



MULTI-YEAR ACCESSIBILITY PLAN CAMBRIDGE MEMORIAL HOSPITAL 2018-2022



Report Compiled By:

CMH Accessibility Committee

Don Hall, Manager of Planning & Redevelopment, Chair CMHAC

Report Submitted By:

James Hildebrand, Director of Capital Redevelopment

Approved By:

Patrick Gaskin, CEO (December 19, 2017)

CMH Board of Directors (January 24, 2018)

This publication is available on the Hospital's websites at:

<http://www.cmh.org>

Alternative formats available upon request.

TABLE OF CONTENTS

1	MESSAGE FROM THE CEO	4
2	CMH PLAN – DEFINITION / PURPOSE / EXECUTION.....	5
3	EXECUTIVE SUMMARY	7
4	STATEMENT OF COMMITMENT	9
4.1	COMMITMENT	9
4.2	COMMITMENT TO ACCESSIBILITY PLANNING	9
4.3	INVOLVEMENT WITH COMMUNITY RESOURCES TO IMPROVE ACCESSIBILITY	10
5	DEFINITIONS	11
6	OBJECTIVES	12
7	DESCRIPTION OF CAMBRIDGE MEMORIAL HOSPITAL	13
7.1	OVERVIEW:	13
7.2	STRATEGIC PLAN & VISION	14
8	CMH ACCESSIBILITY COMMITTEE.....	15
8.1	CMH ACCESSIBILITY COMMITTEE MEMBERS.....	15
8.2	FEEDBACK.....	15
9	BARRIER-REMOVAL INITIATIVES.....	16
	AREAS OF FOCUS.....	16
9.1	ONGOING OPERATIONS:.....	16
9.2	SITE AUDITS / SURVEYS.....	17
9.3	BARRIER-FREE DEVELOPMENT – PLANNING AND REDEVELOPMENT.....	17
9.4	POLICY REVIEW AND DEVELOPMENT.....	18
9.5	ORGANIZATIONAL INITIATIVES.....	18
10	BARRIER-IDENTIFICATION METHODOLOGIES	20
11	MULTI-YEAR BARRIER IDENTIFICATION AND REMEDIATION PLAN 2018-2022	21
12	REVIEW AND MONITORING PROCESS	26
13	COMMUNICATION OF THE PLAN.....	26
	APPENDIX A: COMPLETED ACCESSIBILITY INITIATIVES	27
	APPENDIX B: CMH ACCESSIBILITY TRAINING MODULE	30

1 MESSAGE FROM THE CEO

Cambridge Memorial Hospital finds itself in the midst of a multi-year Capital Redevelopment Project. This project avails itself of many opportunities in the support and fulfillment of our obligations to ensure the accessibility of our facilities and enhancing the lives of all those that use our services. Over the past five years, we have advanced our successes in creating a more equitable and accessible hospital; some of these initiatives include:

- Development of a new facility-wide signage and wayfinding system
- Development of a new LMS (Learning Management System) AODA E-Learn Module for our staff members
- Continual update and review of our website and accessible content
- Facility-wide assessment to review the design of our new and soon to be renovated facilities in accordance to the Integrated Accessibility Standards Regulation 191/11 (IASR)

This Plan builds upon the good work started in our previous multi-year Plan. It has been developed with input from staff, volunteers, and community members and with resources offered from both our municipal and provincial governments. It leverages our current redevelopment project to address the physical barriers that have limited our ability to be fully accessible. The Plan addresses operational barriers associated with attitude, information, technology, communications and systems by building better service delivery, enhancing operations and strengthening our culture. The Plan identifies goals and supporting projects that will significantly transform CMH's accessibility over the next five years.

It is a privilege to provide exceptional acute care services to the people of Cambridge and North Dumfries. Furthermore, it is equally important to ensure that the care we deliver is accessible to all. Removing barriers is a priority for us and promotes our vision of providing exceptional healthcare by exceptional people. As CEO, it is both a pleasure and honor to present this multi-year Plan to you. Please take a moment to review the details of our multi-year Plan and, as always, your continued support, encouragement and feedback is welcomed.

Sincerely,
Patrick Gaskin, CEO
Cambridge Memorial Hospital

2 CMH PLAN – DEFINITION / PURPOSE / EXECUTION

Definition:

For organizations like Cambridge Memorial Hospital (CMH) a “plan” may take many forms and address various areas of focus. The organization may develop “clinical management plans”, “fire and life safety plans”, specific “project plans” or in the case of this plan – an “Accessibility Plan”.

In general terms, a plan that directs the operations of an organization is a formal, approved document used to guide the plan’s execution and the plan’s control.

The core intent of the plan is to document planning assumptions and decisions made, facilitate communication among plan stakeholders and document the approved scope, objectives, schedule and costs associated with the plan. The plan developed may be a summary plan or very detailed.

CMH’s Accessibility Plan is a summary plan that overviews the works to be undertaken in the next five years from January 1, 2018 to December 31, 2022.

A developed plan will include a statement of how and when a plan's objectives are to be achieved. The plan should indicate the major deliverables, milestones, activities and resources required to ensure the success of the plan’s implementation. The plan should be the result of significant input from staff and key stakeholders, including community engagement where warranted. The plan should be agreed and approved by at least the team, committee and its key stakeholders that have developed it. In many cases, organizational plans will require the endorsement of senior management and/or the organization’s Board. CMH’s Accessibility Plan has been reviewed and endorsed by both its senior management (Director’s Council) and its governing body (the Board).

