



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg

WINNIPEG REGIONAL
HEALTH AUTHORITY

ACCESSIBILITY

PLAN

2019-2021

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:

Client Relations at 204-926-7825

ClientRelations@wrha.mb.ca

PREAMBLE

Under the Accessibility for Manitobans Act (AMA), all public sector organizations are required to develop and publish a plan to identify, prevent and remove barriers to accessibility. The plan will cover accessibility issues under each standard as it comes into effect, eventually covering all five standards (Customer Service, Employment, Information and Communications, Transportation, and the Built Environment).

The WRHA is pleased to update its plan consistent with the AMA December 2018 deadline. The plan will be updated every second year.

WRHA ACCESSIBILITY PLAN

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1.0 MESSAGES FROM...



1.1 REAL CLOUTIER, CHIEF EXECUTIVE OFFICER

I am pleased to present the Winnipeg Regional Health Authority's Accessibility Plan. As the largest health-care organization in Manitoba, the WRHA is committed to providing high quality, accessible programs and services. The WRHA is in the midst of unprecedented transformation. The changes that have been made are disruptive, and we have a way to go before we realize the improvements our patients deserve. However, our drive to change is – and always will be – about the patients who depend on us. Whether it's overcoming systemic, attitudinal, architectural, communication or technological barriers, we are committed to improving health care for our patients, employees, visitors and the community in our journey toward accessibility. We stand by our words: "Better health care. Sooner."

1.2 LORI LAMONT, VICE PRESIDENT AND CHIEF OPERATING OFFICER



We know that one in six Manitobans has a disability. We know that accessibility means people of all abilities have the opportunity to participate fully in everyday life. As such, our goal at the WRHA is to provide seamless health care, in which we create clear pathways to care, so that all may be able to participate equally. To do so, we have identified a number of actions designed to identify, eliminate and prevent barriers in

the areas of patient care, information and communication, employment and accessibility training, along with the design and construction of our health facilities. These actions are guided by our values of dignity, care, respect, equity and accountability. As we learn how to eliminate barriers to accessibility, everyone from our patients to our staff, will benefit from the results.



1.3 JENNIFER DUNSFORD, REGIONAL DIRECTOR, ETHICS SERVICES AND ACCESSIBILITY COORDINATOR

I am pleased to be involved in the WRHA Accessibility Planning process and to support the organization in its quest to meet the access-related needs of the people we serve. We are continually striving to meet the standards set out by The Accessibility for Manitobans Act (AMA). We have made progress toward ensuring that people of all abilities can access what they need in the way they need it, but we know we have work still to do. Accessibility continues to be an essential consideration as we work through critical planning decisions about how we provide services. I would like to thank the members of the WRHA Accessibility Planning Committee for their time, support, and creative minds, for helping to develop and review this plan, and most importantly for championing accessibility.

2.0 INTRODUCTION

2.1 DEFINITIONS ACCORDING TO THE ACCESSIBILITY FOR MANITOBANS ACT:

The provincial accessibility act offers the following definitions that inform accessibility planning:

Access: Persons should have barrier-free access to places, events and other functions that are generally available in the community.

Accessibility: giving people of all abilities opportunities to participate fully in everyday life. Accessibility refers to the ability to access and benefit from a system, service, product or environment.

Barrier: For a person who has a physical, mental, intellectual or sensory disability, a barrier is anything that interacts with that disability in a way that may hinder the person's full and effective participation in society on an equal basis.

2.2 OUR STATEMENT OF COMMITMENT TO ACCESSIBILITY

The WRHA commits to create an inclusive culture that facilitates access and participation for all - patients, clients, residents, staff, students, visitors, physicians, volunteers, and the public. We commit to provide services that respect the dignity, diversity and independence of persons challenged by barriers. We commit to improve accessibility by increasing awareness and by identifying, removing and preventing accessibility barriers. We commit to meet the requirements of the Accessibility for Manitobans Act (AMA), legislated in December 2013.

