



Hanover and District Hospital Accessibility & Health Equity Plan Five (5) Year Plan - 2021/22 – 2025/26

Submitted to

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Prepared by

Health Equity Committee

This publication is available on the hospital's Website
(www.hdhospital.ca)

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1. CEO MESSAGE:

Hanover & District Hospital (HDH) is committed to meeting the standards outlined in the province's *Accessibility of Ontarians with Disabilities Act*. The hospital incorporates these standards through our values of integrity, compassion and collaboration.

HDH is committed to provide an inclusive environment for all by continually improving access, by removing barriers and investigating new initiatives, to our hospital facilities, policies, programs, practices and services for our patients, family members, staff, healthcare practitioners, volunteers and members of the community with disabilities.

Our mission of providing exceptional care is at the forefront of our services that we provide. HDH is committed to promote inclusion for everyone with the respect and dignity they deserve.



Dana Howes
President and Chief Executive Officer

2. Introduction

Hanover & District Hospital (HDH) works with its partners to provide a full range of primary acute care hospital services and selected secondary services to meet the needs of the population of Hanover and the surrounding rural townships.

The Board of Directors, staff, physicians and community partners work together to accomplish seamless care that provides core rural health services close to home and formulates a clear pathway for referrals to additional services. HDH partners with peer acute hospitals, community agencies; long term care homes, mental health and addictions and social service providers.

HDH provides the people we service access to the care they need through 24/7 Emergency Department, Acute Care Unit (inclusive of medical/surgical beds, multipurpose ICU and RCU beds), Physiotherapy Program, Surgical Services Department, Family Centred Birthing Unit, Hemodialysis Unit and Palliative Care Services.

3. HDH Commitment:

HDH is committed to fulfilling our requirements under the *Accessibility for Ontarians with Disabilities Act, 2005*. HDH is committed to promoting and providing an environment where respect, independence, and dignity are equally demonstrated at all times, to all patients. We shall provide accessible service for our patients and visitors. Persons with disabilities are given an opportunity equal to that given to others.

HDH is committed to addressing barrier removal strategies in:

- ongoing access improvements to facilities, policies, programs, practices and services for patients, their family members, staff, health care practitioners, volunteers and members of the community
- participation of people with disabilities in the development and review of its annual accessibility plans
- ongoing updates to the building's structure and equipment to ensure it meets accessibility standards
- ensuring hospital policies are compliant with the *Accessibility of Ontarians with Disabilities Act*
- provide training and maintain records on whom the training was provided

Many initiatives are underway across the organization to ensure that our care and services are accessible to people with disabilities.

4. Accessibility Plan Objectives:

The accessibility plan describes the measures that HDH has taken in the past and what the hospital is working at presently and in the future, to identify, remove and prevent barriers to people with disabilities who work in or use our hospital for services. The plan encompasses staff, patients, family members, health care practitioners, volunteers and members of the community.

The accessibility and health equity plan is reviewed and updated annually by the Health Equity Committee. The plan is presented annually at the Board of Directors for approval.

The accessibility plan will include strategies and actions applicable to Customer Services, Information and Communication, Employment and Training.

Note: Procurement, Self-service Kiosks, Design of Public Spaces and Transportation are not applicable to us.

5. Accessibility Training:

HDH provides training as soon as practicable after hire and ongoing training of any changes to the policies. Annual accessibility training is provided during Brain Train.

The hospital maintains records of the training provided including the dates on which the training was provided and the number of individuals to whom it was provided.

6. Health Equity Plan:

The Health Equity Committee will create a culture, working in partnership both internally and externally, to make recommendations and initiate strategies to remove barriers of accessing healthcare to enhance the patient and workplace experience. This will involve the Accessibility for Ontarians with Disabilities Act, Senior Friendly Hospital framework, diversity, cultural

sensitivity and Indigenous awareness. The Committee is guided by the vision, mission and values of the Hanover & District Hospital and is accountable to senior management.

The Health Equity Committee's responsibilities and objectives are:

- To develop and/or recommend strategies to implement improvements in systems and processes that align with the goals of the organization, consistent with the provincial Senior Friendly Hospital framework, to enable seniors to maintain optimal health and function while they are hospitalized, so they can successfully transition home or to the next level of appropriate care;
- To ensure that legislative requirements with respect to the *Accessibility for Ontarians with Disabilities Act, 2005* are met; evaluate and make recommendations on matters related to goods, services, accommodation, employment, buildings, wayfinding, structures and premises that will impact patient, staff or visitor accessibility;
- To build capacity to provide safe, quality care for diverse and vulnerable populations through increasing the cultural competencies of Hanover & District Hospital employees by providing proactive education and organizational training and development aimed at creating an environment that embraces diversity and cultural sensitivity, including Indigenous;
- Establish a monitoring framework to ensure continuous improvement to measure the effectiveness of implementation strategies and monitor indicators related to health equity and accessibility (for example patient satisfaction, employee and physician experience use of translation services and opportunities for improvement arising from complaints); and
- To create a healthier and more inclusive workplace environment for all staff, volunteers and physicians.

