Annual Accessibility Plan regarding the 'ONTARIANS WITH DISABILITIES ACT" for the London Health Sciences Centre

September 2003 - August 2004

Submitted to
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This publication is available on the LHSC website and in alternative formats upon request

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Executive Summary

The *Ontarians with Disabilities Act* (ODA) is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. The ODA requires hospitals to prepare annual plans that address "the identification, removal and prevention of barriers to persons with disabilities in the organization's by-laws, if any, and in its policies, programs, practices and services," and to make these plans available to the public.

This is the first year plan (2003 - 2004) prepared by the London Health Sciences Centre (hereinafter referred to as “LHSC”). The report describes: (1) the measures that LHSC has taken in the past, and (2) the measures that LHSC will take during the year (2003 - 2004), to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of LHSC, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

This year, LHSC committed itself 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 people 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 and members of the community with disabilities.

The Accessibility Working Group will be focusing on the barriers identified. The most significant findings were accessible entrances and washrooms and the need to increase awareness of accessibility issues. Over the next several years, the Accessibility Working Group recommends focusing on the different barriers identified to date and on other barriers that might be identified over the next several years. This year, the Working Group recommends addressing the following five barriers:

1. No central process for raising and addressing accessibility issues.
2. Staff may lack knowledge about various disabilities.
3. Number of poorly placed and confusing signs.
4. Lack of accessibility within our existing facilities.
5. Lack of accessible entrances.

1. Aim

This report describes (1) the measures that LHSC has taken in the past, and (2) the measures that LHSC will take during the next year (2003-2004), to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

2. Objectives

This report:

1. Describes the process by which LHSC has and will identify, remove and prevent barriers to people with disabilities.

2. Reviews earlier efforts at LHSC to remove and prevent barriers to people with disabilities.

3. Describes the measures LHSC will take in the coming year to identify, remove and prevent barriers to people with disabilities.

4. Describes how LHSC will make this accessibility plan available to the public.

3. Description of the London Health Sciences Centre

London Health Sciences Centre (LHSC), London, is a major patient care, teaching and research centre. As one of Canada's largest teaching hospitals, LHSC is comprised of three sites, University Campus, Victoria Campus, and South Street site - two community Family Medical Centres and will soon be integrated with the London Regional Cancer Centre (LRCC). LHSC has a capacity of 787 beds and 25 bassinets, with more than 7 895 staff who care for over 700 000 inpatients, outpatients and emergency patients each year. LHSC provides primary, secondary, tertiary and selected quaternary services for the communities of London and Middlesex. The hospital also serves as a regional referral centre for selected, highly specialized tertiary and quaternary clinical services for Southwestern Ontario. For more information please refer to www.lhsc.on.ca.

LHSC Mission Statement

Together we care, we learn, we discover

London Health Sciences Centre, a university teaching hospital, is committed to improving health. Building on our tradition of leadership and partnership, we champion patient-centred care, a spirit of inquiry and discovery, and a commitment to life-long learning.

4. The Accessibility Working Group

Establishment of the Accessibility Working Group

The Joint Executive Leadership Team (ELT) of LHSC and Senior Leadership Team (SLT) of St. Joseph's Health Care, London (SJHC) formally constituted the LHSC and SJHC Accessibility Working Groups in April 2003.

The Terms of Reference of the LHSC Accessibility Working Group can be found in Appendix A. A complete membership list of the LHSC Accessibility Working Group can be found in the Terms of Reference.

Coordinator

Amy Lee, Manager Business Functions & Informatics, is the Coordinator of the Accessibility Working Group.

Nick Kokkoros, Administrative Fellow Facilities Management & Restructuring, is the Facilitator of the Accessibility Working Group.

Members of the Accessibility Working Group

A complete membership list of the LHSC Accessibility Working Group can be found in the Terms of Reference (Appendix A).

