



**2010-2012
Accessibility Plan**

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EXECUTIVE SUMMARY

An Accessibility Working Group was reinstated at Runnymede Healthcare Centre (the Hospital) to assess the opportunity to improve accessibility for seniors and for people with disabilities. The re-evaluation of the Hospital's accessibility plan was precipitated by the move to a new state-of-the-art facility in the fall of 2009, the Toronto Central LHIN Integrated Service Plan to enhance senior friendly care and new standards under the Accessibility for Ontarians with Disabilities Act.

To assist with the identification and removal of barriers and to meet new practices and new legal requirements, the Accessibility Working Group gathered feedback from the Hospital community. This feedback was gathered through surveys, questionnaires and interviews with patients, staff, physicians, volunteers and visitors.

In addition, the CodePlus physical design audit for an Elder Friendly Hospital was completed. Utilizing the accessibility survey and the audit results, a two year plan has been prepared identifying the communication, policies and practices, physical, architectural, attitudinal and technological barriers that exist at the Hospital. The plan outlines the strategies to remove these barriers in order to provide a barrier-free environment for the Hospital's patients, staff, physicians, volunteers and visitors.

The Hospital has identified the following areas of improvement as it pertains to increasing accessibility for individuals who may have visual, cognitive, hearing, medical, skeletal or muscle challenges:

a) Communication - the Hospital has identified the need to enhance policies and practices to increase the effectiveness of communication around the Hospital. These improvements will examine and improve the verbal and written forms of communication throughout the Hospital. Examples of these enhancements include interpretation services for people for whom English is a second language, development of a communication identity brand that incorporates accessibility and way finding assessment and modifications.

b) Policies and Practices – the development and implementation of a customer service standards policy and procedures and staff education training on this policy and procedures will promote the provision of seamless services for people with disabilities. A method for the community to provide feedback to the Hospital has been established and publicized. The Hospital will also develop policies relating to inclusion of people with disabilities, training for all members of the Hospital community and facilities accessibility design standards for any future renovations.

c) Physical - enhancements include the replacement of door hardware and/or the addition of an automatic door opener on key doors that directly impact the flow of pedestrian traffic for seniors and people with disabilities, as well as evaluating the accessible washrooms to ensure that they are senior friendly.

d) Architectural - many improvements in this area are related to enhancing what is already part of the Hospital to make it more senior friendly and accessible. For example painting the curb at the front entrance to highlight where the curb ends is a quick way to improve safety for seniors and people with disabilities.

e) Attitudinal – implementation of a customer service training program to reinforce best practices when interacting with people with disabilities to ensure that seniors and those with disabilities are treated with respect and dignity.

f) Technology – investment in enhanced technology was incorporated in the move to the new facility and it has made life at the Hospital easier for people with disabilities. Additional improvements include developing a more accessible website, improving access to computers and making a public use telephone available for the public, seniors and people with disabilities.

OBJECTIVES OF THE ACCESSIBILITY PLAN

- Describes the process by which the Hospital (through the Accessibility Working Group and its advisory members) has identified, will remove, prevent or reduce barriers to people with disabilities.
- Outlines the process in which the status of each barrier is reviewed and monitored
- Outlines the process in which new barriers are identified and included in the Accessibility Plan yearly
- Identifies policies to be developed as per legal requirements
- Describes the required accessibility training for staff
- Describes how the Hospital will make the Accessibility Plan available to the public.

DESCRIPTION OF RUNNYMEDE HEALTHCARE CENTRE

The Hospital provides complex continuing care services to medically complex adults primarily from the Greater Toronto Area whose condition requires a hospital stay, regular onsite physician care and active management by specialized staff. The Hospital provides inter-professional care to assist the patient to achieve a high level of medical recovery and when appropriate, to assist the patient to transition home or to an appropriate alternative level of care.

AIM OF ACCESSIBILITY PLAN

The Accessibility Plan describes the measures the Hospital has taken since the previous plan and measures that will be taken over two fiscal years (2010-11 and 2011-12), within existing resources, to remove and prevent identified barriers for seniors and people with disabilities that live, work in or visit the Hospital.

The Hospital's Accessibility Plan will be updated annually and in consultation with its community including with seniors and people with disabilities.

