



Accessible and Senior Friendly Hospital Plan



August 2012 – December 2014

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Accessibility Policies

- Accessibility Standards for Customer and Patient Services GOV-II-040 v1.0
- Support Person Policy – GOV-II-041 v1.0
- Service Animals Policy – GOV-II-042 v1.0

Forms

- Accessibility Feedback Form

Introduction

Muskoka Algonquin Healthcare is committed to removing barriers that may stand in the way of people receiving quality care. As part of this commitment, MAHC has created this document as a guide to effective customer service for people with disabilities or seniors. This guide is intended for all staff, physicians, volunteers, patients and visitors. Additionally, this document acts as a plan to address some of the barriers that people with disabilities or the elder population may experience when visiting MAHC. Thank you to the Muskoka Algonquin Healthcare Accessibility and Senior Friendly Hospital Committee for their dedication and support in creating this vision.

Ontario's Accessibility for Persons with Disabilities Act

The Accessibility for Ontarians with Disabilities Act was passed in 2005. The goal of the act is to make Ontario accessible for people with disabilities by 2025. Ontario is developing mandatory, province-wide standards to achieve this goal and to improve accessibility. Standards are being developed in key areas of everyday life including:

- Customer service
- Employment
- Transportation
- Information and communications
- The built environment, including buildings.

The standards are developed by committees that include people from the disability and business communities.

Senior Friendly Hospitals Strategy

The Ontario Senior Friendly Hospital Strategy (SFHS) is an ongoing improvement initiative that aims to promote hospital practices that better meet the physical, emotional, and psychosocial needs of older adults. The SFHS is designed to inform hospitals about modifying the way care is organized and provided to older patients. Additionally, it is intended to emphasize the multiple dimensions of organizational change essential to achieving improved health outcomes for seniors. The SFHS provides concrete opportunities for hospitals to achieve commitments within the Excellent Care for All Act that are relevant to seniors.

Accessible and Senior Friendly MAHC

The Ontario Government recognizes that persons with disabilities have a right to expect the same standards of service as those without disabilities. It was this recognition that gave rise to the 2001 Ontarians with Disabilities Act (ODA) and more recently the 2005 Accessibility for Ontarians with Disabilities Act (AODA) which became law in January 2008.

Through the development, implementation and enforcement of accessibility standards, the main objective is to provide a barrier-free and fully accessible Ontario by 2025. The accessibility standards apply to MAHC in that the Hospital must produce an annual report on the current year's accomplishments and the subsequent year's strategies with respect to accessibility.

Accessible services for all Ontarians are a priority of MAHC, and this includes our senior populations. MAHC has formed an Accessibility and Senior Friendly Hospital Committee comprised of members from the hospital, community and special interest groups. The team works actively during the year, through meetings and internal audits, to prepare the Annual Accessibility and Senior Friendly Hospital Plan and continually improve MAHC's accessibility.

Facts about Ontarian's with disabilities and the North Simcoe Muskoka seniors

- More than 1.85 million Ontarians or 15.5 percent of the population have a disability and this number is quickly rising as society ages. By 2017, for the first time, Ontarians aged 65 and over will account for a larger share of the population than children under 14.
- Since 1975, the Ontario Building Code — a provincial government regulation — has advanced one aspect of accessibility by setting requirements for buildings. These provisions cover: entrances, such as ramps and width of doors; the path of travel, such as width of halls, floor areas and lighting; washrooms; signs; emergency exits; passenger loading zones; and parking. Accessibility requirements under the Building Code apply to new buildings, including public buildings, and to some renovations.
- 3.5 million Canadians report having a disability that restricts them in their daily activities (about 1 in every 10 people).
- Disability rates increase with age and of the population 65 years and over – 40% report having some form of disability.
- 70% of all persons with disabilities report needing support with daily activities.
- 57% of adults with disabilities require some type of aid or device
- The NSM population age 75+ is expected to grow by 92.3% between 2008 and 2025.
- Seniors comprise 15.2% of the NSM population and represent a diverse and unique group. The area is home to four groups of seniors – those who have lived in the region and are aging in place; seniors who have second homes in the region and are "seasonal" residents; those moving or retiring into the region following their families; and those moving or retiring into the region leaving family behind.

