Weeneebayko Area Health Authority

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Multi-Year Accessibility Plan 2025 – 2030

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1.0 Executive Summary

Weeneebayko Area Health Authority (WAHA) is committed to ensuring staff, patients, visitors, and volunteers can access all its clinical sites and supporting buildings safely. WAHA highly values and strives to follow all accessibility standards to make sure all individuals, including those with disabilities, can access healthcare services without barriers.

Improving the patient experience is a top priority at WAHA. It is always our goal to provide positive, high-quality healthcare services for patients. Reducing barriers to accessing care is an important way that the patient experience is prioritized and addressed at WAHA. It is imperative that patients and visitors with disabilities receive equal treatment and can navigate our buildings and services with ease in an inclusive and supportive environment.

The purpose of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal, and prevention of barriers to their full participation.

Ontario Regulation 429/07 Accessibility Standards for Customer Service came into effect in 2008, and Ontario Regulation 191/11, Integrated Accessibility Standards became law in 2011 and included standards for information and communication, employment, and transportation.

WAHA is pleased to provide a five-year Accessibility Plan that outlines our strategic directions and highlights current barrier-free initiatives that have been completed and future projects that embrace the integrated standards of the AODA.

2.0 Objectives

This plan includes the following objectives:

Describe the process by which WAHA will identify, prevent, reduce, and/or remove barriers to persons with disabilities.

- Outlines the process by which the status of each barrier is reviewed and monitored
- Outlines the process by which new barriers are identified and included in future plans
- Describes how WAHA will make this accessibility plan available to the public

3.0 Strategic Plan

WAHA is committed to ensuring that the health authority fulfills its obligation to deliver high-quality standards in every aspect of health care that engages patients, community members, allied partners, and staff. The organization's quality strategy provides the framework to systematically assess, evaluate, and improve the structure, processes, and outcomes related activities in care and services, highlighting an organization wide approach which is collaborative and interdisciplinary in nature.

WAHA strives to ensure quality standards are defined and adhered to across the organization. WAHA embraces both western and traditional approaches to medicine.

Vision

WAHA will distinguish itself as a provider of quality health services with a holistic approach that reflects the distinct needs of all peoples in the Weeneebayko region.

Mission

WAHA is a regional, community-focused organization, committed to providing optimum health care as close to home as possible.

Values

- WAHA is committed to promoting healthier lifestyles while continuing to improve the holistic, lifelong well-being of all
- WAHA supports families and communities through health education, advocacy, and Cree language services
- WAHA is committed to providing high-quality health services that include traditional and cultural healing methods
- WAHA supports Western and Traditional approaches to medicine

4.0 About Weeneebayko Area Health Authority

WAHA oversees the medical services and facilities of Ontario's James Bay and Hudson Bay coastal regions. The organization resulted from the October 2010 integration of the Weeneebayko Health Authority/Weeneebayko General Hospital in Moose Factory, the James Bay General Hospital in Moosonee, Fort Albany and Attawapiskat and the hospitals' associated agencies in the communities of Kashechewan and Peawanuck.

In Cree, *Weeneebayko* refers collectively to the waters of Hudson and James Bays. Most people living in this region are Cree and the WAHA's board or directors stress their organization is a First Nations-controlled entity. WAHA is governed by a volunteer board of directors with 16 members representing each of the communities served. The board and staff are dedicated to improving the health status of the people living in this remote and scenic part of Ontario.

WAHA operates under the provisions of the Public Hospitals Act. Services provided include acute and chronic care, as well as 24-hour emergency services and primary care clinics, a regional mental health program that serves all communities, and the WAHA Paramedic Service. Referral services and tertiary care beyond Weeneebayko General Hospital is provided by Kingston General Hospital and the Timmins and District Hospital. A charter aircraft provides services to Kingston for entitled Indigenous patients requiring diagnostic tests and specialist care. Many specialists also visit the area to provide services on-site in the communities. The primary care provided by WAHA is complemented by on-site general surgery and full-time anesthesia support in addition to specialist visits from Queen's University for pediatrics, obstetrics/gynecology, geriatrics, rheumatology, ophthalmology, rehabilitation, and neurology. While Queen's University is the primary university link, WAHA is also associated with the University of Toronto through its dental program and with McMaster University through its provision of psychiatric support. The total catchment area for the James Bay coast is 12,000 people.

