Accessibility Multi-Year Plan 2023-2028

For Hôpital Glengarry Memorial Hospital

A barrier-free environment,
Everyone's right, everyone's responsibility!

This publication is available on the hospital's website:
www.hgmh.on.ca
and in alternative formats upon request.

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Introduction

People with disabilities represent a significant and growing part of our population. Approximately 185 million people in Ontario have a disability. That's one in seven Ontarians. Over the next 20 years as the population ages, the number will rise to one in five Ontarians.

In recognition of the increasing number of people with disabilities and the aging population, the Province of Ontario enacted the Ontarians with Disabilities Act (ODA), in September 2022. The purpose of this act is to "improve opportunities for people with disabilities and to provide with their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province".

The Accessibility for Ontarians with Disabilities Act 2005, (AODA) provides the standards to achieve accessibility for Ontarians with a complete implementation goal date of 2025. The AODA standards are:

- Customer Service,
- Information and Communication Standards,
- Employment Standards,
- Transportation Standards,
- Design of Public Space Standards,
- Healthcare Standards, and
- Education Standards

In accordance with our mission, vision, and values and the HGMH Strategic Plan, Hôpital Glengarry Memorial Hospital (HGMH) will continuously work towards providing a barrier free environment for all persons using our services.

Definitions

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, including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.[1]

A **disability** is:

a. 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;
b. A condition of mental impairment or a developmental disability;
c. A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
d. A mental disorder; or
e. An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997. [2]

[1] A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf, p.8 [2] Idem, p.8

Message from our President and CEO

On behalf of **Hôpital Gle**ngarry Memorial Hospital, it gives me great pleasure to share the Accessibility Annual Report **for 2023**. As we approach the twentieth anniversary of the Accessibility for Ontarians with Disabilities Act (AODA), we will soon reach the timeline outlined in the Act to provide a fully accessible Ontario by 2025. At Hôpital Glengarry Memorial Hospital, we are very proud of the progress we have made, and we are committed to continue building on those successes.

Our work is ongoing, and so too is our determination to keep raising the bar in accessibility. We remain focused in our pursuit of making health care accessible, equitable and inclusive for all our patients, visitors, staff, volunteers, physicians, and family members.

The goal of accessible health care will continue to be the result of meaningful collaborations, determination and perseverance amongst our staff and our partners in the community. I invite you to read our Accessibility Annual Report and see the interconnection between the HGMH Accessibility Plan and our Mission, Vision and Values.

Our Mission: Delivering outstanding care for our communities.

Our Vision: Providing your care, your way, with seamless integration, innovation and equitable access for our communities**.**

Our Values: Our "**PACT**" is our promise to have **P**assion for what we do, **A**ccountability for our role, **C**ompassion to those we serve, and **T**eamwork for each other.

I encourage you to join us on this exciting journey!

Robert Alldred-Hughes
President & CEO

Accessibility Committee

The Accessibility Committee reviews the Accessibility Plan on an annual basis and assesses all areas internally as well as the grounds of the hospital. The Committee meets quarterly and follows the procedures outlined in the "General Standard Operating Procedures for Hospital Committees".

The plan is submitted to Senior Administration, the Hospital Board, the Internal Quality Committee and the Patient & Family Advisory Committee for review.

The committee membership consists of at least five (5) core staff members and individuals from within the community who have a disability, to share their experiences. The Committee members come from various disciplines within the Hospital, including persons involved in projects that could impact renovation and construction projects.

Committee Member	Sector/Service
Chair	Dietary and Housekeeping Services
1 member	Occupational Therapist
1 member	Administrative Support
1 member	Speech-Language Pathologist
1 member	Manager, Materials Management & Facilities
4 members	Community members with a disability
Ad hoc	Project Manager
Ad hoc	Communications Officer

Commitment and Primary Focus

HGMH is committed to:

- The continual improvement of access to hospital facilities, services, physician offices and clinics for patients, family members, visitors, staff, volunteers and contractors.
- The education of staff, support services and volunteers to address the needs of individuals with disabilities. To sensitize staff, support services and volunteers to be consistent with the core principles of independence, dignity, integration and equality of opportunity.
- Ensuring that hospital policy identifies the provision of quality services to all patients and their family members, visitors, staff, volunteers and members of the community with disabilities.

