

Accessibility Plan

Prepared by RMH Accessibility Planning Committee

Multi-Year Plan October 2012 - 2017 and Annual Plan November 2013

This publication is available on the RMH website (www.rmh.org)
And in alternate formats upon request

1.0 Background

In 2001, the Ontario government enacted the Ontarians with Disabilities Act (ODA). Its purpose was to ensure that persons with disabilities could be integrated into full participation within their communities and the public services in the province. The Act ensured that persons with disabilities had involvement in the identification, removal and prevention of barriers to full participation. The ODA required all public sector organizations, including hospitals, to prepare accessibility plans that identify, remove and prevent barriers for persons with disabilities.

In 2005, the Accessibility for Ontarians with Disabilities Act (AODA) was passed by the Ontario legislature. The AODA allowed the government to develop, implement and enforce accessibility standards in order to remove and prevent barriers for people with disabilities in the key areas of daily living. Once developed, the standards become regulations, and thus the law, under the AODA. On January 1, 2008, the first standard under the AODA came into force. The Accessibility Standards for Customer Service required all public sector organizations and businesses in Ontario to provide accessible customer service. Public sector organizations, including hospitals were required to comply by January 1, 2010. The AODA envisions that there will be incremental standards and regulations developed over time (to year 2025) that move the province along the continuum of accessibility. The AODA will continue to develop standards related to built environments, employment, information and communications and transportation.

Hospitals, including Ross Memorial, have developed accessibility plans since 2003/04. The annual plans describe the measures that the hospital has taken in the prior year. The annual plans also describes measures that the hospital will take in the upcoming year to identify, remove and prevent barriers for people with disabilities. The 2012/13 Accessibility Plan for example, focused on the Customer Service Standard introduced in 2010 and the Information and Communications Standard that came into effect on January 1, 2012. The annual

plans have been posted on the RMH website (www.rmh.org) and can be made available upon request by contacting the Administration Office.

2.0 Description of Ross Memorial Hospital

Ross Memorial Hospital (RMH) is a 175 bed community hospital with a proud history extending back over a century. RMH is an active, acute-care community hospital serving more than 80,000 local residents and seasonal visitors. Our hospital is one of the largest employers in the region, with more than 820 staff members, 140 credentialed physicians, and close to 400 volunteers. Together, the team provides compassionate, high quality patient care to more than 43,000 emergency patients and 6000 inpatients each year.

RMH offers a wide variety of acute and continuing care services, including a 24/7/365 emergency department, obstetrics, orthopedics and ophthalmology, outpatient dialysis, a schedule 1 mental health program, restorative seniors care, rehabilitation and palliative care, a progressive health promotion program for chronic disease management, and a full range of diagnostic imaging.

The most recent expansion included the addition of MRI service in January 2011. The Imagine the Future capital campaign raised more than \$5.8 million to improve local patients' access to advanced diagnostic technology by purchasing an MRI, a 128-slice CT scanner and redeveloping the Diagnostic Imaging department to accommodate the new equipment.

In 2011, the hospital received full accreditation with exemplary standing by Accreditation Canada, having met 99% of the industry's international standards of excellence.

RMH is part of the Central East Local Health Integration Network. The closest neighbouring hospitals include Peterborough Regional Health Centre 45 minutes to the east, Haliburton Highlands Health Services one hour to the north and Lakeridge Health in Oshawa, one hour to the south. RMH is the only hospital in the City of Kawartha Lakes, a "cottage country" municipality of 3000 sq. km located 1½ hours north east of Toronto.

3.0 Standards and Requirements

During the period of the 2012- 2017 Multi-Year Plan, a number of new regulations will come into effect. All of the 6 key chapters of the legislation contain new requirements in the following areas: Customer Service, Communications and Information, Employment, Built Environment, Transportation, and General Requirements.

The new compliance criteria for 2013 include requirements to:

- Develop and post a multiyear accessibility plan outlining strategies to prevent and remove barriers. At least once every 5 years (section 4.1.c), the plan is to be reviewed in consultation with persons with disabilities. Annual status reports are also to be posted.
- Incorporate accessibility design, criteria and features when procuring or acquiring goods, service or facilities.
- Complete Accessibility Reporting with the first report due December 31 2013. Then reporting is done every other year there after (section 86.1).

