

Multi-Year Accessibility Plan

January 2024 – December 2028



For St. Joseph's Health Centre

Includes: St. Joseph's Continuing Care Centre
St. Joseph's Villa
Villa St. Gabriel Villa



Prepared by:
The Accessibility Advisory Committee



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Appendix A – Contacting the Accessibility Advisory Committee

Introduction

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA), received Royal Assent in June 2005, which requires that Ontario be an accessible province by 2025. The purpose of the legislation is to develop, implement and enforce standards to achieve accessibility for all Ontarians. The standards are to establish measures, policies, practices or other requirements for the identification and removal of barriers to accessibility.

The AODA is a more expansive legislation than the original Ontarians with Disabilities Act, 2001 (ODA), as it covers organizations in the private and the public sectors. Ontario's first accessibility standard came into effect on January 1, 2008. The Accessibility Standards for Customer Service (Ontario Regulation 429/07) outlines what must be done to ensure the provision of accessible customer service to persons with various disabilities through three standards – information and communications, employment and transportation.

The new Integrated Accessibility Standards (Ontario Regulation 191/11) under the AODA came into force on July 1, 2011. This regulation combines the three accessibility standards under the Accessibility Standards for Customer Service into a design to remove barriers in five (5) identified areas:

1. **Transportation** – making it easier for persons with disabilities to get where they need to go.
2. **Information and Communication** – giving persons with disabilities access to more of the information that we all depend on.
3. **Employment** – expanding Ontario's labour pool and welcoming more persons with disabilities into more workplaces.
4. **Customer Service** – providing good customer service, understanding that people with disabilities may have different needs.
5. **Built Environment (design of public spaces)** – removing barriers in public spaces and buildings making it easier for all Ontarians, including people with disabilities, to access places where they work, travel, shop and play.

Implementation

Description:
St. Joseph's Health Centre (SJHC) is an organization that is sponsored by the Catholic Health Sponsors of Ontario (CHSO). The purpose of CHSO is to preserve and enhance Catholic health care ministry. SJHC is comprised of:

- St. Joseph's Continuing Care Centre (SJCCC), a 64 bed continuum of care facility, which was required to comply with the Customer Service Standard by January 1, 2010. SJCCC formed its Accessibility Advisory Committee and committed to the philosophy of the AODA and ODA and to fulfilling the obligations under the Acts.

- St. Joseph's Villa (SJV) and Villa St. Gabriel Villa (VSGV), both 128 bed long term care facilities, became subject to the Act and its Regulations on January 1, 2012.

- St Joseph's Health Centre (SJHC), as the parent company for all three sites, became subject to the Act and Regulations on January 1, 2012. SJHC has since revamped the Accessibility Advisory Committee to include members collectively from all three sites and hence, has developed a well-defined collaborative working group to tackle in ongoing requirements.

Mission
As a Catholic organization, we faithfully continue the healing Mission of Jesus, and respond to the needs of the whole person - body, mind and spirit.

Vision
Enriching Quality of Life…compassionate care, innovation and discovery.

Values
Guided by our core values of ***Dignity***, ***Excellence***, ***Service*** and ***Integrity*** we will promote spiritual, physical, emotional and social well-being.

Intent:
SJHC has committed itself to the continual improvement of access to hospital facilities and long term care homes. Review and revisions to current policies, programs, practices and services for patients/residents, their family members, staff, health care practitioners, volunteers and members of the community with disabilities are completed on an annual basis unless required sooner. The participation of persons with disabilities in the development and review of its accessibility plans and the provision of quality services to all patients/residents, family members and members of the community with disabilities are at all times welcomed and encouraged. This commitment is aligned with our core values of service and excellence which looks to provide exceptional service with a focus on quality of care and patient/resident safety.

This multi-year Accessibility Plan builds on the previous work of the Accessibility Advisory Committee. It outlines the measures that will be taken to identify, remove and prevent barriers to persons with disabilities who live, work in or use the facilities and services of SJCCC, SJV and VSV including patients/residents and their family members, staff, health care practitioners, volunteers and other members of the community.

