



UNIVERSITY OF OTTAWA
H E A R T I N S T I T U T E
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

University of Ottawa Heart Institute Accessibility Plan (2025–2030)

Accessible Formats and Feedback

This document was prepared using the Atkinson Hyperlegible font, a typeface designed to improve readability for individuals with low vision. Visit the Braille Institute's website to learn more about this font. An [appendix](#) is also included to explain the terminology used in this document. The document has been formatted to support compatibility with assistive technologies such as screen readers and to enhance readability for individuals with visual impairments.

The University of Ottawa Heart Institute is committed to ensuring that this Accessibility Plan is available to everyone.

This document can be provided in alternative accessible formats upon request, including large print, accessible digital formats, or other formats that meet individual accessibility needs.

UOHI welcomes feedback on accessibility and on the implementation of this Accessibility Plan. Feedback helps us identify barriers and improve accessibility across our services, programs, and facilities.

Feedback can be submitted in accessible formats and through communication methods that meet individual needs, including the following channels:

Email: quality@ottawheart.ca

Phone: [\(613\) 696-7000](tel:(613)696-7000) Extension: 19276

Mail: University of Ottawa Heart Institute, 40 Ruskin Street, Ottawa, Ontario, Canada, K1Y 4W7

All feedback received will be reviewed and considered as part of ongoing accessibility improvements.

1. Introduction

The University of Ottawa Heart Institute (UOHI) has long been recognized as a national leader in specialized cardiac care, innovation, and education. As we enter a new era defined by Our Future Together: Your Heart, Your Institute, we reaffirm our commitment to ensuring that every individual including patients, staff members, learners, researchers, and visitors can participate fully and equitably in all aspects of our organization.

This Accessibility Plan outlines our five-year strategy (2025–2030) to overcome or prevent new barriers in accordance with the [Accessibility for Ontarians with Disabilities Act](#) (AODA) while also aligning with the [Accessible Canada Act](#) (ACA) and the principles of the [United Nations Convention on the Rights of Persons with Disabilities](#) (UN CRPD). Through this plan, UOHI promotes a culture where accessibility is recognized as both a legal obligation and a fundamental human-rights principle, and where accessibility is an integral part of care, research, education, and day-to-day operations.

The Accessibility for Ontarians with Disabilities Act (AODA) aims to make the province fully accessible for people with disabilities. It seeks to identify, eliminate, and prevent barriers that hinder their participation in daily life, including physical, technological, communication-related, and policy-driven barriers. The AODA mandates accessibility standards for organizations in customer service, employment, transportation, information and communication, and public spaces design. The AODA involves individuals with disabilities in standard creation and review, requiring organizations to report progress and comply with regulations.

The plan builds upon [Policy No. 1-410](#), translating UOHI's accessibility principles into concrete actions, measurable outcomes, and shared accountability. It complements the Institute's IDEA (Inclusion, Diversity, Equity, Accessibility) framework and aligns directly with the four pillars of Our Future Together—Excellence in Care, Innovation and Discovery, Education, and People First.

2. Understanding Barriers to Accessibility

Accessibility barriers are obstacles that prevent people with disabilities from fully participating in services, programs, environments, or activities.

Barriers can take many forms, including:

- Physical barriers: Elements of buildings or spaces that limit access or mobility, such as inaccessible entrances, narrow corridors, or lack of accessible washrooms.
- Technological or digital barriers: Websites, software, or digital tools that cannot be used with assistive technologies such as screen readers or voice recognition software.
- Communication barriers: Information that is difficult to understand or access, including documents that are not available in accessible formats or language that is not clear or cognitively accessible.
- Attitudinal barriers: Assumptions, stereotypes, or lack of awareness about disability that may affect how services or opportunities are provided.
- Systemic or policy barriers: Policies, procedures, or practices that unintentionally limit participation for people with disabilities.

Identifying, removing, and preventing these barriers is a key goal of this Accessibility Plan.

