

Lake of the Woods District Hospital

Annual Accessibility Plan

2011 - 2013

Review: October 1, 2011 - September 30, 2012
Plan: October 1, 2012 – September 30, 2013

Submitted to

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Kenora, Ontario

Submitted by

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Chair
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Executive Summary

People with disabilities represent a significant and growing part of our population. According to Statistics Canada, about 1.9 million Ontarians have disabilities — about 16% of the population. It is estimated that 20% of the population will have disabilities in two decades.

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA), is a law passed by the Ontario legislature that allows the government to develop specific standards of accessibility and to enforce them. The standards are made into laws called regulations, and they provide the details to help meet the goal of the AODA. The AODA is the foundation on which the standards are built.

As well, the purpose of the Ontarians with Disabilities Act, 2001 (ODA) 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. The ODA mandates that all hospitals prepare annual accessibility plans.

To this end, the Accessibility Advisory Committee of the Lake of the Woods District Hospital has prepared this Annual Accessibility Plan.

Annual Accessibility Plan - Aim

The aim of this plan is to review activities that were undertaken in order to comply with both the ODA (2001) and the AODA (2005), and to describe measures that were taken during 2011-2012, and that will take place in 2012-2013 to identify, remove and prevent barriers to people with disabilities in accessing Lake of the Woods District Hospital's facilities and services, including staff, clients, families, and other members of the community.

Annual Accessibility Plan - Objectives

This report:

1. Describes the process by which Lake of the Woods District Hospital identifies, removes, and prevents barriers to people with disabilities.
2. Reviews the progress Lake of the Woods District Hospital has made in removing and preventing barriers that were identified last year in its facilities, policies, programs, practices and services.
3. Lists the facilities, policies, programs, practices and services that Lake of the Woods District Hospital will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures Lake of the Woods District Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes the ways that Lake of the Woods District Hospital will make this accessibility plan available to the public.

The Annual Accessibility Plan was endorsed by LWDH President and Chief Executive Officer Mr. Mark Balcaen.

Description of the Lake of the Woods District Hospital

The Lake of the Woods District Hospital is an 86 bed community hospital located centrally in the City of Kenora. The Lake of the Woods District Hospital employs 485 people, of which 240 are full time. It offers patient care services both on-site, and off-site through community services. The Hospital provides In-patient services to approximately 3,000 patients annually, ambulatory services of approximately 38,000 visits, a variety of In and Out-patient health professional services such as physiotherapy and radiology, and off-site community services to addictions and mental health.

The mission statement of the Lake of the Woods District Hospital is: The people we serve receive optimal health care for a justifiable use of public resources.

This statement is further interpreted to include, but not limited to:

- People with illness or injury achieve optimum outcomes.
- Those we serve have information to make positive lifestyle choices.
- Health care delivery partners have enhanced capacity and capability to achieve their missions

Commitment to accessibility planning

The Lake of the Woods District Hospital has a commitment to providing an accessible and responsive environment to its clients and staff. This commitment is evident in the following excerpts from both the Vision and Values statements:

- We will ensure coordinated quality health care through established working linkages and partnerships with other health care providers and with the community at large.
- All persons have the right to accessible, high-quality health care and to participate in decisions affecting their care.
- We have a responsibility to collaborate fully with all other providers and stakeholders throughout the region affected by each of the services we provide.

The Accessibility Advisory Committee

The LWDH Accessibility Advisory Committee (AAC) was first convened on July 14, 2003, and has continued to meet regularly since. LWDH members were chosen for their unique skills, knowledge and key positions of authority.

Community members were specifically invited to join the AAC based on their ability to represent the following key groups:

- Mobility impaired
- Visually impaired
- Hearing impaired
- Mental Health
- Seniors

The AAC was chaired and coordinated by LWDH Rehabilitation Manager Mr. Brock Chisholm. Mr. Chisholm has 23 years of experience as a Physiotherapist, and 19 years experience managing a Rehabilitation Department that provides service to persons with all manners of impairments and injuries.

The AAC met on 3 occasions in the last year. The AAC reviewed previously identified accessibility issues, identified new accessibility issues, developed management strategies, and refined the process for ensuring that LWDH policies and procedures are consistent with accessibility requirements.

AAC Mission

The Accessibility Advisory Committee of the LWDH will set priorities and develop strategies to identify, remove and prevent barriers to people with disabilities at all LWDH facilities, and will write, approve, endorse, submit, publish, communicate, review and monitor a comprehensive Accessibility Plan.

