



Cornwall Community Hospital
Hôpital communautaire de Cornwall

Annual Accessibility Plan

September 2018 - August 2019

“A Barrier-Free Environment... Everyone’s Right! Everyone’s Responsibility!”

This publication is available on the hospital’s website

www.cornwallhospital.ca

and in alternative formats upon request.

Cette publication est disponible en français sous le titre

« Plan annuel d’accessibilité »

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People with disabilities represent a significant and growing part of our population. About 1.85 million people in Ontario have a disability. That's one in seven. Over the next 20 years as the population ages, the number will rise to one in five Ontarians.

In recognition of the increasing number of persons with disabilities and the aging population, the Province of Ontario enacted the *Ontarians with Disabilities Act, (ODA)*, in September 2002. The purpose of this Act is 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”.

The *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* provides the standards to achieve accessibility for Ontarians with a complete implementation goal date of 2025. The AODA Standards are: Customer Service implemented January 1, 2010, Integrated Standards consisting of Transportation, Information and Communications, and Employment with implementation phased in between July 2011 and 2017, and Built Environment as of January 1st, 2016.

Disability is:

- Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;
- A condition of mental impairment or a developmental disability;
- A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- A mental disorder; or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

A “Barrier” is:

- anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

COMMITMENT AND IMPLEMENTATION APPROACH

As mandated by the *Ontarians with Disabilities Act* (ODA), the Hospital will write, approve, endorse, submit, publish and communicate their Accessibility Plan by September 30 of every year, in consultation with people with disabilities and others. These annual plans allow our organization to integrate accessibility planning into other planning cycles.

The *Accessibility for Ontarians with Disabilities Act 2005* (AODA) reporting process and procedure for the Customer Service standard was completed on March 26, 2010. Both the ODA and the AODA processes and procedures are documented in this report for coherency.

This Accessibility Plan, developed by the hospital committee, identifies the measures to be taken (and those already completed) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Hospital. This includes patients and their family members, staff, health care practitioners, volunteers and members of the community. The Plan also identifies the implementation process for the various Standards of the AODA.

The Hospital through the endorsement of Strategic Directions, Annual Corporate Operating Plan and the Mission, Vision and Values statements reflect the organization’s commitment to the community and also to the philosophy of the ODA and the AODA.

2016 – 2021 Strategic Directions

- Partnering for Patient Safety and Quality Outcomes
- Patient Inspired Care
- Our Team Our Strength
- Operational Excellence through Innovation

2018 – 19 Annual Operating Plan Goals

Partnering for Patient Safety and Quality Outcomes

We will partner with experts and our peers to:

- 1) Ensure that we are responsive to the health care needs of our community
 - Work with partners on the regional Inpatient Mental Health and Addiction Program, including a Human Resources Planning Strategy
 - Continue our efforts across the organization to improve performance matrixes in the Emergency Department.
 - Work with Community Partners to:
 - a) Develop a model for a Youth Wellness Hub;
 - b) Submit a request for approval and funding (MOHLTC and MCYS);
 - c) Implement (if approved).
 - Develop and implement a model for delivery of Stroke Rehabilitation
- 2) Implement a model of collaborative care focusing on transitions in care and safe discharge

- Work to enhance a tangible and comprehensive discharge process for patients.
- 3) Improve Quality of Care and Patient Safety by facilitating timely access to accurate, up-to-date and complete information about patients at the point of care
 - Continue initiatives to optimize the Cerner system.
 - 4) Foster a climate of cultural competency
 - Continue our educational efforts on cultural sensitivity and health equality

Patient Inspired Care

We will ensure the delivery of patient inspired care by:

- 1) Engaging patients and families in a meaningful way in service design and delivery
 - Spread our learnings and initiatives from the Embrace project to the hospital environment

Our Team Our Strength

We will continue to develop and promote our team by:

- 1) Enhancing collaborative relationships within the multidisciplinary team
 - Implement the recommendations received through the (external) Hospitalist review in an effort to ensure sustainability of this critical program.
- 2) Demonstrating accountability through the adoption and alignment of policy across the organization.
 - Continue our efforts to reduce the incidences of workplace violence and ensure the safety of staff.

