

ANNUAL ACCESSIBILITY GUIDE

SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE

JANUARY 2011 – DECEMBER 2011



SIOUX LOOKOUT
Meno Ya Win
HEALTH CENTRE

Annual Accessibility Guide
Sioux Lookout Meno Ya Win Health Centre
January 2011 – December 2011

Submitted to:
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Chief Executive Officer

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This publication can also be viewed on the SLMHC website (www.slmhc.on.ca)

Executive Summary

The Sioux Lookout Meno Ya Win Health Centre (SLMHC) is an innovative and progressive health care centre that stresses the unique fact that we are more than a hospital. We provide acute and long term care, ambulatory care, mental health and addiction services, and community-based services to the Sioux Lookout area and to the northern First Nations. Meno Ya Win stands for health, wellness, well-being and wholeness. Our vision is to be a Centre of Excellence for aboriginal health through partnerships as well as new and expanding services. We value compassion, fairness, integrity and teamwork. Within those values we also recognize that there are different pathways to health and we celebrate our diversity.

The SLMHC services 32 communities: the town of Sioux Lookout, 28 Nishnawbe Aski communities (majority in remote northern locations), the Treaty # 3 community of Lac Seul First Nation, as well as to residents of Pickle Lake and Savant Lake. The 30,000 people living in these 32 communities are spread out over 385,000 square kilometers, approximately 1/3 of Ontario's land mass. Our service population is 82% First Nation and this proportion is rapidly increasing.

Our hospital serves approximately 25,000 patients yearly and has approximately 280 employees.

Mission, Vision & Values Statement

Slogan: Working Hand in Hand with our communities to build a healthier future.

Mission: We are more than a hospital! We provide culturally responsive acute, long term and ambulatory care, mental health and addiction services, and community based and traditional healing services to the Sioux Lookout area and to the northern First Nations.

We are Meno Ya Win

We stand for:

- Health
- Wellness
- Well-being
- Wholeness

Vision: We will be a Center of Excellence for health through

- 1) New and Expanded Services
- 2) Partnerships

and care that is

- Patient centered
- Service oriented
- Performance focused

Values: We value compassion, fairness, integrity and teamwork. We celebrate diversity.

We recognize different pathways to health.

...We do care!

Aim

This plan describes the following:

1. The measures that SLMHC has taken in the past, and
2. The measures that SLMHC will take during the next year to identify, remove and prevent barriers to people with disabilities, who live, work in or use the hospital. This will include patients and their family members, staff, health care practitioners, volunteers and members of the community.

Objectives

The objective of this plan is to:

1. Describe the process by which SLMHC will identify, remove and prevent barriers to people with disabilities;
2. Review the efforts at SLMHC to remove and prevent barriers to people with disabilities over the past year;
3. List the policies, programs, practices and services that the organization will review in the coming year to identify barriers to people with disabilities;
4. Describe the measures that SLMHC will take in the coming year to identify, remove and prevent barriers to people with disabilities; and
5. Describe how SLMHC will make this Accessibility Plan available to the public.

Description of Sioux Lookout Meno Ya Win Health Centre

In November 2010, the Sioux Lookout Meno Ya Win Health Centre moved into its new building. All sites (except the William George Extended Care Unit) are now under one roof.

Services at SLMHC include:

- Ambulatory Care / Specialty Clinics/Day Medicine
- Administration offices
- Assault Care Treatment Program
- Chemotherapy
- Cardiopulmonary (Cardiac & Pulmonary Function Tests)
- Complex Continuing Care
- Community Counseling and Addiction Services
- Day Surgery
- Dialysis Unit
- Diagnostic Imaging
- Emergency
- Health Records
- Infection Control

- Nutrition Services
- Special Advisor on First Nations Health
- Stroke Program
- Traditional Healing, Medicine, Foods & Support Program
- Telemedicine (Telehealth Program)
- Library / Education Centre
- Materials Management
- Med / Surgery
- Medical Withdrawal Support Services
- Nutrition Services
- Obstetrics and Maternity
- Operating Room / CSR
- Prenatal Clinic
- Rehabilitation
- Telemedicine (Telehealth Program)

The William A. George Extended Care Unit: is a 20 bed long-term care facility.