Aim

This Multi-year Accessibility Plan is a road map that describes how SJHC and its three sites will strive to meet the regulations and guidelines to ensure all our organizations are accessible. Over the last several years, the SJHC Board of Directors aim has focused on creating an organization that has an informed and committed leadership; an organization-wide alignment and coordination of efforts to streamline and amalgamate services amongst the organizations; strong governance and accountability; and a method of measurement, evaluation and reporting that is meaningful and maps an action plan for improvement.

The Accessibility Advisory Committee (AAC)

In keeping with the core value of excellence, SJHC is committed to ensuring the development of an accessible environment that is an evolution of a culture that supports barrier-free access to care and services.

Originally the committee was formed in 2010 with the focus on the requirements for SJCCC, as a hospital, to comply with the AODA, 2005. The committee has been revised with an expanded membership to include representatives from all sites as well as input from organizations/ agencies and service providers collectively providing a cross disability perspective.

Commitment to Accessibility Planning

St. Joseph's Health Centre is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration, cultural diversity, and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the *Accessibility for Ontarians with Disabilities Act*.

Barrier Identification Methodologies

The AAC will use the following barrier-identification methodologies for this multi-year report:

Methodology	Description	Status
Concerns expressed to patient and/or Resident and Family Councils	Patient and/or Resident and Family Councils are encouraged to identify areas of concern, if any, and to offer suggestions for increased accessibility.	All complaints were forwarded to the AAC for review and appropriate action.
Issues identified through Occupational Health & Safety Committees	Issues relating to accessibility are identified through regular monthly health & safety inspections as well as incident reports.	All issues were forwarded to the AAC for review and appropriate action.
Review of issues through Human Resources	Sources of information include: SJHC review specifically related to harassment & bullying reported and other human rights complaints.	Recommendations and information from these initiatives are forwarded to the Committee for review and inclusion as appropriate.
Accessibility Committee	Participation of representatives from a variety of areas. Review of barrier elimination initiatives. Request for more information where appropriate.	Ongoing
Canvassing employees	Staff is reminded to report any deficiencies in accessibility, not only when they attend accessibility awareness training sessions or complete the self-education package but on a regular basis when the barrier is first identified.	Training sessions, newsletters and posters raise organizational awareness. Issues are brought to the AAC attention for follow up. Staff is encouraged to report any deficiencies to their immediate supervisor who will channel it to the correct department. Staff can also input suggestions that address or increase accessibility for staff, residents/patients, family members and other visitors or service providers through our electronic ideas software (AIM).
Information desks (reception, nursing stations, administration)	Feedback received from both staff and volunteers who work at various information desks.	Concerns brought to the Committee for consideration.
Canvassing Committees of the facilities	The Accessibility Advisory Committee will survey members of Committees to identify areas of concern.	Issues are brought to Accessibility Advisory Committee and formalized for information and

	(e.g. debriefs from Occupational Health and Safety inspections, Adverse Event and Near Miss reports, Staff Incident & Hazard reports, monthly departmental meetings concerns) Stakeholders within Committees may also advise the Accessibility Advisory Committee concerning matters in the	follow-up. An Action Plan is developed and forwarded to Senior Management for approval when necessary.
Methodology	**Description**	**Status**
	Community that may affect how persons with disabilities experience health care at our facilities. They provide important insight in accessibility issues.	
Community /staff consultation	Creation of email address: accessibility@sjsudbury.com and staff resource person to contact: Program Assistant for Corporate Services @ 705-806-0390 ext. 682	Concerns received through these two sources.
Legislation changes	Legislation is monitored to ensure Hospital and Long-term Care home compliance is maintained.	Changes are occur to processes as legislation changes.
Review of construction/renovation projects	Construction projects reviewed by members of Building & Property Committee with knowledge of accessibility. Smaller renovation projects are reviewed by Quality Councils	Concerns identified through new construction projects or plans for renovations.
Employee Modified Work Program	Issues related to staff and accessibility identified by employee or manager/supervisor.	Concerns identified throughinterventions with employees.

