Accessibility Plan

Effective: January 1, 2013

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Executive Summary

The purpose of the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*, 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.

This is the first version of the multi-year plan prepared by the AODA Committee of Hotel Dieu Shaver Health and Rehabilitation Centre (HDSHRC).

For the purposes of accessibility planning, HDSHRC uses the same definition of disability as the *Ontario Human Rights Code*. Disability is defined as:

- 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, including diabetes mellitus, epilepsy, and degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or on a wheelchair or other remedial appliance or device,
- A condition of mental retardation or impairment,
- A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- A mental disorder, or
- An injury or disability for which benefits were claimed or received under the *Workplace Safety and Insurance Act, 1997*

A 'barrier' is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability. An example of each of the different kinds of barriers is shown below:

Barrier Type	Example
Physical / Architectural	A hallway or door that is too narrow for a wheelchair or scooter
Informational / Communicational	Print that is too small to be read by a person with low vision
Attitudinal	An assumption that a person who has a speech impairment can't understand what is being said to them
Technological	A website that does not support screen-reading software
Policy/Practice	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 a specialty healthcare facility, HDSHRC excels in providing rehabilitation, complex care and geriatric services to patients from St. Catharines and the Niagara Region.

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;
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.)
Carol Bergeron	Vice President, Clinical Services and CNO	84212
David Ceglie	Manager, Speciality Programs	85317
Catherine Esposito	Director, Health Data & Quality Improvement	85323
Morrigan Grey	Coordinator, Health Data & Human Resources	85229 (a.m.) 85221 (p.m.)
Mike Gualtieri	Director, Environmental Services	84265
Jennifer Hansen	Manager, Inpatient Nursing CC & Seniors' Health	84288
Scott Harris	Manager, Outpatient Rehabilitation Program & Pharmacy	85276
Catherine MacDougall-Chiarelli	Manager, Inpatient Nursing Rehabilitation & Restorative Care	84289
Lynne Pay	Vice President, Corporate Services	84884
Elizabeth Pearson	Manager, Professional Practice and Infection Control	84218
Chris Pollard	Manager, Inpatient Rehabilitation Program	85268
Fred Radunsky	Director, Human Resources	85258
Sandra Robinson	Manager, Clinical Services & Safety	84270
Kevin Vallier	Director, Public Affairs & Communications	84826

