nova scotia health | IWK Health

2023–2026

# Accessibility Plan

Working together for barrier-free care

# Table of Contents

# A Note on Language

Using identity-first language or person-first language is a personal choice. We encourage readers to identify themselves in the way they prefer.

Recognizing that there is more than one way for people to identify themselves, this document will use both identity-first language and person-first language.

Identity-first language means that we refer to people by their disability first, such as "disabled people" or "disabled Nova Scotians."

Person-first language means that we refer to people before their disability, such as "people with disabilities" or "Nova Scotians with disabilities."

We respect and value the choices each one of us makes.

# Welcome

## On behalf of Nova Scotia Health and IWK Health, we welcome you to explore our first Accessibility Plan.

We have taken up the call to action in Nova Scotia's accessibility legislation and provincial goals. We believe that our workplaces and communities are enriched through diversity. Through this plan, we aim to recognize the contributions of all people with disabilities. We have identified priority actions that will help us become more accessible care environments and workplaces.

Nova Scotia Health and IWK Health are key organizations in our province's health care system. We are working together toward common accessibility goals. These goals are critical to the work we do, to the patients and families we serve, and to the employees, physicians, learners, and volunteers who work with us. These goals are about safety, dignity, and respect.

The 2023–2026 Accessibility Plan is part of our ongoing work as prescribed public sector bodies under Nova Scotia's *Accessibility Act* and identified in *Access by Design 2030*. Our plan focuses on six key accessibility standard areas. It sets expectations, identifies roles and responsibilities, and provides planning guidance.

Our Accessibility Advisory Committee developed the plan, with support from six Accessibility Standards Working Groups. At least half of the Accessibility Advisory Committee members are either people with disabilities or from organizations that represent people with disabilities.

This plan was informed by a robust engagement process. Disabled Nova Scotians, care partners, and families shared their feedback, as did Nova Scotia Health and IWK Health employees, physicians, learners, and volunteers. While we can't include the individual experiences of all disabled Nova Scotians, we will continue to include a wide range of perspectives going forward. Details on our engagement process can be found in Appendix C of this document.

We thank everyone who shared their lived experiences and expertise to help create the Nova Scotia Health and IWK Health 2023–2026 Accessibility Plan. This plan is the first phase of our commitment to accessibility. It will guide us as we move toward a more accessible health care system for all. The plan will be reviewed and updated at least once every three years. Other steps will include developing and implementing the actions we need to take to meet our priorities.

We invite you to be part of our journey.

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# About Barriers and Accessibility

Nova Scotia has a higher percentage of disabled people than any other province in Canada. Thirty per cent of Nova Scotians aged 15 years or older have a disability. Nearly one in five Nova Scotian children and youth experience functional difficulties of some kind.

Many people face barriers. A barrier is anything that makes it hard for a person to fully take part in society. Barriers limit choices and opportunities.

Barriers for disabled people exist because ways of doing things have typically been decided for them by others. As a result, the unique needs, interests, and situations of disabled people are often overlooked or ignored.

Throughout our engagement process, participants identified the kinds of barriers they have experienced in Nova Scotia Health and IWK Health environments.

We all have the right to live our lives free from barriers. That includes

- when we access health care
- when we support those accessing health care
- when we seek employment from health care organizations
- when we take part in learning from health care organizations
- when we work within health care organizations

Our goal is for Nova Scotia Health and IWK Health to provide barrier-free experiences. We are committed to people with disabilities fully taking part in

- their health care
- our workforce
- the learning experiences we offer
- all our other resources and programs

Our 2023–2026 Accessibility Plan guides our actions as we work to

- identify, remove, and prevent barriers
- improve accessibility
- provide choice and opportunity for all Nova Scotians

# Barriers Identified During Our Engagement Process

**Attitudinal barriers**
When people treat disabled people differently, including in negative, prejudicial, or stereotypical ways.

**Program and service barriers**
When programs and services are delivered in ways that are not accessible to disabled people.

**Communications barriers**
When information is presented in ways that are not accessible to disabled people.

**Transportation barriers**
When transportation options limit disabled people from going where they need to be.

**Physical and structural barriers**
When obstacles in environments limit disabled people from accessing spaces.

**Policy, regulation, and guideline barriers**
When policies, regulations, and guidelines result in disabled people receiving unequal access or being excluded.

**Employment barriers**
When policies or practices exclude disabled people and are based on factors that are not related to the nature of the work.

# About Nova Scotia Health and IWK Health

In addition to serving Nova Scotians, Nova Scotia Health and IWK Health provide specialized health services to people living in Atlantic Canada.

We have over 200 leased, donated, and shared public spaces. We have over 28,000 active employees and collectively deliver a wide range of health care and other services. Between the two organizations, in 2021–2022 there were over

- **86,600** emergency department visits
- **69,100** surgeries
- **8,100** births
- **3,900,000** outpatient visits
- **375,000** virtual care appointments

There were also many diagnostic imaging exams and inpatient admissions.

Throughout this plan, we will share examples of achievements in our journey to become accessible organizations.

Nova Scotia Health and IWK Health are committed to accessibility as part of our ongoing health equity work. We believe everyone should be treated fairly based on their individual needs and abilities. We also believe that the equitable treatment of disabled people will require a broader understanding of accessibility issues in our health care system.

We are working with the Nova Scotia Department of Health and Wellness and other partners across the Nova Scotia health care system to develop a Health Equity Framework for Nova Scotia. The framework will outline how we can work together toward health care environments that are free from barriers and discrimination.

Formed in 2015, Nova Scotia Health provides health services to Nova Scotians and some specialized services to people living in Atlantic Canada. We run hospitals, health centres, and community-based programs across the province.

We are guided by strong provincial leadership and local leadership teams in four zones:

- **Central Zone** (Halifax area, Eastern Shore, and West Hants)
- **Eastern Zone** (Cape Breton, Guysborough, and Antigonish areas)
- **Western Zone** (Annapolis Valley, South Shore, and South West)
- **Northern Zone** (Colchester-East Hants, Cumberland, and Pictou areas)

Our team of health professionals includes employees, physicians, researchers, learners, and volunteers who provide the health care or services Nova Scotians may need. We value partnerships, and we work together with community groups, schools, government organizations, foundations and auxiliaries, and community health boards. Whether we are hosting wellness programs in the community, conducting innovative research in labs, or helping a patient recover in hospital, we are creating a healthier Nova Scotia.

