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## Executive Summary

In response to the Accessibility for Ontarians with Disabilities Act (AODA, 2005), and its predecessor, the Ontarians with Disabilities Act (ODA, 2001), Kingston General Hospital (KGH) develops and makes public an Annual Accessibility Plan as required by legislation.

The scope of the plan encompasses barrier identification and recommends actions to improve access to the corporation's services for all patients, staff, physicians, volunteers and visitors.

This is the tenth annual plan prepared by the Accessibility Advisory Committee. This plan describes: (1) the measures that KGH has taken to identify modify and/or remove barriers to accessibility and, (2) priorities identified for 2011-2012 to improve barrier-free access for persons with disabilities who work in or use the hospital this includes but not limited to, patients and their family members, staff, learners, physicians, volunteers and community members.

The theme of the Accessibility Advisory Committee (AAC) is "Aim for Access." To achieve this goal, the AAC will continue to focus on expanding staff education programs and developing a path for compliance with the Customer Services, Integrated Accessibility and emerging legislated standards.

## Kingston General Hospital

Through our facility in Kingston and 24 satellites and affiliate sites throughout southeastern Ontario, we serve almost 500,000 residents who live in a 20,000-square-kilometre predominantly rural area, as well as certain communities on James Bay in Ontario's north.

These people count on us to be there when they have high-risk pregnancies, cancer, very sick babies, heart attacks, strokes, life-threatening injuries and respiratory failure. They come to us when they require specialized care that is not available in their local community: when they need heart surgery, life support, dialysis, brain surgery, stem cells, radiation and special imaging.

In addition to our regional role, we also serve as a community hospital, caring for the less acute needs and health emergencies of the residents of Greater Kingston.

Together with Queen's University, we train post-graduate students and conduct fundamental research. Every year, 2,400 students from 34 universities and colleges across Canada rely on our learning environment on their journey to become the health-care professionals of tomorrow. We are home to 160 researchers. We are the third largest employer in the Greater Kingston area. We are the place where 850 volunteers contribute their energy and skills to caring for others.

## Our strategic directions

In June 2010, KGH released its *KGH 2015* strategy that sets out four strategic directions to focus our energy, action and resources over the next five years, moving us closer to achieving our aim of *Outstanding Care, Always*.

### Over the next five years, we will:

1. Transform the patient experience through a relentless focus on quality, safety and service
2. Bring to life new models of interprofessional care and education
3. Cultivate patient-oriented research
4. Increase our focus on complex-acute and specialty care

## Our Commitment to Accessibility

About one in seven people in Ontario has a disability. As people grow older, that number will rise. Many barriers or obstacles exist for persons with disabilities, which can be limiting and challenging to access particular goods and services.

### These barriers are generally recognized to be:

- Architectural
- Physical
- Communication
- Attitudinal
- Technological
- Organizational

Kingston General Hospital (KGH) is committed to applying our five guiding principles -respect, engagement, accountability, transparency and value for money in everything we do. These principles are reflected in our behaviours and actions and in creating an environment that promotes cultural diversity and inclusiveness to access for everyone who comes to KGH. To support these principles, the Hospital strives for adherence to regulations and standards as outlined in the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*. In accordance with the prescribed implementation schedule, KGH will ensure compliance of all requirements of the AODA Accessible Standards for Customer Service and the Integrated Accessibility Standards Regulations.

### KGH recognizes the barriers often encountered and is therefore committed to:

- The continuous improvement of access to programs, practices and services for all patients, family members, employees, physicians, volunteers, learners and community members.
- Engage patients and families in the improvement of activities related to accessibility.
- Providing a respectful and equitable work environment.
- Ensuring hospital by-laws and policies are consistent with principles of accessibility.
- Meeting or exceeding the standards established by the provincial Accessibility Standards Advisory Council.
- Supporting the Accessibility Advisory Committee (AAC) by providing adequate resources and implementing its recommendations.

- Creating a multi-year Accessibility Plan.
- Making the plan available to the public.

## Definitions

For the purpose of this plan and to inform the Accessibility Advisory Committee and the constituents that are served at Kingston General Hospital the following definitions apply:

### Disability\*:

- 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 co-ordination, 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,
- a condition of mental impairment or a developmental disability,
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- a mental disorder, or
- 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”)

\*Reference: Accessibility for Ontarians with Disabilities Act, 2005

## The Accessibility Advisory Committee (AAC)

The provincially legislated Customer Service Standard was implemented in January 2010. The Integrated Accessibility Standard that addresses communications, transportation and employment was released in July 2011.

