



Haliburton Highlands Health Services (HHHS)

**Multi-Year Accessibility Plan
May 2017 – May 2022**

And

**Annual Accessibility Plan
2020/21**

Prepared by
The HHHS Accessibility Committee

2017 – 2022 Multi-Year Accessibility Plan approved by the HHHS Board of Directors on September 28, 2017
2020/21 Annual Accessibility Plan approved by the HHHS Board of Directors on September 24, 2020

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Accessibility Plan

Prepared by HHHS Accessibility Planning Committee

Multi-Year Plan October 2017 – 2022 / Annual Plan 2020-2021

This publication is available on the HHHS website www.hhhs.ca
(alternate formats available upon request)

1.0 Background

In 2001 the Ontario government enacted the Ontarians with Disabilities Act (ODA). Its purpose was to ensure that persons with disabilities could be integrated into full participation within their communities and the public services in the province. The Act ensured that persons with disabilities had involvement in the identification, removal, and prevention of barriers to full participation. The ODA required all public sector organizations, including hospitals, to prepare accessibility plans that identify, remove, and prevent barriers for people with disabilities.

In 2005, the Accessibility for Ontarians with Disabilities Act (AODA) was passed by the Ontario legislature. The AODA allowed the government to develop, implement, and enforce accessibility standards in order to remove and prevent barriers for people with disabilities in the key areas of daily living. Once developed, the standards become regulations, and thus the law, under the AODA. On January 1, 2008, the first standard under the AODA came into force. The Accessibility Standards for Customer Service required all public sector organizations and businesses in Ontario to provide accessible customer service. Public sector organizations, including hospitals, were required to comply by January 1, 2010. The AODA envisions that there will be incremental standards and regulations developed over time (to year 2025) that move the province along the continuum of accessibility. The AODA will continue to develop standards related to built environments, employment, information and communications, and transportation.

Health care organizations, including Haliburton Highlands Health Services, have developed accessibility plans since 2003/04. HHHS has taken the approach of developing multi-year accessibility plans, which help facilitate an overarching strategy for improving accessibility. The multi-year plans are operationalized through the development and implementation of annual plans; the annual plans summarize the measures that have been taken in the prior year, and describe measures that will be taken in the upcoming year to identify, remove, and prevent barriers for people with disabilities. HHHS's first multi-year accessibility plan was in place from 2012 to 2017; this document describes the next multi-year plan, taking HHHS to 2022. A highlight of this multi-year plan is that it incorporates not only the AODA standards and requirements, but also many of the measures needed to foster a *senior friendly* environment, as established by the Central East Local Health Integration Network's Seniors Care Network. The multi-year and annual plans will be posted on the HHHS website (www.hhhs.ca) and can be made available upon request by contacting the Administration Office at 705.457.2527.

2.0 Description of Haliburton Highlands Health Services

Haliburton Highlands Health Services provides an integrated system of health care and service to the residents, cottagers, and visitors of Haliburton County and surrounding areas. It is situated in two primary locations in Haliburton and Minden, as well as a number of community service, supportive housing, and mental health service delivery sites in the communities of Haliburton, Minden, and Wilberforce.

Minden and Haliburton Hospital Emergency Departments each provide 24 hours/day, 7 days per week of emergency care. The Emergency Departments have physician coverage and are staffed with Registered Nurses, Registered Practical Nurses, and X-ray technicians.

The Haliburton site provides the County with a 15-bed acute in-patient unit for patients requiring admission to a hospital bed. Two palliative care beds are included in the unit. In-patient hospital oversight and care is provided by physicians from the Haliburton Highlands Family Health Team and the HHHS staff. Physiotherapy services are provided on the inpatient unit as well as in outpatient clinics located at both the Haliburton and Minden facilities. Additional outpatient services, including consultation with out-of-town specialists, are provided through the HHHS Telemedicine program, available at both the Haliburton and Minden facilities. Support services staff; including dietary, housekeeping, laundry, and maintenance ensure patients have the best possible care.

Hyland Crest and Highland Wood are Long-Term Care facilities of the Haliburton Highlands Health Services. Hyland Crest at the Minden site provides 62 long-term care beds including a respite bed, while Highland Wood at the Haliburton site provides 30 long-term care beds.

HHHS provides a number of community services including Mental Health services, Diabetes Education Network, Geriatric Assessment and Intervention Network (GAIN), Supportive Housing and Assisted Living, Community Hospice and Palliative Services, Adult Day Programs, Foot Care, Balance Fitness and Falls Prevention, Meals on Wheels, Transportation services, and a variety of other services aimed at helping the people of Haliburton County remain healthy, safe, and supported in their own homes for as long as possible.

HHHS is developing as a rural health hub; as such, efforts are underway to bring together all the various sectors of the health system that are formally and informally linked in order to improve patient access and involve a range of community service providers to ensure that local residents have access to a comprehensive range of treatment, support, and prevention services. This endeavour is collaborative in nature; HHHS is working in partnership with other health and service providers in Haliburton County and surrounding areas to lead the development of a comprehensive health hub model that is designed by the community for the community, with an emphasis on improving access to and navigation of the health system.

HHHS is part of the Central East Local Health Integration Network. The closest neighboring hospitals include Peterborough Regional Health Centre, 1.5 hours to the south-east, and Ross Memorial Hospital, one hour to the south. HHHS is the only provider of hospital services in Haliburton County.

3.0 Standards and Requirements

During the 2014/15 year an independent accessibility audit was conducted to help HHHS identify areas for improvement and gaps to be addressed in order to meet the AODA requirements. The results of the audit were used to inform planning in the years following. Standards and requirements addressed at HHHS to date will continue to be supported throughout the coming years; areas not yet addressed are carried forward into the 2017 – 2022 multi-year plan. In addition, during the period of this plan a number of new regulations will come into effect; as new regulations come into effect, they will be built into the annual plans as they are developed. The HHHS Accessibility Committee, which includes community representation, continues to perform internal Accessibility Audits of the HHHS Facilities to assess and improve the facilities and services to the AODA requirements and to meet community needs. Community input has been engaging and informative of needs beyond the AODA identified requirements.

New criteria that have been released to date for 2017 and beyond:

For 2017:

- Make new or redeveloped public spaces accessible, including parking lots, public outdoor paths of travel, service counters, fixed waiting lines and waiting areas with fixed seating
- File an Accessibility Compliance Report by December 31, 2017

By December 31, 2020:

- File an Accessibility Compliance Report

By January 1, 2021:

- Make all websites and web content accessible

The standards and requirements of the AODA are organized into the following categories:

- Customer Service
- Communications and Information
- Employment
- Built Environment
- Transportation
- General Requirements

As such, the HHHS multi-year accessibility plan and annual accessibility plans will be organized in a similar manner.