5. Hospital commitment to accessibility planning

At its meeting on 23 April 2003, the Joint ELT SLT recommended that the Hospital adopt the following Accessibility Planning Policy:

LHSC and SJHC are committed to the following Accessibility Planning Policy:

- *The establishment of Accessibility Working Groups at the hospitals.*
- *The members of the Accessibility Working Groups should encompass a diverse cross section of staff representing departments relevant to accessibility planning such as Human Resources, Planning, Communications, Information Management., Occupational Health & Safety, Risk Management, and Organizational Development. The group should also include clinical staff as well as staff members with disabilities.*
- *The participation of people with disabilities in the development and review of its annual accessibility plans.*
- *The beginning review of recent barrier-removal initiatives and identification of the barriers to be addressed in the next year.*

- *Authorize the Working Groups to prepare an accessibility plan by September 10th, 2003 for approval to ELT SLT.*

- *Seek LHSC and SJHC Boards' approval of the accessibility plans by September 30th, 2003.*

6. Recent barrier-removal initiatives

The LHSC Accessibility Working Group created a survey to document recent barrier removal initiatives (see Appendix B). The survey was sent out electronically to the Operational, Tactical, and Strategic leadership of the hospital and to the London Regional Cancer Care Centre (LRCC). The following initiatives were recorded from the surveys to identify, remove and prevent barriers to people with disabilities.

a) Patient Brochures in Ophthalmology and Renal Patient Groups
Brief Description: Forms and Graphic Services designed the forms in a bigger type size for easier reading.
Project status: Ongoing - Forms are designed in large print as the need is indicated.
Communications will be developing Corporate Publications Guidelines in the coming months. The ODA will be addressed in the document.

b) Wheels in Showers in Surgical Care
Brief Description: To make a shower area accessible for patients in wheelchairs or on stretchers.
Project Status: On hold (reason: waiting for renovations to unit).

c) The Layout of the Geriatric Mental Health Program for Outpatients
Brief Description: In the Geriatric Mental Health Care Program, the area was set up to accommodate seniors in anticipation of people with mobility issues in particular. All of the chairs have arms; all chairs have a slightly higher seat so that it is easier to get out of the chair. There are no low sofas. One washroom has a permanent assistive device, while the other washrooms have grab bars.
Project Status: Complete.
The area is well laid out to allow for the movement of wheelchairs.

d) Risk Management Occurrence Report
Brief Description: To promote quality patient care and service, improve safety for patients, visitors and staff, and to reduce the possibility of adverse outcomes.
Project Status: Ongoing – Reviewing/revising current record.
Risk Management is planning to implement electronic system that could track disability / barrier issues.

e) Management of Compliments and Complaints

Brief Description: Patient feedback is an indicator of an organization's performance of care and services provided to our clients. Management of these indicators is a part of LHSC's quality improvement activities and risk management strategy. Disability / barrier issue section have been added to the FM Pro software so that tracking reports may be generated (15 July 2003). Management of feedback at the unit level promotes accountability for the quality of care and service provided by staff, physicians, and volunteers.

Project Status: Ongoing.

Users will require education for this new section.

f) Management of Abusive Situations

Brief Description: This initiative will assist staff in the management of an abusive situation in a safe and effective manner. To outline the appropriate actions in the identification, investigation, management, reporting, and documentation, of situations that may be considered abuse.

Project Status: Ongoing.

Staff will require attitudinal education.

g) Consent to Treatment

Brief Description: Policy and Procedure outlines the rules with respect to consent to treatment, capacity with respect to a treatment, use of Substitute Decision Makers (SDMs) with respect to a treatment on behalf of incapable persons, emergency treatment and completion of written consent forms. The communication and emergency section addresses persons with the inability to communicate.

Project Status: Ongoing.

Staff will require attitudinal education.

h) Parking Garage Railings

Brief Description: Risk Management's investigation of some occurrences in the UC North Parkade indicated some patient/visitor safety concerns. Following the review, it was determined that there was a need to have railings installed at the entrances to parking floors due to presence of curbs. It is intended that this would address any disabilities associated with a lack of physical coordination and vision disabilities. Because of this initiative, design changes were incorporated into the new Victoria Campus Parkade to eliminate the curb detail, where possible.

Project Status: Ongoing.

i) Critical Occurrence / Incident Review

Brief Description: Review in a reflective manner with all stakeholders, the critical incident that caused the negative outcome. Perform analysis of root causes and contributing factors that may be due to a disability or barrier. Develop a plan of

action to prevent similar occurrence in the future and improve patient, visitor and staff safety.
Project Status: Planning stage. Draft policy development.
Amy Lee, Manager of Risk Management, is the person responsible for this initiative.

