

**Eliminating Barriers:  
MOUNT SINAI HOSPITAL  
2007-2008 Accessibility Plan**

## Accessibility Plan Table of Contents

	PAGE
1. Aim and Objectives of the Plan	3
2. Description of Mount Sinai Hospital	4
3. The Accessibility Committee	6
4. Our Commitment to Accessibility Planning	7
5. 2006-07 Barrier Removal Initiatives	8
6. Barrier Identification Methodologies	10
7. 2007-08 Barrier Removal Initiatives	12
8. Review and Monitoring Process	16
9. Communication of the Plan	16
Appendix 1: Accessibility Committee: Terms of Reference and Membership	
Appendix 2, 3, 4 and 5: Workplans 2003 to 2007	

## 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, 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:

- Initiatives that Mount Sinai Hospital has taken over the past two years (see Appendix 2)
- 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, health-care practitioners, volunteers and members of the community.

In addition, this plan:

1. Describes the process by which Mount Sinai Hospital will identify, remove and prevent barriers to people with disabilities.
2. Highlights initiatives undertaken at Mount Sinai to remove and prevent barriers to people with disabilities from 2005-06 to 2006-07.
3. Lists the policies, programs, practices and services that Mount Sinai Hospital will review in 2007-08 to identify barriers to people with disabilities.
4. Describes the measures Mount Sinai Hospital will take in 2007-08 to identify, remove and prevent barriers to people with disabilities.
5. 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 465-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) Mount Sinai Hospital Foundation at 522 University Avenue;
- 4) Toronto Centre of Phenogenomics;
- 5) ACTT;
- 6) Wellness Centre Scarborough.

The statistics for the year ending March 31, 2007 are:

	<b>Inpatient and Operating Room Activity</b>	
Total admissions		24,647
Births		6,523
Patient days		135,524
Average length of stay (days)		5.4
Beds in service		472
Operations		18,810
	<b>Ambulatory and Emergency Activity</b>	
Emergency department visits		42,153
Radiological procedures		184,642
Ambulatory care visits		658,400
	<b>Hospital Staffing</b>	
Full time		2,288
Part time/casual		1,088
Medical/dental staff		805
Research Institute staff		660
Undergraduate and postgraduate medical students		340
Auxiliary members		1,272
Volunteers		885
Volunteer hours		109,628

### 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. 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 Altaf Stationwala, Senior Vice-President, Operations and Re-Development.

## 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. 2003 to 2007 Barrier Removal Initiatives

The Hospital has been building a solid foundation of barrier-removal initiatives since 2003-04. Since that time, the hospital has undertaken extensive initiatives to identify, remove and prevent barriers to people with disabilities. See Appendix 2, 3, 4 & 5 to review previous work plans.

#### 6. Barrier Identification Methodologies 2007-08

The Accessibility Committee used the following barrier identification methodologies for 2007-08

Methodology	Description	Status
Consultation with Directors to receive feedback from their staff	Chair presented to MNET on June 14, 2007 and asked for feedback related to disability concerns	Completed and incorporated into 2007-08 workplan
Concerns expressed to Patient Relations	There were eight complaints related to accessibility received through the Patient Relations office.	All complaints were forwarded to the Accessibility Committee for review and appropriate action
Review of issues	Sources of information	Recommendations and

Human Rights and Diversity Office	will be available, including Workforce Census and the "Does Difference Matter?" research study.	information from these initiatives will be forwarded to the Committee for review and inclusion as appropriate.
Consultation with Co-chair, Community Integration	Information provided with respect to accessibility concerns specific to seniors.	Concerns forwarded to the Committee.
Advice - 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 have been addressed or are in process of being addressed through next accessibility plan.

Consultation	Discussions with persons with disabilities.	Survey ongoing with the Department of Dentistry, Adult Persons with Disabilities. Survey in progress through Social Work.
--------------	---	---

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 are:

1. Legislation requirements
2. Patient/Visitor/Staff satisfaction
3. Patient safety and risk
4. Number of complaints about that issue
5. Potential for liability
6. Cost

Barriers were identified as being in one of seven categories:

1. attitudinal
2. physical
3. architectural
4. informational
5. communicational
6. technological and

## 7. policies and practices

The Committee identified the barriers which will be removed or addressed in 2007-08. Of note, the hospital is embarking on a major capital redevelopment project. Where possible, removal of barriers will be incorporated into building redevelopment as opposed to high-cost renovations or retro-fitting.

