Wellington
Health Care Alliance
Groves Memorial Community Hospital
Louise Marshall Hospital
Palmerston and District Hospital

Wellington Health Care Alliance

Accessibility Plan

2024 to 2029

This publication is available on the hospital's website

www.whca.ca

and in alternative formats upon request.

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Executive Summary

This is the 7th Accessibility Plan (2024 to 2029) prepared by the Wellington Health Care Alliance (WHCA) which consists of Groves Memorial Community Hospital (GMCH), and North Wellington Health Care (NWHC) - Louise Marshall Hospital (LMH), and Palmerston and District Hospital (PDH). It is the first combined plan between GMCH and NWHC. It builds on the exemplary work initiated in our previous plans. WHCA is committed to ensuring equal access and engaging people in a way that allows them to maintain their dignity and independence. Our strategic plan includes diversity, equity, and inclusion as the foundational enabler of each strategic pillar. This ensures our patients, families and community have equitable access to healthcare in a culture where everyone has the opportunity to thrive.

The plan describes the measures that WHCA has taken in the past to address issues. And identifies the actions WHCA will take during this multi-year plan to identify, remove, and prevent barriers to people with disabilities who live, work in or use the facilities and services of WHCA. This includes patients and their family members, staff, health care practitioners, volunteers, and members of the community.

The first Accessibility Plans (2003) identified over 15 barriers to persons with disabilities at NWHC and over 20 barriers to persons with disabilities at GMCH. The most significant findings at all sites were architectural and physical barriers, and inadequate space for storage.

NWHC

- Improvements have been made with continued projects including the ambulatory care expansion, emergency department, oncology unit and patient registration redevelopment at the LMH site in 2021. Smaller projects including the installation of a ramp at the dialysis entrance at PDH, automatic doors and ceiling lifts at both sites have addressed these barriers.

GMCH

- A master plan for renovating the existing facility was submitted to the Ministry of Health and Long-Term Care in 2002. That plan was reviewed, and the hospital submitted a Business Plan for construction of a new facility to the Ministry of Health and Long-term Care (MOHLTC) in January 2008. We are proud that in August 2020, a new facility that addressed the accessibility barriers was opened.

Aim

The plan describes the measures that WHCA has taken in the past, and the measures we will undertake over the next five years, to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers, and members of the community. This plan will improve opportunities for all people, including those with disabilities.

Objectives

The following is a summary of the objectives recommended and endorsed by WHCA. Each objective is aligned with our 5-year strategic plan:

1. Report on the measures the organization has taken to identify, remove and prevent barriers to people with disabilities.

2. Describe the measures in place to ensure that the organization assesses its Acts/by-laws, regulations, policies, programs, practices, and services to determine their effect on accessibility for people with disabilities.

3. List the policies, programs, practices, and services that the organization will review in the coming years to identify barriers to people with disabilities.

4. Describe the measures the organization intends to take in the coming years to identify, remove and prevent barriers to people with disabilities.

5. Provide a process to review and report on the plan's progress annually.

6. E n s u r e the accessibility plan and its review is available to the public (with alternative formats available upon request)

Description of WHCA

The Wellington Health Care Alliance (WHCA) is comprised of three, rural, acute care hospitals: North Wellington Health Care, with hospital sites in Mount Forest (Louise Marshall Hospital) and Palmerston (Palmerston and District Hospital) and Groves Memorial Community Hospital located in Fergus. Each hospital provides a comprehensive range of surgical, inpatient and outpatient services, including 24/7 emergency care.

Historical milestones include:

- 2002 – GMCH celebrated providing 100 years of excellent service to the community
- 2005 - formed an Administrative Alliance with North Wellington Health Care known as the Wellington Health Care Alliance
- 2004/2006/2008 – partnered with Grand River Hospital to provide access to oncology services (LMH site and GMCH) and hemodialysis (PDH site) closer to home for this rural

community
- 2020 – GMCH moved to a new accessible building
- 2021 – redeveloped the emergency department, and ambulatory care services, including oncology spaces at LMH
- 2021 - became a proud member of the Guelph Wellington Ontario Health Team
- 2023 – maintained exemplary status with Accreditation Canada (maintained accreditation status continuously prior to the first Accessibility Plan to current day)
- 2023 – initiation of MRI project in PDH

