Eliminating Barriers:
MOUNT SINAI HOSPITAL
2012-2017 Accessibility Plan

Revised September 30, 2016

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 as well as the plan to meet mandatory requirements of the Integrated Accessibility Standard.

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 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, vendors providing goods and services on behalf of MSH and members of the community.
- How Mount Sinai Hospital will make the plan available to the public.

Definition of a Barrier:
For the purposes of this document, the term barrier refers to 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 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) Ontario Power Generation Building at 700 University Avenue (floor 3 and part of floor 8);
2) Joseph and Wolf Lebovic building at 60 Murray Street;
3) 522 University Avenue;
4) Toronto Centre of Phenogenomics;
6) Wellness Centre Scarborough at 3833 Midland Avenue;
7) 250 Dundas Street West;
8) 200 Elm Street;
9) 260 Spadina Avenue.
10) Sherman Health and Wellness Centre, 9600 Bathurst Street, North York
11) 2155 Leanne Blvd, Unit 118 Mississauga, Ontario

The statistics for the year ending March 31, 2016 are available through the Mount Sinai Hospital Annual Report on the Mount Sinai Hospital website

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 or work at, or use the Hospital including patients and their family members, health-care practitioners, volunteers, vendors providing goods and services on behalf of Mount Sinai Hospital 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 the work of the committee appropriately as standards are developed.

Chair:
The Hospital's Senior Management group has appointed Sharon Currie, 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 MSH Senior Management

Members of the Accessibility Committee:
Inter-professional members are drawn from across the hospital from a variety of both patient-care and and non-clinical departments 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 2012-2017

The Accessibility Committee used the following barrier identification methodologies for 2016 - 2017

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 through Human Rights and Health Equity	Issues relating to accessibility were identified through complaints	Recommendations and information from these complaints are forwarded to the Committee for review, appropriate action and inclusion as appropriate
Accessibility Committee	Participation of representatives from a variety of areas. Review of barrier elimination initiatives. Request for	Ongoing

	more information where appropriate.	
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 address: Access@mtsinai.on.ca.	Concerns received through these two sources.
Legislation changes	Legislation is monitored to ensure Hospital compliance.	Changes are regularly occurring to Mount Sinai Hospital processes as legislation changes.
Review of construction projects (Redevelopment Office)	Construction projects reviewed by member of Committee with knowledge of accessibility.	Concerns identified through new construction projects.
Occupational Health, Wellness and Safety Department	Issues related to staff and accessibility identified by OHW&S personnel.	Concerns identified through interventions with employees.
Employee Applicant Consultation	Issues related to accommodation for applicants applying for	Concerns managed through Work Force Planning and brought to the Committee as

	employment at Mount Sinai Hospital collected through the voice mail line and email designated for such concerns.	appropriate.

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

The Committee identified the barriers which will be removed or addressed over a multi- year period. The Integrated Accessibility Standards Regulation is now in effect and the workplan includes plans to achieve compliance with the mandatory requirements as detailed in the regulation. Of note, the Hospital continues with a major capital redevelopment project entitled "Renew Sinai". This committee will work with the re-development design teams to collaborate on the development of design standards that incorporate accessibility appropriately. Wherever possible, this will support the removal of barriers and 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. Issues will be regularly re-assessed to ensure the appropriate balance is achieved

Comment [KI1]: Is this still on-going or has this now been completed?

