



The Ottawa
Hospital | L'Hôpital
d'Ottawa



Accessibility Plan

April 1, 2008 – March 31, 2010

for

**The Ottawa Hospital
The University of Ottawa Heart Institute
The Ottawa Health Research Institute**

This publication is available on the following Web sites

www.ottawahospital.on.ca

www.ottawaheart.ca

www.ohri.ca

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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 most recently by the Accessibility Standard for Customer Service, Ontario Regulation 429/07. This Standard came into force on January 1, 2008. 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 13th, 2005, to require the provincial government to work with the public and private sectors and the disabled community to jointly 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The preceding *Ontarians with Disabilities Act*, (ODA 2001) however remains in force until repealed.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 to their full participation in the life of the province." This Act mandated hospitals and other identified public sector organizations to write, approve, endorse, submit, publish and communicate their accessibility plans. This is TOH and partners' 4th annual Accessibility Plan and covers the period from April 1, 2008 to March 31, 2010.

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, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.¹

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

¹ A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, <http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf>, p. 8

² Idem, p. 8

A summary of the outcomes of the 2006/08 Plan can be found in the attached document entitled “Annual Accessibility Plan 2006/08 Results”. As can be seen from this summary, the organizations met all their targets and indeed surpassed them in many areas.

The ultimate goal for our organizations is that we will integrate accessibility planning into budget and other strategic and operational planning cycles.

The Customer Service standard requirements that apply to all providers are as follows:

1. Establish policies, practices and procedures on providing goods or services to people with disabilities.
2. 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 measure your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.
3. 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.
4. Communicate with a person with a disability in a manner that takes into account his or her disability.
5. 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.
6. 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.
7. 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, 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.
8. 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.
9. 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.
10. Provide notice when facilities, good or services used by people with disabilities are temporarily disrupted.

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.³

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

12. Document in writing all your policies, practices and procedures that govern 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.⁴

In addition, TOH as a designated public sector organization has the obligation to record all training including the dates on which the training is provided and the number of individuals to whom it is provided.

1.2 Implementation Approach

The Ottawa Hospital (TOH), the University of Ottawa Heart Institute (UOHI) and the Ottawa Health Research Institute (OHRI) formed The Accessibility Committee (TAC) in 2002 and are committed to the philosophy of the AODA and ODA and to fulfilling the obligations under the Acts. The members of The Accessibility Committee have developed well-defined collaborative working relationships, and they have agreed to submit a joint plan, as permitted under the ODA.

This is the fourth joint Accessibility Plan developed by TAC. It delineates the measures that TAC will take during the next 24 months to identify, remove and prevent barriers to people with disabilities, who live, work in or use the facilities and services of TAC. These include patients and their family members, staff, health care practitioners, volunteers and members of the community. Annual plans allow our organizations to integrate accessibility planning into other planning cycles.

The three member organizations followed similar methodologies and processes to obtain the required information for the plan. In this report, results and recommendations that are specific to an individual organization will be identified separately where appropriate.

TAC utilized an eight-step procedure in preparing their Accessibility Plan:

1. Establish an accessibility planning committee.

³ Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07, pp 12 - 13

⁴ Ibid, Pg. 13.

2. Commit to accessibility planning.
3. Review and report on recent initiatives and successes in identifying, removing and preventing barriers to persons with disabilities within the member organizations.
4. Identify (list/categorize) barriers that may be addressed in the coming year.
5. Set priorities and develop strategies to address barrier removal and prevention.
6. Specify how and when progress is to be monitored.
7. Write, approve, endorse, submit, publish and communicate the plan to the public.
8. Review and monitor the plan.

1.3 Progress and Recommendations

There was a great deal of progress made in 2006/08 in addressing many barriers throughout the organizations. Please see Appendix 1 entitled “**Annual Accessibility Plan 2006/08 Results**” for a review of the barriers that were identified in the last plan, the expected outcome by year end towards removing the barriers, the strategic initiatives and the results that were realized.

TAC’s plans will continue to focus on three main areas:

- 1) The continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, physicians, volunteers and members of the community with disabilities
- 2) The participation of persons with disabilities in the development and review of its Plans
- 3) The provision of quality services to all patients and their family members and members of the community with disabilities

The fundamental foundation for ensuring the development of an accessible environment is the development of a culture that supports barrier-free access to care and services and the establishment of corporate policies and multi-year strategies that set and maintain clear expectations and resources for barrier identification and removal.

As barriers are identified they will be prioritized into a multi year planning framework. Improvements to facilities will be made where technically feasible and fiscally practical. All new capital construction and renovation projects in the planning stage or currently underway will reflect TAC’s commitment to the removal of current barriers and the prevention of future barriers.

Again, TAC plans to formalize the policy and procedure for barrier identification, removal and accountability as well as develop criteria for barrier removal. Barriers are ranked as follows:

Item	Ranking
Impact on safety of patients /staff	3
Violation of code or regulation	3
Large scope of effect (high volume, high risk, may be applicable to all sites)	3
Low cost	2
High feasibility of implementation	2
Positive impact on patient/staff satisfaction	2

In addition, all prioritized barriers must be consistent with the mission, vision, values and strategic direction of TAC.

In the last few years, there has been an emphasis on improving accessibility for people from the Deaf, deafened and hard of hearing and the visually impaired populations. Work started on these initiatives will continue, including the ongoing action of the Hearing Access Committee and the Committee on Access for the Visually Impaired.

Barrier reduction will be addressed through one of 2 means:

- 1) During the routine course of hospital business at either no cost or low cost activity; or
- 2) Via other annual hospital plans such as capital planning, facility renewal, redevelopment or renovation.

2.0 Aim

This Plan describes the measures that TAC will take during the fiscal years 2008/09, 2009/10 to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of these facilities including patients and their family members, staff, health care practitioners, volunteers and members of the community.

2.1 Objectives

This Plan:

1. Describes the process by which TAC will identify, remove and prevent barriers to people with disabilities.
2. Lists the by-laws, policies, programs, practices and services that TAC will review in the coming year to identify barriers to people with disabilities.
3. Describes the measures that TAC will take in the coming year to identify, remove and prevent barriers to people with disabilities.
4. Describes how TAC will make this Accessibility Plan available to the public.

3.0 Plan Participants

3.1 The Ottawa Hospital⁵

The Ottawa Hospital is a 1,060-bed academic health sciences centre, affiliated with the University of Ottawa. Its services are concentrated at the Civic, General and Riverside campuses as well as two regional cancer centres and a specialized Rehabilitation Centre.