WHCA Vision, Mission, and Values:

Vision:
Rooted in Wellness – Growing Together – Cultivating Health

Mission:
Together, elevating quality to achieve excellent care, empowering all to thrive on our journey of wellness

Values:
Teamwork – Respect – Accountability – Caring – Kindness

WHCA Commitment to Accessibility Planning

The Board for GMCH originally recommended the approval of the following motion at its meeting on April 24, 2003:

"Moved by D. Hurlburt, seconded by W. Visser, that the Board of Governors accept the recommendation of the Property/Finance Committee that the Accessibility Planning Policy, as noted below, be approved:
Groves Memorial Community Hospital is committed to:

- *The continual improvement of access to facilities, policies, programs, practices 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 plans;*
- *Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and*
- *The establishment of an Accessibility Working Group at the hospital.* "

On September 18, 2003, the NWHC Finance and Property Committee of the Board of Directors reviewed and approved the first North Wellington Health Care Accessibility Plan 2003 – 2008.

This commitment to accessibility continues with the Board's annual review and renewal of the multi-year Accessibility Plan. The 2024-2029 Accessibility Plan is the first joint accessibility plan reviewed and approved by the WHCA Joint Resource Committee.

WHCA is committed to ensuring equal access and treating all people in a way that allows

them to maintain their dignity and independence. Diversity, equity, and inclusion has been included as the foundational enabler of each strategic pillar of the WHCA Strategic Plan 2023-2028. This commitment is demonstrated through:

- The continual improvement of access to facilities, policies, programs, practices 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 plans
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility
- Developing a multi-year plan which describes how NWHC will identify, remove and prevent barriers to people with disabilities and will meet legislative accessibility requirements within the required timelines.
- Monitoring progress, and develop annual public status updates
- Reviewing and updating the multi-year plan at least once every 5 years
- Ensuring compliance with all legislated requirements, including the Accessibility for Ontarians with Disabilities Act (AODA) and the Human Rights Code of Ontario

Review and Monitoring Process

a) The Accessibility Committee meets quarterly or at the call of the chair as required for arising equity/accessibility issues.
b) Committee membership includes representation from across the organization including leadership, frontline staff and a member of the Patient and Family Advisory Council.
c) The Committee responsibilities include reviewing accessibility requirements, identifying and reviewing barriers to accessibility at all sites, developing an action plan to address the identified barriers, and reviewing and updating the plan.
d) The Accessibility Committee Terms of Reference can be found as Appendix A.

Communication of the WHCA Accessibility Plan

The WHCA Accessibility Plan is available on the WHCH intranet and website. On request, the plan can be made available in alternative formats, such as paper copy, computer format, electronic text, in large print, or in Braille.

Barrier-identification Methodologies

WHCA uses the following barrier-identification methodologies in the development and review of its Accessibility Plan:

Methodology	Description	Status/Action
Accessibility Survey 2023	A hospital-wide survey to identify barriers to persons with disabilities	Results incorporated into 2024-2029 Action Plan
Patient Survey	Our patient experience survey provides an opportunity for patients to rate their experience with hospital services	Feedback incorporated into 2024-2029 Action Plan
Community Accessibility Survey 2024	A community-wide survey to identify barriers to persons with disabilities	Results incorporated into 2024-2029 Action Plan
Patient Relations Feedback	Patient Relations feedback channels provide an opportunity for patients to provide feedback on their experience with hospital services	Feedback incorporated into 2024-2029 Action Plan
Electronic Incident Reporting System (RL6)	Accessibility issues/complaints are submitted in the electronic incident reporting system	Reported issues incorporated 2024-2029 Action plan
Accessibility Site Audits	Site audits completed by the Joint Occupational Health and Safety Committee semiannually	Results incorporated into 2024-2029 Action Plan
Building Environment External Audit	Audit of the building environment at both LMH and PDH sites completed by external vendor January 2024	Results incorporated into 2024-2029 Action Plan

Accessibility Accomplishments

Moving GMCH into a newly built facility is the major initiative that resolved the architectural barriers identified in the past accessibility plans for this site. The tender for the new hospital required that the successful bidder ensure that the new hospital met all the requirements under the Accessibility for Ontarians Disabilities Act (AODA). The successful applicant completed multiple reports to demonstrate how they would meet the standards and complete an audit upon completion. New features included ceiling lifts in each inpatient room and one in Diagnostic Imaging, automatic handwashing sinks throughout the building, specific paint colours identifying the areas and units plus braille on the room signs.

