

Geraldton District Hospital



Annual Accessibility Plan September 2019 – September 2020

A copy of this plan is available upon request

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Geraldton District Hospital

Table of Contents

Executive Summary	3
1. Aim	4
2. Objectives	4
3. Description of the Geraldton District Hospital.....	4
4. Accessibility Planning Committee	5
5. Hospital Commitment to Accessibility Planning.....	6
6. Barrier-Removal Initiatives.....	6
7. Barrier-Identification Methodologies.....	6
8. Barriers Identified.....	7
9. Barriers that will be addressed in 2019-2020	10
10. Review and Monitoring Process.....	11
11. Communication of the Plan.....	11
Appendix A: Accessibility Improvement List.....	12
Appendix B: Removed Barriers List	19

Geraldton District Hospital

Executive Summary

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) was to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province.

The Accessibility for Ontarians with Disability Act (AODA), 2005 received Royal Assent on June 13, 2005. The purpose of this Act is to ensure that people with disabilities have the same kind of opportunities as everyone else. Businesses and organizations that provide goods and services to people in Ontario have to meet certain accessibility standards in five important areas: customer service, transportation, information & communication, built environment and employment.

The Accessibility Standards for Customer Service, Ontario Regulation 429/07 was the first accessibility standard created under the AODA. This regulation became law in January 2008 and Hospitals had to comply with the regulation effective January 1, 2010.

The Accessibility Standards for Employment took effect on July 1, 2010. The standard includes 7 sets of measures that employers had to comply with by January 1, 2016.

The Integrated Accessibility Standards Regulation, Ontario Regulation 191/11, became law on June 3, 2011. It covers accessibility standards in information and communications, employment, and transportation. There is a phased-in approach to compliance, with deadline dates for each standard ranging from January 1, 2012 and January 1, 2021.

The September 2019 – September 2020 Accessibility Plan describes the measures that the Hospital has taken in the past and the measures that will be taken in the current year to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Geraldton District Hospital, including patients/residents and their families, staff, health care providers, volunteers and members of the community.

Geraldton District Hospital is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner, and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act.

The Accessibility Planning Committee is dedicated to continually improve accessibility for people with disabilities.

Geraldton District Hospital

1. Aim

This plan describes the measures that the Geraldton District Hospital has taken in the past and the measures that will be taken during the period of September 2019 – September 2020 to make our facility and services accessible to people with disabilities.

2. Objectives

- Describe the process by which the Geraldton District Hospital will identify, remove and prevent barriers to people with disabilities.
- Review the progress and efforts at the Geraldton District Hospital to remove and prevent barriers to people with disabilities identified over the past year(s).
- Maintain a record of past measures taken to remove and prevent barriers to people with disabilities.
- Describe the measures the Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- Ensure that the Annual Accessibility Plan is available to the public for their review and comments.

3. Description of the Geraldton District Hospital

The Geraldton District Hospital is a 49-bed community-based acute care facility, which includes 23 acute care beds, 7 complex continuing care beds, 19 extended care beds and a 24-hour emergency service. The Hospital also administers the operation of the Medical Clinic in Nakina and maintains the Northern Horizon Health Centre building.

The Hospital serves the Municipality of Greenstone (Geraldton, Longlac, Nakina, Jellicoe, Caramat, Beardmore) and the First Nations communities of Aroland, Long Lake 58, Ginoogaming and Marten Falls. The Hospital serves a catchment area of approximately 7,000 residents, including a large First Nations and Francophone population.

Geraldton District Hospital

Mission Statement

We are committed to delivering Quality, Coordinated, Patient and Family Centered Care

Vision Statement

Partnering for a Healthier Community

Values Statement

Respect: We respect and promote the dignity of each individual

Excellence: As a team we provide quality inspired and seamless care to our patients/residents and their families

Accountability: We are accountable to the communities we serve through ensuring that available resources are utilized efficiently and appropriately

4. Accessibility Planning Committee

A member of Senior Management is responsible for the development and review of the Geraldton District Hospital annual accessibility plan.

The Accessibility Planning Committee has representation from a diverse cross-section of staff and individuals from the community, including people with disabilities. The committee includes the following members or their alternates:

Brigitte Ouellet	Chief of Clinical Services Geraldton District Hospital
Stephanie Tozer	Kinesiologist Geraldton District Hospital
Monique Gosselin	Long-Term Care Nurse Manager Geraldton District Hospital
Greg Olson	Support Services Manager Geraldton District Hospital
Lindy Roy	Human Resources Officer Geraldton District Hospital
Sharon Groeneveld	Support Services Supervisor Superior Greenstone Association for Community Living
Vacant	Community member-representing people with disabilities Community

Geraldton District Hospital

5. Hospital Commitment to Accessibility Planning

The Board of Directors endorsed the following Accessibility Planning Policy at the September 2, 2003 meeting:

The Geraldton District Hospital Board is committed to:

- The continued improvement of access to facilities, policies, programs, practices and services for patients/residents and their families, staff, health care providers, volunteers and members of the community;
- The participation of people with disabilities in the development and review of its annual plans;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- The establishment of an Accessibility Planning Committee at the Hospital.

