



CHANGING THE WAY PEOPLE LOOK AT BARRIERS:

Accessibility Planning at West Park Healthcare Centre
October 2017-September 2022



Submitted to:
Anne-Marie Malek
President & CEO

Prepared by:
Accessibility Working Group

Annual Progress Report
October 31, 2020

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West Park Healthcare Centre

82 Buttonwood Avenue
Toronto, Ontario M6M 2J5

Tel. 416/243-3600

Fax 416/243-1021

www.westpark.org

This document is available at www.westpark.org/en/AboutUs/Accessibility.aspx and in alternative formats on request.

1. Executive Summary

This document presents West Park Healthcare Centre's accessibility plan for the five years from October 2017 through September 2022 as well as the results for the 12 months ending October 31, 2020. It responds to the requirements of the Accessibility for Ontarians with Disabilities Act, 2005, (AODA) and supports the Centre's long-standing commitment to being highly accessible to people with disabilities. The plan was prepared by West Park's Accessibility Working Group and approved by the Board of Directors. The Working Group oversees its implementation with the support and participation of all staff to achieve an accessible organization.

West Park's accessibility objectives in this five-year plan fall into the following main areas:

- **Implementation of Provincial Standards** – West Park is in compliance with all current Provincial standards. A standard on website accessibility will come into force in 2021 under the Integrated Accessibility Standards Regulation of the AODA which we are well positioned to comply with.
- **Preventing & Removing Barriers** – Receiving and acting on key stakeholder feedback with respect to improvements to our services and physical environment.
- **Campus Development** – West Park is embarking on two major capital projects. A new hospital building will create a highly accessible, senior-friendly and green environment that is flexible and technologically advanced. A complementary initiative will extend West Park's spectrum of services by creating a vibrant community with housing and related services for seniors and people with disabilities.

The past 12 months were marked by numerous accessibility-related accomplishments and activities, such as the following:

- Campus development planning achieved several major milestones towards the construction of a highly accessible new hospital facility.
- Continuation of design development to build a state of the art barrier free facility.
- Ensuring changes to the exterior of the site in preparation for construction are compliant with barrier free standards and legislative requirements
- Planning of the non-hospital development continued with tenant identification and potential offerings (e.g. Supportive Housing).
- Further improvements to the relatively new internal intranet The HUB which meets AODA standards and is designed to be accessible to users with a wide range of abilities.
- Efforts to improve access to the Centre's campus by public transit included continued advocacy for service to the campus by a regular bus route.
- Continued participation of the chair of the Accessibility Working Group on the Centre's Senior Friendly Hospital and Diversity & Inclusion committees to ensure that goals of all groups are aligned.

West Park's ultimate goal is that, with a heightened awareness of the range of disabilities and the range of barriers, combined with a commitment to inclusiveness and participation, the Centre will promote and maintain a culture of accessibility for all its stakeholders.

2. Introduction

Ontario has set a goal of making the province fully accessible to people with disabilities by 2025. By then West Park will be operating in a new building that helps to set the standard for accessible healthcare facilities.

In keeping with the Centre's long-standing commitment to people with disabilities, West Park will continue demonstrating leadership in accessibility with this five-year plan for 2017-2022 prepared by West Park's Accessibility Working Group. Efforts to advance accessibility are guided by the following principles:

- Dignity – People with disabilities are able to maintain self-respect and the respect of others, with recognition of their individuality.
- Independence – People with disabilities are able to make use of their abilities and be self-reliant when obtaining services.
- Integration – People with disabilities receive services in the same place and manner as other customers, unless alternatives are necessary.
- Equal opportunity – People with disabilities have access to services equal to those available to others.

These principles are meant to strengthen the rights of people with disabilities, establish a norm of accessibility and make organizations more accountable. The principles are augmented by provincial standards with which public- and private-sector organizations must comply.

The Ontario Human Rights Code also protects the right to be free from discrimination due to disability or perceived disability. Accommodation of disabilities under the Code includes measures that may be different from, or go beyond, accessibility standards.

As a hospital for specialized rehabilitation and complex continuing care, the Centre must be accessible to people with many disabilities, and daily operations are closely examined by people with disabilities and their families.

