

Annual Accessibility Plan for the North Bay General Hospital 2008

Prepared by
North Bay General Hospital
Accessibility Working Group

*This publication is available on the hospital's website
(www.nbgh.on.ca)
and in alternative formats upon request*

Table of Contents

	PAGE
EXECUTIVE SUMMARY	i
Aim	1
Objectives	1
Description of The North Bay General Hospital	1
The Accessibility Working Group	2,3
Hospital commitment to accessibility planning	4
Barriers addressed in 2007	5
Barriers that will be addressed 2008	5,6
Review and monitoring process	6
Communication of the plan	6

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 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.

This is the fifth annual plan (2008) prepared by the Accessibility Working Group of the North Bay General Hospital Corporation (hereinafter referred to as “the Hospital”). The plan describes: (1) the measures that the Hospital has taken in the past year (2007), and (2) the measures that the Hospital will take during the coming year to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

The North Bay General Hospital is 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; the participation of persons with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

Aim

This plan describes: (1) the measures that the Hospital has taken in the past year (2007), and (2) the measures that the Hospital will take during the coming year to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

Objectives

This plan:

1. Describes the process by which the Hospital will identify, remove and prevent barriers to people with disabilities.
2. Reviews efforts at the Hospital to remove and prevent barriers to people with disabilities over the past year.
3. Identifies the by-laws, policies, programs, practices and services that The Hospital will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures the Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes how the Hospital will make this accessibility plan available to the public.

Description of the The North Bay General Hospital

The Hospital has two sites – The Scollard Site and the McLaren site. Our hospital has 192 beds and employs approximately 1100 people.

As well as providing acute care services to North Bay and district, the North Bay General Hospital is a “district referral centre” and provides specialty services to the smaller community hospitals such as Mattawa, West Nipissing, Englehart, New Liskeard and Temiskaming general hospitals. The catchment area is 500 km (north to south), covering an area of 30,717 square kilometres and serving a population of 129,000.

The North Bay General Hospital and Northeast Mental Health Centre are creating an exciting partnership, co-locating their facilities side-by-side to form the North Bay Regional Health Centre. The new Health Centre will be a one-stop location offering a state-of-the-art acute care hospital and a modern, rehabilitation-focused mental health facility, all housed in one co-operative health care campus. Initial and ongoing consultation with community leaders with

disabilities, in addition to having the opportunity to build with barriers in mind will ensure that our new facility will meet and exceed the needs of the community at large.

Mission Statement

The North Bay General Hospital is committed to providing compassionate, quality and safe patient-focused care to the people of North Bay and surrounding areas.

The Accessibility Working Group

Establishment of the Accessibility Working Group

Mark Hurst (President and CEO) in consultation with the Board of Directors formally approved the establishment of an Accessibility Working Group at the North Bay General Hospital. Mr. Hurst 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 Senior Administrative Team, make the plan available to the public.

Members of the Accessibility Working Group

Glenn Scanlan, Senior Vice President, Corporate and Support Services

Debbie Thomas, Human Resources Generalist

Dave Smits, Director Facility Services

Mariann Hibbard, Program Manager Rehabilitation and Complex Continuing Care

Doug Buffet, Technical Support Information Systems (Adhoc)

Andrea McLellan, Coordinator of QI/Education/Risk Management

Pat Stephens, Manager Public Relations

Judy Deacon, Occupational Therapist

Leslie Manary, Registered Nurse

Francesca Morabito, Canadian Hearing Society

Hospital commitment to accessibility planning

The North Bay General Hospital as supported by the Hospital Board 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 community;*
- *The participation of people with disabilities in the development and review of its annual accessibility plans;*
- *Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and*
- *The ongoing support of an Accessibility Working Group at the hospital.*

The Senior Vice President, Corporate and Support Services is the administrative lead assigned to the role of overseeing the Accessibility Working Group in the development of an annual Accessibility Plan that will enable The Hospital to meet these commitments. He is the liaison to the Administrative Team and the Board of Directors.

BARRIERS THAT WERE ADDRESSED IN 2007

- ✚ Creation of an on-line survey to get feedback from staff, patients and visitors as to whether accessibility needs are being met.
- ✚ Converted the washroom on the "0" Level at McLaren site to a Family Washroom with wheelchair accessibility.
- ✚ Entrances at the McLaren site, although automatic, were not large enough openings with only one side of the double doors automated. Four additional automated openers installed so that both doors inside and out, at both entrances allow the doors to open wider.
- ✚ Ramp at Ambulatory Care Unit, McLaren site upgraded to eliminate the difference in step grade.
- ✚ The Telehealth room was not accessible to wheelchairs and it was hard to move stretchers in and around the room. A larger room was renovated for use which has a full 36 inch wide opening and swing away doors.

INITIATIVES BEING CARRIED FORWARD TO 2008

- ✚ Linen carts in hallways on nursing units are covered with a white material which is very hard to see if you are visually impaired. Investigate whether alternate colour can be used.
- ✚ Clutter in hallways - Continue to educate staff to remember this is an accessibility issue, as well as a safety issue. Continue to attempt to store items on same side of hall which will help to some degree
- ✚ No wheelchair accessible washrooms for patients on Scollard Site - Creation of one on medicine put in the budget for 2007/08 for use by medical and surgical patient.

BARRIERS THAT WILL BE ADDRESSED IN 2008

- ✚ Access to Lower Lecture room continues to be a challenge for staff/public with physical disabilities as ramp is very short. Much discussion already regarding how to address this – renovate, install hydraulic lift. Will continue to be discussed.
- ✚ Install automated door at entrance to the Emergency Department.
- ✚ Investigate pager setup for Emergency and Diagnostic Imaging patients waiting to be seen. Would be used only for people with disabilities. Also portable and can be taken to new facility. Possibility of utilizing advertising to defray the costs.

- ✚ Ensure that Functional Program is reviewed to ensure that Accessibility standards now in place will be met in the new design.

Review and monitoring process

The Accessibility Working Group will meet at least twice a year to review progress. At each meeting, the Working Group will remind staff, either through personal contacts or by e-mail, about their roles in implementing the plan. Members of the Working Group will also commit to making presentations to the Occupational Health & Safety Committee and to updating the Senior Administrative Team on a regular basis.

Communication of the plan

Communication of the hospital's accessibility plan:

- Information included in the Orientation binder for all new staff
- Posted on The Hospital's external website in both official languages.
- Posted on the NBGH intranet for access by all staff
- Hard copies made available from the Public Relations Department
- Communicate to staff at unit/department meetings and committees when applicable
- There is a possibility of having the plan made available in alternative formats, such as computer disk in electronic text, in large print or in Braille however, the demand is very low so this has not been done.