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## 1.0 Executive Summary

### 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.

The Integrated Accessibility Standards Regulation (IASR) of the AODA that became law in June 2011 now requires Hospitals to produce multi-year accessibility plans that include targets and timelines for compliance with the multiple requirements of the IASR and maintain compliance to the Customer Service Standard of the AODA Ontario Regulation 429/07.

The QCH Multi-year Accessibility Plan references the Accessibility for Ontarians with Disabilities Act that builds on the AODA with the intent of creating an accessible Ontario by 2025 through the implementation of standards. Compliance reporting on the Customer Service Standard was completed by QCH in December 2010 and training on the requirements of the Standard is part of the mandatory Orientation & Training provided to all new employees and volunteers of the Hospital. Additional legislated standards in Communication, Employment and Transportation make up the rest of the IASR. Compliance to these standards was required by January 2014. By January 1, 2017 the Design of Public Space Standard was implemented. The next milestone compliance items are as follows: Dec 31, 2017 & Dec 31, 2020 - File an Accessibility Compliance Report & January 1, 2021 - Website and Web Content Accessible

In keeping with the requirements of the AODA and IASR this plan was created in consultation with members from our Environmental Management Committee (EMC), members of the Quality Council Committee (QC) and a variety of internal stakeholders.

QCH is committed to providing the highest quality service to people with disabilities with respect to the accessibility of services, programs, goods and facilities. The organization is committed to giving people with disabilities the same opportunity to access and benefit from the same services provided to anyone else in our community.

## 2.0 Definitions

For the purposes of this plan, the following definitions apply.

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.

**Architectural and physical** barriers are features of buildings or spaces that cause problems for people with disabilities. Examples include:

- Doorways and hallways that are too narrow for persons using wheelchairs,

- walkers or motorized mobility aides
- Counters that are too high for clients to be served in a seated position
- Parking spaces too narrow for safely accommodating wheelchair positioning
- Poor lighting, lack of contrast or high gloss finishes for persons with vision disabilities
- Telephones lacking communication devices for hearing impaired persons

**Information and/or communications** barriers exist when a person can't easily understand information provided. Examples include:

- Small print for the visually impaired
- Signs that are unclear and/or difficult to understand
- Speaking too loudly to persons with hearing impairments
- Websites that can be accessed by people unable to use a mouse

**Attitudinal** barriers are those that discriminate against persons with disabilities. Examples include;

- Assuming a person with a speech impairment can't understand what's being said
- Ignoring persons with disabilities because of the challenge of communication
- Thinking/implying that persons with disabilities are inferior

**Technological** barriers occur when technology can't be modified to support assisted devices. Examples include:

- Websites that don't support screen-reading software
- Phones that can't be adjusted for volume control

**Organizational** barriers are organizations, policies, practices or procedures that discriminate against persons with disabilities. Examples include:

- Hiring processes that are not open to qualified persons with disabilities
- Overhead paging and announcements that can't be heard by persons with hearing disabilities
- Holding events and/or meetings in spaces that can't be accessed by persons using wheelchairs or other mobility aides

**Disability**, as defined by the *Accessibility for Ontarians with Disabilities Act, 2005* and the *Ontario Human Rights Code*, is:

- 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.
- A condition of mental impairment or a developmental disability
- A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language

- A mental disorder, or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

The Queensway Carleton Hospital is committed to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of persons with disabilities in the development and review of its Multi-year accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

### 3.0 Aim

This plan is intended to support the organization's objective of barrier free accessibility for all patients, families, staff, physicians, volunteers and any person having need to access the facility or services.

The plan:

- Describes the committees that are responsible to oversee the work required to meet the legislated obligations of the ODA, AODA and the IASR
- Outlines the method of identification of barriers

3.1 Summarizes the actions taken to date to identify, remove and prevent barriers to persons with disabilities

- 3.1.1 Outlines measures to be taken over the next 5 years to meet the mandatory requirements of IASR (AODA)
- 3.1.2 Outlines measures introduced to ensure continued compliance with the Customer Service Standard (AODA)
- 3.1.3 Describes the review and monitoring process of the annual plan
- 3.1.4 Describes how the plan will be communicated internally and externally

### 4.0 Queensway Carleton Hospital

Queensway Carleton Hospital, West Ottawa's only full-service community hospital, offers diversity in medical and surgical programs and services. Employing over 2,000 health care professionals, the 264-bed Queensway Carleton Hospital is the secondary referral centre for the Ottawa Valley. Hospital staff focuses on maintaining and enhancing their cornerstone programs - Acute Rehabilitation, Childbirth, Critical Care, Emergency, Geriatrics, Medical, Mental Health and Surgical Services. Queensway Carleton Hospital's healthcare team provides expert care that puts our patients and families first. An environment of life-long learning - delivering a new standard of care for our community, supports committed staff.

