



Winchester District Memorial Hospital

Multi-Year Accessibility Plan
September 2024 to September 2029

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1.0 EXECUTIVE SUMMARY

1.1 Preamble

The Ontario government's goal is a fully accessible Ontario within 20 years. In 2001, the Ontarians with Disabilities Act (ODA) was passed. This was followed in 2005 by the Accessibility for Ontarians with Disabilities Act (AODA) and then the Accessibility Standard for Customer Service, Ontario Regulation 429/07. This Standard came into force on January 1, 2008. Next came the Integrated Accessibility Standard Regulation (IASR) to be phased in from 2011-2021. This Ontario law is the first accessibility standard created under the authority of *the AODA 2005*, which the Province of Ontario had enacted on June 13, 2005, requiring the provincial government to work with the public and private sectors and the disabled community to develop standards to be achieved in stages of 5 years or less.

The preceding *Ontarians with Disabilities Act*, (ODA 2001) however remains in force until repealed. The purpose of this Act was to "improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers and to their full participation in the life of the province. "The act mandated hospitals and other identified public sector organizations to write, approve, endorse, submit, publish and communicate their multi-year accessibility plans.

A "barrier" is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability. This includes a physical, architectural, informational, attitudinal, technological barrier, or a policy or a practice.¹ (refer to examples below).

An example of each of the different kinds of barriers is shown below:

EXAMPLES OF BARRIERS

Physical	A door knob that cannot be operated by a person with limited upper-body mobility and strength.
Architectural:	A hallway or door that is too narrow for a wheelchair or scooter.
Informational:	Typeface too small to be read by a person with low-vision.
Communicational:	A person who talks loudly when addressing someone who is deaf or hard of hearing.
Attitudinal:	A receptionist who ignores a patient/visitor in a wheelchair.
Technological:	A paper tray on a laser printer that requires two strong hands to open.
Policy/Practice:	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly.

¹ A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, http://www.mcass.gov.on.ca/NR/rdonlyres/83A98C75-5EE5-44A1-B2A3-71939F2CF1DC/14/AGUIDETOANNUALACCESSIBILITYPLANNING_Sept_2005.pdf, pg. 12

The ODA adopts the broad definition for disability that is set out in the *Ontario Human Rights Code*. **"Disability" is:**

- 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 co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, 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*.²

The Statistics Canada Participation and Activity Limitation Survey (PALS)³ reported that in 2006 there were approximately 14.3% of Canadians with a disability, amounting to 1 in 7 or about 4.4 million people. Ontario has a slightly higher proportion at 15.5%, which represents about 1.85 million people. The age cohort with the greatest proportion of people with disabilities is the 65+ age group, with 43.4% of this cohort having a disability; in Ontario 47.2% or almost half of those 65 years or older have a disability.

CUSTOMER SERVICE STANDARD

The following requirements of the customer service standard that apply to all providers are as follows:

1. Establish policies, practices and procedures on providing goods or services to people with disabilities.
2. Use reasonable efforts to ensure that your policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.
3. Set a policy on allowing people to use their own personal assistive devices to access your goods and use your services and about any other measures your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.
4. Communicate with a person with a disability in a manner that takes into account his or her disability.
5. Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises you own or operate that are open to the public,

² http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm#BK2

³ Information contained in Ontario Ministry of Community and Social Services website www.mcscs.gov.on.ca/mcscs/english/topics/pop_adso_stats.htm

unless the animal is excluded by another law. If a service animal is excluded by law, use other measures to provide services to the person with a disability.

6. Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in premises open to the public or third parties.
7. Where admission fees are charged, provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability.
8. Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.
9. Train staff, volunteers, contractors and any other people who interact with the public or other third parties on your behalf on a number of topics as outlined in the customer service standard.
10. Train staff, volunteers, contractors and any other people who are involved in developing your policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service standard.
11. Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public.⁴

Public sector organizations and providers with twenty (20) or more employees are further required to:

12. Document in writing all your policies, practices and procedures for providing accessible customer service and meet other document requirements set out in the standard.
13. Notify customers that documents required under the customer service standard are available upon request.
14. When giving documents required under the customer service standard to a person with a disability, provide the information in a format that takes into account the person's disability.⁵

These were the first regulations that have been issued through the Access for Ontarians with Disabilities Act (2005) and they must be put into place by January 2010. The Winchester District Memorial Hospital's Accessibility Working Group has reviewed these standards and implemented the accessibility standards for customer service in accordance with the regulations.

