



Cornwall Community Hospital
Hôpital communautaire de Cornwall

Annual Accessibility Plan

September 2016 - August 2017

“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 which is still in draft form.

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.

Strategic Directions:

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

2016-2017 Operational Plan Goals:

- To promote The Senior Friendly Hospital Initiative by enhancing communications between acute care services and the Community Programs (Geriatric Mental Health Services) by participation in huddles, discharge planning, case conferences.
- To build capacity of in-hospital staff on the topics of behavioral management in seniors through the support of the Mental Health Geriatric Services.
- Enhance a senior friendly culture by continuing to offer Gentle Persuasive Approach (GPA) training and refreshers for the staff on the medical unit.
- Comply with functional decline indicators defined by Ontario Senior Friendly Strategy.
- Provide leadership and support in the development of a community-wide situation table that provides timely response from multiple agencies for addiction and mental health clients who are experiencing elevated risk.
- Ensure that the target patient population is being served in the Chemotherapy program.
- Actively recruit a respirologist and cardiologist.
- Recruit a full complement of psychiatrists.
- Provide direction and support to clinicians as we collectively consider our obligations and governing frameworks on Physician Assisted Dying (PAD).
- Continue to increase the awareness of and promote the use of our ethics framework across the hospital.
- Develop a multi-agency collaborative care plan for complex addiction, mental health and dual diagnosis patients that will inform emergency department, inpatient and community-based treatment planning and delivery for the organizations involved.
- Introduce the electronic health record.
- Integrate access to provincial patient data through the Connecting Northern and Eastern Ontario (cNEO) initiative.
- Increase the number of patients served by the Health Link model to meet or exceed LHIN targets.
- Develop a multi-sectoral Child and Youth Mental Health Plan for the area.
- Establish a French Language Services Committee to inform service planning for children and youth mental health services for our French speaking population.
- Work with the French Language Health Services Network of Eastern Ontario (le Réseau) to update the designation plan to include additional services.
- Introduce a Patient Experience Advisor Program.

- Establish and initiate a procedure to report on patient experience results to Quality and Performance Monitoring Committee, Patient Experience Advisors and the Board of Directors.
- Establish a Family Advisory Committee for Mental Health.
- Utilize the Patient Experience Advisors in the development of the Quality Improvement Plan and on continuous improvement projects and initiatives.
- Develop a revised comprehensive performance evaluation program.
- Develop a strategy to improve adoption and compliance with policy.
- Reintroduce the Learning Management System across the hospital.
- Develop a process to capture patient emails to optimize communication with patients.
- Introduce best practices in delivery of chemotherapy services that align with the provincial Quality-Based Procedures Clinical Handbook for Systemic Therapy.
- Work with our Energy Consultants (Posterity Group) on maximizing our efficiency in the use of energy.
- Introduce Green Initiatives across the organization in an effort to reduce waste and consumption.
- Complete the Community Addiction and Mental Health capital project on time and on budget.

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:

- The continual education to all stakeholders 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 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 Community Hospital is an acute care facility in the City of Cornwall, Ontario serving the Counties of Stormont, Dundas, and Glengarry and the First Nations community of Akwesasne. Cornwall Community Hospital came into existence as a result of the transfer of the acute care operations of the Hotel Dieu Hospital and the amalgamation of Cornwall General Hospital on January 1, 2004.

Cornwall Community Hospital currently has 138 beds located at 840 McConnell Avenue.

