



Accessibility Plan Status Report

Effective: January 1, 2022

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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 fourth annual status report on the multi-year plan published on January 1, 2018 for the period January 1, 2022 to December 31, 2022, 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	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.	Complete
		For 2013: Insufficient number of wheelchair accessible washrooms.	For 2013: 1 st floor patient laundry room will be converted to a wheelchair accessible washroom.	
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.	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	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.	Complete – Corporate Policy AODAS-3 Accessibility Standards for Procurement published and education completed with Finance/Procurement staff.

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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 the requirements of legislated accessibility standards and of the Human Rights Code as it pertains to persons with disabilities.	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 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 – An interactive online education module has been created and posted on the hospital intranet for completion by all current staff. The module has also been implemented in orientation sessions for all new hires. An education session with physicians was held during a regular Medical Advisory Committee meeting, and ongoing education for new physicians is completed utilizing an independent learning package. Current volunteers 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

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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.	provided, including dates and number of individuals. 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	Complete - Corporate Policy AODAS-6 Accessible Recruitment, Selection, and Employment has been published. Notification of the availability of accommodation has

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Progress on Removal/Prevention
			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.	been implemented in all new job postings/advertisements.
Policy/Practice	<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.	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.
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	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

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Progress on Removal/Prevention
			supports will be posted on the hospital website.	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 at level AA	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.

2. Preventative and Emergency Maintenance (NEW)

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 emergency 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 announcements and where applicable through our social media platforms. The Hospital is fortunate to have several accessible parking lots, walkways, entrances, seating areas, service counters, communication aids, elevators, etc. Where there is a service disruption the Hospital has the ability to notify and re-route staff and the public to ensure accessibility is maintained.

For example: the Hospital has identified that the on-site parking lot could benefit from resurfacing in order to maintain a level walking surface for staff and the public. As such a plan is being developed to ensure that during the proposed parking lot renovations there is adequate signage, where possible notification for persons attending the Hospital, and temporary accessible parking so that staff and the public are able to park and enter the Hospital barrier-free.

3. 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	Throughout facility	Difficulty reading clocks	Large-face clocks installed throughout the facility	2013
Informational/ Communicational	Throughout facility	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	Outpatient Rehabilitation Building/ Audiology	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

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
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 clearly identify the location of accessible washrooms and various treatment areas. Renovations were completed that enable the Parkinson's Program to operate out of a single room, reducing the need to navigate to multiple clinic areas.	2015
Informational/ Communicational	<i>Throughout facility</i>	Difficulty participating in treatment due to need for communication assistive devices/supports	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. 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	2015

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			<p>use these tools and other assistive devices effectively as part of their care plan, and on the specialized services and equipment available through the AAC clinic to assist individuals with communication.</p> <p>Ongoing education is available to staff from the AAC clinic, SLP department, and Audiology department. Specialty-specific booklets (e.g. OT, PT, Social Work, Pastoral Care) with communication displays are available in the relevant departments and the SLP department. The Alzheimer's society has also provided education and reference booklets that are available on the nursing floors about how to insert various types of hearing aids and dentures.</p>	
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 mobility into the building	2015
Physical/ Architectural	<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
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

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
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
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	2016

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			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.	
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 / 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
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	2016

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
			entry into the ring regardless of mobility status, and installing a speedbag that can be lowered for use by people in wheelchairs.	
Physical/ Architectural	Parking lot	No barrier – proactive change	Repainted all lines in the parking lot including wheelchair access symbols for improved contrast and visibility.	2016
Physical/ Architectural	Inpatient building / Clinical units	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	Parking lot	No barrier – proactive enhancement	Repainted all lines in the parking lot including wheelchair access symbols for improved contrast and visibility.	2017
Physical/ Architectural	Outpatient building / Doctor's Offices	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	Outpatient building / Doctor's Office	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
Informational/ Communicational	Outside of hospital	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	Outpatient Building/ Carpentry Shop & Market place	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	2017

