

# MULTI-YEAR ACCESSIBILITY PLAN

Red Lake Margaret Cochenour Memorial Hospital  
Accessibility Advisory Committee



**ACCESSIBILITY ADVISORY COMMITTEE**

The Accessibility Advisory Committee has the following responsibilities:

1. Preparation of the multi-year accessibility plan
2. Advise the RLMCMH on accessibility issues with respect to the review of existing and new/proposed by-laws, policies, programs, practices and facilities projects.
3. Monitor the progress of annual accessibility plans
4. Advocate, educate and promote accessibility issues and goals with the staff and the community.

The Accessibility Advisory Committee conducted a review of the Red Lake hospital building and structures in October and November 2022. The group completed the Accessibility Plan using universal design standards and the Ontario Health Care Network of Accessibility Professional Accessibility Assessment tool. This plan was developed in consultation with persons with disabilities and in accordance with anticipated legislation changes.

<b>Committee Members</b>	<b>Name</b>
Director of Quality and Risk	Amanda Kaczmarek
Chief Executive Officer	Sue LeBeau
Chief Nursing Executive	Meghan Gilbert
Nurse Manager	Janine Maxwell
Director of Human Resources	Pearl Fleming
Maintenance Team Lead	Phil Poje
Physiotherapist	Tracey Melquist
Patient Advisor	Mark Whiticar
Patient Family Advisor	Sara deforges
Patient Family Advisor	Diane Pertocci

Revision Date: December 2022

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		<b>Built Environment</b>	
<b>BARRIER TYPE</b>	<b>DESCRIPTION OF BARRIER</b>	<b>STRATEGY TO ADDRESS</b>	<b>Status</b>
<b>Door Handles</b>	<p>Door handles are not usable by persons with upper extremity weakness or limited mobility.</p> <ul style="list-style-type: none"> <li>• Family Room</li> <li>• Boardroom</li> <li>• Physiotherapy department</li> </ul>	<ul style="list-style-type: none"> <li>• Replace knob-style door handles with lever-style door handles:                             <ul style="list-style-type: none"> <li>❖ Boardroom</li> <li>❖ Physiotherapy department</li> </ul> </li> </ul>	<b>Ongoing</b>
<b>Signage review</b>	<p>Signage is not always placed in consideration of those with accessibility needs</p>	<ul style="list-style-type: none"> <li>• Conduct annual signage review to ensure signage is appropriate for all those we are targeting with messaging</li> </ul>	

***Accessibility for Ontarians with Disabilities Act (AODA)  
Integrated Accessibility Standards Regulations (IASR)***

<b>Proposed regulations</b>	<b>PROGRESS</b>	<b>NOTES</b>
<b>RECOMMENDATION 1: ACCESSIBILITY LEAD/CONSULTANT</b>		
<ul style="list-style-type: none"> <li>• Identify an individual to function as the hospital's lead</li> </ul>	Complete	Director of Quality, Risk and Support Services fulfills this role
<b>RECOMMENDATION 2: ENGAGEMENT WITH PERSONS WITH DISABILITIES IN HOSPITAL ACCESSIBILITY PLANNING AND DESIGN</b>		
<ul style="list-style-type: none"> <li>• SLT/BOARD ENSURE THERE IS A FORMAL MECHANISM TO MEANINGFULLY CAPTURE REPRESENTATION OF PERSONS WITH LIVED EXPERIENCE OF DISABILITY AT A MINIMUM:                             <ul style="list-style-type: none"> <li>- HEALTH SERVICES PLANNING</li> </ul> </li> </ul>	In progress, the information exists but not in both	Found in all accessibility policies for organization, such as Accessibility policy and planning, Accessible

