ANNUAL ACCESSIBILITY PLAN
MOUNT SINAI HOSPITAL
SEPTEMBER, 2003 – AUGUST, 2004

September 30, 2003

Submitted to
Joseph Mapa
President and
Chief Executive Officer

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I.   AIM

This plan is intended to move Mount Sinai Hospital towards its vision of accessibility. This stated aim represents the ideal, with the plan outlining realistic steps for this year.

That Mount Sinai Hospital provides the opportunity for all patients and employees 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 by a hospital in which:

- *People with disabilities can enter the hospital and reach their destination without encountering barriers*
- *People with disabilities receive the services they require without encountering barriers*
- *People with disabilities can work without encountering barriers*
- *Accessibility is a thread that is visible throughout all policies and practices*
- *Accessibility is accepted as everyone's responsibility*

This plan describes: 1) the vision Mount Sinai Hospital has established regarding accessibility for patients and employees; 2)the measures that Mount Sinai Hospital has taken in the past and 3) the measures that Mount Sinai Hospital will take during the coming year (September, 2003 – August, 2004) to identify, remove and prevent barriers to people with disabilities who work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

II.   OBJECTIVES

The objectives of this plan are to:

1. Describe the process by which Mount Sinai Hospital will identify, remove and prevent barriers to people with disabilities.

2. Review the initiatives at Mount Sinai Hospital to remove and prevent barriers in the past, and identify the extent to which the hospital is accessible.

3. List areas, policies, programs, practices and services that Mount Sinai Hospital will review in the coming year to identify barriers to people with disabilities.

4. Describe the measures Mount Sinai will take in the coming year to identify, remove and prevent barriers to people with disabilities.

5. Describe how Mount Sinai hospital will make its accessibility plan available to the public.

III. DESCRIPTION OF MOUNT SINAI HOSPITAL

Mount Sinai is a 465-bed hospital and a University of Toronto affiliate teaching facility. The main site is located at 600 University Avenue. Mount Sinai has two satellite sites: 1) at the Ontario Power Generation Building at 700 University Avenue and 2) the Joseph and Wolf Lebovic Building at 60 Murray Street.

The statistics for the year ending March 31, 2002 are:

Inpatient and Operating Room Activity

Total Admissions	23,824
Births	6,629
Patient Days	130,154

Hospital Staffing

Full time	1,761
Part time/casual	1,143
Medical/dental	811
Research Institute staff	537
Students	299
Auxiliary members	1,612
Volunteers	710

IV. THE ACCESSIBILITY WORKING GROUP

4.1 ESTABLISHMENT OF AN ACCESSIBILITY WORKING GROUP

Jeannine Banack, Vice-President of Medical Services, formally constituted the Accessibility Working Group in May, 2003. Ms. Banack authorized the Working Group to carry out the work required to develop an accessibility plan including:

- Review areas, policies, programs, practices and services that cause or may cause barriers to people with disabilities;

- Identify barriers that will be removed or prevented in the coming year;

- Describe how these barriers will be removed or prevented; and

- Prepare a plan on these activities, and after its approval by the President and CEO, make the plan available to the public.

4.2 COORDINATION OF THE ACCESSIBILITY WORKING GROUP

The Vice-President of Medical Services appointed Martha McGuire as the Coordinator of the Accessibility Working Group. She has served as an advisor to the hospital for the past ten years. She also has a broad knowledge of disability issues gained through her work an advocate with the City of Toronto and preparing the evaluation framework for the Ontarians with Disabilities Act, 2002.

4.3 MEMBERS OF THE ACCESSIBILITY WORKING GROUP

Ms. Banack appointed the following members to the Working Group:

Mary Anne Adam	Occupational Health and Safety
David Cheuy	Human Resources
Sharon Currie	Rehabilitation
Debra Temnier-Bond	Patient Relations
Sandy Duarte	Dentistry for People with Disabilities
Joanne Fine Schwebel	Volunteer Services/Interpreter Services
Marylin Kanee	Diversity and Human Rights Coordinator
Albert Koene	IT/Employee with a Disability
Vince Parente	OPSEU
Kim Parker	Risk Management
Carole Riback	Disability Community Representative
Simon Stengs	Building Services
Dana Storms	Audiology
Joyce Telford	ONA

V. MOUNT SINAI HOSPITAL'S COMMITMENT TO ACCESSIBILITY PLANNING

At its meeting on September 29, 2003, the Board of Directors of Mount Sinai Hospital adopted the following Accessibility Planning Policy:

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 establishment of an Accessibility Working Group at Mount Sinai Hospital*

The President and CEO authorized the Accessibility Working Group to prepare an accessibility plan that will enable Mount Sinai Hospital to meet these commitments.