AAC Terms of Reference

1. The Committee will meet quarterly or as required to ensure that barriers are identified and prioritized, and that recommendations are made to remove the barriers, and that an annual Accessibility Plan is completed and made available by Sept 30 of each year.
2. The Committee will make recommendations for further action to LWDH Senior Administration and the Board of Directors.
3. The Committee will function in an advisory capacity to all LWDH programs re. all relevant policy and procedure development and change, relevant program development and change and relevant structural changes.
4. Committee membership is voluntary and members will be selected by request from the chairperson and upon recommendation from the existing committee members. Term of office is a minimum of 2 years. Membership will be composed of members representing the facility and community, and will have the following minimal representation, which ensures a 50% community/users group representation:

- LWDH Rehabilitation Manager
- LWDH Senior Manager
- LWDH Plant Services Manager
- LWDH Community Programs Representative
- LWDH Rehabilitation (OT)
- Community Representative- Visually Impaired
- Community Representative- Hearing Impaired
- Community Representative- Mobility Impaired
- Community Representative- Mental Health
- Community Representative- Seniors

5. Decisions will be reached by consensus.

Members of the Accessibility Advisory Committee

Name	Representation	Fax	Phone	Email
Brock Chisholm	LWDH Rehabilitation Manager	468-7096	468-9861	bchisholm@lwdh.on.ca
Patti Dryden-Holmstrom	LWDH Addictions Manager	468-3939	467-3575	pdryden@lwdh.on.ca
Lesley Brown	LWDH AED Patient care	468-3939	468-9861	lbrown@lwdh.on.ca
Mary Hall	LWDH Manager of Plant Services	468- 5017	468-9861	m.hall@lwdh.on.ca
Shauna Caron	LWDH Rehabilitation (OT)	468-7096	468-9861	scaron@lwdh.on.ca
Brian Fish	Community Representative		467-3117	bfish@gokenora.com
Scott Garner	Community Representative	345-0786	345-3341 ext. 5468	Scott.Garner@cnib.ca
Dianne Griffiths	Community Representative	468-8496	468-7230	dgriffiths@chs.ca
Ann Baker	Community Representative			rosiebm@kmts.ca
Diane Pelletier	Community Representative			cmhss@kacl.ca

2011 -2012 - Barrier-Removal Initiatives & Summary of Activities - Year 10

The LWDH AAC met on 3 occasions over the course of the last year. During this time, the group reviewed the progress of the previously identified barriers from 2010-2011. Barriers were further identified, listed, and prioritized on an Excel spreadsheet as Barrier ID Form 2011-2012 (Appendix 1, Sheet 1), and removal and prevention strategies were identified, prioritized and completed as possible.

Major activities undertaken by the LWDH or the AAC in the past year included:

- Ongoing staff Sensitivity training, including
 - Customer Service Training for all new hires – developed new in-house customer service training package in-house
 - Availability of staff training videos to all staff
- Ongoing signage review and revision as required
- Development of wayfinding maps and process for distribution
- Development of Accessibility pamphlet
- Review of pay phone accessibility and TTY options
- Ongoing upgrades of equipment as required, including bariatric seating
- Development of smoking cessation policy and pamphlet
- Facility tour for low vision requirements completed with committee member Scott Garner, with some required changes implemented
- Developed individualized emergency response plan and emergency procedures information, based on staff survey. No staff member self-declared a disability.

The LWDH AAC intends to continue to meet on a regular basis, in order to identify remaining existing barriers, and to ensure that new programs, processes and services are all accessible. The existing LWDH Internal Responsibility System will ensure that all LWDH staff consider accessibility with all current and future programs and services. Specifically, any physical barrier, architectural barrier, informational barrier, communications barrier, attitudinal barrier, technological barrier, or policy/practice barrier will be investigated and removal/prevention strategies will be developed.

2012-2013 - Methodologies for identifying barriers

Methodology	Description	Status
Ongoing Physical Review	The AAC continues to review and identify existing and new accessibility issues at the LWDH.	Ongoing formal and informal review of accessibility barrier correction.
Encourage public and Committee member input	The AAC encouraged and responded to written and verbal concerns re Accessibility issues	The AAC allows for open forum discussion of concerns and issues

2012 - 2013 - Goals and Objectives

<u>Goal</u>	<u>Objectives</u>
1. To complete and submit an accessibility plan to the public by September 30, 2013.	<ol style="list-style-type: none"> 1. Review and monitor the plan. 2. Re-commit to accessibility planning. 3. Review recent initiatives and successes in identifying, removing and preventing barriers within LWDH. 4. Identify (list/categorize) barriers that may be addressed in the coming year. 5. Set priorities and develop strategies to address barrier removal and prevention. 6. Specify how and when progress is to be monitored. 7. Write, approve, endorse, submit, publish and communicate the plan.
2. Educate other LWDH staff regarding the accessibility issues and the existence and mandate of the Accessibility Advisory Committee.	<ol style="list-style-type: none"> 1. Post approved minutes to LWDH website 2. Continue to inform the LWDH Board, and Senior and Mid-managers of AAC developments and activities. 3. Post accessibility information, AAC minutes and other relevant information such as the ODA 2001 on a public viewing board outside the cafeteria. 4. Provide regular and ongoing sensitivity training for front-line LWDH staff. 5. Collaborate with community partners regarding accessibility awareness and training.