The Committee has put forth a proposal to contract consultants to review all architectural plans and review existing sites and new plans for all types of barriers.

2007-08 Work Plan

Mount Sinai Hospital  
 ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES  
 Work Plan September 2007 to September 2008

Category of Barrier	Identified Barrier	Means to prevent/remove barrier	Indicator of success
Physical/Architectural	<p>Main Entrance MSH challenging for patients with disability to access.</p> <p>MSH Murray Street entrance challenging for patients with disability to access.</p> <p>Main entrance 60 Murray Street is not accessible</p> <p>Some service counters/desks too high for people in wheelchairs or who cannot stand. Eg. Admitting,</p>	<p>Redesign access to both MSH front and back entrances to ensure accessibility and safety. The goal is to achieve integrated access for all.</p> <p>Complete recommendations from disability consultant regarding improvement to 60 Murray Street main entrance.</p> <p>Recommend redesign of admitting for white card counter and admission counter.</p>	<p>Accessible/integrated entrances</p> <p>Accessible/integrated main entrance at 60 Murray Street.</p> <p>Accessible/integrated service counter in admitting</p>

<p>Informational/Communication</p>	<p>General lack of knowledge regarding the locations of wheelchair accessible washrooms.</p> <p>Lack of knowledge regarding emergency call buttons in wheelchair accessible washrooms.</p> <p>Lack of knowledge regarding where emergency call from wheelchair washrooms goes to.</p> <p>Lack of awareness of requirements and processes for human rights accommodation.</p> <p>Ongoing need for translation of materials and signs into languages of hospital users.</p>	<p>Identify wheelchair accessible washroom locations within the hospital. Determine best method of communicating locations.</p> <p>Identify if all wheelchair accessible washrooms have emergency call buttons.</p> <p>Identify where the emergency call goes to and who is responsible for responding.</p> <p>Provide training on the Accommodation policy, as defined by Human Rights legislation will be completed.</p> <p>Will continue to translate documents into languages of users as identified through statistics.</p>	<p>List of available wheelchair accessible washrooms created and communicated to staff within the hospital. List accessible washrooms outside inaccessible public washrooms.</p> <p>List of washrooms with emergency call buttons.</p> <p>Ensure that all call buttons have a place to be appropriately answered.</p> <p>Additional translated documents</p>

<p>Attitudinal</p>	<p>Radioactive Iodine Rooms (appears communication lacking when admitted patient has a disability)</p> <p>Lack of knowledge of experience of patient with disability at MSH.</p> <p>Lack of training throughout the hospital regarding ways in which people with disabilities experience discrimination.</p>	<p>Investigate process for identifying disability needs before admission to a radioactive iodine room.</p> <p>Conduct focus groups with patients with disability to better understand their experiences.</p> <p>Provide training to staff. Consider including in orientation and/or human rights and diversity training.</p>	<p>Appropriate process will identify disability needs of patients before admission.</p> <p>Recommendations developed as a result of focus groups.</p> <p>Number of training session.</p>
<p>Technological</p>	<p>Main elevators do not have speaker announcing floor and direction (ie. Up and down) nor Braille on buttons.</p> <p>MSH internet site has limited accessibility for persons using assistive devices</p>	<p>Implement speaker system.</p> <p>MSH Internet site is currently being upgraded to a Content Management System that is accessibility compliant. (US government Section 508 Accessibility Guidelines, W3C-WAI Web Content Accessibility Guidelines standard XHTML and CSS and is platform independent.)</p>	<p>Elevators have speaker and Braille on buttons.</p> <p>Accessible Internet Site.</p>

Policies and Practices	<p>What is appropriate process regarding wheelchairs being available at the main entrance.</p> <p>MSH does not currently have a comprehensive Accommodation policy.</p>	<p>Investigate and make recommendations</p> <p>Complete the accommodation policy.</p>	<p>Wheelchairs available for patients.</p> <p>Completed policy</p>

## 8. 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.

## 9. Communication of the Plan

The 2007-08 Accessibility Work Plan will be posted on our internal and external websites. Hard copies will be available through the following departments.

- Human Resources
- Patient Relations
- Communications and Marketing
- Diversity and Human Rights
- Social Work
- Rehabilitation
- Reception Desk at 60 Murray Street
- Occupational Health and Safety

A link is posted on their departmental websites. 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 will 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  
[scurrie@mtsinai.on.ca](mailto:scurrie@mtsinai.on.ca)