




Multi-Year Equity and Accessibility Integrated Work Plan 2020-2023

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going / In Progress	Pending	Not Yet Started	Timeline	Status or photo of improvement
2020/21 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS								
1. Accessibility Multi-Year Plan	Review of legislation and regulation. Update multi-year plan and post on website.	V. Nelson A. Carvalho		✓			Annually	Presented to Board April 2020
2. Built Environment	a. Replace Rotunda sliding doors with input from this committee.	V. Tavaszi					Q4	
	b. Review ED Audit and develop plan to implement recommendations.	V. Tavaszi K. Kydd					Q2	The main takeaways from the audit were: a. items blocking handrails, b. too many signs are posted which cause confusion, c. entrance and triage process are not clear, d. triage enclosure is not accessible, and e. font on the waiting room monitor is not accessible. Next Steps: review audit report and come up with an estimate of cost to make the required changes to send to Admin Committee.
	c. Review patient access to TV / Phone.	V. Tavaszi					Q2	○ Review the patient entertainment and phone system in alignment with the hospital's new regional CIS implementation and with feedback from PFAC.

							o Provide recommendation to Admin.
	d. Complete an audit in one clinical and one support area.	V. Tavaszi E. Bruce PEP					Suggest Dialysis and Cafeteria
	e. Complete a WINTER audit on the hospital grounds including parking area and entrances.	V. Tavaszi T. Robinson (PEP)				Q1	
3. Customer Service	a. Quarterly review of responses to the NR Picker survey question.	V. Nelson L. Jarrett				Quarterly	<p>During your hospital stay, did you experience any of the following issues that prevented you from receiving exceptional care?</p> <ul style="list-style-type: none"> i. Discrimination, disrespect, stigma, exclusion (i.e. attitude barrier) ii. Signage, small text size on printed materials, language translation service, poor wayfinding, talking above your level or to your support members instead of speaking to you, misidentification of gender (i.e. information/communication barrier) iii. Hospital processes that made it difficult to access care, gender-binary questions (i.e. systemic barrier) iv. Hospital website was not accessible, not able to use a certain device (i.e. technology barrier) v. Low lighting, hallways too narrow, counters too high, exterior entrances inadequate, lack of gender neutral bathrooms (i.e. architectural/physical/grounds barrier) vi. Mobility aids not available (i.e. equipment/assistive devices) vii. There were no barriers preventing me from receiving exceptional care
	b. NR Picker survey question review. (Patient	V. Nelson				Quarterly	o Assess current survey length and format

	feedback Dec 9 & 18, 2019).						y	considering an online option. Concern was raised regarding the relevance of asking patient's ethnic background. Committee to review the relevance of this question.
	c. Annual audit of accessible devices.	E. Bruce						<ul style="list-style-type: none"> o To audit of bariatric mobility aids and chairs. o To audit bathrooms on medical middle looking at radiators and toilet heights specifically (result of patient feedback).
	d. Quarterly review of usage and data from the Interpreter Services program.	K. Kydd					Quarterly	Consider reviewing satisfaction, languages used, effectiveness, etc in efforts to optimize the program.
	e. Provide staff training on how best to communicate with patients who have accessibility devices such as hearing aids. (Patient feedback Dec 2019).	S. Grant						
4. Customer Service & Feedback	a. Quarterly review of Accessibility Scorecard including reviewing trends from the RL6 Feedback software on concerns, compliments, PEP Rounding and general feedback.	V. Nelson L. Jarrett					Quarterly	
	b. Annual survey for physicians during credentialing aligned with the NR Picker Patient Survey.	D. Ellis L. Jarrett					Annually	Survey included in the credentialing process in October by the Medical Staff Office. <i>While work at the hospital, did you experience any of the following accessibility barriers?</i>
	c. Provide patients with education on how to get in and out of bed with an IV pole or how to use other equipment. (From patient feedback Dec 2019).	S. Grant						
	d. Present next year's Accessibility Multi-Year Plan to various committees seeking feedback.	V. Nelson					Q1	
5. Employment Standards	a. Review and update employment documents.	K. Kydd					Q4	Policies continue to be updated as they come due.
6. Customer Service,	Bring awareness to Mental Health (Oct 10) and	M. Coombs					Q3	

