



# Accessibility Plan Multi-Year Plan

For a five year period as of January 1, 2020

Updated December 2019

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## 1.0 Executive Summary

The purpose of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation. To this end, the AODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

This annual plan for 2019-2020 has been prepared by Royal Victoria Regional Health Centre (RVH) staff and reviewed Accessibility Committee of RVH. The plan has been approved by RVH Senior Leadership Team. The plan describes:

- Barriers identified and completed by RVH in the past
- New barriers identified to date
- The measures that RVH will undertake during the year December 1, 2019- November 30, 2020 to address a select number of these barriers

The purpose of this plan is to identify, remove and prevent barriers to people with disabilities who live, work in, or use the facilities and services of RVH, including patients and their family members, staff, healthcare practitioners, volunteers and members of the community.

Ontario Regulation 429/07 Accessibility Standards for Customer Service came in to effect in 2008, and Ontario Regulation 191/11, Integrated Accessibility Standards became law in 2011 and included standards for information and communication, employment, and transportation.

The Accessibility Committee has identified many barriers to persons with disabilities. This year the specific focus will be on meeting the standards related to removing barriers to accessing the facility. The plan is to make the family and patient journey accessible from the arriving on the RVH grounds, parking, and travel to the building entrances and internal accessibility.

## 2.0 Objectives

RVH is committed to:

- Improving access to health centre facilities, policies, programs, practices and services for patients and their family members, staff, healthcare practitioners, volunteers and members in the development and review of its annual accessibility plans
- Providing safe, quality services to all patients and their family members and members of the community with disabilities

This plan includes the following objectives:

- Describe the process by which RVH will identify, address and prevent barriers to people with disabilities
- Review efforts at RVH to address and prevent barriers to people with disabilities over the past year
- Describe measures RVH will take in the coming years to identify, address and prevent barriers to people with disabilities.
- Describe how RVH will make this accessibility plan available to the public

### 3.0 Accessibility Committee 2019/2020

Last Name	First Name	Title	Department
Burke-Jorasik	Rhonda	Speech-Language Pathologist	Children's Development Services
<i>Vacant</i>		<i>Vacant</i>	Information Technology Services
Clark	Cathy	Director (Committee Co-Chair)	Safety, Security & Occupational Health
Cocking	Jane	Manager	Corporate Communications
Cerilli	Andrea	Administrative Assistant	Capital Planning
Golding	Jon	Hearing Aid Dispenser	Speech and Hearing
Hallman	Dave	Coordinator	Business Development Office
Henderson	Heather	Clerk	Locating
Hart	Ross	Manager	Canadian Hearing Society
Jennett	John	Patient Relations Coordinator	Patient, Family and Experience Office
Borland	Jamie	Supervisor	Volunteer Resources
Mayes	Martha	Manager	Central Outpatient Registration
Morris	Sarah	Manager of Professional Practice	Interprofessional Practice
Barner	Wendy	Director (Committee Chair)	Capital Planning and Redevelopment
Buckingham	Emma	Consultant	Learning and Development
Thompson	Troy	Interim Supervisor	Facility Support Services
Hay	Ron	Patient, Family Advisor	Patient, Family Advisory Committee
Koza	Larry	Patient, Family Advisor	Patient, Family Advisory Committee
Vajda	Lori	Manager	Quality & Risk

### 4.0 Strategic Plan

#### Vision

Make each life better. Together

#### Mission

Exceptional care is our passion.  
 People are our inspiration.  
 Safety is our promise.

#### Values

Work Together, Respect All, Think Big, Own It, Care



**WORK TOGETHER**  
**RESPECT ALL**  
**THINK BIG**  
**OWN IT**  
**CARE**



## **MY CARE**

Patients and their families are at the centre of RVH's strategic plan. It is a plan rooted in the belief that every patient will have the best possible experience in our health centre. It is a philosophy we call "**MY CARE**" and it's this focus on patient and their families that drives our entire plan.

