

St. Thomas Elgin General Hospital

Accessibility Plan

2022-2025

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Introduction

St. Thomas Elgin General Hospital (STEGH) is committed to supporting a culture that promotes a positive and safe environment for the hospital community - one reflective of the hospital's values. In particular, "Respect" means honouring the worth of each individual. STEGH is committed to providing barrier-free accessibility to individuals with disabilities, consistent with the principles of understanding, acceptance, and inclusion. For the purposes of this document, barrier means anything that prevents a person with a disability from fully participating in all aspects of society, including physical barriers, architectural barriers, information or communication barriers, attitudinal barriers, technological barriers, and policy or practice obstacles.

Approximately 2.9 million Ontarians age 15+ have some form of disability. Legislated responsibilities apply under Human Rights Code (1990) – duty to accommodate, Ontarians with Disabilities Act (2001) "ODA", and Accessibility for Ontarians with Disabilities Act (2005) "AODA".

The STEGH Accessibility Plan

Under AODA, STEGH is responsible to:

- Develop an annual accessibility update
- Make the update available to the public
- Develop strategies to address barriers identified through feedback, legislated requirements, and continuous improvement
- Ensure the strategies become actions through regular implementation by the Accessibility Advisory Team

The Accessibility Advisory Team puts forward a plan to address removing barriers over several years as resources become available.

The barriers are:

1. physical
2. architectural
3. informational or communication-based
4. attitudinal
5. technological
6. policies and practices

The standards cover the following broad categories:

1. Customer Service
2. Information and Communications
3. Transportation
4. Employment
5. Design of Public Spaces

Aim Statement

At STEGH, accessibility is everyone's responsibility. STEGH will provide the opportunity for all patients and their family members, staff, volunteers, and members of the community to identify needs (related to disabilities) which would benefit from accommodation in a manner that supports the dignity of the individual by ensuring:

- People with disabilities entering the hospital and reaching their destination without encountering barriers;
- People with disabilities receiving the services they require without encountering barriers;
- People with disabilities working without encountering barriers;
- Accessibility is integrated throughout the hospital's policies and procedures;
- A feedback process is available.

Customer Service

STEGH applies this standard through the implementation of policies, procedures; staff training; a feedback method; alternate communications methods and notice of service disruption. All policies and education of this standard to all employees and volunteers is complete. Education on accessibility is now part of orientation for all new employees and volunteers joining STEGH.

Members of the public are encouraged to use their own personal assistive devices to access STEGH services or use those provided by STEGH to assist with accessibility for individuals with disabilities. St. Thomas Elgin General Hospital continues to promote an accessible environment for people with disabilities, monitored through the STEGH Accessibility Advisory Team.

New Policies and procedures adopted by STEGH covering the above standards include;

- Accessibility; Persons with Disabilities
- Accessibility; Interpreter / Translation and Alternate Format

Accessibility Education:

- E-Learning
- Corporate Orientation

STEGH Services available to assist accessibility include:

- **Printed Floor Plan & Signage**
 - Printed Floor Plan on each floor posted at elevator
 - Signage being replaced to meet accessibility standards for clarity
- **Escorts** Volunteers available to escort (Mon-Fri. 0800-1600) ext. 2167
- **Directory Signs**
 - Inside Main Entrance Doors (East), First Floor and South Building
- **Accessible Entrances**
 - East Entrance and South Building is accessible at ground level and without curbing
 - Equipped with either automatic sliding doors or push button activated doors
- **Accessible Parking**
 - Designated spaces in lots for visitors, patients, and staff
- **Accessible Washrooms**
 - Accessible washrooms marked with symbol

