



Accessibility Plan Status Report

Effective: January 1, 2025

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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, 2023 for the period January 1, 2023 to December 31, 2027, prepared by the AODA Committee of Hotel Dieu Shaver Health and Rehabilitation Centre (HDSHRC).

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

1. any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
2. a condition of mental impairment or a developmental disability,
3. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
4. a mental disorder, or
5. an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

A ‘barrier’ is anything that prevents a person with a disability from fully participating in all aspects of society because of the individual’s disability. An example of each of the different kinds of barriers is shown below:

Barrier Type	Example
Physical / Architectural	A hallway or door that is too narrow for a wheelchair or scooter
Informational / Communicational	Print that is too small to be read by a person with low vision
Attitudinal	An assumption that a person who has a speech impairment can’t understand what is being said to them
Technological	A website that does not support screen-reading software
Policy/Practice	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly, or at all

1. Preventative and Emergency Maintenance

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

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

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

2. Accessibility Accomplishments

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

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Physical/ Architectural	Inpatient Building – Nursing	No barrier – proactive change.	The hospital purchased 1 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	2024

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
			equipment allows the patient to have greater independence and access to mobility.	
Policy/Practice	<i>Outpatient Building – Stroke Program</i>	Lengthy waitlist for service	The outpatient stroke therapy program received funding for an additional two days per week of treatment thus allowing for more members of the community who have suffered a stroke to receive therapy faster.	2024
Policy/Practice	<i>Outpatient Building – AAC Clinic</i>	No barrier – proactive change	The AAC Clinic was able to secure a Tobii eye gaze system (TD Pilot) on loan. It is an IOS device which essentially allows patients with limited physical mobility to use their eyes as the mouse. As it also contains speech generating software and better quality speakers to more closely mirror the client’s preferences for audio. This new equipment allows clients to try out the system at the hospital before making the commitment to purchase it for home.	2024
Physical/ Architectural	<i>Outpatient Building – Rehab</i>	No barrier – proactive change.	The equipment in the portable has been rearranged in order to more easily provide a variety of therapies in the space and to make the room more wheelchair friendly.	2024
Physical/ Architectural	<i>Outpatient Building</i>	No barrier – proactive change.	An office space underwent minor renovations to remove carpet and furniture to create an additional wheelchair friendly therapy space. Due to location of the space, space is more quiet allowing for an additional location for cognitive or speech assessments.	2024

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Informational / Communicational	<i>Outpatient Building - SLP</i>	No barrier – proactive change.	Speech-Language Pathology staff attended Supported Communication for Adults with Aphasia training Part 2. This will allow improved communication and treatment between therapists, family members and aphasia patient. SLP is also in-servicing fellow colleagues such as social workers and occupational therapists to share this information.	2024
Technological	<i>Entire Facility</i>	No barrier – proactive change.	The Hospital implemented a new Health Information System (HIS) in November 2024. The HIS features a new electronic patient file and is more patient and staff-friendly, and will improve patient care and safety across the Niagara healthcare system.	2024
Physical/ Architectural	<i>Entire Facility – Nursing & Rehab</i>	No barrier – proactive change.	The Hospital purchased a new bariatric tilt commode chair to assist bariatric patients with limited trunk stability or limited movement to more easily get onto and off of the commode chair.	2024
Physical/ Architectural	<i>Inpatient Building – Nursing</i>	Two ceiling lift tracks were not operating at full ability, limiting the types of patients that could be assigned to that inpatient bed and utilize the ceiling lift.	The Hospital repaired two ceiling lift tracks. This allows for patients of greater weights to be able to access the ceiling lifts and limiting the amount of bed moves that may have to be done.	2024
Policy/Practice	<i>Outpatient Building</i>	No barrier – proactive change.	The Hospital is participating in Accreditation Canada’s Stroke Distinction program which is a specialized quality improvement initiative based in best practice and stroke-specific indicators. A specific goal is Aphasia-friendly training to be created and translated into Niagara’s top 3 languages with the goal of translating into the top 8 languages by May 2025.	2024

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Policy/Practice	<i>Outpatient Building</i>	Identified a risk to outpatient clients utilizing local patient transportation companies to attend appointments due to inconsistencies in drop off and pick up locations impacting the safety of those patients.	Worked with local patient transport organizations so that patients requiring the assistance of a transportation company to attend their appointment are all dropped off and picked up at the front entrance space. This allows for greater visibility of patients. For patients who have end of the day appointments and the transportation company has not picked them up by the time of building closure, the security guard will update their route to monitor patient until they are picked up. This ensures greater safety for those patients with mobility limitations.	2024
Physical/ Architectural	<i>Inpatient Building – washroom inside volunteer room</i>	A volunteer had become stuck in the washroom.	Door lock removed and lock replaced with an occupied/unoccupied sign to ensure volunteers would not get stuck in washroom again.	2024
Physical/ Architectural	<i>Entire facility</i>	Current Inpatient Building was built in 1930s. Only 11 of our 134 beds are in private rooms. If a patient with an infection or communicable disease is admitted into a four-bed ward, three beds were blocked from the system, delaying access to care and therapy.	HDS has been approved for a \$2.5-million grant to move to the next stage of developing a 16,000-square-metre inpatient building for Niagara residents. The current building will be demolished and replaced by a new facility with 196 beds — 62 more than it has now and more private rooms. The new facility, more beds and more private rooms will allow more access to rehabilitation treatments. A Director of Redevelopment has been hired and has begun the planning process.	2024
Technological	<i>Entire facility</i>	No barrier – proactive change.	The Hospital purchased an additional iPad for patient therapy. Programs available help to improve cognitive therapy treatment.	2024

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Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year of Accomplishment
Technological	<i>Outpatient Building</i>	Issues with internet access – delaying or impacting therapy provided by machine.	BITS machine (Bioness Integrated Therapy System) upgraded to have better access to internet thus improving the treatment provided which assists with hand-eye coordination, reaction time and depth perception.	2024
Physical/ Architectural	<i>Inpatient Building</i>	Issues with the automatic doors – not opening properly.	The interior glass door at the entrance of the Inpatient Building has been replaced. The new door functions properly allowing patients, staff, volunteers and visitors experiencing difficulty with mobility to more easily access the building.	2024
Physical/ Architectural	<i>Inpatient Building</i>	No barrier – Proactive change.	The air handling units (3) that service the Inpatient Building have been replaced. The aging equipment made it difficult to manage the temperature of the Inpatient Building, where the inpatient rooms are located. The new equipment allows for different areas of the hospital to be monitored and adjusted remotely, and at the source via thermostat. This provides staff and patients with greater autonomy over their room temperature, and improves access to their ideal comfort setting.	

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 2025, HDSHRC will explore:

- Upon any major renovation, the location of fire activation pull stations will be reviewed to determine if any need to be lowered to allow better access for those utilizing wheelchairs.
- The Hospital Information System implemented in November 2024 will enter the optimization phase. In the optimization phase, additional equipment will be added, such as portable x-ray and ECG machines, allowing diagnostic services to be completed at the bedside.
- The Hospital will be updating signage for single-stall washrooms to better reflect that the accessible washrooms are universal spaces. Tilted, wheelchair-friendly mirrors will also be installed in all accessible washrooms.
- The Hospital will be looking to update air condition unit(s) that service the Outpatient Building, which are aging.
- The Hospital will be installing a new steam line from the boiler to the Inpatient Building. This will provide alternate energy for inpatient heating, water and cooking.

For More Information

For more information on this accessibility plan, please contact:

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Our accessibility plan is publicly posted at:

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