Operational Excellence through Innovation

We will reinforce our commitment to solid operational and financial performance by:

- 1) Preparing a pre-capital submission to the Champlain LHIN and Ministry of Health and Long-Term Care with an aim to address required building and infrastructure upgrades and improvements.

Values statements - iCare

Integrity: *Embracing organizational values in all that we do.*

Compassion: *Providing patient care with empathy and caring.*

Accountability: *Taking responsibility and ownership for all that we do.*

Respect: *Respecting each other and those we care for.*

Engagement: *Dedicated to working together and sharing to create trust and a healthy, healing environment.*

The Accessibility Plan will focus on these main areas reflecting the Strategic Directions, Corporate Operating Plan and incorporating the Mission, Vision and Values of the Hospital:

- Accessibility training (including AODA Standards) for all levels of Hospital staff, volunteers, contractors and others who provide service to persons with disabilities. This will ensure the foundation of a culture of excellence that supports barrier-free access to health care and services.
- The continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, physicians, volunteers and members of the community with disabilities. This will create a safe environment for all.
- The participation of persons with disabilities in the development and review of its Plans.
- The provision of quality services to all patients, their family members, and members of the community with disabilities. Providing a feedback process ([click here](#)) which is available in accessible formats and includes reporting to the Accessibility Committee will allow positive reinforcement of quality service.

DESCRIPTION OF CORNWALL COMMUNITY HOSPITAL CORPORATION

Cornwall Hospital provides a full range of acute inpatient, outpatient and community mental health services to their catchment area of 100 000 people from the communities of Cornwall, the United Counties of Stormont, Dundas and Glengarry and to the Mohawk Community of Akwesasne.

With 140 beds, more than 1000 employees and 110 physicians, Cornwall Hospital offers a wide range of care and services. These include but are not limited to emergency, surgical, medicine and rehabilitation services, mental health and addiction programs as well as a family birthing centre.

Cornwall Community Hospital was incorporated in 2004 with the amalgamation of the Cornwall General Hospital and the acute care services of the Hotel Dieu Hospital, both with over 100 years of health care service to Cornwall and surrounding area. With the completion of a major redevelopment project in 2014, and the construction of the Community Addiction and Mental Health Centre in 2016, the hospital consolidated all acute care and community based services on their McConnell Avenue site. With all services on one campus, the hospital is well positioned to serve the community for many years to come.

The hospital provides the following medical specialties:

Anaesthesia	Dentistry	Emergency Medicine	General Surgery
Gynaecology	Internal Medicine	Neurology	Obstetrics
Ophthalmology	Orthopaedics	Otolaryngology	Paediatrics
Psychiatry	Rehabilitation	Urology	

In addition, the Hospital provides the following services:

Ambulatory Care Clinics	Assault and Sexual Abuse Program (ASAP)	Cardio-Respiratory Therapy Chemotherapy
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Critical Care
CT and MRI Scanning
Diabetes Education
Dialysis
Electroencephalogram (EEG)
Emergency
Geriatric Services

Laboratory
Medicine/Surgery
Mental Health
Nuclear Medicine
Ontario Breast Screening
Program (Mammography)

Outpatient Respiratory Care
Clinic
Radiology
Ultrasound
Women and Children's Health
Services

Cornwall Community Hospital also assumes responsibility for the following community addiction and mental health services:

Addiction Services
Adult Mental Health Services
Assertive Community Treatment Team (ACTT)
Child and Youth Mental Health Services

Geriatric Mental Health Services
Mobile Mental Health Crisis Team
Withdrawal Management Services

THE ACCESSIBILITY COMMITTEE

The Cornwall Community Hospital Board of Directors formally constituted the Accessibility Committee in February 2004. The Committee reviews the current Accessibility Plan on an annual basis and includes all CCH work sites. The plan is submitted to the Senior Administration Team, the Quality and Performance Monitoring Committee and the Board of Directors for approval. The membership consists of at least five (5) core staff members. Past committee members, the community at large and other interest groups will be invited to participate and share their expertise as resource persons. Alan Greig, Vice-President, Support Services, is appointed as Chair of the Committee. The committee members come from various disciplines within the Hospital including persons involved in renovation and construction projects.

