

Annual Accessibility Plan

For

Waypoint Centre for Mental Health Care

2018/2019

Prepared By
Jim Middaugh, Chair
Facility Planning Committee

*This publication is available on the Waypoint website
(www.waypointcentre.ca)
And in alternative formats upon request*

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EXECUTIVE SUMMARY

The purpose of this report is to illustrate Waypoint Centre for Mental Health Care's commitment to minimizing barriers and creating an inclusive environment for persons with disabilities. Waypoint is committed to continue to develop and upgrade this plan to improve access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities.

The goal of an inclusive hospital is underpinned by two key pieces of legislation, the Ontarians with Disabilities Act (ODA) and the 2005 Accessibility for Ontarians with Disabilities Act (AODA). These two acts establish principles of inclusion and minimum standards organizations must comply with. The ODA is intended 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, and mandates that all hospitals prepare annual accessibility plans. The long-term goal of the AODA is the creation of a barrier-free Ontario for people with disabilities by 2025 through the implementation of accessibility standards for the private and public sectors. The Customer Service standard was implemented by Waypoint in January 2010 and the first 4 components of the Integrated Accessibility Standards introduced to date have also been completed. The final component (built environment) has not been released to date.

Waypoint's Accessibility Plan, developed by our Facility Planning Committee (FPC), outlines measures undertaken or in-progress during 2018-19 and those we plan to undertake during the 2019-20 cycle to identify, remove and prevent barriers to people with disabilities including patients, staff, clients, volunteers, visitors and other members of the Waypoint community.

The Facility Planning Committee (FPC) meets regularly. A key mandate of the FPC is to act as the Accessibility Advisory as it relates to the hospital's Accessibility for Ontarian with Disabilities Act (AODA) obligations, accessibility initiatives in addition to related Regional initiatives (e.g. Seniors Friendly hospitals), and to identify, recommend and monitor identified barriers to persons with disabilities.

OBJECTIVES

This plan:

- Outlines measures that Waypoint has and will undertake to identify, remove and prevent barriers to people with disabilities.
- Allows for review and revision as necessary of by-laws, policies, programs, practices and/or services of Waypoint to identify and eliminate barriers to people with disabilities.
- Describes how Waypoint will make this accessibility plan available to the public.
- Describes how Waypoint will adopt new requirements presented by revisions to the legislation.

DESCRIPTION OF WAYPOINT

Waypoint is an internationally renowned psychiatric hospital and forensics research facility located in Ontario's recreational heartland on Georgian Bay in the Town of Penetanguishene, approximately 150 kilometres northwest of Toronto.

Waypoint serves all of Simcoe County, part of Dufferin County and the southern portion of Muskoka/Parry Sound and has 301 inpatient beds providing an extensive range of both acute and longer-term psychiatric inpatient services, as well as a wide variety of outpatient programs. Waypoint provides the province's only high secure forensic programs for clients served by both the mental health and justice systems.

Waypoint was divested from the Ontario government to a public hospital in December 2008, and is now sponsored by the Catholic Health Corporation of Ontario.

Waypoint has three service sites, with the main hospital site located at 500 Church Street in Penetanguishene. The two satellite sites include:

- 1) The Hero Centre, Unit # 2, 334 King Street, Midland, Ontario
- 2) OPSP (Outpatient Services Program), 1156 Andrew Drive, Midland, Ontario L4R 4L3

Note: HERO and Outpatient Services will be migrating to a co-location in 2019. See barrier removal plan 2019/20

HOSPITAL COMMITMENT TO ACCESSIBILITY PLANNING

The Chief Executive Officer in consultation with the Board of Directors formally constituted the Accessibility Advisory Committee in May of 2009. The Committee was mandated to:

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify, remove and prevent barriers to people with disabilities;
- Create an annual work plan identifying measures that Waypoint will undertake;
- Respond to emerging accessibility concerns identified through various mechanisms including other committees as well as patient, employee and visitor concerns;
- Prepare an annual plan on these activities, and after its approval by the CEO and Board of Directors make the plan available to the public.

In November 2013 the Senior Leadership Team endorsed a plan to roll the responsibilities of the Accessibility Advisory Committee into the Facility Planning Committee. As such, that committee's mandate includes a responsibility to act as the Accessibility Advisory as it relates to the hospital's Accessibility for Ontarian with Disabilities Act (AODA) obligations, and accessibility initiatives in addition to related Regional initiatives (e.g. Seniors Friendly hospitals). The Facility Planning Committee also identifies, recommends and monitors identified barriers to persons with disabilities. See Terms of Reference attached.

