

## Executive Summary

St. Mary's General Hospital (SMGH) is committed to ensuring equal access and treating all people in a way that allows them to maintain their dignity and independence. Improving access to hospital facilities, programs and services for people with disabilities is included as a strategic priority;

'Expand Equitable Access to High, Quality, Empowered Care'.

One of the measures of success is to;

'Develop a robust approach to quality improvement across programs, initially focusing on equity and ensuring that all feel safe in our care'.

Our multi-year accessibility plan describes: (1) the measures that St. Mary's has taken in the past, and (2) the measures that St. Mary's will take during the upcoming years (2022-2026) to identify, remove, and prevent barriers to people with disabilities who live, work in, or use our facilities and services. St. Mary's is committed to the continual improvement of access; participation of persons with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients and their family members, staff, health care practitioners, volunteers, and members of the community with disabilities.

The plan is designed to ensure we meet legal requirements, identify policy changes and opportunities to fulfill all requirements under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA).

Hospitals must:

- consult with people with disabilities and with an accessibility advisory committee while establishing, reviewing, and updating your plan
- post the plan on your website
- provide it in an accessible format, upon request
- review and update your plan at least once every five years

## The Work Plan

The following workplan is a roadmap and very much a working document that has been prepared by our Accessibility Planning Committee and endorsed by our Senior Leadership Team. The Accessibility Planning Committee has representation from multi-departments, a community member as well as members with disabilities. This plan highlights key accessibility initiatives that have been identified through feedback methods as well as through our informal audit process. The plan will be updated on an ongoing basis at meetings of the committee and posted on the website annually.

Category/Standard	Opportunity	Action and Accountability	From Audit	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
<b>2022 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 for SLT approval	Post on external website.					2022	
	Review additions of recommendations from the Health Care Standards Development Committee.						2022	Input provided to initial recommendations. Waiting for finalized recommendations.
2. Feedback	Review questions for "new" patient satisfaction survey as it relates to accessibility. New vendor December 2022.	Question to be added manually after release of out of the box survey.					2022	Completed December 2022.
	Quarterly review of the trends from the RL6 Feedback on concerns, compliments and general feedback				✓		2022	Survey mechanism to gather data was delayed provincially. Initiating Q4 2022/23. Concerns and feedback through web and patient relations reviewed continuously.
3. Built Environment	Built Environments Compliance	Follow Ontario Building Code for incorporating accessibility when building or renovating areas throughout the hospital.					2022	8 <sup>th</sup> floor will include barrier free washroom and barrier free physician call room.
	ED Triage Door	Approved 2021, waiting for electrical work for nurse regulated switch at the desk would eliminate the struggling with the door and protect privacy.					2022	Completed.

Category/Standard	Opportunity	Action and Accountability	From Audit	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
	Wayfinding - Improve accessibility through signage program – mall maps. Sent to digital design company in 2019, but not purchased.			✓			2022	Future considerations will include Heart Rhythm and improving accessible visual signage including signage to elevators.
4. Customer Service	Annual equipment planning process, an allocation is made for the purchase/repair/replacement of specialized equipment used to meet accessibility-related patient needs.						2022	Ceiling lifts part of evergreen process. Bariatric bed inventory and weight lift capacity was completed. ED Kiosk to meet AODA standards.
	Accessibility Audit - GEMBA	Conduct audit through key areas to identify gaps in inclusivity and inform planning of system issues.					2022	Part 1 completed December, part 2 scheduled for January 2023. Recommendations to be added to plan for 2023.
5. Information and Communication	Increase awareness & showcase	Team brainstorming and actions needed <ul style="list-style-type: none"> <li>Possible brochure/webpage</li> </ul>				✓	2022	Education on customer service policy and service animals to be added to 2023.
	Recommend education opportunities for organization i.e. customer service standards	AODA components will be included in new diversity & inclusion program in conjunction with SJHS & the Canadian Centre of Diversity and Inclusion.					2022	Organizational mandatory unconscious bias training completed enhancing understanding of EDI.
<b>2023 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 for SLT approval	Post on external website.			✓		2023	
	Review possible additions of recommendations from the Health Care Standards Development Committee				✓		2023	
	Add recommendations from 2022 audit			✓			2023	