VI.   RECENT BARRIER-REMOVAL INITIATIVES

6.1   DIVERSITY AND HUMAN RIGHTS SUMMARY STATEMENT

The following statement was developed by the Diversity and Human Rights Committee and reflects Mount Sinai's commitment to a barrier-free environment for all of its employees, patients and community.

Dignity, worth, mutual respect, fairness - these are some of the key words associated with human rights legislation and with the Diversity and Human Rights initiative at Mount Sinai Hospital.

The Diversity and Human Rights Office at Mount Sinai Hospital is designed to respond to the diversity of Toronto's population. The hospital is dedicated to ensuring: a positive and respectful work environment for all employees; equitable and accessible services for patients, families and visitors; and inclusive, welcoming surroundings for all. These goals are currently emphasized in Mount Sinai Hospital's values and in existing policies related to harassment and abuse.

Mount Sinai Hospital's Harassment Policy emphasizes that the hospital is committed to providing a work environment that is free from harassment, where the dignity of every employee and individual associated with the hospital is respected. It emphasizes that allegations of harassment shall be dealt with in a fair manner.

The Diversity and Human Rights Office is guided by a committee of representatives of the hospital community, including local unions, management and key areas of the hospital.

All new employees learn about the Hospital's Harassment Policy and the work of the Diversity and Human Rights Office. On-going education is also provided.

6.2   REVIEW OF COMPLAINTS RECEIVED BY PATIENT REPRESENTATIVE

The Patient Relations Facilitator reports that 8 complaints regarding accessibility have been received from patients or their families from January, 2002 – August, 2003. Because patient complaints are often complex, disability issues may not always be fully reflected in the recording of the reason for the complaint, so that the following numbers may be under estimated. As well, complaints are dependent on the patient taking the initiative, so again the numbers may not fully reflect the actual number or types of issues encountered by people with disabilities in the hospital. The following table outlines the nature of the complaint, the location and the extent to which the complaint has been addressed. There were no complaints of informational, communicational, attitudinal, technological or policy nature.

Type	Location	Number	Details
Physical	Level 3	1	▪ Door (Marvelle Koffler entrance) not wheelchair accessible *(Still pending).*
	4th Floor	1	▪ No signs for the wheelchair accessible washroom (*Fixed*).
	4th Floor	1	▪ Use of "Staxi's" to accommodate obese patients *(Still Pending).*
	Level 3 Murray	1	▪ No "grab bars" in the accessible washroom stall *(Fixed).*
	Entrance 4th Floor	1	▪ No substitute wheelchair ramp starting from the curb, leading to the main doors, during construction (*Was taken care of at the time*).
	OPG	1	▪ Numbering system in lab not accessible (out of reach - high on top a counter with instructions barely visible) to patients in wheelchairs *(The labs have contacted the company and the system will be accessible very shortly)*
	11th Floor	1	▪ Availability of wheelchair for out-patient appointment *(taken care of at the time)*
	University entrance	1	▪ Accessibility of pay telephones (blocked by garbage cans) *(garbage cans removed and staff advised to keep area clear)*
	Level 3	1	▪ Accessible entrance was cordoned off and only revolving door was available for access. *(door was opened and remains open to allow access to the building. Sign removed re: Use revolving door in winter.)*
	ER Level 3	1	▪ Bed too narrow and lacking padding causing the patient suffering from dementia to sustain bruising*. (discussed with staff and patient's family)*
	17 North	1	▪ Bed too high at lowest setting for patient in wheelchair to access. Wheels on bed were not removed as promised by staff. Shower chair too high. Lamp too high for patient to reach. *(New beds purchased. Hospital will continue to purchase new beds as budget permits)*
	Level 3 Main elevators	1	▪ No handrails in one of the main visitor elevators *(patient asked to use patient elevators until situation is addressed))*
Architectural	16 South	1	▪ Renovated outpatient rooms not accessible to assistive devices, such as wheelchairs, walker etc. *(feedback given to Architect).*
		1	▪ Rooms are too small and beds are over 30 years old (*Hospital has purchased new beds*).
Communica-tional	11th Floor	1	▪ blind and lame patient spoken to by nurse in a rough manner and not assisted from bed to chair *(complaint discussed with nurse by nurse manager)*
			▪ nurse shouted at deaf patient and was rude and abrupt in

