
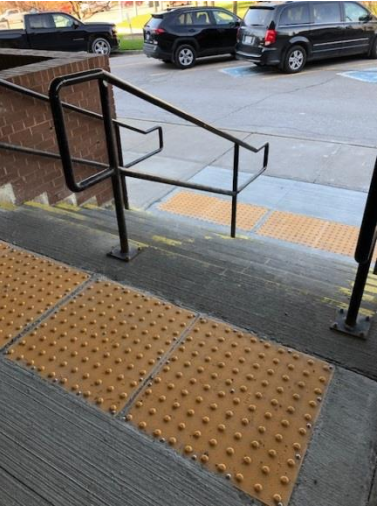



## Multi-Year Equity and Accessibility Integrated Work Plan 2018-2020

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going / In Progress	Pending	Not Yet Started	Timeline	Status or photo of improvement
<b>2019 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS</b>								
1. Accessibility Multi-Year Plan	Review of legislation and regulation. Update multi-year plan.	V. Nelson K. Coulter	✓				2019	Updated and posted on external website.
2. Built Environment	a. Top of stairs at Angeline St entrance is missing indicators for the blind. Consider recessed “bumps” as the raised “bumps” were a tripping hazard.  	V. Tavaszi	✓				2019	Tactile warning plates have been embedded in concrete at the top and bottom of the Angeline St stairs to aid our visually impaired population.  

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	b. Outcome of ED Audit	V. Tavaszi/K. Kydd		✓			2019/20	<p>The main takeaways from the audit were:</p> <ul style="list-style-type: none"> <li>a. items blocking handrails,</li> <li>b. visibility of the department and the washroom were poor due to low lighting,</li> <li>c. too many signs are posted which cause confusion,</li> <li>d. entrance and triage process are not clear,</li> <li>e. triage enclosure is not accessible, and</li> <li>f. font on the waiting room monitor is not accessible.</li> </ul> <p><b>Next Steps:</b> review audit report and come up with an estimate of cost to make the required changes to send to Admin Committee.</p>
	c. Psychiatric Intensive Care Unit (PICU) renovations	V. Tavaszi/M. Coombs		✓			July 2019	<ul style="list-style-type: none"> <li>o Replace door/wall/window systems</li> <li>o Construction start date June 21, 2019 and is expected to take 3 weeks</li> </ul>

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								 <p>Photo of existing door/window/wall system.</p>
	d. Addition of diversion stickers and murals on inpatient units	J. Airth		✓				<ul style="list-style-type: none"> <li>○ High school students are the painting murals and decorative stickers have been ordered for medical unit and CCP1.</li> </ul>
	e. Plan to replace/repair Rotunda sliding doors	V. Tavaszi				✓		<ul style="list-style-type: none"> <li>○ Develop a plan to replace the main door system with a two wing revolving door (used at Lakeridge Health and Mt. Sinai hospitals) or keep it the same as it is now. Decision will be based on resources.</li> </ul>
3. Customer Service	<p>a. Quarterly review of response to the NR Picker survey question:</p> <p><i>During your hospital stay, did you experience any of the following accessibility barriers? Please mark all that apply.</i></p> <ul style="list-style-type: none"> <li>• <i>Attitude (ex: discrimination, disrespect,</i></li> </ul>	S. Sarwar		✓			2019	<p>Updated Question:</p> <p>During your hospital stay, did you experience any of the following issues that prevented you from receiving exceptional care?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discrimination, disrespect, stigma, exclusion (i.e. attitude barrier)</li> </ul>


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	<p><i>exclusion)</i></p> <ul style="list-style-type: none"> <li>• <i>Information/Communication (ex: print size, signage, translation, poor wayfinding, talking above your level)</i></li> <li>• <i>Systemic (ex: processes that made your care less accessible)</i></li> <li>• <i>Technology (ex: website not accessible, not able to use a certain device)</i></li> <li>• <i>Architectural/Physical/Grounds (ex: low lighting, hallways too narrow, counters too high, exterior entrances inadequate)</i></li> <li>• <i>Equipment/Assistive devices (ex: mobility aids not available)</i></li> <li>• <i>Other</i></li> <li>• <i>I did not experience any accessibility barriers</i></li> </ul>							<ul style="list-style-type: none"> <li><input type="checkbox"/> Signage, small text size on printed materials, language translation service, poor wayfinding, talking above your level or to your support members instead of speaking to you, misidentification of gender (i.e. information/communication barrier)</li> <li><input type="checkbox"/> Hospital processes that made it difficult to access care, gender-binary questions (i.e. systemic barrier)</li> <li><input type="checkbox"/> Hospital website was not accessible, not able to use a certain device (i.e. technology barrier)</li> <li><input type="checkbox"/> Low lighting, hallways too narrow, counters too high, exterior entrances inadequate, lack of gender neutral bathrooms (i.e. architectural/physical/grounds barrier)</li> <li><input type="checkbox"/> Mobility aids not available (i.e. equipment/assistive devices)</li> <li><input type="checkbox"/> There were no barriers preventing me from receiving exceptional care</li> </ul>
	b. Annual audit of accessible devices.	J. Airth				✓	2019	<ul style="list-style-type: none"> <li>o To audit of bariatric mobility aids and chairs.</li> <li>o To audit bathrooms on medical middle looking at radiators and toilet heights specifically (result of patient feedback).</li> </ul>
	c. Consider a process for consuming oral medicinal marijuana as smoking or vaporizing	K. Kenning	✓				2019	Policy approved and available.

