

**Accessibility Plan  
For  
Orillia Soldiers' Memorial Hospital  
  
2017/18 update**

*Reviewed by*  
OSMH Accessibility Planning Committee  
October 4, 2017

This publication is available on the hospital's website  
([www.osmh.on.ca](http://www.osmh.on.ca))  
and in alternative formats upon request

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## EXECUTIVE SUMMARY

During the 2016/17 year, the Accessibility Committee has remained active in the identification and resolution of barriers to accessibility. Ontario Regulation 191/11 under the Accessibility for Ontarians with Disabilities Act, 2005 and its Standards, require designated public sector organizations to *“establish, implement, maintain and document a multi-year accessibility plan, which outlines the organization’s strategy to prevent and remove barriers and meet its requirements under [the] regulation and review and update the accessibility plan at least once every five years”*. Public Sector Organizations are also required to *“prepare an annual status on the progress of measures taken to implement [these strategies] and post a status update on their website”*

Among the highlights for this year was the relocation of the clinical consultation and education rooms for patients of the Regional Kidney Care Program Simcoe Muskoka. For several years, the rooms were located in small and inaccessible rooms located off the hallway that served as a main artery between the cafeteria, library, medical affairs and front entrance. The rooms were relocated to much roomier and more appropriate space on the 2<sup>nd</sup> floor of the hospital. OSMH also completed a major renovation to the NICU (Neonatal Intensive Care Unit), more than doubling the pre-existing space and bringing the area up to appropriate standards.

From an equipment perspective, the hospital completed a purchased of new wheelchairs in 2017, 20 in total, all of which have a 500 lb. weight capacity addressing a need identified by the OSMH Accessibility Advisory Committee for more bariatric wheelchairs.

Also of note, in the Spring of 2017, the Hospital began the Future Hospital project that will help to determine the major physical infrastructure requirements of the hospital moving forward. The project will likely lead to significant construction, renovation and demolition in the years ahead which will require frequent and ongoing consultation with the Accessibility Advisory Committee. Respectfully submitted,

Mr. Terry Dyni  
OSMH Director, Community Relations  
Chair, OSMH Accessibility Committee

October 4, 2017

**Table 1: Barriers to Accessibility:**

Barrier/Requirement	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>General Requirements</b>						
<b>Customer Service Training</b>	Improve Awareness	Educate staff	Improved information for staff	The Canadian Hard of Hearing Association (CHHA) Simcoe County Association for the Physically Disabled (SCAPD) CNIB	<b>e-learning committee</b>  <b>Faye Blewett Manager, Volunteer Resources</b>	<p>An updated e-learning for all staff, credentialed staff and volunteers was rolled out in Fall 2016</p> <p>Laura Joyce, sight impaired member of the Accessibility Committee will attend the October 2017 quarterly meeting for the volunteers for sensitivity training for the sight impaired.</p> <p>Investigate having Rev. Cathy O'Connor Provide deaf/hard of hearing sensitivity training for the volunteers at a future meeting</p> <p><b>All new staff, volunteers and students receive the training in orientation</b></p>

Barrier/Requirement	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>Customer Service</b>	Provide a means for site impaired and deaf/hard of hearing patients to be notified when they are in waiting rooms.	Investigating alternatives (i.e. staff training)				Investigated potential for vibrating pagers. Seeking out other options.
<b>Other Identified Barriers</b>						
<b>Bariatric Accessibility</b>	Ensure there is enough bariatric equipment to serve the needs of the bariatric population.	<p>1.Ensure that future renovations of public spaces meet the minimum door way opening for bariatric equipment.</p> <p>2. Obtain a bariatric wheelchair for volunteer services</p> <p>3. Ensure there is an adequate supply of bariatric equipment for in-patients with that need</p>	Complete an inventory of bariatric equipment and develop a request for the 206/17 capital equipment for outstanding needs		<p><b>Facilities</b></p> <p><b>Manager Volunteer Services</b></p>	<p>Committee walk-through completed in August 2016</p> <p>All current renovations ensure that design meets accessibility requirements where possible. Examples include the Front Lobby project and NICU renovations where the Committee has been consulted</p> <p>Hospital secured 20 new wheelchairs in 2017 to address need for more bariatric wheelchairs.</p>