The AMA, the Strategic Plan (2016-2021) and Declaration of Patient Values (developed in 2015 through a consultative process with public and patient engagement volunteers), provide the foundation for our work and will inform and guide our efforts.

2.3 ACCESSIBILITY FOR MANITOBANS ACT

The [Accessibility for Manitobans Act \(AMA\)](#) became law on December 5, 2013.

Under this legislation, the Manitoba government will develop mandatory accessibility standards to address barriers to accessibility with respect to the following five areas:

- customer service
- employment
- transportation
- information and communication
- built environment

These standards are intended to achieve substantially higher levels of accessibility. More information can be found at www.accessibilityMB.ca.

The implementation of the AMA will have positive impacts on access to health-care services. Removing barriers identified in the five categories above will result in a better environment for everyone using or providing health-care services, including staff, physicians, students, volunteers and visitors. To facilitate better understanding and removal of barriers, the AMA has also categorized barriers under 5 headings.

ATTITUDINAL BARRIERS - may result in some people being treated differently than others, for example:

- talking to an individual's support person, companion or interpreter, instead of the person, assuming they will not be able to understand
- When staff raise their voice when speaking with a person whose first language is not English or French, assuming that will help them understand.
- believing a person with an intellectual or mental health issue cannot make decisions.

INFORMATIONAL AND COMMUNICATION BARRIERS - arise when a person cannot easily receive and/or understand information available to others, for example:

- print is too small to be read by a person with impaired vision
- public address systems alert only people who can hear

TECHNOLOGICAL BARRIERS when technology, or the way it is used, is not accessible to people with disabilities, for example:

- websites are inaccessible to people who are blind or who use screen reader software;
- program registrations that are only accepted online.

SYSTEMIC BARRIERS – policies, practices or procedures that result in unequal access or exclusion for people with disabilities, such as:

- the needs of persons with disabilities are not considered when planning an event;
- people are not informed about policies that support accessibility

PHYSICAL AND ARCHITECTURAL BARRIERS – when the environment prevents physical access for people with varied abilities, such as:

- door knobs and faucets that cannot be used by people with limited mobility or strength;
- displays or equipment placed in aisles, making them impassable by people with wheelchairs or walkers.

Our plan has been informed by the definitions and examples of these barriers (see sections 6, 7 and 8). Effective November 1st, 2015, the [Accessibility Standard for Customer Service](#) came into effect. It is the first of five standards under [The Accessibility for Manitobans Act](#). To date, more than 16,000 current employees and volunteers have completed the Region's education on accessible customer service. We continue to actively work to meet regulatory requirements and become more accessible to all. The regulations for the other four standards will be released over the next few years.

For more information on the regulations, go to www.accessibilityMB.ca.

3.0 DESCRIPTION OF THE WINNIPEG REGIONAL HEALTH AUTHORITY

3.1 PROFILE OF THE WINNIPEG REGIONAL HEALTH AUTHORITY

The WRHA serves residents of Winnipeg, Churchill and East and West St. Paul, representing more than 700,000 people. We also provide health-care support and specialty referral services to nearly 500,000 Manitobans who live beyond these boundaries, as well as residents of northwestern Ontario and Nunavut, who require WRHA expertise and services.

PROGRAMS AND SERVICES:

The WRHA coordinates and delivers health services and promotes well-being in the Winnipeg and Churchill areas.

We provide services through its six hospitals, five health centres, numerous long term care facilities and a wide variety of community health services including community clinics, public health and home care services, to name a few.

The WRHA's role is defined largely under the Regional Health Authorities Act. The administration and coordination of health care services relies on a dedicated team of health care professionals and support staff to:

- Directly manage or contract with others to provide a wide range of health care services.
- Collaborate with community and other government partners to protect and enhance the health and well-being of the community.