West Park's ultimate goal is that, with a heightened awareness of the range of disabilities and the proactive prevention and removal of barriers, combined with a commitment to inclusiveness and participation, the Centre will promote and maintain a culture of accessibility for all its stakeholders.

3. Accessibility Objectives from October 2017 through September 2022

West Park complies with the following provincial requirements for accessibility planning:

- A multi-year accessibility plan, which outlines the organization's strategy to prevent and remove barriers and meet its requirements under the law, shall be prepared and implemented.
- The plan shall be available on the organization's website and in an accessible format on request.
- The plan shall be reviewed and updated at least once every five years.
- The plan shall be prepared, reviewed and updated in consultation with persons with disabilities and with an accessibility advisory committee.
- A status report on the progress of measures taken to implement the strategy shall be posted on the organization's website in accordance with the legislative requirements and provided in an accessible format upon request.

West Park's accessibility objectives over the course of this five-year plan fall into the following main areas.

3.1 Implementation of Provincial Standards

The requirements of the Integrated Accessibility Standards Regulation (IASR) of the Accessibility for Ontarians with Disabilities Act, 2005, (AODA) are being phased in according to a prescribed schedule over a 10-year period from 2012 to 2021. These requirements encompass information and communication, employment and transportation. As of July 2016, the accessible customer service standard was also incorporated into the IASR, in order to bring the accessibility standards into alignment. The transportation standards will not apply to West Park so long as the Centre is not an operator of transportation services. Standards covering the built environment took effect in 2015 and 2016 through amendments to the Ontario Building Code and the new Design of Public Spaces in the Built Environment standard. All standards under IASR applicable to West Park have been implemented to date.

About Ontario Accessibility Standards:

<https://www.ontario.ca/page/about-accessibility-laws#section-2>

3.2 Preventing and Removing Barriers

The Accessibility Working Group has worked with key stakeholders to identify areas for improvement in accessibility. Although West Park is in compliance with current AODA standards we are striving to ensure that services are provided in an equitable manner and that feedback from patients, visitors and staff is taken into consideration and acted upon wherever feasible. Barriers can be Attitudinal, deal with Information / Communication, Technological, Physical / Architectural or Systemic.

Feedback that is provided is reviewed by the Accessibility Working Group and a barrier description and corresponding action plan are created to resolve the accessibility barrier identified.

Barrier Type	Description	Action	Responsibility	Target Date
Physical / Architectural	Equipment and furnishings are barrier free	Include accessibility as a procurement criteria for new purchases	Campus Development	Complete
	Exterior pathways are difficult to navigate	Modify walkways on the site to meet AODA standards through the various stages of construction	Campus Development	Ongoing
	Elevator buttons are faded	Explore options to make the print on the buttons more visible	Facilities	December 2020
	Slope leading to main entrance is difficult to ascend	Construct new temporary main entrance to accessibility standards	Campus Development	Complete
	Main Lobby information desk (plexi-glass) is not accessible	Replace reception desk at main entrance to make it accessible	Facilities	Complete
Information /Communication	Information on Accessibility is not easy to find on the public website	Create an Accessibility button on the home page for easier access	Public Relations/ Information Technology	January 2021
	Accessibility considerations not communicated widely	Ensure Accessibility strategy is considered within corporate strategies for new hospital, including opening day views	Campus Development / Accessibility Working Group	Jan 2021 Ongoing throughout operational readiness process
	Ensuring enough time is taken to understand what nonverbal patients need	Include unique requirements in patient care plan. Raise awareness through education	Program Operations	Sept 2022 Phased in approach with annual update to measure progress
	Ensuring unique accessible needs of patients are	Include unique requirements in patient care plan.	Program Operations	Sept 2022 Phased in

	considered (e.g. speaking in hearing ear or maintaining line of sight when speaking)	Raise awareness through education		approach with annual update to measure progress
Technology	Communication technology is not used to enable patients to participate in hospital activities (Eg: PFAC)	I Pads offered to patients Promotion of the HUB to access program content and information Formalize process to access I Pads	Information Technology/ Recreation Therapy/ Public Relations	Complete
	Unable to use written information provided (e.g. for patients with vision impairments or limited physical dexterity)	Alternate formats and communication supports are available upon request. This includes electronic formats which provide options to use accessible technology to read or access the content. Consult as needed with patient, family, unit staff (SLP, OT) to determine appropriate formats and supports.	Program Operations	Dec 2022
	Need more access to computers	Raise patient awareness around computers that are free for use e.g. patient library, patient unit lounges and ensure this information is added to the patient handbook, and reminder provided to the patient upon admission.	Recreation Therapy Program Operations	Feb 2021
	High cost of	Work with repair	Program	May 2021