Integrated Accessibility Standards and Regulation (IASR)

The following regulation is one regulation for four accessibility standards:

15. Information and Communication, Employment, Transportation and Design of public Spaces.
16. Requirements will be phased in over time (2024-2029)

17. Policies to be developed to support each.
18. Establish a Multi-Year accessibility plan.
19. Train Employees and volunteers on the regulation & the Ontario Human Rights Code as applicable.
20. Consider accessibility when designing, procuring or acquiring self- service kiosk.

WDMH's Accessibility working group will review, implement and monitor the process of these standards as part of their mandate.

1.2 WDMH's COMMITMENT TO ACCESSIBILITY

Winchester District Memorial Hospital (WDMH) is committed to working towards compliance with the Access for Ontarians with Disabilities Act (2005). In addition, we are committed to comprehensively identifying, removing and preventing barriers towards a Barrier Free environment through:

- continually improving access to WDMH facilities, policies, programs, practices and services for patients, family members, staff, health care practitioners, volunteers and members of the community,
- the participation of people with disabilities in the development and review of its annual accessibility plans,
- ensuring hospital policies and practices are consistent with the principles of accessibility

1.3 IMPLEMENTATION APPROACH

WDMH has utilized the following steps in preparing their Accessibility Plan:

1. Established an accessibility task group representative of stakeholders.
2. Committed to accessibility planning.
3. Reviewed and reported on initiatives and successes in identifying, removing and preventing barriers to persons with disabilities.
4. Identified (list/categorize) barriers to be addressed.
5. Set priorities and develop strategies to address barrier removal and prevention.
6. Specified how and when progress is to be monitored.
7. Communicated the plan to the public.
8. Reviewed and monitored the plan.

⁴ Accessibility Standards for Customer Service, Ontario Regulation 429/07, <http://www.mcsc.gov.on.ca/NR/rdonlyres/FEE69AC5-45FA-4DDF-88FD-F6309550C3C8/4645/GuidetotheAccessibilityStandardsforCustomerService.doc>, pg. 12-13.

⁵ Accessibility Standards for Customer Service, Ontario Regulation 429/07, <http://www.mcsc.gov.on.ca/NR/rdonlyres/FEE69AC5-45FA-4DDF-88FD-F6309550C3C8/4645/GuidetotheAccessibilityStandardsforCustomerService.doc>, pg. 13.

2.0 GOALS AND OBJECTIVES

The purpose of this plan is to describe measures WDMH has taken and will take moving forward to remove and prevent barriers to accessing our facilities and services by patients, staff, physicians, volunteers, visitors and the general public.

2.1 OBJECTIVE

The plan will:

- Describe how WDMH identifies, removes, and prevents barriers for people with disabilities.
- Review WDMH's progress in removing and preventing barriers that were previously identified in its facilities, policies, programs, practices and services.
- Describe measures WDMH will take to identify, remove and prevent barriers for people with disabilities.
- Describe how WDMH will make this accessibility plan available to the public.

3.0 PLAN PARTICIPANTS

3.1 WINCHESTER DISTRICT MEMORIAL HOSPITAL (WDMH)

Winchester District Memorial Hospital's catchment population is approximately 96,000. Services include Emergency, Laboratory, Operating Rooms, ECG, Stress Testing, Echocardiography, Day Surgery, Ontario Breast Screening Clinic, Chemotherapy, Diagnostic Imaging (including CT scanner, digital mammography and digital fluoroscopy), and Ambulatory Care Clinics.

MISSION, VISION, VALUES

MISSION

The Winchester District Memorial Hospital provides local access to acute and complex continuing care services requiring the expertise and technical support of an accredited hospital.

VISION

Winchester District Memorial Hospital

- provides *core hospital services* to meet the current and evolving healthcare needs;
- develops *a range of services* to meet the evolving healthcare needs of the community through *strengthening linkages with other local and regional service providers*;
- plays an active role in *enhancing the environment for patients, staff and volunteers through investments in people, technology and facilities*; and
- functions *efficiently while adhering to established quality standards*.

VALUES

Commitment to Quality

- We aim to meet or exceed recognized standards for quality and excellence in the delivery of patient care.
- We value our ability to learn from each other and to continuously improve.

Working Together

- We are committed to working as a team to grow, change and exceed expectations.
- We believe that collaboration and teamwork together are essential to excellent Healthcare.
- We value the opinions and perspectives of all members of the health care team.

Compassion

- We value the physical, emotional and spiritual health of our patients and staff.
- We care for our patients and their loved ones with dignity and concern.

Respect

- We promote informed participation in decisions related to care, quality of life and optimal level of wellness.
- We respect the privacy rights of all persons and realize the importance of maintaining the confidentiality of the situations encountered and of the people involved and by always keeping other persons' confidences.
- We communicate honestly and openly and treat everyone at Winchester District Memorial Hospital with equity and fairness.

