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**Multi-Year Accessibility Plan**  
**Collingwood General & Marine Hospital**

**April 1 2014 – March 31 2019**

## **Table of Contents**

1. Executive Summary
2. Our Mission
3. Description of the Hospital
4. Addressing the Accessibility for Ontarians with Disabilities Act
5. Barrier Identification and Prioritization
6. Current Identified Barrier Free Initiatives
7. Highlights of Barrier Free Initiatives Completed
8. Communication of the Plan
9. Definitions

## 1. Executive Summary

Collingwood General and Marine Hospital is focused on delivering the best possible health outcomes and an exceptional patient experience through high quality, more accessible and efficient care. Our vision for an exceptional experience for patients and their families is an inter-connected system of care that is easier to navigate and addresses the unique needs of our community. In order to achieve this vision, we must eliminate barriers that limit equitable and accessible care for our patients and their families.

Ten years ago, eliminating barriers for people with disabilities began with simple curb cuts to accommodate wheelchairs, and the addition of more new parking spots for persons with disabilities. Today, accessibility has expanded to include identifying and addressing communication, attitudinal, technological, policy and physical barriers. In 2005, when the Accessibility for Ontarians with Disabilities Act was introduced the Collingwood General and Marine Hospital embraced the new legislation to ensure a barrier free environment for people with disabilities.

It is with pleasure that we introduce the CGMH Multi-Year Accessibility Plan that outlines our strategic direction with regards to accessibility and embraces the Integrated Standards of the Accessibility for Ontarians with Disabilities Act.

## 2. Our Vision, Mission and Values

**VISION:** Our vision is to be a high performing, patient-focused hospital serving our community by providing quality and excellence in patient care. We strive to be a leader among our peers by providing essential services founded on best practices, resourced with appropriate technology and delivered by a qualified, motivated and caring team. We are working to provide timely access to care and to facilitate seamless care for our patients in collaboration with partners within and beyond the hospital.

Governed by our new strategic directions all physicians, nurses, staff and volunteers at the Collingwood General & Marine Hospital will continue to provide the best possible **patient experience**, by ensuring community members and visitors receive the **right care at the right place**, with access to **innovative** and efficient technology. We will provide care closer to home for those with complex conditions and timely **access to orthopaedic care** and local rehabilitation services. By implementing these new directions we will **sustain the future of our hospital**, as we build our case for a Health Campus or a major hospital expansion.

**MISSION:** A dedicated team committed to your health and our community.

### VALUES:

- ❖ **Caring – We are compassionate.**
  - By reaching out to help others.
  - By being generous in our support and empathy.
  - By understanding each other's perspective
- ❖ **Accountable – We take responsibility for our own actions.**
  - By doing our part to make our hospital successful.
  - By utilizing resources wisely.
- ❖ **Respect – We value each other.**
  - By treating everyone equally and with dignity.
  - By honouring everyone's privacy, rights and beliefs.
- ❖ **Adaptable – We aspire to continuously improve.**
  - By positively embracing change.
  - By working together towards a common goal.
- ❖ **Excellence - We strive to exceed expectations.**
  - By exceeding our performance targets.
  - By finding creative solutions that benefit all.
  - By going above and beyond.
- ❖ **Teamwork – We reach out to help one another.**
  - By working collaboratively.
  - By bringing out the best in each other.

**By acknowledging and recognizing these values every day, CGMH will fulfill our Mission to create a barrier free hospital for people with disabilities.**

### **3. Description of the Hospital**

Collingwood General and Marine Hospital serves one of Ontario's fastest-growing and most diverse communities with a large transient population comprised of part-time residents and vacationers to one of the province's premier "play grounds" with exceptional year round recreation and beauty. We serve communities of Collingwood, Wasaga Beach, The Town of Blue Mountain, and Clearview.

CGMH is a 70-bed facility serving more than 60,000 permanent residents and 2.5 Million annual visitors. With an annual operating budget of \$47 million, CGMH is an acute care hospital providing emergency care, diagnostic services including lab, imaging and cardiorespiratory therapy, as well as two inpatient units (medicine and surgery). In addition, CGMH provides care in specialty areas including obstetrics, orthopedics, intensive care and surgery. CGMH also provides outpatient care including dialysis and a wide range of clinics including mental health and rehabilitation services. CGMH continues to provide care close to home for its community and plays a key role as an integrated orthopedic centre for the region.

CGMH is also an integral part of the North Simcoe Muskoka Local Health Integration Network, which is made up of six Hospitals in the region. By working collaboratively with other Hospitals, CGMH maximizes efficiencies, reduces costs and works proactively to ensure that the people of the area are educated about their own health and always have access, within the region, to the health services they require.