6. Barrier-Removal Initiatives

Previous accessibility improvements are itemized in Appendix A.

7. Barrier-Identification Methodologies

- Managers are asked to discuss the identification of barriers and ways to remove them with their staff and provide the information to the Committee.
- Utilize information from incident reports.
- Utilize information from correspondence/complaints from patients, staff and the public.
- Feedback from the accessibility question on the comment cards.
- Information obtained from the Joint Health & Safety Committee inspections.
- Accessibility audits.

Geraldton District Hospital

8. Barriers Identified

Previously identified barriers that have been removed are listed in Appendix B. The following is a summary of barriers identified through current and previous planning and the progress to date.

Description of Barrier	Strategy for prevention/removal	Status
Emergency hallway doors are difficult to manage. 2003/04	Consider installing a power-operated system in future renovation. Doors are open during the day.	Addressed
Accumulation of ice/snow on walkways and at entrances. 2003/04	Maintenance of walkways and entrances will minimize ice/snow accumulation.	Ongoing
Potholes and ice build-up in the parking lots. 2003/04	Parking lot maintenance will minimize potholes and ice build-up.	Ongoing
Staff entrance door is not wheelchair accessible. 2003/04	Consider installing a power-operated system. ER & Main entrance are wheelchair accessible	Addressed
Long-Term Care double (French) doors are not power-operated and difficult to operate. 2003/04	Installation of a power-operated system would remove this barrier however it may pose a safety issue for cognitively impaired residents. Cognitive residents will be provided a card to be able to come and go through the doors.	Ongoing
Door handles in the building are not all lever type. 2003/04	Will be considered as we replace door handles.	Ongoing
Public washroom on the upper floor is difficult to access. 2003/04	Will be considered in future renovation to area. ER washroom is accessible. Visitors can use pt washrooms on acute care & LTC when needed.	Addressed
Acute Care patient rooms are too small. 2003/04	Will be considered in future renovation to area. There are 2 larger rooms that can be used when required.	Addressed
LTC residents' washroom cannot accommodate a wheelchair and two staff for transfers. 2003/04	Residents requiring two staff transfers utilize a larger washroom or are transferred in the room.	Addressed
Lack of knowledge, understanding, and sensitivity towards people with disabilities. 2003/04	Provide regular education sessions and information to all staff.	Ongoing
Lack of accommodation for people who are blind or have visual impairments. 2003/04	Investigate options available to improve access for people who have visual impairments. Visual warning strips installed in public stairwell.	Ongoing
Doors in the hallway of the Northern Horizon Health Centre are difficult to manage for clients in wheelchair. 2006/08	Consider automated doors in future renovation.	Addressed

Geraldton District Hospital

Description of Barrier	Strategy for prevention/removal	Status
No accessibility specific feedback survey. 2009/10	Develop an accessibility specific survey. Currently using information from comment cards, incident reports and complaints.	Addressed
Televisions in public areas do not have closed caption on. 2009/10	Turn on closed caption option on all public TVs as needed.	Addressed
Administration door is difficult to manage and reception desk is too high. 2009/10	Consider leaving the door open during operating hours and lowering a section of counter.	
No ramp available in rehab/admin courtyard for emergency exit. 2009/10	Build a ramp to improve access. Portable ramps are available and there are 2 other doors in area.	Addressed
GFHT staff washroom (also used by clients) is not wheelchair friendly. 2009-2010	Encourage clients to use the wheelchair accessible washroom in the building.	Addressed
Washrooms in Acute Care rooms are too small to serve 4 patients. 2010/11	Being considered in future renovation, in planning stage. Patients can utilize the common washrooms on the unit.	Addressed
Sinks in Acute Care rooms are difficult to access for patients in wheelchairs. 2010/11	To be considered in future renovation.	
ER public telephone is located higher than 48" making it difficult to access for people in wheelchairs. 2010/11	Staff will offer assistance as required. Lowering the phone may be a choking risk for young children.	Addressed
No bariatric bed on Acute Care. 2010/11	Larger bed would make it difficult to provide care due to size of room.	Addressed
ER wheelchair accessible washroom toilet located close to left wall making it difficult for people who have a weak left side. 2012/13	Consider in future renovation.	
Lack of raised toilets in the hospital. 2012/13	Change toilet height in future renovation.	Ongoing
Lack of lifts to transfer residents/patients. 2012/13	Request through capital budget process. 2 overhead lifts are purchased annually.	Addressed
ER stretchers are high which makes it difficult to transfers between wheelchair and stretcher. 2012/13	Stretchers have standard lower height. Stool is available to assist patients.	Addressed
Some paper dispensers are difficult to access and can lead to infection control issues. 2012/13	Evaluated different dispensers such as hands-free.	
Washroom close to telemedicine area is not wheelchair accessible. 2013/14	Consider in future renovation. Clients can utilize the main public washroom.	Addressed
Over bed lights on acute care are difficult to access. 2013/14	Evaluate ways to improve access.	
Accessible ER parking area gets soft or accumulates water/snow and makes it difficult to use a wheelchair.	Consider paving the area. Plans to relocate ER will address this issue.	