6. Barrier Removal Initiatives
PLAN to MEET MANDATORY REQUIREMENTS OF INTEGRATED ACCESSIBILITY STANDARD

Mandatory Requirement	Plan to Meet Requirement	Responsi-bility	Timeframe for Completion	Legislated Compliance Date	MSH Demonstrated Leadership	Status Sept. 30 2016
Policies Develop and Implement policies governing how MSH will achieve accessibility through meeting requirements in the Regulation	a. Establish task force for policy review and development b. Review current policies c. Revise policies to meet requirements d. Inform/educate MSH and stakeholders	Chair of AODA and selected members	a. Fall 2011 b. Fall 2011 c. Spring 2012 d. Fall 2012	Jan. 1, 2013	Posted to MSH Access Website for public viewing Disseminated broadly through GTA Region 3 Accessibility Group	Completed
Procurement Incorporate accessibility criteria and feature when procuring or acquiring goods, services or facilities	a. Establish task force b. Review current procurement policies c. Revise procurement policies/framework d. Inform/education MSH and stakeholders	Chaired by Procurement and selected members of AODA	a. Fall 2011 b. Fall 2011 c. Spring 2012 d. Fall 2012	Jan. 1, 2013	Statement from PLEXXUS incorporated into MSH policy	Completed
Self-service	a. Determine who is	CIO	Completion by		Satisfaction	No kiosks purchased or

kiosks Incorporate accessibility features when designing, procuring or acquiring self-service kiosks.	responsible at MSH for self-service kiosks. b. Create process for kiosk procurement that ensure incorporation of accessibility features.		December, 2013	Jan 1, 2014	from Patient Experience with kiosks	planned Will continue to monitor this and ensure that accessibility features included in kiosks purchased
Training Provide training on requirements of accessibility standards referred to in the Regulation	a. Establish task force b. Review current training practices and materials c. Revise materials to meet regulations d. Roll-out training to i. employees ii. physicians iii. volunteers iv. 3rd party employees who provide goods/services for MSH	Chaired by OD member of AODA and selected member of AODA	Completion by December, 2013	January 1, 2014	Training plan utilizing a variety of methods. Training materials posted to Accessibility website Training materials shared with GTA Region 3 Accessibility Group	Training continues through orientation, e-learning and as changes occur with various policies. .
Feedback Provide information to public on	a. Establish task force b. Review current processes	Chaired by Patient Relations facilitator	a. Fall 2011 b. Fall 2011	Jan. 1 2014	Policy posted to website Volunteers	Completed

processes for receiving and responding to feedback. Ensure processes are accessible to persons with disability.	c. Revise current processes d. Educate/Inform MSH and public of process	and selected members of AODA	c. Spring 2012 d. Spring 2013		notified Posters rotated regularly through sites in hospital	
Accessible Formats and Communication Supports Provide or arrange for the provision of accessible formats and communication supports for persons with disabilities. -in a timely manner -take into account the person's accessibility needs due to disability.	a. Establish task force b. Review current processes c. Revise current processes d. Education/inform MSH and public of the process	Chaired by Director of Volunteers/ Interpreter Services and selected members of AODA.	a. Fall 2011 b. Fall 2011 c. Spring 2012 d. Fall 2012	Jan. 1 2015	Employees – policies in accessible formats Interpreter policy Assistive devices policy	Completed

Emergency Procedures, Plans and Public Safety Information If MSH prepares emergency procedures, plans or public safety information, and makes the information available to the public , provide the information in an accessibility format upon request	a. Inventory current emergency procedures plans and public safety information that is made available to the public. b. Establish policy and process for creating accessible formats. c. Establish process for informing the public.	Chair Emergency Committee with selected members of AODA	a. Fall 2011 b. Fall 2011	Jan. 1 2012	Policy posted	Completed
Accessible Website Conform to Internet and Intranet requirements of WWW Consortium Web Content Accessibility Guidelines (WCAG) 2.0 at Level AA	a. Inform individuals responsible for MSH internet and intranet sites. b. Establish process of ensuring sites meet requirements.	Chair AODA and selected member of Informatics	Dec. 2013 for new internet and intranet websites Dec 2020 for all internet content	Jan 1, 2014 for new internet and intranet websites WCAG 2.0 Level A Jan 1 2021 All internet and web content WCAG 2.0 Level AA (with specific exceptions)	Web compliance plan attached	Ongoing work by IT to meet compliance deadlines. This continues to be a focus of work for the AODA committee. See attached refreshed workplan.

