



Cornwall Community Hospital  
Hôpital communautaire de Cornwall

# Annual Accessibility Plan

September 2011 - August 2012

*“A Barrier-Free Environment... Everyone’s Right! Everyone’s Responsibility!”*

*This publication is available on the hospital’s website*

*[www.cornwallhospital.ca](http://www.cornwallhospital.ca)*

*and in alternative formats upon request.*

*It is also available in French.*

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## **INTRODUCTION**

People with disabilities represent a significant and growing part of our population, About 1.85 million people in Ontario have a disability. That's one in seven people. Over the next 20 years as the population ages, the number will rise to one in five Ontarians.

In recognition of the increasing number of persons with disabilities and the aging population, The Province of Ontario enacted The *Ontarians with Disabilities Act*, (ODA), in September 2002. The purpose of this Act is to “improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province”.

The *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) provides the standards to achieve accessibility for Ontarians with a complete implementation goal date of 2025. The AODA Standards are: Customer Service: Transportation: Information and Communications: Built environment: and Employment. The first standard “Accessible Customer Service” has been implemented effective January 1, 2010.

Disability is:

- 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.

A “Barrier” is:

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

## **COMMITMENT AND IMPLEMENTATION APPROACH**

As mandated by the *Ontarians with Disabilities Act* (ODA) the Hospital will write, approve, endorse, submit, publish and communicate their Accessibility Plan by September 30, of every year, in consultation with people with disabilities and others. These annual plans allow our organization to integrate accessibility planning into other planning cycles including the Hospital Restructuring plans.

The *Accessibility for Ontarians with Disabilities Act 2005 (AODA)* reporting process and procedure for the Customer Service standard was completed on March 26, 2010. Both the ODA and the AODA processes and procedures are documented in this report for coherency.

This Accessibility Plan, developed by the committee, identifies the measures to be taken (and those already completed) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Hospital. This includes patients and their family members, staff health care practitioners, volunteers and members of the community. The Plan also identifies the implementation process for the Customer Service Standard of the AODA.

The Hospital with the introduction of Strategic Directions and the Mission, Vision & Values (MVV) statements reflect the organizations commitment to the community and also to the philosophy of the ODA and the AODA.

The Strategic Directions are:

1. **Health System Integration** – Lead efforts to establish formal linkages and pathways among providers in order to drive quality and play a leading role in health system integration.
2. **Excellence in Quality, Patient Safety and Service Delivery** – Cornwall Community Hospital will embed and integrate quality into its organizational culture as this focus on quality will enable the drive towards service delivery and operational excellence.
3. **Outstanding Operational and Financial Performance** – Support the continued improvement in operational and financial performance through accountability structures, staff training and resources.
4. **People Development / Workplace of Choice** – Engage and empower our people to lead and drive internal organizational and health system transformation.

The Values statements are:

**Integrity:** *Embracing organizational values in all that we do.*

**Compassion:** *Providing patient care with empathy and caring.*

**Accountability:** *Taking responsibility and ownership for all that we do.*

**Respect:** *Respecting each other and those we care for.*

**Engagement:** *Dedicated to working together and sharing to create trust and a healthy, healing environment.*

The Accessibility Plan will focus on these main areas reflecting the Strategic Directions and incorporating the MVV of the Hospital:

- The continual education to all stakeholders of the hospital: Accessibility training (including AODA Standards) for all levels of Hospital staff, volunteers, contractors and others who provide service to

persons with disabilities. This will ensure the foundation of a culture of excellence that supports barrier-free access to health care and services.

- The continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, physicians, volunteers and members of the community with disabilities. This will create a safe environment for all.
- The participation of persons with disabilities in the development and review of its Plans.
- The provision of quality services to all patients and their family members, and members of the community with disabilities. Providing a feedback process which is available in accessible formats and includes reporting to the Accessibility committee will allow positive reinforcement of quality service.
- The participation of the Accessibility Committee as a resource in the Hospital Restructuring Plans.

## **DESCRIPTION OF CORNWALL COMMUNITY HOSPITAL CORPORATION**

Cornwall Community Hospital is an acute care facility in the City of Cornwall, Ontario. The Hospital functions as both a community facility, supporting the City of Cornwall, and as a regional centre for Akwesasne and the counties of Stormont, Dundas and Glengarry. Cornwall Community Hospital came into existence as a result of the transfer of the acute care operations of the Hotel Dieu Hospital and the amalgamation of Cornwall General Hospital on January 1, 2004.

Cornwall Community Hospital currently has 133 beds located on two sites: 840 McConnell Avenue and 510 Second Street East in Cornwall.

