



ANNUAL STATUS REPORT ON ACCESSIBILITY 2015

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 patient.

“Coming to Grand River Hospital three times a week every month of the year has given me a greater appreciation for the parking garage we use. In good and bad weather the ground floor parking is a great

convenience. Recent restoration work on the parking structure will maintain its continued use. The recent new garage floor markings, including a greater number of accessible parking spots, are a great improvement.

The new ticket machines used for entry and exit have proven to be much more efficient. That along with reduced monthly parking rates for some visitors is impressive in a time of ever higher prices; for most purchases.

Thank you GRH for these positive changes to your parking garage.”

Charles

We will continue to build on our recent successes to improve access.

The Integrated Accessibility Standards Regulation (IASR) 2011 of the Accessibility for Ontarians with Disabilities Act (AODA) 2005 requires all public sector organizations to develop a multi-year accessibility plan outlining strategies to identify, remove and prevent barriers for persons with disabilities. At Grand River Hospital this was achieved in December 2013 when the 2014-2018

Multi-year Accessibility Plan was published and posted on our external website.

The legislation also requires all organizations to prepare and post an annual status report regarding the year's progress towards goals and targets identified in the multi-year accessibility plan. This **Annual Status Report on Accessibility 2015** documents the planning and implementation activities undertaken by Grand River Hospital in 2015 in order to demonstrate both compliance with legislation as well as our firm and ongoing commitment to creating and expanding the accessibility of services and processes for patients, visitors, families, employees, physicians and volunteers.

2.DESCRPTION 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.

In 2015/16, GRH will operate a 571-bed large community hospital delivering a full range of acute care, rehabilitation and complex continuing care services on two main campuses, the Kitchener-Waterloo campus (including 835 King Street, 850 King Street, 403 Park Street, and 52 Glasgow Street), the Freeport campus and five satellite locations in Kitchener, Guelph, Palmerston, Fergus and Mount Forest.

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

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.GRAND RIVER HOSPITAL ACCESSIBILITY WORKING GROUP

Lisa Costa, Director, Risk Management & Patient Safety at Grand River Hospital, is the Accessibility Coordinator and can be reached at 519-749-4300 Ext. 5174.

Members of the Grand River Hospital Accessibility Committee include:

<i>Member</i>	<i>Department</i>
Laura Bertolo	Occupational Health and Safety
Lisa Costa	Accessibility Coordinator
Greg Donnell	Facilities Management
Mark Karjaluo	Public Affairs
Brenda Lanteigne	Purchasing & Materials Management
Frank MacLellan	Volunteer Resources
Blondina Matheson	Planning, Development, Facility Redesign
Sandy Osmond	Customer Service/Volunteer Resources
Dana Schultz	Patient Relations
Tiffany Schwass	Human Resources
Brenda Vollmer	Capital Planning & Development

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, to identify new barriers and to complete the multi-year accessibility plan and annual status updates.

5.HOSPITAL COMMITMENT TO ACCESSIBILITY PLANNING

As in previous years, The Board of Directors approved an allocation in the 2015/16 fiscal year 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.

6.ACCESSIBILITY ACHIEVEMENTS - 2015

There have been a number of initiatives at Grand River Hospital in 2015 to identify, remove and prevent barriers to people with disabilities.

Again in 2015, Grand River Hospital celebrated National Access Awareness Week and it was a great success. This year GRH held two interactive lunch and learn sessions. Those who attended had the privilege of hearing from local organizations regarding some of the challenges someone with a disability faces, common misconceptions, and some tips for interactions.





A special thank you to our presenters Amanda Moorhead from the Canadian Hearing Society, Ruth Millard from CNIB, Laura Barry from the MS Society, Paula Saunders from Independent Living Centre of Waterloo Region and Edward Faruzel from KW AccessAbility.


In addition, this group also offers their on-going expertise as we encounter new barriers and trouble shoot solutions.



In May 2015, the Accessibility Committee participated in the Enabling Change - AODA Compliance Update for 2015 webinar provided by the Ontario Hospital Association. During the session members:



- Reviewed GRH's reporting obligations for December 31, 2015
- Heard from the Accessibility Directorate about new initiatives and available resources
- Learned about an online Accessibility Self-Assessment Tool for public, private and voluntary sector organizations


The following is a summary of the actions taken in 2015 to address barriers and legislative requirements identified in the 2014-2018 multi-year plan.