3.2 EMPLOYEE ACCOMMODATION AND RETURN TO WORK PROGRAM

WRHA Occupational and Environmental Safety and Health (OESH) has a well-established Accommodation and Return to Work Program for staff that is based on the duty to accommodate, which is defined by the Manitoba Human Rights Commission and Workers Compensation Board of Manitoba's "Obligation to Re-employ". The WRHA offers modified work duties or hours for both short and long-term accommodations based on medical documentation related to a staff member's abilities.

OESH also performs ergonomic assessments of workstations and may recommend the purchase of specialized equipment such as chairs, footrests, or specialty products such as split keyboards.

4.0 ACCESSIBILITY PLANNING COMMITTEE

The WRHA Accessibility Planning Committee began in September of 2015, and has 24 members which include representatives from Winnipeg hospitals, Community health programs, staff who provide care to people who are impacted by accessibility, and community members. Broad representation was deliberate to ensure perspectives from across the Region were represented. This committee supports and monitors the WRHA's progress in implementing AMA requirements. They also participate or support working groups established by and reporting to the Accessibility committee.

The Committee meets quarterly.

5.0 ACCESSIBILITY STANDARDS WORK TO DATE

5.1 CUSTOMER SERVICE

One of the regulations in the Customer Service Standard requires that “an organization must ensure that training about accessible customer service is provided to:

- a) a person who provide goods or services directly to the public or to another organization in Manitoba on behalf of the organization, including employees, agents and volunteers;
- b) a person who participates in or is responsible for the development or implementation of the organization's measures, policies and practices.”

Customer Service Training is required by all staff and volunteers. To date the education has been delivered to several thousand staff.

5.2 COMMUNICATION AND INFORMATION

Work is ongoing to transition to an accessible website for the WRHA that conforms to web content accessibility guidelines.

To address language barriers, all principles of Active Offer in both Official Languages are continuously reinforced and audited throughout designated bilingual or Francophone facilities, programs, services and agencies of the Region.

Active Offer signs and bilingual signage is encouraged throughout the Region. The WRHA is also re-examining the use of alternative communication media when interacting with people who require it.

5.3 ACCESSIBILITY ACHIEVEMENTS

The compilation of accessibility achievements serves as an opportunity for the WRHA, and for sites and programs to recognize what has already been achieved and to learn best practices from one another.

Accessibility policies related to Access for Persons with Service Animals, Support Persons for People with Disabilities and Accessible Customer Service have been written, approved, and implemented.

These are applicable to all WRHA sites and facilities including hospitals and personal care homes.



In addition, the Accessible Customer Service training module has been implemented. It is mandatory for all WRHA staff and volunteers. We have also created a hub of accessibility-related resources on the WRHA website.

Members of the WRHA Accessibility Planning Committee gathered accessibility achievements on policies, practices, and activities of each care site or program. These achievements were summarized according to the five types of barriers outlined by the AMA. A sample of the ongoing work is highlighted below.

For a more detailed list of Accessibility Achievements, please see the WRHA's annual Accessibility progress report, [available on our web page](#).

ATTITUDINAL BARRIERS

- Rapid Access to Addictions Medicine (RAAM) Clinic at the Crisis Response Centre (CRC) provides addictions medicine services three days/week. No referral or appointment is needed to access the clinic.
- Accessibility issues continue to be included in a half-day workshop about health equity.
- ACCESS NorWest has installed Gender Neutral washroom signs.

INFORMATIONAL AND COMMUNICATION BARRIERS

- WRHA Language Access Interpreter Services are available in-person in 31 languages and over-the-phone (provided by an external contracted provider) in over 200 languages, 24/7/365.
- French Language Services has initiated a campaign to promote their Accessibility to Language program, to remove language barriers to patients' and families' understanding of their health needs, diagnosis or care plan.
- Signage at designated sites, such as Accès-Access St. Boniface, is completely bilingual. Key signage at other sites, such as Specialized Services for Children and Youth is bilingual.
- Select outpatient clinics are piloting an app for encrypted electronic communications with clients with some kinds of communication barriers.