The Ottawa Hospital is one of the largest teaching hospitals in Canada and one of the Ottawa area's largest employers. It provides comprehensive, high quality, patient-focused health care services, in English and French, to over 1.5 million residents of Eastern Ontario, and specialized and complex services for residents of Northeastern Ontario.

The Ottawa Hospital is governed by a voluntary Board of Governors including representatives from the University of Ottawa and many sectors of the community.

Vision

The Ottawa Hospital will be nationally recognized as the Academic Health Sciences Centre of choice.

Mission

The Ottawa Hospital is a compassionate provider of patient-centred health services with an emphasis on tertiary-level and specialty care, primarily for residents of Eastern Ontario.

The Ottawa Hospital provides a wide variety of educational opportunities across all health care disciplines in partnership with the University of Ottawa and other affiliated universities, community colleges and training organizations.

The Ottawa Hospital develops, shares and applies new knowledge and technology in the delivery of patient care through nationally and internationally recognized research programs in partnership with the Ottawa Health Research Institute.

The Ottawa Hospital plays an active role in promoting and improving health within our community. The Ottawa Hospital collaborates with a wide range of partners to address the needs of the community and to build a strong, integrated system for regional health care delivery.

The Ottawa Hospital functions in English and French while striving to meet the needs of the culturally diverse community we serve.

⁵ TOH Web site, www.ottawahospital.on.ca

3.2 The University of Ottawa Heart Institute⁶

Mission

The University of Ottawa Heart Institute is Canada's largest and foremost cardiovascular health centre dedicated to understanding, treating and preventing heart disease.

By combining the practice, science and teaching of cardiovascular medicine, we apply the latest insights, newest technology and most advanced expertise to deliver outstanding patient care, train the best cardiac specialists, coach allied health institutions in cardiac best practices, and pursue breakthrough research.

We serve the local, national and international community through cross-disciplinary cardiac caring, teaching and discovering, while placing the highest priority on the improved detection, management and prevention of cardiovascular disease.

We shape Canadian and global health care practices and standards by rethinking how cardiac care is administered, by developing and proving new therapies, and by putting proven treatment and prevention methods into wider use. We consider the human and economic toll of cardiovascular disease in shaping public and economic health policy, education and research.

Vision

The University of Ottawa Heart Institute strives to revolutionize our understanding and treatment of heart disease, and to play a leading role in eradicating it altogether.

Cardiovascular disease is a leading cause of death in Canada and around the world. While survival rates are gradually increasing, the effects of heart disease and the need for long-term medical treatment diminish the quality of life for many people. We aim to develop effective, efficient and lasting heart disease management strategies.

We are at the forefront of modern cardiovascular science and medicine to understand better the causes of heart disease, including population risk factors, genetic predisposition and lifestyle. When heart disease is no longer considered an inevitable consequence of genetics or aging, it is ultimately preventable.

We seek to make a lasting contribution by developing new knowledge and translating discoveries into advanced treatment, detection and prevention of heart disease.

3.3 The Ottawa Health Research Institute⁷

The Ottawa Health Research Institute (OHRI) is the research arm of The Ottawa Hospital, and a major part of the University of Ottawa Faculties of Medicine and

⁶ HI Web site <http://www.ottawaheart.ca/UOHI/Mission.do>

⁷ OHRI Web site, www.ohri.ca

Health Science. It is one of the largest hospital-based research institutes in North America.

Formed on April 1, 2001 by the merger of the Loeb Health Research Institute and The Ottawa Hospital Research Institute, the OHRI is a multi-campus facility. OHRI scientists are at work on an enormous array of questions in the fields of cancer therapeutics; clinical epidemiology; diseases of aging; hormones, growth, and development; molecular medicine; neuroscience, and vision.

The OHRI's mandate is to advance our knowledge of health and disease on multiple fronts, from increasing our understanding of what is happening at the molecular and cellular level in complex disease states, to elucidating best practices in the delivery of health care.

4.0 The Accessibility Planning Working Group

Dr. Jack Kitts, the President and CEO of TOH, in consultation with Senior Management and the Boards of Directors of TRC, OHRI and HI, formally constituted the Accessibility Planning Committee in November 2002. Dr. Kitts appointed Ms. Cathy Danbrook, previous Vice-President of Clinical Programs at TOH to chair the Committee.⁸ The current chair is Mr. Cameron Love, VP, Planning, Support Services and Clinical Programs.

4.1 Terms of Reference

Purpose:

To oversee the development, review, implementation and evaluation of the organizations' Accessibility Plan

Functions:

1. The Committee will have an understanding of the organizations' facilities, by-laws, legislation, policies, programs, practices and services
2. The Committee will have an understanding of the barriers to access issues for people with disabilities
3. The Committee will:
 - a) Review recent initiatives and successes in identifying, removing and preventing barriers.
 - b) Identify (list or categorize) barriers that may be addressed in the coming year.
 - c) Set priorities and develop strategies to address barrier removal and prevention.

⁸ See Appendix #2 for Committee membership

- d) Specify how and when progress is to be monitored.
- e) Write, approve (seek board approval), endorse, submit, publish and communicate the plan.
- f) Review and monitor the plan.

Membership:

Representation from:

- Senior management
- Facilities management
- Key service areas
- Information technology
- Communications
- Staff with personal or professional knowledge of disability issues (rehabilitation, geriatrics)
- HR policy staff

Input from:

- Campus specific Staff and Volunteers work groups as required
- Community members with disabilities
- Accessibility Advisory Committee

Meeting frequency: Bi-monthly

Reporting Relationship: To the Senior Management Team of TOH.

5.0 Commitment to Accessibility Planning

TAC is committed to:

- 1) The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;
- 2) The participation of people with disabilities in the development and review of its accessibility plans;
- 3) Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and

The Accessibility Committee is authorized to prepare an Accessibility Plan that will enable the organizations to meet these commitments.

6.0 Barrier Identification Methodologies

6.1 Community Consultation

TAC receives input from the Hearing Access Committee (See Appendix 3) and the Visual Impairment Committee (see Appendix 4). Both committees include community representatives and provide an opportunity to consult with various community stakeholders.