Geraldton District Hospital

2013/14		
Description of Barrier	Strategy for prevention/removal	Status
Wheelchairs in ER entrance interfere with access to the automated door opener button. 2014/15	Keep wheelchairs collapsed. Consider different storage options.	Addressed
LTC entrance French doors are very heavy making them difficult to manage. 2015/16	Consider options for easier access while maintaining a secure environment for the residents.	Addressed
Acute Care washroom door width prevents access for patients with a walker/wheelchair. 2015/16	Consider locating patients who use a walker/wheelchair in a room with a larger bathroom. Update bathroom to current standards in future renovations.	
Acute Care bathroom lack grab bars on both sides. 2015/16	Evaluate if some bathrooms can accommodate an additional grab bar. Consider in future in future renovations.	Addressed
Lift in current Acute Care bathroom does not accommodate bariatric patients. 2015/16	Consider installing a walk-in tub.	
ER entrance is not covered. 2015/16	Consider in future renovations. Will be addressed with ER relocation.	
LTC residents' washroom door cannot accommodate a wheelchair. 2017/18	Consider in future renovation. Residents requiring wheelchair access utilize a wheelchair accessible washroom.	Addressed
LTC French door entrance is not wide enough for wheelchairs. 2017/18	Consider in future renovation/capital budget process.	Addressed
Acute Care menus are not available in French. 2018/19	Have menus translated and available when needed.	
Front entrance curb is a barrier when a vehicle is parked in front of the lower section. 2018/19	Lower access is also available at the two ends of the sidewalk. Consider extending the lower portion of the curb in future renovation.	Addressed
Rehabilitation washroom door does not accommodate wider than standard wheelchair. 2018/19	Utilize the public wheelchair accessible washroom or transfer patient to standard wheelchair if appropriate. Consider wider door in future renovation.	Addressed
Lack of town sidewalk connected to hospital ground can be a barrier for patient utilizing assistive devices. 2018/19	Inform Municipality.	
Lack of accommodation for people who are hearing impaired. 2018/2019	Increasing resources for non-verbal patients or patients with a language barrier (ie-picture pain scales and picture ADL's) Small white boards for patients communication with erasable markers	Ongoing

Geraldton District Hospital

Website was cluttered and not AODA compliant 2018/2019	Create new, accessible, compliant website	Addressed
Paper dispensers are difficult to use 2019/2020	Consider automated paper dispensers	

Geraldton District Hospital

9. Barriers that will be addressed in September 2019 – September 2020

The Accessibility Planning Committee recommended that the following barriers be addressed during the September 2019 – September 2020 period.

Barrier	Strategy to remove/prevent	Timing	Resources	Responsibility
Door handles in the building are not all lever type.	Replace door handles in key locations accessed by the public.	Ongoing	\$2000	Support Services (SS) Manager
Long Term Care doors are difficult to operate	Make a swipe card available at the front desk for residents that are able to leave independently	Winter 2020	\$10	LTC Manager
Lack of accommodation for people who are blind or with visual impairments 2003/04	Investigate options to improve access for people with visual impairments; visual warning strips have been installed in public stairwell. Braille on newer signs, website reader	Fall 2020	\$500	Support Services (SS) Manager IT Coordinator
Acute Care menus are not available in French.	Have menus translated and available when needed.	Spring 2020	\$0	SS Supervisor
Paper dispensers are difficult to use	Consider automated paper dispensers	Ongoing	\$2000	Support Services (SS) Manager
Lack of knowledge, understanding, and sensitivity towards people with disabilities.	Provide regular education sessions and information to all staff.	Spring 2019	\$0	Human Resources Officer

Geraldton District Hospital

10. Review and Monitoring Process

The Accessibility Planning Committee will meet a minimum of two times per year to monitor and review progress. Guests will be invited to attend specific meeting to discuss implementation status.

