



MULTI-YEAR ACCESSIBILITY PLAN JANUARY 1, 2014 – DECEMBER 31, 2018

Prepared by:
GRAND RIVER HOSPITAL ACCESSIBILITY
COMMITTEE

Prepared for:
Malcolm Maxwell, President and CEO

This publication is available on the hospital's website
at:

<http://www.grhosp.on.ca/>
and in alternative formats upon request.

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1.EXECUTIVE SUMMARY

Grand River Hospital (GRH) is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner, and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the *Accessibility for Ontarians with Disabilities Act (AODA)* not because it is law but because it is the right thing to do.

Grand River Hospital is also committed to the continuous 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.

The positive impact that this commitment has had on those with disabilities is evident through the feedback we receive. The following is a quote from a grateful family member. *“I have wheeled my mom in wheelchairs many, many times and never had the ease of use as I did with these new wheelchairs. I am very impressed and want to thank the hospital for purchasing these new chairs.”* We will continue to build on our recent successes to improve access.

In the past, Grand River Hospital has produced an annual accessibility plan describing the measures taken to reduce barriers during the previous year and outlining the action plans for the upcoming year to identify, remove and prevent barriers for people with disabilities who live, work in or use the facilities and services of Grand River Hospital. This year we are transitioning to a multi-year accessibility plan in order to adhere to the recently introduced Integrated Accessibility Standards Regulation (IASR).

The plan includes timelines for compliance with the multiple requirements under IASR, in addition to mitigation strategies for barriers identified through our various feedback venues.

2.DESRIPTION OF HOSPITAL

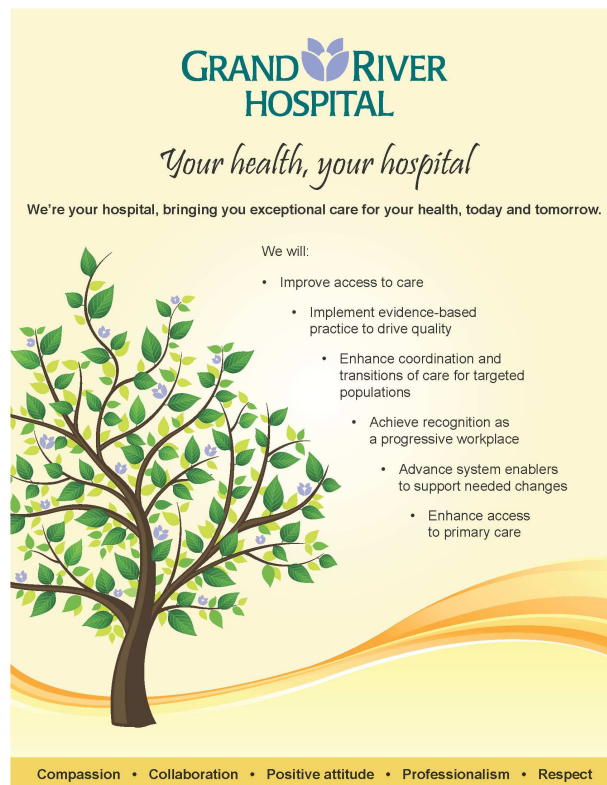
Grand River Hospital (GRH) is Waterloo Wellington's largest hospital. The work of the hospital is guided by its mission, vision and values statements.

Mission: At Grand River Hospital, we work with the communities we serve towards life-long health and well-being for all. We exist to provide exceptional care through inspired people, one patient at a time.

Vision: We're your hospital, bringing you exceptional care for your health, today, and tomorrow

Values: Compassion, Collaboration, Positive Attitude, Professionalism, Respect

We strive to provide exceptional services that comfort, assess, restore and educate patients through 15 clinical programs and services in a fiscally-responsible manner. GRH delivers these services within the context of the broader health system acknowledging that the needs of patients extend beyond the services provided by GRH. Through effective partnerships and linkages with other health service providers in the Waterloo Wellington area and beyond, GRH will participate in the coordination and integration of services that best serve the population of Waterloo Wellington.