6.2 OHA Report Card

An additional opportunity to identify barriers and monitor our progress in addressing them is through the feedback mechanisms of the Ontario Hospital Association Hospital Report Card process. The Ottawa Hospital has added two questions related to barrier identification for persons with disabilities to the questionnaire that is sent to all discharged patients. Results are made available to hospitals on a retrospective basis. Responses over time will allow us to measure the impact of our activity. The two questions, which were included, are:

1. If you have a disability, did the facility accommodate your special needs?
 yes always yes sometimes no do not have a disability
2. How would you rate the treatment of persons with disabilities at this facility?
 poor fair good very good excellent don't know

7.0 Barriers that will be addressed in 2008 – 2010

Our accessibility planning is laid out in the Table below and will focus on 3 main areas.

1. The continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, physicians, volunteers and members of the community with disabilities. Physical renewal will remain a priority over the next 5 years, as TOH continues to focus on improvements relative to automatic doors, accessible parking, curb cuts, accessible public washrooms, doorways, stalls, sink levels, way-finding, pay booth accessibility, safety for people with visually impairments and people who are deaf, deafened and hard of hearing.
2. The participation of persons with disabilities in the development and review of its accessibility plans
3. The provision of quality services to all patients and their family members and members of the community with disabilities

A fundamental framework for ensuring the development of an accessible environment is the development of a culture that supports barrier-free access to care and services and the establishment of corporate policies and multi-year strategies that set and maintain clear expectations and resources for barrier identification and removal. Table #1 includes references to the accessibility standards, which can be found in section 10 of the document.

Table 1: 2008-2010 Accessibility Improvement Plan

I) Barriers to be Addressed at No Cost or Low Cost						
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility
1.0 Attitudinal – staff lack knowledge and sensitivity about disabilities. All sites Addresses standards 1- 8, 10- 14. (please note that standard number 9, regarding admission fees for support persons is not applicable)	1a) Disability awareness will be increased. Staff, physicians and volunteers will better understand the challenges faced by persons with disabilities and how to interact with them.	Accessibility Guide will be distributed as specified by HR and will be posted on InfoNet in the section dedicated to Disabilities Awareness.	Disabilities Awareness section on InfoNet.	Communications budget	Awareness sessions are ongoing.	Human Resources and Corporate Communications
	1b) Visual Access Committee and Hearing Access Committee will continue to work on issues identified.	Committees will action issues relating to vision and hearing.	The committees will draw membership from appropriate areas of the hospital and invite public members as required.	Operating budgets	Ongoing	Chairs of the committees appointed by the Chair of The Accessibility Committee
	1c) Health care workers will know which patients have a disability and will take the necessary measures to respond to their needs.	A process will be established whereby people with disabilities have an opportunity to self-identify followed by notification of their disability in the patient's chart in order to facilitate their care.	The process is confirmed and the most appropriate persons are trained to help people with disabilities self-identify. Health care workers are aware of the person's disabilities via notification on their chart.	Notification labels for charts to be available via Inventory	2010	To be determined
	1d) The Accessibility Plan will be communicated to all stakeholders and progress that the	Communications strategy will continue to be followed and shared.	All stakeholders will be well informed of the importance of the plan and the progress achieved.	Communications operating budget	Communications activities will take place throughout the 2008-2010	TOH Director of Corporate Communications

I) Barriers to be Addressed at No Cost or Low Cost						
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility
	Group is making to improve access for people with disabilities will be shared.		Calendar of activities that will focus on raising the level of awareness and sensitivity to people with disabilities.		calendar years.	
2.0 Communicational and Informational – Persons with a visual or hearing impairment have limited access to information available to the general population. Addresses standards 4, 10-14.	Patients and staff with a visual or hearing impairment will be able to access information through improved written material or conversion of current material into an appropriate form to meet their needs.	2a) A multiple formats policy will be developed.	Policy will outline corporate standards for communicating with people with a disability.	IT budget	2010	TOH Director of Corporate Communications and Director, IT
		2b) A partnership agreement with CNIB to provide information in alternate formats will be sought.	Persons with a visual impairment will have access to information in a format that is suitable to them.	Operating budgets	2010	TOH Director of Corporate Communications
		2c) The IT department and Project Lead for the Web site will continue to implement practices that will make the Web site and Intranet (also referred to as InfoNet) easily accessible to persons with a visual impairment.	Web site and Intranet are updated to meet the standards established by the ODA.	IT and Media Relations as part of the operational budget	2009	Director of Media Relations and Director, IT
		2d) The list of assistive devices available to people with a visual or a hearing impairment will be posted on the hospital's Web site and shared with them at time of admission when situation known.	Information is posted on the web site and persons with a visual or hearing impairment will access the devices as needed.	Media Relations and Community Engagement	2008	Director of Media Relations
		2e) Feedback from	Further identification of	Accessibility	2010	Accessibility

I) Barriers to be Addressed at No Cost or Low Cost						
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility
		people with disabilities regarding the level of access provided to them and the barriers observed during their visit/stay will be obtained.	barriers by persons with disabilities leading to further improvements to meet their needs.	Planning Working Group		Planning Working Group
3.0 Informational Information provided to patients with a visual, hearing or cognitive impairment and their families is difficult to understand. Wayfinding and signage requires improvement. Addresses standards 1, 3, 4, 5, 6, 10, 14	Patients and their families will understand the information provided to them and will, as a result, become active participants in their care. Wayfinding and signage will meet the needs of our patient population and staff	3a) Plain language workshops will continue to be provided to all staff responsible to develop patient education material.	People with disabilities will have a better understanding of their care plan.	Learning and Development.	Ongoing	Organizational Development – Human Resources
		3b) The Patient Education Task Force will reconvene to assess the quality of the patient education material, to implement a process that will ensure the quality of the material and to develop a tool kit to support those who develop the material.	Patient educators will develop patient education material that is consistent and easy to understand.	Patient Education Task Force	Committee reconvened in 2008. Tool kit by end of 2010.	Director of Corporate Communications
	3c) The wayfinding and signage will be reviewed and priority areas for upgrades will be identified and rectified	Evaluation tool will be developed which will assess the effectiveness of the present signage/wayfinding on site. Rectification will occur in defined areas in collaboration with appropriate committees/agencies both internal and external i.e. CNIB, DPCR, Council	Small task force consisting of working group members appropriate TOH staff and representatives from noted agencies	Tool development – March 2009 Evaluation – December 2009	Co-coordinator Wayfinding and Space Occupancy	

