

Integrated Multi Year Accessibility Plan 2021-2025



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This publication is available on the hospital's website

www.blancheriverhealth.ca

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1. Executive Summary

Individuals with disabilities are asking to be treated like anyone without disabilities and are demanding change to make that happen. This is reflected in the Accessibility for Ontarians with Disabilities Act 2005 (AODA) that provides for mandatory progressive change.

Businesses and organizations that provide goods and services to people in Ontario will have to meet certain accessibility standards in five important areas:

1. customer service
2. transportation
3. information and communications
4. employment
5. built environment

The Customer Service Regulations are now law. This will be followed shortly by the necessary regulations for Transportation and then Information and Communications. Information and Communications, especially, will have a profound impact on Hospitals.

A great deal of the systemic discrimination faced by people with disabilities emanates from faulty presumptions and conclusions. We often presume that appearance or behaviour is culpable, somehow the fault of the individual. Social and personal attitudes are a system-wide problem that will become a key to addressing the requirements of the AODA in the long term.

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

BRH has 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 plan is paramount in addressing the provision of quality services to all patients, their family members and members of the community with disabilities.

2. Aim

Consistent with the spirit and content of the "Ontarians with Disabilities Act (ODA) 2001" and the "Accessibility for Ontarians with Disabilities Act (AODA) 2005", the Accessibility Goal of BRH is:

"Accessibility To ALL"

3. Objectives of This Plan:

1. To actively engage those with disabilities, and community members in identifying barriers, determining priorities, designing solutions and planning and evaluating appropriate implementation strategies.
2. To continually refine the processes that will be used to identify, remove and prevent additional barriers for people with disabilities.
3. To maintain an ongoing record and evaluation of past measures taken to identify, remove and prevent barriers to people with disabilities.
4. To target the identification and removal of barriers for the coming year by:
5. Identifying policies, procedures, practices and services that will be reviewed.
6. Detailing the measures that will be taken to identify, remove and prevent barriers for people with disabilities.
7. To ensure that the Annual Accessibility Plan is available to the general public for their review and comment.

4. Description of Blanche River Health

Blanche River Health is a fully accredited hospital organization committed to providing quality patient-centered health care services in Northern and Central Timiskaming. It continues to lead in Health Care Services by collaborating with Community Health Partners creating safe and healthy communities and ensuring seamless transitions to other Health Services.

Blanche River Health is comprised of the Englehart site and the Kirkland Lake site. An Amalgamation of Kirkland and District Hospital and Englehart and District Hospital was finalized in October 2020.

The Kirkland Lake site has 62 beds (41 Medical/Surgical, six ICU and 15 Complex Continuing Care), is staffed by 250 employees, and has 12 visiting Specialists, 11 Physicians (including one General Surgeon, 1 Anesthetist.) In partnership with Sudbury's Health Sciences North Hospital, the KDH provides satellite services in the patient-care areas of Dialysis, Chemotherapy, Cardiac Rehabilitation and Virtual Critical Care. KDH has a 24/7 Emergency Department and offers Diagnostic Imaging, Laboratory, Respiratory, Clinical Nutrition, Pharmacy, Physiotherapy, Timiskaming Diabetes Program, Hospice Palliative Care and Ontario Telemedicine Network (OTN) to both our in-patients and out-patients.

The Englehart Site has 30 beds (16 Acute Care, 14 Complex Continuing Care), is staffed by 100 employees, and has 4 Family Practice Physicians, Locums and 3

visiting Specialists. In partnership with Sudbury's Health Sciences North Hospital, The Englehart site provides Virtual Critical Care. EDH has a 24/7 Emergency Department and offers Diagnostic Imaging, Laboratory, Respiratory in partnership with Vital-Aire, Physiotherapy, Occupational Therapy, Hospice Palliative Care and Ontario Telemedicine Network (OTN) to both our in-patients and out-patients.

5. Accessibility Working Group

The purpose of the Accessibility Working Group is review and revisions of the Accessibility Plan for approval by the Board that shall address the identification, removal and prevention of barriers to persons with disabilities in the Hospitals policies, programs, practices and services. Specifically, the plan will include:

- A report stating the actions the organization has taken to identify, remove and prevent barriers to persons with disabilities;
- measures to ensure that our organization evaluates its proposed changes to by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities;
- a list of the by-laws, policies, programs, practices and services that our organization will review in the coming year in order to identify barriers to persons with disabilities;
- measures that our organization plans to take in the coming year to identify, remove and prevent barriers to persons with disabilities.