Mandatory Requirement	Legislated Compliance Date			Plan for Meeting Requirement	Accountability & Timetable for 2022-2023	Accountability & Timetable
	SJCCC	SJV/ VSGV	SJHC			
PART 1 – GENERAL						
***Establishment of Accessibility Policies (s.3)*:** Prepare written documents describing policies; and make documents publicly available, and provide in an accessible format up request	Complete	Complete	Complete	• AAC provided input to the development of policies • Review annual policies and revise as required • Seek stakeholder approval • Disseminate to staff	***Q1- 2022 & Q1- 2023*** Annual review of all Accessibility policies for facilities. Update if required.	Annual review of all Accessibility policies for facilities. Update if required.
Accessibility Plans (s.4): a) Establish, implement, maintain and document a multi-year accessibility plan b) Post accessibility plan on website, and provide the plan in an accessible format upon request c) Establish, review and update accessibility plans in consultation with persons with disabilities and consult accessibility advisory committee where one has been established d) Prepare an annual status report on the progress of measures taken to implement the strategy	Complete On going On going On going	Complete On going On going On going	Complete On going On going On going	• AAC reviews barriers identified and regulations within IAS on a quarterly basis • A barrier report is developed that identifies the facility's accomplishments in eliminating barriers identified in previous year • Post to website • Accessibility feedback survey and e-mail available in Accessibility and Feedback process policies to encourage people to give input on accessibility issues	Report on accomplishments and barriers eliminated for 2023. Post to website. *Q3 - 2023* Develop a new Multi-year work plan for next five years. Post to website.	Report on accomplishments and barriers eliminated Review Multi-year plan annually. Develop a new Multi-year work plan for 2029 to 2033
Procurement or Acquiring Goods, Services or Facilities (s.5): Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities, except where it is not practicable.	Complete	Complete	Complete	• Procurement process updated to include AODA Building standards • Annually review procurement policy at Board Committee • Revise policy if changes required	***Q1- 2022 & Q1- 2023*** Annually review policy and practice and update if necessary.	Annually review policy and practice and update if necessary.
Self-service Kiosks(s.6): Incorporate accessibility features when installing self-service kiosks.	Complete	Complete	Complete	There are currently no kiosks at any of the sites.	**N/A** Unless Kiosks are installed	**N/A** Unless Kiosks are installed
Mandatory Requirement	**Legislated Compliance Date**			**Plan for Meeting Requirement**	**Accountability & Timetable for 2022-2023**	**Accountability & Timetable**
	SJCCC	**SJV/ VSGV**	**SJHC**			
Training (s.7): Provide training on the requirements of the accessibility standards and on the Human Rights Code to: all employees and volunteers; all persons who participate in	Complete	Complete	Complete	• Current Orientation package and Q&A covers all training • Ongoing training through Corporate Educator to: staff, physicians, volunteers and 3rd party	***Q1 of 2022 & 2023*** Corporate Educator to review current staff list for compliance of	Ongoing