Type	Location	Number	Details
	16 North	1	her communication with the patient *(discussed with staff)*
	Level 4 Dentistry	1	▪ resident accused patient of being a liar *(complaint to be discussed with staff)*
Attitudinal	11th Floor Rehab Pool	1	▪ physiotherapist watched disabled patient with mastectomy change after swim in pool *(concerns to be discussed with physiotherapist and patient by Director, Rehabilitation Services)*
	ER Level3	1	▪ nurse displayed an uncaring, indifferent attitude toward patient suffering from dementia *(discussed with staff and patient's family)*
	Dentistry Level 4	1	▪ disabled patient feels she is being treated differently by a resident because of her disability *(concerns to be discussed with staff involved)*
Policy/ Practice	Fracture Clinic Level 4	1	▪ patient unable to have x-ray as no one willing to assist in holding down his leg *(resolution pending)*
Total		21	

6.3   REVIEW OF COMPLAINTS RECEIVED BY DIVERSITY AND HUMAN RIGHTS OFFICE

The Diversity and Human Rights Office has received 142 complaints from September, 2000 to June 25, 2003. Of those 142 complaints, 15 were related to disability.   The following provides a breakdown of the types of disabilities that were cited in the complaints. [1]

5 - Psychiatric disability (in 2 cases, combined with other chronic illnesses)
3 - Chronic illness
3 - Injury/Illness developed on job
2 - Physical Disability (mobility, hearing, visual)
1 - Alcohol &/or drug addiction
1 - Injury off the job

Twelve (12) of the above complaints were filed against the Hospital for failure to accommodate. Accommodation of employees with disabilities is required under the Ontario Human Rights Code. The accommodations requested included sign interpretation for employee meetings, safety measures, ergonomic equipment, adaptive furnishings, access to treatment, and modifying work expectations. The remaining 3 complaints were complaints of direct discrimination. The individuals believed they were treated differently than other employees due to their disability.

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[1] These are arbitrary categories. For example, those injured on and off the jobs also have physical disabilities. All fall under disability as defined under the Ontario Human Rights Code. Specifying the physical disabilities could identify the individuals.

6.4   REVIEW OF THE MOUNT SINAI WEBSITE

Accessibility has not formally been considered in the design and development of either the external or internal web sites. However, web "Usability" has for a few years now been a growing concern and Web Accessibility has many similar or parallel issues, i.e., a "usable" web site is more accessible, and an "accessible web site" is more usable. A recently attended meeting of Toronto Usability Professionals Association (TUPA) totally focused on Accessibility.

Approximately six separate "usability" analyses of sections of the hospital Intranet site has been conducted and many of the recommendations coming from these analyses have been implemented. A few of these recommendations directly apply to Web Accessibility Guidelines (e.g. Guidelines 4, 13, and 14), but for the most part the other guidelines have not been addressed.

Although recommendations for applying "usability" testing to our Internet site were made throughout the Accreditation document, no actual Usability Analyses have been performed to date. The degree to which "accessibility" has been considered in the recent redesign of the MSH Internet site is presently not fully known. The same applies to the Microbiology site, and the sites of the SLRI.

The Web Services Coordinator recommends an independent Accessibility assessment of all websites, or to train a existing staff member to perform such an assessment. Once the assessment is complete, we would be in a better position to estimate the amount of work that would be involved in increasing our sites' accessibility. Within the coming year, it should be possible to describe the accessibility of our web sites. After the assessment is complete, it will be possible to develop an action plan. The Coordinator suggests that this process begin with a meeting of representatives from Public Relations, Microbiology, SLRI and Informatics.

6.5   REVIEW OF COMMUNICATIONS/SIGNAGE

The following table summarizes the current initiatives in the hospital to address communication barriers. In March of 2002 an additional 30 languages were added to as choices to the translation services. This group of 30 additional choices included American Sign Language (ASL), which is by far the most popular means for signing. Since these 30 choices were added to the system at the same time, it is fair to examine them as a group and see what choices are being filled in by admitting clerks. Note that English is the default language choice unless the clerk changes it.