4.0 The Accessibility Task Group

Department	Contact Information
Occupational Therapist	613-774-2422 x 6871
Registered Nurse, ECU	613-774-6715
Vice President, Corporate Services	613-884-2422 x 6167
Registered Nurse, Medical/Surgical	613-774-2422 x 6820
Employee Health Nurse	613-774-2422 x 6321
Director, Foundation	613-774-2422 x6169
Corporate Manager, Recruiting	613-774-2422 x6330
Manager, Building Services	613-774-2422 x6209
Systems Analyst, ICT	613-774-2422 x6162
Persons with disability	

4.1 The Accessibility Task Group (ATG) Terms of Reference

The ATG consists of a number of members from different areas of the organization. The groups responsibly will be to:

- Update plan and keep it current
- Review barriers
- Review feed back
- Keep leadership updated and make recommendations of action to remove barriers
- Communicate changes to our internal and external customers
- Monitor training
- Prepare our yearly update

5.0 BARRIER IDENTIFICATION METHODOLOGY

5.1 How New Barriers Were Identified

Barrier Identification Methodologies

The accessibility Working group uses the following –identification methodologies to create the list of barriers to be addressed:

Methodology	Description	Status
Accessibility Working Group.	Members of the working group examine delivery of goods and services to our hospitals and how it affects staff, patients and visits.	Ongoing
Employee Input	Staff are invited to give input on accessibility issues as they become aware.	Ongoing
Accessibility Feedback Tool.	Feedback tool is posted and monitored.	Website is monitored, e-mails are acknowledged and forwarded to the most appropriate department for follow up.
Review of construction/renovation/projects	Construction and renovation projects are reviewed by a member of the accessibility working group.	Concerns are identified and measures taken to remove or prevent barriers.
AODA Legislation	Mandatory requirements of the legislation targets needed accessibility initiatives and/or change at the hospital.	AODA's requirements are a primary driver of change for this period of the plan.

5.2 Barriers Removed:

# Type	Description of Barrier	Strategy for Removal / Prevention	
1 P/A	Not all bathing / shower / wash rooms are wheelchair accessible / barrier free design (i.e. grab bars, raised toilet seat,)	Identify area of greatest need. Replace or improve as part of redevelopment plans	Done
2 P/A	Round door knobs are difficult to grasp for people with physical impairments	Replace all remaining round doorknobs with lever or paddle handles as part of redevelopment plans	Done

3 P/A	Elevator handrails are too high for someone in a wheelchair	Lower elevator handrails as part of redevelopment plans	Done
4 P/A	Some light switches remain too high for a person in a wheelchair to reach.	Remaining areas will be corrected as part of the redevelopment plans	Done
5 P/A	Some remaining doors are heavy and difficult for someone in a wheelchair or physically impaired to open.	Replace or install automatic door opening devices as part of redevelopment plans.	Done
6 P/A	Hallways are not always kept clear of equipment or clutter for people using wheelchairs / scooters	Staff education, regular inspections and reminders about the hazards related to hallway clutter. Plan for additional equipment rooms and alcoves as part of the redevelopment plans	Done
7 P/A	Some remaining registration or reception desks and care stations are too high for wheelchair users	Reconfigure stations / desks for eye level contact between staff and people in wheelchairs as part of redevelopment plans.	Done
8 P/A	Hospital has hallways that do not have handrails for physically impaired	Identify areas of highest need and ensure redevelopment plans include handrails in required areas.	Done
9 P/A	Visitors entrance only has stairs, not wheelchair accessible	Eliminate all site access barriers through redevelopment plans	Done
10 P/A	Elevator call buttons are too high for someone in a wheelchair and not illuminated for the visually impaired	New and remaining elevator will be upgraded with the latest accessibility features as part of the redevelopment plans	Done
11 P/A	Cafeteria access is poorly designed. It is narrow, tucked around a column and limited to one two-way door near a ramp making it very difficult to see ahead.	New barrier free cafeteria is incorporated as part of redevelopment plans	Done
12 P/A	Doors are not wide enough for wheelchair	Replace as part of redevelopment plans	Done
13 T	Automated parking lot exit gates are confusing to visually or cognitively impaired clients: which coin slot to put money or tokens in	Recommend purchase of new simplified parking gate systems that have one slot for both tokens and money as part of redevelopment plans	Done

14 P/A	<p>Challenge of remaining accessible during construction due to redevelopment plan. Examples include traffic flows for Emergency patients (triage), outpatients, ambulances, deliveries, general public and the balance between accessibility, privacy, infection control and other risk management concerns.</p>	<p>Consultation between design team, users and Accessibility Working Group throughout the planning and implementation of the redevelopment plans</p>	<p>Completed</p>
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5.3 Barriers Identified

