The : Le Royal

Mental Health - Care & Research
Santé mentale - Soins et recherche

Multi-Year Accessibility Plan 2023

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Executive Summary

This plan is about increasing access to services and minimizing barriers to participation for individuals with disabilities. The Accessibility for Ontarians with Disabilities Act (2005) has shifted the legal requirements by enacting specific standards that must be met (unlike the ODA, which did not have legally enforceable standards). Failure to comply runs the risk of a substantial fine of up to $100,000 per day. The first standard to be enacted was the Customer Service Standard, which all public sector organization had to comply with by January 1, 2010. The long-term goal of the legislation is a barrier-free Ontario for people with disabilities by 2025 through the development and implementation of accessibility standards for the private and public sectors.

The Accessibility for Ontarians with Disabilities Act (AODA) was instituted in 2005. The Customer Service Standard is the first standard to become law healthcare facilities were required to meet this standard by January 2010. The legislation established requirements for the interaction and guidance on how to treat people with disabilities. In July 2011, the 'Integrated Standard' came into effect. This Standard addresses Information and Communication, Employment, and Transportation with compliance deadlines ranging from 2012-2015 for large public sector organizations such as The Royal.

The Royal's Accessibility Plan describes measures taken in to identify, remove and prevent barriers for individuals with both visible and invisible disabilities including clients, staff, clients, community, visitors and other members of the community. This Plan also provides an overview of The Royal and its commitment to accessibility planning and health equity. The Royal recognizes that individuals with disabilities have a right to expect the same access to health services as those without disabilities. Our accessibility plan is designed to ensure we meet legal requirements as well as increasing inclusive and equitable treatment of individuals with disabilities.

Our plan is based on legislative requirements, an audit of the physical environment, review of internal policies, information technology and facilities, and feedback from committee members and others. Additionally, The Royal addresses many of the elements of signage, wayfinding, access and mobility within the parameters of its designation as a Senior-Friendly Hospital.

The Aims and Objectives of the Accessibility Plan

Accessibility for people with disabilities is understood as relating to attitudes, knowledge and skills of service providers; policies and practices, buildings and design, information and communication, and as such relate to many departments at The Royal. The collective actions of these departments determine our level of accessibility, integration and efficacy regarding disability issues from a client, family member, staff or community perspective. This Plan is designed to describe the processes used to identify, remove and prevent barriers; the progress made towards enhancing accessibility at The Royal and; how The Royal will ensure compliance and inform the public of this.

The Royal is one of Canada's foremost mental health care and academic health science centres. Our mandate is simple: to get more people living with mental illness into recovery faster. The Royal combines the delivery of specialized mental health care, advocacy, research and education to transform the lives of people with complex and treatment resistant mental illness. The Royal's Institute of Mental Health Research is proudly affiliated with the University of Ottawa. The Royal Ottawa Foundation for Mental Health raises funds to support the best possible patient care and leading-edge research provided by the Royal Ottawa Mental Health Centre, the Brockville Mental Health Centre, and the uOttawa Institute of Mental Health Research. The Royal's Brain Imaging Centre is a state-of-the art research facility featuring a positron emission tomography-magnetic resonance imaging (PET-MRI) scanner — the first of its kind in Canada dedicated solely to mental health and neuroscience research. The Atlas Institute works with Veterans, Families, service providers, and researchers to identify the best possible mental health care and supports for those who have given so much to Canada. FRAYME is a global network built to gather and share the best evidence and practice-based knowledge about integrated youth services, and to put it into action in communities around the world housed at the Royal and affiliated with the Royal's IMHR.

The Royal takes an integrated approach to the treatment of people with mental illness and mental health disabilities. Treatment is tailored to each individual and developed in collaboration with clients and their support system. Research and education also play an important part at The Royal improving treatment for clients and mentoring the next generation of mental health experts. The clinical programs at The Royal focus on mood & anxiety disorders; community mental health; forensic psychiatry;; geriatric psychiatry; schizophrenia; sleep disorders; substance use & concurrent disorders; and youth psychiatry. Each program provides services not only to clients in the hospital but on an outpatient basis as well. Programs also provide community treatment and outreach to long term care homes, shelters and other community organizations. The Royal connects with over 90,000 clients and families yearly. Strongly supported by government, business and community leaders, The Royal has strong community links to Eastern Ontario while advancing global research into the brain and mental health.