The committee is continuing to build a solid foundation to respond to emerging priorities. It is acknowledged that the AAC on the organization’s behalf is committed to the future of accessibility planning and able to meet the standards as they unfold from a compliance perspective. Additional members will be recruited to address the Integrated Accessibility Standard requirements and additional ones will be sought to reflect our commitment to ensure we continue to

remove barriers for everyone and retain a diverse workforce. Our commitment to accessibility is also enshrined in our policies which apply universally.

## Barrier Removal - Targets and Initiatives

In accordance with the compliance deadline of January 1, 2013 accessibility achievements include:

### Integrated Accessibility Standards Regulation (IASR)

#### Section 3: Establishment of accessibility policies

*Every obligated organization shall develop, implement and maintain policies governing how the organization achieves or will achieve accessibility through meeting its requirements referred to in this Regulation.*

The corporate policy was reviewed and revised by the AAC to include the Kingston General Hospital commitment to comply with the Integrated Accessibility Standards Regulation and to ensure that when procuring goods, services, facilities and self-service kiosks that accessibility criteria and features will be incorporated, except where it is not practicable to do so.

#### Section 4: Accessibility plan

*Establish, implement, maintain and document a multi-year accessibility plan, which outlines the organization's strategy to prevent and remove barriers and meet its requirements under this Regulation.*

*Post the accessibility plan on their website, if any, and provide the plan in an accessible format upon request.*

A multi-year plan was established to include the IASR requirements and has received corporate approval to be posted on the hospital's internal and external websites. Upon request, this plan will be made available in alternate formats.

#### Section 5: Procuring or acquiring goods, services or facilities

*The Government of Ontario, Legislative Assembly and designated public sector organizations shall incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities, except where it is not practicable to do so.*

*If the Government of Ontario, Legislative Assembly or a designated public sector organization determines that it is not practicable to incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities, it shall provide, upon request, an explanation.*

The corporate procurement policy was revised to reflect the procurement requirements under the legislation. This policy is integrated into the KGH purchasing department and purchasing agent (3S0) practices for procurement of goods, services or facilities.

## Section 6: Self-service kiosks

*Designated public sector organizations shall incorporate accessibility features when designing, procuring or acquiring self-service kiosks.*

Information Technology Services will review purchase requests for self-service kiosk to ensure that accessibility features are integrated.

### Other Accomplishments:

- New corporate way-finding plan launched and is currently in design phase
- Procurement policy updated
- Accessibility audit conducted in the diagnostic imaging department. Recommendations including improving lighting, washrooms and change rooms and adding handrails in hallways, signage and wayfinding.
- Development of training requirement for IASR section 7-Human Rights Training has commenced.
- Staff position dedicated to corporate accessibility
- KGH map revision highlights accessible parking/entrances/washrooms
- Resting station installations in the Burr Wing
- Corporate product change to low luster flooring wax
- 2 washrooms in Burr 0 fit up to become barrier-free
- Door operators installed to allow barrier-free access to chemotherapy unit
- “Leading With Mental Health in Mind”-workshops delivered to support healthy workplace stigma reduction and accommodating individuals with mental illness.
- Staff on-line courses improved to offer accessible formats
- Emergency plan strategy implemented for individuals requiring accommodation to evacuate workplace area
- Corporate carpet removal
- 245 bedside chairs, 67 over bed tables, 60 bedside tables, 13 specialized patient chairs, 8 bariatric walkers, 1 pneumatic support walker, 2 bariatric shower commodes, portable lifting slings purchased
- Kiosk purchases integrated required accessibility standards
- Lab accreditation recognized accessibility priority achievements
- Accessible parking signage updated

- Volunteer Services Office renovation
- TV remotes distributed to patient care units
- Handrail installation Empire/Victory level 1
- Patient and Visitor Guide redesign initiated
- Gift Shop renovations
- Implement website redesign
- Corporate Accessibility policy updated
- Cafeteria renovations to ensure accessibility

## Barrier Identification and Elimination

In previous years, accessibility working groups and the AAC have identified many barriers which are generally categorized into several types:

- Architectural
- Physical
- Communication or Informational
- Systemic
- Technological
- Attitudinal

Some barriers exist as a combination of types and as such will require significantly more resources (human, physical and fiscal) and more complex strategies for their modification, removal and/or prevention. It is important to note that this inventory of categorized barriers previously identified, remain on a list for the committee's future planning and potential strategies to reduce, modify or eliminate them.