QCH serves a population of more than 400,000 and has one of the fastest growing catchment areas in Canada.

## ***Vision***

We will be the Hospital of choice, recognized for our exemplary patient care, people and performance in an environment of innovation and strategic partnerships.

## ***Mission***

As a patient and family-centered hospital:

We provide a broad range of acute care services to the people of Ottawa and the surrounding region.

We respond to the needs of our patients and families through our commitment to exemplary performance, accountability and compassion.

We partner with other health care and community service organizations to ensure coordinated and integrated care.

We actively promote a learning environment in which our staff, physicians, students and volunteers are progressive and responsive.

We are an active teaching partner with colleges, universities and other healthcare programs.

We are committed to eliminating barriers and improving accessibility for persons with disabilities in a manner that respects dignity, independence, integration and equality of opportunity.

## ***Values***

- Accountability
- Innovation
- Respect

## **5.0 The Accessibility Advisory Working Group**

The Accessibility Advisory Working Group, made up of members from the Environment Management Team was formed to ensure common elements in developing and monitoring the accessibility plan are addressed, coordinated and improve the Hospital environment for persons with disabilities.

Responsibilities of the Working Group:

- 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
- ensuring participation of persons with disabilities in the development and review of its plans
- identify (list/categorize) barriers that may be addressed in the coming years
- set priorities and develop strategies to address barrier removal and prevention

- specify how and when progress is to be monitored
- write, endorse, submit and communicate the plan to the public
- review and monitor the plan.

Membership:

Representation

from:

- Senior management
- Facilities management
- Patient Care
- Key service areas
- Human Resources
- Communications
- Volunteer Services
- Community stakeholders
- Staff with personal or professional knowledge of disability issues (rehabilitation, geriatrics)

Input from:

Staff and Volunteers work groups as required

Community members and patients with disabilities

In 2018, we plan to revamp our Accessibility Advisory Working Group into a Diversity and Accessibility Committee. Membership will be consistent with the above noted representation along with our Patient Relations Ombudsman. A set meeting schedule along with the terms of reference for the Diversity and Accessibility Committee will be established. The transformed committee will continue and build on the work completed to date.

## **6.0 Commitment to Accessibility Planning**

QCH is committed to building an accessible and inclusive organization that takes into account the dignity, independence, and equality of opportunity ensuring policies, procedures, practices, programs and services respect the rights and needs of persons with disabilities.

All new and redeveloped physical environments are designed per relevant building codes and AODA standards. With the anticipated construction of new areas on our campus over the next 5 years, the Diversity and Accessibility Committee will be included as a stakeholder in the planning process.

The Diversity and Accessibility Committee will monitor and report on progress towards the Website and Web Content Accessible requirements and other accessibility related objectives contained in the current plan, including status reporting to Quality Council annually.

## 7.0 Barrier Identification Methods

The Accessibility Advisory Working Group used the following barrier identification resources to create a list of barriers to be addressed.

Our accessibility planning is focused on 3 main areas:

- 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 4 years, as QCH continues to focus on improvements relative to automatic doors, accessible parking, accessible public washrooms, doorways, stalls, sink levels, way-finding, pay booth accessibility, safety for people with visual impairments and people who are deaf, deafened and hard of hearing.
- The participation of persons with disabilities in the development and review of its accessibility plans.
- 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 sets and maintains clear expectations and resources for barrier identification and removal.

The Accessibility Advisory Work Group has identified barriers which will be addressed over the next several years as resources become available.

The list of improvement opportunities were divided into six types: 1) physical; 2) architectural; 3) informational or communication-based; 4) attitudinal; 5) technological; and 6) policies and practices.

## 8.0 Previous Accomplishments

- *IASR Section 3*: Establish written accessibility policies
  - Corporate accessibility policy revised to include standards of IASR and posted internally
- *IASR Section 4*: Establish a multi-year plan in consultation with persons with disabilities
  - Previous plan 2013-2017 integrates issues identified by Environment Management Committee, Accessibility Advisory Group, staff and public with input from persons and employees with disabilities
  - Multi-year plan to be posted on the website by fall of 2013
  - Plan can be made available in an alternate format or with communication support upon request
- *IASR Section 5*: Incorporating accessibility criteria when purchasing goods, services and