I) Barriers to be Addressed at No Cost or Low Cost						
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility
			of Aging.			
4.0 Communicational and Informational– Persons with visual and other disabilities are hindered from utilizing current modes of communication, such as the Internet and Intranet. All sites Addresses standards 1, 2, 3, 4, 5, 6, 10, 11-14.	4a) To improve access for people with visual disabilities.	The IT and Communications departments will investigate alternative solutions for accessing print medium	The intranet and internet will be adapted for people with visual impairments with special Braille displays and/or embossers, as required.	Requirements for these projects will be identified throughout 08/10 for allocation of funds as available	March 2008	Director, IT Director, Corporate Communications
	4b) To improve access to the Intranet and Web site for persons with disabilities	The IT department will investigate alternative modes of access for the Web site and intranet The Web. An Intranet Steering Committee has been made aware of accessibility issues and will include initiatives to improve accessibility in its multi-year plans.	Persons with disabilities will be able to access the Web site and intranet with application software to access key information.	Requirements for these projects will be identified throughout 08/10 for allocation of funds as available	March 2008	Director, Corporate Communications, Director, IT
	4c) Patients and staff will be able to find information on assistive listening technology available to them at TOH on the Web site	Add and update assistive device information on TOH Web site	The IS and IT departments will consult with stakeholders and identify specific requirements for all projects, application enhancements and hardware implementation. When specifically consulted by various hospital departments regarding accessibility issues, every attempt will be made to meet the needs of the requesting department. This may consist of procuring			March 2010

I) Barriers to be Addressed at No Cost or Low Cost						
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility
			<p>special equipment or programs for computer needs, re-arranging computer workstations and ensuring that all hospital information kiosks are wheelchair accessible.</p> <p>Information will be added to the patient sections of the Web site to indicate which assistive listening and alerting devices are available to them at TOH, and how to access them.</p>			
	4d) To improve access in the auditoriums for persons who are deaf, deafened and hard of hearing	Install Easy Listening Hearing Kit audio systems in the major auditoriums at the Civic, General and Riverside campuses	Hearing systems installed and functional in the auditoriums.	\$ 4,073.60 per auditorium (3 required)	March 2009	Director, IT
	4e) To identify gaps in the availability of assistive listening and alerting devices for the Deaf / hard of hearing, and formulate a plan to address the highest priority needs.	Perform an audit of current equipment availability, ensure the equipment is working, and identify needs.	Development of a plan to address gaps and action the highest priority needs.	Requirements will be identified in 08/09, and application for funding made for 09/10	March 2010	Chief, Audiology Director, IT

II) Barriers to be Addressed via other Existing Plans						
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility
5.0 Physical – Accessibility, to many washrooms, drinking fountains and reception areas is poor Parking Lots, Sidewalks and Entrances lack Accessibility Many doorknobs are too hard to manipulate, and doors too heavy to open Addresses standards 3, 10,	5a) Ensure there are accessible washrooms throughout the organizations and that reception areas and drinking fountains are wheelchair accessible.	Renovate, remodel and reconfigure prioritized non-accessible washrooms and build accessible ones where none currently exist. Renovate reception areas to become more wheelchair-user friendly	Accessibility audit of each campus to be completed. Results to be prioritized.	Operational budgets	By 2010	Director Planning and Development
	5b) To improve exterior accessibility to facilities	<p>Incorporate accessibility requirements identified in the facilities audit into The Group's annual maintenance and/or capital planning</p> <p>Repair concrete curbs, repave parking surfaces and roadway, increase light levels and accessible parking spaces and install ramps where required</p> <p>For all capital projects from now on, wheelchair accessible washrooms, doors, and reception desks, lever handle hardware and new signage incorporated in the design. That will be easier for people with visual impairments to read.</p>	All campus renovations will conform to basic accessibility guidelines. Repair existing facilities as required and prioritized by audits. Create additional new parking lot with accessible parking spots with enhanced level of lighting and depressed curbs as part of General Campus critical care addition and ongoing maintenance.	TOH Capital Projects	2008-2010	Director Planning and Development
	5c) Improve physical access throughout the organizations	5c) Facilitate identification of opportunities to address barriers through	Minor equipment template will be updated and requests prioritized based	TOH Capital Projects	2010	Director, Engineering and Operations

II) Barriers to be Addressed via other Existing Plans						
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility
		modification of minor equipment and renovation template for management staff that clearly identifies barrier removal as criteria	on need			
		5d) Replace doorknobs with levered handles and Install automatic door openers	Installation of levers in all newly renovated areas in all campuses and automatic door openers in all high-traffic areas	as per TOH Capital and renovation Plan \$3,000 annually identified in the Rehabilitation Centre capital development plan	By fiscal year end 2010	Director, Engineering and Operations
6.0 Informational – Wayfinding and signage requires improvement. The Web site and Intranet are difficult to access for those with disabilities. Print material is often also not accessible. All sites Addresses standards 1, 2, 3, 4, 11-14	6a) To improve the signage and wayfinding throughout the organizations	Developed standards for signage and wayfinding that are appropriate to accommodate persons with disabilities will be strategically placed throughout the facility. The location and positioning of all signage, based on the availability of wall space, etc. will take into consideration people with visual impairments and disabilities.	Braille will be added, where possible, in conjunction with other forms of signage communication systems; i.e. FM Systems, Audio Systems, GPS Systems, Infra-red Systems. Without these additional communication vehicles, a person with a visual impairment would have no way to establish the positioning of a Braille sign to read. Implementation of Wayfinding at General Campus	Capital redevelopment fund	2010	Director, Capital Projects

8.0 Review and Monitoring Process

Accessibility planning is an important means of improving both the safety and quality of service delivery to the populations we serve, of attracting and retaining employees, and of increasing efficiency of our operations.

The Accessibility Committee, through the office of the Vice-President, Planning, Support Services and Clinical Programs at The Ottawa Hospital, will assume responsibility for the monitoring and evaluation of current plans and for the development of subsequent annual plans. Specifically, TAC will:

- Evaluate the previous year's results against the identified targets
- Ensure the inventory of new barriers is updated and prioritized
- Ensure implementation strategies are identified and carried out
- Ensure the plans are endorsed by Senior Management and that funds are allocated appropriately

TAC will liaise directly with programs and departments to achieve these objectives.

Through the annual budget process, departments will identify and submit applicable budgeting requirements as required for program, service or project strategies identified for barrier identification, prevention or removal. Progress reports will be received from departments charged with specific implementation activities and reviewed by TAC.

TAC will provide updates to Senior Management on an annual basis. Progress reports will be prepared and circulated on the Hospital web site for use by internal and external stakeholders.

9.0 Communication Strategy

9.1 Objectives

- To publicly communicate TOH's Accessibility Plan as required by the Ontarians with Disabilities Act.
- To share the progress the hospital is making to improve access for people with disabilities.
- To continue raising staff's, physicians' and volunteers' awareness regarding the challenges faced by people with all types of disabilities.
- To solicit support from various stakeholders to facilitate the implementation of the barrier-free environment.

