



Services de santé de Chapleau Health Services

Multi-Year Accessibility Plan

May 2020 to April 2022

This publication is available on the hospital's website
www.sschs.ca
and in alternative formats upon request.

1.0 Executive Summary

Several pieces of legislation collectively set out the requirements for ensuring accessibility to facilities and services for people with disabilities. These include:

- Ontarians with Disabilities Act, 2001 (ODA)
- Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
- Integrated Accessibility Standards, O. Reg. 191/11

Collectively, their purpose 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.

The legislation requires SSCHS to:

- Establish, implement, maintain and document a Multi-Year Accessibility Plan (also referred to as the Accessibility Plan), which outlines the organization's strategy to prevent and remove barriers and meet its legislated requirements
- Review and update the Accessibility Plan at least once every five years, in consultation with persons with disabilities
- Prepare an Annual Status Report (also referred to as the Annual Plan) on the progress of measures taken to implement the Multi-Year Accessibility Plan
- Post the Accessibility Plan and Status Report on the website and provide them in an accessible format upon request

This Multi-Year Accessibility Plan has been prepared by Services de santé de Chapleau Health Services' Accessibility Working Group. People with disabilities are included as members of the Accessibility Working Group and their participation is greatly appreciated and valued. The Accessibility Plan has been approved by the Chief Executive Officer, and describes:

- The process that SSCHS has taken to identify barriers, remove and prevent barriers for people with disabilities
- The measures in place to ensure the organization assesses proposals for by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities
- The current state of compliance with accessibility standards
- The opportunities for improvement, based on the current state

The Status Report is included as an Appendix to the Multi-Year Accessibility Plan and will stand alone as a separate document in the second year of this Plan. The Annual Plan for 2020-2021 is included as Appendix A. It describes:

- Efforts that have been taken to remove and prevent barriers during the past year
- The measures that SSCHS will take in the coming year to identify, remove and prevent barriers
- A list of the by-laws, policies, programs, practices and services that the organization will review in the coming year in order to identify barriers to persons with disabilities

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2.0 Description of Services de santé de Chapleau Health Services

Services de santé de Chapleau Health Services is an integrated healthcare provider that includes the Chapleau General Hospital, the Bignucolo Residence, Turning Point, Cedar Grove, the Chapleau Medical Clinic and the Foleyet Nursing Station.

Chapleau General Hospital, with 13 acute care beds, provides primary care in general medicine, 24-hour emergency services, 24-hour laboratory and diagnostic imaging. It is located more than 200 kilometres from the closest hospital to which patients are referred.

The **Bignucolo Residence**, opened in March 1998, is a 25-bed long-term care facility with 2 respite beds, 4 chronic care beds and 19 ELDCAP long-term care beds. The 25-bed facility has both private and semi-private rooms, central dining service, a large resident lounge and an outdoor courtyard.

Turning Point Décisif is a hub for a variety of community services, including:

- Outpatient mental health services for adults 16 years and older
- Outpatient addiction services for people of all ages
- Assisted Living – Aging at Home
- A variety of community support services

Cedar Grove is a 23-unit apartment complex for seniors comprised of both rent-geared-to-income (RGI) as well as market rent units. In addition, this building hosts a number of other organizations and social groups.

The **Chapleau Medical Clinic** is a building located on the same property as Chapleau General Hospital and Bignucolo Residence. It currently hosts the Chapleau and District Family Health Team, dentist's office and Chapleau Diabetes Education Program.

The **Foleyet Nursing Station** provides primary care support to the residents of Foleyet and Ivanhoe, including the services of a Nurse Practitioner.

Mission, Vision and Values

Services de santé de Chapleau Health Services is a rural, integrated health care model, providing a full spectrum of services in English and French. This is our mission – it's what we do today.

It is our vision and ultimate goal to become a sustainable, remote rural health care hub focused on providing safe, quality, effective, patient-centred care.

When we make choices about how we will arrive at our ultimate goal, we refer to our values. Four values are especially important to us.

