



Accessibility Plan Status Report

Effective: January 1, 2026

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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, 2023 for the period January 1, 2023 to December 31, 2027, 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:

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 the individual's 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. Preventative and Emergency Maintenance

Maintenance is performed in order to help ensure that the Hospital remains accessible to staff and the public. Whenever possible, the Hospital attempts to utilize a proactive approach through routine inspections, preventative maintenance and planning. However, at times, unforeseen circumstances can occur and emergency maintenance is required. The Hospital implements a similar approach regardless of the cause of the maintenance (planned or emergency); this is because we put a plan in place when applicable, but in an emergency situation we have the technology and infrastructure to quickly respond as well.

Should there be a disruption due to emergency maintenance or scheduled preventative maintenance, the Hospital notifies staff and the public via signage, overhead PA announcements and, where applicable, our social media platforms. The Hospital has several accessible parking lots, walkways, entrances, seating areas, service counters, communication aids, elevators, etc., and as such, in the event of a service disruption, the Hospital has the ability to notify and re-route staff and the public to ensure accessibility is maintained.

For example: in the event that one of the hospital elevators is scheduled for maintenance requiring the elevator to be out of service for a duration, or the elevator required unplanned, emergency maintenance, an alternate plan will be developed and communicated via various communication methods such as posting signage, overhead announcements and department huddles.

2. 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 |
|----------------------------|---------------------------------|--------------------------------|--|---------------------------|
| Physical/ Architectural | Inpatient Building – Nursing | No barrier – proactive change. | The hospital purchased two (2) Sara Steady sit-to-stand aids. Patients who are partially mobile can transfer from bed to wheelchair with cuing only. This provides greater independence to patients. This device is very popular amongst patients as it provides them great independence and access to mobility. Patients have | 2025 |

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| | | | chosen to purchase Sara Stedy's for their home so they can use it for day to day transfers post-discharge. | |
| Physical/ Architectural | <i>Entire Facility</i> | Staff, physicians, students, volunteers, patients and visitors utilizing wheelchairs did not have same view as individuals without accessibility needs. | Six (6) wheelchair friendly tilted mirrors were installed in all public accessible washrooms. These mirrors improves accessibility for a wide range of users, including those in wheelchairs, shorter individuals, and children, ensuring they can see themselves clearly without straining. The mirrors also enhance independence allowing persons to use washroom with confidence and perhaps with requiring minimal / no assistance. | 2025 |
| Physical/ Architectural | <i>Entire Facility</i> | No barrier – proactive change | The hospital upgraded lights throughout the entire facility which has improved sightlines for patients, staff, visitors, etc. navigating the hospital. In addition, the lights are LED which are meant to be easier on the eyes, and reduce incidents of “momentary blindness” where eyes need to adjust to sudden changes in brightness. | 2025 |
| Physical/ Architectural | <i>Outpatient Building - AAC Clinic</i> | No barrier – proactive change | The upgraded lighting resulted in glare for some areas that rely heavily of electronic devices. The hospital installed anti-glare lenses in AAC Clinic B to reduce the glare on the staff and client screens, therefore making the lighting more suitable for the clinical space, which is of upmost importance for this patient group who relies on electronic aids to communicate. | 2025 |
| Policy/Practice | <i>Clinical Nutrition</i> | No barrier – proactive change. | Clinical Nutrition is completing testing of food on the patient menu to ensure compliance to the International Dysphagia Diet Standard Initiative (IDDI). This will ensure that patients with dysphagia to have access to meals that are safe for them to eat. | 2025 |
| Policy/Practice | <i>Entire Facility</i> | No barrier – proactive change | Maintenance and Housekeeping conducted a review of the mats located at each of the facility entrances. The purpose was to assess for wear/tear and identify what mats, if any, require replacement. This process helps to | 2025 |