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<ul style="list-style-type: none"> <li>- QUALITY IMPROVEMENT ACTIVITY</li> <li>- STRATEGIC PLANNING</li> <li>- CAPITAL PLANNING</li> <li>• MAKE THIS MECHANISM AVAILABLE TO PERSONS WITH DISABILITIES IN ALTERNATIVE FORMATS AND IN BOTH ENGLISH AND FRENCH</li> </ul>	<p>English and French</p>	<p>communication and customer feedback</p>
<ul style="list-style-type: none"> <li>• BOARD APPROVAL OF ACCESSIBILITY PLAN (AVAILABLE IN ENGLISH AND FRENCH)</li> </ul>	<p>Complete</p>	<p>This was completed with this plan in January 2023</p>
<ul style="list-style-type: none"> <li>• RECRUIT REPRESENTATION TO PFAC AND CONSIDER THE BOARD/BOARD COMMITTEES, INCLUDING QUALITY</li> </ul>	<p>Complete</p>	<p>Complete and ongoing, looking for lived experiences in all facets</p>
<ul style="list-style-type: none"> <li>• PUT A MECHANISM IN PLACE TO CONSULT WITH/INCLUDE PARTICIPATION OF ACCESSIBILITY LEADS AND GROUPS OF INDIVIDUALS ON THE PROCUREMENT PROCESS FOR:             <ul style="list-style-type: none"> <li>○ EQUIPMENT PURCHASES</li> <li>○ SERVICE CONTRACTS</li> <li>○ EXTENSIVE RENOVATIONS OR REDEVELOPMENT PROJECTS, AND</li> <li>○ LEASED SPACE</li> </ul> </li> </ul>	<p>Complete</p>	<p>Policy “procurement change and code of ethics”</p>
<ul style="list-style-type: none"> <li>• DEVELOP CLEAR POLICIES REQUIRING THAT ALL NEW FACILITIES, OR RENOVATIONS, INCORPORATE PRINCIPLES OF UNIVERSAL DESIGN AND THAT ALL NEW PATIENT EQUIPMENT PROCURED IS FULLY ACCESSIBLE TO INDIVIDUALS WITH A RANGE OF DISABILITIES</li> </ul>	<p>☒</p>	<p>As above</p>
<ul style="list-style-type: none"> <li>• AS PART OF THE CAPITAL PLANNING PROCESS AN ALLOCATION SHALL BE MADE FOR THE PURCHASE/REPAIR/REPLACEMENT OF SPECIALIZED EQUIPMENT USED TO MEET ACCESSIBILITY-RELATED PATIENT NEEDS</li> </ul>	<p>☒</p>	<p>This is part of our procurement policy and ongoing based on need. For example, we ordered new phones for certain patients once accessibility needs were identified</p>
<ul style="list-style-type: none"> <li>• ENSURE THE FOLLOWING EQUIPMENT MECHANISMS ARE IN PLACE:             <ul style="list-style-type: none"> <li>○ POLICIES AND PROCEDURES THAT OUTLINE FOR STAFF HOW TO SECURE AND ENSURE THAT PATIENTS HAVE ACCESS TO THEIR PERSONALLY OWNED ESSENTIAL DEVICES/ITEMS AT ALL TIMES (INCLUDEING DURING A PANDEMIC AND EMERGENCY SITUATIONS)</li> <li>○ POLICIES TO IDENTIFY ACCESSIBILITY EQUIPMENT FOR GENERAL PATIENT USE</li> <li>○ REGULARLY UPDATING INVENTIORY AND LOCATION OF SPECIALIZED EQUIPMENT INTENDED TO ACCOMMODATE PATIENTS WITH DISABILITIES</li> <li>○ SPECIALIZED EQUIPMENT USED TO MEET ACCESSIBILITY-RELATED PATEINT NEEDS INCLUDING ASSITIVE DEVICES, COMMUNICATION DEVICES/MATERIALS, MEDICAL EQUIPMENT, ETC</li> <li>○ EDUCATION ON THE PROCESS TO REPORT DAMAGED OR FAULTY EQUIPMENT IN NEED OF REPAIR</li> </ul> </li> </ul>	<p>☒</p>	<p>Assistive Devices Policy</p>

