

**Kingston Health  
Sciences Centre**

Centre des sciences de  
la santé de Kingston



Hôpital  
Hôtel Dieu  
Hospital



Hôpital Général de  
Kingston General  
Hospital

# **Kingston Health Sciences Centre Hotel Dieu Hospital Site Kingston, Ontario**

## **Annual Accessibility Plan**

**2013 – 2021**

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# Executive Summary

The purpose of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province.

To that end, the AODA mandates that each hospital prepare an annual accessibility plan. The Accessibility Standards for Customer Service (O. Reg. 429/07) applies to designated public sector organizations and businesses and organizations that provide goods or services in Ontario. Hotel Dieu Hospital was required to file its first accessibility report regarding compliance with the Customer Service Standard Regulation in 2010.

This multi-year accessibility plan, developed with the Accessibility Advisory Committee at the Hotel Dieu Hospital (HDH) site of Kingston Health Sciences Centre (KHSC), describes the measures that HDH has taken recently and the measures we will take from 2013 to 2021 to identify, remove and prevent barriers to people with disabilities who use our facilities, including patients and families, visitors, staff and students.

The plan is designed to ensure we meet legal requirements and increase inclusive and equitable treatment of people with disabilities. It is based on legislative requirements and feedback from the interdisciplinary Accessibility Advisory Committee, which is made up of staff and volunteers from various departments in the hospital, as well as patient advocates from the community.

A copy of this plan is available upon request, including a copy in an alternative format if required.

## Aim

This report aims to:

- ◆ satisfy Ontario's Accessibility for Ontarians with Disabilities Act (AODA) requirement that large public sector organizations create a multi-year accessibility plan that outlines strategies for preventing and removing barriers, and for meeting other requirements of AODA legislation.
- ◆ describe the measures that the HDH site has taken to date and will take in 2013-2021 to identify, remove and prevent barriers for patients, visitors, staff and students in accessing our facilities and services.

## Objectives

The objectives of this plan will be to:

- ◆ describe the process by which the HDH site identifies, removes and prevents barriers to people with disabilities.
- ◆ review the progress the HDH site has made in removing and preventing barriers to people with disabilities
- ◆ list the measures that HDH will take on a go-forward basis to meet the requirements set out in the Integrated Accessibility Standards Regulation within AODA legislation
- ◆ describe the ways that HDH will make this accessibility plan available to the public.

## Description of Hotel Dieu Hospital site

Since 1845, Hotel Dieu Hospital (HDH) has been providing compassionate care to the community. In 2017, HDH integrated with Kingston General Hospital to form Kingston Health Sciences Centre. In the new organization, HDH continues its role as the academic ambulatory care centre for Southeastern Ontario, providing health care services to more than 500,000 patients annually and playing a significant role in medical research and the education of health professionals. HDH houses a broad spectrum of specialized ambulatory clinics, as well as a day surgery program, urgent care centre and the regional KidsInclusive Centre for Child & Youth Development.

The hospital is located at 166 Brock Street in Kingston. The main complex includes several interconnected buildings. The oldest of these, the Sydenham wing, opened in the 1850s, while the newest, the Jeanne Mance wing, opened in 1984. The Murray Building is on the site of the main complex. Along with providing excellence in health care, HDH supports the Kingston Youth Shelter and the Partners in Mission Food Bank. It also operates a number of community programs, including Geaganano House (a residence for native patients and their families from northern Ontario who are being treated in local hospitals), and the Detoxification Centre.

### **Our Mission**

The mission of Hotel Dieu Hospital in Kingston, rooted in the Gospel of Jesus Christ, is to make visible the compassionate healing presence of God to all persons. We share in this Mission by being a caring and just community. This is expressed through the pursuit of excellence in health service, education and research.

### **Our Vision**

Leading the transformation of ambulatory care

### **Our Values**

Dignity of the Human Person, Compassion, Justice, Integrity, Excellence

[To learn more about the hospital and its programs, please visit our website by clicking HERE.](#)

The current Accessibility Plan focuses on the main hospital complex.

