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MULTI-YEAR ACCESSIBILITY PLAN
FOR
SENSENBRENNER HOSPITAL
2023-2027

Prepared by:

Accessibility Working Group
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This publication is available on the Sensenbrenner Hospital's website at www.senhosp.ca and in alternative formats upon request.

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1. EXECUTIVE SUMMARY

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) builds on the ODA by defining standards in order to achieve a fully accessible Ontario by 2025. Under the AODA, accessibility standards were developed in the following five areas:

- Customer Service
- Transportation
- Information and Communication
- Employment
- Built Environment

The Accessibility Standards for Customer Service, Ontario Regulation 429/07 came into effect in 2008. Sensenbrenner Hospital follows the standards and will continue to improve on, maintain, and report on this standard.

In 2011, Accessibility Standards for Transportation, Information and Communications, and Employment were combined into the Integrated Accessibility Standards Regulation (IASR), Ontario Regulation 191/11. The IASR has an established timetable for phasing in the various elements of the Accessibility Standards.

The Accessibility Standard for the Built Environment regulating facilities and outdoor spaces is still in development.

2. STATEMENT OF COMMITMENT

Sensenbrenner Hospital is committed to:

- The continual improvement of access to facilities, policies, programs, practices and services for patients/clients and their family members, staff, health care practitioners, volunteers and members of the community;
- The participation of people with disabilities in the development and review of its annual accessibility plans;
- The provision of quality services to all patients/clients and their family members and members of the community with disabilities;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- The establishment of an Accessibility Working Group at the Hospital.

3. PURPOSE OF THE ANNUAL ACCESSIBILITY PLAN

The ODA and the AODA requires Ontario government ministries and key broader public sector (BPS) organizations to prepare annual accessibility plans. The intent of these accessibility planning requirements is to improve opportunities for all people, including people with disabilities. The Government of Ontario is committed to working with every sector of society to move towards a province in which no new barriers are created and existing ones are removed.

The plan describes:

1. The measures that Sensenbrenner Hospital has taken in the past; and
2. The measures that Sensenbrenner Hospital will take during the next five years to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients/clients and their family members, staff, health care practitioners, volunteers and members of the community.

4. OBJECTIVES

This plan:

- Describes the process by which Sensenbrenner Hospital will identify, remove and prevent barriers to people with disabilities.
- Reviews efforts by Sensenbrenner Hospital to remove the present barriers to people with disabilities.
- Lists the policies, by-laws, programs, practices and services that Sensenbrenner Hospital will review in the coming years to identify barriers to people with disabilities.
- Describes the measures Sensenbrenner Hospital will take in the coming years to identify, remove and prevent barriers to people with disabilities.
- Describes how Sensenbrenner Hospital will make the accessibility plan available to the public.

5. DESCRIPTION OF SENSENBRENNER HOSPITAL

Located in Kapuskasing, Sensenbrenner Hospital is a bilingual family-oriented, community-governed facility dedicated to improving and maintaining the health of individuals within the catchment area from Opatatika to Fauquier.

Sensenbrenner Hospital is an integral part of a larger regional and provincial health and social service network and provides needs-based services in an atmosphere of collaboration and cooperation amongst all stakeholders, especially the public at large.

Sensenbrenner Hospital provides a broad constellation of services that includes comprehensive primary and selected secondary care, long term care, palliative care, and health promotion services. In providing these services, Sensenbrenner Hospital dedicates itself to the highest quality of care within available resources, to continual improvement of services, and to supporting the viability of the catchment area.

By providing care closer to home, following patients/clients through a spectrum of health services and working closely with others, Sensenbrenner Hospital is a model of integration, flexibility and cost-effectiveness.

6. VISION STATEMENT

Together for a Healthy Community

The aforementioned Vision Statement reflects the recognition by Sensenbrenner Hospital of the value of its employees, medical staff and volunteers and the team approach employed in the provision of care. Further, that the provision of care is conducted in a holistic fashion recognizing the needs of the patient/client and the family.

7. THE ACCESSIBILITY WORKING GROUP

The Accessibility Working Group is responsible for creating, reviewing and implementing the “Multi-Year Accessibility Plan for Sensenbrenner Hospital”. The Accessibility Working Group is authorized to:

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify barriers that will be removed or prevented in the coming years;
- Describe how these barriers will be removed or prevented in the coming years; and
- Prepare a plan on these activities, and after its approval by the Chief Executive Officer (CEO), make the plan available to the public.

