

Multi-Year Accessibility Plan

2025-2030



Alexandra Marine and General Hospital Goderich



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and will be made available in alternative formats upon request.

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Alexandra Marine and General Hospital

Multi-Year Accessibility Plan

1. Background and Summary

The purpose of the Accessibility for Ontarians with Disability Act 2005 (AODA) is to improve opportunities for people with disabilities and provide for their involvement in the identification, removal and prevention of barriers in the Province of Ontario. The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and the subsequent Integrated Accessibility Standard Regulations (O. Reg. 197/11) builds on and enhances ODA by further defining standards and detailing measures of enforcement in order to build a fully accessible Ontario by 2025.

AMGH is committed to:

- The continual improvement of access to the hospitals' premises, facilities, and services;
- Participation of people with disabilities in the development and review of its Accessibility Plan
- The provision of quality services to patients, visitors, staff, and all members of the community with disabilities
- Supporting a culture that promotes a positive and safe environment for the workplace that reflects our Values and provides our services in a manner that respects the dignity and independence to all customers.

To fulfill the purpose of both the ODA 2001, AODA 2005, and Regulation 197/11 AMGH will create, maintain and communicate a multi-year Accessibility Plan. The plan builds on previous years' plans and includes measures that AMGH will take in the upcoming years to identify, remove and prevent barriers to people with disabilities who live, work in, or use the facilities and services of AMGH. The plan will be reviewed annually and updated as barriers are identified, and/or eliminated.

2. AMGH/HHS

For over 100 years, Alexandra Marine and General Hospital (AMGH) has been a vital healthcare provider in Huron County, serving Goderich and surrounding areas with comprehensive care. With a wide range of services, including acute, long-term, psychiatric, and emergency care, AMGH ensures accessible healthcare for approximately 25,000 residents. Supported by a dedicated team of medical professionals and visiting specialists, the hospital offers essential services beyond standard care, such as cardiology investigations, diagnostic imaging, and various therapies. Equipped with 24 acute care inpatient beds and a 20-bed psychiatric unit, AMGH provides 24/7 emergency services, reinforcing its role as a community cornerstone. The hospital's collaboration with South Huron Hospital under the Huron Health System partnership further enhances its ability to deliver excellent person-centred care.

3. HHS Mission, Vision, Values, Strategic Priorities



Our Mission

Partnering to provide excellent person-centred care

Our Vision

A quality-driven health care system focused on the changing needs of our communities

Our Values

Inclusive

Fostering a culture where differences are valued and collaboration is embraced

Compassionate

Demonstrating empathy and kindness towards everyone

Accountable

Following through on our commitments and taking responsibility for the outcomes of our actions

Respectful

Treating others with thoughtfulness, understanding, and professionalism

Equitable

Recognizing and working to remove barriers that limit individuals from receiving the care they need

Our Strategic Priorities

Innovating through Partnership
Partnering with Patients & Families
Ensuring Operational Excellence
Empowering our People

4. AMGH Accountability to Accessibility

Alexandra Marine and General Hospital strives to meet the needs of its employees and customers with disabilities and is working hard to remove and prevent barriers to accessibility. AMGH is committed to fulfilling our requirements under the *Accessibility for Ontarians with Disabilities Act, 2005*.

This accessibility plan outlines the steps we are taking to meet those requirements and to improve opportunities for people with disabilities.

Our plan shows how we will play our role in making Ontario an accessible province for all Ontarians.

The plan is reviewed and updated annually by our Senior Leadership Team.

We train every person as soon as practicable after being hired and we provide training in respect of any changes to the policies. All staff are required to complete annual E-learning. This includes “Accessibility for Ontarians with Disabilities Act AODA”, “Working Together: The Code and the AODA” and Diversity, Equity and Inclusions We maintain records of the training provided including the dates on which the training was provided and the number of individuals to whom it was provided.