Members of the Accessibility Committee

Committee member	Sector/Service
Alan Greig	Vice-President, Support Services
Shirley Belmore	Community member
Kathy Bisson	Logistics and Equipment Planning
Michelle Kelly	Patient Registration
Jolene Soares	Corporate and Public Communications
Donna Bates	Facilities Services
JoAnn Tessier	Director, Chronic Disease Management
Jocelyn Lauzon	Human Resources
Melissa Dore/Designate	Rehabilitation Services/Occupational Therapy
Vacant	

OBJECTIVES

The Accessibility Committee will:

- In conjunction with community, staff and other stakeholders assess the organization to identify, remove, and prevent barriers for all people with disabilities.
- Enhance staff awareness of accessibility issues through creation of regular ongoing learning opportunities. The Accessibility Customer Service training is completed by all staff, volunteers, contractors and others who provide service to persons with disabilities.
- Provide on-going opportunities to ensure ODA and AODA principles are a part of the culture of the Hospital.
- Have a strong link with the Senior Friendly, Health and Safety, Patient Safety etc. Committees to ensure compliance with the AODA and consistency throughout the facility.
- Update the current plan and continue with assessments of all sites where Cornwall Community Hospital staff work; utilizing various methods including audits (Patient Safety, Senior Friendly, Health and Safety etc.), regular Accessibility Plan review and customer/patient feedback process.

- Make this Accessibility Plan available and accessible to the public and encourage the slogan:

“A Barrier-Free Environment... Everyone’s Right! Everyone’s Responsibility!”

REVIEW PROCESS

The Accessibility Committee will meet three (3) or four (4) times per year or at the request of the Chair to review progress and to adjust the plan as required. Community resource persons will be invited to participate and share their expertise. The Senior Team and the Board of Directors will be updated on an as needed basis.

COMMUNICATION

The Cornwall Community Hospital’s Accessibility Plan will be made available in both official languages on the hospital website and hard copies will be available from Human Resources and Administration after approval from the Board at its September meeting. On request, the Plan can be made available in alternative formats, such as computer disk in electronic text or in large print. The plan will also be included on the hospital intranet and internet sites.

BARRIER-REMOVAL INITIATIVES

As barriers are identified, they will be prioritized into a multi-year planning framework. This is an on-going continual process.

The AODA Accessibility Standard for Customer Service is now at the implementation stage. Policies and procedures are approved and staff training is ongoing. Accessibility including the AODA’s Customer Service Standard, Patient Experience Training and Senior Friendly is part of the orientation process. The AODA’s Customer Service Standard and the Patient Experience Training for staff volunteers and physicians and is

required every two years. The Integrated Standards of the AODA are being reviewed and phased into Hospital processes and procedures.

Built environment improvements to facilities will continue to be made where technically feasible and fiscally practical. All new capital construction and renovation projects will reflect the Hospital’s commitment to the removal of current barriers and the prevention of future barriers. The prioritization of barriers is based upon:

- The impact to patient or staff safety.
- The compliance with building codes or regulations.
- The impact and relevance to our populations.
- The feasibility of addressing the barrier.
- The scope and effect of the removal.
- Whether there are other plans in place to address the barrier in the future or through other means.

Barrier reduction will be addressed through one of two means:

- During the routine course of hospital business at either no cost or low cost activity; or
- Via other existing hospital fiscal plans such as capital planning, major maintenance, redevelopment or renovation.

BARRIER IDENTIFICATION METHODOLOGIES

Methodology	Description	Status
Audit of specific site areas.	An Accessibility Committee member and/ or a resource community representative will assess and identify areas for improvement. Other committee audits can include but are not limited to: Patient Safety, Health and Safety etc. with recommendations regarding accessibility	The recommendations are incorporated into the Accessibility Plan.

Methodology	Description	Status
	issues as required.	
Correspondence and/or communication from patients or their families, and Hospital staff. Feedback can be written and/or oral.	Letters and/or communication received, reporting a barrier to a person with a disability, are directed to the coordinator and assessed by the committee. The process and outcome are communicated to all stakeholders.	Recommendations are incorporated into the Plan and acted upon.
Committee assessment of the AODA standards	Committee to assess requirements and make implementation recommendations, report compliance and monitor ongoing compliance with each standard.	Customer Service Standard of the AODA now incorporated into the Accessibility Plan. Integrated Accessibility Standards Regulation (IASR) is being phased in between 2011 and 2025. The Building Standard will be incorporated for all new construction after January 1 st , 2016.
Senior Friendly Initiative	Ensure compliance with the AODA and consistency throughout the facility.	A representative of the Senior Friendly Hospital Initiative sits on the Accessibility Committee

A List of projects and/or barriers to be addressed may be accessed in the Appendix A – Action Plan. A List of projects and/or barriers that have been addressed (completed or on-going) may be accessed in the Appendix B.