developing the organization's policies; all other persons who provide goods and services on behalf of the organization.				service providers of goods and or services	mandatory education. Where an employee or new hire self-identifies or it becomes known that the employee has a disability, HR will advise the Corporate Educator and the employee's direct Manager for follow up.	
PART 2 – INFORMATION AND COMMUNICATION STANDARDS						
Feedback (s.11): a) Processes for receiving and responding to feedback must be accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications support, upon request b) Notify the public about the availability of accessible formats and communication supports	Complete On going	Complete On going	Complete On going	• Review feedback to current processes in order to ensure the public is aware that they can provide feedback and how • Annual Feedback policy reviewed and revised and posted to website • Education and inform staff and public of the process in place • Feedback form is available on our website	***Q1 – 2022 Q1 – 2023*** Review report and effectiveness of feedback survey – make changes if awareness of process is not known.	***2024*** Review survey questions with advisory committe make changes if needed Review staff and public awareness through annual in-house surveys.
Accessible Formats and Communication Supports (s.12): a) Shall, upon request, provide or arrange for the provision of accessible formats and communication supports for persons with disabilities b) Shall notify the public about the availability of accessible formats and communication supports	Ongoing Ongoing	Ongoing Ongoing	Ongoing Ongoing	• Committee will review any requests received for alternate formats and determine the types of formats that can be made available that meet the requirement and are feasible	***Ongoing*** Review any format requests received at AAC meeting. Determine if format request is common. Explore feasible options for new common format requests.	***Ongoing*** Review any format requests received at AAC meeting. Determine if format request is common. Explore feasible options for new common format requests.
Emergency Procedures, Plans and Public Safety Information (s.13): If information is available to the public, provide emergency procedures, plans or public safety information in an accessible	Complete	Complete	Complete	• Annual review of emergency procedures to determine if pertinent information for the public needs to be made available in alternative formats	***Annually*** Review fire plan to see if any changes made would require changes to public emergency	***Annually*** Review fire plan to see if any changes made would require changes to public emergency information

format or with appropriate communication supports.					information posted in facility & handbooks.	posted in facility & handbooks. Q1 of 2024 Add Accessibility as a standing item for discussion with Site Specific Health and Safety meeting
Mandatory Requirement	**Legislated Compliance Date**			**Plan for Meeting Requirement**	**Accountability & Timetable for 2022-2023**	**Accountability & Timetable**
	SJCCC	**SJV/ VSGV**	**SJHC**			
Accessible Website (s.12): Make internet websites and web content conform with Web Content Accessibility Guidelines (WCAG) 2.0, initially at level A and increasing to Level AA	Level A Complete Jan 1.21	Level A Complete Jan 1.21	N/A	• IT department is working on the requirements for internet and intranet sites	Review on any ongoing basis any issues with internet and intranet. Develop action plan to eliminate problems. Work towards 2021 compliance to guidelines.	Review on any ongoing basis any issues with internet and intranet. Develop action plan to eliminate problems. Work towards 2021 compliance to guidelines.
PART 3 – EMPLOYMENT STANDARDS						
Workplace Emergency Response Information (s.27): Provide, where necessary, individualized workplace emergency response information to employees who have a disability	Complete On Hire or if disability arises.	Complete On Hire or if disability arises.	Complete On Hire or if disability arises.	• Current employees advised at hire and information is provided in the orientation package and during orientation to self-identify if they have a disability that would require individualized emergency response information.	***Annually: 2022-2023*** Departmental manager to review current employee specific plans on an annual basis and update if necessary based on job function and assignment.	***Annually*** Departmental manager to review current employee specific plans on an annual basis and update if necessary based on job function and assignment.
Educate Staff about Policies for Supporting Employees with Disabilities (s.25): Develop strategy to communicate organization's policies for supporting employees with disabilities	Complete	Complete	Complete	• Annual review of policies and processes currently in place that support employee's with disabilities • Review effectiveness of communication strategy to staff of facilities polices for supporting employees with disabilities.	Annually review of education program to ensure it supports and meets the needs of employee's with disabilities.	Annually review education program to ensure it supports and meets the needs of employee's with disabilities.
Hiring and Selection (s. 22-25):	Complete	Complete	Complete	• Process in place to notify applicants and the public about	Annually: 2022-202***3*** Review process and	Annually

