

Perth and Smiths Falls District Hospital

Multi-Year Accessibility Plan

2025 – 2029



Preface

This document was prepared by the Perth and Smiths Falls District Hospital (PSFDH) Accessibility Advisory Committee. Review and revisions were completed. As such, it is intended as a guide only and should not be construed as constituting legal advice. It does not replace the Act or any policies of the Accessibility Directorate of Ontario as final authority.

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Executive Summary

The purpose of the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, the removal and prevention of barriers, enhancing their full participation in all aspects of life. In accordance with the *Accessibility Standards for Customer Service, Ontario Regulation 429/07* (Customer Service Standard), revoked July, 2016 and consolidated into the Integrated Accessibility Standards, Ontario Regulation 191/11 under the AODA, the Perth and Smiths Falls District Hospital has prepared this Multi-year Accessibility Plan 2025 - 2029. This plan has been reviewed by the President and CEO of the Perth & Smiths Falls District Hospital (hereinafter referred to as "PSFDH"). To summarize, the report describes:

1. The measures that PSFDH will take during this period,
2. The measures that PSFDH has employed in the past (refer to page 10),

The PSFDH is committed to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients, their family members, staff, volunteers and members of the community with disabilities; the participation of people with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients, their family members and members of the community with disabilities.

The PSFDH Accessibility Advisory Committee has amended its Terms of Reference and mandate to incorporate the *Accessibility for Ontarians with Disabilities Act 2005* (AODA) and Integrated Accessibility Standard, Ontario Regulation 191/11. The Accessibility Advisory Committee will annually focus on identifying or preventing new barriers, reviewing the requirements of the Accessibility Standards and developing a status report of outstanding barriers.

The Accessibility Advisory Committee will continue to identify barriers that it will focus on over the next several years.

1. Objectives

This report intends to:

1. Describe the process by which PSFDH will identify, remove and prevent barriers to people with disabilities;
2. Review previous efforts at PSFDH to remove and prevent barriers to people with disabilities;
3. Describe the measures PSFDH will take to identify, remove and prevent barriers to people with disabilities; and
4. Describe how PSFDH will make this accessibility plan available to the public.
5. To review, develop and implement new policies, programs, practices and services related to accessibility as required.
6. To develop and maintain an accessibility plan and post publicly on the hospital website.
7. To monitor the status of the plan and ensure follow up is carried out. (Annual review)
8. To promote community awareness of the accessibility and safety issues as they relate to individuals with disabilities.

2. Description of PSFDH

The Perth and Smiths Falls District Hospital is a multi-site hospital consisting of two sites approximately 20 kilometres apart in the County of Lanark. The Great War Memorial site is located at 33 Drummond Street in Perth, Ontario and the Smiths Falls site is located at 60 Cornelia Street West in Smiths Falls, Ontario.

PSFDH is an accredited two site Hospital serving a catchment area of approximately 44,000 residents within the tri-county region of Lanark, Leeds and Grenville. PSFDH provides a comprehensive scope of primary and secondary services including, but not limited to, emergency, diagnostic, ambulatory, surgical, obstetrical, and inpatient services.

The PSFDH employs in excess of 700 people. PSFDH completed a \$50 million redevelopment project at the Smiths Falls site (2012) which has seen the demolition of a portion of the hospital, the construction of a new 58,000 sq. ft. patient care wing and the renovation of the remainder of the hospital. The AODA 2005 was integrated into the redevelopment project eliminating all the barriers that had been initially identified.

3. The Accessibility Advisory Committee

Establishment of the Accessibility Advisory Committee

The Terms of Reference for an Accessibility Working Group were commissioned in August of 2002. In 2018, the roles of the Accessibility Working Group were assigned to the Wellness Committee and the Terms of Reference of the committee revised to include identifying barriers and review of the Accessibility plan. In 2023, the Hospital established a new Accessibility Advisory Committee including representation from the Patient and Family Advisory Committee and Volunteers, with a mandate to advise and promote the facilitation of a barrier-free organization. Only the Board of Directors has the authority to develop, modify and/or introduce by-laws. The President and CEO authorized the Accessibility Advisory Committee to:

1. Review legislation, obtain regulations and seek out templates or other approaches to the development of a plan;
2. Prepare a report on measures taken to identify, remove and prevent barriers to persons with disabilities;
3. Determine whether an ad hoc or ongoing group is required to assess proposed by-law amendments, policies, programs, practices and services for their effect on accessibility;
4. Develop the list of measures the organization intends to implement in order to identify, remove and prevent barriers; and
5. Develop mechanisms for addressing any other problematic areas the regulations may recommend.