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
Physical/Architectural	*Parking Area*	Parking meters are insufficient in number and too high to allow wheelchair access	Additional meters installed and meters adjusted to lower height to allow wheelchair access	**2006**
Physical/Architectural	*Therapy Pool*	No access to pool for individuals in wheelchairs	Installation of ramp into pool to allow wheelchair access	**2007/2008**
Informational/ Communicational	*Inpatient Building/East end public elevator*	Controls are not accessible for individuals with low-vision	Installation of Voice Recognition Systems and braille in elevator	**2008**
Physical/Architectural	*Inpatient Building*	Hallway and patient room clutter and traffic make it difficult for individuals using mobility assistive devices	Proposal submitted to Ministry of Health and Long-Term Care for new beds (currently 4 beds used in rooms designed for 2 beds)	**2009**
Physical/Architectural	*Parking Area*	Designated accessible parking spaces are insufficient in number	Additional parking spaces designated for use by people with disabilities	**2009**
Physical/Architectural	*Inpatient Building/Auditorium*	Ramp into auditorium difficult to navigate for some wheelchair users	Installation of wheelchair lift	**2009**
Informational/ Communicational	*Hospital Website*	Web content is not accessible for individuals with low vision	Website re-designed to allow font-size customization	**2009**
Attitudinal & Policy/Practice	*Throughout facility*	Increased awareness needed of importance of providing integrated and equal opportunity services in a way that respects each individual's dignity and independence	Creation of and education on policy for Accessible Customer Service (ODAS-1)	**2009**
Physical/Architectural	*Inpatient Building/Main Lobby, Coffee Shop, and east end by Cafeteria*	Corridor doorways too narrow for easy access by individuals in wheelchairs.	Corridor doorways widened to allow better wheelchair access	**2010**
Physical/Architectural	*Parking Area*	Designated accessible parking spaces are insufficient in number	Additional parking spaces designated for use by people with disabilities	**2010**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Physical/Architectural	*Outpatient Rehabilitation Building/ outside Lou Cahill room*	No access to washrooms for individuals in wheelchairs	Installation of wheelchair accessible washroom including electronic door opener	**2010**
Physical/Architectural	*Inpatient Building / Coffee Shop*	No access to washrooms for individuals in wheelchairs	Installation of wheelchair accessible washroom including electronic door opener	**2010**
Informational/ Communicational	*Inpatient Building/Public elevator to Outpatient Building*	Controls are not accessible for individuals with low-vision	Installation of Voice Recognition Systems and braille in elevator	**2010**
Physical/Architectural	*Outpatient Rehabilitation Building/ Neuro Department*	Doorways too narrow to be accessed by individuals in wheelchairs.	Doorways widened to allow wheelchair access	**2011**
Physical/Architectural	*Inpatient Building/ Ambulance entrance and Physio*	Doorways too narrow to be accessed by individuals in wheelchairs.	Doorways widened to allow wheelchair access	**2011**
Physical/Architectural	*Inpatient Building/Front Reception*	Window and counter are too high to be accessed by individuals in wheelchairs.	Front reception counter and window lowered to allow wheelchair access	**2011**
Physical/Architectural	*Outpatient Building/ Patient scheduling*	Window and counter are too high to be accessed by individuals in wheelchairs.	New scheduling area installed with low counters and windows to allow wheelchair access	**2011**
Attitudinal & Policy/Practice	*Throughout facility*	Increased awareness needed of importance of providing integrated and equal opportunity services in a way that respects each individual's dignity and independence	Adoption of and education on person centred care approach to healthcare including collaborative decision making and communication based on each individual's needs	**2011**
Physical/Architectural	*Outpatient Rehabilitation Building/ Network Niagara and ADL Apartment*	Doorways too narrow to be accessed by individuals in wheelchairs.	Doorways widened to allow wheelchair access	**2012**
Physical/Architectural	*Outpatient Rehabilitation Building / ADL Apartment*	No access to washrooms for individuals in wheelchairs	Installation of wheelchair accessible washroom including electronic door opener	**2012**
Informational/ Communicational	*Outpatient Rehabilitation Building*	Insufficient signage for way-finding and for individuals with low-vision	Installation of large print directory signage including colour coding to match way-	**2012**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
			finding stripes on facility walls	
Informational/ Communicational	*In-patient floors*	Insufficient signage for way-finding and for individuals with low-vision	Installation of tactile directory signage including both raised lettering and braille	**2012**
Informational/ Communicational	*Outpatient Rehabilitation Building*	Emergency notification is not accessible for individuals with low-vision and/or hearing impairments	Installation of Voice Annunciation Systems and Emergency Lighting for fire alarm system	**2012**
Informational/ Communicational	*Throughout facility*	Emergency procedures, plans, or public safety information that have been made available to the public are not available in accessible formats	Information in this category has been identified (i.e. Patient & Family Handbook – Patient Safety Information and Visitor Responsibilities Policy) and can be made available in accessible formats upon request.	**2012**
Physical/Architectural	*Outpatient Rehabilitation Building/ Courtyard*	Insufficient indoor space for therapy programs and services for individuals with mobility impairments; hallway clutter and traffic poses safety concern for physical exercises; and temporary disruptions for practicing transfers in and out of cars experienced based on weather conditions	Construction of 5700 square feet of new rehabilitation space and installation of new therapy equipment including indoor walking track, car for practicing transfers, and treadmill for non-weight bearing patients. Also includes indoor traffic light that provides visual feedback during therapy exercises for individuals with hearing impairments and meets the Canadian Institute for the Blind (CNIB) standards for auditory feedback to the visually impaired.	**2012**
Physical/Architectural	*Outpatient Rehabilitation Building / Front Reception*	Window and counter are too high to be accessed by individuals in wheelchairs	Front reception counter and window lowered to allow wheelchair access	**2012**
Physical/Architectural	*Inpatient Building / Front Reception*	New patient admitting and information area to be installed	Low reception counter and window installed to allow wheelchair access	**2012**

8. Barrier Identification Methodologies

Methodology	Description	Frequency
Patient/Visitor Accessibility Questionnaire	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)
Employee Accessibility Questionnaire	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)
2004 Barrier Audit Report	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
Health Infrastructure Renewal Fund (HIRF) Assessment	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
Environmental Scans	Completed by Environmental Services/Maintenance Departments for entire facility.	Ongoing throughout the year
AODA Committee meetings	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
Feedback/suggestions from HDSHRC community partners	Request for community partners such as Niagara Amputee Association, Survivors of Stroke Niagara (SOS), Brain Injury Community Re-Entry Niagara (BICR), March of Dimes, the Community Care Access Centre (CCAC), and Canadian Paraplegic Association Ontario to review and provide feedback on our Accessibility Plan.	Every 5 years from initial implementation