Grand River Hospital (GRH) provides 15 clinical programs and services including:

- Cancer Care
- Childbirth
- Children's
- Complex Continuing Care
- Critical Care
- Emergency
- Laboratory Medicine
- Medical Imaging
- Medicine
- Mental Health & Addictions
- Pharmacy
- Rehabilitation
- Renal
- Stroke
- Surgery

In 2013/14, GRH will operate a 598-bed large community hospital delivering a full range of acute care, rehabilitation and complex continuing care services on two main campuses, the Kitchener-Waterloo site (including 835 King Street, 850 King Street, 403 Park Street, and 52 Glasgow Street), the Freeport site and five satellite locations in Kitchener, Guelph, Palmerston, Fergus and Mount Forest.

3. DEFINITIONS

Within this document, the term:

“barrier” means:

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 communication barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

“disability” means:

- 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 coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impairment, 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.

The above definitions have been adopted from the Accessibility for Ontarians with Disabilities Act, 2005

4.OBJECTIVES

This plan will:

- 1)Describe the process by which the Grand River Hospital will identify, remove and prevent barriers to people with disabilities;
- 2)Review efforts at Grand River Hospital to remove and prevent barriers to people with disabilities over the past year;
- 3)Describe the measures that Grand River Hospital will take in the coming years to identify, remove and prevent barriers to people with disabilities; and
- 4)Describe how Grand River Hospital will make this accessibility plan available to the public.

5. GRAND RIVER HOSPITAL ACCESSIBILITY WORKING GROUP

Lisa Costa, Patient Relations Advisor - Risk Management & Patient Safety at Grand River Hospital, is the ODA Coordinator and can be reached at 519-749-4300 Ext. 2966.

Members of the Grand River Hospital Accessibility Committee include:

<i>Committee Member</i>	<i>Department</i>
Laura Bertolo	Occupational Health, Safety and Wellness
Carl Chandroo	Information Services - Team Lead, Desktop Services
Lisa Costa	ODA Coordinator
Mark Karjaluto	Public Affairs
Brenda Lanteigne	Purchasing & Materials Management
Frank MacLellan	Volunteer Resources
Blondina Matheson	Planning, Development and Facility Redesign
Terry Olivier	Organizational Development
Sandy Osmond	Customer Service / Volunteer Resources
Jenny Rajaballey	Administration – Executive Vice President

Erum Siddiqui	Information Services - Web Developer/ Designer
Amy Sproule-Jones	Human Resources
Brenda Vollmer (Chair)	Capital Planning & Development
John Wilson	Engineering Services

The role of the committee is to ensure that Grand River Hospital fosters an environment friendly to those with disabilities and complies with the Accessibility For Ontarians With Disabilities Act, 2005 and it's associated standards and regulations. The committee's responsibilities are to:

- Develop a multi-year accessibility plan which describes the process by which Grand River Hospital will identify, remove and prevent barriers to people with disabilities and will meet legislative accessibility requirements within the required timelines.
- Consult with persons with disabilities as the plan is established, maintained and reviewed.
- Review and update the plan at least once every 5 years.
- Monitor progress and develop annual public status updates.
- Ensure that the accessibility plan is available to the public and provide it in an accessible format upon request.

- Conduct appropriate audits to identify barriers and verify if objectives are being met.

The Accessibility Committee meets monthly or at the call of the chair to review progress on actions plans, identify new barriers and complete the multi-year accessibility plan and annual status updates.

6.HOSPITAL COMMITMENT TO ACCESSIBILITY PLANNING

The Board of Directors approved an allocation in the 2012/13 and 2013/14 fiscal years to remove accessibility barriers and is committed to doing so in future years.

The President and CEO authorized the Accessibility Committee to prepare a multi-year accessibility plan that will help us provide an environment increasingly centered on the needs of patients with accessibility needs.

7.ACCESSIBILITY ACHIEVEMENTS - 2013

During the last several years, there have been a number of initiatives at Grand River Hospital to identify, remove and prevent barriers to people with disabilities. Some of the positive feedback we received from patients, visitors, and staff includes:

“I have used the automated door openers on 3A many times and seen families use this when struggling with babies and strollers etc. It is a wonderful addition!!”

“That door opener [on 3A] was not there for my last baby – it is so handy!”



“I have wheeled my mom in wheelchairs many, many times and never had the ease of use as I did with these new wheelchairs. I am very impressed and want to thank the hospital for purchasing these new chairs.”

“There is a wheelchair available for my dad every time we come in these days – that is such a relief for us.”