Membership

- VP Corporate Services and Chief Financial Officer
- Manager, Environmental Services and MDRD
- Quality/Patient Safety Leader
- Facilities Manager
- Human Resources Manager or designate
- Clinical Manager
- Occupational Health and Safety Member

Adhoc Committee Members

- Occupational Health Nurse
- Infection Control Practitioner
- Non-Clinical Managers
- Maintenance Representatives
- JOHSC

6. Recent Barrier-Removal Initiatives

During the last several years, there have been a number of initiatives at the Kirkland & District Hospital to identify, remove and prevent barriers to people with disabilities.

Listed below are some of the initiatives undertaken to improve accessibility to our hospital:

Barriers identified and removed: 2003-2020

The barriers below were successfully removed.

Kirkland Lake Site

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>
1. Architectural	Tapered door thresholds installed	Three of BRH – KL site entrances to ease wheelchair, walker access, people with defective gaits, as well as for the visually impaired to decrease possibility of tripping. One tapered threshold was installed to the entrance of our patients' gazebo. This improvement completed renovations to all of BRH – KL site entrances.
1. Architectural	Electronic Door Openers	All of our patient and visitor accessible entrances to the hospital have electronic door openers.
2. Architectural	Accessibility Ramp at front of hospital	Interlocking bricks with long slope to ease access to the hospital main entrance from the drop-off area was designed and built. This was also extended to the smoking area at the front of the hospital with a low-grade slope to ease access to this area for our patients and visitors.
3. Architectural	Accessibility ramp at front of hospital	Originally constructed in 2003 and revamped in the fall of 2009
4. Architectural	Accessible bathroom door ER patient bathroom	Sliding / Accessible Washroom Door Installed for Patient Use in Emergency Department - Constructed Fall of 2003
5. Architectural	Visitors Parking Lot	Resurfaced 2011
6. Architectural	Public Washroom - Lobby	In the fall of 2003 the electronic door-locking mechanism to the public washroom in the lobby was improved. Larger written signage and pictorial signage depicting "washroom" as well as instruction on how to operate the electronic door were

		installed. Complete renovation including sink toilet, change table in the winter of 2012.
7. Architectural	Extra Wide Washroom Doorway With Curtain Instead of Door	To improve patient care, 4 patient rooms 411, 412, 428 & 429 were renovated. In 2005, 4 bed wards were decreased to 3 beds in order to install large wheel chair accessible washrooms with room for a patient in a wheelchair and a nurse, with room to move. New high toilets were installed in all these rooms.
8. Architectural	Installation of Second Railing Throughout the Entire Fourth Floor	For patient safety and simply to encourage mobility of our patients, railings were installed on both sides of the hallways on the entire fourth floor. The color of the railings purposefully contrasts the color of the walls to ensure that the visually impaired and the elderly could distinguish wall from railing.
9. Physical	Patient of colour coded system on hallway wall – outpatient area	Color-coded lines on the walls on the Main level of the Hospital to assist guiding patients to their destination
10. Physical	Table placement in meeting rooms.	Table placement in all of our meeting rooms to ensure that the hearing and visually impaired have better visibility of all speakers.
11. Communication	All Phones in the Hospital Changed To Include Multiple Options	The project to replace all the phones in the hospital, which is now complete, has been under way for about three years. All phones have adjustable ringer volume controls for the hearing impaired & the option to add blinking lights or vibrators when the phone rings is available.
12. Architectural	New Rhapsody Tub & Tub Chair	Installed January 2012 on in patient area to accommodate the physically disable and elderly patients, as well as patient and staff safety.
13. Architectural	Accessible Showers – 4 th Floor	Two of the existing showers were expanded to become accessible.
14. Architectural	Central Registry Renovation	Was remodeled in 2010 with the intent to improve privacy & confidentiality while patients registering. In Jan. 2012, it was reworked as deficiencies were identified with patients' ability to comfortably stand or sit to register and be able to access the receptionist face to face.
15. Architectural	Fire Alarm	Fire alarms system upgraded to include flashing lights for hearing impaired
16. Architectural	Elevators	Completely refurbished in 2010 and are equipped with voice announcing the floor the elevator is at when the door opens for the visually impaired & brail on the buttons.
1. Physical	Bariatric Furniture	Bed, Chairs and Wheelchairs purchased 2013. Ongoing as needed.

