chair of SJHC Accessibility Working Group.

Members of the Accessibility Working Group (2007-2008)

Working Group Member	Department
Derek Lall	Facilities Planning and Development
Karen Trower	Facilities Planning and Development
Maureen Ellis	Occupational Health and Safety Services
Kathy Burrill	Communication & Public Affairs
Phyllis Brady	Patient Relations / Risk Management
Beth Schroeder	Volunteer Services / Patient Relations
Terry Kaban	Ivey Eye Institute
Susan Vuylsteke	Occupational Health and Safety Services
Donna McManus	Andrews Resource Centre
Peter Berry	S.T.A.R. Program
Margaret Belliveau	Organizational Development and Learning Services
Chris Fraser	Spinal Cord Injury / Acquired Brain Injury
Manuella Giuliano	Specialized Geriatric Services
Vivianne Van Leeuwen	Human Resources
Karen Shuttleworth	Organizational Development and Learning Services

5. St. Joseph's Health Care, London Commitment to Accessibility Planning

London's hospitals are committed to the following Accessibility Planning Policy:

- The establishment of Accessibility Working Groups at the hospitals.
- The members of the Accessibility Work Groups should encompass a diverse cross section of staff representing departments relevant to accessibility planning such as Human Resources, Planning, Communications,

Occupational Health & Safety, Risk Management, Organizational Development, RMHC programs, Volunteer Services, Patient Relations. The group should also include clinical staff as well as staff members with disabilities.

- The participation of people 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 30th of each year.
- St. Joseph's Health Care, London is committed to improving health. Building on the tradition of leadership and partnership, we will continue to provide improved access to facilities for patients, their family members, visitors, student, staff, health care practitioners and visitors.

6. Recent barrier removal initiatives

The SJHC Accessibility Working Group created a survey to document recent barrier removal initiatives in 2003 and subsequent data and information of project and initiatives up to 2006(see Appendix D). Members of the Working Group have collected data from various departments on recent barrier removal initiatives.

The following initiatives were recorded to identify, remove and prevent barriers to people with disabilities for the period of 2007 – 2008.

a) Safe Handling of Patient Program (Lifts, Transfer and Repositioning)

Brief Description: OHSS has been developing a Safe Handling Patients Program that is currently being reviewed and finalized. This program includes policy, definitions, assigned responsibilities and training. In addition OHSS offers lift/transfers/repositioning training to staff at all sites.

Project Status: Ongoing.

b) Lift Installation

Brief Description: A ceiling lift will be installed "over" the Functional Electrical Stimulation (FES) bikes that will eliminate the need to bring in the portable lift. This will create a greater movement ability by all in that area, will allow us improved use of the space for patients to access and increased use of the bikes.

Project Status: Ongoing

c) Low-rise Hospital Beds

Brief Description: Replacement of existing hospital beds with low-rise beds, which improves accessibility for patients who do standing transfers or slide board transfers. The Rehabilitation Engineer has been consulted by the Working Group regarding improved access.

Project Status: Ongoing

d) Healthy Vision Day - 2007

Brief Description: The London Advisory Committee for the visually impaired (LACVI) have organized Healthy Vision Day for **Sept 8, 2007**.

www.healthyvision.ca This one-day symposium for the general public, visually impaired and caregivers is to provide information on various aspects of eye diseases and treatment, allow the people to network and provide a display for various educational groups.

Project Status: Ongoing.

e) Ivey Eye Institute Website enhancements

Brief Description: Revisions to the homepage for the Ivey Eye Institute allow better navigation for the visually impaired, including the option to use larger print for display.

Project Status: Ongoing

f) City of London Bus Survey

Brief Description: The survey was part of an initiative with the City of London's Accessibility Committee. SJHC Accessibility Working Group distributed the City of London Bus Survey for people with disabilities to SJHC staff, patients, volunteers and visitors to obtain feedback on bus service accessibility to and from our facility. 50 responses were received from all sites.

The committee is awaiting feedback regarding the survey from the chairperson of the City of London Accessibility Committee.

Project Status: Ongoing

g) Data Valet Service

Brief Description: The DataValet Service (internet access for patients on the unit through their laptop) is a pilot project currently in progress in the Rehabilitation Program.)

Project Status: Ongoing

h) Updated Code of Conduct – Infectious Diseases

(Referencing the Abusive Behaviour Towards Staff (Guidelines) Corporate Policy)

Brief Description:

Updates to the Infectious Diseases Department's Code of Conduct that is posted in the waiting area and offices; also added a multi-lingual page asking that each person respect each other's right for confidentiality and privacy (addressing the number of patients with disabilities, including physical and cognitive limitations)

Project Status: Complete

i) Accessibility Email account established

Brief Description:

A resource for staff to communicate any barriers they or their clients have encountered at St. Joseph's Health Care, London. The submissions are triaged to the appropriate department or person(s) and a response is provided to the Accessibility Working Group.

Project Status: Complete

j) Washroom Modifications – RMHC-L – STAR Program

Brief Description:

A raised toilet and grab bars were added to a washroom within the STAR Program at RMHC-L

Project Status: Complete

k) Raised Toilet Seat

Brief Description:

Raised toilet seat was provided for the patient washroom in Nuclear Medicine B5.

Project Status: Complete

l) Washroom Modifications – Parkwood Hospital – Outpatient Department

Brief Description:

Changes were made to the washroom in the Parkwood Outpatients department. The washroom was wheelchair accessible but had slow closure. An electronic enhancement was made to the wheelchair accessible opener to disengage the opener if the washroom was in use.

Project Status: Complete

m) Accessibility brochure (Appendix F)

Brief Description:

The Accessibility Working Group developed a brochure to assist in education and awareness pertaining to the ODA & AODA. The brochure also describes the

Group's responsibilities, outlines what the barriers are, how they can be identified and communicated.

Project Status: Ongoing

n) Visual Fire Alarm

Brief Description:

RMHC-L STaR program R2 - have outfitted two rooms with visual fire alarm systems to accommodate hearing impaired clients.

Project Status: Complete

o) Recommended Changes Accommodate Deaf / Hard of Hearing- White Paper

Brief Description:

A recommendation report was generated by a graduate student of the Rochester Institute of Technology completing her thesis. The purpose of this report is to provide specific recommendations and suggestions to the identified barriers of the communication needs of deaf, deafened, and hard of hearing patients and visitors at St. Joseph's Hospital, one of the five sites with St. Joseph's Health Care (SJHC) London. This report will also assist SJHC London to develop a more effective annual accessibility plan in the future and allow SJHC London to be more aware and sensitive to the communication and accessibility needs of this population. An accessible hospital environment for deaf, deafened, and hard of hearing patients is the key to receiving good health care services and utilizing the facilities independently.