Again in 2013, Grand River Hospital celebrated National Access Awareness Week and it was a great success. The event provided an opportunity for GRH to celebrate the work that is being done to make buildings, programs and services more accessible for people with disabilities. The event included poster board displays, news articles, and external information booths from CNIB, MS Society, Autism Ontario, Waterloo Regional Homes for Mental Health, Mobility Plus, Spinal Cord Injury Ontario, and Front Door (Lutherwood and KidsLINK).







The following barriers which were previously identified have been re-mediated in 2013. Any previously identified barrier which is currently in process of being resolved or will only begin to be resolved in 2014 has been incorporated into the multi-year plan.


Description of Barrier	Mitigation Strategy
<p>Revolving door at the KW site main entrance – people in scooters can get caught in the door and the door is also often out of order.</p>	<p>Renovations began in October 2012 and were completed in January 2013.</p> 
<p>The main washrooms nearest Tim Horton's that are identified as wheelchair accessible washrooms present several barriers.</p>	<p>An audit of all public washrooms was conducted. 16 were identified for upgrades this year including these washrooms. Work began in October and was completed in December 2013.</p> 


Description of Barrier	Mitigation Strategy
<p>Supply carts/chairs in hallways create hazards for people with visual impairments and make it difficult for patients in wheelchairs to manoeuver.</p>	<p>In January 2013 education was delivered to staff in Medicine, Surgery, Purchasing, Housekeeping, and Facilities Development related to 5S. The storage of medication carts, isolation carts, linen carts and food carts has been examined and some recommendations put in place. Hallway clutter is an ongoing item of Joint Health and Safety Committee (JHSC) monthly inspections and issues will be addressed as they arise.</p>




Description of Barrier	Mitigation Strategy
Position and height of paper towels, soap, toilets, and grab bars in wheelchair accessible washrooms need to be adjusted.	An audit of all public washrooms was conducted. 16 washrooms were identified for upgrades this year. Work began in October 2013 and completed in December 2013. Work included adjusting position and height of items.
At the Freeport site the concrete is chipping at sliding doors leading to and from courtyard. This has resulted in ruts and barriers for wheelchairs.	<p data-bbox="907 715 1377 826">Concrete repaired in August 2013.</p> 
The concrete sidewalk at the Freeport site main entrance is cracked has gaps in the concrete and has uneven surfaces which impede access for those with mobility disabilities.	<p data-bbox="907 1043 1496 1273">Replacement of sidewalk began in October 2013 and finished in November 2013.</p> 

Description of Barrier	Mitigation Strategy
<p>The doorway to 3A is difficult to manoeuver.</p>	<p>Installed automated door openers in February 2013.</p> 
<p>There are no TTY pay phones at the Freeport site.</p>	<p>Installed a TTY phone in April 2013.</p>
<p>Neither of the two washroom doors in the ER Waiting Room have push button door openers. Anyone in a wheelchair must struggle to push the door open or request the assistance of either a family member or the triage nurses.</p>	<p>Installed automated door openers in February 2013.</p> 

Description of Barrier	Mitigation Strategy
The sidewalk leading into the Kaufman building at K4NS2 is cracked and sunken and poses challenges to those with mobility challenges.	Concrete repaired in August 2013.
Equipment, e.g. wheelchairs is limited.	<div data-bbox="904 655 1599 943"> <p>40 new transport chairs arrived in 2013. A multi-year wheelchair plan has been created to ensure the ongoing replenishment of equipment.</p> </div> <div data-bbox="1697 647 1904 882">  </div>
Elevators – not all of our elevators have audible notification to identify which floor you are.	Audible notification was installed in elevators 7 and 8 in August 2013.

Description of Barrier	Mitigation Strategy
<p>The elevator call buttons in the Kaufman building are difficult to reach from a wheelchair due to obstacles in the area.</p>	<p>In October 2013, we relocated garbage containers, and ensured the area under the call button is kept free of debris. We also installed a device beside the elevator to assist with reaching the call button.</p> 
<p>The patient kiosk on the main level of the cancer centre is not wheelchair accessible.</p>	<p>In November 2013 a wheelchair accessible computer was reconfigured with the programs available on the kiosks in the Resource Room in the Cancer Centre.</p>
<p>Many of the public washrooms do not accommodate bariatric (oversized) wheelchairs and scooters – which are being used more frequently.</p>	<p>An audit of all public washrooms was conducted. 16 washrooms were identified for upgrades this year. Work began in October 2013 and completed in December 2013. Several of these public washrooms accommodate bariatric devices.</p>