## The Accessibility Advisory Committee

The Accessibility Advisory Committee is an interdisciplinary committee, made up of staff and volunteers from various departments in the hospital, as well as patient advocates from the community. Members of the Accessibility Advisory Committee include:

Member	Department	Contact Information
Debbie Docherty	Community Representative	
Cora Therien	Community Representative	
Brenda Conway	Manager, Emergency Management, Parking & Security Control Centre Protection Services	613-548-5567, ext. 1290
Larry Erwin (Chair)	Facilities Management	613-544-3400 ext. 2394
Gary Hudson	Information Management	613-544-3400 ext. 4364
Phil Kent	Planning	613-544-3400 ext. 3456
Lynda Laird	Volunteer Resources	613-544-3400 ext. 2311
Eugene Littlejohn	Volunteer Food Services	613-544-3400 ext. 2146
Carol McIntosh	Patient Care	613-544-3400 ext. 2275
Anne Rutherford	Communications	613-544-3400 ext. 3380
Jennifer Sawyer	Safety, Quality, Risk; Patient Relations	613-544-3400 ext. 2608
Krista Wells Pearce	Planning	613-548-5567, ext. 1220
Clarence Willms	People Services	613-544-3400 ext. 2385

For the Accessibility Advisory Committee's Terms of Reference, please see Appendix 2.

### Our commitment to accessibility planning

As members of the HDH community, we try to express to our patients, their families and friends and to our co-workers that we value them. We value and foster a caring community. We believe that the basic principle of health ethics is the dignity of the human person lived out in a human community. We nurture the potential of each unique person in interaction with his/her environment. In this spirit, HDH is committed to making our facilities and services accessible to everyone in our community, including those living with a disability.

### Barrier identification methodologies

At its inception, the Accessibility Advisory Committee developed an extensive list of barriers using the methods outlined below. This list continues to be developed to include barriers brought to our

*Revised December 2017*

attention by patients and staff. Any complaints related to accessibility are brought to the attention of our Accessibility Office and Patient Relations Specialist.

<b>Methodology</b>	<b>Description</b>
Patient Questionnaire	Volunteers approached patients with visible disabilities in waiting rooms and assisted them in completing the questionnaire.
Facility audit by architect	An architect toured the entire facility, noting all physical and architectural barriers.
Staff focus groups	We met with staff from the Facilities Management, Communications, People Services, and Information Management.
Nursing staff input	We consulted with nursing staff in all of the clinics.
Consultation with outside agencies	We consulted the Canadian National Institute for the Blind, the Canadian Hearing Society and the Kingston Independent Living Centre.
Literature review	We reviewed the literature provided by the agencies noted above, as well as other publications.
Parent of a wheelchair user	We interviewed the mother of a patient in the KidsInclusive Centre for Child & Youth Development.
Staff member who uses a scooter	We conducted an interview and tour with a staff member who uses a scooter.

## Barrier removal initiatives to date

<b>CATEGORY of barrier</b>	<b>ACTION to improve accessibility</b>	<b>MEANS of addressing barrier</b>	<b>STATUS</b>
<b>Customer Service</b>	Develop Customer Service Standard policy	Policy formally commits HDH to giving people with disabilities the same opportunity to access and to benefit from our goods and services in same place and similar way as other individuals.	Complete
<b>Customer Service</b>	Develop Personal Assistive Devices policy	Policy encourages patients to use necessary assistive devices to ensure access to the goods and services offered by HDH.	Complete
<b>Customer Service</b>	Develop Support Persons policy	Policy supports the right of the individual to be accompanied by a support person, except where excluded by law.	Complete
<b>Customer</b>	Develop Guide Dog &	Policy supports the right of the	Complete

<b>CATEGORY of barrier</b>	<b>ACTION to improve accessibility</b>	<b>MEANS of addressing barrier</b>	<b>STATUS</b>
<b>Service</b>	Other Service Animals policy	individual to be accompanied by a Guide dog/other Service animal, except where excluded by law	
<b>Customer Service</b>	Develop/implement e-learning training for staff, volunteers re: Customer Service Standard	Mandatory e-learning course describes how staff can interact/communicate with patients with various types of disabilities and reviews the relevant Administrative policies that cover the Customer Service Standard within the Accessibility for Ontarians with Disabilities Act (AODA). The course was assigned to all staff in 2010 and continues to be assigned to all new staff as part of hospital orientation.	Complete and ongoing –  As of Oct. 13, 2016 93% of staff had completed the course; 100% completion rate for volunteers.
<b>Customer Service</b>	Create Accessibility site on HDH internet for public information	This external website provides access to the HDH Accessibility Plan, policies, feedback mechanism and a downloadable brochure with tips for patients/families re: accessible entrances, interpreters, wheelchairs, etc. All content can be made available in the required format upon request.	Complete
<b>Customer Service</b>	Create Accessibility site on HDH intranet for staff information	This site provides access to the HDH Accessibility Plan, policies, feedback mechanism and patient brochure. It also provides information about the Accessibility Advisory Committee and tips/resources for supporting accessibility at HDH.	Complete
<b>Customer Service</b>	Communicate about planned/unexpected disruptions of facilities /services	Facilities Maintenance/Security/Communications ensures appropriate notices posted online or in hard copy in compliance with legislation.	As needed
<b>Customer Service</b>	Ensure accessibility feedback tools are accessible, tracked and actioned	Policy ensures patients/families can access Patient Relations Specialist and that Specialist provides feedback related to accessibility to the HDH Accessibility Lead and Advisory Committee. Feedback can be delivered in several ways (e.g., via	Completed and ongoing

