



# **Services de santé de Chapleau Health Services**

## **Annual Accessibility Plan**

**April 1, 2008 to March 31, 2010**

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

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## **1.0 Executive Summary**

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) 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. To this end, the ODA requires that each hospital:

- Prepare an Accessibility Plan annually;
- Consult with people with disabilities in the preparation of the Plan; and
- Make the Plan public.

This is the first Plan prepared by the Services de santé de Chapleau Health Services' Accessibility Working Group. The Plan describes:

- The measures that SSCHS has taken in the past three years to remove barriers; and
- The measures that SSCHS will take in 2008-2010 to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the organization. (This includes patients/clients and their family members, staff, allied health care practitioners, volunteers and members of the community.)

For 2008-2010, SSCHS has committed to:

- Ongoing improvement of access to facilities, policies, practices and services;
- The participation of persons with disabilities in the development and review of the annual Accessibility Plan; and
- Continued provision of quality services to all individuals, including of the community with disabilities.

The Accessibility Working Group has recommended six goals to be achieved from now through to the end of fiscal year 2008-2009.

## **2.0 Aim**

This Plan describes:

- The measures that SSCHS has taken over the past three years to remove barriers to people with disabilities; and
- The goals that SSCHS has chosen in 2008-2010 in order to remove barriers to people with disabilities.

## **3.0 Objectives**

This Plan:

- Describes the process by which SSCHS will identify, remove and prevent barriers to people with disabilities;
- Reviews the progress at SSCHS over the past three years in removing and preventing barriers to people with disabilities;
- Lists the by-laws, policies, services and practices that SSCHS will review in the coming year to identify barriers to people with disabilities;
- Describes the goals that SSCHS has identified in the coming year to remove and prevent barriers to people with disabilities; and
- Describes how SSCHS will make this Accessibility Plan available to the public.

## **4.0 Description of Services de santé de Chapleau Health Services**

Services de santé de Chapleau Health Services is a fully accredited, integrated health services delivery system, consistent with the Ministry of Health and Long Term Care's objectives to eliminate duplication and improve access to quality services. The organization is part of the North East Local Health Integration Network (NE LHIN or LHIN 13), and is part of the Sudbury North District. SSCHS serves Chapleau, as well as outlying communities including: Foleyet, Ramsey, Sultan, and Biscotasing. First Nation communities of Chapleau Cree, Brunswick House and Chapleau Ojibway also receive services from SSCHS.

Services de santé de Chapleau Health Services is a complex organization comprised of several allied facilities and programs, including:

- Chapleau General Hospital,
- Bignucolo Residence,
- Cedar Grove,
- Foleyet Nursing Station,
- Mental Health and Addictions Programs,
- Supported Independent Living, and
- Community Support Services.

**Chapleau General Hospital** has fourteen acute care beds and provides primary care in general medicine, emergency services, laboratory services and diagnostic imaging, physiotherapy and occupational therapy. Televideoconferencing and rehabilitation services link patients to specialists province-wide. The Hospital also offers a variety of specialty clinics, including: Diabetes Education, Oncology, a Visiting Pediatrician, a Visiting Psychiatrist, Advanced Foot Care, Dietician Counseling, and a Visiting Nurse Practitioner Well Women's Clinic.

Key service statistics include the following:

- Approximately 350 people receive acute inpatient services each year from the hospital;
- Approximately 1,800 people use the services of the Emergency Department each year;

**The Bignucolo Residence** is a twenty-five bed ELDCAP facility attached to the Chapleau General Hospital. It includes two beds for individuals requiring respite care, four beds for people who need complex continuing care, and nineteen beds for people who require long term care. These beds are occupied virtually 100% of the time, with a waiting list for long-term care occupation.

**Cedar Grove** is a twenty-three unit apartment complex for seniors. Nineteen of the apartments are subsidized to provide rent geared to income for seniors with low income. This complex also houses the administration offices for the Developmental Services, as well as a Thrift Shop.

Services de santé de Chapleau Health Services is also responsible for:

- Adult Mental Health Services,
- Substance Abuse and Addiction Programs,
- Independent Living for adults with developmental disabilities,
- Community Support Services, and
- A Nursing Station in Foleyet.

In addition, SSCHS owns and operates the Chapleau Medical Dental Centre, which provides rental office and clinic space for physicians, dentists and nurse practitioners.

All together, SSCHS employs just over one hundred individuals to provide the service outlined above.

#### **4.1 Mission, Vision and Values**

SSCHS has established its mission, vision and values to serve as touchstones in making decisions and in guiding actions. The mission statement succinctly defines what it is that we do. Our vision identifies where we want to go. And our values influence the choices we make in deciding which paths to follow in reaching our vision and in working day by day.