Description of Barrier	Mitigation Strategy
<p>Patients with mobility challenges have extreme difficulty accessing services due to a long walk from the main entrance to clinics / services.</p>	<p>Advise patients during the booking process about the location of the service and the best place to park. A video was also produced identifying the location of the programs and services and tips on the best way to access them. These video clips are posted on our website. Wheelchairs are also available at each entrance for those who require one.</p>
<p>The change machines in the Kaufman building and ER are too high.</p>	<p>Change machines were lowered in October 2013.</p> 

Description of Barrier	Mitigation Strategy
The consultation room in Retail Pharmacy is not wheelchair accessible.	The existing counter was removed to make the room accessible.
No access to walkers or canes when a physiotherapist or assistant is not here.	Staff received education on the process for accessing walking aids in May 2013.
The Canadian Council of the Blind, Waterloo Region advised that a staff member approached a visually disabled patient's bed and started a conversation. The patient, not knowing they were being addressed did not respond.	Staff received education in January and February 2013.

Description of Barrier	Mitigation Strategy
Doorways are not wide enough in patient bathrooms for wheelchairs in older units.	One wheelchair accessible washroom was added to 6D in November 2013.

In addition to the above accomplishments we have also successfully complied with the following sections of the Integrated Accessibility Standards Regulation.

Part 1: General Standards

AODA Standards / Regulation Reference O. Reg.191/11, s. 3	I: Accessibility Policies Compliance Deadline: January 1st, 2013
	DELIVERABLES
3.1 Establish accessibility policies	Established and implemented a policy that governs how GRH will achieve accessibility through meeting the IASR requirements.
3.2 Statement of organizational commitment	Included a statement of GRH's commitment to meet the accessibility needs of persons with disabilities in our policy.
3.3 Make policy documents publicly available	GRH's policy is publicly available on our website and in accessible format upon request

AODA Standards / Regulation Reference O. Reg.191/11, s. 4	I: Multi-Year Accessibility Plans Compliance Deadline: January 1st, 2013
	DELIVERABLES
4.1 Establish multi-year accessibility plan	A multi-year accessibility plan outlining GRH's strategy to identify, remove and prevent barriers and meet requirements of IASR was established and documented and will be implemented and maintained.
	GRH's multi-year accessibility plan is posted on our website and is available in an accessible format upon request.
	A process has been put in place to ensure that GRH's multi-year plan will be reviewed and updated at least once every 5 years.
4.2 Conduct consultation with persons with disabilities	GRH will continue to consult with persons with disabilities and the accessibility advisory committee in the development of the multi-year plan.
4.3 Prepare annual status report	GRH will report annually on the year's progress toward goals and targets identified in multi-year accessibility plan.
	The report will be posted on website and provided in an accessible format upon request.

AODA Standards / Regulation Reference O. Reg.191/11, s. 5	I: Procuring or Acquiring Goods, Services or Facilities Compliance Deadline: January 1st, 2013
	DELIVERABLES
5.1 Incorporate accessibility criteria and features into procurement process	GRH will ensure the procurement process includes consideration of accessibility criteria and features.
5.2 Provide explanation if impracticable, upon request	GRH will provide an explanation, upon request, if accessibility criteria and features can not be incorporated into our procurement process.

AODA Standards / Regulation Reference O. Reg.191/11, s. 6	I: Self-Service Kiosks Compliance Deadline: January 1st, 2013
	DELIVERABLES
6.1 Incorporate accessibility features when procuring or acquiring self-service kiosks	GRH will ensure the procurement process for acquiring self service kiosks includes consideration of accessibility criteria and features.

AODA Standards / Regulation Reference O. Reg.191/11, s. 7	I: Training Compliance Deadline: January 1st, 2014
	DELIVERABLES
7.1 Provide training on IASR accessibility standards and Human Rights Code	All employees, volunteers, persons participating in development of organizational policy and other persons who provide goods, services or facilities on behalf of the organization, received training.
7.2 Training is appropriate to duties	Training was appropriate to the duties of the training participants
7.3 As soon as practicable	Training for new employees and volunteers will be delivered as part of their orientation.
7.4 Training regarding policy changes	Training on our revised accessibility policy was provided.
7.5 Record of training	GRH keeps a record of training provided under this section, including dates of training and number of individuals.