Action Items:

Visual Signage

- Visual signage throughout the facility to identify zones, departments, room numbers, washrooms, elevators, and payphones (TTYs) could be improved.
- Visual signage to show what services are available for patients who are deaf, deafened or hard of hearing such as sign language interpreters, TTYs, and closed captioned TVs should be displayed.

TTYs and Amplified Phones

- Additional payphones with TTYs should be made available at major departments such as urgent care centre, surgical centre, diagnostic imaging centre, pre-admissions/registration department, and obstetrics/waiting rooms.
- Payphones with TTYs in the new part of St. Joseph's are suggested.
- The availability of a portable TTY for patients to use in their rooms should be communicated on literature or on pre-admission forms.

Closed Captioned TVs

- Closed captioning should be shown on all TVs in waiting/reception rooms throughout the hospital since some have been turned on since the Capstone Project started.
- The availability of a TV with closed captioning in patients' rooms should be added on literature with Hospitality Network or on pre-admission forms.

Visual Fire Alarm/Emergency System

- Visual alert devices for fire and emergency system should be made available throughout the hospital where feasible. Audible alarms currently available in most areas of St. Joseph's Hospital.

Interpreters

- St. Joseph's Hospital should display sign language interpreters are provided upon request.
- Health care professionals should have information readily available on how to request a sign language interpreter for deaf, deafened or hard of hearing patients by the telephone.

Accessibility Awareness Training

- Health care professionals and hospital employees who come in contact with patients should receive training and awareness on a regular basis.

Project Status: Ongoing

p) Organizational Development & Learning Services (ODLS) – Education / Awareness

Brief Description:

OD&LS has partnered with an outside agency to customize and provide four x two-hour awareness and education sessions to staff. Sessions include, video, personal stories, disability simulation exercises, and literature on various barriers and accessibility needs of the disabled

Notable Results to-date:

38 Staff members attended

100% - agreed sessions were 'valuable'

100% - agreed – *“as a result of today’s session, I will continue to examine my stereotypes and attitudes and sensitivity toward persons with disabilities”.*

Workshop Objectives:

- Acquire increased understanding of barriers faced by persons living with disabilities
- Examine stereotypes and attitudes and increase sensitivity towards persons with disabilities
- Learn how to foster change to enhance accessibility and inclusiveness in the work environment

Project Status: Ongoing

q) Paper Towel Dispensers Initiative

Brief Description:

A citywide initiative is being implemented to replace existing paper towel dispensers with ADA compliant units through out the London Hospitals sites

Project Status: to be completed Fall 2007

r) TTYs Purchase

Brief Description:

Based on the recommendations from item (o), additional TTY phones will be purchased and installed through out the various SJHC sites to address various patient and staff needs.

Project Status: to be completed Fall 2007

s) Installation of automatic doors at RMHC-L

Brief Description:

The installation of the automatic doors leading into the south complex of the Geriatric Psychiatry Program, immediately adjacent to the visitors parking lot.

Project Status: Complete

t) The purchase of "Pocket Talkers"

Brief Description:

Geriatric Psychiatry has purchased "Pocket Talkers" that are used for voice amplification when communicating with individuals with hearing difficulty.

Project Status: Complete

u) Interpreters/Translations Policy (see appendix E)

Brief Description: This policy has been developed for the purpose of:

Obtaining accurate histories, obtaining the patient's/SDM's/families' information and perspective of the problem(s), communicating diagnoses, test results, proposed plans of treatment require accurate understanding by the Health Care Professionals and patient/SDM, family. SJHC London ensures that patients/SDMs and families are fully and accurately informed through the use of professional interpretation and translation.

Project Status: Ongoing – Draft version 9 is currently awaiting approval from Senior Leadership

v) Additional Volunteers

Brief Description:

Based on feedback to various departments, additional volunteer services have been added to assist clients/visitors in accessing the various programs. The program is called the **New Horizon Service Program**

Project Status: Ongoing

7. Barrier-identification methodologies

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

Methodology	Description	Status
Procedure to obtain accessibility feedback and barrier related issues from staff, patients, visitors	Feedback is received via patient surveys, complaints received by patient Relations Coordinators, Accessibility email and committee members.	Feedback is reviewed in the Working Group meeting and forwarded onto the appropriate party for response.
Research in regards to the disability sector of London	Examined “Key Messages for Hospitals in London” from a UWO MPA student’s paper titled: “Relationships between stakeholders and the City of London: Effectiveness of a stakeholder consultation process in building relationships between the City and persons with disabilities.”	Reviewed by the Accessibility Working Group with various recommendations being implemented
Educational Awareness	Providing an increased awareness, knowledge, understanding and sensitivity about disabilities to invited stakeholders	4 workshops have been conducted. Feedback Positive. Continue to roll out the program.
Research in Senior Friendly Hospital	Collection and interpreting of the data to assist in developing a better understanding of meeting the needs of an aging population.	Continued Implementation of initiatives through projects and daily activities each fiscal year.
Research from Graduate student on recommendations for deaf and hard of hearing	Rochester Institute of Technology student prepared a white paper on recommendations for improved access for the deaf and hard or hearing.	Reviewed by the Accessibility Working Group. Specific recommendations have been accepted and moved forth for implementation.

8. Barriers identified

In its review, the Accessibility Working Group has identified several barriers. The review included compiling information obtained from feedback forms from patients. This list is divided into six types: (1) physical; (2) architectural; (3) informational or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

<i>Type of Barrier</i>	<i>Description of Barrier</i>
Physical	Improve maintenance of sidewalks and appropriate access to accessible doors
Physical	Additional automatic doors required
Physical	Floor indicator in some elevators are not wheelchair friendly
Physical	Additional handicap accessible parking spots required
Physical	Curb cuts near parking spots and accessible entrances are required
Physical	Reduce distance from parking lots
Physical	Limit heavy doors that reduce accessibility.
Architectural	Increase number of accessible entrances close to parking areas and clinics.
Architectural	Improve washroom stalls to accommodate people with scooters or wheelchairs.
Architectural	Additional barrier free washrooms on each floor are required
Architectural	Some bathroom sinks and towel dispensers are too high for wheelchair users.

Architectural	Accessibility for elevators (access controls, so the residents / patients do not require assistance).
Architectural	Improved accessibility to some community based Mental Health sites.
Architectural	Improve washrooms with installation of shower seats, grab bars and raised toilet seats & grab bars for toilet.
Communicational / Informational	Improve signage. Consideration for more signage at access points before public enter the parking lots. Standardize communication with size of fonts on pamphlets etc.
Communicational / Informational	Improve awareness in the local disability agencies about the hospitals' accessibility reports and the ability to provide feedback.
Communication / Informational	Consideration of additional TTY phones.
Communication / Informational	Increase elevators with Braille/ automated voice.
Communication / Informational	Improve use of visitor pick up and drop off area by limiting obstruction from other vehicles.