The Accessibility Working Group

Establishment of the Accessibility Working Group

Garth Burnell (VP Corporate Services) in consultation with the C.E.O and the Board of Directors, formally constituted the Accessibility Working Group on August 7, 2003. Roger Walker, C.E.O. authorized the Working Group 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 coming 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 C.E.O., make the plan available to the public.

Coordinator

The coordinator of this working group is a cooperative between Melissa Zarecki and Sharon Yule.

Members of the Accessibility Working Group

The following individuals currently sit on the working group.

Working Group Member	Department/Association	Email	Contact Numbers
Melissa Zarecki	Chronic Disease Management Lead	mzarecki@slmhc.on.ca	737-3030
Sharon Yule	Special Projects Manager	syule@slmhc.on.ca	737-3030
Renee Southwind	Communications	rsouthwind@slmhc.on.ca	737-3030
Cynthia Jackson	Community Living Dryden-Sioux Lookout	Cynthia@clsioxlookout.com	737-1447 ext 225
Curtis Macdonald	Rehabilitation Assistant	cmacdonald@slmhc.on.ca	737-3030
Denise Williams	Clinical Practice Coordinator	dwilliams@slmhc.on.ca	737-3030
David Hildebrand	Information Systems	dhildebrand@slmhc.on.ca	737-6555
Doug Moynihan	VP of Corporate Services	dmoynihan@slmhc.on.ca	737-3030
Alyson Martin	Older Adults Program	amartin@cmha-ff.ca	737-4996
Garnet Angeconeb	Community member	gangecon@sympatico.ca	737-3169
Janet Paterson	The Patricia Centre	Janet.paterson@pccy.ca	737-2086

Hospital commitment to accessibility planning

The Sioux Lookout Meno Ya Win Health Centre is committed to providing accessible health care services to all individuals. Our vision, mission and values guide our strategic plan to include inclusiveness/accessibility as one of our success factors. SLMHC will strive to meet or exceed the legislative requirements of the *Ontarians with Disabilities Act 2001*, the *Accessibility for Ontarians with Disabilities Act 2005* and any subsequent legislation to achieve a fully accessible Ontario by 2025.

The Sioux Lookout Meno Ya Win Health Centre will adhere to the guidelines of the *Acts* mentioned above, and develop its policies and standards based on the definitions that follow and ensure they are available to persons with disabilities as outlined below. Policies and standards will be updated when required by changes to the *Acts* or their regulations.

At its August 7, 2003 regular Board meeting, the Board of Directors passed a Motion to adopt the following Accessibility Planning Policy:

The Sioux Lookout Meno Ya Win Health Centre is committed to:

- *The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the communities served;*
- *The participation of people with disabilities in the development and review of its annual accessibility plans;*
- *Ensuring health centre bylaws and policies are consistent with the principles of accessibility; and*
- *The establishment of an Accessibility Working Group at SLMHC*

Recent barrier-removal initiatives

The 2010 Accessibility Plan was the last existing plan put into place at SLMHC.

- a) During our Customer Service training workshops, we questioned our participants on barriers that they see in their work area. From those answers we compiled a list.

- b) The Accessibility Working Group meets approximately every 6-8 weeks to review areas for improvement, based on observations, comments and feedback. An annual policy review will be done by the committee with regards to the policies reflecting accessibility. The Working Group will be on top of all new legislation with regards to accessibility and will make senior management aware of what is happening.
- c) In the coming year, the Working Group will strive to meet the barriers listed in the table 'Barriers that will be addressed in the coming year 2011'.