APPENDICES:	Appendix A – Summary of Barriers to be addressed Appendix B - Summary of Barriers Identified and Addressed
REFERENCE DOCUMENTS:	Ontarians with Disabilities Act 2002

	<p>Accessibility for Ontarians with Disabilities Act 2005 CCH Policy No. CR 05-030 – Vision Statement CCH Policy No. CR 05-025 – Values Statement CCH Policy No. CR 05-1-010 – Mission Statement CCH Policy No. CR 05-020 - Strategic Direction CCH Policy No. HR 30-090 - Workplace Accommodation for Persons with Disabilities CCH Corporate Operating Plan 2018-19</p>
APPROVAL PROCESS:	<p>Accessibility Committee – 2018-04-30 Senior Administration Team – 2018-05-09 Quality and Performance Monitoring Committee – 2018-06-13 Board of Directors – 2018-09-20</p>
APPROVAL SIGNATURE:	<p>Jeanette Despatie Chief Executive Officer</p>

Annual Accessibility Plan

September 2018 - August 2019

Appendix A

A List of projects and/or Barriers to be addressed

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
2005	<i>Accessibility for Ontarians with Disabilities Act (2005)</i> (AODA) to be incorporated into the Hospital Accessibility Plan	2025	On-going monitoring of the 5 Standards to be implemented as per information and timelines.	<ul style="list-style-type: none"> • Updated Plan submitted yearly. • Action plan modified to reflect multiyear format. • All satellite sites to be audited to ensure compliance and full accessibility. 	ODA and AODA, Access ON 'Proposed Timelines for Compliance'
2002 - 2005	General Requirements <i>Ontarians with Disabilities Act and Accessibility for Ontarians with Disabilities Act</i> (ODA and AODA)	2025	As equipment requires replacement it will be replaced with barrier free models/systems.	<ul style="list-style-type: none"> • Self-service Kiosks are accessible including staff computer access, banking, parking machines, and vending machines. • One of three parking machines has been replaced with an accessible model. 	
2002 - 2005	Accessibility Policies	Various Timelines	<ul style="list-style-type: none"> • Policies in place and reviewed as required (corporate procedure every 3 years). • Other policies being reviewed for Integrated Accessibility Standards Regulation (IASR), compliance (Jan 1/14). 	<ul style="list-style-type: none"> • Customer Service policies complete (2010). • All Policies including those supporting employees with disabilities are available on-line and updates/changes are published. 	
	Accessibility Compliance Reporting	Dec. 31, 2017	Online reporting for public sector organizations AODA.	Completed and in compliance for December 2017. Next report due Dec. 31 st , 2019	
2005	Customer Service Standard	2010	<ul style="list-style-type: none"> • Implementation processes, in place. • On-going staff education including self-learning packages. 	<ul style="list-style-type: none"> • Compliance report completed March 2010. • Ongoing monitor and review of training component and policies. • Customer Service training part of Hospital Orientation including staff and volunteers. 	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
				<ul style="list-style-type: none"> • Training records part of personnel files (2005). This module also included with Workplace Dignity and Respect training for staff and physicians 2013/14. Customer Service Accessibility training updated May 2017. All employees to be retrained through a self-learning package. 	
2005	Staff lacks sufficient knowledge about disabilities and requires more education regarding Communication / Customer Service.	2013	<ul style="list-style-type: none"> • Ongoing: self-learning package being updated to include AODA standards. • Regular information articles planned for 'The Pulse' and staff learning areas. 	<ul style="list-style-type: none"> • The orientation program includes sensitivity awareness for disabilities and Customer Service processes and tips. • Senior Team and Board updated on accessibility progress. 	
2012	Customer Service, Information and Communication.	2013	<p>Language accessibility:</p> <ul style="list-style-type: none"> • Research translation processes. • Ensure online multi-language listing is current (updated quarterly). 	<ul style="list-style-type: none"> • Language Interpretation and Translation Services link available online for front line staff. • Our website will be fully accessible and compliant with the AODA customer service guidelines...including photo description and the ability of all text to be converted via software into speech, large print, symbols or simpler language via screen readers or magnifiers. The new design will also be responsive, and will resize for the device on which it is being viewed. 	
	Transportation Standard	2025	<ul style="list-style-type: none"> • Standard to be researched to 	<ul style="list-style-type: none"> • With Amalgamation of Addiction 	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
			ensure compliance.	Services of Eastern Ontario (ASEO) in April 2013 all satellite sites to be audited and plans created to ensure compliance.	
2005	Building Standard	2025	Complete AODA Standard to be implemented and enacted.	<ul style="list-style-type: none"> • All satellite sites to be audited and project plans created to ensure compliance and full accessibility. • St. Denis Centre audited. Building has accessibility and safety issues. Health and Safety issues addressed; clients requiring accessibility are referred to other appropriate facilities as per provincial guidelines. • Accessible parking incorporated to include long term lot and short term metered parking. • In October 2016, all satellite Addiction Services (excluding the St. Denis Centre) were consolidated at a new building at 850 McConnell Avenue which is fully accessible. 	
	Built Environment: JMP 1 – All patients’ bathrooms – soap/ paper dispensers too high; sliding doors are hard to close by wheelchair users (physical) – McConnell Site	2025	<ul style="list-style-type: none"> • Lower soap/ paper dispensers; Assess the sliding door issue for improvement 	<ul style="list-style-type: none"> • Accessible dispensers incorporated into the new additions and all redevelopment projects. 	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
	Built Environment: All Elevators – No system to identify floors for clients with a visual impairment (physical) – McConnell Site	2025	<ul style="list-style-type: none"> Install signal system to identify each floor i.e. bells. Install identification pad in Braille on the inner frame of the elevator door. 	<ul style="list-style-type: none"> Braille identification pads now installed. Two new public elevators have braille, voice annunciation and larger number displays. 	
	Built Environment: Accessibility in some leased spaces does not meet the current requirements of the Plan	2025	<ul style="list-style-type: none"> Recommendation that all new or future leased space be evaluated and conform to the hospital's accessibility requirements. 	<ul style="list-style-type: none"> Specific items are addressed with landlord(s) and corrected as feasible. Newly built Community Addiction and Mental Health Services building meets Accessibility Standards 	
	Built Environment: There is no accessible washroom on Level 6 South	2025	<ul style="list-style-type: none"> When this wing is renovated all washrooms will be updated to meet accessibility standards 	<ul style="list-style-type: none"> Future renovation 	