Purpose:

The objective of a plan is to define the approach to be used by the committee and organization as a whole to deliver the intended plan’s scope, objectives and mandate.

The plan should answers basic questions about the plan’s intent, including:

- Why? - What is the problem, focus or mandate that is being addressed by the developed plan? Why is it being sponsored by the organization?
- What? - What is the work that will be performed related to the plan? What are the main initiatives and deliverables to be achieved?
- Who? - Who will be involved and what will be their responsibilities within the plan? How will they be organized?
- When? - What is the timeline associated with the plan? Is it short-lived or intended to be implemented continuously over many years? When will deliverables or plan milestones be complete?

To be a comprehensive plan, the plan must describe the intended execution, management and control of the plan’s mandate. The plan is therefore supported

by other documents and processes that will be produced; these may include detailed project plans, annual work plans, schedules, communications plans, etc. The plan may cover many areas including some or all of the following aspects:

- Scope management;
- Requirements management;
- Schedule management;
- Financial management;
- Quality management;
- Resource management;
- Stakeholder management;
- Communications management;
- Change management and
- Risk management

CMH's Accessibility Plan has identified a series of initiatives to eliminate identified barriers over the next five years. Each of these initiatives will be supported by individual project plans to execute the work.

Execution:

CMH's definition of a plan is aligned with the Government of Ontario's definition of an Accessibility Plan and Policy. As such CMH's Accessibility Plan reflects the governmental requirements needed to execute the mandate of the multi-year Plan as defined by the Accessibility for Ontarians with Disabilities Act (AODA).

3 EXECUTIVE SUMMARY

Cambridge Memorial Hospital (CMH) continues on the transformative journey towards a vision of ***providing exceptional healthcare by exceptional people***. Contributing to this journey is the development of its new multi-year Accessibility Plan. As we embark on the development of the ninth iteration of this Plan, (not all plans have been multi-year plans) we are at a point in time where our organization's accessibility needs to be more inclusive, apparent and integrated in our day to day operations and built environment. We are aptly poised to do so as we continue our work in undertaking the single largest capital infrastructure investment in the organization's history, as well as transforming our delivery of healthcare to our community.

The Ontarians with Disabilities Act (ODA), 2001 was enacted to improve opportunities for people with disabilities and to provide for their full involvement in the identification, removal and prevention of barriers to their full participation in the life of the community. The ODA requires each hospital to prepare both annual and multi-year accessibility plans; to consult with persons with disabilities in the preparation of this plan and to make the plan public. CMH will continue to work with persons with disabilities both within and external to our hospital in the development of plan initiatives. This work will include both the review and implementation of works that will continue to eliminate barriers and achieve our ultimate goal of being fully accessible by 2025.

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) builds on the ODA by defining standards and measures of enforcement in order to achieve a fully accessible Ontario by 2025.

Hospitals must have complied with the first of four standards, the Customer Service Standard, Regulation 427/07, by January 1, 2010. These requirements were addressed in 2009-2010.

The Integrated Accessibility Standards Regulation (IASR), Ont. Reg. 191/11, combines 3 standards, has been enacted and became law on June 3, 2011. It was amended to include the Design of Public Spaces under Ontario Regulation 413/12 in October 2012. It covers accessibility standards in information and communication, employment, transportation and built environment. There is a phased-in approach to compliance, with deadline dates for each standard being based upon organization type and size, primarily ranging between January 1, 2012 and January 1, 2017.

It must be noted that the implementation of the Integrated Accessibility Standards continues to impact on Cambridge Memorial Hospital's capital and operational budgets and the provision of services, as indeed for all healthcare facilities in Ontario. The Accessibility Committee will continue to identify those initiatives that will continue to address the requirements of the IASR in order to meet the related compliance dates noted within the regulation.

This multi-year Plan describes: the measures that CMH has taken in the past and the measures that CMH will take during the next five years to identify, remove and prevent barriers to people with disabilities who live, work in, or use the facilities and services of CMH.

Once again, CMH has committed itself to:

- Continual improvement of access to hospital facilities, policies, programs, practices and services for patients, their family members, staff, and health care practitioners, volunteers and members of the community with disabilities;
- The participation of persons with disabilities in the development and review of its multi-year accessibility Plan; and
- The provision of quality services to all patients and their family members and members of the community with disabilities.

The committee continues to work closely with the Capital Redevelopment Project (CRP) Steering Committee to ensure the new redevelopment project and subsequent renovation projects comply with the latest accessibility regulations.

The CMH Accessibility Committee (CMHAC) has identified and removed a significant number of accessibility barriers since its inception. (*Refer to Appendix A attached*). One of the most significant accomplishments in the past year includes the implementation of a new signage and wayfinding system for the existing facility and the new wing being constructed. The final efforts of this will be realized in the spring of 2018 when the new wing of the hospital opens and will continue with the development of the Phase 3 renovations.

In our multi-year Plan for 2018 – 2022, the CMHAC has identified and is recommending 16 initiatives be undertaken to address various barriers to accessibility. These are identified in more detail in section 11 of the report.

4 STATEMENT OF COMMITMENT

The purpose of the Ontarians with Disabilities Act (ODA) 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 in the life of the province”*.

