



Cornwall Community Hospital  
Hôpital communautaire de Cornwall

# Annual Accessibility Plan

September 2017 - August 2018

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

*This publication is available on the hospital’s website*

*[www.cornwallhospital.ca](http://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 1<sup>st</sup>, 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

## 2017 – 18 Annual Operating Plan Goals

### Partnering for Patient Safety and Quality Outcomes

- Ensure that capital equipment purchases (where appropriate) meet Senior Friendly criteria and align with the “Assessment for an Elder-Friendly Environment” (June 2013).
- Continue the focus on reducing the number of falls and implementing preventive measures to reduce injuries related to falls, e.g. strengthening and balance.
- Facilitate smoother transitions between inpatient services and community based programs (CCH Geriatric Mental Health Services, Complex Continuing Care [St. Joseph’s Villa] and CCAC) for seniors who are experiencing behavioural issues.
- Continue to build the capacity of in-hospital staff to better serve in-patients who are exhibiting behaviours related to dementia and other neuro-cognitive disorders.
- Expand internal communications to support “family friendly” policy to enhance progress of the Baby Friendly Initiative.
- Participate in regional sub-acute initiatives led by the Champlain LHIN.
- Collaborate with LHIN Orthopaedic Program to strengthen our service.
- Recruit a geriatrician to support the medical and psychological needs of seniors.
- Continue recruitment efforts for a full complement of psychiatrists.

- Work with St. Joseph's Continuing Care Centre on the transition of their complex continuing care program to align with community needs and position these gains to assist with patient flow strategies.
- Continue to promote the use of our ethics framework across the hospital by educating and building capacity with staff and physicians on top tier ethical dilemmas.
- Collaborate with St. Joseph's CCC on the sharing of non-clinical services to gain mutual efficiencies.
- Continue to build the chemotherapy program.
- Develop standards of care documents for all inpatient areas.
- Leverage technology to improve patient information at discharge.
- Incorporate Choosing Wisely into patient treatment plans.
- Implement an operational and governance structure to maintain and ensure continuous improvement of our Health Information Systems.
- As a lead agency, work in collaboration with our Health Link partners to ensure that a work plan is developed to meet LHIN targets.
- Co-lead the ED Clinical Pathway, with CHEO, for Winchester District Memorial Hospital.
- Implement CHEO's ED Clinical Pathway at CCH that will outline best practice and referral processes for children and youth who present in ED with mental health issues.
- Respond to the report produced by the Centre of Excellence on how to enhance youth engagement in service planning.
- By Q2 17/18, ensure that representatives from all levels of managers and staff participate in the Indigenous Cultural training.
- Work with our community partners (L'Équipe and Centre de L'Estrie) to enhance services to francophone transitional-aged youth.
- Ensure compliance with French language services Active Offer expectations.

## Patient Inspired Care

- Expand the Patient Experience Advisor program to 4 advisors and enhance participation through patient safety and quality improvement committees.
- Streamline and expand the patient experience survey process to encompass the outpatient population.
- Involve patients and families in the design of a straightforward customer service education package and roll out to staff by year end.
- Build a family inclusion model of care for addiction and mental health services through funds provided by Bell Canada.

## Our Team Our Strength

- Work with physicians across the organization to understand and improve the results on the work life culture survey.
- Implement the performance appraisal program developed in 16/17.
- Implement audits to monitor the compliance to policy.
- Complete and report on internal auditing.
- Expand our Continuous Improvement (CI) foundation using skilled CI/Cerner resources in partnership with Decision Support and Electronic Health Records informatics.
- Enhance the huddle initiative to support communication regarding our Health Information System (HIS).
- Increase internal/external showcasing of CCH services and associated staff/ physicians.
- Enhance and promote our employee recognition events to increase participation levels.
- Ensure FHIT success stories are published externally.

## Operational Excellence through Innovation

- Operationalize the Learning Management System across the hospital.

- Initiate the upgrade of RL Solutions to increase compliance and functionality of incident reporting, enabling patient care improvements.
- To establish quality improvement plans that conform to the Provincial Quality Management Partnership for Colonoscopy, Pathology and Mammography.
- Introduce Provincial Digital Quality-Based Procedures (QBP) Order Sets in partnership with OHA and the Ministry of Health.
- Execute the waste reduction plan to focus on the top 3 identified hospital solid wastes that are considered high volume with minimal effort to capture.