Cornwall Community Hospital
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Appendix B

A List of projects and/or barriers that have been addressed (completed or on-going)

SUMMARY OF BARRIERS IDENTIFIED AND ADDRESSED

Barrier	Strategy for its removal/prevention	Status
JMP 1 – Entrance doorway between CCH and JMP (at Morgue) is too heavy and closes too fast; the sill is high (architectural) – McConnell Site	The doors are in place due to ‘high risk’ clients. This is for patient safety reasons.	Complete. This issue will be reassessed as client needs change.
The automatic doors at the entrance are difficult to manage with a wheelchair.	Sensor activated doors were suggested which will allow all patients with any difficulties with strength and mobility safe access to the hospital. Planned for future capital project consideration	Complete with new addition open March 2013
Bariatric (obese) patients have difficulty accessing hospital services. Working committee established: strategies to be explored and brought forward for solutions.	Ongoing - Bariatric patient room set up: patient equipment available –chair, commode, shower chair, bed, and stretcher. New elevator planned with capital project to fit bariatric stretcher, with pumps, machines and 4 staff.	Complete with new addition open March 2013
Waiting room area – Radiology: the change rooms are small (one person only) with no sitting area or room for assistance	Area part of Project redevelopment. In the meantime, accommodation to include wheelchair clients to use ‘stretcher waiting room’: signage and staff training needed.	Complete with new addition open March 2013
Radiology – Change room/bathroom off ER corridor not wheelchair accessible (architectural) – McConnell Site	Area part of Project redevelopment. Common accessible bathroom/ change room available in nearby area.	Complete with new addition open March 2013
<i>Accessibility for Ontarians with Disabilities Act (AODA): Standard – Customer Service to be incorporated into the Hospital Accessibility Plan</i>	Research requirements for Customer Service Standard and implement compliance plan of action.	Implementation processes, in place, compliance report done March 2010, monitor and review training component ongoing.