#	Description of Barrier	Strategy for Removal / Prevention	Status
1.	Many forms, newsletters, brochures and records are only available in print, therefore not accessible to patients who are blind or visually impaired or those who have learning disabilities	Communication Consultant and Corporate Administration Assistant to attend David Berman Workshop on standard for	Training attended. Standard to meet AODA standard for forms under review
2.	Present Hospital Website doesn't meet the AODA standard.	Update Website to meet AODA standards.	Website presently under review and construction
3.	Flooring threshold near Staff Entrance is uneven and presents a tripping hazard and a barrier for persons with mobility issues or using an assistive device A similar issue occurs in Med/Surg	Replace current thresholds in both identified areas with ones that will address the stated issues and will provide a smooth, safe surface	Ongoing
4.	Some washrooms designated as accessible lack automated door opening devices	Install automated door opening devices at all accessible restrooms	Ongoing
5.	Cafeteria exit to outdoors through double doors presents challenges for individuals with mobility issues and especially if those individuals are carrying food items or a tray from the cafeteria	Install automated door opening device to allow for access to outdoors if carrying food items	Completed
6.	Identifying areas of the parking lot that require repaving or leveling. This includes better walkway access	Consultation with contractors to take place when weather is permitting work to be completed	Ongoing
7.	Lighting not adequate throughout the hospital	WDMH has installed new LED lighting throughout the entire hospital. Additionally upgraded the walkway light at the main entrance, emergency entrance and courtyards.	Completed
8.	Scent and Latex Free Environment	WDMH has an Ongoing policy to address and communicate that we are a scent and latex free environment.	Ongoing
9.	Vending Machines	New Vending machines have been purchased to comply with AODA Standards	Ongoing

10	Parking System	New Parking system has been deployed for staff, visitors and patients. It complies with AODA standards and allows for multiple languages, or voice annunciation	Completed
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6.0 REVIEW AND MONITORING PROCESS

The establishment of a review, monitoring and evaluation process is an important part of accessibility planning and compliance.

The Accessibility Task Group (ATG), with Senior Management, will assume responsibility for the monitoring and evaluation of the current plan and the development of future annual plans.

The ATG will:

- Meet quarterly to review progress towards the goals and targets as outlined in this multi-year accessibility plan.
- Add and prioritize any new barriers.
- Ensure the plan is endorsed by Senior Leadership Team. See Appendix D
- Review and Update the plan as per the AODA regulation O. Reg. 191/11, s. 4 (1).

7.0 COMMUNICATION STRATEGY

7.1 Objective

- To communicate WDMH's Accessibility Plan as required by the Ontarians with Disability Act.
- To share and acknowledge the hospitals progress towards improving access for people with disabilities.
- To continue to raise awareness for hospital staff, physicians, volunteers and contracted services regarding the challenges faced by people with all types of disabilities.(e.g. training)
- The plan will be posted on the WDMH website and available in alternate formats upon request.

SAMPLE A

Notification of Disruptions in Service

Dear Guests,

Our accessible washroom is out of service due to a broken pipe. A repair person will be on the premises tomorrow to fix it. In the interim, we have made arrangements for our guests to use the accessible washroom at 123 Main Street, which is located next door to our premises. We apologize for any inconvenience.

Thank you.

Management

Sample B: Documents for Obtaining Feedback

Customer Feedback Form

Thank you for visiting **Winchester District Memorial Hospital**. We value all of our customers and strive to meet everyone's needs.

Please tell us the date and time of your visit:

Did we respond to your customer service needs today? ☐ YES ☐ NO

Was our customer service provided to you in an accessible manner?
☐ YES ☐ SOMEWHAT ☐ NO (please explain below)

Did you have any problems accessing our goods and services?
☐ YES (please explain below) ☐ SOMEWHAT (please explain below) ☐ NO

Please add any other comments you may have:

Contact information (optional)*:

Thank you.

Management

***Please note:** There may be privacy implications for organizations collecting personal information. Providers should seek their own legal advice regarding the privacy implications of collecting personal information in this manner.

APPENDIX A: ALTERNATE FORMATS

The accessibility plan document can be made available upon request in the following formats:

- Large print
- Audiocassette
- Braille
- CD-ROM
- E-mail
- DVD
- Electronic text on diskette

APPENDIX B: SENIOR MANAGEMENT APPROVAL

Winchester District Memorial Hospital's Accessibility Plan has been reviewed and approved by the Senior Management Team in accordance with the plan's review and monitoring process.

Approval Date for ATG	Approval Date for SLT	Senior Management Team Representative