#### 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 the 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	Dialysis	Ontario Breast Screening
Assault and Sexual Abuse Program (ASAP)	Electroencephalogram (EEG)	Program (Mammography)
Cardio-Respiratory Therapy	Emergency	Outpatient Respiratory Care Clinic
Chemotherapy	Geriatric Services	Radiology
Critical Care	Laboratory	Ultrasound
CT and MRI Scanning	Medicine/Surgery	Women and Children's Health Services
Diabetes Education	Mental Health/Neurology	
	Nuclear Medicine	

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

Addiction Services	Geriatric Mental Health Services
Adult Mental Health Services	Mobile Mental Health Crisis Team
Assertive Community Treatment Team (ACTT)	Withdrawal Management Services
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
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
Kim Woods	Patient Relations Specialist

## 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	The recommendations are incorporated into the Accessibility

Methodology	Description	Status
	areas for improvement. Other committee audits can include but are not limited to: Patient Safety, Health and Safety etc. with recommendations regarding accessibility issues as required.	Plan.
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 <sup>st</sup> , 2016.
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 2017-18	
APPROVAL PROCESS:	Accessibility Committee – 2017-05-23 Senior Administration Team – 2017-06-07 Quality and Performance Monitoring Committee – 2017-06-14 Board of Directors – 2017-09-11	
APPROVAL SIGNATURE:		Jeanette Despatie Chief Executive Officer

# **Annual Accessibility Plan**

**September 2017 - August 2018**

## **Appendix A**

*A List of projects and/or Barriers to be addressed*



<b>Date Initiated</b>	<b>Item</b>	<b>Timeline</b>	<b>Action</b>	<b>Indicators of Success</b>	<b>Reference Document</b>
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"> <li>Updated Plan submitted yearly.</li> <li>Action plan modified to reflect multiyear format.</li> <li>All satellite sites to be audited to ensure compliance and full accessibility.</li> </ul>	ODA and AODA, Access ON 'Proposed Timelines for Compliance'
2002 - 2005	<b>General Requirements</b> <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"> <li>Self-service Kiosks are accessible including staff computer access, banking, and parking machines, and vending machines.</li> </ul>	
2002 - 2005	Accessibility Policies	Various Timelines	<ul style="list-style-type: none"> <li>Policies in place and reviewed as required (corporate procedure every 3 years).</li> <li>Other policies being reviewed for Integrated Accessibility Standards Regulation (IASR), compliance (Jan 1/14).</li> </ul>	<ul style="list-style-type: none"> <li>Customer Service policies complete (2010).</li> <li>All Policies including those supporting employees with disabilities are available on-line and updates/changes are published.</li> </ul>	
	Accessibility Compliance Reporting	Dec 31, 2017	Online reporting for public sector organizations AODA.	Completed and in compliance for January 1, 2016. Next report due Dec 31 <sup>st</sup> , 2017	
2005	Customer Service Standard	2010	<ul style="list-style-type: none"> <li>Implementation processes, in place.</li> <li>On-going staff education including self-learning packages.</li> </ul>	<ul style="list-style-type: none"> <li>Compliance report completed March 2010.</li> <li>Ongoing monitor and review of training component and policies.</li> <li>Customer Service training part of Hospital Orientation including staff and volunteers.</li> <li>Training records part of personnel files (2005).</li> </ul>	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
				<p>This module also included with Workplace Dignity and Respect training for staff and physicians 2013/14.</p> <p>Customer Service Accessibility training updated May 2017. All employees to be retrained through a self learning package.</p>	
2005	Staff lacks sufficient knowledge about disabilities and requires more education regarding Communication /Customer Service.	2013	<ul style="list-style-type: none"> <li>• Ongoing: self learning package being updated to include AODA standards.</li> <li>• Regular information articles planned for 'The Pulse' and staff learning areas.</li> </ul>	<ul style="list-style-type: none"> <li>• The orientation program includes sensitivity awareness for disabilities and Customer Service processes and tips.</li> <li>• Senior Team and Board updated on accessibility progress.</li> </ul>	
2012	Customer Service, Information and Communication.	2013	<p>Language accessibility:</p> <ul style="list-style-type: none"> <li>• Research translation processes.</li> <li>• Ensure online multi-language listing is current (updated quarterly).</li> </ul>	<ul style="list-style-type: none"> <li>• Language Interpretation and Translation Services link available online for front line staff.</li> </ul>	
	Transportation Standard	2025	<ul style="list-style-type: none"> <li>• Standard to be researched to ensure compliance.</li> </ul>	<ul style="list-style-type: none"> <li>• With Amalgamation of Addiction Services of Eastern Ontario (ASEO) in April 2013 all satellite sites to be audited and plans created to ensure compliance.</li> </ul>	
2005	Building Standard	2025	Complete AODA Standard to be implemented and enacted.	<ul style="list-style-type: none"> <li>• All satellite sites to be audited and project plans created to ensure compliance and full accessibility.</li> <li>• St. Denis Centre audited. Building has accessibility and safety issues. Health and Safety issues addressed; clients requiring</li> </ul>	