**IWK Health** provides highly specialized and complex care, as well as primary and secondary care, to women, children, youth, and families.

We are

- **a strong advocate** for the health of families
- **a global leader** in research and knowledge sharing
- **a partner** in educating the next generation of health professionals

Our purpose is to passionately pursue a healthy future with women, children, youth, and families in all their diversity through excellence in care, research and innovation, and applied learning.

The IWK Health Centre, located in Halifax, is the leading health and research centre in the Maritime provinces dedicated to the wellbeing of women, children, youth, and families.
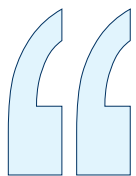
> *Fundamentally, I don't want to be accommodated.* **I want to be valued and respected.**
>
> **– engagement participant**

# Accessibility Standards

The Government of Nova Scotia is working with organizations throughout the province to create an accessible Nova Scotia by 2030. This work includes developing six standards to identify, remove, and prevent barriers to accessibility in

- the built environment
- education
- employment
- goods and services
- information and communications
- transportation

The Accessibility Act is Nova Scotia provincial law. Some organizations, called prescribed public sector bodies (PPSBs), will need to follow the new regulations in the act. PPSBs include municipalities, universities, and other government organizations, including Nova Scotia Health and IWK Health.

Under the act, PPSBs are responsible to

- set up an accessibility advisory committee
- develop an accessibility plan
- identify commitments under each accessibility standard area (in our case, this will include developing and implementing the actions we need to take to meet our priorities)
- meet accessibility standards as the standards become law

These accessibility standards have guided the focus of our 2023–2026 Accessibility Plan.

# Built Environment

The provincial Built Environment Accessibility Standard is a set of rules that will make sure people with disabilities can safely use buildings and outdoor spaces to live, work, learn, and play.

## Our Commitment

Our health facilities will be accessible to all patients, families, employees, physicians, learners, volunteers, and members of the public. We will identify, remove, and prevent barriers for disabled people in the built environment at all our locations across the provincial health care network.

## Our Starting Point

### Overview

We operate hospitals, health centres, and community-based programs across the province. We provide health services at these facilities to Nova Scotians. We also provide specialized health services to Atlantic Canadians and visitors.

### Examples of Achievements

- Some locations
  - have elevator upgrades, including voice notifications and braille
  - have power door openers and no-touch switches
  - have enhanced accessibility in public washrooms
- New construction and major renovation projects include consultation on accessibility and designs to meet accessibility standards.

### Examples of Barriers

- Some locations
  - have a limited number of parking spots
  - have parking spots that aren't large enough
  - have inaccessible parking ticket and payment stations
  - have uneven outside surfaces and curbs
  - have poorly constructed ramps or do not have enough ramps
  - do not have enough accessible elevators
  - have washrooms that are not fully accessible

- There is a lack of support equipment or it is installed incorrectly. Care areas are often small and do not provide enough space for others, such as family members, caregivers, or support persons.
- Some wayfinding signs are difficult to read because they are placed too high, use a font size that is too small, or do not use colour contrast.
- Some entrances and hallways are difficult to navigate.
- Some furniture and shelving units may not meet the needs of disabled patients, employees, physicians, and volunteers.
- There is a lack of accountability, enforcement, and compliance on certain policies, such as the scent awareness policies.

### Examples of Existing Policies
- NSH Environmental Stewardship
- NSH Smoke and Tobacco Reduction
- NSH Scent Awareness
- IWK Scent Awareness
- IWK Smoke-Free

## Our Actions

### Top Priorities
- Develop a timeline with actions and deadlines to make sure built environment priorities are met by 2030.
- Develop or adopt audit tools to review progress and priorities in a consistent way.
- Develop and complete individual facility accessibility audit plans. Identify potential accessibility upgrades and create lists detailing accessibility work needed at each facility.
- For built environment policies, practices, and guidelines:
  - Review current built environment policies, practices, and guidelines through an accessibility and inclusion lens.
  - Identify new policies, practices, and guidelines through an accessibility and inclusion lens.
  - Develop a plan, including a timeline, for revising or developing policies, practices, and guidelines.
- Work with the Learning team to raise awareness about barrier-free environments, accessibility, and the manager's role in accessibility.

- For new builds and renovations:
  - Work with disabled people, organizations that serve disabled people, patient and family advisor groups, and internal leadership and/or their teams on facility planning and design.
  - Work with other health care colleagues to use best practices, tools, and standards for accessibility related to the built environment.
  - Follow the provincial Built Environment Accessibility Standard.
  - Be transparent about these projects. Share updates and seek feedback on our public websites.
- Invite accessibility experts from within and outside of our organizations to help us identify, remove, and prevent barriers in our built environment.
- Provide key individuals with opportunities to take the *Rick Hansen Foundation Accessibility Certification (RHFAC) Training Course* or *Accessible Spaces 101* course.
- Make sure all infrastructure projects meet and, where possible, exceed the highest standards set by Nova Scotia Building Code Regulations or the Accessible Design for the Built Environment Standard (CAN/CSA B651-18).
- Use universal design principles in all design, construction, renovation, and retrofit projects.
- Use best practices to improve accessibility and support for service animals and those who use them.
- Make sure entrances and exits are accessible. Remove clutter and other barriers in entrances and hallways at all our facilities.

## Other Priorities

- Support key individuals to become RHFAC Professionals.
- Develop a plan to review the number, size, accessibility, payment options, and location of parking spaces and the monitoring processes for parking.
- Develop a plan to review and improve wheelchair availability and access.
- Explore options to help people get around and find their way in our facilities, including wayfinding and site orientation tools such as audio/written layout of rooms, apps with verbal directions, and voice activation for elevators.
- Research and implement new technologies that support accessibility.
- Create a year-round assessment routine to make sure our outdoor spaces are always accessible.

# Education

The provincial Education Accessibility Standard is a set of rules that will make sure disabled learners in all stages of life can take part in learning opportunities and environments.

## Our Commitment

We will work with employees, physicians, learners, and volunteers to help raise their awareness about the importance of accessibility in our care environments and workplaces. We will provide educational content and resources about accessibility. We will provide inclusive learning opportunities and environments in which everyone feels safe, represented, included, respected, and valued. We will design, develop, lead, and review learning and professional development activities to help all learners be their best and feel part of our progress.