The hospital provides the following medical specialties:

Anaesthesia	Dentistry	Emergency Medicine	General Surgery
Gynaecology	Internal Medicine	Neurology	Obstetrics
Ophthalmology	Orthopaedics	Otolaryngology	Paediatrics
Psychiatry	Rehabilitation	Urology	

In addition, the Hospital provides the following services:

At 840 McConnell Avenue:

Cardio-Respiratory Therapy	C.T. Scanning	Critical Care
Emergency	Geriatric Services	Laboratory
Maternal/Child	Medicine/Surgery	Palliative Care
Radiology	Ultrasound	
Ontario Breast Screening Program (Mammography)		
Outpatient Respiratory Care Clinic		

At 510 Second Street East:

Ambulatory Care Clinics	Assault and Sexual Abuse Program (ASAP)	
Diabetes Education	Dialysis	Electroencephalogram (EEG)
Laboratory	Mental Health Neurology	Nuclear Medicine
Radiology	Sleep Clinic	

Cornwall Community Hospital also assumes responsibility for the following:

Children's Mental Health Programs	235 Third Street West
Child & Youth Counseling Services	132 Second Street East
Mental Health Community Service	132 Second Street East
Withdrawal Management Centre	510 Second Street East
Assertive Community Treatment Team (ACTT)	120 Tollgate Road West

## **THE ACCESSIBILITY COMMITTEE**

The Cornwall Community Hospital Board of Directors formally constituted the Accessibility Committee in February 2004. Effective May 1, 2007, the Accessibility Committee will be a 'working Committee' to meet three (3) or four (4) times per year or as required, The Committee reviews the current Accessibility Plan on an annual basis and includes all CCH work sites. The plan is submitted to the Senior Administration Team, the Quality and Performance Monitoring Committee and the Board of Directors for approval. The membership will consist of at least five (5) core staff members. Past committee members, the community at large and other interest groups will be invited to participate and share their expertise as resource persons. Cheryl Ramsay is appointed as Coordinator of the Committee. Cheryl has served with organizations involved with issues such as accessibility and has personal experience with family members who have accessibility needs. Sandra Elsey, co-chair is also a member of the City of Cornwall Accessibility Committee. The committee members come from various disciplines within the Hospital including persons involved in the renovation and construction project.

### **Members of the Accessibility Committee**

<b>Committee member</b>	<b>Sector/Service</b>	<b>Contact information</b>
Shirley Belmore	Community member	613-932-1794
Kathy Bisson	Logistics & Equipment Planning	613-938-4240, ext. 3222
Gerry Goulet	Plant Operations/Maintenance	613-938-4240 ext. 4086
Cheryl Ramsay	Human Resources & Laboratory Services	613-938-4240, ext. 4648
Shelley McLeod	Patient Registration & Billing Services	613-938-4240 ext. 2312
Sandra Elsey	Human Resources	613-938-4240 ext. 3230
Jolene Soares	Corporate & Public Communications	613-938-4240 ext. 2722

## **OBJECTIVES**

- In conjunction with community, staff and other stakeholder involvement, the committee will, assess the organization to identify, remove, and prevent barriers for all people with disabilities.
- Enhance staff awareness of accessibility issues through creation of regular ongoing learning opportunities. The Accessibility Customer Service training be complete for all staff, volunteers, contractors and others who provide service to persons with disabilities. Provide on-going opportunities to ensure ODA and AODA principals a part of the culture of the Hospital
- Provide on-going input into the McConnell Avenue site construction project and ensure that during construction phases, accessibility is maintained.
- Update the current plan and continue with assessments of all sites where Cornwall Community Hospital staff work; utilizing various methods including audits (Patient Safety, Senior Friendly, Health & Safety etc.), regular Accessibility Plan review and customer/patient feedback process.
- Make this Accessibility Plan available and accessible to the public and encourage the slogan

*“A Barrier-Free Environment... Everyone’s Right! Everyone’s Responsibility!”*

## **REVIEW PROCESS**

The Accessibility Committee will meet three (3) or four (4) times per year or at the request of the Coordinator to review progress and the plan will be adjusted as needed. Community Resource persons will be invited to participate and share their expertise. The Senior Team and the Board of Directors will be updated of the Committee’s activities on a regular basis.

## **COMMUNICATION**

The Cornwall Community Hospital's Accessibility Plan will be made available in both official languages on the hospital website and hard copies will be available from Human Resources and Administration after approval from the Board at its September meeting. On request, the plan can be made available in alternative formats, such as computer disk in electronic text or in large print. The plan will also be included on the hospital intranet and internet sites.