The new compliance criteria for January **2014** are more extensive and focus largely on standards for accessible workplace practices. These new standards include requirements related to:

Employment Standards

- Notify applicants during recruitment, that accommodations are available on request in the selection process.
- Inform employees of supports for disabilities including accommodations
- Provide accessible formats for employment and employee information
- Develop individualized workplace emergency response information and plans for staff who require assistance during an emergency
- Provide written procedures for the development of individual accommodation plans
- Provide a “return to work” process and ensure it is documented
- Ensure that performance management and career development accounts for accessibility needs
- Ensure that redeployment takes into account the accessibility needs

Communications and Information

- Ensuring that communication and feedback processes are in accessible formats.
- Ensure communication supports are available upon request. There are also requirements to notify the public about this access and to provide it when requested. (sections 11-14)
- Emergency procedures and public safety information and plans also must be provided in accessible formats upon request
- Content on new websites must conform to WCAG 2.0, Level A criteria.
<http://www.wuhcag.com/wcag-checklist/> (section 14.2)

General Requirements

- Consideration is to be given to disability needs when acquiring and installing self service kiosks. (Section 6.4)

- Ongoing training on accessibility standards for all employees, volunteers, those providing services and those developing organizational policies. Records are to be kept on the content, dates, and numbers participating (section 7.6.2)

New compliance criteria for January **2015**, and beyond, include requirements to:

- Provide accessible communication formats upon request in timely manner at cost equal to charges to other people. (2015)
- Adhere to the standards of Design of Public Spaces and Built Environments (2016) for newly constructed and redeveloped exterior paths of travel (sidewalks, walkways). Accessible pathways must meet technical requirements and measurements related to width, slope, level changes, ramps, landings, curbs, handrails, and stairs. (sections 80.21-80.31)
- Adhere to new standards when constructing or redeveloping off street parking. Accessible parking spaces must be a certain ratio (typically 4%) of the total numbers of spaces. Appropriate dimensions of accessible spaces are also specified.
- Adhere to accessibility standards when constructing new or renovating service counters and waiting areas. Standards relate to counter height, accommodating mobility aides, and accommodating (space) seating.
- Plan for temporary disruptions when mobility aides cannot be used and communicate these plans appropriately.
- Ensure that all internet websites and web content conforms to WCAG2.0 Level AA (2021)

4.0 Commitment of Ross Memorial Hospital

RMH is committed to treating all people in a way that allows the individual to maintain dignity and independence to the greatest extent possible. This commitment is founded in the RMH core value of Respect. RMH also supports integration and equal opportunity. RMH is committed to a continuous quality improvement effort aimed at increasing the accessibility of communications, services and facilities for patients, visitors/public, staff and volunteers. The RMH goal is that patients with disabilities can participate fully in their healthcare and that appropriate supports to do so are accessible and timely.

5.0 Multi-Year and Annual Plans

The Multi-Year Plan will articulate the current state of compliance and opportunities to reduce barriers in the coming 5 years. Due to the extended time

horizon, the plan should be interpreted as the intent to change and adapt during that timeframe. The annual plans will provide more specific commitments as funding constraints and opportunities are clearer in the short term.

The 2013/14 Annual Plan will review the progress RMH was able to make in improving the accessibility features of spaces and services in the year 2012/13. It will then describe the measures planned for implementation from November 2013 to October 2014. Each year the planning process is intended to increasingly identify, remove and prevent barriers for persons with disabilities.

5.1 Objectives

The Multi-Year Plan:

- a) Describes the process by which Ross Memorial Hospital will identify barriers, remove and prevent barriers for people with disabilities
- b) Articulates the current state of compliance with accessibility standards in the following categories:
 - General
 - Customer Service
 - Information and Communications
 - Transportation
 - Built Environment
- c) Articulates the opportunities for improvement based on the current state.

Annual Plan:

- a) Reviews efforts that have been taken to remove and prevent barriers in 2012/13
- b) Describes the measures Ross Memorial Hospital will take in the coming year to identify, remove and prevent barriers

5.2 RMH Accessibility Planning Committee

The RMH Accessibility Planning Committee was reconstituted to ensure input from a broad-section of the hospital organization. Membership in 2013 included:

- Carol Smith Romeril, Vice President and Chief Nursing Officer (Chair)
- Marsha Coombs, Clinical Manager for Seniors Services
- Vic Tavaszi, Director of Engineering & Maintenance
- Veronica Nelson, Technical Director Diagnostic Imaging
- Mike VandenBroek, Director Health Information Management & Patient Flow
- Susan Grant, Director Quality, Professional Practice and Pharmacy
- Ann Wehrstein, Director Surgical, Woman and Child Program
- Kim Coulter, Coordinator of Employee & Community Relations
- Kim Kydd, Occupational Health Clerk
- Lisa Green, Manager Emergency Services
- John Albin, President RMH Auxiliary