- **Inclusiveness** – We will respect the promotion of social inclusion, individual choice, independence, dignity and individual rights.
- **Integrity** – We will be honest and transparent in what we do.
- **Compassion** – We will show concern and care for others in all that we do, and will especially be mindful of the needs of our elders.
- **Focus on Health and Safety** – We will care about the health and safety of patients, clients and employees.

Goals

Three broad directions will be the focus of our work over the next few years to move toward the ultimate goal. They are to:

- Continuously improve care and services
- Collaborate to build a healthy community
- Ensure sustainable operations

We are committed to engage with everyone – clients, patients, staff, partners and other stakeholders – as we work to define goals and design processes.

A summary of the organization’s Strategic Plan for 2020-2024 is included below.



Strategic Plan 2020 to 2024

Core Values: Inclusiveness, Integrity, Compassion,
Focus on Health and Safety

Ultimate Goal	To become a sustainable remote rural health care hub focused on providing safe, quality, effective, patient centred care		
Broad Directions	Continuously improve care and services	Collaborate to build a health community	Ensure sustainable operations
Specific Goals	<ul style="list-style-type: none"> • Work with other organizations to develop an OHT • Explore how to increase ELDCAP beds in a way that is revenue neutral • Enhance service for people with mental health issues 	<ul style="list-style-type: none"> • Ensure that people know about our services and how to access them • Work with other organizations to develop a pool of community volunteers to support elders • Advocate for and work with the residents of Foleyet to obtain services to meet needs 	<ul style="list-style-type: none"> • Operate each division within its budget • Implement Meditech Expanse as economically as possible • Ensure sufficient resources to provide appropriate healthcare services • Identify critical functions and provide cross-training to ensure availability

3.0 Commitment to Accessibility Planning

The organization's commitment to accessibility planning is documented as policy, which says the following:

Services de santé de Chapleau Health Services is committed to providing services to people with disabilities in a manner that respects their dignity and independence.

We are committed to ongoing improvement of facilities, equipment, policies and processes to ensure that everyone can equally access the services provided.

We are also committed to ongoing education and training for staff in relation to specific accessibility issues and changes in processes and policies.

These commitments are subject to the resources available to the organization and the organization's ability to obtain additional funds to meet identified needs.

The Chief Executive Officer has authorized the Accessibility Working Group to prepare an Accessibility Plan annually, as well as to monitor progress toward achieving the objectives outlined in the Plan.

4.0 Accessibility Working Group

The Accessibility Working Group was substantially revised in 2020, to formally include the involvement of people with disabilities, and to clarify the group's responsibilities. The revised Terms of Reference for the group are included as Appendix B. In addition, for ease of reference, they are posted as a separate document in the organization's online document management system.

5.0 Past Accomplishments

In this section of the Accessibility Plan, we would like to highlight the list of barriers that have been removed over the years. We do not want to forget what we have already accomplished.

Category	Action – Barrier Removed
General	<ul style="list-style-type: none"> • Policies define how accessibility will be achieved • These policies are reviewed and revised by the Accessibility Working Group • The Accessibility Working Group includes people with disabilities and oversees the process of meeting accessibility needs in a timely manner • A Multi-Year Accessibility Plan is developed with input from people with disabilities • Annual Status Reports are developed with input from people with disabilities • These documents are publicly available • Accessibility design, criteria and features are considered when procuring and acquiring goods, services and facilities • Training about accessibility standards and related topics is provided to employees, volunteers, and others, appropriate to their duties and responsibilities
Communications and Information	<ul style="list-style-type: none"> • Accessible formats and communications supports are provided when needed, including when people are providing feedback,

