



Eliminating Barriers: MOUNT SINAI HOSPITAL 2010 - 2011 Accessibility Plan

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1. AIM and Objectives of the Plan

This plan is intended to continue to move Mount Sinai Hospital toward its vision of accessibility. This vision represents the ideal, with each annual plan outlining realistic initiatives to be achieved in the 12-month period covered.

Specifically, Mount Sinai Hospital will provide the opportunity for all patients and their family members, staff, potential staff, health-care practitioners, volunteers and members of the community to identify their needs related to disabilities and that those needs are accommodated in a manner that supports the dignity of the individual. This will be reflected in the hospital by:

- People with disabilities being able to enter the hospital and reach their destinations without encountering barriers.
- People with disabilities receiving the services they require without encountering barriers.
- People with disabilities working without encountering barriers.
- Accessibility being a thread that is woven throughout all policies and practices
- Accessibility being accepted as everyone's responsibility.

This plan describes:

- Measures that Mount Sinai Hospital will take during the next 12 months to identify, remove and prevent barriers to people with disabilities who live, work or use the Hospital, including patients and their family members, staff, potential staff, health-care practitioners, volunteers and members of the community.
- Describes how Mount Sinai Hospital will make the plan available to the public.

Definition of a Barrier

For the purposes of this document, barrier means anything that prevents a person with a disability from fully participating in all aspects of society, including physical barriers, architectural barriers, information or communication barriers, attitudinal barriers, technological barriers, and policy or practice obstacles.

2. Description of Mount Sinai Hospital

Mount Sinai Hospital is a 464 bed patient care and academic health sciences centre fully affiliated with the University of Toronto. The main site is located at 600 University Avenue.

Mount Sinai Hospital has the following satellite sites:

- 1) the Ontario Power Generation Building at 700 University Avenue (Floor 3 and part of Floor 8);
- 2) the Joseph and Wolf Lebovic Building at 60 Murray Street;
- 3) 522 University Avenue;
- 4) Toronto Centre of Phenogenomics;
- 5) ACTT;
- 6) Wellness Centre Scarborough - 3833 Midland Avenue
- 7) 250 Dundas Street West.
- 8) 200 Elm Street

The statistics for the year ending March 31,2010 are available through the Mount Sinai Hospital Annual Report <http://www.mountsinaiannualreport0910.ca/>

3. The Accessibility for Ontarians with Disabilities Planning Committee

Mount Sinai Hospital formally constituted the Accessibility Working Group in May 2003. The group was reconstituted and renamed in November 2006. The Committee is formally authorized to provide a forum to meet Mount Sinai Hospital's mandate as set out in the Accessibility for Ontarians with Disabilities Act, 2005. This includes:

1. Identifying, removing and preventing barriers to people with disabilities who live, work or use the Hospital including patients and their family members, health-care practitioners, volunteers and members of the community.
2. Creating an annual work plan identifying measures that Mount Sinai Hospital will take during the 12-month period to identify, remove and prevent barriers.
3. Ensuring that the work plan is available to the public.
4. Ensuring that the work plan is completed as per annual goals.
5. Respond to emerging accessibility concerns identified through various mechanisms including other committees as well as patient, employee, visitor concerns.
6. Monitoring changes to the legislation and adjusting work of the committee appropriately as standards are developed.

Chair

The Hospital's Senior Management group has appointed Sharon Currie, Director of Rehabilitation, as the Chair for the Accessibility for Ontarians with Disabilities Planning

Committee (contact information at the end of the report). Terms of Reference for the committee, which is directly accountable to Senior Management, are attached in Appendix 1.

Authority/Reporting Relationship

The Committee is accountable to the Senior Vice-President and Chief Operations Officer.

Members of the Accessibility Committee

Inter-professional members are drawn from across the hospital from a variety of both patient-care and common/public areas where accessibility issues may be identified. It is required that persons with disabilities be represented on the committee. The membership list is attached to the Terms of Reference, Appendix 1.

4. Mount Sinai Hospital's Commitment to Accessibility Planning

Mount Sinai Hospital is committed to:

- The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health-care practitioners, volunteers and members of the community.
- The participation of people with disabilities in the development and review of its annual accessibility plans.

- Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- The continued operation of the Accessibility for Ontarians with Disabilities Planning Committee.

