

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

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

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	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.

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	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			