## Our Starting Point

### Overview

We are global leaders in research and knowledge sharing. We work closely with academic centres across the Maritime provinces to educate the current and future workforce. Learning is a cornerstone of success in our organizations. We strive to make our learning environments and information accessible. We are motivated by excellence and big ideas.

### Examples of Achievements

- All live Microsoft Teams virtual meetings and many of our videos have closed captioning.
- Software is available to read documents out loud.
- Online PDF versions of our patient pamphlets work with screen readers.
- The provincial Learning Management System (LMS) Standards Committee has provided protocols and guidance for our staff learning modules.

**Examples of Barriers**

- Some staff

  - need support and opportunities to learn more about disabilities and accessibility and how they relate to patients, caregivers, and learners

  - need information on how to best support the educational needs of learners and employees with disabilities

- More awareness is needed about the technology and resources we already provide.

- Improved processes are needed for when an individual discloses an accessibility need. This would help learners as well as staff who are supporting learning.

- Some locations have physical barriers that affect disabled faculty and students, such as inaccessible desks or office spaces.

- Streamlined processes are needed for installing accessibility software. This would help learners and staff.

- Improved communications about accommodations for learners is needed between Nova Scotia Health, IWK Health, and educational institutions.

**Examples of Existing Policies**

- NSH Patient Education Materials: Development and Maintenance
- IWK How to Create Patient Family Learning Resources

## Our Actions

**Top Priorities**

- Make sure our new Web content meets *World Wide Web Consortium (W3C) Accessibility Guidelines*.

- Develop guidelines, tools, and resources to teach employees, physicians, volunteers, learners, and educators about

  - Universal Design for Learning principles and practices

  - how to provide better service and support to meet the needs of a range of people with different disabilities

  - their roles and responsibilities for providing better service and support to disabled people

- Develop and put in place a process for learners and employees to self-identify any accommodations needed before learner placement, orientation, or learning events. This will allow time to put supports in place.

- Develop tools and resources to help preceptors, mentors, and others involved in teaching and learning to better support learners with disabilities.
- Use accessibility tools such as closed captioning in videos and best practice font styles, colours, and sizes in text-based learning materials.
- For education policies, practices, and guidelines:
  - Review current education policies, practices, and guidelines through an accessibility and inclusion lens.
  - Identify new policies, practices, and guidelines through an accessibility and inclusion lens.
  - Develop a plan, including a timeline, for revising or developing policies, practices, and guidelines.
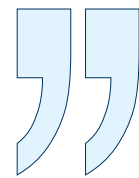
### Other Priorities

- Identify proactive and best practice guidelines so that some accessibility accommodations are available by default. This may reduce the need to create specifically tailored accommodations.
- Explore opportunities to bring together those with similar lived experiences and expertise to provide support and share knowledge.
- Explore and invest in ways to better support accessible learning, such as
  - technology that supports learning materials in alternative formats
  - up-to-date assistive technology
  - assistive listening systems in classrooms and auditoriums
  - training
- Develop additional educational opportunities about accessibility to raise awareness and reduce stigma. Topics may include 2SLGBTQIA+ challenges, invisible disabilities, ableism, treating disabled people with dignity, and best practices for handling wheelchairs.
- Develop a process to track what assistive devices and technologies are available for staff.
- Explore technologies that let educators use UDL (Universal Design for Learning) principles, such as transcription software for video and audio. Provide broad access to these technologies.
- Design or adopt accessibility standards and guidelines for learning materials to use in developing, reviewing, and improving processes.
- Design all professional development through an accessibility lens.

- Consult with and consider disabled people when designing, developing, implementing, and evaluating learning activities.
- Explore what is needed to make learning accessible, such as technology, human resources, or changes to existing learning materials.
- Explore adding a session about accessibility to all general orientations.
- Create a high-level tip sheet for education session creators to help them make their sessions more accessible.
- Create or improve connections and communications between Nova Scotia Health, IWK Health, and other educational institutions so that accommodations for people transitioning between institutions will be improved.
- When possible, presenters should be provided with information about accessibility needs of the audience ahead of time.
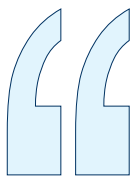
> *We aren't checking boxes—these are people's lives.* **They deserve to have their needs met** *to the best ability of that facility.*
>
> **– engagement participant**

# Employment

The provincial Employment Accessibility Standard is a set of rules that will make sure people with disabilities have equitable access to meaningful employment. It will help them find, maintain, and advance in meaningful employment.

## Our Commitment

We will make sure health care providers and team members from all communities, including those from underserved or underrepresented communities, feel safe, represented, included, respected, and valued. We will make sure health care providers and team members from all communities have their perspectives acknowledged. We are responsible for providing the policies, structures, and resources to create a collaborative and supportive workplace. We will make accessibility a priority through our equity, diversity, inclusion, reconciliation, and accessibility (EDIRA) structure.

## Our Starting Point

### Overview

As two of the largest employers in the province, we employ many types of health care workers. We focus on accessible hiring and employment practices. We also focus on supporting the careers of employees with disabilities. We align our workforce with Nova Scotia's diverse population by continuing to evolve our hiring and employment practices. Our strategic priorities help to guide this work.

### Examples of Achievements

- To support organization and external partnerships, our recruitment teams have staff dedicated to recruiting diverse applicants.
- We have set up committees focused on equity, diversity, inclusion, reconciliation, and accessibility.
- We have developed diversity and inclusion lens tools.
- Resources about diversity and inclusion are available on our intranets.
- We partnered in developing a *Provincial Diversity and Inclusion Framework*. It serves as a guide for diversity and inclusion initiatives throughout the health care system.

## Examples of Barriers

■ Staff do not know enough about their opportunities for accommodations.

■ Processes for identifying and addressing what employees need for accommodations need improvement.

■ Recruitment practices, such as job postings and interview processes, could be improved by developing them through an accessibility lens. This would increase awareness, support culture change, and create an inclusive workplace.

■ There are limited employee benefits, such as medication coverage and paramedical benefits. This creates a greater burden on disabled staff.