Part 2: Information and Communication Standards

AODA Standards / Regulation Reference O. Reg.191/11, s. 11	II: Feedback Process Compliance Deadline: January 1st, 2014
	DELIVERABLES
11.1 Ensure feedback processes are accessible by accessible formats and/or communication supports upon request	GRH provides patients/families with multiple options/formats for providing feedback. GRH also provide communication supports (interpreters/translators) and/or alternate formats upon request.
11.3 Notify the public about the availability of accessible formats and communication supports	GRH notifies the public about the availability of accessible formats and communication supports.

AODA Standards / Regulation Reference O. Reg.191/11, s. 13	II: Emergency Procedure Plans and Public Safety Information Compliance Deadline: January 1st, 2012
	DELIVERABLES
13.1 Provide emergency procedure and public safety information in accessible formats or with communication supports as soon as practicable, upon request	GRH will provide publicly available emergency procedure and public safety information in accessible formats or with communication supports as soon as practicable, upon request.

AODA Standards / Regulation Reference O. Reg.191/11, s. 14	II: Accessible Web Sites and Web Content Compliance Deadline: January 1st, 2014 and January 1st 2021
	DELIVERABLES
14.1 Ensure internet websites and web content conform to WCAG 2.0 guidelines (Web Content Accessibility Guidelines) at the following levels: <ul style="list-style-type: none"> • New websites and web content to Level A by January 1, 2014 (14.4) 	GRH's internet meets the technical requirements of WCAG 2.0 level A. <ul style="list-style-type: none"> - This applies to websites and web content that an organization controls directly or through a contractual relationship that allows for modification of the product - This applies to web content published on our website after January 1, 2012

Part 3: Employment Standards

AODA Standards / Regulation Reference O. Reg.191/11, s. 22	III: Recruitment, General Compliance Deadline: January 1st, 2014 DELIVERABLES
22.0 Notify about accommodation in recruitment process	GRH notifies all employees and the public about the availability of accommodation for applicants with disabilities in the recruitment process.

AODA Standards / Regulation Reference O. Reg.191/11, s. 23	III: Recruitment, Assessment or Selection Process Compliance Deadline: January 1st, 2014 DELIVERABLES
23.1 Notify selected job applicants of the availability of accommodations upon request in relation to the materials or processes used for selection	GRH notifies selected job applicants of the availability of accommodations upon request in relation to the materials or processes used for selection.
23.2 Consult with selected applicant and provide/arrange for suitable accommodation in a manner that takes into account the applicant's accessibility needs	GRH will consult with selected applicant and provide/arrange for suitable accommodation in a manner that takes into account the applicant's accessibility needs.

AODA Standards / Regulation Reference O. Reg.191/11, s. 24	III: Notice to Successful Applicants Compliance Deadline: January 1st, 2014
24.0 When making offers of employment, notify successful applicant of policies for accommodating employees with disabilities	DELIVERABLES When making offers of employment, GRH will notify the successful applicant of policies for accommodating employees with disabilities.

AODA Standards / Regulation Reference O. Reg.191/11, s. 25	III: Informing Employees of Supports Compliance Deadline: January 1st, 2014 DELIVERABLES
25.1 Inform employees of policies supporting employees with disabilities	GRH provided mandatory training on the revised accessibility policy, which includes supporting employees with disabilities.
25.2 Provide this information to new employees as soon as practicable after hiring	GRH will provide information as soon as practicable after hiring.
25.3 Provide updated information on accommodations policies to employees when changes occur	GRH will continue to ensure that education and communication considerations are part of all policy revisions.

AODA Standards / Regulation Reference O. Reg.191/11, s. 26	III: Accessible Formats and Communication Supports for Employees Compliance Deadline: January 1st, 2014
	DELIVERABLES
26.1 Provide accessible formats and communication supports for job or workplace information, upon request	GRH will ensure that all information that is: <ul style="list-style-type: none"> • needed in order to perform the employee's job • generally available to employees in the workplace is provided to employees in an alternate format or with communication supports, upon request.
26.2 Consult with employee to determine suitability of format or support	GRH will consult with employee to determine suitability of format or support.