RUNNYMEDE HEALTHCARE ON THE MOVE

As a result of the move into the new facility many of the items identified on the previous Accessibility Plan have been resolved. Some examples of improvement include:

- Elevators have sensors and the door closing time has been increased to allow greater time to enter and exit
- Barrier Free Access to the garden area and around the Hospital
- Accessible public washrooms on all levels of the Hospital
- Appropriate space utilization results in less clutter around the Hospital and safer access to rooms and corridors
- Patient call bell system is in place for each patient enhancing safety and communication
- Shower rooms are larger and have the appropriate equipment to improve safety and care

BARRIER IDENTIFICATION METHODS

Methodology	Description	Status
Accessibility Survey to the Hospital community	The Accessibility Working Group developed a survey to distribute to patients, family members, physicians, staff, volunteers and visitors. The survey asked the recipients to identify and describe barriers and how they could be removed.	Surveys were distributed on July 21, 2010. Completed surveys were returned by July 30, 2010. 56 surveys were collected.
Conducted interviews with patients and visiting family members	Conducted interviews with patients and family members to obtain their feedback on what barriers exist within the Hospital to people with disabilities	Interviews took place from July 21 to 30, 2010. Twelve interviews were conducted.

ACCESSIBILITY GOALS AND OBJECTIVES – FISCAL YEAR 2010-11 & 2011-12

Goals and Objectives have been organized into six main categories of barriers:

1. **Communication**
2. **Policy and Practice**
3. **Physical**
4. **Architectural**
5. **Attitudinal**
6. **Technological**

1. Communication Barriers

Goals	Objective and Removal Strategy	Target Completion Date	Estimated Cost	Assigned Responsibility	Status
Increase availability of Interpretation Services for individuals for whom English is a second language	Enhance Interpretation Services. a) Develop a new interpreters list that is posted on the intranet for staff to reference and to assist patients, family members or substitute decision makers b) Allocate a budget annually to fund external interpreter services c) Develop a policy and procedure to guide use of internal and external interpreters services	Fiscal Year 2011-2012	\$1000.00 budgeted for external interpreters	a) Human Resources b) Corporate Planning and Communications c) Corporate Planning and Communications	
Applicable communication materials will consider accessibility and or senior friendly care guidelines	Develop templates and implement guidelines regarding the creation of communication materials.	Fiscal Year 2011-2012	\$0.00	Corporate Planning and Communications	
Enhance way finding (signage) to allow seniors and people with disabilities to proceed directly to specific treatment or service areas independently	<ul style="list-style-type: none"> • Assess current hospital signage and determine where improvements or enhancements can be made. • Develop a proposal for change and determine the associated cost. i.e. directional signs, maps, informational handouts 	Fiscal Year 2011-2012	Quotes Required	Corporate Planning and Communications	

2. Policy and Practice Barriers

Goals	Objective and Removal Strategy	Target Completion Date	Estimated Cost	Assigned Responsibility	Status
<p>a) Develop a policy regarding accessibility standards and customer service</p> <p>b) Provide education on the new standards</p>	<p>a) Develop a policy regarding:</p> <ul style="list-style-type: none"> • Providing services to people with disabilities including use of service animals and support persons • Communicating planned or unexpected disruption to facilities or services including guidelines about where patients and their families can go to access this information if available • Providing services to people with disabilities • Process for receiving and responding to feedback on the services provided by hospital staff. • Facility accessibility and design standards including senior friendly care guidelines <p>b) Provide education and training on the policy</p>	<p>March 2011</p>	<p>a) \$0.00</p> <p>b) \$1,500</p>	<p>a) Corporate Planning and Communications</p> <p>b) Human Resources</p>	

3. Physical Barriers

Goals	Objective and Removal Strategy	Target Completion Date	Estimated Cost	Assigned Responsibility	Status
Some doors are difficult to open independently by a person with a disability	<ul style="list-style-type: none"> Install automatic door openers on Patient Care Unit and Shower Room entrances Install door closure for the Cafeteria and visitor lounge doors so that they remain open Make kettle and coffee/tea making supplies available in patient lounges 	Fiscal Year 2011-2012	\$48,000 (\$4,000/door) (Subject to LHIN funding approval)	Facilities Management	
Design of locking mechanism of washroom door in each patient room	Assess locking mechanism on door in patient washroom to enable use of one hand to close and lock washroom door.	March 2011	\$0.00	Facilities Management	
Elevator lighting is dim and does not meet senior friendly care guidelines	Increase brightness of lighting in elevator	March 2011	\$100.00	Facilities Management	
Transport wheelchairs for visitors not available at the main entrance	<ul style="list-style-type: none"> Implement a system to sign temporary use wheelchair(s) in and out Determine temporary use wheelchair(s) storage location 	March 2011	\$0.00	Corporate Planning and Communications	
Public washroom design does not fully meet CodePlus guidelines to maximize senior friendly environment	<ul style="list-style-type: none"> Enhance design of accessible washrooms to meet all senior friendly care guidelines, Main floor – assess options for improved accessibility of flush mechanism Washroom on Patient care Units - installation of assistive bars and assess options for improve accessibility of flush mechanism 	Fiscal Year 2011-2012	\$24,000 (\$4,000/bathroom) (Subject to LHIN funding approval)	Facilities Management	