3. Guiding Principles

- Dignity: Persons with all different ways of life are treated with respect and consideration.
- Independence: Services and supports enable individuals to exercise autonomy and participate fully and independently.
- Accessibility by design: Accessibility is embedded into every process and physical & virtual space.

- Equal Opportunity: Everyone has the same access to care, employment, education, and community participation.
- Collaboration: Patients, caregivers, and employees identify barriers and co-create solutions that remove barriers.
- Safety-dignity, independence and safety are pillars of accessible environments

4. Strategic Alignment with 'Our Future Together'

Your Heart is in the Right Place: Delivering people-centered care that is equitable, inclusive, and committed to identifying and reducing barriers to accessibility.

Care in the Heart of Your Community: Expanding accessible cardiac care across Ontario through accessible telemedicine, mobile services, and partnerships.

The Heart of Innovation and Discovery: Embedding accessibility into research design, clinical trials, and data-driven innovations.

Empowering Our Teams: Building an inclusive, accessible workplace where staff with disabilities thrive.

5. Areas of Focus and Implementation Plan

The following key areas outline the actions UOHI will take to embed accessibility across operations. Given that AODA accessibility requirements came into effect on January 1, 2025, this plan prioritizes the timely identification and resolution of any remaining barriers and reinforces UOHI's commitment to full and sustained accessibility. Each area includes defined actions, responsible leads, and measurable indicators to track progress and ensure compliance with provincial and international accessibility standards.

A. Information and Communications

We will audit our website, digital platforms, and print materials to ensure WCAG 2.1 AA compliance and compatibility with screen reader platforms. Information will be provided using cognitively accessible communication and clear, easy-to-understand language, and made available upon request in large accessible print and font styles, braille, audio-embedded information, and accessible digital formats. Staff will be given time for training in accessible design and accessible communication.

B. Employment and Organizational Culture

Accessibility will be embedded across all stages of the employee lifecycle—from recruitment to performance review. UOHI will maintain a culture where every team member can succeed regardless of disability. Recruitment, hiring, and onboarding processes will be designed to support accessible participation, including accessible job postings, interview formats that accommodate diverse needs, and clear communication to candidates about the availability of accommodations during the recruitment process.

UOHI will continue to review and improve the accessibility of its recruitment platforms, digital tools, and hiring processes to ensure they meet recognized accessibility standards. Employees will have access to clear, timely, and confidential workplace accommodation processes, and managers will receive guidance and training to support inclusive hiring, accessible onboarding, equitable career development, and accessible performance management practices.

C. Built Environment and Infrastructure

UOHI will ensure that its physical environments including entrances, corridors, washrooms, patient areas, and wayfinding signage; meet applicable accessibility standards, including the requirements of the Accessibility for Ontarians with Disabilities Act (AODA) and the Ontario Building Code barrier-free design provisions.

The Institute will conduct periodic assessments of facilities to identify and address accessibility barriers and will incorporate accessible design principles in renovations, upgrades, and future construction projects to improve accessibility over time.

Accessibility considerations will also be integrated into capital planning and facility renewal initiatives, ensuring accessibility improvements are incorporated as spaces are modernized. Where appropriate, people with disabilities will be consulted to help inform the design and improvement of physical spaces and services.

D. Accessible Care and Patient Experience

Through meaningful engagement with patients and caregivers, the Institute will co-create accessible services, improve communication, and strengthen inclusive care practices. Patients, caregivers, and staff will be engaged in this co-creation process to ensure that lived experiences inform service improvements.

Staff will receive training on inclusive and accessible care, and dedicated time and appropriate compensation will be provided to support their participation in both training and co-creation activities.

E. Research, Digital Innovation, and Technology

UOHI will ensure that research, digital innovation, and technology initiatives are accessible and inclusive, supporting equitable participation of individuals with disabilities in research activities.

Research processes will consider accessibility in recruitment, participation, data collection methods, and research environments, and will provide accommodation where required.

