



# Accessibility Plan

Effective: January 1, 2023 to December 31, 2027

## Contents

Executive Summary.....	1
1. Aim .....	2
2. Objectives.....	2
3. Legislative Background and Current Standards .....	2
4. Description of HDSHRC .....	2
Mission.....	3
Values.....	3
5. Hospital Commitment to Accessibility Planning .....	3
6. The Accessibility Working Group .....	3
7. Recent Barrier-Removal Initiatives .....	5
8. Barrier Identification Methodologies.....	43
9. Barriers and Opportunities to be Addressed .....	44
10. Review and Monitoring Process .....	46
11. Communication of the Plan .....	46
12. Related Policies .....	46

## **Executive Summary**

Consistent with the commitment to patient and family centred care, the purpose of the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*, and the goal of Hotel Dieu Shaver Health and Rehabilitation Centre, is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal, and prevention of barriers that would otherwise prevent their full participation in the life of the province.

To this end, the AODA requires each hospital to:

1. Prepare a multi-year accessibility plan;
2. Make the plan public;
3. Review and update the accessibility plan at least once every 5 years;
4. Consult with persons with disabilities in the preparation, review, and updating of this plan;
5. Prepare an annual status report on the progress of measures taken to implement the accessibility plan; and
6. Post the status report on the hospital’s website.

Defining disability is a complex, evolving matter. The term “disability” covers a broad range and degree of conditions. A disability may have been present at birth, caused by an accident, or developed over time. Section 10 of the *Code* defines “disability” as:

1. 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,
2. a condition of mental impairment or a developmental disability,
3. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
4. a mental disorder, or
5. 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 their disability. An example of each of the different kinds of barriers is shown below:

<b>Barrier Type</b>	<b>Example</b>
<b>Physical / Architectural</b>	A hallway or door that is too narrow for a wheelchair or scooter
<b>Informational / Communicational</b>	Print that is too small to be read by a person with low vision
<b>Attitudinal</b>	An assumption that a person who has a speech impairment can’t understand what is being said to them
<b>Technological</b>	A website that does not support screen-reading software
<b>Policy/Practice</b>	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly, or at all

### 1. Aim

This plan summarizes:

1. The measures that HDSHRC has taken in the past to improve accessibility; and
2. The measures that HDSHRC will take in upcoming years to identify, remove, and prevent barriers to people with disabilities who live, work in, or use the hospital, including patients and their family members, staff, health care practitioners, volunteers, and members of the community.

### 2. Objectives

This plan will:

1. Review the legislative background and current standards related to accessibility in Ontario;
2. Outline HDSHRC's mission and values as a healthcare organization, commitment to accessibility planning, and establishment of an accessibility working group;
3. Review efforts at HDSHRC in previous years to remove and prevent barriers to people with disabilities
4. Describe the process by which HDSHRC will continue to identify, remove, and prevent barriers to people with disabilities;
5. Describe the measures HDSHRC will take in upcoming years to remove and prevent identified barriers to people with disabilities;
6. Outline how HDSHRC will review and maintain this accessibility plan and how the plan will be made available to the public; and
7. Provide a list of related policies and procedures.

### 3. Legislative Background and Current Standards

Both the Ontarians with Disabilities Act (2001) and the Accessibility for Ontarians with Disabilities Act (2005) are aimed at creating a barrier free Ontario by 2025. Accessibility plans are a means to build on past progress and accomplishments under the ODA (2001) and to reach new heights by meeting the new accessibility standards and requirements under the AODA (2005).

The purpose of the more expansive AODA legislation is to develop, implement, and enforce standards of accessibility for all Ontarians. The standards under the AODA include the areas of:

1. Customer Service (i.e. services to the public; could include business practices and employee training);
2. Employment (i.e. hiring and retention of employees);
3. Information & Communications (i.e. materials and tools such as publications, software applications and web sites);
4. Transportation (i.e. transportation services provided to the public)
5. Built Environment (i.e. access to, from and within buildings; could include counter heights, aisle/door widths, parking signs, safety features such as flashing alarms);

### 4. Description of HDSHRC

As the only rehabilitation hospital in the Niagara Region, Hotel Dieu Shaver provides specialized post-acute hospital care and exceptional clinical outcomes to thousands of Niagara residents through rehabilitation and complex care programs. With 134 inpatient beds and innovative outpatient programs, HDS proudly serves over 1,200 inpatients and 40,000

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

outpatients annually. Hotel Dieu Shaver is proud to provide leading rehabilitation services through an interdisciplinary team approach, partnered with state-of-the-art equipment and rehab technology. HDS' team is driven by a mission to restore health, rebuild lives, and renew hope by providing the highest quality of compassionate care to every patient that enters our hospital.

### **Mission**

HDSHRC is a community of holistic and compassionate care for all those who seek our service and those who serve. As a Roman Catholic facility, grounded in God's love, we provide the resources and care to enable people to reach their optimal level of health and wellbeing.

### **Values**

- Spirituality – We contribute to the spiritual and emotional well-being of each person by respecting their human dignity in a healing environment.
- Professionalism – We use our special knowledge and expertise to provide compassionate service to others at the highest possible standard.
- Innovation – We empower our staff to embrace new ideas and processes that create improvements in what we do.
- Responsible Stewardship – We respond to community needs by balancing human needs with financial resources.
- Integrity – We are consistent, honest, and respectful in all we do.
- Teamwork – We commit to work with clients, families, and each other to achieve our mission

## **5. Hospital Commitment to Accessibility Planning**

HDSHRC is committed to:

1. The continual improvement of access to facilities, programs, and services for patients and their family members, staff, health care practitioners, volunteers, and members of the community;
2. The participation of people with disabilities in the development and review of its multi-year accessibility plans;
3. Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
4. The establishment and continuation of an Accessibility Committee (called the AODA Committee) at HDSHRC.

## **6. The Accessibility Working Group**

The AODA Committee was established to provide oversight and leadership in the implementation of HDSHRC's accessibility initiatives and compliance with accessibility legislation. The members of the AODA Committee encompass a diverse cross-section of staff representing departments relevant to accessibility planning such as Human Resources, Public Affairs & Communications, Environmental Services, Risk Management, and Occupational Health & Safety.

The AODA Committee's responsibilities include:

1. Reviewing and identifying by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
2. Identifying barriers that will be removed or prevented in upcoming years;
3. Describing how these barriers will be removed or prevented;
4. Preparing a plan on these activities and, after its approval by the Chief Executive Officer, making the plan available to the public;
5. Reviewing and updating the plan at least once every 5 years;

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

6. Ensuring consultation with people with disabilities in the initial development and ongoing review of the plan; and
7. Preparing and posting annual status reports on the plan to the HDSHRC website

AODA Committee Member	Position	Contact Information (ext.)
<b>David Ceglie</b>	Executive Vice President, Clinical Operations	85317
<b>Janice Latam</b>	Director, Health Data & Quality Improvement	85323
<b>Shawn Bolger</b>	Manager, Hospitality Services	84206
<b>Cherrie Siringwani</b>	Manager, Pharmacy	84280
<b>Catherine Nederend</b>	Sr. Coordinator, Safety & Disability, Human Resources	85281
<b>Ariel Jackson</b>	Director, Human Resources	85258
<b>Julie Marrone</b>	Director, Finance and Infrastructure	84854
<b>Jennifer Hansen</b>	Chief Nursing Office & Director of Nursing	84288
<b>Chris Pollard</b>	Director, Rehabilitation	85268
<b>Stacey Hancharyk</b>	Manager, Inpatient Nursing Rehabilitation & Restorative Care	84270
<b>Lynne Pay</b>	Chief Executive Officer	84884
<b>Jody Gowling</b>	Manager Inpatient Nursing Complex Care & Infection Control, Infection Control	84218
<b>Jeane Davis-Fyfe</b>	Manager of Outpatient Rehabilitation & Specialty Clinics	85276
<b>Ariza Alcober</b>	Manager, Dietary Services and Clinical Nutrition	84226
<b>Katie Stranges</b>	Manager, Communications and Public Relations	84825
<b>Lori Serafino-Harper</b>	Manager of Audiology, Speech & AAC	85200
<b>Sr. Louise Dillon</b>	Director, Director Mission & Pastoral Services, Pastoral Care	84201

## 7. Recent Barrier-Removal Initiatives

During the last several years, there have been a number of informal initiatives at HDSHRC to identify, remove, and prevent barriers to people with disabilities, including the following:

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Physical/ Architectural</b>	<i>Throughout facility</i>	Insufficient number of wheelchair accessible washrooms	1 <sup>st</sup> floor patient laundry room will be converted to a wheelchair accessible washroom	<b>2013</b>
<b>Policy/Practice</b>	<i>Throughout facility</i>	Lack of awareness of HDSHRC’s commitment to accessibility, how HDSHRC will meet its legislated accessibility requirements, and of HDSHRC’s policies related to accessibility	Corporate Policy AODAS-1 Accessibility Commitment & Standards has been published, and a description of our policies related to accessibility was posted on the HDSHRC website for public access, with accessible formats available upon request	<b>2013</b>
<b>Policy/Practice</b>	<i>Procurement Department</i>	Lack of awareness of policies or procedures for incorporating accessibility criteria and features when procuring or acquiring goods, services, or facilities	Corporate Policy AODAS-3 Accessibility Standards for Procurement has been published and education completed with Finance/Procurement staff	<b>2013</b>
<b>Informational/ Communicational</b>	<i>Throughout facility</i>	Difficulty reading clocks	Large-face clocks installed throughout the facility	<b>2013</b>
<b>Informational/ Communicational</b>	<i>Throughout facility</i>	Difficulty hearing voice annunciated fire alarm emergency announcements	New fire alarm system purchased, resulting in amelioration of dead zones throughout the facility	<b>2013</b>
<b>Physical/ Architectural</b>	<i>Outpatient Rehabilitation Building/ Audiology</i>	Corridors too narrow for easy access and navigation by individuals in wheelchairs	Audiology reception area widened to allow better wheelchair and mobility device access	<b>2013</b>
<b>Physical/ Architectural</b>	<i>Outpatient Rehabilitation Building/ Audiology</i>	Window and counter are too high to be accessed by individuals in wheelchairs	Audiology reception counter and window lowered to allow wheelchair access	<b>2013</b>
<b>Physical/ Architectural</b>	<i>Chapel &amp; Outpatient Rehabilitation Building</i>	Carpet in the Chapel and outpatient office areas creates extra rolling resistance for wheelchairs and other mobility devices	The Chapel and a majority of the outpatient office areas were renovated and all carpeting replaced with tile/linoleum flooring, which will allow	<b>2014</b>

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Physical/ Architectural</b>	<i>Outpatient Rehabilitation Building/Ortho</i>	Hall doorway too narrow for easy access and navigation by individuals in wheelchairs	better wheelchair and mobility device access Hall doorway for hand therapy room in Ortho widened to allow better wheelchair and mobility device access	<b>2014</b>
<b>Physical/ Architectural</b>	<i>Throughout facility</i>	No barrier – proactive design feature	Hands-free water dispensers/fountains installed for staff and visitor use	<b>2014</b>
<b>Policy/Practice</b>	<i>Throughout facility</i>	Lack of awareness of the requirements of legislated accessibility standards and of the Human Rights Code as it pertains to persons with disabilities.	An interactive online education module has been created and posted on the hospital intranet for completion by all current staff. The module has also been implemented in orientation sessions for all new hires. An education session with physicians was held during a regular Medical Advisory Committee meeting, and ongoing education for new physicians is completed utilizing an independent learning package. Current volunteers completed an independent learning package, and the orientation learning package for new volunteers and students has been updated to include all required information. Education sessions have been completed with Human Resources and Occupational Health Staff on all policies related to recruitment and employment accommodations. In addition to the interactive education module, a quick reference sheet has been created and distributed to all managers to highlight manager specific responsibilities. Education on HDSHRC’s accessibility standards for procurement was also completed with Finance/Procurement	<b>2014 and ongoing</b>



## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Policy/Practice</b>	<i>Throughout facility</i>	Lack of awareness of policies and procedures for receiving feedback and providing feedback in accessible formats or with communication supports.	<p>staff. Records are kept for all training provided, including dates and number of individuals</p> <p>Corporate Policy AODAS-2 Accessible Customer Service was revised to specify multiple communication options are available when receiving or responding to feedback. Specific guidance is now provided on where and how physicians, staff, volunteers, and other individuals may access the many accessible formats and communication supports available for use in the facility, including a newly developed Plain Language Guide. The HDSHRC website has been updated to include our commitment to communicate using methods that consider the way in which individuals express, receive, and process information. A list of assistive devices and communication supports that are available for use by inpatients has also been included on the website for public reference</p>	<b>2014</b>
<b>Technological</b>	<i>Development &amp; Communication Department / ICT Department</i>	Web content is not fully accessible for use with screen-readers and other adaptive technologies	HDSHRC confirmed with the website creator that the website meets all Level A requirements	<b>2014</b>
<b>Policy/Practice</b>	<i>Human Resources Department</i>	Lack of awareness of policies and procedures for accommodation during the recruitment and selection process	Corporate Policy AODAS-6 Accessible Recruitment, Selection, and Employment has been published. Notification of the availability of accommodation has been implemented in all new job postings/advertisements	<b>2014</b>
<b>Policy/Practice</b>	<i>Throughout facility</i>	Lack of awareness of the requirements of legislated accessibility standards and of	An interactive online education module has been created and posted on the hospital	<b>On-going –</b>

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
		the Human Rights Code as it pertains to persons with disabilities.	intranet for completion by all current staff. The module has also been implemented in orientation sessions for all new hires. An education session with physicians was held during a regular Medical Advisory Committee meeting, and ongoing education for new physicians is completed utilizing an independent learning package. Current volunteers completed an independent learning package, and the orientation learning package for new volunteers and students has been updated to include all required information. Education sessions have been completed with Human Resources and Occupational Health Staff on all policies related to recruitment and employment accommodations. In addition to the interactive education module, a quick reference sheet has been created and distributed to all managers to highlight manager specific responsibilities. Education on HDSHRC’s accessibility standards for procurement was also completed with Finance/Procurement staff. Records are kept for all training provided, including dates and number of individuals	
<b>Policy/Practice</b>	<i>Throughout facility</i>	Lack of awareness of policies or procedures for providing accessible formats or communication supports in a timely manner that takes into account the person’s accessibility needs due to a disability and at a cost that is no more	Corporate Policy AODAS-2 Accessible Customer Service was revised to specify multiple accessible formats and communication supports can be made available upon request and are to be provided in a timely fashion at no more	<b>2015</b>

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
		than the regular cost charged to other persons.	than the regular cost charged to other persons. Specific guidance is now provided on where and how physicians, staff, volunteers, and other individuals may access the many accessible formats and communication supports available for use in the facility, including a newly developed Plain Language Guide. The HDSHRC website has been updated to include our commitment to communicate using methods that consider the way in which individuals express, receive, and process information. A list of assistive devices and communication supports that are available for use by inpatients has also been included on the website for public reference	
<b>Informational/ Communicational</b>	<i>Outpatient Rehabilitation Building</i>	Difficulty navigating the facility, finding accessible washrooms, and finding handicap parking	Developed a user friendly map to enhance facility navigation and clearly indicate locations of accessible parking and washrooms. Visual directions can be provided by marking the individual's current location, destination, and route. Maps are provided to all outpatients upon initial visit. Signage throughout the facility was also enhanced to clearly identify the location of accessible washrooms and various treatment areas. Renovations were completed that enable the Parkinson's Program to operate out of a single room, reducing the need to navigate to multiple clinic areas	<b>2015</b>

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Informational/ Communicational</b>	<i>Throughout facility</i>	Difficulty participating in treatment due to need for communication assistive devices/supports	<p>Implemented a new person-centred care approach called PODs that enhances patient access to Speech Language Pathologists (SLPs) by ensuring that an SLP is included on every POD interdisciplinary team.</p> <p>Staff from the HDSHRC Augmentative and Alternative Communication (AAC) Clinic provided education to all SLPs as well as POD team nurses on processes for prescribing low tech communication tools (such as communication boards/displays), assisting individuals to use these tools and other assistive devices effectively as part of their care plan, and on the specialized services and equipment available through the AAC clinic to assist individuals with communication.</p> <p>Ongoing education is available to staff from the AAC clinic, SLP department, and Audiology department. Specialty-specific booklets (e.g. OT, PT, Social Work, Pastoral Care) with communication displays are available in the relevant departments and the SLP department. The Alzheimer’s society has also provided education and reference booklets that are available on the nursing floors about how to insert various types of hearing aids and dentures</p>	<b>2015</b>
<b>Physical/ Architectural</b>	<i>Inpatient building / Front lobby</i>	Towel dispensers are difficult to operate	Hands-free sink faucets and paper towel dispensers installed in the front lobby washrooms	<b>2015</b>
<b>Physical/ Architectural</b>	<i>Parking lot</i>	Difficulty with safe mobility when parking on an incline	Increased the number of parking spots on level ground	<b>2015</b>

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Physical/ Architectural	<i>Parking lot</i>	Lighting in parking lot is insufficient and walking surface is uneven	Installed exterior floodlights and a sidewalk leading from the parking lot to the top of the healing garden to provide a firm, stable, and slip resistant surface for mobility into the building	2015
Physical/ Architectural	<i>Inpatient building / Outpatient building</i>	Treatment rooms too crowded for easy access and participation by individuals with mobility devices	Completed renovations to the Auditorium and Neuro Rehabilitation rooms, including switching treatment areas for Neuro and Ortho, to maximize space for individuals with mobility devices to move safely and participate freely in treatment	2015
Physical/ Architectural	<i>Inpatient building / Clinical units</i>	Washroom doors too heavy to open and close	Implemented ongoing maintenance routine of applying additional lubrication to sliding door wheels to increase safety and ease of use	2015
Physical/ Architectural	<i>Inpatient building / Clinical units</i>	Difficulty with safe mobility due to telephone extension cords	Implemented ongoing monitoring of telephone cords in patient rooms to replace long extensions with short cords that do not pose a hazard to safe mobility	2015
Physical/ Architectural	<i>Outpatient building / Rehab &amp; Wellness Centre</i>	Plinth treatment tables are not adjustable to appropriate height and width for all individuals	Older plinth treatment tables were replaced with new plinth tables that include power elevation for better adjustability, improving ease and safety for patients to get on and off the treatment tables, and greatly improving ergonomics for staff. Both a wide and a narrow table were purchased to better accommodate all patients	2015
Physical/ Architectural	<i>Throughout facility</i>	No barrier – enhanced service	Increased the level and quality of illumination in waiting rooms, corridors, reception areas, and near directional signage by installing additional light fixtures and replacing various fluorescent light fixtures with LED lighting. Enhanced	2015