Barrier/Requirement	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>Elevators</b>	Audio in at least one hospital elevator	Improve Accessibility	Improve accessibility for sight impaired. Have an audio message that help is on its way.	Capital Budget	<b>Facilities/Capital Equipment Committee</b>	This has been added to the 5 year renovations plan - require compliance by 2025 under the AODA
<b>Physical</b>	Improve accessibility to DI services for patients with mobility issues	Overhead lifts in Bone Density Unit, CT and 1 radiology room	Improved access	Capital Budget	<b>Capital Equipment Committee ongoing</b>	<p>Installation of 66 overhead lifts over 3 years commenced in Aug 2013. Lift in bone density installed with an incorporated weigh scale. Units to be installed in Nuclear Medicine (complete) and CT (CT lift to be incorporated with CT replacement project) . Unable to install lifts in radiology due to structural concerns. The overhead lift in bone density is not working correctly because of the ceiling height. This will be corrected with renovations in the DI area. (Issue has been resolved with additional site set-up by the installation contractor).</p> <p><b>Ongoing</b></p>

Barrier/Requirement	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>Physical</b>	Door buttons at entrances to be accessible for people in wheelchairs	Buttons at OPD entrance too high	Ensure buttons are proper size and properly placed for accessibility		<b>October 2016 Facilities</b>	The exit buttons in the front lobby were installed with the Lobby renovation in October 2015. (To be completed by October 15th, 2017)

Barrier/Requirement	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>Way Finding</b>	Improve way finding signage at the Dialysis Entrance, Volunteer Drive	<p>1. Way-finding maps to be developed by Community Relations. Color coded with Primary Colours and with directions to the most commonly used areas. These will be available at the dialysis entrance, main entrance volunteer desk and the accessible entrance.</p> <p>2.A new hanging banner directing people to the accessible phone is being investigated.</p>	Improved way finding, less disruption in the dialysis corridor offices	Operating Budget	<p><b>Facilities/Community Relations.</b></p> <p>Facilities by December 16/16</p>	<p>Maps are in development</p> <p>The telephone is not being used to ask directions. The signage will be changed to be more visible and indicating the phone is a 40 decibel (additional ceiling hung signage installed)</p> <p>Working with Derek regarding floor plan signage</p>
<b>Way Finding</b>	Improve signage to ER on the main floor at the exit from the Harvie elevators				Doug Murray and Pat McCarthy	Under consideration

**Table 2: Identified Barriers to Accessibility: Resolved**

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>General requirements under AODA</b>						
	Door buttons at entrances to be accessible for people in wheelchairs	Exit buttons from main lobby small and under railing.	Ensure buttons are proper size and properly placed for accessibility		<b>October 2015 Facilities</b>	The exit buttons in the front lobby were installed with the Lobby renovation in October 2015. <b>Complete</b>
	Procuring or acquiring goods, services or facilities				<b>Materials Management</b>	Accessibility criteria added to RFP's fall 2012. <b>Complete</b>
	Provide Accessible self-Service Kiosks				<b>Facilities Planning Committee</b>	Committee aware of requirement <b>Ongoing</b>
	Establish and maintain accessibility polices				<b>Chair AODA Committee</b>	Review every 3 years <b>Ongoing</b>
	Establish, implement, maintain & document a multi-year accessibility plan, post on website, review every 5 years, and prepare an annual status report				<b>Accessibility Committee</b>	Plan initially developed under the ODA in 2001. Each year it has been updated with newly identified barriers and progress. Most recently, the plan has been updated with the requirements for the AODA standards. It is reviewed and posted annually in September. There is an accessibility portal on the OSMH website <b>Ongoing</b>