Since moving to the new site:

- Signage has been improved based on patient, family and staff feedback including:

- New interior signs for Diabetes Education, Diagnostic Imaging and Day Surgery
    - The addition of parking lot signage to help navigate the parking lot and sidewalks.
    - New no smoking/no vaping signs throughout the property.
- Automatic doors installed in areas identified by staff and patients as requiring this access.
- Volunteers are stationed at the Main Desk and Third Floor to assist with and support wayfinding.
- Four parking spots have been reserved for Veterans.

The 2021 redevelopment of the Emergency Department, Ambulatory Care and Oncology, Day Surgery and Patient Registration Spaces at the LMH site required that the successful bidder ensure that the new spaces met all the requirements under the Accessibility for Ontarians Disabilities Act (AODA). New features in the redeveloped space included:

- A ceiling lift in Day Surgery
- Automatic handwash sinks
- An elevator (with visual and audible cues) to the lower level
- A ramp to the staff entrance
- Tactile plates on the sidewalks
- Automatic door openers
- Wheelchair accessible bathrooms
- Lower wheelchair accessible desks at Patient Registration, the Emergency Department and Ambulatory Care

Post redevelopment, LMH upgraded their care desks to include a lower wheelchair accessible desk, new fire system numbering for each room, and new Emergency Department outdoor signage to improve wayfinding.

The PDH site replaced the ramp to the dialysis unit and installed a wider door. Four sets of double doors were converted to automatic doors throughout the building.

A WHCA-wide electronic Learning Management System (LMS) was adopted to facilitate and monitor accessibility training for all staff.

Review of Previous Multi Year Plans

Review of Previous Multi Year Plan:

Site	Barrier to Employment Standard	Solution	Responsibility	Status
All	Lack of knowledge of the tools available	Training provided to all staff and volunteers	Human Resources Volunteer Coordinator	Complete

All	Lack of knowledge of the resources available for staff and applicants with disabilities. Lack of Emergency Plan to respond to employees with limited abilities	Documented modified work/return to work process Documented process for staff emergency plan	Human Resources – Occupational Health and Safety	Complete Included in current action plan
All	Ensure recruitment is accessible	Add note to all Job Postings – internal and external to let candidates know that we will ensure that people with disabilities are able to access all aspects of the recruitment and hiring process	Human Resources	Complete
All	Workplace Information and Communications are provided in accessible formats	Send out an email to all staff, advising them of our ability to provide more accessible formats for all workplace communications and information	Human Resources – Occupational Health and Safety	Complete
All	Individual accommodation plans are developed	Continue our standard practice of accommodation using the Return-to-Work template	Human Resources – Occupational Health and Safety	Complete
All	Employees returning to work after disability-related absences are to be accommodated	Continue our return-to-work process	Human Resources – Occupational Health and Safety	Complete
Site	**Barrier to Built Environment Standard**	**Solution**	**Responsibility**	**Status**
All	Ensure the future design of all public spaces ensures access to and within buildings and outdoor spaces	Communicate the value we place on accessibility and our legislated requirements to all contractor i.e., Architects, Cost Consultants, Engineers etc.	Redevelopment	Complete

Site	Barrier to General Standard	Solution	Responsibility	Status
All	Lack of participation of persons with disabilities in the on-going development and annual review of the accessibility plan	Post a notice to have a focus group to review our accessibility plan and participate in the audit of our facilities		Included in current action plan
All	Include accessibility considerations in capital projects and capital equipment plan	Add capital planning (5-Year Capital Plan) has added accessibility consideration as a standing agenda item to each leadership team meeting	Leadership Team	Complete
All	Lack of education for all staff and volunteers on AODA and Human Rights Code	Train all staff and volunteers on the Human Rights Code and all AODA standards	Human Resources Volunteer Coordinator	Complete

2024-2029 WHCA Accessibility Action Plan

Based on the barrier identification methodologies and ongoing compliance requirements associated with the Integrated Accessibility Regulation 191/11, Customer Service Regulation 429-07, ODA (2001), and AODA (2005) requirements, WHCA is committed to the following Accessibility Action Plan:

GENERAL STANDARDS

General standards include the requirements that apply across all 5 standards: employment, information and communications, transportation, the design of public spaces including the built environment, and customer service.