Description of Barrier	Mitigation Strategy	
Lacking flooring transition at changes in elevations at the ramp going to 3E at the KW campus.	In March 2015 flooring transition was installed.	
There are no wheelchair accessible washrooms for general use on the main floor of 850 King Street.	In December 2015 renovations were made to an existing washroom to make it accessible.	

Description of Barrier	Mitigation Strategy
<p>Insufficient Accessible parking space in the parking garage at the KW campus.</p>	<p>In November 2015 we increased the number of accessible spaces in the parking garage, from six to fourteen. The existing and new accessible spaces meet the new built environment standards for parking that comes into effect January 1, 2016. Signage was also added in the garage to identify which levels have accessible parking and which levels have elevator access.</p> 

Description of Barrier	Mitigation Strategy
<p>There is no barrier to prevent wheelchairs from accidentally falling down the stairs in the parking garage at the KW campus.</p>	<p>In August 2015 a gate was installed.</p> 
<p>Patient washrooms on 5A at the KW campus cause accessibility barriers due to the width of the doorways.</p>	<p>In February 2015 nine patient washroom doors were enlarged to make them more accessible.</p> 

Description of Barrier	Mitigation Strategy	
<p>Not all elevators have audible notification to identify which floor you are on and the emergency phones are not accessible.</p>	<p>In January 2015 audible notification was added to three elevators in the ABC wing of the KW campus and the phones were lowered.</p>	
<p>Sidewalks and curb cuts are cracked and pose a challenge for those at the Freeport campus with mobility concerns.</p>	<p>New sidewalks and curb cut were installed in October 2015.</p>	

Description of Barrier	Mitigation Strategy
<p>Lacking medical Imaging accessible change rooms at the KW campus and there is no automatic door opening to the CT/MRI waiting room</p>	<p>In April 2015 renovations to the change rooms were completed and in May 2015 an automatic door opener was installed.</p> 
<p>The ER waiting room at the KW campus is not conducive for some patients with Autism.</p>	<p>The ER has developed a Treatment Management Plan that can be put in place once a need has been identified. As each person has different needs an interdisciplinary team which may include a child life specialist, community supports, physician, social worker, and manager will work with that individual and their family to accommodate their needs. The ER is also trained in the gentle persuasion approach for de-escalation.</p>

Description of Barrier	Mitigation Strategy	
Lacking flooring transition at changes in elevations at the ramp on the 5 th and 6 th floor of the Kaufman building.	In March 2015 visual cues were installed.	
Access from the Rotary Parking Lot to 850 King main entrance is not accessible during LRT construction.	In July 2015 a sidewalk with curb cuts was installed.	



Description of Barrier	Mitigation Strategy
<p>The outside automatic door opener for the manual door (beside the revolving door) at the KW campus is not accessible to patients in scooters because of the location of the bench.</p>	<p>In October 2015 an additional paddle was installed.</p> 

Description of Barrier	Mitigation Strategy	
The accessible parking area near the Freeport campus main entrances is in need of repaving.	In October 2015 repaving work was completed.	

In addition to the above initiatives the following work has been undertaken in 2015 to achieve compliance with the upcoming Integrated Accessibility Standards Regulations.

AODA Standards / Regulation Reference O. Reg.191/11, s. 14	II: Accessible Web Sites and Web Content Compliance Deadline: January 1 st 2021
<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>Website and web content conform to WCAG 2.0 Level A guidelines with some exceptions which we have workarounds for (i.e. photos).</p> <p>Working with the successful vendor and internal stakeholders to develop the new website. Accessible pdfs are front and centre in their work. GRH is moving towards converting pdfs to accessible web content or having a tool to make pdfs accessible. We are currently targeting January 2016 for the completion of the new website.</p>

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	The Accessibility Committee, which includes membership from Planning, Development and Facility Redesign and Engineering Services, has reviewed the new accessibility amendments to Ontario's Building Code and the new accessibility standards for the built environment. GRH is currently outlining the mechanisms we have in place to ensure that these requirements will be incorporated into any projects that occur after Jan 1, 2016.
Ss. 80.33 to 80.37 Accessible Parking	
Ss. 80.16, 80.22, 80.28 Exterior Spaces	
Ss. 80.39 to 80.41 Interior Spaces	
Ss. 80.42 Maintenance	