



**North Wellington Health Care
2013 - 2018
Accessibility Plan**

*This publication is available on the hospital's website
(www.nwhealthcare.ca)
and in alternative formats upon request*

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Executive Summary

The purpose of the *Ontarians with Disabilities Act, 2001* (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

This is the multi- year plan for 2013-2018. The plan describes the measures that North Wellington Health Care (NWHC) has taken in the past and the measures that North Wellington Health Care will take in the future to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of North Wellington Health Care, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

North Wellington Health Care is committed to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; and the provision of quality services to all patients and their family members and members of the community with disabilities.

Originally over 15 barriers to persons with disabilities were identified (2004). The most significant findings were that a number of architectural and physical barriers exist within the facilities operated by North Wellington Health Care.

1. Aim

This plan describes the measures that North Wellington Health Care has taken in the past, and the objectives set for the next year five years, with specific goals related to what we will accomplish in 2013 to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

2. Objectives

This plan:

1. Describes the process by which North Wellington Health Care will identify, remove and prevent barriers to people with disabilities.
2. Reviews efforts at North Wellington Health Care to remove and prevent barriers to people with disabilities over the past year.
3. Describes the measures North Wellington Health Care will take in the coming year to identify, remove and prevent barriers to people with disabilities.
4. Describes how North Wellington Health Care will make this accessibility plan available to the public.

3. Description of the North Wellington Health Care Corporation

North Wellington Health Care operates two sites: Louise Marshall Hospital (LMH) and Palmerston and District Hospital (PDH). The Hospitals serve a primary population of approximately 30,000 people included in the Municipalities of Wellington North, Minto, Mapleton and portions of North Perth, Southgate and West Grey. The corporation also shares ownership of the Claire Stewart Medical Clinic in Mount Forest with the local municipality.

The corporation annually serves approximately 920 inpatients and 11,000 outpatients at Palmerston and District Hospital and approximately 850 inpatients and 16,000 outpatients at Louise Marshall Hospital and has approximately 200 employees.

Both LMH and PDH offer a broad range of in-patient and ambulatory care services including 24/7 emergency services and medical, surgical and obstetrical in-patient care.

In 2005, the Hospital entered into a Management Services Agreement with Hamilton Health Sciences Corporation, which was terminated in 2013. In, 2005, North Wellington Health Care formed an Administrative Alliance with Groves Memorial Community Hospital in Fergus ON. The Hospital is part of the Waterloo-Wellington LHIN #3.

North Wellington Health Care's mission/vision/value statement is as follows:

NORTH WELLINGTON HEALTH CARE

We are a dynamic organization that is dedicated to quality and passionate about improving the health status of our community.

Our collective energy and commitment will build a centre of excellence in rural health.

Every day, we will each contribute toward creating a friendly and positive place to work and receive care.

WE VALUE...

Initiative, collaboration, creativity, fairness, and compassion

4. Accessibility Plan Participants

In 2007, Accessibility Planning became the responsibility of the PDH and LMH Occupational Health and Safety Committees under the leadership of the Director of Projects, Quality and Risk. The Director, Projects, Quality and Risk position has since been eliminated, and accessibility is currently being handled by the Chief Human Resources Officer. The original Project Team was disbanded. Please refer to Appendix A for the Terms of Reference related to Accessibility Planning for the Occupational Health and Safety Committees.

2008 Accessibility Plan Development – Committee Members

Palmerston District Hospital Site

Name	Department
Sue Ledger	Director Projects, Quality and Risk
Sherri Ferguson	Human Resources
Mark Byers	Nursing/ONA Rep
Darlene Vanderburg	Laboratory
Richard Moore	Maintenance
Joan Horton	CSR/OPSEU Rep
Sandra Hamilton	Infection Control/Employee Health

Louise Marshall Hospital Site

Name	Department
Sue Ledger	Director Projects, Quality and Risk
Sherri Ferguson	Human Resources
Lynn Reeves	Nursing/ ONA Rep
Lloyd Winkler	Maintenance
Karen Caesar	Administration/ OPSEU
Kim MacDonald	Physiotherapy
Debbie Bowier	Nursing /ONA
Sandra Hamilton	Infection Control/Employee Health