General communication tips

- Focus on the person.
- Approach the person from the front, where they can see you. This position allows you to communicate with expressions or body language that often times speak louder than words.
- Speak directly to the person, rather than to an attendant, companion or interpreter.
- Speak in a normal voice. It can be insulting to speak loudly or slowly to a person, they will let you know if they have difficulty hearing or understanding you.
- Avoid actions and words that suggest the person should be treated differently. It is fine to invite a person in a wheelchair to —go for a walk or to ask a person who is blind if they —see what you mean.
- Listen to what people say. Do not assume you know what they want or what is best for them.
- Don't hesitate to offer assistance if the situation warrants. Respect the person's right to accept or refuse your offer.
- If you are unsure how to act or what is appropriate - ask the person.
- Written materials: Font sizes and types should be 12pt or higher, language should be plain (no jargon), background and type colour should have high contrast, for example black type on white paper - translations should be available if appropriate.
- People who are culturally deaf or have hearing loss there is a difference between those who are culturally deaf and those who experience some degree of hearing loss. These groups are separate and distinct.

Communicating with persons with hearing loss

People who are hard of hearing or deafened are those who have a loss of hearing sound that can range from mild to profound and whose language is a spoken language i.e. English, French. Those that are hard of hearing can often hear some sounds but may not be able to understand speech. People with hearing loss may use speech, lip reading, speech reading, reading or a print transcriber to communicate.

Culturally deaf persons

Culturally deaf persons are members of a cultural/linguistic minority group whose language is a signed language i.e. American Sign Language (ASL) or Langues de Signes Quebecois (LSQ).

A culturally deaf person's first language is a signed language and therefore signed language interpretation services are required. The printed use of a spoken language will vary depending on the individual and situation.

American Sign Language (ASL) Interpretation services must be arranged by Ontario Interpreting Services (OIS) at 1-866-256-5142 (phone) or 1-866-831-4657 (TTY).

OIS can provide on-site or video remote interpreting (VRI) services for any type of assignment. VRI allows a hearing and deaf person to communicate using video conferencing equipment, connecting to an interpreter sitting at a remote location.

Tips:

Determine the mode of communication to be used and what personalized accommodations are required.

- For signed language, secure services of a professional interpreter.
- For spoken language, offer printed materials, and/or assistive listening devices (see page 12).

Calmly get the person's attention before speaking and maintain eye contact. Be aware that direct eye contact may be considered disrespectful in some cultures.

Speak and/or write to the person in a visually and auditory quiet area (if possible). When speaking, do so slowly and clearly, being careful not to over-emphasize words or distort lip movements. When writing use plain language and graphics – if appropriate, do both. Keep your face visible – don't cover your mouth with hands or masks.

Use pantomime, body language and facial expressions – these are vital communication tools.

Communicating with people who stutter or have trouble speaking

People who stutter or have trouble speaking Some people have problems communicating. It could be due to cerebral palsy, hearing loss, or another condition that:

- Makes it difficult to pronounce words
- Causes slurring or stuttering
- Prevents them from expressing themselves or understanding written or spoken language.

Stuttering is a pattern of speech where the speaker repeats or prolongs sounds for an unusually long time.

Stuttering may be aggravated by anxiety or stress.

Profoundly pre-lingually deaf people are those who were born with insufficient hearing to enable them to acquire speech normally, or who lost their hearing prior to the age at which speech is required and thus have difficulty forming the words the way they are commonly heard.