CATEGORY of barrier	ACTION to improve accessibility	MEANS of addressing barrier	STATUS
		email, online form, telephone) and the hospital can work with individuals to determine the most appropriate format.	
<b>Information &amp; Communication</b>	Make emergency & public safety information accessible (mandatory requirement)	Fire safety procedures are visibly posted in public areas. Upon request, public safety information and emergency response material can be made available in an accessible format or with the necessary communication supports.	Completed
<b>Employment</b>	Develop individual Emergency Response Plans for staff/volunteers with a disability (mandatory requirement)	HDH has implemented a process to help staff and volunteers with disabilities to self-identify as individuals who would require an individualized emergency response plan and to help them work with their manager to create that plan. At general hospital orientation all new staff will learn about individualized emergency response planning via an e-learning module addressing IASR requirements that will be introduced in early 2014. All new volunteers are also educated on this process.	Completed
<b>Built Environment</b>	Ensure newly built/renovated hospital spaces conform to all provincial accessibility requirements	In February 2013, Hotel Dieu completed a major redevelopment project that included new clinics and procedure/lab areas on levels 4 and 5, new elevators and renovations to the lobby. Listed below are some of the key accessibility features: <ul style="list-style-type: none"> <li>• All new doors and corridor widths</li> </ul>	Complete



CATEGORY of barrier	ACTION to improve accessibility	MEANS of addressing barrier	STATUS
		<ul style="list-style-type: none"> <li>• All new public/patient toilets (incl. grab bars, toilets, sinks)</li> <li>• All control devices (thermostats and light switches) mounted at an accessible height</li> <li>• Hand sanitizers, soap and paper towel dispensers mounted at an accessible height</li> <li>• New entrance ramp into HR with automatic doors</li> <li>• Automatic doors from lobby</li> <li>• All hand wash sinks have electronic faucets and mounted at accessible heights</li> <li>• All new doors have proper clearances for accessibility or barrier free door operators</li> <li>• Stairs designed with contrasting nosings for the visually impaired</li> <li>• Signage will include braille.</li> <li>• All door hardware (handles) are “lever” type</li> <li>• Waiting rooms have designated barrier free seating areas (along with bariatric seating)</li> <li>• Reception Desks built to meet all accessibility requirements. (B4, JM4, JM5 and HR)</li> <li>• All patient exam rooms and consult rooms (door widths, clearances and turning radius)</li> <li>• Elevators equipped with braille and voice enunciation along with door widths, turn radius.</li> </ul>	The automatic door on the new HR entrance ramp is currently not operational due to technical problems.
<b>Built Environment</b>		Completed actions by specific area or department identified in Appendix 1.	Complete

### Integrated Accessibility Standards Requirements (IASR)

#### IASR-related barriers to be addressed 2013-2021

Requirement	Target Date	Actions	Status
<b>GENERAL Requirements</b>			
Develop policies to support IASR standards	Jan 2013 (mandatory requirement)	HDH is committed to developing policies to support the IASR standards to create an inclusive environment that promotes accessibility for people with disabilities, enabling them to	Complete and ongoing