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Informational/ Communicational	<i>Throughout facility</i>	No barrier – proactive enhancement	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
			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.	
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 persons with mobility disabilities	The concrete was ground and replaced with new, leveled concrete, ensuring even and safe pathways.	2017
Policy/Practice	<i>Throughout facility</i>	No barrier - Proactive enhancement – Currently, feedbacks regarding accessibility and patient experiences are welcomed in the form of written surveys, and by reaching out to patient advisors. We would like to increase face-to-face conversation with patients and staff, targeted specifically around accessibility and potential suggestions for accessibility improvements	Implement additional 'barrier identification methodology' involving meeting face-to-face with patients and staff to gather feedback regarding their experiences at HDS with regards to accessibility. These face-to-face initiatives may be performed in ways such as random sampling, or focus groups to provide feedback from a variety of perspectives, to ensure that all perspectives are represented.	2018

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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 & Communication Department / ICT Department</i>	No barrier - Proactive enhancement – There are several parking lots and entrances which can present a parking or transportation challenge to those with accessibility issues if they do not know where to go.	A map of the outpatient building including identification of accessible parking locations was added to the website under the drop down menu of "Maps & Parking" and also under the "Outpatient" drop down menu. Posting in multiple locations on the website will make it more easily accessible.	2018
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	2018

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			the ability of patients utilizing mobility aides to safely access the showers.	
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/Communicational	<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
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

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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/Communicational	<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/Communicational	<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
Physical/ Architectural	<i>Outpatient Building / Back Parking lot</i>	Patients with mobility concerns or aides having difficulty entering the building.	Addition of a new ramp in the back parking lot making access to outpatient building more accessible.	2019
Physical/ Architectural	<i>Outpatient Building / Front Parking lot</i>	Stairs were outdated and not to AODA standards.	Stairs have been replaced and now updated to reflect AODA standards.	2019
Informational/Communicational	<i>Parkinson's Centre & Stroke Clinic</i>	Difficulty navigating through the building.	Parkinson's Centre & Stroke Clinic received new hanging signage, updated to AODA compliance and increase ease of patient way finding.	2019

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

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Informational/Communicational	<i>Inpatient Building/ Front Washrooms</i>	Front lobby washrooms identified as male and female washrooms.	Washrooms closest to front lobby have been changed to gender-neutral allowing greater access to these spaces for all.	2019
Physical/Architectural	<i>Inpatient Building / Chapel</i>	Drafts coming from windows located in the chapel, limiting the amount of space that can be utilized by attendee's/patients.	Windows replaced in the chapel eliminating drafts and allowing more space for chapel attendee's utilizing wheelchairs or mobility aides to visit the chapel as the entire room can now be utilized.	2019
Physical/Architectural	<i>Exterior parking lots</i>	Lighting in parking lot is insufficient.	Enhanced lighting in the parking lots through replacement of lights with more efficient, brighter illumination to improve visibility and safety.	2020
Physical/Architectural	<i>Outpatient Building – front parking lot</i>	Current parking lot set-up required those utilizing mobility aide to walk a longer distance to find a suitable pathway to get to the front door of the outpatient building.	Addition of a new accessible ramp between the front parking lot and Outpatient building to allow those with mobility aides to more easily get from the parking lot into the building.	2020
Physical/Architectural	<i>Parking lots</i>	No barrier – proactive change.	Potholes and rough spots filled to allow for a more firm, stable and smooth surface and improve safety and access from the parking lots to the hospital doors.	2020
Physical/Architectural	<i>Inpatient Building – hair salon</i>	No barrier – proactive change.	Flooring in hair salon changed over to non-slip flooring and new countertop installed that allows patients to remain in their wheelchair while receiving their service.	2020
Physical/Architectural	<i>Inpatient Building – main floor accessible washroom</i>	Increased difficulty for patients in wheelchairs to reach the hooks to hang up their personal belongings while in the washroom.	Installation of lower hooks to make them more easily accessible.	2020
Physical/Architectural	<i>Inpatient Building – main floor washrooms</i>	No barrier – proactive change.	Washrooms renovated and update to include installation of non-slip flooring.	2020
Physical/Architectural	<i>Outpatient Building - entrances</i>	Two doors identified where automatic door opening width not wide enough – presented a mobility challenge for some	Both doorways renovated and automatic doors replaced with new automatic doors that provide for a wider space for entrance.	2020