The primary focus is to develop a culture that supports accessibility to services and sensitivity towards individuals with disabilities.

- Specify how and when progress is to be monitored.
- Write, approve (seek board approval), endorse, submit, publish and communicate the plan.
- Review and monitor the plan.

Objective & Implementation

1. Establish policies, practices and procedures on providing goods or services to people with disabilities and ensuring that policies are consistent with the AODA standards.

2. Use reasonable efforts to ensure that our policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.

3. Communicate with a person with a disability in a manner that takes into account her or his disability.

4. Train staff, volunteers, contractors, and any other people who interact with the public or other third parties on your behalf on a number of topics as outlined in the customer service standard.

5. Train staff, volunteers, contractors, and any other people who are involved in developing your policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service standard.

6. Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises you own or operate that are open to the public, unless the animal is excluded by another law. If a service animal is excluded by law, use other measures to provide services to the person with a disability.

7. Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in premises open to the public or third parties.

8. Where admission fees are charged, provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability.

9. Provide notice when facilities, good or services used by people with disabilities are temporarily disrupted.

10. Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public.[2]

[2] Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07, pp 12 -13 [4] Ibid, Pg. 13

Public sector organizations and providers with 20 or more employees are further required to:

11. Document in writing all policies, practices and procedures that govern accessible customer service and meet other document requirements set out in the standard.

12. Notify customers that documents required under the customer service standard are available upon request.

13. When giving documents required under the customer service standard to a person with a disability, provide the information in a format that takes into account the person's disability.[3]

Barrier Identification Methodologies

An opportunity that will help to identify barriers and monitor our progress in addressing them will be through the feedback mechanisms of the HGMH Patient Satisfaction Surveys. The following questions will be asked, and answers reviewed to determine whether we are meeting patients and/or visitors needs to our hospital:

1. If you have a disability, did the hospital accommodate your special needs?

Yes always Yes sometimes No Do not have a disability

2. How would you rate the treatment of persons with disabilities at this facility?

Poor Fair Good Very Good Excellent Don't know

Facility Planning Then & Now

Hôpital Glengarry Memorial Hospital was constructed in 1965. It was a one and one-half story building. Because it was built into a hill, both the lower and upper levels were accessible from the ground. There were two stairwells and one service elevator. In 1975 there was a major addition to the hospital that included an addition of a chronic care unit, an expanded emergency and outpatient department, a new physiotherapy department and re-locating laboratory services from the lower level to the upper level.

As of 1994, the majority of entrances were ground accessible; however, there were no automatic doors and only one wheelchair washroom in the whole facility. Since 1994, the following accessibility improvements were completed:

1994
- Washroom renovated to wheelchair standards at the emergency waiting room area

1995	◆ Washroom renovated to wheelchair standards in administration
1996	◆ New wheelchair washroom constructed in the main lobby ◆ Automatic door openers installed at the emergency entrance
1997	◆ Automatic door openers installed at the main entrance ◆ Wheelchair shower room installed on the nursing floor
1998	◆ Upgrade administration exit to handicapped standards ◆ Upgrade former chronic care unit exit to handicapped standards
1999	◆ New wheelchair washroom constructed in the lower level ◆ Lighting in parking lot quadrupled
2000	◆ New automatic door opener installed in the lower level ◆ Relocated handicapped parking to the drive-through
2001	◆ Converted outdoor courtyard into an indoor courtyard that included an automatic door opener and two wheelchair washrooms ◆ Major addition of a rehabilitation and health promotion pool that included automatic door openers, three wheelchair washrooms and wheelchair ramp into pool and adult and child change tables. ◆ Relocated physiotherapy department to former chronic care unit which included a wheelchair washroom ◆ New wheelchair washroom constructed beside patient and family Quiet Room ◆ Constructed wheelchair ramp at physician entrance
2003	◆ Started an audio book library ◆ Purchase large-key keyboard for patient computer ◆ Construct new wheelchair washroom in new patient room ◆ Upgrade four patient washrooms to wheelchair standards ◆ Family change room - automatic door opener
2004	◆ Install automatic door opener in main entrance vestibule ◆ Purchase Braille buttons for elevator and new sign ◆ Place markers on top step and bottom landing on each flight of stairs ◆ Replace round door knobs with lever openers (10 this year) ◆ Investigate possibility of purchasing embossed tickets for laboratory ◆ Install telephone device for the deaf ◆ Upgrade toilet seats and bars in washroom where needed ◆ Plan Accessibility Awareness Day