2015 Joint Health and Safety Members

Palmerston District Hospital Site

Name	Department
Sherri Ferguson	Employer Co-Chair
Darlene Vandenberg	Non-Union Representative
Les Small	Fire Warden
Joan Horton	OPSEU Representative
Beth Powell	Manager, Lean Transformation
Sandra Hamilton	Infection Control/Employee Health
Shane Grace	Employee Co-Chair
Joe Gurney	Manager, Building Services
Melanie Stevens	Recorder

Louise Marshall Hospital

Name	Department
Sherri Ferguson	Employer Co-Chair
Lynn Reeves	ONA Representative
Kim McDonald	Non-Union Representative
Gianni Accettola	Patient Care Manager
Cathy Martin	Employee Co-Chair (OPSEU)
Beth Powell	Manager, Lean Transformations
Sandra Hamilton	Infection Control/Employee Health
Joe Gurney	Manager, Building Services
Dr. J. Reaume	Occupational Health & Safety Physician (AdHoc)

5. Hospital commitment to accessibility planning

At its meeting on October 24, 2002, the Finance and Property Committee of the Board of Directors reviewed the requirements of the Ontarians with Disabilities Act. On September 18, 2003, the Finance and Property Committee reviewed and approved the first accessibility plan for North Wellington Health Care.

The organization is committed to:

- The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;

- The participation of people with disabilities in the development and review of its annual accessibility plans;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- The establishment of an Accessibility Project Team at the hospital (Occupational Health and Safety Committee Members)
- Ensuring compliance with all legislated requirements, including Accessibility for Ontarians with Disabilities Act (AODA) and the Human Rights Code of Ontario.

6. Barrier Removal Initiatives

(a) Site audit

In order to assess the success of achievements from the first Accessibility Plan and determine barriers that needed to be addressed in the 2004-2005 Plan, the selected members of the Project Team conducted a site audit. A comprehensive site audit was not completed for the 2009 plan, nor for the 2013 plan. However, in preparing for our annual Capital Equipment Budget process, we have continued to focus on accessibility when allocating resources.

(b) Needs Assessment, Master Program and Master Plan

North Wellington Health Care completed a Needs Assessment, Master Program, and Master Plan process in 2004 that identified the needs of the community serviced, established a plan for the provision of required programs, and established a master plan for the physical space occupied by North Wellington Health Care. The Needs Assessment identified that the age 75+ population will increase significantly in the next 10-15 years. The plan was updated and refreshed during 2008. A number of the most significant barriers will be addressed in the Master Plan renovations. In the summer of 2012, the Ministry of Health announced new approvals with respect to capital planning for Louise Marshall Hospital Emergency department and Ambulatory Care redevelopment.

(c) Acquisition of Dublin Street

In 2007, the ownership of the end of Dublin Street between the Hospital and the Claire Stewart Medical Clinic was transferred to the Hospital by the municipality. Subsequently, access to the outpatient and emergency departments has been enhanced and improved. Additional parking spaces for the disabled were added and further improvements are planned in the coming years as part of the Master Program/Plan implementation.

(d) Nursing Station Renovations

Nursing station renovations at both sites provide the capability for wheelchair access to the nursing stations. Staff, physicians, families and patients can now have visual and physical access to the nursing station from a wheelchair.

(e) Capital Equipment Acquisition

The annual Capital Equipment Acquisition process continues to provide equipment that improves accessibility:

- Acquisition of new Patient Lift equipment
- Acquisition of new over-bed tables and side tables for in-patient rooms
- New Physiotherapy exercise equipment
- In 2013-14 budget year, implementation of new “Nurse Call” system

(f) Barrier Free Access

New drain pan covers have been installed at the two primary entrances of the Louise Marshall Hospital as a result of an identified risk to eliminate ice and water build-up.

A new cement ramp has been installed at the main entrance to LMH making the entrance wheelchair accessible. (2008)

All patient rooms, corridors and public areas are monitored to ensure equipment and other clutter or encumbrances are removed in order to allow barrier free access.

In 2007 a new wheelchair accessible shower room was created at PDH in the in-patient care area.

In 2007 a new wheelchair accessible washroom was created at PDH in the laboratory department.

(g) Ambulatory Care

The removal of a non-load bearing wall within an ambulatory care area at LMH was completed to allow full access to the space for wheelchairs and stretchers.