Various recruitment and selection process requirements within this section in order to accommodate and select new hires				availability of accommodation during the recruitment process	feedback to ensure recruitment process meets the standard and is effective.	Review process and feedback to ensure recruitment process meets the standard and is effective.
Making Information Accessible to Employees (s. 26): Provide or arrange for the provision of accessible formats and communication supports for information that is needed in order to perform the employee's job, and information that is generally available to employees in the workplace as determined in consultation with the employee with disabilities.	On going	On going	On going	• A process is in place to provide accessible formats and communication supports for information needed for staff to perform their job when requested	Annually: 2022-2023 Review on an annual basis accessible formats utilized in the workplace as well as alternative formats requested. Determine feasible format changes and implement.	Annually Review on an annual basis accessible formats utilized in the workplace as well as alternative formats requested. Determine feasible format changes and implement.
Mandatory Requirement	**Legislated Compliance Date**			**Plan for Meeting Requirement**	**Accountability & Timetable for 2022-2023**	**Accountability & Timetable**
	SJCCC	**SJV/ VSGV**	**SJHC**			
Develop & Document Accommodation Plans for Employees with Disabilities (s.28): Have a written process in place for the development of documented individual accommodation plans for employees with disabilities.	Complete	Complete	Complete	Occupational Health and HR department has developed and maintains a return to work program that provides a temporary transitional work plan to support employees with disabilities as they return to work.	Annually: 2022-2023 On an annual basis, review the types of accommodations made for positions available within facilities.	On an annual basis, review the types of accommodations made for positions available within facilities.
Assist Employees with Disabilities Return to Work (s. 29): Develop a return to work process for employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work	Complete	Complete	Complete	Occupational Health and HR department has developed and maintains a return to work program that supports a temporary transitional work plan for supporting employees with disabilities as they return to work	***Annually: 2022-2023*** On an annual basis, review the process for bringing employees with disabilities back to work. Make recommendations to change process if required.	On an annual basis, review the process for bringing employees with disabilities back to work. Make recommendations to change process if required.

Performance Management, Career Development and Job Changes Accessible to Employees (s. 31-32): Take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans when: a) Using its performance b) management process in respect of employees with a disability **c)** Providing career development and advancements to its employees with disabilities	Complete	Complete	Complete	Performance standards were revised. Competencies for each job description were identified in order to revamp the job descriptions. Performance appraisals will adapt the elements within the job descriptions. Practices are in alignment with current performance management processes; career development; advancement process; and redeployment processes that take into account the accessibility needs of staff. Education policy allows procedures for employees to seek advancement of skills and level of education.	***Annually: 2022-2023*** Annually review practices to ensure their effectiveness and success with accommodation planning. Make changes and implement change if required. Job descriptions, job-specific performance appraisal forms, and corporate performance appraisal forms will be reviewed on an annual basis by each Quality Council.	Annually review practices to ensure their effectiveness and success with accommodation planning. Make changes and implement change if required. Job descriptions, job-specific performance appraisal forms, and corporate performance appraisal will be reviewed on an annual basis by each Quality Council.
Mandatory Requirement	**Legislated Compliance Date**			**Plan for Meeting Requirement**	**Accountability & Timetable for 2022-2023**	**Accountability & Timetable**
	SJCCC	**SJV/ VSGV**	**SJHC**			
PART 4 – TRANSPORTATION STANDARDS						
Public Sector Organizations (O. Reg. 191/11, s.76) Designated public sector organizations (including hospitals) that are not primarily in the business of transportation, but that provide transportation services, shall provide accessible vehicles or equivalent services upon request.	Complete	Complete	Complete	SJCCC, SJV and VSGV do not provide any transportation services to people with disabilities. However, they do provide assistance to acquire an equivalent mode of transportation. • Staff book appointments with public /city owned handi-transit services on behalf of residents/patients to take them to medical appointments, special events, etc. Access to telephone service is available in individual resident/patient rooms as well as nursing stations for individuals to contact taxi companies. The service is self-pay, but does provide access to cars and vans	***Annually: 2020-2021*** Annually review practices to ensure its effectiveness and success with accommodation planning. Make changes and implement change if required.	Annually review practices to ensure its effectiveness and success with accommodation planning. Make changes and implement change if required.