- Tim Middleton, RMH Auxiliary
- Karla Forgaard-Pullen, Social Worker, Mental Health Program
- Norman Price, Municipal Accessibility Advisory Committee Chair, User Stakeholder
- Heather Chapell, RMH Auxiliary, User Stakeholder

6.0 Multi-Year Plan

6.1 Planning Process

The multi-year plan began with a full review of relevant legislation and regulation. Policies were reviewed to ensure their compliance with standards and other requirements. Hospital practices, services and facilities were reviewed to develop a 'current state' snapshot of accessibility features within the organization. Standards in force now and in future years were considered in the current state review.

Previous accessibility plans were reviewed to identify improvement options that had been considered in the past but had not yet been implemented. These options started the list of opportunities for the multiyear plan. Other opportunities were considered with respect to related to the standards that come into force at later dates (website) or standards that apply only to 'new building or redevelopments.

The Hospital Accessibility Committee met to:

- Validate documentation of the current state and
- Comment on gaps between current state and accessibility standards
- Recommend specific opportunities for improvement in 2013/14.
- Recommend a subcommittee structure to support ongoing work.

Once the plan was shaped by the Accessibility Committee, it was presented to the Senior Administrative Committee of the hospital which includes the Chief Executive Officer, the Chief of Staff, the Chief Nursing Officer and the Chief Financial Officer. This committee endorsed the directions and plans.

The approval for the Accessibility Plan was provided by the Board of Governors in November 2013.

6.2 Current State

The following section provides an overview of accessibility features of the RMH. In general, hospitals are organizations dedicated to the care and support of patients that are experiencing a disability, either temporary or long term. Hospital staff, physicians and volunteers are experienced in accommodating many

physical disabilities. Some disabilities (sensory or cognitive) can require additional sensitivities and accessibility efforts. There will always be opportunities to improve but it is also important to recognize the accessibility features of the organization that are already in place.

General Requirements

- Annual plans to improve accessibility have been implemented since 2004.
- Annual plans will continue to be developed with input from a wide range of stakeholders.
- The organization has a policy that fosters accessibility through training, inclusion, and appropriate supports.
- The principles of accessibility are incorporated into the policy (dignity, independence, integration, equal opportunity)
- Information regarding public safety, particularly related to infection control practices, is available in various formats including the accessible website.
- Most procurement is managed centrally by the Central Ontario Hospital Purchasing Alliance (COHPA) which can insert accessibility features/requirements into purchasing processes such as the Request For Proposal (RFP).

Customer Service

- Training for customer service, with emphasis on sensitivity to disabilities is provided for staff, volunteers and students at orientation to the organization. This is typically accomplished prior to starting duties.
- Ongoing customer service training occurs at two levels. Department and role specific learning is one level. On an organizational level, ongoing training occurs through widely disseminated newsletters and information bulletins.
- Policies exist for the inclusion of service animals and support persons.
- The RMH environment accommodates most assistive devices for mobility.
- Hearing amplification systems known as “pocket talkers” are available upon request (Geri-Acute team and Emergency Department).
- ASL interpretation is available upon request (via one staff member).
- Self serve parking kiosk (one) is at an accessible height.
- Reception desks and service counters in most locations can accommodate seated persons (wheelchair).
- Disruptions in service and access to entrances are well publicized and communicated internally.
- Loaner wheelchairs and volunteer support is available for people requesting wheeled assistance getting to outpatient appointments. (eg. Parkway Nuclear)

- Senior friendly features have been incorporated into the hospital operation. For example, a rest station was placed in the long entrance corridor. Handrails are available in most patient areas. A number of large face clocks have been installed.
- Other examples of Senior Friendly initiatives are itemized in Appendix 2
- The GERI-Acute team and others have extended training related to geriatric concerns such as frailty, behaviour changes, cognitive decline, and appropriate accommodations for these issues. One interesting example is the application of Montessori techniques to dementia-related behavior issues.
- The Hospital Elder Life Program (HELP) supports people with disabilities in a variety of ways. Examples include, help opening meal containers and ensuring that hearing aides or glasses are within reach.
- Specialty services are available for several 'disability populations' such as;
 - a) Geriatric Emergency Management (GEM)
 - b) Rehabilitation
 - Physiotherapy and Occupational Therapy
 - Speech and Language Therapy (including aphasia)
 - Recreation Therapy
 - c) Assess and Restore (Functional Enhancement)
 - d) Palliative Care
 - e) Mental Health Inpatient and Outpatient services
 - f) Health First for chronic disease management
 - Therapists assign assistive devices to every patient that needs a device.
 - The hospital is a non-smoking site.