j) London Regional Cancer Centre (LRCC) Wheelchair Availability

Brief Description: In 1995 an ad hoc committee was formed to address wheelchair availability in the LRCC. The issue was that the LRCC had 20 wheelchairs, however only 6 to 8 were available at any one time. The action that took place was a physical search for the wheelchairs, marketing to create an awareness of the issue by using email, voice mail and posters, and as a result the missing equipment was replenished. Another outcome was an ongoing quality control program that included all wheelchairs being stenciled and labeled for inventory purposes and a policy on Inventory and Repair of Wheelchairs.
Project Status: The initiative was revisited in 1999. The initiative is continually evaluated.
The volunteers have taken on the task of locating the wheelchairs and placing them at both entrances for easy access for patients. A map has been developed routing from LRCC to LHSC and back depicting key locations where the wheelchairs could be stored / found.

k) Wayfinding Project

Brief Description: LHSC with the help of Entro Communications now has documented signage standards which comply with the ADA (American Disabilities Act) and the ODA. All signs meet criteria for character height, character proportion, finish, and contrast.

- Signs have a foreground / background contrast level of 80%
- A Sans Serif medium font has been used for best readability
  - interior directional signs have a cap height of 25 mm
  - suspended directional signs have a cap height of 32 mm
  - departmental signs have a cap height of 50 mm
  - exterior signs with cap height of 129 mm & 190 mm
- non glare materials have been used on sign surfaces
- all painted components to be painted with Grip Gard ® / Grip Flex ®. Paint to have a matte finish
- a number of pictograms have been developed so that visitors who cannot read or read the English language can easily identify the various amenities

Project Status: The standards manual is complete. Zones have been established at both sites. Full project will be complete by 2007.

l) Accessible LHSC Corporate and Affiliate Public Web Sites

Brief Description: The corporate policy, "Publishing LHSC Web Pages," addresses accessibility issues. It states that:

LHSC Corporate Sites and Affiliate Sites will be accessible across a wide range of web browsing devices and comply with the Priority 1 and Priority 2 Checkpoints of the World Wide Web Consortium's "Checklist for Web Content Accessibility Guidelines 1.0"

These guidelines address a full range of accessibility issues including visual impairments, auditory impairments, and motor skill limitations.
For more information please see:

http://www.w3.org/TR/WCAG10/full-checklist.html

Project Status: The policy has been approved and is being implemented. Project expected to be complete in 2003.

7. Barrier-identification methodologies

On March 4, 2003 two members of the Accessibility Working Group attended an Ontario Hospital Association Conference titled *ODA Accessibility Planning: Is it on Your Radar Screen* to help hospitals with their accessibility planning. Various methodologies on barrier identification were discussed. The Accessibility Working Group used the following barrier-identification methodologies:

Methodology	***Description***	***Status***
Consultation with the Accessibility Advisory Committee of London	The facilitator of the Working Group attended 2 meetings as an observer of the Accessibility Advisory Committee at City Hall. Attended the National Access Awareness Empowerment and Action Day on May 27, 2003 with Jeff Adams, Chair of the Provincial Advisory Committee, giving the keynote address. A presentation was made to the Accessibility Advisory Committee on June 19, 2003 to update them on the progress of the London Hospitals work towards an accessibility plan.	A list of barriers identified by the Committee was received on June 19, 2003. Consultation with the Committee will continue throughout the planning process.
Communicated and presented to Joint ELT / SLT and Operational, Tactical, and Strategic	A presentation was given to Senior leadership to get their full commitment towards accessibility planning. A presentation was given to the Leadership forum to inform them of the organization's obligation	Senior leadership commitment was obtained in April 2003 and the leadership was presented to in June 2003. Both

leadership. Feedback solicited.	in creating an accessibility plan.	leadership and staff will be periodically updated.
Survey to record recent barrier removal initiatives	A survey to record recent barrier removal initiatives and identify barriers was sent out to Operational, Tactical, and Strategic leadership to help the Working Group with accessibility planning.	Survey was sent out and 29 responses were compiled in July 2003. A follow up survey and canvassing of hospital committees will follow up on the information compiled to date.
Research in regards to the disability sector of London	Examined a University of Western Ontario Masters of Public Relations student's paper titled "A Look at the Disability Sector of London Ontario", 17 community agencies views on barriers identified in London (January 2003).	Completed

8. Barriers identified

In its review, the Accessibility Working Group identified the following barriers to date. The review included compiling information obtained from the survey and the consultation with the Accessibility Advisory Committee on June 19, 2003. Over the next several years, the Accessibility Working Group recommends focusing on the different barriers identified to date and on other barriers that might be identified over the next several years. This list is divided into six types: (1) physical; (2) architectural: (3) informational or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

Type of Barrier	***Description of Barrier***	***Recommended Strategy for its Removal / Prevention***
Physical	Mobility issues for patients to get from their car to the clinics.	Have designated personnel to help with mobility patients coming into the hospital.