■ Some work schedules and hours are not flexible. This creates a greater burden on disabled staff.

■ Some work areas do not have the right technology, sensory stimulation levels, or amount of space to accommodate disabled staff.

■ We need more leaders who champion accessibility and lead through an accessibility lens.

## Examples of Existing Policies

■ NSH Recruitment and Selection

■ NSH Accommodation of Employees with Disabilities

■ IWK Respectful Workplace – Harassment and Bullying

■ IWK Modified Work and Accommodation for Employees

■ IWK Recruitment and Selection

# Our Actions

### Top Priorities

■ Conduct an audit of current employment practices, process, and tools.

■ Build awareness and capacity within the recruitment team to fully support an accessible hiring process.

■ Develop a tool for hiring managers to help them build more inclusive processes for interviews, including interview guides.

■ Develop and provide leadership role resources and tools, including supportive accessibility language and practices, to help with hiring and retaining people with disabilities.

- Update job posting templates to
  - include accommodations of any accessibility needs under the Canadian Charter of Rights and Freedoms and Nova Scotia Human Rights
  - remove any language that creates barriers, such as requiring a driver's licence if there is another way to do the work without one
- Modify hiring processes to remove barriers to accommodate disabled people during the interview process.
- Work with the Learning and Development teams to create training and information sessions for managers on a variety of topics, such as accessible hiring practices and workplace ableism.
- Develop relationships and partnerships with organizations that can help us recruit disabled applicants.
- Create recruitment information in accessible formats.
- Use best practices for accessibility when communicating, including appropriate language, technology, methods, and equipment.
- For employment policies, practices, and guidelines:
  - Review current employment policies, practices, and guidelines through an accessibility and inclusion lens.
  - Identify new policies, practices, and guidelines through an accessibility and inclusion lens.
  - Develop a plan, including a timeline, for revising or developing policies, practices, and guidelines.

**Other Priorities**

- Explore translation and interpretation options for applicants and staff.
- Work with the Facilities team to make sure new facilities and planned renovations include appropriate places, technology, and resources to support universal design. All workspaces should be inclusive and accommodate employee needs.
- Work with internal partners to accommodate staff, such as working with the Benefits team to make employee health plans work for all team members or with the Occupational Health and Safety team to explore flexible work options that support all staff.
- Make sure technology is accessible for all employees and is compatible with assistive devices, such as screen readers.

# Goods and Services

The provincial Goods and Services Accessibility Standard is a set of rules that will make sure disabled people have equitable access to goods and services. This includes the use of assistive devices. It will address how service providers interact with, and are trained to serve, disabled people.

## Our Commitment

We will strive to develop open and inclusive relationships that encourage comfort and security for patients and their families. This follows our philosophies of patient- and family-centred care. We will do this so that all people have an equal opportunity to access our services. We will co-create and nurture the conditions for belonging. We will consider equity, diversity, and inclusion so everyone can be their best and feel accepted, appreciated, and welcomed. We will continue to work together across our health system to make sure disabled people have equal and equitable access to health care.

## Our Starting Point

### Overview

We provide health services ranging from health promotion to palliative care. We take part in leading-edge research, promote healthy lifestyles for families, and support education opportunities for health professionals and other learners. Nova Scotia Health provides health services to Nova Scotians and some specialized services to people living in Atlantic Canada. IWK Health provides care to women, children, youth, and families in the Maritime provinces.

### Examples of Achievements

- Patient and family advisor groups, partners, and councils advise and guide us on many patient initiatives. This follows our philosophies of patient- and family-centred care.
- We have longstanding relationships, partnerships, and understandings of potential relationships with many community organizations, such as APSEA (Atlantic Provinces Special Education Authority) and CNIB (Canadian National Institute for the Blind).

- Patient and family advisor groups and partners are a part of our research, operational leadership, and committees.
- Interpretation services are available for all appointments and services, including in-person visits and virtual care.
- Translation and interpretation services are available for patients, including American Sign Language interpretation.

## Examples of Barriers

- There is a lack of consistent booking processes and technology across the system. This creates challenges for disabled people to
  - book appointments
  - coordinate appointments
  - receive appointment notifications
- Certain services in some locations can be challenging to access or are not available, such as mammograms for people who use wheelchairs.
- Team members need support and opportunities to learn more about working with people with disabilities and accessibility issues. This can help our team members help people feel welcome, understood, and valued.
- More navigation support from greeters, porters, and health care system navigators is needed to help disabled people have better experiences within the health system.
- Clinical policies, such as the support person policy, need to be reviewed through an accessibility lens. This would reduce barriers for disabled people and their caregivers.
- In many locations, access to food is limited. This is especially true in environments that operate 24 hours a day, such as emergency departments, or during long outpatient appointments.
- Some feedback systems are patient driven only. This puts the burden on the person with the disability.
- Not all medical information, documents, and policies are available in accessible or appropriate formats.
- Some staff and processes fail to recognize disabled patients and caregivers as experts in their own care.

- Increased public awareness and clear and consistent policies on service animal management are needed to support people with service animals.
- People with disabilities seeking care may have a higher burden for parking costs.

**Examples of Existing Policies**
- NSH Patient/Family Feedback (Concern, Complaint, or Compliment)
- IWK Partners in Care: Our Shared Rights and Responsibilities
- NSH Scent Awareness
- IWK Scent Awareness

## Our Actions

**Top Priorities**
- Review procurement documents, templates, and guidelines through an accessibility lens. Revise or develop them to include accessibility standards and to improve accessibility through procurement. Procurement is the act of getting needed goods and services.
- Review current booking processes and find ways to improve them.
- Explore tools and processes, such as screen readers, to make booking accessible and more consistent. Develop a business case for these tools and processes.
- Make educating team members about accessibility a priority. Support staff to take part in opportunities to learn more about accessibility.
- For clinical and service policies, practices, and guidelines:
  - Review current clinical and service policies, practices, and guidelines through an accessibility and inclusion lens.
  - Identify new policies, practices, and guidelines through an accessibility and inclusion lens.
  - Develop a plan, including a timeline, for revising or developing policies, practices, and guidelines.
- Have health care providers work with the Learning team to develop accessibility awareness and education about working with people with disabilities, including patients and caregivers.