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	is not permitted on Hospital property.							
4. Customer Service & Feedback	a. Quarterly review of Accessibility Scorecard including reviewing trends from the RL6 Feedback software on concerns, compliments, PEP Rounding and general feedback.	S. Sarwar		✓			2019/20	o First quarter completed.
	b. Align question on the physician annual credentialing with the NRC Picker Patient Survey	D. Ellis/L. Jarrett			✓		2019	Survey included in the credentialing process in October by the Medical Staff Office.
5. Employment Standards	a. Review and update employment documents.	K. Kydd		✓			2019	o Policies continue to be updated as they come due.
6. Customer Service, Human Rights, Mental Health, Attitudinal Barriers	Offer Mental Health First Aid Training. The course content includes: • Explanations of mental health, mental illness and mental health problems; • Signs and symptoms of common mental health problems and crisis situations; and • Information about effective interventions and treatments.	T. Jones	✓				2019	o On <b>January 22, 2019</b> the Mental Health Program invited Gender Journeys, a program offered through the Canadian Mental Health Association that provides education and support services for transgender people, gender diverse individuals, people questioning their gender identity, and family/partners and loved ones of transgender, gender diverse and questioning folks to provide an education session.
7. Information and Communication	a. Upload current accessibility plan on the public website.	K. Coulter			✓		2019	o
	b. Audit on RMH website to meet the Web Content Accessibility Guidelines (WACG)	K. Coulter/K. Lafee				✓	2019/20	o Plan is to use a similar audit process as the physical departmental audits.
8. Compliance Reporting	2019 Accessibility Compliance Report	E. Elley (1-4) V. Tavaszi (5-16)				✓	Sept/ Nov	o Report to be submitted to the Quality Committee of the Board by Nov 2019 and MOHLTC submission

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	<a href="https://www.ontario.ca/page/completing-your-accessibility-compliance-report">https://www.ontario.ca/page/completing-your-accessibility-compliance-report</a>	L. Green (17-19) V. Nelson (20)					2019	deadline December 31, 2019.
<b>2020 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS</b>								
1. Accessibility Multi-Year Plan	Review of legislation and regulation Update multi-year plan	V. Nelson K. Coulter				✓	2020	o Update annually and post on external website.
2. Feedback	Quarterly review of the trends from the RL6 Feedback software on concerns, compliments and general feedback.	S. Sarwar				✓	2020	o
3. Customer Service	a. Quarterly review of response to the hospital survey question: <i>During your hospital stay, did you experience any of the following accessibility barriers? Please mark all that apply.</i> <ul style="list-style-type: none"> <li>• <i>Attitude (ex: discrimination, disrespect, exclusion)</i></li> <li>• <i>Information/Communication (ex: print size, signage, translation, poor wayfinding, talking above your level)</i></li> <li>• <i>Systemic (ex: processes that made your care less accessible)</i></li> <li>• <i>Technology (ex: website not accessible, not able to use a certain device)</i></li> <li>• <i>Architectural/Physical/Grounds (ex: low lighting, hallways too narrow, counters too high, exterior entrances inadequate)</i></li> </ul>	S. Sarwar				✓	2020	o

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	<ul style="list-style-type: none"> <li>• <i>Equipment/Assistive devices (ex: mobility aids not available)</i></li> <li>• <i>Other</i></li> <li>• <i>I did not experience any accessibility barriers</i></li> </ul>							
	b. Annual audit of accessible devices.	J. Airth				✓	2020	○
4. Information and Communication	Upload current accessibility plan on the public website.	K. Coulter				✓	2020	○
5. Built Environment		V. Tavaszi				✓	2020	○

**ONGOING EDUCATION**

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