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<ul style="list-style-type: none"> <li>• INFORMATION ON HOW TO USE SPECIALIZED ACCESSIBILITY EQUIPMENT SHALL BE DISPLAYED PROMINENTLY BOTH FOR PATIENTS AND HEALTH CARE PROVIDERS. SHALL BE AVAILABLE, UPON REQUEST, IN ALTERNATIVE FORMATS AND N BOTH ENGLISH AND FRENCH</li> </ul>	Ongoing	Ongoing as needed
<ul style="list-style-type: none"> <li>• INCLUSION FOR ACCESSIBILITY NEEDS IN E.H. R</li> </ul>	☒	Part of Meditech and part of new version of Meditech being rolled out called “Meditech Expanse”
<ul style="list-style-type: none"> <li>• CREATE POLICIES AND PROCEDURES REGARDING THE DOCUMENTATION AND SHARING OF INDIVIDUAL ACCESSIBILITY ACCOMODATIONS IN HOSPITAL. AT A MINIMUM TO INCLUDE:             <ul style="list-style-type: none"> <li>○ HEALTH CARE PROVIDERS SHALL PROACTIVELY OFFER ALL PATIENTS AND/OR THEIR AUTHORIZED SUPPORT PERSON AN OPPORTUNITY TO IDENTIFY THEIR INDIVIDUALIZED ACCOMMODATION NEEDS</li> <li>○ IF ACCOMODATION IS REQUIRED BY THE PATIENT, HOSPITAL SHALL PROVIDE THIS ACCOMODATION WHERE POSSIBLE/PRACTICABLE, AND ID IT ON THE PLAN OF CARE AND STATE HOW THESE ACCOMODATIONS ARE TO BE PROVIDED</li> </ul> </li> <li>• WITH PATIENT CONSENT, HOSPITALS SHALL SHARE INFORMATION ON PATIENT ACCOMMODATION REQUIREMENTS WITHIN HOSPITAL HEALTH SERVICES AND IN DISCHARGE PLANNING</li> </ul>	Complete	Part of Meditech health record, emergency preparedness plan, this conversation is held on orientation with the Director of Quality and risk regarding accessibility plans for employees. For patients that information is collected on Meditech
<ul style="list-style-type: none"> <li>• ADVANCE THE CULTURE OF INCLUSION BY INCLUDING IN MANDATORY EDUCATION THE REINFORCEMENT OF PRACTICES THAT ENABLE PERSONS WITH DISABILITIES TO FULLY PARTICIPATE IN THEIR CARE</li> <li>• SUFFICIENT TIME SHALL BE PROCIDED TO ENSURE PERSONS WITH DISABILITIES ARE ABLE TO BE FULL PARTICIPANTS IN THE DESIGN AND DELIVERY OF THEIR CARE</li> </ul>	Ongoing	Through patient-centered care training
<ul style="list-style-type: none"> <li>• Ensure there are policies, procedures and practices compliant with existing legislation, Policies and procedures shall include:             <ul style="list-style-type: none"> <li>○ The requirement to identify, provide and document communication accommodations and support that persons with disabilities may need to effectively communicate about their healthcare, to make decisions and provide informed consent</li> <li>○ When the health care team is unsure, a process/mechanism shall be outlined for the health care team to assess expertise to facilitate discussions and understanding of these discussions to ensure fully informed consent</li> <li>○ The requirement to identify and provide formal qualified independent communication support (such as a Speech Language Pathologist) in situations where people with disabilities do not have communication accommodation and supports, they require to give informed consent</li> <li>○ When the health care team becomes aware of/perceives a potential conflict of interest between the person with the disability and their family members or support person(s), a process/mechanism shall be outlined for the health care team to follow.</li> </ul> </li> </ul>	Ongoing	As new information becomes available to the team policies change or new policies are created