9.2 Theme and Key messages

Theme

TAC has responded to the Ontario Disabilities Act by developing its fourth Accessibility Plan. The identification and removal of barriers, be they attitudinal,

physical, architectural, informational, communicational, technological, a policy or a practice is the first step in the journey of making the facilities to be more accessible to staff, its patients and the community-at-large. Accessibility for all our stakeholders is an integral part of our vision, to be nationally recognized as the academic health sciences of choice, and our values of compassion, respect for the individual, working together and commitment to quality.

Key Messages

- TAC has been mandated, by the Ontario Government, through the *Ontarians with Disabilities Act*, to prepare accessibility plans in consultation with people with disabilities and others, and make them public.
- An Accessibility Committee has been created to identify and coordinate the removal of barriers and develop the Accessibility Plan.
- Accessibility plans will allow our organization to integrate accessibility planning into other planning cycles.
- The large amount of renovation and redevelopment over the past 6 years, after the merger, has permitted a significant number of upgrades and improvements.
- This year, TAC committed themselves to the continual improvement of access to hospital facilities, policies, programs, practices and services for people with disabilities.
- The removal of barriers means that:
 - services, policies and procedures will meet the needs of more people
 - all people, including the elderly will be better served
 - more people will have access to information resources
- The 2008-2010 Plan was developed in collaboration with consumer groups and reports on the progress made in 2006-2008 and identifies goals for 2008-2010 that are realistic and part of the operational planning.

9.3 Target Audiences

External

- Patients and their families
- Visitors
- Community Advisory Committee
- Community-at-large
- Disabled community groups, coalitions and associations that advocate for persons with disabilities
- Public sector facilities in Ottawa required to submit plans (hospitals, schools, municipalities, etc.)
- Media

Internal

- Staff
- Physicians
- Residents and students
- Volunteers
- Governance Boards and committees

9.4 Communication Tactics

Internal and External Audiences

- PowerPoint presentation of the Plan to the Board of Governors, Community Advisory Committee, Directors and Managers and other health care partners as appropriate
- Posters designed and installed where planned renovations to remove barriers are taking place to further promote The Group's commitment to create a barrier-free environment
- Post Plan on the Internet and Intranet
- Distribution of the Plan to the Libraries and regional partners

Internal Audiences

- CEO Letter congratulating the Accessibility Working Group on the approval of the 2008-2010 Accessibility Plan and on the progress to date.
- Special coverage in TOH Journal and the Messenger, the Stethoscope and other internal publications as appropriate.
- A "*People With Disabilities Awareness Week*" (to coincide with International Day of the Disabled – December)
- Article series in the Journal and the Messenger, each addressing one of the identified barrier types – to be also posted on the Intranet
- E-mail address for staff who wish to report barriers
- Semi-annual Updates in the Journal, the Messenger and other internal newsletters as deemed appropriate

External Audiences

- News Release announcing the approval of the Plan
- Send success stories of people living with disabilities to the media targeting special interests publications as well as community newspapers
- Media event at the time of the International Day of the Disabled (December)

10. 0 Compliance with Customer Service Standards

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
1. Establish policies, practices and procedures on providing goods or services to people with disabilities.	Accomplished as laid out in the mission statements of the Hospital and partners.	Ongoing.
2. 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 measure your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.	This standard is met for the most part except in certain circumstances where there may be interference with medical monitoring equipment, e.g. heart monitors and cell phones. The Accessibility Guide : Tips on interacting with people with disabilities was created in Aug. 2007 and is available in hard copy, on the intranet. This helps to sensitize staff.	A policy directly stating that persons with a disability (PWD), need and use personal devices to access, and benefit from our services must be developed and publicized throughout TOH by 2010.
3. 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.	Accessibility awareness is improving throughout - all new employees receive 30 minutes of disability awareness education during orientation. In addition all new managers receive one-hour sessions during their orientation from the Disability Awareness Coordinator.	Education is ongoing.
4. Communicate with a person with a disability in a manner that takes into account his or her disability.	Accessibility Guide developed and distributed widely.	Education is ongoing. Alternative formats for information to give to PWD must be developed in all areas where required.
5. 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.	As described above, orientation and accessibility guide.	Education is ongoing.
6. Train staff, volunteers, contractors and any other	As described above, orientation and accessibility	Education is ongoing.

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
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.	guide.	
7. 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, 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.	100% compliance and formalized in writing.	Achieved.
8. 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.	100% compliance	Achieved
9. 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.	Not applicable to our sector.	N/A

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
10. Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.	Education and orientation sessions on disability awareness are helping to ensure the organization is sensitized to persons with disabilities and their requirements.	Education is ongoing. Policies must be developed and followed to ensure that when usual plans are not operating, (e.g. elevators from the parking garages) then accessible alternatives exist and are well publicized and marked.
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. ⁹	TOH Web site is monitored daily and questions and feedback are acknowledged and forwarded to the required individuals, departments and services. NRC Picker surveys have included questions on accessibility. Departmental surveys and feedback forms are distributed widely and the information is shared appropriately.	Ongoing
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.	In the process of formally writing and compiling this information.	To be completed by 2010.
13. Notify customers that documents required under the customer service standard are available upon request.	This information is printed on the front page of the accessibility plan and as posted on the Web site.	Ongoing
14. When giving documents required under the customer service standard to a person with a disability, provide the information in a format	Orientation and education sessions on disability awareness and accessibility are improving these outcomes.	Ongoing

⁹ Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07, pp 12 - 13

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
that takes into account the person's disability. ¹⁰		

¹⁰ Ibid, p13.