- **Accessible Elevators**
 - Accessible and equipped with audio tones and Braille
- **Handrails/bumpers** in main hallways
- **Wheelchairs**
 - Available in Emergency, East Entrance and South Entrance & some Units
- **Care of the Bariatric Patient**
 - Bariatric beds, lifts, stretchers, commodes, wheelchair
 - Policies and Procedures for bariatric patient care developed and implemented
- **Assistive Devices**
 - Members of the public are encouraged to use their own personal assistive devices to access services. This may include service animals.
- **Phone and Teletypewriter (TTY) Text Phone Devices**
 - Permanent TTY device at payphones in the Emergency Department
 - User phone # STEGH TTY Line (519) 631-7789
- **Phones** lowered to wheelchair height
- **Interpreter Services**
 - Language Translation Services: Available through phone translation services See: Accessibility: Interpreter / Translation and Alternate Format Procedure
 - ASL (available upon request—advance notice will be required)

Hospital Commitment: Responsibilities

Responsibilities

Executive Team:

- Review of existing policies and Accessibility for Ontarians with Disabilities Act 2005 (AODA)
- Ensure STEGH practices are consistent with the core principles of independence, dignity, integration and equality of opportunity for people with disabilities

Managers:

- Implement, monitor and evaluate compliance of Accessibility Standards
- Receive requests for accommodation from persons with disabilities
- Determine, in consultation with the patient/hospital team member, the most appropriate accommodations
- Ensure staff know accessibility standards and are aware of procedure for back up accommodation or to notify patients/clients/staff should accessibility be temporarily out of service (i.e.) elevator down.

Human Resources:

- Identify training needs, related Accessibility, and ensure all records of training are maintained
- Review policies and procedures related to Accessibility Standards

- Ensure HR practices are consistent with Accessibility Standards

Accessibility Advisory Team:

- Responsible for guiding and directing the activities related to accessibility
- Responds to emerging accessibility concerns identified through various mechanisms including patient, employee, and visitor concerns
- Sets priorities and develops strategies to address barrier removal and prevention
- Ensures all requirements of the AODA are fulfilled
- Reports, as required by legislation, the implementation of Accessibility Standards to the Ontario government
- Updates the annual accessibility plan

Employees, Physicians, Midwives, Volunteers and Affiliates:

- Participate in required education related to the Accessibility Standards
- Forward feedback from patients/customers regarding the Accessibility Standards to the manager of the appropriate area
- Follow the procedures noted in this policy and the 'Family Presence Guidelines' policy

Patients/Clients/Hospital Team Members:

- Self-identify if there is a disability for which they require assistance in accessing STEGH services and communicates such to the appropriate STEGH personnel

Accessibility Advisory Team

The Accessibility Advisory Team represents all areas of the hospital. The team meets to review feedback in its various forms is a standing agenda item to consult and document action planning taken toward continual improvement. Walk-rounds will occur during meetings by the Accessibility Advisory Team to audit accessible standards at STEGH. Capital budgeted dollars will be standing items annually to continue to address facility improvements as identified through audits and feedback.

Feedback – Measurement and Monitoring

Feedback Methods:

1. Email address established for questions/feedback accessibility@stegh.on.ca
2. Through the patient feedback process

Environment

The Built Environment Standard will remain on its own and have a separate introduction. Built environment standard has been forwarded to the Infrastructure Team to raise awareness and assure construction projects and signage meet the standard.

Multi-Year Accessibility Integrated Work Plan 2013- 2021

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
2013 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Accessibility Plans	Develop multi-year plan	Post on external web site	✓			2014	• Completed annually
Accessibility Policies	Make policy publicly available Alternate format upon request	Post externally	✓			2014	• See Accessibility: Interpreter/Translation and Alternate Format • Updated Accessibility Policy
Assisting Verbally Impaired Patients	Complaint received that after hours it was difficult to enter the facility if verbally impaired.	Security	✓			2013	• Sign at East Entrance and South Building entrance directing people to pick up the phone to contact security • Security received education to be mindful of this and to visually assess if the person requires assistance • Security is aware of the origin of the phone call via caller ID
Ambulatory Care Renovation	Opportunity to ensure Accessibility Standards are met or exceeded with this renovation		✓			2013	• Way-finding in the department was simplified through easy to read signage; colours and appropriate colour contrasts
Additional transport wheelchairs	In anticipation of increased travel time for patients to the South Building, 10 additional transport wheelchairs purchased.	Accessibility funds	✓			2013	• Adequate number of chairs purchased for increased traffic
Rest Station	Evidence that patients and visitors are challenged by the long walk from the Main Building to the South Building.	Maintenance	✓			2013	• Made improvements to the 'Dugout' in the hallway leading to the South Building