AODA Standards / Regulation Reference O. Reg.191/11, s. 27	III: Workplace Emergency Response Information Compliance Deadline: January 1st, 2012
	DELIVERABLES
27.1 Provide individualized workplace emergency response information to employees who have a disability	GRH provides individualized workplace emergency response information to employees who have a disability upon request.
27.2 Provide information to person designated to provide assistance upon consent	GRH provides information to person designated to provide assistance, upon consent.
27.3 Provide information as soon as practicable after becoming aware of the need	GRH provides information as soon as practicable after becoming aware of the need.
27.4 Review individualized workplace emergency response information when: <ul style="list-style-type: none"> • employee moves location • individual plans are reviewed • general emergency policies reviewed 	GRH reviews individualized workplace emergency response information when: <ul style="list-style-type: none"> • employee moves location • individual plans are reviewed • general emergency policies are reviewed.

AODA Standards / Regulation Reference O. Reg.191/11, s. 28	III: Documented Individual Accommodation Plans Compliance Deadline: January 1st, 2014 DELIVERABLES
28.1 Develop written process for documented individual accommodation plans	GRH has developed a written process for documented individual accommodation plans.
28.2 Include prescribed elements in process: <ul style="list-style-type: none"> • How employee can participate • How employee will be assessed • How employer can request assessment to determine accommodation • How employee can request participation of union representative • How employee's personal information will remain private • How, and how often, plan will be reviewed and updated • How reasons for denied request will be communicated • How plan will be provided to employee 	GRH includes the prescribed elements.

AODA Standards / Regulation Reference O. Reg.191/11, s. 28	III: Documented Individual Accommodation Plans Compliance Deadline: January 1st, 2014 DELIVERABLES
<p>28.3 Individual accommodation plans shall:</p> <ul style="list-style-type: none"> • Include any information regarding accessible formats and communications supports provided, if requested • Include individualized workplace emergency response information, if required <p>Identify any other accommodation that is to be provided</p>	<p>GRH's individual accommodation plans include:</p> <ul style="list-style-type: none"> • Any information regarding accessible formats and communications supports provided, if requested • Individualized workplace emergency response information, if required • Any other accommodation that is to be provided

AODA Standards / Regulation Reference O. Reg.191/11, s. 29	III: Return-to-Work Compliance Deadline: January 1st, 2014 DELIVERABLES
<p>29.1 Develop a documented return-to-work process</p>	<p>GRH's return-to-work process has been developed and documented.</p>
<p>29.2 Include steps employer will take to facilitate return to work and use documented individual accommodation plans</p>	<p>GRH return-to-work process includes steps GRH will take to facilitate return to work and uses documented individual accommodation plans</p>

AODA Standards / Regulation Reference O. Reg.191/11, s. 30	III: Performance Management Compliance Deadline: January 1st, 2014
	DELIVERABLES
30.1 Include accessibility considerations in performance management processes	The use of the performance management process takes into account the accessibility needs of employees with disabilities, including existing accommodation plans

AODA Standards / Regulation Reference O. Reg.191/11, s. 31	III: Career Development Compliance Deadline: January 1st, 2014
	DELIVERABLES
31.1 Include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current position	Career development and advancement, including additional responsibilities within current position, includes accessibility considerations and individual accommodation plans.

AODA Standards / Regulation Reference O. Reg.191/11, s. 32	III: Redeployment Compliance Deadline: January 1st, 2014
32.1 Include accessibility considerations and individual accommodation plans in redeployment processes	DELIVERABLES GRH's redeployment processes includes accessibility considerations and individual accommodation plans.

8.BARRIER IDENTIFICATION METHODOLOGIES

Feedback regarding the way Grand River Hospital provides services to people with disabilities can be made:

- Verbally;
- Through e-mail;
- Via a link on the Grand River Hospital website home page; or
- In writing.

The Patient Relations Coordinator reviews and follows up on all feedback. The Grand River Hospital Accessibility Committee also reviews, prioritizes, recommends action and incorporates feedback into the Multi-year Accessibility Plan.

The ODA Coordinator and the Accessibility Committee used the following barrier-identification methodologies to gain information.

