



Interlake–Eastern
Regional Health Authority

Office régional de la santé
d'Entre-les-Lacs et de l'Est

ACCESSIBILITY PLAN 2020 - 2024

Vision

We will be recognized as a trusted health-care partner, providing sustainable, accessible, integrated, evidence-based care to improve health status and outcomes in all of our communities and achieve health equity across the region.

Mission

We work in partnership with all stakeholders, contributing to the health and well-being of our communities, by providing timely access to reliable care in a culturally safe manner that respects diversity.

Values

Always with compassion, Success in collaboration, Accountability in everything we do, Acting with integrity, Respectful of each other

FEEDBACK:

If you have any questions or comments related to this Accessibility Plan, on how we can further improve accessibility, and /or would like to request an alternate format, please contact:

Tell Us: 1-855-999-4742

In the Fall of 2016, the Interlake-Eastern RHA Accessibility Committee was formed to develop the region's Accessibility Plan. The committee consulted with community and stakeholders, reviewed current policy, reviewed the Accessibility Legislation, and identified current achievements and barriers. A detailed work plan was developed to guide the work of the committee.

The committee is comprised of:

Senior Leadership

Dorothy Forbes, Regional Lead of Corporate Services and Chief Financial Officer

Committee Co-Chairs

Shannon Montgomery, Regional Director Public Health and Wellness

Leona Wright, Director Health Care Services Long Term Care Program/PCH Standards

Accessibility Coordinator

Jay Ferens, Regional Manager Disaster Management (July 1, 2017 - present)

Committee Members

Kelly Weidman, Regional Manager Capital Planning and Facility Management

Leona Wright, Director Health Care Services Long Term Care Program/PCH Standards

Lauralou Cicierski, Regional Lead Communications

Tricia Tyerman, Clinical Team Manager, Home Care Services

Kelley Bartmanovich, Community Addictions Health Nurse

Tracy Abraham, Clinical Team Manager Pinawa Hospital

Karen Wood, Regional Director Home and Palliative Care

Sanela Maric, Regional Manager of Health Information Services

Karen Wood, Regional Director Home and Palliative Care

Johnathan Wasylik, IT Operations Manager, Shared Health

Isobel Greenwood, Director of Labour Relations

Blair Milling, Emergency Medical Services Operations Manager

Rhonda Hogg, Director of Financial Services

Amanda Kotowich, Executive Assistant

Samantha Roberts, Lead Occupational Safety & Health, Disability Management & Regional Education

Acknowledgement

We extend our gratitude to all the residents in our region and the Interlake-Eastern RHA staff for their contributions to the Interlake-Eastern Accessibility Plan which will assist us to make our RHA more accessible to all.

Message from the CEO – Marion Ellis



According to Statistics Canada, nearly one in six Manitobans has a disability. Disability and accessibility touch the lives of all of us who live with or know of someone living with a disability.

With our vision of *Connecting people and communities with excellent health care – Today and Tomorrow*, we recognize that people need to be able to access information, services and places in our region if they are to be supported in developing health and wellness. With this, Interlake-Eastern RHA's first Accessibility Plan, we want to ensure we are proactively working to meet the accessibility needs of people in the region and those who use our services.

We are pleased that this plan has been created using staff and community member feedback provided via a regional survey. Thank you to almost 500 people who helped us better understand accessibility in our region through the benefit of your experiences and understandings. The members of our regional Accessibility Act Planning Committee embraced the need to create our Accessibility Plan, they reviewed the summary of survey submissions and they integrated people's feedback into our plan. Together, with the launch of our first Accessibility Plan, we're off to an excellent beginning.

As we work to put the elements of our plan in place, I encourage you to please stay in touch with us if you have a compliment or concern. You can reach our Tell Us line at 1-855-999-4742 or visit us online at www.ierha.ca and click on "Compliments and Concerns" in the upper right corner.

A stylized, handwritten signature in black ink, consisting of several overlapping loops and a final horizontal stroke.

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1.0 Background

Effective November 1, 2015, the Manitoba government introduced the first of five standards under *The Accessibility for Manitobans Act*: The Customer Service Accessibility Standard requires all of Manitoba's public, private and non-profit organizations with one or more employees to establish and implement measures, policies and practices to remove barriers to customer service. Public sector organizations led the way by creating accessibility plans by November 2016 as the standard becomes a regulation.

