



Eliminating Barriers: MOUNT SINAI HOSPITAL 2008-2009 Accessibility Plan

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Appendix 1: Accessibility Committee: Terms of Reference and Membership
Appendix 2, 3, 4,5 and 6 : Workplans 2003 to 2008

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. Mount Sinai Hospital Foundation at 522 University Avenue;
4. Toronto Centre of Phenogenomics;
5. ACTT;
6. Wellness Centre Scarborough.
7. 250 Dundas Street West.

The statistics for the year ending March 31, 2008 are:

Inpatient and Operating Room Activity

Total admissions	25,408
Births	6,744
Patient days	140,068
Average length of stay (days)	5.4
Beds in service	472
Surgical procedures	19,431

Ambulatory and Emergency Activity

Emergency department visits	43,737
Radiological procedures	184,100

Hospital Staffing

Full time	3,481
Part time/casual	1,110
Medical/dental staff	280
Research Institute staff	729
Undergraduate/postgraduate medical students	345
Volunteers	1,032
Volunteer hours	111,000

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. Barrier Identification Methodologies 2008-09

The Accessibility Committee used the following barrier identification methodologies for 2008-2009:

Methodology	Description	Status
Concerns expressed to Patient Relations	There were a number of complaints related to accessibility received 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, among other things Workforce Census and the "Does Difference Matter?"	Recommendations and information from these initiatives are forwarded to the Committee for review

	research study.	and inclusion as appropriate.
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:

- Legislation requirements
- Patient/Visitor/Staff satisfaction
- Patient safety and risk
- Number of complaints about that issue
- Potential for liability
- 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 2008-2009. Of note, the hospital is embarking on 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. As well, ongoing construction continues to make it challenging to add more projects due to risk and liability. 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 2008 to September 2009**

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	Universal access at both entrances, 600 University. (this is a 2 year plan)
	Inventory of accessible washrooms complete. Some require small renovation to completely finish	Complete additional small renovations to finish washrooms	Washrooms completely accessible.
	Washroom on Level 1 at 60 Murray street not completely accessible.	Complete small renovation	Washroom completely accessible.
	Require signage outside public washrooms indicating locations of accessible washroom.	Create and post signs	Signs posted
	No accessible washroom on Level 18 except in patient care areas	Create accessible washroom	Accessible washroom on

			Level 18 (part of Renew Sinai 2 year plan)
Informational/communication	<p>Lack of knowledge re: new customer service requirements including training</p> <p>Communication process for patients with special needs accessing the radioactive iodine room still not clear.</p> <p>Gateways to Cancer Screening project identified barriers and best practices resulting in recommendations for cancer screening services for people with disabilities.</p>	<p>Customer Service Training and printed materials in place. (Consider integrating Customer Service Training with Health Equity training)</p> <p>Clear, standardized process for communicating special needs.</p> <p>Recommendations disseminated to the Committee</p>	<p>Attendance record/100% staff educated re: customer service standard by Jan. 1, 2010.</p> <p>Brochure Poster</p> <p>Special needs met.</p> <p>Prioritized recommendations.</p>
Attitudinal	Lack of knowledge/training throughout the hospital regarding ways in which people with disabilities experience discrimination	Focus group has occurred. Recommendations forthcoming	Increased knowledge amongst staff. Attendance at training to address issues.
Technological	<p>Main elevators do not have speaker announcing floor</p> <p>Main auditorium/classrooms /boardroom not accessible to people with hearing impairment</p> <p>Web based applications are not</p>	<p>Implement speaker systems</p> <p>Review public spaces Recommend technology to address the issue</p>	<p>Speaker system</p> <p>Plan in place to create accessible public spaces accessible for persons with hearing impairment</p>

	accessible to computer screen readers	Investigate and implement accessibility features.	Fully accessible web applications.
Policies and Practices	<p>Do not have policy for use of service dogs.</p> <p>Do not have policy for use of assistive devices</p> <p>Have not been designated as breast feeding friendly environment</p>	<p>Write and communicate policies</p> <p>Investigate process for receiving such designation.</p>	<p>Completed, posted policies.</p> <p>Breast feeding friendly designation.</p>

7. 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.

8. Communication of the Plan

The 2008-2009 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:

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