8. MEMBERS OF THE ACCESSIBILITY WORKING GROUP

Working Group Member	Department	Contact Information
Mrs. Julie Culverhouse, Chair	Plant & Maintenance	1-705-337-4012 JCulverhouse@senhosp.ca
Mr. Melanie Scott	Human Resources (HR)	1-705-337-4042 MScott@senhosp.ca
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Mrs. Lise Kozlovich	Nursing, Continuing Care Unit (CCU)	1-705-337-4038 LKozlovich@senhosp.ca
Mrs. Jennifer Jucknat	Disability Resource Centre for Independent Living	1-705-335-8778 Jennifer.Marchand@drcil.ca
Mrs. Anabelle Mann	Occupational Therapy (OT)	1-705-337-4019 AMann@senhosp.ca
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9. BARRIER IDENTIFICATION METHODOLOGIES

The Accessibility Working Group has used and will be using the following barrier identification methodologies:

Methodology	Description	Status
Accessibility Working Group Meetings * present	Members of the working group are charged with bringing new ideas, concepts and suggestions for discussion.	Ongoing.
Suggestion Box (Chatter Box) * present	All stakeholders, including staff, volunteers, patients/clients, visitors and medical staff have access to suggestion box to provide input or concerns regarding barriers. Awareness to barriers will be publicized in the Hospital newsletter, informing stakeholders of the forum available to forward concerns.	Ongoing. Suggestions are reviewed monthly. Concerns are rectified upon identification.
In-patient and outpatient questionnaires	Questionnaires are available to all inpatients and outpatients. Several questions deal with access to Hospital.	Ongoing. Results are reviewed quarterly. Concerns are rectified upon identification.
Periodic site audits.	Periodic site audits are performed by the JOH&SC, in conjunction with monthly departmental audits.	Ongoing. JOH&S audits reviewed monthly via Worx hub. JOH&SC monthly inspections generate work orders that are brought to this committee if applicable. https://senhospca.myworxhub.com
Staff Education	The staff are educated to the Accessibility Working Group's mandate and to barrier identification techniques during orientation.	All new staff are provided training. Existing staff have been checked by the Training department for compliance.
Legislation	New legislation such as AODA Standards provide guidance for improvement.	Ongoing.

10. ACHIEVEMENTS

Since the inception of the Ontarians with Disabilities Act, 2001 (ODA), the following barriers to persons with disabilities have been removed.

Type of Barrier	Description of Barrier	Strategy for removal or prevention of barrier	Status
Architectural	Special Care Unit (SCU) patient/client bathroom door swings open in one direction only, into bathroom.	Alter door and door frame to double-swing door system.	Completed.
Physical	Patient/Client/Visitor courtyard difficult to access for wheelchair users because of airlock doors equipped with door closers.	Install handicap access door openers.	Completed.
Physical	Courtyard gazebo not accessible to wheelchair users or physically impaired users because of six-inch step.	Install wheelchair accessible ramp.	Completed.
Physical	Motion sensors of automatic door opener at main entrance unable to detect slow moving wheelchair users.	Replace motion detectors with micro-sensitive sensors.	Completed.
Physical	Public washrooms designed as handicap accessible lack grab bars. Suggestion received from visitor.	Grab bars installed.	Completed.
Physical	Sidewalk ramp for Emergency Room (ER) entrance located 100 feet from door.	Remove and re-pour section of sidewalk with wheelchair ramp, closer to ER entrance.	Completed.
Architectural	Insufficient handicap parking in visitor parking lot.	Additional handicap parking spaces from 4 to 8 spaces added.	Completed.
Physical	Mechanical patient/client bed cannot be adjusted unless by staff.	Purchase of electric beds with controls accessible to patient/client. Three-year project.	Completed.

Type of Barrier	Description of Barrier	Strategy for removal or prevention of barrier	Status
Architectural	Exterior cement slab adjacent to Hospital main entrance is pitted due to use of ice-melting salt and is only partially heated. Difficult for wheelchair users and those physically impaired.	Remove and replace cement slab. Install complete slab heating system.	Completed.
Physical	Access to Continuing Care Unit (CCU) courtyard difficult for mobility impaired patients/clients due to step	Reposition interlocking brick to meet entrance/exit cement slab.	Completed.
Architectural	Physiotherapy department door not equipped with automatic door opener.	Automatic door opening installed.	Completed.
Architectural	ER difficult to access for patients/clients with mobility impairments.	Total redesign of ER to include automatic sliding doors at entrance, wider corridors and automatic door openers from waiting room to clinical area.	Completed.
Physical and Policy/Practice	Portering of wheelchair patients/clients, stretcher patients/clients and movement of wheelchair users difficult because of closed fire doors.	Open those fire doors that can remain open and install automatic door openers on those doors that must remain closed due to fire regulations.	Completed.
Policy/Practice	Access to ambulance drive-thu garage for public use to drop off patients/clients to ER not well publicized.	Educate public.	Complete.
Policy/Practice	Lack of barrier awareness. No central location for raising and addressing accessibility issues.	Educate staff. Establishment and promotion of Accessibility Working Group.	Ongoing.
Physical	Insufficient telephones for special needs patients/ clients, i.e. telephone with large push buttons, memory dial, volume control, etc.	Specialized telephones purchased.	Completed.