<b>Barrier</b>	<b>Objective</b>	<b>Means to Remove/prevent</b>	<b>Performance Criteria</b>	<b>Resources</b>	<b>Timing Responsibility</b>	<b>Current Status</b>
<b>Training</b>	Provide training on the Integrated Accessibility Standards (IASR) and the Ontario Human Rights Code (related to disabilities)	Update the current training on customer service to include the IASR and Human Rights	Training is provided in all orientations and ongoing for current staff		<b>complete</b>	New employees, volunteers and students receive training on the customer service and the integrated standards. <b>Ongoing</b>
<b>Customer Service Training</b>	Improve Awareness	Educate staff	Improve information for staff	The Canadian Hard of Hearing Association (CHHA) Simcoe County Association for the Physically Disabled (SCAPD) CNIB e-Learning	Ongoing <b>Accessibility Committee/ Human Resources</b>	Training for staff, volunteers and students received at Orientation by Manager Occupational Health, IPAC. <b>Ongoing/Orientation</b>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>Requirements under Information &amp; Communications Standard</b>						
<b>Communication Accessible websites and web content</b>	Make websites and web content accessible	<p>By Jan 1/14, a new website or if existing site undergoes a significant refresh, the site and any content published after Jan 1/12 must conform to <b>WCAG 2.0 Level A</b></p> <p>By Jan 1, 2021, all public websites and all web content on these sites published after Jan 1/12 must conform to <b>WCAG 2.0 Level AA</b></p>			<p><b>WCAG 2.0 Level A Jan 1/14</b>  <b>WCAG 2.0 Level AA Jan 1/21</b></p> <p><b>IT Management Team (internal website)</b></p> <p><b>Community Relations (external website)</b></p>	<p>Website Redevelopment Project underway. Stakeholder consultation ongoing with plans to issue RFP in Fall 2017. New build in 2018, pending budget approval.</p> <p><b>Ongoing</b></p>
<b>Emergency and Public safety Information</b>	Make emergency and public safety information available on request	Accessible formats			<b>Community Relations</b>	<p>When an outbreak occurs, there are news releases to all media: newspaper, TV, radio as well as an update on the OSMH external website and signs posted at all entrances.</p> <p><b>Ongoing</b></p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>Accessible Formats and Communication Supports</b>	Upon request, provide or arrange for the provision of accessible formats and communication supports for persons with disabilities				<b>January 1, 2015</b> <b>Communications</b>	Provision of Interpretative services, and Assistive Listening Devices already in place for the hard of hearing.  <b>Complete &amp; Ongoing</b>
<b>Accessible Feedback Process</b>	Ensure the processes for feedback are accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports upon request. Also includes notification of public of this availability				<b>January 1, 2014</b> <b>Public Relations/Communications</b>	The following is on the "Contact Us" section of the OSMH home page: <i>"Accessibility feedback formats available upon request."</i>  <b>Ongoing</b>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>Requirements under Employment Standards</b>						
<b>Workplace Emergency Response</b>	Provide individualized workplace emergency response information to employees who have a disability.					This is assessed during new employee assessment and RTW meetings. Will be included in the new employee assessment policy and procedure when updated.  <b>Ongoing</b>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<p align="center"><b>Recruitment</b></p>	<p align="center">Notify employees &amp; the public about the availability of accommodation for applicants with disabilities in it's recruitment process</p>	<p>1. Consult with a selected candidate who requests accommodation and provide or arrange for the provision of a suitable accommodation in a manner that takes into account the applicant's accessibility needs.</p> <p>2. Notify all successful candidates of OSMH's policies for accommodating employees with disabilities</p> <p>3. Notify successful job applicants that accommodations are available in relation to materials or processes to be used upon request.</p>		<p align="center"><b>Human Resources &amp; OH&amp;S</b></p>		<p>1. When a request is made, Human Resources and/or mgmt ensures individual needs are taken into account by contacting them directly. <b>Complete &amp; ongoing</b></p> <p>2. All new employees are informed of Accessibility policies during new employee orientation <b>Complete &amp; Ongoing</b></p> <p>1. All new employees are informed accommodations are available upon request. <b>Complete &amp; Ongoing</b></p>

<b>Barrier</b>	<b>Objective</b>	<b>Means to Remove/prevent</b>	<b>Performance Criteria</b>	<b>Resources</b>	<b>Timing Responsibility</b>	<b>Current Status</b>
<b>Recruitment</b>	Notify employees & the public about the availability of accommodation for applicants with disabilities in it's recruitment process	Inform all employees of policies used to support employees with disabilities including job accommodations	Accommodation needs met	Occupational health	<b>Occupational Health (OH&amp;S)</b>	All new employees are made aware of the return to work (RTW) and accommodation processes during new employee orientation. There is ongoing re-education on these processes including when there is a change to policy.  <b>Complete and ongoing</b>
<b>Return to Work (RTW) Process</b>	Have a RTW process in place for employees with disabilities and/or require disability-related accommodations to RTW					RTW process is well established at OSMH  <b>Complete/Ongoing</b>
<b>Documented Accommodation Plans</b>	Provide documented individual accommodation plans for employees with disabilities		Accommodation plans are available for all disabled employees who require it		<b>January 1, 2014 OH&amp;S and Human Resources</b>	Accommodation process in place however needs a formalized policy and procedure. Currently in development and will be ready for roll-out December 2013 <b>Ongoing</b>