4.0 Commitment of Haliburton Highlands Health Services

HHHS is committed to treating all people in a way that allows the individual to maintain dignity and independence to the greatest extent possible across all of its services and sites. This commitment is founded in the HHHS core value of Respect. HHHS also supports integration and equal opportunity. HHHS is committed to a continuous quality improvement effort aimed at increasing the accessibility of communications, services, and facilities for patients, visitors/public, staff and volunteers. The HHHS goal is that patients, clients, and residents with disabilities can participate fully in their healthcare and that appropriate supports to do so are available and timely.

To that end, HHHS has established an Accessibility Committee to lead the development and oversee the implementation of the multi-year and annual accessibility plans.

Accessibility Committee Membership (updated August 2019):

Name	Position	Phone #	E-mail Address
Carolyn Plummer	President & CEO	705 457 2527	cplummer@hhhs.ca
Carl Carr	Director of Human Resources	705 457 1392 x2245	cacarr@hhhs.ca
Lionel Domerchie	Director of Facilities & Projects	705 457 1392 x2230	lhdomerchie@hhhs.ca
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Donna Sisson	Environmental Services	705-878-2632	dosisson@hhhs.ca
Lisa Tompkins	Executive Directors HHHS Foundation	705-457-1580	ltompkins@hhhs.ca
Sarah Levis	Haliburton County Aging Well Committee Rep	705-306-0459	s_levis@outlook.com
Rehana Rahaman	Nurse Practitioner GAIN	705-457-1392 x 3404	rrahaman@hhhs.ca
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5.0 Multi-Year Accessibility Plan

The multi-year accessibility plan will articulate the current state of compliance and opportunities to reduce barriers for the period of 2017 – 2022. Due to the extended time horizon, the plan should be interpreted as the intent to change and adapt during that timeframe.

The multi-year plan:

- a) Describes the process by which Haliburton Highlands Health Services will identify barriers, remove, and prevent barriers for people with disabilities
- b) Articulates the current state of compliance (as of 2017) with accessibility standards in the following categories:
 - General
 - Customer Service
 - Information and Communications
 - Employment
 - Transportation
 - Built Environment
- c) Articulates the opportunities for improvement based on the current state

5.1 Planning Process

The multi-year plan began with a full review of relevant legislation and regulation in 2013, and the various criteria that have been issued since that time. Policies and organizational practices, services, and facilities were reviewed to develop a ‘current state’ snapshot of accessibility features across health services and sites. Standards in force now and in future years were considered in the current state review.

Previous accessibility plans, policies, and initiatives were reviewed to identify improvement options that had been considered in the past but had not yet been implemented. These options started the list of opportunities for the multi-year plan. Other opportunities were considered related to the standards that come into force at later dates or standards that apply only to ‘new building or re-developments’.

Finally, the Central East Senior Friendly Hospital Framework was reviewed to identify measures to be embedded in the multi-year plan to help foster a senior-friendly environment in all HHHS facilities.

The Hospital Accessibility Committee’s role in the planning process is to validate the current state of HHHS, identify gaps to be addressed, make recommendations for specific opportunities for improvement, and develop the initial draft plan (both multi-year and annual) based on the above information. Once draft plans are developed, they are circulated to the following stakeholder groups for input:

- Executive Leadership Team

- Management Team
- Department Staff
- Community Advisory Committee
- Resident Councils (Minden and Haliburton)
- Family Councils (Minden and Haliburton)

Following this consultation process, the Accessibility Committee finalizes the plans and recommends them to the Board of Directors for final approval.

5.2 Current State

The following section provides an overview of accessibility features at HHHS. In general, hospitals and Long-Term Care Homes are organizations dedicated to the care and support of patients that are experiencing an illness or disability in functioning, either temporary or long term. Hospital/LTC staff, physicians, and volunteers are experienced in accommodating many physical disabilities. Some disabilities (sensory or cognitive) can require additional sensitivities and accessibility efforts.

Customer Service

- Training for customer service, with emphasis on sensitivity to disabilities, is provided for staff, volunteers and students at orientation to the organization, as well as through ongoing training (department and role-specific learning). On-line training modules have been added to Surge Learning and assigned to all staff. These modules are available for printing.
- Policies exist for the inclusion of service animals and support persons.
- The HHHS environment accommodates most assistive mobility devices.
- Hearing amplification systems known as “pocket talkers” are available upon request (Emergency Department).
- Disruptions in service and access to entrances are well publicized and communicated internally.
- Loaner wheelchairs are available for people requesting wheeled assistance while in the Emergency Department.
- Senior-friendly features have been incorporated into the hospital’s day-to-day operations. Handrails are available in most patient/resident areas.
- Consideration will be given to disability needs when acquiring and installing self-service kiosks.

Information and Communications

- Feedback of concerns, complaints, or compliments can be done via the website email, standard mail, phone call, or in person. The *Excellent Care for All Act* also requires a designated patient relations process. The designated staff involved in patient relations is well trained and sensitive to different abilities and disabilities.
- The website and website content are compliant with accessibility standards; for example, the font size can be increased and the content is compatible with special readers and viewers.

- Patient information is available in accessible formats upon request.
- Emergency notifications are broadcast over the overhead paging system.
- Emergency visual alerts (strobe lights) are activated with the fire alarm in the effected fire compartment.
- Emergency procedures can be made available in other formats upon request.
- Alternate formats of information are provided in a timely manner at a cost equal to charges to other people.

Employment

- Policies have been developed and are in place to meet accessibility standards for employees.
- The Collective Agreements with unions and long standing practices of the hospital include “return to work” and personal needs accommodation processes, particularly related to illness or injury. These processes are in place to ensure that workers are afforded the opportunity to return to work despite injury and/or disability.
- Personal emergency plans are in place for employees who self-identify as needing assistance during an emergency situation.
- Applicants are notified during recruitment that accommodations are available on request in the selection process.
- Employment information and employee information is available in accessible formats upon request.
- Performance management and career development processes take into account accessibility needs.

Transportation

- Patients with disabilities requiring transport during the course of their hospital stay have transportation that is fully accessible with respect to their needs. The hospital works with various transportation providers to ensure patient needs are met. Both wheelchair and stretcher transportation is available and accessible for patients who need it.
- Applicable fees or fares for support persons accompanying someone with a disability for purposes of health or safety are waived.