PSFDH amended its mandate to incorporate the *Integrated Accessibility Standards, Ontario Regulation 191/11*.

Coordinator

The Senior Leadership Team (SLT) appoints the Coordinator of the Accessibility Advisory Committee (usually the VP of Finance and Corporate Services, CFO) who acts as the liaison to the Accessibility Advisory Committee Chair. The Committee reports directly to the SLT liaison.

4. Hospital commitment to accessibility planning

PSFDH is committed to:

1. The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community.
2. The participation of people with disabilities in the development and review of its annual accessibility plans.
3. Working toward ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
4. The training of those required regarding the requirements of the Act.
5. The establishment of an Accessibility Advisory Committee for the Corporation.

The President and Chief Executive Officer authorized the Accessibility Advisory Committee to prepare an accessibility plan that will enable PSFDH to meet these commitments.

Disability: Definition

The AODA 2005 adopts the broad definition for disability that is set out in the *Ontario Human Rights Code*. “Disability” is:

- 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 a wheelchair or other remedial appliance or device,
- b) a condition of mental impairment or a developmental disability
- c) a learning disability, or dysfunction in one 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*.

What is a barrier?

A “barrier” is anything that prevents a person with a disability from fully participating in all aspects of society because of their disability, including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

5. Training

- 5.1 Training will be provided to staff based on the position’s job requirements and probability of contact with the public.
- 5.2 Training will be provided to volunteers based on the level of contact with the public.
- 5.3 Training will be provided to all other persons who provide goods, services or facilities on behalf of the Hospital based on the level of contact with the public.
- 5.4 Training will be provided to people developing our organization’s training policies.
- 5.5 Staff will be trained on an ongoing basis when changes are made to the policies, practices and procedures.
- 5.6 The Hospital will keep records of the training provided, including dates training is provided and the number of persons trained.
- 5.7 For every new hire, training will be provided within 6 months after a staff person commences their duties.
- 5.8 Training will include the following:
 - The purposes of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard;
 - The requirements of the Integrated Accessibility Standards Regulation (IASR) and the Ontario Human Rights Code;
 - How to provide goods and services in a manner that respects the dignity and independence of persons with disabilities;
 - How to interact and communicate with persons in a manner that takes into account their disabilities;
 - How to interact with persons with disabilities who use an assistive device or require the assistance of a service animal or a support person to access goods or services;
 - How to use equipment or devices available on Hospital premises or provided by the Hospital that may help with the provision of goods and services to persons with disabilities;

- What to do if a person with a disability is having difficulty accessing the Hospital's goods and services;
- Information on other Hospital policies, practices and procedures dealing with the AODA;
- The process for people to provide feedback to the Hospital about its provision of goods and services to persons with disabilities and how the Hospital responds to the feedback and takes action on any complaint.

6. Employment

Perth and Smiths Falls District Hospital is an equal opportunity employer committed to meeting needs under the Canadian Charter of Rights and Freedom and the Ontario Human Rights Code. Our recruitment process follows the Accessibility for Ontarians with Disabilities Act in order to provide a fair and equitable process for all candidates. Applicants requiring accommodation through the recruitment/interview process are encouraged to contact the Human Resources Department at 613-283- 2330 ext. 1132 for assistance.

7. Notice of Temporary Disruption

Provide public notification should there be any disruption (planned or unexpected) of the facilities in whole or in part.

Information on temporary disruptions of the use of accessible elements will be posted at the accessible element and on PSFDH websites and social media platforms if necessary.

8. Feedback Process

To assist PSFDH in ensuring that the delivery of goods and services to those with disabilities is provided in an effective and timely manner, the customer and staff are invited to provide their feedback as follows:

In writing, in person, by e-mail or telephone, addressed to:

President & CEO
Perth and Smiths Falls District Hospital
60 Cornelia Street West
Smiths Falls, ON
K7A 2H9

Telephone: 613-283-2330 ext. 1110
Fax: 613-283-8990
Email: webinquiry@psfdh.on.ca
Website: www.psfdh.on.ca

The President & CEO and/or designate will respond either in writing, in person, by e-mail or telephone acknowledging receipt of feedback and will set out the action to be taken in response to any complaints. A response will be provided within 21 days.

9. Barrier-Identification Methodologies

The Accessibility Advisory Committee will use the following barrier-identification methodologies to address areas of improvement.

- PFAC involvement – a member of PFAC is represented on the Accessibility Advisory Committee;
- Solicit input from Management, Staff, Physicians, Volunteers;
- Staff Participation/Education sessions;
- Review of complaints, feedback and incident reports.