Methodology	Description
Patient and visitor feedback	Feedback received by the Patient Relations Coordinator along with feedback received by other service providers (Eg: Customer Service Specialist).
Canvassing staff input	Our internal weekly newsletter was used several times this past year to encourage staff to communicate accessibility barriers to the Accessibility Committee.
Focus groups	The Accessibility Committee met on several occasions to brainstorm a list of current accessibility barriers. The committee included individuals with disabilities as well as family members of individuals with disabilities.
AODA Legislation	AODA requirements are also a primary driver of change for this multi-year accessibility plan.

9. BARRIERS IDENTIFIED

In its review, the Accessibility Committee identified 24 accessibility barriers for remediation in 2014-2018. The barriers which Grand River Hospital will address in the next 5 years can be found in Appendix A. In addition to these initiatives we will also comply with the required sections of the Integrated Accessibility Standards Regulation.

10. REVIEW AND MONITORING PROCESS

The ODA Coordinator in conjunction with the Grand River Hospital Accessibility Committee will meet monthly to review progress on the remediation of barriers.

11. COMMUNICATION OF THE PLAN

The hospital's accessibility plan will be posted on Grand River Hospital's website and hard copies will be available from the Communications Department and Patient Relations Coordinator's Office. On request, the plan can be made available in alternative formats.

APPENDIX A – BARRIERS TO BE ADDRESSED IN 2014-18

Description of Barrier	Strategy for Removal / Prevention / Comments	Responsibility
There is no shaded wheelchair accessible area in garden outside the front of KW main building and Cancer Centre.	Renovations to the wheelchair accessible healing garden, which is accessible from the Cancer Centre and the Kaufman Building, began in October 2013. This work will be completed in the Spring 2014.	Engineering
Lacking flooring transition at changes in elevations for the visually impaired at the ramp going to 3E.	Include a pattern in the floor that would mark the change in slope and highlight or draw people's attention to the transition in the flooring.	Facilities Development Front Lobby and Driveway Loop Committee

Description of Barrier	Strategy for Removal / Prevention / Comments	Responsibility
Lacking parking garage elevator signage regarding which levels are accessible (needs to be clearer).	Improve signage.	Communications/ Public Relations
There are no wheelchair accessible washrooms on the main floor of 850 King Street.	Investigate the installation of a wheelchair accessible bathroom (unisex - 1 stall)	Engineering Services
Some drivers who park in the accessible parking spots are not aware that they are still required to pay for parking and as a result are subjected to parking tickets.	Post signage at each spot.	Communications/ Public Relations Parking Services

Description of Barrier	Strategy for Removal / Prevention / Comments	Responsibility
The registration counter in the cancer centre makes it difficult for patients in a wheelchair to register for appointments and interact with staff.	Develop a new design and obtain a cost estimate.	Cancer Centre Program Director Facilities Development
Doorways are not wide enough in patient bathrooms for wheelchairs in older units at the KW site.	Install one wheelchair accessible washroom on the 5th floor as part of the renovations in 2014.	Facilities Development
Signage is lacking, confusing, and an issue for those with mobility issues and those with developmental disabilities.	Develop and roll-out new posting policy which includes standard templates, best before dates, etc. Develop a wayfinding strategy.	Communication / Public Affairs

Description of Barrier	Strategy for Removal / Prevention / Comments	Responsibility
Patient drop-off at the KW Site main entrance is congested and challenging for those with mobility issues.	Incorporate changes to this area into other site modifications planned for 2014/15.	Facilities Development Front Lobby and Driveway Loop Committee
Parking Garage - not enough handicap parking spaces.	Now that automated door openers have been installed additional spots will be added on the higher levels.	Parking Services
Long, steep sidewalk in front of Kaufman building poses a barrier to those with mobility challenges.	Conduct a study to check the elevations and slopes. A 5-way switchback may be required. Incorporate changes to this area into other site modifications planned for 2014/15.	Facilities Development Front Lobby and Driveway Loop Committee

Description of Barrier	Strategy for Removal / Prevention / Comments	Responsibility
There is no barrier to prevent the visually impaired from accidentally falling down the 3E stairs to the atrium.	Install a gate.	Engineering
Insufficient handicap parking close to the building entrance at the KW Site and misalignment of rate for longer term parking.	Increase the number of disabled-designated spots in both Pay and Display as well as the garage by elevator stops.	Parking Services
There is no barrier to prevent wheelchairs from accidentally falling down the stairs in the parking garage where the door actuators are installed.	Installation of safety gates or removable post at the top of stairwells in the levels which are served by the elevators.	Engineering