Built Environments

- All entrances to main facilities are fully accessible with electronically activated doors.
- Elevators are available at both Minden and Haliburton main facility sites.
- Waiting areas are accessible.
- Internal spaces such as washrooms vary in accessibility; most public washrooms are accessible. Where possible, conversion to accessible washrooms is being phased into annual improvement plans as funding becomes available.
- Some patient rooms are equipped with transfer poles that are firmly anchored into the floor.
- All in-patient rooms in Acute Care and Long-Term Care Home tub rooms are equipped with ceiling lift devices to ensure that immobility is not a barrier to ‘getting up’ out of bed and into or out of tubs. Portable lifts are available in the two Long-Term Care Homes (Hyland Crest and Highland Wood) and within the two Emergency Departments in Minden and Haliburton.
- Waiting areas and eating areas (including patient/resident dining) have spaces to accommodate wheelchairs and walkers.

- The exterior pathways of travel (curbs, ramps) are regularly inventoried and maintained. This includes structural maintenance as well as clearing of hazards such as snow and ice. Deteriorating sidewalks were recently replaced at both Haliburton and Minden main facilities.
- Accessible parking is available with 16 accessible parking spaces at the Minden site and 5 at the Haliburton site for a total of 21.
- Yellow warning lines are painted on curbs and uneven portions of the level pathway, to provide high contrast and visual cues to pedestrians.
- The garden area outside Highland Wood was designed to be accessible. There are level concrete pathways to access the garden area. There are also raised growing beds accessible from wheelchairs.
- Doorways and entrances are designed to allow palliative care patients access to the outside, even in a bed.
- Service counters in both business offices and the GAIN building are accessible in terms of counter height, ability to accommodate mobility aides, and waiting area seating.

General Requirements

- Annual plans to improve accessibility have been implemented since 2004 and will continue to be developed with input from a wide range of stakeholders, including those with disabilities.
- Annual plans include status updates on the prior year’s progress; these are posted together with the multi-year and annual plans on the HHHS website (www.hhhs.ca).
- The organization has a policy that fosters accessibility through training, inclusion, and appropriate supports.
- The principles of accessibility are incorporated into the policy (dignity, independence, integration, equal opportunity).
- Information regarding public safety, particularly related to infection control practices, is available in various formats including the accessible website.
- Most procurement is managed centrally by a buying group that represents multiple health service providers; the buying group is able to insert accessibility features/requirements into purchasing processes such as the Request for Proposal (RFP). Local procurement includes accessibility design, criteria, and features.
- Accessibility compliance reporting has been completed every second year.

5.3 2017 – 2022 Multi-Year Plan Initiatives

As new standards are released during the next several years, further opportunities to extend accessibility will be identified. The following notations indicate potential opportunities to improve what have been identified to date based on the review of current state, the remaining gaps in AODA standards, incomplete areas for improvement from previous years that have been carried forward, and the inclusion of senior friendly measures. Some of the areas for improvement have significant resource implications that will have to be prioritized for implementation. As such, the capital budget planning process that takes place each year will incorporate at least one accessibility improvement item as a top priority.

Accessibility Category	Planned Improvement Initiatives for 2017 – 2022	Update Sept. 2020
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Accessibility Category	Planned Improvement Initiatives for 2017 – 2022	Update Sept. 2020
Customer Service	<ul style="list-style-type: none"> Continue to redesign all reception/registration areas for patient flow, privacy, and accessibility; areas to be addressed include CSS reception area, Acute Care nursing station, HHHS Foundation reception area, and Mental Health office. 	<ul style="list-style-type: none"> Accessibility Committee has audit these areas. A CSS reception modification to accessible flip-up counter was not included in Hospital Capital Approval. Will pursue funding in Budget to complete in 2020/21. Acute Care nursing station will need to be done as part of the overall nursing station refresh (currently not part of capital plan, but will need to be in future) Foundation and Business Office reception area were deemed accessible during recent Accessibility Audits.
	<ul style="list-style-type: none"> Develop a process to review any renovation or re-development with respect to accessible design standards and improvements. 	<ul style="list-style-type: none"> Procedure developed and approved by Accessibility Committee and HHHS Leadership in 2019.
	<ul style="list-style-type: none"> Offer (via website, telephone instruction, and/or brochures) to have patients call ahead to Administration if they anticipate issues with access to the building or service. 	
	<ul style="list-style-type: none"> Expand and facilitate access to services via telemedicine (OTN). 	<ul style="list-style-type: none"> Funding was received to expand OTN services to the Minden site, and additional staff member has been trained; expanded service is on hold due to the COVID-19 pandemic (service being provided at one site only at this time).
	<ul style="list-style-type: none"> Consider conducting another third-party objective accessibility audit following the completion of this multi-year plan to review progress and inform annual plans in future. 	<ul style="list-style-type: none"> Accessibility Committee continues to perform annual Accessibility Audits target HHHS Facilities. In 2020, the COVID-19 pandemic requirements prevented access and resources for this year's audit.
	<ul style="list-style-type: none"> Review all interior and exterior signage and way-finding tools to 	

Accessibility Category	Planned Improvement Initiatives for 2017 – 2022	Update Sept. 2020
	accommodate accessibility.	
	<ul style="list-style-type: none"> Finalize Client and Visitor Directory. 	<ul style="list-style-type: none"> Client/Visitor Directory under review by Community Advisory Committee; patient experience mapping initiative began in December 2019, and has been temporarily paused due to the COVID-19 pandemic. In the meantime, revised client and visitor information will be built into the refreshed HHHS website, and will be further revised once the experience mapping initiative is able to resume.
	<ul style="list-style-type: none"> Evaluate the use of buzzers at doorways of Highland Wood and Hyland Crest entrances to facilitate access for visitors. 	
	<ul style="list-style-type: none"> Establish maintenance plan for common wheelchairs at Haliburton and Minden emergency departments. 	<ul style="list-style-type: none"> Implemented operational maintenance in 2019. HHHS Maintenance Staff will provide common wheelchair maintenance including: caster, lubrication and air cylinder replacements.
	<ul style="list-style-type: none"> Develop process for ensuring a Senior Friendly environment across all facilities. 	
	<ul style="list-style-type: none"> Expand availability of “pocket talkers” to all service areas across HHHS (currently only available in Emergency departments). 	<ul style="list-style-type: none"> Implemented in 2019
	<ul style="list-style-type: none"> When replacing call bell system, consider the use of individual nurse call phones to improve communication and reduce the noise associated with the call bell system. 	<ul style="list-style-type: none"> Nurse Call Bell System upgraded in Haliburton and Minden hospitals. Proposal received for Hyland Crest and Highland Wood. Pending COVID-19 access and funding approval.
Information and Communication	<ul style="list-style-type: none"> Patient Bill of Rights and other information are available in alternate accessible formats upon request. Adopt an organizational standard for font, formatting, and language level that is easy to read and is compatible with 	