Accessibility standards are the building blocks of *The Accessibility for Manitobans Act* (AMA). They set out requirements to identify, prevent and remove barriers within a designated time period. To meet this standard, organizations providing goods or services must have policies, processes and practices to deliver accessible customer services for persons with disabilities.

1.1 The Accessibility Standards will target:

- Customer Service
- Employment
- Information and Communication
- Transportation
- Built Environment

1.2 Main Goals:

Identify, prevent and remove barriers to everyone engaging with the Interlake-Eastern Regional Health Authority (IERHA). The Interlake-Eastern RHA will commit to achieve significant progress by 2023 to make the Interlake-Eastern Region more inclusive for everyone.

2.0 Statement of Commitment

The Interlake-Eastern RHA is committed to ensuring equal access and participation for all people regardless of their abilities. Our vision is to connect people to excellent health services – today and tomorrow, through engaged and empowered staff. We are committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in inclusion through collaboration, accessibility, respect, excellence, innovation and quality customer service (CARE-IQ). We are committed to meeting the needs of people who face barriers by identifying, removing and preventing these barriers by meeting the requirements of *The Accessibility for Manitobans Act*.

3.0 Baseline Report

With an area of 61,000 km², the Interlake-Eastern RHA extends east to the Ontario Border, north to the 53rd parallel, west to the eastern shores of Lake Manitoba and South to Winnipeg's north perimeter dipping down slightly past Winnipeg to slightly below the Trans-Canada Highway eastwards towards Ontario.

The total population for our region is 133,800 people with approximately 17 First Nation communities representing approximately 27% of our population. St. Laurent in the west and St. Georges and Powerview-Pine Falls in the east have been designated French Language Service Communities necessitating access to bilingual service in the RHA facilities serving these populations. Our population grows extensively in the summer as people come to our region to enjoy our lakes, beaches and natural areas.

3.1 Our Facilities

The Interlake-Eastern RHA delivers a broad range of services throughout the region. The region has:

- **10 Hospitals** (Arborg, Ashern, Beausejour, Eriksdale, Gimli, Pinawa, Powerview-Pine Falls, Selkirk, Stonewall, Teulon)
- **30 Primary Health Care Clinics** (Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Grande Marais, Gypsumville, Lac du Bonnet, Lundar, Oakbank, Pinawa, Powerview-Pine Falls, Prawda, Riverton, Selkirk, Seymourville, Stonewall, Teulon, Whitemouth, Winnipeg Beach, Woodlands)
- **16 Personal Care Homes** (Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lundar, Oakbank, Powerview-Pine Falls, Selkirk (3), Stonewall, Teulon, Whitemouth. Includes privately-run and Interlake-Eastern RHA facilities. Of the 16 PCHs in the region, four are private including the Betel PCH in Gimli and Red River Place PCH, Betel PCH and Tudor House PCH in Selkirk.)
- **1 Crisis Stabilization Unit** (Selkirk)
- **16 Community Health Offices** (Arborg, Ashern, Beausejour, Eriksdale, Fisher Branch, Gimli, Lac du Bonnet, Lundar, Oakbank, Pinawa, Powerview-Pine Falls, Riverton, Selkirk, St. Laurent, Teulon, Whitemouth)
- **6 Renal Health Units** (Ashern, Berens River, Gimli, Hodgson, Powerview-Pine Falls and Selkirk)

Our Region



3.2 Our Programs and Services of the Region

Through these facilities, the region offers a broad range of care providers, health programs and services including:

- Aboriginal Health Services
- In patient services – medical, surgical
- Emergency Services
- Renal care (dialysis)
- Community cancer programs
- Cancer navigation services
- Diagnostic services
- Obstetrics
- Surgical services (general, gynecological, urology)
- Physicians
- Nurse practitioners
- Public health
- Dietitians
- Family doctor finder
- Mental health services for children, adults and older adults
- Crisis stabilization unit (CSU)
- Mobile crisis services (team for youth and adults)
- FASD diagnostics clinics
- Hearing/audiology
- Children’s speech language pathology
- Home care Physiotherapy
- Occupational therapy
- Palliative care
- Spiritual care
- Community Wellness
- Services to Seniors
- Travel Health
- Families First
- Quick Care Clinic
- Chronic disease prevention and management
- Emergency Medical Services (EMS)
- Information Technology
- Health Information Systems
- Mobile Clinic
- Financial Reporting
- Capital Planning & Facilities Management
- Materials Management
- Support Services (Dietary, Laundry Housekeeping)
- Disaster Management
- Labour Relations
- Indigenous Health
- Regional Education
- Human Resources

For more detailed information on any of our programs and services, please refer to our website www.ierha.ca

4.0 Accessibility Achievements

Arborg and Districts General Hospital – The entrance has automatic openers, sloped side walk and the parking lot has good lighting. There are designated barrier free parking stalls.