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Technological</b>	<i>Outpatient Rehabilitation Building</i>	Difficulty for patient populations with severe mobility impairments to access specialists for consultation and treatment	lighting will better assist individuals with vision impairments to travel safely and easily throughout the facility, and will facilitate lip-reading and non-verbal communication with individuals with hearing and speech impairments Expanded the telemedicine (OTN) and Augmentative and Alternative Communication (AAC) programs to incorporate nursing support onsite, as well as home visits incorporating OTN, for individuals with mobility impairments who would otherwise be unable to travel to access specialists or attend in person at HDSHRC	<b>2015</b>
<b>Technological</b>	<i>Development &amp; Communication Department / ICT Department</i>	Web content is not fully accessible for use with screen-readers and other adaptive technologies	According to the Act, this initiative is to be in place no later than January 1, 2021 (fully accessible website was launched, including screen-readers and AODA compliant styling)However, HDSHRC launched a refreshed website in 2015 that meets the Level AA accessibility criteria	<b>2015</b>
<b>Physical/ Architectural</b>	<i>Inpatient building / 1<sup>st</sup> &amp; 2<sup>nd</sup> Floors</i>	Physical / Architectural – Current wall guards on the 1 <sup>st</sup> & 2 <sup>nd</sup> floors of the inpatient building do not provide the highest degree of support and safety for those with physical impairments	Remove the existing wall guards and replace them with a modified version which was designed specifically to promote the safety of patients, staff and visitors in healthcare facilities. The new handrails can withstand over 1,000 pound peak loads, reducing the risk of slip-fall injuries due to inadequate handrail support	<b>2016</b>
<b>Informational/ Communicational</b>	<i>Throughout facility</i>	Difficulty way-finding, particularly for individuals with low vision	Installed increased and enhanced signage for navigation, including clear identification of the location of accessible washrooms, various treatment areas, and accessible	<b>2016</b>

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
			parking. Includes low-vision directional signage with arrows, posted maps, and maps distributed on arrival. A new 'Outpatient Building Entrance' sign was added in rear of the building to help direct patients and visitors	
<b>Physical/ Architectural</b>	<i>Inpatient building / Clinical units</i>	Locking mechanism in 2 <sup>nd</sup> floor patient bathroom was not easily operated by some patients with disabilities and posed a safety concern	Lock was removed and replaced with a door handle and push-button lock that is easy to operate and accessible from outside in an emergency situation	<b>2016</b>
<b>Technological</b>	<i>Inpatient building / Clinical units</i>	No barrier – proactive enhancement	A new call bell system was implemented with three accessible call bell device options for patients. The “touch pillow” format is easily operated with the whole hand instead of a finger, which is easier for patients with arthritis. The “cheek touch” format can be placed under a pillow and operated with the shoulder or head. The “whisper” format can be attached to the bedrail and is voice activated for patients who cannot use a physical activation system. Individualized accommodations have also been successful, such as adapting a baby monitor to function as a call bell where needed	<b>2016</b>
<b>Policy/Practice</b>	<i>Inpatient building / Clinical units</i>	No barrier – proactive enhancement	Strengthened our relationship with the BSO (Behavioural Support Unit) to better meet the needs of our patients with cognitive impairments	<b>2016</b>
<b>Technological</b>	<i>Inpatient building / Clinical units</i>	Providing a least restraint care environment had potential to increase risk of physical harm (e.g. falls) for patients with cognitive disabilities	Implemented the use of chair alarms to better monitor and maintain the safety of patients with cognitive impairments while enabling them to participate in care restraint-free. Also recruited an advanced	<b>2016</b>

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
			practice nurse who completes comprehensive assessments for all patients with cognitive issues	
<b>Physical/ Architectural</b>	<i>Outpatient Rehabilitation Building</i>	No barrier – proactive enhancement	Opened new boxing and ballet centre using accessible design elements including lowering the boxing ring surface to be level with the floor (no grade or step), creating an opening in the boxing ring ropes for easy entry into the ring regardless of mobility status, and installing a speedbag that can be lowered for use by people in wheelchairs	<b>2016</b>
<b>Physical/ Architectural</b>	<i>Inpatient building / Clinical units</i>	Therapy schedules stored in bags on the back of wheelchairs were not easily accessible for wheelchair users to reach and reference	Printed and laminated patient therapy schedules on cards that are stored on a keyring and attached to the arm of a patient’s wheelchair within easy reach.	<b>2016</b>
<b>Physical/ Architectural</b>	<i>Parking lot</i>	No barrier – proactive enhancement	Repainted all lines in the parking lot including wheelchair access symbols for improved contrast and visibility	<b>2017</b>
<b>Physical/ Architectural</b>	<i>Outpatient building / Doctor’s Offices</i>	The flooring in the doctor’s offices/waiting areas were carpet which caused difficult mobility for wheelchair users and increased risk of trips/falls for patients, visitors and staff	Carpet was removed and replaced with vinyl flooring for easy mobility and decreased risk of trips/falls	<b>2017</b>
<b>Physical/ Architectural</b>	<i>Outpatient building / Doctor’s Office</i>	The waiting area in one of the doctor’s offices had limited space, which was difficult to navigate for patients, especially wheelchair users	The waiting area was completely renovated and made larger to provide easy, spacious mobility for all patients, with a special focus on wheelchair users	<b>2017</b>
<b>Informational/ Communicational</b>	<i>Outside of hospital</i>	Difficulty way-finding/recognizing location of the Hospital	Installed a large, enhanced sign at the front of the Hospital near the road. This signage provides clear identification of the Hospital and the programs offered. The sign includes an electronic screen allowing quick, informative updates including	<b>2017</b>



**Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan**

<b>Type of Barrier</b>	<b>Area/ Department</b>	<b>Description of Barriers</b>	<b>Strategy for Removal/Prevention</b>	<b>Year Completed</b>
<b>Physical/ Architectural</b>	<i>Outpatient Building/ Carpentry Shop &amp; Market place</i>	No barrier – proactive enhancement	<p>notifications of temporary disruption of services as required under the AODA.</p> <p>As a rehabilitation service, not only was our new carpentry shop and market place designed to be accessible for use by all of our patients/clients, but it is also a specialized space that enables relearning of critical daily living skills that are used to access everyday services in the community. This new therapy space is a direct investment in preserving our clients’ dignity and independence and improving their opportunities for integration and equal access as they transition back to their homes and communities. The carpentry shop and market place were designed to increase and innovatively add value to our patients’ rehabilitation experience</p>	<b>2017</b>
<b>Informational/ Communicational</b>	<i>Throughout facility</i>	No barrier – proactive enhancement	The Augmentative and Alternative Communication clinic organized and hosted a ‘Silent Tea’, which was open to all staff to attend. This event created awareness around individuals who are unable to speak. This event educated staff on alternative ways to communicate and accommodate those with speech impairments	<b>2017</b>
<b>Physical/ Architectural</b>	<i>Outside of Inpatient Building / Gazebo Area</i>	The concrete surrounding the front entrance leading to our gazebo had shifted over the winter. The shift in the cement pads caused some areas to be uneven and difficult/unsafe to navigate, especially for	The concrete was ground and replaced with new, leveled concrete, ensuring even and safe pathways	<b>2017</b>

**Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan**

<b>Type of Barrier</b>	<b>Area/ Department</b>	<b>Description of Barriers</b>	<b>Strategy for Removal/Prevention</b>	<b>Year Completed</b>
		wheelchair users and other persons with mobility disabilities		
<b>Policy/Practice</b>	<i>Throughout facility</i>	No barrier - Proactive enhancement – Currently, feedbacks regarding accessibility and patient experiences are welcomed in the form of written surveys, and by reaching out to patient advisors. We would like to increase face-to-face conversation with patients and staff, targeted specifically around accessibility and potential suggestions for accessibility improvements	Implement additional ‘barrier identification methodology’ involving meeting face-to-face with patients and staff to gather feedback regarding their experiences at HDS with regards to accessibility. These face-to-face initiatives may be performed in ways such as random sampling, or focus groups to provide feedback from a variety of perspectives, to ensure that all perspectives are represented.	2018
<b>Physical/Architectural</b>	<i>Inpatient building</i>	No barrier - Proactive enhancement – A number of areas in the inpatient building have carpet flooring. Carpet can be difficult in regards to mobility for persons with wheelchairs, walkers etc. and increases risk of trips	The carpet in the board room, meeting room, Nursing offices and Occupational Health offices will be removed and replaced with vinyl flooring to provide improved stability while walking or using mobility aids.	2018
<b>Physical/Architectural</b>	<i>Inpatient building – ground floor</i>	Physical / Architectural – Current wall guards on the main floor of the inpatient building do not provide the highest degree of support and safety for those with physical impairments	Remove the existing wall guards and replace them with a modified version which was designed specifically to promote the safety of patients, staff and visitors in healthcare facilities. Additional wall guards added in locations with no previous supports. The new handrails can withstand over 1,000 pound peak loads, reducing the risk of slip-fall injuries due to inadequate handrail support.	2018
<b>Informational/Communicational</b>	<i>Throughout facility</i>	Informational / Communicational The current red ‘EXIT’ signs may be difficult to interpret and inhibit way-finding.	The current red ‘EXIT’ signs will be removed and replaced with green pictographs showing an arrow and a silhouetted ‘Green Running Man’, which will indicate the direction of the nearest	2018

