



Religious Hospitallers
of Saint Joseph
of the Hotel Dieu of Kingston

HOTEL DIEU HOSPITAL

Hotel Dieu Hospital Kingston, Ontario

Annual Accessibility Plan

October 2011 – September 2012

This publication is available in large print format and on the Hotel Dieu Hospital website at www.hoteldieu.com

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Executive Summary

The purpose of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To that end, the AODA mandates that each hospital prepare an annual accessibility plan. The Accessibility Standards for Customer Service (O. Reg. 429/07) applies to designated public sector organizations and businesses and organizations that provide goods or services in Ontario. Hotel Dieu Hospital was required to file its first accessibility report regarding compliance with the Customer Service Standard Regulation in 2010.

This is the seventh plan prepared by the Accessibility Working Group of Hotel Dieu Hospital. This report describes the measures that the hospital has taken recently and the measures we will take during the 2011-2012 year to identify, remove and prevent barriers to people with disabilities who use our facilities, including patients, visitors, staff and students.

Last year, the Accessibility Working Group worked to remove several barriers to people with disabilities. On an ongoing basis, accessibility improvements are incorporated into various renovation projects around the hospital.

Aim

This report describes the measures that Hotel Dieu Hospital took in 2010-2011 and will take in 2011-2012 to identify, remove and prevent barriers for patients, visitors, staff and students in accessing our facilities and services.

Objectives

This report:

- ◆ Describes the process by which Hotel Dieu Hospital identifies, removes and prevents barriers to people with disabilities.
- ◆ Reviews the progress Hotel Dieu Hospital has made in removing and preventing barriers that were identified last year in its facilities, policies, programs, practices and services.
- ◆ Lists the facilities, policies, practices and services that Hotel Dieu Hospital will review in the coming year to identify barriers to people with disabilities.
- ◆ Describes the measures Hotel Dieu Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- ◆ Describes the ways that Hotel Dieu Hospital will make this accessibility plan available to the public.

Description of Hotel Dieu Hospital

Since 1845, Hotel Dieu Hospital has been providing compassionate care to the community, offering high standards of health care, as well as programs and services for those who are most in need.

As the academic ambulatory care centre for Southeastern Ontario, Hotel Dieu provides health care services to more than 500,000 patients annually and plays a significant role in medical research and the education of health professionals. Hotel Dieu houses a broad spectrum of specialized ambulatory clinics, as well as a day surgery program, urgent care centre, mental health program and the regional Child Development Centre.

The hospital is located at 166 Brock Street in Kingston. The main complex includes several interconnected buildings. The oldest of these, the Sydenham wing, opened in the 1850s, while the newest, the Jeanne Mance wing, opened in 1984. The Murray Building is on the site of the main complex. Along with providing excellence in health care, the Sisters of Hotel Dieu support the Kingston Youth Shelter and the Partners in Mission Food Bank. Hotel Dieu also operates a number of community programs, including Geaganano House (a residence for native patients and their families from northern Ontario who are being treated in local hospitals), and the Detoxification Centre. This year's Accessibility Plan focuses on the main hospital complex.

The Accessibility Working Group

The Accessibility Working Group is an interdisciplinary committee, made up of staff and volunteers from various departments in the hospital, as well as a patient advocate from the community. The Coordinator is Larry Erwin, Director of Facilities Management.

Members of the Accessibility Working Group:

Member	Department	Contact Information
Debbie Docherty	Community Representative	
Cora Therien	Community Representative	
Paula Corkum	Patient Registration	613-544-3400 ext. 2166
Larry Erwin	Facilities Management	613-544-3400 ext. 2394
Gary Hudson	Information Services	613-544-3400 ext. 4364
Krista Wells Pearce	Joint Planning Office	613-549-6666 ext. 3639
Maureen Pickering	Patient Care	613-544-3400 ext. 3048
Anne Rutherford	Public Relations	613-544-3400 ext. 3380
Kathy Sandhu	Patient Relations	613-544-3400 ext. 2355
Eugene Littlejohn	Volunteer Food Services	613-544-3400 ext. 2146
Sandy Taylor	Facilities Management	613-544-3400 ext. 3049
Clarence Willms	Human Resources	613-544-3400 ext. 2385

Our commitment to accessibility planning

As members of the Hotel Dieu Hospital community, we try to express to our patients, their families and friends and to our co-workers that we value them. We value and foster a caring community. We believe that the basic principle of health ethics is the dignity of the human person lived out in a human community. We nurture the potential of each unique person in interaction with his/her environment.

