

ANNUAL STATUS REPORT ON ACCESSIBILITY 2017

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 and Grand River Hospital endeavors to 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 2017** documents the planning and implementation activities undertaken by Grand River Hospital in 2017 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.DESCRIPTION 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 2018/19, GRH will operate a 574-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
 Rehabilitation
- Critical Care
- Emergency
- Laboratory Medicine
- Medical Imaging

- Medicine
- Mental Health & Addictions
- Pharmacy
- 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:

Member	Department
Laura Bertolo	Occupational Health and Safety
Lisa Costa	Accessibility Coordinator
Jason Smith	Facilities Management
Mark Karjaluoto	Public Affairs
Vacant	Volunteer Resources
Connie Creed	Facility Planning, Design & Development
Sandy Osmond	Customer Service/Volunteer Resources
Lisa Soehner	Patient Relations
Marc Simard	Employee Wellness
Wayne Walker	Capital & Facility Planning, Redevelopment

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 its 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 2018/19 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 - 2017

There have been a number of initiatives at Grand River Hospital in 2017 to identify, remove and prevent barriers to people with disabilities.

The following is a summary of the actions taken in 2017 to address barriers and legislative requirements identified in the 2014-2018 multi-year plan.

Description of Mitigation Strategy Barrier Occupational Health & Safety There was no accessible In September 2017 a access to the door operator was Occupational installed on the main Health & Safety entrance to 9B. department

Description of Barrier	Mit	igation Strategy
There was insufficient accessible washrooms in the Renal Program.	A door operator was installed on E341, E305 and B705-1 in Summer 2017. The Renal program sees over 55,000 visits a year!	

Description of Barrier	Mitigation Strategy	
There was no signalized pedestrian crossing at Main and ED Entrances due to LRT construction.	Signalized pedestrian crossing operational in Spring 2017.	ENCY > G

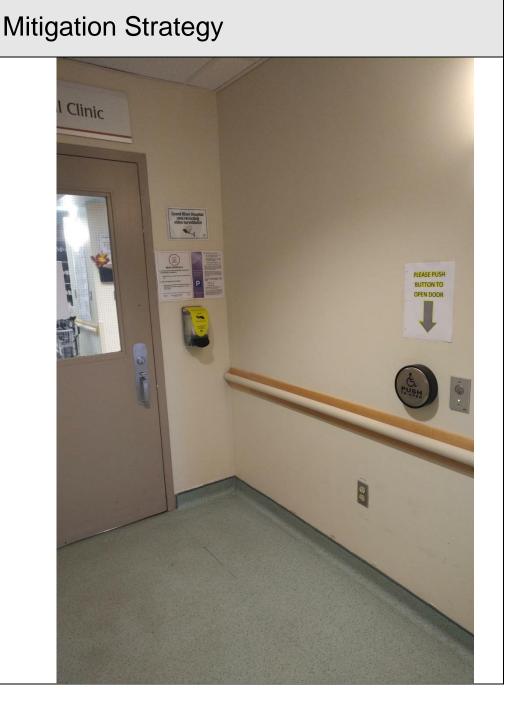
Description of Barrier	Mitigation Strategy

Description of Barrier	М	itigation Strategy
There was insufficient accessible parking spaces in Lot B.	One accessible parking space was added in September 2017.	

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Description of Barrier Door operators were installed on corridor Renal patients accessing 7A & doors in September 7B couldn't 2017. The renal The open clinic Renal program sees over 55,000 visits a doors. year!

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In addition to the above initiatives the following work has been undertaken in 2017 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
14.1 Ensure internet	Website and web content conform to WCAG
websites and web content	2.0 Level A guidelines with some exceptions
conform to WCAG 2.0 guidelines (Web Content	which we have workarounds for (i.e. photos).
Accessibility Guidelines)	Working with the successful vendor and
at the following levels:	internal stakeholders to develop the new
 All websites and web 	website. Accessible pdfs are front and centre
content to Level AA by	in their work. GRH is moving towards
January 1, 2021 (other	converting pdfs to accessible web content or
than live captions and audio descriptions)	having a tool to make pdfs accessible.
(14.4)	Completed January 2016 and ongoing.

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, 2018
All sections of the Built Environment Standards (Design of Public Spaces) with relevance to GRH Ss. 80.33 to 80.37 Accessible Parking	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
Ss. 80.16, 80.22, 80.28 Exterior Spaces Ss. 80.39 to 80.41 Interior Spaces Ss. 80.42 Maintenance	environment. Completed December 2017 and ongoing.