



St. John's Rehab Hospital

Accessibility Plan

2011-2013



Table of Contents

	Page
Executive Summary	2
Purpose	3
About St. John's Rehab Hospital	4-5
Vision, Mission and Values	6
Health Equity Statement of Commitment	7
Accessibility Plan: Governance, Process and Methodology	8-11
Table 1: 2008-2009 Accessibility Plan Progress Update	12-18
Table 2: 2011-2013 Action Plans for Addressing Accessibility	19-26
Review and Monitoring of the Accessibility Plan	27
Communication Plan	27-28
Appendix 1: Customer Service Regulation Policy: Providing accessible customer service for goods and services for people with disabilities	29-40

Executive Summary

St. John's Rehab Hospital strives to reduce barriers to access for people with disabilities enabling individuals to approach, enter, exit, communicate with and make use of health services and programs. As an organization that provides services and programs to the public the hospital is committed to creating, acting on and publishing an annual accessibility plan in compliance with the Ontarians with Disabilities Act, 2001 (ODA) and the Accessibility for Ontarians with Disabilities Act, 2005, (AODA). The purpose of this plan is to identify existing barriers for individuals with disabilities and ways to remove these barriers.

The focus of this document will be to provide an update on progress to date on recent barrier removal initiatives, identify current barriers for individuals with disabilities and convey a barrier removal plan for the next two years (2011-2013). The barriers will be identified within five categories as focused on in the AODA:

- Physical and Architectural design of barriers on the premises
- Information and Communication barriers
- Attitudinal barriers
- Technological barriers
- Policy and Procedure barriers

Purpose

The St. John's Rehab Hospital Accessibility Plan Report will:

1. Provide information about the hospital to give context and background to the commitment that St. John's Rehab Hospital and its Board of Directors have made towards addressing barriers for individuals with disabilities.
2. Describe the governance, process and methodology in which St. John's Rehab Hospital has used to identify, remove and prevent barriers for persons with disabilities.
3. Provide an update on the 2008-2010 Accessibility Plan and barrier removal initiatives that have been accomplished over the past three years.
4. Outline and present the 2011-2013 action plans for addressing accessibility.
5. Present a communication plan on how St. John's Rehab Hospital will make the Accessibility Plan available to the public and ensure that all staff is aware of the barrier removal initiatives.



About St. John's Rehab Hospital

St. John's Rehab is Ontario's only hospital solely dedicated to specialized rehabilitation. Home to Canada's only organ transplant rehabilitation program, and the only burn rehab program in Ontario, we also develop individually customized rehab care for people with other complex, life-changing illnesses and injuries: amputations, cancer, cardiovascular surgery, orthopaedic conditions, strokes, neurological conditions, traumatic injuries and complex medical conditions and procedures.

St. John's Rehab is moving to the forefront of specialized rehabilitation with innovative research, learning and teaching. With a unique focus on the whole person – body, mind and spirit – St. John's Rehab Hospital is rebuilding people's lives.

Description and 2010-2011 statistics:

St. John's Rehab is a specialized rehabilitation hospital located in the northern part of Toronto and is currently a Health Service Provider of the Central Local Health Integration Network. The hospital provides both inpatient and outpatient services and receives referrals and admissions from across Ontario and out of province. Specialized Rehabilitation programs include: Amputee, Cardiac, Transplant, Burns, Trauma, Neurological, Oncology, Musculoskeletal and Short-term Active Reconditioning (STAR).

2010-2011 statistics:

- ❖ 160 inpatient beds
- ❖ 2,697 inpatient discharges
- ❖ 37,857 outpatient visits
- ❖ 475 employees
- ❖ 284 volunteers
- ❖ Average age of persons accessing services and programs: 71.6 years



OUR VISION: To be at the forefront of specialized rehabilitation care

OUR MISSION: To rebuild the lives of adults recovering from life-changing illness or injury by involving them in individualized rehabilitation programs focused on the whole person. As an academic organization, we contribute to the advancement of rehabilitation science through research and the professional development of our staff and future rehabilitation care providers.

OUR VALUES: Together with our founders, the Sisters of St. John the Divine, we are committed to providing care in a multi-faith, multi-cultural environment.