Digital research tools, platforms, and innovation initiatives will be reviewed to support accessibility and compatibility with assistive technologies.

Research findings and knowledge products will be disseminated in accessible formats to ensure equitable access to information.

Where appropriate, patients and people with disabilities will be engaged to help inform research priorities and innovation initiatives.

6. Governance and Accountability

The Accessibility Committee, composed of staff and patient partners, will oversee the implementation of this plan and support the identification and removal of accessibility barriers across clinical, research, and operational environments. Recognizing the complexity of UOHI's care, education, and research activities, the Committee will work with internal subject-matter experts and, where appropriate, external accessibility advisors to inform implementation and continuous improvement.

The Vice President and Chief Nursing Officer, Clinical, Quality, Risk & Health Information, will act as the Executive Sponsor, providing leadership oversight and ensuring accessibility priorities are integrated into organizational planning and decision-making. Members of the Accessibility Committee and relevant leaders will receive training on accessibility legislation, inclusive practices, and barrier identification to support informed governance and implementation.

Annual progress reports will be reviewed by Senior Leadership and made publicly available in accessible formats.

7. Monitoring and Reporting

Progress will be monitored through measurable indicators such as staff training completion rates, periodic accessibility audits, and patient and caregiver feedback on accessibility of services and environments.

Accessibility audits will be conducted at regular intervals to assess compliance with applicable accessibility standards and to identify opportunities for improvement. Patient experience surveys and feedback mechanisms will include questions specifically related to accessibility, ensuring that the perspectives of people with disabilities inform ongoing improvements.

To support transparency and continuous improvement, external accessibility experts or advisors may be engaged periodically to review progress and provide guidance. An Annual Accessibility Status Report will summarize key findings and actions taken and will be made publicly available in accessible formats. A mid-term review in 2027 and a final evaluation in 2030 will assess overall progress and inform future accessibility planning.

8. Conclusion

Accessibility is both a human right and a reflection of UOHI's values. By embedding accessibility across our policies, environments, services, and practices, we reinforce our commitment to equitable heart health for all. This plan supports ongoing efforts to identify, remove, and prevent barriers while strengthening inclusive care, research, education, and workplace practices. Through continued collaboration with patients, caregivers, staff, and people with disabilities, UOHI will work to ensure that every person can experience the highest quality of care with dignity and respect.

Appendix A – Glossary of Terms

Accessibility

The design of environments, services, information, and technologies so that people with disabilities can access and use them independently and with dignity.

Accessibility for Ontarians with Disabilities Act (AODA)

Ontario legislation enacted in 2005 that aims to make the province fully accessible for people with disabilities by identifying, removing, and preventing barriers in areas such as customer service, employment, information and communications, transportation, and the design of public spaces.

Accessible Canada Act (ACA)

Federal legislation that aims to make Canada barrier-free by identifying, removing, and preventing accessibility barriers in areas under federal jurisdiction.

Accommodation

Adjustments or modifications provided to enable individuals with disabilities to participate fully in work, education, healthcare, or other activities. Examples include assistive technologies, modified work schedules, or accessible formats.

Assistive Technology

Devices, software, or equipment that help individuals with disabilities perform tasks and access information. Examples include screen readers, speech recognition software, hearing aids, and mobility devices.

Barrier

Anything that prevents a person with a disability from fully participating in society. Barriers may be physical, technological, communication-related, attitudinal, or policy-based.

Braille

A tactile writing system used by people who are blind or have low vision. Characters are represented by raised dots that can be read using the fingertips.

Cognitively Accessible Communication

Communication designed to be easy to understand for people with cognitive disabilities or language barriers. This includes clear structure, simple wording, logical organization, and visual supports where appropriate.

Co-Creation

A collaborative process in which patients, caregivers, staff, and other stakeholders work together to identify barriers and develop solutions.