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
	This became more evident with more services offered in Ambulatory Care in the South Building						- Removed barriers and unnecessary items to create a welcoming environment for people to rest - installed signage 'Rest Area' to encourage people to use the space
First Floor Entrance	Opportunity to re-refresh the First Floor Entrance with the opening of the Mental Health Program.	Maintenance / Housekeeping	✓			2013	- Removed unnecessary items and furniture - Removed clutter to create a welcoming barrier-free environment
Training	Ensure Training on requirements of the Integrated Accessibility Standard	Developed LMS On-Line Learning module to reinforce customer service education and focus on identifying the stigma surrounding mental health	✓			2013	Completed November 2013
Emergency procedure, plan or public safety	If emergency information is made available to the public, make the information available in alternative formats or with communications supports upon request.	One stop contact for forms and supports	✓			2013	- Real life test occurred November 2013 when ALL the elevators were out of service at the same time - Successful implementation
Feedback	Accessible Feedback process including accessible formats and communication supports upon request Notify the public of the availability of accessible formats and communication supports	Accessibility Advisory Team will keep records of suggestions and feedback received through web site, patient satisfaction surveys and actions	✓			2013	- Regular meeting agenda item - Feedback and action items available upon request
Accessible Website	All website and content on those sites must conform with WCAG 2.0AA		✓			2013	Continue to monitor with any website changes or upgrades
Recruitment	Notify public and employees about availability of accommodation during recruitment	Information on all postings	✓			2013	Complete

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Recruitment, assessment or selection process	During recruitment employer to notify applicant at assessment stage that accommodation is available on request. Consultation regarding provision of accommodation.	Within Accessibility: Persons with Disabilities Policy	✓			2013	• Complete
Notice to successful applicants	Notify successful candidates of accommodation policies	Within Accessibility: Persons with Disabilities Policy	✓			2013	• Complete
Informing Employees of supports	Inform employees of policies that support employees with disabilities, including job accommodations	Occupational Health	✓			2013	• Complete
Accessible formats and communication supports for employees	Provide accessible formats and communication supports available to all employees in the workplace. Employer must consult with the employee in determining the suitability of the accessible format or communication support.	Occupational Health	✓			2013	• Complete
Documented Individual accommodation plans	Written process for developing individual accommodation plans.	Occupational Health	✓			2013	• Complete
Return to work	Develop and have in place a documented return to work process for employees with disabilities.	Occupational Health	✓			2013	• Complete
2014 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Training	Ensure Training on requirements of Ontario Human Rights Code and the Integrated Standard	Developed LMS On-Line Learning module	✓			2014	• Complete
Handrails	• Continue with identifying areas for next installation • review any feedback or complaints regarding hand rail requirements	Install Handrails down atrium hallway	✓			2016	• Complete – includes solid seamless flooring, lighting, patch and paint walls, and an increase of 100 feet of handrails
Lighting in Hallway to Atrium	Poor lighting in hallway leading to Atrium was identified at the CCC Patient Council.	Assessment underway			✓		• Challenges because of budget
Procuring or acquiring good, services of facilities	Incorporate accessibility criteria and features Provide explanation, upon request, if not practicable to do the above.	Purchasing Department to include accessibility	✓			2014	• Complete