7. Communication and Information:

The hospital's accessibility and health equity plan is posted on the Hanover & District Hospital website. On request, the accessibility and health equity plan is made available in hard copy, electronic format, in larger print or on audiotape.

8. Past Achievements to Remove and Prevent Barriers

HDH is proud of the accomplishments to remove accessibility barriers to allow access to all. Refer to [Appendix A](#) for the *Accessibility Barrier-Removal Accomplishments*.

9. Current Five-Year Accessibility Plan

Refer to [Appendix B](#) for our *Current Five-Year Accessibility Plan*

APPENDIX:

Appendix A – Accessibility Barrier-Removal Accomplishments (2005 – 2020)

Appendix B – Current Five-Year Accessibility Plan (2021/22 – 2025-26)

ACCESSIBILITY PLAN APPENDIX A:
Accessibility Barrier-Removal Accomplishments (2005 – 2020)

1. Wheelchair accessible washroom renovated in Dialysis/Family Health Team
2. Wheelchair accessible washroom in renovated in patient Room 117
3. Website Update to meet AODA standards (2020)
4. More wheelchairs purchased for mobility
5. Removal of stone wall at front entrance for wheelchair storage; more accessible
6. Implemented customer service training/education on how to approach and talk to people of all abilities
7. Hearing/visually impaired phones; large number pad
8. Wheelchair accessible washroom renovation on Unit 2
9. Purchased four “Evacu-Trac” units for stair evacuation; used for mobility impaired patients in an emergency; one unit is at each stairwell; ongoing staff training on Evacu-Trac equipment; ongoing staff training provided
10. Waiting room seating replaced with firmer/higher chairs; bariatric seating included
11. Main front entrance to hospital had step removed and a concrete ramp installed to make it wheelchair accessible
12. Main front doors changed from manual to automatic sliding doors
13. Concrete sidewalk at outer edge of front canopy was ramped to allow wheelchair access from the pavement to sidewalk
14. The main front entrance to the hospital had a step removed and a concrete ramp installed to make it wheelchair accessible
15. The main hospital entrance doors were manual swing doors and upgraded to automatic sliding doors to produce hands free entrance
16. The concrete sidewalk at the outer end of the front canopy was ramped to allow wheelchair access from the payment up to the sidewalk
17. The entrance into the emergency department from the previous drive through had an asphalt ramp installed to eliminate one step into the hospital
18. The addition of the day hospital to the hospital included barrier free washrooms, tub room and shower; entrance and exits from their exterior tranquility garden had sloped concrete walks to make them wheelchair accessible
19. Accessible washroom installed in the waiting room area of the emergency/out-patient department when department was renovated
20. Automatic swing door operators, complete with accessible activation buttons, installed on the entrances to the operating rooms, imaging department, laboratory and the west wing first floor corridor door
21. Two close proximity disability parking spaces created in the hospital’s front visitor parking lot; Six additional disability parking spaces added when the parking lot reorganized for the new medical clinic; hospital patrols these reserved spaces to ensure compliance and availability
22. The patient room numbers lowered to wheelchair level in all of the nursing units and the number enlarged from one-inch number to two-inch numbers

23. The shine of the finish used on sheet resilient flooring removed so the floors would have a non-shine surface to assist people with depth perception when walking on these floors
24. Re-development of the obstetrics unit, which included patient room accessible washrooms
25. Accessible washroom constructed in palliative care unit's family rooms 206 and 209
26. Carpet replaced in Emergency department waiting area with safety flooring
27. Handrails on both sides of corridor from Day Hospital entrance to Diagnostic Imaging Department entrance installed
28. A "No Scent" policy implemented and signage posted
29. Accessible washroom installed on the second floor for patients and the Public
30. CNIB and Hearing Impaired Phones are available
31. Education for staff on CNIB needs
32. The addition of four accessible parking spots adjacent to the buildings and strategically located in high volume areas
33. Installation of new signage for direction and flow pedestrian traffic
34. Stop blocks and speed bumps at cross walks to slow traffic around accessible entrances and access points
35. New Lab renovations – completion fall 2013
 - installation of a phone/video display for patient identification
 - installation of automatic door openers in Laboratory renovations for completion
 - installation of accessible washroom
36. Installed an automatic door leading into the dialysis unit.
37. Retrofitted the fire alarm system so that the alarm signals are both audible and visual throughout the building
38. Purchased some "raised" toilet seats and began a program to evaluate the seats in patient room washrooms; they did not prove to be a satisfactory solution
39. Replace compact fluorescent lamps that were slower to brighten with newer lamps that brighten quicker
40. Retrofitted both elevators to meet current codes and standards and installed new safety system on the doors (meets current accessibility codes); buttons are at wheelchair height and include braille to assist persons with vision impairment
41. Retrofit the lighting in the Pediatric Speech room so that is not as bright as when the main room lighting is currently on; Installation of incandescent fixtures to offer an alternate level of lighting
42. Developed a policy to accommodate a caseworker to be with a mental health patient in the ER department rather than the waiting room whenever possible
43. Doctors' entrance had a ramp installed to facilitate wheelchairs and the transfer of air ambulance stretchers
44. Investigated the feasibility and costs associated with constructing one accessible washroom using the space or portion of the space now occupied by the female staff and male public washrooms at switchboard and the housekeeping janitor closet located across from the hospital's boardroom; construction project awarded & completed
45. The carpet has been replaced in the Emergency department waiting area with non-slip flooring