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| | | | ensure that patients with mobility challenges can access the facility safely. | |
| Physical/ Architectural | <i>Outpatient Building – Ortho Treatment Room</i> | Flooring slippery causing concern for staff and patients in the outpatient ortho treatment room. | Outpatient Ortho / Amp treatment room received a special buffing of the floor as an unknown substance had built up on the floor and became a slip / trip hazard. Flooring improved once cleaned, and the space became more safe and accessibility for patient experiencing mobility challenges. | 2025 |
| Policy/Practice | <i>Clinical Nutrition</i> | No barrier – proactive change. | The Manager of Dietary and Clinical Nutrition, and the dietitians have developed a Wound Care Policy focused on nutrition. It is in support of a food first diet with increased protein. Research supports that a patient's diet is correlated with wound recovery. Therefore, providing patient's with access to the appropriate diet is essential to healing and recovery, developing the policy is the first step to providing access. | 2025 |
| Policy/Practice | <i>Clinical Nutrition</i> | No barrier – proactive change. | The Manager of Dietary and Clinical Nutrition, as part of the stroke accreditation process, re-developed the hospital's cardiac diet to focus on a healthy heart. The hospital's team is currently working with Niagara Health Food Services (due to shared software) to help with implement the changes. Providing patient's with access to the appropriate diet is essential to healing, recovery, and prevention. | 2025 |
| Policy/Practice | <i>Clinical Nutrition</i> | No barrier – proactive change. | The Hospital has implemented a new process for diet order. Nurses are able to enter diet and texture in the Electronic Health Record (EHR). The process includes a "checks & balances", if kitchen notices there is no diet information in the EHR, dietary staff will call the nursing station by 2:00pm daily to prompt inputting of diet information to ensure it's available by the 3:00pm for dinner service. Additionally, if the patient is admitted from out of region, nurses gather diet/texture | 2025 |

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| | | | information through transfer of accountability (TOA) from referring facility; the information is faxed to dietary. This process is meant to improve newly admitted patient's access to safe and suitable meals. | |
| Physical/ Architectural | <i>Inpatient Nursing Units</i> | Staff reported that they were experiencing fatigue with standing at a computer for extended periods of time using the Workstation on Wheels (WOW's) | The hospital purchased over a dozen stools for staff to use with the Workstation on Wheels (WOW's). The stools are adjustable and fit the diverse physical needs of many users, including those with disabilities. | 2025 |
| Policy/Practice | <i>Various Locations in Facility</i> | Several staff reported discomfort / fatigue due to their computer workstations. | The Hospital has allocated hours to allow one of our Occupational Therapists to complete ergonomic assessments. Staff make a request for an ergonomic assessment, the assessment is completed, and a subsequent report is generated identifying: the complaint, current workstation components, identified issues, education, current workstation adjustments and recommendations. Proper workstation design limits discomfort and injury, and provides staff access to a healthy and safe work environment. | 2025 |
| Physical/ Architectural | <i>Various Locations in Facility</i> | Recommendations from ergonomic assessments | The hospital has dedicated Occupational Therapist hours for ergonomic assessments. In 2025 there were 11 ergonomic assessment completed, the subsequent items were purchase following the assessments: two sit to stand desk toppers, one foot stool, two fully adjustable desks, two chairs, two keyboard trays. Proper workstation design limits discomfort and injury, and provides staff access to a healthy and safe work environment. | 2025 |
| Technological | <i>Outpatient Building – Health Informatics</i> | No barrier – proactive change. | New position added to the hospital, Manager of Health Informatics. The position bridges the gap between healthcare and information technology therefore making technological upgrades more accessible to staff through strategic planning and training. | 2025 |

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| Technological | <i>Various Locations in Facility</i> | Recommendations from ergonomic assessments | The new Manager of Health Informatics educated the Occupational Therapist (OT) performing the ergonomic assessments on how to adjust the font in the EHR. This has allowed several staff to have an accessible workstation regardless of any vision impairment they may have. | 2025 |
| Policy/Practice | <i>Assessment Nurse</i> | No barrier – proactive change. | The Hospital identified that there are patients with the health care system that could benefit from the specialized rehabilitation care that Hotel Dieu Shaver can provide. Therefore, additional staffing (1-Full Time position) was added to the Nurse Assessment Team. More staff assessing patients can allow for better bed matching, and therefore should increase patient access to quality health care. | 2025 |
| Policy/Practice | <i>Inpatient Building - Nursing</i> | Nursing staff relying on allied health staff to establish patient transfer status. | In October three (3) nurses attended a patient lift and transfer conference. Upskilling staff allows patients to access the most appropriate lift and transfer. Training empowers nursing staff to assess patients for mobility status rather than nursing relying on allied health staff to assess for mobility status. Therefore, patients can graduate to more independent mobility status more quickly. | 2025 |
| Policy/Practice | <i>Inpatient Building - Nursing</i> | No barrier – proactive change. | Falls and Wound Care policies updated. Interdisciplinary Programs of Care (IPOC) have been created. IPOCS improves the interdisciplinary team's access to falls and wounds information, and as a by-product improves patient's to access to care due to the improved communication structure with the EHR. | 2025 |
| Policy/Practice | <i>Inpatient Building - Nursing</i> | No barrier – proactive change. | The nurse educator has begun bringing training to the nurses; this allows adult learning principals to be incorporated and as a result improves knowledge transfer. In addition, in bringing the education to the staff on the nursing unit, education has become more accessible. | 2025 |