				provided by the local taxi companies. • Non-emergent transfer services for those requiring a stretcher is booked for resident/patients by nursing staff Eligibility for this service is determined on a case-by-case basis by the clinical team.		
Mandatory Requirement	**Legislated Compliance Date**			**Plan for Meeting Requirement**	**Accountability & Timetable for 2022-2023**	**Accountability & Timetable**
	SJCCC	**SJV/ VSGV**	**SJHC**			
PART 5 – BUILT ENVIRONMENT STANDARDS						
Outdoor public use eating areas, application (AODA, 2005, O. Reg. 191/11, s.80.16, O. Reg. 413/12 s. 6) 1. The requirements in section 80.17 apply to newly constructed and redeveloped outdoor public use eating areas that an obligated organization intends to maintain and that fall within the description set out in subsection (2). 2. The outdoor public use eating areas to which subsection (1) applies consist of tables that are found in public areas such as recreational experience.	Jan 1.16	Jan 1.17	Jan 1.17	As part of the Risk Management Plan each department conducts an organizational wide gap analysis and in consultation with the Accessibility Advisory Committee, pursues compliance by collaborating with the following stakeholders: • Environmental/Building Services; • Building and Property Committee; and • Contracted consulting services when constructing new or redeveloping an existing area.		

Exterior paths of travel, general (O. Reg. 191/11, s. 80.22, O. Reg. 413/12, s.6) Obligated organizations shall ensure that any exterior paths of travel that they construct or redevelop and intend to maintain meet the requirements set out in the regulations.						
Exterior paths of travel, ramps (AODA, 2005, O. Reg. 191/11, s. 80.24, O. Reg. 413/12 s. 6) - Measurements as set out in the regulations.	Jan 1.16	Jan 1.17	Jan 1.17			
Exterior paths of travel, technical (AODA, 2005, O. Reg. 191/11, s. 80.23, O. Reg. 413/12 s. 6) - measurements/clearance and regulations on pathways	Jan 1.16	Jan 1.17	Jan 1.17			
Exterior paths of travel, stairs (AODA, 2005, O. Reg. 191/11, s. 80.25, O. Reg. 413/12 s. 6) - measurements/clearance and regulations for stairs	Jan 1.16	Jan 1.17	Jan 1.17			
Mandatory Requirement	**Legislated Compliance Date**			**Plan for Meeting Requirement**	**Accountability & Timetable for 2020-2021**	**Accountability & Timetable for 2022-2023**
	SJCCC	**SJV/ VSGV**	**SJHC**			
Exterior paths of travel, curb ramps (AODA,2005, O. Reg. 191/11, s.80.26, O. Reg. 413/12 s.6) - measurements/clearance and regulations for curbs and ramps	Jan 1.16	Jan 1.17	Jan 1.17	As part of the Risk Management Plan each department conducts an organizational wide gap analysis and in consultation with the Accessibility Advisory Committee, pursues compliance by collaborating with the following stakeholders: • Environmental/Building Services; • Building and Property Committee; and • Contracted consulting services When constructing new or redeveloping an existing area.		
Exterior pathways of travel, rest areas (AODA, 2005, O. Reg. 191/11, s. 80.28, O. Reg. 413/12 s. 6) When constructing new or redeveloping existing exterior paths of travel that they	Jan 1.16	Jan 1.17	Jan 1.17			