2. Attitudinal	Need to increase knowledge of all staff member regarding physical and non-physical disabilities (i.e., patients with mental health disabilities).	Yearly AODA Customer Service review completed as part of annual skills fair.
3. Architectural	Stairs in Visitor Parking Lot	2016 – stairs in visitor parking lot removed and replaced with accessible ramp, allowing for two accessible ramps from visitor parking lot.
4. Architectural	Drop off/pick up area.	2016 – space expanded at front entrance to allow for accessible drop off and pick up area for patients.
5. Architectural	Counters in identified areas (nursing station, Business Office, Volunteer booth, Specialists' Clinic too high for people in wheelchairs	Nursing station & Specialist Clinic area on 4 th Floor completed 2013
6. Architectural	Patient bathrooms in some rooms accessible but not easily accessible in all rooms, by wheelchair, and can be difficult in a walker.	Renovate bathrooms over time to allow for larger doorways. This will be addressed during ongoing Renovate A Room project.
7. Architectural	Lighting is dim in patient rooms. There are no over-head lighting.	Addressed by all new lighting in all patient rooms with the Renovate A Room project.
8. Architectural	Counter top of sink not accessible by wheelchair in the Activity Room	Activity Room Renovated 2019
9. Transportation	Delays occurring for inpatients requiring accessible transportation between either both sites including or required specialist appointments.	In order to address changes with the EMS services and the need for accessible non-urgent transportation, Kirkland Lake site developed a non-urgent patient transport program in 2020. Two former ambulances were purchased in order to meet accessible needs for patients requiring transport between sites or for appointments at other facilities.

Englehart Site

Barriers identified and removed: 2013-2020

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>
1. Physical	Technical requirements outlined in the AODA Built Environment Standards (Design of Public Spaces) are met in all new construction and/or renovation, in all relevant areas including: Re-slope entrance and installation of automatic door – emerge entrance	Renovations to the admitting area and ER entrance. Sliding doors installed, ramp to entrance. Registration area and waiting area redeveloped according to standards.
2. Policies and practices	Annual review written policies and practices: ADM-3010 -Customer Service Providing Goods and Services to People with Disabilities	Ongoing
3. Architectural	Door to Rexall Pharmacy does not have automated door opener. Installation of automatic door opener	Automatic door installed.
4. Communication-based	Hospital Website not WCAG 2.0 level AA by Jan.1 2021	Incorporated into redesign for live launch January 2021.
5. Architectural	Fire Alarm	Fire alarms system upgraded to include flashing lights for hearing impaired

7. Barrier-Identification Methodologies

Methods that BRH employ to identify and remove barriers to accessibility are as follows:

Methodology	Description	Status
Maintenance requisitions	When a person or department recognizes an Issue, an electronic maintenance requisition form is completed.	Electronic requisitions are accessible to all employees and are to be used except for in
Modified Work for Staff Early Safe Return to Work Policy	The Kirkland and District Hospital will make every reasonable effort to provide suitable early and safe return to work opportunities for every employee who is unable to perform his or her regular duties following a work related or non work related injury or illness. Accommodation: under the Ontario Human Rights Code (OHRC) all employers have a duty to accommodate the work or workplace in order to meet the needs of the disabled persons to the extent of undue hardship.	Presently being used.
Incident Reports	Staff complete electronic Incident Reports, which are reviewed and followed up by the department manager/delegate, the Quality Leader, Occupational Health and Safety as required Health & Safety Team.	Presently being used.
Occupational Health and Safety Statistics	Statistics, such as the number of muscular injuries, recognize issues that need to be addressed.	Presently being used.
Patient Records	On each admitted patient, an admission database is completed that identifies a number of accommodation needs for an individual. From this information the care team forms a plan to care that is communicated.	Presently being used.