Tips:

- Listen patiently and do not finish their sentences.
- Listen to what they are saying, rather than how they are saying it.
- Do not interrupt the person, but ask for clarification if needed.
- Attempt to create a relaxed environment where both of you feel at ease.
- Do not suggest that they slow down or start over. This can call attention to the disability and increase anxiety.

Communicating with people who are blind or have low vision

Low vision denotes a level of vision that is 20/70 or worse and cannot be fully corrected with glasses – indicating you see at 20 feet what a person with good vision sees at 70 feet.

Low vision is not the same as blindness. A person with low vision has some residual sight and usually requires adaptations for the performance of daily activities, such as reading.

A person is considered legally blind when the best corrected central acuity is 20/200 (normal acuity is 20/20) or the peripheral vision is narrowed to 20 degrees or less in the better eye. (Peripheral vision: that which is visible to the eye outside the main area of focus.)

People who are legally blind may still have some vision, very few people experience total loss of vision.

Tips:

- Identify yourself. Do not assume the person will recognize your voice.
- Offer your arm, rather than grabbing theirs.
- Let them know of possible hazards such as doors, steps, changes in terrain (i.e. concrete to gravel or grass, etc.)
- Never interfere with a guide (or service) dog by petting or distracting it. A guide dog provides a service to the owner and should not be distracted when working. Do not pet a guide dog unless you have permission.
- Let the person know when you are leaving and if possible leave them in contact with a tangible object such as a table or wall. This will eliminate the problem of leaving them in an open space with no point of reference.
- Provide directions clearly and accurately. Pointing or using phrases such as “over there” will be of no assistance.

* Most people who are deaf-blind will be accompanied by someone who helps with communicating. Identify yourself to the support person but speak directly to the deaf-blind person as you normally would. The deaf-blind person may give you a card or paper instructing you to communicate through the support person.

People with physical or mobility disabilities

- Physical disabilities occur widely and can range from arthritis to paralysis.
- Physical disability goes beyond having to use a wheelchair or wearing a back brace. There are many medical conditions, such as multiple sclerosis and chronic fatigue syndrome which may affect a person's mobility.
- Physical disabilities cannot be generalized because each person will have different causes, symptoms and management strategies.
- Physical disabilities do not necessarily indicate other disabilities as well, such as difficulty hearing or a developmental disability.

Tips:

- Try to sit or crouch so that you are speaking at eye level.
- Respect personal space. A person's wheelchair is essentially an extension of their body. Do not lean on the wheelchair or move it without their permission.
- Do not assume help is needed. Accept the person's right to refuse help.
- Be aware. Take notice of what is accessible and inaccessible to people in wheelchairs. For example, a shelf may be too high for a person in a wheelchair to reach.

Communicating with people with developmental or mental health disabilities

A developmental disability should not be confused with a psychiatric or mental health disability

e.g. Developmental disability – Downs Syndrome

e.g. Psychiatric disability – Schizophrenia

People with either a developmental disability or a mental health disability may have difficulty in understanding, communicating, mobility, controlling behaviour or a combination of these.

People with developmental disabilities may have difficulty with both receptive and expressive language (communicating and understanding what is being communicated) - this does not necessarily mean they have low intelligence.

Sensory issues (over or under stimulated senses) are a problem with many types of disabilities including developmental and mental health disabilities. For example: a person with Autism may become agitated when touched.

Tips:

- Do not be offended by lack of or inappropriate response (s) or unconventional behaviour.
- Maintain eye contact. This shows respect and that you are genuinely listening and trying to help.
- Do not use complex words or jargon. Use simple sentences.
- Clearly identify yourself, your role and that you are trying to assist/help them.
- Offer physical assistance and direction when necessary.
- Address any inappropriate behaviour immediately. Explain any rules/regulations or behaviour expectations. It can be more difficult to explain why behaviour is inappropriate if it is not dealt with the first time.

Communicating with people who are anxious or agitated

People become anxious or agitated for a variety of reasons. Some may be under a great deal of stress; some may have experienced a loss and are grieving; others may have a mental illness and are experiencing some symptoms.