We value:

- **A community of support** built on trust, mutual respect, integrity, teamwork and partnerships;
- **Compassionate Caring** centered on empathy and responsiveness;
- **Personal and corporate accountability** for all our actions;
- **A spirit of learning** that contributes new knowledge and skills to continuously improve practice and service;
- **Communication** that is interactive, informative, open, honest and respectful.

HEALTH EQUITY STATEMENT OF COMMITMENT

To rebuild the lives of adults recovering from life-changing illness or injury St. John's Rehab Hospital, together with our patients, is committed to creating equal opportunities for achieving individual outcomes through strategic policies, decisions, programs and actions which impact all people accessing services and programs.

St. John's Rehab Hospital strives to provide equitable access to its services and reduces differences in individual outcomes by:

- Acknowledging, respecting and embracing individuals' unique qualities including race, ancestry, place of origin, colour, ethnic origin, faith, citizenship, creed, sex, sexual orientation, age, marital status, family status and disability
- Providing culturally competent and sensitive care to all individuals
- Using practices that are proven to be friendly to seniors across the hospital
- Continually evaluating the impact of services and incorporating best practices to equitably meet individual needs
- Enabling the ability and rights of individuals to approach, enter, exit, communicate with and make use of health services
- Collaborating and working with our community partners to successfully address equity in health
- Operating in compliance with the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act, 2005, (AODA)
- Demonstrating St. John's Rehab Hospital's Values and Philosophy of Care

Accessibility Plan: Governance, Process and Methodology

CORPORATE ACTION TEAM

Through the oversight of the hospital Health Equity Lead, one of the functions of the St. John's Rehab Hospital Corporate Action Team is to review and address Health Equity related activities which includes accessibility and all regulations and standards pertaining to the AODA, 2005.

The Corporate Action Team is responsible for facilitating the day to day operations of the Hospital and for overseeing the operationalization of the Hospital's Strategic Plan and Annual Corporate Objectives.

There is cross representation of clinical and non-clinical programs and departments on the committee. The following is the membership:

- Director, Pharmacy, Labs & Diagnostics and Infection Control
- Director, Engineering and Environmental Services
- Director, Strategic Communications
- Director, Nursing and Clinical Operations
- Director, Professional Practice & Education, Partnerships/Affiliations
- Director, Quality, Patient Safety & Decision Support
- Director, Finance

- Director, Research
- Manager, Information Management
- Manager, Strategic Projects
- Manager, Human Resources and Occupational Health & Safety
- Coordinator, Spiritual Care

For the 2011-2013 Accessibility Plan Report the Corporate Action Team was tasked with three main objectives:

1. To review and provide an update on the 2008-2010 Accessibility Plan and barrier removal initiatives that has been accomplished over the past three years. See table 1.
2. To identify current barriers that have prevented or may prevent individuals with disabilities from accessing services and programs.
3. To develop a 2011-2013 Accessibility Action Plan that outlines identified barriers, barrier removal initiatives and target dates for completion. See table 2.

Methodology

Various methods were utilized by members of the Corporate Action Team to identify potential barriers to accessing services and programs by individuals with disabilities. These include:

- Patient and family feedback and complaints
- Comment Cards
- A Patient Relations link on the hospital's external website to voice concerns and compliments
- Incident Reports (including monitoring of the quality dashboard for number of complaints related to AODA)
- Patient Satisfaction Results
- Executive Safety Walkarounds
- New government accessibility legislation and standards
- Consultation by: Toronto Senior Council

The resulting identification of barriers and barrier removal initiatives were placed in one of five categories. These include (as seen in table 1 and 2):

1. Physical and Architectural design of barriers on the premises

2. Information and Communication barriers
3. Attitudinal barriers
4. Technological barriers
5. Policy and Procedure barriers

Table1: 2008-2010 Accessibility Plan Progress Update

#	Barrier Removal Initiative	Correction	Department / Program Lead	Progress Update
PHYSICAL & ARCHITECTURAL BARRIERS				
1.	Continue with pantry renovations on A2, A3 and A4	Renovations were completed in these pantries to enable access to the fridge, ice and water dispenser	Environmental Services	Completed Summer 2010
2.	Lack of visual alerts during fire alarms.	Visual alerts to current fire alarms part of hospital's upgrade and will be included in new building expansion.	Environmental Services	Fall 2011 to be completed
3.	Signage in all areas of the Hospital will be reviewed in conjunction with the new building expansion to ensure improved ease of recognition.	Exit signs have been reviewed. Additional signage has been installed to the Out-patient program (Back on Track). Signage will be improved across the hospital on-going.	Strategic Communications/ Environmental Services	Completed March 2010 and on-going
4.	Ensure all patient and visitor	Automatic towel dispensers have been	Environmental	Completed