TECHNOLOGICAL BARRIERS

- Manitoba E-Health, which supports the Region's technological needs, installed descriptive audio software on a laptop for a medical resident with visual impairment to support the use of clinical applications.
- As noted above, some clinics are participating in a trial of an accessible medium for communication with clients.
- Language Access services are available around the clock in-person, over-the-phone, or via MBTelehealth, a secure videoconferencing platform.
- WRHA Website redevelopment is ongoing to meet Web Content Accessibility Guidelines standards.

SYSTEMIC BARRIERS

- Seven Oaks Hospital has installed volunteer transport wheelchairs at the Main Entrance to provide assistance to patients, families and visitors.
- Deer Lodge Centre has introduced staff nametags that are easier to see and read.
- ACCESS NorWest provides accessible office and meeting space and use of ACCESS Centre facilities to various community groups free of charge.
- Pay Phones in St. Boniface Hospital now include free calling to Handi Transit
- Deer Lodge has installed a Universal washroom on the main floor.
- French Language Services now gathers language identification and/or preference at intake at designated facilities, programs, services and agencies.

PHYSICAL AND ARCHITECTURAL BARRIERS

- Seven Oaks General Hospital has a better, safer and more accessible bathing option for more patients. The new shower facility is accessible for bariatric chairs, commodes and wheelchairs, as well as shower stretchers. Additionally, it has non-slip floors and surfaces that are safe for walkers, canes and wheelchairs.
- Deer Lodge Centre has installed a ceiling hoist in a staff washroom, and a new ramp at the entrance to the south pavilion.
- St. Boniface has increased the number of accessible parking stalls to exceed the minimum required by City of Winnipeg Bylaw.

- In response to feedback from a client on the Voice of the Client survey, highlighting that there was no accessible parking for the Travel Health Clinic, a designated parking spot was created in front of the clinic.
- The Coronary Care Unit at St. Boniface Hospital had its main unit desk built lower to better support people in wheelchairs to see and communicate with staff.
- St. Boniface Hospital Nuclear Medicine added a wheel chair accessible bathroom in the area during renovations so patients did not have to go to a different floor.

Accessibility achievements are evaluated and tracked by sites and programs. Barriers continue to be monitored through client and staff feedback, and work plans are adjusted as goals are achieved and new ones identified.

Building accessible spaces: Health Sciences Centre Winnipeg

In May, 2017, Health Sciences Centre (HSC) Facilities Management partnered with Doris Koop, executive director of the Vision Impaired Resource Network to evaluate its site accessibility. Koop, who has limited vision, was invited to a mock appointment at the Ultrasound department.

In this exercise, Koop received the appointment by mail and the Facilities Management team followed her as she used public transit, entered the complex, and made her way through the corridors to the central elevator bank and up to the second floor. The path involved navigating a complex entry vestibule to the Information Desk, past a Volunteer station to the Ultrasound department.

The exercise displayed the full scope of the challenges that a person with vision impairment faces when they enter the facility. The team discovered that many of the challenges can be reduced or eliminated by implementing careful design considerations at the earliest stage of building design. Including these considerations at the start also helps to minimize the cost impact.

Koop's feedback was first used for the design of the Ambulatory Care Clinic Consolidation project in 2018. The project involved repurposing a two-story school into a clinic space and included enhancements to reduce the physical barriers for a visitor who is vision impaired. The enhancements had virtually no impact to the budget or schedule of the project.

Thanks to Koop's valuable feedback, HSC will continue to champion the barrier-free enhancements on all new construction projects and renovations.

Koop is a member of the WRHA Accessibility Committee. She is an advocate of eliminating physical barriers through building design and provides consultation to the Architecture and Interior Design programs at the University of Manitoba.

6.0 PARTNERSHIPS

Partnerships have helped to inform the development of the WRHA's Accessibility Plan.