BARRIER REMOVAL INITIATIVES – RESULTS TO 2018/19

Over the past few years, a number of initiatives at Waypoint were undertaken to address the needs of people with disabilities. The Facility Planning Committee has pursued the remediation of a number of different barriers related to the following areas:

- 1) Physical
- 2) Architectural
- 3) Informational or communication based
- 4) Attitudinal
- 5) Policies and practices
- 6) Customer service and other AODA requirements

BARRIER REMOVAL INITIATIVES

Barrier	Remedial Strategy	Objective	Performance Criteria	Resources	Implementation Timing	Status
Physical	Develop standards for the built environment Eg: Ramp/stair improvements, Accessible washrooms, door operators	Improve Accessibility	Barrier-free standards	Hospital Budget	annually	Ongoing
Policy and practice	Improve cataloging and access to assistive devices inventory including integration with Seniors Friendly inventory.	Improve Accessibility	Improved Service	Hospital budget	annually	Ongoing
Physical	Elevators in Administration and Bayfield buildings	Improve Accessibility	Barrier-free, AODA & CSA standards	HIRF	2013/14	Complete
Communication	Commence updating of fire alarm horns to include strobe light in Admin	Improve safety	Barrier-free standards	Hospital budget	2014/15	Cancelled
Physical	Interior signage/way finding system	Improve Accessibility	Barrier-free standards	Hospital Capital Budget	2014/15	Complete
Physical & Communication	Redevelopment project – accessible features in new building environment	Improve Accessibility	Barrier-free standards	Health Capital Branch	2014/15	Complete
Physical	Exterior signage/way finding system	Improve Accessibility	Barrier-free standards	Redevelopment	2014/15	Complete

BARRIER REMOVAL INITIATIVES (continued)

Barrier	Remedial Strategy	Objective	Performance Criteria	Resources	Completion	Status
Physical	Install Card reader system in lieu of key switches in Toanche elevator	Improve Accessibility	Barrier-free standards	Hospital budget	2014/15	Cancelled
Training	Update "New Hire" presentation on Accessible Customer Service and Develop Handout	Improve Awareness	Accessible Customer Service	Hospital budget	2015/16	Complete
Physical	Replace/update corridor handrails in Horizon Program	Improve Accessibility	Barrier-free standards	Hospital budget	2015/16	Complete
Physical	Upgrade washrooms to barrier free standards - Administration	Improve Accessibility	Barrier-free standards	Hospital Budget	2015/16	Complete
Physical	Plan upgrade washrooms to barrier free standards - Toanche	Improve Accessibility	Barrier-free standards	Hospital Budget	2016/17	Complete
Physical	Upgrade washrooms to barrier free standards - Bayfield	Improve Accessibility	Barrier-free standards	Hospital Budget	2016/17	Complete
Physical	Replace/update corridor handrails (Phase 2) in Horizon Program	Improve Accessibility	Barrier-free standards	Hospital budget	2017/18	Complete
Physical	Renovate Bayview tub room incorporating both assisted bathing features and independent accessible shower	Improve Accessibility	Barrier-free standards	Hospital budget	2018/19	Complete
Physical	Exchange a passenger van for an additional wheel chair accessible van	Improve access to community	Barrier-free standards	Hospital budget	2018/19	Complete

BARRIER REMOVAL INITIATIVES – PLAN FOR 2019/20

Barrier	Remedial Strategy	Objective	Performance Criteria	Resources	Completion	Status
Physical	Renovate House 6 washroom to provide barrier free shower	Improve Accessibility	Barrier-free standards	Hospital budget	2018/19	Pending
Physical	Upgrade washrooms to barrier free standards - Toanche	Improve Accessibility	Barrier-free standards	HIRF	2018/19	Pending
Employment	Expand Accessible Customer Service training to Contractors as required.	Improve Accessibility	Integrated Accessibility Standard Regulation	Hospital Budget	2018/19	In progress
Physical	Replace Administration accessibility lift in canteen	Improve Accessibility	Barrier-free standards	HIRF	2019/20	Pending
Physical	Upgrade public washrooms to barrier free standards - Bayfield	Improve Accessibility	Barrier-free standards	Hospital Budget	2019/20	Pending
Physical & Communication	Redevelopment of Outpatient Services and HERO Centre – accessible features in new building environment	Improve Accessibility	Barrier-free standards	Hospital Budget/Health Capital Branch	2019/20	In progress

REVIEW AND MONITORING PROGRESS

The Facility Planning Committee meets bi-monthly to review progress. Members of the Committee update Senior Management on a regular basis. The Terms of Reference for the committee are reviewed, updated as required and then presented to the Board of Directors via the Annual Plan.