- Explore options for feedback systems with processes that can be started by health care providers, such as email, phone calls, or paper-based methods.
- Make sure documents and information provided to patients, families, and staff meet accessibility guidelines, such as using accessible font sizes or being compatible with screen readers.

**Other Priorities**

- Explore ways we can provide access to food 24 hours a day, seven days a week, at our facilities.
- Explore ways to make sure all appointment notices include key information, such as the department name and location.
- Explore ways for patients or their families to register where the patient will receive care.
- Explore ways to offer more flexibility with appointments, such as evening, weekend, or virtual appointments.
- Review support/volunteer roles and processes to explore ways for them to help patients and families find their way or access equipment. Develop a business case for these roles and processes.
- Review how much time is made available for appointments and how to make sure disabled patients are provided with more time when needed.
- Review how many accessible examination tables are available and where they are. Consider this information when new equipment is ordered.
- Explore processes that all care providers can use to document patient needs and the types of support patients may need at appointments.

# Information and Communications

The provincial Information and Communications Accessibility Standard is a set of rules that will make sure people with disabilities can receive, understand, and share the information they need. It will include accessible formats (such as braille, ASL, or large print), accessible websites and technologies, and standards for communicating with people with disabilities.

## Our Commitment

We will make sure the information we share with patients, the public, and team members is clear and accessible. We will use accessible communications tools and technology. We will make sure our team members understand the barriers to accessible information and communications. We will provide support and education to our team members to help them identify, remove, and prevent those barriers.

## Our Starting Point

### Overview

We provide information to and communicate with patients, the public, and team members in many ways. For patients and the public, we use appointment notices and reminder phone calls, signs and information screens at our facilities, patient and public education materials, public awareness campaigns, social media channels, newsletters, websites, public meetings, and more. For our team members, we use internal emails and intranets, presentations, staff orientation and training sessions, internal meetings, and more.

### Examples of Achievements

- Annual general meetings are streamed live on the internet. Recordings of these meetings are posted on each organization's website.
- Patient education materials are revised in plain language.
- Cards with directions to specific areas are available to visitors at our facilities. Volunteers and staff are available to provide directions.
- Free Wi-Fi is available.

## Examples of Barriers

- Language interpretation and translation services are not consistently used.

- Cultural interpretation, such as Deaf ASL interpreters and hearing ASL interpreters providing cultural interpretation for Deaf patients, needs to be considered.

- Not enough time is provided when appointments are scheduled for disabled people with a range of communication needs or who are using AAC (augmentative and alternative communication) methods.

- Some staff
  - are unaware of or do not understand communication accessibility barriers
  - are unaware of the impact of these barriers
  - are unaware of how to support people with communication disabilities

- Some staff and processes fail to consistently recognize disabled patients and caregivers as experts in their own care. Disabled people are not consistently included in decision making.

- Visual supports are not consistently available in clinic spaces or offered as alternatives to text-based information.

- Information and communications products, such as fillable forms, maps, and drop-down option menus, are not consistently available in accessible formats.

## Examples of Existing Policies

- NSH Public Engagement
- NSH Public Engagement Procedure
- NSH Patient Education Materials
- NSH Identification of Buildings, Rooms, and Spaces
- NSH Patient/Family Feedback (Concern, Complain, or Compliment)
- IWK Translation of Electronic and Written Material
- IWK Interpretation of Languages
- IWK Signage
- IWK Temporary Signage

## Our Actions

### Top Priorities

- Make sure our Web content is accessible to people with disabilities. Websites, apps, and other digital content must meet *Web Content Accessibility Guidelines (WCAG) 2.0 Level AA*.

- Make sure our PDFs follow universal accessibility guidelines.

- For information and communications policies, practices, and guidelines:

  - Review current information and communications policies, practices, and guidelines through an accessibility and inclusion lens.

  - Identify new policies, practices, and guidelines through an accessibility and inclusion lens.

  - Develop a plan, including a timeline, for revising or developing policies, practices, and guidelines.

- Develop or adopt standards to make sure public meetings and presentations are inclusive and accessible.

- Make sure digital communications, including emergency alerts, are accessible to screen readers.

- Encourage partner agencies to achieve the same standards for accessible communications.

### Other Priorities

- Work with the Learning team to provide staff with training on inclusive communications, including technology for best practices.

- Make sure people with disabilities are included in patient and family advisor groups.

- Make sure communications materials include images of a diverse range of people.

- Explore guidelines to offer incentives for taking part in our engagement sessions.

- Promote accessible options for patients and families to provide feedback.

- Explore technology that supports accessible information and communications for people with disabilities, such as iPads with accessible features. Develop a business case to support technology and human resources to improve information and communications for people with disabilities.

- Explore creating a Community of Practice to meet on a regular basis to work with organizations that represent people with disabilities and seniors. A Community of Practice is a group of people with similar interest in a topic who come together to work toward individual and group goals.
- Raise awareness about the Accessibility Standards Working Groups to help make sure people with lived experiences take part.
- Provide accessible versions of resources, including large print, digital, and plain language versions.
- Create signs about interpreter services in multiple languages and formats.
- Develop a process to seek feedback and invite ongoing input from people with disabilities.

# Transportation

The provincial Transportation Accessibility Standard is a set of rules that will make sure it is easier for disabled people to get to where they need to go. It does not apply to forms of transportation regulated by the federal government, such as travel by air or rail.

## Our Commitment

We will make sure our team members and partner organizations follow our transportation guidelines and policies. We will share feedback about transportation experiences from patients and families with accountable organizations, including EHS (Emergency Health Services), public and private transit, and the Nova Scotia Department of Health and Wellness.

## Our Starting Point

### Overview

We deliver health care and services to disabled patients, families, and caregivers. Some may experience challenges when using public and private transportation to access care. We also employ team members with disabilities who may experience transportation challenges. At times, individual health care providers may need to advocate for appropriate transportation options on behalf of a patient. As part of the health care system, we also raise transportation accessibility issues at public forums and in service contracts.

### Examples of Achievements

- Child Safety Link (CSL) offers injury prevention educational resources for families, caregivers, and injury prevention professionals that help keep children safe—at home, on the road, and at play. All CSL resources are available in paper format or in an electronic format that can be downloaded from the CSL website.
- The IWK health promotion specialist offers child passenger safety training for professionals.