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Technological</b>	<i>Development &amp; Communication Department / ICT Department</i>	No barrier - Proactive enhancement – There are several parking lots and entrances which can present a parking or transportation challenge to those with accessibility issues if they do not know where to go.	exit. The green signs are considered to be universally interpreted. The signs will include LED lighting as to comply with and meet ULC-approved standards for both luminosity and duration of illumination.  A map of the outpatient building including identification of accessible parking locations was added to the website under the drop down menu of "Maps & Parking" and also under the "Outpatient" drop down menu. Posting in multiple locations on the website will make it more easily accessible.	2018
<b>Physical / Architectural</b>	<i>Clinical Units</i>	Physical / Architectural – Current shower rooms limit the ability for patients using mobility aides to safely access those facilities or to do so with increased independence.	Several tub rooms on the inpatient floors underwent extensive renovations in order to convert the bath tub rooms to accessible shower facilities. This renovation increased the number of accessible showers improving the ability of patients utilizing mobility aides to safely access the showers.	2018
<b>Physical / Architectural</b>	<i>Outpatient Building</i>	Physical / Architectural – Conference Room C does not have a speaker in the room preventing those in the room from clearly hearing the overhead pages as the sounds is muffled and quiet.	Overhead speakers were added into ceiling of Conference Room C, allowing overhead pages to be heard more clearly by those inside the conference room. This increases the safety of those in the room as occupants can now hear the information being announced overhead.	2018
<b>Informational/Communicational</b>	<i>Throughout facility</i>	Difficulty navigating the facility, finding accessible washrooms.	The maps in the facility have all been updated. All the directional signage in the outpatient building has been updated to include new clinics and programs including	2018

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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			signage outdoors to identify the entrance for the new orthopaedic physicians. New clip frames to display changeable messages were installed at the main entrance, back entrance, at each scheduler, Audiology and the AAC clinic. New boarder headings have been created and installed on every bulletin board in the facility to make it more apparent to patients/staff/public the information they may want to know. For example, the accreditation board, safety board, Infection Prevention and Control board, HDS in the News, etc.	
<b>Technological</b>	<i>Inpatient and Outpatient therapy</i>	No barrier - Proactive enhancement	Participation in an IEQUIP quality improvement research project. Project utilizes a specific cup which dispenses a specific amount of fluid at a time allowing those with swallowing challenges to consume thin liquids in a safer manner, reducing choking hazards and the possibility of dehydration. The cup is adjustable and can be used for variable volumes of liquid, carbonated fluid, thickened fluid, hot or cold fluids.	2018
<b>Physical / Architectural</b>	<i>Outpatient Building</i>	Physical / Architectural –	New Rankin Family Cancer Rehab Program opened – program area was designed and built to meet AODA standards.	2018
<b>Physical / Architectural</b>	<i>Inpatient building – ground floor</i>	Physical / Architectural –	New coffee machine was added into the Café area. Housing unit was built to AODA requirements.	2018
<b>Technological</b>	<i>Outpatient Building</i>	No barrier - Proactive enhancement	Antiglare mediation installed to reduce glare and improve visibility of computer screens.	2018

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Technological</b>	<i>Inpatient building</i>	No barrier - Proactive enhancement	New flat screen TV's were installed in patient rooms making them easier to move for viewing or move out of the way. New patient phones were also installed which have larger, easy to use receivers for our patient population. Handset is cordless allowing patients to place phone in location most easily accessible to them. The wall cord is a pigtail cord, also reducing trip hazards.	2018
<b>Informational/Communicational</b>	<i>Throughout facility</i>	Patient experience survey may be difficult for those with aphasia to participate in.	An aphasia friendly version of the patient experience survey was created and Patient Advisors received training on use of materials to assist when meeting with someone with aphasia.	2018
<b>Informational/Communicational</b>	<i>Throughout facility</i>	Patient handbook may be difficult for those patients with visual challenges to review and comprehend.	Patient Advisors now review the patient handbook with new patients allowing patients who may have trouble seeing or reading, etc. to have access to the information.	2018
<b>Physical/Architectural</b>	<i>Outpatient Building / Back Parking lot</i>	Patients with mobility concerns or aides having difficulty entering the building.	Addition of a new ramp in the back parking lot making access to outpatient building more accessible.	2019
<b>Physical/Architectural</b>	<i>Outpatient Building / Front Parking lot</i>	Stairs were outdated and not to AODA standards.	Stairs have been replaced and now updated to reflect AODA standards.	2019
<b>Informational/Communicational</b>	<i>Parkinson's Centre &amp; Stroke Clinic</i>	Difficulty navigating through the building.	Parkinson's Centre & Stroke Clinic received new hanging signage, updated to AODA compliance and increase ease of patient way finding.	2019
<b>Physical/Architectural</b>	<i>Outpatient Building / Office Space</i>	Desk was large, impacting service provided to clients.	Desk was shortened. Allowing for greater ease of service for those with mobility concerns.	2019

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Physical/ Architectural</b>	<i>Outpatient Building / Courtyard</i>	Stairs used for therapeutic treatment, not accessible to bariatric patients.	Purchase of new stairs in courtyard, allowing bariatric patients to participate in the therapy.	2019
<b>Informational/ Communication</b>	<i>Inpatient building / Elevator</i>	Front elevator penthouse room would not alert during fire alarm.	Strobe light & fire alarm sound added to penthouse elevator room to enhance safety for those working there with visual or hearing impairments.	2019
<b>Physical/ Architectural</b>	<i>Inpatient Building / Patient Rooms</i>	Not all patient rooms have ceiling lifts utilized to move patients in and out of bed.	10 new ceiling lifts were installed, which allow for increased ease of movement for patients with mobility concerns.	2019
<b>Informational/ Communicational</b>	<i>Inpatient Building</i>	Patients with mobility concerns did not have independent access to some information.	Added a pamphlet rack in patient dining rooms, allowing for more easy access to information.	2019
<b>Physical/ Architectural</b>	<i>Inpatient Building</i>	Curtains were impeding ceiling lift track, making it difficult to move patients.	Changed the ceiling lift track, to increase ease of movement along track.	2019
<b>Physical/ Architectural</b>	<i>Outpatient Building / Audiology</i>	Some patients unable to use sound booth for hearing tests because it is a small space.	Set up additional mini sound booth in a larger room, allows bariatric clients or those with claustrophobia or mobility issues to more easily access and receive hearing tests.	2019
<b>Physical/ Architectural</b>	<i>Outpatient Building / Parkinson's Program</i>	Limited capacity for outpatient Parkinson's program.	Received doubling funding, allowing for more patients to access the clinic from June 2019 to March 31 <sup>st</sup> , 2020.	2019
<b>Physical/ Architectural</b>	<i>Outpatient Building / AAC Clinic</i>	Patients put their communications equipment on a table, potentially out of reach during treatment for those with added mobility restrictions.	Bar mounted on wall at eye level in AAC clinic which patients are able to affix their communications devices to. Allows for ease of use and increased comfort as equipment is often used at eye level while at home.	2019
<b>Technological</b>	<i>Inpatient Building</i>	Patients with mobility, visual or cognitive challenges can have difficulty utilizing technology to connect with family at home or at a distance.	Volunteers are assisting inpatients to connect with family by providing facetime sessions.	2019

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Informational/Communicational</b>	<i>Inpatient Building/ Front Washrooms</i>	Front lobby washrooms identified as male and female washrooms.	Washrooms closest to front lobby have been changed to gender-neutral allowing greater access to these spaces for all.	2019
<b>Physical/Architectural</b>	<i>Inpatient Building / Chapel</i>	Drafts coming from windows located in the chapel, limiting the amount of space that can be utilized by attendee's/patients.	Windows replaced in the chapel eliminating drafts and allowing more space for chapel attendee's utilizing wheelchairs or mobility aides to visit the chapel as the entire room can now be utilized.	2019
<b>Physical/Architectural</b>	<i>Exterior parking lots</i>	Lighting in parking lot is insufficient.	Enhanced lighting in the parking lots through replacement of lights with more efficient, brighter illumination to improve visibility and safety.	2020
<b>Physical/Architectural</b>	<i>Outpatient Building – front parking lot</i>	Current parking lot set-up required those utilizing mobility aide to walk a longer distance to find a suitable pathway to get to the front door of the outpatient building.	Addition of a new accessible ramp between the front parking lot and Outpatient building to allow those with mobility aides to more easily get from the parking lot into the building.	2020
<b>Physical/Architectural</b>	<i>Parking lots</i>	No barrier – proactive change.	Potholes and rough spots filled to allow for a more firm, stable and smooth surface and improve safety and access from the parking lots to the hospital doors.	2020
<b>Physical/Architectural</b>	<i>Inpatient Building – hair salon</i>	No barrier – proactive change.	Flooring in hair salon changed over to non-slip flooring and new countertop installed that allows patients to remain in their wheelchair while receiving their service.	2020
<b>Physical/Architectural</b>	<i>Inpatient Building – main floor accessible washroom</i>	Increased difficulty for patients in wheelchairs to reach the hooks to hang up their personal belongings while in the washroom.	Installation of lower hooks to make them more easily accessible.	2020
<b>Physical/Architectural</b>	<i>Inpatient Building – main floor washrooms</i>	No barrier – proactive change.	Washrooms renovated and update to include installation of non-slip flooring.	2020