10. Barriers identified that will be addressed

In its initial review, the Accessibility Advisory Committee identified barriers. On an annual basis, progress against these barriers is noted. The Accessibility Advisory Committee has categorized the areas into four main headings: Physical, Architectural, Information and Communication. A checklist, requested by the PSFDH AODA Accessibility Working Group, was introduced to the consultants of the Smiths Falls Redevelopment Project for reference and considerations.

As a result of the Smiths Falls Redevelopment Project, which was completed in 2012, all of the identified barriers at that time were attended to.

Going forward, PSFDH will continue to review potential barriers that may still exist (See Appendix A). PSFDH will use its Accessibility Advisory Committee to help with this identification process. A plan will be put into place to attend to any barrier that may be identified at that time. Signage on both Hospital sites is an area that will be improved in the near future, both for way finding within the buildings and external to the Hospital. Additional parking signage will also be improved on. All major renovation/construction projects that are planned will have the input of the architect who demonstrates a commitment to building code and accessibility standards, and sign-off by the Accessibility Advisory Committee Chair.

11. Barriers identified that have been addressed to 2024

Barrier Type	Location	Description	Measures implemented
Physical Barrier:			
Entrances	SF	Covered drop off areas (canopies) required for Outpatient and Visitors Areas	Redevelopment Project: <ul style="list-style-type: none"> - New Main Entrance opened in May 2010 has canopy. - Improved access to main entrance by extending hours - Emergency Department canopy built in the spring of 2011 - Done
	Perth	Removal of rotating door	<ul style="list-style-type: none"> - Completed January 2020
Parking	SF	Close and convenient handicap parking required	<p>New main parking lot opened in May 2010 with barrier free parking spaces close to Main Entrance.</p> <p>ER parking lot expanded in November 2010 with barrier free spaces close to ER entrance.</p> <p>Line painting for accessible parking</p> <p>Introduced additional designated parking spots for accessible parking</p>
	SF	Pick Up/Drop Off	improved access with designated drop off space at front entrance that is wheelchair accessible.
	GWM	Handicap parking spots still in use by non-handicapped visitors	Ongoing communication with Town By-Law
	GWM	Re-Painting of the Parking Lines	Completed.
Lighting	SF	Insufficient lighting throughout the site	Improved with the opening of the new building and renovations in 2011 Ongoing upgrades to LED lighting
Parking Lot	GWM	Parking Lot Grade	Raised
Sidewalks	GWM	Improvements required	Sidewalk to Medical Centre Repaired. Addition of a sidewalk to the Cenotaph.

Barrier Type	Location	Description	Measures implemented
Architectural Barriers:			
Washrooms	SF	More wheelchair accessible washrooms are required	Barrier free washrooms added with opening of new building in May 2010. More added in 2011 with renovations of 1950's and 1960's wing.
	GWM	Limited accessibility Patient rooms, mirrors too high Accessible washroom door	Improved with opening of new building and renovations of 1950's and 1960's wings. Swing doors in patient care areas introduced in bathrooms. Automatic door openers installed on Public Washrooms by the ER waiting room and DI areas.
Entrance	SF	Automatic Door required at front/back and entrances	New main entrance opened in May 2010 has automatic doors.
	SF	Lower door handles and elevator buttons required for better accessibility Limited drop off space at emergency entrance Ramp to back entrance used for patients clear of boxes and carts	Improved with opening of new building and renovations of 1950's and 1960's wings in 2011. Space increased in November 2010 as part of ER parking lot redesign. New main entrance opened in May 2010.
	GWM	Automatic door required at cafeteria	Auto door installed – opener moved to wall in 2022 to improve access.
Doors	SF	Doorways not compatible for those in wheelchairs	Improved with opening of new building and renovations of 1950's and 1960's wings.
	SF	Doorways not compatible for those in wheelchairs	Patient rooms completed in 2011.
	GWM	Accessible Door	Mammo Waiting room - Automatic door opener installed. Patient Registration accessible with the renovations completed in 2019

Barrier Type	Location	Description	Measures implemented
Patient Care Units	SF	Venepuncture area is too narrow for patients with disabilities	New venepuncture area opened in summer of 2011.
Stairway between Hospital and Medical Centre	GWM	People with walking disabilities cannot negotiate stairway link and must go back outside access hospital	Continues to be reviewed for solution. Signage in place – no accessible access. Directions to main Hospital elevator.
Signage	GWM	Signage point print too small and difficult to interpret. Point print must be at least 22-24 with high contrast background	Signage updated in 2010, further review in 2014. Improved signage, room numbering and room identification project – room numbering completed in Fall 2024.