To ensure compliance:

- Policies are in place to support the WHCA commitment to accessibility.
- A multi-year accessibility plan has been established, implemented, and maintained.
- The accessibility plan and annual review are posted on the WHCA website with alternate formats available upon request.
- New staff and volunteer orientation includes training and review of AODA, Integrated Accessibility Standards Regulation and the Human Rights Code as it pertains to people with disabilities training and WHCA policy. Updates are shared with employees through the intranet and email.

Site	Barrier to General Standard	Solution	Responsibility	Timeline
All	Staff identified need for regular AODA training after orientation	Staff receive AODA and policy updates through the intranet. Provide access to Learning Management System (LMS) AODA training annually.	Human Resources Organizational Development	May 2024 With ongoing annual refresh
All	Consult with people with disabilities when establishing, reviewing, and updating multi-year plan	Community and Patient and Family Advisory Council (PFAC) consultation via survey Review plan (and include when updating plan) with PFAC, Guelph-Wellington Adult Community Living and Guelph-Wellington Barrier Free Community	Accessibility Committee	January 2024 April-May 2024 Ongoing

EMPLOYMENT STANDARDS

Employment standards support organizations to make accessibility part of the procedure for recruiting, hiring, and supporting employees with disabilities.

WHCA has embedded diversity, equity, and inclusion (DEI) into our values, vision, mission, and strategic pillars. This commitment plays a crucial role in creating a culture where everyone has the opportunity to thrive.

To ensure compliance:

- Every job posting identifies that WHCA strives to create a respectful, accessible, and inclusive work environment, and upon individual request, will endeavour to remove any barrier to the hiring process to accommodate those candidates with disabilities.
- Where a selected applicant requests accommodation, there is consultation with the applicant and Occupational Health to arrange for the provision of a suitable accommodation.

- WHCA has a process and policy to support documented individual accommodation plans for our employees with disabilities.
- Recruitment policies and processes are reviewed and updated on a regular basis and as required.
- When providing career development/and or redeploying employees with disabilities, the accessibility needs of employees with disabilities, as well as individual accommodations plans, are considered.

Site	Barrier to Employment Standard	Solution	Responsibility	Timeline
All	No documented process for implementation of a workplace emergency response if needed (not currently required by staff)	Include process in the current modified work/return to work process.	Human Resources Occupational Health and Safety	August 2024

INFORMATION AND COMMUNICATION STANDARDS

Information and Communication standards provide the requirements to create, provide, and receive information and communications that people with disabilities can access.

WHCA is committed to ensuring our information and communications is accessible to persons with disabilities and to receiving feedback from our communities.

To ensure compliance:

- Our multi-year Accessibility Plan and annual review are posted on our website, with alternate formats available upon request.
- WHCA website and online content conform with World Wide Web Content Accessibility Guidelines (WCAG) 2.0.
- Processes to provide feedback on accessibility are posted on our website.
- All feedback processes are accessible, and alternate formats are available upon request to the Patient Relations Team.

Site	Barrier to Information and Communication Standard	Solution	Responsibility	Timeline
All	Ensure everyone is knowledgeable about the new multi-year accessibility plan	Share launch of WHCA's new multi-year Accessibility Plan and link to current plan on the WHCA website to staff by email, and the community by social media (with alternate format available upon request).	Accessibility Committee & Communications	June 2024

DESIGN OF PUBLIC SPACES/BUILT ENVIRONMENT STANDARDS

Standards related to the design of public spaces focus on the removal of barriers in public spaces.