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
		statement on all Request for Proposals					
Hospital Chapel	Identified concern as the room is not accessible				✓	2014	Team formed to assess the chapel and make improvements to make it wheelchair accessible by Spring 2016
Self-Service Kiosks	Regard to accessibility when designing, procuring or acquiring self-service kiosks; currently not applicable				✓	2014	Not applicable
Patient Translation Service	Safety concern with current process of using staff as interpreters to assist patients.	Accessibility Advisory Team	✓			2014	- Service purchased with Language Services Association - education rolled out October 2014
Mental Health Attitudinal Barriers Human Rights	Anti-stigma strategies	On-going relationship with Community		✓		2014	Established partnership with Community-based Healing Palette - one month per year promote art venue for artists who are people with mental health histories
Accessible Formats	Provide accessible formats and communication supports; Notify the public of the availability	Within Interpreter and Alternate Format Procedure	✓			2014	Policy updated with local resource numbers
Workplace emergency response information	Provide individual workplace emergency response information to employees, as necessary. If assistance is necessary in the event of an emergency, it will be arranged. Emergency response information must be reviewed	Occupational Health	✓			2014	Complete
Performance Management	If performance management is used, the employer must take into consideration the accessibility needs of the employee, and individual accommodation plans when using the process.	Add to Performance Review “If you require assistance ... “	✓			2014	Complete
Career Development	The employer must take into consideration the accessibility needs of the employee, and individual accommodation plans when using the process.	Occupational Health / Human Resources	✓			2014	Complete

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Redeployment	The employer and individual accommodation plans will be used during this process Staff parking accommodation will be given where needed through Occupational Health & Wellness	Occupational Health / Human Resources	✓			2014	Complete 2014/15
2015 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Built Environment (Patient Feedback)	GEMBA walk July 10, 2015 indicated walkway needs edges and crosswalk identification	Environmental Services to have painting completed	✓			2015	
Built Environment (Patient Feedback)	Route to bus stop needs identification	Environmental Services to have walkway to bus stop	✓			2015	
Built Environment (Patient Feedback)	Grass between sidewalk can cause bumps and back pain for people in wheelchairs	Environmental Services to engage grounds keeping to maintain (Spring 2016)			✓	2016	Follow-up Audit Spring 2017
Built Environment	Repair sidewalk damage South Bldg. by turn-about	Redevelopment repaired issues	✓			2016	Completed
Built Environment (Patient Feedback)	Motorized vehicle do not have access from Wood Street Requires further investigation and costing	Cannot add sidewalk as it would put those in wheelchairs into			✓		This has been elevated to a capital project which includes repair and revision to the East Lot. Of note: The sidewalk must be

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
		traffic area – looking for a potential solution					parallel to parking to prevent cars from encroaching/blocking sidewalk space 
Built Environment	Excessive slope at south parking lot drop-off	Redevelopment construction to repair issue	✓			2015	• Complete
Built Environment (RMPPro Event)	East Accessible washroom requires light and pull-cord Ensure washroom is identified when in use and that there is a way to pull for assistance if needed	Environmental Services	✓			2015	• Completed occupy light and emergency button November 2015
Built Environment (Feedback)	South (rehab-side) Door does not have push entrance button investigate cost to make this doorway accessible	Environmental Services	✓			2015	• Complete
Customer Service (Internal Needs)	Larger wheelchair required for escort services Obtaining quote to purchase a larger wheelchair	Volunteer Services	✓			2016	• Complete
Policy Update	Annual policy updated and loaded on external website	HR	✓			2015	• Complete
Customer Service	Volunteer Escorts available at both east and south entrance/exit for way finding and assistance	Volunteer Services/Patient Advisor Council	✓			2015	• Completed
Customer Service & Built Environment: Increase accessible parking	South Lot had 5 accessible parking places East Lot had 6 accessible parking places	South Lot: increased accessible parking places to nine and added eight limited mobility East Lot: added 2 Barrier-free	✓				 Completed October 2015
Built Environment	Collaborate with Redevelopment team to ensure accessibility is maximized during construction	Redevelopment team members during		✓		ongoing	• 2015-2017