Our Vision...
Mental health care transformed through partnerships, innovation and discovery
Our Mission...
Delivering excellence in specialized mental health Care, Advocacy, Research and Education
Our Values...
We are guided by innovation and a passionate commitment to collaboration, honesty, integrity and respect.

Our Strategic Plan 2020-2025

OUR PURPOSE: Expand access, hope and new possibilities for people with mental health and addictions needs through the convergence of client and family-oriented care, science, education and lived expertise. As an academic health science centre, all of our work is shaped by integrated research, care and education. There are five strategic priorities, high-level domains that will focus and frame the work of the organization in the next five years.

SHOULDER to SHOULDER into the future… The Royal's strategy was created with input from hundreds of clients, families, physicians, clinicians, scientists, staff, and community partners. Its five forward-looking pillars unite all elements of The Royal in support of a singular purpose. We will build our future together, working 'shoulder to shoulder' as equals with clients, families and partners who bring their own expertise to every interaction.

The Accessibility Committee at The Royal (Appendix 1)

This committee aims to increase integration, communication and accountability for accessibility at The Royal. Two pieces of legislation anchor the work of the committee, the Ontarians with Disabilities Act (2001) and the Accessibility for Ontarians with Disabilities Act (2005), the purpose of which is to improve opportunities for people with disabilities and to ensure the identification, removal and prevention of barriers to their full participation in the life of the province. This committee monitors organization wide accessibility to ensure that The Royal, at a minimum, meets the legal requirements of accessibility legislation (AODA) through the ongoing monitoring, of our annual accessibility plan, and works to promote and increase accessibility, equity and integration for people with disabilities across The Royal.

Membership of the committee will include but not be limited to, representatives from Client Advisory Council and Family Advisory Council, IT, Learning & Development, Facilities Management, Clinical Staff, Human Resources, Royal Ottawa Place, Carlingwood, BMHC, Occupational Health and Safety, Infection Control, IMHR, ROFMH, Clinical Support Services, Manager–Client & Family Relations, Communications and Supply Chain Management. Membership will include representatives with expertise on disability and equity, including those with lived experience of disabilities.

The Accessibility Committee will monitor the implementation of the Accessibility Plan. The status of the Plan, as well as the supporting policies will be reviewed on an annual basis as well as at quarterly meetings. The Accessibility Committee will ensure that the Accessibility Plan is posted on the external website of The Royal (http://www.theroyal.ca/) and is available in alternative formats upon request. In addition, there is an Accessibility page on the internal web (OREO) with links to mandatory training, articles and presentations for staff.

Methods used to Identify Barriers at The Royal
- The Manager - Client and Family Relations receives feedback from clients and the public related to disability and accessibility, and triages these to the appropriate person(s)/department.
- Detailed audits of the facility, the support systems and the work environment are ongoing.
- Staff are encouraged to report any accessibility-related concerns to their manager and/or the Accessibility Committee via accessibility@theroyal.ca

The results of input from the above, along with the AODA standards and regulations, provide a basis for a prioritized barrier-removal strategy included in this Accessibility Plan.

Education on Accessibility and Related Legislation at The Royal.

The Royal will provide training to all staff who deal with the public on their behalf, and all who are involved in the development and approval of Accessibility policies, practices and procedures whether or not they are directly involved in providing care and/or services. This mandatory e-learning training will be provided to current staff and at orientation of new staff. Staff will also be notified by email and printed updates when changes are made to these policies, practices and procedures. Training will include but will not be limited to the following:

- The purposes of the AODA, IASR and OHR Code and the requirements of the associated legislation.

- How to interact and communicate with individuals with various types of disabilities.

- How to communicate with clients over the telephone in clear and plain language and to speak clearly and slowly.

- How to interact with individuals with disabilities who use an assistive device or require the assistance of a service animal or a support person.

