

Category/Standard	Opportunity	Action and Accountability	Patient Ticket	On-Going	Pending	Not Yet Started	Timeline (green= complete)	Status or photo of improvement
<b>2019 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/FAMILY AND 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	Complete
2. Feedback	Consider developing report from questions from patient satisfaction survey as it relates to accessibility						2019	Complete
	Quarterly review of the trends from the RL6 Feedback on concerns, compliments and general feedback						2019	Complete
3. Built Environment	Built Environments Compliance	Follow Ontario Building Code for incorporating accessibility when building or renovating areas throughout the hospital.		✓			March 2020	Ongoing compliance including Heart Rhythm Project.
	Parking Spaces	Requirements for parking spaces are met, but complaints from visitors continue					2019	Security completed an audit in July 2019 for comparison to audit completed in April 2017.
	Invite the City of Kitchener/Waterloo Accessibility and/or other External Kitchener Agency(s)				✓		March 2020	Discussion with Independent Living Centre – Representative will join the Committee
	Wayfinding	Carried over from 2018. Improve accessibility through wayfinding/ signage program – mall maps			✓		2019	Sent to digital design company, but they were not purchased last year. Future considerations will include Heart Rhythm and improving accessible visual signage.

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4. Customer Service	Audit of accessible devices completed last year.	Prioritization and costing of list is needed. Process is to purchase items is through departmental budget. Accessibility Committee can submit capital items through capital process this fiscal year.			✓		2019	Sherri Ferguson sent email to request consideration for additional bariatric equipment.
5. Information and Communication	Website Compliance Update	All websites and web content to be accessible by January 1, 2021.					2019	SLT approved moving forward to refresh website. Communications developing plan to revise content.
	Recommend education opportunities for organization i.e. customer service standards	Carried over from 2018				✓	2019	Opportunity to be included with diversity training. Organizational Development – Diversity Training is not on this year’s plan.
	Increase awareness & showcase	Team brainstorming and actions needed <ul style="list-style-type: none"> <li>Possible brochure/webpage</li> </ul>				✓	2019	Carryover to 2020
	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	Submitted to the Ministry in December.
<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	Expand report from questions from patient satisfaction survey as it relates to accessibility.	Addition of open-ended custom questions to surveys.		✓			2020	Request was sent to NRC Health to add to our survey.

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	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.		✓			2020	
	Wayfinding - Improve accessibility through signage program – mall maps	Sent to digital design company in 2019, but not purchased. Future considerations will include Heart Rhythm and improving accessible visual signage.			✓		2020	
4. Customer Service	Audit of accessible devices completed last year.	Process is to purchase items is through departmental budget. Accessibility Committee can submit capital items through capital process this fiscal year.			✓		2020	Consideration was requested for additional bariatric equipment 2019/20.
	Accessibility Audit - GEMBA	Conduct audit through key areas to identify gaps in inclusivity					2020	
5. Information and Communication	Website Compliance Update	All websites and web content to be accessible by January 1, 2021.			✓		2020	Approved and in progress to meet 2021 deadline.
	Recommend education opportunities for organization i.e. customer service standards	Carried over. Opportunity to be included with diversity training. Organizational Development – Diversity Training is not on this year's plan.				✓	2020	
	Increase awareness & showcase	Team brainstorming and actions needed				✓	2020	

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<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.					✓	2021	
	Quarterly review of the trends from the RL6 Feedback on concerns, compliments and general feedback					✓	2021	
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> <li>Accessible devices use</li> </ul>						
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>	Report to be submitted to the Quality Committee of the Board. Report to be submitted to the Ministry				✓	2021	

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<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.	Post on external website.				✓	2021	
2. Feedback	Report from questions from patient satisfaction survey as it relates to accessibility.					✓	2021	
	Quarterly review of the trends from the RL6 Feedback on concerns, compliments and general feedback					✓	2021	
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> <li>• Accessible devices use</li> </ul>						
5. Information and Communication								