Attitudinal	Determine appropriate response to staff/patients/visitors with disabilities regarding their needs.
Attitudinal	Continued improvement for sensitivity in providing services to persons affected by chronic pain.
Attitudinal	Increase awareness of Sign language Services and note takers for the hearing impaired.
Attitudinal	Increased awareness and sensitivity for visible and invisible disabilities.
Attitudinal	Ongoing communication, education and learning needs of persons with mental, learning, or developmental disabilities and / or a visual or hearing impairment.
Technological	Improve accessibility to diagnostic / ambulatory outpatient and clinical areas.
Technological	Update wheelchairs

Policy / Practice	Access to wheelchairs
Policy / Practice	Identify access entrances to various points of the hospital from different parking lots

9. Barriers that will be addressed 2007 - 2008

The Accessibility Working Group will address five barriers during the coming year.

Barrier	Objective	Means to remove/prevent	Performance criteria	Timing	Responsibility
Improve access & awareness to central location for raising and addressing accessibility issues.	Established accessibility email account available to internal staff, visitors to provide feedback.	Gather all feedback and address through education and awareness to all departments	Ensure all emails are addressed and commit to address with working group for implementation into the work plan	ongoing	Working Group and Patient Relations
Increase awareness and sensitivity about various visible and invisible disabilities.	Continue link with external agency to provide training and education to staff.	Commitment to provide continued education to new staff and existing staff through education workshops.	Review feedback and discern how to disseminate information to staff and patients.	Corporate Orientation Learning and Communication	Learning & Communications Human Resources
Increase number of accessible entrances within existing facilities.	Review accessibility of main entrances to Parkwood, St. Joseph's, Mount Hope, RMHCST and RMHCL	Engage external consultants to assess main entrances and provide detail report.	Review report and recommendations and discern elements to address	Fall 2007 / Summer 2008	Facilities Planning and Development Occupational Health and Safety
Improve current practices to identify patients with special needs.	Ensure people with special needs are identified to allow for awareness of the issue/disability and hence the provision of appropriate accommodations	Electronic Patient Record system EPR - Additional volunteers to offer assistance to people with disabilities.	Staff will be easily able to check to see if patients require accommodation and will attempt to meet the special needs to the best of their abilities.	Educational awareness.	Information Management Registration Volunteers
Number of poorly placed and confusing signs / lack of clarity of main entrance.	Wayfinding initiative being phased into implementation.	Standardize department names and mappings	A comprehensive, consistent nomenclature and signage that meets universal design standards	Total project completion by 2009.	Wayfinding Committee

10. Review and monitoring process

The Accessibility Working Group meets monthly to review progress. Subcommittees may be formed to address each barrier. 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 also commit to making presentations to the leadership of the hospital and to updating the City-wide Steering Committee on a regular basis.

11. Communication of the plan

The St. Joseph's Health Care Accessibility Plan will be posted on the SJHC website and hard copies will be available at each site through the Communications Department. Upon request, the report will be made available on computer disk and in large print.

APPENDIX A

SJHC Accessibility Working Group

Terms of Reference

Purpose:

The SJHC 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” means:

- 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.

“Barrier” Means:

- 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.

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.

Curent Membership 2007-2008:

Working Group Member	Department
Derek Lall	Facilities Planning and Development
Karen Trower	Facilities Planning and Development
Maureen Ellis	Occupational Health and Safety Services
Kathy Burrill	Communication & Public Affairs
Phyllis Brady	Patient Relations / Risk Management
Beth Schroeder	Volunteer Services / Patient Relations
Terry Kaban	Ivey Eye Institute
Susan Vuylsteke	Occupational Health and Safety Services
Donna McManus	Andrews Resource Centre
Peter Berry	S.T.A.R. Program
Margaret Belliveau	Organizational Development and Learning Services
Chris Fraser	Spinal Cord Injury / Acquired Brain Injury
Manuella Giuliano	Specialized Geriatric Services
Vivianne Van Leeuwen	Human Resources
Karen Shuttleworth	Organizational Development and Learning Services

Each member brings their 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, which 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 Chair. The Chair 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/what/AODA_guide.htm

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

Accountability:

The Accessibility Working Group will report to a City Wide Steering Committee consisting of members from both LHSC and St. Joseph's Hospital, London. All initiatives to identify and remove barriers will then be reported to the Joint Senior Leadership Taskforce (SLT) group and final approval of the plan will be given by the Boards 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

ST. JOSEPH'S HEALTH CARE, LONDON Corporate Policy

Subject: Ontarians with Disabilities

Approval: Senior Leadership Team

**Original Date: September 15th,
2005**

Review Date: August 2007

Revised Date:

**Policy Reviewer: Chair, St. Joseph's Health Care,
London Accessibility Working Group**

Policy

In compliance with the Ontarians with Disabilities Act, St. Joseph's Health Care ensures that its by-laws, policies, programs, practices and services are assessed to determine their affect on accessibility for persons with disabilities.

An annual accessibility plan identifying, removing and preventing barriers to patients, residents and clients and their family members, staff, health care practitioners, volunteers and visitors is prepared and published annually.

The accessibility plan includes:

- a) a report on the measures the organization has taken to identify, remove and prevent barriers to persons with disabilities;
- b) the measures in place to ensure that the organization assesses its proposals for by-laws, policies, programs, practices and services to determine their affect on accessibility for persons with disabilities;
- c) a list of 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;
- d) the measures that the organization intends to take in the coming year to identify, remove and prevent barriers to persons with disabilities;
and
- e) all other information that the regulations prescribe for the purpose of the plan.

Appendix C

Senior-Friendly Hospitals Initiative:

One of the strategic directions for Specialized Geriatric Services (SGS) is to lead in the creation of Senior-Friendly Hospitals. This work is in alignment with the seventh pillar of the Ontarians with Disabilities Act, which requires hospitals and other public organizations to increase the accessibility of their organizations in terms of the policies, which affect service delivered to persons with disabilities. At SJHC, a number of projects lead by SGS have built policies, environments and processes which address the needs of senior patients at the London Hospitals. Access within a senior-friendly environment ensures that the environment is universal to all users. Universal design principles ensure that the environment is universal to all people, to the greatest extent possible without the need for adaptation or specialized design.