WAHA operates the following sites:

Moose Factory – Weeneebayko General Hospital

The main site is located on Moose Factory Island and includes the following:

- Located at 19 Hospital Drive in Moose Factory, Ontario. The hospital has 33 Inpatient beds, 6 bassinets and 2 labour beds. The hospital provides 24/7 access to emergency care, family medicine clinic, operating room, hemodialysis, diabetes, dental, diagnostic imaging, medical laboratory, rehabilitation and mental health, Additionally the hospital utilizes the Ontario Telemedicine Network (OTN) to facilitate consultations and critical care services.

Moosonee Health Centre

- Located at 5 Percy Way in Moosonee, Ontario. The Health Centre provides 24/7 access to care, emergency, and walk-in. The Health Centre has one hospital bed. Additionally, the health centre has nurse practitioners on site Monday to Friday and consultations and critical care services with physicians.

Fort Albany Hospital

- Located at 5 Airport Road in Fort Albany, Ontario. The hospital provides 24/7 access to care with registered nurses available to deliver emergency room services, supported by consulting physicians. Services include clinics, follow-ups, or specialty mental health services. Additionally, the hospital utilizes the OTN to facilitate consultations and critical care services.

Attawapiskat Hospital

- Located at 972 Riverside Road in Attawapiskat, Ontario. The hospital provided 24/7 access to care with registered nurses available to deliver emergency room services, supported by consulting physicians. Services include clinics, follow-ups, or specialty mental health services. Additionally, the hospital utilized the OTN to facilitate consultations and critical care services. The hospital has 14 inpatient beds and two bassinets

Originally built in 1950 as a tuberculosis sanitorium, WAHA's largest acute care site, WGH is being replaced. In October 2024, with funding from the Ontario Government and Government of Canada, WAHA signed a contract with Pomerleau Healthcare Partners Inc. to build a new regional healthcare campus in Moosonee and ambulatory care centre on Moose Factory Island. Patient occupancy is planned for 2030.

The new regional campus will include:

- 36 bed acute care hospital with 100% private rooms
- 32 bed long-term elder lodge
- Staff residences
- Patient and family hostel

The new facility is being built based on industry best practices to meet all accessibility requirements, as extensive planning took place with accessibility and design consultants.

WAHA's goal is to improve access to quality patient care that meets the needs of the region and growing community closer to home.

5.0 Preventative and Emergency Maintenance of Accessible Elements in Public Spaces

WAHA's maintenance department will ensure accessibility elements are in safe working order. The maintenance department will develop preventative maintenance and inspection schedules in accordance with manufacturer specifications, applicable standards, legislation, and maintain records thereof. The maintenance department will ensure mechanisms are in place to report defective equipment and ensure prompt response to restore accessibility elements to safe working order. Only qualified employees or service providers will undertake any maintenance or repair of accessibility elements at any of WAHA's sites.

In the event of an unplanned disruption or emergency maintenance or repair to an accessible element, the element in question will be taken out of service. Maintenance, in consultation with the occupational health and safety department, will assess the feasibility of implementing temporary measures to maintain accessibility including but not limited to temporary ramps, alternate routes, and staff assistance.

In the event of a planned service disruption that will, or is likely to impact accessibility elements, maintenance will engage with the occupational health and safety department and relevant staff to develop a strategy to minimize disruption. Strategies to reduce disruptions include but are not limited to:

- Avoiding disruptions during peak usage times (where possible)
- Planning alternate accessibility elements
- Additional staff supports/assistive devices
- Install temporary signage and wayfinding

Communication and Notification

The maintenance department will engage the communications department who will begin the notification process as per WAHA's *Accessibility Standards for Customer Service* Policy which includes the posting of notices in conspicuous location, contacting individuals with appointments, notifying individuals making new appointments. Mechanisms for notification include signage, website, social media and other avenues as appropriate. Notification of disruptions to accessibility elements will include:

- The nature of the disruption
- Expected time of service restoration
- Temporary measures to ensure accessibility (if applicable)
- Contact information for individuals seeking information

After repairs or maintenance is complete, or when progress updates become available, the communications department will notify staff and patrons. WAHA will make available to all staff and patrons a clear process for providing feedback regarding their experience navigating the process.