To ensure compliance:

- WHCA undertook an external accessibility audit of the built environment at PDH and LMH February 2024. Recommendations were reviewed, and included in the accessibility plan based on priority, and current feasibility. This audit ensures that requirements outlined in the AODA Built Environment Standards (Design of Public Spaces) are met in all new construction and/or renovation.
- Ensures technical requirements outlined in the AODA Built Environment Standards (Design of Public Spaces) are met in all new construction and/or renovation at WHCA.
- All redevelopment projects and new builds at WHCA require that the successful bidder ensure that all new spaces meet all the requirements under the AODA and the 7 Principles of Universal Design

Site	Barrier to Built Environment	Solution	Responsibility	Timeline
GMCH	Outdoor path to the Healing Garden is gravel with an incline making it difficult to ambulate with an assistive	Assess alternative routes to the garden and/or feasibility of redesigning or paving the pathway.	Plant Operations	To be determined (TBD)

	device or wheelchair			
GMCH	Short time delay on the waiting room doors from Triage in ED	Increase time delay on automatic doors to allow sufficient time for people using mobility aids or supports to enter/exit.	Plant Operations	Complete
GMCH	Ambulatory care waiting area does not provide space for persons using a wheelchair to sit amongst other seated individuals.	Reconfigure chairs in waiting room to provide space for wheelchair (may need to remove a chair to accommodate the additional space needed)	Ambulatory Care Manager	July 2024
PDH LMH	Wayfinding challenges – missing coloured lines on floor, consistent signage that includes tactile characters or braille, and tactile maps	Reassess wayfinding post-MRI redevelopment and add coloured lines in the corridors where indicated, and signage consistent with wayfinding at GMCH.	Communications Manager	2025-26
PDH	2 accessible parking spaces use the path of travel to the main entrance as their shared access aisle	Provide accessible parking access aisles separate from the barrier-free path of travel by repainting the parking lines.	Plant Operations	2025-26
PDH LMH GMCH	No Type A Van accessible signage	Install signage indicating “van accessible” at the Type A Van accessible parking spot	Plant Operations	2026
PDH	No tactile attention indicators (TAI) at the	Add TAI where pedestrian routes enter the vehicle route at the primary entrance and	Plant Operations	2026

	primary entrance or at the west entrance	west entrance with future renovation		
PDH/ LMH	Not all waiting areas provide bariatric seating or space for persons using a wheelchair to sit amongst other seated individuals.	Assess each waiting area and adjust seating to provide bariatric seating options and space for persons using a wheelchair to sit amongst other seated individuals in all the waiting areas where absent.	LMH and PDH Clinical Care Managers	September 2024
PDH	Floors and walls are often both a light white/grey and provide minimal colour contrast.	With each renovation and redevelopment, provide visual colour contrast between floor and wall surfaces throughout the hospital corridors.	Plant Operations and Redevelopment	Ongoing
ALL	Assistive listening devices are not provided at central registration, nurse stations, and the gift shop.	Investigate options for assistive listening devices for the main service counter (first priority) and the nurse stations/care desks and the gift shops in future planning (future planning with renovations)	Manager of Central Registration	2025 and ongoing
PDH	Patient quiet room has narrow paths less than 1100 mm clear width due to furniture placement.	Rearrange furniture in patient quiet room to provide the 1100 mm clear width.	PDH Clinical Manager	September 2024
PDH	Lavatory faucets aren't consistently operable with a closed fist	Upgrade lavatory faucets throughout the hospital with each renovation and redevelopment.	Plant Operations and Redevelopment	Ongoing

	throughout the hospital			
PDH	Staff lounge between housekeeping and the nurse's locker room has a narrow path between two sofas at the entry. A 1500 mm turning circle is not provided.	Rearrange furniture in the staff lounge to provide minimum 1100 mm path clear widths, free from objects, including movable items such as waste bins, chairs, rolling equipment.	Clinical Manager Manager Support Services	September 2024
PDH LMH	Pull string emergency call systems in washrooms are not operable with a closed fist	Upgrade existing pull string emergency call systems to ones that can be used with a closed fist with each renovation and redevelopment. All new emergency call systems will be operable with a closed fist.	Plant Operations and Redevelopment	Ongoing
PDH LMH	Limited barrier free, accessible washrooms, especially in the inpatient areas.	Newly constructed or renovated washrooms will be barrier-free and have wheelchair accessible toilets and sinks.	Plant Operations and Redevelopment	Ongoing
LMH	One TAI vehicular traffic is chipped near the main entrance and PUDO.	Replace the chipped TAI plate near the main building entrance and the PUDO area.	Plant Operations	July 2024
LMH	A pedestrian crossing across Dublin Street connects the site to an adjacent medical clinic.	Provide signage to notify vehicles of pedestrian crossing areas.	Plant Operations	2026