(h) Door Handles and Taps

Door knobs within several patient rooms at each site have been replaced with easier to operate handles. In addition, taps in several washrooms at each site have been upgraded to either a hands-free style or butterfly style operators for ease of operation.

(i) Emergency Access Night Telephone

The emergency access night telephones located between the entrance doors at both Emergency Departments have been lowered to an appropriate height to allow operation of a wheelchair.

(j) Access to Sign Language Interpreters and Other Services for the Hearing Impaired

Information has been provided to all emergency department staff at both sites regarding the process to access sign language interpreters and other available services provided by the Canadian Hearing Society. This information is now available on the Intranet.

(l) New Fire Alarm System

In 2006/07 new fire alert systems were installed at both PDH and LMH. The systems have a piercing audible alarm and also flash red lights when activated.

(m) Wheelchair accessible weigh scale (2008)

A new wheelchair accessible weigh scale was installed in the new Dialysis Clinic to facilitate care for individuals in wheelchairs, those with other mobility issues and for bariatric patients.

(n) Wider doorways (2007/08)

All doorways impacted by internal renovations have been widened to 42” from 38” to facilitate entry by larger wheelchairs.

7. Barrier-identification methodologies

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
Review of 2008 Plan	Members of the LMH Occupational Health and Safety Committee and the PDH Accessibility Committee reviewed the current 2008 plan and provided feedback for revisions/ updates. Feedback was also solicited regarding needs for 2009	Review of 2008 plan – completed December 2008. Feedback – January 2009
Survey	All staff was invited to participate in an on-line survey to get their input regarding Accessibility issues/concerns. All physicians and a random sampling of	Completed Jan/Feb 2008

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
	<p>volunteers and patients/visitors were given a hard copy of a survey to complete.</p> <p>Please refer to Appendix B for a copy of the survey tool and a summary of the results.</p>	
Patient and Visitor Focus Groups	The Project Team consulted former patients and family members in order to identify issues encountered by people with disabilities	Completed January 2007. Update required. 2014
Staff Focus Groups	The Project Team interviewed key staff members to determine the barriers that provide challenges to our patients with accessibility issues.	Completed December 2006. Update required. 2014
Review of Resources	The Project Team used background materials on the ODA from the Accessibility Directorate of Ontario and the OHA Toolkit to conduct a brainstorming exercise and subsequently performed a review/audit of the hospital using the Tool for Hospital Accessibility Project Teams.	<p>Exercise completed at meeting held July 28, 2004.</p> <p>Ongoing – resources provide by the OHA and the Accessibility Directorate of Ontario.</p> <p>Review conducted in November 2013 of Human Rights Code education materials</p>
Standards Review	<p>The Project Team reviewed information issued by the Accessibility Directorate of Ontario over the course of the last year.</p> <p>The Project Team also participated in discussions with fellow members of the Wellington County Public Sector Consortium regarding accessibility issues and the possibility of developing a County wide standard for design.</p> <p>The Project Team obtained a copy of the Barrier Free Design standards of the CSA along with the accessibility guidelines published by the City of London and City of Guelph.</p>	<p>Completed July 2004</p> <p>Accessibility Design Standards referenced for any renovation/ new construction project on an ongoing basis.</p>

<i>Methodology</i>	<i>Description</i>	<i>Status</i>
Staff Awareness	<p>Draft Accessibility Plan posted for all staff to review. Senior Management of all functional areas to address accessibility issues at staff meetings. Accessibility update to be provided in NWHC Newsletter.</p> <p>Accessibility Training completed by all Staff in 2010 and continues for all new hires as part of pre-employment new hire process.</p>	Ongoing

8. Barriers identified

In 2004, the Project Team identified 12 barriers. The Accessibility Project Team decided to focus on 7 barriers.