11. Communication of the Plan

The Hospital's Accessibility Plan will be distributed to all managers, posted under Accessibility in the Plans folder on the common drive and available in all departments. The Plan will also be posted on the Hospital website. A notice will be placed in the local newspaper to inform the public of the availability of the Plan and the contact person.

Upon request, the Plan will be made available in alternative format.

Geraldton District Hospital

APPENDIX A - Accessibility Improvement List

- In **2001** renovations to the Long-Term Care dining room improved access to the fridge and cupboards for residents with decreased motor skills. A large screen television with closed caption capability was acquired for the Long-Term Care sitting area. On Acute Care, renovations to the shower and tub rooms were completed making the rooms wheelchair accessible. In addition, a mechanical tub was installed to address a variety of disabilities and movement disorders.
- In **2002** renovations to the facility included:
 - Repairs to the walkway/ramp leading to the main Hospital entrance to enable easier wheelchair access.
 - Installation of power assisted doors at the emergency and main entrances
 - Renovations to the emergency area included the construction of a wheelchair accessible washroom, a lower registration counter, a larger waiting room and wheelchair accessible public telephone.
- In **2003** new electric beds with variable height capabilities, handrails for assistance and accessible control were purchased for Long-Term Care residents. As well, designated handicap parking was identified at patient entrances.
- Through agreements with the Superior Greenstone Association for Community Living and the Municipality, the Hospital uses their wheelchair accessible vehicle or bus to transport Long-Term Care residents to a variety of events.
- The Public Library provides Long-Term Care with large print books and audiotapes on a regular basis.
- The employment interview process includes a question related to special requirement or need that the Hospital would have to accommodate.

From September 2003 to August 2004

Rehabilitation department

- Area is completely wheelchair accessible, adjustable high-low treatment and assessment beds are available, appropriate grab bars are in place, and there is access to appropriate treatment chairs to assist people with disabilities.
- Staff educate clients, family members, employees and the public about barriers (provide both material and human resources for assistance).
- Occupational therapist assesses community homes for barriers and provides access to Assistive Devices Program.

Long-Term Care

- Two new Arjo tubs and chair with scale improved access to bathing and weighing residents.
- Increased use of the Psychogeriatric Resource Consultant to help with communication and dementias
- Anishnabe Resource Worker is available to help with communication and cultural needs of First Nations.
- External access from the dining room has been improved by creating a slope (ramp) which has decreased the height of the step.

Geraldton District Hospital

In-services/education sessions offered to staff

- Virtual dementia tours
- Depression/Dementia/Delirium and the elderly
- Mental illness and the road to recovery
- How do we age?
- Meeting the needs of people with disabilities
- Older adult seating group
- Understanding Alzheimer

From September 2004 to September 2006

Rehabilitation department

- Two extra wide wheel chairs were acquired to porter larger patients.
- Renovation in department: removed walls to increase space and to relocate noisy equipment (treadmill, bicycle) away from the assessment area.

Imaging Department

- New x-ray table that lowers to accommodate patients with limited mobility; this table is also accessible from both sides.
- Bars on the x-ray unit for patients to hold on to when having x-ray while standing.
- More space in main x-ray room for easier access.
- Renovation to the change room now accommodates patient in wheelchair.

Laboratory

- Renovated outpatient collection room, now accommodates patients in wheelchair.
- New phlebotomy chair has better arm support, is wider and height adjustable.
- New stretcher for ECG is height adjustable.

Nursing: Long-Term Care & Acute Care

- New lifts obtained to transfer patients, including 2 bariatric lifts (1 on AC & 1 on LTC).
- Automatic doors in hallway between LTC & AC activated by swipe card system.
- Pocket talker available for use by hearing impaired patient/resident when appropriate.
- LTC table height was adjusted to improve accessibility of residents.

Nutrition/Diabetes offices

- New scale has a handrail for stability and accommodates higher weight.

Food Services

- Renovation to cafeteria includes a wider entrance, which accommodates wheelchairs.

Grounds

- Landscaping of parking lot in front of emergency entrance to avoid accumulation of water, snow and ice.
- Handrails installed on both sides of main entrance.

Northern Horizon Health Centre

- Automatic door opener at main entrance.
- Wheelchair ramp with handrails was constructed at the main entrance; relocation of automatic door opener.
- Landscaping of parking lot in front of the main entrance and installation of guardrail.

Geraldton District Hospital

From September 2006 to September 2009

Northern Horizon Health Centre

- Improved lighting outside Centre.
- Paving of parking lot.
- Identification of restricted parking space.
- Signage outside the building.
- Foot stool with handrail available to help patients get on exam tables.