Rationale for the Senior-Friendly Hospital approach at St. Joseph's Health Care:

Seniors are the most frequent users of hospital services and comprise over 63% of hospital days in Ontario. The average length of stay for seniors over the age of 75 is 22.5 days, compared to 10 days for the general population. Once in hospital, seniors have the highest risk of functional decline and failure to return home. It is projected that in the year 2010, there will be over 5 million elderly Canadians, with more than 50,000 in the London area. Thus it is essential that hospitals create policies and procedures that address the unique needs of senior clients and their caregivers.

Within St. Joseph's Health Care population statistics for St. Joseph's Hospital site reveal that 13% of all hospital admissions and 32% of all outpatients are 65 and older. Further, 12% of admissions to the Urgent Care Centre are 65 and older. At Regional Mental Health Care, London, seniors comprise 30% of all inpatients (97% on Geriatric Nursing Units and 3% on Non Geriatric Units) and approximately 24% of all outpatient visits. At Regional Mental Health Care, St. Thomas, seniors comprise 5% of all inpatients and 9% of all outpatients; however, there are no Geriatric Nursing Units at this site. At Parkwood, within the Geriatric Rehabilitation Unit (inpatient), Geriatric Day Hospital (outpatient) and Muskuloskeletal Unit (inpatient), the average age is 80 years old.

A Senior-Friendly Environment has the following elements:

Physical environment, process of care, ethics in clinical care and research, emotional and behavioural environment, organizational support. When a model with these elements is in place, all patients (including seniors) receive a targeted approach and best practice care. Care providers report increased job satisfaction and morale. Patient safety is increased, risk decreased and a decrease in length of stay is noted.

Senior-Friendly Initiatives at St. Joseph's Health Care:

Acute Care of the Elderly (ACE) Unit, Geriatric Emergency Management (GEM) and Geriatric Consultation-Liaison Team: A partnership between the London Hospitals.

This is a unique partnership between the two London Hospitals resulting in the establishment of several specialized geriatric services within London Health Sciences Center. The development of these new geriatric services in the acute tertiary centre was a Specialized Geriatric Services initiative to build capacity in the assessment and management of elderly in acute care. The goal was to develop a senior-friendly hospital, thereby contributing to improved health outcomes for seniors in the hospital.

Adverse Events task Force: (AEF)

The St. Joseph's Health Care AEF has revised the incident reporting form to include a number of items, one of which is delirium. Delirium has been shown to be the most common contributing factor to adverse events for seniors in hospital. This tool will allow the hospital to monitor the prevalence of delirium, assist staff in effective identification of delirium and support effective early management of delirium in senior patients.

Regional Delirium Initiative:

SGS has developed a regional delirium initiative, which uses an innovative approach to provide education to front-line workers in hospitals and Long Term Care Homes to ensure effective detection and management of delirium.

This project represents an innovative local and regional response to the Ontarians with Disabilities Act as it impacts on the quality of care provided to elderly Ontarians when they are admitted to St. Joseph's Health Care or its regional hospital and community partners.

Education:

St. Joseph's Health Care, the lead agency in the southwest in geriatric care, has initiated a number of successful education initiatives, which focus on effective assessment and care of frail seniors who reside in hospitals or long-term care settings. These include the Gentle Persuasion Approach, and the PIECES (Physical, Intellectual, Environmental, Cognitive, Emotional and Social) assessment. SGS staff also train St. Joseph's Health Care staff in the use of these tools and care approaches.

Outreach programs:

St. Joseph's Health Care is a leader in community outreach - effectively building the capacity of care partners in delivery of evidence-based care to seniors. In Mental Health, the Geriatric Discharge-Liaison Team and Outreach Team assist senior clients with long-standing mental health diagnoses to re-integrate into their communities. The teams achieve this by working effectively with community care partners.

The above key senior-friendly strategies demonstrate linkages of specific geriatric initiatives and key hospital strategies (patient safety, ODA, education and quality improvement) with involvement of major stakeholders and organizations in the region. Creating a senior friendly environment ensures that the hospital meet its ODA regulation by providing better care of the elderly, improving patient outcomes, reducing LOS, reducing mortality, using resources wisely, enhancing regional partnerships, reducing barriers, meeting accreditation standards and RNAO best practice guidelines.

Procedure

A Working Group is appointed annually by the Senior Leadership Team to develop the annual accessibility plan and regularly assess the access to St. Joseph's Health Care by persons with disabilities.

The Working Group reports to the City Wide Ontarians with Disabilities Steering Committee.

The annual accessibility plan is approved by the Senior Leadership Team and the Board of Directors.

Complaint/comments/suggestions regarding accessibility issues are forwarded to the Patient Relations Coordinators to be addressed and summarized for review by the Working Group.

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 or 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.

Barrier

Anything that prevents a person from disability from fully participating in all aspects of society because of his or her disability, including a:

- physical barrier (a door that cannot be operated by a person with limited upper body mobility and strength)
- architectural barrier (a hallway or door that is too narrow for a wheelchair or scooter)
- informational barrier (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 person)
- attitudinal (staff who ignore patients/visitors in a wheelchair)
- technological (a paper tray on a printer that requires two strong hands to open)
- policy/practice (announcing important messages over an intercom that people with hearing impairments cannot hear clearly or at all)

References

The Ontarians with Disabilities Act, 2001
www.gov.on.ca/citizenship/accessibility/

Accessibility for Ontarians with Disabilities Act, 2005

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/05a11_e.htm

Appendix D

Barrier-removal initiatives – 2003 - 2006

The SJHC Accessibility Working Group created a survey to document recent barrier removal initiatives in 2003 to 2006. Members of the Working Group issued the survey to various departments to collect information on recent barrier removal initiatives.

The following initiatives were recorded to identify, remove and prevent barriers to people with disabilities from the period of 2003- 2006.

a) Accessibility to Human Resources Department - Parkwood

Brief Description: Put in automatic open door for wheelchair accessibility.

Project status: *Completed*

b) Workplace Harassment and Discrimination Training

Brief Description: Train employees and leaders on Human Rights Code legislation, their responsibility, importance of awareness and SJHC corporate policy.

Project Status: *Ongoing.* Training is done every month for new employees and various sessions offered throughout the year for employees / leaders.

c) Automatic Applicant Tracking System

Brief Description: Computer program that enables applicants to apply electronically for positions and search for career opportunities.

Project Status: *Complete.*

Human Resources created a program to eliminate individuals from having to travel to HR offices to search and apply for jobs. Increased access by delivering 24 hours 7 days a week service. Interviews have been developed with sensitivity to disability issues.

d) Large Print Books in Patient Library at RMHC-L

Brief Description: Large print books to be used in the patient library and on the travelling book cart. The books will be of particular use to geriatric clients with visual impairment and other clients who may have visual problems associated with their medication. The large print books will allow all clients to enjoy the recreational and relaxing benefits of reading as well as research opportunities.