<i>Description of Barrier</i>	<i>Strategy for its removal/prevention</i>	<i>2007 Update</i>	<i>2008 Update</i>	<i>2009 Update</i>
All public entrances and exits are not wheelchair accessible	<p>Master Plan Capital Project will improve accessible at all Main Public Entranceways</p> <p>Ensure architectural plans provide automatic door openers and sufficient space for wheelchairs.</p> <p>Ensure architectural plans for gift shop enlargement at LMH allows for wheelchair accessibility.</p>	Public entrances have automatic door openings and ramps.	Additional wheelchair accessible parking places added by entrance at LMH	New cement ramp at main entrance at LMH
<p>Insufficient wheelchair accessible washrooms</p> <p>Insufficient family/unisex washrooms</p> <p>This barrier is very difficult to address in 1960's vintage buildings. Will need to take reasonable interim measures in advance of Master Plan renovations.</p>	<p>Master Plan currently being developed has identified the need for accessible washrooms.</p> <p>Implementation will be included in capital plan developed from Master Plan.</p>	LMH – has one WC accessible washroom available for patient use.	New WC accessible washroom added at PDH in laboratory department	New WC accessible washrooms in new Dialysis Clinic at PDH
Fire doors (which have been regularly left closed)	Investigate alternative door handles and/or door design. This will be a consideration			Doors tend to be left open.

<i>Description of Barrier</i>	<i>Strategy for its removal/prevention</i>	<i>2007 Update</i>	<i>2008 Update</i>	<i>2009 Update</i>
due to SARS) are very heavy and difficult to open	in the Master Plan design.			
Access to ambulatory clinic space (Dietician, Speech Therapy, Laboratory and Diabetic Education) at LMH is not possible with a wheelchair or stretcher.	Master Plan to provide for appropriate Ambulatory Clinic space at both sites.			
Door knobs, handles and sink taps very difficult to operate with arthritis or other physical impairment.	Door knobs, handles and sink taps to be replaced in patient washrooms over the next few years. Continue with program to replace 3 per year.	Process has started. Most sinks have hands free or taps with long handles that are accessible to all.	Additional rooms addressed.	In progress
Wheelchair accessible showers are not available at PDH	Master Plan to provide for appropriate wheelchair accessible showers.		WC accessible shower installed at PDH	
Corporate and Administration Offices and facilities are not wheelchair accessible	Obtain pricing regarding installation of wheelchair accessible ramp and door at Medical Clinic.	Administration offices are moving off-site to create more room in the medical centre for the Family Health Team.	Administrative offices moved on-site at LMH.	Complete
Fire alarm cannot be detected by people who are deaf and hard of hearing.	Fire alarm replacement included in Master Plan costing.	New fire system installed at PDH. Very loud alarm and visual alarm as well.	New fire system at LMH	Complete
Many forms and records are only available in print format with small print.	Provide certain high usage forms in electronic format and/or large print.		Work in progress	Guidelines for printed materials circulated December 2008
Hospital directional and information signage is insufficient to aid disabled patients e.g. small print, no pictures/symbols	Small working group to be established to review Hospital signage			
Staff awareness of disability issues including non-physical disabilities	Suggest Lunch and Learn Educational session to Education Council		Education to members of Occupational Health and Safety	Accessibility becoming a regular feature of weekly e-newsletter

<i>Description of Barrier</i>	<i>Strategy for its removal/prevention</i>	<i>2007 Update</i>	<i>2008 Update</i>	<i>2009 Update</i>
(i.e., patients with mental health disabilities), access to disabled transportation etc could be improved.			Committees	
No central location for raising and addressing accessibility issues.	Continue to communicate the work of the Project Team to all staff through wide distribution of the Disability Plan, Notices in Newsletters etc.			Process defined for raising accessibility issues.

Note: Space issues have been identified as creating barriers. For example, tub rooms are small, wards and 2 bed rooms are crowded (no storage space for equipment), health records department is crowded. However, these issues cannot be rectified without major renovations. They will be addressed as the NWHC Master Plan is implemented over several years.

9. Barriers Addressed in 2008

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
1. Entrance to Diabetes Education/ Nutritional Counselling not WC assessable at LMH	To ensure equitable access by all patients	Options: 1. To be addressed in Master Program 2. Find alternate space asap – as an interim measure	Plan in place Services in new location that is WC accessible	Funding for required renovations Funds for any painting etc required	When Master Plan approved by MOHLTC By December 2008	Director Projects, Quality and Risk
2. Snow presents challenges in winter	To ensure safe access to hospital during inclement weather	Effective snow removal	Monitor complaints	Maintenance – time	Ongoing	Manager Support Services
3. Language barriers – particularly those with hearing impairment at LMH	To ensure that all patients can communicate their needs and understand instructions/ information shared by	Availability of interpretation services/ sign language services/ Braille services (note: suggestion to have picture dictionary	Process/guidelines in place to access these services	Funds to pay for services as required	Ongoing	VP Clinical Services