Information and Communications

- Feedback of concerns, complaints or compliments can be done via the website email, standard mail, phone call, or in person. The Excellent Care for All Act also requires a designated patient relations process. The two designated staff involved in patient relations are well trained and sensitive to different abilities and disabilities.
- Way finding signage has been designed with high contrast, primary colours and clear fonts for readability.
- The website and website content are compliant with accessibility standards. For example the font size can be increased and the content is compatible with special readers and viewers.
- Patient information, including the Patient & Visitor Handbook, is on the website for convenience and easy access.
- The many written materials and information brochures can be made available in other formats upon request.
- The vendor for the patient phone system uses large format buttons – accessible design.
- Emergency notifications are broadcast over the overhead paging system.

- Emergency visual alerts (strobe lights) are activated with the fire alarm in the effected fire compartment.

Employment Standards

- Policies are being developed and will be in place for the January 2014 compliance date.
- The Collective Agreements and long standing practices of the hospital include “return to work” and personal needs accommodation processes, particularly related to illness or injury. These processes are in place to ensure that workers are afforded the opportunity to return to work despite injury and/or disability.
- Personal emergency plans are in place for employees who self-identify as needing assistance during an emergency situation.

Transportation

- Patients with disabilities requiring transport during the course of their hospital stay have transportation that is fully accessible with respect to their needs. The hospital works with various transportation providers to ensure patient needs are met. Both wheelchair and stretcher transportation is available and accessible for patients who need it.

Built Environments

- All entrances are fully accessible with electronically activated doors. The one entrance with stairs also has an appropriately designed ramp.
- Multiple elevators are available in the building.
- Service counters and waiting areas in hospital service areas are accessible.
- Internal spaces such as washrooms vary in accessibility depending on the age of the construction. The new areas of construction have very accessible washrooms. Where possible, conversion to accessible washrooms is being phased into annual improvement plans.
- Some patient rooms are equipped with transfer poles that are firmly anchored into the floor.
- Many patient rooms are equipped with ceiling lift devices to ensure that immobility is not a barrier to ‘getting up’ out of bed.
- Waiting areas and eating areas (including patient dining) have spaces for wheelchairs and walkers.
- The exterior pathways of travel (curbs, ramps) are regularly inventoried and maintained. This includes structural maintenance as well as clearing of hazards such as snow and ice.
- Accessible parking is available with 24 accessible parking spaces in total. Of these, 22 meet the ‘van’ size standard with access ramps and extra ‘corridor

space on the side. Another 2 spaces (Angeline Street) meet the accessible specification but do not have the extra 'corridor' space.

- Yellow warning lines are painted on curbs, and uneven portions of the level pathway, to provide high contrast and visual cues to pedestrians.
- The garden area outside Continuing Care was designed to be accessible. There are level concrete pathways. There are also raised growing beds accessible from wheelchairs. Palliative care patients can go outside even in a bed.

6.3 Opportunities for 2013/14 and Beyond

As new standards are released during the next several years, further opportunities to extend accessibility will be identified. The following notations indicate potential opportunities to improve that have been identified by hospital staff and the steering committee members during 2013. Some of the suggestions have significant resource implications that will have to be considered prior to implementation.

General Requirements

- Training for physicians regarding the AODA and related principles.
- Online training mechanisms for AODA content that could be used by staff, volunteers, students, and physicians.
- Extend staff orientation on service units, particularly to accommodation of sensory and cognitive disabilities.

Customer Service

- Redesign admitting and registration area for patient flow, privacy and accessibility.
- Redesign Parkway Nuclear reception desk to accommodate wheelchair.
- Develop a process to review any renovation or redevelopment with respect to accessible design standards and improvements.
- Offer (website and instruction) to have patients call ahead to patient representative if they anticipate issues with access to the building or service.
- Elevator cabs upgraded with Braille on controls and floor 'announcements'.
- Expand access to services via telemedicine (OTN)
- Third party customer service audits by people with 'lived experience' of disability. Such audits could inform annual plans in future.
- Develop and maintain a list of "subject matter disability experts". The individuals could offer recommendations on process design alternations and adaptations that are shaped by 'lived experiences'.