5. Barrier Identification Methodologies 2010 - 2011

The Accessibility Committee used the following barrier identification methodologies for 2010 - 2011

Methodology	Description	Status
Concerns expressed to Patient Relations	Issues relating to accessibility were identified through the Patient Relations office.	All complaints were forwarded to the Accessibility Committee for review and appropriate action
Issues identified through Risk Management Office	Issues relating to accessibility were identified through incident reports	All issues were forwarded to the Accessibility Committee for review and appropriate action.
Review of issues Diversity and Human	Sources of information, include, MSH climate	Recommendations and information from these

Rights Office	review specifically related to harassment, and Made in Sinai Health Equity Competencies: A community consultation, and complaints.	initiatives are forwarded to the Committee for review and inclusion as appropriate.
Accessibility Committee	Participation of representatives from a variety of areas. Review of barrier elimination initiatives. Request for more information where appropriate.	Ongoing
Information desks	Feedback received from both staff and volunteers who work at various information desks.	Concerns brought to the Committee for consideration.
Security	Feedback received from patients, visitors and staff to security and forwarded to the Committee.	Concerns brought to the committee for consideration
Community /staff consultation	Creation of voice mail hotline and email	Concerns received through these two

	address called Access@mtsinai.on.ca	sources
Legislation Changes	Legislation is monitored to ensure MSH compliance	Changes are regularly occurring to the MSH processes as legislation changes
Review of construction projects	Construction projects reviewed by member of committee with knowledge of accessibility	Concerns identified through new construction projects
Employee Rehabilitation Program and Occupational Health Department	Issues related to staff and accessibility identified by Employee Rehab personnel	Concerns identified through interventions with employees

Barriers were identified using the above process. These were gathered and considered by the Committee. Decisions regarding barrier removal initiatives were made using a list of criteria. The criteria (in no specific order) are:

- Legislation requirements
- Patient/staff/visitor safety and risk
- Number of complaints about that issue
- Cost
- Patient/Visitor/Staff satisfaction
- Best Practice/Innovation

Barriers and means to prevent barriers were identified as being in one of eight categories:

1. attitudinal
2. physical
3. architectural
4. informational
5. communicational
6. technological and
7. policies and practices
8. employment

The Committee identified the barriers which will be removed or addressed in 2010-2011. Of note, the hospital continues with a major capital redevelopment project entitled "Renew Sinai". Where possible, removal of barriers will be incorporated into building redevelopment as opposed to high-cost renovations or retro-fitting. To that end, the hospital has consulted significantly with experts in the area of accessibility. The various issues will be regularly re-assessed to ensure the appropriate balance is achieved.

The Committee put forth a proposal to contract consultants to review all architectural plans and review existing sites and new plans for all types of barriers. This proposal was accepted and this process is ongoing.

Mount Sinai Hospital
ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES
Work Plan September 2010 to September 2011

Category of Barrier	Identified Barrier	Means to prevent/remove barrier	Indicator of success
Physical/Architectural	<p>Follow up for 2009 2010 activities in process</p> <ul style="list-style-type: none"> • Entrances to hospital • Accessible washrooms • 9S accessible shower and washroom • Change rooms in Mammography not 	<ul style="list-style-type: none"> • Continue with incremental changes to improve entrances. • Continue with inventory and changes to washrooms within hospital to ensure accessibility. • Complete renovation on 9S to create accessible washroom and shower • Accessible change rooms 	<p>Accessible entrances</p> <p>Inventory of accessible washrooms</p> <p>9S accessible Shower</p> <p>Accessible change rooms</p>

	accessible		
<p>Many barriers have been identified and will be addressed through the Renew Sinai redevelopment project. The following barriers will be removed by Summer 2011 <u>All areas being renovated</u> will have the new standard tiered reception area to accommodate people with disability.</p> <p><u>Womens' and Infants' Inpatient Program</u> Washroom in patient rooms s will all be wheelchair accessible including showers More wheelchair accessible public washrooms</p> <p><u>Ambulatory Womens' Program</u> Increased accessibly including examination rooms and equipment that accommodates patients using wheelchairs, scooters and patients who are bariatric.</p> <p><u>Cardiology Heart Function and Physician Clinic</u> Increased accessibility including the new standard tiered reception area and accessible washrooms</p> <p><u>Pharmacy - moving to 18th level</u> Improved accessibility including more accessible washrooms</p> <p>Washrooms on 18th level will now be available for people with disability who come to MSH for public functions and use the auditorium. The washrooms will be towards the west wing of the 18th level.</p>			

	<p>19th Level This is a newly created level, primarily administrative offices. Washrooms will be accessible.</p>		
Informational/ communication	<ul style="list-style-type: none"> Lack of tracking with recruiting and talent acquisition of people with disabilities. 	<ul style="list-style-type: none"> Partnership with JOIN (Job Opportunity Information Network) from a talent acquisition and expert resource perspective 	<ul style="list-style-type: none"> Monitor jobs sent to JOIN Monitor matches achieved Track events University of Toronto employment event for future graduates with disabilities.
Attitudinal	<p>Inconsistent processes and equipment for providing care to people with disabilities coming in for outpatient appointments.</p>	<p>Develop an overall strategy to create a consistent approach.</p> <ul style="list-style-type: none"> List of ambulatory clinics Indicators of access Assess current processes 	<p>Consistent practice and access to outpatient clinics</p> <p>(this will be a multi-year project)</p>