#	Barrier Removal Initiative	Correction	Department / Program Lead	Progress Update
	washrooms have towel dispensers that are at an optimal height to ensure access	installed but need to be reviewed to ensure they are at an optimal height	tal Services	2009 and on-going evaluation
5.	Review location of the salad bar and condiment station in the cafeteria to ensure that it is at an optimal height to ensure patient/visitor access	Due to hygiene concerns current salad bar is being reviewed and may be replaced with pre-packaged salad containers placed in the accessible fridge. An accessible utensil dispenser has been implemented in the cafe.	Food Services	50% completed
6.	Ensuring there is proper seating within and outside the hospital all at appropriate heights.	Installed raised seats and benches throughout the indoor and outdoor areas of the Hospital.	Environmental Services	On-going as required
7.	Continue to advocate the City of Toronto to install a	Traffic light installed	Environmental Services/	Completed

#	Barrier Removal Initiative	Correction	Department / Program Lead	Progress Update
	pedestrian cross-walk on Cummer Avenue at the end of the Hospital's driveway.		Corporate Office	Fall 2010
8.	Review automatic door / wheelchair access features at all entrances/exits to the Hospital.	Power doors installed at all entrances except for Heritage court but accessible via ramp. Ramp installed and entrance renovated at Beatty Wing Entrance.	Environmental Services	Completed
9.	Review need for installation of more hand rails in corridors of Hospital	Hand rails installed in all corridors	Environmental Services	Completed
10.	Review need for lever style door knobs on entrances to therapy rooms, offices, bathrooms etc	Installing lever style door knobs	Environmental Services	50% completed (on-going)
11.	Ensure there is a smooth	Parking lots re-paved and configured to	Environmental	Completed

#	Barrier Removal Initiative	Correction	Department / Program Lead	Progress Update
	surface from the parking lot area to the hospital	eliminate the pot holes and dips that existed to increase safety	tal Services	
INFORMATION AND COMMUNICATION BARRIERS				
12.	Provide large-print patient education materials in-house for individuals who have sight impairments		Strategic Communications	25% Complete
13.	Include additional visual aids in its publications to ensure they are easy to understand	Use a variety of visual aids in patient and staff publications to increase ease	Strategic Communications	Completed
14.	Previously no policy and consistent practice with posting material on walls which contributed to decreased visibility of	Implementation of policy and procedure for posting information on walls to decrease clutter and increase visibility of information	Strategic Communications	November 2011

#	Barrier Removal Initiative	Correction	Department / Program Lead	Progress Update
	important information			
15.	Temporary signage will be installed where necessary until upgraded/permanent signage can be installed in 2010 as part of the Hospital's Capital Redevelopment and Expansion Project.	Temporary Signage installed	Strategic Communications/ Environmental Services	March 2010
16.	Invite current or former patients to conduct a tour of the Hospital to provide suggestions and feedback regarding accessibility issues.	A number of initiatives are in place for patients to provide feedback regarding accessibility issues, including comment cards, patient satisfaction surveys, patient relations link on external website.	Strategic Communications (Community Engagement)/Patient Safety and Quality	On-going

#	Barrier Removal Initiative	Correction	Department / Program Lead	Progress Update
ATTITUDINAL BARRIERS				
17.	Initiate annual awareness days and ongoing educational initiatives to increase awareness of staff regarding accessibility/disability issues	On-going educational sessions targeted for staff to attend pertaining to accessibility of services and programs. Examples: Friendly to Senior training sessions (approx 60 staff attended); Aboriginal education session)	Patient Programs	On-going
18.	ODA brochure to be developed and provided to all new staff at orientation	ODA brochure is no longer being provided however all new employees must complete the AODA Customer Service training which incorporates information from the ODA brochures that had been previously developed.	Human Resources	March 2010 (on-going at orientation for new employees)

Additional initiatives that address Accessibility were completed since the 2008-2010 plans were published:

- Development of the Customer Service Regulation Policy and Procedure in January 2010 (See Appendix 1)