Barrier	Strategy for its removal/prevention	Status
		Customer Service training part of Hospital Orientation. Complete and ongoing. Customer Service Training module updated May 2017. All employees to complete a self-learning package.
Committee input into McConnell construction plans		Complete. Two (2) of the Accessibility members who are actively involved in the planning and construction of the capital project, act as liaison with the committee.
Awareness		Complete and ongoing. This item to be included in the awareness publicity campaign for AODA and various standards. Posters and brochure developed for training and Health and Safety fair.
Identify accessibility related equipment to purchase as a result of 'Rick Hansen's Wheels in Motion' donation	Input sought from Clinical area.	Complete: 2 accessible tables purchased for use in cafeteria.
JMP 1 – To access garden area from front door residents have to cross roadway and travel through parking lot (architectural) – McConnell site	When reconstructing area ensure a more direct route.	Complete: front garden fully accessible, rear garden for ambulatory care accessibility
JMP 1 – Public bathroom #1233 not wheelchair accessible (architectural) – McConnell Site	Provide at least one accessible bathroom on each floor.	Complete.
Community Care – There are no wheelchair accessible bathrooms / change rooms (architectural) – McConnell Site	When planning reconstruction provide one such area.	Complete; Community Care office moved.

Barrier	Strategy for its removal/prevention	Status
Radiology – Reception window of X-Ray office too high (architectural) – McConnell Site	Remodel area to lower window height – will be remodelled in 2007 – currently staff accommodating clients.	Complete. Radiology office moved.
During Patient Safety walk-around in patient registration area of both sites 2 concerns 1/ wheelchair access to desk 2/ suitability of chairs	<ol style="list-style-type: none"> 1. Area for wheelchair access indicated with signage. 2. Chairs replaced. 	Complete
Emergency entrance at McConnell site: garbage can is often placed in front of handicap button.	Suggest that a fixed garbage container be attached in appropriate place away from handicap button.	Complete
Towel and soap dispensers etc. are not at the same heights and places in any 2 washrooms	Standardize all such items as they are replaced throughout the organization.	Ongoing.
JMP 1 Elevator – Control button too small; hard to push. Doors close too fast and inside control buttons are hard to push (physical) – McConnell Site	Install larger Up/Down buttons and slow speed of door closure.	Complete – meets code requirements.
JMP 2 – Light switch, and plug-ins not easily accessed (physical) – McConnell Site	Reposition switches.	Currently meets building code requirements.
Difficult to understand documentation – Hospital patient handouts (communication)	Make materials in simpler language, available use of pictograms or have someone available to interpret - New signage policy – Review patient forms policy.	Signage policy completed. This is an ongoing project as consolidation continues.
Some forms created have small font size, due to the amount of info. Difficult for even staff with a mild visual impairment	Develop recommended minimum font size and form based on recommendations. Review all.	Ongoing. Committee formed to review forms. Policy on standards to be reviewed and developed in 2006. Some forms have

Barrier	Strategy for its removal/prevention	Status
(informational)		already been changed. Accessibility Plan font changed to 14 on recommendation
Cafeteria tables not accessible to wheelchair users (physical) – Both sites	As part of table replacement program, buy one height adjustable table per site. The tables will have the physical disability emblem visible.	Complete
Automatic door openers may be difficult to locate for people with a visual impairment (physical)	Paint a contrast colour around the automatic door opener to accent their presence.	There have been no complaints regarding door openers
Toilet seat may be difficult to locate for people with a visual impairment (physical) - hospital-wide.	Toilet seats cannot be changed to black due to Infection Control measures	Closed
Set up email address for employees to report accessibility issues		Complete
Work order form to highlight accessibility.	Orders now made online, staff trained to identify accessibility related issues.	Complete
Radiology – CT Suite bathroom soap and towel dispensers too high (physical) – McConnell Avenue Site	Lower dispensers.	Completed
Cafeteria – Bathroom #1726 door too heavy to be opened by wheelchair user; toilet against wall makes transfers difficult; soap/towel dispenser too high (architectural) – McConnell Avenue Site	Install lighter or assisted door; lower dispensers.	Completed
Bathroom Level 2 near elevators – Faucet handles difficult to manage for a person with a physical disability (physical) – McConnell Avenue Site	Convert to lever handles.	Completed