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
		project build 2015-2017					
Built Environment	Reviewed plans for new build to ensure we were meeting or exceeding requirements for accessibility	Redevelopment Team reviewed with Accessibility at two meetings and continue to collaborate	✓			2015	• Completed
Built Environment	Slope at east sidewalk identified as potential trip risk	Paint edge to minimize risk	✓			2015	• Completed
Built Environment & Customer Service	Added Duress Station for Emergency Calls in the event where one requires assistance in the parking Lot	Completed by Redevelopment	✓			2016	 Activated
Customer Service and Built Environment	Widen sidewalk at east entrance to meet accessibility standards	Completed by Redevelopment	✓			2015	 Completed

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Built Environment	Exits redefined with new running man symbol (lighted) exit signs at exits / entrances	Completed by Environmental Services	✓			2015	 Completed
Customer Service and Build Environment	Drop off parking is required; without it there are issues resulting in congestion at the East Entrance	Two drop off parking places have been added along with 2 addition accessibility parking places	✓			2015	• Completed
Customer Service	Aphasia international symbols	Design a patient menu and patient satisfaction survey using aphasia symbols; sample menu selection below:	✓			2016	• Patient Menu and Satisfaction Survey (with symbols) completed • Menus now available on each unit Sample survey below 8. Would you like to recognize someone special on our staff who helped make your experience excellent? ☐ ☐ ☐ ☐ ☐ ☐ ☐ Source: Toronto Aphasia Institute

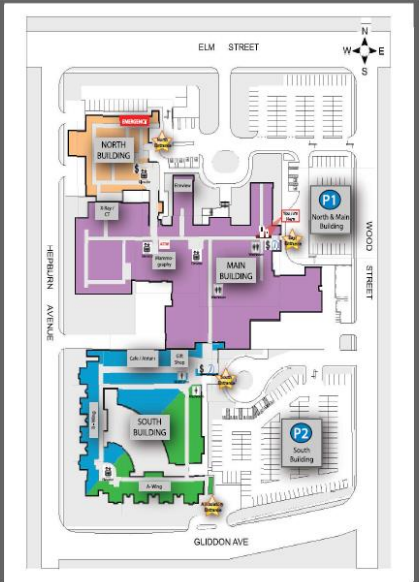
Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
		BREAKFAST ENTREES Eggs  Omelets (2 Eggs with your choice of fillings: Cheese, Onion, Ham, Tomatoes, Mushroom, Green Peppers)  FRUIT & TOAST  FRENCH CHEESE PLATE 					
2016 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Accessibility Team Development	Invite Speech Language Pathologist to meeting to share information and development on Aphasia supports STEGH now offers	Begin to widen our understanding about needs for those who have experienced a stroke	✓			2016	Resources can be found on STEGHnet
Communication	External website was audited for AODA compliance and meets the standard	As a result of the audit it was found that 52% of users access the website by mobile devices. Further investigation will be done to look at mobile accessibility and the website.			✓		Planned 2016/17 update of website to make mobile friendly (allowing auto fit and expandability of size for visibility).
Built Environment (Patient Feedback)	Improved lighting and handrails North -South Corridor	Completed in conjunction with Redevelopment Team	✓			2016	Complete