- Communication of the Customer Service Regulation Policy and Procedure to all stakeholders including posting on external and internal website in March 2010 and on-going
- Customer Service training and education for all staff, volunteers, students, contractors and new employees February – March 2010
- Installation of voice assisted elevator on all elevators in the hospital
- Purchased a Teletype Transportable phone to assist patients that are deaf or hard of hearing
- Development and monitoring of an indicator incorporated into the 2010-2011 Quality Dashboard which tracks # of complaints associated with AODA standards

Table 2: 2011-2013 Action Plans for Addressing Accessibility

#	Description of Barrier	Barrier Removal Initiatives	Department / Program Lead	Target Date of Completion
PHYSICAL & ARCHITECTURAL BARRIERS				
1.	For areas that are being renovated not all visitor washrooms are fully accessible.	Barrier free washrooms in new building space and renovated areas of the existing hospital	Redevelopment Steering Committee	November 2011 for new building space. Fall 2012 for renovated space
2.	Current gift shop not fully accessible	Gift shop in new building will be fully accessible for wheelchairs and will have an accessible change room	Redevelopment Steering Committee	November 2011
3.	Volunteer Association Office. No identified barrier. New in	Volunteer Association office in new building will be designed to accommodate various	Redevelopment Steering	November 2011

#	Description of Barrier	Barrier Removal Initiatives	Department / Program Lead	Target Date of Completion
	building development.	ability levels of the volunteers and be fully accessible	Committee	
4.	Limited seating area at main entrance. Low visibility of parking lot from main entrance.	New main entrance with accessible seating area and high visibility to parking lot. Drop off area close to main door with accessible entrance	Redevelopment Steering Committee	November 2011
5.	Limited accessibility in existing pool. Lift into pool used currently.	New accessible therapy pool including built in ramp	Redevelopment Steering Committee	November 2011
6.	Accessible gardens. No identified barrier. New in building development.	New Therapy Garden with accessible design (also used as treatment area)	Redevelopment Steering Committee	November 2011
INFORMATION AND COMMUNICATION BARRIERS				
7.	Way finding signage. No identified barrier. New in	Installation of way finding signage in new building to assist patients and visitors	Redevelopment Steering	November

#	Description of Barrier	Barrier Removal Initiatives	Department / Program Lead	Target Date of Completion
	building development.	navigate their way around the hospital and find destination of choice	Committee	2011
8.	Way finding signage is outdated and requires upgrading to improve visibility and assist with better navigation around the hospital.	Way finding signage in existing part of the hospital to be refreshed to assist patients and visitors navigate their way around the hospital and find destination of choice	Environmental Services/ Strategic Communications	On-going
9.	Previously no policy and consistent practice with posting material on walls which contributed to decreased visibility of important information	Implementation of policy and procedure for posting information on walls to decrease clutter and increase visibility of information	Strategic Communications	November 2011
10.	All patient units do not have designated rooms with hands free phones for patients who	Needs and cost analysis for hands free phones in dedicated rooms on all inpatient clinical programs to enable use of	Patient Programs/Information	Needs and Cost Analysis

#	Description of Barrier	Barrier Removal Initiatives	Department / Program Lead	Target Date of Completion
	are unable to use their upper extremities. Currently, A2 has a room that can accommodate the need for a hands free phone.	telephones for those patients that may not be able to access the regular phones. Currently have on A2 in dedicated room. If feasible, implementation on all units in one dedicated room.	Management	March 2012 Implementation March 2013
11.	Currently there is no formal policy and hospital practice on use of various modes of assistive communication techniques to optimize communication between patients and staff, including language barriers.	Develop and implement a policy, procedure and practice to enable staff to effectively communicate with all patients and clients and ensure appropriate and safe access to all services and programs. Includes barriers related to hearing impairments, aphasia and primary language spoken.	Patient Programs/Patient Safety and Quality	March 2012
12	No visual signals in current fire alarm system.	Installation of new fire alarm system which includes visual signals during an active fire	Environmental Services	October 2011

#	Description of Barrier	Barrier Removal Initiatives	Department / Program Lead	Target Date of Completion
		alarm situation.		
ATTITUDINAL BARRIERS				
13	Cultural Competency and Sensitivity training and education identified as an organizational gap in a Health Equity Environmental Scan completed March 2009	Completed evaluation of Cultural Competency and Sensitivity in the development, implementation and delivery of services and programs and development of an education and training plan for staff	Patient Programs/Human Resources	June 2011
14	Cultural Competency and Sensitivity training and education identified as an organizational gap in a Health Equity Environmental Scan completed March 2009	Initiate implementation of Cultural Competency and Sensitivity communications, education and training plan	Patient Programs/Human Resources	July 2011 – on-going
TECHNOLOGICAL BARRIERS				