In accordance with the AODA, AMGH is responsible for:

- Preparing an annual accessibility plan
- Consulting with persons with disabilities in the preparation of the plan
- Making the accessibility plan available to the public
- Preparing an accessibility policy

With respect to Regulation 429/07, AMGH is responsible for:

- Establishing policies, practices and procedures governing the provision of its goods and services to persons with disabilities
- Using reasonable efforts to ensure that its policies, practices and procedures are consistent with the principles and requirements identified in Regulation 429/07
- Ensuring that all staff, physicians and volunteers who deal with members of the public receive training about the provision of its goods and services to persons with disabilities
- Establishing a process for receiving and responding to feedback about the manner in which goods or services are provided to persons with disabilities

- Ensure that documents required by the Regulation are available to the public on request and in a format, which takes into account a person's disability.
- The Public will be provided notice of temporary service disruptions as soon as possible when preventative and emergency maintenance are required in public spaces.
 - The Notice will include: information about the reason for disruption, expected duration of the disruption, and description of available or alternate services
 - The notice will be made conspicuous and may be displayed at the location of the disruption, on the website, in a mailing pamphlet or in local newspaper/or local radio/television and social media and may include phone calls to those who have upcoming appointments to provide notice and provide alternate access.

5. Review and Monitoring Process

Through the Director of Facilities and Capital Projects, the Senior Leadership team will assume responsibility for the monitoring and evaluation of current plans and the development of subsequent annual plans.

The Senior Leadership team will:

Evaluate the previous year's achievements against identified targets

Ensure that new barriers have been added to the plan, and prioritized

Ensure that compliance reporting is completed

Endorse and approve funding for barrier removal

The Multi-Year plan is reviewed by the Diversity, Equity and Inclusion Committee and the HHS Patient Experience Committee and is endorsed by the HHS Board of Directors.

6. Barrier Identification

The Hospital engaged in a variety of methodologies in order to identify barriers and potential solutions, for the Multi-Year Accessibility:

Facility Audit

Sawchuck Accessible Solutions completed an audit to evaluate the accessibility of vehicular access, exterior approach and entrances, interior circulation, interior services and environment, washroom facilities, wayfinding/signage and emergency system in the hospital. This audit

provided a comprehensive list of barriers the hospital could remove to improve accessibility in these areas.

Customer and Staff Feedback a survey was posted our website and distributed to our staff and physicians to collect feedback to identify barriers to accessibility.

7. Past Achievements to Remove and Prevent Barriers (2020 to 2024)

Facility audit with consultation with individuals with disabilities. Sawchuck Accessible Solutions completed an audit to assess the accessibility of vehicular access, exterior approach and entrances, interior circulation, interior services and environment, washroom facilities, wayfinding/signage and emergency systems. This audit provided a comprehensive list of barriers the hospital could remove.

Customer/Staff Surveys – survey posted on social media and website to gather feedback on accessibility needs/gaps.

Evacu Chair - Evacu chair was purchased for transportation of non-ambulatory patients from the stairwells – in times when an elevator is not available.

Patient room TVs replaced - pillow speaker remote- with large buttons for controlling the TV as well touch screen controls.

Patient Room Chairs - Chairs were replaced with a variety of different chairs to accommodate patients with different needs. This included chairs of different sizes to accommodate bariatric patients and patients of taller / shorter stature.

Bariatric Equipment - Purchased commode and wheelchair.

Staff Workstations - Numerous replaced to height adjustable workstations.

Elevator Upgrade - The public elevator was completely upgraded to include braille and tactile buttons and voice annunciation.

Mental Health Shower/Tub Room - Designed and renovated to meet accessibility standards.

Main Entrance Sliding Door - The timing of the sliding doors was adjusted to allow for patients using assistive devices time to go through the door.

Traffic Path in Emergency Room - Signage and furniture moved/removed to allow for a free path from the Emergency entrance to the main corridor and to the registration desks.

DEI Training - Was added to the annual mandatory E-Learning for all staff.