3. Coordinate Accessibility planning with other local and provincial agencies.	<ol style="list-style-type: none"> 1. Communicate with other AAC's, such as the City of Kenora and the School Boards, informally through common members and formally as required. 2. Communicate with municipal, provincial and federal agencies as required re. accessibility standards.
4. Function as a conduit for accessibility concerns	<ol style="list-style-type: none"> 1. Communicate with community members re. accessibility issues 2. Provide advice to LWDH Senior Management re. Accessibility issues.
5. Liaise with provincial bodies re AODA legislation	<ol style="list-style-type: none"> 1. Communicate with AODA legislative review 2. Monitor and respond to proposed changes to AODA legislation as appropriate
6. Monitor the requirements of the Integrated Accessibility Regulation	<ol style="list-style-type: none"> 1. AAC Chair and members to regularly review and report on requirements of the Integrated Accessibility Regulation

2012 – 2013 Barriers to be Addressed

The current barriers (2011-2012) at the LWDH are summarized in the LWDH Barrier ID Forms, under the headings of Priority #, Barrier, Type, Location, Objective/Outcome, Removal/Prevention Strategies, Criteria, Resources, Timelines, Responsibility, Pending or Completed and Outcomes (Appendix 1, Sheet 1). Existing barriers will be reviewed and new barriers identified according to the established Barrier Identification form, in 2012-2013 (Appendix 1, Sheet 2)

2012-2013 - Review and Monitoring Process

The AAC will continue to meet three times per year, or as required, in order to review accessibility issues and the progress of the recommended interventions for the identified barriers. Ad hoc meetings will be arranged as required in order to deal with any significant issues that may arise.

2012-2013 – Communication of Accessibility

Communication at meetings was enhanced with hearing devices, and visually impaired members could access all information with reading computer technology. Information, including agendas, minutes and barrier reviews, was emailed to all members prior to the meetings. All members were encouraged to participate in all discussions, and decisions were reached by consensus.

The LWDH Accessibility Plan 2011-2013 will be distributed in both hard copy, and electronic format. The Plan will be available in alternative formats, including Arial 16 hard copy and LWDH website compatible with reading software. The public will be informed of the Plan through various media options, as available in the community, including newspapers, television, and radio, and through public posting at the LWDH.

Conclusion

The LWDH AAC continues to identify physical, architectural, informational, communications, attitudinal, technological, or policy/practice barriers in the LWDH, and continues to make recommendations for removal/prevention of these barriers. The AAC will continue to meet quarterly or as required to review the progress of the barrier interventions, and to identify remaining and future barriers in all LWDH facilities. The AAC will regularly monitor, respond to and ensure compliance with all AODA initiatives and IAS requirements.

Appendix 1 Barrier ID Form - October 1, 2012 - September 30, 2013

Lake of the Woods District Hospital

<u>Priority</u>	<u>Date</u>	<u>Barrier</u>	<u>Type</u>	<u>Location</u>	<u>Objective</u>	<u>Resolution</u>	<u>Criteria</u>	<u>Resource</u>	<u>Time</u>	<u>Resp.</u>	<u>P</u>	<u>C</u>	<u>Outcome</u>
A Urgent 1	2004	ER Wicket too high, with glass sound barrier	Architectural	LWDH Main Floor	ER wicket at user friendly height with no sound obstruction	1. Lower wicket height 2. Adapt sound barrier	100% of users can interact with ER staff	Labour	6 mo., pending funding	R. Markle	√		Not yet completed - funding issue, revision pending
A Urgent 1	Jul-08	Ramp to cafeteria has no railing	Physical	LWDH Main Floor	cafeteria will be easily accessible to all users	1. Install railings on ramp to cafeteria	100% of users can access cafeteria	Labour Cost		M. Hall			Unresolved
B Required 1	Sept, 2010	CSR wicket does not have bell or buzzer system	Physical	LWDH 2nd floor	Department staff will be available to clients	Install bell or buzzer	100% of users will be able to communicate with staff	Labour Cost	1 month	T. Stasiuk	≡		Pending
B Required 1	April, 2011	3rd floor Signage inadequate-	Physical	LWDH 3rd floor	Consistent and easy to read signage located strategically throughout 3rd floor	Provide signage for ICU washroom, Telemed studio 1 and Respiratory	100% of users can locate and read required information	Labour Sign Costs		M. Hall			Unresolved
B Required 1	2004	Maternity common Washroom needs grab bars, angled mirror, covered sink pipe	Physical	LWDH 4th Floor	Washroom will be accessible	1. Install mirror 2. Cover undersink pipes 3. Install grab bars	100% of users can access washroom	Labour Part Costs	6 mo., pending funding	R. Markle	√		Partially resolved - mirrors and pipe wrap pending