Patient Satisfaction Survey	<p>Commencing 2017, discharged patients receive a post discharge follow up call within 48 hours of discharge. They are asked if there are any concerns and follow-up calls are made by the Quality/Patient Safety Leader.</p> <p>In house surveys are sent to a random sampling of the ER patients monthly The Care Teams and the organization as a whole use the results to identify opportunities for improvement and implement positive change.</p>	Presently being used.
Public Feedback	A feedback section is available on the Hospital which allows public feedback that is sent directly to the Quality/Patient Safety Leader for follow up. For any Accessibility issues – actions will be based on the reporting flow chart.	Comments/Concerns feedback section currently available on KDH website
Community and Organizational Input	Patient Advisors are invited to sit on various Committees and review procedures on an Ad-hoc basis.	Presently being used.
Accessibility Improvement List	A list has been compiled that outlines our accomplishments related to Accessibility over the last 10 years. This list will be updated for each edition of the Annual Plan.	First published in 2003 Annual Plan – ongoing with each revised plan.
Internal Audits	A systematic process whereby a team comprised of Accessibility team members who sit on the JOHS Committee, while performing their monthly Health & Safety audits will audit Accessibility issues at the same time. The accessibility issues identified will be brought forward at the next Accessibility meeting or to the Chair if it is felt that intervention needs to be immediate	Member of Accessibility Team is co-chair of JOHS. Any issues are forwarded directly to the Manager of the area.

8. Barriers Identified – Kirkland Lake Site

Type of Barrier	Description of Barrier	Strategy for its removal/prevention
Architectural	All hallways should have handrails. Third & fourth level already completed	Install handrails in all hallways. Priorities would be third level, then second level and finally the first level west end only (leading to cafeteria)
Architectural	Counter at Volunteer booth too high for people in wheelchairs/walkers	Modify counters at volunteer booth.
Architectural	Door knobs on patient bathrooms on fourth floor, Clinic area & Dialysis area on third floor could be difficult for those with decreased hand/wrist strength	Install door handles on patient bathroom doors to ease opening & closing of doors
Architectural	Staff washrooms not wheelchair accessible.	Renovations to staff bathrooms being developed to allow for accessible bathrooms – dependent on funding.
Architectural	Mailboxes in mailroom too high and not readily accessible.	Keep in mind lowering mailboxes if someone disabled requires access. It is easily rectified
Architectural	A number of offices and meeting rooms are not wheelchair accessible.	Widen doorways in identified areas as required.
Physical	Several doors identified as being heavy and difficult for people to open. a) Cafeteria b) Patient bathrooms c) Activity room (Fourth floor) d) Public & Dialysis patients' washrooms on 3rd floor.	Install electronic push buttons for these doors.
Physical	Two public washroom 3rd floor East wing & West wing needs hand grips/rails & raise the toilet	Install hand grips/rails, raise toilet and widen door ways
Physical	Clutter in Hallways makes it difficult to maneuver walkers and wheelchairs	Enforcement of policy that any equipment is to one side of hall and remove any unnecessary clutter. All staff to be reminded
Physical	More chairs in some waiting areas should have arms to allow patients to rise more easily. Waiting Rooms: a) Clinics 3rd floor b) Lab c) Diagnostic Imaging d) Respiratory/Stress Testing/Echo area	Purchase some ergonomically correct chairs with arms for waiting areas (8). All chairs in main lobby have arms & are ergonomically correct
Communication/ Information	Size of print on reports too small for those with visual impairments	Look into increasing the size of the default print on the reports.
Communication/ Information	Forms, patient information, brochures etc, are mostly available in print only. Some material's print is too small for	Investigate other means of providing this information (i.e., video/audio tapes) As well;

	the elderly & visually impaired	increase the size of print on the written information.
Communication/ Information	Policies, procedures, practices & services currently under review to ensure patients, staff, community, volunteers, visitors, etc. with disabilities are considered	If it is found that any of these documents require revision to include a statement on disabilities, or any practices or services require amendments, this will be done.
Communication/ Information	Signage up high and people in wheelchairs may not be able to read them.	Lower signage to an appropriate height.
Policy/Practice	Some policies, procedures & practices; bi-laws may not be sensitive to Accessibility issues	Review and revise as necessary.
Communication/ Information	No available sign language interpreters in this area.	Staff to be educated re: Canadian Hearing Society offers virtual access to interpreting services for medical appointments if booked in advance. 24/7 services are available in emergency situations
Physical	Lack of accessible change area in the Diagnostic Imaging Department.	Redesign of change area.

