

# Lake of the Woods District Hospital

## Annual Accessibility Plan

**2009 - 2011**

**Review: October 1, 2009 - September 30, 2010**  
**Plan: October 1, 2010 – September 30, 2011**

***Submitted to***

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Chief Executive Officer  
Lake of the Woods District Hospital  
Kenora, Ontario

***Submitted by***

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Chair  
Accessibility Advisory Committee

*This publication is available in alternative formats*

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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 report. Its aim 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 2009-2010, and that will take place in 2010-2011 to identify, remove and prevent barriers to people with disabilities, including staff, clients, families, and other members of the community.

The Accessibility Advisory Committee previously established that the four most significant barriers at the LWDH are:

1. Inadequate signage throughout the buildings, including lack of accessible floor plans and way finding plans.
2. Sensitivity training re. patients with unique accessibility continues to be required by front line staff.
3. All patient care rooms and washrooms have extremely limited space for mobility impaired.
4. Difficult access to facility, including parking lots, crosswalks, and door handles

The identified priorities, consistent with the Committee Goals and Objectives for the coming year, are to:

1. Complete and distribute Annual Accessibility Plan, including Barrier forms.
2. Promote Accessibility through Hospital and community involvement, both generally and specifically with an identified Accessibility Week.
3. Continue to address barriers to accessibility and accessibility issues.
4. Continue to provide impairment sensitivity training for front-line LWDH staff.
5. Complete activities to ensure compliance with the 14 AODA Customer Service Standard Requirements
6. Liaise with provincial bodies re AODA legislation.

### **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 2009-2010, and that will take place in 2010-2011 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 AAC 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 intermittently 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 21 years of experience as a Physiotherapist, and 17 years experience managing a Rehabilitation Department that provides service to persons with all manners of impairments and injuries.

The AAC met on 4 occasions in the last year. The AAC reviewed previously identified accessibility issues, identified new accessibility issues and developed management strategies, formulated a policy complying with the new AODA and the Customer Service Standard, 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**

<b>Name</b>	<b>Representation</b>	<b>Fax</b>	<b>Phone</b>	<b>Email</b>
Brock Chisholm	LWDH Rehabilitation Manager	468-7096	468-9861	<a href="mailto:bchisholm@lwdh.on.ca">bchisholm@lwdh.on.ca</a>
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Dianne Griffiths	Community Representative	468-8496	468-7230	<a href="mailto:dgriffiths@chs.ca">dgriffiths@chs.ca</a>
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## **2009 -2010 - Barrier-Removal Initiatives & Summary of Activities - Year 8**

The LWDH AAC met on 4 occasions over the course of the last year. During this time, the group reviewed the progress of the previously identified barriers from 2008-2009. Barriers were further identified, listed, and prioritized on an Excel spreadsheet as Barrier ID Form 2009-2010 (Appendix 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 front line staff
  - Availability of staff training videos to all staff
- Signage review and implementation of comprehensive signage throughout building
- Implementation of visitor assistance strategy
- Review of parking lot changes concerns and strategies
- Provide consultation and advice re. suggestions and concerns from LWDH users, including resolution of concerns re. ramped entrance drainage
- Admission form voluntary identification of impairments procedure developed and implemented
- Development of wayfinding maps and process for distribution
- Personally Owned Equipment policy developed
- Review of AAC Terms of Reference, goals and objectives
- Participation in the Local “National Accessibility Week” activities, including hosting and presenting at the NAW launch
- Development of Customer Service Standard policies and procedures

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.

### 2009-2010 - Methodologies for identifying barriers

<b>Methodology</b>	<b>Description</b>	<b>Status</b>
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

### 2010 - 2011 - Goals and Objectives

<b><u>Goal</u></b>	<b><u>Objectives</u></b>
1. To complete and submit an accessibility plan to the public by September 30, 2011.	<ol style="list-style-type: none"> <li>1. Review and monitor the plan.</li> <li>2. Re-commit to accessibility planning.</li> <li>3. Review recent initiatives and successes in identifying, removing and preventing barriers within LWDH.</li> <li>4. Identify (list/categorize) barriers that may be addressed in the coming year.</li> <li>5. Set priorities and develop strategies to address barrier removal and prevention.</li> <li>6. Specify how and when progress is to be monitored.</li> <li>7. Write, approve, endorse, submit, publish and communicate the plan.</li> </ol>
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"> <li>1. Post approved minutes to LWDH website</li> <li>2. Continue to inform the LWDH Board, and Senior and Mid-managers of AAC developments and activities.</li> <li>3. Post accessibility information, AAC minutes and other relevant information such as the ODA 2001 on a public viewing board outside the cafeteria.</li> <li>4. Provide regular and ongoing sensitivity training for front-line LWDH staff.</li> <li>5. Collaborate with community partners regarding accessibility awareness and training.</li> </ol>