Recommendations for barrier reduction are received from the Patient Experience department, through the accessibility email address or other forms of communication.

For projects that are classified as physical and architectural, a project request is submitted to Plant Engineering and Maintenance Services, to assess the viability of the project and establish the costs. For projects that require additional fiscal resources requests will be received by the corporate Operations Committee.

## Our Accessibility Planning Priorities

The 2014-2017 plan will focus on compliance, assessment and the priorities identified in the Integrated Accessibility Standards and other barriers identified from staff/patients and visitors.

Key success factors include a solid infrastructure to support accessibility and engaging others (staff, community) in the planning process. In 2011, a plan was established to address identified physical barriers. It is anticipated that this explorative practice will continue through a partnership with the Occupational Therapy Program School of Rehabilitation Therapy of Queen's University whereby students will conduct departmental audits.

A priority for 2014 will be the revitalization of the Accessibility Advisory Committee. Membership recruitment will become the focus with a review of the committee terms of reference. To provide maximum effectiveness, the committee will continue to be dynamic, allowing for subcommittees to be created and dismantled as appropriate related to a specific project. Also, persons with disabilities or those who work with particular disabilities will be included and consulted for their knowledge and perspective. Consultations with our community partners, such as the municipality, Queen's University, Providence Care and Hotel Dieu Hospital will continue. We will continue to discuss issues of common interest, and look toward future partnerships or sharing of resources and invite dialogue.

While the Accessibility Advisory Committee is the sole identified committee for carrying out KGH's accessibility mandate, it draws in additional resources and expertise for specific initiatives that may require a shorter term subcommittee to accomplish the task. A simplified mandate will focus energies on areas of concern and lead to more focused success. Compliance with legislation and related standards will be at the forefront leading up to January 2014 and beyond.

<b>2013-2017 WORKPLAN</b>			
<b>AODA REQUIREMENT</b>	<b>CATEGORY</b>	<b>ACTION</b>	<b>DATE</b>
Reg. 191/11 s.3	General	Accessibility policy reviewed and revised	2013-completed
Reg 191/11 s. 4	General	Establish multi-year plan.	2013-in progress
		Post plan on website	
		Review and update once every 5 years	2013-in progress 2017
		Review and update plans in consultation with person with disabilities	ongoing

Reg. 191/11 s. 5	General	Updated purchasing policy to ensure that goods, services or facilities procured will have accessibility criteria included in the decision process.	2013-in progress
Reg. 191/11 s. 6	General	Staff will ensure that accessibility criteria will be considered when acquiring self-service kiosks.	2013-complete
Reg. 191/11 s. 7	General	All employees, volunteers and all other persons who provide goods, services or facilities on behalf of the organization will be trained on the accessibility policy and Human Rights code as it pertains to persons with disabilities.	2014-in progress
Reg. 191/11 s. 11	Information and Communication	Process is established for receiving and responding to feedback ensures accessibility to persons with disabilities. Accessible formats are available upon request.	2014-complete
Reg. 191/11 s. 14	Information and Communication	Procurement and implementation of new website and content will include conforming with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, at Level A	2014-in progress
Reg. 191/11 s. 22	Employment	Commitment statement on existing on internal and external recruitment sites.  Statement will be added to all job postings. The statement will include accommodations for job applicants with disabilities isavailable on request.	2014-in progress
Reg. 191/11 s. 23	Employment	Email confirmation is sent to candidates selected for an interview which provides information on making a request for accommodation.	2014-complete
Reg. 191/11 s. 24	Employment	On offer of a position the employees will be informed of	2014-in progress

		the organizational policy on accommodation. The offer letter is under revision to include relevant process information.	
Reg. 191/11 s. 25	Employment	<p>Policy on providing job accommodations.</p> <p>Email confirmation sent to candidates selected for an interview provides instruction on making request for accommodation.</p> <p>Offer letter-to include information on process for requesting accommodation</p> <p>Welcome letter-to include instructions</p>	<p>2014- Policy #12-760 Disability Management, Return to Work &amp; Accommodation- complete</p> <p>Policy #12-110 Recruitment Practices for Internal External Vacancies- in progress</p> <p>Policy #12-140 Diversity-in progress</p>
Reg. 191/11 s. 26	Employment	<p>Once hired, employees may request accessible formats and communication supports - employer consultation to determine needs and best accommodation. Occupational Health completes Pre-Placement Health Questionnaire with employee.</p> <p>i.e. Access to software such as a screen reader, Documents in an electronic format, Text transcripts of visual or audio information.</p>	2014-complete
Reg. 191/11 s. 28	Employment	Written process to document individual accommodation plans. Formal way to record and review workplace-related accommodations that will be provided to an employee	2014-in progress
Reg. 191/11 s. 29	Employment	Process in place to support employees who require disability-related accommodations when they return to work. Occupational health completes a "Fitness to Work" form which the employee	2014-complete