Lakeshore General Hospital (Ashern) – Recently updated parking lot lighting with a sloped entrance into the facility. The main entrance has automatic door openers and an intercom for after hour access requests.

Beausejour Health Centre – The emergency entrance and main entrance have easy access with automatic door opening. The vestibules at both entrances are equipped with intercoms for after hour access requests. The signage has been recently upgraded to improve way finding.

Berens River Renal Health Centre – Button activated sliding doors

E.M. Crowe Hospital (Eriksdale) – The main entrance is barrier free with automatic door openers and an intercom for after hour access requests.

Giigewigamig - Powerview-Pine Falls - The primary care centre in the Powerview-Pine Falls Health Centre complex is the first in Manitoba to be co-located with a traditional healing centre. Four First Nation communities – Sagkeeng, Black River, Hollow Water and Bloodvein – have united as the Giigewigamig First Nation Health Authority to independently manage the traditional healing centre also named Giigewigamig meaning “place of healing” in the Anishinabe (Ojibway) language. It offers all people access to First Nation traditions, culture, language, healing ceremonies, medicines and teachings to provide holistic and natural care. Signage in Giigewigamig reflects the Anishinabe language and the facility has been designed with a ceremonial room, family room and traditional healer rooms as well as a kitchen where traditional foods and medicines can be prepared. A sweat lodge and sacred fire are also on the facility grounds.

The Truth and Reconciliation Commission of Canada’s Calls to Action include two points that speak specifically to healing centres like Giigewigamig:

- *We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.*
- *We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.*

Giigewigamig is a reflection of the unity and commitment that exist among elected and community leaders who worked tirelessly towards a common goal of creating a welcoming place that is accessible to everyone. It provides space for people to learn from each other and to heal as part of positive change.

Gimli Community Health Centre – The facility has excellent lighting and is equipped with automatic openers at the public entrances. The intercom system at the emergency entrance allows for after hour access requests.

Hodgson Are Renal Health Clinic – Button activated sliding doors & barrier free parking

Lac Du Bonnet Health Centre – The sidewalk has recently been redone and the entrance has an automatic door opener. The parking lot has good lighting and designated parking stalls.

Oakbank Health Centre – The entrance has a wheel chair ramp and automatic door opener

Pinawa Hospital – The entrance is barrier free with a ramp and automatic door opener. The emergency entrance is equipped with an intercom system.

Pine Falls Health Complex – The public entrances are all equipped with automatic door openers and with the recent upgrades the parking lot has very good lighting. The interior signage has been upgraded with floor and wall way finding.

Selkirk Regional Health Centre - This facility opened June 2017. This hospital has a state of the art Emergency Department. Very well lit parking lot, entrances and the facility meets Barrier Free requirements. The public parking has accessible parking, mothers with child parking and security ensuring a safe environment. All entrances are wheelchair accessible and elevators are available. Highly visible way finding signage makes it easier for people to find their way around the hospital independently and braille signage provides one more way to interpret signage. A dedicated front receptionist can also assist with wayfinding questions.

Dr. Evelyn Memorial Hospital (Stonewall) – The emergency entrance has very good lighting and all public entrances are equipped with automatic door openers.

Teulon Hospital – The emergency and main entrance has automatic door openers and an intercom is available for after hour access requests.

Whitemouth District Health Centre – The Primary Care and Personal Care Home entrances have automatic door openers. The sidewalk is sloped and provides easy access for wheel chairs.

All of our facilities have barrier free parking stalls located by the entrances and proper signage is in place. During the winter months, our maintenance staff does an excellent job cleaning the snow from the entrances and sidewalks.

***NEW* Disaster Management & Continuity Guidelines** – All Disaster Management & Continuity Guidelines documents have been revised to incorporate specific procedures related to both staff and the general public with mobility issues.