- Review the Senior Friendly toolkit and implement plans to reduce any outstanding gaps in RMH performance.

Information and Communication

- Patient Bill of Rights and other information available in pictorial format (an example has been developed by the aphasia institute)
- Adopt a Communication Picture Book (Lakeridge Health uses one) for nonverbal patients.
- Adopt an organizational standard for font, formatting, and language level that is easy to read and is compatible with automated reading software.
- Patient education materials made readily available in alternative accessible formats
- Develop a process to have information brochures/pamphlets reviewed for accessibility
- Add web content that specifically describes accessibility features at each entrance. The current site includes the photos of the main entrance and the Emergency entrance. It does not have information related to other entrances on Angeline Street or Kent Street or Jane Street (Dialysis).
- Add web content to explain locations of barrier free washrooms.
- Develop a reliable process to ensure that temporary service interruptions are posted clearly on the website.
- Format the Multi-Year and Annual Accessibility Plans into a format that can be read by a 'reader'.

Employment Standards

- Finalize the package policies for compliance January 1, 2014.
- Complete a communication plan related to the new employment policies
- Conduct communications on these policies for various target audiences.

Transportation

The hospital currently meets its obligation, which is to ensure that suitable transportation is accessible to the patient. Because the hospital is not the service provider for accessible transportation, there are currently no other requirements.

Built Environment

- Redesign front entrance of hospital – Investigation and initial costing (approximately \$150,000 - \$200,000) has taken place for a “revolving door” front entrance. As funding is secured, the hospital will proceed with the required alterations.
- Increase the number of wheelchair accessible public washrooms – public washrooms will be enhanced to ensure full accessibility:

- One in Community Counseling Services to be converted when funding becomes available
- Investigate conversion of bathroom Room 2341 opposite the Blue Elevator on the 2nd Floor to accessible standards (if physical space allows turning radius)
- Inventory and assess current patient washrooms (old construction) that do not accommodate patients in wheelchairs or have other limitations (light switch, seat height, transfer bars, coat hooks).
- Parking space designations – most spaces are compliant to the van sizing but it is not clear on the signage.
- Yellow contrast paint on the interior stair treads and edges.

6.4 Sub Committees and the Multi-Year Plan

The regulatory standards for the Accessibility Plan provide a conceptual structure for future planning. The Accessibility Committee initially discussed a planning model that divided into workgroups of 3-4 people for each of the following topics:

- Human Resources and Training
- Information and Communication
- Customer Service
- Buildings and Grounds

The City of Kawartha Lakes (Municipality) uses a working group model for its accessibility planning and it is reported to be working well. The hospital Accessibility Planning committee determined that the communications and information category represented the most workload for the hospital and would benefit from a concentrated work plan with stakeholder input. Discussion also led to the conclusion that the customer service standards were so closely related to information and communication that the two topics could be combined. Therefore, it was recommended that one subcommittee be struck to set a work plan and oversee implementation of improvements in the information, communication and customer service standards. The subcommittee would report back to the Accessibility Committee at a quarterly meeting. It was recommended that no other subcommittees be established at this time. The regulatory standards for human resources and for buildings and grounds would be discussed directly at the larger Accessibility Planning Committee.

7.0 Annual Plan

7.1 Recent Barrier Removal Initiatives

During the past year, there have been a number of initiatives to remove and prevent barriers for people with disabilities, including:

- **Installation of accessibility hardware to entrance of washroom in Main Corridor** - The hospital's architects warned that automatic door hardware would compromise privacy if installed in public washrooms in the main corridor. Occupancy light was added to ensure privacy.
- **Continuing improvements to paths of travel** – The hospital focused on addressing external environmental barriers that impeded the ability of patients, visitors, staff and the public to readily and safely access the hospital. A list of the initiatives is included in Appendix 1.
- **Implementation of further Senior-Friendly measures** – The hospital introduced a number of additional measures to further meet the accessibility, customer service and care needs of elderly patients and their families, including recruitment of key personnel to coordinate and manage services to seniors, implementation of new programs to prevent hospital induced de-conditioning and purchasing of equipment to assist staff in caring for the elderly and persons with disabilities. A list of initiatives is included in Appendix 2
 - Hospital Elder Life Program (HELP) was introduced to allow volunteers to assist disabled seniors with meal time and mobility and sensory aides.
 - Patient and families falls prevention classes.
 - Stroke patient and family education in collaboration with Peterborough Regional Health Centre via the Ontario Telemedicine Network (OTN).
 - 'Staxi' wheeled chairs were purchased to assist those who find the corridors too long to walk comfortably.
- **Outreach Services for Cardiac Rehabilitation** – Participants from the northern areas such as Haliburton had difficulty accessing services for cardiac rehabilitation so the team created an outreach service to support exercise in Haliburton with staff providing supervision and coaching via OTN.
- **Accessibility Standard for Employment** – The preparation and documentation of employee emergency response plans was completed ahead of the compliance deadline January 2014.

