



Eliminating Barriers: MOUNT SINAI HOSPITAL 2009-2010 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, 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, 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 472-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, 2009 are available through the Mount Sinai Hospital Annual Report <http://www.mountsinaianualreport0809.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, 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. Barrier Identification Methodologies 2009-2010

The Accessibility Committee used the following barrier identification methodologies for 2009-2010

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 Human Rights and Diversity Office	Sources of information, include, MSH Workforce Census the "Does Difference Matter?" research	Recommendations and information from these initiatives are forwarded to the Committee for review

	study and Made in Sinai Health Equity Competencies: A community consultation	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 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.

Community /staff consultation	Creation of voice mail hotline and email address called Access@mtsinai.on.ca	Concerns received through these two 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

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 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 2009-2010. 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 2009 to September 2010**

Category of Barrier	Identified Barrier	Means to prevent/remove barrier	Indicator of success
Physical/Architectural	Front and Murray Street entrance challenging to enter and exit	Redesign and renovate to create universal access at both entrances. The improvements will be completed in a staged method. In 2009-2010 the following will occur Ramp access at Murray Street entrance. Curb cut Carpet improvement at both entrances.	Completion of changes to improve access.
	No accessible washroom on 9S patient care area	Create accessible shower on 9S	Accessible washroom on 9S

	<p>Ongoing disruption from construction which creates unintended barriers</p> <p>Lack of availability wheelchairs in public areas</p> <p>Lack of accessible examination tables for patients coming to ambulatory clinics.</p>	<p>Member from accessibility committee (or designate) to attend monthly construction meeting to ensure accessibility issues are addressed pre-construction.</p> <p>Investigate and develop plan to improve wheelchair access.</p> <p>Inventory of accessible examination tables. Method of booking space with accessible tables.</p>	<p>Maintaining or exceeding current level of accessibility. Accessibility issues identified pro-actively.</p> <p>Pilot system to ensure wheelchairs are available at entrances to hospital.</p> <p>Pilot booking accessible examination table for patients with disability coming for ambulatory visits through central area(s).</p>
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	On the Way Café has narrow corridors	Create Accessible corridor	Accessible cafe
Informational/ communication	Lack of centralized resource information re: accessibility. Admitting/Communications /information desk, PAU - point of entry for patients. Extra training required.	Create central system for resources such as AODA website. Items to include <ul style="list-style-type: none"> • FAQ's • Inventory of accessible washrooms • Map showing accessible washrooms • Inventory of accessible examining tables • Help Us Help You checklist for staff • Planning a staff function? How to make it accessible Training for staff working at areas where patients enter the hospital.	Further development of website Information at Admitting Information at central information desks Help Us Help You Training

Attitudinal	Lack of awareness, insight generally within hospital on needs of people with disability.	Education Speakers Awareness Nursing education days	Improved awareness demonstrated by reduction in complaints and concerns
Technological	<p>Main elevators do not have speaker announcing floor</p> <p>Hospital areas not accessible to people with hearing impairment</p> <p>Wheelchair icon on main page too small.</p> <p>Services for staff and patients with hearing impairment not as robust as may be possible</p>	<p>Implement speaker systems once seismic upgrade is complete.</p> <p>Review public spaces Recommend technology to address the issue</p> <p>Enlarge wheelchair icon on hospital internet page and add text, other common symbols.</p> <p>Investigate remote access technology.</p>	<p>Speaker system</p> <p>Plan in place to create accessible public spaces accessible for persons with hearing impairment</p> <p>Large visible icon.</p> <p>Expand service to include remote access technology for people with hearing impaired or interpreter</p>

<p>Policies and Practices</p>	<p>Service Animal Fan Out list not yet created as part of Service Dog policy.</p> <p>Have not addressed special needs of people with disability during emergency training.</p>	<p>Create Service Animal Fan out List.</p> <p>E-learning module and drills will be redesigned to incorporate training on how to evacuate non-ambulatory patients/staff/visitors in clinical and non-clinical areas.</p>	<p>Service Animal Fan out list in place</p> <p>Training updated</p>
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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 2009 - 2010 Accessibility Work Plan will be posted on our internal and external websites. Hard copies will be available upon request. The link is available through any internal computer through the accessibility icon on the Mount Sinai Hospital internet page.

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

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