In this spirit, Hotel Dieu Hospital is committed to making our facilities and services accessible to everyone in our community, including those living with a disability.

Barrier-removal initiatives

ONGOING (2011-2012)

- ◆ **Capital projects.** In October 2010, construction began on a major redevelopment project that will include new clinics and procedure/lab areas on levels 4 and 5, new elevators and renovations to the lobby. This project will allow for specialized outpatient clinics at Kingston General Hospital to move into Hotel Dieu Hospital. The Coordinator of the Accessibility Working Group is required to sign off on the design phase of all capital projects.
- ◆ **Gait Lab Project.** Conceived as a world-class facility, the Human Motion Performance Laboratory is slated for completion in late fall 2011. The lab is designed to measure the biomechanics of how we move and is geared towards developing new treatments for musculoskeletal disorders such as arthritis and osteoporosis. This project will create 2 new accessible ramps for use by staff and subjects/visitors. A barrier free washroom, complete with accessible shower facility will also be created.
- ◆ **Wayfinding.** Work continues on two fronts to help ensure that signage within the hospital supports patients/families when they visit Hotel Dieu: (1) The capital redevelopment project, which includes generic clinic suites geared to serving various clinical services, includes a signage package; and (2) a Patient/Client Access Task Force is reviewing current signage in the hospital and has recommended to senior hospital leadership that a signage professional be hired to complete a signage study and to design a master way finding system.

Barrier-identification methodologies

At its inception, the Accessibility Working Group developed an extensive list of barriers using the methods outlined below. This list has been expanded to include barriers that were brought to our attention by patients and staff during the past year. Any complaints related to accessibility are brought to the attention of our Patient Relations Officer.

Methodology	Description
Patient Questionnaire	Volunteers approached patients with visible disabilities in waiting rooms and assisted them in completing the questionnaire.
Facility audit by architect	An architect toured the entire facility, noting all physical and architectural barriers.
Staff focus groups	We met with staff from the Environmental Management Team, Public Relations, Human Resources, and Information Services.
Nursing staff input	We consulted with nursing staff in all of the clinics.
Consultation with outside agencies	We consulted the Canadian National Institute for the Blind, the Canadian Hearing Society and the Kingston Independent Living Centre.
Literature review	We reviewed the literature provided by the agencies noted above, as well as other publications.
Parent of a wheelchair user	We interviewed the mother of a patient in the Child Development Centre.
Staff member who uses a scooter	We conducted an interview and tour with a staff member who uses a scooter.

Barriers/projects to be addressed in the coming year

Major Redevelopment Project. Construction has started to fit out levels 4 & 5 of the Jeanne Mance wing as new specialized clinic space. As clinics are brought over from Kingston General Hospital, other clinics now within our facility may be moved or consolidated as well. Two new elevators will be added to help support the anticipated increase in patient volumes. In addition, the Facilities Management Department will be moved and consolidated on Johnson 0 and minor renovations will occur in the main lobby. The Accessibility Working Group will guide the design team to ensure that the renovations are barrier-free.

Bariatric Clinic Suite. The hospital has received a provincial grant to develop purpose-built clinic space to accommodate bariatric patients. Accessible features will include appropriately sized doors and seating, reinforced fixtures and specialized bariatric equipment (scales, exam tables, lifts, etc.).

Wayfinding. Work continues on two fronts to help ensure that signage within the hospital supports patients/families when they visit Hotel Dieu: (1) The capital redevelopment project, which includes generic clinic suites geared to serving various clinical services, includes a signage package; and (2) a Patient/Client Access Task Force is reviewing current signage in the hospital and has recommended to senior hospital leadership that a signage professional be hired to complete a signage study and to design a master way finding system.

Website. Steps will be taken to explore how/if the hospital can make the external website keyboard-accessible and text-reader compatible.

Review Process

The Accessibility Working Group will meet quarterly to review the objectives for the year and to ensure that barrier-removal and barrier-prevention strategies are implemented effectively and on time. The departments or individuals responsible for the implementation of the objectives will be asked to report back to the Group at each meeting. As more information becomes available regarding the specifics of the implementation, including costs, the Group may re-evaluate and adjust the year's objectives.