	<p>and people are notified of the availability of these supports</p> <ul style="list-style-type: none"> • Information about emergency procedures and public safety plans (particularly infection prevention and control measures) is provided in accessible formats or with communications supports • Picture books are used to support non-verbal patients • Organizational standards have been set for font, formatting, and language levels to ensure ease of reading and compatibility with automated reading software
Employment Standards	<ul style="list-style-type: none"> • During recruitment, notices advise employees and the public that accommodation is available for applicants with disabilities • Accommodations are made as required • Successful applicants and all employees are advised of current policies for accommodating employees with disabilities • Material required by employees to perform their jobs or that is generally available to all employees is provided to disabled employees in accessible formats or with communication supports • Workplace emergency response information is individualized for employees with disabilities, and is revised as needed • Individual accommodation plans are developed for disabled employees through the return to work process • Performance management and career development reflect accessibility needs and accommodation plans
Transportation	<ul style="list-style-type: none"> • Two new stretcher/wheelchair accessible vans have been purchased to support people who need non-urgent patient transfers
Built Environment	<ul style="list-style-type: none"> • Standards are respected when any of the following are built: <ul style="list-style-type: none"> ○ Sidewalks and walkways ○ Accessible parking spaces ○ Service counters and waiting areas ○ Self-serve kiosks • All entrances are fully accessible with electronically activated doors • Some patient rooms are equipped with ceiling lift devices • Waiting areas and eating areas have spaces for wheelchairs and walkers • Garden areas are designed to be accessible • Palliative care patients can go outside, even in a bed • All washrooms in Bignucolo Residence accommodate wheelchairs

	<ul style="list-style-type: none"> • All lighting in Bignucolo Residence is controlled by remote switches • A visual alarm system automatically announces emergency situations to people with hearing disabilities • Water fountains have been lowered to accommodate wheelchair accessibility • Automatic door openers have been upgraded to allow the speed at which doors open to be adjusted • The speed at which automatic doors open and close has been adjusted based on feedback from users of electric wheelchairs • A ramp was built in the courtyard, based on feedback from wheelchair users
Customer Service	<ul style="list-style-type: none"> • Use of service animals and support persons is documented as policy • Notice of temporary disruptions is provided when mobility aides cannot be used and is documented as policy • Feedback processes are defined, and reflect specifically how feedback from people with disabilities is addressed • Training has been provided to staff in relation to geriatric concerns such as frailty, behavioural changes, cognitive decline and the appropriate accommodations for these issues • Nurses help patients with disabilities in a variety of ways including opening meal containers, ensuring that hearing aids and glasses are within reach, etc. • Wheelchairs are available to lend to people who need them in order to attend outpatient appointments • Reception desks and service counters accommodate people who are seated in a wheelchair or on a walker • Washing machines and dryers are accessible to people in wheelchairs

6.0 Barrier Identification Methodologies

The Accessibility Working Group has used the following methods to identify potential barriers to people with disabilities:

- Inclusion of people with disabilities as members of the Accessibility Working Group
- Review of outstanding barriers previously identified
- Review of barriers removed by other organizations
- Review of complaints made by patients and the public

7.0 Barriers Identified

The following barriers were identified:

Category	Barrier
Built Environment	<ul style="list-style-type: none"> • Include a placeholder on the capital construction list to ensure that new built space includes accessible washrooms • Include a placeholder on the capital list to retrofit patient rooms to include transfer poles that are firmly anchored to the floor • Build in processes to ensure that all facility renovation and redevelopment projects incorporate accessible design standards and considerations • Revise access to the OT/PT area so that navigation is easier for people with wheelchairs • Renovate public washrooms to accommodate people with wheelchairs • Purchase and install an automatic door opener between the emergency department and acute care
Communication and Information	<ul style="list-style-type: none"> • Ensure that website content conforms to WCAG 2.0 Level A criteria now and Level AA by January 1, 2021 • Revise way-finding signage to ensure consistency, good locations, and that it has been designed with high-contrast, primary colours and clear fonts, for readability • Review the content included on the website and social media, to determine if there are other patient-facing documents that could be included • Revise the buttons on the phone system at the emergency door, which provides access to the building after hours, to make them larger • Ensure that the Patient Bill of Rights and other patient-facing information is available in pictorial format (an Example has been developed by the Aphasia Institute) • Ensure that patient education materials are made readily available in alternative accessible formats • Develop a process to have information brochures/pamphlets reviewed for accessibility • Add web content to explain locations of barrier free washrooms • Develop a reliable process to ensure that temporary service interruptions are posted clearly on the website
Customer Service	<ul style="list-style-type: none"> • Obtain the services of sign language interpreters on a volunteer basis • Offer to have patients call ahead when they anticipate issues

	with access to the building or services, in order that someone can help them
General	<ul style="list-style-type: none"> • Develop and maintain a list of 'subject matter disability experts' who can offer recommendations on process design alterations and adaptations that are shaped by their lived experiences • Review the Senior Friendly toolkit and implement plans to reduce any outstanding gaps