intend to maintain, obligated organizations shall consult with the public and persons with disabilities on the design and placement of rest areas along the exterior path of travel**.**						
Types of accessible parking spaces (AODA, 2005, O. Reg. 191/11, s. 80.34, O. Reg. 413/12 s. 6) Off-street parking facilities must provide the following two types of parking spaces for the use of persons with disabilities: 1. Type A, a wider parking space which has a minimum width of 3,400 mm and signage that identifies the space as "van accessible" 2. Type B, a standard parking space which has a minimum width of 2,400 mm.	Jan 1.16	Jan 1.17	Jan 1.17			
Service counters (AODA, 2005, O. Reg. 191/11, s. 80.41, O. Reg. 413/12 s. 6) When constructing new service counters, which includes replacing existing service counters, the requirements within the regulations must be met.	Jan 1.16	Jan 1.17	Jan 1.17			
Access aisles (AODA, 2005, O. Reg. 191/11, s. 80.35, O. Reg. 413/12 s.6) Access aisles; the space between parking spaces that allows persons with disabilities to get in/out of their vehicles, must be provided for all parking spaces for the use of persons with disabilities in off-street parking facilities	Jan 1.16	Jan 1.17	Jan 1.17			
Mandatory Requirement	**Legislated Compliance Date**			**Plan for Meeting Requirement**	**Accountability & Timetable for 2020-2021**	**Accountability & Timetable for 2022-2023**
	SJCCC	**SJV/ VSGV**	**SJHC**			
Minimum number and type of accessible parking spaces (AODA, 2005, O. Reg. 191/11, s. 80.36, O. Reg. 413/12 s. 6) Off-street parking facilities must have a minimum number of parking spaces for the use of persons with disabilities, in	Jan 1.16	Jan 1.17	Jan 1.17	As part of the Risk Management Plan each department conducts an organizational wide gap analysis and in consultation with the Accessibility Advisory Committee, pursues compliance by collaborating with the following stakeholders: • Environmental/Building Services; • Building and Property Committee; and		

accordance with the requirements of the regulations				• Contracted consulting services • When constructing new or redeveloping an existing area.
Signage (AODA, 2005, O. Reg. 191/11, s. 80.37, O. Reg. 413/12 s. 6) Obligated organizations shall ensure that parking spaces for the use of persons with disabilities are required under section 80.36 are distinctly indicated by erecting an accessible permit parking sign in accordance with section 11 of Regulation 581.	Jan 1.16	Jan 1.17	Jan 1.17	
Maintenance of accessible elements (AODA, 2005, O. Reg. 191/11, s. 80.44, O. Reg. 413/12 s. 6) In addition, obligated organizations shall ensure that their multi-year accessibility plans include the following: 1. Procedures for preventative and emergency maintenance of the accessible elements in public spaces as required under this Part 2. Procedures for dealing with temporary disruptions when accessible elements required under this Part are not in working order.	Jan 1.16	Jan 1.17	Jan 1.17	The Maintenance Department will establish preventative maintenance schedules as needed to ensure that elements remain in good working order. Whenever possible, advance notice will be provided regarding any planned maintenance or repairs that may disrupt accessibility. This notice will include details about the disruption, its expected duration, and information on alternative accessible elements that may be available. Depending on the type of disruption and length of time notices may be required to be posted on the website, posted on at reception, email sent to staff and messages sent to Patients/Residents and Families. Personnel will regularly inspect accessible elements. Any defects or maintenance needs will be documented and reported to the Maintenance Department. Typically, a work order will be generated and sent to the Maintenance Department, which will then arrange for the appropriate personnel or contractors to address the issue. In cases requiring emergency maintenance or repairs to an accessible element, the element will be taken out of service, and repairs will be prioritized. Environmental Services staff will take steps to divert individuals from non-functioning or unsafe accessible elements and provide information on alternative accessible options. Measures may include installing barriers, temporary wayfinding signage, and posting notices as necessary. If an unplanned maintenance issue arises, notice of the disruption will be provided as soon as possible. To the extent feasible, the notice will include details about the issue, its anticipated duration, and alternative accessible options. This information may be shared on our website, posted on at reception, email to staff and messages sent to Patients/Residents and Families.

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Barriers were identified using the above process. These were gathered and considered by the Committee. Decisions regarding barrier removal initiatives were made using a list of criteria. The criteria (in no specific order) are:

- Legislative requirements;
- Patient/Resident/staff/visitor safety and risk identification;
- Number of complaints about an issue;
- Cost;
- Patient/Resident/Visitor/Staff satisfaction (verbally or through surveys); and
- Best Practice/Innovation.