Type of Barrier	*Description of Barrier*	*Recommended Strategy for its Removal / Prevention*
Physical	Lack of accessible entrances.	Communicate to patients, visitors, and staff of the most convenient and accessible entrance before they arrive at the site.
Physical	Lack of accessible parking spaces.	Examine the number of accessible parking spaces.
Architectural	Washroom stalls are not accessible enough – some washrooms are not large enough to accommodate people with scooters or wheelchairs.	Ensure an adequate number of washrooms are accessible in any new construction projects.
Architectural	Lack of accessible washrooms on each floor.	Investigate the highest need area.
Architectural	Bathroom sinks and towel dispensers that are too high for wheelchair users.	Ensure washroom accessories are accessible in any new construction projects.
Communicational/ Informational	The hearing impaired has had difficulties getting sign language interpreters in hospitals to communicate with physicians and caregivers.	Meet with Canadian Hearing Society to obtain information on how best to access these services.

Type of Barrier	*Description of Barrier*	*Recommended Strategy for its Removal / Prevention*
Communicational/ Informational	Addressing visual impairments and various processes within the hospitals that may be difficult such as preparation of daily menu cards.	Family of patient or staff member to take the time to fill out menus with a blind patient. Multilingual and / or pictorial translation cards to facilitate communication with staff.
Communicational / Informational	Number of poorly placed and confusing signs / lack of clarity of main entrance.	Design and install wayfinding signage system that is in compliance with the ODA at all major sites.
Attitudinal	Staff may lack awareness of varying types of disabilities, including mental health issues.	An education strategy needs to be in place to help build awareness.
Attitudinal	Staff may lack knowledge of various disabilities.	Develop disability awareness workshop and staff training material.
Policy / Practice	No central process for raising and addressing accessibility issues.	Create a task team to jointly create a process and subsequent policy to deal with accessibility inquiries.

Policy / Practice	Certain evacuation procedures.	Identify the location of staff with mobility impairments to ensure they have a “buddy” to help them get out of the area.

9. Barriers that will be addressed 2003 - 2004

The LHSC Accessibility Working Group recommends addressing the following barriers during the coming year. The criteria used were based on the feed back from the survey and the Accessibility Advisory Committee of London.

Barrier	***Objective***	***Means to remove/prevent***	***Performance criteria***	***Timing***	***Responsibility***
No central process for raising and addressing accessibility issues.	Build on senior leadership commitment to accessibility planning and work towards an organization wide policy on accessibility.	Create a task team to jointly create a process and subsequent policy to deal with accessibility inquiries.	A new policy outlining an organization wide commitment to identifying and removing barriers for those with disabilities.	Begin work towards creating a policy in 2004.	Risk Management
Staff may lack knowledge about various disabilities.	Staff will better understand how to accommodate patients and staff with all types of disabilities.	Develop disability awareness workshop and staff training material. Incorporate awareness training into corporate orientation.	All staff will be aware of ways to accommodate patients and staff with disabilities.	In 2003 sessions will be developed and offered throughout the 2003 / 2004 year.	Learning & Communications
Number of poorly placed and confusing signs.	To ensure that the resulting wayfinding signage system is comprehensible and in compliance with the ODA.	Design and install new wayfinding signage systems at all sites.	A comprehensive, consistent nomenclature and signage that meets universal design standards.	A phased implementation plan with total project completion by 2007.	Wayfinding Committee

Barrier	*Objective*	*Means to remove/prevent*	*Performance criteria*	*Timing*	*Responsibility*
Lack of accessibility within our existing facilities.	Develop a process to review accessibility barriers to new and renovated facilities. Develop a phased plan to remove barriers in existing facilities and use accessibility as a criterion in the planning stage of new facilities.	Conduct a site audit to document current facility conditions. Opportunities to improve accessibility will be examined by comparing the Ontario Building Code (OBC) and Facility Accessibility Design Standards (FADS).	Hold focus group sessions and have a post occupancy review to assess improving accessibility within the facilities.	Conduct site audit and create procedure to review accessibility standards in 2004.	Facilities Management & Restructuring
Lack of accessible entrances.	Ensure that an adequate number of entrances to the hospital are accessible to patients, visitors, and staff.	Communicate to patients, visitors, and staff of the most convenient and accessible entrance before they arrive at the site.	People with disabilities can access hospital entrances.	Complete a systematic review on all entrances in November 2003.	Facilities Management & Restructuring

10. Review, monitoring, and implementation process

The Accessibility Working Group will meet periodically to review progress. Members of the Working Group will also commit to making presentations to the Joint Occupational Health & Safety Committee and to updating other relevant Committees on a regular basis. The City Wide Steering Committee will oversee the Working Groups and will update the Joint ELT SLT on progress and seek Board approval of the plans from both organizations.