The purpose of the Accessibility for Ontarians with Disabilities Act (AODA) is *“accessibility for all by 2025”* through the development of standards and enforcement mechanisms. To fulfill this purpose, Cambridge Memorial Hospital has created an Accessibility Plan to improve accessibility for people living with disability in a consistent manner throughout our organization and to ensure compliance with the legislation.

4.1 Commitment

CMH’s vision *to provide exceptional healthcare* is for everyone, including those with disabilities. CMH is committed to treating people with disabilities in a caring and respectful manner that allows people to maintain dignity and independence. CMH is committed to meeting the needs of people with disabilities in a timely manner, and in a way that honours their dignity and independence. CMH actively identifies, removes and prevents barriers to accessibility and meets accessibility requirements under the Accessibility for Ontarians with Disabilities Act and Ontario’s accessibility laws.

This Plan describes the measures that CMH has taken in the past and those that CMH will take during the next five year period, to identify and address 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.

4.2 Commitment to accessibility planning

The CMH Director’s Council approved the 2018-2022 Accessibility Plan at its meeting of December 2017. It was subsequently approved by the CMH Board in January of 2018.

Cambridge Memorial Hospital’s commitment to accessibility planning ensures:

- The continual improvement of access to facilities, policies, programs, practice and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;
- The participation of people with disabilities in the development and review of its annual Accessibility Plan;
- That hospital by-laws and policies are consistent with the principles of accessibility and comply with regulatory standards;

- That hospital operations, processes and procedures align with accessibility standards in the delivery of service and;
- That oversight of our accessibility initiatives is ensured through the establishment of an Accessibility Committee at the Hospital.

4.3 *Involvement with Community Resources to Improve Accessibility*

CMH is committed to working collaboratively with community support programs and groups for persons with disabilities including but not limited to:

- Cambridge Accessibility Advisory Committee
- Grand River Accessibility Advisory Committee
- Independent Living Centre
- Waterloo Wellington – Local Health Integration Network (WWLHIN)
- Canadian Hearing Society
- Canadian National Institute for the Blind
- Employee & Family Assistance Program (Homewood Health Solutions)
- Canadian Mental Health Association

5 DEFINITIONS

Within this Plan, the term:

“Accessibility” means:

giving people of all abilities opportunities to participate fully in everyday life. It is used to describe how widely a service, product, device, or environment is available to as many people as possible. Accessibility can be seen as the ability to access and benefit from a system, service, product or environment.

“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 information or communication barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

“Disability” means:

- a) 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 coordination, 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;
- b) A condition of mental impairment or a developmental disability;
- c) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- d) A mental disorder, or;
- e) An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; (“handicap”).

“Plan” means:

CMH’s 5 year multi-year accessibility plan, “the Plan”

6 OBJECTIVES

This Plan:

- 1) Describes the process by which Cambridge Memorial Hospital will identify, remove and prevent barriers to people with disabilities;
- 2) Reviews efforts at CMH to remove and prevent barriers to people with disabilities over the past years;
- 3) Lists the by-laws, policies, programs, practices and services that CMH will review in the coming years to identify barriers to people with disabilities;
- 4) Describes the measures that CMH will take in the coming years to identify, remove and prevent barriers to people with disabilities;
- 5) Describes how CMH will make this accessibility Plan available to the public.

7 DESCRIPTION OF CAMBRIDGE MEMORIAL HOSPITAL

7.1 Overview:

Cambridge Memorial Hospital (CMH) has a distinguished and valued history. As a cornerstone for acute care services in the Waterloo Region, CMH has been driven by its desire to serve its community with outstanding services and care. CMH has proven that hard work by providers who care, a clear dedication to the patient and a willingness to be innovative can lead to great achievements. CMH is regarded for its high quality care and is a Registered Nurses Association of Ontario (RNAO) Best Practice Organization. The hospital is currently undergoing a major Capital Redevelopment Project, which is the largest single investment in health care in Cambridge's history. Slated to be finished in 2020, the project will see the addition of a new state-of-the-art patient care wing (opening spring 2018) and the complete renovations to the existing patient care wing. Once finished, core services will be expanded and specialty services added to better meet the growing health care needs of the community. For more information, visit www.cmh.org or <https://www.cmh.org/news/transformation-cmh-0>

Cambridge Memorial Hospital is a large community hospital with more than 1,100 dedicated and skilled health care professionals, technicians and staff providing primarily primary and secondary services to residents of Cambridge, the township of North Dumfries and the Region of Waterloo. CMH has an annual operating budget of approximately \$125 million. With 144 beds and large ambulatory care departments, CMH provides critical care, surgical, medical, rehabilitation medicine, obstetrics and pediatric inpatient and outpatient programs and a schedule 1 mental health unit.

Summary statistics from 2016/17 are presented below:

▪ Employees	1,139
▪ Medical Staff	289
▪ Volunteers	462
▪ Total Patient Days	50,344
▪ Inpatient Admissions	10,710
▪ Emergency Department Visits	53,907
▪ Ambulatory Clinic Visits	60,894
▪ Newborns	1,512

7.2 Strategic Plan & Vision

CMH's strategic plan is directed by the following Vision, Mission, and Values.

Vision

to provide exceptional healthcare through exceptional people.