### **What is MY CARE?**

RVH will ensure your CARE is the best, safest and centered on you. Our **MY CARE** philosophy means we will think **THING BIG** and exceed your expectations. We will treat you and your loved ones with courtesy, dignity and **RESPECT**, while being responsive to your unique circumstances and cultural needs. We want you to be a partner in your care. We will listen carefully to you and keep you informed about your condition and treatment, so together, we can make the best decisions. We will **WORK TOGETHER** to coordinate your care – inside and outside our facility – and we will **OWN** our decision and behaviours. Our unwavering focus will enable us to Make each life better. Together.

### **Focus on MY CARE**

- Ensure patients and families are informed and engaged in planning and decision-making
- Smooth transitions for quality, timely care in the right setting

### **Drive Clinical Excellence**

- Exceed all safety measures
- Be a top provincial performer in providing timely, high-quality care and a positive patient experience
- With our partners, integrate the regional clinical plan including expansion of new specialized regional programs: Simcoe Muskoka Regional Heart Program, Simcoe Muskoka Regional Child & Youth Mental Health Program and RVH Regional Renal Program
- Develop a long-range plan to utilize space within RVH's current facility, and plan for a state-of-the-art south campus to meet the healthcare needs in rapidly growing south Barrie, Innisfil and Bradford West Gwillimbury



## Value People

- Engage and support our staff, physicians, volunteers and students in the delivery of exceptional care through a healthy, violence-free, respectful workplace
- Maintain a strong commitment to learning and development that supports innovation and creativity
- Pursue and support respectful, effective partnerships by engaging our diverse stakeholders

## Accelerate Teaching and Research

- Implement RVH's research plan, serving the needs of the region's population
- Build on our unique strengths, expertise and partnerships to provide the highest standards in teaching and training

## 5.0 Description of Health Centre

RVH is a regional health centre in Barrie, Ontario, located 80 kilometers north of Toronto. As the largest hospital in the region of Simcoe Muskoka, RVH's team of over 350 physicians, 2,500 employees and 850 volunteers provides exceptional care and specialty services to almost half a million residents, including cancer care, stroke services, orthopedics, intensive care, mental health and interventional radiology. RVH is focused on delivering high quality, safe care that puts patients and their families first.

RVH's \$450 million expansion, which opened in 2012, doubled the size of the existing hospital and includes:

- The Simcoe Muskoka Regional Cancer Centre
- 101 new inpatient beds, including a dedicated Cardiac Care Unit for critically ill cardiac patients
- The Emergency department tripled in size including a trauma unit, isolation ward and mental health crisis team
- Two new fully integrated Operating Rooms which are larger than existing suites for complex surgeries, bringing the total to 10 Operating Rooms
- Expansion space for two future patient care units
- Also, RVH completed construction of Rotary Place which includes Rotary House, a residential lodge for cancer patients and their families who live outside of Barrie.

Since the expansion, RVH has added the following:

- New 40 Bed Transitional Care Unit in 2017
- New regional Child and Youth Mental Health program in 2017
- New regional heart program, including a Cardiac Intervention Unit, in 2018
- Designated a Regional Renal Hub in 2018

**RVH**

Royal Victoria  
Regional Health Centre



## 6.0 Barrier Identification & Prioritization

The plan establishes a process by which RVH will identify, quantify, prevent or remove barriers to people with disabilities.

### Barrier Identification

These barriers can be categorized as follows:

- Physical / Architectural
- Informational / Communicational
- Attitudinal
- Technological
- Policies and practice

Methods to identify, tracking and address barriers include:

- Identification of potential accessibility issues by the Patient, Family & Experience Office through the incident Safety Learning System (SLS) reporting software module
- Feedback from volunteer resources, parking, security and business development services
- Interactive feedback via RVH website [www.rvh.on.ca](http://www.rvh.on.ca)
- Facility audits conducted by members of the accessibility committee
- Feedback from human resources team and support staff

### Barrier Prioritization

Process to be used in assisting the prioritization of each identifiable barrier includes:

- Review of legislated requirements
- Frequency of stakeholder feedback
- Assessment of the population affected by the barrier
- Practicality of a solution to be implemented
- “Work around” to avoid barrier
- Available resources/capacity assessment (cost/construction/phasing/timing)
- Risk assessment posed by barrier
- Coordination with other renovation projects and communication at RVH’s Space Planning Committee