Human Rights, Mental Health, Attitudinal Barriers	Human Rights (Dec 10) education by providing awareness of its availability on their designated days.  Mental Health and Human Rights Educat	K. Kydd					
7. Information and Communication	a. Upload current accessibility plan on the public website.	A. Carvalho				Quarterly	
	b. Audit on RMH website to meet the Web Content Accessibility Guidelines (WACG).	A. Carvalho K. Lafee				2021	Beginning January 1, 2021: all public websites and web content posted after January 1, 2012 must meet WCAG 2.0 Level AA other than criteria 1.2.4 (live captions) and 1.2.5 (pre-recorded audio descriptions)
	c. Provide input into patient user modules/devices of the new clinical information system (CIS).	S. Grant A. Carvalho				2021	
8. Compliance Reporting	Annual Accessibility Compliance Report https://www.ontario.ca/page/completing-your-accessibility-compliance-report	HR (1-4) Facilities (5-16) Quality (17-19) Chair (20)				✓ Sept/ Nov Annually	Report to be submitted to the Quality Committee of the Board by November and MOH submission deadline December 31.
2021/22 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
1. Accessibility Multi-Year Plan	Review of legislation and regulation Update multi-year plan	V. Nelson A. Carvalho				Annual	Update annually and post on external website.
2. Feedback	Quarterly review of the trends from the RL6 Feedback software on concerns, compliments and general feedback.	V. Nelson				Quarterly	
3. Customer Service	a. Quarterly review of response to the hospital survey question: <i>During your hospital stay, did you experience any of the following accessibility barriers?</i>	V. Nelson L. Jarrett				Quarterly	



	b. Annual audit of accessible devices.	E. Bruce						
4. Customer Service & Feedback	a. Quarterly review of Accessibility Scorecard including reviewing trends from the RL6 Feedback software on concerns, compliments, PEP Rounding and general feedback.	V. Nelson L. Jarrett					Quarterly	
	b. Annual survey for physicians during credentialing aligned with the NR Picker Patient Survey.	D. Ellis L. Jarrett					Annually	Survey included in the credentialing process in October by the Medical Staff Office.
	c. Develop plans and implement feedback received from patient surveys.	All					Q4	
	d. Present the next year's Accessibility Multi-Year Plan to various committees seeking feedback.	V. Nelson					Q4	
5. Information and Communication	Upload current accessibility plan on the public website.	A. Carvalho					Quarterly	
6. Built Environment	a. Complete an audit in one clinical and one support area.	V. Tavaszi PEP						Suggest Ambulatory Care Unit and Patient Resource Area.
	b. Complete a SUMMER audit on the hospital grounds including parking area and entrances.	V. Tavaszi PEP					Q2	
	c. Develop plans and implement recommendations from audits accordingly and as resources permit.	V. Tavaszi					Q4	
7. Employment Standards	a. Review and update employment documents.	K. Kydd					Q4	Policies continue to be updated as they come due.
8. Customer Service, Human Rights, Mental Health, Attitudinal Barriers	a. Bring awareness to Mental Health (Oct 10) and Human Rights (Dec 10) education by providing awareness of its availability on their designated days.						Q3	
9. Compliance	Annual Accessibility Compliance Report	HR (1-4)				✓	Sept/	Report to be submitted to the Quality Committee of