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Physical/ Architectural</b>	<i>Outpatient Building - entrances</i>	Two doors identified where automatic door opening width not wide enough – presented a mobility challenge for some to enter the hospital through these doors.	Both doorways renovated and automatic doors replaced with new automatic doors that provide for a wider space for entrance.	2020
<b>Physical/ Architectural</b>	<i>Outpatient Building – pool area</i>	No barrier – proactive change.	Pool underwent renovation including the addition of an accessible change room.	2020
<b>Physical/ Architectural</b>	<i>Inpatient Building – exterior gazebo</i>	Walkway had begun to erode due to usage and inclement weather. Presented a safety risk and ground was uneven.	Fixed walkway and ramp to gazebo to provide a more stable surface and reduce trip hazards.	2020
<b>Physical/ Architectural</b>	<i>Outpatient Building – entrance ramps</i>	No barrier – proactive change.	Sidewalk ramps repaved to provide a smoother, stable surface and improve ease of access to sidewalks from the parking lots.	2020
<b>Informational/Co mmunicational</b>	<i>Inpatient Building – front lobby</i>	No barrier – proactive change.	Display monitor in front lobby installed increasing communications and enhancing awareness and wayfinding throughout the hospital.	2020
<b>Technological</b>	<i>Entire facility</i>	No barrier – proactive change.	Improved access to the internet.	2020
<b>Technological</b>	<i>Entire facility</i>	No barrier – proactive change.	Volunteers will be helping patients to connect with family at a distance by providing face-timing sessions.	2020
<b>Policy/Practice</b>	<i>Inpatient Building – food services/nursing units</i>	No barrier – proactive change.	Implementation of the International Dysphasia Diet Standardization Initiative (IDDSI). Allows for standardized terminology and definitions to describe texture modified food and thickened liquids used for individuals with dysphasia. New specialty menus have been developed to reflect our patient needs and our	2020



## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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			dysphasia patients are now benefitting from a safer diet.	
<b>Policy/Practice</b>	<i>Entire facility</i>	No barrier – proactive change	Inclement weather policy was created, with various methods of communication included to inform patients of program closures including: radio, HDS website, social media and by telephone.	2020
<b>Physical/ Architectural</b>	<i>Exterior Parking Lots - all</i>	Parking signs had become faded from sun damaged and difficult to see.	Faded accessible parking signs in the parking lots were replaced with new, brighter signs.	2020
<b>Informational/Communicational</b>	<i>Development &amp; Communication Department / ICT Department</i>	Accessing the video's on hospital website and social media presented a challenge for the hearing impaired.	Added closed captioning on patient testimonial video's that are on the website and social media posts.	2020
<b>Informational/Communicational</b>	<i>Entire Facility</i>	No barrier – proactive change.	Improved wayfinding to accessible washrooms. Font on signage listing where accessible washrooms can be found is different - more visible.	2020
<b>Informational/Communicational</b>	<i>Outside of hospital</i>	No barrier – proactive change.	Background colour on exterior digital sign was changed to make the words easier to read.	2020
<b>Informational/Communicational</b>	<i>Outpatient Building</i>	No barrier – proactive change.	Addition of coloured lines on the floor of the outpatient building to assist in directing patients to their appropriate clinics – improved wayfinding.	2020
<b>Physical/ Architectural</b>	<i>Exterior Parking Lots - all</i>	No barrier – proactive change.	Added signage in parking lots – makes it easier for clients/patients to find their clinic and to park closer to their clinic.	2020
<b>Physical/ Architectural</b>	<i>Inpatient Building – second floor dining/therapy space</i>	No barrier – proactive change.	Purchase of several folding activity tables for rehabilitation therapy. Tables can be easily moved to accommodate the need for room or therapy adjustments. E.g. bringing the activity to the patients.	2020

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Technological</b>	<i>Outpatient Programs - therapy</i>	Difficulty for patient populations with severe mobility impairments to access specialists for consultation and treatments during COVID pandemic.	Introduction of virtual care for several of our outpatient programs – allows patients with mobility or transportation challenges to continue to receive therapy from the comfort of their own home.	2020
<b>Physical/ Architectural</b>	<i>Outpatient Building - therapy</i>	No barrier – proactive change.	Purchase of a new, more accessible leg-press machine. Allows patients that previously were unable to use a leg press machine to receive the therapy. The new equipment provides better trunk support, is easier to access and has better adjustability to improve patient comfort.	2020
<b>Technological</b>	<i>Outpatient – AAC Services</i>	No barrier – proactive change.	Development of a cell phone app that will replace paper-based communications, allowing AAC clients to communicate more independently.	2020
<b>Proactive Change</b>	<i>Outpatient Building - Audiology</i>	Limited supply of various types of hearing aides available to our patients.	Audiology has now started offering BAHA's to clients that require those types of hearing aid supports.	2020
<b>Policy/Practice</b>	<i>Outpatient Building - therapy</i>	Challenge experienced with providing therapy to hearing-impaired patients while utilizing current facemasks – patient unable to read lips.	Care provided was adjusted – clear face shields are used with the patient at 6 feet away to communicate and provide instructions. Mask changed to appropriate type that can be used if within 6-foot distance while therapy being performed.	2020
<b>Physical/ Architectural</b>	<i>Inpatient building – nursing units</i>	No barrier – proactive change	Purchase of additional adjustable commodes to better assist patients of various sizes with toileting.	2020

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Physical/ Architectural</b>	<i>Inpatient building – nursing units</i>	Can cause a delay of treatment if patient or staff is unable to quickly get to a stationary eyewash sink.	Purchase of a portable eyewash station for each nursing unit. Should an incident occur requiring an eye to be flushed, this allows staff and patients that may have a mobility challenge to have their eye washed at their current location, improving the safety and care provided rather than waiting to start the eyewash flush until they have travelled to the stationary eyewash sink.	2020
<b>Physical/ Architectural</b>	<i>Inpatient Building - nursing</i>	No barrier – proactive change.	The hospital purchased a Sara Stedy sit-to-stand aid. Patients who are partially mobile can transfer from bed to wheelchair with cuing only. This provides greater independence to patients. Several have been purchased for patient use at home once discharged. This equipment allows the patient to have greater independence and access to mobility.	2020
<b>Technological</b>	<i>Outpatient Building – therapy</i>	No barrier – proactive change.	The hospital purchased a Waveflex Hand CPM for the orthopaedics treatment team. This state of the art machine will allow patients to access the best care to increase range of motion in their individual digits (fingers) following a hand injury.	2020
<b>Physical/ Architectural</b>	<i>Inpatient building – ground floor public washroom</i>  <i>Outpatient building – staff washroom</i>	Slippery flooring in washroom.	The flooring in several washrooms were replaced with non-slip flooring. This will improve patient, visitor and staff access to safe toileting.	2021

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Physical/ Architectural</b>	<i>Inpatient Building - elevator</i>	Persons with mobility impairments had increased difficulty in using the elevator.	The middle elevator in the inpatient building was upgraded. The elevator now has non-slip floors which provide a stable surface for persons with mobility challenges (including mobility aids).	2021
<b>Informational/ Communicational</b>	<i>Inpatient Building - elevator</i>	Persons with visual impairments had increased difficulty in using the elevator.	The elevator now has audible announcements which will allow persons with visual impairments to enter the elevator without injury (door closing unexpectedly), and arrive at destination with greater ease, as the audible voice announces the floor.	2021
<b>Physical/ Architectural</b>	<i>Inpatient Building - stairwells</i>	Difficulty evacuating non-ambulatory patients during an emergency situation.	The Hospital purchased several evacuation chairs, which will allow patients with mobility challenges to be quickly and safely evacuated from the nursing units during an emergency (i.e.: fire).	2021
<b>Physical/ Architectural</b>	<i>Inpatient Building – nursing units</i>	Patients with various respiratory conditions who are also non-ambulatory have difficulty mobilizing.	The Hospital purchased a Broda chair. This equipment will provide safe, comfortable and long-term seating that helps maintain mobility for patients with various respiratory conditions. In addition, the Broda chair reduces the number of falls, pressure injuries, and unsafe vehicle patient transfers. This wheelchair can be used with accessible transportation to allow patients to attend appointments, providing improved access to medical care for patients with complex needs.	2021

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Physical/ Architectural</b>	<i>Inpatient Building – nursing unit</i>	Challenge with keeping patients “comfortable” when the ambient temperature fluctuates due to older windows with poor seals / drafts.	New windows were installed in patient rooms to reduce draft, and allow greater comfort for patients. Especially for patients whose circulatory system may be inadequate, or our patients who are less mobile and unable to generate warmth through movement.	2021
<b>Physical/ Architectural</b>	<i>Inpatient Building</i>	Challenge with keeping patients “comfortable” in a large building with rooms of various sizes all being heating through a central boiler system.	A new boiler was installed to allow for greater consistency of temperature and comfort from room to room.	2021
<b>Informational/ Communicational</b>	<i>Outpatient Building – Audiology &amp; Speech Language Pathology</i>	No barrier – proactive change.	Purchased several pocket talkers. Additional pocket talkers were donated, refurbished and put into service. These devices enable patients to better communicate, and therefore more fully participate in their treatment. Furthermore, the ability to communicate improves socialization which improves morale / self-esteem and subsequently, therapy outcomes.	2021
<b>Technological</b>	<i>Outpatient Building – Audiology</i>	No barrier – proactive change.	The Audiology Department has put more equipment into the sound booths. This change means that the patient is required to travel less during their appointments. They now only have to go to one room, and can stay there for the duration of the appointment.	2021