Description of Barrier	Strategy for Removal / Prevention / Comments	Responsibility
There is no wheelchair ramp or curb cut-out leading from the pay and display parking lot to the sidewalk by the Mental Health Entrance at the KW site.	Create curb cut-out or ramp.	Engineering
The doorway to the left of the GRRCC elevators on the third floor leading to the radiation/stretchers bay area is difficult to manoeuvre.	Install automated door opener.	Engineering
Patient washrooms on 5A cause accessibility barriers due to the width of the doorways.	Enlarge some of the nine 5A patient washroom doors to make them more accessible.	Facilities Development

Description of Barrier	Strategy for Removal / Prevention / Comments	Responsibility
The concrete outside the revolving door slopes towards the driveway.	Draw people's attention to this (i.e. hatched line painting)	Engineering
There are no side rails on the Kaufman elevator for a patient to hold onto.	Install side rails	Engineering
Curb cuts in main driveway of the KW Site are heaved and are difficult for those with mobility challenges to manoeuver.	Repair concrete.	Facilities Development Front Lobby and Driveway Loop Committee

Description of Barrier	Strategy for Removal / Prevention / Comments	Responsibility
Elevators – not all of our elevators have audible notification to identify which floor you are.	Install audible notification in additional elevators in the organization.	Engineering
The elevator at 850 King Street poses barriers.	Investigate elevator upgrades.	Engineering
Not all public washrooms are wheelchair accessible.	Upgrade additional washroom to meet accessibility standards. An audit of all public washrooms was conducted in 2013. 16 washrooms were upgraded. Additional washrooms will be prioritized in our multi-year accessibility plan.	Engineering

Description of Barrier	Strategy for Removal / Prevention / Comments	Responsibility
<p>There is only one elevator in the Kaufman building and if it breaks or is out of service for preventative maintenance people with mobility issues will not be able to access or leave clinics that are not located on the main floor.</p>	<p>Purchase an evacuation device for the Kaufman Building.</p>	<p>Patient Lift and Evacuation Device Committee</p>

In addition to the above initiatives we will also comply with the following sections of the Integrated Accessibility Standards Regulation.

Part 2: Information and Communication Standards

AODA Standards / Regulation Reference O. Reg.191/11, s. 12	II: Accessible Formats and Communication Supports Compliance Deadline: January 1st, 2015 DELIVERABLES
12.1 Provide accessible formats and communication supports for information	Provide accessible formats and communication supports <ul style="list-style-type: none"> - in a timely manner that takes into account the person's accessibility needs due to disability and - at a cost that is no more than the regular cost charged to other persons
12.2 Consult with person requesting alternate format	Consult with person requesting alternate format
12.3 Notify public of availability of these alternatives	Notify public of availability of these alternatives

AODA Standards / Regulation Reference O. Reg.191/11, s. 14	II: Accessible Web Sites and Web Content Compliance Deadline: January 1 st 2021 DELIVERABLES
<p>14.1 Ensure internet websites and web content conform to WCAG 2.0 guidelines (Web Content Accessibility Guidelines) at the following levels:</p> <ul style="list-style-type: none"> • All websites and web content to Level AA by January 1, 2021 (other than live captions and audio descriptions) (14.4) 	<p>Ensure internet meets technical requirements of WCAG 2.0 on required schedule</p> <ul style="list-style-type: none"> - This applies to websites and web content that an organization controls directly or through a contractual relationship that allows for modification of the product

AODA Standards / Regulation Reference O. Reg.191/11, S. 80.16, 80.22, 80.33-80.37, 80.39-80.42	IV: Design of Public Spaces (DRAFT) Compliance Deadline: Estimated as January 1st, 2016
All sections of the Built Environment Standards (Design of Public Spaces) with relevance to GRH	Ensure technical requirements outlined in the AODA Built Environment Standards (Design of Public Spaces) are met in all new construction and/or renovation, in all relevant areas including:
Ss. 80.33 to 80.37 Accessible Parking	Accessible Parking
Ss. 80.16, 80.22, 80.28 Exterior Spaces	Exterior paths of travel Outdoor public use eating areas
Ss. 80.39 to 80.41 Interior Spaces	Service Counters Fixed queuing guides Waiting areas
Ss. 80.42 Maintenance	Maintenance