The Annual Plan identifies which of these barriers have been identified for further work in 2020-2021. (Refer to Appendix A.)

8.0 Review and Monitoring Process

The Accessibility Working Group meets twice a year 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.

The Board of Directors reviews the Status Report (Annual Plan) in November of each year.

9.0 Communication of the Plan

The Accessibility Plan and Status Reports (Annual Plans) are posted on the organization's website. Paper copies of these documents are available from the Communications Coordinator. On request, they will be provided in electronic format or large print. The Communications Coordinator is also available to review these documents with anyone who cannot view printed materials, as well as to answer any questions that may arise as a result of this review.

Internally, the Accessibility Plan and Status Reports are summarized and shared with staff during department meetings and huddles, highlighting action plans that will directly involve them and engaging them in further detailing these plans.



Services de santé de Chapleau Health Services

Accessibility Status Report (Annual Plan)

May 2020 to April 2021

This publication is available on the hospital's website
www.sschs.ca
and in alternative formats upon request.

Created April 2020
Revised October 2020

Accessibility Status Report (Annual Plan)

1.0 Year: 2020-2021

2.0 Achievements Accomplished – Barriers Removed

Refer to Section 5.0 of the Accessibility Plan 2020-2022 for a list of the barriers that have been removed since the last Annual Report was published.

3.0 By-Laws, Policies, Programs, Practices and Services

The following by-laws, policies, programs, practices and services will be reviewed within the year:

- Transportation Services

4.0 Measures to Identify, Remove and Prevent Barriers

The barriers to be removed during fiscal year 2020-2021 are as follows:

Due Last Day Of...	Potential Action	Responsible
April	Include a placeholder on the capital construction list to ensure that new built space includes accessible washrooms.	Done
April	Include a placeholder on the capital list to retrofit patient rooms to include transfer poles that are firmly anchored to the floor.	Done
April	Build in processes to ensure that all facility renovation and redevelopment projects incorporate accessible design standards and considerations.	Done
April	Review Materials Management policies and document what is being done to ensure that accessibility design, criteria and features are considered when procuring and acquiring goods, services and facilities	Done
April	Review facilities planning processes and documentation to ensure that all facility renovation and redevelopment projects incorporate accessible design standards and	Done

	considerations.	
June	Explore replacing the phone at the emergency entrance with one that includes large buttons and, possibly, a speakerphone option.	Jean Louis - Done
August	Identify whether there are people in the community willing to serve as sign language interpreters on a volunteer basis.	Lindsay - On-going
August	Develop a reliable process to ensure that temporary service interruptions are posted clearly on the website.	Lindsay - Done
August	Review Human Resources policies about recruitment and hiring to ensure that the relevant Employment Standards are documented. (Integrated Accessibility Standards Sections 20-27)	Shannon – On-going (will be complete by 2020 calendar year end)
August	Review Occupational Health and Safety policies to ensure that the relevant Employment Standards are documented. (Integrated Accessibility Standards Sections 28-29)	Lindsay - Done
December	Ensure that website content conforms to WCAG 2.0 Level A criteria now and Level AA by January 1, 2021.	Lindsay
December	Review the content included on the website and social media, to determine if there are other patient-facing documents that could be included.	Lindsay
December	Offer to have patients call ahead when they anticipate issues with access to the building or services, in order that someone can help them.	Lindsay - Done
December	Add web content to explain locations of barrier free washrooms.	Lindsay - Done
March	Develop standards for way finding signage to ensure consistency, good locations, and that it has been designed with high contrast, primary colours and clear fonts, for readability. Incorporate into the Patient Safety Plan.	Randi
March	Ensure that patient-facing material is readily available in alternative accessible formats. e.g Bill of Rights, patient	Randi