	repairing patient owned wheelchairs	vendor to mitigate delays at the local and provincial level by increasing communication with point of contact and monitoring accuracy of ADP and ODSP funding requests submitted by West Park	Operations	Ongoing monitoring and actions as needed
Attitudinal	Staff need to be more empathetic / sensitive when communicating with people with a wide range of abilities (e.g. use of slow speech or a loud voice when it is not needed)	Introduce new annual mandatory online customer service training module. Providing education to staff to: 1) Increase skills in communicating with people with a range of abilities 2) Build empathy to the patient perspective and possible barriers present within different patient populations Foster partnerships with organizations that provide education resources to help educate and raise awareness regarding identifying and removing attitudinal barriers (i.e. lunch and learn)	Human Resources / Information Technology/ Accessibility Committee	Complete
	Assuming that nonverbal patients have no preferences – lack of consultation	Use of White Boards to list likes and dislikes as well as adding notes to the care plan; Providing education to staff	Program Operations	Feb 2021 September 2021

		to reduce isolation in non-verbal patients		
	Respecting patient privacy regarding their personal situation i.e. how they became disabled	Raise awareness through web site information and revisions to the patient handbook	Public Relations	March 2021
Systemic	Creating employment opportunities for qualified people with a wide range of abilities	Explore what our partners are doing to provide accessible employment to individuals with varying ability	Human Resources	December 2020
	Lack of time for clinicians to prepare patients for Centre activities	Track occasions when this is an issue and understand the root cause	Program Operations Recreation Therapy	Feb 2021

3.3 Campus Development

West Park is on a bold path to transform its campus into a world-class Centre of rehabilitative care. Our vision is to be an integrated campus of care that models the way of the future for patient care, education and research. To achieve this, West Park has embarked on two major capital projects to bring together specialized rehabilitative, complex continuing, primary and long-term care and independent living opportunities on a single site.

A new hospital facility will incorporate the best and latest in architectural design, enabling technologies and therapeutic landscapes to help patients get their lives back. At the same time, a complementary initiative will extend West Park's spectrum of services by creating a vibrant community with housing and related services for seniors and people with disabilities.

The hospital development comprises construction of a new, six-story, approximately 730,000-square-foot hospital facility. The new hospital will be designed to create an accessible, senior-friendly and green environment that is flexible and technologically advanced to enhance the exceptional care delivered by dedicated staff. The project also includes the demolition of all current patient care and maintenance buildings, with the exception of the Long-Term Care Centre which opened in 2002.

Project planning includes both accessibility and universal-design expertise on the consulting team as well as extensive consultation with, and participation in user groups by, persons with disabilities, support persons and members of the Accessibility Working Group.

Key Milestones for the Hospital Development

- 2015-17 Development of the design and technical requirements (“Output Specifications”) for final approval by the Ministry of Health and Long-Term Care
- 2017-18 Request for Proposals: Design competition by three pre-qualified bid teams
- 2018-23 Selection of preferred proponent , design of new facility, construction, procurement of furnishings, fixtures and equipment, and operational
- 2023-24 Transfer of all hospital operations into the new facility, demolition of three older patient-care buildings, and re-landscaping of the grounds for outdoor therapy and recreation

A number of design objectives for the hospital project have direct bearing on people with disabilities who will visit or work in the new facility:

- Create an environment that fosters a positive patient and family experience
- Create an environment that fosters a positive work life for staff
- Drive a technology-enabled environment that enhances patient experience and optimizes service delivery
- Foster connections to nature and beauty both indoors and outdoors
- Advance accessibility, safety and security for all, and embrace diversity of populations served.