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
	physicians and hospital staff.	available)				
4. Lower counter top in admitting for WC access or for short individuals – both sites Glass window at LMH presents sound barrier	To ensure equitable access and respect unique needs	Assess renovations required	Lower counter in place	Funds for renovations	? Coordinate with Master Plan implementation	Director Projects, Quality and Risk
5. Automatic doors for WC accessible washrooms – both sites Automatic door for ER at PDH	To enhance independence and dignity of patients	Install automatic door openers	In place	Cost for each door (approx. \$1500 per door)	As budget permits – ideally by the end of Mar 2009	VP Corporate and Support Services
6. Education of staff/physicians re Accessibility Issues	To demonstrate commitment to Accessibility and encourage all parties to take ownership of issues.	Plan and implement education sessions (lunch and learns)	Sessions completed with good participation	Time	March 31, 2009	Coordinator Organizational Development
7. Follow up on issues from 2007 still pending	To demonstrate commitment to Accessibility	1. Define formal process for reporting Accessibility Issues 2. Continue modification of mirrors, outlets, taps at PDH 3. Provide bariatric seating	All items completed	Time Bariatric chairs – approx. \$400 each Cost to renovate washrooms- approx. \$15,000 each	March 2009	Director Projects, Quality and Risk

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
		<p>in wait areas</p> <p>4. Develop and implement formal guidelines for printed materials</p> <p>5. Develop more WC accessible washrooms</p> <p>6. Lip of shower at LMH poses problem – needs to be addressed</p>				
8. Implement Customer Service Standards	To comply with legislation effective Jan. 2008	<p>Review standards</p> <p>Develop implementation plan</p> <p>Educate staff</p>	Complete	Staff time for education sessions	December 2008	Director Projects Quality and Risk.
9. Sensitivity training and processes to deal with unique issues. (eg. Payment of services for Mennonites – privacy and confidentiality issues)	To respect dignity of individuals	<p>Review current practices.</p> <p>Revise as required.</p> <p>Customer service training as required. (may tie in with Customer Service Standards implementation)</p>	Change in practice in place	Time	December 2008	VP Corporate and Support Services
10. Appropriate observation rooms for mental health patients	To respect dignity of individual and protect staff and patient	Renovate to create appropriate space	Rooms available for use	Cost to renovate – pricing in progress	December 2008	Director Projects, Quality and Risk

Note: many respondents to survey questions noted the small patient rooms and adjacent washrooms. These are structural issues and can only be addressed through major renovations. Master Plan may address some of these issues.

Update

Barrier	Action Required	Update 2009
1. Entrance to Diabetes Education/ Nutritional Counselling not WC assessable at LMH	Options: 1. To be addressed in Master Program 2. Find alternate space asap – as an interim measure	SLP to be consolidated at PDH
2. Snow presents challenges in winter	Effective snow removal	Enhanced vigilance by Maintenance Depart
3. Language barriers – particularly those with hearing impairment at LMH	Availability of interpretation services/ sign language services/ Braille services (note: suggestion to have picture dictionary available)	Available as required
4. Lower counter top in admitting for WC access or for short individuals – both sites Glass window at LMH presents sound barrier	Assess renovations required	Glass window at LMH removed on trial basis
5. Automatic doors for WC accessible washrooms – both sites Automatic door for ER at PDH	Install automatic door openers	No change
6. Education of staff/physicians re Accessibility Issues	Plan and implement education sessions (lunch and learns)	Not completed
7. Follow up on issues from 2007 still pending	1. Define formal process for reporting Accessibility Issues 2. Continue modification of mirrors, outlets, taps at PDH 3. Provide bariatric seating in wait areas 4. Develop and implement formal guidelines for printed materials 5. Develop more WC accessible washrooms 6. Lip of shower at LMH poses problem – needs to be addressed	1. Complete 2. On hold 3. On hold 4. Complete 5. 3 new WC at PDH 6. On hold
8. Implement Customer Service Standards	Review standards Develop implementation plan	Representative to attend OHA session in March 2009 and use OHA toolkit to implement

Barrier	Action Required	Update 2009
	Educate staff	
10. Appropriate observation rooms for mental health patients	Renovate to create appropriate space	Planning in progress for PDH Will be part of LMH ER renovations when funding approved.