6.0 Barrier Identification and Prioritization

The 2025 – 2030 Accessibility Plan establishes a process by which WAHA will identify, quantify, prevent, or remove barriers to people with disabilities.

Barrier Identification

These barriers can be categorized as follows:

- Physical/architectural
- Informational/communication
- Attitudinal
- Technological
- Policies and practice

Methods to identify, track and address barriers include:

- Identification of potential accessibility issues by the quality and patient experience department through an incident report
- Expanse incident reporting software module
- Occupational health and safety reviews/audits
- Feedback from the public/community via WAHA website or email: communications@waha.ca patient.experience@waha.ca
- Committee
- Feedback from human resources team, staff, and professional staff
- Joint health and safety committee recommendations

Barrier Prioritization

Process to be used in assisting the prioritization of each identifiable barrier includes:

- Review of legislated requirements
- Collection of feedback
- Assessment of the population affected by the barrier
- Risk assessment posed by barrier
- Practicality of a solution to be implemented
- A way to avoid a barrier i.e. "work around"
- Available resources/capacity assessment (cost/construction/phasing/timing)
- Coordination with other renovation projects and communication at WAHA

7.0 Current Identified Barriers and Multi-Year Plan

This identifies the list of current barriers by type and proposed resolution to remove each barrier:

Type of Barrier	Description	Resolution	Timeline
Physical or Architectural	Hospital has equipment in hallways.	New regional facility will have widened hallways and designated storage areas for equipment for each clinical department.	To be completed by June 2030 when the new hospital is built.
Physical or Architectural	Family Medicine bathroom – not wheelchair accessible	Widen the bathroom stalls for easier accessibly.	To be completed by December 2025.
Information or Communication	Wayfinding and maps	Update signage and maps to be more patient friendly.	To be completed by December 2025.
Policy or Practice	Ensure all hospital policies and emergency plans are reviewed to ensure accessibility is reflected.	Create accessibility committee to include facilities, occupational health, human resources, communications, clinical, and clinical.	To be completed by December 2025.

8.0 Highlights of Barrier-Free Initiatives Completed

Type of Barrier	Description	Resolution	Timeline
Physical or Architectural	Emergency Door – not fully accessible	New automatic door opener installed for easier access to entrance.	2019
Physical or Architectural	Gravel walkway was difficult for patients to enter and exit the family clinic.	Walkway was replaced with interlocking brick to create a smooth surface for patients to enter and exit.	2023
Physical or Architectural	Entrance to family medicine clinic had steps but no ramp.	A ramp was installed for easier access to the family medicine clinic.	2023

Physical or Architectural	Open waiting room with no individual waiting areas for patients.	A privacy wall was installed, separating the waiting room from the reception area to create more privacy for patients and minimize noise for those who are hard of hearing.	2023
Information or Communication	Job postings and offer letters were being created in a small blue font.	The font style was updated and is now Arial, size 12 in black on all job postings and offer letters.	2024/2025

9.0 Review and Monitoring Process

An accessibility committee will be created in 2025 with a plan to meet quarterly. Relevant updates will be brought forward to the equity, diversity and inclusion (EDI) committee, and emergency planning committees.

The committee will be responsible for ensuring the accessibility plan is reviewed annually and that accessibility projects move forward on a timely basis.

The executive leadership team will be updated annually on accessibility projects and progress.

10.0 Communication of the Plan

WAHA's 2025 – 2030 Accessibility Plan will be posted on the organization's website www.waha.ca with hard copies available at the human resources office. Requests for alternate forms of the plan e.g. Braille can be made by contacting the communications department at communications@waha.ca. Comments and feedback regarding the plan may be submitted via WAHA's online feedback form, monitored by the patient experience department, or by emailing the patient experience department directly at patient.experience@waha.ca.