COMMUNICATION OF THE PLAN

The hospital's Annual Accessibility Plan is made available to both internal and external audiences in various ways. These include:

1. The entire plan is posted for staff, patients and the public to review on the internal network (PenNIE) and on the hospital's external website.
2. An explanation of the Annual Accessibility Plan, and access to it, is communicated to staff through the Waypoint Bulletin.
3. A suitable accessible version may be made available upon request based on the required need.

**FACILITY PLANNING COMMITTEE
TERMS OF REFERENCE**

BACKGROUND/CONTEXT	
Statement of Purpose	<ul style="list-style-type: none"> • Coordinate the allocation and/or re-purposing of hospital physical space, both internal and external, ensuring alignment with operational needs and strategic directions, and the Master Plan related to building and land assets. • Monitor and sponsor opportunities to promote sustainability initiatives (e.g. Energy and water conservation, waste management, air quality, etc.). • Act as the Accessibility Advisory as it relates to the hospital's Accessibility for Ontarian with Disabilities Act (AODA) obligations, accessibility initiatives in addition to related Regional initiatives (e.g. Seniors Friendly hospitals). •
Roles and Responsibilities	<ul style="list-style-type: none"> • Assess and recommend the assignment and/or re-purposing of space to specific programs/departments, including office space, multi-use, social or other work production space in accordance with the <i>Space Planning for Hospital Resources</i> policy and procedure. • Provide and receive updates on major facility upgrades, including operational changes in order to assess impacts on. • Review and recommend policies and procedures related to Space Planning/Utilization, Accessibility, and Sustainability initiatives. • Oversee the development, implementation and evaluation of the hospital's Accessibility Plan, ensuring compliance with related legislative and/or regulatory obligations. • Oversee the development, implementation and evaluation of the hospital's Sustainability Plan, ensuring compliance with related legislative and/or regulatory obligations (e.g. Energy Plan). • Coordinate monitoring of contaminated sites, and collaborate with Finance in relation to annual reporting of any/all related liabilities consistent with PSAB 3260. • Coordinate initiatives with the hospital's Seniors Friendly Hospital Committee in an effort to achieve alignment with recommended related strategies and objectives. • Consultation with users and/or user groups as appropriate to solicit input and support, seek understanding, share information etc.
Accountability and Reporting:	<ul style="list-style-type: none"> • Reports to the Senior Leadership Team through the Vice-President, Corporate Services • Policies and procedures: <ul style="list-style-type: none"> ○ Policies are reviewed and recommended to the Senior Leadership Team (SLT) for final approval ○ Procedures are reviewed by the Committee and recommended to the Executive Sponsor for final approval

MEMBERSHIP AND ROLES OF MEMBERS

Membership:	<ul style="list-style-type: none"> • Manager, Facility Planning and Project Delivery (Chair) • Director, Materials Management or delegate • Director, Information Technology or delegate • Manager, Housekeeping • Senior Business Analyst • Two (2) Clinical Managers (1 Provincial and 1 Regional) <p>AD HOC</p> <ul style="list-style-type: none"> • Director of Hospital Services • Honeywell FM Manager • Relevant Committee Chairs • Other internal/external stakeholders as appropriate
Resources:	<ul style="list-style-type: none"> • Infection Control Practitioner • Communications & Fund Development
Chair:	Manager, Facility Planning and Project Delivery
Recording Secretary:	Administrative Assistant, Hospital Services

LOGISTICS AND PROCESSES

Frequency of meetings and manner of call:	<p>A minimum of six meetings per year</p> <p>Ad hoc meetings may be called by the chair or members as required</p>
Decision making process:	Decisions and recommendations are reached through a collaborative and consensual process and are reflected in the minutes
Minutes:	<p>Minutes should be distributed to the following:</p> <ul style="list-style-type: none"> • Senior Leadership Team, via Consent Agenda <p>Distribution of minutes and regular communication with the following, as required.</p> <ul style="list-style-type: none"> • Chair, Senior Friendly Initiatives • Chair, Emergency Management Committee • Chair, Hospital Quality, Risk and Safety Committee <p>Minutes should be retained by the Chair for 10 years from the last date of correspondence (as per the Waypoint Corporate Records Retention Schedule)</p>
Date of last review:	<p>Annual review of Terms of Reference</p> <p>Last Review: November 28, 2017</p>