B Required	2006	LWDH basement access ramp dangerous grade with inappropriate railing and not accessible through parking spot.	Physical	LWDH Basement	LWDH basement will be accessible to staff, visitors and clients	1. Install appropriate grade access ramp with appropriate railing	100% of staff and users can access LWDH basement	Labour Part Costs	6 mo., pending funding	R. Markle	√		Enabling Funding Proposal
B Required	July , 2008	LWDH basement stairs have railing only one side	Physical	LWDH Basement	LWDH basement will be accessible to staff, visitors and clients	1. Install appropriate railing on each side of stairs	100% of staff and users can access LWDH basement	Labour Part Costs	6 mo., pending funding	M. Hall			Enabling Funding Proposal
B Required	2006	LWDH basement washroom not accessible.	Physical	LWDH Basement	LWDH basement will be accessible to staff, visitors and clients	1. Convert men's washroom into a lockable, unisex, accessible washroom 2. Remove metal divider to allow open access to toilet 3. Install grab bars	100% of staff and users can access LWDH basement washroom	Labour Part Costs	6 mo., pending funding	R. Markle	√		Enabling Funding Proposal
B Required 5	2006	Accessible Parking at Morningstar requires painting, 2 stalls	Physical	Morningstar	Parking and entrance will be accessible	Fresh paint on 2 accessible parking spots, end to end	100% of users can access Morningstar	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom	√		Funding Declined, unresolved, new funding applications made

B Required 1	2006	Acute ward fire exit requires ramp and walkway and lever handle	Physical	Morningstar	Fire exit will be accessible	1. Install ramp and walkway from fire exit 2. Lever Handle	100% of users can safely exit though fire exits in Morningstar	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom	√		Funding Declined, unresolved, new funding applications made
B Required 4	2006	Washrooms throughout Morningstar require signage and wider door and wheel in shower	Physical	Morningstar	Washrooms will be accessible	1. Signage 2. Female acute - wider door 3. Wheel in Shower	100% of users can access washrooms safely in Morningstar	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom	√		Funding Declined, unresolved, new funding applications made
B Required 1	2006	Showers throughout Morningstar require vertical grab bar or Superpoles,	Physical	Morningstar	Showers will be accessible for all	1. Install vertical grab bars beside the showers, or Superpoles if not possible for grab bars.	100% of users can access shower in Morningstar	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom	√		Funding Declined, unresolved, new funding applications made
C Desirable 10	2006	Staff washroom requires relocation of sink to corner, with relocation of mirrors and grab bars	Physical	Morningstar	Washrooms will be accessible	1. Relocation of sink to corner, 2. Relocation of mirrors 3. Install grab bars	100% of staff can access staff washroom in Morningstar	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom	√		Funding Declined, unresolved, new funding applications made
C Desirable	2004	No visual alarm for fire alarm	Physical	New St. Joes	Fire alarm will be appropriate for all	1. Install fire alarms with visual and appropriate audible alarm	100% of users can identify fire alarm in New St. Joes	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom	√		Funding not available for project of this scope

B Required 1	2006	New St. Joes washrooms in Addictions not accessible	Physical	New St. Joes	Washrooms will be accessible	1. Institutional height toilets, 2. Angled or height adjusted mirrors, 3. Sink pipes wrapped 4. Lever handles on sinks in washroom and kitchen	100% of users can access the washroom	Labour Part Costs	6 mo., pending funding	P. Dryden Holmstrom	√		Funding application made, fuding received, and changes pending
A Urgent 5	2004	New St. Joes Signage inadequate- Challenge Club and Addictions	Physical	New St. Joes	Consistent and easy to read signage located strategically throughout New St. Joes	1. Large, legible printing - black on white signage located thoroughout hospital	100% of users can locate and read required information	Labour	6 mo., pending funding	P. Dryden Holmstrom	√		Funding established for signage, approval pending
B Required 1	27-Nov-06	Public Washroom in hall limited accessibility	Physical	New St. Joes	Washrooms will be accessible	1. Female WR requires soap dispenser height change and angled mirror 2. Male WR requires angled mirror	100% of users can access the washroom	Labour Purchase Cost	6 mo., pending funding	R. Markle	X		