3. Physical Barriers (continued)

Goals	Objective and Removal Strategy	Target Completion Date	Estimated Cost	Assigned Responsibility	Status
Hand held shower device not at an accessible height	Mount the hand held shower device at an accessible level	March 2011	\$100.00	Facilities Management	
Window blind control chain in patient's bedroom inaccessible to some	Implement a mechanism to make the chain for the window blinds within an accessible distance from the window	March 2011	\$150.00	Facilities Management	

4. Architectural Barriers

Goals	Objective and Removal Strategy	Target Completion Date	Estimated Cost	Assigned Responsibility	Status
Visitors unaware of restricted use of Service Elevators	Improve interior and exterior signage for service elevator	April 2011	\$150.00	Facilities Management	
Front entrance curb should have markings to show where curb ends	Apply yellow stripping to sidewalk to clearly identify where curb ends. Each end of side walk must be clearly marked	May 2011	\$0.00	Facilities Management	
Glossy Flooring does not meet senior friendly care guidelines	Further assess to determine high priority areas and investigate solutions (i.e. alternate lighting/floor finishes etc.)	2011/2012	Quotes Required	Housekeeping/Facilities Management	

5. Attitudinal Barriers

Goals	Objective and Removal Strategy	Target Completion Date	Estimated Cost	Assigned Responsibility	Status
Appropriate inclusion of patients in conversations with staff members	Implement a customer service training program for existing and new staff related to providing services to people with disabilities. This training will be covered as part of education and training of policies and practices.	March 2011	\$0.00	Human Resources	

6. Technology Barriers

Goals	Objective and Removal Strategy	Target Completion Date	Estimated Cost	Assigned Responsibility	Status
The Hospital's public website to be modified to comply with accessibility standards	Define design requirements for website accessibility and include the new web design	March 2011	\$0.00	Accessibility Working Group	
Limited availability of computers for use by general patient population	a) Define requirements for technology devices as required to meet patient needs i.e. alternative keyboards, joysticks, track balls or text to speech devices	a) Fiscal Year 2011/2012	a) Quotes Required	a) Clinical Programs	
	b) Confirm location and placement of computers in common areas such as the Activation Therapy Room and Patient Lounges	b) Fiscal Year 2011-2012	b) \$0.00	b) Clinical Programs	
	c) Source, approve, procure and install devices	c) Fiscal Year 2011-2012	c) Quotes Required	c) Information Services	

6. Technology Barriers (continued)

Goals	Objective and Removal Strategy	Target Completion Date	Estimated Cost	Assigned Responsibility	Status
Public and personal use telephones do not meet accessibility and senior friendly care guidelines	a) Determine requirements for a senior friendly and people with disabilities telephone b) Identify where telephones are to be located and height requirements c) Source, approve and procure telephones d) Provide signage to direct users to telephone	Fiscal Year 2011-2012	a) \$0.00 b) \$0.00 c) Quotes Required d) Quotes Required	a) Accessibility Working Group b) Accessibility Working Group c) Information Services d) Communications/ Facilities Management	
Reduced accessibility for patients conducting financial transactions after hours	Investigate feasibility of installing an accessible ATM machine	March 2011	Quotes Required	Finance	

REPORTING

Written reports will be provided to the Operational Management Committee, the Executive Advisory Committee (EAC) and the Hospital's Board of Directors regarding the status of the plan and to ensure that identified barriers are integrated into the Hospital's annual planning and redevelopment processes.

APPROVAL

Budget approved by EAC and/or the Board of Directors as required

REVIEW AND COMMUNICATION OF THE PLAN

The Hospital's Accessibility Working Group will review the Accessibility Plan on a yearly basis. The plan will be a working document and it will continue to be updated based on current best practices and feedback received from staff, patients and visitors. The status of the objectives identified in the current plan will be reviewed on a quarterly basis.

To ensure that the Accessibility Plan is publicly available it will be posted on the Hospital's Internet (website: www.runnymedehc.ca) and Intranet. In addition, copies may be found on bulletin boards and hard copies will be available from the reception desk and provided to patients and their families in the Hospital's Admission Package.