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	<p>automated reading software.</p> <ul style="list-style-type: none"> • Develop a process to have information brochures/pamphlets reviewed for accessibility. • Develop process for making patient education materials available in alternative accessible formats. • Add web content that specifically describes accessibility features at each entrance; the current site includes the photos of the main entrances and the Emergency entrances. • Develop a reliable process to ensure that temporary service interruptions are posted clearly on the website and included on automated telephone greeting. • The Multi-Year and Annual Accessibility Plans are to be posted on the website. • Continue to investigate feasibility of live operator to answer telephones through normal business hours. • Install hearing augmentation system in meeting rooms. 	<ul style="list-style-type: none"> • Accessibility plans (multi-year and annual) are posted on the HHS website. • Completed hearing augmentation system installation in early 2020.
Employment	<ul style="list-style-type: none"> • Identify online training mechanisms for AODA content that could be used by staff, volunteers, students, and physicians (Surge Learning system is only available to staff). • Add to current AODA orientation for new employees and volunteers, to include information about accommodating sensory and cognitive disabilities. • Develop and implement a brochure for all new staff, physicians and volunteers on accessible customer service. 	<ul style="list-style-type: none"> • Online training implemented into Surge learning in 2020. All staff is progressing through assigned modules for completion in 2020. • Basic training being given that needs enhancement to provide introduction to the Surge Learning training modules.
Transportation	<ul style="list-style-type: none"> • Continue to explore opportunities to expand Community Support Services' accessible van to provide increased services to patients/clients/residents. 	<ul style="list-style-type: none"> • A second Community Support Service accessible van has been implemented in 2019.
Built Environment	<ul style="list-style-type: none"> • Increase the number of fully accessible public washrooms – public washrooms will be enhanced to ensure full accessibility. 	<ul style="list-style-type: none"> • Completed in 2020

Accessibility Category	Planned Improvement Initiatives for 2017 – 2022	Update Sept. 2020
	<ul style="list-style-type: none"> ○ Inventory and assess current patient/resident/client/visitor washrooms that do not accommodate patients in wheelchairs or have other limitations (light switch, seat height, transfer bars, coat hooks, sink height, tilted mirror, auto door opener, etc.). 	
	<ul style="list-style-type: none"> ● Ensure all patient washrooms have grab/transfer bars installed in appropriate locations. 	<ul style="list-style-type: none"> ● Complete
	<ul style="list-style-type: none"> ● Parking space designations at all sites – most spaces are compliant to the van size. <ul style="list-style-type: none"> ○ Review parking at CSS building to determine possibility of an appropriate accessible parking space. 	<ul style="list-style-type: none"> ● Accessible Parking spaces are available including three (3) new accessible van parking in Minden and two (2) in Haliburton.
	<ul style="list-style-type: none"> ● Improve flooring surfaces in LTC by replacing carpet with seamless vinyl flooring. 	<ul style="list-style-type: none"> ● Funding plan required
	<ul style="list-style-type: none"> ● Improve cafeteria accessibility including entrance door and vending machines. 	<ul style="list-style-type: none"> ● Automatic door operator installed in 2020 ● Vending machine cost prohibitive to modify and insufficient vending revenue to enhance at both Haliburton and Minden facilities.
	<ul style="list-style-type: none"> ● Continue painting doorways to provide visual contrast for seniors and those individuals who are visually impaired. 	<ul style="list-style-type: none"> ● Residents rooms are substantially complete with 15 rooms remaining that are occupied. ● Door frames substantially complete. ● Common Area paint plan on hold due to COVID-19 priorities.
	<ul style="list-style-type: none"> ● Address way-finding signage at Haliburton and Minden sites, including addition of appropriate lighting to illuminate signs and universal symbols wherever possible. ● Place maps including “You Are Here” maps at main entrances and other strategic locations. ● Consider using colour coding to facilitate way finding (e.g. colour 	<ul style="list-style-type: none"> ● Not Started. Recommend a special committee (team) to lead initiative

Accessibility Category	Planned Improvement Initiatives for 2017 – 2022	Update Sept. 2020
	<p>lines on floors to different departments).</p> <ul style="list-style-type: none"> • Ensure signage is placed at wheel chair and standing heights. 	
	<ul style="list-style-type: none"> • Continue to replace door knob handles to levered handles across both Haliburton and Minden sites. 	<ul style="list-style-type: none"> • Completed in 2020
	<ul style="list-style-type: none"> • Ensure automatic door openers are installed at main entries to all HHS facilities and common areas where appropriate within those facilities (e.g., meeting rooms, public washrooms, etc.). 	<ul style="list-style-type: none"> • Completed in 2020
	<ul style="list-style-type: none"> • Replace all fluorescent lights with LED lights. • Improve lighting situation at Minden/Hyland Crest entrance by installing skylight or brighter lights in the lobby. • Improve lighting in LTC main lobby areas. • Audit lighting to make improvements in parking areas. • Audit lighting glare in Fireside Lounge in Minden and cafeterias in both sites. • Conduct an audit to determine lux level in all facilities. 	<ul style="list-style-type: none"> • Completed with 2017/18 LED Lighting project in Minden • Complete LED lighting added to Ambulance Bay and parking area lights. No known dark areas. • NEDCO light audit was completed for Highland Wood and Hyland Crest. LED replacement fixtures identified to achieve 329 lumens required by the LTCH 2007 Regulations. • JCI Energy Project lighting audit completed in 2019 in all interior and exterior areas including lighting levels to Regulatory requirements. • Project approval received to switch to LED systems and improved lighting levels. • Project execution pending COVID-19 access requirements. • Parking LED upgrade as current Induction lamps are no longer available. LED provides more lumens at substantially lower