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Policy/Practice</b>	<i>Outpatient Building - AAC</i>	Patients who are discharged from inpatient programs have a long wait to access AAC programming, causing a delay in obtaining communication aids.	The AAC team has made adjustments to the intake process for their program. Inpatients who were discharged home were previously considered low priority referrals. These patients are now a higher priority and are able to have quicker intervention. This allows for a smoother transition, better communication in the community setting and a better quality of life for these patients.	2021
<b>Physical/ Architectural</b>	<i>Outpatient Building - therapy</i>	Limited therapy space due to gathering limits due to COVID-19, created a barrier to patients receiving treatment.	The Physiotherapy and Occupational Therapy Departments have created additional treatment spaces including transforming a portable into a fully functioning therapy space. Two additional treatment spaces were created in the portable. Additional treatment space allows improved patient access to care.	2021
<b>Physical/ Architectural</b>	<i>Outpatient Building - therapy</i>	Limited therapy space due to gathering limits due to COVID-19, created a barrier to patients receiving treatment.	The Physiotherapy and Occupational Therapy Departments have created additional treatment spaces by transforming the Cancer Rehabilitation Room (program moved to virtual care due to COVID) into four treatment spaces. Exercise equipment was moved into this space as well. Additional treatment space allows improved patient access to care.	2021
<b>Physical/ Architectural</b>	<i>Outpatient Building - therapy</i>	Limited therapy space due to gathering limits, created a barrier to patients receiving treatment.	The Physiotherapy and Occupational Therapy Departments have created additional treatment spaces by transforming the Patient Education Room into a virtual treatment space. This has	2021

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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			<p>allowed other therapists to utilize the regular treatment space, while offering treatment to additional outpatients. Increasing treatment spaces has increased availability of treatment.</p>	
<b>Technological</b>	<i>Outpatient Building – therapy</i>	<p>Limited therapy space due to gathering limits, created a barrier to patients receiving treatment.</p>	<p>The Physiotherapy and Occupational Therapy Departments purchased several computers in order to provide virtual treatment. This has increased access to care for patients who were fearful of attending treatment in person, or those who were unable due to gathering limits.</p>	2021
<b>Policy/Practice</b>	<i>Outpatient Building – therapy</i>	<p>No barrier – proactive change.</p>	<p>The Orthopaedics Program added a full time scheduler. This has help reduced the number of appointment slots that remain unfilled. As a result patients receive better access to care, and last minute cancellations are able to be filled by a patient. Access to care and patient services has increased. Errors have reduced.</p>	2021
<b>Policy/ Practice</b>	<i>Outpatient Building – therapy</i>	<p>No barrier – proactive change.</p>	<p>The outpatient Neuro scheduling program has been given a generic login. This improves staff access to the scheduling information, and can allow therapists and assistants to know where a patient is scheduled to be at any given time. This helps with the efficiency of treatment, and helps prevent lost treatment time for the patient.</p>	2021

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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Policy/Practice	<i>Inpatient Building – nursing and allied health</i>	No barrier – proactive change.	Patient flow meetings have become virtual meetings. This allows staff to quickly access information, and only participate for the portion of the meeting that pertain to them. Frontline staff are no longer required to defer patient treatment to participate, and can more easily access the inpatient referral list.	2021
Policy/Practice	<i>Outpatient Building – therapy</i>	Limited therapy space due to gathering limits, created a barrier to patients receiving treatment.	The EMG program is being expanded to enable a greater number of patients to access this treatment program. The clinical team has been able to determine the exact amount of time required to appropriately clean the treatment space, therefore more accurate time slots have been created and there is less wasted time between patients. Therefore more patients can be treated in this program.	2021
Physical/ Architectural	<i>Inpatient Building - nursing</i>	No barrier – proactive change.	The hospital purchased several IsoTour mattresses. These mattresses prevent pressure injuries. This means patients won't lose treatment time due to a hospital acquired injury. The mattresses also allow staff to reposition patients mechanically (with the aid of a bed) which reduces staff injuries.	2021
Physical/ Architectural	<i>Inpatient Building – nursing units</i>	No barrier – proactive change.	The hospital purchased 22 new beds that are more technologically advanced. There are several settings including a pressure alarm. This setting is meant for exit seeking patients and is meant to reduce falls. By keeping the patient healthy, they are able to access therapy, and obtain their treatment goal.	2021



## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Physical/ Architectural</b>	<i>Inpatient Building / Patient Rooms</i>	Not all patient rooms have ceiling lifts utilized to move patients in and out of bed.	2 new ceiling lifts were installed, which allow for increased ease of movement for patients with mobility concerns.	2021
<b>Technological</b>	<i>Outpatient Building – AAC</i>	No barrier – proactive change.	The AAC department purchased a Tobii Dynavox TV. This smartboard is another tool that the department can use to communicate with patients during treatment.	2021
<b>Physical/ Architectural</b>	<i>Outpatient Building – swimming pool</i>	No barrier – proactive change.	The therapy pool underwent significant renovations which should prevent the need for repairs in the near future. This means that patients are less likely to have their treatment cancelled due to maintenance issues with the pool and it results in greater access to treatment.	2021
<b>Physical/ Architectural</b>	<i>Outpatient Building – therapy</i>	Not all departments have access to a portable lift to move patients in and out of wheelchair.	The hospital purchased a hooyer lift, which allows for increased ease of movement for patients with mobility concerns.	2021
<b>Informational/ Communicational</b>	<i>Inpatient Building – nursing</i>	No barrier – proactive change.	The hospital purchased a vital signs monitor with a stand. The equipment has settings to increase font and it provides auditory prompts which improves ease of use for staff.	2021
<b>Technological</b>	<i>Outpatient Building – pool</i>	No barrier – proactive change.	The hospital purchased a TidalWave pool bike. This equipment will provide patients with dynamic care while performing their treatment in the pool.	2021

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

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<b>Physical/ Architectural</b>	<i>Inpatient Building – patient rooms</i>	Not all departments have access to a mechanical lift to move patients in and out of bed	The hospital purchased a bariatric ceiling lift and installed ceiling tracks. This lifting system allows for increased ease of movement for bariatric patients with mobility concerns.	2021
<b>Physical/ Architectural</b>	<i>Outpatient Building – therapy</i>	Limited therapy equipment created a barrier to patients receiving treatment.	The hospital purchased additional NuStep exercise equipment. This equipment was placed in new a therapy space, and will allow patients to have continued access to dynamic treatment.	2021
<b>Informational/ Communicational</b>	<i>Inpatient Building – nursing</i>	No barrier – proactive change.	The hospital purchased two new bladder scanners. The equipment has settings to increase font which improves ease of use for staff.	2021
<b>Physical/ Architectural</b>	<i>Inpatient Building - nursing</i>	No barrier – proactive change.	The hospital purchased a Sara Steady sit-to-stand aid. Patients who are partially mobile can transfer from bed to wheelchair with cuing only. This provides greater independence to patients. Several have been purchased for patient use at home once discharged. This equipment allows the patient to have greater independence and access to mobility.	2021
<b>Physical/ Architectural</b>	<i>Inpatient Building – nursing unit</i>	Patients with various respiratory conditions who are also non-ambulatory have difficulty mobilizing for showers.	The Hospital purchased tilting shower commodes which provide safe and comfortable seating for patients with various respiratory conditions. This chair allows patients greater access to showering.	2021

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Technological	<i>Outpatient Building – Audiology</i>	No barrier – proactive change.	The Hospital purchased a Verifit Skull Simulator which allows the Audiologist to better measure the of bone anchored hearing aids. This new equipment will allow the audiologist to provide the patient with better access to appropriate amplification, therefore improving their ability to communicate.	2021
Technological	Development & Communication Department / ICT Department	Some barriers to accessing website.	The Hospital has updated our external website to meet current AODA standards ( <i>Web Content Accessibility Guidelines 2.0, Level AA</i> )	2021
Technological	<i>Outpatient Building – Speech Language Pathology</i>	No barrier – proactive change.	The Hospital purchased a Visi-Pitch which allows speech language pathologists to measure speech and voice signals (frequency, amplitude, formants etc.) and provide real-time visual and auditory biofeedback to the patient. This allows the patient to see / hear if they are meeting therapy targets, and allows for improve patient progress, and accelerates the acquisition of therapy goals.	2022
Technological	<i>Outpatient Building – AAC</i>	No barrier – proactive change.	The Hospital purchased new iPad’s for the Speech Department. The old iPad’s do not support new speech apps, which are used during therapy.	2022
Physical/ Architectural	<i>Outpatient Building – AAC</i>	No barrier – proactive change	The AAC department redesigned their clinic space. In doing so the Team is able to provide more therapy time, increase patients assessments, and provide more	2022