Previous Barriers (2010 report)

****NOTE THAT MOST PREVIOUS BARRIERS (FROM 2010 REPORT) HAVE BEEN ADDRESSED WITH THE NEW BUILDING**

Barriers (from 2009 Customer Service Training workshops)	Strategy for removal/prevention	Status
People are directed to the wrong floor by the Admitting Personnel because the floor number sign the elevator doesn't make sense (5 th Ave).	<i>Leanne Tyler is going to look into how to change the buttons on the elevator at the 5th and educate the admitting staff about the hospital flooring system. Leanne will also be helping visitors/patients find their way when it is heard that they are having problems.</i>	<i>New building corrected this.</i>
Unfriendly staff	<i>We are hoping to correct this through the Customer Service Training Workshops.</i>	<i>Ongoing customer service training for all.</i>
Slippery ramps in the winter		<i>Not an issue in the new building.</i>
Too much equipment in patient rooms.		<i>Not an issue in the new building.</i>
Admitting personnel at the 7 th Avenue site cannot hear people speak because of the barrier and people don't have room to set anything down (i.e. purses, etc.). The desk is too high to see wheelchairs and the people in them.	<i>Possible solutions for this include: cutting the glass half way or removing every second strip of glass.</i>	<i>Melissa is going to speak with Doug Pierce about this.</i> <i>No longer an issue.</i>
Too many signs with too many colors.	<i>Create one 'map' for each site that is large and color-coded and remove all the arrows.</i>	<i>Renee Southwind is going to work with her assistant in creating a large 'map' for the 5th and 7th Admitting areas, instead of the entourage of signs that are all over the walls.</i> <i>No longer an issue in the new building.</i>
In the med room and isolation room at the 5 th , pages can't be heard.	<i>IT is working on this to put a speaker closer to the rooms.</i>	<i>Not an issue in the new building.</i>
Lack of wheelchairs for patient use at the 5 th and 7 th sites.	<i>The Rehabilitation Dept and Curtis MacDonald are working with Michelle Beaulne and the nurse managers to come up with a solution to wheelchairs available around the hospital.</i>	<i>Ongoing</i>
Access to the 5 th Avenue site front door not accessible for wheelchairs.	<i>The Committee is going to walk around the 5th Avenue site to ensure</i>	<i>Ongoing</i>

Signage to where wheelchairs can go and handicapped parking is unclear.	<i>that there is proper signage and create proper signage if need be.</i>	<i>Not an issue in the new facility.</i>
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Barriers that will be addressed in the current year (2011)

#	Barrier	Objective	Specifics	How to remove/prevent	Timing	Contact
1	Signage and way-finding are poorly identified in all areas of the hospital.	Increase the ease of signage (and map location) for patients entering all entrances of the hospital.	<p>a) When entering the ambulatory care entrance:</p> <ol style="list-style-type: none"> I. the admitting sign is high and hard to see II. b. The map (on the right) does not have all the departments listed and is in a location that is behind two chairs (if people are sitting there, you can't stand close to the map to read it) III. Each hallway should have a sign above the door the lists what services are beyond the hallway (i.e. the first door to the left – Chemotherapy, Resource Room, Dialysis, Ambulatory Care Boardroom, etc.); the next door (Traditional Healing and Foods Program, CCAS, etc). and so on above each door. <p>b) When entering from the main entrance:</p> <ol style="list-style-type: none"> I. Upon entrance, there are no visible signs and readily accessible map (the map is around the corner, out of sight). II. The signs and images in the fireplace area are too small and high. III. There is no directory sign guiding the way to the chapel. IV. The signage directing towards the elevator is vague and unclear. More defined signage should be installed. <p>c) The sign outside the elevator on the main floor says</p>	<ol style="list-style-type: none"> 1. a) Lower all the signs in the 'canoe' area about 6" 1. b) A directory that sits in front of the entrance (such as a mall directory) would orient people as to where to go. The directory needs to be changed to include all departments (very detailed). The piece should be on rollers as well for ease of cleaning and movement. 2. a) A directory upon entrance from the main entrance is needed. A directory, such as one you would find in a mall would be a great idea. 2. b) The signs and images in the firepit area could be increased in font size and the images made larger. 2. c) A direction sign should be created to guide towards the chapel. The only signage is outside the chapel door (which isn't easily visible). 2. d) Defined signage should be installed on the main floor and lower floor directing where the 	Ongoing	Melissa Z. + Renee S.