Appendix #1 – Annual Accessibility Plan 2006/08 Results

Barrier reduction will be addressed through one of two means:

- 1) During the routine course of hospital business at either no cost or low cost activity; or
- 2) Via other existing hospital plans such as capital planning, facility renewal, redevelopment or renovation

1) Barriers to be Addressed at No Cost or Low Cost Activity							
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility	Status
1.0 Attitudinal – staff lack knowledge and sensitivity about disabilities. All sites	1) Disability awareness will be increased. Staff, physicians and volunteers will better understand the challenges faced by persons with disabilities and how to deal sensitively and how to accommodate patients, staff and volunteers with various types of disabilities	1a) Disability awareness and sensitivity workshops and information sessions and materials prepared/ distributed in an orientation handbook provided at Corporate Orientation for all new employees. As well, a module on disability awareness and prevention for all new managers will be included in the Management Orientation Program. This program will be offered to existing managers as well.	1a) Training will be offered in sessions, which will be well publicized as part of the employee calendar. As well, in-services will be arranged upon request for specific departments and services.	1a) Vice-President of Human Resources has allocated staff time from its operating budget for development of materials and training.	1a) Sessions to be offered monthly during the calendar year 2006-07 and 2007-08, and material available for distribution at Corporate Orientation and Management Orientation Programs.	1a) 1b) Human Resources – with the assistance of The Disability Awareness and Prevention Program at TRC	<p>An Accessibility Guide – Tips on interacting with people with disabilities was developed and published. A copy of the guide was sent to all managers and the guide is made available to all staff during the annual Disabilities Awareness Week. (see Appendix)</p> <p>Articles on hearing loss appeared in the May editions of the Journal in 2006 and 2007.</p> <p>Blue ear decals are now part of the hospital inventory and can be affixed to charts, to the patient's name above the bed and on the kardex to identify deaf, deafened and hard of hearing patients. Issues regarding patient privacy are being worked upon.</p>
		1b) Visual Access Committee will continue to work on issues identified	1b) Committee will action issues relating to vision	1b) The committee will draw membership from appropriate areas of the hospital and invite public members as	1b) 2008	1b) Chair of the committee appointed by the Chair of the Accessibility Committee.	Committee meets on an ad hoc basis when seeking feedback on issues pertaining to this area.

1) Barriers to be Addressed at No Cost or Low Cost Activity							
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility	Status
				required			
	2) The Accessibility Plan will be communicated to all stakeholders and progress that The Group is making to improve access for people with disabilities will be shared.	2) Communications strategy will continue to be followed.	2a) All stakeholders will be well informed of the importance of the plan and the progress achieved. 2b) Calendar of activities that will focus on raising the level of awareness and sensitivity to people with disabilities.	Communications operating budget	Communications activities will take place throughout the 2006-2008 calendar years.	TOH Director of Corporate Communications	The Accessibility Plan was posted on the hospital's website. It was sent to all members of the management team and was made available to staff during the annual Disabilities Awareness Week. A number of articles on the various services and activities related to disabilities at TOH have been published in the internal newsletter. (see Appendix)
2.0 Communicational – Persons with visual disabilities have limited access to information contained in written material. All Sites	1) Patients and staff will be able to access information either through improved written material or conversion of current material into an appropriate format for the visually impaired.	1) Committee on Access for the visually impaired will continue to work to identify barriers and develop strategies to improve access to information for the blind and visually impaired.	1a) Policy will outline corporate standards for written documentation as well as the use of alternate formats.	1a) Communications and printing operational budgets.	1) March 2007	1) Director of Communications and Director of Business Development.	1a) A policy has not yet been developed. However, Guidelines (see Appendix) have been developed and are shared with people responsible to write patient education material. Printing has been acting as a gatekeeper whenever possible and has contributed to raising the level of awareness regarding making written material accessible to people with disabilities. A Plain Language Workshop is now available to all those who develop patient education material.
			1b) Revision and adaptation of the current patient education material to meet the needs of the blind and visually impaired populations.	1b) Patient Education Task Force and Printing operational budgets.			1b) Discussions are underway to re-convene the Patient Education Task Force. The lack of a process to streamline, review and approve educational material for the

1) Barriers to be Addressed at No Cost or Low Cost Activity							
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility	Status
			1c) Availability of Braille and Audio when requested would need to be outsourced.	1c) To be determined.			patients was identified as an area of improvement in the 2007 Accreditation report. 1c) The establishment of a partnership with CNIB will be included in the 2008-2010 Accessibility Plan.
	2) Patients and staff will be able to access information on the Internet and Intranet sites.		2) Material for the Internet and Intranet will reflect the standards of the World Wide Web W3 Content Accessibility Guidelines.	2) TOH Webmaster Operational Budget	2) September 2008	2) Director, IT and Director of Media Relations and Community Engagement	Most of what has been done on the Website is in compliance with the W3C guidelines, such as: <input type="checkbox"/> Web site uses CSS (cascading style sheets) to ensure that all pages are laid out in the same manner <input type="checkbox"/> Background colour of all pages is white <input type="checkbox"/> Other colours (text) are Web colour safe (contrast requirements) <input type="checkbox"/> Image navigation (left side) appears in html as well as image <input type="checkbox"/> Primary font is Arial (deemed by CNIB to be the easiest to read) <input type="checkbox"/> We have Alternative text attributes for all images so that when an image is used, the content or description of the image will be read by a screen reader or will be seen if a person is using a text only browser <input type="checkbox"/> Site is designed using standard Web technologies and does not require special scripting languages or plug-in software to

1) Barriers to be Addressed at No Cost or Low Cost Activity							
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility	Status
							<input type="checkbox"/> navigate or use <input type="checkbox"/> The use of tables has been minimized <input type="checkbox"/> Text size can be changed through browser, we are looking into implementing change of text size on site but may be a lot of work (\$\$) to change on this site
3.0 Informational – Print material is often difficult to access for persons with disabilities and they cannot always understand information that is developed using corporate or medical terminology. All sites.	1a) Patients and staff will be able to access all required documentation, forms and handouts.	1a) The TOH Printing Department will review all its policies to ensure that they are complete and up to date and reflect the hospital's commitment to accessibility.	1a) Printing policies will reflect accessibility standards and commitment.	1a) Printing operational funds.	1a) March 2007	1a) Director of Printing (Business Development)	Please note that this item is closely linked to item #2 above. 1a) A multiple formats policy has not yet been developed. This will help Printing put in place the standards when requested to print patient educational material.
	1b) Material developed for patients and their families will reflect the principles of plain language in both text and format making it easier for patients to understand and take an active part in their care.	1b) A Patient Education Task Force will be reconvened and will assess patient education material and develop a tool kit that will include the principles of plain language.	1b) Tool kit for all those who develop educational material for patients and their families, including principles of plain language. Revision of patient education material that reflects the principles of plain language.	1b) Patient Education Task Force and operational budgets of those departments that develop patient educational material.	1b) December 2007 and as patient education materials require revision.	1b) Patient Education Task Force and educators, clinicians.	1b) The Patient Education Task Force has not yet been reconvened. However, a discussion group which is currently looking at reconvening the committee has agreed to apply for a grant through the Patient Safety Grants Program to support an initiative that will look at developing a process to ensure that the educational material is consistent, and easily understood by the patients and their families.
			1c) As directives are provided through multiple format policy, printing will seek options to ensure compliance.				3) Multiple formats policy not yet developed. Will be part of the 2008-2010 Accessibility Plan.