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
		to enter the hospital through these doors.		
Physical/ Architectural	<i>Outpatient Building – pool area</i>	No barrier – proactive change.	Pool underwent renovation including the addition of an accessible change room.	2020
Physical/ Architectural	<i>Inpatient Building – exterior gazebo</i>	Walkway had begun to erode due to usage and inclement weather. Presented a safety risk and ground was uneven.	Fixed walkway and ramp to gazebo to provide a more stable surface and reduce trip hazards.	2020
Physical/ Architectural	<i>Outpatient Building – entrance ramps</i>	No barrier – proactive change.	Sidewalk ramps repaved to provide a smoother, stable surface and improve ease of access to sidewalks from the parking lots.	2020
Informational/Communicational	<i>Inpatient Building – front lobby</i>	No barrier – proactive change.	Display monitor in front lobby installed increasing communications and enhancing awareness and wayfinding throughout the hospital.	2020
Technological	<i>Entire facility</i>	No barrier – proactive change.	Improved access to the internet.	2020
Technological	<i>Entire facility</i>	No barrier – proactive change.	Volunteers will be helping patients to connect with family at a distance by providing face-timing sessions.	2020
Policy/Practice	<i>Inpatient Building – food services/nursing units</i>	No barrier – proactive change.	Implementation of the International Dysphasia Diet Standardization Initiative (IDDSI). Allows for standardized terminology and definitions to describe texture modified food and thickened liquids used for individuals with dysphasia. New specialty menus have been developed to reflect our patient needs and our dysphasia patients are now benefitting from a safer diet.	2020

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Policy/Practice	<i>Entire facility</i>	No barrier – proactive change	Inclement weather policy was created, with various methods of communication included to inform patients of program closures including: radio, HDS website, social media and by telephone.	2020
Physical/ Architectural	<i>Exterior Parking Lots - all</i>	Parking signs had become faded from sun damaged and difficult to see.	Faded accessible parking signs in the parking lots were replaced with new, brighter signs.	2020
Informational/Communicational	<i>Development & Communication Department / ICT Department</i>	Accessing the video's on hospital website and social media presented a challenge for the hearing impaired.	Added closed captioning on patient testimonial video's that are on the website and social media posts.	2020
Informational/Communicational	<i>Entire Facility</i>	No barrier – proactive change.	Improved wayfinding to accessible washrooms. Font on signage listing where accessible washrooms can be found is different - more visible.	2020
Informational/Communicational	<i>Outside of hospital</i>	No barrier – proactive change.	Background colour on exterior digital sign was changed to make the words easier to read.	2020
Informational/Communicational	<i>Outpatient Building</i>	No barrier – proactive change.	Addition of coloured lines on the floor of the outpatient building to assist in directing patients to their appropriate clinics – improved wayfinding.	2020
Physical/ Architectural	<i>Exterior Parking Lots - all</i>	No barrier – proactive change.	Added signage in parking lots – makes it easier for clients/patients to find their clinic and to park closer to their clinic.	2020
Physical/ Architectural	<i>Inpatient Building – second floor dining/therapy space</i>	No barrier – proactive change.	Purchase of several folding activity tables for rehabilitation therapy. Tables can be easily moved to accommodate the need for room or therapy adjustments. E.g. bringing the activity to the patients.	2020
Technological	<i>Outpatient Programs - therapy</i>	Difficulty for patient populations with severe mobility impairments to access specialists for consultation and treatments during COVID pandemic.	Introduction of virtual care for several of our outpatient programs – allows patients with mobility or transportation challenges to continue to receive therapy from the comfort of their own home.	2020