- Manitoba's Disabilities Issues Office (DIO) has been available to provide information and guidance throughout the process of developing the WRHA Accessibility Plan. It also convened meetings and training events to introduce new information or to exchange experiences among public sector organizations.
- WRHA regularly communicates and shares resources with other organizations, including other health service delivery organizations.
- In the Community sector, primary care, mental health and public health offer accessible meeting space to community groups, and welcome their members to classes and events.

7.0 ACCESSIBILITY BARRIER AUDIT

7.1 METHODOLOGY

In 2018, the WRHA repeated an online survey for staff and public, to identify barriers in accessing WRHA services. The survey was available in French and English between July and September, 2018. Alternate formats and interpretation into other languages were available. The survey was supplemented by interviews with a number of patients as well. The original survey was completed in 2016.

The survey was promoted by

- an email to all staff and email networks
- weekly publication WRHA Health Care Connection
- posting on the WRHA website and advertised via a banner ad on the main web page
- distributed via email and social media.

It included contact information for those unable to complete the survey on line.

The WRHA received 480 responses (up from 350 in 2016). Some responses were from staff but many were from people experiencing accessibility challenges, including family members. 30.5% of respondents identify as having a disability. Demographic data was not collected.

As this survey was designed to identify barriers, responses will be helpful for informing the WRHA's work plan.

There were also comments indicating where respondents felt the WRHA has made improvements. One respondent wrote, "I feel all the Planning that has been done to date has been done very well. I have had family members who have had disabilities and the availability of help has certainly improved."

SURVEY FINDINGS

Communication

These comments include comments on email, print/visual, auditory/sign language, plain language, language access (interpretation), respectful communication. Many of these comments were related to accessible communication, but others related to language access and interpreters.

Dignity, respect and discrimination

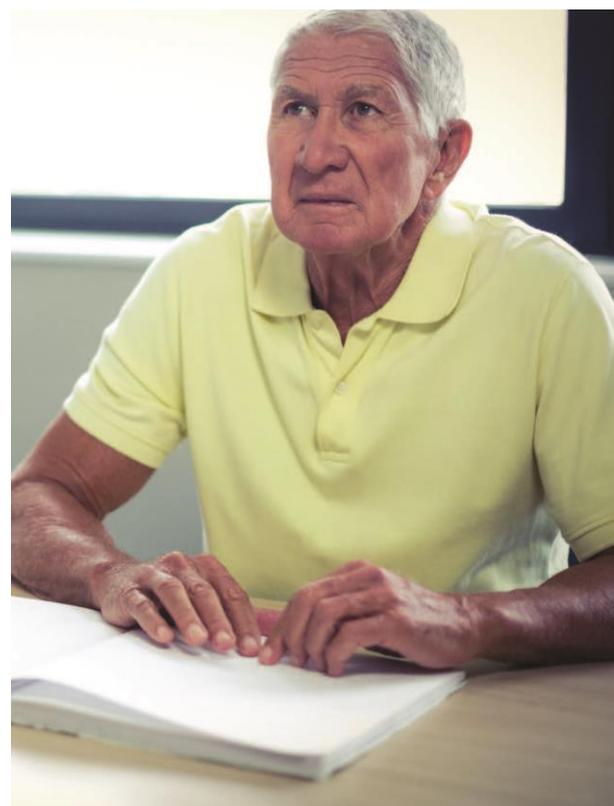
Many respondents felt marginalized or treated in a way that was different, embarrassing, or dismissive. They felt excluded based on perceived or assumed characteristics such as race, age, size (obesity) or disability.

- They often felt that service providers spoke with their support people rather than directly to them.
- They felt their options were limited for treatment, community participation or employment.

Organizational culture

Culture was broadly defined, to capture comments related to the WRHA is organized and the kinds of attitudes and behaviours that are tolerated.

- Feedback was given on policies, consultations, staff workload, lack of patience on the part of staff, and resource allocation.



- Several comments related to the difficulty of visiting a loved one whose care needs can only be met in a facility farther from home, due to the nature of their condition.