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	<ul style="list-style-type: none"> Switch to motion sensor light switches in washrooms and other areas. 	<p>electrical energy input.</p> <ul style="list-style-type: none"> All identified area completed in Haliburton and Minden Hospital areas; excluding Patient Examination areas Funding plan required to complete Highland Wood and Hyland Crest LTCHs
	<ul style="list-style-type: none"> Investigate task lighting in all facilities. Provide patient controlled and task lighting in patient areas. Provide night lights outside of each resident and patient washroom. 	<ul style="list-style-type: none"> Over-bed lights in all Acute, Palliative and Highland Wood Resident rooms. Hyland Crest not started and requires funding plan
	<ul style="list-style-type: none"> Ensure paint colour pallet choices are based on warm tones. 	<ul style="list-style-type: none"> Not started Interior Decorator identified in 2020 but could not start due to the COVID-19 access restrictions
	<ul style="list-style-type: none"> Add remote control patient/resident window coverings. Provide remote control window coverings in common areas. 	<ul style="list-style-type: none"> Not started
	<ul style="list-style-type: none"> Add awning structure to provide covered area for bus pick up/drop off zones. 	<ul style="list-style-type: none"> Funding Plan needed
	<ul style="list-style-type: none"> Investigate the need for hearing apparatus (e.g. TDD/TTY) at both Emergency Departments. 	<ul style="list-style-type: none"> Pocket Talkers purchased and implemented in 2019
	<ul style="list-style-type: none"> Investigate incorporating wandering system with new call bell system. 	<ul style="list-style-type: none"> Not included with Hospital Nurse Call system Implemented into proposal for Highland Wood and Hyland Crest Nurse Call proposal. Nurse Call System funding approval pending COVID-19 access to LTCHs

Accessibility Category	Planned Improvement Initiatives for 2017 – 2022	Update Sept. 2020
	<ul style="list-style-type: none"> • Ensure ceiling lifts are installed over every bed and stretcher bed in both sites. 	<ul style="list-style-type: none"> • Examination rooms, trauma rooms HW Compassionate suite do not have lifts. Portable lifts are used. • Project approved, engineering completed and purchase order issued for ceiling lifts in Stretcher Area. Project execution pending COVID-19 access requirements.
	<ul style="list-style-type: none"> • Ensure all toilets meet height standards. 	<ul style="list-style-type: none"> • Toilet upgrade planned for water efficiency and accessibility requirement as part of the JCI Energy Project. Execution pending COVID-19 access requirements. • Minden has only two (2) wall mounted toilets at 16 inch (below 17-19 inch). All other comply throughout the facility. • Haliburton’s toilets are consistently 17 inch. • Palliative toilet heights are at 19 inches.
	<ul style="list-style-type: none"> • Ensure towel and soap dispensers are wheel chair accessible. • Ensure public and patient/resident washrooms have tilted mirrors and accessible sinks. • Replace faucets with long swing-arm style. • Place coat hooks in washrooms no higher than 56 inches from the floor. • Place a shelf in washrooms at accessible standard. 	<ul style="list-style-type: none"> • Accessibility Audit completed in 2019. • Tilt mirror to be purchased and installed in 2020. • All washrooms have swing arm faucet. Will upgrade to long arm through maintenance replacement. • All areas have been assessed however initiative is on hold until COVID-19 pandemic related priorities are fully addressed.
	<ul style="list-style-type: none"> • Consider motion sensor touchless faucets in strategic areas. 	<ul style="list-style-type: none"> • Palliative area only has been completed. Requires funding plan.

Accessibility Category	Planned Improvement Initiatives for 2017 – 2022	Update Sept. 2020
General Requirements	<ul style="list-style-type: none"> Implement annual joint accessibility and senior-friendly walkabout audits to help monitor compliance with accessibility standards and to identify further opportunities for improvement. 	<ul style="list-style-type: none"> Joint Accessibility Audit completed for all areas in 2019. COVID-19 access requirements prevent Accessibility Audits in 2020 and plan to restart once access requirements permit.
	<ul style="list-style-type: none"> Review <i>Code Plus Physical Design Components for an Elder Friendly Hospital</i> and incorporate into annual plans. 	<ul style="list-style-type: none"> Completed
	<ul style="list-style-type: none"> As commode chairs are replaced, choose models that have padded seats that are tilted slightly backwards to prevent falls. Padded arms that lock in place, foot operated brakes, and bed pans that are sited low on the frame to ease waste disposal. 	
	<ul style="list-style-type: none"> Install graduated lighting in resident/patient washrooms. Provide patient controlled and task lighting in patient areas. Ensure paint colour pallet choices are based on warm tones. Add remote control patient/resident window coverings. Provide remote control window coverings in common areas. 	
	<ul style="list-style-type: none"> Replace LTC carpet with seamless vinyl flooring. 	<ul style="list-style-type: none"> Requires funding model / source

6.0 Annual Accessibility Plan 2020/21

The 2020/21 Annual Accessibility Plan summarizes the progress HHHS made in 2020/21 to improve the accessibility features of spaces and services.

The COVID-19 pandemic of 2020 was a priority focus for HHHS. In this situation, HHHS has made progress with the Accessibility Plan include implementing accessible washrooms in Haliburton, automatic door openers for identified areas from the Accessibility Committee audits, installing levered door hardware and making steady progress with lighting initiatives summarized in the Annual Accessibility Plan below. The pandemic limited the Accessibility Committee from meeting during 2020 due to the required restricted access to the HHHS facilities, and due to the need for HHHS to redirect resources to focus on the response to the pandemic. As a result, no Accessibility Committee Audits have been completed in 2020. The intent is to prioritize these audits once COVID-19 restrictions are removed. The 2020/21 Annual Accessibility Plan was reviewed via teleconference with the Accessibility Committee, and recommended for approval by the HHHS Senior Executive Team and Board of Directors.

During the pandemic, in collaboration with the Haliburton Highlands Family Health Team and Haliburton County Paramedic Services, HHHS established a local COVID-19 Assessment Centre. The Centre was required to ensure that the service was accessible for all residents of Haliburton County. The Centre includes a drive-through tent, walk-in and wheel chair accessible clinic, and the mobile in-home service provided by the Community Paramedicine Program / Haliburton County Paramedic Services for those who are unable to travel to or access the Assessment Centre.

The Annual Plan describes the measures planned to be implementation from October 1, 2020 to September 30, 2021. These include initiatives carried forward that were not completed in 2019/20, as well as new initiatives for the upcoming year, with the aim of continually identifying, removing, and preventing barriers for persons with disabilities. The 2020/21 plan also includes some elements identified through the Senior Friendly Hospitals framework.