Mission

A progressive acute care hospital and teaching facility committed to quality and integrated patient centered care

Values

Caring, Respect, Innovation, Collaboration, Accountability.

CMH's 2017-19 Strategic Plan: a summary (p.42) 

We will advance our vision  **To provide exceptional healthcare by exceptional people**

To deliver on our mission as  **A progressive acute care hospital and teaching facility committed to quality and integrated patient centred care**

By addressing the need for program development and expansion...  **Define our Role**

- We will use the Clinical Services Strategy to set and evaluate clinical priorities
- We will develop, approve and implement programmatic plans for our "petals of care" and core services
- We will recruit remaining medical leadership (p. 32-33)

...and through the focus on three strategic directions, each with their own projects that will yield measurable results

  	Improve Quality <small>(p. 34-35)</small> <ul style="list-style-type: none"> • We will develop and implement new ways to engage patients as partners • We will redesign care processes to improve quality, patient safety and the care experience • We will expand quality improvement learning and application 	Drive Value and Affordability <small>(p. 36-37)</small> <ul style="list-style-type: none"> • We will develop, approve and implement programmatic plans for our petals of care and core services • We will develop and implement new models of care internally and within our sub-LHIN 	Strengthen our People <small>(p. 38-39)</small> <ul style="list-style-type: none"> • We will implement corporate and departmental action plans as a result of the "Count Us In" staff engagement survey • We will expand quality improvement and learning and application • We will recruit remaining medical leadership
---	--	---	--

We will do this by staying true to our values

 **Caring**
  **Collaboration**
  **Accountability**
  **Innovation**
  **Respect**

8 CMH ACCESSIBILITY COMMITTEE

The President and CEO of Cambridge Memorial Hospital authorized the establishment of an Accessibility Committee with the purpose to:

- “promote and ensure accessibility for all persons living with a disability while at Cambridge Memorial Hospital (CMH); in accordance with:*
- a) the Accessibility Plan for Cambridge Memorial Hospital (CMH);*
 - b) the requirements of the Accessibility for Ontarians with Disabilities Act 2005 (AODA), and;*
 - c) any standards arising from the AODA.”*

Correspondingly, the CMH Accessibility Committee has developed a terms of reference within which it operates and functions to deliver the accessibility needs of the organization. CMH’s Accessibility Committee’s (CMHAC) terms of reference were revised and updated in December 2017. A copy of the terms of reference can be provided upon request.

8.1 CMH Accessibility Committee Members

The following individuals are members of the CMH Accessibility Committee as of December 2017.

Committee Member	Position
James Hildebrand	Director, Capital Redevelopment
Don Hall (Chair)	Manager, Planning and Redevelopment
Sonya Kochanski	Occupational Therapist Lead
Shelly Pavlic	Patient Experience Lead, Patient Relations
Emily MacDougall	Clinical Educator Facilitator, RN
Isabella Abraham	Web Communications Specialist, Information Technology
Sandra Hett	Vice President, Clinical Programs & CNE
Jacqueline Van Arragon	Clerk, Central Registration
Jackie Evans	Senior X-Ray Technologist, Diagnostic Imaging
Sarah CheeChoo	Recruitment Specialist, Human Resources
Mackenzie Pratt	Community Representative

8.2 Feedback

Cambridge Memorial Hospital welcomes the Community’s feedback on its Accessibility Plan, our programs, our services and the facilities in which we operate. We would be pleased to receive your feedback, your comments, suggestions and ideas regarding our accessibility services. Please feel free to direct these to us via the contacts identified on our website at:

[Cambridge Memorial Hospital](#)

9 BARRIER-REMOVAL INITIATIVES

During the period of our last multi-year Plan (2013-17), there has been a continued development and heightened awareness in the planning and implementation of initiatives at Cambridge Memorial Hospital to identify, remove and prevent barriers for people with disabilities. These initiatives have improved CMH's overall accessibility and continue to increase the awareness of the management team and staff to accessibility related issues. Although much has been done, there is still much to be done to achieve the Province's mandate of accessibility.

A summary of those initiatives that have been undertaken since 2010 is contained within *Appendix A*.

Areas of Focus

9.1 Ongoing Operations:

Review of grievances, concerns received by Patient Experience - Patient Relations Team and Accessibility Committee Chair.

Each year the Patient Experience Lead reviews patient feedback relating to a myriad of accessibility related issues. In addition, issues may be forwarded directly to the Accessibility Committee Chair or members of the Accessibility Committee. In past years, these issues have included, but are not limited to the following:

- Lack of accurate signage to navigate throughout the hospital;
- Curb and step markings requiring repainting;
- Access to wheelchairs at entrances;
- Access to transfer boards;
- The need for interpreter services;
- Accessibility and use of existing parking lot equipment, to name a few.

As these concerns are brought to light, they have been:

- Forwarded to the appropriate programs and services to be addressed;
- Discussed and resolution determined at the quarterly Accessibility Committee meetings;
- Included in the annual accessibility committee work plan as major initiatives, or;
- Have formed part of this multi-year Accessibility Plan for 2018-2022.

As part of CMH's accessibility initiatives, an "accessibility link" for patients, visitors and staff to communicate accessibility barriers to the Accessibility

Chair and or the Patient Experience Lead is now available on the CMH web page and internal Intranet site.

[Cambridge Memorial Hospital](#) and the CMH intranet [CMHnet Homepage](#).