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Built Environment	Widen the Doorway on first floor that goes to the Atrium - accessible	Completed in conjunction with Redevelopment Team	✓			2016	• Complete
Built Environment	Conduct a GEMBA to look at opportunity to re-use handrails that were removed during new construction	Audit complete	✓			2016	• December 2016
Built Environment (Patient Feedback)	GEMBA walk to assess washrooms throughout hospital	Risk participate in walk with team to review washrooms	✓			2016	• Completed audit Dec 2016 and Feb 2017
Built Environment	Improve lighting Corridor – A unit and East-West corridor ground	LED lighting installed	✓			2016	• Complete
Built Environment	DI washrooms require ability to initiate an emergency response	DI needs to have washrooms routed to security or a 24/7 staffed position	✓				• GEMBA 12/12/2016 • PO issued to proceed January 2017 • Work complete
Built Environment	Handrails audited with view of extending handrails to support those coming in South Entrance	Add handrails to 3 areas identified in GEMBA: Hallway to bathrooms by stores Men's washroom by Talbot Trail Outside maintenance shop and around the corner by the stairs (one side)	✓			2016	• Maintenance to review possibility of reusing handrails and installing to extend coverage from South Entrance and to washrooms in vicinity
Built Environment	GEMBA Audit of washrooms	4 washrooms routed to position which no longer exist	✓			2017	• PO issued to proceed January 2017 • COMPLETE
Built Environment	GEMBA Audit of washrooms	East Entrance needs to have emergency routed to security or 24/7 staffed position	✓			2017	• PO issued to proceed January 2017 • COMPLETE

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Customer Service	CI Ticket – Microwave in Atrium needs to be adjusted for accessibility for those in wheelchairs		✓			2017	• Maintenance to look at positioning/bracketing location so it is accessible • Waiting for new Ice Machine which will impact furniture arrangement • COMPLETE
2017 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Customer Service	Safe Management Training: Includes de-escalation for behavioural responses		✓			2017	Provide training to all those work in high risk areas and % of all employees in all other areas
Customer Service	Gentle Persuasion Approach Training (GPA)		✓			2014 2017	• Provide training to all those working with elderly patients
All Standards Human Rights	Corporate Orientation	AODA Review 5 standards	✓			2017	• LMS e-Learning reviewed/revised • Send to all new hires beginning Jan 2017 to replace classroom • Include links to policies: Accessibility: Persons with Disabilities Accessibility: Interpreter/Translation and Alternate Format
All Standards Human Rights	Refresh e-Learning with all Staff	AODA Review 5 Standards	✓			2017	• Send eLearning to all staff in 2017
All Standards	Accessibility team completes semi-annual GEMBA walks to inform our planning and identify system issues related to accessibility	Where possible our team member who is also a former patient to come with us on GEMBA's		✓		2016	• GEMBA 11/2016

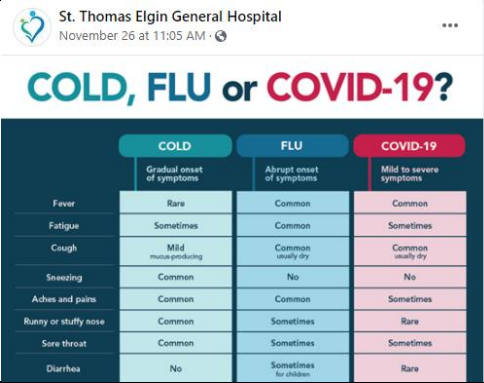
Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Customer Service Human Rights Mental Health Attitudinal Barriers	Offer Mental Health First Aid Training. The course content includes: • Explanations of mental health, mental illness and mental health problems • Signs and symptoms of common mental health problems and crisis situations • Information about effective interventions and treatments	Elgin/St. Thomas Safe Community Group is coordinating Mental Health First Aid Training. This course is offered/promoted through the Mental Health Commission of Canada and CMHA	✓				• Spring 2016; partner with Security and the St. Thomas Police Department
2018 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Built Environment	Handrails should be installed in the North Tower links		✓			2018	• Work complete
Built Environment	Public 10-minute drop off parking spots at Emergency entrance are ALL Wheelchair accessible only	AODA Review 5 standards	✓			2018	4 parking spots have been changed to 10 minute drop off spots 