The public, including individuals and organizations who provided input on barriers in the hospital, will be kept abreast of changes through our monthly newsletter *update*, and will be invited to provide feedback to the Coordinator of the Accessibility Working Group. *update* is published in print and on our website.

Communication

The plan is posted on the hospital's website and made available for downloading or printing in regular or large-print formats. Hard copy versions in regular and large print are available upon request.

List of Barriers

NOTE: Completed items are included in Appendix 1.

		Impact	Cost	Priority /Status
1.	Arrival & Entrances			
1.0	Parking Garage			
1.0.1	The Chown Memorial Parking Garage & adjacent sidewalks were reviewed as part of the audit, even though they are City of Kingston rather than hospital property. This garage is the main parking area for the hospital. 18 ground level spaces are designated barrier-free. This number is sometimes insufficient. Snow clearing in and around this area is not frequent enough to keep the area clear for wheelchair traffic.	☺ ☺ ☺	\$\$	2
1.0.2	Pedestrian circulation from the garage to the main entrance is hazardous due to street traffic and the drop-off ramp.	☺ ☺ ☺	\$\$\$	3
1.0.3	Only 2 of these spaces are wide enough to accommodate a van with a side hoist.	☺	\$	3
1.0.4	Parking area is far from the main entrance (over 50m).	☺ ☺ ☺	\$\$\$	3
1.0.5	No power operator at elevator lobby door.	☺	\$\$	4
1.1	City Sidewalks			
1.1.1	There are no dropped curbs at the SE and SW corners of Montreal & Brock. Wheelchair users have to use the driveway ramps to get onto the sidewalk.	☺ ☺	\$\$\$	4
1.1.2	The dropped curbs on the NE and NW side of Montreal & Brock do not have tactile warning surfaces.	☺ ☺ ☺	\$\$\$	3
1.1.3	There are no tactile warning surfaces in the sidewalk where it crosses the drop-off driveways.	☺ ☺ ☺	\$\$\$	3
1.1.4	The walklights at the Montreal & Brock intersection do not have audible signals. <i>The City has agreed to consider an audible signal at this intersection at some future time.</i>	☺	\$\$\$	5
1.1.5	Many pedestrians jaywalk directly from the hospital to the garage without walking over to the intersection.	☺ ☺ ☺	\$\$\$	3
1.1.6	The drain grate in the sidewalk on the north side of Brock near 179 Brock Street is too low and creates a tripping hazard. The sidewalk in this area is in poor condition.	☺ ☺ ☺	\$	1

1.2	Main Entrance			
1.2.1	The front door is not easily distinguishable from the windows (no sign, lights, planters or colour to mark the entrance).	☺	\$\$	4
1.2.2	Drop-off space is minimal & congested. Parked cars sometimes block the sidewalk at the top of the south ramp.	☺ ☺ ☺	\$\$\$	3
1.2.3	At the exterior stairs, there is no tactile or colour-contrasted warning surface at the top. No contrasting strips at step nosings. No handrails at sides of stairs (only in centre).	☺	\$\$	4
1.2.4	No relieving area or water bowl for guide dogs/service animals.	☺	\$	3
1.2.5	Volunteers see many near accidents at the revolving door involving walkers, strollers and canes.	☺ ☺	\$\$\$	4
1.2.6	Patients needing portering sometimes wait 15-20 minutes.	☺ ☺	\$\$\$	4
1.3	Main Lobby			
1.3.1	The pay phones may be too far from the entrance for some people, and might be difficult to find (need better signage).	☺	\$	3
1.3.2	The phones have volume controls, but are not specially designed for the hearing impaired. No TTY phones.	☺ ☺	\$	2
1.3.3	The taxi phones do not have volume controls.	☺	\$	3
1.3.4	The drinking fountain is of the correct design, but is mounted too high to be used from a wheelchair. A second fountain should be added.	☺	\$\$	4
1.3.5	The lottery booth counter not wheelchair accessible.	☺ ☺	\$\$	4
1.4	Brockview Cafe			
1.4.1	The Cafe is sometimes too crowded for scooters and wheelchairs.	☺ ☺	\$\$\$	4
1.4.2	The food display cases and condiment area are not well designed for wheelchair access.	☺ ☺	\$\$	3
1.4.3	There are no height-adjustable tables or add-on trays to accommodate wheelchairs.	☺	\$\$	4
1.5	Sydenham Street entrance (level 1)			
1.5.1	Threshold at designated wheelchair entrance too high.	☺	\$\$	4
1.6	Johnson Street entrance			