Throughout this time American Sign Language has **never** been indicated as a language choice. There is some question as to whether this accurately reflects the demand for ASL. It is likely that for some patients, instead of their electronic patient record reflecting their use (need) for ASL, their language choice has probably identified as "English", because the patient was not aware of this ability for their chart to reflect their communication method, and the admitting clerk did not choose it.

Initiatives Underway to Address Communication Barriers

Hearing	Visual	Mobility	Mental Health	Developmental	Communication	Cognitive
Signage - signage / symbols for hearing impaired **Language -** Speaking with CHS re: assistive devices for hearing impaired inpatients and ambulatory services. Access to sign language interpreters through Canadian Hearing Society - Includes signage indicating services for hearing impaired.	**Signage** - New clearer signage throughout hospital to replace discreet signs - Uses industry standards for size - Use of pictograms where appropriate -Investigated colour coding but is problematic in other hospital settings.	**Signage** - Ensure new signage for wheelchair accessible areas i.e. washrooms	**Materials** - key info translated into language of users. - website for Community mental health programs - Assertive Community Treatment Team **Language** - Recognize in assessment that patient communication style is linked to diagnosis. - Assertive Community Treatment Team staff hired based on language / culture of communities they work with - Chinese Community Outreach Program	**Language** - Effort to ensure brochures are in 'plain language'	**Materials** -patient handbook translated into Chinese and French - website link to Chinese Programs - SARS info translated into 5 languages - key materials at OPG translated into other languages **Language** - interpreters for patients in all languages - includes access to *Language Line* telephone service	**Materials** - investigating simplifying some written materials to appropriate age levels - 'plain languaging' - priority would be for materials patients complete themselves i.e.: consent forms,

6.6 PROGRAMMING FOR PEOPLE WITH DISABILITIES

6.6.1 For Employees

The Occupational Health and Safety Department, in conjunction with the Department of Rehabilitation, has the following programs for employees:

- Ergonomic work site assessments (assesses the worker, the environment, work tasks, designs and methods.) The goal is to identify risk factors and generate solutions to minimize risks, usually by implementing modifications.

- Physical Demands Analysis which is designed to determine the essential physical demands associated with the tasks of a particular job. It assesses the job as it is today, assesses the non-injured worker; quantified job tasks in terms of physical demands made on a worker and looks at maximums and minimums of forces and work positions. It does not necessarily focus on modifications of the job. However, recommendations can be made if safety concerns are identified.

- Assistance with complex return to work issues for employees coming back after injury or illness.

- Provision of Occupational Therapy and Physiotherapy rehabilitation services for injured employees, employees with a disability, as well as mobility and accessibility issues.

6.6.2 For Patients

The following processes are already in place:

- Coordinated processes for mothers with disability. The referral originates at OPG, comes to the Mount Sinai Occupational Therapist or Physiotherapist who then does a consultation, makes recommendations including a link to the Parenting with a Disability Network, www.cilt.ca

- A connection with Interim Federal Health program; FAS Benefits which enables refugees to get funding for service and equipment to accommodate their disabilities.

- A connection with Non-Insured Health Benefits (NIHB) for Registered Indians and Eligible Inuit; Health Canada Medical Services Branch. 1-888-511-4666. This enables aboriginal patients to access funding for equipment to accommodate their disabilities.

VII. BARRIER IDENTIFICATION METHODOLOGIES

7.1 BARRIER IDENTIFICATION FRAMEWORK

The tables on the following pages outline the framework used to identify barriers. The Accessibility Working Group has initiated a process to identify key issues related to accessibility, based primarily on quick reviews and analysis of complaints. This is not the ideal approach for conducting an accessibility needs assessment, but provides a starting point. Mount Sinai Hospital will be conducting a more structured needs assessment in preparation for the September, 2004 Accessibility Plan and at the same time begin addressing some of the accessibility issues that have emerged through this initial process. It should be noted that this process would have been further advanced had it not been for the SARS outbreak. The information provided in the tables is just the beginning. The cells in which there is no information indicates a need for further assessment.

We have developed a list of resources that can be tapped for obtaining advice regarding barrier identification as well as ways of addressing those barriers. This list of resources is attached in *Appendix A*.