10. Barriers to be Addressed in 2009

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
1. Follow up from outstanding 2008 issues	To demonstrate commitment to the Plan	A to look for solution to make diabetes education room more accessible at LMH B Automatic doors for WC accessible washrooms C Access Education Sessions D Bariatric seating in wait areas E Continue to modify sinks and counters in patient rooms at PDH	Project will be completed	Funds for renovations as required. Planning time Capital funds for new furnishings	March 2010	Manager Support Services both sites
2. Install more wheelchair access washroom in in-patient areas at both sites	To enhance independence and dignity of patients	Install automatic door opener for PHD lab washroom Select appropriate room(s) in in-patient areas to install larger	Door opener installed 1 additional WC access washroom per site	HIRF grant Foundation support	Complete by Dec 31, 2009-02-13 Complete by March 31, 2010	Manager Support Services PDH Managers Support Services both sites

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
		WC access washrooms.				

11. Barriers Addressed in 2013

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
1. Follow up from outstanding 2009 issues	To demonstrate commitment to the Plan	Identify timing of any outstanding projects and resource requirements.	Outstanding projects will be completed	Funds for renovations as required. Planning time Capital funds and HIRF	Reviewing Capital Planning at Leadership Team meeting December 17, 2013	Leadership Team
2. Meet all requirements of AODA to be ready to file compliance report by December 31, 2013	Ensure we can make our Hospital accessible to people with disabilities in all five key areas of daily living, by 2025.	Review new AODA standards to ensure compliance,	When complete	OHA Webcast November 2013	Completed	Chief Human Resources Officer
3. Ensure sustainability of Customer Service Standard	Ensure training of all Staff and Volunteers on their role in being responsive to the needs of people with a disability to improve access to our services.	Develop and conduct on-going training sessions	Demonstrate on-going training i.e new hires and volunteers	OHA & office of AODA	Completed in 2010 Training is on-going for all new hires and Volunteers	Manager, Support Services (L.S.) completed initial training. Now included in New hire and New Volunteer process
4. New Hospital Web Site Design	Ensure new Hospital websites are compliant with Information and Communication standard	Communicate accessibility requirements to Web Site Designer	Conform with WCAG 2.0 Level A	Web-Site Designer www.w3.org AODA resources	Completed	Professional Recruiter/Comm (A. Armstrong)
5. New	Comply with	Review the	Policies and	OHA	Completed	C.H.R.O. (S.

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
Standards not implemented	Transportation, Employment, Information and Communication and Built Environment Standards	four new standards and develop an action plan for compliance with AODA	Education will be visible on the Intranet and accessible to all staff and volunteers	Webinar And AODA resources	Review October 2013 Transportation Standard not applicable to our Hospitals.	Ferguson)

12. Actions Required for 2014 - 2018

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
1. Employment Standard	Need to develop processes and resources that support our ability to be responsive to the needs of people with disabilities, for both current employees and potential employment candidates.	Processes needed to ensure we can identify and provide Individualized workplace emergency response information for employees with disabilities	Our ability to be responsive	Emergency Plan “Leads” and H.R. Staff and Occ. Hlth Nurse Conference Brd of Canada Employment Toolkit	Review and respond on request	C.H.R.O
	Ensure Recruitment is Accessible	Add a note to all Job Postings – Internal and External to let candidates know that we will ensure that people with disabilities are able to access all aspects of the recruitment and hiring process .	Our ability to be responsive	H.R. Advisor – Occ Hlth Nurse	Complete	C.H.R.O.
		Ensure an employee’s accessibility needs are	Our ability to accommodate	Occ Hth Nurse and H.R. , Mgr & Union Rep	Complete - Process in place using Return to	C.H.R.O.