It is SSCHS **mission** to deliver quality integrated health care services under one umbrella to Chapleau and neighbouring communities.

It is SSCHS' **vision** to be a model health care community, providing a full spectrum of integrated services in a caring manner

Honesty and integrity are the key **values** that guide SSCHS in achieving its vision through:

- Patient-focused care;
- Consistent accessibility to quality services;
- Local governance and responsible stewardship;
- Effective use of financial, human and capital resources;
- Comprehensive and community-based systems of health and social services;
- Open communication in both official languages; and
- Responsiveness to changing needs.

These statements of mission, vision and values are intended to guide planning for the delivery of effective and efficient healthcare programs and services appropriate for the residents of Chapleau and the surrounding areas.

## 5.0 The Accessibility Working Group

The Chief Executive Officer initially constituted an Accessibility Working Group in April, 2003, but unfortunately this group was unable to complete and submit an Accessibility Plan. In the summer of 2007, the Accessibility Working Group was re-chartered.

The Terms of Reference for this rejuvenated group is as follows:

### 5.1 Members

<b>Name</b>	<b>Position</b>	<b>Phone Number</b>
Bernier, Tanya	Member, Joint Occupational Health and Safety Committee	(705) 864-3060
Donivan, Marjo	CSR Technician	(705) 864-3068
Friend, Keith	Senior Laboratory Technologist	(705) 864-3065
Greer, Robin	Dietitian	(705) 864-3079
Joyal, Jennifer	Infection Control/Occupational Health Nurse	(705) 864-3072
Legge, Gisele	Support Services Manager	(705) 864-3070
Lingenfelter, Steven	Maintenance Lead Hand	(705) 864-3069
MacDonald, Tara Lee	RPN, Long Term Care	(705) 864-3060
Midkiff, Murray	Emergency Services - Ambulance and Fire	(705) 864-0498
Nicol, Jean Louis	Maintenance Person	(705) 864-3069
Orton, Stacey	Registered Nurse, Acute Care	(705) 864-3060
Eagleson, Bradley	Director of Operations, since 2009	(705) 864-3051
vanValkenburg, Sharon	Director of Operations (Acting), Chair	(705) 648-0941

The Working Group consults with other internal and external individuals and groups as required.

### 5.2 Meetings

Meetings are held every three months, or more frequently, at the call of the Chair.

### 5.3 Reporting

The Accessibility Working Group reports to the Chief Executive Officer, who receives a copy of the minutes from each meeting.

## 5.4 Responsibilities

The Working Group will:

- a) Annually review committee Terms of Reference, making changes as appropriate;
- b) Review the objectives established for the previous period, and report on the progress to date in removing and preventing barriers to people with disabilities;
- c) Establish priorities for the coming year;
- d) Prepare and recommend to the Chief Executive Officer the organization's annual Accessibility Plan;
- e) Prepare a work plan for accomplishment of the approved recommendations during the year;
- f) Review and address concerns relating to accessibility;
- g) Ensure hospital-wide knowledge and community-wide availability of the approved Accessibility Plan;
- h) Minute all meetings of the Working Group, documenting matters discussed and recommendations made, forwarding copies of the minutes to the Chief Executive Officer; and
- i) Annually, assess the performance of the Working Group in carrying out its responsibilities, identifying opportunities for improvement as they arise.

## **6.0 Commitment to Accessibility Planning**

On May 28, 2008, the Board of Directors approved the following policy concerning Accessibility:

*Services de santé de Chapleau Health Services is committed to ongoing improvement of facilities, equipment, policies and processes, to ensure access for everyone to the services provided. Commitment to ongoing education and training for staff in relation to specific issues and changes in process supports achieving this goal.*

*These paired commitments are met within the limitation of the resources available to the organization and our ability to obtain additional funds to meet identified needs.*

*The Chief Executive Officer has authorized the Accessibility Working Group to prepare an Accessibility Plan, on an annual basis, and to monitor progress toward achieving the objectives outlined in this plan.*

## **7.0 Achievements During the Past Three Years**

Over the past three years, a number of actions have been taken to enhance the organization's ability to provide services to the disabled members of our community.

- All entry and exit doors have been made accessible to people in wheelchairs.
- All entry and exit doors have been retrofitted with windows so that people can see oncoming traffic.
- Automatic door openers have been installed at the main entrance, emergency entrance, and along the public hallway to the nursing station.
- Automatic door openers have also been installed at key location in clinical areas.
- Six parking spaces have been designated for people with disabilities.
- The organization has established a website, making it possible for people with sight disabilities to enlarge font sizes to meet their needs.
- Security has been enhanced for persons with mental disabilities that result in wandering behaviour, by securing exit doors with keypad access.
- Security has been enhanced for persons with mental disabilities that result in wandering, by installing a security gate on the exterior courtyard.
- Lifts have been purchased to more easily transfer people with mobility issues.