- How to use the assistive devices that may help with the provision of care and/or services to people with disabilities.

- What to do if an individual with a disability is having difficulty in accessing the Royal.

- ROHCG policies, practices and procedures relating to the way care and/or services are provided to individuals with disabilities

Barrier Removal & AODA Compliance Initiatives at The Royal

Note: Corporate Definition of Staff**:** includes all employees (permanent full time, part time, casual), physicians, registered volunteers, students, contractors and affiliates.

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2010 Customer Service: Training & Education (mandatory requirement)	All Staff need to understand the Customer Service Standards and the Accessibility for Ontarians.	**Education and Training** 3 E-learning modules have been created as mandatory Accessibility Training for all new staff members. The modules are Accessible Customer Service, Disability and the Ontario Human Rights Code and the Integrated Accessible Standard Regulation.	All staff members have been training on Accessible Customer Service, Disability and the Ontario Human Rights Code and the IASR. All new staff members are required to complete this training upon hire. The Accessibility Committee determines accessibility initiatives and associated training on a yearly basis.
2010 Customer Service: Policy (mandatory requirement)	Policy must be posted publically (2010) and available in alternative formats by Jan 2013	Policies are reviewed on annual basis by all stakeholders. Policies are available in alternative formats. They have become part of the mandatory training requirements for all staff. For new-hires, Corporate Welcome Program covers these two policies. On an annual basis, the policies are reviewed to ensure they remain current.	*CORP II-i 150 Providing a Barrier Free Environment* & *CORP II-i 151 Accessible Formats* developed and part of ongoing mandatory education for all staff. Polices are available upon request in accessible format.
Customer Service: Policy	Review & Revision of Policy on Annual basis.	Policies are tracked for annual review using approval dates.	Ongoing
2010 Customer Service: File Accessibility Report by Dec 31st, 2010 (mandatory requirement)			Completed

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2010-2011 Accessibility Interventions completed		**ROHCG:** Internet site updated with variable font option. Developed new policy and procedure on accessibility. Developed accessibility training programs for staff. Improved signage to accessible washrooms, **ROMHC**: Installed 3 automatic door opens for washrooms Installed automatic door open to tower entrance. Renovated switchboard/reception areas to be accessible Installed additional accessible parking Relocated accessible parking closer to main entrance Reduced door opener pressures Installed delay door closures on main routes of travel Fire enunciation for the hard of hearing installed. **BMHC:** Removed fencing to improve access between wards D & E Installed additional accessible parking space close to Ward E Site map with wheelchair ramps developed	

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2012 Information & Communications: Emergency & Public Safety Information (mandatory requirement)	Any planned Service Disruptions must be public posted (external Website). If Emergency Codes/ Plans are available to the Public they must be available in Accessible formats.	Any planned service interrupts will be posted on the external web page. Any unplanned interruptions are announced overhead, staff are notified by email and signage is posted. As The Royal does not publically post Emergency/Code Responses the second part does not apply.	Planned Service Interruptions on front page of External Website and OREO.
Information & Communications: Emergency & Public Safety Information		Facilities/IT notify in a timely manner of any interruptions to Accessibility Committee Chair – Chair posts to internal Website and ensures Communications posts to external Website	Ongoing

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2012 Employment: Provide individualized workplace emergency response information for employees who have a disability. (mandatory requirement)		Individualized Emergency Management Protocol in place and updated on annual basis. .Staff who may need assistance due to a disability in evacuating their place of work in an emergency are encouraged to inform their managers and OHSS RNs so that an individualized plan is developed and tailored to suit their needs. The individualized emergency plans are communicated to the staff member's manager and the necessary facility staff (i.e., Building Fire Warden), on an "as needed" basis. On an ongoing regular basis, and as per the applicable terms of the IASR, The Royal will review and assess general workplace emergency response procedures and individualized emergency plans to ensure accessibility issues are addressed.	Introduced initially to all staff with Accessibility roll out. Reminders sent in May of each year. Introduced to staff on their first contact with The Royal.
2013 General Requirements: Policies (mandatory requirement)		CORP II-i 150 Providing a Barrier Free Environment & CORP II-i 151 Accessible Formats have been implemented across the organization.	The policies are reviewed on an annual basis to ensure they remain current.