new facilities

- Policies in procurement were reviewed to identify opportunities for accessibility criteria integration
- Accessibility language and prompts have been integrated into the RFP process and the Product Evaluation & Standardization Committee forms.
- Purchasing policy revised to include integration of accessibility criteria
- *IASR Section 6:* Incorporate accessibility features when designing, procuring or acquiring self-service kiosks
  - Protection Services collaborated with Purchasing Services on the criteria and the selection of a Parking System kiosk meeting the accessibility standards criteria
- *IASR Section 7:* Training on IASR accessibility standards and Human Rights Code for all staff (Compliance date January 2014)
  - Employees participating in the development of organizations policy and other persons who provide goods, services or facilities on behalf of the organization receive training
  - Training is appropriate to duties and delivered as soon as practicable
  - Training regarding policy changes are communicated as per the QCH protocol
  - A record of all training activities is maintained by HR
- *IASR Section 11.1:* Ensure feedback processes are accessible in accessible formats and or with communication supports upon request
  - A variety of options are available for people to provide feedback on accessibility at QCH
  - The Communications Department makes available communication supports as required and members of the public can request communication methods most suitable to their needs
- *IASR Section 11.3:* Notify the public about the availability of accessible formats and communication supports
  - A statement regarding the availability of alternate formats is posted in public areas
  - Consideration of adding a statement in communications regarding feedback processes
- *IASR Section 14:* Compliance Jan 1 2014 (Level A) Compliance Jan 1 2021 (Level AA) Ensure internet and intranet websites and web content conform to WCAG 2.0 guidelines (Web content Accessibility Guidelines) at the following levels;
  - New websites and web content to Level A by January 2014
  - QCH will update its website to be compliant with Level AA by the deadline of January 1, 2021.
- *IASR Section 22-24,26 and 32:* Ensure availability of accommodations in recruitment, selection and hiring processes; Consult with individual to identify any required accommodation: Included accessibility considerations in redeployment processes: Provide accessible formats and communication supports for job or workplace information, upon request
  - The Human Resources Department has revised policies and procedure for recruitment selection and hiring processes to include information concerning accommodations. Policies reflect practices that include accommodation capabilities, strategies for redeployment of employees with workplace



- accommodation and a process to respond to a request for workplace information in an alternate format and/ or communication supports as necessary.
- *IASR Section 25:* Inform employees of policies supporting employees with disabilities; Provide information to new employees as soon as practicable after hiring; Provide updated information on accommodation policies to employees when changes occur
    - The Human Resources and Occupational Health Departments have updated policies supporting employees with disabilities
    - Information on accommodation and return to work is provided during orientation and as required
    - Accommodation and Return to Work policies and processes are posted as per the QCH Corporate protocol.
  - *IASR Section 28:* Develop written process for documented individual accommodation plans; Include prescribed elements in the process; Individual accommodations plans shall include: Information regarding accessible formats and communications supports provided, if requested: individualized workplace emergency response information, if required & identify any other accommodation that is to be provided
    - The Occupational Health Department has revised the QCH Corporate Policies on Accommodation and Return to Work to reflect the requirements of AODA.
  - *IASR Section 29:* Develop a documented return-to-work process; include steps employer will take to facilitate return to work and use documented individual accommodation plans
    - The Occupational Health Department has revised the QCH Corporate Policies on Accommodation and Return to Work to reflect the requirements of AODA.
  - *IASR Section 30:* Include accessibility in performance management processes, the use of the performance management process takes into account the accessibility needs of employees with disabilities, including existing accommodation plans
    - Human Resources Department has revised corporate Performance Management tool kit to include requirements of the AODA
  - *IASR Section 31:* Include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current position
    - Human Resources Department will ensure accessibility needs are identified relative to career development including additional responsibilities/opportunities within the current position and provide training and support to managers in providing for requirements of career advancement as part of the Performance Management process.

## 9.0 Review, Monitoring Process, Emergency Maintenance and Disruptions

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.

Starting in 2018, the Diversity and Accessibility Committee will assume responsibility for the monitoring and evaluation of current plans and for the development of subsequent annual plans. Specifically, the team 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 plans are endorsed by Senior Admin and that funds are allocated appropriately.

The Diversity and Accessibility Committee 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 the Diversity and Accessibility Committee.

The hospital ensures adherence to all current barrier free standards as per legislation, including ODA and AODA for all construction and renovation projects.

The Diversity and Accessibility Committee will provide updates to Senior Admin on an annual basis. Progress reports will be prepared and circulated on the Hospital web site for use by internal and external stakeholders.