Englehart Site

Type of Barrier	Description of Barrier	Strategy for Removal / prevention
1. Physical	Hand rails on only one side of hallways	Installation of hand rails on walls where they do not exist.
2. Physical	Workstation Ergonomics	Physiotherapy department to continue to educate staff on best practices in relation to posture and to make recommendations when purchasing and altering workstations
3. Physical	Bathroom in Patient Activity Room – Heater located too close to toilet and may cause injury	Relocate heat register
4. Physical	More hand rails needed in tub and shower rooms	Installation of additional handrails

5. Architectural	Poor lighting in rooms creates impediment for individuals with visual disabilities.	Continue replacement of over bed light fixtures
6. Communication-based	Signage; not at eye level	Develop new signage layout
7. Physical	Weigh scale suitable for individual not able to stand.	Purchase of a seat scale.
8. Architectural	Handicapped parking spaces not wide enough	In the event that parking area is expanded incorporate handicap spaces with additional space.
9. Architectural	Entrance to admissions area no wide enough for larger wheelchairs	Incorporate into future design if front admissions area is renovated.
10. Physical	Entrance to emergency, slope to entrance not to building specification, manual door.	When implementing revised triage flow resurface paved area with required slope and install automatic door.
11. Architectural	Public bathroom located by admitting requires safety bars.	Maintenance to install safety bar.

13. Barriers that will be addressed in 2021-2025

Blanche River Health

Barrier	Objective	Means to Remove/prevent	Performance criteria	Resources	Timing	Responsibility
Policies, procedures, practices, services currently under review to ensure that they reflect the needs of people with disabilities.	To revise as necessary and make any changes required to the extent that is possible.	To produce disabled-friendly documents practices & services 100% of the time wherever & whenever possible	Policy review and revision will be completed by March 31, 2013. Practices and services will be reviewed by March 31, 2013. If revision / change required will be addressed as urgency, time and funds dictate	Unknown at present	Ongoing.	Human Resources All managers
Emergency Codes	Ensure each employee with a disability has a individualized emergency response plan.	Ensure plans are in place for each identified employee and review on an as needed bases, e.g. departmental change.	Human Resources, Occupational Health and Departmental Manager to review yearly and as needed the current plans to ensure correct and up to date.	All relevant policies	January 1, 2013 and ongoing	Human Resources
Accessible Policies	Develop, implement and maintain policies governing how the organization achieves or will achieve accessibility requirements	Prepare one or more written documents describing its policies and make them publicly available in an accessible format upon request.	Accessibility plan is available on the website. Need to identify area/process requests for accessible formats.		January 1, 2015 and ongoing	Senior Administration

Barrier	Objective	Means to Remove/prevent	Performance criteria	Resources	Timing	Responsibility
Employment Standards	Informing staff/volunteers regarding the organizations policies for supporting employees with disabilities	Utilize various forums such as newsletters, emails, memo, website, bulletin board, staff meetings, etc.	All staff to be aware of the organization's support of employees with disabilities and the initiatives in place to meet the goal.	Internal communication	January 1, 2016 and ongoing	Senior Administration
Employment Standard	To develop accommodation plans in a clear and consistent way	Develop individualized accommodation plans, including personalized safety plans.	Clearly define the accommodations you will provide <ul style="list-style-type: none"> •how you will help your employees stay safe in an emergency •accessible formats and communications supports your employees need, and •how and when you will review and update the plans. 	Internal resources and Employment Standards	Current Practice Compliance date January 1, 2014 and ongoing Plans reviewed as required.	Senior Administration/ Occupational Health/ Human Resources
Communication	To develop appropriate signage a both BRH Sites	Develop signage that incorporates accessible design and placement.	Clearly defined accessible signage.	Internal Resources	Began in 2020 with amalgamation and ongoing	Senior Administration

Barrier	Objective	Means to Remove/prevent	Performance criteria	Resources	Timing	Responsibility
Employment Standard	Informing job applicants that the organization will accommodate disabilities during the selection process.	Each job posting includes the a statement that the hospital is an equal opportunity employer and accommodations are available upon request.	<p>Applicants are contacted via email or telephone to set up and interview.</p> <p>Accommodations are put into place for the interview if required.</p> <p>All successful applicants receive offer written offer letters. Verbal offers can be given when required.</p>	Internal Recourses	Current practice	Senior Administration Human Resources.
Design of Public Spaces Standard	Parking	All new and redeveloped off-street parking will meet the criteria outlined in the standard	<p>Off-street parking facilities must include two types of accessible parking spaces:</p> <ul style="list-style-type: none"> - wider spaces for people who use mobility aids, such as wheelchairs, and - standard-width spaces for people who use mobility assistive devices, such as canes, crutches and walkers 	Internal Resources	January 2016 and ongoing	Senior Administration Facilities Manager