		signs. Medical Assessment of Disability Form is sent to Physician if required. Accommodation notification completed by Occupational Health and sent to manager, human resources and union.	
Reg. 191/11 s. 30-32	Employment	Accessibility needs and accommodation plans will be considered when applying the performance management process.	2014
Reg. 191/11 s. 12	Information and Communication	Provide or arrange for the provision of accessible formats and communication supports for persons with disabilities.  Notify the public about the availability of accessible formats and communication supports.	2015
Reg 191/11 s. 14	Information and Communication	Procurement and implementation of new website and content will include conforming with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, at Level AA	2021

**Other items to be addressed, planned or in progress:**

- Staff awareness on stigma related to persons living with disabilities
- Increase in designing barrier-free washrooms
- Exterior access barrier-free path
- Barrier-free entrances
- Interior carpet removal
- Wayfinding including signage, map redesign and education
- Rest/information stations along corridors (stage one: main floor)
- Policy review
- Patient and Visitor Guide update
- Waiting room configuration in redeveloped areas

- Elevator door operator timing
- Compliance with the Integrated Accessibility Standards.
- Website procurement and implementation

## A Look Ahead

The Accessibility Advisory Committee welcomes feedback from all patients, visitors, learners, physicians, volunteers and staff when concern about accessibility is indicated in order to implement alterations. For queries or comments individuals may contact the AAC at the following email address: [accessibility@kgh,kari.net](mailto:accessibility@kgh,kari.net).

To ensure accessibility is dealt with in the early phases of redevelopment all plans will be vetted by the AAC. The committee invites the community and staff members to be engaged in continuing to identify barriers and potential solutions to accessibility and to meet the current and emerging legislation.

## Appendix 1

### ACCESSIBILITY ADVISORY COMMITTEE

#### 1.0 TERMS OF REFERENCE

##### PURPOSE

The Accessibility Advisory Committee holds the primary responsibility for advancing accessibility at Kingston General Hospital. The Committee will ‘Aim for Access’ by assisting the organization in creating greater accessibility through preparation, mindfulness, transparency, compliance, education, supporting an inclusive environment and reporting.

##### OBJECTIVES

- To assist and enable compliance with the *Accessibility for Ontarians with Disabilities Act (AODA)* and standards prescribed by its regulations
- To assess, prioritize, and remove barriers
- To strive to meet and exceed standards for the health care industry
- To act as a resource and address accessibility concerns
- To advise the Operations Committee of the hospital on issues of interest, concerns, and its work that may affect the organization
- To promote awareness of accessibility challenges and solutions
- To assist staff, physicians, learners, contractors, volunteers, visitors and patients with accessibility issues
- To act as a liaison with the community for accessibility improvement
- To further organizational health in conjunction with the mission, vision and values of the KGH community
- To communicate and document initiatives, progress and reports as required.

##### CHAIR

The Executive Sponsor shall select the Chair.

##### MEMBERSHIP

Membership aims to have broad representation including, but not limited to the following areas: Patient Care, Patient Records/Registration, People Services, Communications & Public Affairs, Joint Planning, Maintenance, Medical Staff, Patient Experience Advisors within the organization. External partners and community involvement will also be sought.

## **STRUCTURE**

The Advisory Committee reports to the Operations Committee.

## **MEETINGS**

Advisory Committee meetings shall be at least quarterly, or as deemed necessary by the Chairperson or committee members. Meetings may be required on a more frequent basis to address particular issues. Subcommittees shall be created for a specific purpose, meet as required, and report to the Advisory committee.

## **LOCATION OF MEETINGS**

Meetings will be held in a fully accessible space to allow maximum participation from members.

## **REPORTING**

Minutes shall be recorded and distributed to all committee members and be available to any staff member or member of the public upon request or via posting on the Intranet. Reports will also be made available as required to the hospital, the Ministry or other requesting body.