<b>Barrier</b>	<b>Objective</b>	<b>Means to Remove/prevent</b>	<b>Performance Criteria</b>	<b>Resources</b>	<b>Timing Responsibility</b>	<b>Current Status</b>
<b>Performance Management</b>	An employer will take into account the accessibility needs of employees and accommodation plans when using it's performance management process				<b>January 1, 2014 Human Resources</b>	HR Individualized approach at this time. HR to meet with management team to ensure accommodation needs are identified and addressed in their biannual performance reviews with employees. <b>Ongoing</b>
<b>Accessible formats &amp; Communication Supports for employees</b>	In consultation with a disabled employee who requests accessible formats or communication supports, these supports shall be provided.	Provide accessible format/ communication support for: 1. information that is required for the employee to perform their job 2. information that is generally available to other employees	Accessible format and/or communication support is available	OH&S	<b>Complete</b>	OH&S evaluates this with RTW and accommodation requests as well as during the new employee assessment. An example, recently Dragon Speak was provided to an employee to allow her to be able to work due to a workplace disability <b>Ongoing</b>

<b>Barrier</b>	<b>Objective</b>	<b>Means to Remove/prevent</b>	<b>Performance Criteria</b>	<b>Resources</b>	<b>Timing Responsibility</b>	<b>Current Status</b>
<b>Career development and advancement</b>	An employer will take into account the accessibility needs of employees and accommodation plans when providing career development and advancement to its employees				<b>Complete</b>	Individualized growth planning is completed in the current performance appraisal process which allows for consideration of individual needs.  <b>Ongoing</b>
<b>Redeployment</b>	An employer will take into account the accessibility needs of employees and accommodation plans when redeploying employees with disabilities					OH&S sends a weekly modified workers list to the evening/ weekend coordinators so they are aware of these temporary accommodation needs. As well, quarterly, they receive a permanent accommodation list with the permanent restrictions so employees are deployed appropriately. <b>Complete/Ongoing</b>
<b>No requirements for OSMH under the Transportation Standard</b>						

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>Requirements under Design of Public Spaces Standards (effective Jan 1, 2016)</b>						
<b>Exterior Paths of Travel</b>	When providing new and redeveloping exterior paths of travel – i.e. outdoor sidewalks & walkways, ramps, stairs, curb ramps – they must follow certain technical requirements	<ol style="list-style-type: none"> <li>1. Must follow minimal width and height requirements</li> <li>2. the slopes cannot exceed certain ratios</li> <li>3. surfaces of ramps and stairs must be firm, stable and slip resistant</li> </ol>			<b>Facilities Planning Committee</b>	<p>Department/Committee aware of requirements At this point there are no plans to add or alter walkways, etc. When this is required we will follow the most current Building Codes and AODA recommendations</p> <p><b>Ongoing</b></p>
<b>Parking</b>	Improve Staff Handicap Parking	Currently flexible spots as needed , Improve Accessibility	Health and Safety Standards	Occupational Health/ Facilities	<b>Occupational Health/Facilities</b>	<p>Currently meeting standards for regular handicap spaces. Staff access needs addressed on an as needed basis through return to work/ disability management process. Kiwanis parking available for short term parking to accommodate visitors such as Emergency</p> <p><b>Complete/ Ongoing</b></p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<p><b>Make Service counters, and waiting areas accessible</b></p> <p><b>Note: OSMH does not have fixed queuing guides</b></p>	<p>When building new or making changes to service counters and waiting areas, accessibility standards must be followed</p>	<p><b>Service Counters:</b> Low enough for someone sitting in a mobility aid; enough clear space in front for a person in a mobility aid to approach the counter, including space for their knees; if there is a queuing line for several counters i.e. a coffee shop, each counter must be accessible.</p> <p><b>Waiting areas:</b> 3% of the new seating must be accessible; no fewer than 1 seating space is accessible</p>			<p><b>Facilities Planning Committee</b></p>	<p>Facilities Planning Committee aware of requirements and will incorporate requirements into new build and renovations</p> <p>AODA Standards, in consultation with Committee ongoing during major renovations</p> <p><b>Ongoing</b></p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<b>Maintain the accessible parts of Public Spaces</b>		1. Develop preventative and emergency maintenance procedures for the accessible parts of OSMH's public spaces 2. Develop procedures for handling temporary disruptions in service	1. posting when regular maintenance occurs, letting people know alternatives 2. Putting up signs explaining the disruption and outlining alternatives		<b>Facilities Department</b>	During emergency repairs in public areas, signage is posted and re-routing is indicated if necessary. Where possible, situation is isolated, made safe and repairs are conducted off-hours. For temporary disruptions in service, notice is always provided, contingency plans/systems in place. Where possible, planned disruptions are scheduled off-hours to minimize impact to operations of the hospital. Examples of these procedures include renovations to the Front Lobby, and flooring replacement in the Main floor Soldiers-Harvie Wings  <b>Ongoing</b>
<b>Other identified barriers</b>						
<b>Patient Information</b>	New brochure	Outline services available for patients with special needs	Awareness of accessible services for patients and family			<b>Complete</b>