### IASR-related barriers to be addressed 2013-2021

Requirement	Target Date	Actions	Status
		contribute to the workplace and access our resources. Upon request, HDH makes these policies available in an accessible format.	
Develop/maintain multi-year accessibility plan	Jan 2013 (mandatory requirement)	HDH maintains and posts a multi-year Accessibility Plan that outlines strategies for removing and preventing barriers, and that shows how IASR requirements are being met. The plan is available in alternative formats upon request.	Complete and ongoing
Incorporate accessibility when procuring goods, services, facilities	Jan 2013 (mandatory requirement)	Any Request for Proposal (RFP) agreement negotiated by our provider of supply chain services specifies that "the services provided...shall comply with applicable accessibility standards under the AODA, 2005 and its regulations."	Completed
Train employees/volunteers on the IASR and the Ontario Human Rights Code as it relates to people with disabilities	Jan 2014 (mandatory requirement)	All hospital employees are assigned a mandatory e-learning course that provides an overview of the IASR, including the requirements of the regulation and the importance of accessibility, as well as how the Ontario Human Rights Code relates to people with disabilities. Volunteers and other non-employee groups are also provided training on IASR requirements as applicable.	As of Oct. 13, 2016, 79% of current staff had completed IASR training (started in August 2014).
<b>INFORMATION &amp; COMMUNICATION Accessibility Standard</b>			
Ensure the hospital can receive/ respond to feedback from people with disabilities	Jan 2014  (mandatory requirement)	Complaint/feedback process in place for Customer Service Standard (Policy 0401). Also addressed in our Accessibility Feedback Policy (Policy 0405), which commits HDH to receiving and responding to feedback regarding care or services it provides to people with disabilities.	Complete and ongoing
Make websites and web content accessible	Beginning Jan 2014 (mandatory requirement)	In late September 2014, HDH launched a new accessible internet site that conforms with Web Content Accessibility Guidelines (WCAG) 2.0 level A and AA.	Complete
Provide accessible formats and communication	Jan 2015 (mandatory requirement)	Hotel Dieu must provide or arrange for accessible formats upon request in a timely manner, at no	Via our external website we have indicated that

**IASR-related barriers to be addressed 2013-2021**

<b>Requirement</b>	<b>Target Date</b>	<b>Actions</b>	<b>Status</b>
supports		added cost and in consultation with the person making the request. We also need to notify the public about the availability of accessible formats and communication supports. This would include clinical forms, patient education/information brochures, policies and corporate publications. NOTE: This is already a principle re: accessibility information in the current Customer Service policy.	accessible formats are available upon request. On our internal website, managers and staff have access to an online toolkit to help support those requiring accessible formats. At their orientation, hospital volunteers are made aware of the process.
Provide internet websites and website content that conforms with SCAG 2.0 Level AA, excluding live captioning and audio description	Jan 2021 (mandatory requirement)	In late September 2014, HDH launched a new accessible internet site that conforms with WCAG 2.0 level A and AA.	Complete
<b>EMPLOYMENT Accessibility Standard</b>			
Make hiring accessible	Jan 2014 (mandatory requirement)	The Human Resources Department has finalized a Recruitment and Hiring policy that addresses this standard.	Complete
Communicate with staff about policies for supporting employees with disabilities	Jan 2014 (mandatory requirement)	HDH has communicated with staff via internal newsletter to ensure awareness of policies supporting staff with disabilities.	Complete
Make workplace information accessible to employees	Jan 2014 (mandatory requirement)	Addressed by Performance Management and Career Development Policy (Human Resources Policy 0160).	Complete
Develop accommodation plans for employees with disabilities	Jan 2014 (mandatory requirement)	Addressed by Early and Safe Return to Work Policy (Occupational Health Manual Policy 2-05) and Pre-placement Health Assessment Policy (Occupational Health Manual Policy 2-01).	Complete
Help employees with disabilities return to work	Jan 2014 (mandatory requirement)	Addressed by Early and Safe Return to Work Policy (Occupational Health Manual	Complete

### IASR-related barriers to be addressed 2013-2021

Requirement	Target Date	Actions	Status
		Policy 2-05) and Pre-placement Health Assessment Policy (Occupational Health Manual Policy 2-01).	
Make performance management, career development and job changes accessible to employees	Jan 2014 (mandatory requirement)	Addressed by Performance Management and Career Development Policy (Human Resources Policy 0160).	Complete
<b>TRANSPORTATION Accessibility Standard</b>			
Provide accessible transportation services to hospital staff	Jan 2013 (mandatory requirement)	The inter-hospital shuttle for Kingston's hospitals is currently not accessible. When requested, Hotel Dieu provides alternative transportation for staff with disabilities.	Completed