4.1 Telehealth Access:

A number of facilities in the region offer access to Telehealth services:

- Arborg and District Health Centre
- Lakeshore General Hospital (Ashern)
- Beausejour Hospital
- Berens River Dialysis Unit
- Cancer Navigation Services Selkirk
- Eriksdale Community Wellness
- Gimli Community Health Centre
- Hodgson Renal Unit
- Mental Health Services Selkirk
- Lac du Bonnet Health Centre
- Lunder Primary Care Health Centre
- Pinawa Hospital
- Powerview-Pine Falls Health Complex
- Riverton Clinic
- St. Laurent Community Health
- Selkirk Regional Health Centre
- Stonewall and District Health Centre
- Teulon Hunter Memorial Hospital
- Whitemouth Health Centre

4.2 Disability Management Program

The Disability Management Program assists injured or ill employees with a safe and healthy return to meaningful and productive work for those employees who are temporarily or permanently disabled. The Return to Work (RTW) program is based on the philosophy that meaningful and safe work is part of the recovery process. We promote a workplace culture that supports a safe and timely RTW by offering modified tasks, and schedules. We will develop a return to work plan or accommodation taking into account the specific needs of the recovering worker. RTW/Accommodation planning is a partnership of the recovering worker, health care professional, disability case coordinator, supervisor, union and insurance carrier. Together as a team we develop a RTW/Accommodation based on the capabilities and limitations of the recovering worker.

5.0 Our Policies that Address Accessibility

We recognize that many programs and services in Interlake-Eastern RHA are facility based and we make every effort to make those facilities and services as accessible to our residents and staff members as possible. The nature of some of the services provided such as Home Care, Public Health and Mental Health address accessibility barriers by bringing services outside the walls of facilities and brought to the individual/family/group or community. A summary of the Interlake-Eastern RHA policies that address accessibility both within facilities and in the community are outlined in the table below:

Program	Policies
Acute Care	<ul style="list-style-type: none">• AC-7-P-04 Safe Patient Discharge from Emergency Department• AC-7-P-05 Triage• AC-7-P-07 Assessment and Reassessment of Patients Waiting to be seen in the Emergency room
General Administration	<ul style="list-style-type: none">• GA-12-P-20 French Language Services Active Offer• GA-3-P-55 Consumer Comments• GA-13-P-10 Scent Safety in the Workplace• GA-6-P-60 Code of Conduct• GA-6-P-140 Orientation• GA-6-P-155 Employee Parking• GA-6-P-380 Recruitment Process• GA-6-P-390 Respectful Workplace• GA-13-P-809 Disability Management• GA-13-P-90 Hearing Conservation Program• GA-13-P-809 Disability Management• GA-13-P-90 Hearing Conservation Program• GA-15-P-010 Accessibility for Persons with Disabilities Customer Service *NEW*• GA-15-P-020 Access for Persons with Service Animals *NEW*• GA-15-R-001 Access for Persons with Service Animals *NEW*

<p>Home Care</p>	<ul style="list-style-type: none"> • HC-1-P-2 Core Services in the Home Care Program • HC-1-P-7 Home Independence Program (HIP): Referral and Intake • HC-1-P-8 Home Independence Program (HIP) Service Types • HC-2-P-1 Safe Management of Pets in Client Environment • HC-5-P-3 Off Site Services • HC-5-P-9 Service Delivery and Care Planning
<p>Infection Prevention and Control</p>	<ul style="list-style-type: none"> • IP&C-5-80 Pet Visitation and Resident Pet Policy • IP&C-5-R-2 Visiting Pet Guideline Pamphlet
<p>Long Term Care</p>	<ul style="list-style-type: none"> • PCH-1-G-02 Communication of Abuse Protocol • PCH-1-P-02 Resident Bill of Rights • PCH-1-P-08 Priority Access Beds for Veterans • PCH-1-P-11 Resident Transportation • PCH-1-P-15 PCH Surveys • PCH-1-P-18 Access to PCH Residents during Election • PCH-2-G-15 Violence Prevention Screening and Use of Alerts in PCH • PCH-2-P-01 Pneumococcal Immunization • PCH-2-P-02 Rehabilitation Equipment Powered Mobility Devices • PCH-2-P-04 Medical Services in PCH • PCH-2-P-05 Nutrition Assessment and Dietician Consult • PCH-2-P-06 Oxygen Therapy in Personal Care Homes • PCH-2-G-15 Violence Prevention Screening and Use of Alerts in PCH-4-P-11 Resident Advisory Council – Terms of Reference • PCH-4-P-12 Commendation/Concerns Complaints/ Follow up
<p>Mental Health</p>	<p><u>Community Mental Health</u></p> <ul style="list-style-type: none"> • Community Mental Health Program Entrance Criteria and Referral Process – identifies how to access services and what is provided • Directing to Alternative Resources <p><u>Mobile Crisis Unit:</u></p> <ul style="list-style-type: none"> • MHMCU-3-P-2 Client without phone service • MHMCU-1-P-1 Program Description • MHMCU-1-P-2 Service Eligibility Criteria • MHMCU-1-P-3 Service Access • MHMCU-2-P-3 CODI Welcoming Policy • MHMCU-2-P-8 24-Hour Crisis Line Shared Service Policy • MHMCU-2-P-9 Telephone Courtesy <p><u>Crisis Stabilization Unit:</u></p> <ul style="list-style-type: none"> • MHCSU-1-P-1 Program Description • MHCSU-2-P-1 Admission Criteria • MHCSU-2-P-6 Co-Occurring Disorder Access to MH services