Hospital

- Signage in the form of color coded maps.
- ER public bathroom soap dispenser relocated.

Long-Term Care

- Gazebo and secure area available for residents.
- Ramp to access gazebo area.

Rehabilitation Department

- High/low assessment beds available.
- Bathroom soap dispenser relocated.

Imaging Department

- Storage unit obtained; improved access in ultrasound room.

Laboratory

- Call bell installed in collection room and bathroom.
- Bathroom soap dispenser relocated.

Receiving

- Exterior receiving hoist installed.

Nakina Clinic

- Power automated door installed.

From September 2009 to September 2010

Administrative

- Accessibility policy (AD-A6) and Accessibility-Customer Service policy (AD-A7) developed and implemented. Distributed to all staff in December 2009.
- All accessibility information/resources are posted in the Accessibility folder on the common drive and on the hospital page on the community portal.

Education

- Education provided to all staff during the mandatory education session in May 2010.
- On line accessibility course offered to all staff.
- Telephone service information for hearing impaired included in the customer service policy.

ER

- Garbage container relocated to improve access to automatic door opener button.

Geraldton District Hospital

LTC

- Sit to stand lift (SARA) purchased and available on the unit.
- New call bell with paging system installed. Easier to use for all residents.

Hospital wide

- Handrails installed in all hallways.
- Visual warning strips installed on the first & last steps of public stairwells.
- Elevator's closing time adjusted to allow enough time to enter before door closes.

From September 2010 to September 2011

NHHC

- Wheelchair available at the main entrance
- Soap dispensers at appropriate locations

Hospital

New signage put up at key locations in the hospital

- Soap dispensers relocated to appropriate locations
- Designated a second handicap parking in the visitors' parking

ER

- Stool with handrail purchased and available in department
- Bariatric stretcher purchased and available in department

From September 2011 to September 2012

Hospital

- Main entrance curb was lowered under the canopy
- Parking lot re-graded; drain cover leveled with ground
- Public washrooms paper dispensers relocated
- Public washrooms mirrors angled

Rehabilitation department

- Wider door installed at the main entrance
- Bariatric high bench available in department

From September 2012 to September 2013

Laboratory and Administration

- Raise toilet installed in washroom

LTC

- 2 overhead lifts purchased and installed
- 6 hygienic slings purchased
- New dining room tables are height adjustable
- 1 bariatric and 4 raised toilet seats purchased
- Overhead lifts accommodate scale to weigh clients

Geraldton District Hospital

Hospital

- Integrated Accessibility Policy developed
- IASR training provided to staff
- Lever type handle installed on the administration and public bathroom doors
- Swipe card access were installed in admin and health records
- Storage containers obtained to provide easier access in the admin storage room
- Digital information screen installed at the main entrance

Telemedicine

- French speaking staff available for francophone clients
- Safety policy in place for mental health clients

Dietitian's Office

- Bariatric chair purchased and available

Acute Care

- Handrails installed in the tub room
- 1 bariatric and 4 regular raised toilet seats purchased
- 2 bariatric wheelchairs purchased

Imaging

- Wider wheelchair purchased for department

ER

- 1 bariatric wheelchair purchased

From September 2013 to September 2014

Nursing

- 2 bariatric wheelchair purchased
- 1 bariatric trauma stretcher purchased
- 1 Bariatric commode purchased
- Handrail installed in acute care shower room
- 4 over bed lifts/slings purchased
- Senior friendly policy and initiative implemented
- Raised toilet seat purchased and available
- Removed heaters in LTC residents' washrooms to improve access

Telemedicine

- Head phone for hearing impaired available
- Colored foot print installed on floor to indicate direction to department

Organization

- Web page meets WCAG 2.0 Level A requirements
- Some door handles were changed to lever type
- 2 raised toilets installed (public washroom, admin)
- 2 raised toilets installed at NHHC

Geraldton District Hospital

From September 2014 to September 2015

Nursing

- 2 over bed lifts/slides purchased
- New fridge in LTC
- Reclining wheelchair purchased
- White boards installed in all patient/resident rooms

Organization

- 8 door handles were changed to lever type
- 2 raised toilets installed (CEO and AC staff washroom)
- Foot prints indicating direction from ER to lab/rehab/admin and from elevator to telemedicine were installed
- One set of chairs in the ER waiting room was raised

Laboratory

- Self-closure on bathroom door was removed making it easier to open/close

From September 2015 to September 2016

Nursing

- 2 over bed lifts/slides purchased and installed in LTC
- Transfer pole installed in the large tub room to facilitate transfer for one resident however after a trial period it was found to be a barrier for other residents and a decision was made to remove the pole
- Grab bars installed in the large tub room on LTC