Barrier	Objective	Means to Remove/prevent	Performance criteria	Resources	Timing	Responsibility
			<ul style="list-style-type: none"> - minimum number of each type of accessible parking space, depending on the total number of parking spaces. - Accessible parking spaces must have access aisles 			
Design of Public Spaces Standard	Obtaining Services	New and makes major changes to its existing service counters, fixed queuing guides and waiting areas, must be accessible to people with disabilities by following certain requirements.	<p>All accessible counters must be identified with signage.</p> <p>is low enough for someone sitting in a mobility aid, and</p> <p>Has enough clear space in front for a person in a mobility aid to approach the counter, including space for the person's knees.</p>	Internal Resources	January 1, 2019	Senior Administration Facilities Manager
Design of Public Spaces Standard	Maintenance	Notification of maintenance/ disruption of services ensuring alternatives in place	Procedures for preventative and emergency maintenance for accessible public spaces. Including procedures for	Internal Resources	Current practice and ongoing	Senior Administration Facilities Manager

Barrier	Objective	Means to Remove/prevent	Performance criteria	Resources	Timing	Responsibility
			<p>handling temporary disruptions in accessible areas.</p> <p>Posting when maintenance is being performed/ or notify of disruption and alternatives available</p>			
Design of Public Spaces Standard	Obtaining services	Redesign patient changing area in the Diagnostic Imaging department at the Kirkland Lake site	Allow for easier access to accessible changing areas for patients.	Internal Resources	Dependant on funding	Senior Administration Facilities Manager
<p>Some hospital forms, records, and patient information only available in print format</p> <p>Note: The Patient Care Systems and the Health Records modules of Meditech, implemented in 2002/2003 has put KDH way ahead of other hospital in the</p>	<p>Wherever possible commence providing non-print alternative formats i.e., audio/video tapes, electronic</p> <p>Note: This project is anticipated to continue over a five year period</p>	Produce non-print format for forms, records and information	<p>By 2025 all forms, records and patient information will be available in non-print format</p> <p>All documents for public/patient use will follow CNIB Clear Print Accessibility Guidelines</p>	\$xxxx.xx	Over the next 8 to 10 years	Health Records I.T. Clinical Services

Barrier	Objective	Means to Remove/prevent	Performance criteria	Resources	Timing	Responsibility
ability to provide most patient records electronically Meditech Expanse to be implemented 2022 which will increase accessible features.						
Design of Public Spaces Standard	Accessing Services Englehart Site	Coverage required for ER entrance ramp at the Englehart site in order to provide weather coverage	Design and construct roof over ER ramp entrance in order to decrease ice/snow build up.	Internal Resources	Dependant on Funding	Senior Administration Facilities Manager
Design of Public Spaces Standard	Accessible Staff bathrooms Kirkland Site	Renovations to staff bathrooms to allow for wheelchair accessibility.	Renovate existing staff bathrooms at the Kirkland site to allow for increased accessibility.	Internal Resources	2 nd level staff bathrooms slated for 2021, going forward in other areas dependant on funding.	Senior Administration Facilities Manager