			<p>'boardrooms'. This sign should list all boardrooms that are located in the basement.</p> <p>d) There is no sign indicating where the ATM is located.</p> <p>e) Admitting staff have been noticed giving instructions such as 'just go down the hall and you'll find it'. The maps are not being used and there are no clear instructions,</p> <p>f). Other signage to be installed:</p> <ul style="list-style-type: none"> o 'Multifaith' room o North and South pod nursing signs (above the respective desks) 	<p>elevators are located.</p> <p>3. Change the sign to include all names of all boardrooms.</p> <p>4. An ATM sign (or symbol should be added to the signage in the fire pit area and outside the gift shop.</p> <p>5. Admitting staff should be able to politely describe where the patient should be going. Handing out maps and showing the patient on the map where to go would help. Suggestions would be create a map in syllabics to be handed out.</p>		
2	Handicapped parking is limited.	Increase the amount of handicapped parking spots outside all entrances (Ambulatory Care, Emergency and the Main entrance) and label them appropriately.	<p>a) Outside the ambulatory care entrance, the handicapped parking spot (only one) is not the closest parking spot to the door. There are signs on the ground, but above ground signs are needed for the winter months.</p> <p>b) The parking signs should say: "Handicapped parking by permit only"</p> <p>c) There is no handicapped parking outside the main entrance or the Emergency entrance.</p>	Move the handicapped parking into the circle outside the door and over to the far edge parking spots (which are closer to the entrance). Other signs should be labeled "Patient parking" or "Patient Unloading"	As soon as possible	Doug M.
3	Public Washrooms	All public washrooms (not including patient rooms) have a wheelchair sign on them, but the toilets are all low and there is no d-ring grab bar.	<p>a) All public washrooms, if they are labeled with a wheelchair should have a raised toilet and a D-ring grab bar (such as the one in patient rooms that can be lowered and raised).</p> <p>b) The male and female washrooms located off the fire pit area (with no doors) have a wheelchair accessible stall, but the toilet set is low and there is no grab d-ring bar. The paper towel dispenser (outside the handicapped stall) should also be lowered because it is</p>	<p>a) Install in each public washroom:</p> <ul style="list-style-type: none"> o D-ring grab bar o Raised seat <p>b) Lower the paper towel dispenser beside the handicap washroom</p>		Melissa Z. will speak with maintenance and look into cost of toilets.