<b>Barrier</b>	<b>Objective</b>	<b>Means to Remove/prevent</b>	<b>Performance Criteria</b>	<b>Resources</b>	<b>Timing Responsibility</b>	<b>Current Status</b>
<b>Elevators</b>	EJW Upgrade	Improve Accessibility	Universal Accessible Design	Hospital Capital Budget – est. \$50,000 per year	<b>NA</b>	Quote and terminology requested re “universal accessible design” <b>EJW elevator timeline exceeds lifespan of building. No further action</b>
<b>Physical</b>	Chiropody ramp is difficult for people who use wheelchairs to maneuver.	As Chiropody will remain in current building – go to Senior Team to discuss a move	Improve Access	Capital Budget	<b>NA</b>	With the divestment of Chiropody, this is no longer required. <b>No further Action</b>
	Patients wait at front entrance to be picked up and have to stand or stay in wheelchair.	Install bench.	Convenience for Patients who may not be able to stand for extended period of time.	Donated Funds	<b>Facilities</b>	Bench installed at main entrance August 2012. <b>Complete</b>
	Diagnostic Services	Ensure accessibility	Lifts in place for assistance.	Capital Budget	<b>Facilities</b>	Tour of DI by Accessibility Committee member June 2012. <b>Complete</b>
	Improve Signage to Regional Women and Children’s Program	Lower the sign, change to a non-reflective background, use larger letters			Complete	Way finding signage updated

<b>Barrier</b>	<b>Objective</b>	<b>Means to Remove/prevent</b>	<b>Performance Criteria</b>	<b>Resources</b>	<b>Timing Responsibility</b>	<b>Current Status</b>
<b>Washrooms</b>	Renovate 1 per year	Improve accessibility	Barrier-free Standards	Maintenance – est. \$5000 – \$7500 per washroom	<b>Facilities Ongoing</b>	As of Sept/09 there are 71 accessible washrooms out of 222 throughout the facility this number includes patient washrooms. Creation of an accessible washroom across from human resources not feasible. There is a barrier free washroom located across from the back entrance to the cafeteria on EJW1. <b>No further action</b>
<b>Way Finding</b>		Post name of entrance	Improved Information for patients	Operating Budget	<b>Facilities Fall 2012</b>	Signage at the entrance to Volunteer Drive indicating the name of the entrance.  <b>Complete</b>

## **The Accessibility Planning Committee**

### **Establishment of the Accessibility Planning Committee**

The Chief Executive Officer in consultation with the Board of Directors formally constituted the Accessibility Planning Committee in April 2003. The Planning Committee was authorized to:

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

## Members of the Accessibility Planning Committee

The following individuals are the current appointees to the Planning Committee:

<i>Committee Member</i>	<i>Department</i>	<i>Contact Information</i>	
Patrick McCarthy	Director Facilities/Redevelopment	705-325-2201	<a href="mailto:pmccarthy@osmh.on.ca">pmccarthy@osmh.on.ca</a>
Nancy Lovatt	Rehabilitation Services	705-325-2201	<a href="mailto:njlovatt@osmh.on.ca">njlovatt@osmh.on.ca</a>
Brenda Jenkins	Community Member	N/A	<a href="mailto:brenda.don@bell.net">brenda.don@bell.net</a>
Diane Jackson	Patient Representative	705-835-7054	N/A
Terry Dyni	Director Community Relations	705-325-2201	<a href="mailto:tadyni@osmh.on.ca">tadyni@osmh.on.ca</a>
Laura Joyce	Community Member	705-327-2068	<a href="mailto:blinkj@rogers.com">blinkj@rogers.com</a>
Chris Creasor	Community Member		<a href="mailto:ccreasor@hotmail.ca">ccreasor@hotmail.ca</a>
Rev. Cathy O'Connor	Community Member	705-325-4068	<a href="mailto:occonnorc@rogers.com">occonnorc@rogers.com</a>
Marlene Nevill	Administrative Services	705-325-2201	<a href="mailto:mhneville@osmh.on.ca">mhneville@osmh.on.ca</a>
Derek Desroches	Community Relations Specialist	705-325-2201	<a href="mailto:djdesroches@osmh.on.ca">djdesroches@osmh.on.ca</a>

## Background

The purpose of the Ontarians with Disabilities Act, 2001 (ODA), S.O. 2001, C.32, is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to full participation in the life of the province. To this end, the ODA requires each hospital to prepare an annual accessibility plan, to consult with persons with disabilities in the preparation of this plan and to make the plan public.

More recently, on October 13, 2005 the provincial government also enacted the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), S.O. 2005, Ch. 11. This Act, which will repeal the ODA when s. 42 is proclaimed by the Lieutenant Governor, establishes a requirement that organizations, in addressing accessibility barriers, meet accessibility standards to be established by provincial standards development committees. The composition of the committees and the terms of reference are established by the Act.

The effect of the two Acts is a recognition and legislated mandate to ensure minimum accessibility standards applicable to particular industries, organizations and persons, for implementation on or before January 1, 2025, or sooner if so prescribed by law.

The first annual plan (2003 – 2004) prepared by the Accessibility Planning Committee of Orillia Soldiers' Memorial Hospital (hereinafter referred to as OSMH). Described:

1. the measures that OSMH has taken in the past,
2. the measures that OSMH would take during the year (2003 – 2004) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of OSMH. This includes patients and their family members, staff, health care practitioners, volunteers and members of the community.

Between 2004 and present OSMH committed to the continual 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, and to the provision of quality services to all patients and their family members and members of the community with disabilities.

Throughout that period, and on an ongoing basis, OSMH continued to implement measures to address identified barriers in access to facilities, programs, and services, and to identify, remove and prevent additional barriers to people with disabilities who live, work in or use the facilities and services of OSMH . This includes patients and their family members, staff, health care practitioners, volunteers and members of the community.

The Accessibility Planning Committee has worked hard to eliminate as many of the physical barriers within the building as is reasonably possible. Most of these barriers have been fully remedied over the years, although some have been only partially or minimally resolved. With the construction and opening of the Community Tower, the addition of the new MRI suite in 2007 and the retrofitting of older areas of the hospital, OSMH continues to implement barrier-free architectural designs and equipment into new construction. Improvements include the installation of barrier-free elevators, washroom, patient services counters in nursing stations, fire alarms and doors/facility access routes. In addition, project quotes in many cases include upgrades to the original facilities. That upgrading continues.

### **Aim**

The 2017/18 plan continues the work of the Committee, building on the measures that OSMH has taken in the past. Included is a status report on measures that OSMH took during the years 2003 – 2017, to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of OSMH. The 2017/18 plan will provide an update on previously addressed barriers and identified requirements under the AODA standards.

### **Objectives**

This plan:

- i. Reviews efforts at OSMH to remove and prevent barriers to people with disabilities over the past year.
- ii. Requires that OSMH review and revise as necessary by-laws, policies, programs, practices and/or services that OSMH in the coming year to identify barriers to people with disabilities.
- iii. Describes the measures OSMH will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- iv. Describes how OSMH will make this accessibility plan available to the public.