#	Description of Barrier	Barrier Removal Initiatives	Department / Program Lead	Target Date of Completion
15	No wireless infrastructure and ability to access e-mail and internet from patient rooms. Lack of access to information and networking opportunities.	Implementation of wireless infrastructure to enable WIFI service availability to be used by all authorized staff, patients and visitors. Allows access to network services such as internet, e-mail, portals and social networking.	Information Management	January 2012
16.	Barrier acknowledged in completion of client satisfaction surveys.	Implementation of touch screen technology for patient satisfaction reporting in outpatients. This technology includes options for use in different languages and there is ease of use to navigate the screens and information required from the clients. The touch screens are ergonomically appropriate for all individuals to access.	Outpatient Services	November 2011
POLICIES AND PRACTICES				

#	Description of Barrier	Barrier Removal Initiatives	Department / Program Lead	Target Date of Completion
17.	No Service Animal Policy with infection control practices included.	Development and implementation of a Service Animal Policy to ensure that patients and clients that require the use of a service animal are appropriately accommodated while ensuring correct infection control practices are maintained.	Infection Prevention and Control	August 2011
18.	Current policy does not reflect language around accommodating persons with a disability who are applying for positions at the hospital.	Reviewing and revising recruitment policy to reflect accessibility and accommodate persons applying for positions with a disability. Will be working with external organizations that specialize in finding work placements for persons with disabilities.	Human Resources	March 2012
19.	Current content on internet in careers section does not include language related to accessibility and	Reviewing and revising Careers section of the hospital internet to improve content related to accessibility and accommodation of persons with disabilities seeking	Human Resources	March 2013

#	Description of Barrier	Barrier Removal Initiatives	Department / Program Lead	Target Date of Completion
	accommodation of persons seeking employment.	employment.		

Review and Monitoring of the Accessibility Plan

The members of the Corporate Action Team that represent the department or program for each barrier removal initiative will be accountable for completion of the initiative within the documented timelines. Through the Health Equity lead the Corporate Action Team will monitor and review the action plan on a quarterly basis to ensure that there is follow through and completion of the initiatives. On an annual basis the plan will be updated and if new barriers and initiatives are identified they will be added to the action plan with approval from the Corporate Action Team.

Communication Plan

St. John's Rehab Hospital is committed to the communication of its 2011-2013 Accessibility Plan in an accessible manner and in compliance with the hospital's Customer Service Regulation Policy (See Appendix 1) for all stakeholders with and without disabilities. The key audiences for the communication plan are:

- Patients, families, visitors, staff, physicians, students, volunteers and all people accessing hospital services
- Community Partners
- Patient representatives

Existing communication vehicles will be utilized to view the accessible plan. These include:

- St. John's Rehab Hospital external website



- St. John's Rehab Hospital intranet for all staff to access internally
- Provide Accessibility Plan to new staff upon orientation
- Information about the plan is in the Patient Information Guide which is provided to every patient upon admission

Additionally, St. John's Rehab Hospital will communicate the renewal of the plan in its internal newsletter and will highlight major achievements in its external newsletter.

Appendix 1: Customer Service Regulation Policy: Providing accessible customer service for goods and services for people with disabilities

PURPOSE:

This master policy has been developed to ensure that St. John's Rehab Hospital and all individuals who provide goods and services to people with disabilities as part of their employment, contract or volunteer responsibilities have knowledge, understand and are in compliance with all Accessibility Standards for Customer Service as legislated in the Accessibility for Ontarians with Disabilities Act, 2005 (AODA).

St. John's Rehab Hospital is committed and responsible for ensuring that people with disabilities have full access and benefit equally from all services and goods, in similar ways to all other users of goods and services provided by the hospital. The hospital endeavours to accommodate all patients and members of the public with a disability who access goods and services on the premises.

This master policy will include the establishment of all policies, practices and procedures related to providing goods and services to people with disabilities.

This master policy will also ensure that all related policies, procedures and practices are consistent with the core principles of independence, dignity, integration and equality of opportunity.