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2013 General Requirements: Multi-Year Accessibility Plan (mandatory requirement)	A multi-year accessibility plan outlining strategy to identify, remove and prevent barriers and meet requirements of IASR is established, implemented, maintained and documented. The accessibility plan is posted on website and provided in an accessible format upon request. Plan is reviewed and updated at least once every 5 years.	Plan developed and posted on External Web. Plan continuously under revision and posted to OREO.	Plan is reviewed annually.
2013 General Requirements: Kiosks (mandatory requirement)	Incorporate accessibility features when procuring or acquiring self-service kiosks.	As self-serve kiosks are replaced these features are to be incorporated into the tendering process. Currently ATM kiosk, Parking Kiosks and Change Machine do not meet standards.	As kiosks are up for renewal procurement processes address accessibility needs.
General Requirements: Kiosks		**Improvement Required:** Recommend that new ATM have backlighting and raised (touch related) keys to comply with AODA.	Vending machine in Winter Garden moved to a more accessible area. Vending machine has accessible features.
2013 General Requirements: Procurement or acquiring goods, services or facilities (mandatory requirement)	The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) Accessibility Standard for Customer Service (ASCS) and the Integrated Accessibility Standards Regulation (IASR) requirements have been incorporated into organizational procurement policies and practices.	Must incorporate "Accessibility criteria & features" when procuring or acquiring goods, services or facilities (unless not practicable to do but must be able to explain why not if requested). Our Procurement policy includes language to ensure compliance with the AODA.	Incorporated into *CORP II-i 130 Procurement* and in internal processes

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2013 General Requirements: File Accessibility Report by Dec 31st, 2013 (mandatory requirement)			Completed
2013 Information & Communications: Educational & Training Resources and materials (mandatory requirement)	Provide appropriate resources for staff in regards to accessibility	CORP II-i 150 Providing a Barrier Free Environment, CORP II-i 151 Accessible Formats & CORP XI 140 Animal Visitation (Therapy & Service Animals/Pets) have tools for staff. Three Mandatory Accessibility e-modules for staff to complete.	Resources available via L&D, PALMS (online training system) and through corporate policies.
2013 Information & Communications: Training to Educators (mandatory requirement)	All persons participating in development of organizational policy and other persons who provide goods, services or facilities on behalf of the organization, receive training	Part of corporate mandatory orientation program. Staff are required to review training module.	All staff have mandatory awareness training which ensures educators have the appropriate training as well.
2014 General Requirements: Training of all staff & volunteers (mandatory requirement)	Training is appropriate to the duties of the training participants	Part of mandatory training requirements for all new staff. Three Mandatory Accessibility e-modules for staff to complete.	All staff have mandatory awareness training.
2014 Information & Communications: Information Technology-All new internet websites & web content must conform with WCAG 2.0 A standards (mandatory requirement)	Internet and Intranet meets technical requirements of WCAG 2.0 on required schedule. This applies to websites and web content that an organization controls directly or through a contractual relationship that allows for modification of the product. This applies to web content published on a website after January 1, 2012	By Jan 2014 all content and all websites meet WCAG 2.0 A – and moving towards level AA by 2021. Currently upgrading all in-house e-learning and training to be accessible.	Website built in 2013 with WCAG 2.0 compliance in mind.

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2014 Information & Communications: Accessible Feedback Process (mandatory requirement)	Ensure feedback processes are accessible by accessible formats and/or communication supports upon request.	Feedback system for Client Concerns to have enhanced feature on external Web to allow for feedback process. Currently any concerns received by The C& F Relations Manager are triaged to Director-OHSS/appropriate person(s). Posted to External & Internal Web.	Client Feedback System receives Accessibility concerns (internal & External). Clients, staff and visitors are able to provide Accessibility related feedback through the email or via Client Feedback system
Information & Communications: Accessible Feedback Process		Accessibility related concerns are submitted primary through our Accessibility email. The C& F Relations Manager receives accessibility related feedback and passes the information on the appropriate parties including the Accessibility Committee.	Completed, but On-going