## **Description of Orillia Soldiers' Memorial Hospital**

Orillia Soldiers' Memorial Hospital (OSMH) serves the people of Orillia and the surrounding region. We are a general hospital providing programs, services and education in Acute Medical and Surgical Care, Diagnostics, Emergency and Critical Care, Mental Health, Oncology, and Rehabilitation, as well as serving as a regional referral centre in a number of fields of expertise. Our specialized regional programs include Dialysis, Level II Obstetrics, Paediatrics and Neonatal Services, Ophthalmology, Genetics, Paediatric Diabetes Education, Paediatric Oncology, and Sexual Assault/Domestic Violence. We are also a Schedule 1 Mental Health facility, and we provide a variety of sub-specialty, diagnostic and clinical services which are unique in the region which includes a state-of-the-art MRI suite.

OSMH continues to demonstrate a high volume of admissions, particularly in some areas such as emergency, dialysis, and obstetrics. OSMH typically registers more than 50,000 emergency care visits each year. We provide a comprehensive range of surgical services. We have a Diabetic Education program to support our community demographic. We offer in-patient and day services in Mental Health, and we continue to work in partnership with other services and programs, such as Children's Treatment Network and Regional Infection Control Networks, to provide ongoing services to our communities.

We continue to endeavour to attain our vision of *Excellent Compassionate Care...Everyday* by providing excellence through leadership and partnership in our Local Health Integration Network and with other community partners. In this way we respond to address community needs by continuously improving quality and expanding the range of our services.

## **Hospital Commitment to Accessibility Planning**

At its meeting on May 27, 2003, the Board of Directors approved the establishment of a committee and Terms of Reference for the Committee with the following mission and aims:

**Mission:** *to develop, implement, review, and revise a program as per AODA that will help identify and remove barriers in the workplace and within our facilities and programs including physical and non-physical.*

**Aims:** to ensure all barriers are identified within our facilities and workplace; identify short term and long term goals in an effort to eliminate barriers; ensure an annual review is completed and long-term plans are updated and adjusted based on progress made in eliminating barriers; liaise with persons in the community who have a disability to ensure all barriers are identified.

The Chief Executive Officer authorized the Accessibility Planning Committee to prepare an accessibility plan that will enable OSMH to meet this mission.

### **Barrier Removal Initiatives**

In the past, there have been a number of informal initiatives at OSMH to identify, remove and prevent barriers to people with disabilities:

- a. Barrier-free expansion and redevelopment planning.
- b. Review of suggestions received to improve access.
- c. Review of complaints/concerns about access issues received.

### **Barrier Identification**

In its review over the years, the Accessibility Planning Committee has identified barriers based on the following categories:

- a. Physical
- b. Architectural
- c. Informational or communication-based
- d. Attitudinal
- e. Technological
- f. Policies and practices

### **Barriers Addressed Through Hospital Redevelopment**

- a. Electrical requirements – controls for lighting meet the Ontario Building Code requirements for persons with disabilities.
- b. Mechanical – mechanical requirements include provisions to support barrier free water closets, showers, washbasins and sink fittings.

### **Ongoing Review and Monitoring Process**

The Accessibility Planning Committee will meet quarterly to review progress and will update the plan on an annual basis. At each quarterly meeting, the Committee will remind staff, either through personal contacts or by e-mail, about their roles in implementing the plan.

### **Ongoing Communication of the Plan**

The hospital's accessibility plan will be made available to both internal and external audiences in various ways. These will include:

- 1. The entire plan will be posted as a PDF document on the hospital's website at [www.osmh.on.ca](http://www.osmh.on.ca).
- 2. A large print version with 16 point font as recommended by the Canadian National Institute for the Blind will also be posted on the website.
- 3. In addition, for internal audiences the plan is posted on intranet.
- 4. Communication will be in the Mirror (OSMH Staff Newsletter) and Blur Smock News (OSMH Volunteer Newsletter) announcing the plan and explaining where it can be accessed.
- 5. A bulletin board display annually during the first week of May to display the Accessibility Plan to internal audiences during National Access Awareness Week.