Project Status: *Ongoing,* will always continue to acquire large print books, particularly in response to specific requests

e) Special Collections at Parkwood Hospital Library Service

Brief Description: Special collections have been developed for the spinal cord injury patients and special shelving has been built to accommodate wheelchairs. A computer with adaptive equipment and a special wheelchair accessible desk is available. The special collections have audio books and large print books. Special attention is given to developing the collections for the veterans and special needs patients.

Project Status: *Ongoing* - adding new materials continually and improving the environment as funding provides.

f) Attendant Training (Acute Care training initiative)

Brief Description: Attendants, who are non-regulated personnel, are taught how to ambulate or transfer patients (one or two person transfers) with disabilities (if it fits within their Attendant scope of practice to care for that patient). Attendants are taught how to safely feed patients who may have disabilities. Attendants know how to address minor communications barriers with patients and families and know how to access resources for the patient / family in consultation with the clinical care team. The care team would create a specific plan to address identified barriers; the attendant would be informed and trained as needed by the clinical 'on unit' resources.

Project Status: *Ongoing* - Attendant orientation occurs as required in connection with General Orientation for new staff.

g) Patient Resident Education Advisory Committee (PREAC)

Brief Description: The PREAC committee supports teams / programs to access funds (or coaching) to develop learning materials or pays to translate current learning resources into other languages (as funds allow).

Project Status: *Ongoing* - funding is provided each year for departmental management to access for their teams.

h) Ivey Eye Institute Initiatives for a Barrier Free Environment

Brief Description: The London Advisory Committee for the Visually Impaired has representation from various professionals from the CNIB, LHSC, SJHC, as well as visually impaired consumers and a local optometrist.

Recent advances to help with a barrier free environment within the Ivey Eye Institute include:

- Use of 16 point font for the creation of pamphlets, letters and memos to those with visual impairment. The colour of the paper and printing must be high contrast. i.e. black on white or black on yellow.
- Recommending to cleaning staff to address the floors using a low gloss finish. This reduces glare for visually impaired.

- Regular education workshops and lectures to the visually impaired and general public providing them with the latest educational material and information regarding many topics directly and indirectly related to Eye Care. Past presentations included glaucoma, cataract surgery, age related macular degeneration, visual aids, psychology of dealing with vision loss as well as an entire day of paediatric ophthalmology and their caregivers.
- Linking of the Ivey Eye Institute Web site with the CNIB web site.

Project Status: *Ongoing.*

i) Increasing Accessibility at the Family Medical and Dental Centre

Brief Description: Three projects have been approved to increase accessibility:

- (1) Adaptation of interview /consultation room to accommodate larger electric wheelchairs for patients;
- (2) Lowering of reception counter to give more face to face level interactions with wheel chair patients;
- (3) Grab bars are being installed for patients in the examination rooms.

Project Status: *Completed*

j) Wayfinding Project

Brief Description: St. Joseph's Health Care with the help of Entro Communications has documented signage standards which comply with the ADA (American with Disabilities Act) and the ODA. All signs will meet criteria for character height, character proportion, finish, and contrast.

- Signs will have a foreground / background contrast level of 80%
- A Sans Serif medium font will be used for best readability
 - interior directional signs will have a cap height of 25 mm
 - suspended directional signs will have a cap height of 32 mm
 - departmental signs will have a cap height of 50 mm
 - exterior signs will have a cap height of 129 mm & 190 mm
- non glare materials will be used on sign surfaces
- all painted components will be painted with Grip Gard ® / Grip Flex ®. Paint will have a matte finish
- language free signage has been developed

Project Status: *Ongoing.* First phase of implementation has occurred on the recently constructed D. I. Surgical Building. Second phase of the work is schedule for implementation on August 12.

k) Accessibility Policy

Brief Description: An accessibility Policy has been developed by the Accessibility Working Group.

Project Status: *Ongoing.* Reviewed on an annual basis.

l) Accessibility Awareness Training

Brief Description: A brochure has been developed to raise disability awareness at new staff orientation.

Project Status: *Ongoing.* The Working Group will continue to develop learning options for staff on accessibility awareness.

m) Specific Accessibility Initiatives

Brief Description: Two washrooms at Parkwood Hospital have been upgraded to reflect the requirements for FADS (Facility Accessibility Design Standards). Grab bars have been modified; washroom accessories have been lowered and meet the design standards of FADS.

Modifications and replacement of millwork and sinks on a patient floor 4AN and 4AE are being completed to the principles of FADS.

Project Status: *Ongoing.* Opportunities to accommodate accessibility issues will be continually investigated for washrooms and entrances.

n) Project Accessibility Opportunities

Brief Description: Current construction project North package at St. Joseph's Health Care, London is being reviewed to look at accessibility within the facility for washrooms, corridors, location and mounting height of devices, turning radius for wheelchairs and scooters for cost effective solutions.

Recently submitted drawings to the MOH for the two new specialized mental health buildings at Parkwood Hospital and RMHC-St. have incorporated the design principles of FADS.

Project Status: *Ongoing.* Continued review and monitoring of the drawings in design development to try and accommodate accessibility issues.

o) Interpreters

Brief Description: All areas of SJHC are advised to provide trained interpreters for language and hearing impaired as required for communication about health care.

Across Languages and Canadian Hearing Society interpreters attend appointments with outpatients, assist patients at interdisciplinary team meetings, and as required. A telephone interpreter service will be added to the resources available for patients, residents and clients

Project Status: *Ongoing.* Ensure that all staff is aware of service available.

p) Ivey Eye Institute Staff Workshop Training

Brief Description: CNIB conducted a workshop focusing on Low Vision services, Children's services, Low Vision equipment as well as speakers who talked about growing up and working with vision loss. A visually impaired individual spoke on the aspects of using a guide dog. The intent of the workshop was to make the staff more aware of visual impairment. Also, an interactive session was conducted on how to physically escort visually impaired individuals.

Project Status: *Completed.*

q) Grab Bar Installation in Radiology

Brief Description: A grab bar was installed in the Radiology Department in the Outpatient Services at Parkwood Hospital. The grab was provided to allow patients to lift themselves into position for x-raying and diagnostic imaging.

Project Status: *Completed*

r) Patient Lift Initiative – Corporate

Brief Description: To facilitate in the movement of patients and to reduce injury to staff, patient lift devices are being installed in various programs throughout the hospitals four main sites.

Project Status: *Ongoing*

s) Accessible Front Entrances

Brief Description: To evaluate the accessibility of facilities, to meet the needs of visitors, staff, and patients. Consultants will conduct an assessment; generate a report for review and implementation of main entrances.