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<ul style="list-style-type: none"> <li>• Ensure P&amp;P that facilitate the use of third-party supports which include:             <ul style="list-style-type: none"> <li>○ The health care team should identify, document and update, when necessary, the support services that the person with disabilities requires while in hospital. This may include support provided by family members and friends, agency services or other external support services as directed by the patient</li> <li>○ IF a person with disabilities chooses to use their own existing services, then the health care team is required to utilize these health services</li> <li>○ The support person will assist the patient as directed by the patient and in consultation with healthcare providers</li> <li>○ Documentation on the care plan regarding the support service personnel and the role they play in the provision of care as outlined by the person with disabilities</li> </ul> </li> </ul> <p>If the person with disabilities does not have the communication assistance, they require the hospital shall refer to formal, qualified, independent communication support</p>	<p>Ongoing</p>	<p>Recorded in patient chart and in “assistive devices, Support persons, use of service animals</p>
<ul style="list-style-type: none"> <li>• In consultation with HIROC all hospitals shall have P&amp;P's and guidelines that enable the utilization of third-party providers to support patient care which include at minimum:             <ul style="list-style-type: none"> <li>○ The mechanism the hospital will use to support the integration of the third-party provider into the care team.</li> <li>○ The effective management of the inherent and potential liability issues pertaining to safety, confidentiality, and privacy</li> </ul> </li> </ul>	<p>In progress</p>	<p>Not complete yet – partial completion but requires review</p>
<ul style="list-style-type: none"> <li>• In addition to current training requirements under the Customer Service Standards in the Integrated Accessibility Standards Regulation, Ontario hospitals shall implement the government AODA healthcare education and training, specifically to the duty to accommodate people with disabilities in hospital settings. Hospitals should also provide specific training in healthcare standards, relative to their staff's position and responsibilities, and include the core competencies outlined in recommendation 12</li> </ul>		<p>Ensure we are delivering newest format</p>
<ul style="list-style-type: none"> <li>• In addition, hospitals should supplement this education and training with specific requirements pertaining to their hospital including:             <ul style="list-style-type: none"> <li>○ policies and procedures</li> <li>○ annual compliance report findings and action planning</li> <li>○ way finding</li> <li>○ website accessibility</li> <li>○ where and how to obtain support in order to provide individualized patient accommodations</li> <li>○ process or mechanism that outlines steps to take when health care workers perceive/become aware of conflict of interest between the person with the disability and their family members or support person(s) that may inhibit consent</li> </ul> </li> </ul>		<p>Part of orientation training – ensure we have newest format</p>

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<ul style="list-style-type: none"> <li>All Ontario hospitals shall implement this mandatory AODA health care training for all new staff during hospital orientation</li> </ul>	Complete	Complete and ongoing
<ul style="list-style-type: none"> <li>This education should be provided to all health care providers. This requirement shall be included in all contracts and/or agreements with third parties conducting business for/within the hospital</li> </ul>	Complete	Complete and ongoing
<ul style="list-style-type: none"> <li>All Ontario hospitals shall provide AODA health care education refresher training annually as part of the organizations' core curriculum requirements. The hospital shall set a deadline for completion of the annual mandatory training for each employee, with appropriate penalty for non-compliance</li> </ul>		In-person training stopped with COVID this item was missed when online training was adapted – recently re-added to organizations education calendar
<ul style="list-style-type: none"> <li>Every hospital reviews and amends their declaration of values, ensuring that ALL components of the Provincial Declaration of values are included</li> </ul>	In progress	Ensure all components are included
<ul style="list-style-type: none"> <li>Every declaration of value shall:                             <ul style="list-style-type: none"> <li>Include a commitment statement to accessibility, inclusion and diversity</li> <li>Include an explicit reference to the hospitals' patient relations process that ensures the rights of patients to raise concerns and make complaints without fear of reprisal</li> </ul> </li> <li>Be made available in alternative and accessible formats, in both official languages and posted in public spaces throughout the hospital</li> </ul>	Complete	Part of Patient declaration of values
<ul style="list-style-type: none"> <li>All health service providers within hospitals shall formally acknowledge in writing (or accessible format) their understanding, adherence, and commitment to AODA standards and the hospitals' Declaration of Values. The acknowledgement includes that they will provide care of the same quality on the basis of free and informed consent, adherence to human rights, intersectional lens and respecting the dignity, autonomy, and diverse needs of persons with disabilities</li> <li>To be signed annually in alignment with the hospitals mandatory annual AODA Core Curriculum</li> </ul>	Complete	Throughout the patient declaration of values and a core component of the values
<ul style="list-style-type: none"> <li>Contact information to be fully accessible and in alternate formats as requested</li> </ul>	Complete	On website and as requested
<ul style="list-style-type: none"> <li>Additional requirements to include:                             <ul style="list-style-type: none"> <li>A timely, effective, and documented process to address a patient's individual accessibility concerns and complaints</li> <li>To make available and post in a publicly accessible space and alternative formats upon request, the process by which patients can make complaints without fear of reprisal. The complaints process shall be fair and transparent with no conflict of interest</li> <li>To provide info to patients on the complaints and patient relations processes at a patient's first interaction or encounter within the hospital.</li> <li>A prioritization mechanism shall be in place to manage urgent complaints. This includes identifying whose role it is to manage complaints, and expectations for responsiveness.</li> <li>The provision of alternative, accessible formats to report a complaint or concern</li> </ul> </li> </ul>	Complete	Feedback process on website and on Patient Values posters, QR code, “accessible communications policy”. The number of complaints publicly available but not details on complaints for privacy reasons. Patient relations policy also covers this