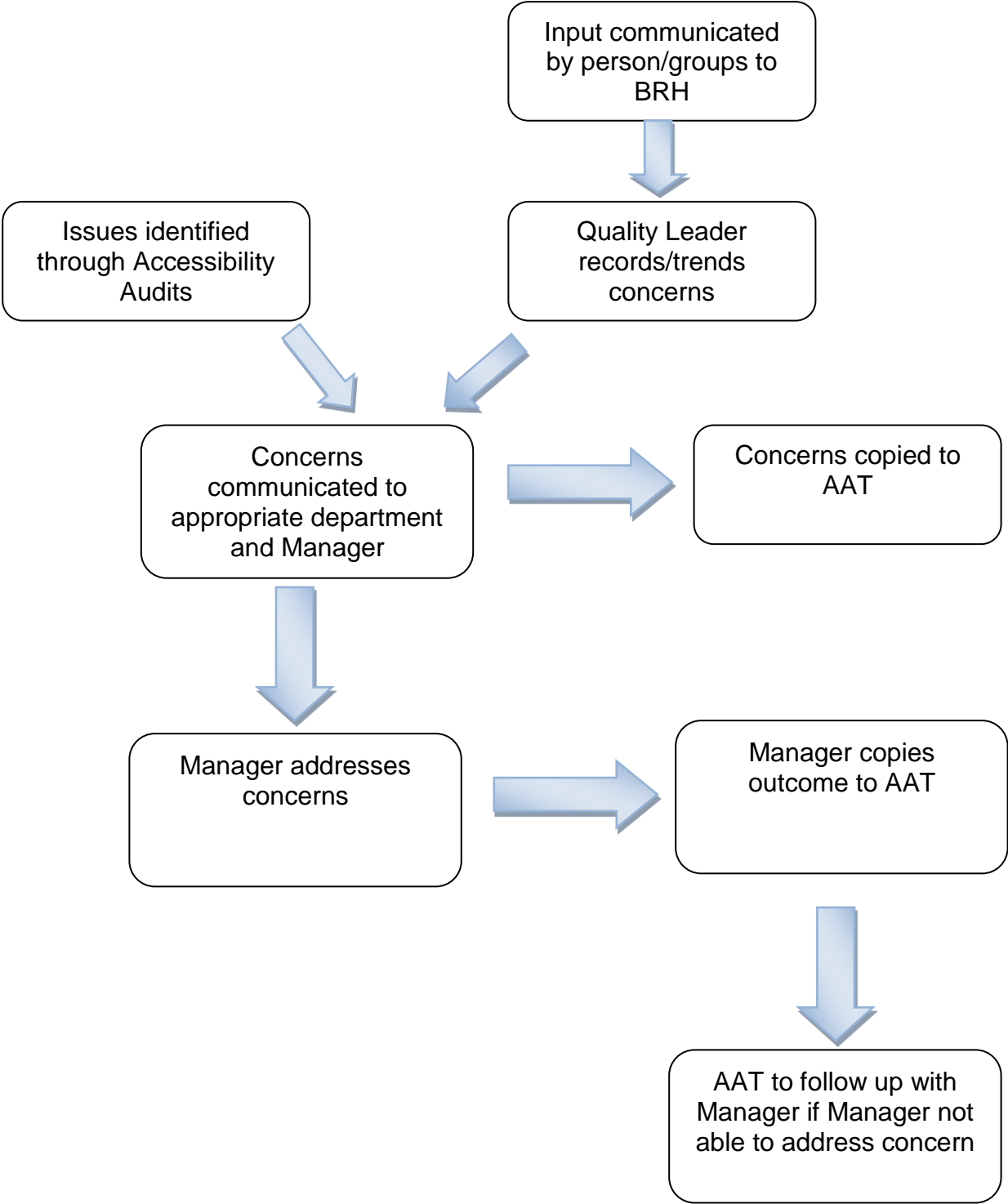
14. Review and monitoring process

The Accessibility Working Group will meet monthly in the beginning to review progress, to ensure the plan is being followed and that deadlines are being met. 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 and Safety Committee as well and updating the Board of Governors on a regular basis.

15. Communication of the Plan

The Hospital's accessibility plan will be posted on the Kirkland & District Hospital's Website and hard copies will be available on the Bulletin Board on the Lower level of the hospital and from the Coordinator of Accessibility Working Group. On request, the plan can be made available in alternative formats, such as computer disk in electronic text and in large print. The plan will also be included within the hospital's orientation package to new staff.

Appendix A: Flowchart for Addressing Accessibility Issues



- Kirkland Lake Site** **Englehart Site**

Accessibility Feedback Form

I want to my identity kept confidential Date: _____

Name: _____

Address: _____

Phone Number: (h) _____ (w) _____

Fax number: _____ Email: _____

Preferred Method of Communication: _____

Please describe your views on our Accessibility:

Describe specific examples or departments where Accessibility has improved or improvement can be made:

Did you tell anyone about your thoughts at the time? Yes No

If yes, whom did you tell and what was their response?

Name of Person:

Title of Person:

Person's Response:

Do you have further comments on our Accessibility? Or our Annual Accessibility Plan?

Please Specify. Are you:

- Patient
- Family
- Staff
- Volunteer
- Visitor

If employed with BRH, please specify Department

Please return this form to: Accessibility
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