



# Accessibility Plan Status Report

**Effective: January 1, 2017**

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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 third annual status report on the multi-year plan published on January 1, 2013 and 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
<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

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### 1. Accessibility Accomplishments

In addition to addressing the items in our multi-year Accessibility Plan, HDSHRC achieved the following accomplishments with regard to improving accessibility within our facility:

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
<b>Informational/ Communicational</b>	<i>Throughout facility</i>	Difficulty reading clocks	Large-face clocks installed throughout the facility	2013
<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	2013
<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	2013
<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	2013
<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 better wheelchair and mobility device access	2014
<b>Physical/ Architectural</b>	<i>Outpatient Rehabilitation Building/Ortho</i>	Hall doorway too narrow for easy access and navigation by individuals in wheelchairs	Hall doorway for hand therapy room in Ortho widened to allow better wheelchair and mobility device access	2014
<b>Physical/ Architectural</b>	<i>Throughout facility</i>	No barrier – proactive design feature	Hands-free water dispensers/fountains installed for staff and visitor use	2014
<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,	2015

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<b>Informational/ Communicational</b>	<i>Throughout facility</i>	Difficulty participating in treatment due to need for communication assistive devices/supports	<p>destination, and route. Maps are provided to all outpatients upon initial visit.</p> <p>Signage throughout the facility was also enhanced to clearly identify the location of accessible washrooms and various treatment areas.</p> <p>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.</p> <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.</p> <p>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>	2015
<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	2015
<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	2015

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<b>Physical/ Architectural</b>	<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
<b>Physical/ Architectural</b>	<i>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
<b>Physical/ Architectural</b>	<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
<b>Physical/ Architectural</b>	<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
<b>Physical/ Architectural</b>	<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
<b>Physical/ Architectural</b>	<i>Throughout facility</i>	No barrier – proactive change	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 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.	2015
<b>Technological</b>	<i>Outpatient Rehabilitation Building</i>	Difficulty for patient populations with severe mobility impairments to access specialists for consultation and	Expanded the telemedicine (OTN) and Augmentative and Alternative Communication (AAC) programs to incorporate nursing support onsite, as well as home	2015

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		treatment	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>Physical/ Architectural</b>	<i>Inpatient building / Clinical units</i>	No barrier – proactive change	Replaced outdated wall guards on the inpatient floors with new wall guards to protect wheelchair users that are composed of a material that provides superior antimicrobial protection.	2016
<b>Physical/ Architectural</b>	<i>Inpatient building / Clinical units</i>	No barrier – proactive change	Installed smooth, rounded, and easy to grasp wooden hand rails on the inpatient floors that provide improved hand ergonomics, stability, and support while walking or using a wheelchair and are also composed of a material that provides superior antimicrobial protection.	2016
<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 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.	2016
<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.	2016
<b>Technological</b>	<i>Inpatient building / Clinical units</i>	No barrier – proactive change	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	2016

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			also been successful, such as adapting a baby monitor to function as a call bell where needed.	
<b>Policy/Practice</b>	<i>Inpatient building / Clinical units</i>	No barrier – proactive change	Strengthened our relationship with the BSO (behavioural Support Unit) to better meet the needs of our patients with cognitive impairments.	2016
<b>Technological</b>	<i>Inpatient building / Clinical units</i>	Providing a restraint-free 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 practice nurse who completes comprehensive assessments for all patients with cognitive issues.	2016
<b>Physical/ Architectural</b>	<i>Outpatient Rehabilitation Building</i>	No barrier – proactive change	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.	2016
<b>Physical/ Architectural</b>	<i>Parking lot</i>	No barrier – proactive change	Repainted all lines in the parking lot including wheelchair access symbols for improved contrast and visibility.	2016
<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.	2016



## 2. Status Report on Barriers and Opportunities to be Addressed

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Progress on Removal/Prevention
Physical/ Architectural	Throughout facility	To be identified annually as part of Hospital Infrastructure Renewal Fund (HIRF) assessment and submission process.	To be determined annually based on barriers identified in HIRF assessment.	
		For 2013: Insufficient number of wheelchair accessible washrooms.	For 2013: 1 <sup>st</sup> floor patient laundry room will be converted to a wheelchair accessible washroom.	<b>Complete</b>
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.	<b>Complete</b> – 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.
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.	<b>Complete</b> – Corporate Policy AODAS-3 Accessibility Standards for Procurement has been published and education completed with Finance/Procurement staff.
Policy/Practice	Throughout facility	Lack of awareness of the	Training and education on legislated	<b>On-going</b> – An interactive online

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		requirements of legislated accessibility standards and of the Human Rights Code as it pertains to persons with disabilities.	accessibility requirements, including the Human Rights Code as it pertains to people with disabilities, and on HDSHRC accessibility policies & procedures will be 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.	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 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 and	Create/update written policies and	<b>Complete</b> – Corporate Policy AODAS-

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		procedures for receiving feedback and providing feedback in accessible formats or with communication supports.	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.	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.
<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	Internet websites and web content will conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, initially at Level A	<b>Complete</b> - HDSHRC confirmed with the website creator that the website meets all Level A requirements.
<b>Policy/Practice</b>	<i>Human Resources Department</i>	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,	<b>Complete</b> - 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.

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			they will be consulted with in order to arrange for provision of a suitable accommodation.	
<b>Policy/Practice</b>	<i>Human Resources Department</i>	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 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.	<b>Complete</b> - Corporate Policies AODAS-4 Workplace Emergency Response Information , AODAS-5 Individual Accommodation Plans, AODAS-6 Accessible Recruitment, Selection, and Employment, and II-OH-18 Disability Management Program have been published. Corporate Policy II-OH-4 Health Assessment for Return to Work has also been revised to reference the new policies affecting return to work and provision of job accommodations. Notification about the policies supporting employees with disabilities has been implemented in all new offers of employment.
<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 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.	<b>Complete</b> – 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 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

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				<p>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>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	Internet websites and web content will conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 at level AA	<b>Complete</b> - According to the Act, this initiative is to be in place no later than January 1, 2021. However, HDSHRC launched a refreshed website in 2015 that meets the Level AA accessibility criteria.

### 3. Future Opportunities

The AODA Committee continues to meet to review feedback received through our numerous barrier identification methodologies, including employee and patient accessibility surveys, and to thereby identify future opportunities for improvement.

Starting in 2016, HDSHRC was also able to engage directly with former patients, our Patient Advisors, to better understand their perspectives and priorities with regards to accessibility.

In addition to any new initiatives identified in 2017, HDSHRC will:

- complete installation of an illuminated sign with electronic message board to be placed in front of the building and provide more clear and accessible notice of service disruptions and other important public notices
- provide a new patient/family handbook that will be more user-friendly and include directional maps and contact information to connect with our staff with any questions or concerns
- explore installation of TV screens in the entrances of both buildings to display information about the hospital, programs, events, and navigation to key areas
- Trial-run a “touch blanket” program that will provide patients with Alzheimer’s and dementia a highly textured surface that can be stimulating, comforting, or calming to help alleviate anxieties and promote behaviours that will enhance their ability to receive effective care and treatment
- Upgrade and improve accessibility of room fixtures in the course of painting, patching, and refreshing inpatient rooms