Following are some of the many ways in which accessibility will be enhanced in the new hospital building:

Evidence-based design

- Incorporation of recommendations from: Code+ 2nd edition (2015), a guide for the physical design of an elder-friendly hospital; the Senior Friendly Hospital framework of the Regional Geriatric Programs of Ontario; and West Park’s 2014 Strategic Service Plan for Geriatric Services
- Wheelchair turning circles and clear floor spaces informed by research conducted by Toronto Rehabilitation Institute and the Center for Inclusive Design and Environmental Access (IDEA Center) at the University of Buffalo, New York.
- Integration of the principles of Universal Design, for a facility that is inclusive and usable by people of all abilities and ages to the greatest extent possible without the need for adaptation or specialized design.

Space and interior design

- Three sizes of single-user washrooms: barrier-free, enhanced barrier-free, and universal, the last of which includes adult change tables and floor-level drains for emptying urine bags
- Accessible movement between floors: Pass-through elevators (i.e. doors on both the front and rear walls), more-accessible elevator controls, and a request for innovations such as voice activation to enable hands-free use of elevators
- Rest areas with seating every 30m along public paths of travel inside the building and on

the grounds

- Larger rooms in specified inpatient and outpatient locations to accommodate bariatric patients
- Colour contrasts and tactile walking surface indicators to facilitate navigation for people with vision impairments
- Interior-design cues to reduce confusion in people with dementia or cognitive impairments and to help prevent delirium
- Simple way finding with accessible signage and digital options
- Design of flooring to reduce tripping hazards, such as showers with level thresholds and level transitions between different types of flooring

Furnishings, equipment and assistive technologies

- Ceiling-mounted patient lifts in all inpatient rooms and in designated outpatient treatment areas including the hydrotherapy pool, which will also have a ramp into the water
- Hands-free power door operators with elongated activation plates that can be pressed with one's foot or wheelchair foot rest
- Integrated patient bedside terminals that are accessible (e.g. tactile controls, phone handset, assistive technologies such as voice recognition, range of viewing angles, optional mode for simplified use) and incorporate environmental controls (e.g. to adjust lights, room temperature and window shades) and communication/entertainment media (e.g. telephone, television, internet and webcam)
- Accessible hardware such as door handles, faucets, shower controls and public telephones, and accessible equipment and appliances such as refrigerators for patient and family access
- A variety of accessible seating options (e.g. dimensions, seat height, armrests, colour contrast, cane-detectable, clear floor space) with accessible outlets in furniture for charging equipment
- Accessible lockers in patient and staff change facilities
- Assistive listening equipment, such as hearing-loop systems, that amplify sound directly to hearing aids, cochlear implants and headsets in areas such as the auditorium and reception desks

Exterior design features

- Underground parking in addition to surface parking, to reduce travel distances and risks posed by inclement weather for people with mobility limitations
- Canopies over the driveways at public entrances to provide protection from inclement weather for people who need extra time to enter and exit vehicles
- Sidewalks that are wide enough for people in large wheelchairs to pass each other
- An accessible landscape, including walking trails of varying degrees of difficulty and raised planting beds to help people in wheelchairs to enjoy and participate in gardening activities
- Direct access at grade from the hospital to outdoor therapy and recreation areas, and access to outdoor terraces on every upper floor

- Pedestrian-friendly crosswalks between the hospital, LTC home, surface parking and outdoor recreation areas
- Advocacy to the TTC for improved access to the campus by public transit, and provision for bus stops and shelters

4. Accessibility Activities from October 2019 through October 2020

The 12 months ending October 31, 2020, were marked by the following accomplishments:

- Campus development planning achieved a major milestone: 100% Construction Drawing Development (CD) with Ellis Don Infrastructure Healthcare.
- Continuation of the patient engagement strategy to promote inclusion of people with disabilities and all users of the Centre's services in a wide range of activities, including personal care and health decisions, program and service design, and policy, strategy and governance.
- As part of ongoing compliance with the provincial accessibility standards for customer service, training information was provided to all new staff and others who interact with the public on the Centre's behalf. Beginning in September a new comprehensive online learning module was introduced which will be mandatory for all staff, physicians and volunteers.
- Implementation continued of a Senior Friendly Action Plan developed as part of the Toronto Central LHIN's Senior Friendly Hospital Strategy to improve the health, well-being and experience of seniors in hospitals as well as the capacity of older adults to live independently and avoid re-admissions. Action was taken to address a lack of "orientation cues" in common areas and patient rooms. Further senior-friendly environmental design principles are being incorporated in the new hospital building, such as more storage space to reduce clutter/obstacles, lighting and improved visibility of activity calendars and clocks.
- West Park's Recreation Therapy, Spiritual and Religious Care and Volunteer Resources services play important roles in reducing the risk of isolation due to disability particularly among complex continuing care patients. This is demonstrated in the form of facilitating a variety of therapeutic programming addressing all domains of health, such as community outings and in-house therapeutic recreation programming, resources and education which provided patients with meaningful leisure experiences for people with all abilities.
- Ongoing examples include: adapted gardening, cooking, art, photography and sport programs, the annual WISH program, Special Events such as unit entertainment, communal dining for all patients including those on therapeutic diets and bedside pet visits; on-site spiritual and religious care services such as one to one counseling, the visiting clergy and drumming circles; external vendors, unit support volunteers, patient escort and program specific volunteers; Due to Covid -19 communal programs had to be halted for patient and staff safety but were replaced with:
 - West Park patients involved in Music Therapy (part of Recreation Therapy) had an opportunity to perform in front of a live audience during the Coffee House program as well as the year end Music Therapy Performance
 - Under the guidance of the Music Therapist, several patients recorded original songs that were released at the Album Release Party, and shared with patients, family, volunteers and staff
 - A seated yoga program provided patients with access to a new fitness experience both individually and as part of a group session allowing patients of all abilities to participate and benefit

- Evaluating and creating a Community Outing policy to ensure West Park provides inclusive, safe and assessable outings
- Recreation Therapy researched and conducted accessibility audits on new outing venues for patients e.g. Toronto Zoo, McMichael Art Gallery
- Recreation Therapy has introduced the opportunity for patients and family members to receive the monthly calendar via email in an accessible format
- Enhanced service specific programming has provided patients on 2 East C, and CAVC to enjoy programs that are more accessible to them

2019-2020

- West Park patients involved in various recreation therapy and music therapy programs (part of Recreation Therapy) had an opportunity to showcase their talented works to the West Park community during the WP One of a Kind Show and the Holiday Market. Patients raised \$1150 in sales to benefit the WP Foundation.
- Creating a Pet/Animal Visitor policy to ensure West Park provides an inclusive, safe and assessable opportunity for patient to connect with animals (family pets, therapy dogs, exotic animals) [in progress].
- Recreation therapy developed and implemented a Book Club program. Patients were able to learn how to use accessible and alternative reading methods (i.e. audiobooks, large print books etc.). A Toronto Public Library representative was invited to the centre to teach about accessibility in the library to patients and family.
- A pilot accessible video game program was developed and implemented on CAVC, in collaboration with Occupational Therapy. A generous Scotia Bank Grant will be used in 2021 to purchase additional accessible equipment.
- During the COVID19 pandemic, Recreation Therapy supported patients centre-wide to stay connected with their loved ones by facilitating video calls. In addition to that, recreation therapy staff provided patients and family with any tech support related to using technology (iPads, tablets etc.).
- Rehab patients were provided with a Leisure Resource Package during isolation.
- Zoom programming (1:1 and group) was implemented to increase cross-unit socialization, to decrease isolation and to continue providing patients with meaningful and accessible therapeutic programming during the pandemic.
- Patients were having a hard time understanding and hearing staff, due to mandatory PPE (mask and face-shield). Recreation therapy purchased dry erase boards as a low tech communication tool.
- Due to the pandemic, volunteers were unable to visit WPHC. Recreation Therapy initiated the 'Caring Connections' project where volunteers used technology to continue connecting with patients during the pandemic via recorded videos.

5. Accessibility Planning at West Park Healthcare Centre

Founded in 1904, West Park is the regional rehabilitation Centre for the western Greater Toronto Area (GTA), and currently operates 125 rehabilitation and community-living beds, 169 complex continuing care (CCC) beds, 200 long-term care (LTC) beds⁵, and an array of outpatient services. It is located near the intersection of Jane Street and Eglinton Avenue West in the City of Toronto. More information is available on request or by visiting West Park's Internet site at www.westpark.org.

In its accessibility planning, West Park builds on a longstanding commitment to people with disabilities. The Centre's Board of Directors has declared its intention to comply with both the spirit and the letter of the law.

