



Accessibility Plan Status Report

Effective: January 1, 2019

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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 annual status report on the multi-year plan published on January 1, 2018 for the period January 1, 2018 to January 1, 2019, 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 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. 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	<i>Throughout facility</i>	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.	
		<i>For 2013:</i> Insufficient number of wheelchair accessible washrooms.	<i>For 2013:</i> 1 st floor patient laundry room will be converted to a wheelchair accessible washroom.	Complete
Policy/Practice	<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.	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.	Complete – 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	<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	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.	Complete – Corporate Policy AODAS-3 Accessibility Standards for Procurement published and education completed with Finance/Procurement staff.
Policy/Practice	<i>Throughout facility</i>	Lack of awareness of the	Training and education on legislated	On-going – An interactive online

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Progress on Removal/Prevention
		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 here 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.

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Progress on Removal/Prevention
Policy/Practice	<i>Throughout facility</i>	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.	Complete – 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.
Technological	<i>Development & 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	Complete - HDSHRC confirmed with the website creator that the website meets all Level A requirements.
Policy/Practice	<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.	Complete - 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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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Progress on Removal/Prevention
Policy/Practice	<i>Human Resources Department</i>	Lack of awareness of policies and procedures for supporting and accommodating employees with disabilities	<p>If an applicant requests accommodation, they will be consulted with in order to arrange for provision of a suitable accommodation.</p> <p>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.</p>	<p>Complete - 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.</p>
Policy/Practice	<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.	<p>Complete – 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</p>

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Progress on Removal/Prevention
Technological	<i>Development & 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	<p>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> <p>Complete - 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.</p>

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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
Informational/ Communicational	<i>Throughout facility</i>	Difficulty reading clocks	Large-face clocks installed throughout the facility	2013
Informational/ Communicational	<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
Physical/ Architectural	<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
Physical/ Architectural	<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
Physical/ Architectural	<i>Chapel & 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
Physical/ Architectural	<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
Physical/ Architectural	<i>Throughout facility</i>	No barrier – proactive design feature	Hands-free water dispensers/fountains installed for staff and visitor use	2014
Informational/ Communicational	<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	2015

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
			<p>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>	
Informational/ Communicational	<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.</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
Physical/ Architectural	<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
Physical/ Architectural	<i>Parking lot</i>	Difficulty with safe mobility when parking on an incline	Increased the number of parking spots on level ground	2015
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	2015

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Physical/ Architectural	<i>Outpatient building</i>	Treatment rooms too crowded for easy access and participation by individuals with mobility devices	mobility into the building 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 & 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 – 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
Technological	<i>Outpatient Rehabilitation Building</i>	Difficulty for patient populations with severe mobility impairments to access specialists for consultation and treatment	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.	2015

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Physical/ Architectural	<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
Physical/ Architectural	<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
Informational/ Communicational	<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
Physical/ Architectural	<i>Inpatient building / Clinical units</i>	Locking mechanism in 2 nd 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
Technological	<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 also been successful, such as adapting a baby monitor to function as a call bell where needed.	2016
Policy/Practice	<i>Inpatient building</i>	No barrier – proactive change	Strengthened our relationship with the BSO	2016

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
	<i>/ Clinical units</i>		(behavioural Support Unit) to better meet the needs of our patients with cognitive impairments.	
Technological	<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
Physical/ Architectural	<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
Physical/ Architectural	<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
Physical/ Architectural	<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
Physical/ Architectural	<i>Parking lot</i>	No barrier – proactive enhancement	Repainted all lines in the parking lot including wheelchair access symbols for improved contrast and visibility.	2017
Physical/ Architectural	<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.	2017
Physical/ Architectural	<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.	2017

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Informational/ Communicational	<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 notifications of temporary disruption of services as required under the AODA.	2017
Physical/ Architectural	<i>Outpatient Building/ Carpentry Shop & Market place</i>	No barrier – proactive enhancement	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.	2017
Informational/ Communicational	<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.	2017
Physical/ Architectural	<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 wheelchair users and other	The concrete was ground and replaced with new, leveled concrete, ensuring even and safe pathways.	2017

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Policy/Practice	<i>Throughout facility</i>	persons with mobility disabilities 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
Physical/Architectural	<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
Physical/Architectural	<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 withhold over 1,000 pound peak loads, reducing the risk of slip-fall injuries due to inadequate handrail support.	2018
Informational/Communicational	<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 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.	2018
Technological	<i>Development &</i>	No barrier - Proactive enhancement –	A map of the outpatient building including identification	2018

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
	<i>Communication Department / ICT Department</i>	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.	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.	
Physical / Architectural	<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
Physical / Architectural	<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
Informational/Co mmunicational	<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 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.	2018

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Technological	<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
Physical / Architectural	<i>Outpatient Building</i>	Physical / Architectural –	New Rankin Family Cancer Rehab Program opened – program area was designed and built to meet AODA standards.	2018
Physical / Architectural	<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
Technological	<i>Outpatient Building</i>	No barrier - Proactive enhancement	Antiglare mediation installed to reduce glare and improve visibility of computer screens.	2018
Technological	<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
Informational/Co mmunicational	<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
Informational/Co mmunicational	<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

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 2019, HDSHRC will:

- Replace some lighting in the parking lots with more efficient, brighter illumination to improve visibility and safety.
- Complete the addition of a new ramp in the back parking lot making access to the outpatient building more accessible for those with mobility concerns or aides.
- Replace the stairs between the front parking lot and the outpatient building with a mobility aide-friendly ramp.
- Patch potholes in the parking lots and grind down the un-level sidewalks ensuring even and safe pathways.
- Complete the renovation in the Outpatient Ortho Amp area which provides for an additional accessible treatment area.
- Room name signage throughout the facility will be updated as per AODA standards and the Parkinson's Centre & Stroke Clinic area will receive new hanging signage to improve location identity.
- Refresh all outpatient department brochures.