1) Barriers to be Addressed at No Cost or Low Cost Activity							
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility	Status
4.0 Communicational and Informational – Persons with visual and other disabilities are hindered from utilizing current modes of communication, such as the Internet and Intranet. All sites.	1) To improve access for the Blind community.	1) The IS/IT and Communications Departments will investigate alternative solutions for accessing print medium.	1) The intranet and internet will be adapted for visually impaired persons with special Braille displays and/or embossers, as required.	1) 2) Requirements for these projects will be identified throughout 06/07 for allocation of funds in 07/08.	1) March 2008	1) Director IT and Director of Communications	Please refer to item #2 above regarding the development of the Website and how it is made accessible.
	2) To improve access to the Intranet and website for persons with disabilities.	2) The IS/IT department will investigate alternative modes of access for the website and intranet. A Web and Intranet Advisory Steering Committees have been made aware of accessibility issues and will include initiatives to improve accessibility in its multi-year plans.	2) Persons with disabilities will be able to access the website and intranet with application software to access key information. The IS and IT departments will consult with stakeholders and identify specific requirements for all projects, application enhancements, and hardware implementation. When specifically consulted by various hospital departments regarding accessibility issues, every attempt will be made to meet the needs of the requesting department. This may consist of procuring special equipment or programs for computer workstations and ensuring that all hospital information kiosks are wheelchair accessible.		2) March 2008	2) Director IT	Occupational Health, Safety and Emergency Preparedness identify special needs and make the necessary arrangements with IT to accommodate staff with disabilities.
	3) To improve access in the auditoriums for persons who are	3) Install Easy Listening Hearing Kit audio systems in the major auditoriums at the Civic,	3) Hearing systems installed and functional in auditoriums.		3) \$4,073.60	3) March 2008	3) Director IT

1) Barriers to be Addressed at No Cost or Low Cost Activity							
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility	Status
	deaf, deafened and hard of hearing.	General and Riverside campuses.					equipment. JP Nault to complete

2) Barriers to be addressed via other existing plans							
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility	Status
1.0 Physical – many barriers to washroom accessibility, drinking fountains and wheelchair friendly reception areas. All Sites	Ensure there are accessible washrooms throughout the organizations and that reception areas and drinking fountains are wheelchair accessible.	1&2) Renovate, remodel and reconfigure prioritized non-accessible washrooms and build accessible ones where none currently exist. Renovate reception areas to become more wheelchair-friendly.	1) TRC- Redesign of Ward C and of the Occupational Therapy Reception area	1) TRC – Capital Development plan for new ABI unit	1) 2006	Director Capital Projects	1)TRC ward C renovation was completed and conforms to accessibility requirements.
			2) General Campus- Critical Care addition, E. Ont. Regional Labs, 74 bed wards, Level 5, Stem Cell, Cancer assessment centres and radiology recovery areas	2) TOH Capital Projects	2) 2006-2007	Director Capital Projects	2) General Campus- Critical Care addition, E. Ont. Regional Labs, 74 bed wards, Level 5, Stem Cell, Cancer assessment centres and radiology recovery areas all renovated and conform to requirements.
		3&4) Incorporate accessibility requirements identified in the facilities audit into the group's annual maintenance and/or capital planning	3) Renovations to H4 inpatient unit – shower rooms will be wheelchair accessible	3&4) TOH facility renewal plan	3&4) 2006-07	Director Facilities	3) Renovations to H4 inpatient unit – shower rooms completed
		5) Facilitate identification of opportunities to address barriers through	4) Renovate main entrance doors and public washrooms to make them accessible in the following areas: <ul style="list-style-type: none"> • G1 – Nuclear Medicine • P2 Parking • D5 – Vascular/ENT • D7 – CTU Medicine • Family Medicine • Emergency – Phase 5 & 6 • FMain – Ortho Clinic • D2 – General Surgery, E2 – NOA • E7 – AMA 	5) \$60,000 annually	5) 2006 and 2007	Director	4) Renovated main entrance doors and public washrooms are now accessible in the following areas: <ul style="list-style-type: none"> • G1 – Nuclear Medicine • P2 Parking • D5 – Vascular/ENT • D7 – CTU Medicine • Family Medicine • Emergency – Phase 5 & 6 • FMain – Ortho Clinic • E7 – AMA • F7 – CTU Medicine, G2 - ICU

2) Barriers to be addressed via other existing plans							
Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility	Status
		modification of minor equipment and renovation template for management staff that clearly identifies barrier removal as criteria.	<ul style="list-style-type: none"> F7 – CTU Medicine, G2 - ICU 			Facilities	5) Automatic door openers to be installed in the Pain clinic on levels 5 and 7 at the General campus
2.0 Physical – Parking Lots, Sidewalks and Entrances lack Accessibility All sites	To improve exterior accessibility to facilities	Repair concrete curbs, repave parking surfaces and roadway, increase light levels and handicapped parking spaces and install ramps where required	2) Create new parking lot with 6 handicap accessible parking spots with enhanced level of lighting as part of General Campus critical care addition	2) TOH Capital Plan	2) 2006/2007	Director Capital Projects	Accomplished.
3.0 Physical – doorknobs too hard to manipulate, doors too heavy to open All sites	Improve physical access throughout the organizations	Replace doorknobs with levered handles Install automatic door openers	1) Installation of levers in all newly renovated areas specifically: 1b) TRC – 1 automatic door opener will be installed at a location to be determined 2) General Campus- new Cancer Assessment Centre 3) General Campus- new automatic doors will be installed in Critical Care addition	1) \$3000 annually identified in TRC capital development plan 2) TOH Capital Plan 3) TOH Capital Plan	1) By fiscal year end 2006 2) fall 2006 3) February 2007	1) TRC Facilities manager 2) & 3) Director Capital Projects	1) All completed as outlined. Doorknobs in new areas conform to new standards At TRC, Automatic door opener installed at entrance to main physician offices admin area, room 1105 2) 3) Accomplished.
4.0 Informational – Way-finding & signage is confusing. The Website and Intranet are difficult to access for those with disabilities. Print material	1) To improve the signage and way-finding throughout the organizations	1) Developed standards for signage and way-finding that are appropriate to accommodate persons with disabilities will be strategically placed throughout the facility. The location and positioning of all signage, based on	1) Braille will be added, where possible, in conjunction with other forms of signage communication systems; i.e. FM Systems, Audio Systems, GPS Systems, Infra-red Systems. Without these additional communication	Capital redevelopment fund 1) Not yet costed		1) Director Capital Projects	All new signage conforms to well defined standards which comply with accessibility guidelines.