Built environment

- Parking: Accessible parking is insufficient and too far from the building entrance.
- Doorways: Availability or accessibility of automatic door openers, doors too narrow, and doorknobs difficult to turn.
- Washrooms: Inaccessible washrooms that limit independence.
- Stairs and ramps: Stairs access only, ramps non-existent, inconveniently located, or too steep, and elevators inaccessible.
- Narrow spaces: Narrow or cluttered hallways, dining rooms, clinics and patient rooms.
- Exterior spaces: Poor snow clearing, high curbs, and uneven sidewalks.
- Heights: Reception desks and exam tables too high/not adjustable.
- Distances: Buildings are too far away from accessible public transit.

The full report is available upon request.

7.2 SUMMARY OF ACCESSIBILITY BARRIERS SURVEY FINDINGS

Survey respondents identified the following types of attitudinal barriers:

- Dignity and respect: treating someone in a demeaning or disrespectful manner.
- Inclusion: excluding people from conversations about their care.
- Direct communication: talking to an individual's support person, rather than directly to the person.
- Opportunities: limiting a person's options for treatment, employment or community participation.
- Blame: blaming the person, or getting upset with them.

Respondents emphasized that materials needed to be available in different formats and had the following specific concerns about barriers:

- Electronic communication: health care providers not able to communicate with patients via email or text due to Personal Health Information Act regulations.
- Language: availability of interpretation for the Deaf/Deaf-blind, as well as spoken language interpreters, and information in language that is unclear and complicated.
- Print or visual communication: materials only available in standard print formats, print sizes too small.
- Auditory communication: unclear overhead announcements, difficulty hearing name called, and TTY or teletypewriter machines not available.

- Signage: challenges navigating through facilities.

Respondents commented on the following aspects of technology:

- Accessibility of websites – challenges for people who are not computer savvy, and websites that are not screen-reader friendly.
- Access to computers and the internet: lack of access to these technologies.

Respondents identified the following system barriers:

- Resources: availability of communication equipment, lack of access to services.
- Workload and burnout: staff too busy or burnt out to take the time to understand someone's needs.

Survey respondents identified architectural and physical barriers related to:

- Parking: Accessible parking is insufficient and too far from the building entrance.
- Doorways: Availability or accessibility of automatic door openers, doors too narrow, and doorknobs difficult to turn.
- Washrooms: Inaccessible washrooms that limit independence.
- Stairs and ramps: Stairs access only, ramps non-existent, inconveniently located, or too steep, and elevators inaccessible.
- Narrow spaces: Narrow or cluttered hallways, dining rooms, clinics and patient rooms.



- Exterior spaces: Poor snow clearing, high curbs, and uneven sidewalks.
- Heights: Reception desks and exam tables too high/not adjustable.
- Distances: Buildings are too far away from accessible public transit.

A copy of the full report is available upon request.

8.0 BARRIER REMOVAL AND PREVENTION IMPLEMENTATION ACTION PLAN

The WRHA's action plan to address the barriers identified begins with achievable goals that apply to every site and program across the WRHA. In addition, each facility is working on identifying and implementing site-specific actions to remove the barriers identified by patients, families and staff.

The actions are informed by the WRHA Barriers Survey, and additional barriers identified by staff and WRHA engagement volunteers. The Action Plan will be refined as we continue to learn how to integrate accessibility into our daily work.

ATTITUDINAL BARRIERS: OCCUR WHEN PEOPLE THINK AND ACT BASED ON FALSE ASSUMPTIONS

ACTION	TIMELINE	LEADS
Ensure the voice of those living with accessibility challenges is represented on the Accessibility Planning Committee	Ongoing	Accessibility Coordinator
Identify and develop partnerships with community organizations to find or develop tools, resources and strategies for addressing assumptions and discrimination	2019-2021	Accessibility Planning Committee
Continue focus on cultural safety training to address bias, racism and discrimination	Ongoing	Indigenous Health Services
Include equity and accessibility lenses on policy and guideline development including engagement of people living with accessibility challenges during the stakeholder consultation process	Guidelines for policy require consultation with clients by end of 2019	WRHA Policy Chair
Implement Employment standard	When approved by government	Accessibility Planning Committee

INFORMATION & COMMUNICATION BARRIER: OCCUR WHEN INFORMATION IS OFFERED IN A FORM THAT WORKS FOR SOME PEOPLE, BUT NOT ALL.