Barriers and means to prevent barriers were identified as being in one of nine categories:

1. Attitudinal;
2. Physical and Cognitive;
3. Architectural;
4. Informational;
5. Communication;
6. Technological;
7. Policies and procedures;
8. Employment; and
9. Employment accommodation inquiries.

Barrier Removal Initiatives
Plan to Meet Mandatory Requirements of the Integrated Accessibility Standard

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Accomplishments 2020 – 2023

The last few years of the Covid-19 pandemic have identified to us that for persons living with a disability, it is essential that our services and facilities be accessible. As the Ministry of Health Directives were released during the province's response to the COVID-19 pandemic we saw new barriers arise across our health care system. While decisions were being made by our provinces health care experts based on scientific evidence and following best practice guidelines, there was always the risk of creating new challenges to fully access services.

Our staff at each of St. Joseph's Villa, Villa St. Gabiel Villa, St. Joseph's Health Centre and St. Joseph's Continuing Care Centre worked diligently with their community health care partners to protect our residents, patients, staff, students, volunteers, essential caregivers, families and visitors to ensure that each site was accessible and a safe environment to continue to:

- socialize with friends and families.
- hold activities in small groups or one to one.
- have meal service in the dining rooms.
- communicate with families through preferred accessible service (text, email, telephone, virtual); and
- hold on site vaccination for residents/patients and staff.

Not only do we seek to meet the regulations, but we are always looking for ways to raise the bar. In doing so, we want to make sure that everyone who comes to any of our sites, whether as a patient, resident, a visitor, or a staff member, knows that the best accommodation was provided to them. Over the last year we began that journey at all sites whereby we converted from traditional fluorescent lighting where the brightness can change over time to LED lighting fixtures to provide a constant brightness level throughout the building. A marked improvement towards customer service.

REVIEW AND MONITORING PROCESS

Accessibility planning is an important means of improving both the safety and quality of service delivery to the populations we serve, of attracting and retaining employees, and of increasing the efficiency of our operations. It also leads to improved patient/resident experience which benefits everyone.

The AAC, through the office of the Chief Operating Officerat SJCCC, will assume responsibility for the monitoring and evaluation of the current plan and for the development of subsequent annual plans.

Specifically, the AAC will:

- Evaluate the previous year's results against the identified targets
- Ensure the inventory of new barriers is updated and prioritized
- Ensure implementation strategies are identified and carried out
- Ensure the plans are endorsed by Senior Management and that funds are allocated appropriately

The AAC will liaise directly with programs and departments to achieve these objectives. Through the annual budget process, departments will identify and submit applicable budgeting requirements as required for program, service or project strategies identified for barrier identification, prevention or removal. Progress reports will be received from departments charged with specific implementation activities and reviewed by the Committee.

The AAC will provide updates to Senior Management on an annual basis. Progress reports on the Plan will be prepared and circulated through the individual facility websites when deemed prudent, facility information servers and e-mail to those members directly affected or involved.

COMMUNICATION OF THE PLAN

The Accessibility Plan will be posted on SJHC website. Paper copies will be available at all sites and through the Administration offices. On request, the plan can be made available in alternative formats such as electronic and large print.

Information and location of the plan will be provided to all new employees during their orientation sessions. Staff meetings are used to communicate to current employees the existence and location of the plan. Information regarding the plan is communicated through the website, as well as the Administrator Information Sessions.

Appendix #1

The Accessibility Advisory Committee

The committee is comprised of members from all sites:

- St. Joseph's Health Centre
- St. Joseph's Continuing Care Centre
- St. Joseph's Villa
- Villa St. Gabriel Villa

In the event you wish to provide feedback or have any concerns please forward your concerns to the following e-mail address: accessibility@sjsudbury.com

Or

Mail to: St. Joseph's Health Centre
1140 South Bay Road,
Sudbury, ON P3E 0B6

Attention: Program Assistant, Clinical Services Department