Project Status: *Complete*

u) Patient Bedroom Sink and Countertop Modifications

Brief Description: Patient bedroom sinks and countertops at Parkwood Hospital on Level 4AN, Spinal Cord and Brain Injury wing have been replaced and or modified to meet the FADS document for accessibility. In total 44 sinks and countertops were replaced or modified.

Project Status: *Completed*

v) Senior-Friendly Hospital Initiative

Brief Description: One of the strategic directions for Specialized Geriatric Services (SGS) at St. Joseph's Health Care is to lead in the creation of Senior-Friendly Hospitals. This work is in alignment with the seventh pillar of the Ontarians with Disabilities Act, which requires hospitals and other public organizations to increase the accessibility of their organizations in terms of the policies, which affect service delivered to persons with disabilities. At St. Joseph's health care a number of projects led by SGS have built policies, environments and processes, which address the needs of senior patients, at both London Hospitals. Access within a senior-friendly environment ensures that the environment is universal to all users. Universal design principles ensure that the environment is universal to all people, to the greatest extent possible without the need for adaptation or specialized design. See Appendix C for more detailed summary.

Project Status: *Initial Planning Stage*

w) Implementation of the RNAO Best Practice Guideline “Screening for Delirium, Dementia and Depression in Older Adults”

Brief Description: Delirium, dementia and depression are common clinical conditions of the hospitalized elderly in the London Hospitals. Hospital ‘barriers’ (e.g., physical, architectural, information/communication, attitudinal and practice barriers) can have significant impacts on these geriatric conditions. Delirium can result in increased morbidity and mortality. Implementation of the RNAO Best Practice Guideline “Screening for Delirium, Dementia and Depression in Older Adults” and elements of its adjunct, “Caregiving Strategies for Older Adults with Delirium, Dementia and Depression”, will help increase the interdisciplinary staff’s capacity to identify and provide quality elder care for those patients with one or more of these clinical conditions. The P.I.E.C.E.S.™ approach (please see [i], below) will be used in the implementation of these Best Practice Guidelines. It is planned that this initiative will be done in collaboration with St. Joseph Health Care, London to ensure a consistent London approach on these issues. See Appendix c for more detailed summary.

Status: Initial planning stage.

x) New Surgical Diagnostic Imaging Building

Brief Description: Construction of new \$30 million building to provide diagnostic imaging services to London was recently completed which provided increased washroom sizes and layouts, automatic door openers, wayfinding signage, increased number of handicap parking for cars and vans, drop off and pick up zones. Addressed transaction counters and workstations layouts to accommodate wheelchair patients and staff accessibility issues.

Project Status: *Completed March 2006*

y) New Geriatric Research Center

Brief Description: Renovation of an existing patient wing of 15,000 sq. ft is almost completed at Parkwood hospital. A number of issues were addressed in the design such as FADS design in washrooms, automatic door openers to rooms, flooring to assist people with visual impairment, multi-level counter heights to accommodate wheelchairs and functional seating.

Project Status: *Complete*

z) Flooring Standards

Brief Description: Conduct and extensive evaluation of flooring products to standardize on flooring that best suits the patient population needs and house keeping needs.

Project Status: *Ongoing*

aa) Healthy Vision Day - 2005

Brief Description: This workshop was conducted in conjunction with the IVEY Eye Institute, CNIB and other sponsors to promote an education forum for caregivers and individuals interested in eye care, provide an awareness of eye care related resources and provide a venue for patient/caregiver networking.

Project Status: *Completed*

bb) Accommodation to Hearing impaired clients in the Psychosis Program

Brief Description: Renovation of rooms at RMHC-L to accommodate the needs of staff to provide services to the hearing impaired for servicing of the STAR mental health program. Caregivers are providing tertiary mental health services to the deaf and hard of hearing - unit is located in STAR program at RMHC-L site.

Project Status: *Ongoing*



Appendix E

INTERPRETATION & TRANSLATION POLICY

DRAFT 9

PREAMBLE

St Joseph's Health Care London will ensure that all reasonable efforts are made to communicate health care information effectively with patients, residents, clients, substitute decision makers and families, consistent with our mission, vision and values. This policy is supported by best practices, College standards, and the 1997 Supreme Court of Canada Elridge Decision. This decision stated that "where sign language interpreters are necessary for effective communication in the delivery of medical services, the failure to provide them constitutes a denial of the Charter of Rights".

PURPOSE

Obtaining accurate histories, obtaining the patient's/SDM's/families' information and perspective of the problem(s), communicating diagnoses, test results, proposed plans of treatment require accurate understanding by the Health Care Professionals and patient/SDM, family. SJHC London ensures that patients/SDMs and families are fully and accurately informed through the use of professional interpretation and translation.

POLICY

When a communication barrier is identified, Health Care Professionals inquire into the preferred language. Language includes American Sign Language. When a need for oral interpretation is identified, an interpretation resource will be used to facilitate the communication process. When a need for written translation is identified, a translation resource will be used. SJHC London reserves the right (in collaboration with the patient/SDM/family) to select the most appropriate interpreter/translation service.

Family members and friends of the patient may interpret, but are not designated as interpreters of health care information for the purposes of this policy.

See Appendix for a list of Interpretation and Translation Services.

PROCEDURE

Access and Use of Interpreters:

1. Upon pre-admission procedure/telephone call, patient admission/presentation or transfer from another Unit/Program/site, all patients are asked, "In what language do you prefer to communicate?" If this information is unavailable, every effort is made to determine the most appropriate and accurate means of communication.
2. The appropriate Interpreter service is contacted to obtain consent for the involvement of their services in the provision of treatment. Utilize the attached chart (Appendix 1) that outlines the criteria for using the various interpreter resources, decide on the interpreter resource that best meets the need of the patient in that particular situation.
 1. If consent is obtained, continue with the process described below.
 2. If consent is declined, the patient is informed that treatment may be compromised, or it may not be possible to provide treatment.
3. There is a cost associated with these services, and the cost may be based on a minimum time for the service. Follow the protocol determined by the Program.

4.