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Physical/ Architectural	<i>Outpatient Building - therapy</i>	No barrier – proactive change.	Purchase of a new, more accessible leg-press machine. Allows patients that previously were unable to use a leg press machine to receive the therapy. The new equipment provides better trunk support, is easier to access and has better adjustability to improve patient comfort.	2020
Technological	<i>Outpatient – AAC Services</i>	No barrier – proactive change.	Development of a cell phone app that will replace paper-based communications, allowing AAC clients to communicate more independently.	2020
Proactive Change	<i>Outpatient Building - Audiology</i>	Limited supply of various types of hearing aides available to our patients.	Audiology has now started offering BAHA's to clients that require those types of hearing aid supports.	2020
Policy/Practice	<i>Outpatient Building - therapy</i>	Challenge experienced with providing therapy to hearing-impaired patients while utilizing current facemasks – patient unable to read lips.	Care provided was adjusted – clear face shields are used with the patient at 6 feet away to communicate and provide instructions. Mask changed to appropriate type that can be used if within 6-foot distance while therapy being performed.	2020
Physical/ Architectural	<i>Inpatient building – nursing units</i>	No barrier – proactive change	Purchase of additional adjustable commodes to better assist patients of various sizes with toileting.	2020
Physical/ Architectural	<i>Inpatient building – nursing units</i>	Can cause a delay of treatment if patient or staff is unable to quickly get to a stationary eyewash sink.	Purchase of a portable eyewash station for each nursing unit. Should an incident occur requiring an eye to be flushed, this allows staff and patients that may have a mobility challenge to have their eye washed at their current location, improving the safety and care provided rather than waiting to start the eyewash flush until they have travelled to the stationary eyewash sink.	2020
Physical/ Architectural	<i>Inpatient building – ground floor public washroom</i>	Slippery flooring in washroom.	The flooring in several washrooms were replaced with non-slip flooring. This will improve patient, visitor and staff access to safe toileting.	2021

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

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

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

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Technological	<i>Outpatient Building – therapy</i>	Limited therapy space due to gathering limits, created a barrier to patients receiving treatment.	The Physiotherapy and Occupational Therapy Departments purchased several computers in order to provide virtual treatment. This has increased access to care for patients who were fearful of attending treatment in person, or those who were unable due to gathering limits.	2021
Policy/Practice	<i>Outpatient Building – therapy</i>	No barrier – proactive change.	The Orthopaedics Program added a full time scheduler. This has help reduced the number of appointment slots that remain unfilled. As a result patients receive better access to care, and last minute cancellations are able to be filled by a patient. Access to care and patient services has increased. Errors have reduced.	2021
Policy/ Practice	<i>Outpatient Building – therapy</i>	No barrier – proactive change.	The outpatient Neuro scheduling program has been given a generic login. This improves staff access to the scheduling information, and can allow therapists and assistants to know where a patient is scheduled to be at any given time. This helps with the efficiency of treatment, and helps prevent lost treatment time for the patient.	2021
Policy/Practice	<i>Inpatient Building – nursing and allied health</i>	No barrier – proactive change.	Patient flow meetings have become virtual meetings. This allows staff to quickly access information, and only participate for the portion of the meeting that pertain to them. Frontline staff are no longer required to defer patient treatment to participate, and can more easily access the inpatient referral list.	2021
Policy/Practice	<i>Outpatient Building – therapy</i>	Limited therapy space due to gathering limits, created a barrier to patients receiving treatment.	The EMG program is being expanded to enable a greater number of patients to access this treatment program. The clinical team has been able to determine the exact amount of time required to appropriately clean the treatment space, therefore more accurate	2021

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
			time slots have been created and there is less wasted time between patients. Therefore more patients can be treated in this program.	
Physical/ Architectural	<i>Inpatient Building - nursing</i>	No barrier – proactive change.	The hospital purchased several IsoTour mattresses. These mattresses prevent pressure injuries. This means patients won't lose treatment time due to a hospital acquired injury. The mattresses also allow staff to reposition patients mechanically (with the aid of a bed) which reduces staff injuries.	2021
Physical/ Architectural	<i>Inpatient Building – nursing units</i>	No barrier – proactive change.	The hospital purchased 22 new beds that are more technologically advanced. There are several settings including a pressure alarm. This setting is meant for exit seeking patients and is meant to reduce falls. By keeping the patient healthy, they are able to access therapy, and obtain their treatment goal.	2021
Physical/ Architectural	<i>Inpatient Building / Patient Rooms</i>	Not all patient rooms have ceiling lifts utilized to move patients in and out of bed.	2 new ceiling lifts were installed, which allow for increased ease of movement for patients with mobility concerns.	2021
Technological	<i>Outpatient Building – AAC</i>	No barrier – proactive change.	The AAC department purchased a Tobii Dynavox TV. This smartboard is another tool that the department can use to communicate with patients during treatment.	2021