## **8.0 Barrier Identification Methodologies**

The Accessibility Working Group used the following methods to identify potential barriers:

### **8.1 Presentation by People With Disabilities**

Local residents with disabilities were invited to meet with the Accessibility Working Group, to identify opportunities for improvement in relation to barriers to access.

### **8.2 Brainstorming Exercise**

The Accessibility Working Group referred to the Ontarians With Disabilities Act, and supporting materials, including the Ontario Hospital Association's Tool for Hospital Accessibility Working Groups, to identify barriers and barrier removal strategies.

### **8.3 Website Communication**

A document was published to the organization's website educating the community about the Ontarians With Disabilities Act, and asking local residents to write, phone or e-mail to identify any barriers perceived. This document remains published on the website, inviting commentary on an ongoing basis.

### **8.4 Contact with Associations Representing People with Disabilities**

The organization has contacted select associations representing people with disabilities, to request information from them about the needs of the people that they represent.

These organizations have been asked to provide tools for the Accessibility Working Group to use in identifying barriers within the organization.

## **9.0 Barriers Identified**

SSCHS has identified the following existing barriers to people with disabilities at the CGH site:

- The washing machine used by people receiving long term care is not wheelchair friendly.
- Dryer buttons are out of reach of people who require a wheelchair.
- Bathrooms in the acute care area are not large enough for wheel chair access.
- Sinks and faucets are not easily accessible to people in wheelchairs.
- With exception of the public washroom in the emergency departments, washrooms designated for public use are not wheelchair accessible.
- Light switches are difficult to access for people in wheelchairs.
- The hall that joins the acute care area to the emergency corridor does not have an automatic door opener on it.
- Certain emergency situations are announced through auditory alarms only.
- The public telephone is not accessible to people in wheelchairs.
- No sign language interpreter is available to communicate with people with hearing disabilities.
- Not all patient education is documented. Patient education is not available in large print or audio formats.

## 10.0 Goals To Be Achieved in 2008- 2009

SSCHS will take action during 2008-2009 to address the following barriers to people with disabilities at its CGH site.

<b>Barrier Number 1</b>	There is a lack of communication supports for people with hearing impairments.
<b>Goal</b>	Obtain the services of a sign language interpreter on a volunteer basis.
<b>Means to Achieve</b>	<ul style="list-style-type: none"> <li>• Advertise in the community to identify sign language interpreters through: newsletters, weekly newspaper, radio, website, and word of mouth.</li> <li>• Failing success, identify whether there are resources available through televideoconferencing to support the need for sign language interpretation.</li> </ul>
<b>Resources</b>	Funding for paid advertisements
<b>Timing</b>	2008-2009
<b>Responsibility</b>	Director, Mental Health and Community Services

<b>Barrier Number 2</b>	There is a lack of communication supports for people in wheelchairs.
<b>Goal</b>	Provide access to public telephones for people in wheelchairs.
<b>Means to Achieve</b>	Investigate the possibility of lowering the public telephone to a height suitable for people in wheelchairs.
<b>Resources</b>	Staff time Funding for required relocation of equipment
<b>Timing</b>	2008-2009
<b>Responsibility</b>	Maintenance Lead Hand

<b>Barrier Number 3</b>	There is a lack of communication supports for people with hearing impairments and vision impairments.
<b>Goal</b>	Revise patient education materials to be available in documented formats, in large print formats, in electric formats, and in audio formats, where possible.
<b>Means to Achieve</b>	<ul style="list-style-type: none"> <li>• Each department or service area to develop a list of instructions provided to patients, documenting how this information is currently provided (orally, printed handouts, etc.)</li> <li>• Accessibility Working Group to establish documentation standards re: print font and size for regular patient education publications and large print format.</li> <li>• Each department to ensure that instructions provided to patients are available as documents.</li> <li>• Administrative Assistant to ensure that documents are published in regular and large print formats.</li> <li>• Administrative Assistant and/or Executive Assistant to investigate whether electronic patient education documents can be posted on the internet.</li> </ul>
<b>Resources</b>	Staff time
<b>Timing</b>	This activity will begin in 2008-2009 and continue into 2009-2010.
<b>Responsibility</b>	Mixed, as documented in Means to Achieve.

## **11.0 Goals To Be Achieved in 2009- 2010**

SSCHS will take action during 2008-2009 to address the following barriers to people with disabilities at its CGH site. (Note that the first item is carried over from 2007/2008.)