- 46. The female staff washroom on the second level renovated to make one large accessible public washroom
- 47. Installed a second automatic door push plate at the main entrance door to Diagnostic Imaging department to accommodate people who approach from the Emergency department
- 48. Installed twin level water drinking fountain to accommodate wheelchair height and children
- 49. Purchased speakerphones
- 50. Purchased a wheelchair accessible weight scale

ACCESSIBILITY PLAN APPENDIX B:

Five (5) Year Plan

2021-22

- ☒ Temporary Wayfinding Signage posted during COVID-19
- ☒ Wheelchair accessible washroom & Shower on Acute Care
- ☒ Ceiling Lift Installed in Room 121 & 122 for improved transfers for patients with disabilities
- ☒ Staff training on ceiling lift provided by vendor
- ☒ Wheelchair accessible washroom (Diagnostic Imaging)
- ☒ Installed LED lighting on first floor
- ☒ Implemented QR Codes on the Patient Feedback Surveys
- ☒ Added a comment line under the accessibility question to patient feedback survey
- ☒ Ongoing monitoring of accessibility comments on patient feedback survey
- ☒ Implemented “Boogie” board to enhance patient communication
- ☒ Ongoing staff education at Brain Train
- ☐ Wayfinding Project - Directional Signage (on hold due to COVID-19)
- ☐ Wooden railing replacement
- ☐ Evaluate entrances into the building and make suggestions to increase accessibility
- ☐ Investigate Interpreter Resources to remove language barriers

2022-23 & 2023-24

- ☒ Wheelchair accessible door installed on the Quiet Room on the second floor
- ☒ Purchased clear masks for staff to wear for hearing impaired patients, as needed
- ☒ Purchased a Pocket Talker for hearing impaired patients
- ☒ Ongoing staff education at Brain Train
- ☒ Installed LED lighting on second floor
- ☒ Review accessibility comments from Patient Feedback Surveys
- ☒ Wooden railing replacement
- ☒ Investigate Interpreter Resources to remove language barriers
- ☒ Implemented interpreter resource utilizing iPads
- ☒ Staff Education: implemented AODA online training for new hires at orientation
- ☒ Monitor Accessibility comments on Patient Feedback Surveys; present quarterly at Health Equity
- ☒ Health Equity Committee AODA training
- ☐ Wayfinding Project - Directional Signage (on hold due to COVID-19)
- ☐ Evaluate entrances into the building and make suggestions to increase accessibility
- ☐ Automatic Door on ER washroom outside Treatment #1 and in waiting room

2024-25

- ☒ Ongoing staff education at Brain Train
- ☒ Updated staff education

- ☒ Monitor Accessibility comments on Patient Feedback Surveys; present quarterly at Health Equity
- ☒ Implementation of appointment reminders; by phone, e-mail or text
- ☒ Continued training initiatives
- ☒ Renovated Education Centre – wheelchair accessible
- ☒ Introduction and Implementation of PocketHealth
- ☐ Wheelchair accessible washroom
- ☐ Evaluate entrances into the building and make suggestions to increase accessibility
- ☐ Automatic Door on ER washroom outside Treatment #1 and in waiting room
- ☐ Wayfinding Project - Directional Signage

2025-26

- ☐ Wheelchair accessible washroom
- ☐ Ongoing staff education at Brain Train
- ☐ Monitor Accessibility comments on Patient Feedback Surveys; present quarterly at Health Equity
- ☐ Implementation of Project Search
- ☐ Implementation Self-Service Kiosks
- ☐ Wayfinding Project - Directional Signage
- ☐ Investigate further interpreter resources to remove language barriers
- ☐ Implementation of Indigenous Cultural Safety Plan
- ☐ Implementation of Diversity, Equity, and Inclusion Strategy

Ongoing Projects:

- ☐ Changing faucets in washrooms (being changed to lever handles or motion activated) as repairs and replacement of old ones required.
- ☐ Changing door knobs (being changed to lever handles) as repairs and replacement required.
- ☐ Higher toilet in washrooms (on going). Short term solution purchase seat adjusters.

Future Projects:

- ☐ E.R. Accessible washroom.
- ☐ E.R. treatment rooms (5-9) larger, more accessible.
- ☐ Switchboard and Registration accessible.
- ☐ Sharps containers in Public Washrooms (Unable to source proper size container)
- ☐ Elevator sound to identify arrival at floor/ when door is opening or closing (to be completed when elevator has to be replaced) Installation of third elevator – pending HIRF funding approval
- ☐ Automatic Door on ER washroom outside Treatment #1 and in waiting room