1.6.1	Not wheelchair accessible.	☹ ☹	\$\$\$	4
1.7	Murray Building entrance			
1.7.1	The barrier-free parking spaces behind the Murray building are on too much of a slope.	☹ ☹	\$\$\$	4
1.9	Urgent Care Centre entrance			
1.9.1	Lighting is too dim.	☹	\$\$	4
1.10	Shuttle Bus & Access Bus			
1.10.1	The Access Bus uses the Urgent Care entrance since the main entrance canopy is too low. Patients cannot get from the Urgent Care Centre to the rest of the hospital without staff assistance (problem for patient independence and distracting for staff). Once in the JM0 corridor, there is no directional signage, and it's a long way to the elevators. Many of these patients are en route to J7 Orthopaedics. CDC patients using the Access Bus go through the Murray Building to get to CDC, which is a complicated route, and difficult to navigate.	☹ ☹ ☹	\$	1
1.10.2	Access bus only available if booked long in advance. Problematic if a patient's appointment is changed.	☹ ☹	\$	2
1.10.3	The shuttle bus currently does not have a wheelchair lift. When it is equipped with one, bus drivers must be educated on its proper use.	☹	\$	3
1.10.4	The shuttle bus entrance has no indoor space to wait in a wheelchair. Directional signage is poor.	☹ ☹	\$\$	3
2.	Circulation			
2.0	Corridors			
2.0.1	Corridors are long, with no resting places along the way. <i>(Fire safety regulations do not permit seats that obstruct the corridor).</i>	☹ ☹ ☹	\$\$	2
2.0.2	Most corridors do not have handrails.	☹ ☹ ☹	\$\$\$	3
2.0.3	Glare and dim lighting create visibility problems in some corridors.	☹ ☹	\$	2
2.0.4	Very few tactile or auditory aids for the visually impaired.	☹ ☹	\$\$	3
2.0.5	Most of the doors handles are round knobs, which are difficult to grasp. Lever handles are preferable. <i>ADA compliant lever handles are being specified on all renovation projects.</i>	☹ ☹	\$\$	3

2.0.6	Ramps in the following corridors do not have handrails: B0, B2, B3, C2, JM2, JM4, MA1, MA2, S3. <i>A new handrail has been installed in the MA1 ramp.</i>	☹ ☹	\$\$	3
2.0.7	MA1, C2 ramps are too steep. Difficult for patients and for staff pushing stretchers or carts.	☹ ☹	\$\$\$	4
2.0.8	The corridors in the Mary Alice and Sydenham wings are too narrow for two-way wheelchair traffic. In Mary Alice, it would be difficult or impossible to turn around in a wheelchair.	☹	\$\$\$	5
2.0.9	In Brock 3 & 4, the windows in the stairwells at the ends of the corridors create glare. (Low sheen floor finishes were tested with unsatisfactory results).	☹	\$	3
2.0.10	The emergency shower in the Brock 4 corridor juts into the corridor, with no warning for the visually impaired.	☹	\$\$	4
2.0.11	Some of the fire doors in the older wings are too narrow and can damage a wheelchair or scooter.	☹	\$\$\$	5
2.0.12	Bubble mirrors at corridor intersections are very useful for scooter and wheelchair users.	☹	\$	3
2.0.13	The route to Johnson 1 (Human Resources, Auditorium, etc.) is difficult. No power operators on doors J1-044 and – 045 (at former loading dock). Doorstop at J1-045 should be moved to allow door to open to a wider angle.	☹ ☹	\$\$	3
2.1	Elevators			
2.1.1	Some of the elevators do not have Braille or raised numerals. Some have them inside or outside, but not both.	☹ ☹	\$\$	3
2.1.2	Elevator 12 in the Johnson wing is very dark.	☹	\$	3
2.2	Stairs			
2.2.1	Most of the stairs do not have contrasting nosing strips (would be helpful to those with low vision).	☹	\$\$	4
2.2.2	Floor number signs do not have raised lettering or Braille.	☹	\$	3
2.3	Wayfinding			
2.3.1	Wayfinding is a major problem in the hospital	☹ ☹ ☹	\$	1
2.3.2	There is no directory (map & clinic listing) in the main lobby or elsewhere (elevator lobbies, etc.). Directories should include tactile and pre-recorded information.	☹ ☹ ☹	\$\$	2
2.3.3	Wings are not labelled (i.e. “Johnson Wing”)	☹ ☹	\$	2
2.3.4	The info desk is not staffed early in the day. Day surgery	☹ ☹	\$	2