	◆ Install automatic door openers in 5 hallway doors or a magnetic hold-open device on 2 of the 5 doors
2008	◆ Launch internet site with capability of enlarging text
2010	◆ Implemented Serving Customers with Disabilities training for staff as a mandatory in-service and new employee orientation training
2011	◆ Implemented the Multiple Formats Policy. The term multiple formats refers to the production of standard print and/or electronic documentation, including access to information, in a non-traditional manner.
2012	◆ Braille included in signage for room numbers throughout the hospital.
2013-2025	◆ The HGMH Accessibility Plan has been a work in progress. During most of 2014-2015 the Accessibility Plan was reviewed by the Accessibility Committee to better address the needs of individuals with a disability. A walk about by the HGMH Accessibility Committee Chair and Occupational Therapist was conducted; to review the layout of public washrooms, interior and exterior access routes that could impede access for individuals with a disability. As a result of the review a number of changes have been recommended and are best identified under the “Resource” section of Table #1 indicating “Accessibility Design Guidelines Toronto 2004”. The Accessibility Design Guidelines Toronto 2004 was referenced as a resource that posed to be sensible and necessary to alleviate barriers and ensure that HGMH is compliant by the AODA standards, by 2025.

Planning overview

Our accessibility planning is laid out in the Table below and will focus on three main areas:

1. The participation of persons with disabilities in the development and review of its accessibility plans.

2. The provision of quality services to all patients and their family members and members of the community with disabilities.

3. A fundamental framework for ensuring the development of a culture that supports barrier-free access to care and services and the establishment of corporate polices and multi-year strategies that set and maintain clear expectations and resources for barrier identification and removal.

Table #1 Barriers addressed complete, in progress or under review

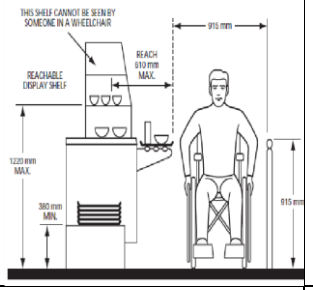
Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2004-2010	Signage & Wayfinding		Comprehensive exterior signage and way finding system is required at every major site or facility, to assist visitors with varying disabilities to locate appropriate parking and accessible entrances. Pedestrian, vehicular, and emergency routes should ball be clearly identified.	Pedestrian, vehicular, and emergency routes are all clearly identified.	Accessibility Committee	Complete
2004-2010	Signage & Wayfinding		One-way routes should be clearly marked-both with paving markings and by post-mounted signs. The “International Symbol of Accessibility” should be used to identify special amenities, such as accessible parking, accessible entrances, or accessible washrooms.	Accessibility Design Guidelines	Accessibility Committee	Complete
2004-2010	Accessibility Design Guidelines		All directional signage and locational signage should be mounted at eye-level, between 1370 mm and 1525 mm high, for quick and easy identification by persons who have visual limitations.	Floor colour coded arrows for lab and x-ray may be helpful and may be taken into consideration	Accessibility Committee	In progress
2004-2010	Safety & Security		Develop comprehensive ‘Emergency Plan,’ addressing the needs of persons with varying disabilities, as well as frail seniors, for exiting large outdoor recreational facilities or other places where crowd-control is likely to be an issue.	Accessibility Design Guidelines	Emergency Preparedness/ Nursing/ Elder Care Committee	Complete