11. Communication of the plan

LHSC's accessibility plan will be posted on their website and hard copies will be available at each site. On request, the report will be made available in alternative formats. For further information contact Nick Kokkoros at 685 8500 ext. 52170 or by email at nick.kokkoros@lhsc.on.ca.

APPENDIX A

LHSC Accessibility Working Group

Terms of Reference

Purpose:

The LHSC Accessibility Working Group is responsible to prepare an annual accessibility plan for identifying, removing and preventing barriers to improve access and opportunities for people with disabilities across the hospital.

Definitions:

"Disability" means:

- 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.

"Barrier" Means:

- 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.

Objectives:

- Develop measures to identify, remove and prevent barriers to persons with disabilities.
- Report on the measures in place to ensure that the organization assesses its proposals for by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities.

- List the by-laws, policies, programs, practices and services that the organization will review in the coming year in order to identify barriers to persons with disabilities.
- Report on the measures that the organization intends to take in the coming year to identify, remove and prevent barriers to persons with disabilities.

Duties:

- Review recent initiatives and successes in identifying, removing and preventing barriers.
- Identify barriers that may be addressed in the coming year.
- Set priorities and develop strategies to address barrier removal and prevention.
- Specify how and when progress is to be monitored.
- Write, approve, endorse, submit, publish and communicate the plan.
- Review and monitor the plan.

Membership:

Working Group Member	Department	Position
Amy Lee	Business Functions & Informatics	Manager
Nick Kokkoros	Facilities Management	Administrative Fellow
Purvi Desai	Facilities Management	Administrative Resident
Michele Clements	Facilities Management	Planning Specialist
Lew Acre	Facilities Management	Planning Coordinator
Douglas Glover	Business Functions & Informatics	Risk Management Specialist
Catherine Vandersluis	Business Functions & Informatics	Occupational Therapy Professional Practice Leader
Dipesh Patel	G & G Partnership Architects	Architect
Greg Davies	Learning & Communications	Web Producer
Barbel Hatje	Learning & Communications	Communications Consultant
Anita Jogia	Human Resources	Ergonomist
Marlene Cornelis	Human Resources	Project Team Leader
Sharon Armstrong	Finance	Coordinator
Glenda Hayward	Patient Care Systems	Professional Practice Specialist
Stephane Ouellet	Children's Care	Business Coordinator
Dr. Laurel Townsend	Mental Health	
Julie Sans	Cancer Care	Supervisor Facilities & Thameswood Lodge
Paul Toplack	Renal Care	Social Worker
Kim Wolny	Medical Care	Coordinator

Each member brings their special expertise, experience, and commitment to identifying, removing and preventing barriers to improve access and opportunities for people with disabilities. Each member does not represent the concerns of only one disability or group. All members of the committee will work together to develop a common approach which is reasonable and practical.

The Accessibility Working Group may form sub-committees as necessary to address specific issues. These sub-committees will draw upon members of the Accessibility Working Group as well as resource people from within or outside the hospital as deemed necessary.

The Accessibility Working Committee will appoint a Coordinator. The Coordinator will be responsible for coordinating and developing the plan and should have an understanding of:

- The organization's facilities, by-laws, legislation, policies, programs, practices and services.
- The range of access issues people with disabilities live with every day.
- The organization's annual business and capital planning cycles.

Guidelines:

There is a general guide to accessibility planning under the Ontarians with Disabilities Act, 2001. The current guide can be found on the internet at the following address:

http://www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm

The OHA with the help of many of its members has created a Toolkit for Annual Accessibility Planning under the Ontarians with Disabilities Act. The toolkit will be used as a guide to create the accessibility plan.

Accountability:

The Accessibility Working Group will report to an ODA Steering Committee consisting of members from both LHSC and SJHC. All initiatives to identify and remove barriers will then be reported to the Joint Committee and Joint ELT / SLT groups and final approval of the plan will be given by the Boards of both hospitals.