	<ul style="list-style-type: none"> • MHCSU-2-P-7 Welcoming • MHCSU-4-P-1 Client Discharge • MHCSU-8-P-9 Consumer Surveys
Public Health	<ul style="list-style-type: none"> • PH 2-60 Shared Competency Practice Guideline for uncomplicated Sexually Transmitted Infections • PH-2-70 Harm Reduction Supplies Distribution • PH 2-90 Naloxone Kit Distribution • PH-3-10 Informed Consent for Immunization • PH-5-10 Reproductive Health Service Delivery

6.0 **Barriers to Accessibility**

6.1 **Methodology**

To identify barriers in accessibility of health services for the residents and staff of the Interlake-Eastern RHA, the region implemented an online and paper survey for the staff and public. The survey utilized was consistent with the surveys used by other Regional Health Authorities. The survey was open for 8 weeks, March 13 to May 8, 2017 with 900 print copies distributed across the region.

The survey was promoted by all departments within the organization, it was promoted in a banner on our web site, it was included in internal and external newsletters and posters were also placed in visible areas with the link to the online survey. Information about the survey was also highlighted through Facebook and Twitter and individual email signature tag lines.

On our website, the “*Patient Information*” section features *Accessibility for our residents*. This area of our website will be updated with information related to Accessibility.

6.2 **Summary Accessibility Survey**

We achieved an excellent rate of return with 481 surveys completed. We had very good representation from all stakeholders including 35% from Interlake-Eastern RHA staff and the remainder from patients, residents, clients, families, and community members at large.

6.3 **Survey Summaries**

Attitudinal Barriers

Attitudinal barriers may result in people with disabilities being treated differently than people without disabilities (e.g., talking to an individual's support person assuming the individual with a disability will not be able to understand; assuming a person who has a speech impairment or speaks a different language cannot understand you; thinking a person with an intellectual or mental health disability cannot make decisions, etc.).

Based on the survey responses, customer service was highlighted for clients with a mental health diagnosis, addictions and residents of Personal Care Homes. Language barriers were identified and can be summarized into three different categories including: English as a second language,

the inability to speak English period and language barriers due to illness or injury. It was also indicated that people with disabilities are perceived to have intellectual deficiencies. Some solutions were also provided including using a person-centered approach by speaking directly to the person with the disability. At the present time, the Interlake-Eastern RHA provides cultural awareness training to address customer service education.

Information and Communication Barriers

Informational and communication barriers arise when a person with a disability cannot easily receive and/or understand information available to others (e.g., print is too small to be read by a person with impaired vision; public address systems alert only people who can hear, etc.).

Some key themes that emerged from the survey responses regarding information and communication included consideration for hearing impairment and visual impairment. Regarding visual impairment, it was suggested to consider font sizes on signs, newsletters, prescriptions, etc. Another common theme was consideration for the fact that not everyone has access to the internet to access information. The Interlake-Eastern RHA currently offers an Active Offer for French and Linguistics Self Declaration to reduce information and communication barriers.

Technological Barriers

Technological barriers occur when technology, or the way it is used, is not accessible (e.g., websites not accessible to people who are blind and use screen reader software; accepting only online registration forms for programs, etc.).