		<ul style="list-style-type: none"> • Assess equipment • Collate and analyze data • Develop strategy and standards 	
Technological	<p>Inconsistent information available regarding accessible areas including Wheelchair washrooms WheelTrans pick up Baby Change stations</p> <p>Incomplete process regarding systems in meetings rooms for people with hearing impairment</p> <p>Inconsistent processes and information sharing on identifying if patients have special needs.</p>	<p>Include information in the newly created electronic Wayfinding application</p> <p>Continue with acquisition and creation of systems to create access for people with hearing impairment through hearing technology for classrooms</p> <p>Include a field in the registration system - do you have special (word to be determined) needs?</p>	<p>Functioning, useful electronic Wayfinding system.</p> <p>Hearing accessible meeting spaces</p> <p>Functioning field where information is captured and shared appropriately</p>
Policies and Practices	<p>Policies continue to require review and updating to ensure they are consistent with AODA legislation.</p>	<p>Scent sensitive is under review</p> <p>Review of all HR policies with respect to AODA</p>	<p>Updated policies</p>

9. Review and Monitoring Process

The Accessibility Committee will meet a minimum of five times during the year to review and monitor progress in identifying, reviewing and removing barriers. The Committee will implement an ongoing strategy to engage and ensure accountability of staff in disseminating and implementing initiatives.

10. Communication of the Plan

The 2010 - 2011 Accessibility Work Plan will be posted on our internal and external websites. Hard copies will be available upon request. The link is available via the MSH intranet and the MSH internet using the accessibility icon on the Mount Sinai Hospital page. In addition, MSH is taking a leadership role by serving as an expert resource to other facilities.

Upon request, the Plan will also be available in large print, which can be accessed by choosing the change font option on the on-line document as well as audiotape.

After posting the Plan on the hospital website, Communications and Marketing will develop an internal communication plan for an announcement reiterating our commitment to a barrier-free environment and informing staff how to send their concerns regarding barriers to the Committee.

Additions may be made to the Plan as the Accessibility Committee receives and responds to new and emerging information. If you are aware of a barrier, physical, technical, communications, attitudinal or other, please contact:

Sharon Currie

Chair, Accessibility Committee

Mount Sinai Hospital

416-586-4800 ext. 8332

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APPENDIX 1

Terms of Reference

Committee Name:

Accessibility for Ontarians with Disabilities Planning Committee

Purpose:

The committee exists to provide a forum to meet Mount Sinai Hospital's mandate as set out in the Accessibility for Ontarians with Disabilities Act, 2005. This includes

1. Identify, remove and prevent barriers to people with disabilities who live, work or use the Hospital including all staff, hospital patients, volunteers, students, foundation staff, researchers, physicians and contractors; and to members of the public.
2. Create an annual work plan identifying measures that Mount Sinai Hospital will endeavour to implement during the 12 month period to identify, remove and prevent barriers
3. Ensure that the work plan is available to the public.
4. Respond to emerging accessibility concerns identified through various mechanisms such as other committees as well as staff, hospital patients, volunteers, students, foundation staff, researchers, physicians and contractors; and to members of the public.
5. Monitor changes to the legislation and adjust work of the committee appropriately as standards are developed.

Authority/Reporting Relationship:

- Altaf Stationwala Senior Vice-President Operations and Re-Development
- Information sharing will occur with the Environmental Committee

Composition:

- Senior Vice-President Operations and Re-Development
- Director of Rehabilitation
- Director of Occupational Health and Safety
- Manager Intranet Services
- Occupational Therapy Professional Practice Leader
- Patient Relations Facilitator
- Manager of Dentistry or delegate
- Director of Volunteer Services
- Construction Project Coordinator
- Diversity and Human Rights Advisor
- Risk Manager - Ad Hoc
- Manager, Telephone Communications
- Director of Building Services
- Manager Workforce Planning
- Nursing representative
- Director of Health Records and Registration
- Security representative
- Social Work representative
- Member of the community with disability

Meeting Frequency

The committee will meet every second month or as needed

Responsibilities of Members:

1. Review the agenda and previous minutes, and come prepared to participate
2. Bring forward any relevant outstanding issues to the chair
3. Critically review circulation materials
4. Participate in the fulfillment of the committee's objectives
5. Assume responsibilities of the Chair when requested
6. Disseminate information to appropriate forums

Meeting Schedule:

The committee will meet the third Thursday of every second month

Approved – March 15, 2007