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| Policy/Practice | Inpatient Building - Nursing | Staff did not have access to de-escalation training | The Hospital now has two Gentle Persuasion Approach (GPA) trainers onsite. This will improve staff access to training, and provide staff with the skill set attempt to de-escalate person who are agitated/aggressive and improve safety. | 2025 |
| Policy/Practice | Inpatient Building - Nursing | No barrier – proactive change. | The hospital developed interdisciplinary skin audit process to check all patient's skin and document incidents of pressure wounds. Following the audit the data was used to identify if patients are developing new wounds while in the hospital. Root cause analysis and education would accompany any hospital developed wounds. Wounds present barriers to recovery, the goal is to eliminate hospital acquired wounds, and provide patients access to quality rehabilitation care. | 2025 |
| Physical/ Architectural | Hospital Grounds - Gazebo | Condition of walkway access barrier. | The hospital re-grated the walkways in the gazebo. The uneven walkway had become a barrier to patient's with mobility challenges, as they were unable to access the tranquil outdoor space which are have incorporated into our holistic healing environment. | 2025 |
| Policy/Practice | Inpatient Building - Nursing | No barrier – proactive change. | The hospital has been auditing / monitoring staff compliance with the medication administration process. Patient ID band and medication are to be scanned prior to medication administration to ensure the correct medication and dose. Adherence to the process results in less errors and improves patients access to appropriate medications. | 2025 |
| Policy/Practice | Inpatient Building - Nursing | No barrier – proactive change. | The hospital has expanded our admission criteria to increase patients from out of region (Burlington, Hamilton, etc.) this improves patient access to state of the art rehabilitation services. | 2025 |
| Policy/Practice | Inpatient Building - Nursing | No barrier – proactive change. | The hospital facilitated a placement for a masters of gerontology nursing student. The nurse developed a delirium policy and a corresponding "kit" that has tools to help patients sooth and re-orient. This has improved | 2025 |

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| | | | our delirium and dementia patient's access to appropriate care and intervention. | |
| Technological | Entire Facility | No barrier – proactive change. | The Communications Department is now using accessibility style fonts and colours for internal communications i.e.: always using dark font with light background with templates. | 2025 |
| Technological | Outpatient Building – Training Lab | No barrier – proactive change. | The hospital created a computer training room that is accessible, and allows staff access to training in accordance with adult learning principals. The room is equipped with sit to stand desks/workstation for each computer. The chairs at each workstation are fully adjustable. A large facilitator screen to assist with staff participating in training, the screen is equipped with surround sound to assist with staff hearing the training. The layout of the room prevents visual glare and promotes staff mental health i.e.: view of outdoors. | 2025 |
| Policy/Procedure | Outpatient Building – Training Lab | No barrier – proactive change. | The creation of the computer training labs allows the Manager of Health Informatics to provide staff with “just in time” training to alleviate any “pain-points” staff are experiencing with the EHR. The Manager of Health Informatics can train individual staff and groups which creates a more user-friendly experience. Training sessions are recorded, and can be referenced in future; therefore staff have the ability to slow down, and rewind if they need more time to absorb training. Written documents are also provided during training, therefore staff don't need to remember or write down information. Training is catered to several learning types. Thus the training is accessible to all staff regarding of learning needs and abilities. | 2025 |
| Policy/Procedure | Inpatient Building – Speech Language | Aphasic or ESL patients with reading, auditory comprehension and/or expressive | The hospital developed Aphasia & ESL-Friendly Menu Books; they include the five diet textures (for patients with dysphagia) and a 2-week menu | 2025 |

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| | <i>Pathology & Clinical Nutrition</i> | language difficulties rely on staff, friends or family members to make menu choices. | rotation, to assist patients, with aphasia or patients where English is their second language, to make their own menu selections. Each book provides graphic representations of food and drink, allowing patients to point/nod/gesture to make their selections. Now, volunteers and staff are equipped to support communication and allow the patient autonomy and independence to CHOOSE their own meals. | |
| Policy/Procedure | <i>Entire Building – Speech Language Pathology</i> | Difficulty assessing patient who are ESL and assess if there are language impairments when no translator available. | Using 35 single-word picture/word flashcards that SLP uses in daily therapy, the Communicative Disorders Assistants (CDAs) have been working with volunteers to create corresponding flashcards in many different languages to use with ESL patients who require SLP therapy. This allow assessment/treatment in a patient's native language when we do not have access to a translator or formal test in that language. Six languages completed, and several other languages in progress. | 2025 |
| Technological | <i>Outpatient Building – AAC</i> | No barrier – proactive change. | HeadMouse Nano purchased for in-house AAC assessments to assess whether this technology is appropriate and beneficial for their clients. This communication device replaces the role of a standard computer mouse, allowing users to control a mouse pointer with their head movement, making computers accessible to patients with mobility of their upper extremities. | 2025 |
| Policy/Procedure | <i>Entire Facility</i> | No barrier – proactive change. | Workshop hosted by HDS - "Communicate Better with People who have Aphasia – Introduction to Supported Conversation for Adults with Aphasia (SCA™) Workshop", facilitated by Speech-Language Pathologists. As part of the Canadian Stroke Best Practices related to Rehabilitation to Improve Language and Communication, all healthcare providers working with persons with stroke across the continuum of care should undergo training about aphasia and methods to | 2025 |