### Examples of Barriers

- Some areas of the province lack consistent, timely, or appropriate transportation for people with disabilities.
- Disabled people may experience greater burdens for transportation costs. This can limit their ability to access care.
- Policy does not allow patient wheelchairs to be transported in EHS ground ambulances. This can limit the ability of disabled patients to travel with their wheelchairs when seeking care.

### Examples of Existing Policies

- NSH Infant Car Seat Education
- IWK Transport of a Patient from the Pediatric Intensive Care Unit for Treatment or Diagnostic Purposes
- IWK Infant Car Seat Education
- IWK Health Centre Transportation Guidelines

## Our Actions

### Top Priorities

- Review procurement processes that affect transportation through an accessibility lens.
- Create and maintain an auditing tool that lists up-to-date and available accessible services throughout the province.
- Develop an auditing plan for accessible transportation that will include details about accountability, where information will be kept and accessed, a timeline, and how the plan will be updated.
- For transportation policies, practices, and guidelines:
  - Review current transportation policies, practices, and guidelines through an accessibility and inclusion lens.
  - Identify new policies, practices, and guidelines through an accessibility and inclusion lens.
  - Develop a plan, including a timeline, for revising or developing policies, practices, and guidelines.

**Other Priorities**

- Develop a process to share information about transportation issues and concerns with accountable external organizations, such as EHS and public and private transportation companies.

- Continue to collect information from patients and families about transportation barriers they experience when seeking care.
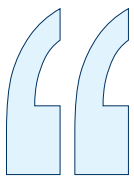
> *Accessibility issues are issues* **for all of us.**
>
> **– engagement participant**
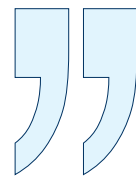
# Implementing the Plan

To implement a plan means to carry it out or put it into action. As prescribed public sector bodies, Nova Scotia Health and IWK Health are required to create and implement an accessibility plan.

More than required by law, however, we are committed to the details of this plan showing how we value the experiences, feedback, needs, and lives of disabled Nova Scotians. We will implement our 2023–2026 Accessibility Plan by turning evidence and ideas into policies and practices that work for people in the real world.

## Responsibilities

Our Accessibility Advisory Committee is responsible for

- advising Nova Scotia Health and IWK Health on creating and putting into action our Accessibility Plan
- reviewing and updating our Accessibility Plan at least once every three years

- advising and making recommendations about strategies to help us reach the goals in our Accessibility Plan
- helping to make sure we comply with federal and provincial government directives and regulations

Our Accessibility Standards Working Groups are responsible for
- identifying barriers and the solutions to remove and prevent them as they relate to each working group's accessibility standard
- providing advice and recommendations to the Accessibility Advisory Committee
- sharing updates about new and current accessibility initiatives
- collaborating with other working groups to make recommendations based on the best evidence available

## Schedule

We aim to implement our top priorities in this plan by March 31, 2026. Our other priorities will be reviewed each year. They may be revised and will be updated in our next Accessibility Plan.

## Monitoring and Evaluation

By December 2023, we will develop a logic model and key indicators. A logic model is a visual roadmap showing the activities that will bring about change and the results expected. Key indicators are targets that help measure progress toward specific goals. These tools will help us measure and share our progress as we implement the plan.

Feedback about our 2023–2026 Accessibility Plan can be sent to us by email:
- *accessibility@nshealth.ca*
- *IWKAccessibility@iwk.nshealth.ca*

# Responding to Questions and Complaints

Anyone can share a concern, complaint, or compliment about accessibility at Nova Scotia Health and IWK Health. There are several ways to contact each organization about accessibility.
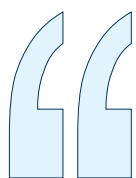
## Nova Scotia Health

- **1-844-884-4177** (toll free)
- *CZpatientrelations@nshealth.ca*
  (Halifax area, Eastern Shore, and West Hants)
- *EZpatientrelations@nshealth.ca*
  (Cape Breton, Guysborough, and Antigonish areas)
- *WZpatientrelations@nshealth.ca*
  (Annapolis Valley, South Shore, and South West)
- *NZpatientrelations@nshealth.ca*
  (Colchester-East Hants, Cumberland, and Pictou areas)

## IWK Health

- 1-855-495-2273 (IWK CARE) (toll free)
- 902-470-7435 (local call in Halifax)
- *feedback@iwk.nshealth.ca*

Concerns, complaints, or compliments about accessibility can also be shared directly with health care providers or unit/department managers.

> *Nova Scotia Health is far more advanced than some other places I've been but there is* **still work to be done.**
>
> **– engagement participant**

# Appendices

# Appendix A:
# What the Words Mean

The Nova Scotia Health and IWK Health 2023–2026 Accessibility Plan represents a point in time. Terms and definitions in this glossary may evolve.

**AAC** – Augmentative and alternative communication is all the ways that a person may communicate besides talking. Augmentative means to add to a person's speech. Alternative means to be used instead of speech. No-tech or low-tech AAC options include gestures and facial expressions, writing, and pointing to letters, words, or pictures. High-tech AAC options include apps on iPads or tablets or speech-generating computers.

*Access by Design 2030* – A document that explains how Nova Scotia will achieve its goal of becoming accessible by the year 2030. It is available in PDF, large print accessible format, ASL video, audio recording, and braille from the Nova Scotia Accessibility Directorate.

**accessibility** – The practice of making information, products, services, facilities, or environments sensible, meaningful, and useable for as many people as possible by removing and preventing barriers and considering the needs of disabled people.

**Accessibility Act** – The provincial legislation made into law in Nova Scotia in 2017 to remove and prevent barriers to accessibility for disabled people.

**accessibility and inclusion lens** – A way to assess programs and services to make sure that disabled people and people from other underserved or underrepresented communities have equal access to and equitable inclusion in those programs and services.

**accommodations** – Arrangements made so disabled people can fully participate despite barriers. Accommodations vary according to each person's needs. They should be based on respecting the dignity of disabled people, including self-worth, individuality, privacy, confidentiality, comfort, and autonomy.

**alt text** – Alternative text describes images and other graphics in documents or on websites. Alt text is picked up by screen readers, a type of assistive technology. Alt text descriptions should be short and include essential information that conveys what an image looks like and means.