Tips:

- Use clear, straightforward language. Rephrase if necessary.
- Be clear about who you are and your role.
- Check to make sure they understand. Do not try to talk over them.
- Recognize the individual's stress level. Try to help calm them. Avoid phrases such as —relax or —calm down.
- If possible, eliminate physical or sensory barriers which may be causing a problem.
- If possible, try to relocate the person to an area where there are fewer onlookers if they seem agitated or uncomfortable.
- If the request is beyond your control, explain that.
- Ask how you can best help the person and avoid involving too many people.

Assistive accommodation and devices available at MAHC

Printed Floor Plan – Printed copies are available at the Information Desk at each site.

Accessible Entrances – All main entrances are accessible at ground level, without curbing and are equipped with automatic doors.

Accessible Parking — Marked parking spaces are available in from of the hospitals and close to all main entrances.

Accessible Washrooms – Accessible, appropriately marked washrooms are throughout both hospitals.

Accessible Elevators – All elevators are accessible and equipped with Braille buttons.

Wheelchairs — Available in Emergency Waiting Room. Extra wide wheelchairs are available upon request.

Service animals and Support Persons – MAHC welcomes service animals and support persons. See Policy Documents: Procedures for Welcoming Service Animals and Support Persons (*Appendix A*).

Closed Captioning - enabled on all waiting room televisions. Can be activated on televisions in patient rooms upon request. If unsure, contact auxiliary for instruction.

Teletypewriter (TTY) Text Phone Devices – Available on all pay phones

Communikits - Available on each unit. These are augmentative communication kits that include a letterboard, picture pages in over ten languages, pain rating scales, time pages, communication strategies for five different communication impairments, whiteboards among other items at each site

Pictorial Books - Supported conversation for adults with Aphasia pictorial books to be used with different practitioners including Doctor, Nurse, Physiotherapy, Chaplain, Discharge Planner, as well as over ten different disease/topic specific books (e.g. Diabetes, Transitions etc).

Twelve button direction selection - Recording device (GoTalk) at each site (in SLP office)

Voice amplifier – Located in the Speech Language Pathologist Office

Pocket Talker - Personal amplification device at each site. Located in the Speech Language Pathologist Office. Allows a patient to use headphones to hear sound/voices amplified through a mini-microphone system. For patients who are deaf, deafened or hard of hearing.

Boardmaker – Program to make personalized augmentative communication picture boards

Accessibility Feedback Form:

MAHC has an Accessibility and Senior Friendly Hospital Feedback Form which any individual who visits an MAHC facility is welcome to complete and submit. Forms should be forwarded to the Director of Human Resources and Organizational Effectiveness for review.

Staff should provide a feedback form and contact information for positive patient relations to anyone who raises concerns about accessibility. This form may be downloaded from the Accessibility area of www.mahc.ca. Appendix A

Making MAHC more accessible for people with disabilities and older adults – The Plan

	On target and on budget
	Hitting road blocks, needs course correction
	Off track, needs significant attention

Project	Project Leader	Target Completion Date	Status	Comments
Review all signage at MAHC. Create a corporate signage plan to include Braille and Pictures.	Alison Snelling	December 2014		
Purchase speaker phones for people who are unable to hold a phone.	Diane Veitch	March 2013		
Create signs/maps in elevators to direct patients and visitors to patient rooms and clinics.	Alison Snelling	December 2014		
Create opportunities for patients to use Skype on Medical/Surgical floors and Complex Continuing Care/Long Term Care for patient and family visiting.	Irene Tamas-Murray	December 2013		
Implement amplifying speakers at registration desks that have plexi-glass windows to aide those who may be hard of hearing or hearing impaired.	Frankie Dewsbury	December 2012		
Implement a list of languages staff members speak with their contact information. Additionally, explore opportunities to partner with community agencies for American Sign Language interpretation.	Robert Hughes	December 2012		