6.1 2020/21 Annual Accessibility Plan Progress Report

Accessibility Category	Improvement Initiative	Progress Status	Comments
Customer Service	<ul style="list-style-type: none"> Continue to redesign all reception/registration areas for patient flow, privacy, and accessibility; areas to be addressed include CSS reception area, Acute Care nursing station, HHHS Foundation reception area, and Mental Health office. 	In progress	<ul style="list-style-type: none"> A CSS reception modification to accessible flip-up counter was not included in Hospital Capital Approval. Will pursue funding in Budget to complete in 2020/21. Space created in Business waiting room for wheelchair. Signage still required and to be posted. Acute Care nursing station will need to be done as part of the overall nursing station refresh (currently not part of capital plan, but will need to be in future) Foundation and Business Office reception area were deemed accessible during recent Accessibility Audits.
	<ul style="list-style-type: none"> Develop a process to review any renovation or re-development with respect to accessible design standards and improvements. 	Complete	<ul style="list-style-type: none"> Policy approved by Accessibility Committee in October 2019, and will now include involvement of persons living with disabilities. HHHS Management Committee and Executive

Accessibility Category	Improvement Initiative	Progress Status	Comments
			Leadership Team approved in 2019.
	<ul style="list-style-type: none"> Establish maintenance plan for common wheelchairs at Haliburton and Minden emergency departments. 	Complete	<ul style="list-style-type: none"> Operational Wheelchair maintenance is completed in-house by HHHS Maintenance team There is no major maintenance performed and only manufacturer authorized maintenance. LTC is covered through annual cleaning program.
	<ul style="list-style-type: none"> Offer (via website, telephone instruction, and/or brochures) to have patients call ahead to Administration if they anticipate issues with access to the building or service. 	Complete	
	<ul style="list-style-type: none"> Expand and facilitate access to services via telemedicine (OTN). 	Ongoing	<ul style="list-style-type: none"> Funding was received to expand OTN services to the Minden site, and additional staff member has been trained; expanded service is on hold due to the COVID-19 pandemic (service being provided at one site only at this time).
	<ul style="list-style-type: none"> Review all interior and exterior signage and way-finding tools to accommodate accessibility. 	Not Started	<ul style="list-style-type: none"> This will be part of the signage renewal project (see below, under 'Built Environment')

Accessibility Category	Improvement Initiative	Progress Status	Comments
	<ul style="list-style-type: none"> Finalize Client and Visitor Directory. 	In progress	<ul style="list-style-type: none"> Client/Visitor Directory under review by Community Advisory Committee; patient experience mapping initiative began in December 2019, and has been temporarily paused due to the COVID-19 pandemic. In the meantime, revised client and visitor information will be built into the refreshed HHHS website, and will be further revised once the experience mapping initiative is able to resume.
	<ul style="list-style-type: none"> Install buzzers at doorways of Highland Wood and Hyland Crest entrances. 	Complete	
	<ul style="list-style-type: none"> When replacing call bell system, consider the use of individual nurse call phones to improve communication and reduce the noise associated with the call bell system. 	In progress	<ul style="list-style-type: none"> Proposal received for LTCH Nurse Call Bell system replacement. COVID-19 Pandemic placed project on hold due to essential service access requirements. Project approval pending COVID-19 access.
	<ul style="list-style-type: none"> Develop process for ensuring a Senior Friendly environment across all facilities. 	Complete	<ul style="list-style-type: none"> Senior Friendly standards have been incorporated into Accessibility Plan.

Accessibility Category	Improvement Initiative	Progress Status	Comments
	<ul style="list-style-type: none"> Expand availability of “pocket talkers” to all service areas across HHHS (currently only available in Emergency Departments). 	Complete	
Information and Communication	<ul style="list-style-type: none"> Adopt an organizational standard for font, formatting, and language level that is easy to read and is compatible with automated reading software. 	Not Started	<ul style="list-style-type: none"> This will be part of the signage renewal project (see below, under ‘Built Environment’).
	<ul style="list-style-type: none"> The Multi-Year and Annual Accessibility Plans are to be posted on the website. 	Ongoing	<ul style="list-style-type: none"> Multi-year plan is approved and posted; annual plan revised and approved by Board of Directors prior to posting.
	<ul style="list-style-type: none"> Accessible Web sites and Web Content to be complaint to WCAG 2.0 Level AA by January 1, 2021 	In progress	<ul style="list-style-type: none"> RFP issued and received for approval to upgrade HHHS website to the WCAG 2.0 Level AA standard by 2020 year end.
	<ul style="list-style-type: none"> Install hearing augmentation system in meeting rooms. 	Complete	<ul style="list-style-type: none"> Completed hearing augmentation system installation in early 2020.
Employment	<ul style="list-style-type: none"> Identify online training mechanisms for AODA content that could be used by staff, volunteers, students, and physicians (Surge Learning system is only available to staff). 	In progress	<ul style="list-style-type: none"> Online courses have been identified, built into Surge learning for all staff and volunteers. Surge training proceeding to be complete by 2020 year end.
	<ul style="list-style-type: none"> Add to current AODA orientation for new employees and volunteers, to include information about accommodating sensory and cognitive disabilities. 	In progress	<ul style="list-style-type: none"> Senior Friendly philosophy and training has been added to new employee

Accessibility Category	Improvement Initiative	Progress Status	Comments
			<p>orientation.</p> <ul style="list-style-type: none"> AODA is introduced but needs to be strengthened to orient new employees to the Surge Learning content.
	<ul style="list-style-type: none"> Develop and implement a brochure for all new staff, physicians and volunteers on accessible customer service. 	Not Started	
Built Environment	<ul style="list-style-type: none"> Increase the number of fully accessible public washrooms – public washrooms will be enhanced to ensure full accessibility. <ul style="list-style-type: none"> Inventory and assess current patient/resident/client/visitor washrooms that do not accommodate patients in wheelchairs or have other limitations (light switch, seat height, transfer bars, coat hooks, sink height, tilted mirror, auto door opener, etc.). 	Complete	<ul style="list-style-type: none"> General office washrooms modified to meet the minimum AODA standards. Tilt mirror to be purchased and installed.
	<ul style="list-style-type: none"> Ensure all patient washrooms have grab/transfer bars installed in appropriate locations. 	Complete	
	<ul style="list-style-type: none"> Parking space designations at all sites – most spaces are compliant to the van size. <ul style="list-style-type: none"> Review parking at CSS building to determine possibility of an appropriate accessible parking space. 	Complete	<ul style="list-style-type: none"> Five (5) accessible van parking to accommodate side ramps implemented; three (3) in Minden and two (2) in Haliburton Accessible parking added to CSS building.
	<ul style="list-style-type: none"> Improve cafeteria accessibility including entrance door and vending machines. 	Complete	<ul style="list-style-type: none"> Automatic Door operator for the Haliburton Cafeteria included in the Accessible 2019/20 Capital Request.