Educational and Training Resources Provide educational or training resources or materials in an accessible format that takes into account the accessibility needs due to a disability of the person with a disability	a. Scan affiliated educational institutions and review best practices. b. Establish process for ensuring education providers provide materials in accessible formal as required	Chair AODA in collaboration with OD and VP Education	December, 2012	January 1, 2013		Policy and process statements completed and posted.
Libraries Provide, procure or acquire an accessible or conversion ready format of print, digital or multimedia resources for a person with a disability upon request		Chaired by Director of Library	December 2014	Jan. 1, 2015 for print based resources Jan 1, 2020 for digital, multimedia		Completed
Employment Achieve compliance with requirements as	a. Review current policies and processes. b. Revise policies to	Chaired by member of HR in collaboratio	December 2013	Jan 1, 2014		Policies in place Workplan in place All policies available upon request

set out in Employment section of legislation	meet requirements	n with Occ. Health, and other appropriate members.				
- Recruitment - Notice to successful employees - Informing employees of support - Accessible formats and communication supports - Workplace Emergency response Information - Documented Individual Accommodation Plans - Return to Work Process - Performance management - Career Development and Advancement - Redeployment	c. Inform/education MSH employees and public					

						This will continue to be a primary focus over the next few years. Regular communication with various groups planning renovations including:
Built Environment Changes to Building Code and ongoing work through Renew Sinai have resulted in the need for ongoing coordination to ensure accessibility requirement met						Redevelopment Office Architects Key Stakeholders for specific areas) Ongoing Way finding has been secured and accessibility and ease of access for persons with disabilities is key principle. Sign-off is required by MoH to confirm that plans have been designed to meet AODA standards.

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 2012-2017 Accessibility Work Plan will be posted on the Mount Sinai Hospital internal and external websites. Hard copies will be available upon request. The link to this document is available via the Mount Sinai Hospital intranet and the Mount Sinai Hospital website using the accessibility tab on the Mount Sinai Hospital page. In addition, Mount Sinai Hospital 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 selecting the change font option on the on-line document as well as audiotape.

After posting the Plan on the Mount Sinai 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 about 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, communication, attitudinal or other, please contact:
Sharon Currie
Chair, Accessibility Committee
Mount Sinai Hospital
416-586-4800 ext. 8332
scurrie@mtsinai.on.ca   Access@mtsinai.on.ca   X7286
APPENDIX **1**

Terms of Reference

Committee Name:
Accessibility for Ontarians with Disabilities 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 and subsequent standards.   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:

- Senior Management

Composition:

- Executive Sponsor Senior Management
- Senior Director Allied Health
- Director of Occupational Health, Wellness and Safety or representative
- Representative from Informatics
- Patient Relations Facilitator
- Director of Volunteer Services/Interpreter Services
- Representative from Building Services
- Representative from Human Rights and Health Equity Office
- Risk Manager - Ad Hoc
- Representative from Human Resources/Workforce Planning
- Nursing representative
- Representative from Communications and Marketing
- Security representative
- Social Work representative
- Representative from the Library
- Representative from the Organizational Development Department
- Member from Re-development
- Member of the community who identifies as having a disability
- Legal – Ad Hoc

Meeting Frequency

The committee will meet quarterly and more on an as needed basis

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:

Meetings will be booked a month in advance

Reviewed and Approved – September 2011
Revised September 30, 2016

AODA – Website
Compliance
Plan
Revised September 30, 2016

Standard	Method	Responsibility	Compliance Indicator
By January 1, 2014, new internet websites and web content on those sites must conform with WCAG 2.0 Level A.	Website Accessibility Guidelines New Website scan Compliance confirmation report	Informatics/ Communications and Marketing	100% compliance report meeting WCAG 2.0 Level A standards. Completed
By January 1, 2021, all internet websites and web content must conform to WCAG 2.0 Level AA, other than success criteria 1.2.4 Captions (Live) and success criteria 1.2.5 Audio Descriptions (Pre-recorded).	Website Accessibility Guidelines New Website scan Compliance confirmation report	Informatics/ Communications and Marketing	100% compliance report meeting WCAG 2.0 Level AA standards. This is achievable by 2021. Plan in place by IT to ensure compliance is achieved.