Informational Barriers:

Surveys	GWM/SF	Query regarding registration forms: should the form identify if the patient has any accessibility or special needs?	Identified patient challenges/limitations are now recorded in the Medical Alert Field at registration.
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Communication Barriers:

Fire Alarms not Visual	SF	Fire alarms to be equipped with strobe lights	New audible, visible fire alarm system installed during the 2012 Redevelopment Project.
Paging System	SF	Paging system not clearly heard throughout site	New paging system installed during the 2012 Redevelopment Project – improved sound quality.
Signage	SF	Some signs are unclear and the print need to be made larger for the vision impaired	Improved with opening of new building and renovations of 1950's and 1960's wings – review of font size, braille and wayfinding to be completed.

Attitudinal Barriers:

Administration	SF	Patients are referred to business office to pay for crutches, etc. rather than pay at the patient registration desk	Registration office is now located on the same level as Business Office resulting in easier access.
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12. Review and monitoring process

The PSFDH Multi-Year Plan will be reviewed annually and updated every five years. This current plan covers the period of 2025 - 2029.

The requirements outlined in the Integrated Accessibility Standards have been built into the annual Plan to ensure all standards are met according to schedule.

The Accessibility Coordinator will monitor the progress of the plan and, if necessary, remind the responsible parties of their roles in implementing the plan. The Accessibility Advisory Committee will meet as required to review implementation of strategies to remove/reduce barriers.

Any new barriers identified are incorporated into the plan with a strategy for removal and status of existing barriers updated.

13. Communication of the plan

The hospital's accessibility plan will be available on the Hospital's web site (www.psfhdh.on.ca) and copies will be available from the Administrative Offices at each site. Related Hospital policies are also available from the Administration Offices. On request, the report will be made available, in large print, or in audio format.

The Plan is also available to staff on the shared drive of the Corporation's information system.

Appendix A

2025 - 2029 New Barriers Identified

Barrier type	Description	Measures to Implement
Physical Barriers		
Stairs	Access to Medical Centre – GWM Site	<ul style="list-style-type: none"> - Signage to direct individuals to physio entrance and/or main building - Further funding requests to design stairwell to include accessibility for individuals with mobility challenges.
Hallways	Slopes in floors – both sites	<ul style="list-style-type: none"> - Handrails and identification of change in grade – continue to assess and add where required
Washrooms	Grab bars Soap dispensers, paper towel dispensers Door handles	<ul style="list-style-type: none"> - Review and add where required - Review height and access – make adjustments where required. - Change knobs to lever handles
Waiting Rooms	Chairs	<ul style="list-style-type: none"> - When replacing consideration to height, arms, movement and bariatric options.

Architectural Barriers		
Doors	Auto Openers	- Install where required when funding becomes available
Floors	Tiles – tripping hazards and visual – depth perception	- Replace as funding becomes available
Washrooms	Accessible	- Review when renovations are being recommended to ensure accessibility is considered in design
Preventative/Emergency Maintenance		- Maintenance of accessible elements will be initiated and completed ensuring timely completion
Communication Temporary Disruptions	Disruption of accessible elements	- Communicated on PSFDH website and Social Media platforms
Information Barriers		
Elevators	Signage and annunciation	- Any retro-fits to elevators to take into consideration upgrading of signage and adding auditory announcement of levels
Signage	Font size, braille	- Review wayfinding and upgrade as funding becomes available
Handrails	Visibility	- Addition of colour strip
Fire Alarm	GWM site	- As upgrades occur, addition of strobe lights

Patient Information Handouts	Large print	<ul style="list-style-type: none"> - Availability of large print when requested - Improve readability - Timely processes for those requesting
Training	<p>AODA specific training – staff/volunteers</p> <p>Training – Manager Responsibilities</p>	<ul style="list-style-type: none"> - Review existing training to ensure meets requirements. - Training specific to managers in regards to Healthcare AODA recommendations and their responsibilities.
Attitudinal Barriers		
Administration	Registration areas and nursing stations – accessibility for wheelchairs	<ul style="list-style-type: none"> - Areas to be assessed and recommendations made
Technological Barriers		
Website	WCAG (Web content Accessibility Guidelines) – conform to content accessibility guidelines	<ul style="list-style-type: none"> - Upgrades to hospital website to take into consideration
Social Media		<ul style="list-style-type: none"> - Enhance use of for communication to patients/visitors/public - Explore additional platforms for communication.