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	Dialysis	Nuclear Medicine
Assault and Sexual Abuse Program (ASAP)	Electroencephalogram (EEG)	Ontario Breast Screening Program (Mammography)
Cardio-Respiratory Therapy	Emergency	Outpatient Respiratory Care Clinic
Chemotherapy	Geriatric Services	Radiology

CT and MRI Scanning
Critical Care
Diabetes Education

Laboratory
Medicine/Surgery
Mental Health/Neurology

Sleep Clinic
Ultrasound
Women and Children's Health
Services

Cornwall Community Hospital also assumes responsibility for the following community programs:

Addiction and Withdrawal Management Services
Adult Mental Health Services
Assertive Community Treatment Team (ACTT)
Child and Youth Mental Health 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
Shelley McLeod	Patient Registration

Committee member	Sector/Service
Jolene Soares	Corporate and Public Communications
Donna Bates	Facilities Services
JoAnn Tessier	Director, Medicine Services
Jocelyn Lauzon	Human Resources
Melissa Russell/Designate	Rehabilitation Services/Occupational Therapy

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 a regular 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 Customer Service is now at the implementation stage. Policies and procedures are approved and the current staff training is complete. The Customer Service module is part of the orientation process. Accessibility and Senior Friendly learning modules are included in the Workplace Dignity and Respect training for staff and physicians. The Integrated Standards 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 working group 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 issues.	The recommendations are incorporated into the Accessibility Plan.
Correspondence and/or communication from patients or their	Letters and/or communication received reporting a barrier to a person with a disability are directed to the coordinator	Recommendations are incorporated into the Plan and acted upon.

Methodology	Description	Status
families, and Hospital staff. Feedback can be written and/or oral.	and assessed by the committee. The process and outcome are communicated to all stakeholders.	
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 as it is enacted.
Senior Friendly Committee (SFC)	Ensure compliance with the AODA and consistency throughout the facility.	Members of the SFC are active members of 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 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 2016-2017

APPROVAL PROCESS:	Accessibility Committee – 2016-05-09 Senior Administration Team – 2016-05-18 Quality and Performance Monitoring Committee – 2016-06-08 Board of Directors – 2016-09-08
APPROVAL SIGNATURE:	Jeanette Despatie Chief Executive Officer

Annual Accessibility Plan

September 2016 - August 2017

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</i> and <i>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, and parking machines, and vending machines. 	
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. 	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
2013	Facility Audits	2013	<ul style="list-style-type: none"> Audits completed to align with the Hospital 'Senior Friendly' strategy. Members of the City of Cornwall Accessibility Committee toured the new facilities (July 2013) and provided feedback and recommendations which were initiated, or incorporated into future capital projects. 	<ul style="list-style-type: none"> Audit conducted, recommendations to be incorporated into future capital projects. Geriatric Customer Service training incorporated into Accessibility training module included at orientation and in conjunction with Workplace Dignity and Respect training 	
	Accessibility Compliance Reporting	Dec 31, 2017	Online reporting for public sector organizations AODA.	Completed and in compliance for January 1, 2016.	
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. Training records part of personnel files (2005). This module also included with Workplace Dignity and 	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
				Respect training for staff and physicians 2013/14.	
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	Language accessibility: <ul style="list-style-type: none"> • Research translation processes. • Ensure online multi-language listing is current (updated quarterly). 	Language Interpretation and Translation Services link available online for front line staff.	
2005	Feedback process not adequate or available for all staff, patients or family. Publish and advertise process, research other methods of reaching the public	2013	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. • 2013 Patient Handbook includes accessibility coordinator contact number. 	AODA
2010	Integrated	2025	Employment, Information and	<ul style="list-style-type: none"> • Policies reviewed to update 	AODA