Date Initiated	Item	Timeline	Action	Indicators of Success	Reference Document
				<p>accessibility are referred to other appropriate facilities as per provincial guidelines.</p> <ul style="list-style-type: none"> <li>• Accessible parking incorporated to include long term lot and short term metered parking.</li> <li>• In October 2016, all satellite Addiction Services (excluding the St. Denis Centre) were consolidate at a new building at 850 McConnell Avenue which is fully accessible.</li> </ul>	
	<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"> <li>• Lower soap/ paper dispensers; Assess the sliding door issue for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible dispensers incorporated into the new additions and all redevelopment projects.</li> </ul>	
	<p>Built Environment: All Elevators – No system to identify floors for clients with a visual impairment (physical) – McConnell Site</p>	2025	<ul style="list-style-type: none"> <li>• Install signal system to identify each floor i.e. bells. Install identification pad in Braille on the inner frame of the elevator door.</li> </ul>	<ul style="list-style-type: none"> <li>• Braille identification pads now installed.</li> </ul>	
	<p>Built Environment: Accessibility in some leased spaces does not meet the current requirements of the Plan</p>	2025	<ul style="list-style-type: none"> <li>• Recommendation that all new or future leased space be evaluated and conform to the hospital’s accessibility requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Specific items are addressed with landlord(s) and corrected as feasible.</li> <li>• Newly built Community Addiction and Mental Health Services building meets Accessibility</li> </ul>	

<b>Date Initiated</b>	<b>Item</b>	<b>Timeline</b>	<b>Action</b>	<b>Indicators of Success</b>	<b>Reference Document</b>
				Standards	
	Built Environment: There is no accessible washroom on Level 6 South	2025	<ul style="list-style-type: none"> <li>When this wing is renovated all washrooms will be updated to meet accessibility standards</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	

# **Annual Accessibility Plan**

## **September 2017 - August 2018**

### **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. Customer Service training part of Hospital Orientation. Complete and ongoing. Customer Service Training

Barrier	Strategy for its removal/prevention	Status
		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.
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.

Barrier	Strategy for its removal/prevention	Status
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 highlighted :	1. Client parking area – minimal handicapped parking spots available. 2. Parking lot is unsafe in areas – very uneven surface.	Complete: Designated 1 front parking for Handi-transit now in place: parking lot rearranged for better access.
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. Complete. Services have moved to a fully accessible building.
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.



Barrier	Strategy for its removal/prevention	Status
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 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

Barrier	Strategy for its removal/prevention	Status
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
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.
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"> <li>Hospital website includes a "Contact Us" page with a patient complaint process posted.</li> <li>The internal phone directory includes Accessibility coordinator contact number.</li> </ul> <p>2013 Patient Handbook includes accessibility coordinator contact number. Complete</p>
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"> <li>Implementation processes in place.</li> <li>Discuss with Information Technology to ensure website accessible.</li> <li>Ensure that the website and other materials published include a reference to alternative formats; e.g.</li> </ul>	Emergency information available in Patient Handbook, Accessibility information brochure available. Complete

Barrier	Strategy for its removal/prevention	Status
	<p>Large print, disc, etc.</p> <p>Research other methods of reaching public regarding feedback processes.</p>	
Employment Standard	<ul style="list-style-type: none"> <li>• Implementation processes in place.</li> <li>• Policies reviewed.</li> </ul> <p>Individualized emergency response information process available as requested.</p>	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
Built Environment: Cafeteria – Tray counter narrow with downward slope and very little space to pass hot food to seated customer (physical) – McConnell Site	Area part of Project redevelopment. Temporary new Servery installed a larger counter with an edge and rollers	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.