### Built Environment barriers to be addressed: ongoing

Identified Barrier	Target date	Status
<b>Entrances</b>		
<b>Main Entrance</b>		
At the exterior stairs, there is no tactile or colour-contrasted warning surface at the top. No contrasting strips at step nosings. No handrails at sides of stairs.		<i>Deferred</i>
<b>Brockview Cafe</b>		
Food display cases and condiment area not well designed for wheelchair access.		<i>Food Services will address as resources become available.</i>
No height-adjustable tables or add-on trays to accommodate wheelchairs.		<i>Food Services will address as resources become available.</i>
<b>Johnson Street entrance</b>		
Not wheelchair accessible from street.		<i>This issue will be reviewed when renovations are done to this area.</i>
<b>Shuttle Bus &amp; Access Bus</b>		
The Access Bus uses the Urgent Care entrance since the main entrance canopy is too low. Patients cannot get from the Urgent Care Centre to the rest of the hospital without staff assistance (problem for patient independence and distracting for staff). Once in the JM0 corridor, there is no directional signage, and it's a long way to the elevators. Many of these patients are en route to J7 Orthopaedics. KidsInclusive patients using the Access Bus go through the Murray Building to get to KidsInclusive, which is a complicated route and difficult to navigate.		<i>The location cannot be changed. Better signage will be developed to give clearer direction. We have one-time funding to ensure that this signage is bilingual.</i>
<b>Circulation</b>		

<b>Identified Barrier</b>	<b>Target date</b>	<b>Status</b>
<b>Corridors</b>		
Most corridors do not have handrails.		<i>Will be reviewed when renovations are done to these areas.</i>
Glare and dim lighting create visibility problems in some corridors.	ongoing	<i>Will install blinds where required to reduce glare as areas are identified and reported as an issue to Facilities.</i>
Very few tactile or auditory aids for the visually impaired.		<i>Signage in newly renovated spaces has Braille (tactile) option. Signage in other areas will be reviewed when renovations are undertaken</i>
Ramps in the following corridors do not have handrails: B0, B2, B3, C2, JM2, JM4, MA1, MA2, S3, J2.		<i>Will be reviewed when renovations are done to these areas.</i>
<b>Elevators</b>		
Some of the elevators do not have Braille or raised numerals. Some have them inside or outside, but not both.	ongoing	<i>Will be addressed when elevators are upgraded.</i>
Elevator 12 in the Johnson wing is very dark.	ongoing	<i>Lighting will be increased to the extent possible.</i>
<b>Stairs</b>		
Most of the stairs do not have contrasting nosing strips (would be helpful to those with low vision).	ongoing	<i>Will investigate contrasting nosing and will install as financing permits.</i>
Floor number signs do not have raised lettering or Braille.		<i>Braille feature made available as hospital spaces developed.</i>
<b>Wayfinding</b>		
There is no directory (map & clinic listing) in the main lobby or elsewhere (elevator lobbies, etc.). Directories should include tactile and pre-recorded information.	ongoing	<i>With hospital redevelopment, new bilingual signage is now in place in elevator lobbies, although there is still no tactile/pre-recorded information.</i>
Wings are not labelled (i.e. "Johnson Wing")	ongoing	<i>New signage is being developed.</i>
Most signage uses lettering, rather than pictograms.	ongoing	<i>Pictograms will be used when appropriate on any new signage.</i>
Directory maps on the website are difficult to find.		<i>Need to explore this issue further. Currently, both street (external) and hospital (internal) maps are clearly posted under a "Directions/Parking" tab on the external website.</i>
Some signage uses medical rather than lay terminology, e.g., Otolaryngology rather than Ear, Nose and Throat.		<i>Value of plain language acknowledged. Have re-signed Otolaryngology to "Ear, Nose and Throat" and will continue to use lay language as needed.</i>
<b>Clinics</b>		
<b>Urgent Care Centre</b>		
The waiting room washrooms are wheelchair accessible, but the three		<i>Will be reviewed when renovations are done to this area</i>

Identified Barrier	Target date	Status
bedside washrooms inside the unit are not – too tight for wheelchairs, incorrect grab bar placement.		
<b>ENT (Murray Building)</b>		
No barrier-free washrooms		<i>Will be reviewed when renovations are done to this area</i>
No automatic door opener in basement; needed for strollers and wheelchairs.		<i>Will be reviewed when renovations are done to this area</i>
<b>EPACU</b>		
The washrooms are not wheelchair accessible		<i>Will be reviewed when renovations are done to this area</i>
<b>Support Services/Staff Areas</b>		
<b>Fitness Centre</b>		
Drinking fountain not wheelchair accessible.		
Women's locker room not wheelchair accessible.		<i>Will be reviewed when renovations are done to this area</i>
<b>Service Rooms (mechanical &amp; electrical)</b>		
No visual fire alarm signals (needed in noisy environments even for people with normal hearing).	ongoing	<i>Strobe alarms have been installed in newly renovated clinics. This need will continue to be addressed as upgrades to the fire alarm system occur. Upgrading the system is the list of capital projects.</i>
<b>Communications</b>		
Pay phones mounted too high		<i>Some have been lowered.</i>
Website and intranet are not keyboard-accessible and do not accommodate text readers (many articles are in PDF format, images don't have alt-tags).		<i>As of September 2014, a new accessible internet accommodated screen readers; work ongoing to upgrade intranet to feature same functionality</i>
Discharge notes & instructions, patient education pamphlets, etc. generally not available in multiple formats (consider large print, electronic format, cassette)		<i>To be addressed as part of work related to meeting IASR requirements. Managers requested to review information in their areas for barriers and possible future solutions.</i>
Instructional films and videos are not captioned for the deaf and hard-of-hearing		<i>To be addressed as part of work related to meeting IASR requirements. Managers requested to review information in their areas for barriers and possible future solutions.</i>
The fire alarm system is not equipped with visual signaling for people who are deaf or hearing-impaired.		<i>As areas are renovated the fire alarm system will be upgraded to meet the accessible standard and code.</i>