Type of Barrier	Description of Barrier	Strategy for removal or prevention of barrier	Status
Policy/Practice	Reduced number of parking spaces close to hospital due to staff parking	Designated staff parking spaces furthest from hospital. Education during staff orientation and periodic memos.	Completed & ongoing.
Policy/Practice Architectural	Staff awareness of AODA Customer Service Standard.	Staff education program for existing staff. New hires trained during orientation.	Completed & Ongoing.
Policy/Practice	Lack of bariatric assistive devices.	Purchase of bariatric wheelchairs, patient lifts, and beds.	Completed.
Architectural	Size of patient/client shower rooms too small.	Renovate shower rooms on ACU and CCU to accommodate shower chairs.	Completed.
Architectural	Lack of adequate grab bars in patient/client bathrooms.	Install grab bars.	Completed.
Architectural	Lack of adequate wheelchair seating at cafeteria and courtyard picnic tables	Renovate cafeteria and courtyard seating	Completed.
Communication	Improve communication via the internet	Create Sensenbrenner Facebook site and intranet site	Completed.
Capital	Shower chairs with small wheels require nursing assistance to and from shower room	Purchase chairs that are functional for shower room	Completed.
Human	Develop policy on how to handle service animals	Policy created	Completed.
Capital and Human	Designated handicap parking space too narrow to accommodate a wheelchair lift/boom	Redesign existing designated parking spaces to provide access to patients/clients with specialized mobility equipment	Completed.

Type of Barrier	Description of Barrier	Strategy for removal or prevention of barrier	Status
Capital	Lack of call bells in certain areas. Improve patient/client safety in: ACU Lounge CCU Lounge	Install new nurse call system and add call bell points	Completed.
Human	Improve accessibility to ER during large snowfalls or icy conditions	Publicize the availability of the ambulance drive thru public use of ambulance drive-thru	Completed.
Capital	Reduced number of parking spaces close to hospital due to staff parking	Add accessible parking signage and employee parking signage to identify accessible parking spaces	Completed.
Capital	Lack of bariatric assistive devices with capacity up to 600 lbs.	Install Bariatric lifts, Bariatric wheelchairs, Bariatric beds	Completed.
Capital	Lack of bariatric assistive devices with capacity up to 1000 lbs.	Retrofit room D115 with: Bariatric lift Bariatric wheelchair Bariatric bed Bariatric chair Bariatric commode	Completed.
Capital	Move ER accessible parking spots to paved spots to improve accessibility of ER accessible parking spots	Improved accessible parking at ER	Completed.
Capital	Fire alarm system not visual for the hearing impaired	Fire alarm now equipped with flashing lights.	Completed.
Capital	Public washrooms have wall mounted toilets that leak with bariatric patients and commodes do not fit	In all washroom redesign planned for CT Scan, include for floor mount toilets and ensure commodes fit.	Completed
Capital	Commodes with small wheels can tilt easily	Purchase commodes with larger wheels.	Completed

Type of Barrier	Description of Barrier	Strategy for removal or prevention of barrier	Status
Policy/Practice	<p>Manage when accessible parts of your outdoor paths of travel are not working or available</p> <p>Maintain the accessible parts of your public outdoor eating area – both regular and emergency maintenance</p>	<p>Educate staff, use maintenance ticket tracking system to track work being done and steps to communicate with the public.</p> <p>Purchase signs or posts to communicate disruption and temporary accessible parking area or paths.</p>	Completed & ongoing
Physical	Lack of designated wheelchair seating in all 6 waiting rooms in the hospital and the clinic	Added “priority seating” in designated areas in all 6 waiting room	Completed
Communication	Information on Hospital website not up to accessibility standard	Update website as required	Completed
Physical	Ice buildup at edge of heated pads	Cut down ice buildup at heated pad to pavement interface daily in the winter at front entrance and ER	Completed and ongoing
Physical	Difficult surface for accessible assist devices in day surgery waiting room	Remove carpet from day surgery	Completed
Physical	ER public washroom is not accessible	Improve hold bars, change both mirrors for an ADA ones	Completed
Policy/Practice	Public unaware of accessible elements not in working order	Use WorkHub maintenance tickets and Job Safety plans preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements are not in working order.	Completed

Physical	Stretchers in ER to high and hard to get in and out.	Get stretcher that goes all the way to the ground.	Completed
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11. BARRIERS TO BE ADDRESSED

The Accessibility Working Group will address the following barriers during the period of this multi-year plan. Additional barriers may be identified and addressed during the period of the plan and will be added to the plan as it evolves.