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Policy/Procedure	<i>Outpatient Building – AAC</i>	No barrier – proactive change.	<p>therapy in the department. Therefore the Team is able to care for more patients, and reduce their waitlist.</p> <p>The AAC department has resumed home visits. This program was paused at the beginning of the pandemic. In providing home visits, the AAC department is able to provide their specialized care to patient who are unable to access our facility.</p>	2022
Policy/Procedure	<i>Outpatient Building – Audiology</i>	No barrier – proactive change.	<p>The Audiology department has resumed home visits. This program was paused at the beginning of the pandemic. In providing home visits, the Audiology department is able to provide assessments and care to patients who are unable to access our facility.</p>	2022
Physical/ Architectural	<i>Outpatient Building - Therapy</i>	No barrier – proactive change.	<p>The hospital purchased another Sara Stedy sit-to-stand aid. Patients who are partially mobile can transfer from bed to wheelchair with cuing only. This provides greater independence to patients. This particular Sara Stedy was purchased for training purposes, staff can train patients and family members to use this piece of equipment.</p>	2022
Physical/ Architectural	<i>Inpatient Building – Pilot Treatment Room</i>	No barrier – proactive change.	<p>The hospital purchased a new set of parallel bars (installed 2nd floor), and relocated the old set into the outpatient neuro department. Having parallel bars in two spaces increases the therapists ability to provide safe gait training.</p>	2022

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Policy/Procedure	<i>Outpatient Building – Rehab Programs</i>	No barrier – proactive change.	The hospital has trained the outpatient allied health staff so that they could obtain the knowledge and skills to offer virtual therapy to patients. This has allowed staff across the outpatient departments (with exception to audiology), to provide virtual therapy as a standard treatment modality. Laptops have been purchased and permanent virtual treatment spaces have been created. This treatment option allows patients with health concerns and/or transportation barriers to access high level of rehabilitation care from the comfort of their home.	2022
Technological	<i>Outpatient Building – Rehab Programs</i>	No barrier – proactive change.	The Hospital has launched Ontario Telemedicine Network (OTN) and Microsoft Teams across all our rehabilitation programs. All staff now have an OTN and Microsoft Teams account, this allows patients secured access to virtual treatment when they have transportation or health concerns that prevent in person treatment.	2022
Physical/ Architectural	<i>Inpatient / Outpatient Parking Lots</i>	Parking lots had a “step-up” to the sidewalk which made access difficult.	The hospital renovated several of the parking lots. The pavement in parking lot “D” is now flush with the sidewalk, we anticipate that this adjustment will reduce slips, trips and falls, and improve access to the sidewalks, especially for patient with mobility difficulties.	2022

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

<b>Type of Barrier</b>	<b>Area/ Department</b>	<b>Description of Barriers</b>	<b>Strategy for Removal/Prevention</b>	<b>Year Completed</b>
<b>Physical/ Architectural</b>	<i>Inpatient / Outpatient Parking Lots</i>	No barrier – proactive change.	The hospital renovated several of the parking lots and increased the total number of parking spots. We added several spots close to our entrances which increases access for all persons, including patients with disabilities.	2022
<b>Physical/ Architectural</b>	<i>Inpatient / Outpatient Parking Lots</i>	Parking lots were not labelled, and new patients often entered through a door that was far from their treatment space.	Hospital parking lots have been named (alphabetical) and affixed with signage. The schedulers can now provide specific parking instructions to patients/caregivers i.e.: park in lot “D”. This has increased access to parking, and has reduced confusion. Patients can be easily directed to the most appropriate entrance, which results in less patients getting lost.	2022
<b>Physical/ Architectural</b>	<i>Inpatient / Outpatient Parking Lots</i>	Signage in the parking lot are aging and difficult to read.	Older signage in the parking lots were replaced and updates with new signs that are legible. The main entrance sign at Lot A was updated for increased visibility. Furthermore, the Hospital increased the number of signs in the parking lots (i.e.: speed limit signs).	2022
<b>Technological</b>	<i>Inpatient Building – Lobby</i>	No barrier - proactive change	A TV screen in the front lobby is now being utilized to display information in larger formats for our patients and visitors.	2022
<b>Physical/ Architectural</b>	<i>Outpatient Building - SLP</i>	Difficulty portering patient to appropriate treatment room	The Speech Language Pathology (SLP) offices in the outpatient building now have the therapist name on the office door, this allows the treating therapist to be easily identified.	2022

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Physical/ Architectural</b>	<i>Boxing Ring - Outpatient Patient Building</i>	Physical distancing due to COVID-19 decreased the number of patients that could be treated in each therapy space. This limited access to therapy equipment.	In an effort to increase patient access to therapy equipment, several existing spaces in the hospital were repurposed to allow for an increase in clinical spaces. By increasing therapy space patients have improved access to various equipment that can be used to promote recovery, and help with the patient and their therapists achieve therapy goals.	2022
<b>Physical/ Architectural</b>	<i>Pool - Outpatient Patient Building</i>	No barrier – proactive change.	The Hospital renovated the aging tile in our therapy pool. In the process upgraded the pool flooring from tile to a non-slip material. This non-slip surface will allow patients safer access to our pool.	2022
<b>Technological</b>	<i>Outpatient Building – Rehab Programs</i>	No barrier – proactive change.	The Hospital purchased a Deep Oscillation for the outpatient ortho department. This equipment is meant to relax tissue and help manage scar tissue through increasing local blood flow and circulation etc. This machine is meant to aid in recovery for our patients. Recovery from injury often leads to increased confidence, mobility, dignity and quality of life.	2022
<b>Technological</b>	<i>Inpatient Building - Nursing</i>	No barrier – proactive change.	The Hospital purchased a new blanket warmer. Given the diversity of our patient population, warm blankets can be helpful in providing patients equal access to their preferred temperature. We can make the room temperature comfortable for our active staff and more youthful patient, and also provide individual access to increased warmth for those patients who find it difficult to stay warm.	2022

**Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan**

<b>Type of Barrier</b>	<b>Area/ Department</b>	<b>Description of Barriers</b>	<b>Strategy for Removal/Prevention</b>	<b>Year Completed</b>
<b>Physical/ Architectural</b>	<i>Inpatient Building – Nursing Unit</i>	Patients with various respiratory conditions who are also non-ambulatory have difficulty mobilizing for showers.	The Hospital purchased tilting shower commodes which provide safe and comfortable seating for patients with various respiratory conditions. This chair allows patients greater access to showering.	2022
<b>Physical/ Architectural</b>	<i>Entire Facility – Nursing &amp; Rehab</i>	No barrier – proactive change	The Hospital purchased new walkers which are provided to patients to use while in our facility. These walkers provide patients with mobility and independence.	2022
<b>Physical/ Architectural</b>	<i>Inpatient Building – Nursing Units</i>	No barrier – proactive change.	The hospital purchased 25 new Stryker S3 beds. This bed has the latest technology. There are siderails that are designed for ease of patient use, which will provide patients more independence. This bed also has a pressure alarm. This setting is meant for exit seeking patients and is meant to reduce falls. By keeping the patient healthy, they are able to access therapy, and obtain their treatment goal.	2022
<b>Informational/ Communicational</b>	<i>Inpatient Building – Nursing</i>	No barrier – proactive change.	The hospital purchased four vital signs monitors. The equipment has settings to increase font and it provides auditory prompts which improves ease of use for staff.	2022
<b>Technological</b>	<i>Inpatient Building – Occupational Health</i>	Employers, physicians and students with scent sensitivities and/or claustrophobia had difficulty being fit-tested. Some staff required specialty testing.	The Hospital purchased a PortaCount® Respirator Fit Tester. This machine allows the Hospital to perform quantitative fit testing, which means scents and a hood are no longer required for fit-testing. All staff capable of wearing a respirator now have equal access to fit-testing.	2022



## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

<b>Type of Barrier</b>	<b>Area/ Department</b>	<b>Description of Barriers</b>	<b>Strategy for Removal/Prevention</b>	<b>Year Completed</b>
<b>Technological</b>	<i>Inpatient Building – Nursing</i>	Active patients had their mobility restricted due to the previous constrained caused by wound care process.	The Hospital purchased a 3M™ ActiV.A.C.™. This wound care device allows patients to remains active and mobile while receiving wound care.	2022
<b>Physical/ Architectural</b>	<i>Entire Facility – Nursing &amp; Rehab</i>	No barrier – proactive change.	The hospital purchased a Rigid Leg Lifter. This device will improve patient mobility (getting in/out of bed, car, etc. and provide them great independence while they recover from leg, hip or knee injuries.	2022
<b>Physical/ Architectural</b>	<i>Entire Facility – Nursing &amp; Rehab</i>	No barrier – proactive change.	The hospital purchased a curved transfer board. This device will improve patient mobility and allow the patient to have greater independence. Patients can use to device to access mobility aids such as wheelchairs. Patients can move from one surface to another safely while preventing slips and falls.	2022
<b>Technological</b>	<i>Outpatient Building – AAC</i>	No barrier – proactive change.	The hospital purchased a MacBook Pro. The AAC department uses this device for assessment purposes and to help train patients with various illness or disability, and allows their patients to communicate (more) independently.	2022
<b>Technological</b>	<i>Outpatient Building – Occupational Therapy</i>	No barrier – proactive change.	The Hospital purchased the Bioness Integrated Therapy System. This equipment is designed to meet the diverse needs of physical, occupational and speech therapy staff in one device. The system will support a series of software programs for optimizing patient outcomes. This evolved, improved technology includes quantitative assessments. One of the programs is designed to evaluate and improve abilities	2022