## **Review Process**

Hotel Dieu Hospital will maintain a multi-year accessibility plan, which will be reviewed and updated at least once every five years by the Accessibility Advisory Committee. The Committee will meet quarterly to review current objectives and to ensure that barrier-removal and barrier-prevention strategies are being implemented effectively and on time. The departments or individuals responsible for implementation will be asked to report to the Committee at each meeting. As more information becomes available regarding the specifics of the implementation, including costs, the Committee may re-evaluate and adjust its current objectives.

The public, including individuals and organizations who provided input on barriers in the hospital, will be kept abreast of changes through our monthly e-newsletter (*hdhEnews*), available on our website, and will be invited to provide feedback to the Project Lead for Accessibility at Hotel Dieu Hospital.

## **Communication**

This multi-year accessibility plan is posted on the hospital's website and made available for downloading or printing in regular or large-print formats. Hard copy versions in regular and large print are available upon request.



## APPENDIX 1: List of Built Environment Barriers—Completed

IDENTIFIED BARRIER	STATUS
<b>ENTRANCES/LOBBIES</b>	
<b>Main Entrance</b>	
The front door is not easily distinguishable from the windows (no sign, lights, planters or colour to mark the entrance).	2016: Situation improved by installation of highly visible revolving door.
Canopy lighting is inadequate at night. In daytime, it is very dark under the canopy, creating a high contrast with the lighting conditions in the street.	2013: The lighting has been replaced. Photocell activation is being installed.
Drop-off space is minimal & congested. Parked cars sometimes block the sidewalk at the top of the south ramp.	2012: Security staff assigned to ramp to monitor congestion.
The automatic door opener at the Brock St. entrance is badly positioned in terms of how the door swings open. Also, patients would benefit more if the double doors could swing open instead of just one door.	2013: The hospital experimented with a swing change on the automatic door with negative results. "Caution" signage has been posted at the door.
Volunteers see many near accidents at the revolving door involving walkers, strollers and canes.	2012: Security & Porter staff available to assist.
Water hose at south ramp a tripping hazard: should run through brackets along the wall.	2012: Repaired
At peak times (8-9 am), the number of wheelchairs in the lobby is sometimes insufficient.	2011: Additional wheelchairs purchased
Patients needing portering sometimes wait 15-20 minutes.	2011: Porter assigned to lobby to be available to patients as soon as they enter the hospital.
<b>Main Lobby</b>	
The seating area may be too far from the entrance for some people, and does not provide a very clear view of the drop-off area. Need waiting chairs closer to the main door.	2012: Chairs moved closer to the entrance.
The drinking fountain is mounted too high to be used from a wheelchair. A second fountain should be added.	2017: Drinking fountain replaced with more accessible model.
The Credit Union counter is not wheelchair accessible.	2012: Credit Union counter rebuilt so an accessible counter is available when required.
The phones have volume controls, but are not specially designed for the hearing impaired. No TTY phones.	2012: Lowered one phone/installed TTY on one phone
Check-in computer for volunteers in main lobby is too high.	2015: New accessible computer installed at Information Desk.