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2004-2010	Colour & texture		People with low vision or who are legally blind, are frequently dependent upon tactile and visual cues in the environment, both to find their way in complex settings, but also to be forewarned about potential hazards Way-finding strategies should utilize at least 70% contrast (or greater) contrast. Note; One exception is the use of bright yellow, which is acceptable at 40% contrast.	Expected outcome complete	Accessibility Committee	Complete
2004-2010			Indoor areas - The preferred side grab bar is the reversed “L” shaped type. Lighting levels in bathrooms should be evenly distributed and no less than 100 lux (10 ft. candles). Faucets and controls should be of the “single-lever action” handled type so that they are easy to use by persons with limited strength or grasp.	Accessibility Design Guidelines	Accessibility Committee and Maintenance	Complete
2005	Accessibility for Ontarians with Disabilities Act (2005) AODA to be incorporated into the Hospital Accessibility Plan	2025	Ongoing monitoring of the 5 standards: customer service, employment, information and communications, transportation, and the built environment (buildings and outdoor spaces)	Submit yearly updated plan.	Accessibility and Maintenance Department	In progress

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2011	AODA Serving Customers with Disabilities	2011	Disability Self Identification Health care workers are aware of the person's disabilities via notification on their chart.	Health care workers will know which patients have a disability and will take necessary measures to respond to their needs	Clinical staff/clerks	In progress
2011	Communication/written		Develop Multiple Format Policy. The term multiple format shall refer to the production of standard print and/or electronic documentation, including access to information in a non-traditional manner.	Patients and staff with a visual or hearing impairment will be able to access information through improved written material or conversion of current material into an appropriate form to meet their needs.	Accessibility Committee	Complete
2014	Communication Feedback AODA ONTARIO REGULATION STANDARDS 429/07 Persons with disabilities needs are addressed and being met	2014	Gather feedback from Bricks & Bouquets or other surveys. **Replaced by Patient Survey**	Review feedback from people with disabilities regarding the level of access provided to them and the barriers observed during their visit/ stay are gathered monthly and reviewed by the Accessibility Committee and shared with Internal Quality Committee.	Accessibility Committee and Internal Quality Committee	In progress

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2015	AODA Ontario Regulation Standards 191/11 Part II information and communications standards/ accessible websites & web content	2016	Review HGMH Policy Accessibility Multiple Format Review website content to ensure it is accessible for persons with disabilities.	Employees with disabilities will be able to access the HGMH Intranet site with application software to access key information.	Information Management, Accessibility Chair	Complete
2015	Building & Design	2025	Elevators should have emergency call system	Elevators and platform lifts used by persons with disabilities should include an emergency call system linked to a monitored location within the building, with 2-way voice communication capability.	Accessibility Committee	In progress
2015	Accessibility			Install a concave mirror at the back of the elevator cab. Lighting in elevator cabs and at platform lifts is recommended to be no less than 100 lux (10 ft. candles) measured at the floor level. The same lighting level should be provided in adjacent lobby space to minimize tripping hazards at door openings.	Accessibility Committee and Maintenance	In progress

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2015	Accessibility Design Guidelines Door & cupboard hardware			Door pulls or latches should be of the lever handled or “D” type for easy use by persons with disabilities.	Accessibility Committee	Complete
2015	Accessibility Design Guidelines Washroom accessories		In all public buildings and institutions providing services or programs to seniors and persons with disabilities, a two-stage emergency alarm system is recommended, with distinctive (i.e., pulses or intermittent)		Accessibility/ Elder Care Committee/ Maintenance Building & Property	Complete
2015	Communications standards / accessible websites & web content	2015	Review HGMH Policy for continued compliance: CO.01.036.0.11 Accessible Customer Service	To improve access to the HGMH Internet for people with visual disabilities. Ensure that the website templates are AODA compliant and train staff on how to maintain AODA compliance when they are adding content.	Information Management and Accessibility Chair	Complete
2015	Accessibility			Increase lighting in passenger elevator to ensure it is no less than 100 lux (10 ft candles) and is the same lighting to adjacent hall space at the door opening. Install concave mirror at back of elevator cab.	Accessibility/ Elder Care Committee/ Building & Property/ Maintenance	Complete