B Required 1	27-Nov-06	Entrance and internal rooms have reduced accessibility	Physical	New St. Joes	The Challenge Club will be accessible	1. Round knob on Main entrance and very fast closer 2. Washroom requires covered pipe, angled mirror, and replaced slat on broken bath seat 3. Craft room has knob handles instead of lever 4. kitchen sink difficult to access and has knob handles instead of lever	100% of users can access the Challenge Club	Labour Purchase Cost	6 mo., pending funding	P. Dryden Holmstrom	X		
A Urgent 5	27-Nov-06	Public areas of New St. Joes not accessible	Physical	New St. Joes	New St. Joes will be accessible	1. Signage inconsistent and small , and difficult to read 2. Elevator signage lacking	100% of Users can access new St. Joes	Labour Purchase Cost	6 mo. pending funding	R. Markle	X		Funding established for signage, approval pending

B Required	Oct-12	TCC - Fluorescent poor lighting - better with Pot light	Physical	LWDH Basement	All LWDH facilities will be accesible to low vision	Install pot lights	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	1 year	M. Hall	X		
B Required	Oct-12	lack of visual cues for low vision	Physical	LWDH	All LWDH facilities will be accesible to low vision	1. yellow bndn on parking posts. 2. yellow paint on outside stairs 3. ramps - paint railing corners and ground transitions 4. put yellow grit paint at top of all stairs 5. paint yellow square around front door power openers	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	1 year	M. Hall	X		
B Required	Oct-12	High glare wax	Physical	LWDH	All LWDH facilities will be accesible to low vision	Use only low glare wax throughout buildings	100% of users will have optimal visual cueing and acuity	none	3 months	M. Hall	X		
B Required	Oct-12	volunteer table at switchboard needs leg for cane detection	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	install leg on corner of table	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		

B Required	Oct-12	Vertical door seperater in Nethercutt wing hallway not highly visible	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	Paint door seperater	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	Dialysis scale needs edge tape	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	Apply high contrast tape to edges of scale	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	Public Washroom in new wing entrance needs runner	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	Apply runner or grit sand outside washroom	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	ramps by maintenance and cafeteria need high contrast at top and bottom	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	Apply paint or tape at top and bottom of ramps	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	Vending room needs signage	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	Apply signage at vending machines	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		

B Required	Oct-12	Salad bar and hallway signage should be printed black on white in Arial 14	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	review standards with staff	100% of users will have optimal visual cueing and acuity	none	3 months	J. Saarinen	X		
B Required	Oct-12	cafeteria publi/staff Computers should have user rules clearly posted	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	Post user rules at computers	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	R. Bootsveldt	X		
B Required	Oct-12	stairwell by IT needs regrit on rumble strips and overhead contrast tape on low ceiling	Physical	LWDH Main Floor	All LWDH facilities will be accesible to low vision	Regrit rumble strips and apply contrast tape	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	Glare in OR waiting room	Physical	LWDH 2nd Floor	All LWDH facilities will be accesible to low vision	Install blinds in OR waiting room	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	Power door opening range not delineated	Physical	LWDH 2nd Floor	All LWDH facilities will be accesible to low vision	Paint contrast on floor in door range	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		

B Required	Oct-12	2E door frame low contrast	Physical	LWDH 2nd Floor	All LWDH facilities will be accesible to low vision	Paint contrast colors around door frame	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	Signage to elevators not clearly marked	Physical	LWDH 2nd Floor	All LWDH facilities will be accesible to low vision	Install signage indicating elevators	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	3E hall has low visual contrasts , with door posts, door frame, ICU hall waiting room	Physical	LWDH 3rd Floor	All LWDH facilities will be accesible to low vision	Paint contrast colors around door frame , door posts, and ICU waiting room	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	ICU wait room washroom not identified with signage	Physical	LWDH 3rd Floor	All LWDH facilities will be accesible to low vision	Install signage at washroom	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	Fire exits not signed on 2nd and 3rd	Physical	LWDH 3rd Floor	All LWDH facilities will be accesible to low vision	Improve fire exit signage	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		
B Required	Oct-12	Amb Day Clinic washroom not signed well	Physical	LWDH 4th Floor	All LWDH facilities will be accesible to low vision	Improve washroom signage	100% of users will have optimal visual cueing and acuity	Labour Purchase Cost	3 months	M. Hall	X		