<b>Sydenham Street entrance (level 1)</b>	
No power operators at designated wheelchair entrance (doors PDS1-037 & S1-S/W #9).	Done: Power operators installed.
Threshold at designated wheelchair entrance too high.	Done: The threshold was reduced to the extent possible.
<b>Murray Building entrance</b>	
Signage to Murray Building from inside the Jeanne Mance building is confusing.	Done: New signs posted
Barrier-free parking spaces behind the Murray building are on a slope.	Done 2013: Spaces moved to level ground
<b>CIRCULATION</b>	
<b>Corridors</b>	
Corridors are long, with no resting places along the way.	Have investigated: Fire safety regulations do not permit seats that obstruct the corridor. Additional wheelchairs purchased and a porter assigned to main lobby to assist patients.
Some corridor doors are hard to open, and tend to shut very quickly. Well-placed automatic door openers or pressure-activated openers would help.	All corridor doors now held open where regulations permit.
Door handles are round knobs, which are difficult to grasp. Lever handles are preferable.	2010-13: ADA compliant lever handles installed in course of all renovation projects.
At the ramps into the Mary Alice wing, the handrails do not return to the doorway at the top and bottom.	2011: A new handrail has been installed.
The emergency shower in the Brock 4 corridor juts into the corridor, with no warning for the visually impaired.	2012: Renovations resulted in removal of emergency shower.
Bubble mirrors at corridor intersections should be installed for scooter and wheelchair users.	Mirrors are being installed as required
The route to Johnson 1 (Human Resources, Auditorium, etc.) is difficult. No power operators on doors J1-044 and -045 (at former loading dock). Doorstop at J1-045 should be moved to allow door to open to a wider angle.	2013: Completed renovations now make access available via main lobby
In Brock 3 & 4, the windows in the stairwells at the ends of the corridors create glare.	<i>Shades installed on the windows.</i>
<b>Elevators</b>	
None of the elevators have tone signals when passing or stopping at each floor.	2010: The main elevators now announce the floor and direction of travel at each stop.
<b>Wayfinding</b>	
Front desk volunteers are not always able to help based on the information provided (e.g., patient only knows the name of the doctor, not the clinic).	2011: Info Desk staff now have full listing of doctors' names, clinics, floors. In addition, a

	porter has been assigned to the lobby to be available to patients requiring assistance as soon as they enter the hospital.
Patients often come into the main lobby looking for the Urgent Care Centre. In the winter, they may be directed through the building rather than back outside, and they get lost.	2011: A porter is now assigned to the lobby to help escort patients as required.
The Info Desk is not staffed until 7:30 am. Day surgery patients arrive at 6:30 am. There is no permanent signage.	A new, bilingual sign that helps address wayfinding when Volunteers not on duty is now in place. This sign directs patients to key areas
The "1" button on the elevator does not say "Lobby".	<i>The word "LOBBY" added.</i>
<b>CLINICS</b>	
<b>General findings</b>	
Most of the newer reception desks are wheelchair-accessible. The older nurse and reception desks are not (too high, no knee & toe space).	New desks in ENT, Radiology, Jeanne Mance 4 & 5 and Brock 1 are wheelchair-accessible.
Exam tables are generally not height-adjustable.	New tables purchased are height-adjustable.
Some waiting areas don't have any bariatric chairs.	Bariatric chairs have been/are being purchased.
Several waiting areas don't have drinking fountains.	Drink vending machines have been added in some clinics.
The waiting areas are full of chairs, with no spaces left for wheelchairs & scooters. Space should be reserved, with a wheelchair symbol above it.	2011: Furniture rearranged to provide wheelchair space in every waiting room; Housekeeping staff aware that chairs should not be placed beneath the wheelchair symbol.
Lighting is too dim.	2011: Additional fixtures installed in the reception & waiting areas.
<b>KidsInclusive Centre for Child &amp; Youth Development</b>	
Barrier-free washroom layout might not work for someone in a wheelchair (toilet is in an alcove).	2010: A new special needs washroom is now available.
There is no appropriate place to change diapers for older children. Need a large washroom with an adjustable height change table (adult size), toilet (residential type) with a selection of types and sizes of toilet seats, a track lift with sling, and wheelchair-accessible sink. Should be	2010: A new special needs washroom is now available.