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2015	Accessibility Design Guidelines Cafeterias	Dec 2015			Accessibility/Elder Care Committee/ Building & Property/Dietary Department	Complete
2015	Accessibility Design Guidelines Beverage dispensing areas	Dec 2015	Beverage dispensing areas should be accessible to persons using wheelchairs or scooters with machines that are easy to operate with one hand	Expected outcome met	Accessibility/Elder Care Committee/ Dietary Department	Complete
2015	Accessibility Design Guidelines Special facilities & areas	Dec 2015	Showers should have a non-slip finish in the standing area. The preferred side grab bar is the reversed" L" shaped type. Lighting levels in bathrooms should be evenly distributed and no less than 100 lux (10 ft. candles)	Expected outcome met	Accessibility Committee/Elder Care/Building & Property and Maintenance	Complete Keep in mind for future construction of shower in the Rehab unit.
2015	Communications standards		Essential print information should be printed in large text (e.g., 12-14 pt bold) on a highly contrasting background colour. Print information should also be available in alternate formats, including braille or audiotape, for use			

			by persons who have visual limitations.			
Date Initiated	**Requirement (ACT)**	**Due Date**	**Action**	**Plan**	**Responsible (Persons)**	**Status At Year End Review**
2015	Communications standards		Essential print information should be printed in large text (e.g., 12-14 pt bold) on a highly contrasting background colour. Print information should also be available in alternate formats, including braille or audiotape, for use by persons who have visual limitations.		Accessibility/Elder Care Committee/ Maintenance Building & Property	Complete
2015	Accessibility Design Guidelines Stairs & Steps		A highly contrasting and cane-detectable floor surface at least 915 mm deep, should be located at the head or foot of each flight of steps or stairs to warn persons who have visual limitations that a level changes is pending. Handrails or guards should be contrasting in colour and project a minimum of 300 mm beyond the top and bottom riser to aid persons who have visual limitations.	Expected outcome complete	Accessibility/ Elder Care Committee/ Maintenance	Complete
2015	Accessibility Design Guidelines Toronto 2004		In extended length corridors of 40 m or more, consideration should be given to the provision of a bench or other seating, located at intermediate points along the corridor for seniors and others with limited mobility. B121 requires reverse L grab bar request submitted.		Accessibility/ Elder Care Committee/ Maintenance	In progress

			Consider alcove for bench placement.			
Date Initiated	**Requirement (ACT)**	**Due Date**	**Action**	**Plan**	**Responsible (Persons)**	**Status At Year End Review**
2015	Accessibility Design Guidelines Washroom accessories	Dec 2015	At least one mirror in public washrooms, change rooms or locker rooms is recommended to be full length as an aid to grooming. Faucets on basins may be automatic (preferred) or of the lever handled type, set at 205 mm on centre. The single action type is preferred for use by persons with limited dexterity. M154 full length mirror M185, M154,M160 B121: Auto water review 2017	Expected outcome met	Accessibility/ Elder Care Committee/ Maintenance Building & Property	Complete
2015	Accessibility Design interior amenities		The provision of a baby-changing table, mounted no higher than 865mm from floor level, should be considered. The preferred side grab bar is the reversed “L” shaped type. Accessible public and staff washrooms should be equipped with automatic door openers whenever possible. The preferred faucet on basins are of the automatic type. M185, M154,M160 B121: Changing table Auto water- 2017 B121 requires reverse L grab bar M185 needs auto door opener M160 not wheelchair	Expected outcome complete	Accessibility/ Elder Care Committee/ Maintenance Building & Property	Complete