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2014 Employment: • Recruitment • Accommodation • Return to Work • Performance Management, Career Development and redeployment (mandatory requirement)	Notify about accommodation in recruitment process Notify selected job applicants of the availability of accommodations Develop written process for documented individual accommodation plans Develop a documented return-to-work process Include accessibility considerations in performance management processes Include accessibility considerations and individual accommodation plans in career development and advancement and redeployment, including additional responsibilities within current position.	Incorporated into job postings and offer letters/emails. *CORP IV-i 120 Return to Work and CORP IV-i 121 Return to Work Following a Non-Occupational Injury or Illness.*	Postings, offer letters and confirmations address accommodation.
2015 General Requirements: File Accessibility Report by Dec 31st, 2015 (mandatory requirement)			Completed
2015 Information & Communication: Accessible Formats & Communication Supports (mandatory requirement)	Accessible formats and communication supports are provided in a timely manner that takes into account the person's accessibility needs due to disability and - at a cost that is no more than the regular cost charged to other persons.	*CORP II-i 151 Accessible Formats* outlines process for requesting. Information posted to external web with contact information for requests	Process in place within policy. All staff can fill out request on behalf of the requestor.
2015 Information & Communication: Educational Libraries – print-based resources (mandatory requirement)			Currently Library Services is able to accommodate requests.

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2015 Information & Communication: Producers of educational or training materials (mandatory requirement)		Professional Development Event promotions include AODA identification and coordinators/event staff trained to assist guests with all classifications of disabilities. L&D has purchased equipment to support persons with hearing and visual impairments. Auditorium facility equipped with elevator for access to lower level and spaces across upper bowl for wheelchair access. Continue to provide interpretation services via Canadian Hearing Society upon request.	Training/Education/ Public Sessions are all able to accommodate requests for accessible formats/communication.
2016 Design of Public Spaces (Make accessible new or redeveloped): Recreational Trails (mandatory requirement)		Recreational trail at ROMHC has been in existence for over 50 years when the time comes to re-create or redesign, will apply accessibility requirements	Completed
2016 Design of Public Spaces (Make accessible new or redeveloped): Outdoor public use eating areas (mandatory requirement)		Acquired picnic tables summer 2015 which meet accessibility requirements	Completed
2016 Design of Public Spaces (Make accessible new or redeveloped): Outdoor play spaces (mandatory requirement)		New youth basketball court – which meet accessibility requirements	Completed
2016 Design of Public Spaces (Make accessible new or redeveloped): Exterior paths of travel (mandatory requirement)		Area leading to basketball court has been paved. Formally, soft and grassy area	Completed

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2016 Design of Public Spaces (Make accessible new or redeveloped): On and off street parking lots (mandatory requirement)		**ROMHC** -560 Regular stalls, 24 APP stalls **ROP-** 27 Regular stalls, 2 APP stall.	The Royal meets the requirement of 4% of parking stalls being accessible.
2016 Design of Public Spaces (Make accessible new or redeveloped): Service counters, fixed queuing guides and waiting areas with fixed seating (mandatory requirement)		Service counters, fixed queuing guides and waiting areas with fixed seating- new admitting office and Carlingwood accessibility requirements were incorporated.	Ongoing
2016 Design of Public Spaces (Make accessible new or redeveloped): Maintain accessible elements of public spaces (mandatory requirement)		Ongoing maintenance of facility (i.e. snow removal salting, demarcation of accessible access, etc.) in place. Ensure that sites are wheel chair accessible all the time. The Royal will meet Accessibility Standards for the Design of Public Spaces when building or making major modifications to public spaces.	Ongoing
2017 General Requirements: File Accessibility Report by Dec 31st, 2017 (mandatory requirement)			Completed
2019 General Requirements: File Accessibility Report by Dec 31st, 2019 (mandatory requirement)			Completed
2020 Information & Communications: Educational Libraries – multimedia/digital resources (mandatory requirement)			Ongoing