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
	Accessibility Standards Regulation (IASR)		Communication, and Transportation (IASR) to be incorporated into the Hospital Accessibility Plan.	and reflect AODA requirements.	
2005	Information and Communication Standard	January 1, 2014	<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; eg. Large print, disc, etc. • Research other methods of reaching public regarding feedback processes. 	<ul style="list-style-type: none"> • Emergency information available in Patient Handbook, Accessibility information brochure available. • Feedback process in place via web site and Patient Handbook. • Signage accessible throughout the main building. • Ongoing: regular articles in 'The Pulse' (in-house newsletter). • All public information available in other formats upon request. 	
2010	Employment Standard	January 1, 2014	<ul style="list-style-type: none"> • Implementation processes in place. • Policies reviewed. • Individualized emergency response information process available as 	<ul style="list-style-type: none"> • 'Workplace Accommodation' policy reviewed for June/13 –approved Nov 11/13. • Review process in place for other policies for 2014 timeline. 	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
			requested.		
	Transportation Standard	2025	<ul style="list-style-type: none"> Standard to be researched to ensure compliance. 	<ul style="list-style-type: none"> With Amalgamation of Addiction 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. Changes to be made where technically feasible and fiscally practical. Accessible parking incorporated to include long term lot and short term metered parking. 	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
				<ul style="list-style-type: none"> In October 2016, all satellite services of Addiction Services will consolidate at a new building at 850 McConnell Avenue which was designed to be fully accessible. 	
	<p>Built Environment: JMP 1 – All patients’ bathrooms – soap/ paper dispensers too high; sliding doors are hard to close by wheelchair users (physical) – McConnell Site</p>	2025	<ul style="list-style-type: none"> To be re-assessed as per client needs when redevelopment complete. Suggestion: Lower soap/ paper dispensers; defer door problem to redevelopment project. 	<ul style="list-style-type: none"> Accessible dispensers incorporated into the new additions and all redevelopment projects. 	
	<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>	2014	<ul style="list-style-type: none"> Area part of Project redevelopment. Temporary new servery installed a larger counter with an edge and rollers. 	<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.</p>	
	<p>Built Environment: All Elevators – No system to identify floors for</p>	2025	<ul style="list-style-type: none"> Install signal system to identify each floor i.e. bells. Install identification pad in 	<ul style="list-style-type: none"> Braille identification pads now installed. 	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
	clients with a visual impairment (physical) – McConnell Site		Braille on the inner frame of the elevator door.		
	Built Environment: Chapel – Main doors too heavy and close too quickly (physical) – McConnell Site	2014	<ul style="list-style-type: none"> Area part of Project redevelopment. Chapel moved temporarily. 	<ul style="list-style-type: none"> New Chapel is now open and fully accessible with an automatic door. 	
	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. 	



Cornwall Community Hospital
Hôpital communautaire de Cornwall

Annual Accessibility Plan

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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	Area part of Project redevelopment. Common accessible bathroom/	Complete with new addition open March 2013

Barrier	Strategy for its removal/prevention	Status
accessible (architectural) – McConnell Site	change room available in nearby area.	
<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. Customer Service training part of Hospital Orientation. Complete and ongoing.
Committee input into McConnell construction plans		Complete and Ongoing. 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 posters	Pricing and posting areas needed	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	When reconstructing area ensure a more direct route.	Complete: front garden fully accessible, rear garden for ambulatory care accessibility

Barrier	Strategy for its removal/prevention	Status
parking lot (architectural) – McConnell site		
JMP 1 – Public bathroom #1233 not wheelchair accessible (architectural) – McConnell Site	Provide 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.
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.	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	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
During the Patient Safety audit of the Mental Health Community Service at 132 Second Street the following issues/ barriers were	1. Client parking area – minimal handicapped parking spots available. 2. Parking lot is unsafe in areas –	Complete: Designated 1 front parking for Handi-transit now in place: parking lot rearranged for better access.

Barrier	Strategy for its removal/prevention	Status
highlighted :	very uneven surface.	
Limited wheelchair access at 132 Second Street location (Community Mental Health Services).	Automatic door opener to be installed at main door at suite #104.	New door/equipment has been ordered awaiting installation.
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 (communicational)	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 (informational)	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 already been changed. Accessibility Plan font

Barrier	Strategy for its removal/prevention	Status
		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.	Work ticket issued for Aug/06.
Toilet seat may be difficult to locate for people with a visual impairment (physical) - hospital-wide.	Toilet seats changed to black.	Complete and ongoing
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) –	Install lighter or assisted door; lower dispensers.	Completed

Barrier	Strategy for its removal/prevention	Status
McConnell Avenue Site		
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
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.

Barrier	Strategy for its removal/prevention	Status
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 all doors.