West Park has adopted formal policies committing the organization to compliance with the requirements of the AODA and the ODA, to a process for continual improvement of accessibility and to the provision of accessible customer service. Responsibility for overseeing accessibility planning, including compliance reporting to the Accessibility Directorate of the Government of Ontario, resides with the Accessibility Working Group, which reports through the Centre's President & CEO to the Board of Directors.

The law states that organizations are expected to "develop and implement accessibility plans within their existing planning processes and using existing resources." As such, accessibility initiatives are subject to the Centre's long-range capital plan and financial position and are incorporated into strategic planning, operating plans, and departmental work plans as required. The support and participation of all staff are key to achieving an accessible organization.

⁴Available at: <https://www.ontario.ca/page/accessibility-laws>

⁵The long-term care home which is managed by Extendicare has an Accessibility Plan which is compliant with AODA standards and can be found at: <https://www.westpark.org/LongTermCareCentre/AboutUs/Accessibility>

Appendix A: Definitions

Disability

The Ontarians with Disabilities Act, 2001, (ODA) adopted the broad definition for disability that is set out in the *Ontario Human Rights Code*. “Disability” is:

- a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impairment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;
- b) a condition of mental impairment or a developmental disability;
- c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- d) a mental disorder; or
- e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

Barrier

A “barrier” is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

An example of each of the different kinds of barriers is shown below:

Barrier types	Examples
Attitudinal	Discriminatory behaviour, disregard or ignorance
Informational/ communication	Materials that cannot be read, failure to use plain language
Technological	Lack of assistive technologies such as phones with volume control and closed captioning on TV
Systemic	Non-accommodation of disabilities in policies and practices
Physical	A button that cannot be pushed or a doorknob that cannot be operated
Architectural	Steps, narrow doors

Appendix B: Terms of Reference of the Accessibility Working Group

Purpose

The Accessibility Working Group (AWG) is accountable for ensuring the Centre is in compliance with legislative requirements laid out in the Accessibility for Ontarians with Disabilities Act (AODA). The aim is to provide an inclusive environment for all patients, residents, visitors, and staff by removing barriers and encouraging dignity, independence, integration and equal opportunity for people of all abilities.

Functions

- Assess the Centre's barriers to accessibility which may fall within the following five categories: attitudinal, systemic, physical, information/communication, technological;
- Develop and implement a multi-year plan which will assist the Centre in meeting the Integrated Accessibility Standards Regulation to address current barriers and prevent and remove future barriers to accessibility as well as highlight accomplishments;
- Build accessibility planning into West Park's way of doing business and, thus, prevent new barriers; advance best practices; ensure that the plan is aligned with other Centre initiatives as appropriate; and comply with accessibility legislation;
- Obtain approval of the accessibility plan from the President & CEO, communicate the plan throughout the Centre, and make the plan available to the public;
- Create learning opportunities for its members and Centre staff to develop an understanding of accessibility issues, legislation, and policies/procedures/practices that cause or may cause barriers to access for people with disabilities; and
- Establish a process for monitoring implementation of and compliance with accessibility legislation and standards across the Centre and for preparing status reports on progress, as directed by senior management

Meeting

At the call of the Chair (4 x per year)

Quorum

50% of membership

Membership

Diane Zdybal, Director of Support Services (Co-chairperson)
Angela Dowd, Service Manager (Co-chairperson)
Shelley Ditty, Vice President, Campus Development and Support Services
Shannon Burke, Clinical Nurse Specialist, Professional Practice
Ludmilla Ferreira, Clinical Care Coordinator, Neurological Rehabilitation
Roslyn Irvine, Speech Language Pathologist, AAC
Mark Palmer, Communication Specialist, Public Relations
Hazel Self, Community Services Coordinator, Transition to Independent Living
Sarah Ben Orava, Patient Experience Coordinator, Program Operations
John Federico, Manager, Environmental Services, Support Services
Paula Silvestre, Supervisor, Environmental Services, Support Services
Alison Grundy, Human Resources Representative - Recruitment
Luisa Abhaypal Manager, Employee & Volunteer Services
Patient Advisor (currently recruiting)
Consulting members as necessary

Accountability

CEO through Chair of Committee