Accessibility Category	Improvement Initiative	Progress Status	Comments
		<p>Open</p> <p>Open</p>	<ul style="list-style-type: none"> • Current Vending machine is cost prohibitive to replace and cannot be modified; funding model needs to be identified. • Project on hold for Haliburton Coffee Machine. Coffee purchases not paying for the lease and is cost prohibitive to modify. Use of machine has decreased due to restricted/limited access to cafeteria by LTC and office staff only.
	<ul style="list-style-type: none"> • Continue painting doorways to provide visual contrast for seniors and those individuals who are visually impaired. 	<p>In progress</p>	<ul style="list-style-type: none"> • Resident rooms are substantially complete in Highland Wood, 15 rooms remain in Hyland Crest. • Focus on common areas, completing office and general area door frames by end of September 2020. • Colour Paint scheme is pending for the Common Areas, and placed on hold due to access restrictions associated with the pandemic.
	<ul style="list-style-type: none"> • Address way-finding signage at Haliburton and Minden sites, including addition of appropriate lighting to illuminate signs 	<p>Initiated</p>	<ul style="list-style-type: none"> • Signage renewal will be a big project requiring public

Accessibility Category	Improvement Initiative	Progress Status	Comments
	and universal symbols wherever possible.		input and expert assistance. <ul style="list-style-type: none"> • Some incorrect signage has been corrected; an inventory will be done to ensure existing signage is correct and complete until such time as signage renewal takes place. • Universal exit signs have been installed.
	<ul style="list-style-type: none"> • Place maps including “You Are Here” maps at main entrances and other strategic locations. 	Not Started	<ul style="list-style-type: none"> • This will be part of the signage renewal project.
	<ul style="list-style-type: none"> • Consider using colour coding to facilitate way finding (e.g. colour lines on floors to different departments). 	Not Started	<ul style="list-style-type: none"> • This will be part of the signage renewal project.
	<ul style="list-style-type: none"> • Ensure signage is placed at wheel chair and standing heights. 	Not Started	<ul style="list-style-type: none"> • This will be part of the signage renewal project.
	<ul style="list-style-type: none"> • Continue to replace door knob handles to levered handles across both Haliburton and Minden sites. 	Complete	
	<ul style="list-style-type: none"> • Ensure automatic door openers are installed at main entries to all HHHS facilities and common areas where appropriate within those facilities (e.g., meeting rooms, public washrooms, etc.). 	Complete	
	<ul style="list-style-type: none"> • Improve lighting situation at Minden/Hyland Crest entrance by installing skylight or brighter lights in the lobby. 	In progress	<ul style="list-style-type: none"> • JCI Energy Project received approval to replace CFL with LED panels to improve the Lumens in the area. • Initiative is currently paused due to the pandemic.

Accessibility Category	Improvement Initiative	Progress Status	Comments
			<ul style="list-style-type: none"> Maintenance will continue replacing CFL bulbs with LED panels once CFL fixtures burn out.
	<ul style="list-style-type: none"> Switch to motion sensor light switches in washrooms and other areas. 	Complete	<ul style="list-style-type: none"> Washrooms, offices, meeting rooms have been completed.
	<ul style="list-style-type: none"> Improve lighting in LTC main lobby areas. 	In progress	<ul style="list-style-type: none"> JCI Energy Project received approval to install 2x2 LED panels. These have been tested in front of Serveries and significantly improve Lumens in the area. Initiative is currently paused due to the pandemic. Maintenance will continue replacing CFL fixtures with LED panels once CFL bulbs burn out.
	<ul style="list-style-type: none"> Investigate incorporating wandering system with new call bell system. 	In progress	<ul style="list-style-type: none"> This was not included with call bell system for hospital due to cost. Proposal received for LTCH Nurse Call system includes Wander Guard System. Wander Guard system in place at Highland Wood and to be incorporated into proposed Nurse Call project

Accessibility Category	Improvement Initiative	Progress Status	Comments
			<p>for Hyland Crest.</p> <ul style="list-style-type: none"> • LTCH Nurse Call System on hold pending COVID-19 access.
	<ul style="list-style-type: none"> • Ensure ceiling lifts are installed over every bed and stretcher bed in both sites. 	In progress	<ul style="list-style-type: none"> • Project approved, PO issued and engineering substantially complete for ER stretcher area. • Project on hold pending COVID-19 access. • Inventory completed; currently no ceiling lifts are located in emergency department exam rooms. Portable lifts are used in these spaces.
	<ul style="list-style-type: none"> • Ensure all toilets meet height standards. 	Complete	<ul style="list-style-type: none"> • Inventory completed • Two (2) wall mounted toilets at 16 inches versus min. 17 inches in Building Code. These toilets will be replaced with the JCI Energy & Water Use Assessment project.
	<ul style="list-style-type: none"> • Continue to explore opportunities to expand Community Support Services' accessible van to provide increased services to patients/clients/residents. 	Complete	<ul style="list-style-type: none"> • A second accessible van purchased for Community Support Service • Six accessible van parking

Accessibility Category	Improvement Initiative	Progress Status	Comments
			spots implemented
General Requirements	<ul style="list-style-type: none"> Implement annual joint accessibility and senior-friendly walkabout audits to help monitor compliance with accessibility standards and to identify further opportunities for improvement. 	Complete	<ul style="list-style-type: none"> One (1) Accessibility Audits completed in the Fall 2019. COVID-19 support focus and access prevented further audits in 2020 Plan to restart once COVID-19 pandemic restrictions allow.
	<ul style="list-style-type: none"> Review <i>Code Plus Physical Design Components for an Elder Friendly Hospital</i> and incorporate into annual plans. 	Complete	
	<ul style="list-style-type: none"> Increase the number of fully accessible public washrooms – public washrooms will be enhanced to ensure full accessibility. <ul style="list-style-type: none"> Inventory and assess current patient/resident/client/visitor washrooms that do not accommodate patients in wheelchairs or have other limitations (light switch, seat height, transfer bars, coat hooks, sink height, tilted mirror, auto door opener, etc.). 	Complete	<ul style="list-style-type: none"> Accessible Washrooms implement in the Haliburton. Tilt mirrors to be installed. Inventory completed through Accessibility Audits
	<ul style="list-style-type: none"> Ensure all patient washrooms have grab/transfer bars installed in appropriate locations. 	Complete	
	<ul style="list-style-type: none"> Parking space designations at all sites – most spaces are compliant to the van size. Review parking at CSS building to determine possibility of an appropriate accessible parking space. 	Complete	