## **BARRIER-REMOVAL INITIATIVES**

As barriers are identified they will be prioritized into a multi year planning framework. This is an on-going continual process.

The AODA Accessibility Standard Customer Service is now at the implementation stage. Policies and procedures are approved and the current staff training is complete. The Customer Service module is part of the orientation process ensuring on-going compliance. The other AODA Standards are currently at the review stage pending government approval

Built environment improvements to facilities will continue to be made where technically feasible and fiscally practical. All new capital construction and renovation projects in the planning stage or currently underway will reflect the Hospital's commitment to the removal of current barriers and the prevention of future barriers. A member of the Accessibility committee is also part of the capital project team. The prioritization of barriers is based upon the impact to patient or staff safety, the compliance with building codes or regulations, the impact and relevance to our populations, the feasibility of addressing the barrier, the scope and effect of the removal, and whether there are other plans in place to address the barrier in the future or through other means.

Barrier reduction will be addressed through one of two means:

- During the routine course of hospital business at either no cost or low cost activity; or
- Via other existing hospital fiscal plans such as capital planning, major maintenance, redevelopment or renovation.

***A List of projects and/or barriers that have been addressed (completed or on-going) may be accessed in the Appendix.***

**BARRIER-IDENTIFICATION METHODOLOGIES**

Methodology	Description	Status
Audit of specific site areas.	Accessibility working group member and/or a resource community representative will assess and identify areas for improvement. Other committee audits can include Patient Safety, Health & Safety etc with recommendations re accessibility issues.	The recommendations are incorporated into the Accessibility plan.
Correspondence and/or communication from patients or their families, and Hospital staff. Feed back can be written and/or oral communication.	Letters and/or communication received reporting a barrier to a person with a disability are directed to the coordinator and assessed by the committee. The process and outcome are communicated to all stakeholders.	Recommendations are incorporated into the plan and acted upon.
Committee assessment of the AODA standards	Committee to assess requirements & make implementation recommendations, report compliance & monitor ongoing compliance with each standard.	Customer Service Standard of the AODA now incorporated into the Accessibility Plan. Other standards to be incorporated as they are enacted.

## BARRIERS TO BE ADDRESSED AT NO COST OR LOW COST ACTIVITY

Barrier	Strategy for its removal/prevention	Status
Feed back process not adequate or available for all staff, patients or family	Publish and advertise process, research other methods of reaching public.	On-going: regular articles in 'Pulse', update internal phone directory to include Accessibility contact number.
AODA to be incorporated into the Hospital Accessibility Plan	Ongoing monitoring of implementation of the five (5) standards	Customer Service standard implemented Other standards to be implemented as per AODA information & timelines
AODA Standard – Customer Service to be incorporated into the Hospital Accessibility Plan	Research requirements for Customer Service Standard and implement compliance plan of action.	Implementation processes, in place, compliance report done March 2010, monitor & review training component ongoing. Customer Service training part of Hospital Orientation.
AODA Standard – Integrated Accessibility Regulation; Employment, Information & Communication, and Transportation to be incorporated into the Hospital Accessibility Plan	Research requirements, review proposed legislation, formulate action plan for compliance	<ul style="list-style-type: none"> <li>• Ongoing monitoring of Access ON web site</li> <li>• Attend AAC Regional forum</li> </ul>
Staff lacks sufficient knowledge	Educate staff members on the ODA	Customer Service program

Barrier	Strategy for its removal/prevention	Status
about disabilities and requires more education regarding Communication/Customer Service.	and AODA and assist them in understanding how to accommodate patients & staff with various types of disabilities. The orientation program will include sensitivity awareness for disabilities using presentations, displays and self-learning packages.	introduced as part of orientation program, displays and self-learning packages updated to include AODA standard.  On-going: now in review & revise sta Regular information articles planned 'Pulse' and staff learning areas.
Committee input into McConnell construction plans		On-going. Two (2) of the Accessibility members who are actively involved in the planning and construction of the Capital Project., act as liaison with the committee.
Awareness posters	Pricing and posting areas needed	On-going. This item to be included in the awareness publicity campaign for AODA and various standards. Posters & brochure developed for training & Health & Safety fair.