	patients arrive at 6:30 a.m. There is no permanent signage.			
2.3.5	There are few signs indicating the direction of washrooms & elevators.	☺ ☺	\$	2
2.3.6	Most signage uses lettering, rather than pictograms.	☺	\$	3
2.3.7	Some signage uses medical, rather than lay terminology (e.g. "Otolaryngology", "Triage"). <i>Underway: Otolaryngology signs now read "Ear, Nose & Throat Clinic".</i>	☺ ☺	\$	2
2.3.8	Some services are divided and scattered throughout the hospital.	☺	\$\$\$	5
2.3.9	Some clinics are remote from the main circulation areas (e.g. Diabetes Education & Management Centre)	☺ ☺	\$\$\$	4
2.3.10	There are few landmarks (artwork, gardens, colour cues, floor patterns, etc.).	☺ ☺	\$\$	3
2.3.11	The "1" button on the elevator does not say "Lobby".	☺	\$	3
2.3.12	Patients often come into the main lobby looking for the Urgent Care Centre. In the winter, they may be directed through the building rather than back outside, and they get lost.	☺ ☺ ☺	\$	1
2.3.13	Directory maps on the website are difficult to find.	☺ ☺	\$\$	3
3.	Clinics			
3.0	General findings			
3.0.1	Most of the newer reception desks are wheelchair-accessible. The older nurse and reception desks are not (too high, no knee & toe space). <i>New desks in ENT, Radiology & Brock 1 are wheelchair-accessible.</i>	☺	\$\$	Under way
3.0.2	Some clinics do not have washrooms near the waiting areas.	☺ ☺	\$\$\$	4
3.0.3	The exam tables are generally not height-adjustable. <i>New tables purchased are all height-adjustable.</i>	☺ ☺	\$\$	Under way
3.0.4	Some waiting areas don't have any bariatric chairs (for obese people). <i>Underway: Some bariatric chairs have been purchased.</i>	☺ ☺	\$\$	Under way
3.0.5	Several waiting areas don't have drinking fountains. <i>Drink vending machines have been added in some clinics.</i>	☺ ☺	\$\$	3
3.2	Cardiology			
3.2.1	Holter/EEG suite (rooms B2-040-0,1,2,3) exam rooms are	☺	\$\$\$	5

	much too small to accommodate wheelchairs.			
3.2.2	Beds are too short for anyone over 6'-2".	☹	\$\$\$	5
3.3	Child Development Centre			
3.3.1	Waiting room too small for wheelchairs and strollers.	☹ ☹	\$\$	3
3.4	Diabetes Education & Management Centre			
3.4.1	Nurse educators' doors are too narrow for wheelchairs	☹	\$\$	4
3.4.2	The S2 washroom is tiny. The closest barrier-free washroom is in J2, up a steep ramp.	☹ ☹	\$\$	3
3.5	Urgent Care Centre			
3.5.1	Reception desks are wheelchair accessible, but chairs are in the way.	☹	\$	3
3.5.2	The waiting room washrooms are wheelchair accessible, but the three bedside washrooms inside the unit are not – too tight for wheelchairs, incorrect grab bar placement.	☹ ☹	\$\$	3
3.6	GI/General Surgery			
3.6.1	Toilet seat in waiting room washroom is too low	☹ ☹	\$	2
3.6.2	No handrails along corridor	☹ ☹	\$\$	3
3.8	Murray Building (ENT)			
3.8.1	No barrier-free washrooms	☹ ☹ ☹	\$\$\$	3
3.8.2	Wayfinding is complicated by addresses; paperwork says 145 or 146 Brock, but street address is 144.	☹	\$	3
3.8.3	Entrance too small if someone is waiting in a wheelchair	☹	\$\$\$	5
3.8.4	Elderly patients find the area too cold year-round. Dampness a problem in the summer.	☹ ☹ ☹	\$\$\$	3
3.8.5	No automatic door opener in basement; needed for strollers and wheelchairs.	☹ ☹	\$\$	3
3.9	Ophthalmology, Level 1			
3.9.1	Internal corridor too congested for stretchers/wheelchairs	☹ ☹	\$\$\$	4
3.9.2	Washroom too small for large patients; not wheelchair accessible	☹ ☹	\$\$\$	4
3.9.3	Ramp from Brock wing too steep and narrow	☹ ☹	\$\$\$	4
3.10	Outpatient Psychiatry			