Organization

- 4 door handles were changed to lever type (lab main door, imaging bathroom, public washrooms upstairs)
- Raised toilet installed in rehabilitation washroom
- Foot prints indicating direction from ER to lab/rehab/admin and from elevator to telemedicine were installed
- One set of chairs in the ER waiting room was raised
- New caution signs (sidewalks and entrances may be slippery due to ice and snow) installed at the entrances
- Two swipe card access installed (staff door exit and physician door across from imaging)
- Change table installed in public washrooms on upper level

Laboratory

- Delayed closure on main lab door was installed allows the door to stay open longer

From September 2016 to September 2017

Telemedicine

- Foot prints indicating direction from main entrance to telemedicine were installed
- Sound reducing wall art were installed in telemedicine room
- Larger more visible telemedicine signs were installed

Geraldton District Hospital

Nursing

- 2 over bed lifts/slings purchased and installed in LTC
- 2 over bed lifts/slings purchased and installed in Acute Care

Organization

- Door handle changed to lever type in the laundry department
- New door installed between the change room and ultrasound room. Door way is now wheelchair accessible and provides privacy
- A volunteer was provide access with a swipe card for the staff hallway door due to inability to use the public entrance to LTC
- Partnership with Thunder Bird Friendship Centre to help with communication and cultural needs of First Nations.

From September 2017 to September 2018

Long-Term Care unit

- Four door handles changed to lever type
- Installed doorbell outside the gazebo entrance
- Larger illuminated keypad installed at the French door entrance
- Renovated TV lounge to improve wheelchair accessibility
- Renovated shower room to improve accessibility
- Installed additional emergency outlets in the medication room

Acute Care

- Provided new emergency light/outlets in 16 rooms

Organization

- Installed automated door access at the lab entrance and ER public accessible washroom
 - Sidewalk lock stones were levelled
 - Swipe card installed on garbage room door
- Waiting room was re-organized and sign put up identifying a wheelchair area

From September 2018 to September 2019

Long-Term Care Unit

- Installed new, wider, lighter aluminum front doors
- Access swipe card will be available at the front desk for residents leave independently
- Purchased 4 additional toilet lifts

Organization

- Multiple door handles changed to lever type
- AODA compliant website

Northern Horizon Health Centre

- Doors in hallway will be propped open during business hours

Geraldton District Hospital

Acute Care

- Purchased bariatric bed
- Purchased 1 additional lift
- Installed grab bars in Acute Care bathrooms
- Increasing resources for non-verbal patients or patients with a language barrier (picture pain scales and picture ADL's)
- Small white boards for patients communication with erasable markers

ER

- Wheelchairs kept collapsed as not to interfere with automated door opener
- Increased resources for non-verbal patients or patients with a language barrier (picture pain scales and picture ADL's)
- Small white boards for patients communication with erasable markers

Geraldton District Hospital

▪ APPENDIX B – List of barriers removed

Description of Barrier	Strategy for prevention/removal	Status
No handrails along walkways at the main entrance. 2003/04	Install handrails on both walkways leading to the main entrance.	Completed 2004
Northern Horizon Health Centre power operated button is located too far from the doors. 2003/04	Relocate button.	Completed 2006
Soap dispensers in the emergency, laboratory and rehabilitation washrooms are difficult to access. 2003/04	Relocate soap dispensers.	Completed 2007
Difficult to get up on stretchers. 2003/04	Evaluate options or products available to facilitate this issue. Purchased stool with handrail.	Completed 2004
The laboratory collection and ECG rooms are not wheelchair accessible. 2003/04	Consider in future renovation. Lab staff perform test in the emergency area as required.	Completed 2006
Imaging cubicles and washroom are not wheelchair accessible. 2003/04	Change area was renovated and is wheelchair accessible.	Completed 2006
No signage at main entrance to indicate location of departments. 2003/04	Install signage indicating the location of departments.	Completed 2008
No text phone service available for hearing impairments. 2003/04	Information to access Bell Relay service included in customer service policy (AD-A7).	Completed May 2010
No disability policy in place. 2003/04	Develop policies addressing disability issues.	Completed 2009
Limited access to tubs and weight scale on LTC. 2004/05	Obtain new tubs with weighing capability.	Completed 2005
Difficult to use external access through LTC dining room. 2004/05	Create a slope (ramp) to decrease the step.	Completed 2005
No wheelchair for larger patients. 2004/05	Request during budgeting process.	Completed 2006
Need for a high-low bed for assessment area in rehabilitation department. 2004/05	Request during the budget process.	Completed 2004
No access to secure outdoor area for LTC residents. 2006/08	To be considered in future renovation.	Completed 2008
Limited access in ultrasound room caused by inadequate storage. 2006/08	Request appropriate storage through the budgeting process.	Completed 2007
No call bell in the laboratory washroom. 2006/08	To be considered in future renovation.	Completed 2007
Lack of handrail in some hallways (ER halls, OBS hall on AC, finance/Telemedicine hall). 2004/05	To be considered in future renovation.	Completed September 2010
No unloading dock at the receiving entrance. 2006/08	Installation of exterior receiving hoist	Completed 2007