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| | | | support communication. Internally, an SLP will be offering this course for HDS on an on-going basis. | |
| Technological | <i>Outpatient Building – Allied Health</i> | No barrier – proactive change. | BITS machine (Bioness Integrated Therapy System) lower extremity kit purchased. This is a functional electrical stimulation (FES) device for patients with neurological conditions like stroke, multiple sclerosis, or traumatic brain injury, who experience foot drop. It uses electrical pulses to activate nerves and muscles, helping to lift the foot while walking and improve gait. | 2025 |
| Technological | <i>Outpatient Building – Allied Health</i> | No barrier – proactive change. | The Neubie is a device that utilizes direct current (DC) to foster tissue healing and neuromuscular re-education. It stimulates the nervous system to enhance recovery of tissue, bone, muscle, and nerves, leading to faster healing, increased strength, and improved functionality. Patients experience reduced pain, increased mobility, and better overall physical performance. In purchasing this device, patients are obtaining access to mobility restoring therapy. | 2025 |
| Physical/ Architectural | <i>Inpatient Building – Nursing Units</i> | No barrier – proactive change. | The Raz-AT (Attendant Tilt) mobile shower commode chair tilts up to 40° to provide extra pressure reduction and comfort. The frame design lifts the seat to an upright position, making the Raz-AT an easy tilting mobile shower chairs to operate. This equipment will allow patients of any physical stature and mobility the ability to access to “traditional” shower which allows to maintain their dignity while in hospital. | 2025 |
| Technological | <i>Inpatient Building – Physiotherapy</i> | No barrier – proactive change. | The hospital purchased a set of motorized parallel bars, this equipment significantly improves accessibility by providing automatic, push-button adjustments for height and width or an individual patient, creating a safer and more efficient therapy experience for both patients and clinicians. | 2025 |

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| Technological | <i>Outpatient Building – Physiotherapy</i> | No barrier – proactive change. | The hospital purchased an Ex N' Flex EF-250. A compact, sturdy and easily movable piece of equipment that promotes leg movement in patients with limited mobility. The EF-250 is height adjustable to allow use from any chair, wheel chair or scooter. This equipment provides patients access to leg movements that will help improve their outcomes. | 2025 |
| Technological | <i>Outpatient Building – Physiotherapy</i> | No barrier – proactive change. | The hospital purchased a therapeutic ultrasound machine for allied health. Therapeutic ultrasound uses high-frequency sound waves to generate heat (thermal effect) or mechanical energy (non-thermal effect) deep within soft tissues. Patients can experience faster healing and improved functionality. In purchasing this device, patients are obtaining access to mobility restoring therapy. | 2025 |
| Physical/ Architectural | <i>Outpatient Building</i> | No barrier – proactive change. | The Hospital updated the heating and ventilation system in the Outpatient Building. Accessibility is improved via smart technology which provides maintenance improved control over temperatures. Furthermore, in creating a consistent temperature within the building all individuals, including those with mobility limitations or health sensitivities remain comfortable and can fully participate in treatment. | 2025 |
| Physical/ Architectural | <i>Inpatient Building – 1st Floor Nursing</i> | No barrier – proactive change. | The hospital purchased a bariatric mechanical lift. This equipment will provide our bariatric patients with limited mobility with the ability to transfer from their bed to chair. | 2025 |

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 2026, HDSHRC will explore:

- Upon any major renovation, the location of fire activation pull stations will be reviewed to determine if any need to be lowered to allow better access for those utilizing wheelchairs.
- The hospital will be exploring a nursing schedule software, which will allow staff better access to their schedule.
- The hospital will be exploring learning management systems. This will improve staff access to on-demand training.
- The Hospital will be installing a new steam line from the boiler to the Inpatient Building. This will provide alternate energy for inpatient heating, water and cooking.
- Replacing torn / uneven flooring through the hospital.
- Millenium optimization scheduled for 2026.

For More Information

For more information on this accessibility plan, please contact:

Brock Smith, Manager, Communications and Public Relations
(t) 905-685-1381 ext: 84825 (e) Brock.Smith@hoteldieushaver.org

Our accessibility plan is publicly posted at:

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