## 7.0 Current Identified Barriers and Multi Year Annual Plan (MYAP)

This identifies the list of current barrier by type and proposed resolution to remove each barrier:

Type of Barrier	Description	Strategy	Timeline 2015-2020
<b>7.1 Communication</b>	Lack of visual alert to fire alarm in original building	Visual alert to be installed that would function during a fire alarm	New facility has strobe lights interconnected with fire alarm (F/A) system: Multi-year F/A systems upgrades are planned that include remaining original building scheduled to start in 2020/21.
<b>7.2 Physical</b>	Public washrooms without power assisted doors	Prepare a multiyear plan to secure funding to install power operator on an annual basis	Some washrooms have been addressed as part of other improvements: Perform an audit of all washrooms in 2020, and include into annual space planning budget to allocate funding for accessibility projects commencing with fiscal 2020/2021.
<b>7.3 Physical</b>	Public washrooms have manual flush valve mounted perpendicular to wall behind toilet	Retrofit water closets with automatic flush valve	Perform an audit of all washrooms in 2020, and include into annual capital budget to allocate accessibility project funding commencing with fiscal 2020/2021. Inpatient washrooms will be addressed as part of unit refreshes that align with long range Master Planning.
<b>7.4 Physical</b>	Missing knee space for public when at central registration stations	Plan for accessible modular furniture	Make revisions when the department is located to it final location that aligns with long range Master Planning.
<b>7.5 Communication</b>	Missing or lack of wayfinding for accessible facilities	Update signage in areas identified as under serviced	Annual signage review process to include updating or adding required signage 2020/2021.
<b>7.6 Physical</b>	Crosswalks and sidewalks built before 2012 do not meet the current requirements for the Design of Public spaces.	Some improvements have been made as parking areas are resurfaced. Improve accessibility of public pathways.	Following the recommendations of Parking & Exterior Accessibility Review Report (Hanson + Jung, 2017), continue to make phased improvements throughout 2020-2025

This identifies the list of current barrier by type and proposed resolution to remove each barrier:

Type of Barrier	Description	Strategy	Timeline 2015-2020
<b>7.7 Physical</b>	Coat hooks mounted in original building public washrooms are mounted too high	Itemize list of rooms and place work orders to lower the hooks to compliance height	Perform an audit of all washrooms in 2020, and include in routine maintenance work plan 2020/2021.
<b>7.8 Physical</b>	Offsite Dialysis washrooms, clinic space, reception desk and power operators are not barrier free	Identified locations and commence prioritization plan for upgrades	Review as part of Master Planning, and align upgrades with corporate direction for 2020-2025.
<b>7.9 Physical</b>	Missing tilt mirrors in original building barrier free washrooms	When planning updates to public washrooms	Perform an audit of all washrooms in 2020, and include into annual space planning budget to allocate funding for accessibility projects commencing with fiscal 2020/2021.
<b>7.10 Facility</b>	Provide textural or bright colour changes at floor levels	Notice or rumble strips to identify stairs or change in floor. Contrasting floor signage for visual cues for colour blind.	Review as part of Master Planning, and include upgrades in 2020-2025 that align with long range Master Planning.
<b>7.11 Communication</b>	Lack of public information systems for way finding for visual or hearing loss	Way finding system uses new technologies to align smart devices, patient portal and RVH way finding app	Address as part of the new Wayfinding App and MEDITECH upgrades planned for 2020/2021.
<b>7.12 Physical</b>	Additions and Detox: Washrooms, shower, kitchen space, sleep facility, reception are not barrier free. Entrances lack power operators	Identified locations and commence prioritization plan for upgrades	Include into annual budget strategy to allocate funding commencing with Fiscal 2018/19.
<b>7.13 Physical</b>	Additions and Detox lacks elevator access from lower level to main floor	Determine facilities' future use and determine if spaces will be clinically linked	Review as part of Master Planning, and align upgrades with corporate direction for 2020-2025.
<b>7.14 Informational</b>	Additions and Detox and off-site Dialysis has an absence of wayfinding or updated signage with braille or tactile	Update signage in areas identified as under serviced	Annual signage review process to include updating or adding required signage 2020-2025