3.10.1	No barrier-free washrooms.	☹ ☹	\$\$\$	4
3.11	Day Surgery			
3.11.1	Waiting room too small for wheelchairs. Patients are generally sent to the main waiting area on JM2.	☹	\$\$\$	5
3.11.2	Doorways are narrow.	☹ ☹	\$\$\$	4
3.11.3	The washrooms are not wheelchair accessible.	☹ ☹	\$\$\$	4
3.12	EPACU			
3.12.1	The toilets are too low for most patients.	☹ ☹ ☹	\$	1
3.12.2	The washrooms are not wheelchair accessible	☹ ☹	\$\$\$	4
3.12.3	No lift available for patient transfers (occasionally borrow one from CDC).	☹ ☹	\$\$	3
4.0	Washrooms			
4.0.1	Some barrier-free washrooms are not designated as such with signage. Add signage in main lobby RE special-needs washroom in CDC.	☹	\$	3
4.0.2	Few of the designated barrier-free washrooms meet all of the barrier-free design standards. In general, minor modifications are required.	☹ ☹	\$	2
5.	Staff & Student Facilities			
5.0	Offices & Workstations			
5.0.1	Operable windows are hard to open.	☹	\$\$\$	5
5.0.2	Older workstations are generally not as ergonomically adjustable as newer ones.	☹ ☹ ☹	\$\$	2
5.1	Information Services			
5.1.1	The new clinical desktop has no “quick keys”; need to use a mouse (many people have difficulty using a mouse)	☹ ☹	\$\$\$	4
5.1.2	Some software can be used with keys rather than mouse, but is not taught this way.	☹	\$	3
5.2	Auditorium			
5.2.1	No direct wheelchair access from Johnson Street.	☹ ☹	\$\$\$	4
5.2.2	Route from main entrance circuitous; doors difficult to open.	☹ ☹	\$\$	3
5.3	Fitness Centre			

5.3.1	Door is hard to open (keypad, knob & closer).	☹	\$\$	4
5.3.2	Drinking fountain not wheelchair accessible.	☹	\$\$	4
5.3.3	Women's locker room not wheelchair accessible.	☹	\$\$\$	5
5.4	Kitchenettes			
5.4.1	Staff kitchenettes are generally not wheelchair accessible.	☹	\$\$	4
5.5	Service Rooms (mechanical & electrical)			
5.5.1	No visual fire alarm signals (needed in noisy environments even for people with normal hearing).	☹ ☹ ☹	\$\$	2
6.	Communications			
6.0.1	House phones mounted too high	☹	\$\$	4
6.0.2	Bulletin boards mounted too high	☹	\$	3
6.0.3	Website and intranet are not keyboard-accessible and do not accommodate text readers (many articles are in PDF format, images don't have alt-tags).	☹ ☹	\$\$	3
6.0.4	TTY phones not available	☹ ☹	\$	2
6.0.5	Discharge notes & instructions, patient education pamphlets, etc. generally not available in multiple formats (consider large print, electronic format, cassette).	☹ ☹ ☹	\$\$	2
6.0.6	Instructional films and videos are not captioned for the deaf and hard-of-hearing	☹	\$\$	4
6.0.7	The alarm system is not equipped with visual or tactile signaling for people who are deaf or hearing-impaired.	☹ ☹ ☹	\$\$\$	3

Notes:

1. The impact rating is based on the number of people affected, the degree of health risk or danger created by the barrier, and how important it is to those affected.
2. The cost rating is relative, and is based on capital and operating costs to the hospital, including staff time. Work to be done by others (e.g., on city sidewalks) is low cost to the hospital, since our work would only involve meeting with the city to present our case.
3. The priority is determined on a prioritization matrix, based on impact and cost. Highest impact, lowest cost items are given highest priority. One is the highest priority; four is the lowest.