Category of Barrier/Compliance item	Identified Barrier	Processes required for Improvement	Status
2020 Information & Communications: Producers of educational or training materials – supplementary print materials (mandatory requirement)			Ongoing
2021 Information & Communications: All internet websites and web content conforms with WCAG2.0 level AA (excluding live caption and audio description) (mandatory requirement)		The Royal will ensure AODA compliance is included as one of the criteria in selecting technology vendors for new website development initiatives. The Royal understands the importance of making our websites and web content accessible according to the World Wide Web Consortium's Web Content Accessibility Guidelines (WCAG) 2.0. Make public emergency information accessible when requested. Ensure our public website is compatible with third party accessibility software; Provide accessible alternate versions if technology permits.	The Royal currently complies with WWW Consortium's Accessibility Guidelines (WCAG) 2.0 for its public facing website.
2021 General Requirements: File Accessibility Report by Dec 31st, 2021 (mandatory requirement)			Completed
2022 General Requirements: File Accessibility Report by Dec 31st, 2022 (mandatory requirement)			Completed
2023 General Requirements: File Accessibility Report by Dec 31st, 2023 (mandatory requirement)			Completed

Appendix 1

The Le **Royal** Mental Health - Care & Research Santé mentale - Soins et recherche	Accessibility (AODA) Committee Terms of Reference

TITLE: ACCESSIBILITY (AODA) COMMITTEE		
Issued and Approved By:	**Senior Management Team**	**APPROVAL DATE : February 3, 2016**
		Date Reviewed: October 13, 2022
		Date Revised: October 13, 2022

Role	The Accessibility (AODA) Committee has been established to develop and maintain a plan for ensuring the adherence to the applicable standards from *AODA, 2005* across the ROHCG. The aim of the plan is to identify and facilitate the removal of barriers to equal access amongst persons with disabilities, including patients, their families, visitors and staff of the ROHCG.
Responsibilities	*Key*: • Contribute to the development of the accessibility plan (AODA) • Monitor and report on compliance with relevant legislation and provide quarterly updates • Represent key areas of The Royal to ensure departments are informed of requirements, and to support and submit updates on implementation actions • Participate in the communication and dissemination of accessibility initiatives and the ROHCG Accessibility plan *Accountability*: • The role of the committee is to provide a vehicle to monitor and report on compliance with accessibility legislation and objectives and for the exchange of information among those responsible for accessibility tasks and functions at The Royal. • Provide an (at least) annual update on the Accessibility plan to the Board of Trustees, Senior Management, the Family Advisory Council and the Client Advisory Council *Educational*: • Share information about emerging standards/legislation • Raise accessibility issues and strategies beyond the compliance level and seek opportunities for enhanced access, communication and accountability across The Royal for people with disabilities.
Membership & Voting	Accessibility issues cut across all departments at The Royal, and emerging standards will emphasize different kinds of barriers such as communications or the built environment thus a broad membership is necessary to ensure integrated implementation strategies. Membership will be comprised of representatives from across the organization and will include but not be limited to: a) Representative from Facilities Management b) Representatives from Clinical Staff c) Representatives from Human Resources d) Representatives of Royal Ottawa Place, Carlingwood, FTU and STU e) Representatives of Occupational Health and Safety

	Accessibility (AODA) Committee Terms of Reference
	f) Representatives of Infection Control g) Representative of Institute of Mental Health Research h) Representative of Clinical Support Services i) Manager – Client & Family Relations (as required for reporting) j) Representatives from Client and Family Advisory Councils. k) Representative from Learning & Development l) Respresentative from Communications Members are expected to send a delegate should they not be able to attend the meeting.
Chair	As appointed by Chief Operating Officer & C.F.O
Appointment of delegates	As appointed by the Chairperson(s).
Frequency of Meetings	Quarterly and additionally at the call of the Chairperson(s).
Quorum	The quorum for meetings of the Committee shall be 50% of the voting members. Where there is an equality of votes, the Chair may cast the deciding vote.
Resources	One staff member will be identified as the Committee Secretary.
Reporting	The Accessibility (AODA) Committee will report to Senior Mangement Team through the Chief Operating Officer and C.F.O.

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