**ASL** – American Sign Language is a complete, complex, visual language. It uses hand movements as well as facial expressions and body movement to convey information. It evolved out of a need for people with different hearing levels to access spoken communication and connect with community members. ASL is used predominantly in the United States and Canada.

**assistive technology** – Any device, software, service, or product system, including a service animal, that reduces barriers to accessing and engaging in daily living activities and experiences.

**barrier** – Anything that prevents or challenges people from fully and effectively taking part in society.

**blind, visually impaired, low vision, Deafblind** – Blindness covers a broad spectrum of visual disability.

- blind: a person who is unable to see due to injury, disease, or genetic condition
- visually impaired: a person who has their ability to see decreased to such a degree that it causes challenges that cannot be improved with glasses or contacts
- low vision: a person who has a severe visual impairment with visual acuity of 20/70 or poorer in the better-seeing eye and that cannot be improved with glasses or contacts
- Deafblind: a person who has combined loss of hearing and vision that results in significant challenges accessing information

**braille** – A reading and writing system for people who are blind, visually impaired, low vision, or Deafblind. Characters are represented by patterns of raised dots that are felt with the fingertips. The lower-case *braille* refers to the system; the capitalized *Braille* refers to the system's inventor.

**caregiver** or **support person** – A person who tends to the needs or concerns of a person with short- or long-term limitations due to illness, injury, or disability. They might not be related to or live with the person they are caring for but have a close relationship with them.

**closed captioning** – Closed captioning displays the audio portion of a TV program, movie, or online video as text or symbols on a screen to provide additional or interpretative information.

**deaf, Deaf, deafened, hard of hearing** – These are all distinct groups with specific meanings.

- **deaf:** a medical/audiological term for people who have little or no functional hearing, and that may be used as a collective noun to refer to people who are medically deaf but who do not identify with the Deaf community
- **Deaf** (with a capital D): a sociological term for people who are medically deaf or hard of hearing and who identify with and participate in the culture, society, and language of Deaf people, which is based on Sign language
- **deafened:** also known as late-deafened, this is both a medical and sociological term for people who have become deaf later in life and who may not be able to identify with either the Deaf or the hard of hearing communities
- **hard of hearing:** a medical and sociological term for people whose hearing loss ranges from mild to profound and whose usual means of communication is speech

The Canadian Association of the Deaf advises against using the term "hearing impaired" to refer to people with a hearing loss, particularly when referring to Deaf people.

**disability** – A physical, mental, intellectual, learning, or sensory impairment that, when it interacts with a barrier, prevents a person from fully and effectively taking part in society. It may be visible or invisible, constant or periodic, and can change in severity or experience over time. People can have multiple disabilities at one time.

**discrimination** – An action or decision that treats a person or a group unfairly for reasons such as their race, age, or disability. These reasons, also called grounds, are protected under the Canadian Human Rights Act. Grounds for discrimination include disability.

**diversity** – The variety of identities found within an organization, group, or society expressed through factors such as race, culture, ethnicity, gender, sexual orientation, disability, age, language, education, family status, socio-economic status, skills, perspectives, and experiences.

**EDIRA** – Equity, diversity, inclusion, reconciliation, and accessibility.

**engagement** – People working together to bring about positive change. As an example, Nova Scotia Health and IWK Health used public and internal engagement to consult with disabled Nova Scotians, caregivers, health care staff, and the public to inform this plan. Methods included surveys, pop-up events, focus groups, journey-mapping exercises, and email.

**equitable** or **equity** – A commitment to fairness. Equitable access is different from equal access. Equality means everybody is treated the same. Equity means everybody is treated fairly, based on their individual and specific needs and abilities.

**identity-first language** – Language that refers to people by their disability first, such as "disabled people" or "disabled Nova Scotians."

**implement** – To put into action, such as putting a plan into action.

**inclusion** – Creating an environment where people feel welcomed, respected, and valued, and fostering a sense of belonging and engagement. It includes removing barriers so that each person has equal access to opportunities and resources to reach their full potential.

**large print** – Printed material in a font that is 14 points or greater. The best practice is to use an 18-point sans serif font, such as Arial or Futura. Sans serif means a font that does not have any small decorative flourishes on the ends of strokes that make up letters and symbols.

**lived experience** – Personal knowledge about the world gained from direct, first-hand involvement in everyday events rather than from representation constructed by other people.

**Patient and Family Advisors** – Within IWK Health, volunteers with roles that range from being a member of an advisory council to working within committees, project teams, or operations groups.

**patient- and family-centred care** – A philosophy of care that seeks a collaborative approach where patients and families are considered active members of the care team and all members of the team support and value this philosophy.

**Patient Family Advisors** – Within Nova Scotia Health, patients, their family members, and/or caregivers who volunteer as active members of Nova Scotia Health teams. They provide feedback that helps teams as they set priorities and make decisions that can have an impact on the health care system and the community.

**people-centred care** – An approach to care that consciously adopts perspectives of individuals, caregivers, families, and communities as participants in, and beneficiaries of, trusted health systems organized around the comprehensive needs of people. This type of care shifts providers from doing something *to* or *for* the patient—where the health care provider's perspective is dominant—to doing something *with* the patient, resulting in a true partnership.

**person-first language** – Language that refers to people before their disability, such as "people with disabilities" or "Nova Scotians with disabilities."

**plain language** – Communication with wording, structure, and design so clear that the intended audience can easily find what they need, understand what they find, and use that information. Plain language uses reader-centred organization, active voice, short sentences and paragraphs, common everyday words, and easy-to-follow design features such as lists and headers.

**PPSB** – A prescribed public sector body, such as a municipality, university, or other government organization. Prescribed means they are identified in the Accessibility Act General Regulations. A PPSB must set up an accessibility advisory committee, develop an accessibility plan within one year, and work accessibility standards into its plan. It must update its plan at least once every three years.

**primary care, secondary care, tertiary care** – Different levels of medical care.

- primary care: consulting a doctor, nurse practitioner, or other primary care provider
- secondary care: consulting a specialist, such as an oncologist
- tertiary care: seeking specialized care in a hospital, such as heart surgery

**screen reader** – Software that lets people who are blind, visually impaired, or low vision use computers. It reads the text on the screen in a computerized voice. Users interact with the computer with a standard keyboard.