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
		considered for all employment opportunities			Work (RTW) model and group	
	Workplace Information and Communications are provided in accessible formats	Send out an email to all staff, advising them of our ability to provide more accessible formats for all workplace communications and information	Our ability to meet specific needs, as they are identified	Occ Health Nurse AODA resources	Complete	C.H.R.O
	Individual accommodation plans are developed	Continue our standard practice of accommodation using the Return to Work (RTW) template	Our ability to accommodate and meet the individuals needs as they are identified	Occ Health Nurse, Mgr, H.R. Union Rep.	Complete	C.H.R.O.
	Employees returning to work after disability-related absences are to be accommodated	Continue our Return to Work (RTW) process	No complaints or grievances	Occ Hlth, Mgr, H.R. Union Rep	Complete	C.H.R.O.
2. Built Environment Standard	Ensure the future design of all public spaces ensures access to and within buildings and outdoor spaces	Communicate the value we place on “Accessibility” and our legislated requirements to all contractors i.e. Architects, Cost Consultants, Engineers etc.	Accessibility identified as a requirement for all RFPs and all contracts that involve the design of all public spaces		Complete	V.P. Corporate Services and Planning as part of the Hospital Redevelopment Process
3. Lack of participation of persons with disabilities, in the on-going	Need the participation of persons with disabilities in the on-going development and review of its	Post a notice to have a focus group to review our accessibility plan and participate in the audit of our	Focus group held and evaluate their feedback	Hospital Websites	June 2016	C.H.R.O.

Barrier	Objective	Action Required	Evaluation	Resources	Timing	Responsible Person
development and review of its annual accessibility plan.	annual accessibility plan.	facilities				
Capital Projects and Capital Equipment plans need to include reqd resources to ensure accessibility	Ensure that Accessibility is considered as a priority when reviewing all capital equip, IT plans and renos	Capital Planning (Five year Capital Plan) has been added as a standing agenda item to each leadership team meetings	LT Minutes	Leadership Team Agendas December 2013	Ongoing 5 year capital plan 2013-2018	C.H.R.O.
Education	Provide education for all staff and volunteers on AODA and Human Rights Code, by January 1, 2014	Train all staff and Volunteers on the Human Rights Code and all AODA standards (new	100% of all rpt and ft staff compliance rate and 100% of Volunteers in Hospital.	OHA Accessibility Training e-learning modules just released Dec 16, 2013 - budgeted	99% Complete	C.H.R.O

Update (2014/15)

Throughout 2014 and 2015, a number of accessibility projects took place at NWHC:

PDH:

- Two accessible washrooms were created in Labor and Delivery;
- 13 Over-bed ceiling lifts were installed;
- 10 doors throughout the hospital were upgraded from a knob handle to a lever handle.

LMH:

- An accessible washroom was created in Labor and Delivery;
- 10 over-bed ceiling lifts were installed;
- 4 doors throughout the hospital were upgraded from knob to lever handle;
- Grab bars were installed in the Emergency Room washroom;

- New auto-open doors were installed in the Operating Room and MDRD.

13. Review and monitoring process

- a) Occupational Health and Safety Committees will continue to meet on a regular basis and review Accessibility Plan Action Plan progress.
- b) Variances from the Plan will be assessed and initiatives implemented, as required.
- c) The Committees will report progress to the Senior Management Team, semi-annually in June and December.

14. Communication of the plan

The hospital's accessibility plan will be available on the intranet and website and hard copies will be available from the Administration Office. On request, the plan can be made available in alternative formats, such as computer disk in electronic text, in large print or in Braille.

Appendix A

Terms of Reference Occupational Health and Safety Committees

The following is an excerpt from the OHSC Terms of Reference re the responsibility for Accessibility:

“Purpose:

To develop an accessibility plan and monitor the implementation of the plan for Groves Memorial Community Hospital in order to identify, remove and prevent barriers to people with disabilities. This plan will improve opportunities for all people, including those with disabilities.

Objectives:

1. *Report on the measures the organization has taken to identify, remove and prevent barriers to people with disabilities.*
2. *Describe the measures in place to ensure that the organization assesses its Acts/by-laws, regulations, policies, programs, practices and services to determine their effect on accessibility for people with disabilities.*
3. *List the policies, programs, practices and services that the organization will review in the coming year to identify barriers to people with disabilities.*
4. *Describe the measures the organization intends to take in the coming year to identify, remove and prevent barriers to people with disabilities.*
5. *Make the accessibility plan available to the public. “*