APPENDIX 1: List of Barriers—Completed Items

Main Entrance			
Canopy lighting is inadequate at night. In daytime, it is very dark under the canopy, creating a high contrast with the lighting conditions in the street. The lighting has been replaced.	☺	\$\$	Done
Water hose at south ramp a tripping hazard: should run through brackets along the wall. Repaired.	☺ ☺	\$	Done
At peak times (8-9 am), the number of wheelchairs in the lobby is sometimes insufficient. Additional wheelchairs were purchased last year.	☺	\$	Done
Main Lobby			
The seating area may be too far from the entrance for some people, and does not provide a very clear view of the drop-off area. Need waiting chairs closer to the main door. Chairs have been moved closer to the entrance.	☺ ☺ ☺	\$	Done
The credit union counter is not wheelchair accessible. Credit Union counter rebuilt.	☺ ☺	\$\$	Done
Sydenham Street entrance (level 1)			
No power operators at designated wheelchair entrance (doors PDS1-037 & S1-S/W #9). Power operators installed.	☺	\$\$	Done
Murray Building entrance			
Signage to Murray Building from inside the Jeanne Mance building is confusing. New signs are in place.	☺ ☺	\$	Done
Circulation			
Corridors			
Some corridor doors are hard to open, and tend to shut very quickly. Well-placed automatic door openers or pressure-activated openers would help. All corridor doors now held open where regulations permit.	☺ ☺ ☺	\$\$	Done
At the ramps into the Mary Alice wing, the handrails do not return to the doorway at the top and bottom. A new handrail was installed last year.	☺	\$\$	Done
Elevators			
None of the elevators have tone signals when passing or stopping at each floor. The main elevators now	☺ ☺	\$\$	Done

announce the floor and direction of travel at each stop.			
Wayfinding			
Front desk volunteers are not always able to help based on the information provided (e.g., patient only knows the name of the doctor, not the clinic). Info Desk staff now have full listing of doctors' names, clinics, floors.	☺ ☺	\$\$	Done
Clinics			
General findings			
The waiting areas are full of chairs, with no spaces left for wheelchairs & scooters. Space should be reserved, with a wheelchair symbol above it. The furniture has been rearranged to provide wheelchair space in every waiting room.	☺ ☺	\$	Done
Brock 1 Clinic			
Lighting is too dim. <i>Additional fixtures have been installed in the reception & waiting areas.</i>	☺	\$\$	Done
Child Development Centre			
Barrier-free washroom layout might not work for someone in a wheelchair (toilet is in an alcove). A new special needs washroom is now available.	☺ ☺	\$\$	Done
There is no appropriate place to change diapers for older children. Need a large washroom with an adjustable height change table (adult size), toilet (residential type) with a selection of types and sizes of toilet seats, a track lift with sling, and wheelchair-accessible sink. Should be off the main corridor, so COPC and other patients can use it. A new special needs washroom is now available.	☺ ☺ ☺	\$\$\$	Done
At least 2 dedicated parking spaces are required for CDC families, preferably on the Johnson ramp.			Done
Children's Outpatient Clinic			
Weighing room door too narrow for wheelchairs. The room has been moved, and has a wider doorway.	☺	\$\$	Done
Diabetes Education			
The door in corridor S2 is quite hard to open. Now held open.	☺ ☺	\$\$	Done
Inpatient Psychiatry			
Clear protocols are needed regarding service dogs.	☺	\$	Done

GI/General Surgery			
Pay phone in waiting room obstructed by chairs. Chairs have been moved.	☺	\$	Done
Inpatient Psychiatry			
There is no lift to help staff with obese or disabled people. Lifts have been purchased for Psychiatry, Emergency & EPACU.	☺ ☺	\$\$	Done
Murray Building (ENT)			
Reception window & desk too high. New reception desk is wheelchair-accessible.	☺ ☺	\$\$	Done
Clinic is difficult to find from the main building; signage is difficult to understand. Sign in JM1 says “Murray Building”, without a directional arrow, implying you are already there. Sign at Murray Building says “Otolaryngology”. New signs are in place.	☺ ☺	\$	Done
Ophthalmology, Level 1			
Ramp from JM1 too steep, and handrails are not well positioned for use. <i>A new handrail has been installed.</i>	☺ ☺	\$\$\$	Done
Orthopedics			
Pay phone in waiting room obstructed by chairs. Chairs have been moved.	☺	\$	Done
Urgent Care Centre			
The door from Urgent Care to CSR is hard to open; need power door operator.		☺	Done
Communications			
A new hospital map will be created and uploaded to indicate accessible access points within our building.			Done