Barrier	Objective	Means to remove/prevent	Performance Criteria	Resources	Timing	Responsibility
Implementation of AODA Integrated Accessibility Standard Regulation (IASR).	To improve access and meet compliance.	5-year AODA retraining requirement to coincide with the 5-year plan	Legislative compliance.	Human and capital	As outlined in AODA IASR.	Accessibility Working Group
Unknown accessibility barriers	To improve barrier identification and removal process.	Annual walk-thru of hospital	Improve service.	Human and capital	Annual.	Accessibility Working Group
Access to elevators impeded by door	To provide easy access to elevators.	Investigate installation of automatic door opener on door at visitor corridor and elevator hallway. Present for budget approval.	Improve access.	Capital	TBD	Administration and Plant and Maintenance
Sloped sidewalk in visitor parking lot	To eliminate a safety issue (slip and fall potential).	Install hand rail	Safety element.	Capital	TBD	Administration and Plant and Maintenance
Signage indicating location of departments.	To improve directional signage.	Implement directional guidance system	Improve access.	Capital	TBD	Plant and Maintenance.
Doorways narrow for wheelchair access	To improve access to patients/clients in wheelchairs to: 1. Lab 2. ACU Lounge 3. SCU washroom	Install wider door	Improve access.	Capital.	TBD	Administration and Plant and Maintenance.

Barrier	Objective	Means to remove/prevent	Performance Criteria	Resources	Timing	Responsibility
Registration and reception counters too high	Provide a working surface at an appropriate height	Redesign reception counters as part of the front entrance remodel project	Improve access	Capital	TBD	Plant and Maintenance
Height of equipment/ accessories in public washrooms	Provide access and independence	Design universal and barrier free washrooms on main floor as part of CT Scan project	Improve access and provide independence	Capital	TBD	Plant and Maintenance
Height of public service counters too high	Make all admissions counters accessible	Lower counter: <ol style="list-style-type: none"> 1. Lab 2. Diagnostic Imaging 3. Communications 4. Physio 5. ACU 6. CCU 7. SCU 8. Day Surgery 	Accessible counters installed	Capital	TBD	Administration
Lack of automatic open buttons for some doors in the hospital	Accessible buttons for doors	Price and seek approval for accessible buttons <ol style="list-style-type: none"> 1. Diagnostic imaging reception door 2. Door between ER and OBS 3. Day surgery 4. Admin 5. Dr. Clinic from ER 	Accessible buttons installed	Capital	TBD	Plant and Maintenance
Visually disabled have no indicators for the end of the curb at the front entrance	Install means for visually disabled to feel curb edge	Install touch cues that indicate the end of the curb at the front entrance	Touch cues installed	Capital	TBD	Plant and Maintenance

Barrier	Objective	Means to remove/prevent	Performance Criteria	Resources	Timing	Responsibility
Wheelchair tipping hazard at front entrance	Reduce slope of concrete at front entrance	Redo the front entrance heated slab with slopes that meet the Ontario Building Code for accessibility, and add a second ramp due to the ramp at the automatic doors being blocked by vehicles	Slopes meet regulations	Capital	TBD	Administration
Handicap Parking spots needed for patients going to Specialty Clinic or Lab	Improved accessible parking at Clinic	Add 3 parking spaces to provide access to patients/clients with specialized mobility equipment.	3 handicap parking spaces added.	Architectural	April 2023	Plant and Maintenance
Wheelchair tipping hazard at Lab and Specialty Clinic entrance	Reduce slope of concrete at Lab and Specialty Clinic entrance	Redo the entrance with slopes that meet the Ontario Building Code for accessibility.	Slopes meet regulations	Capital	TBD	Administration and Plant and Maintenance
PTs in wheelchair have to go far when x-ray or resp testing is needed as well as blood tests on the same day.	Reduce movement in hospital	Have lab personnel go to DI/X-ray/resp to take blood samples	Procedure changed.	Human	TBD	Administration

12. REVIEW AND MONITORING PROCESS

The Accessibility Working Group will meet annually as a minimum (or as needed) to review the progress of the accessibility plan. The group will also review new identified barriers and propose a methodology to eliminate the barriers.

13. COMMUNICATION OF THE PLAN

Sensenbrenner Hospital's Accessibility Plan will be posted on the Hospital's website and hard copies will be available from the Communications Department. The plan will be available in French and English and alternative formats upon request.