Reporting	https://www.ontario.ca/page/completing-your-accessibility-compliance-report	Facilities (5-16) Quality (17-19) Chair (20)					Nov Annually	the Board by November and MOH submission deadline December 31.
2022/23 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS								
1. Accessibility Multi-Year Plan	Review of legislation and regulation Update multi-year plan	V. Nelson A. Carvalho					Annually	Update annually and post on external website.
2. Feedback	Quarterly review of the trends from the RL6 Feedback software on concerns, compliments and general feedback.	V. Nelson					Quarterly	
3. Customer Service	a. Quarterly review of response to the hospital survey question: <i>During your hospital stay, did you experience any of the following accessibility barriers?</i>	V. Nelson L. Jarrett					Quarterly	
	b. Annual audit of accessible devices.	E. Bruce						
4. Customer Service & Feedback	a. Quarterly review of Accessibility Scorecard including reviewing trends from the RL6 Feedback software on concerns, compliments, PEP Rounding and general feedback.	V. Nelson L. Jarrett					Quarterly	
	b. Annual survey for physicians during credentialing aligned with the NR Picker Patient Survey: While work at the hospital, did you experience any of the following accessibility barriers? Please mark all that apply. 11.1) Attitude (ex: discrimination, disrespect, exclusion) 11.2) Information/ Communication (ex: print size, signature, translation, poor wayfinding,	D. Ellis L. Jarrett					Annually	Survey included in the credentialing process in October by the Medical Staff Office.

	<p>talking above your level)</p> <p>11.3) Systemic (ex: processes that made your care less accessible)</p> <p>11.4) Technology (ex: website not accessible, not able to use a certain device)</p> <p>11.5) Architectural/Physical Grounds (ex: low lighting, hallways too narrow, counters too high, exterior entrances inadequate)</p> <p>11.6) Equipment/Assistive devices (ex: mobility aids not available)</p> <p>11.7) Other</p> <p>11.8) I do not experience any accessibility barriers</p>						
	c. Develop plans and implement feedback received from patient surveys.	All					
	d. Present next year's Accessibility Multi-Year Plan to various committees seeking feedback.	V. Nelson				Q4	
5. Information and Communication	Upload current accessibility plan on the public website.	A. Carvalho				Quarterly	
6. Built Environment	a. Complete an audit in one clinical and one support area.	V. Tavaszi J. Perrin G. Kennedy PEP					Suggest OBS/Surgical 1 st Floor and Diagnostic Imaging.
	b. Complete an audit on all exterior hospital signage.	V. Tavaszi PEP					
	c. Develop plans and implement recommendations from audits accordingly and as resources permit.	V. Tavaszi				Q4	
7. Employment Standards	a. Review and update employment documents.	K. Kydd					Policies continue to be updated as they come due.
8. Customer Service, Human Rights, Mental Health,	a.						

Attitudinal Barriers								
9. Compliance Reporting	Annual Accessibility Compliance Report https://www.ontario.ca/page/completing-your-accessibility-compliance-report	HR (1-4) Facilities (5-16) Quality (17-19) Chair (20)				✓	Sept/ Nov Annually	Report to be submitted to the Quality Committee of the Board by November and MOH submission deadline December 31.

ONGOING EDUCATION

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going / In Progress	Pending	Not Yet Started	Timeline	Status or photo of improvement
1. Customer Service	a. Safe Management Training: Includes de-escalation for behavioural responses such as the Gentle Persuasion Approach Training	E. Bruce		✓			As available	
	b. Corporate Orientation	E. Elley		✓			Annual and on hire	Relevant Topics: <ul style="list-style-type: none"> • Code Green Evacuation, • Lift Training, • AODA – Customer Service • Code of Conduct • Accessible devices use • Cultural competency training
	c. Surge Learning	AODA training for all staff & students	✓				Annual	○ List of courses available for all staff, volunteers and physicians <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  2020 Accessibility courses avail on surg </div> <div style="text-align: center;">  Mental Health and Human Rights Educat </div> </div>
2. All Standards	a. Accessibility team completes semi-annual GEMBA walks to inform our planning and identify system issues related to accessibility	V. Nelson		✓			Semi-annual	○ Where possible our Patient Experience Partner(s) would come on a GEMBA walk