








Multi-Year Accessibility Integrated Work Plan 2018-2020

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going / In Progress	Pending	Not Yet Started	Timeline	Status or photo of improvement
2018 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 K. Coulter		✓			2018 Q4	<ul style="list-style-type: none"> Update annually and post on external website.
2. Built Environment	a. Top of stairs at Angeline St entrance is missing indicators for the blind. Consider recessed “bumps” as the raised “bumps” were a tripping hazard.	V. Tavaszi			✓		2018	<ul style="list-style-type: none"> There will be tactile warning plates inserted for visually impaired people. A section of the concrete sidewalk will be cut out and the slabs at the top of the stairs will be replaced. The work was planned for the spring. Work has been deferred as the wooden ramp is under consideration of being removed as it was not designed as a permanent structure.
	b. Upgrade Blue elevators to include Braille buttons and floor voice enunciation.	V. Tavaszi K. Coulter		✓			2018 Q4	<ul style="list-style-type: none"> Awarded the contract and work began spring 2018. Braille buttons, floor enunciation, up/down arrows, level threshold for entry. The first blue elevator cab has been completed. The work on the second cab and the machine guarding will be completed by January 2019.

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	c. Invite the City of Kawartha Lakes Accessibility Council to review the area.	B. Groves-Foley	✓				2018	<ul style="list-style-type: none"> o The City of Kawartha Lakes has received their FADS (Facility Accessibility Design Standard). It has been in the works for a few years and is a requirement for all municipal buildings. In some cases, requirements exceed the Ontario Building Code (OBC). The Plans Examiner will advise if the Hospital could have access to it.
	d. Review the DI Renovation impact on accessibility	V. Nelson	✓					<ul style="list-style-type: none"> o There will be one accessible washroom and one accessible change room in the area once the renovations are complete. As well, patient entry doors will be four feet wide.
3. Signage	a. Re-sign washrooms that are marked as accessible but are not and ensure washrooms are posted as gender neutral where possible.	V. Tavaszi Kim Kydd	✓				2017	<ul style="list-style-type: none"> o Completed the inventory of bathrooms. o Agreed to use "Public" and "Staff" rather than "All-Gender"

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								 <ul style="list-style-type: none"> ○ The rotunda bathrooms are still designated as male and female as they are not private bathrooms and have been designed with urinals and stalls for the men and stalls only for the women. ○ All of the one person use bathrooms are signed as public bathroom with no gender designation.
	b. Include signs where to find ATM, Change Machines, Pay for Parking Machines	V. Tavaszi		✓			2018	<ul style="list-style-type: none"> ○ Map was presented to the Committee with suggested changes. ○ Updated signage will be posted around the building to include locations of ATM machines, change machines, parking pay stations and the cashier.
4. Customer Service	a. Inventory of devices. Re-educate staff.	M. Coombs K. Coulter					2017	<ul style="list-style-type: none"> ○ Complete ○ Devices listed under Surge Learning Accessibility – General Presentation and through Informed Flyer

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								 RMH acquires Interpreter on Wheel
	b. Develop a process for multi-faith rooms including the ability to perform rituals such as smudging.	B. Groves-Foley	✓				2017	<ul style="list-style-type: none"> Policy and procedure has been implemented.
	c. Consider a process for consuming oral medicinal marijuana as smoking or vaporizing is not permitted on Hospital property.	V. Nelson S. Grant/ K. Kenning		✓			2017/18	Policy in final stages pending approval with MAC and Admin Committee.
	d. Consider the results from the March 2017 Senior Friendly audit based on the Code Plus model.	M. Coombs/ J. Airth	✓				2017/18	<ul style="list-style-type: none"> Audits were completed on CCP1 and CCP2. Discussion with staff on success and barriers to providing senior friendly care. Information is returned to the manager for any follow up. On both senior friendly walkabouts and audits representation included senior lead for quality, GEM nurse, senior services manager and our patient experience partner. Next walk about and audit will take place in November 2018 on medical floor. Each walk about and audit includes recommendations for improvements that are provided to the manager to share with the team and provide follow up. This meets the requirement for the senior friendly action plan for the LHIN.