Category/Standard	Opportunity	Action and Accountability	From Audit	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement	
2. Feedback	Resume quarterly review of the trends from the RL6 Feedback on concerns, compliments and general feedback	Include use of new survey mechanism via email.			✓		2023		
3. Built Environment	Built Environments Compliance	Follow Ontario Building Code for incorporating accessibility when building or renovating areas throughout the hospital.		✓			2023		
	MRI and 3 <sup>rd</sup> Cath Lab	Attestations to be signed.			✓		2023		
	Implement <b>category 1</b> recommendations from <b>part 1 of audit</b>								
	Emergency Dept	Meet with Managers to review; area of clutter, removing supply cabinet to increase triage space, relocate wheelchairs.	✓	✓			2023	Initial discussion Dec. 22- exploding volumes and access to supplies challenging, difficult to implement without taking over other needed space but are currently reviewing some options	
		Self check-in kiosks	✓	✓			2023	Reviewing kiosks at CMH and GRH	
	Fourth Floor Shower Room	Install horizontal grab bar at toilet, lower mirror	✓			✓	2023		
		Include reviewing accessible vendors as a part of the procurement process	Discuss with Director of Procurement	✓	✓		2023	Added to the accessible customer service policy	
	Implement <b>category 2</b> recommendations from <b>part 1 of audit</b>								
		Help Desk/Switchboard desk	Add tabletop that protrudes allowing for knee clearance and access	✓			✓	2023	
		Wayfinding - Improve accessibility through signage program	Specifically signage to elevators	✓			✓	2023	
		Ensure self check-in kiosks are accessible		✓		✓		2023	Accessible options currently being reviewed at GRH and CMH.
	Review and price remaining category 2 items	Renovations to main entrance washroom	✓				2023		

Category/Standard	Opportunity	Action and Accountability	From Audit	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
	Source funding options for <b>category 3</b> items on <b>part 1 of audit</b>	<a href="https://aoda.ca/funding-for-customer-service-accessibility-in-ontario/#:~:text=Provincial%20Funding&amp;text=Grants%20are%20between%20%245%2C000%20and,Buying%20equipment">https://aoda.ca/funding-for-customer-service-accessibility-in-ontario/#:~:text=Provincial%20Funding&amp;text=Grants%20are%20between%20%245%2C000%20and,Buying%20equipment</a>				✓		
4. Customer Service	Annual equipment planning process, an allocation is made for the purchase/repair/replacement of specialized equipment used to meet accessibility-related patient needs.					✓	2023	
	Accessibility Audit – Part 2 - for the admin area, some specialty areas and other patient and public areas.				✓		2023	Scheduled for January 24, 2023.
	Review Accessible Customer Service Policy	Circulate to committee for feedback			✓		2023	
5. Information and Communication	Diversity and Inclusion Survey through CCDI Consulting	Survey to capture levels of diversity and inclusion in the workforce to identify potential areas of improvement.			✓		2023	January 2023
	Education on customer service policy and service animals					✓	2023	
	2023 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				✓	2023	December 2023
<b>2024 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.	Post on external website.					2024	

Category/Standard	Opportunity	Action and Accountability	From Audit	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
	Update multi-year plan for SLT approval							
2. Feedback								
3. Built Environment								
4. Customer Service								
5. Information and Communication								
<b>2025 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 for SLT approval	Post on external website.					2025	
2. Feedback								
3. Built Environment								
4. Customer Service								
5. Information and Communication	2025 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						December 2025
<b>2026 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 for SLT approval	Post on external website.					2026	
2. Feedback								
3. Built Environment								
4. Customer Service								
5. Information and Communication								