A. To access the various interpretation resources, follow guidelines below:

- **for (External) Professional Health Care Interpreters:**
 - (Weekdays, Evenings, and Weekends):
Call Across Languages at 642-7247 or After Hours call 642-3001(Women's Community House) or fax at 642-1831 and request a health care interpreter. You will need to be prepared to provide the information listed below under 4.B.
 - All urgent situations: Language Line Services at 1-800-874-9426. Provide 6 digit Client ID: 252002 and Company Name: St Joseph's Health Care London. Provide the language needed and your Department. Verbal, over the telephone only.
 - **For language interpretation for the Deaf:** Call the Canadian Hearing Society Ontario Interpreter Services at 667-3325 (voice) / 667-3323 (TTY) /667-9668 (fax) weekdays between 9:00 - 5:00. To reach the After-Hours Emergency Interpreter Service, call TTY at 1-866-831-4657, or phone 1-866-256-5142; refer to Canadian Hearing Society Emergency brochure.
- for TTY (Teletypewriter)/TDD access:**
- Parkwood: Audiology and Pay Phone in lobby
 - SJ Hospital: Pay Phone located on main floor and Switchboard
 - RMHCL: none
 - RMHCS: none

- Mt Hope: none
- Bell Relay Service: 1-800-855-0511
- **For Deaf- Blind Intervenors:** Call CNIB 685-8420. In general there is a minimum of two weeks notice needed, but they will try to respond in an emergency. Individuals often have a personal intervenor. Therefore it is important to determine this and request this person. There are different communication systems (American Sign language, two hand manual, large print notes, print on palm etc), so it is helpful for them to know the system that is required. In an emergency, the patient may have some residual vision and ability to read notes, so it is appropriate to determine if this method will aid communication.

B. For Across Languages and Canadian Hearing Society interpreting situations, provide the following information:

- language needed and dialect (if applicable)
- client name
- client telephone number (out-patients)
- location (department/unit) and phone local
- unit/department contact person
- gender preference for interpreter , if appropriate
- type of situation (admission, test procedure information, etc.)
- date and time request needed, estimated amount of time needed
- method of billing

C. Translation Services:

- Across Languages at 642-7247
- Language Line Services: Document Translation 1 888 763-3364

DEFINITIONS OF TERMS

Interpretation: The process of rendering spoken language into another spoken language **OR** The process of rendering spoken language into a visual language (eg. American Sign Language ASL for the Deaf).

Translation: The process of rendering written communication into another language **OR** The process of rendering written communication into Braille.

Interpreters: Any person who formally provides interpretation for the purposes of this policy must meet the standards for health care interpreting: maintain confidentiality, impartiality/objectivity, have respect for the individuals and cultural sensitivity, are accurate and proficient in using both languages and in medical terminology, maintain role boundaries, and use a standardized interpreting format.

External Professional Health Care Interpreters (HCI): External specialists who have demonstrated proficiency in signing or language and interpretations skills. They have completed a rigorous training process and meet the standards for health care interpreting. Use of their service costs a fee.

Health Care Providers (HCP): A generic term to describe any professional health care giver.

Telephone Device for the Deaf (TDD/TTY): The Telephone Device for the Deaf (TDD) or Teletypewriter (TTY) transmits a visual signal over the standard telephone line. This technology is available for individuals with severe to profound hearing loss or poor speech recognition ability. As one person types his or her message, the signal is transmitted along the telephone line and is decoded at the other end by the TTY device. It is necessary for both parties to have a system to communicate.

Bell Relay Service: This service can also be used for telephone communication with the Deaf. Call 1-800-855-0511 to speak to a Bell operator who will place a TTY call to the Deaf patient. The hearing person speaks to the operator who will type the conversation to the Deaf patient and transmit the message to the patient's TTY. With Voice Carry Over the hearing impaired person can read your message on the TTY and respond using their voice.

REFERENCES

Consent Policy

Ontario Human Rights Code

Supreme Court of Canada Elridge Decision

Canadian Charter of Rights

APPENDIX 1

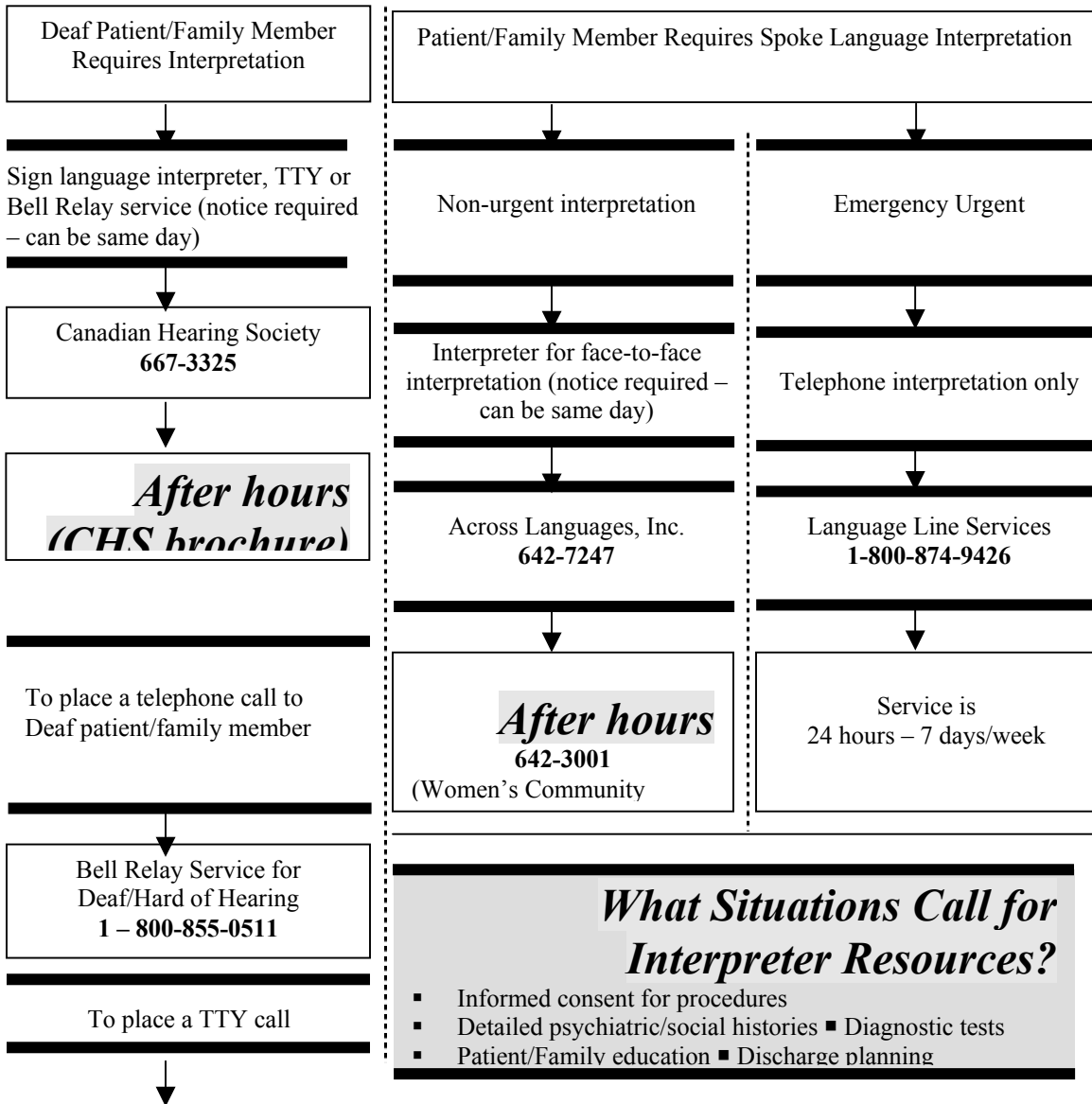
Chart: Criterion for Using Various Language/Sign Language Interpreters