**UDL** – Universal Design for Learning is an educational approach to designing instructional goals, assessments, methods and materials, and policies that work for a diverse range of learners. It uses flexible approaches that can be customized and adjusted for individual student needs.

**underserved or underrepresented communities** – Groups of people who have historically lacked access to resources, services, and opportunities, and who have been marginalized or excluded from mainstream society. They are defined by factors such as race, ethnicity, gender, sexual orientation, disability, socio-economic status, and geographic location. These communities often have limited access to services needed for wellbeing and success, resulting in fewer socio-economic opportunities, vulnerability to poverty, and other negative outcomes.

**universal design** – Designing an environment, product, or service to meet the needs of all who wish to use it. It considers the diverse needs and abilities of all throughout the design process so that the environment, product, or service is accessible, useable, and convenient to use for everyone.

**W3C** – World Wide Web Consortium, an international community working together to develop Web standards.

**WCAG** – Web Content Accessibility Guidelines, which define how to make Web content more accessible to disabled people.

# Appendix B:
# Committee and Group Members

## Accessibility Advisory Committee

Heidi Wallace, Easter Seals Nova Scotia

Jane Palmer, IWK Health

Chris Smith, Nova Scotia Health

Peter Parsons, Atlantic Provinces Special Education Authority (APSEA)

Marion Brown, Dalhousie University

Anne Yuill, IWK Health

Cynthia Carroll, Autism Nova Scotia

Courtney Cameron, Neil Squire Society

Cher Smith, Nova Scotia Health

Margaret Angus, Nova Scotia Health

Heather McPeake, Laing House

## Accessibility Coordination Group

Anne Yuill, IWK Health

Andrea Johnson, Nova Scotia Health

Sarah MacDonald, IWK Health

Heather Simmons, IWK Health

## Accessibility Standards Working Groups

Our plan was developed with the support of working groups, one for each of the six accessibility standards: built environment, education, employment, goods and services, information and communications, and transportation.

Members of these six working groups represent a range of experience and expertise within Nova Scotia Health, IWK Health, and partner organizations including APSEA, Dalhousie University, and Easter Seals Nova Scotia. Several of the members bring lived experience as well as professional expertise to the work.

# Appendix C:
# Engagement Summary

This summary is from the *Accessibility Plan Engagement Report*.

## About the Project

Nova Scotia Health and IWK Health are developing a joint accessibility plan. We are required by law to do this. The plan will show how our two organizations will work together to meet provincial accessibility standards by 2030.

First, we wanted to know about two things:

- how accessible our buildings and services are today
- what we need to do to make our buildings and services accessible to people with disabilities

This report is about what we learned.

## Who We Heard From

We heard from 451 participants. The list below shows how these participants are connected to the disability community.

- Other: 22
- Organizations: 47
- Caregivers: 54
- Staff: 163
- Disabled Nova Scotians: 165

## Of the 451 Participants

- 8 out of every 10 were between the ages of 20 and 59
- 7 out of every 10 were women
- 5 out of every 10 were in Central Zone
- 1 out of every 10 were from the 2SLGBTQIA+ community

## How We Reached Out

To hear from as many Nova Scotians as possible, we reached out to Nova Scotians in different ways:

- survey with 348 respondents
- focus groups with 35 participants over 8 sessions
- pop ups at 5 Nova Scotia Health facilities
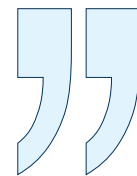- journey mapping with 6 people
- emails from 10 people

## What We Heard – Key Themes

**Culture and training:** We need to create a culture where people with disabilities feel accepted. We also need to train staff so they can understand two things:

- the needs of people with disabilities
- how to counter attitudinal barriers like ableism
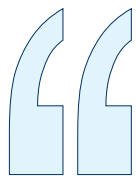
> *Disabled people are as valuable to society as anyone else. They are no less a human being just because their bodies don't work the same way as others. Blaming someone for their disability is incredibly hurtful. Some doctors actually automatically think we are unhealthy because of our condition. It seems like we are actually the problem to ourselves, and this makes them treat us different.*
>
> **– engagement participant**

**Technology and systems:** We need to improve systems and procedures. For example, people with disabilities find it hard to get the services they need using our current booking system.

**Communication issues:** We need to do at least three things to improve communication:

- provide more reliable translation services
- improve signage
- add braille to public information
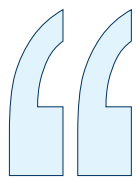
> *…It [interpretative service] wasn't reliable; we ended up using google translate and/or an app on the client's phone because of the poor connection/ lag with the translation service.*
>
> **– engagement participant**

**Getting to appointments:** We need to make it easier for people to get to their appointments. Right now, it is impossible to get to some of our clinics and offices by bus. Parking is hard to find and expensive.

**The environment:** We need to do at least three things to make our buildings more accessible:

- add more courtesy wheelchairs
- make our washrooms more accessible
- improve lighting
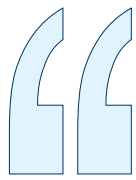
> *In some of the washrooms you have baby change table but not for bigger kids or a lift system. This is ironic considering this is a children's hospital. A lot of us special need parents have had to change our kids in our vehicles in the parkade.*
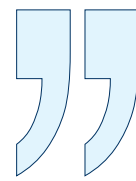>
> **– engagement participant**

**Policies, regulations, and guidelines:** We need to look at how some policies affect people with disabilities. For example, we learned that our "one parent" policy has a negative effect on people with disabilities and their families.

**Employment barriers:** We need to welcome and support our employees with disabilities. To do this, we need to address at least three things:

- stigma
- lack of accommodations
- negative attitudes of co-workers
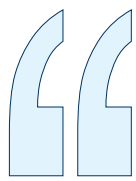
> *We're not looking for a way out of work,* **we're looking for a way into work**.
>
> **– engagement participant**

## Next Steps

We are currently working on the accessibility plan and are following these steps:

1) Share this report with the joint Nova Scotia Health and IWK Health Accessibility Advisory Committee and its working groups.

2) Get input from the Accessibility Advisory Committee.

3) Deliver the accessibility plan to the public by April 1, 2023.

# Notes
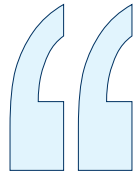
# " Health care is not universal **if we can't access it.**

– **engagement participant**