#### **Procedures for preventative and emergency maintenance of accessible elements**

The Hospital promptly addressed all emergency situations. Being a Hospital, our doors are open 24 hour a day, 365 days a year. We have 24 hour coverage for all operational areas in the Hospital (example: Some clinics are not open on the weekends). The Hospital carries out regular preventative maintenance.

#### **Temporary disruptions when accessible elements are not in working order**

When operational or mandated requirements need to be addressed resulting in a temporary disruption, an alternate measure or routing is put in place and communicated accordingly.

## **10.0 Communication Strategy**

### **Objectives**

- To publicly communicate QCH'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 and notify the public about the availability of accessible formats and communication supports.
- To continue raising staff, physician and volunteer 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.

## **Key Messages**

- QCH 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.
- A transformed committee, the Diversity and Accessibility Committee will be in place 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 Diversity and Accessibility Committee will be committed 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 individuals
  - Our aging population will be better served
  - Increased number of people will have access to information

## **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 facilitators in Ottawa required to submit plans (hospitals, schools, municipalities, etc.)
- Media

### **Internal**

- Staff
- Physicians
- Students
- Volunteers
- Governance Boards and Committees

The Hospital's Accessibility Plan will be posted to the Intranet. Copies are also available by contacting the Hospital's Communication Department.

## 11.0 Compliance with Customer Service Standards

The Customer Service Standard requirements that apply to all providers		
Standard	Progress	Plans
Establish policies, practices and procedures on providing goods or services to people with disabilities.	Accomplished as laid out in the Hospital's Mission Statement.	Achieved
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.	Revised policy being reviewed by Senior Admin.	Achieved
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; a training program was rolled out to all staff and volunteers, introduced into the staff orientation programs. We continue to explore educational opportunities to increase awareness.	Continuous Improvement
Communicate with a person with a disability in a manner that takes into account his or her disability.	Orientation and education sessions on disability awareness and accessibility were developed. An Accessibility Standards for Customer Service policy was developed. We will apply our continuous improvement philosophy.	Continuous Improvement
Train staff, volunteers 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.	Orientation and education sessions on disability awareness and accessibility were developed and implemented. An Accessibility Standards for Customer Service policy was developed. We will apply our continuous improvement philosophy.	Continuous Improvement

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.	Orientation and education sessions on disability awareness and accessibility were developed. An Accessibility Standards for Customer Service policy was developed. We will apply our continuous improvement philosophy.	Continuous Improvement
Permit people with disabilities to 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
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 in our sector	N/A
Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.	Planned education and orientation sessions on disability awareness help to ensure the organization is sensitized to persons with disabilities and their requirements.	Education is ongoing. Policies have been developed 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.
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.	The existing process is currently under review to evaluate and confirm if any gaps and key areas for improvement.	Ongoing and in evaluation
Document in writing all your policies, practices and procedures for providing accessible customer service and meet other document requirements set out in the standard.	Information developed	Achieved

<p>Notify customers that documents required under the customer service standard are available upon request.</p>	<p>This information will be printed on the front page of the accessibility plan as well as being posted on the hospital's website.</p>	<p>Achieved</p>
<p>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.</p>	<p>Planned orientation and education sessions on disability awareness and accessibility will improve these outcomes. There is always an opportunity to improve. In 2018, we will continue to review, evaluate and confirm if any gaps and key areas for improvement.</p>	<p>Continuous Improvement</p>

## **12.0 Public Spaces Standard**

### **Compliance Deadline January 1 2016**

#### **Various Built Environment Requirements IASD**

- Section 80.16 Outdoor public use eating areas, general requirement
- Section 80.22 Exterior paths of travel, various technical requirements
- Section 80.23 Exterior paths of travel, various technical requirements
- Section 80.24 Exterior paths of travel, various requirements specific to ramps
- Section 80.25 Exterior paths of travel, various requirements specific to stairs
- Section 80.26 Exterior paths of travel, various requirements specific to curb ramps
- Section 80.27 exterior paths of travel, various requirements specific to depressed curbs
- Section 80.28 Exterior paths of travel, various requirements specific to accessible pedestrian signals
- Section 80.29 Exterior paths of travel, various requirements specific to rest areas
- Section 80.34 Organizations must provide 2 types of accessible spaces - Type A & Type B
- Section 80.35 Accessible parking requirements specific to access aisles
- Section 80.36 Accessible parking requirements specific to minimum number and type
- Section 80.39 Accessible parking requirements specific to on-street parking spaces
- Section 80.41 Service counters, general requirements
- Section 80.42 Fixed queuing guides, general requirements
- Section 80.43 Waiting areas
- Section 80.44 Maintenance of accessible elements