

# GAYLORD'S 2019 ACCESSIBILITY PLAN



IDENTIFIED BARRIER	PLAN OF ACTION
<p><b>ARCHITECTURE</b></p> <p>Walkway hazards at Jackson</p> <p>Staff and patient safety related to patient movement in Hooker and Lyman</p>	<p>Gap between sidewalk and curb filled with gravel.</p> <p>Purchased patient room lift as part of Looker Project.</p>
<p><b>ENVIRONMENT</b></p> <p>Need to expand and enhance cultural sensitivity, cultural diversity resources and education</p>	<p>Common Decency Training in March 2019 with LGB Training added.</p>
<p><b>ATTITUDE</b></p> <p>Customer service</p>	<p>AIDET implemented and incorporated into New Employee Orientation. Training for each department was completed by Patient Experience Manager. A new hire in Patient Experience with Social Work background and increased hours to a 40 hour position.</p>
<p><b>EMPLOYMENT</b></p> <p>Lack of formal Nursing Leadership</p> <p>Lack of formalized higher level leadership training</p>	<p>Nursing Leadership structure has been formalized.</p> <p>Created 2019 budget and training program approved. Started Jan 2019 and 4 small group trainings and 2 management trainings completed. Six for the calendar year in total.</p>
<p><b>TECHNOLOGY</b></p> <p>Expansion of Telemetry Monitoring</p> <p>Need to continue with medication administration safety/expansion of Bedside medication verification</p> <p>Multiple problems with outpatient transportation by State Funded Agency</p>	<p>Added capacity for 10 telemetry monitoring beds on L1. Completed in Jan 2019 with combined monitoring system for all units into one room for efficiency and safety.</p> <p>Implemented Bedside Medication Verification for Hooker and Lyman units (Rehab and Medical Units)</p> <p>Improved access to state funded transportation agency by meeting with agency to discuss issues and grievances. Subjective improvements in number of complaints to date. Number of complaints have decreased. No issues in several months.</p>