### **BARRIERS PENDING REDEVELOPMENT PROJECT or OTHER PLANS**

Barrier	Strategy for its removal/prevention	Status
Bariatric (obese) patients have difficulty accessing hospital services.	Working committee established: strategies to be explored and brought	On-going> Bariatric patient room set up: patient

Barrier	Strategy for its removal/prevention	Status
	forward for solutions.	equipment available –chair, commode, shower chair, bed, and stretcher. New elevator planned with capital project to fit bariatric stretcher, with pumps, machines and 4 staff.
Bathroom door does not close on its own to assist people with a cognitive impairment (physical) – Emergency Entrance, Waiting Area and Triage – 2 <sup>nd</sup> St.	Install auto-close mechanism on bathroom door	Area part of Project redevelopment. To be addressed with capital planning.
JMP 1 – Entrance doorway between CCH and JMP (at Morgue) is too heavy and closes too fast; the sill is high (architectural) – McConnell Site	Install automatic door opener	Planned for future capital project consideration
JMP 2 – Mirrors are hard to access in resident rooms (physical) – McConnell Site	Reposition mirrors	Planned for future capital project consideration
The automatic doors at the entrance are difficult to manage with a wheelchair.	Sensor activated doors were suggested which will allow all patients with any difficulties with strength and mobility safe access to the hospital.	Planned for future capital project consideration
Modify the existing washrooms by widening the doorway to at least 34” wide opening with the door open allowing passage for wheelchair and walker users.		Extensive renovations are required. Capital project will address most of these patient areas.
All Elevators – No system to identify	Install signal system to identify each	Planned for ‘Capital Project’

Barrier	Strategy for its removal/prevention	Status
floors for clients with a visual impairment (physical) – McConnell Site	floor i.e. bells. Install identification pad in Braille on the inner frame of the elevator door.	
Waiting room area – Radiology: the change rooms are small (one person only) with no sitting area or room for assistance		Area part of Project redevelopment. In the mean time, accommodation to include wheelchair clients to use ‘stretcher waiting room’: signage and staff training needed.
Radiology – Change room/bathroom off ER corridor not wheelchair accessible (architectural) – McConnell Site	Develop one common accessible bathroom/change room	Planned for ‘Capital Project’
JMP 1 – All patients’ bathrooms – soap/paper dispensers too high; sliding doors are hard to close by wheelchairs users (physical) – McConnell Site	Lower soap/paper dispensers (ongoing); defer door problem to redevelopment project	Planned for future capital project consideration
Cafeteria – Tray counter narrow with downward slope and very little space to pass hot food to seated customer (physical) – McConnell Site	Install a larger counter with an edge and rollers. Reconfigure serving area to allow passing of food to seated customers – will be relocated in 18 months	Planned for ‘Capital Project’
Doors difficult to open (Worship Centre / Occupational Therapy 3 <sup>rd</sup> North) (physical) – 2 <sup>nd</sup> St.	Remove doorknob closure allowing access to Centre for all persons. Replace with easy open knobs.	Pending. In the meantime, the door is propped open during all visiting hours.

Barrier	Strategy for its removal/prevention	Status
Chapel – Main doors too heavy and close too quickly (physical) – McConnell Site	Convert door to open easily and close slowly	Chapel moved; renovations Planned for ‘Capital Project’
Level 2 and JMP doorway – doors are too heavy and close quickly (physical) – McConnell Site	Redesign doorway to facilitate wheelchair users	The doors are in place due to ‘high risk’ clients. This is for patient safety reasons. This issue will be reassessed as needs change.
2 <sup>nd</sup> South washrooms (2) not wheelchair accessible – doors not wide enough (architectural) – 2 <sup>nd</sup> St.	Widen doorways. Engineering to get quote – Bathroom/reception area audit planned for fall 2008	Pricing has been received. Due to amalgamation, this issue has been put on hold.
Accessibility in some leased spaces does not meet the current requirements of the Plan	Recommendation that all new or future leased space be evaluated and conform to the Hospital’s accessibility requirements.	Specific items are addressed with landlord (s) and corrected as feasible.

<b>APPENDICES:</b>	Summary of Barriers Identified and Addressed
<b>REFERENCE DOCUMENTS:</b>	<p> Ontarians with Disabilities Act 2002  Accessibility for Ontarians with Disabilities Act 2005  CCH Policy No. CR 05-030 – Vision Statement  CCH Policy No. CR 05-025 – Values Statement  CCH Policy No. CR 05-1-010 – Mission Statement  CCH Policy No. CR 05-020 Strategic Direction  CCH Policy No. HR 30-090 Workplace Accommodation for Persons with Disabilities </p>
<b>APPROVAL PROCESS:</b>	<p> Accessibility Committee  Senior Administration Team – September 21, 2010 </p>

Quality Performance and Monitoring Committee – October 12, 2010  
Board of Directors –

**APPROVAL SIGNATURE:**

Jeanette Despatie  
Chief Executive Officer