Regardless of the method that these accessibility issues have been brought forward, verbal or in writing, these concerns regarding barriers to accessibility are reviewed by the Accessibility Committee. This feedback is used to generate recommendations for removal of identified barriers, to advance project renovation requests, or to undertake operational initiatives to resolve these specific accessibility issues.

9.2 Site Audits / Surveys

CMH appreciates the need for ongoing site audits and surveys, particularly within the climate of evolving legislative acts, regulations, building codes, policies and the like. For this reason, CMH has and will continue to undertake site audits of its facilities and operations in search of improved accessibility.

CMH's most recent site audits / survey initiatives include;

- In July of 2015, CMH requested that their Capital Redevelopment Project (CRP) consultant, Stantec Architecture Ltd., conduct a review of the CRP documents to verify that the documents and planning undertaken was in compliance with the Integrated Accessibility Standards Regulation (IASR 191/11). The review concluded that the documents were fully compliant except for two areas including exterior paths of travel and tactile surface requirements for stairs; these issues have now been incorporated into the building construction that is underway.

Our past site audits/survey initiatives have included;

- A "Barrier Identification Survey completed in 2012, recommendations from which initiatives were prioritized and forwarded to CMH management for implementation.

9.3 Barrier-Free Development – Planning and Redevelopment

CMH continues to consider the requirements of persons with disabilities in all architectural aspects of construction of its facilities and site. As we move forward with the current Capital Redevelopment Project, the project has availed us the opportunity to improve those areas of integration with the existing facility and site to address accessibility related issues. As an example, new sidewalks and access to and from the street will be improved and brought up to current built environment standards.

Wherever possible, CMH will improve accessibility related issues or remove barriers when undertaking renovation projects. CMH will utilize these projects to augment the work undertaken in these renovation projects to address identified accessibility issues.

CMH will continue to utilize as one of its' key planning lenses, the lense of accessibility to ensure that barrier related concerns are front and center in all of our planning activities being undertaken.

9.4 Policy Review and Development

The review of existing and new policies, practices and procedures are ongoing at CMH and will continue throughout the implementation of the 2018-2022 multi-year Plan.

CMH currently has seven (7) separate "corporate accessibility policies" that deal with a variety of accessibility related subjects. These specific policies are reviewed every 3 years in order to incorporate new legislative changes and ensure their applicability and relevance for CMH's ongoing operations. All policies were last updated in June of 2015 and will undergo a review as part of our 2018-22 multi-year Plan in 2018.

In addition to the directly related accessibility policies noted above, it is an objective of CMH's Accessibility Committee's terms of reference to;

"undertake review of all proposed or updated organizational policies from an accessibility lense / point of view."

These reviews are to ensure that the objectives of that particular policy are aligned with our organization's accessibility goals and objectives.

9.5 Organizational Initiatives

In 2010-2011 CMH initiated its first comprehensive "*new and existing staff, volunteers, physicians and agents Accessibility Training Session*" in accordance with the requirements of the AODA Act, 2005 and Customer Service Regulation 429/07.

In 2017, CMH updated this training and has now developed a Learning Management System (LMS) training module for staff which has been rolled out to both new and returning staff members that have been on leave. (*Refer to Appendix B, attached*).

As part of our launch of the 2018-2022 Accessibility Plan, it is our intent that all staff members undertake a refresher in accessibility training by completing the learning module.

Accessibility education is included in the Hospital Wide Orientation for new staff and volunteers. Accessibility information and accountability is also built into the CMH's Physician's credentialing package.

Web Content Accessibility Guidelines (WCAG)

Cambridge Memorial Hospital published their new website in June 2014. Besides providing fresh content and making the site smartphone friendly, the redesign provided an opportunity to offer current accessibility standards aligned with Web Content Accessibility Guidelines (WCAG 2.0 Level A). In 2014, the vendor that produced the website confirmed it passed WCAG 2.0 Level A requirements and that the website also conformed to WCAG 2.0 Level AA, the latter being required for websites in January 1, 2021. CMH also included accessibility formats within the website updates, noted on <https://www.cmh.org/site-accessibility> .

Recently, CMH has purchased software to check and report the accessibility of our published content so that it can correct issues in a timely manner. CMH is currently developing a training plan to educate all the CMH website editors on how to ensure the content they produce is accessible and conforms to current and near-future WCAG standards prior to posting it.

The CMH internal Intranet site and external Internet site include a section on “accessibility services”, providing information on education, policies, practices and procedures, resources, annual plan updates, feedback mechanisms and the Accessibility Plan.

10 BARRIER-IDENTIFICATION METHODOLOGIES

The Accessibility Committee has used the following barrier-identification methodologies in the development of its current Accessibility Plan:

TABLE 1

Methodology	Description	Status / Action
Barrier Identification Survey 2012	A hospital wide survey by department to identify barriers to persons with disabilities.	Submitted to Senior Management for approval. Incorporated into barrier remediation initiatives.
Barrier Identification Survey 2014	A hospital wide survey by department to identify barriers to persons with disabilities.	Submitted to Senior Management for approval. Incorporated into barrier remediation initiatives.
Patient Survey	NCR Picker Patient Satisfaction Survey provides an opportunity for patients to rate their satisfaction with hospital services.	Feedback collated. Incorporated into barrier remediation initiatives.
Patient Relations and Safety Specialist Report	Report received by the Accessibility Committee. Feedback incorporated into identified barriers.	Feedback collated and included in Accessibility Plan.
Accessibility Feedback link on CMH Internet and Intranet	Link for the public and staff to raise Accessibility concerns with the Accessibility Committee Chair and the Patient Relations and Safety Specialist.	Feedback collated and included in Accessibility Plan. Incorporated into barrier remediation initiatives.
Building Planning Audit	Architectural Consultants engaged to review the proposed Capital Redevelopment Project for compliance to Integrated Accessibility Standards Regulation 191/11 (IASR).	Feedback and identified areas of concern have been rectified and incorporated into building construction.