- 450 employees, 60 physicians and nearly 400 volunteers.
- >32,000 emergency visits
- 4,700 surgical procedures and 100 Hip and Knee Replacements
- 500 births
- 3,800 inpatient admissions
- 18,000 outpatient visits
- >6,000 CT scans

### **4. Addressing the Accessibility for Ontarians with Disabilities Act, 2005**

In 2005, the Government of Ontario passed the Accessibility for Ontarians with Disabilities Act (AODA), which requires that Ontario be an accessible province by 2025. In order to achieve this, the Province introduced standards outlining key focus areas and deliverables to achieve a barrier free Province. These include Customer Service; Transportation; Information and Communications; Employment and Built Environment.

The CGMH Accessibility Plan is a living document and just as we evolve and grow, the Plan will reflect that change. It outlines the Hospital's response to the legislation and it's initiatives to remove barriers to ensure equal access for people with disabilities.

The Plan will be reviewed annually, and updated at least once every five years to align with the AODA legislation and the CGMH Strategic Priorities. The AODA does not replace or affect legal rights or obligations that arise under the Ontario Human Rights Code and other laws relating to the accommodation of people with disabilities. The Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act both deal with accessibility, but are two very different pieces of legislation. The Ontario Human Rights Code is an individual, complaints-based legislation that addresses discrimination against people with disabilities.

## 5. Barrier Identification and Prioritization

The plan will help establish a method to identify, measure, remove and prevent barriers to persons with disabilities.

Included in this barrier type is the following key components:

1. Physical
2. Architectural
3. Informational
4. Communicational
5. Attitudinal
6. Technological
7. Policy and Practice

### 5.1 Barrier Identification

- Routine identification of potential accessibility issues as part of the resolution process through Communications and Human Resources Department.
- Comments and trends identified in the Patient Satisfaction reporting process
- Concerns expressed by employees and physicians
- Issues identified through Human Resources
- Issues identified by members of the JHSC and Union/Management
- Informal feedback from Volunteer Resources
- Informal feedback from the Foundation Office
- Informal feedback from Security and Environmental Services Groups
- Consultation with the Community Engagement Committee

### 5.2 Barrier Prioritization

Accessibility planning at CGMH has been incorporated into annual capital planning, development of annual operating plans, and departmental work plans. Major criteria established by the AODA policy has established priorities to include the following:

- Requirement of the legislation
- Frequency with which a barrier has been mentioned by stakeholders
- Number of people affected by a barrier
- Availability of a practical solution that can be readily implemented
- Availability of a way to avoid a barrier (i.e. work around it)
- Availability of resources required to remedy a barrier (i.e., timing/phasing, factor/cost)
- Magnitude of risk posed by a barrier (i.e. estimated severity of the barrier)
- Relationship to scheduled renovations and other capital projects

### Definition of a Barrier (AODA 2005)

“Barrier” means anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, information or communication barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

### **5.3 Review and Monitoring Process**

Human Resources will meet with key stakeholders as required to review and monitor progress in identifying, reviewing and removing barriers. An ongoing strategy to engage and ensure accountability of staff in disseminating and implementing initiatives will be a priority.

Additions may be made to the Plan as HR receives and responds to new and emerging information. If you are aware of a barrier, physical, technical, communication, attitudinal or other, please contact: [hr@cgmh.on.ca](mailto:hr@cgmh.on.ca)

## 6. Current Identified Barrier Free Initiatives – AODA, 2005

Item	Initiative	Standard	Description	Accountability	Comments
	Incorporate accessibility criteria and features when acquiring goods and services by January 2013.	Integrated: General	Identify a clause that can be incorporated into contracts and educate key areas.	Vice President Corporate Services & CFO, Strategic Outsourcing including Aramark and Shared Services West	A clause has been developed. (Appendix Four).  All purchasing staff have been trained on Accessibility.
	Develop a policy detailing how accessibility will be achieved through the regulation by January 2013.	Integrated: General	Develop a policy that incorporates the Customer Service Standard	Chief Human Resources & Organizational Development Officer	A policy has been developed. (Appendix Two).
	Incorporate accessibility features when designing, procuring or acquiring self-service kiosks by January 2013.	Integrated: General	Identify staff responsible for kiosks and determine if they are accessible.  Will be included in procurement of future kiosks.	Parking and Security Registration	Current parking kiosks meet accessibility criteria (Appendix Three).
	Train all employees, volunteers, and persons who provide goods and services on the requirements of the accessibility standard by December 2014.	Integrated: General	Developing an education plan for the AODA which incorporates the Customer Service Standard and Integrated Standard.	Human Resources	This has been developed and will include education for existing employees and a module for new hires utilizing e-learning and presentations.
	Ensure patient feedback process is accessible by January 2014.	Integrated: Information and Communications	Review the existing process and ensure that it is accessible.	Communication s, and Volunteer Services Departments.	Complete. Process has been identified as accessible.
	Provide accessible formats and communication supports that take into account an individual's disability by January 2015.	Integrated: Information and Communications	Determine formats/supports available and document for staff, volunteers, patients and visitors.	Human Resources, Nursing, Communications, and Volunteer Services.	Continued ongoing process. Involving the community in identifying additional supports. Will develop a list of what is available for staff/volunteers to
	Provide Emergency and public safety information in accessible formats upon request by December 2014.	Communications Department and Aramark leadership.	Posted information on emergency and public safety information on the internet site	Aramark - Emergency Management	Updated content reflecting sites will be available by December 2014.