Create a resource box available at information desk and registration: Paper and pens for message writing, instruction flash card.	Robert Hughes	March 2012		
Re-design the ramps at the front of the Huntsville Hospital Site to ensure they are wheelchair and senior friendly.	Ken Haslehurst	October 2012		
Wayfinding – Large letter sign and listed in alphabetical order, pictorial markers, etc.	Robert Hughes	December 2013		
Enhance lighting in patient rooms with the use of night lights in side and outside of washrooms.	Diane Veitch	March 31, 2013		
Repaint yellow stripes at the end of all stairs, ramps and curbs on a regular basis.	Ken Haslehurst	On-going		
Create two elder “Elder Friendly” parking spots close to hospital entrances level of the parking lot.	Harold Featherston	December 2012		
Locate public telephones close to entrance and make at least one of them wheel chair accessible.	Frankie Dewsbury	December 2014		
Mount large clocks and oversized calendars where patients can see them from hospital beds.	Diane Veitch	March 31, 2013		
As furniture is replaced, use non-slip fabric for seating upholstery. Avoid patterned or flecked upholstery on furniture as such patterns can present visual perception challenges for older adults.	All Managers	On-going		

Decorate with warm colours which are easier for older adults to see than cooler tones. Avoid bold patterns, as the visual stimulation can exacerbate confusion in older adults (red, orange, and yellow).	Ken Haslehurst	On-going		
Use contrasting colours to highlight doors in patient areas.	Ken Haslehurst	On-going		
Keep the walls behind handrails smooth to prevent abrasion injuries to knuckles as older adults navigate the hospital, apply a non-abrasive finish to walls.	Deb Stone	December 2013		
Break up long hallways with recessed rest areas.				
Ensure all equipment and supplies are stored in convenient locations, reduced clutter helps support older adult independence and promotes mobility.				
Install handrails on both sides of all stair ways.	Ken Haslehurst	December 2014		
Incorporate hand rails in diagnostic testing areas.	Ed Gannon and Bryon Palmer	December 2013		
Implement a friendly visitor /patients in motion program supported through both MAHC auxiliaries. Market to youth volunteerism.	Robert Hughes	January 2013		

References:

Customer Service for Ontarians with Disabilities
Accessibility Feedback Form

Procedure for Training to Customer Service in Customer Service for Persons with Disabilities

Procedure for Posting Notice of Temporary Disruption to Facilities and Services Normally used by Persons with Disabilities

Procedure for Welcoming Service Animals and Support Persons Accompanying Persons with Disabilities

Accessibility Standards for Customer Service Policy: Providing Goods and Services to Persons with Disabilities

Vision for an Integrated Regional Senior's Health Program in North Simcoe Muskoka

DRAFT

MAHC Accessibility Feedback Form

I want my identity kept confidential (Circle One): Yes _____ No _____

Name: _____ Date: _____

Your address:

Preferred Method of Communication: _____

Phone Number – Home: _____

Phone Number – Business: _____

Fax Number: _____

E-Mail: _____

Are you? Patient ____ Family Member ____ Staff ____ Volunteer ____ Visitor ____

In your opinion, how accessible is our facility?

Excellent ____ Good ____ Fair ____ Needs improvement ____ Poor ____

Which MAHC hospital did you visit?

Huntsville District Memorial Hospital Site South Muskoka Memorial Hospital Site

Do you have any comments you would like to share? (please use the back of this page if you need more space)

Comments:

Did you speak to anyone about your comments or concerns? YES _____ NO _____

Name of Person: _____

Title of Person: _____

Their Response:

Please forward a copy of this form to the attention of:

MAHC Director of Human Resources and Organizational Effectiveness
75 Ann St.
Bracebridge, Ontario
P1L 2E4

Do you know that Muskoka Algonquin Healthcare has an Accessibility Plan? To view our plan, please visit our web site www.MAHC.ca

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