11 MULTI-YEAR BARRIER IDENTIFICATION AND REMEDIATION PLAN 2018-2022

Based on the results of the above noted methodologies and ongoing compliance requirements associated with the Integrated Accessibility Regulation 191/11, Customer Service Regulation 429-07, ODA (2001) and AODA (2005) requirements the Accessibility Committee proposes that the following initiatives be undertaken as part of its multi-year accessibility Plan.

TABLE 2 - REMEDIATION PLAN 2018-2022

Location / Area	Barrier	Solution	Responsibility	Target
General	Information and Communication	Upon finalization of the 2018-2022 Plan, undertake the following: <ol style="list-style-type: none"> 1. Develop an information and communications campaign to share CMH's new multi-year Plan, including: <ol style="list-style-type: none"> a. Communications broadcast reiterating the need and reason for CMH Accessibility Plan. b. Email broadcast to reference Plan, link to Plan on CMH website. 	Corporate Communications (Stephan Beckhoff)	Jan. 2018
	Education and Training	<ol style="list-style-type: none"> 1. As part of the initiation of the new multi-year Plan, undertake updated CMH Accessibility LMS learning module with staff. 2. Implement a year-long "Accessibility This Month" topic at all staff huddles, via email communications (e - Cast) to cover such topics as 24 hr. translation services availability, etc. 3. Develop and undertake a 2018 	Organizational Development (Linda Rodrigues) Departmental Managers	Jan. 2018 – March 2018 March 2018

MULTI-YEAR ACCESSIBILITY PLAN FOR CAMBRIDGE MEMORIAL HOSPITAL, 2018 - 2022

Location / Area	Barrier	Solution	Responsibility	Target
		<p>Accessibility Week - Lunch & Learns w/ community agency(s).</p> <p>4. CMHAC terms of reference have been revised to ensure ongoing education of committee members in the areas of accessibility in order to ensure alignment, conscientiousness of barriers being identified and initiatives being undertaken.</p>	<p>CMHAC</p> <p>CMHAC</p>	<p>June 2018</p> <p>Jan. 2018</p>
	Corporate Accessibility Policies Update	Review of policies directly related to accessibility (x7) to ensure compliance with evolving regulations	CMHAC & Senior Management	June 2018
	Unknown Accessibility Barriers	Undertake an accessibility audit as has been undertaken in the past to identify any new or emerging issues; particularly as it relates to interim relocations and construction of Phase 3.	Accessibility Committee	2019
Built Environment	Physical / Architectural Undertake Community Review of New Wing A - Acute Care Facility	Utilize community members that have previously volunteered their services to form a team to undertake a review of the newly completed Wing A, to assess how well planning initiatives were undertaken and to determine if any additional accessibility related barriers have become evident.	Facilities Management	June 2018
	Wheelchair Access at Ambulatory Care Entrance	There is currently a curb that exists and does not allow patients to travel down the ramp on a protected sidewalk. Planning solution to be developed and considered as part of Phase 3 redevelopment works.	Facilities Management	June 2018
	Preventative and Emergency Maintenance of Accessible Elements in Public Spaces.	CMH to undertake the development of: 1. Procedures for preventative and emergency maintenance of the accessible elements in public spaces and; 2. Procedures for dealing with temporary disruptions when accessible elements required	Facilities Management	December 2018

MULTI-YEAR ACCESSIBILITY PLAN FOR CAMBRIDGE MEMORIAL HOSPITAL, 2018 - 2022

Location / Area	Barrier	Solution	Responsibility	Target
		under this Part are not in working order. s.80(44) of the IASR.		
Information & Communications	Continued Continuity in Accessibility to Web Content, CMH Website	CMH is developing a training plan to educate all the CMH website editors on how to ensure the content they produce is accessible prior to posting to ensure it conforms to current and near-future WCAG standards.	CMH Clinical Team	Ongoing
	Communications TTY in Emergency	CMH – Clinical Team to collaborate with community resources, nurse management to validate effectiveness and provision of TTY service.	CMH – IMT & Quality Committee	Mar. 2018
	Ensure CMH Website Documents are Readable by Individuals with Disabilities and Videos Include Accessibility Standards	<ul style="list-style-type: none"> ▪ Develop guidelines to create accessible Microsoft office documents; ▪ Train CMH website editors; ▪ Identify other software in use for website; (i.e. Adobe InDesign) and provide guidelines; ▪ Provide resources or additional software to check full accessibility before posting. 	CMH – IMT & Public Affairs & Communications	Super Users – June 2018 Other editors – Dec. 2018
	Ensure CMH Intranet Documents are Posted with Full Accessibility and Videos Align with Accessibility Standards	<ul style="list-style-type: none"> ▪ Identify documents not up to accessibility standards; ▪ Train CMH intranet editors; ▪ Post on the Intranet -- guidelines to create accessible Microsoft Office documents; ▪ Identify other software in use for intranet (i.e. Adobe InDesign) and provide guidelines; ▪ Provide resources or additional software to check full accessibility before posting; ▪ Correct the documents and repost. 	CMH – IMT	Dec. 2019
	CMH Best Practice; Developing Accessible Documents	<ul style="list-style-type: none"> ▪ Corporate wide planning - education ▪ Communicate to managers / physicians / volunteers; ▪ Post on the Intranet -- guidelines to 		