Internet and computer access was highlighted again but was expanded to include required computer skills that may be challenging for people, especially older adults. Another theme was the automated telephone system and the challenges associated with not speaking to an actual person including following the prompts which was identified as time consuming.

Systemic Barriers

Systemic barriers are policies, practices or procedures that result in some people receiving unequal access or being excluded (e.g., not considering the needs of persons with disabilities at the event planning stage; not being aware of policies that support accessibility, etc.).

Systemic barriers identified in the surveys included physician refusal to see patients with specific conditions and staff shortages possibly impacting client participation in programs. Leasing space in buildings, as Interlake-Eastern RHA often does, poses challenges to addressing access concerns as tenants aren't able to make changes without owner consent/investment. Increasing geriatric rehab services was also identified as a systemic barrier. In regards to those with allergies, Interlake-Eastern RHA has adopted a scent free policy to ensure facilities are inclusive.

Physical and Architectural Barriers

Physical and architectural barriers in the environment, prevent physical access for people with disabilities (e.g., a door knob cannot be turned by a person with limited mobility or strength; aisles are narrowed by displays or equipment making them impassable by a person using a wheelchair or walker, etc.).

Physical and architectural barriers included the following: Heavy doors (including lack of push buttons, too narrow and too short of time frame to enter prior to door closing), narrow and

cluttered hallways, only one hand rail on stairs, limited number of handicap parking spots, uneven sidewalks, small washrooms (including limited access and toilet seats too low) and lack of timely snow clearing.. It is important to note that older buildings in the RHA make structural changes challenging and cost prohibitive.

7.0 Interlake-Eastern RHA Accessibility Plan

STANDARDS

1. The **Accessible Customer Service** standard will be the first standard to be developed. It will address business practices and training needed to provide better customer service to people with disabilities.
2. The **Accessible Information and Communications** standard will address the removal of barriers in access to information. The standard could include information being provided in person, through print, websites or other means.
3. The **Accessible Built Environment** standard will address access into and within buildings and outdoor spaces and is expected to build on Manitoba's Building Code. The standard could include things like counter height, aisle and door width, parking and signs.
4. The **Employment Accessibility** standard will address paid employment practices relating to employee-employer relationships, which could include recruitment, as well as hiring and retention policies and practices.
5. The **Accessible Transportation** standard will address aspects of accessible public transportation. Access to transportation is needed for going to work or school, shopping and other aspects of daily life.

Attitudinal Barriers:

Initiatives/Actions	Expected Outcomes	Linkage to Accessibility Standards
Customer Service Education for all staff implemented	<ul style="list-style-type: none"> Increased customer service experience 	# 1: Accessible Customer Service # 2: Accessible Information and Communications # 4: Employment Accessibility
Process to respond to feedback including complaints implemented regarding accessibility	<ul style="list-style-type: none"> Streamlined process in place to enable timely responses to accessibility feedback Lead person identified to respond 	# 1: Accessible Customer Service # 2 Accessible Information and Communications # 3 Accessible Built Environment # 4 Employment Accessibility
Policies in place regarding service animals	<ul style="list-style-type: none"> A welcoming environment for individuals and their service animals as required 	# 1: Accessible Customer Service # 4 Employment Accessibility

Cultural Awareness Workshops	<ul style="list-style-type: none"> Increased cultural competency for staff and improved client experience 	# 1: Accessible Customer Service # 2: Accessible Information and Communications
Interpreter policy implemented	<ul style="list-style-type: none"> Improved access for clients through improved communication by offering interpreter services for multiple languages 	# 1: Accessible Customer Service # 2: Accessible Information and Communications # 4: Employment Accessibility

Information and Communication Barriers

Initiatives/Actions	Expected Outcomes	Linkage to Accessibility Standards
<p>Establish a policy for all RHA building signage.</p> <p>Signage to be considered for all new projects and renovations, and existing signage to be reviewed as able.</p>	<ul style="list-style-type: none"> • Standardization of all RHA signage • Expanded types of signage, i.e. braille, languages • Standard location of signs • Improved lighting for signage • Standard formatting of signage 	<p># 2: Accessible Information and Communications</p> <p># 4: Employment Accessibility</p>
<p>To provide users of electronic communications (website, newsletters, emails, etc.) information to adjust viewer settings to increase the size for improved readability.</p>	<ul style="list-style-type: none"> • Increased client experience • Allow for improved communication 	<p># 2: Accessible Information and Communications</p>
<p>Campaign for internal staff related to the development of client materials. Information to be reviewed for reading level, font size, white space, use of pictures, and content as per industry standards.</p> <p>Encourage staff to access Manitoba Institute for Patient Safety (MIPS) for client information in multiple languages.</p>	<ul style="list-style-type: none"> • Improved client experience • Successful transfer of information to client 	<p># 1: Accessible Customer Service</p> <p># 2: Accessible Information and Communications</p>