LMH	Staff entrance door swings into the path of travel leading from the stairs to the entrance.	Provide a cane detectable guard on the hinge side of the power operated door to mediate the risk of persons being struck by the swinging door.	Plant Operations	2026
LMH	Staff entrance doors are glazed with a silver/grey frame and silver/grey hardware. Continuous opaque strips are not provided on the staff entrance glazing.	Add a continuous opaque strip between 1350-1500 mm AFF on the glazed door at the staff entrance when renovating or redeveloping the space	Plant Operations and Redevelopment	TBD
LMH	Public entrance doors are glazed with a silver/grey mullions and frames. Staff entrance doors are glazed with a silver/grey frame and silver/grey hardware.	Provide door hardware that provides colour contrast when renovating or redeveloping the space	Plant Operations and Redevelopment	TBD
LMH	Floor and wall surfaces do not provide sufficient colour contrast. Lighting and the semi-gloss floor surfaces throughout the hospital create	Hone the floor surface and change handrail or wall colour when renovating or redeveloping the space.	Plant Operations and Redevelopment	TBD

	patches of glare. Plastic finish handrails do not provide colour contrast from the wall. Throughout all patient, treatment, and exam rooms, colour contrast is not provided between beige floors and white or beige walls.			
LMH	Several patient rooms have a sharps bin installed on the wall which projects into the path of travel and is not detectable by a white cane.	Assess sharps bin options to remove barrier and correct with best available option.	Support Services Manager and LMH Clinical Manager	October 2024
LMH	The main entrance signage uses white text on a light grey background, which does not provide high contrast.	Provide high contrast between text and the background on main entrance signage when renovating or redeveloping the space.	Communications Manager	TBD

CUSTOMER SERVICE STANDARDS

The customer service standard includes the requirements for removing barriers for people with disabilities so they can access services and facilities.

WHCA is committed to providing respectful services centred on the individual's unique needs.

To ensure compliance:

- Services are provided in a manner that respects the dignity and independence of persons with disabilities.
- WHCA receives and responds to feedback and ensures processes are accessible for people with disabilities.
- Accessibility criteria and features are incorporated when procuring goods and services unless it is impractical to do so (when not incorporated, an explanation is provided upon request).
- Service interruptions are communicated on site and online.
- Staff and volunteers receive training on the purpose of the AODA and the requirements of the customer service standards at orientation. Updates are provided by email and on the intranet.
- Training is tracked using an electronic learning management system (LMS).
- A policy is in place, reviewed and updated regularly, to meet the customer service standards (Accessibility Standards for Customer Service HRI-12) including service animals and support persons.

Barrier to General Standard	Solution	Responsibility	Timeline
Patient Experience Survey electronic format only	Availability of alternate format of patient experience survey upon request	Patient Relations	May 2024
Staff identified need for regular AODA training after orientation (*see general standards)	Staff receive AODA updates through email and the intranet. Provide access to Learning Management System (LMS) AODA training annually.	Human Resources Organizational Development	May 2024 With ongoing annual refresh

TRANSPORTATION STANDARD

Transportation standards apply to organizations providing transportation services such as public transit, taxicabs and school boards, hospitals and universities who provide such services (e.g., shuttle buses).

While transportation standards do not apply to WHCA, it is committed to its valued partnerships and the community supports required to grow a seamless system of care for our community.