			Accessible			
Date Initiated	**Requirement (ACT)**	**Due Date**	**Action**	**Plan**	**Responsible (Persons)**	**Status At Year End Review**
2015	Accessibility Design Guidelines Cafeterias	Dec 2015	Where counter service is provided, at least one section of the counter should be no higher than 915 mm by 760 mm wide, to allow a person using a wheelchair or scooter to approach. Where cafeteria or buffet style food services are provided, displays should be accessible and mounted on surfaces no higher than 915 mm form the floor. Overhead display shelves should be no higher than 1220 mm (e.g., for desserts and salads etc.) Cutlery, condiments, and napkin containers etc., should be mounted no higher than 1065 mm from floor level.		Accessibility/Elder Care Committee/ Building & Property/Dietary Department	Complete
2015	Accessibility Design Guidelines Windows & Window Hardware		Horizontal transoms in windows should be designed so that they do not interrupt the eye level of seated persons (i.e., not mounted between 1070 mm and 1200 mm). Window blinds, drapes or louvers should have operators, controls, and pull cords etc., that are accessible to persons using mobility aids, (i.e. with controls in an open approachable space), mounted no higher than 1200mm	Unknown/move forward basis as renovations occur	Accessibility/ Elder Care Committee/ Maintenance Building & Property	In progress

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2015	Accessibility Design Guidelines Audible Signals	Dec 2015	Expected Outcome met	Fire alarm signals in public buildings should be designed to alert seniors and persons with sensory disabilities, that (1) there is a problem, and (2) when to evacuate the building. Essential audible signals, such as fire-alarm signals or elevator arrival call systems, should be loud/distinct enough to be heard above normal ambient sounds by persons with sensory disabilities. Audible alarm signals should be accompanied by visual alarms, as an aid to persons who are deaf, deafened or hard of hearing. Note: For persons who have both visual and auditory limitations, portable-vibrating alarms should be considered.	Accessibility/Elder Care Committee/ Maintenance Building & Property/ Emergency Preparedness Committee	Complete

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2017	Accessibility Design Guidelines Special facilities & areas/ Rehabilitation	Dec 2017	Faucets and controls could be the automatic running type so that they are easy to use by persons with limited strength or grasp.	Expected outcome met	Accessibility Committee/Elder Care	Completed
2021	Accessibility Compliance Reporting	2023	Online reporting for public sector organizations AODA	Attention to be given to policies post pandemic. Updated current policies. • Include Individualized Emergency Plan for staff with a disability. • Return to work for staff with a disability. • Update annual plan and post on Internet Update multi-year plan and post on Internet	Accessibility Committee	Complete

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2021	Design of Public Spaces	2023	Supplementary lighting should be provided to highlight all key way-finding signage. • Lighting standards or posts should be mounted to one side of pedestrian walkways so as not to inhibit free movement of persons using mobility aids. • Low-level lighting standard should be tall enough to clear normal snow accumulation heights. • Overhead light fixtures should be mounted on standards that ensure clear headroom of 2030 mm is available, below fixtures or supports, as an aid to persons with visual limitations. • Lighting of landscape on special site features should be designed and installed to minimize direct glare to both pedestrians and building users.	Review Lighting for exterior areas parking lot not including roads	Accessibility and Building & Property Committees	Complete
2023	Building & Design	2025	Design signage using highly visible and contrasting colours (e.g., white, or yellow on a black, charcoal, or other dark background such as brown, dark blue, dark green or purple). Black lettering on white or yellow matte surfaces is also acceptable	Ensure all doors have yellow caution on automatic doors. Colour & Contract for signage	Accessibility & Building & Property Committees	In progress

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2023	Building & Design	2025	Review current ticketing machines	Both interior and exterior ticketing machines for parking, fares, or general admission etc., should be accessible to persons with limited manual dexterity, persons using mobility devices and persons with low vision.	Accessibility Building & Property Committees	Under review
2023	Building & Design	2025	Review current parking design	Review current wheelchair access parking spaces and ease of access to sidewalk	Accessibility Building & Property Committees	Under review
2023	AODA Building & Design	2024	Repair the broken sidewalk by the main entrance and include a handrail for patients who have limited mobility.	Review the sidewalk with maintenance as well as the area that a handrail would be required. Would need to be able to relocate handrail for snow removal.	Accessibility Committee & Building & Property	In progress
2023	AODA Building & Design	2024	Wheelchairs require a ramp to get over the hump at main entrances, currently wheelchairs need to be backed into the building at every entrance.	Advise senior management of the situation and the recommendation to include in future capital planning.	Accessibility Committee & Building & Property	Under review
2023	Building & Design	2024	Add a handrail at main entrance and repair sidewalk	Walk around with OT and submit request to Senior Management Team	Accessibility Building & Property Committees	Under review