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Physical/ Architectural	<i>Outpatient Building – swimming pool</i>	No barrier – proactive change.	The therapy pool underwent significant renovations which should prevent the need for repairs in the near future. This means that patients are less likely to have their treatment cancelled due to maintenance issues with the pool and it results in greater access to treatment.	2021
Technological	<i>Outpatient Building – therapy</i>	No barrier – proactive change.	The hospital purchased a Waveflex Hand CPM for the orthopaedics treatment team. This state of the art machine will allow patients to access the best care to increase range of motion in their individual digits (fingers) following a hand injury.	2021
Physical/ Architectural	<i>Outpatient Building – therapy</i>	Not all departments have access to a portable lift to move patients in and out of wheelchair.	The hospital purchased a hoier lift, which allows for increased ease of movement for patients with mobility concerns.	2021
Informational/ Communicational	<i>Inpatient Building – nursing</i>	No barrier – proactive change.	The hospital purchased a vital signs monitor with a stand. The equipment has settings to increase font and it provides auditory prompts which improves ease of use for staff.	2021
Technological	<i>Outpatient Building – pool</i>	No barrier – proactive change.	The hospital purchased a TidalWave pool bike. This equipment will provide patients with dynamic care while performing their treatment in the pool.	2021
Physical/ Architectural	<i>Inpatient Building – patient rooms</i>	Not all departments have access to a mechanical lift to move patients in and out of bed	The hospital purchased a bariatric ceiling lift and installed ceiling tracks. This lifting system allows for increased ease of movement for bariatric patients with mobility concerns.	2021

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Physical/ Architectural	<i>Outpatient Building – therapy</i>	Limited therapy equipment created a barrier to patients receiving treatment.	The hospital purchased additional NuStep exercise equipment. This equipment was placed in new a therapy space, and will allow patients to have continued access to dynamic treatment.	2021
Informational/ Communicational	<i>Inpatient Building – nursing</i>	No barrier – proactive change.	The hospital purchased two new bladder scanners. The equipment has settings to increase font which improves ease of use for staff.	2021
Physical/ Architectural	<i>Inpatient Building - nursing</i>	No barrier – proactive change.	The hospital purchased a Sara Steady sit-to-stand aid. Patients who are partially mobile can transfer from bed to wheelchair with cuing only. This provides greater independence to patients. Several have been purchased for patient use at home once discharged. This equipment allows the patient to have greater independence and access to mobility.	2021
Physical/ Architectural	<i>Inpatient Building – nursing unit</i>	Patients with various respiratory conditions who are also non-ambulatory have difficulty mobilizing for showers.	The Hospital purchased tilting shower commodes which provide safe and comfortable seating for patients with various respiratory conditions. This chair allows patients greater access to showering.	2021
Technological	<i>Outpatient Building – Audiology</i>	No barrier – proactive change.	The Hospital purchased a Verifit Skull Simulator which allows the Audiologist to better measure the function of the middle ear. This new equipment will provide patients with access to the most accurate diagnosis and treatment.	2021

4. 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 2022, 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.
- Installation of barriers at the top of the stairwells to prevent wheelchairs and walkers from falling down the stairs.
- Continued parking lot maintenance to ensure smooth surfaces conducive to improved access.
- Lowering of some hand sanitizing dispensers so they can be more easily accessed.
- The Audiology Department to launch a hearing aid servicing program for the inpatients. As the Hospital has an increasing number of patients that use hearing aids Hospital staff can provide patients with daily maintenance i.e.: battery changes and cleaning. This will allow patients to better communicate with Hospital staff, and therefore optimize therapy outcomes.
- The Speech Language Pathology Department is developing a program to identify at the bedside if a patient has swallowing dysphagia, meant to make sure that patients have access to appropriate diet / care.
- A collaboration site on the hospital's intranet is being added for the stroke pods. This will allow better communication/facilitation of patient care between the various allied health departments. Patient outcomes should improve with this increased communication between the departments.
- The outpatient orthopaedics department developing an online waitlist, this will allow staff to access the waitlist information and relay the information to patients who may call for an update for their status on the waitlist. This improves patient's access to information.