7.2 METHODOLOGY FOR IDENTIFYING PHYSICAL AND ARCHITECTURAL BARRIERS

The methodology used to identify physical and architectural barriers included contact with a variety of individuals to obtain information regarding any problem areas. Sources of information include the Occupational Therapy Department, Patient Relations, the Diversity and Human Rights Coordinator and the Director of Building Services.

7.3 METHODOLOGY FOR IDENTIFYING INFORMATIONAL AND COMMUNICATION BARRIERS

Contact with a variety of individuals within the hospital was used to obtain information regarding any problem areas. Sources of information include the Occupational Therapy Department, Patient Relations and the Diversity and Human Rights Coordinator.

7.4 METHODOLOGY FOR IDENTIFYING ATTITUDINAL BARRIERS

The primary source of information is the office of Diversity and Human Rights. Complaints received by this office are indicative of attitudinal issues existing.

MOUNT SINAI HOSPITAL
TEMPLATE FOR ASSESSING BARRIERS

What barriers exist?

	Hearing	Visual	Mobility	Mental Health	Developmental	Communication	Cognitive
Physical	▪ Need for more visual cues Special needs not identified at pre-admission	▪ Elevators need to identify which floor it is stopping at Special needs not identified at pre-admission	Special needs not identified at pre-admission ▪ Patient transfers ▪ 3 patient complaints regarding wheelchair accessibility ▪ 1 complaint re: accessibility for obese patients ▪ Round knobs on accessible washroom doors ▪ Need raised toilet seats in accessible washrooms ▪ Need space on both sides of toilets to facilitate transfers ▪ Light switches need to be lowered ▪ Taps need lever handles ▪ Mirrors need to be angled ▪ Treatment rooms not properly set up to accommodate needs	Special needs not identified at pre-admission	▪ Plain language signage Special needs not identified at pre-admission	Special needs not identified at pre-admission	Special needs not identified at pre-admission
Architectural	Special needs not identified at pre-admission	Special needs not identified at pre-admission	Special needs not identified at pre-admission ▪ Rooms too small for	Special needs not identified at pre-admission	Special needs not identified at pre-admission	Special needs not identified at pre-admission	Special needs not identified at pre-admission

	Hearing	Visual	Mobility	Mental Health	Developmental	Communication	Cognitive
			wheelchairs ▪ Front entrance at 60 Murray St. has only stairs and a stair glide & side entrance is too steep ▪ Electronic doors at 600 University open out and are on a sharp angle, creating a hazard ▪ Revolving doors are hazardous ▪ There is only one hand railing on the front stairs leading to 600 University ▪ Grab bar in washroom too high ▪ Accessible washrooms have barriers ▪ Treatment rooms are too small ▪ No accessible rooms for in-patients				
Informational	▪ Need for plain language Special needs not identified at pre-admission	Special needs not identified at pre-admission	▪ Poorly marked accessible entrance to the Hydro Building ▪ Drop-off points are not clearly marked for any of the buildings ▪ Accessible entrances are not clearly marked at the front of 600 University. ▪ Special needs not identified at pre-	▪ Need for manager to recognize psychiatric issues as a disability Special needs not identified at pre-admission	▪ Need for plain language Special needs not identified at pre-admission	Special needs not identified at pre-admission	Special needs not identified at pre-admission

	Hearing	Visual	Mobility	Mental Health	Developmental	Communication	Cognitive
			admission • Numbering system in labs not accessible to people in wheelchairs				
Communicational	Special needs not identified at pre-admission Confidentiality is a concern because staff speak loudly to people with hearing impairments	Special needs not identified at pre-admission Signage needs to be consistent with easy-to-read colours	Special needs not identified at pre-admission	Special needs not identified at pre-admission	Special needs not identified at pre-admission	• Special needs not identified at pre-admission • ASL is not identified as a possible language at time of admission	Special needs not identified at pre-admission
Attitudinal				5 Diversity and Human Rights complaints			
Technological							
Policy/Practice							

7.5 METHODOLOGY FOR IDENTIFYING TECHNOLOGICAL BARRIERS

WC3 Website Accessibility Guidelines were used to assess the degree to which Mount Sinai's website is accessible to people with disabilities. These guidelines explain how to make web content accessible to people with disabilities. The guidelines are intended for all web content developers (page authors and site designers) and for developers of authoring tools. The primary goal of these guidelines is to promote accessibility.