## **TERM/REVIEW**

A review will be conducted annually. Committee member terms shall be three years in length or longer if deemed necessary for continuity or transitional purposes. Membership should be staggered to provide continuity and reduce the risk of a complete turnover in the same year.

## Appendix 2

### Accessibility Advisory Committee

**Executive Sponsor: Vice-President, People Services and Organizational Effectiveness**

**Members:**

- Director, Volunteer Services and Corporate Accessibility (Chair)
- Program Director, Critical Care Program
- Manager, Patient Records & Registration
- Staff person, Communications & Public Affairs
- Director, Planning
- Specialist, Patient Relations
- Manager, Plant Services
- Staff persons with disabilities
- Staff person, Leadership & Learning
- Staff person, Occupational Health, Safety and Wellness
- Patient Experience Advisors (community members with disabilities)
- Other Members as Required

## Appendix 3

# KINGSTON GENERAL HOSPITAL ADMINISTRATIVE POLICY MANUAL

**Subject: Accessibility**

**Number: 06-043**

Prepared/Reviewed by: Accessibility Advisory Committee  
Operations Committee

Page: 18 of 20  
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### Preamble

Kingston General Hospital (KGH) is committed to applying our five guiding principles – respect, engagement, accountability, transparency and value for money in everything we do. These principles are reflected in our behaviours and actions and in creating an environment that promotes cultural diversity and inclusiveness to access for everyone who comes to KGH. To support these principles, the Hospital strives for adherence to regulations and standards as outlined in the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*. In accordance with the prescribed implementation schedule, KGH will ensure compliance of all requirements of the AODA Accessible Standards for Customer Service and the Integrated Accessibility Standards Regulations.

### Definitions

#### Disability\*

- (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 co-ordination, 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”)

\*Reference: *Accessibility for Ontarians with Disabilities Act, 2005*

Persons: Includes the Board of Directors and officers of the hospital, credentialed appointed staff, employees, management, contracted services, and people who do business at and on the premises of the hospital.

## Policy

1. Kingston General Hospital supports the rights of all persons to access, participate in and utilize our services. This policy applies to all KGH employees, volunteers, credentialed appointed staff and any individual or organization that provides goods, services or facilities to the public or other third parties on behalf of KGH in accordance with the AODA legislation. As such the Hospital is committed to:
  - 1.1. ensuring that people with disabilities have the same opportunity to access Hospital services;
  - 1.2. treating all persons with dignity and respect. Supports will be consistent with the core tenets of independence, dignity, integration and equality of opportunity;
  - 1.3. adhering to the Human Rights Code;
  - 1.4. the continual improvement of access to facilities, programs, and services for patients and their family members/guests, staff, healthcare practitioners, volunteers and members of the community;
  - 1.5. consulting with persons with disabilities in the development and review of its annual accessibility plans;
  - 1.6. ensuring hospital by-laws and policies are consistent with the principles of accessibility;
  - 1.7. supporting and consulting the Accessibility Advisory Committee of the Hospital;
  - 1.8. procuring goods, services, facilities and self-service kiosks that incorporate accessibility criteria and features, except where it is not practicable to do so. If it is not practicable to do so, incorporate, the hospital shall provide an explanation, upon request;
  - 1.9. maintaining the Accessibility policy on the KGH public website and the KGH Intranet site. The policy will be provided to individuals upon request in alternate formats;
  - 1.10. incorporating inclusionary practice when designing, redesigning or renovating facilities;
  - 1.11. developing and maintaining a multi-year accessibility plan. The accessibility plan shall address the identification, removal and prevention of barriers to persons with disabilities and include a process to consult with persons with disabilities;
  - 1.12. providing accessibility training for every employee who interacts with members of the public or third parties and every person who participates in developing the policies, practices and procedures governing the provision of goods or services to members of the public or third parties.

## References

- Accessibility for Ontarians with Disabilities Act (AODA) 2005, S.O. 2005, c. 11.
- Accessibility Standards for Customer Service, (AODA) 2008 O.Reg. 429/07
- Integrated Accessibility Standards, (AODA) 2011 O. Reg. 191/11
- Guide to the Accessibility Standards for Customer Services, Ontario Regulation 429/07
- Human Rights Code, R.S.O. 1990, c. H. 19

Authorizing Signature

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Leslee E. Thompson  
President and Chief Executive Officer