Accessibility Presentation to the Board of Governors - Julie Sawchuck of Sawchuck and Associates provided an information session to the Board on accessibility in Health Care related to the Design of Public spaces

8. Strategies and Actions to Remove Barriers for 2025-2030

Customer Service				
Identified Barrier or Opportunity	Objective	Means to remove/prevent barrier	Timing (green =completed)	Responsibility
Educate staff on appropriate interactions with customers who have disabilities and use accessible equipment	Ensure staff are knowledgeable and understand appropriate interactions	Provide inservice training for front line staff involved in direct patient interaction	2026	Leadership
Provide a bariatric walker	To have a bariatric walker available for our patients	Purchase a walker	2025	Clinical team/ Physiotherapy
Information and Communication				
Information about accessibility on website difficult to find	Setup accessibility information page to make it easier to find accessibility information and provide a section with common questions and answers	Update Website layout and include F and Q about accessibility	2025	Communications
Accessible compliant website	Ensure website is meeting WCAG 2.0 levels A/AA.	3 rd party audit	2026	SLT
Signage and wayfinding	Update directory boards, ensure signage for washrooms are accessible	Complete an audit of facility signage identify	2026	Facilities

	height and all signage has colour contrast			
Communication with masks- those hard of hearing or rely on lip reading	Ensure the hospital has means to improve communication when staff and patients are wearing masks	Pocket headsets, white boards,	2025	Clinical and Registration Teams
Employment				
Workplace/spaces are free of barriers for staff and physicians	Collect information from staff and physicians to identify barriers present from a worker perspective	Circulate a survey to collect information	2025	Leadership/Human Resources
Education for managers/staff on developing emergency plans for staff that have disabilities	Ensure all managers/ and staff are aware about the process to develop emergency plans	Upon hire include in orientation package for managers and staff Provide education session for managers on the completion of the emergency plans	2026	Human Resources
Procurement				
Purchases of equipment, furniture and renovations	To ensure accessibility is considered for all purchases/ renovations, educate managers / purchasing staff of criteria	Implement accessibility check list when purchasing items for workstations, and equipment used by staff and patients	2025	Facilities / Purchasing
Design of Public Spaces				
Lack of Accessible Parking along Cambria	Increase accessible parking	Add designated parking for seniors/ parents	2027	Facilities
Cambria accessible parking does not meet	Provide clearly marked aisle to allow space	Add space on Napier / - ensure have accessible	2027	Facilities

required overall dimension for space and lacks accessible aisle	to travel with mobility devices	aisle between parked cars		
Poorly identified pedestrian path on Cambria street from clinic to the hospital	Provide visible path way to increase safe crossing	Mark a pedestrian path between Cambria parking and the hospital	2027	Facilities
Some pathways/ ramps and steps do not have colour contrast	Ensure high contrast to distinguish changes in grade	Paint pathways ramps and steps with high contrast paint	2025	Facilities
There is not a barrier free public washroom on 1 st floor	Provide a barrier free public washroom on 1 st floor	Renovate current public washrooms into one barrier free washroom	2028	Facilities
There is not a barrier free patient shower on 1 st floor inpatient area	Provide safe and accessible shower room for the 1 st floor inpatient unit	Renovate current shower/tub room into a barrier free shower room	2027	Facilities
Accessible Public Washroom in Emergency Department	Make improvements to washroom as per audit	Vacancy lock system / power doors, add a shelf, lower signage, change toilet seat and lower mirror	2025 2025	Facilities
Some Patient and public washrooms do not have accessible height toilets or appropriate grab bars	Ensure all patient washrooms have accessible height toilets and appropriate grab bars	Audit locations needing new toilet and upgrade as funds allow	2025 2026 2027	Facilities
Patient rooms are congested	remove furnishings/ barriers from patient rooms to allow for safe travel for patients to and	Complete audit of each room, remove items from rooms that are creating barriers and rearrange furniture to provide free path to the washrooms	2025	Falls Committee/ Facilities

	from their bed to washroom			
Many departments physical layout do not meet accessibility standards	Identify long term plans to removed barriers	Complete Master Plan	2028	SLT

9. Communication of the Plan

For more info on this accessibility plan contact:

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The AMGH accessibility plan is posted for our patients/families and community on the AMGH web site: www.huronhealthsystem.ca. Copies are available at the Administrative office. On request, the report can be available in alternate formats.

Anyone wishing to provide feedback on customer service or accessibility at AMGH or anyone wishing written information or other forms of communication to be provided in an accessible format may contact the hospital:

- **Mail:** Attn: Manager Patient Relations, Patient Registration , Privacy and Health Records, Alexandra Marine and General Hospital, 120 Napier St. Goderich ON N7A 1W5
- **Email:** privacyofficer@amgh.ca
- **Telephone** at (519) 524-8689 ext.5413