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<ul style="list-style-type: none"> <li>○ A process for reviewing and updating policies, procedures and practices based on complaint patterns, and to carry out this review on a regular basis</li> </ul> <p>While maintaining patients' confidentiality, a hospital shall post quarterly in a publicly accessible space, information pertaining to complaints received about accessibility and their resolutions</p>		
<ul style="list-style-type: none"> <li>● Hospitals shall create easy read and plain language guides, fact sheets or toolkits related to their patient relations processes that describes:             <ul style="list-style-type: none"> <li>○ How to access patient relations</li> <li>○ the process for making a complaint, including how to prepare for a call with patient relations</li> <li>○ the patient relations escalation process, as well as any appeal process</li> <li>○ How to participate in a patient experience survey/process that is intended to capture through an intersectional and equity lens, a better understanding of patient experiences within the health care setting</li> </ul> </li> <li>● The information will be provided in alternative formats and in both official languages and can be made available in other languages as required</li> </ul>	In progress	It's accessible on the website but not in both official languages as we do not have language software on site. The ombudsmen for Ontario are also listed onsite
<ul style="list-style-type: none"> <li>● WCAG 2.0 Level AA compliant websites that inform persons with disabilities what is available to them to meet their accessibility and accommodation needs. This includes, but is not limited to:             <ul style="list-style-type: none"> <li>○ All accessible services and supports available</li> <li>○ All training and accessibility professional development offered</li> <li>○ Service navigation and contact persons for assistance</li> <li>○ partnerships with organizations to achieve accessibility and accommodation needs</li> <li>○ complain process</li> </ul> </li> </ul> <p>feedback mechanisms for improvements</p>	In Progress	The website itself is compliant, but the attachments/PDF links are still a work in progress. The team is slowly going through the information to decide on relevancy of the document. In some cases, the documents were produced by outside sources and are required to be on our site, but we cannot edit them, in these instances we will offer alternative formats were requested and as feasible
<ul style="list-style-type: none"> <li>● Review the impact of COVID-19 to persons who experience disabilities and create recommendations (government to do)</li> </ul>	Not started	Search to see if such a report exists

Year	EMPLOYMENT STANDARDS	ACTION REQUIRED	Progress
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2020	<p><b>Procuring or acquiring goods, services or facilities:</b></p> <ul style="list-style-type: none"> <li>• Incorporate accessibility criteria and features into the procurement process except where it is not practicable to do so, and,</li> <li>• If it is not practicable to do so, provide, upon request, an explanation</li> </ul>	<p><b>ACTION:</b></p> <ol style="list-style-type: none"> <li>1. Add a statement of accessibility criteria to the “<i>Procurement of Services and Supplies and Supply Chain Code of Ethics</i>” Policy ADM-FIN-II-12.</li> </ol>	COMPLETE
	<b>Outdoor space</b>	<p><b>ACTION:</b></p> <ol style="list-style-type: none"> <li>1. Assess feasibility for the creation of an accessible outdoor space</li> <li>2. Assess feasibility to make current outdoor patient space more accessible</li> </ol>	
	<b>Reception areas</b>	<p><b>ACTION:</b></p> <ol style="list-style-type: none"> <li>1. Replace reception area seating with seats that are easier to get out of</li> </ol>	
	<b>Entrance railings and concrete</b>	<b>Redo to make the building more accessible</b>	