MULTI-YEAR ACCESSIBILITY PLAN FOR CAMBRIDGE MEMORIAL HOSPITAL, 2018 - 2022

Location / Area	Barrier	Solution	Responsibility	Target
		create accessible Microsoft Office documents; <ul style="list-style-type: none"> ▪ Develop Learning Management System (LMS) training modules (HR to support); ▪ Investigate and enable accessibility check by default in Microsoft software; ▪ Identify other software in use to create resources/information for patients and make accessible; ▪ Provide resources or additional software to check full accessibility, if necessary. 	CMH – IMT & Public Affairs & Communications	Jan. 2021
	All Internet and Intranet Websites and Web Content Must Meet WCAG 2.0 Level AA	<ul style="list-style-type: none"> ▪ Train CMH website and Intranet editors to create documents for posting to conform to WCAG 2.0 Level AA; ▪ Ensure CMH website and Intranet meet the standards for WCAG 2.0 Level AA. 	CMH – IMT & Public Affairs & Communications	Jan. 2021
	Ability to Self- Register at Self-Service Kiosks	Ensure any kiosks have accessibility features.	CMH – IMT	Jan. 2022
	Specific Accessibility Information on Website	CMH to develop on the website’s “Accessibility Services” section detailed information to inform patients of accessibility provisions within the hospital (i.e. voice announcement on elevators, TTY provisions, interpreter services, accessible entrance locations, interpreter services, assistive devices/locations, location of wheelchairs, and others.)	CMH – IMT & Quality Committee	Sept. 2018
	Communication with Patients with a Disability Procedures for Patients in the Community with a Disability to Communicate with CMH	Collaborate with community resources to establish an effective means of communication that meet the accessibility needs of our community; whether TTY, or the need to consider other options/services. Preparation of policy and procedures for staff.	Risk Management & CMH - IMT	Fall 2018

MULTI-YEAR ACCESSIBILITY PLAN FOR CAMBRIDGE MEMORIAL HOSPITAL, 2018 - 2022

Location / Area	Barrier	Solution	Responsibility	Target
Community (Transportation)	Community access to hospital via Regional Transit Services	Review Public Transit Light Rail plans with Region of Waterloo / City Planners to ensure routes and stops support accessible public transit to / from CMH hospital.	Facilities Management	March 2018

12 REVIEW AND MONITORING PROCESS

The Accessibility Committee will meet at a minimum on a quarterly basis to review the progress of its annual plan and the 5 year multi-year Plan, as well as to address arising accessibility issues. Dates and times will be flexible. Minutes of the meetings and the Accessibility Plan will be provided to the Senior Management Team.

Annual updates on CMH's progress on the implementation of its multi-year Plan will be posted to its website.

As part of CMH's standard operating procedure, the Accessibility Committee will be required to develop an annual work plan that will be submitted to Director's Council for review and approval. The plan will ensure compliance and alignment with the multi-year Plan, CMH's statement of commitment and its organizational strategic plan.

13 COMMUNICATION OF THE PLAN

Cambridge Memorial Hospital is pleased to present our multi-year Accessibility Plan which was approved by its Board of Governors in January of 2018.

The Hospital's annual Accessibility Plan is posted on the CMH website: [Cambridge Memorial Hospital - Accessibility](#).

and on its Intranet site:

[Accessibility - Accessibility Plan](#)

Printed copies are available from the Public Affairs & Communications Department or Patient Experience Lead.

On request, the Plan is available in electronic form or large print.

Contact directly with the Hospital concerning accessibility issues can be made utilizing the contact information provided on the CMH website.

We welcome any questions or comments you may have about the multi-year Accessibility Plan.

APPENDIX A: COMPLETED ACCESSIBILITY INITIATIVES

Date	Barrier	Objective	Solution
2009-2010	Inconsistent knowledge and competence relating to persons with disabilities.	Develop learning module for staff development. Improve knowledge and competency of all staff, volunteers, agents	Hospital Wide Orientation for new staff, volunteers, agents and for those returning from a leave of absence. Educational sessions for existing staff, volunteers and agents.
	Policies, Practices and Procedures Manual review – annual requirement to meet AODA 2005.	Develop clear and concise accessibility related policies and procedures.	Policies, practices and procedures were reviewed and updated. Developed Customer Service Regulation policies and procedures. Posted policies, practices and procedures electronically under Accessibility Services tab of website.
	Manual door to cafeteria restricts access by persons with physical disability.	Provide fully accessible entrance facilities.	Installed automatic door openers.
	Layout of Tim Horton’s restricts accessibility by wheel chairs, strollers etc.	Provide fully accessible seating and circulation areas.	Removed barriers, installed movable tables and chairs.
	Controls for automatic doors at main entrance poorly located.	Provide fully accessible entrance facilities.	Relocated the door openers.
2010 - 2011	Equipment layout in Diagnostic Imaging limits access for disabled, bariatric patients in wheel chairs.	Provide disabled, bariatric patients with Diagnostic Imaging services. Decrease risk of injury to staff and patient.	A procedure for meeting the needs of disabled, bariatric patients in Diagnostic Imaging was developed. Staff received training.
	Lack of accessible phone for patients at switchboard with PRO unit (large digits, height) and for Pay Phones on Obstetrics and 5Med.	Provide ability for patients to communicate independently.	Implementation of cell phone friendly policy resolved need for pay phone changes