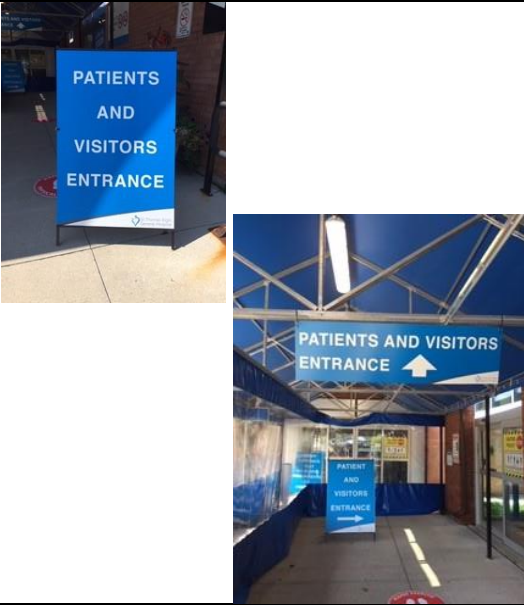
Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Built Environment	Complaints have been received that the parking gates are too high; drivers struggle with putting their money/credit cards in the machine if their vehicles are low	Building Services		✓		2018	A review of the parking gates is pending. This issue to be addressed at that time.
Built Environment	Complaint received from 'Peggy' regarding the lines on the curbs. They are very helpful for the visually impaired. Peggy reported there are some missing near the Emergency entrance.	Building Services		✓		2018	See above
2019 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
All Standards Human Rights	Audit of facility determined that there are 88 gender neutral washrooms located throughout the hospital.	Accessibility Advisory Team review	✓			2019	
Built Environment Customer Service	Dedicated location in the north building to store wheelchairs. Easily identified area for visitors / patients who need chairs as they travel to the North Building	Building Services	✓			2019	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Built Environment	Push button added to door of Diabetes Education service.	Building Services	✓			2019	
Customer Services	Wayfinding Improvements • Focus on improving wayfinding in the hospital • maps created • Consultations with public, volunteers, staff to develop successful outcome	Accessibility Advisory Team review	✓			2019	

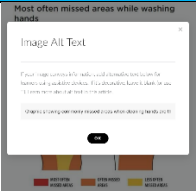
2020 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Design of Public Spaces Standard	South Parking Lot, Ambulatory Care Sidewalk ramp replacement	Building Services	✓			2020	
Design of Public Spaces Standard	Improved signage throughout hospital with standard colours, high contrast and large font size	Building Services	✓			2020	
2021 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							

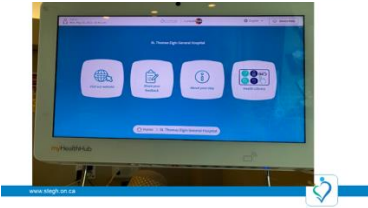
Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Communication Customer Service	Comprehensive COVID-19 Communication • Easy to read • In-Person and digital • Timely • Digital communication to keep the public informed	Communications and Senior Leadership		✓		2021	
Design of Public Spaces Standard	• Automated Doors, South Building A Unit Entrance. Double Doors changed to three panel telescoping sliding doors. Opening 44.25” wide	Building Services				2021	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Customer Service	Automatic door leading into Human Resources Accessible entrance for staff and visitors	Provides privacy for staff and visitors	✓			2021	
Customer Service	COVID-19 Entrance Signage Easy to read, high contrast signage at entrances for patients and visitors	Communications and Senior Leadership	✓			2021	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Customer Service	Additional transport wheelchairs purchased Wheelchairs available for patients and visitors	Accessibility Advisory funds	✓			2021	
Built Environment Customer Service	Adapted all patient entrances during COVID-19 - Allows patients and visitors to maintain physical distancing - Clear understanding of where to line up - Protection from inclement weather	Building Services	✓			2021	 EAST ENTRANCE  SOUTH ENTRANCE