Physical or Architectural Barriers

Initiatives/Actions	Expected Outcomes	Linkage to Accessibility Standards
Check age/functionality of Automatic door openers and hydraulic doors	<ul style="list-style-type: none"> Replace or calibrate to allow for safe client access 	# 3: Accessible Built Environment
Develop data base of more “accessible” resources available (i.e.: bariatric equipment)	<ul style="list-style-type: none"> Improved client experience 	# 3: Accessible Built Environment # 5: Accessible Transportation
Develop priority status for snow removal within our rental agreements/service purchase agreements.	<ul style="list-style-type: none"> Safer grounds with mobility for all 	# 3: Accessible Built Environment # 5: Accessible Transportation
Review handicap parking for all RHA and RHA leased properties, and advocate for additional designated handicap parking as required.	<ul style="list-style-type: none"> Safe and accessible parking for all 	# 2: Accessible Information and Communications # 3: Accessible Built Environment # 5: Accessible Transportation
Investigate opportunities to engage at local, provincial, and national levels regarding accessibility, examples, Age Friendly Communities, Built Environment Committees Review provincial national accessibility initiatives.	<ul style="list-style-type: none"> Increased client experience Increased collaboration of partners 	# 2: Accessible Information and Communications # 3: Accessible Built Environment # 5: Accessible Transportation

Technological Barriers

Initiatives/Actions	Expected Outcomes	Linkage to Accessibility Standards
Review RHA website for compatibility related to adaptive tools to reduce barriers and improve ease of navigation.	<ul style="list-style-type: none"> Improved access and navigation for all clients 	# 2: Accessible Information and Communications
Review current telephone reception services and automated systems.	<ul style="list-style-type: none"> Shorter messages/time Simplicity of access Enhanced human interaction Greater client satisfaction 	# 1: Accessible Customer Service # 2: Accessible Information and Communications

Systemic Barriers

Initiatives/Actions	Expected Outcomes	Linkage to Accessibility Standards
Policy Standards include accessibility lens	<ul style="list-style-type: none"> Meet legislation 	# 1: Accessible Customer Service # 2: Accessible Information and Communications # 3: Accessible Built Environment # 4: Employment Accessibility # 5: Accessible Transportation
Scent free policy redistributed across the region. Ensure all sites all scent free posters posted.	<ul style="list-style-type: none"> Reduced allergic reactions 	# 2: Accessible Information and Communications
Building relationship/partnerships with physicians (i.e.: my health teams) to meet the needs of all clients (including those with multiple conditions and vulnerable clients)	<ul style="list-style-type: none"> Increased capacity to accept all patients 	# 1: Accessible Customer Service # 2: Accessible Information and Communications # 4: Employment Accessibility
Continue advocate for additional PCH beds to allow for appropriate care and facilities for all clients.	<ul style="list-style-type: none"> Client receives the most appropriate care in the most appropriate place in a timely manner 	# 3: Accessible Built Environment # 4: Employment Accessibility
Review rental agreements to address needs; may include barrier free interiors, parking, automatic door openers, etc.	<ul style="list-style-type: none"> Reduced access concerns 	# 3: Accessible Built Environment # 5: Accessible Transportation

This publication is also available in French.

Cette publication est également disponible en français.

Contact us at:

Interlake-Eastern RHA Corporate Office

233A Main Street, Selkirk, Manitoba R1A 1S1

Toll free: 1.855.347.8500

Email: info@ierha.ca

Website: www.ierha.ca

Veillez vous adresser à la Office régional de la santé d'Entre-les-Lacs et de l'Est :

233A rue main, Selkirk Manitoba R1A 1S1

sans frais: 1.855.347.8500

courriel: info@ierha.ca

site web: www.ierha.ca