2) Barriers to be addressed via other existing plans

Barrier and Site	Expected Outcome	Strategic Initiatives	Key Measures	Resources	Implementation Target	Responsibility	Status
is often also not accessible. All sites		the availability of wall space, etc. will take into consideration the visually impaired and disabled.	vehicles, a visually impaired individual would have no way to establish the positioning of a Braille sign to read. 2) Implementation of Way-finding at Riverside Campus 3) Implementation of Way-finding at General Campus	2) TOH Capital Plan 3) TOH Capital Plan	2) spring 2006 3) 2007/08	2) Director Capital Projects 3 Director Capital Projects	

Appendix #2

The Accessibility Committee Membership

Cameron Love	VP, Planning, Support Services and Clinical Programs
Timothy Andradé	Disability Awareness Program Coordinator, HR
Helen Zipes	Clinical Director, Rehabilitation Services Program
Brian Cayen	Manager, Biomedical Services & Loeb Operations, OHRI
Rachel Gervais	Chief, Occupational Therapy and Therapeutic Recreation
Karen Harrington	Employee Injury Prevention Consultant
Arran McAfee	Chief of Audiology
Louise Gravelle	Director, Corporate Communications
Greene, Gayle	Clinical Manager, Outpatient/Outreach, TRC
Brock Marshall	Director, Engineering and Operations
Karen Nelson	Chief, Social Work
Jean-Pierre Nault	Director, IT/Telecommunications
Cal Martell	Clinical Director, Family Practice, Geriatrics, Endoscopy
Dianne Rossy	Advanced Practice Nurse, Geriatrics
Anna Sophianopoulos-Georgaras	Director - Planning & Administration, Heart Institute
Wayne Kearney	Corporate Manager, Printing Services
Riek Van den Berg	Corporate Coordinator Nursing Education

Appendix #3

The Ottawa Hospital Hearing Access Committee Terms of Reference

As part of The Ottawa Hospital Annual Accessibility Improvement Plan, the Hearing Access Committee was created. Under the Ontarians with Disability Act, The Ottawa Hospital has an obligation to identify, prevent, and remove barriers to people with disabilities.

1.0 PURPOSE:

To remove barriers and improve access to our services for Deaf and hard of hearing patients. This is consistent with The Ottawa Hospital's values of compassion, quality, working together, and respect for the individual.

2.0 OBJECTIVES:

- 2.1 Review the work already carried out by the Accessibility Planning Workgroup with regards to the Deaf and Hard of Hearing patient populations
- 2.2 To educate committee members, employees, physicians and volunteers regarding the types of barriers encountered by this patient population
- 2.3 Identify current barriers to access at TOH, and set priorities for the removal of these barriers
- 2.4 Develop strategies to address the removal of the barriers
- 2.5 Develop a plan for implementation of the strategies
- 2.6 Monitor progress
- 2.7 Ensure input from our patients and organizations that represent persons with hearing loss
- 2.8 Disseminate information and educate hospital staff, physicians and volunteers on the initiatives undertaken by this committee.

3.0 MEMBERSHIP:

Chair: A Chief/Audiology – Arran McAfee

Members:

Clinical Director, Rehabilitation Services – Helen Zipes

Admitting – Director, Admissions

Emergency – Kathi Cullen

IT/Telecommunications/AV – JP Nault

Learning and Development, Disability Awareness Coordinator – Timothy Andrade

Rehabilitation Centre – Jamie MacDougall/Sue Balmer

Director, Corporate Communications – Louise Gravelle

Canadian Hearing Society - Christina Narducci

Audiology – Jennifer Platt-Talbot

Corresponding Members:

Heart Institute – Representative

4.0 REPORTING RELATIONSHIP

The Hearing Access Committee reports to the Accessibility Planning Workgroup through Helen Zipes.

5.0 MEETING FREQUENCY

The committee shall meet every 4-6 weeks until such time as the work of the committee is complete. At that time, it will be decided how often the committee shall meet to maintain or enhance communication access.

Appendix #4

Committee on Access for Persons with a Visual Impairment Terms of Reference

The Committee on Access for Persons with a Visual Impairment was created in response to the requirements identified in The Ottawa Hospital Annual Accessibility Plan 2003-04. Under the Ontarians with Disability Act, The Ottawa Hospital (TOH), the University of Ottawa Heart Institute (UOHI) and The Ottawa Hospital Research Institute (OHRI) have an obligation to identify, prevent, and remove barriers to people with disabilities.

1.0 PURPOSE

The purpose of the Committee on Access for Persons with a Visual Impairment is to ensure that people who are blind or have low vision, and being served at TOH, UOHI and OHRI, have access to the environment and resources they need to participate actively in their care and/or the care of their loved ones.

2.0 OBJECTIVES

- 2.1 To identify current barriers experienced by persons with a visual impairment.
- 2.2 To educate the committee members, employees, physicians and volunteers regarding the types of barriers encountered by this population.
- 2.3 To develop and recommend strategies to remove the barriers for future accessibility plans.
- 2.4 To inform and educate hospital staff, physicians and volunteers on the initiatives undertaken by the Committee.
- 2.5 To liaise with CNIB for purposes of endorsing related policies, wayfinding and signage initiatives and resources.
- 2.6 To liaise with any other TOH committee promoting accessibility within The Ottawa Hospital as required.

3.0 MEMBERSHIP

Co-chairs:

Director, Corporate Communications,
Director, Business Development

Members:

Canadian National Institute for the Blind Representative
Eye Institute Representative

Printing Department Representative
Web Project Leader
Director, Facilities Management
Geriatric Assessment Unit Representative
University of Ottawa Heart Institute Representative
Patient Education Task Force Representative
Disability Awareness Program Coordinator/TOHRC

4. REPORTING RELATIONSHIP

The Committee on Access for Persons with a Visual Disability reports to TOH's Ontarians with Disabilities Accessibility Planning Working Group through its co-chair and Director of Corporate Communications.

5. MEETING FREQUENCY

The committee will meet every 4-6 weeks or at the call of the co-chairs until such time as the work of the committee is complete. At that time, it will be decided how often the committee will meet to maintain or enhance access for the blind and visually impaired population.