			not accessible from a wheelchair. c) The wooden bars that line the hallways stop once they hit the bathrooms (by the fire pit). Railings should be lined into the public washrooms.	c) Continue the bar into the washrooms.		
4	Laboratory Entrance door	Increase accessibility of entering the laboratory.	a) The Laboratory door is very large and heavy. Someone who is in a wheelchair cannot open this door themselves.	Either a door bell be put on the outside door for assistance (there is a door bell in the waiting room) so if someone needs help, they can ring, or an automatic door be installed.		Could Doug M. please contact the lab manager (Karen Parent)
5	Seating around the hospital	Allow all persons to be able to sit comfortably when needed and get out of the seat without assistance.	a) Seating should be located outside each elevator. b) Seating in the main canoe area meets specs (460mm high and 457 mm deep), but there is no clearance under the front of the seat to allow feet under the front edge.	a) Benches or chairs should be placed outside both elevator doors b) 2-3 seating options in the canoe area should be chairs that allow feet under the front edge, which makes it easier for persons to rise out of the chair.		Sharon Yule will look into this.
6	Patient washrooms (inpatient)		The paper towel dispenser should be lowered to allow access from a wheelchair.			Melissa Z. will speak with maintenance
7	Entrance to Emergency Department from outside		The first (outside) door does not stay open long enough to allow someone in a wheelchair to open the door (with the 'hand-wave' and then enter.	Increase the length of time that the door stays open.		Melissa Z. will speak with maintenance
8	Entrance to Diagnostic Imaging from the 'canoe area'		The door entering the diagnostic imaging area from the canoe area should either be propped open during working hours or an automated door be installed.		DONE	
9	Signage in Diagnostic Imaging Department		There is no signage directing people where to sit and wait for x-ray, ultrasounds, ECGs, lung testing, etc.		DONE	
10	Cafeteria		a) A metal railing should be placed along the serving counter to allow people in wheelchairs to propel themselves along the line, with food in their lap independently. b) The door at the bottom of the stairs entering the basement (outside the cafeteria) is large and heavy and you cannot see who is coming through on the other side.	a) Install a metal railing along the edge of the serving counter. b) The large door at the bottom of the stairs should remain propped open and/or have a very large window in the door so people can see who is coming out on the		Sharon Yule will look into the metal railing.

				other side.		
11	Staff is often unaware or lacks knowledge of non-physical disabilities of patients or their caregivers.	All visitors and patients should be treated with the same dignity and respect.	This problem to be discussed with department managers, some education sessions will be looked into as well as incorporating this into our staff orientation package.	<i>Customer Service Training (as per the standard) was given over a four-month period and it was mandatory that all staff attended the one hour training. If staff could not attend, they could do the session online. The Customer Service Training is now a part of the orientation program. Doctors, contractors and volunteers were sent brochures. Brochures are now made available to the public on the intranet and at the admitting desks (2009-2010).</i>	Ongoing	Doug M. will speak with Gord and Connie.
12	Bedside computers and phones in patient rooms have small letters/numbers and no instructions.	Make phones and computers accessible for all with clearly outlined instructions on how to use.	<p>a) Phones should have large numbers for easy of use</p> <p>b) Instructions should be available for all bedside computers and translated into the main languages.</p> <p>c) The units are too high for patients to reach from bed and the lettering is too small.</p>	<p>English Instructions will be integrated into the system.</p> <p>Oji-Cree instructions will be provided in paper form.</p>	Instructions should be implemented within 2-3 months (September 2011)	Doug M. will look into the height and see what can be done.

Barrier-identification Methodologies in 2011

Methodology	Description	Status
Presentations to Staff	During the Customer Service Training workshops that will be held through Orientation, a list of barriers from participants will continue to be gathered.	Ongoing every second month (with the orientation schedule). Sharon Yule to coordinate.
Complaint/Feedback Form	As per the Customer Service Standard, the Complaint/Feedback form will be made available to the public (more so that it is now), so patients, visitors and staff will have a tool to report complaints.	This will be up and running by April 1, 2010. The policy will be finished and the communication will be sent to the public.
Brainstorming Exercise	The Accessibility Working Group will take time in their meetings to discuss barriers and keep an ongoing list.	Ongoing
Accessibility Audit	Each committee member will tour the hospital look for barriers. Barriers to look for include: <ul style="list-style-type: none"> ➤ Communication/Information ➤ Physical ➤ Architectural ➤ Technological 	

	<ul style="list-style-type: none">➤ Attitudinal➤ Policy/Practice	
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Review and Monitoring Process

The Accessibility Working Group will meet every six-eight weeks to review progress. At each meeting the Working Group will monitor that status of all barriers to be addressed.

Communication of the Plan

SLMHC will make the Annual Accessibility Plan available on its website (www.slmhc.on.ca). Hard copies will be posted on the bulletin boards around the sites and can be made available from any group member. An article in the newsletter will also go out, making note of where the plan can be found. The plan will be incorporated in the recruitment plan and orientation session.