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
							EMERGENCY ENTRANCE 
2022 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Information and Communications Standard	• Monitor and ensure compliance with AODA in all eLearn modules ○ Text is more readable with the use of larger black font on white background ○ All graphics have ALText attached that describes the graphic ○ Training provided to all content developers on ALText	Learning		X		2022	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Design of Public Spaces Customer Service	Emergency Department Entrance into vestibule. Installed ramp to improve transition	Building Services	X			2022	
Information and Communications Standard	Implemented new Learning Management System (DualCode) which has a built-in Accessibility option to change the screen for enhanced visibility experience	Learning	X			2022	
2023 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Customer Service Standard	Bedside terminals in CCC with access to education on Movement Matters and mobility exercises	Patient Experience	X			2023	  
Employment Standard	Replaced several desks for staff to sit/stand stations	Human Resources/Occupational Health and Safety		X		2023	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Design of Public Spaces	East Entrance Washroom, new door operator, lever, Washroom control kit and Emergency Call Package	Building Services	X			2023	
Customer Service Employment Standard	Checked Eye – Identification for Patients and Staff with Low Vision	Patient Experience	X			2023	
Employment Standard	Update eLearning modules to responsive design and to make them more user friendly (use on cell phones and tablets)	Learning		X		2023	
Employment Standard	Offering coaching and support for learning with neurodiverse staff	Learning		X		2023	
Employment Standard	All videos in eLearning include close captioning	Learning		X		2023	
2024 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Employment Standard	Green Eye Wash Stations in Lab	Building Services	X			2024	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Employment Standard	Accessible bathrooms in Lab areas	Building Services	X			2024	
Employment Standard	Upgrading to Microsoft 365 which has reading capabilities for emails	ITS		X		2024	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Employment Standard	Automatic hand door openers throughout the Lab	Building Services	X			2024	
Customer Service	Voyce – modernized Medical Interpretation services in multiple languages and in sign language – Floriana/Brandon	Patient Experience	X			2024	
Customer Service	“Take A Number” initiative includes visual and audio cues to enter Triage in ED	Emergency Department/Communications	X			2024	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Design of Public Spaces	Automated Doors, Building Services Entrance - Double Doors to be changed to three panel telescoping sliding doors. Opening 44.25" wide	Building Services	X			2024	
Customer Service	Increased patient lifts in X-ray to assist patients with differing mobility issues	Diagnostic Imaging	X			2024	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Customer Service	Hello Wall at South Building Entrance with Braille Plate	Communications	X			2024	
Customer Service	Hello Wall at Emergency Entrance with Braille Plate	Communications	X			2024	
Customer Service	6 Wheelchair replacement purchases	Volunteer Services	X			2024	
Employment Standard	Updated AODA module	Learning	X			2024	Updated eLearning module to include updates within the hospital and streamline language with AODA modules

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Employment Standard	Installed software for a visually impaired staff member to assist with the completion of eLearn modules	Learning		X		2024	 NV Access Empowering lives through non-visual access to technology
2025 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Customer Service	Repaved parking lot, improvements include: - Increased Accessible spots from 8 to 11 (Includes 6 Type A - Van accessible, 5 for Type B accessible spots) 6 Limited Mobility spots added (did not have any previously) - Electric Vehicle spots increased to 6 (from 0) 7 Motorcycle spots have been added <i>Enhanced lighting for front sign</i> <i>Tactile warning plates on sidewalks</i>	Building Services	X			2025	
Customer Service	Included Low German language on signage during high risk measles activity in the community. Posted on the entry doors (ED, East, North and South). A slightly different version was posted in the outpatient OB clinic. It indicates to speak with the clerk (in Low German).	Communications	X			2025	
Design of Public Spaces	Gender Neutral bathrooms	Building Services	X			2025	
Design of Public Spaces	Light switches in public washrooms to ensure lighting stays on	Building Services		x		2025	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Customer Service	Elevator access/buttons	Building Services	X			2025	