Disability

A physical, mental, intellectual, learning, sensory, or cognitive condition that may interact with barriers and limit a person's full participation in society.

Equal Opportunity

A principle stating that all individuals should have the same chance to access services, employment, education, and participation without discrimination.

Inclusive Care

Healthcare practices that ensure services are respectful, accessible, and responsive to the needs of all individuals, including people with disabilities.

Patient Partner

A patient or caregiver who contributes lived experience to healthcare planning, service design, research, and quality improvement initiatives.

Screen Reader

Assistive software that reads digital text aloud or converts it into Braille, allowing individuals who are blind or have low vision to navigate websites and digital documents.

WCAG (Web Content Accessibility Guidelines)

International standards that define how to make websites and digital content accessible to people with disabilities. WCAG 2.1 Level AA is commonly used as the minimum standard for accessibility compliance.

Wayfinding

Systems that help people navigate physical spaces, such as signage, maps, symbols, and digital navigation tools.

Accessible Format

Information presented in a way that can be easily used by people with disabilities, such as large print, audio recordings, Braille, or accessible digital documents.

Barrier-Free Design (Ontario Building Code)

Design requirements that remove physical obstacles in buildings and spaces to allow people with disabilities to enter, move through, and use facilities safely and independently.

Universal Design

An approach to designing products and environments so they can be used by as many people as possible without the need for adaptation. In existing buildings, universal design principles may be incorporated gradually during renovations or upgrades.

Accessibility Audit

A structured evaluation of facilities, services, digital platforms, or policies to

identify accessibility barriers and determine compliance with accessibility standards.

Accessible Telemedicine

Virtual healthcare services designed to be usable by individuals with disabilities, including compatibility with assistive technologies and accessible communication methods.

Assistive Communication

Communication tools and strategies that help individuals with speech or communication disabilities express themselves and understand information.

Multi-Year Accessibility Implementation Framework

The specific priorities and actions will be refined following the completion of the Accessibility Baseline Assessment. The framework below outlines the phased approach that will guide implementation over the life of the plan.

Strategic Pillar	Phase 1: Foundation (Year 1 – Completed / In Progress)	Phase 2: Implementation (Years 2–3)	Phase 3: Sustain & Optimize (Years 4–5)	Lead / Accountability	Success Indicators (High-Level)
Built Environment	Establish governance; begin policy alignment; prepare for baseline assessment of physical spaces	Implement priority upgrades based on baseline assessment findings	Integrate accessibility into capital planning and continuous improvement processes	Facilities / Leadership	Improved accessibility of key patient and staff areas
Digital & Communication Accessibility	Establish accessibility standards and expectations; initiate review of digital and communication practices	Implement accessible formats and align platforms with WCAG standards	Sustain compliance and embed accessibility into all new digital initiatives	Communications / IT	Increased compliance with accessibility standards; improved access to information
Workforce & Culture	Establish committee; define roles and responsibilities; begin awareness and policy alignment	Roll out training and build capacity across teams	Embed accessibility into onboarding, leadership development, and organizational culture	HR / Education / Leadership	Increased staff competency and engagement in accessibility practices
Patient Experience & Engagement	Identify opportunities for patient and caregiver involvement; align with engagement strategies	Co-develop and implement solutions to improve equitable access to care	Sustain engagement and integrate accessibility into patient experience structures	Patient Experience / Programs	Improved patient-reported accessibility and experience

Strategic Pillar	Phase 1: Foundation (Year 1 – Completed / In Progress)	Phase 2: Implementation (Years 2–3)	Phase 3: Sustain & Optimize (Years 4–5)	Lead / Accountability	Success Indicators (High-Level)
Governance & Accountability	Establish Accessibility Committee; develop Accessibility Plan; define reporting structure	Monitor progress and align with QIP, Accreditation, and organizational priorities	Sustain oversight, evaluate impact, and update plan as needed	Executive Sponsor / Committee	Regular reporting and demonstrated progress against plan