ACTION	TIMELINE	LEADS
Implement safe and appropriate alternative methods of communication for people who request them.	In place by 2020	Accessibility Coordinator, Privacy Officer, Risk Management, eHealth
Continue to promote the availability of trained, professional interpreters through WRHA Language Access Interpreter Services	Ongoing	Language Access
Continue to inform staff of available Indigenous Health Patient Services	Ongoing	Indigenous Health
Communication and education on standards for accessible printing	End of 2019	Accessibility Planning Committee

TECHNOLOGICAL BARRIERS: INCLUDE INFORMATION AND SERVICES THAT ARE PROVIDED USING TECHNOLOGY THAT IS NOT ACCESSIBLE.

ACTION	TIMELINE	LEADS
WRHA site and program websites to meet Web Content Accessibility Guidelines 2.0, Level AA	April 2019	Communications and Public Affairs
Create guidelines for staff who use electronic communication methods to improve access for people who request them.	2019	Accessibility Planning Committee

SYSTEMIC BARRIERS: ARE DUE TO POLICIES OR PROCEDURES THAT GIVE UNEQUAL ACCESS OR EXCLUDE PEOPLE.

ACTION	TIMELINE	LEADS
Support Program and site Accessibility Committees to implement Accessibility policies and strategies	Ongoing	Accessibility Coordinator
Communication and education on expectations for WRHA staff to include an Active Offer in all public-facing areas	End of 2019	Accessibility Planning Committee and French Language Services
Develop a regional protocol to ensure all facilities, programs and initiatives consistently respect, gather and document the client’s language choice at each point of entry into the system, and travels with them through their health care journey.	2021	French Language Services

PHYSICAL AND ARCHITECTURAL BARRIERS: WHEN THE ENVIRONMENT PRESENTS CHALLENGES THAT MAKE IT DIFFICULT FOR SOME PEOPLE TO GET INTO A PLACE

ACTION	TIMELINE	LEADS
Communication and education on existing Guidelines for planning accessible events	2019-2020	Accessibility Planning Committee
Designate universal restrooms to accommodate equipment, support persons and/or service animals where feasible	Increase availability of universal washrooms by 50% by 2021	Accessibility Planning Committee
Refine and communicate Workplace Accessibility Assessment Checklist for use by sites	End of 2019	Accessibility Planning Committee

WRHA appreciates that creating a culture of accessibility will require time for us to learn about accessibility and for the development of policies and processes to support barrier removal and prevention. WRHA also recognizes that an investment of funds will be required and will work towards creating opportunities to re-allocate resources to meet that need.

9.0 REVIEW AND MONITORING PROCESS

Accessibility planning is an important means of improving the quality of service to the populations we serve, of attracting and retaining employees, and of increasing efficiency of our operations. The WRHA's commitment to accessibility will be monitored by the WRHA Accessibility Planning Committee.

10.0 COMMUNICATION OF THE PLAN

The WRHA will communicate accessibility initiatives through a variety of strategies, including:

- Publication and availability in alternate formats, upon request.
- Ongoing updates on the WRHA Accessibility webpage.
- Ongoing updates and resources for staff posted on the WRHA Intranet.

11.0 FEEDBACK

We welcome any questions or comments about this Accessibility Plan, and especially on how we can further improve accessibility.

For questions, comments or to request an alternate format, contact Client Relations at 204-926-7825 [or ClientRelations@wrha.mb.ca](mailto:ClientRelations@wrha.mb.ca)