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Responsible (Persons)	Status At Year End Review
2023	AODA Building & Design	2024	Wheelchairs require a ramp to get over the hump at main entrances, currently wheelchairs need to be backed into the building at every entrance.	Advise senior management of the situation and the recommendation to include in future capital planning.	Accessibility Committee & Building & Property	Under review
2023	AODA Serving Customers with Disabilities	2023	Create policy for emergency situations to assist individuals with a disability	Work with Emergency Preparedness Coordinator to introduce policy and training	Accessibility and Emergency Preparedness Chairs	In progress
2023	AODA Serving Customers with Disabilities	2023	Create policy for return-to-work accommodations for individuals with a disability	Work with HR to introduce policy and training	Accessibility Committee	Complete

Review and Monitoring Process

The Internal Quality Committee will review and monitor results from the questionnaires of the Patient Satisfaction Survey and the internal staff survey. Such monitoring will be reported to Accessibility to provide opportunity to target gaps and address necessary change and or identify what is working well.

The HGMH Senior Management team will be committed to review, monitor, and make necessary changes that will encompass the following:

1. Measure progress of service provided to individuals accessibility on the hospital premises.
2. Measure progress of accessibility for employees who may have disabilities.
3. Ensure that barriers are updated and prioritized as needed.
4. Ensure that allotted funds are allocated for such changes.
5. Review recommendations resulting from Accessibility meetings.
6. Provide recommendations during applicable Board Committee meetings.

Communication Strategy

The Accessibility Multi-Year Plan will be communicated to make known the adherence of HGMH to the Accessibility Standards Act, using a variety of mediums that are currently available. Management and staff will be educated with regards to the sensitivity of accessibility, serving a customer with a disability, and working with a colleague with a disability. Both, serving a customer and working with a colleague are to be consistent with the principles of dignity, independence, integration, and equality.

The Accessibility Multi-Year Plan will be communicated through the hospital mediums for internal use:

1. The HGMH Internal Newsletter
2. Hospital intranet site.
3. CEO updates
4. Education-general and annual orientation
5. Hospital Report Card-feedback

The Accessibility Multi-Year Plan will be communicated through the following mediums for external use:

1. Public Forum
2. The Community Networks (service announcement screen in emergency)
3. Patient Satisfaction Survey
4. Hospital Report Card-feedback

Key Messages

The HGMH key message to all will be that our policies and procedures comply with the Ontario Disabilities Act by implementing an Accessibility Plan. The plan will address attitudinal, communicational, physical, architectural, technical, or informational barriers.

The target audience for our theme and key message will be consistent with the outline provided in the “Accessibility Standards for Customer Service” as per the “Summary of Requirements” section and will address customers, staff, physicians, visitors, and volunteers.

Internal and External Audiences

- Provide a power point presentation of the plan to the Board of Director, Medial Advisory Committee, staff, volunteers, and other healthcare providers as needed.
- Advise staff, volunteers of any renovations or impending renovations and the impact to staff and to customers via The Hospital Post, e-mail, and intranet.
- Provide e-mail of who to contact if barriers need to be reported.
- Make the plan available on the internet and intranet.
- Special coverage of the Accessibility Plan in the Hospital Post and on the intranet, providing a method on how to report noncompliance.
- Include a section in General and Annual Orientation on the importance of the Accessibility Standards Act and the responsibility of the employees and the hospital to be compliant.
- Implement a “Disabilities Awareness Week”.
- News release indicating the implementation of the plan and possible public forum to address the specifics of the Act and how measurement of our compliance will be calculated.
- Community Networks, notation of what is the Accessibly Standards Act and how HGMH is compliant.