POLICIES AND RELATED PROCEDURES:

Policy #1: Independence, Dignity, Integration and Equality of Opportunity

The provision of goods and services by all St. John's Rehab Hospital staff, contractors, volunteers, sisters, physicians, students and auxiliary incorporate and respect the core principles of independence and dignity enabling equality of opportunity and allowing people

with disabilities to fully benefit from the same services, in the same place and in the same or similar manner as other members of the public.

Policy #2: Use of Personal Assistive Devices

People with disabilities have the right to use their own personal assistive devices to access goods and use services provided by St. John's Rehab Hospital, unless there is an associated risk to the person with the disability or any other person when using the device.

To enable access to all goods and services and promote independence St. John's Rehab Hospital provides appropriate and necessary assistive devices to all people with a disability based on assessed need. All staff and volunteers have knowledge of appropriate and safe use of assistive devices that are provided by St. John's Rehab Hospital.

The following are available for all people assessed as requiring assistive devices who access goods and services at St. John's Rehab Hospital:

- Mobility Aids (e.g. canes, crutches, walkers, wheelchairs)
- Communication Aids (e.g. amplifiers)
- Personal Care Devices (e.g. weighted or built up utensils, long handled shoe horn)
- Visual Aids (e.g. magnifiers)
- Writing Aids (e.g. specialized pens)
- Hands Free Phones and Call Bells
- Hands Free Washroom Facilities (Located on A1 and A4)

Related procedure for patient use of assistive devices:

1. Upon admission to hospital, patient is assessed by most appropriate member of the team for the need of assistive devices
2. If assistive device is required the team member will provide through the hospital (if available) or facilitate procurement through a vendor
3. Use of assistive device will be documented in the Integrated Progress Notes (IPN)
4. If patient has their own assistive device the most appropriate team member will assess patient using the device to ensure safety for patient and others

Policy #3: Communication

All staff, volunteers, physicians, contractors, sisters and auxiliary communicates with persons with a disability in a manner that takes into consideration the person's disability. Communication includes process of providing, sending, receiving and understanding information.

The hospital promotes independence and enables access to all goods and services by using assistive devices or communication services to change the usual method of communication if necessary. The following are various methods that are used to optimize communication for persons with a disability:

- TTY System (1-800-855-0511)
- Access to interpreters for people who are deaf, orally deaf, deafened or hard of hearing
- Low tech communication boards
- Large print materials
- Graphic and written signage
- Braille and voice assisted elevators

Policy #4: Use of Guide Dogs and Service Animals

People with disabilities have the right to be accompanied by their guide dog or service animal to enable independence in accessing goods and services while on St. John's Rehab Hospital premises. Accommodation will be made for service animals taking into consideration the safety of others and laws that exclude service animals. If a service animal is excluded by another law, other measures will be provided to ensure that the person with a disability is able to access good and services.

Refer to St. John's Rehab Hospital Pet Policy (IPC10) for all animals which do not fall under the definition of guide dog or service animal according to the Customer Service Standard.

Policy #5: Use of a Support Person

People with a disability who are accompanied by a support person have the right to have access to that support person while at the hospital to assist them with communication, mobility, personal care or medical needs to enable access to goods and services provided by St. John's Rehab Hospital.

A support person may be a regulated health professional or unregulated person such as a family member, volunteer or friend. This policy on the use of support persons, regulated or unregulated, acknowledges the need to ensure confidentiality and adhere to SJRH code of business conduct. As such, support persons are expected to sign SJRH confidentiality agreement, form HR8-N-03/07 and review and agree with the code of business conduct policy, HU73. Where required, the support person will be asked to identify the disability-related service(s) he/she provides.

For a regulated support person, upon provision of evidence required by the hospital and confirmation that all parties are knowledgeable of hospital policies and expectations; accommodations are made to incorporate the support person in the patient's treatment and goal plans.

Related Procedure:

1. Patient and/or family notify PSM of request for the attendance of a support person.
2. PSM or designate provides information on the support person policies for SJRH and, where applicable, agency brochures or appropriate association information to the patient/family
3. If patient/family are requesting a regulated health professional, the PSM validates college registration/certification and liability insurance information for that regulated support person.
4. PSM or designate ensures that the support person signs the SJRH confidentiality agreement and reviews and agrees with the SJRH code of business conduct.
5. PSM or designate reviews restrictions and expectations with the support person.
6. Upon confirmation that a support person has been retained by the patient/family, PSM communicates the plan to the interdisciplinary team.
7. PSM or designate will document in the Kardex the use of a support person and nature of assistance being provided to the patient by that support person.