<b>7.15 Communication</b>	No TTY service in Addictions and Detox or off-site Dialysis	A TTY phone or pay phone needs to be installed.	Include into annual budget strategy to allocate funding 2020-2025
<b>7.16 Communication</b>	Television service does not offer closed captioning for those with hearing loss in Addictions and Detox	Review procurement of device capable for closed captioning	Include in annual capital equipment planning process fiscal 2018/19
<b>7.17 Architectural</b>	Offsite Dialysis main entrance vestibule threshold is not compliant with accessibility	identified locations and commence prioritization plan for upgrades	Review as part of Master Planning and include into annual budget strategy to allocate funding 2020-2025

*End of list of Identified Barriers*



## 8.0 Highlight list of barrier free initiatives completed

This describes the barriers previously identified and completed as part of this Multi Year Accessibility:

Type of Barrier	Description	Action
<b>8.1 Physical</b>	Current power operator buttons are worn and difficult to see. Replace with touch free, illuminated button with large international pictogram	2019 - RVH Facilities installed 300 auto operators throughout facility in 2018/19 and 2019/20
<b>8.2 Physical</b>	Patient Entertainment System (PES) payment kiosk too high for access	2019 - PES upgraded in 2018/19, and kiosks no longer required.
<b>8.3 Physical</b>	Crosswalks and sidewalks built before 2012 do not meet the current requirements for the Design of Public spaces.	2019 – Improvements to parking stalls and pedestrian pathways made to North Visitor and Rotary lots. Addition of high contrast markings and Tactile Walking Surface Indicators in some areas, with plans to continue in 2020.
<b>8.4 Policies and Practice</b>	Maintaining adequate funding and project priorities for barrier removals	Fiscal 2018/19, RVH approved dedicated funding reserved for Accessibility projects on an annual basis.
<b>8.5 Communication</b>	Public documents and communication written in plain language and available in accessible format	2018/2019 Updates made to RVH website on methods to access materials in an accessible format
<b>8.6 Physical</b>	L3 Adult Mental Health Outpatient program entrance too small for power wheelchairs.	2018- Existing door and frame replace with larger door equipped with a power operator. Main entrance doors to Adult Inpatient Program replaced with new doors equipped with power operators
<b>8.7 Physical</b>	L1 Simcoe Parking lot barrier free access was difficult and paved surfaces were uneven to permit safe travel.	2018 – Resurfaced entire public parking area including revamping the barrier free parking to meet the two parking stall sizes Include new level access from parking to sidewalk by providing tactile surface bollards to provide for safe environment for pedestrians. Bollards where also provided to provide for a safe pedestrian environment.
<b>8.8 Communication</b>	Code white buttons in L1 Simcoe and Staff parking lot B were not accessible.	2018 – Curb cuts were provided to permit people with mobility aids to reach the code white buttons ( 3 locations)
<b>8.9 Physical</b>	Barrier free washrooms in the new building were identified as difficult to use by patients. The original diagonal grab bar made it difficult for patients to transfer.	2018 - L2 Georgian entrance, 2 barrier free washrooms were retrofitted with new L shaped grab bars. L3 Cancer Centre, 3 barrier free washrooms were retrofitted with new L shaped grab bars.

This describes the barriers previously identified and completed as part of this Multi Year Accessibility:

Type of Barrier	Description	Action
8.10 Physical	Public washroom without power assisted doors	2018 - L3 Cancer Centre, 1 barrier free washroom in the waiting room was retrofitted with a new power door operator.
8.11 Physical	Lacking barrier free accessible registration desk in L2 Central Registration	2018- New barrier free accessible registration replace former non-compliant desk.
8.12 Physical	Replacement of original fixed height grossing station in clinical laboratory	2018- New grossing station equipped with height adjustable workstation that will permit easy access to all staff.
8.13 Communication	Availability of amplified telephones and personal amplification system	2018 – Pocket talkers now rolled out to all patient registration desks 2017- 10 pocket talkers were purchased to be used throughout the facility and rolled out in 2017
8.14 Physical	Barrier free access to Central registration was limited	2018- New barrier free accessible registration replace former non-compliant desk.
8.15 Physical	Barrier free access for patients at the Central registration was limited	2018- New accessible registration desk replaced a former non-compliant desk.
8.16 Physical	Barrier free access to L3 area not barrier free accessible	2018- Centre for Education and Research main entrance replace with new accessible height vision panel doors complete with power operated doors
8.17 Communication	Lack of visual alert to fire alarm in original building	Ongoing work noted above in 7.1 2016 - New F/A system was provided during the Specialized Seniors Care inpatient unit refresh including strobes 2017 - Strobes added to: - new L3 Child + Youth Mental Health - L4 Cardiac Intervention Unit - L1 Cardiorespiratory Treatment Clinic, 2018- Strobes added to: - L3 Centre for Teaching and Research - L4 Transitional Care Inpatient.
8.18 Physical	3SA was original built in 1997 and was not accessible friendly for patient care. During the refreshing program in late 2016 for L3 Specialized Seniors Care, updates were planned.	2017- New barrier free accessible Interprofessional desk install New barrier free shower and washroom constructed for patient use. New power operated doors with integrated card access installed. Private patient room water closets have been reconfigured to allow for patient access from both sides for safe transfers.
8.19 Physical	L4 Transitional Care Unit was originally built in 1997 and was refreshed built in 1997 was not accessible friendly for patient care.	2017- New accessible height vision panel doors complete with power operated doors. New power door operators installed on main entrances interfaced with controlled access

This describes the barriers previously identified and completed as part of this Multi Year Accessibility:

Type of Barrier	Description	Action
<b>8.20 Physical</b>	Additions: Washrooms, shower, kitchen space	2017- Completed renovations to comply with barrier free access design
<b>8.21 Communication</b>	No TTY service in Emergency department. Not available	2017 - Alternate accommodations to TTY have been implemented
<b>8.22 Communication</b>	Hard of hearing/deaf clients are unable to be alerted when they are being called for a test. Communication pre/post operatively is inconsistent (visual-tactile alert system available in same day surgery and cancer clinic)	2016 - Rolled out Hearing Loss Tool Kit to all departments in health centre 2015/2016
<b>8.23 Informational</b>	Website was non-compliant with standards	2015 - Website updated Jan. 1, 2015 to meet compliance standards
<b>8.24 Physical</b>	Public entrance to Foundation office	2015 - Power operating device installed Summer 2015

*End of list of previously identified and completed Barriers.*



Barrier free parking stalls.



Tactile strips



Code Blue access



New Grab bar details



## 9.0 Communication of the plan

### Review and Monitoring Process

The Accessibility Committee meets monthly to review progress. It is the responsibility of the committee to ensure projects move ahead according to schedule. Members of the committee are responsible to educate the organization and community of its mandates and promote its activities. The chair provides the senior leadership team with an annual update. Updates regarding a significant renovation will be provided through quarterly updates from a member of the RVH Capital Planning and Redevelopment team.

During the 2017/18 budget cycle, RVH approved a three year plan to update and repair all RVH parking facilities and to include barrier free updates during this work. During the 2018/19 fiscal year, RVH complete the first of a three part renovation.

### Communication of the Plan

- RVH's Accessibility Plan will be available to the community and staff on the RVH website [www.rvh.on.ca](http://www.rvh.on.ca)
- Comments and feedback can be submitted via the RVH website
- The chair will provide an article to Corporate Communications annually to be included in hospital wide publications (i.e. Royal Review)
- Information regarding accessibility at RVH is also included in the patient and family guide

### Education Plan

- RVH provides mandatory training for all new hires. Staff are required to complete orientation which includes an online training module and test. The modules are updated and posted on April 1<sup>st</sup> of each fiscal year.
- Accessibility training is a component of RVH's annual mandatory training modules in order to meet compliance with the Accessibility Standards for Customer Service OFT ref. 492/07



## 10.0 Appendices

Name of Document	Document
Terms of Reference	 Accessibility Committee Terms of
Customer Service Policy and Procedure	Available upon request
Human Resource Accommodation in Recruitment	Available upon request
Accessible website	<a href="http://www.rvh.on.ca">www.rvh.on.ca</a>
Emergency & Public Safety Plan	Available upon request
Accessibility Training Plan	Available upon request