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	e. Accessible Care Brochure	K. Coulter	✓				2017/18	<ul style="list-style-type: none"> o K. Coulter presented the Hospital's 2017 Accessible Care brochure which required some minor revisions o Update brochure attached  Accessibility Newsletter 2018 FIN
5. Customer Service & Feedback	a. Quarterly review of Accessibility Scorecard.	M. Young		✓			2018	<ul style="list-style-type: none"> o Q2 scorecard includes the annual October results from the physicians.
	b. Include a question on the physician annual credentialing the same as the one on NRC Picker	V. Nelson D. Ellis/ M. Young	✓				2018	<ul style="list-style-type: none"> o Scorecard now includes the results from the physicians which will be done annually during the credentialing process.
6. Employment Standards	a. Review and update employment documents.	K. Kydd	✓				2019	<ul style="list-style-type: none"> o Policies continue to be updated as they come due.
7. Emergency Department Accessibility Audit	a. Recommendation from Lakeridge Health's "Final Report of the Patient Experience Panel"	M. Young J. Perrin	✓				2018	<ul style="list-style-type: none"> o The Report was reviewed and a gap analysis was completed which suggested the manager of emergency, the emergency PEP, the Accessibility PEP and an Accessibility committee staff member complete a walking audit of the emergency department.
8. Compliance Reporting	2018 Accessibility Compliance Report	V. Nelson			✓		Nov 2018	<ul style="list-style-type: none"> o Report to be submitted to the Quality Committee of the Board for Nov 20, 2018.
2019 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS								
1. Accessibility	Review of legislation and regulation.	V. Nelson				✓	2019	<ul style="list-style-type: none"> o Update annually and post on external website.

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Multi-Year Plan	Update multi-year plan.	K. Coulter						
2. Feedback	Quarterly review of the trends from the RL6 Feedback software on concerns, compliments and general feedback.	TBD				✓	2019	○
3. Customer Service	<p>a. Quarterly review of response to the NRC Picker survey question: <i>During your hospital stay, did you experience any of the following accessibility barriers? Please mark all that apply.</i></p> <ul style="list-style-type: none"> • <i>Attitude (ex: discrimination, disrespect, exclusion)</i> • <i>Information/Communication (ex: print size, signage, translation, poor wayfinding, talking above your level)</i> • <i>Systemic (ex: processes that made your care less accessible)</i> • <i>Technology (ex: website not accessible, not able to use a certain device)</i> • <i>Architectural/Physical/Grounds (ex: low lighting, hallways too narrow, counters too high, exterior entrances inadequate)</i> • <i>Equipment/Assistive devices (ex: mobility aids not available)</i> • <i>Other</i> • <i>I did not experience any accessibility barriers</i> 	TBD				✓	2019	○
	b. Annual audit of accessible devices.	J. Airth				✓	2019	○

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4. Information and Communication	Upload current accessibility plan on the public website.	K. Coulter				✓	2019	○
5. Built Environment		V. Tavaszi				✓	2019	○
6. Compliance Reporting	2019 Accessibility Compliance Report https://www.ontario.ca/page/completing-your-accessibility-compliance-report	E. Elley (1-4) V. Tavaszi (5-16) L. Green (17-19) V. Nelson (20)				✓	Sept/ Nov 2019	○ Report to be submitted to the Quality Committee of the Board by Nov 2019 and MOHLTC submission deadline December 31, 2019.
2020 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 K. Coulter				✓	2020	○ 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.	TBD				✓	2020	○
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? Please mark all that apply.</i> • <i>Attitude (ex: discrimination, disrespect,</i>	TBD				✓	2020	○

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	<p><i>exclusion)</i></p> <ul style="list-style-type: none"> • <i>Information/Communication (ex: print size, signage, translation, poor wayfinding, talking above your level)</i> • <i>Systemic (ex: processes that made your care less accessible)</i> • <i>Technology (ex: website not accessible, not able to use a certain device)</i> • <i>Architectural/Physical/Grounds (ex: low lighting, hallways too narrow, counters too high, exterior entrances inadequate)</i> • <i>Equipment/Assistive devices (ex: mobility aids not available)</i> • <i>Other</i> • <i>I did not experience any accessibility barriers</i> 							
	b. Annual audit of accessible devices.	J. Airth				✓	2020	○
4. Information and Communication	Upload current accessibility plan on the public website.	K. Coulter				✓	2020	○
5. Built Environment		V. Tavaszi				✓	2020	○

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	J. Airth		✓			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
	c. Surge Learning	AODA training for all staff	✓				Annual	 <p>Surge Learning Accessibility Courses</p> <ul style="list-style-type: none"> ○ List of courses available for all staff, volunteers and physicians
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	<ul style="list-style-type: none"> ○ Where possible our Patient Experience Partner(s) would come on a GEMBA walk
3. Customer Service, Human Rights, Mental Health, Attitudinal	Offer Mental Health First Aid Training. The course content includes: <ul style="list-style-type: none"> • Explanations of mental health, mental illness and mental health problems; 	T. Jones					As available	<ul style="list-style-type: none"> ○ On January 22, 2019 from 8:30 – 9:30 the Mental Health Program has invited an individual from Gender Journeys which is a program offered through the Canadian Mental Health Association

Barriers	<ul style="list-style-type: none"> • Signs and symptoms of common mental health problems and crisis situations; and • Information about effective interventions and treatments. 							<p>that provides education and support services for transgender people, gender diverse individuals, people questioning their gender identity, and family/partners and loved ones of transgender, gender diverse and questioning folks.</p> <ul style="list-style-type: none"> ○ Facilitators will provide a 45 minute education session followed by a Q & A. ○ Prior to the session a link will be provided to staff where they can ask question anonymously which will be addressed either in the education or in the Q & A
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