

Category/Standard	Opportunity	Action and Accountability	Patient Ticket	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
<b>2018 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS</b>								
1. Accessibility Committee	a. Revitalize the Accessibility Planning Committee.	Hold regular quarterly meetings.					Sept 2018	Meetings scheduled September, November, February and April
	b. Track issues in RL and provide quarterly reports for patient feedback related to accessibility.	Add mandatory field for accessibility					Sept 2018	
	c. Recruit Patient and Family Experience Partners to be added as Committee Members.				✓		Feb 2019	PFAC developed their workplan for the year and will be identifying the committees needing an advisor.
	d. Recommend educational opportunities for organization i.e. customer service standards				✓		June 2019	Training will be reviewed for next meeting.
2. Accessibility Multi-Year Plan	Review current multi-year plan and develop a new multi-year plan.	Present to Senior Team To be posted on website.					Oct 2018	Members reviewed, revisions made, approved and posted on webpage.
3. Accessibility Policies	<u>Policies:</u> <ul style="list-style-type: none"> <li>• Accessible, Customer Service <ul style="list-style-type: none"> <li>○ Standard process for admission to identify/assess patient as having accessibility-related needs and develop care plan</li> </ul> </li> <li>• Employment of SMGH Staff</li> <li>• Accessible Parking (Staff)</li> <li>• Accessible Parking (Visitor)</li> </ul>	Review/update policies				✓	Feb 2019	Confirmation is needed if policies have been reviewed. Parking policies are up to date. HR reviewing Accessible Customer Service and Employment of Staff.

Category/Standard	Opportunity	Action and Accountability	Patient Ticket	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
4. Feedback	<p>Accessible electronic feedback process including accessible formats and communication supports upon request.</p> <p>Notify the public of the availability of accessible formats and communication supports.</p> <ul style="list-style-type: none"> <li>Create process flow for managing translation services, including sign language</li> </ul>		✓			✓	2019	
	<p>Explore opportunities to add accessibility question to our survey.</p>	<p>Possible question: "During your hospital stay, did you experience any of the following accessibility barriers:</p> <p>a) customer service  b) information/communication;  c) systemic/processes;  d) technology;  e) architectural/physical;  f) other; and/or  g) no accessibility issues experienced."</p>			✓		2019	Exploring internal options. No questions are asked through NRC.
5. Physical - Built Environment	a. Parking spaces – allow certain patients access to accessible spots in Physician’s lot?		✓		✓		2018	Compliance of number of parking spots available was confirmed.
	b. Cross walk to patient parking – sensory plates		✓				2018	Meets requirements (was completed when road was replaced).
	c. Various Built Environments Compliance	Follow Ontario Building Code for incorporating accessibility when building or renovating areas throughout the hospital.					2018	Major projects reviewed including Heart Rhythm.

Category/Standard	Opportunity	Action and Accountability	Patient Ticket	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
	d. Shower rooms on 500, 600, and 700, are inconsistent in their set up and accessibility issues for all rooms have been identified	Identified as an issue with considerable impact to capital					2018	Reviewed annually as part of Master Plan
	e. Additional power doors	Power doors have been added					2018	15 doors added in the last 2 years.
	f. Door hardware sets	Hardware on doors changed on an ongoing basis based on AODA recommendations		✓			2018	As changes permit.
	g. Wayfinding	Improve accessibility through way finding/ signage program – mall maps			✓		2018	Maps have been received for review.
6. Customer Service	a. Inventory of devices/equipment	Committee is unaware of any inventory Plan to purchase or replace needed devices/equipment			✓		Feb 2018	List from policy will be updated and circulated for further review.
	b. Consider adding an accessibility check to Occupational Health & Safety audits.	Possibly add on manager's audit.					2018	Added to check list; Do you notice any accessibility barriers (systemic, technology, physical)?
7. Information and Communication	a. Website compliance	Work with the web developer and Communications team to identify and comply with requirements (Level A)			✓		2019	
<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.	Post on external website.				✓	2019	
2. Feedback	Consider developing report from questions from patient satisfaction survey as it relates to accessibility					✓	2019	

Category/Standard	Opportunity	Action and Accountability	Patient Ticket	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
	Quarterly review of the trends from the RL6 Feedback on concerns, compliments and general feedback					✓	2019	
3. Built Environment	Built Environments Compliance	Follow Ontario Building Code for incorporating accessibility when building or renovating areas throughout the hospital.				✓	2019	
	Invite the City of Kitchener Accessibility and/or other External Kitchener Agency(s)					✓	2019	
4. Customer Service	Annual audit of accessible devices.					✓	2019	
5. Information and Communication	Website Compliance Update	All websites and web content to be accessible by January 1, 2021.				✓	2019	
	Accessible Care Brochure/Webpage					✓	2019	
	2019 Accessibility Compliance Report <a href="https://www.ontario.ca/page/completing-your-accessibility-compliance-report">https://www.ontario.ca/page/completing-your-accessibility-compliance-report</a>	Report to be submitted to the Quality Committee of the Board. Report to be submitted to the Ministry				✓	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.	Post on external website.				✓	2020	
2. Feedback	Report from questions from patient satisfaction survey as it relates to accessibility.					✓	2020	
	Quarterly review of the trends from the RL6 Feedback on concerns, compliments and general feedback					✓	2020	

Category/Standard	Opportunity	Action and Accountability	Patient Ticket	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
3. Built Environment	Built Environments Compliance	Follow Ontario Building Code for incorporating accessibility when building or renovating areas throughout the hospital.				✓	2020	
4. Customer Service	Annual audit of accessible devices					✓	2020	
5. Information and Communication	Website Compliance Update	All websites and web content to be accessible by January 1, 2021.				✓	2020	
	Quarterly review of the trends from the RL6 Feedback software on concerns, compliments and general feedback.					✓	2020	
<b>2021 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.	Post on external website.				✓	2021	
2. Feedback	Report from questions from patient satisfaction survey as it relates to accessibility.					✓	2020	
	Quarterly review of the trends from the RL6 Feedback on concerns, compliments and general feedback					✓	2020	
3. Built Environment	Built Environments Compliance	Follow Ontario Building Code for incorporating accessibility when building or renovating areas throughout the hospital.				✓	2021	
4. Customer Service	Annual audit of accessible devices.					✓	2021	
	Accessibility team completes annual GEMBA walks to inform our planning and identify system issues related to accessibility	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> </ul>						

Category/Standard	Opportunity	Action and Accountability	Patient Ticket	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
5. Information and Communication	2021 Accessibility Compliance Report <a href="https://www.ontario.ca/page/completing-your-accessibility-compliance-report">https://www.ontario.ca/page/completing-your-accessibility-compliance-report</a>	<ul style="list-style-type: none"> <li>• Accessible devices use</li> </ul> Report to be submitted to the Quality Committee of the Board. Report to be submitted to the Ministry				✓	2021	