Frequency of meetings:

The Accessibility Working Group will meet monthly, or at the discretion of the Coordinator.

Deliverables:

By Sept. 30, 2003, an accessibility plan must be drafted.

APPENDIX B

ONTARIANS WITH DISABILITIES ACT (ODA)

SURVEY ON RECENT BARRIER REMOVAL INITIATIVES

Preamble:
The *Ontarians with Disabilities Act* (ODA) is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. The ODA requires hospitals to prepare annual plans that address "the identification, removal and prevention of barriers to persons with disabilities in the organization's by-laws, if any, and in its policies, programs, practices and services," and to make these plans available to the public.

The plans should be prepared on an annual basis to tie accessibility planning with regular planning cycles. The plan should also involve consultation with persons with disabilities and others. The deadline for developing and publishing these plans is **September 30th, 2003**.

The following survey *of leadership and staff* will help us **review recent initiatives and successes (from the past 3 – 5 years)** in barrier identification and removal practices for those who work in or use the facilities and services of the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community. We are looking at all types of barriers as defined by the ODA:

Barrier type	***Example***
Physical	A door knob that cannot be operated by a person with limited upper-body mobility and strength
Architectural	A hallway or door that is too narrow for a wheelchair or scooter
Informational	Typefaces that are too small to be read by a person with low-vision
Communicational	A health care professional who talks loudly when addressing a deaf student
Attitudinal	Staff who ignore patients/visitors in a wheelchair
Technological	A paper tray on a laser printer that requires two strong hands to open
Policy/Practice	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly, or at all

Please reply by **July 28, 2003** to the *following* sections where you feel you have information to share.

1) Your job function?
☐ Leadership (Manager, Coordinator) ☐ Clinical Staff (Physician, Nurse, Allied Health)
☐ Other (Customer Support personnel)

2) Your location?
☐ Victoria Campus, South Street Site ☐ Victoria Campus, Westminster Site
☐ University Campus

3) Are you aware of any initiative(s) addressing any types of barriers (as defined above)?
☐ Yes ☐ No

3a) If yes, what type of involvement do you have?
☐ Leading the initiative ☐ Participating directly in an initiative ☐ Acting as a resource to an initiative

4) Please document your knowledge of the initiative using the following framework.

Name of Project/ Initiative:	
Purpose:	
Expected Outcome(s):	
Project Status:	☐ Ongoing (expected completion date:_____) ☐ On hold (reason:_____) ☐ Planning stage ☐ Completed
Scope of Project/ Initiative:	☐ Department or Unit Specific ☐ Mutli-departmental (please specify:_____) ☐ Corporate ☐ City-wide
Has the project/initiative been evaluated?	☐ Yes ☐ No ☐ Will be at a later date
If evaluated, what were the outcomes?	☐ Excellent results ☐ Good Results ☐ Fair results ☐ Poor results
What could be improved? (e.g., application, process, education, awareness, compliance)	
Most responsible person and department:	☐ Person_____ ☐ Department_____
Any recommendations for future initiatives that address this issue?	

Risk Management / Radicalogic:

5a) Has there been a review of complaints specifically dealing with accessibility issues?

☐ Yes ☐ No

5b) If yes, what has been done to address those complaints?

5c) What was the outcome?

5d) Is there a process to have these complaints referred to appropriate departments for follow-up?

☐ Yes ☐ No

5e) If yes, please explain process.

Patient Care Areas:

6a) Have any issues about access or barriers been identified?

☐ Yes ☐ No

6b) If yes, what type of issue(s) were identified?

☐ lack of wheelchair access at entrances
☐ abuses of accessible family/unisex washrooms
☐ limited availability of ASL interpreters
☐ insufficient number of wheelchairs available
☐ insufficient number of accessible parking spaces
☐ other(please describe):_____

6c) Is there a process to have these issues addressed?

☐ Yes ☐ No

6d) If yes, what have been the outcomes? Please explain.

7) Are you aware of any projects/initiatives that address access/barrier issues in the following areas:

Wayfinding/volunteers	☐ yes	☐ no
Human Resources	☐ yes	☐ no
Learning and Communications	☐ yes	☐ no
Bio Engineering	☐ yes	☐ no
Emergency Response	☐ yes	☐ no
Information Management	☐ yes	☐ no
Materials Management	☐ yes	☐ no

8) Do you have any recommendations / suggestions for new initiatives that would address access / barrier issues?