Geraldton District Hospital

Description of Barrier	Strategy for prevention/removal	Status
No power automated door at the Nakina Clinic. 2006/08	Inform Municipality of the barrier	Completed 2008
Difficult to get on exam tables at the medical clinic. 2006/08	Obtain a foot stool with handrail	Completed 2008
Wheelchair can get caught in the drain by the handicap parking space at the ER entrance. 2006/08	Grading was done to level the area however this is a recurring issue that requires monitoring.	Completed 2006; 2008; 2012
No written policy to address AODA customer service stds. 2009/10	Develop policy and communicate to all relevant stakeholders.	Completed December 2009
Garbage can by ER entrance is too close to the automatic door opener. 2009/10	Relocate garbage can.	Completed January 2010
Lack of staff awareness of available phone services for hearing impairments. 2009/10	Provide staff with relevant information and maintain in centralize/accessible location.	Completed May 2010
No regular accessibility audits performed. 2009/10	Develop a tool & schedule for accessibility audits.	Completed annually
Difficult to locate some service. Need improvement on some of the signage. 2009/10	Review signage and make improvements.	Completed November 2011
Lack of centralized resources/information on accessibility. 2009/10	Select a centralize location for accessibility resources/information.	Completed February 2010
No bariatric equipment in the ER department. 2009/10	Bariatric stretcher is available in ER.	Completed 2011
Public stairwells do not have visual warning strips on the first & last steps. 2009/10	Purchase and install visual warning strips on public stairwells.	Completed August 2010
Main entrance cement curb is a barrier to people utilising wheelchairs/walkers/etc. 2010/11	Remove the barrier by lowering part of the curb at the end of the walkway to allow easier access.	Completed August 2011
Not enough designated handicap parking in the visitors' parking lot. 2010/11	Designate another handicap parking space.	Completed September 2011
Soap dispensers in the washrooms at the NHHC are too high. 2010/11	Relocate soap dispensers.	Completed November 2010
Difficult for some patients to get up on the stretchers in ER. 2010/11	Purchase a stool with handrail for the emergency department.	Completed September 2011
Soap dispensers in the men's public washroom (upstairs) are too high. 2010/11	Relocate soap dispensers.	Completed September 2010
Cement garbage container is located too close to the automatic door opener button. 2011/12	Relocate container.	Completed October 2011
Public washrooms on the main floor do not have angled mirrors. 2011/12	Angle mirrors.	Completed October 2011
Paper dispensers in the public washrooms are too high. 2011/12	Relocate or change paper dispensers.	Completed October 2011
Curb cut out at the main entrance is not under the canopy. 2011/12	Lower an area of the curb under the canopy.	Completed October 2011

Geraldton District Hospital

Description of Barrier	Strategy for prevention/removal	Status
Lack of bariatric chairs in the dietitian's office. 2012/13	Request through capital budget.	Completed February 2013
No written policy to address Integrated Accessibility Regulations. 2012/13	Develop and distribute policy. Provide training in November 2013.	Completed December 2012
No signage in ER to indicate department location. 2011/12	Reception staff always available at reception. Colored map showing main department posted at entrance	Completed December 2012
Lack of raised toilet seats in the hospital. 2012/13	Change toilet height in future renovation or purchase raised toilet seats. 8 raised toilet seats purchased for AC care and LTC	Completed 2013
Lack of bariatric equipment (raised toilet seats) in the Hospital. 2010/11	Request bariatric equipment through budget process. 2 bariatric raised toilet seat purchased.	Completed 2013
Web page is not accessible-friendly. 2009/10	Explore options to improve accessibility of website.	Completed November 2013
Lack of bariatric equipment (commode) in the Hospital. 2010/11	Request bariatric commode through budget process.	Completed July 2014
No bariatric commodes in LTC or AC. 2012/13	Request through budget process.	Completed August 2014
Lack of large wheelchairs. 2012/13	Complete inventory of wheelchair and request through budget process.	Completed August 2014
Lack of resources for telemedicine clients with impaired hearing. 2013/14	Consider obtaining a head set or other resources.	Completed August 2014
Lack of signage from the main entrance to the telemedicine studio. 2013/14	Foot prints to show the direction are being ordered to trial.	Completed July 2014
Lack of handrail on the wall in the shower room on acute care. 2013/14	Install handrail.	Completed July 2014
Heater location makes it difficult for residents in a wheelchair to access washroom. 2010/11	To be considered in future renovation. Heaters were removed.	Completed Sept. 2014
Main lab door and washroom are difficult to manage for clients in wheelchair. 2006/08	Automatic self-closure on washroom door was disengaged.	Completed June 2015
No regular accessibility audits performed. 2009/10	Develop a tool & schedule for accessibility audits.	Completed annually by OT
Lack of signage in ER to indicate department location and elevator. Maps are too difficult to read. 2012/13	Foot prints indicating directions from ER to lab/rehab/admin and from elevator to OTN were installed.	Fall 2014/Spring 2015
ER chairs in waiting room are too low. 2014/15	Consider elevating or purchasing some higher chairs. One set of chairs in ER have been raised.	Completed fall 2014
Potential communication issues between patient/resident, family and healthcare providers. 2014/15	Purchase and install white boards for every patient/resident.	Completed Summer 2015