Policy #6: Temporary Service Disruptions

St. John's Rehab Hospital provides notice to all people that rely on and access goods and services at the hospital in the event of a temporary disruption to the facilities or services.

The notice of disruption includes:

- Reason for disruption
- Anticipated duration
- Description of alternative facilities or services that are available

Examples of when notices are provided include:

- Reduced entrance/exit access due to construction, maintenance or outbreak of illness
- Reduced access to assistive devices due to maintenance, equipment malfunction, theft or other reasons
- Elevators closed due to maintenance

St. John's Rehab Hospital is committed to ensuring that these communications are made accessible to people with disabilities. The information is posted at a conspicuous place on premises, on the website or by other methods as necessary to meet identified communication needs.

Related Procedure:

1. Disruption or reduction in services or goods is identified by Environmental Services
2. For minor disruptions (less than two week duration):
 - a. Environmental Services notifies all staff by e-mail. The message includes asking staff to share all relevant information with patients and visitors.

- b. Temporary signs are developed and posted in a conspicuous place in a reasonable, safe proximity to the disruption (if necessary)
 3. For major disruptions (greater than two weeks):
 - a. Environmental Services notifies affected / relevant departments well in advance whenever possible. Notification can be via e-mail, team meeting, management meeting, committee meeting or other appropriate means
 - b. Environmental Services and Strategic Communications collaborate to:
 - i. Develop and post signage within the facility and at other areas of the campus as necessary. Signs are posted in a conspicuous place in reasonable, safe proximity to the disruption.
 - ii. Send e-mail notification to staff. The message includes asking staff to share all relevant information with patients and visitors.
 - iii. Provide other communications products, if necessary.
 - c. Strategic Communications posts notices in a logical place on the hospital's website.

Policy #7: Training and Education for Staff

St. John's Rehab Hospital provides education and training for any person who interacts with the public or third party on behalf of St. John's Rehab on any topics related to customer service as it relates to people with a disability. Any person includes those that participate in the development of hospital policies, procedures and practices that govern the provision of goods or services and those that provide the goods and services to the public or third parties.

The training and education includes:

- A review of the purposes of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard
- How to interact and communicate with persons with various types of disabilities
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person
- How to access and use equipment or devices available in-house that may help with the provision of goods or services to a person with a disability
- What to do if a person with a disability is having difficulty in accessing St. John's Rehab goods and services



- St. John's Rehab Hospital policies, procedures and practices relating to the customer service standard

Training and education is provided as part of the orientation program for all new employees, volunteers and contractors. Training and education has been provided for all employees, volunteers and contractors that started providing goods and services at the hospital before January 1, 2010 on the above mentioned topics. All people providing goods and services to the public are provided with training and education as changes are made to the policies, practices and procedures that directly impact the way goods and services are provided.

St. John's Rehab Hospital documents all training dates and the people that have completed the training and education for customer service. This information is tracked and stored in the Human Resources Information System (HRIS).

Policy #8: Process for Providing Feedback

St. John's Rehab Hospital has processes and various methods in place to obtain feedback from any person who uses or is impacted by the provision of goods and services at the hospital. The hospital has a process for tracking, analyzing and addressing any concerns. Any person can contact the hospital with their questions, comments or concerns via e-mail (info@stjohnsrehab.com), telephone, in writing, in person or using any other method.

Information regarding the complaint and feedback process can be accessed on the hospital's public website through the "About Us" section in "FAQs" under "Hospital Policies and Procedures". This information is also provided in the Patient Handbook which is given to every patient upon admission.