3. Coordinate Accessibility planning with other local and provincial agencies.	<ol style="list-style-type: none"> <li>1. Communicate with other formal AAC's, such as the City of Kenora and the School Boards, both formally through shared minutes as appropriate, and informally through common members.</li> <li>2. Communicate with municipal, provincial and federal agencies as required re. accessibility standards.</li> </ol>
4. Function as a conduit for accessibility concerns	<ol style="list-style-type: none"> <li>1. Communicate with community members re. accessibility issues</li> <li>2. Provide advice to LWDH Senior Management re. Accessibility issues.</li> </ol>
5. Complete activities to ensure compliance with the 14 AODA Built Environment Standard Requirements	<ol style="list-style-type: none"> <li>1. Establish AAC Built Environment Standards Task Force if and as required</li> <li>2. Review existing policies and procedures, and perform gap analysis to address any deficits in policies and procedures related to Built Environment Standards</li> </ol>
6. Liaise with provincial bodies re AODA legislation	<ol style="list-style-type: none"> <li>1. Communicate with AODA legislative review</li> <li>2. Communicate with Built Environment standard proposal feedback process</li> </ol>
7. Monitor the progression of the proposed Integrated Accessibility Regulation	<ol style="list-style-type: none"> <li>1. AAC Chair and members to regularly review and report on progress of the proposed Integrated Accessibility Regulation</li> </ol>

### **2010 – 2011 Barriers to be Addressed**

The current barriers (2009-2010) 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). Existing barriers will be reviewed and new barriers identified according to the established Barrier Identification form, in 2010-2011 (Appendix 2)

### **2010-2011 - Review and Monitoring Process**

The AAC will continue to meet on a quarterly basis or as required to review accessibility issues and the progress of the identified barriers recommended interventions. Ad hoc meetings will be arranged as required in order to deal with any significant issues that may arise.

### **2010-2011 – 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 2009-2011 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.

**Appendix 2 Barrier ID Form - October 1, 2010 - September 30, 2011**

**Lake of the Woods District Hospital**

Priority	Date	Barrier	Type	Location	Objective	Resolution	Criteria	Resource	Time	Resp.	P	C	Outcome
A Urgent 1	May, 2010	Faded painted lines from ER to Parking lot	Physical	ER doors	Travel zones will be clearly identified	Paint new travel zone	100% of users will see safe travel path	Labour, Paint	2 months	M. Hall	X		
A Urgent 1	May, 2010	ER and Admittign waiting rooms have inadequate space	Physical	ER and Admitting waiting rooms	Patients will have adequate sitting room	Accessible and adequate waiting room	100% of users will have adeequate and accessible seating	Labour and construction Costs	1 year	M. Hall			
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 cafetria 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			
A Urgent 1	Jan, 2007	Fire doors do not have lever handles	Physical	LWDH 2nd floor	Fire door will have lever handle	Install lever handle	100% of users will be able to exit safely	Labour Cost	1 month	M. Hall	≡		Pending
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	Sept, 2010	Staff Washroom outside lab does not have grab bars	Physical	LWDH 2nd floor	Washrooms will have grab bars	Install grab bars around toliet	100% of users will be ableto access washroom safely	Labour Cost	1 month	M. Hall	≡		Pending

B Required 1	Sept, 2010	OR waiting room does not have hallway signage and hanging sign outside room	Physical	LWDH 2nd floor	Consistent and easy to read signage located strategically throughout facility	Revise and ninstall signage	100% of users will be able to easily follow signage	Labour Cost	1 month	M. Hall	Ξ		Pending
B Required 1	Sept, 2010	OR waiting room phone not accessible	Physical	LWDH 2nd floor	Communication tools will be accessible to all	Adjust phone installation	100% of users will be able communicate readily	Labour Cost	1 month	M. Hall	Ξ		Pending
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	√		
A Urgent 1	Mar-10	External ramp drips from overhang	Physical	LWDH outside Approach	LWDH will be accessible to staff, visitors and clients	1. Install diversion system	100% of staff and users can access LWDH without impediment	Labour Part Costs	3 mo., pending funding	R. Markle			
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	√		Unresolved

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			
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	√		Unresolved
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 throughout hospital	100% of users can locate and read required information	Labour	6 mo., pending funding	P. Dryden Holmstrom	√		Funding established for signage, approval pending
A Urgent 5	May, 2007	Youth program signage not accessible	Physical	12 Main St.S. Youth Program	Consistent and easy to read signage located strategically throughout facility	1. Large, legible printing - black on white signage located throughout hospital	100% of users can locate and read required information	Labour Part Costs		P. Dryden Holmstrom	√		Funding established for signage, approval pending
B Required 1	May, 2007	Youth program washrooms not accessible	Physical	12 Main St.S. Youth Program	Washrooms will be accessible	1. Angled or height adjusted mirrors, 2. Sink pipes wrapped 3. Lever handles on sinks in washroom and kitchen	100% of users can access the washroom	Labour Part Costs		P. Dryden Holmstrom	√		
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 accesibility	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 difficut to access and has 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