8.0 Barriers That Will Be Addressed in 2013 and 2014

The following are the barriers identified that require priority review and or action by Ross Memorial Hospital in 2013 and 2014.

General

- The Accessibility Planning Committee to meet 3 times per year.
- Establish one subcommittee to address new compliance standards that are due in 2014 and 2015 related to Information, Communication and Customer Service.

Employment Standards

- Approving the full suite of policies related to the Employment Standards.
- Implementing a communication plan related to the new policies.
- Evaluating and revising (as needed) orientation for new staff related to accessibility awareness and training.
- Investigate and options for online training for AODA customer service.

Built Environment

- Accessible Parking signage for 'van' spaces to be clarified/ posted.
- Improve accessibility of one public washroom.
- Yellow edging applied to one or more stairwells.
- At least one transaction window/counter installation in a renovated area

Customer Service

- Develop a list of people who could assist the Accessibility Planning Committee with customer service audits and input into process changes.
- Conduct an audit of a customer service setting and address improvement opportunities.

Information and Communication

- Create a 'Monday Report' series of key awareness topics.
- Research expert resources related to creating accessible documents.
- Recommend adoption of organizational guidelines for creating accessible documents.

9.0 Review and Monitoring Process

The RMH Accessibility Planning Committee will monitor progress of the Accessibility Plan covering the period from October 2013 to September 2014. In the last quarter of this period, the Committee will work to develop the following year Plan. The Accessibility Planning Committee is responsible for monitoring and following up on recommendations identified in the Plan.

The Committee may sponsor subcommittees to work on detailed assessments, proposals for implementation, monitoring and audits. Sub committees report plans, activities and outcomes to the Accessibility Planning Committee.

The Accessibility Planning Committee will also review relevant complaints/concerns related to accessibility. These would be brought to the attention of the Committee via the hospital patient relations process. The Committee would then be able to make recommendations for future plans and action where appropriate.

10.0 Communication of Accessibility Plan

The annual accessibility plan will be made public in November 2013. The RMH Accessibility Plan will be posted on the hospital website and hard copies will be available from the Administration Office. On request, the Plan can be made available on alternate formats.

Appendix 1: 2012/2013 Completed External repairs to enhance accessibility

| LOCATION | COMMENTS |
|---------------------------|--|
| Main Entrance | Beveling uneven walkway |
| Main entrance CCP1 | Beveling of uneven joint in pavement |
| walkway Employee Entrance | Curved seam gap filled and raised edge beveled |
| Employee walkway | Curved area filled and raised edge beveled |
| Physician walkway | Seam filled and multiple raised joints beveled |
| | Broken concrete sections cut out and repaired, raised joints beveled |
| North/ West gate walkway | Seam beveled |

Appendix 2: Seniors Friendly Initiatives in 2012/13

Human Resource:

- Clinical Manager for Senior Services: A new position was introduced whose role is to advocate for excellent seniors care across the organization, coordinate and manage senior programs and collaborate with all stakeholders within the hospital and in the community related to seniors care. The Clinical Manager also provides geriatric consultation for patients admitted throughout the hospital.

Programs:

- Recreation program on Geri Unit and additional supports to recreation in the acute areas. Addition of evening program in the Geri Unit
- Review and update of least restraint program
- Review and update of falls prevention tool and program
- Community referrals for Assess and Restore program
- Assess & Restore: enhanced services with additional therapy support.
- Direct community referrals for Assess & Restore program; collaboration with community partners and CCAC
- Enhanced Geri Acute supports: risk screening for all patients over the age of 75 for the prevention of delirium and de-conditioning in acute areas of the hospital.

- Senior services steering committee: committee that focuses on facilitating senior friendly care across the organization, promotion of best practice and enhancement of communication.