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	*Throughout facility*	To be identified annually as part of Hospital Infrastructure Renewal Fund (HIRF) assessment and submission process. *For 2013:* Insufficient number of wheelchair accessible washrooms.	To be determined annually based on barriers identified in HIRF assessment. *For 2013:* 1st floor patient laundry room will be converted to a wheelchair accessible washroom.	To be determined annually based on barriers identified in HIRF assessment. 2013
Policy/Practice	*Throughout facility*	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.	Create/update written policies and procedures on how HDSHRC will meet its legislated accessibility requirements including a statement of organizational commitment to meet the accessibility needs of persons with disabilities in a timely manner. Create a written document describing HDSHRC's policies related to accessibility and post on the hospital website. This document will be provided in an accessible format upon request.	January 1, 2013
Policy/Practice	*Procurement Department*	Lack of awareness of policies or procedures for incorporating accessibility criteria and features when procuring or acquiring goods, services, or facilities	Create/update written policies and procedures for incorporating accessibility criteria and features when procuring or acquiring goods, services, or facilities, including self-service kiosks, except where it is not practicable to do so. Where it is not practicable to do so, an explanation will be provided, upon request.	January 1, 2013
Policy/Practice	*Throughout facility*	Lack of awareness of the requirements of legislated accessibility standards and of the Human Rights Code as it	Training and education on legislated accessibility requirements, including the Human Rights Code as it pertains to people with disabilities, and on HDSHRC accessibility policies & procedures will be	January 1, 2014 for all existing stakeholders.

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Timeline for Removal/Prevention
		pertains to persons with disabilities.	provided to all employees, volunteers, persons who participate in policy development, and all other persons who provide goods services, or facilities on behalf of HDSHRC. Education will be appropriate to the duties of the individual and will be provided in respect of any changes to the policies on an ongoing basis. A record will be kept of the training provided including the dates and number of individuals.	On-going and as soon as practicable for future stakeholders.
Policy/Practice	*Throughout facility*	Lack of awareness of policies and procedures for receiving feedback and providing feedback in accessible formats or with communication supports.	Create/update written policies and procedures for receiving and responding to feedback in a manner that is accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communication supports, upon request. Information about the availability of accessible formats and communication supports will be posted on the hospital website.	January 1, 2014
Technological	*Development & Communication Department / ICT Department*	Web content is not fully accessible for use with screen-readers and other adaptive technologies	Internet websites and web content will conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, initially at Level A	January 1, 2014
Policy/Practice	*Human Resources Department*	Lack of awareness of policies and procedures for accommodation during the recruitment and selection process	Create/update written policies and procedures for accommodation, upon request, of applicants with disabilities in the recruitment, assessment, and selection process. Notification of the availability of accommodation during this process will be posted on all job postings/advertisements. If an applicant requests accommodation, they will be consulted with in order to arrange for provision of a suitable accommodation.	January 1, 2014
Policy/Practice	*Human Resources Department*	Lack of awareness of policies and procedures for supporting and accommodating employees with disabilities	Create/update written policies and procedures for providing job accommodations; providing accessible formats and communication supports; providing workplace emergency response	January 1, 2014

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Timeline for Removal/Prevention
			information; documenting individual accommodation plans; the process for return to work; and how accessibility needs will be taken into account during the performance management, career development and advancement, and redeployment processes for employees with disabilities. The policies and procedures will include all elements required by legislation. A notification about the policies related to accommodation for employees with disabilities will be included in all offers of employment.	
Policy/Practice	*Throughout facility*	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 than the regular cost charged to other persons.	Create/update written policies and procedures for provision of information in accessible formats or with communication supports upon request and in a timely manner at no more than regular cost. The person will be consulted with to determine the suitability of an accessible format or communication support and the availability of accessible formats and communication supports will be posted on the hospital website.	January 1, 2015
Technological	*Development & Communication Department / ICT Department*	Web content is not fully accessible for use with screen-readers and other adaptive technologies	Internet websites and web content will conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 at level AA	January 1, 2021

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.

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