However, following them will also make Web content more available to *all* users, whatever user agent they are using (e.g., desktop browser, voice browser, mobile phone, automobile-based personal computer, etc.) or constraints they may be operating under (e.g., noisy surroundings, under- or over-illuminated rooms, in a hands-free environment, etc.). Following these guidelines will also help people find information on the Web more quickly. These guidelines do not discourage content developers from using images, video, etc., but rather explain how to make multimedia content more accessible to a wide audience. A complete copy of the guidelines is available at:
 http://www.w3.org/TR/WAI-WEBCONTENT.

7.6 METHODOLOGY FOR IDENTIFYING POLICY/PRACTICE BARRIERS

Input has come from a number of different sources including Human Resources and the Office of Diversity and Human Rights.

VIII. BARRIERS IDENTIFIED

Perhaps the most significant finding is that there is no formal mechanism to determine the accommodation needs of patients, visitors or employers prior to their arrival at the hospital. With some advance notice, it is currently possible to arrange rooms, room assignment, interpreters, and special aids so that individuals can be accommodated. The special program in Dentistry for people with developmental disabilities provides an example of a 'promising practice'. The staff assume that each patient will arrive with some special needs. Information is obtained from each patient regarding their special needs and the needs are accommodated as a matter of course.

There are a number of other areas where improvements need to be made, including:

- Signage
- Accessible washrooms
- Accessible treatment rooms
- Accessible washrooms in in-patient rooms

The above are being addressed as the hospital undertakes renovations or as a specific issue has been identified. This will continue. However, to date there has not been a

formal process to obtain information about the specific accommodation needs and the extent to which those needs are met

Patient transfers were noted as an area that requires attention. An improperly done transfer can cause discomfort and possible injury to the person with a disability and can possibly cause injury to the staff doing the transfer.

IX. BARRIERS THAT WILL BE ADDRESSED IN 2003-2004

As part of the planning process, the Accessibility Working Group participated in a visioning process in which they established a strategic image of accessibility, looking at where Mount Sinai Hospital should be within the next five years. Based on this vision and the current information regarding accessibility issues, the Accessibility Working Group is recommending that *information and knowing the accessibility and language needs of patients* be the primary activity for September, 2003 – August, 2004. Some specific activities will include:

1. Development of a brochure informing people with disabilities and hospital staff of the services and accommodation that is available to them. This brochure could be made available to patients through a number of mechanisms including, but not limited to:
   - At admitting
   - As part of any pre-admission package that is sent to patients
   - To all departments and nursing units for posting
   - At the information desk
   - In the orientation package for newly hired employees
   - In the emergency department
   - All out-patient clinics
   - Through the employee pay slips
   - Community agencies
   - An electronic copy available on the internet

2. Incorporating identification of special needs into the hospital's main clinical information system. This would initially be done in conjunction with the development of the new software for the physician's order system. Further investigation will be conducted to determine the requirements to ensure that such information is included for both in-patients and out-patients.

3. Putting in place a means of assuring that suppliers take accessibility into account in their provision of goods and services. This would include the development of standard clauses that would be included in requests for proposals or quotes as well as in contracts.

4. Addressing the issues that arise with transferring people with disabilities by determining the need and the resources available including an inventory of lifting devices and identification of people with expertise. Based on the assessment

'lifting experts" will be identified and can serve as a resource to the rest of the hospital.

The following table outlines the steps that will be taken to implement the four key areas identified as priorities for 2003.