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
			in individuals with disabilities resulting from traumatic injuries and movement disorders. This will help patients regain independence.	
<b>Technological</b>	<i>Outpatient Building – Occupational Therapy</i>	No barrier – proactive change.	The Hospital purchased a STISIM driving simulator. This equipment will allow the occupational therapists to assess our patients abilities to drive. The evolved, improved technology has a more immersive environment that will help prepare patients for driving on the roadways, while in a safe environment. Patients who regain their ability to drive, also regain a form of mobility as well as independence.	2022
<b>Physical/ Architectural</b>	<i>Entire Facility – Outpatient Building</i>	No barrier – proactive change.	The hospital renovated several washrooms in the outpatient building. Along with upgrades to the plumbing system, the hospital installed accessible toilets (17"-19" toilets) in the bathroom stalls. This provides great access to toileting for person with hip and knee conditions and /or injuries.	2022
<b>Physical/ Architectural</b>	<i>Entire Facility – Outpatient Building</i>	No barrier – proactive change.	The Hospital purchased several evacuation slides, which will allow patients with mobility challenges to be quickly and safely be evacuated from the nursing units during an emergency (i.e.: fire).	2022
<b>Physical/ Architectural</b>	<i>Parking Lot</i>	Parking lot difficult to navigate	The hospital installed a gate in parking lot A. This gate will help improve wayfinding for our patients and visitors, and improve timely access to the hospital.	2022

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Physical/ Architectural</b>	<i>Parking Lot</i>	Difficult for patients and visitors to find an “open” parking space.	The hospital increased the number of parking space. This will help improve patients and visitors access to the hospital.	2022
<b>Informational/ Communicational</b>	<i>Inpatient Building – Nursing/Allied Health</i>	No barrier – proactive change.	The 1 <sup>st</sup> floor interdisciplinary team made adjustments to the documentation provided to patients during discharge. The <u>new</u> standard practice is to place the most important discharge information on yellow paper. This improves patients ability to manage their documentation, as it provides patients a visual cue. Moreover, it has become easier for clinical staff to communicate about discharge since they can refer to the yellow paper. The hospital plans to expand this project to all patient units.	2022
<b>Technological</b>	<i>Outpatient Building – Audiology</i>	No barrier – proactive change.	The hospital has purchase an audiology scheduling system call “Blueprint”. This system improves patients scheduling, but it also improves communication with patients. The system provides email and text notices to patients reminding them of upcoming appointments. Therefore, patients have improved access to assessments and treatment as they are less likely to miss an appointment.	2022
<b>Informational/ Communicational</b>	<i>Entire facility</i>	No barrier – proactive change.	The hospital is providing staff with education and training on ethics. This initiative will improve patient dignity.	2022

## Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
<b>Informational/ Communicational</b>	<i>Outpatient Building – Outpatient Neuro</i>	No barrier – proactive change.	The hospital now displays the therapy schedule in the outpatient neuro department. This provides patients of visual of their schedule, so they can easily see what therapist / assistant they are scheduled to work with. This improves patients access to information.	2022
<b>Informational/ Communicational</b>	<i>Outpatient Building – Outpatient Neuro</i>	No barrier – proactive change.	The hospital has expanded the use of whiteboards at the patients bedside. Now all patients have a whiteboard. The existing whiteboards were re-aligned, and the unit counsels now use the boards to create a standardized approach to communicate at the bedside. Information sharing between interdisciplinary staff, patients and family members has improved.	2022
<b>Physical/ Architectural</b>	<i>Inpatient Building – Nursing Units</i>	No barrier – proactive change.	The hospital purchased 73 IsoTour gel mattresses. These mattresses prevent pressure injuries. This means patients won't lose treatment time due to a hospital acquired injury. The mattresses also allow staff to reposition patients mechanically (with the aid of a bed) which reduces staff injuries. Comfortable mattresses provide patients with dignity during their hospital stay.	2022

## 8. Barrier Identification Methodologies

Methodology	Description	Frequency
<b>Patient/Visitor Accessibility Questionnaire</b>	A brief questionnaire requesting patients/visitors to identify any barriers encountered while accessing services within our facility and to provide suggestions for improvement.	Ongoing throughout the year (incorporated into Outpatient Satisfaction Surveys)
<b>Employee Accessibility Questionnaire</b>	A brief questionnaire requesting employees to identify any barriers that may be encountered while accessing or providing services within our facility and to provide suggestions for improvement.	Ongoing throughout the year (available on E-span)
<b>2004 Barrier Audit Report</b>	A large-scale barrier audit completed by an external consulting firm to identify physical and architectural barriers of the facility based on best practice guidelines.	One-time
<b>Health Infrastructure Renewal Fund (HIRF) Assessment</b>	Assessment of the facility to determine eligible HIRF projects including addressing barrier-free requirements for accessibility and addressing emergency alarms and egress from buildings.	Annually
<b>Environmental Scans</b>	Completed by Environmental Services/Maintenance Departments for entire facility.	Ongoing throughout the year
<b>AODA Committee meetings</b>	Review and identification of by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities.	Ongoing throughout the year
<b>Feedback/suggestions from HDSHRC community partners</b>	Through our affiliations with community partners such as Survivors of Stroke Niagara (SOS), March of Dimes, Home and Community Care Support Services (HCCSS) and Spinal Cord Injury Ontario the Hospital has received feedback on our Accessibility Plan.	Ongoing throughout the year
<b>Patient Advisors &amp; Patient Advisor Committee</b>	Our Patient Advisors facilitate in-person Patient Satisfaction Surveys which allows them to document any accessibility barriers, and to capture programs and practice that could improve the patient experience of persons with accessibility concerns.  The Patient Advisor Committee reviews policies, practices and services that cause or may cause barriers to people with disabilities.	Ongoing throughout the year

## 9. Barriers and Opportunities to be Addressed

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Timeline for Removal/Prevention
Physical/ Architectural	<i>Inpatient Building – Nursing Units</i>	No barrier – proactive change.	The hospital plans to purchase 52 Stryker S3 beds. These beds have the latest technology. There are side rails that are designed for ease of patient use, which will provide patients more independence. These beds also has a pressure alarm. This setting is meant for exit seeking patients and is meant to reduce falls. By keeping the patient healthy, they are able to access therapy, and obtain their treatment goal.	2023
Physical/ Architectural	<i>Entire Facility – Nursing &amp; Rehab</i>	No barrier – proactive change	The Hospital plans to purchase two bariatric offset handle canes. These canes will be loaned to patients to use while in our facility. These canes provide patients with mobility and independence.	2023
Physical/ Architectural	<i>Outpatient Building - Audiology</i>	The Audiology Department created a rotation schedule, whereby each Audiologist works in the same sound booth for an entire week. As a result, the department realized that they were not able to optimize their schedule as the smaller sound booth was not suitable for all patients. This resulted in gaps in the schedule, and less access to appointments for patients.	The Hospital plans to purchase another large sound booth. This will allow all audiologists to schedule any type of patient during all times of day. This will optimize schedule, and increase the communities access to our services.	2023
Technological	<i>Outpatient Building – AAC</i>	No barrier – proactive change.	The Hospital hopes to purchase an Iphone 14. The AAC department would use this device to help train patients with various illness or disability, and	2022

**Hotel Dieu Shaver Health and Rehabilitation Centre – Accessibility Plan**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Timeline for Removal/Prevention
<b>Technological</b>	<i>Outpatient Building – AAC</i>	No barrier – proactive change.	<p>allows their patients to communicate (more) independently.</p> <p>The hospital purchased a new Health Information System (HIS). The process to build the system will take multiple years, and will commence in 2023. The HIS is more patient and staff friendly, and will improve patient safety. As part of the building process, the hospital will obtain input from community partners, patient advisors and staff.</p>	2023

## 10. Review and Monitoring Process

The AODA Committee will meet on a quarterly basis to review implementation progress on the measures outlined in this plan. As necessary, the AODA Committee will remind staff about their roles and responsibilities in implementing the plan.

At least once annually, the AODA Committee will prepare a status report on the plan and at least once every 5 years, the AODA Committee will review and update the plan in consultation with people with disabilities.

Our Environmental Services / Maintenance department continually monitors the Hospital's public spaces. The constant monitoring ensures that all necessary preventative and emergency maintenance measures, with regards to accessible elements in public spaces, occur within a safe and timely manner. In the event of a temporary disruption of an accessible element, the Environmental Services / Maintenance department would release a hospital-wide memo informing individuals of the disruption, the location of the disruption and any potential hazards caused by the disruption. This memo would also include the approach and timeline for resolution, which would be determined on a case-by-case basis.

## 11. Communication of the Plan

HDSHRC's Accessibility Plan and annual status reports will be posted on the hospital website and on E-span and hard copies will also be available from the AODA Committee. On request, the plan and status reports will be made available in alternative accessible formats such as large print or Braille.

## 12. Related Policies

- Corporate Policy AODAS-1 Accessibility Commitment & Standards
- Corporate Policy AODAS-2 Accessible Customer Service
- Corporate Policy AODAS-3 Accessibility Standards for Procurement
- Corporate Policy AODAS-4 Workplace Emergency Response Information

## 13. For More Information

***For more information on this accessibility plan, please contact:***

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***Our accessibility plan is publicly posted at:***

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Website: <https://www.hoteldieushaver.org/site/accessibility>