Question	External Professional Health Care Interpreter	Language Line	TTY/Bell Relay
Who can access?	All SJHC staff, including physicians	All SJHC staff, including physicians	All SJHC staff, including physicians
Where?	All sites of hospital, available from Across Languages and other external agencies, including agencies for aboriginal languages and through OIS – Canadian Hearing Society’s Ontario Interpreting Services	All sites in hospital for emergent situations	
When?	Across Languages: 24 hours; however, from 1630 – 0830 calls are routed through Women’s Community House at 642-3001. Canadian Hearing Society: Between 9 am and 5 pm call 667-3325 first for a staff interpreter. After hours or emergency: call TTY: 1-866-831-4635, or phone: 1-866-256-5142. (After-Hours Emergency Interpreter Service brochure) CNIB: as much notice as possible required for deaf-blind intervenors. Phone: 685-8420	24 hours x 7 days a week	24 hours x 7 days a week
Availability?	Requires notice but may be available within same day.	Available within minutes	Available within minutes
What languages?	Languages as available from professional services. Canadian Hearing Society provides sign language interpreters for “American Sign Language” only. CNIB: request personal deaf/blind intervenor if patient has one; determine the communication system required	140 languages	Used by the Deaf, oral deaf and oral hard of hearing
What	<ul style="list-style-type: none"> ■ informed consent for treatment 	<ul style="list-style-type: none"> ■ brief factual 	<ul style="list-style-type: none"> ■ brief factual

situations?	<ul style="list-style-type: none"> ▪ detailed psychiatric/social histories ▪ diagnostic tests ▪ patient/family education ▪ discharge planning ▪ treatment sessions ▪ detailed technical explanations ▪ assessments 	information <ul style="list-style-type: none"> ▪ verbal only, no face-to-face interaction 	information <ul style="list-style-type: none"> ▪ verbal only, no face-to-face interaction
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INTERPRETER RESOURCES DECISION GUIDE

Patient or Staff Identifies Barrier to Effective Communication
 Patient is asked *What language do you prefer to communicate in?* Staff obtains consent for Interpreter Service



Telephone Devices for the Deaf
Located in:
Parkwood Audiology, lobby
SJ Hospital main floor and
Switchboard

Who Can Access Interpreter Resources?

All Interpreters Resources can be accessed by all physicians

QUICK REFERENCE

INTERPRETATION SERVICES

Across Languages, Inc

Spoken Language Interpreters
642-7247

After Hours

642-3001

(Women's Community House - has list)

Canadian National Institute for the Blind

Deaf- Blind Intervenors

685-8420

Canadian Hearing Society

Sign Language Interpreters

667-3325

After Hours/Emergency:

TTY: 1-866-831-4657; Phone: 1-866-256-5142

Language Line Services

1-800-874-9426

Bell Relay Service for Deaf/Hard of Hearing

1-800-855-0511

Telephone devices for the Deaf (TTY)

- Parkwood: Audiology, Pay Phone in lobby
- SJ Hospital: Pay Phone on main floor and Switchboard

PROVIDE TO INTERPRETATION SERVICE

(Across Languages and Canadian Hearing Society)

- client name
- telephone number for Out-Patients
- language needed and dialect (if known)
- dept/unit & local ext. & contact name
- gender preference
- situation (admission, procedure)
- date and time of request
- estimated amount of time needed

What is a Barrier?

- Anything that prevents a person with a disability from fully participating in all aspects of society.
- This includes physical, architectural, informational or communications, attitudinal or technological barriers, a policy or procedure.

Resources

- *Accessibility for Ontarians with Disabilities Act, 2005 (plain language guide with link to the full act)*
http://www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/what/AODA_guide.htm
- *FADS (Facility Accessibility Design Standards)*
<http://www.london.ca/accessibility/guide.htm>
- *SJHC 2006-2007 plan*
<http://www.sjhc.london.on.ca/corp/public/oda/oda.htm>

How to Help

- We encourage everyone to communicate barriers anyone may have or will be faced with when visiting any of SJHC's facilities.
- An email account has been set-up in Group wise, simply key in the word "**Accessibility**" and your email will be sent to a designated member of the Accessibility Working Group who will ensure the information is passed along to the appropriate person(s) and will follow-up with the findings.

SJHC is committed to the continuous improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities.

New Members

If you are interested in joining the Accessibility Working Group send an email to "**Accessibility**" stating your intent to join the Accessibility Working Group and you will be contacted.



**Our commitment
to
Accessibility**

Draft

**Architectural
Attitudinal
Communication
Physical
Systemic
Technological**



What is the ODA?

The Ontarians with Disabilities Act, 2001 (ODA) was designed to improve the identification of visible and invisible disabilities, removal of and prevention of barriers faced by persons with disabilities.

The ODA requires hospitals to prepare annual plans which describe the measures SJHC has taken in the past year and the measures SJHC will take during the current year to identify, remove and prevent barriers within the organization's facilities.

What is the AODA?

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) replaces the ODA.

The AODA provides for the development of standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025.

The standards are divided into stages with each stage to be achieved in five years or less.

Each organization (public or private) is responsible for ensuring their facilities meet the set standards by the outlined time frame or penalties can be applied.

What is the Accessibility Working Group?

The Accessibility Working Group includes representatives from across all SJHC sites that work together to complete the annual plan that is submitted by SJH to the Accessibility Directorate of Ontario, Ministry of Community and Social Services. We are partnered with LHSC Accessibility Working Group and The City of London.

The group is responsible for:

- Reviewing recent initiatives and successes in identifying, removing and preventing barriers
- Identifying barriers that may be addressed in the coming year
- Setting priorities and developing strategies to address barrier removal and prevention
- Specifying how and when progress is to be monitored
- Writing, publishing and communicating the plan

A few examples of Barrier-Removal Initiatives:

- Development of Accessibility Policy
- Installation of automatic door for wheelchair accessibility to Human Resources at Parkwood
- Workplace harassment and discrimination training
- Large print books in patient library
- Increased accessibility to Family Medical and Dental Centre
- Accessibility Awareness Training offered throughout the year
- Grab bar installation in Radiology
- Improved access to sign language & interpreters in all areas of SJHC
- Installation of visual Fire Alarms at RMHC-London