MULTI-YEAR ACCESSIBILITY PLAN CAMBRIDGE MEMORIAL HOSPITAL 2018 - 2022
Approved December 19, 2017

Date	Barrier	Objective	Solution
	Department procedure manuals not always consistent with Corporate Manual.	Ensure manuals give consistent information to staff	All departments reviewed and revised procedure manuals to comply with Corporate Manual.
	Security Door to Obstetrics challenge for visually impaired.	Provide access to Obstetrics for visually impaired.	Large digit phone installed that connects to nurse station.
2011 – 2012	Difficult access to main entrance to Lab.	Improve department accessibility	Installed automatic door opener in Lab.
	Washrooms, doorways, rooms do not meet GOS standards for accessibility.	Provide accessible space for persons with a disability.	Incorporated GOS standards during CRP planning for new facility and implemented GOS standards on renovation projects.
2012 – 2013	Need for clear directional signage including tactile, low-vision maps at entrances.	Way finding.	Worked with way finding solutions company to develop interim directional signage. Developed solution for current building.
	Capital redevelopment project planning meets AODA requirements.	Undertake review of planning undertaken for stages 3.2 & 4.1 of MoH Capital Approval Process to ensure compliance.	Letter of attestation sent to MoH.
	Distances for patients to travel, insufficient waiting room chairs.	Review locations for additional rest areas/seating. Review waiting rooms with managers to explore options, process improvements or additional chairs.	Space review completed. Handrails to be relocated from B tower and installed during Capital Redevelopment Project. Additional seating in waiting rooms provided, corridor flip down chairs installed.
2013 – 2014	Unsafe job sites – workers leaving stepladders/cables unattended in hallways without barriers/signage.	Review/Develop policy and process for construction in public areas regarding safe practices to protect both worker and the person with a disability.	Practice updated in 2014. Construction Policy updated in 2014.

MULTI-YEAR ACCESSIBILITY PLAN CAMBRIDGE MEMORIAL HOSPITAL 2018 - 2022
Approved December 19, 2017

Date	Barrier	Objective	Solution
	Counter depth in ED registration too deep.	Review requirements and incorporate in CRP for future state and develop interim solution.	Included in the design for new interim ED; Depth taken into account designing the Temporary ED Triage/Registration completed 2015.
2014 – 2015	Accessible formats and communication supports.	Post notice on CMH Web page. Notify staff and managers.	CMH launched the new website in June 2014 and added accessibility formats on the site.
	All internet and intranet websites and web content must meet WCAG 2.0 Level A except success criteria 1.2.4 Captions (Live) and success criteria 1.2.5 Audio descriptions (Pre-recorded).	Ensure accessibility of website information.	CMH website was aligned with accessibility standards WCAG 2.0 Level A when launched in June 2014 and the new Intranet was aligned with WCAG 2.0 Level A when launched in November 2015.
2015 - 2016	Inadequate signage and wayfinding	Provide clear direction for the public – included in the Capital Redevelopment Project.	Signage was purchased and installed as an interim measure and was updated on a regular basis. Wings are color coded, directional floor stripes added.
	New Capital Redevelopment Project meets IASR 191/11 requirements.	Undertake a review of CRP planning initiatives to ensure compliance.	Hired Stantec Architecture Ltd. to undertake a review and submit report indicating compliance requirements and issues that required resolution.
2016 - 2017	Patients require transfer boards within Clinics.	Ensure both staff knowledge and availability of transfer boards for patients requiring device if not provided by patient.	Undertook a review of clinical areas to ensure staff was aware of these devices and procedure for ensuring their availability.
	Accessibility to Mental Health Day Hospital – no provision of automatic door operators.	To provide full accessibility to Day Hospital area so that individuals with disabilities can enter the unit without the need to call staff.	Undertook review and pricing for the provision and installation of automatic door openers / hold open devices.
* Note: For Accessibility related initiatives undertaken prior to 2010, please refer to previous multi-year Plan for 2013-2017			

APPENDIX B: CMH ACCESSIBILITY TRAINING MODULE

Menu Notes

- Welcome
- Introduction
- Learning Objectives
- Legislation
- Ontario Human Rights Code
- The AODA
- Disabilities
- Types of Visible and Invisible Disa...
- Barriers
- Communication Considerations
- Communication Aides
- Accessibility Tools and Features at...
- Support Persons
- Service Animals
- Service Animal Etiquette
- My Accountabilities
- Resources
- Employee Accommodations
- Congratulations
- Quiz

Accessibility at CMH

Resources

Accessibility at CMH

AODA Training



< PREV NEXT >