	Ensure that the external website (by January 2015) and internal website (by January 2021) comply with the Accessible Web content WCAG 2.0 AA Standard for website content.	Communications	Accessibility is currently being reviewed and will be included as part of redevelopment of the new website	Communications, Information Technology	Goal is to accomplish this and launch new website by January 2015 and to ensure fully compliance with WCAG 2.0 AA Standard
	Ensure employees and the public are notified about accommodation in the recruitment process as of January 2014.	Integrated: Employment	While the hospital has been providing accommodation for employees as part of its commitment to the Ontario Human Rights Code, it will review to ensure that it meets the requirements of the Standard.	Human Resources Occupational Health and Safety	Completed December 2013.
	Provide comment on the revised Integrated Standard with the inclusion of the Built Environment.	Integrated: Built Environment	Reviewed the new legislation with the inclusion of the Built Environment. There is no date yet on when it will become law under the new Standard.	Redevelopment Project Manager	No significant concerns identified with the draft legislation.
	Conduct a physical audit of hospital site.	Integrated: Built Environment	Currently reviewing auditing options to audit the interior and exterior of key areas in 2014.	JHSC, Property Management (Aramark)	Reviewing previous audit activities. Contacting community organizations who support people with disabilities to determine audit options including opportunities to include local "experts". Completion date: March 2015
	Improve entrances into the Hospital and adjacent modular buildings.	Integrated: Built Environment	Reviewing opportunities as part of parking lot redevelopment plan to ensure robust access to patient and employee entrances.	Property Management (Aramark) Vice President Corporate Services/CFO	Reviewing design plans to ensure maximum access/reduced barriers prior to parking redevelopment implementation in May 2014.
	Incorporate accessible design features into any new build.	Integrated: Built Environment	Ensure new master program/plan include +++ accessible features including additional use of Braille, lower heights on registration/information desks, larger change rooms, greater colour contrasts and textural changes on surfaces, transition strips on glass surfaces and larger waiting areas.	Project Manager for Master program/plan  Nursing  President/CEO	Date dependent on securing approval from LHIN and Ministry to commence planning.

## 7. Highlights of Barrier Free Initiatives Completed

Item	Initiative	Standard	Description
	Provide training to all staff, volunteers and physicians on the customer service standard.	Customer Service	Staff at all sites were trained on the customer service standard and how to interact with people with disabilities and a process established to train new hires, physicians and volunteers.
	Create a customer service policy outlining how the hospital will provide patient and family centred care to people with disabilities.	Customer Service	A policy was created outlining the hospital's commitment to the customer service standard.
	Improve ability for visitors and patients to locate areas throughout the hospital.	Built Environment	Signage was added in key areas throughout the hospital including elevators, doors and accessible washrooms. Exterior signage was improved and large signage added to make the entrance to the hospital more visible.
	To reduce barriers preventing employee return to work post injury/illness due to accessibility issues.	Employment	HR and third party disability management provider have incorporated best practices in RTW processes to ensure that accessibility to site/services does not impede employees' successful return to work.

## 8. Communications

The Accessibility Plan will be posted on the hospital's internal and external websites via a link on the home page. Hard copies will be available upon request.

The Plan will also be available in large print, which can be accessed by selecting the change font option on the online document. Additional accessible formats are available upon request.

For more information on the Accessibility Plan, please contact the Chief Human Resources and Organizational Development Officer at [hr@cgmh.on.ca](mailto:hr@cgmh.on.ca).

For Patient, Family and Visitor feedback and concerns please refer to the [patient relations](#) section of the website.

## 9. Definitions

### AODA Standards

To help public, private and non-profit organizations identify, prevent and remove barriers to accessibility the AODA contains accessible standards in areas, including:

**Customer Service** standard addresses business practices and training needed to provide better customer service to people with disabilities.

**Information and Communications** standard addresses the removal of barriers in access to information. The standard could include information being provided in person, through print, a website or other means.

**Built Environment** standard addresses access into and within buildings and outdoor spaces and are expected to build on Ontario's Building Code. The standards could include things like counter height, aisle and door width, parking, and signs.

**Employment** standard addresses paid employment practices relating to employee-employer relationships, which could include recruitment, hiring, and retention policies and practices.

**Transportation** standard addresses aspects of accessible public transportation

### Disability (from the Ontario Human Rights Code and AODA 2005)

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; ("handicap")