Accessibility Category	Improvement Initiative	Progress Status	Comments
	<ul style="list-style-type: none"> Switch to motion sensor light switches in washrooms and other areas. 	Complete	<ul style="list-style-type: none"> Implemented in all hospital and General Services Areas
	<ul style="list-style-type: none"> Audit lighting to make improvements in parking areas. 	In Progress	<ul style="list-style-type: none"> Included in Johnson Controls Energy Assessment project Lighting audit for Sept. 4 to 5, 2019 determine meeting Building Code requirements Outdoor lighting to be upgraded to LED and will add more lumens (brightness).
	<ul style="list-style-type: none"> Conduct an audit to determine lux level in all facilities. 	Completed	<ul style="list-style-type: none"> JCI Energy Project completed a lighting audit in September 2019 JCI Energy Assessment project approved to upgrade to LED lighting. Next steps pending COVID-19 access.
	<ul style="list-style-type: none"> Investigate task lighting in all facilities. Provide patient controlled and task lighting in patient areas. 	In Progress	<ul style="list-style-type: none"> Over bed lights for all Acute and Palliative beds. Over bed lights installed for all Highland Wood resident beds. Funding plan required to complete lighting for

Accessibility Category	Improvement Initiative	Progress Status	Comments
	<ul style="list-style-type: none"> • Replace all fluorescent lights with LED lights. 	In Progress	<p>Hyland Crest resident beds.</p> <ul style="list-style-type: none"> • Minden Hospital and general service areas completed. • JCI Energy Project received approval and plans in place to complete all areas in Haliburton Hospital, Highland Wood and Hyland Crest and outdoor areas. • Maintenance plan to replace with LED upon T8 fluorescent and CFL fixture failures.
	<ul style="list-style-type: none"> • Parking space designations at all sites – most spaces are compliant to the van size. • Review parking at CSS building to determine possibility of an appropriate accessible parking space. 	Completed	<ul style="list-style-type: none"> • Six new accessible van parking spots implemented

6.2 2020/21 & 2021/22 Annual Accessibility Plan Initiatives

Planned Improvement Initiatives for 2020/21 & 2021/22

The following table outlines the Accessibility improvement initiatives planned for the upcoming two years. Adjustments to this plan may be required as HHS continues to respond to the COVID-19 pandemic.

Accessibility Category	Planned Improvement Initiatives for 2020/21 & 2021/22
Customer Service	<ul style="list-style-type: none"> • Continue to redesign all reception/registration areas for patient flow, privacy, and accessibility; areas to be addressed include CSS reception area, Acute Care nursing station and Mental Health office. • Continue to offer (via website, telephone instruction, and/or brochures) to have patients call ahead to Administration if they anticipate issues with access to the building or service. • Continue to expand and facilitate access to services via telemedicine (OTN). • Consider conducting another third-party objective accessibility audit following the completion of this multi-year plan to review progress and inform annual plans in future. • Review all interior and exterior signage and way-finding tools to accommodate accessibility. • Revisit Client and Visitor Directory following patient journey/experience mapping exercise, and revise accordingly prior to implementation.
Information and Communication	<ul style="list-style-type: none"> • Continue to ensure Patient Bill of Rights and other information is available in alternate accessible formats upon request. • Upgrade HHS website to meet the Accessible Web sites and Web Content to be complaint to WCAG 2.0 Level AA by January 1, 2021. • Adopt an organizational standard for font, formatting, and language level that is easy to read and is compatible with automated reading software complaint to the WCAG 2.0 Level AA standard. • Develop a process to have information brochures/pamphlets reviewed for accessibility. • Develop process for making patient education materials available in alternative accessible formats. • Add web content that specifically describes accessibility features at each entrance; the current site includes the photos of the main entrances and the Emergency entrances. • Continue to ensure the Multi-Year and Annual Accessibility Plans are to be posted on the website.
Employment	<ul style="list-style-type: none"> • Enhance current AODA orientation for new employees and volunteers to include access to Surge

Accessibility Category	Planned Improvement Initiatives for 2020/21 & 2021/22
	<p>Learning content, and include information about accommodating sensory and cognitive disabilities.</p> <ul style="list-style-type: none"> • Develop and implement a brochure for all new staff, physicians and volunteers on accessible customer service.
Built Environment	<ul style="list-style-type: none"> • Continue to explore opportunities to expand Community Support Services' accessible van availability to provide increased services to patients/clients/residents.
General Requirements	<ul style="list-style-type: none"> • Investigate options to improve cafeteria vending machines accessibility; if cost effective. • Continue painting doorways to provide visual contrast for seniors and those individuals who are visually impaired beyond the LTCH. Need to develop paint plan for Hospital and General areas. • Address way-finding signage at Haliburton and Minden sites, including addition of appropriate lighting to illuminate signs and universal symbols wherever possible. • Place maps including "You Are Here" maps at main entrances and other strategic locations. • Consider using colour coding to facilitate way finding (e.g. colour lines on floors to different departments). • Ensure signage, brochures and hand sanitizers dispensers are placed at wheel chair and standing heights. • Implement the JCI Energy Project lighting to improve lighting levels situation in all parking areas, Hyland Crest, Highland Wood and Haliburton Hospital. Minden Hospital is complete. • Switch to motion sensor light switches in washrooms and other areas where they don't already exist • Audit lighting glare in Fireside Lounge in Minden and cafeterias in both sites. • Develop Funding Plan to complete task lighting in Hyland crest. • Provide night lights outside of each resident and patient washroom. • Continue to work on ensuring public and patient/resident washrooms have tilted mirrors and accessible sinks. • Place coat hooks in washrooms no higher than 56 inches from the floor. • Place a shelf in washrooms at accessible standard. • Consider motion sensor touchless faucets in strategic areas.

7.0 Review and Monitoring Process

The HHHS Accessibility Planning Committee will monitor progress of the Annual Accessibility Plan covering the period from October 2020 to

September 2021. In the last half of this period, the Committee will work to develop a new multi-year plan as well as the plan for the following year. The Accessibility Planning Committee is responsible for monitoring and following up on recommendations identified in the Plan.

The Accessibility Planning Committee will also review relevant complaints/concerns related to accessibility. These would be brought to the attention of the Committee via the hospital patient relations process. The Committee would then be able to make recommendations for future plans and action where appropriate.

8.0 Communication of the Accessibility Plan

The multi-year and annual plans will be posted on the HHHS website (*www.hhhs.ca*) and can be made available upon request by contacting the Administration Office at 705.457.2527. On request, the plan can be made available in alternative accessible formats.