Barrier	Strategy for its removal/prevention	Status
JMP 1 – Bathroom # 1304 – toilet is low for transfers and soap/paper dispensers too high (physical) – McConnell Avenue Site	Raise toilet and lower dispensers.	Completed
JMP 1 – Shower Room #1411 soap/paper dispensers too high (physical) – McConnell Avenue Site	Lower dispensers.	Completed
JMP 1 – Front door – automatic door opener is too high, residents have to request assistance to exit (architectural) – McConnell Site	Lower automatic door opener.	Completed
Occupational Therapy – Assessment room lighting poor (physical) – McConnell Avenue Site	Improve lighting.	Completed
Beauty Salon – Doorway too narrow for passage of wheelchair; a portable dryer to fit over wheelchair is needed (architectural) – McConnell Site	Refit door from frame with wider door.	Redesigned to office space, accessibility completed.
Cafeteria doors heavy and hard to open from wheelchair or walker	Install automatic door openers.	Completed
No barrier free public washrooms centrally located on Level 1.	Choose the most centrally located washroom and install automatic door openers.	Complete Automatic door openers installed on the male and female public washrooms near the Tower elevators.
JMP patient washroom doors heavy and hard to operate.	Replace the sliding door track and make the handle more user-friendly.	Complete and ongoing. New nylon wheels for the track were installed and tested positively. Wheels have been ordered and will be installed on all doors. New handles are being sourced and will be installed on

Barrier	Strategy for its removal/prevention	Status
		all doors.
Feedback process not adequate or available for all staff, patients or family. Publish and advertise process, research other methods of reaching the public	Ongoing: pamphlet/brochure being created to include accessibility information and feedback form.	<ul style="list-style-type: none"> • Hospital website includes a "Contact Us" page with a patient complaint process posted. • The internal phone directory includes Accessibility coordinator contact number. • 2018 Patient Handbook includes accessibility coordinator contact number. Complete
Integrated Accessibility Standards Regulation (IASR)	Employment, Information and Communication, and Transportation (IASR) to be incorporated into the Hospital Accessibility Plan.	Policies reviewed to update and reflect AODA requirements. Complete and ongoing as policies change
Information and Communication Standard	<ul style="list-style-type: none"> • Implementation processes in place. • Discuss with Information Technology to ensure website accessible. • Ensure that the website and other materials published include a reference to alternative formats; e.g. Large print, disc, etc. • Research other methods of reaching public regarding feedback processes. 	Emergency information available in Patient Handbook, Accessibility information brochure available. Complete
Employment Standard	<ul style="list-style-type: none"> • Implementation processes in place. • Policies reviewed. • Individualized emergency response information process available as requested. 	Feedback process in place via web site and Patient Handbook. Complete
Built Environment: Chapel – Main doors too heavy and close too quickly (physical) – McConnell Site	Built Environment: Chapel – Main doors too heavy and close too quickly (physical) – McConnell Site	New Chapel is now open and fully accessible with an automatic door. Complete

Barrier	Strategy for its removal/prevention	Status
<p>Built Environment: Cafeteria – Tray counter narrow with downward slope and very little space to pass hot food to seated customer (physical) – McConnell Site</p>	<p>Area part of Project redevelopment. Temporary new Servery installed a larger counter with an edge and rollers</p>	<p>New Cafeteria is now open with automatic doors and accessible tables. Due to design, at this time, there is no space to add rollers for trays. Additional training for Cafeteria staff has been suggested to ensure the needs of those with mobility issues are being met. Accessible furniture is in place. Complete.</p>
<p>New equipment purchases must meet accessibility standards</p>	<p>The hospital has invested in the purchase of a body plethysmography box (aka body box) designed for wheelchair and ambulatory access. The box is the largest of its kind on the market. Pulmonary function testing is performed in the box or “out of the box” to accommodate the needs of all patients.</p>	<p>Complete</p>