Table #2 Compliance with Customer Service Standards

The Customer Service standard requirements that apply to all providers		
Standard	**Progress**	**Plans**
1. Establish policies, practices and procedures on the mission providing goods or services Hospital and partners to people with disabilities.	Accomplished as laid out in the mission statements of the Hospital and partners	Ongoing.
2. Set a policy on allowing people to use their own personal assistive devices to access goods and use services and about any other measure your organization offers; (assistive devices, services, or methods) to enable them to access your goods and use your services.	This standard is met. In certain circumstances where there may be interference with medical monitoring equipment, e.g. heart monitors, cell phones may be restricted.	A policy directly stating that persons with a disability (PWD), need and use personal devices to access, and benefit from our services is developed and publicized throughout HGMH in 2010. *CO.01.036.0.XX. Addresses communication, assistive devices, service animals, support workers, correspondence, invoices, training and feedback process.*
3. Use reasonable efforts to ensure that your policies, practices, and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.	Accessibility awareness is improving throughout - all new employees receive 30 minutes of disability awareness education during orientation.	Education will be ongoing. Incorporate into Ethics
4. Communicate with a person with a disability in a manner that considers his or her disability.	Accessibility Guide developed and distributed widely.	Education will be ongoing. Alternative formats for information to give to PWD must be developed in all areas where required.
5. Train staff, volunteers, contractors, and any other people who interact with the public or other third parties on your behalf on a number of topics as outlined in the customer service standard.	As described above, orientation and accessibility guide.	Education is continuous.

Standard	Progress	Plans
6. Train staff, volunteers, contractors and any other people who are involved, developing policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service standard.	As described above, orientation and accessibility guide	Education is continuous.
7. Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises you own or operate that are open to the public, unless the animal is excluded by another law, If a service animal is excluded by law, use other measures to provide services to the person with a disability.	As per policies and procedures in place.	Policy in place Accessible Customer Service. Policy #CO01.036.0.XX
8. Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in premises open to the public or third parties.	As per policies and procedures in place.	Policy in place Accessible Customer Service. Policy #CO01.036.0.XX
9. Where admission fees are charged, provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability.	Not applicable to our sector.	N/A
10. Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.	Education and orientation sessions on disability awareness are helping to ensure the organization is sensitized to persons with disabilities. Signs will be posted when any services may be interrupted.	Education is continuous. Policies have been developed to ensure that when usual plans are not operating that they are well publicized and marked.

Standard	Progress	Plans
11. Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public.[3]	Surveys have included questions on accessibility. Departmental surveys and feedback forms are distributed widely and the information is shared appropriately.	Surveys are reviewed monthly at Quality & Patient Safety,
12. Document in writing all your policies, practices and procedures for providing accessible customer service and meet other document requirements set out in the standard.	In the process of formally writing and compiling this information.	Policy in place Accessible Customer Service. Policy #CO01.036.0.XX
13. Notify customers that documents required under the customer service standard are available upon request.	This information is printed on the front page of the accessibility plan and as posted on the Web site.	Multiple formats Policy # IN.02.009.0.XX.
14. When giving documents required under the customer service standard to a person with a disability, provide the information in a format.	Orientation and education sessions on disability awareness and accessibility should improve these outcomes.	Multiple formats Policy # IN.02.009.0.XX.

[3] Guide to the Accessibility Standards for Customer Service, Ontario Regulation 420/07, pp 12-13

Hospital Policies

Accessibility policies are available on our website and can be made available in multiple formats upon request.

- Accessibility Committee Policy (COR.03.002)
- Accessibility Customer Service Training (CO.07.025)
- Accessibility Self Identification (CO.03.006)
- Accessibility Multiple Format (IN.02.009)
- Accessibility Multiple Format Request Form (51A-171)
- Individualize Emergency Response Plan for Staff with a Disability
- Staff Recruitment (COR.08.004)