Appendix A: Accessibility Committee Terms of Reference

Name of Committee	Accessibility Committee
Role of Committee	The role of the Accessibility Committee is to provide a forum to meet the Wellington Health Care Alliance's (WHCA) mandate as set out in the Accessibility for Ontarians with Disabilities Act, 2005. This includes the following: 1. Identify, remove, and prevent barriers to people with disabilities who live, work, or use the Hospital including all staff, patients, volunteers, students, foundation staff, physicians, contractors, and members of the public. 2. Create a multi-year Accessibility Plan with action plan and review/update the action plan annually. This will be done by: o Reviewing the disability plan requirements and ensuring the plan conforms to the principles of the AODA and Ontario Human Rights Commission (OHRC). o Reviewing and listing barriers to accessibility. o Identifying barriers that will be removed or prevented in the coming years. o Developing an action plan to address identified deficiencies. 3. Complete and submit an Accessibility Compliance Report to the Government of Ontario before December 31 each year – 1 report for GMCH and 1 report for NWHC (2 submissions in total). 4. Ensure that the 5-year accessibility plan with action plan and annual action plan review/update is available to the public. 5. Champion and integrate accessibility and universal design principles while promoting, planning, and implementing AODA deliverables to strengthen a culture of inclusion at WHCA. 6. Respond to emerging accessibility concerns identified through various mechanisms such as other committees as well as staff, hospital patients, volunteers, students, foundation staff, physicians, contractors, and members of the public. 7. Monitor changes to the legislation and adjust work of the committee appropriately as standards are developed or changed.

	8. Review Accessibility Standards for Customer Service HRI-12 policy every 2 years and if there are any legislative changes.
Guiding Principles	The following principles are in place to guide the Accessibility Committee members in the AODA planning process: • Commitment to a process that allows engagement across all levels of the WHCA and the community it serves. • Commitment to champion the identification of ongoing barriers to access for proactive elimination and future prevention for the benefit of staff, patients, families, professional staff, volunteers, learners, the community, and all stakeholders (including indigenous peoples, persons with disabilities, and vulnerable or marginalized community members) through a process of consultation. • Commitment to promote accessibility education across the WHCA. • Commitment to open, transparent communication
Responsibilities	Members of the committee will understand the committee's role and represent the interests of the stakeholders through active participation, attendance, and discussion: 1. Review the agenda and previous minutes and come prepared to participate. 2. Bring forward any relevant outstanding issues to the chair. 3. Critically review circulation materials. 4. Participate in the fulfillment of the committee's objectives. 5. Assume responsibilities of the Chair when requested. 6. Disseminate information to appropriate forums. 7. Demonstrate an understanding of the importance of accessibility, specifically as a strategic priority; and advocate for equality, diversity, inclusion and belonging as a best practice across the WHCA. 8. Proactively promote and embed equity best practices within their respective unit, department, office, or program in collaboration with the committee. 9. To act as a contact within their respective unit, department, office, or program to receive reports

	regarding accessibility concerns; and represent collective views at relevant meetings and committees. 10. Identify and constructively challenge organizational environments and policies which compromise accessibility efforts.
Membership	• Vice President Infrastructure and Diagnostics, Chief Information Officer - Chair • Chief Human Resources Officer or Human Resources Designate • Plant Operations Manager • Representation from Informatics • Representation from the Diversity, Equity, and Inclusion Committee • Quality and Risk Manager • Manager of Communications and Marketing • Clinical Manager (1 representing each site) • Organizational Development Specialist • Representation from Redevelopment • Patient and Family Advisor • Staff Designate from the Joint Occupational Health & Safety Committee (1 from each site) • Occupational Health Nurse representative or designate
Guests	From time to time the Committee may invite others to attend all or a portion of meetings.
Frequency of Meetings and Manner of Call	The Committee will meet quarterly or at the call of the chair as required for arising equity/accessibility issues.
Quorum	A majority of the Committee members
Reporting	Chair reports to the Senior Management Team through the Senior Management Team meetings
Decision-making Authority	The Committee has the authority to make recommendations to the Senior Management Team with respect to strategies and resolutions for identified equity and accessibility issues.

Meeting Schedule	The Accessibility Committee shall be empowered to establish its own procedures, processes, and working groups in alignment with the guiding principles and responsibilities of the committee.
Date of Last Review	February 2024