	education material, brochures and pamphlets. This will be incorporated into the Patient Safety Plan. A process will be developed whereby the Communications Coordinator will be involved in the review of all patient-facing material.	
March	Contact select organizations representing people with disabilities, to request information from them about the needs of the people that they serve.	Lindsay
March	Review Transportation Service against applicable standards (Integrated Accessibility Standards, Part IV). This will be done as part of the Patient Safety Plan.	Randi

Appendix B – Accessibility Working Group Terms of Reference

SSCHS Accessibility Working Group

Terms of Reference

Membership

Name	Representing	Email
Jean-Louis Nicol	Maintenance	jnicol@sschs.ca
Lindsay Briscoe	Communications	lbriscoe@sschs.ca
Natasha Comte	Human Resources, Administration and Finance	ncomte@sschs.ca
Randi Lee Noel	Patient Relations	rnoel@sschs.ca
Robin Greer	Dietitian	rgreer@sschs.ca
Shannon Duhaime	Recruitment	shduhaime@sschs.ca
Sharon vanValkenburg	Consultant	sharkel@ntl.sympatico.ca
Stacey Orton	Nursing	sorton@sschs.ca
Nadene McEachren	Community	newmce@gmail.com
Guests:		
Jennifer Joyal	Occupational Health	jjoyal@sschs.ca
Allison Irwin	Occupational Therapy	airwin@sschs.ca
Jeremy Stevenson	Chief Executive Officer	jestevenson@sschs.ca
Charlsie Rheaume	Turning Point	crheaume@sschs.ca

Members are expected to attend meetings as scheduled and provide input on all matters included on the agenda.

Guests receive meeting reference packages and minutes, and are encouraged to provide input on anything relevant to their area of expertise. They are not required to attend meetings but are welcome to.

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

Meetings

Meetings are held at least twice each year, at the call of the Chair.

Chair

The role of Chair is assigned to the Communications Coordinator.

The responsibilities of the Chair include:

- Maintaining a distribution list for the Working Group, including email addresses and phone numbers
- Scheduling meetings and related logistics
- Preparing and distributing the agenda and meeting references
- Chairing the meeting
- Drafting and distributing the minutes of each meeting
- Revising the Accessibility Plan, based on feedback received from the Working Group
- Reporting to the applicable agency or Ministry concerning progress, or providing the needed information to any other designated individual who must submit this report

Reporting

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

Progress in relation to the Accessibility Plan is reviewed by the Board of Directors annually, **in November**.

Responsibilities

The Working Group will:

- a) Once every two years, review committee Terms of Reference, making changes as appropriate.

- b) Once every two years, review all of the policies and procedures associated with ensuring accessibility for people with disabilities.
- c) Annually, 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) Every two years, establish priorities for the Plan.
- e) Prepare and recommend to the Chief Executive Officer the organization's two-year Accessibility Plan.
- f) Prepare an annual work plan for accomplishment of the approved recommendations during the year.
- g) Review and address concerns relating to accessibility.
- h) Ensure hospital-wide knowledge and community-wide availability of the approved Accessibility Plan. Note that this includes recommendations to Human Resources in terms of accessibility courses that employees must complete.
- i) Minute all meetings of the Accessibility Working Group, documenting matters discussed and recommendations made, forwarding copies of the minutes to the Chief Executive Officer.
- j) Every two years, assess the performance of the Accessibility Working Group in carrying out its responsibilities, identifying opportunities for improvement as they arise.

Revision History

Revision Date	Version	Revision Description
2020-October-22	3.0	Annual Status Report updated; membership updated.
2020-May-01	2.0	Membership revised. Meeting frequency revised. Chair responsibilities defined. Accountability to the Board included. Terms of Reference published independent of Accessibility Plan.
2007-Summer	1.0	Terms of Reference established.