<b>Barrier Number 1</b>	There is a lack of communication supports for people with hearing impairments and vision impairments.
<b>Goal</b>	Revise patient education materials to be available in documented formats, in large print formats, in electric formats, and in audio formats, where possible.
<b>Means to Achieve</b>	<ul style="list-style-type: none"> <li>• Each department or service area to develop a list of instructions provided to patients, documenting how this information is currently provided (orally, printed handouts, etc.)</li> <li>• Accessibility Working Group to establish documentation standards re: print font and size for regular patient education publications and large print format.</li> <li>• Each department to ensure that instructions provided to patients are available as documents.</li> <li>• Administrative Assistant to ensure that documents are published in regular and large print formats.</li> <li>• Administrative Assistant and/or Executive Assistant to investigate whether electronic patient education documents can be posted on the internet.</li> </ul>
<b>Resources</b>	Staff time
<b>Timing</b>	This activity will begin in 2008-2009 and continue into 2009-2010.
<b>Responsibility</b>	Mixed, as documented in Means to Achieve

<b>Barrier Number 2</b>	There is a lack of access for residents in long-term care who use wheelchairs to the washing machine and dryer.
<b>Goal</b>	Purchase and install a washing machine and dryer that are accessible to people in wheelchairs.
<b>Means to Achieve</b>	Administrative Assistant to investigate equipment options. Board of Directors to approve funding allocation for purchase. Administrative Assistant to obtain new equipment. Maintenance Services to install new equipment.
<b>Resources</b>	Funding to purchase equipment Staff time to search for options and install equipment
<b>Timing</b>	2008-2009
<b>Responsibility</b>	Mixed, as documented in Means to Achieve

<b>Barrier Number 3</b>	Various types of barriers are faced by individuals with hearing, visual and mental disabilities, including: physical, architectural, informational, communicational, attitudinal, technological, and policy/practice.
<b>Goal</b>	Provide training for all employees in relation to the challenges faced by individuals with different types of disabilities – beginning with hearing, visual, and mental disabilities.
<b>Means to Achieve</b>	<ul style="list-style-type: none"> <li>• Director of Operations to identify resources to provide education and training to staff in relation to hearing impairments, visual impairments and mental disabilities.</li> <li>• Administrative Assistant to schedule and advertise training sessions for all employees in relation to targeted disabilities.</li> <li>• Director of Operations to work with information session providers to develop the agenda, reflecting the need to identify barriers within the facility, identify typical attitudinal barriers sensitizing staff to communication needs, provide practical information to help staff address the needs of people with disabilities. <ul style="list-style-type: none"> <li>• Director of Operations (Acting) to develop session evaluation tool</li> <li>• Training sessions to be held and evaluated</li> <li>• Further work plans to be developed, as required, based on knowledge gained at training sessions</li> </ul> </li> </ul>
<b>Resources</b>	Staff time Funding to obtain training resources
<b>Timing</b>	2009-2010
<b>Responsibility</b>	Mixed, as documented in Means to Achieve

<b>Barrier Number 4</b>	A variety of physical and architectural barriers challenge people with disabilities within CGH and Bignucolo Residence.
<b>Goal</b>	Obtain funding to: <ul style="list-style-type: none"> <li>• Renovate washrooms in long term care to accommodate people in wheelchairs;</li> <li>• Renovate public washrooms to accommodate people in wheelchairs;</li> <li>• Purchase and install an automatic door opener between the emergency department and acute care;</li> <li>• Add remote switches to control lighting; and</li> <li>• Install visual alarm systems to automatically announce emergency situations to people with hearing disabilities.</li> </ul>
<b>Means to Achieve</b>	<ul style="list-style-type: none"> <li>• Maintenance Lead Hand to develop scope statements and cost estimates for each of the projects.</li> <li>• Rank order projects, based on relative benefits to the community.</li> <li>• Chief Executive Officer and/or Executive Assistant to explore possible funding sources and funders' requirements.</li> <li>• Prepare grant applications or other documents. as required by funders</li> <li>• Schedule projects based on relative benefits and funding.</li> </ul>
<b>Resources</b>	Staff time
<b>Timing</b>	2009-2010
<b>Responsibility</b>	Mixed, as documented in Means to Achieve

## **12.0 Review and Monitoring Process**

The Accessibility Working Group meets every three months to review progress and to identify any slippage in achieving established objectives. Minutes from the Accessibility Working Group are provided to the Chief Executive Officer, who shares them with the Board of Directors.

People with disabilities will be engaged in evaluating the success of efforts to remove barriers.

### **13.0 Communication of the Plan**

SSCHS' Accessibility Plan is posted on the organization's website. Paper copies of the Plan are available from the Executive Assistant. On request, the Plan will be provided in electronic format or large print. The Executive Assistant is also available to review the Plan with anyone who cannot view printed materials, as well as to answer any questions that may arise concerning the Plan.