off the main corridor, so COPC and other patients can use it.	
At least 2 dedicated parking spaces are required for KIDSINCLUSIVE CENTRE families, preferably on the Johnson ramp.	Done
<b>Children's Outpatient Centre</b>	
Weighing room door too narrow for wheelchairs.	Done: The room has been moved, and has a wider doorway.
<b>Diabetes Education &amp; Management Centre</b>	
The door in corridor S2 is quite hard to open.	Now held open.
<b>Inpatient Psychiatry</b>	
Clear protocols are needed regarding service dogs.	<i>Covered by Policy 0402 Accessibility Standards for Customer Service: Guide Dogs &amp; Other Service Animals</i>
<b>GI/General Surgery</b>	
Pay phone in waiting room obstructed by chairs.	Chairs have been moved.
Toilet seat in waiting room washroom is too low.	An elevated toilet seat has been installed.
<b>EPACU</b>	
The toilets are too low for most patients.	2014: Portable raised toilet seats have been added.
<b>Outpatient Psychiatry</b>	
No barrier-free washrooms	A barrier-free washroom has been added to J5.
<b>Murray Building (ENT)</b>	
Reception window & desk too high.	New reception desk is wheelchair-accessible.
Clinic is difficult to find from the main building; signage is difficult to understand. Sign in JM1 says "Murray Building", without a directional arrow, implying you are already there. Sign at Murray Building says "Otolaryngology."	New signs are in place.
<b>Ophthalmology, Level 1</b>	
Ramp from JM1 too steep, and handrails are not well positioned for use.	A new handrail has been installed
<b>Ophthalmology, Level 6</b>	
Seats were too low in washroom near photo lab	Seats changed
<b>Orthopedics</b>	
Pay phone in waiting room obstructed by chairs.	Chairs moved.
<b>Urgent Care Centre</b>	
The door from Urgent Care to CSR is hard to open; need power door operator.	Done
<b>WASHROOMS</b>	
Some barrier-free washrooms are not designated as such with signage.	2014: <i>Barrier-free washrooms are now identified by signage.</i>

<b>COMMUNICATIONS</b>	
A new hospital map will be created and uploaded on our external website to indicate accessible access points within our building.	Done 2011
<b>SUPPORT SERVICES</b>	
<b>Finance &amp; Patient Accounts</b>	
Short staircase into this department presents a barrier (note: payments can also be made via bank, mail, phone or drop boxes in accessible main lobby). Finance has installed debit machine in Bariatrics for patient purchase of Optifast.	2014: A new payment location has been established on JM6 that is on the elevator path for the general patient population.
<b>PARKING</b>	
Accommodating patients with disabilities	Given advance notice, our Manager of Parking has been able to “book”/utilize handicapped parking spaces for individuals with standing appointments to help ensure they are able to reach their scheduled appointments on time.
Several accessible bathrooms missing signage and some inaccessible bathrooms incorrectly signed as accessible.	Signage audit related to accessible washroom conducted by Facilities in Spring 2017. As a result Facilities updated signage in Spring 2017.

## **APPENDIX 2: ACCESSIBILITY ADVISORY COMMITTEE TERMS OF REFERENCE**

### **PURPOSE**

The Accessibility Advisory Committee (AAC) will advise and assist the HDH Accessibility Lead in promoting and facilitating a barrier-free organization for people of all abilities including persons with a disability.

### **OBJECTIVES**

- To assist and enable compliance with the Accessibility for Ontarians with Disabilities Act (AODA) and standards prescribed by its regulations
- To assess, prioritize, and recommend the removal of barriers
- To alert and advise the hospital about issues of interest/concerns related to accessibility
- To promote awareness of accessibility challenges and solutions

*Revised December 2017*

- To assist patients, families, staff and volunteers with accessibility issues
- To act as a liaison with the community for accessibility improvement
- To further the mission, vision and values of HDH as they relate to accessibility issues
- To communicate and document initiatives, progress and reports as required.

### **CHAIR**

The Executive Sponsor shall select the Chair.

### **MEMBERSHIP**

Membership aims to have broad representation including, but not limited to the following areas: Patient Care; Patient Records/Registration; People Services; Quality, Patient Safety & Risk Management; Information Management; Communications; Patient Relations; Planning; Facilities Management; Protection Services; Food Services; Volunteer Resources; and Patient & Family Council. External partners and community involvement will also be sought, including at least one person who has lived experience with a disability (e.g., physical disability, learning disability).

### **STRUCTURE**

The AAC reports to the Executive Sponsor, at least annually, or as issues arise.

### **MEETINGS**

AAC meetings shall be at least quarterly, or as deemed necessary by the Chairperson. Meetings may be required on a more frequent basis to address particular issues. Subcommittees shall be created for a specific purpose, meet as required and report to the Advisory Committee.

### **LOCATION OF MEETINGS**

Meetings will be held in a fully accessible space to allow maximum participation from members.

### **REPORTING**

Minutes shall be recorded and distributed to all committee members and be available to any staff member or member of the public upon request or via posting on the Intranet. Reports will also be made available as required to the hospital, the Ministry or other requesting body.

### **TERM/REVIEW**

A review of the AAC will be conducted annually. Committee member terms shall be three years in length or longer if deemed necessary for continuity or transitional purposes. Membership should be staggered to provide continuity and reduce the risk of a complete turnover in the same year.