Related Procedure:

This procedure is linked to Policy QRM 1 – Patient/Visitor Complaints Process. St. John's Rehab Hospital's Quality and Patient Safety Department uses a categorization system for processing these complaints regardless of the route by which the complaint is received – comment cards, satisfaction surveys, email, telephone, letter, in person, etc. This system enables effective tracking,

analyzing and addressing of concerns. While at any time complaints may be escalated to the Quality and Patient Safety Department, briefly the process is as follows:

1. Complaint received
2. Complaint Recording & Follow-Up Form initiated
 - i. Complainant's name, status and contact information
 - ii. Complaint details – when, how and by whom complaint was received
 - iii. Complaint summary
 - iv. Complainant's requested action
3. Complaint directed to appropriate program/department for follow-up
 - i. Program/department to respond
 - ii. Manager to respond
 - iii. Other programs/departments/individuals reviewing the complaint
 - iv. Actions taken with complaint along with the relevant dates:
 - Telephone contact
 - Meeting with complainant
 - Formal letter of response
 - Staff/program/department consultation
 - Other
 - Additional investigation
 - v. Status of complaint and relevant dates:
 - Resolved
 - Unresolved
 - Redirected
4. Complaint Recording & Follow-Up Form returned to Quality and Patient Safety Department
5. Quality & Risk Status of Complaint
 - i. Quality & risk category
 - a. Patient-centered environment
 - E.g., length of stay issues, services available, privacy
 - b. Clinical environment
 - E.g., staff attitude, staff communication, discharge planning
 - c. Physical environment

- E.g., infection control, temperature, diet, noise
- d. Financial environment
 - E.g., parking costs, bed accommodation issues
- e. Other
- ii. Level of risk
 - a. Extreme
 - Intolerable, requiring immediate action
 - b. High
 - Unacceptable, requiring action within 48 hours
 - c. Moderate
 - Undesirable, requiring evaluation and action as needed
 - d. Low
 - Acceptable, requiring periodic review to maintain
 - e. No
 - No risk identified, therefore no action required
- iii. Additional attention required
 - a. Policy & procedure review
 - Review processes and/or staff education
 - b. Staff/service consultation
 - Consult to identify concerns and potential solutions
 - c. Additional patient contact/follow-up
 - Contact with patient and/or family to review concerns
 - d. Review
 - Information only
 - e. Other
- 6. Complaint reviewed by Quality and Patient Safety Manager, with signature and date
- 7. Complaint recorded in Complaint Database by Coordinator, with signature and date

Policy #9: Notification of Customer Service Standard Policies, Practices and Procedures



St. John's Rehab Hospital ensures that all policies, practices and procedures related to the customer service standard are available upon request. The documents are provided in a manner that takes into account a person's disability.

Patients, visitors and other customers may contact their Team Coordinator, Patient Services Manager or the Information Desk at any time for information about the hospital's accessibility policies and practices.

Notification that policies, practices and procedures related to the customer service standard exist is communicated through:

- The hospital's website at www.stjohnsrehab.com. The website includes the information contained within this policy.
- The printed patient information guide, which is provided to every patient on admission
- If required, the policies, practices and procedures can be provided verbally by members of the patient's care team.

DEFINITIONS:

Accessibility for Ontarians with Disabilities Act, 2005 (AODA)

- A law passed by the Ontario legislature that allows the government to develop specific standards of accessibility and to enforce them. The standards are made into laws called regulations, and they provide the details to help meet the goal of the AODA. The AODA is the foundation on which the standards are built.
- The purpose of this Act is to benefit all Ontarians by,
 - a) Developing , implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025; and
 - b) Providing for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards.

Persons with a Disability

- Definition of disability under the AODA is the same as the definition of disability in the Ontario Human Rights Code. This definition applies to the Customer Service Standard.
- In this Act “Disability” means,
 - 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 impairment, 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

Principle of ‘Independence’

- Freedom from control or influence of others,
- Freedom to make your own choices,
- Freedom to do things in your own way

Principle of ‘Dignity’

- Treat persons with disabilities as customers and clients who are as valued and as deserving of effective and full services as any other customer,
- Do not treat people with disabilities as an afterthought or force them to accept lesser service, quality or convenience

Principle of ‘Integration’

- Allow people with disabilities to fully benefit from the same services, in the same place and in the same way as other customers,
- Policies, practice and procedures are designed to be accessible to everyone, including people with disabilities

Principle of 'Equality of Opportunity'

- Having the same chances, options, benefits, and results as others

Service Animals

- Service animals include guide dogs used by people who are blind, hearing alert animals for people who are deaf, deafened or heard of hearing, and animals trained to alert an individual to an oncoming seizure and lead them to safety

Support Persons

- May be a paid professional, a volunteer, a family member or friend of the person with a disability
- People with a disability may rely on support persons for certain services or assistance, such as using the washroom or to facilitate communication
- Support persons provide assistance to people with a disability to enable safe access and use of goods and/or services that they otherwise would not be able to access