Geraldton District Hospital

Description of Barrier	Strategy for prevention/removal	Status
Lack of change table in public washroom on upper floor. 2014/15	Consider purchasing and installing change table if feasible.	Completed 2016
LTC washroom pocket door do not fully open which decreases the doorway space. 2012/13	Consider in future renovation.	Addressed
Direction from main entrance to telemedicine is not available. 2015/16	Extend moose print from main entrance to join prints at the elevator.	Completed 2017
Echo in small telemedicine room is a communication barrier for hearing impaired clients. 2015/16	Evaluate options to minimized echo such as sound reduction posters. Staff available to assist.	Completed 2017
Size of the Telemedicine signs may be difficult to see for visually impaired clients. 2015/16	Consider obtaining larger signs.	Completed 2017
Laundry department (dirty side) door handle is difficult to operate, not lever type. 2016/17	Request to have a new lever type handle installed.	Completed 2017
Main lab door is difficult to manage for clients in wheelchair. 2006/08	Installed a closure with delay to enable to door to stay open longer.	Completed September 2017
ER wheelchair accessible washroom does not have an automated door. 2012/13	Consider in future renovation.	Completed October 2017
ER waiting room is not easily accessible for patients in wheelchairs. 2015/16; 2017/18	Consider in future renovations. Re-organize area and put up sign indicating wheelchair area.	Completed October 2017
Lack of doorbell outside the gazebo entrance. 2016/17	Purchase and install a door bell.	Completed October 2017
Key pads to LTC entrances are small making them difficult to see/use. 2016/17	Consider options for larger key pads with braille. Larger illuminated keypad installed.	Completed October 2017
Garbage storage room door does not have a swipe card access. 2016/17	Consider in future renovations.	Completed November 2017
TV lounge on LTC is too small to accommodate residents in wheelchairs. 2016/17	Consider removing half walls to create easier access and more space.	Completed October 2017
Sidewalk lock stones are uneven creating a barrier and a risk of fall. 2016/17; 2017/18	Consider replacing/leveling areas.	Completed summer 2018
LTC isolation shower ½ wall is an accessibility barrier. 2017/18	Consider removing ½ wall in future renovation/capital budget process.	Completed February 2018
Limited access in the LTC medication room during power outages. 2017/18	Install additional emergency outlets	Completed December 2017
Some patient rooms on AC do not have emergency power outlet which creates a barrier when extension cords must be used. 2017/18	Install emergency power outlets as needed.	Completed February 2018

Geraldton District Hospital

Long-Term Care double (French) doors are not power-operated and difficult to operate. 2003/04	Installation of a power-operated system would remove this barrier however it may pose a safety issue for cognitively impaired residents. To be considered in future renovation	Completed Summer 2019 / Fall 2019
Wheelchairs in ER entrance interfere with access to the automated door opener button. 2014/15	Keep wheelchairs collapsed; found alternative storage	Completed Summer 2019
Acute Care bathrooms lack grab bars on each side 2015/2016	Evaluate if some bathrooms can accommodate an additional grab bar. Consider in future renovations	Completed 2019
LTC French door entrance is not wide enough for wheelchairs. 2017/18	Consider in future renovation/capital budget process.	Completed 2019
No bariatric bed on Acute Care 2010/11	Larger bed would make it difficult to provide care due to size of room	Completed 2019
GDH Website was cluttered and not AODA compliant 2018/2019	Create new, accessible, compliant website	Addressed