Activities	Responsibility	Estimated Completion
Developing and distributing an informational brochure		
1. Gathering information regarding accessible features and programs throughout the hospital.	Joyce Telford Marylin Kanee Public Relations	20-Nov-03
2. Designing the brochure.		15-Jan-04
3. Estimating the cost of the brochure for inclusion in 2003-04 budget		15-Jan-04
4. Printing the brochure		25-Apr-04
5. Distributing the brochure		20-May-04
6. Putting information on the internet		20-Ma7-04
Incorporating identification of special needs into main clinical info. system		
1. Developing a plan to ensure that fields for special needs are incorporated into the physician order entry form.	Dana Ormston Albert Koene	20-Nov-03
2. Developing an overall plan for identifying special needs in hospital's main clinical information system.		15-Jan-04
3. Implementing the inclusion of fields identifying special needs into the physicians' order entry system		30-Sept-04
Assuring suppliers take accessibility into account		
1. Developing standardized clauses for inclusion in request for proposals and contracts.	Jeannine Banack	15-Jan-04
2. Ensuring that all contracts with suppliers include provisions fro accessibility appropriate to the contract.		18-Mar-04
Developing a resource base of staff with lifting expertise		
1. Identifying people with high degree of expertise in lifting and the use of lifting devices	Mary Anne Adam Sandy Duarte Sharon Currie Carol Riback	20-Nov-03
2. Providing all departments and nursing units with information about the resources		15-Jan-04
3. Identifying the need for various types of lifting assistance		15-Jan-04
4. Reviewing what the industry is currently doing		18-Mar-04
5. Providing training to all staff in the hospital on how to do lifts and use equipment properly		ongoing
Planning Activities for October, 2003 – September, 2004		
1. Conduct an accessibility assessment of the hospital buildings.	Simon Steng	15-Jul-04
2. Conduct an assessment of internet/website accessibility.	Paul Barton David Cheuy	15-Jul-04
3. Review of human resource policies to ensure they support access		15-Jul-04

X.   REVIEW AND MONITORING PROCESS

Ongoing assessment and planning will continue to occur. A more extensive review of specific areas will occur in the following areas:

- A site audit of all the facilities

- An accessibility audit of the website

- An accessibility review of human resource policies

As well, the Accessibility Committee monitor progress on the work plan as well as review the types of accommodation requests that are received and the extent to which those requests are met.

XI.   COMMUNICATION OF THE PLAN

The plan will be communicated through the following means:

- The plan will be posted on the Mount Sinai Hospital website

- An article summarizing the plan will be included in Sinai Scene

- A copy of the plan will be forwarded to the Ontario Hospital Association and the provincial Accessibility Directorate

- Complete copies of the plan will be provided, upon request, through the Public Relations office.

Appendix A
Accessibility Resources

A. Organizations

1) *Centre for Inclusive Design and Environmental Access / Rehabilitation, Engineering and Research Centre on Universal Design at Buffalo*

School of Architecture and Planning--University at Buffalo Buffalo, NY 14214-3087
Tel: (716) 829-3485 x329
Fax: (716) 829-3861
idea@ap.buffalo.edu
http://www.ap.buffalo.edu/idea/

Centre for Inclusive Design and Environmental Access (IDEA) is dedicated to improving the design of environments and products by making them more usable, safer and appealing to people with a wide range of abilities, throughout their life spans. IDEA provides resources and technical expertise in architecture, product design, facilities management and the social and behavioral sciences to further these agendas.

The Rehabilitation, Engineering and Research Centre (RERC) on Universal Design at Buffalo has two missions: (1) to use research, product development and information dissemination to create new resources for Universal Design practice; and
(2) to facilitate a dialogue on the practice and delivery of Universal Design in order to build a national and international Universal Design community.

2) *SPH Planning & Consulting Ltd*

Shane Holten, M.E.S.President
166 Wilson Avenue, Suite 403
Toronto, ON M5M 3A6
Tel: (416) 721-3391
V/TTY: (416) 488-5700
Fax: (416) 488-7206
oda@sph-planning-consulting.ca http://www.sph-planning-consulting.ca

SPH is an accessibility-planning firm specializing in services related to disability research, barrier- free planning, design and construction. SPH Ltd also provides ODA planning services and numerous publications (http://www.sph-planning-consulting.ca/publications.htm) related to environmental design issues.

3) *The Centre for Universal Design*

College of Design
North Carolina State University
50 Pullen Road, Brooks Hall, Room 104
Campus Box 8613
Raleigh, NC 27695-8613

Tel: (919) 515-3082 or toll-free (800) 647-6777
Fax: (919) 515-7330
cud@ncsu.edu
http://www.design.ncsu.edu:8120/cud/

From the website: "The Center for Universal Design is a national research, information and technical assistance center that evaluates, develops and promotes universal design in housing, public and commercial facilities and related products."

4)   *Adaptive Environments*

374 Congress Street, Suite 301
Boston, MA 02210
Tel: (617) 695-1225 (v/tty)
Fax: (617) 482-8099
adaptive@adaptiveenvironments.org
http://www.adaptenv.org/

From the website: "A non-profit organization, Adaptive Environments (AE) was founded in 1978 to address the environmental issues that confront people with disabilities and elderly people. AE promotes accessibility as well as universal design through education programs, technical assistance, training, consulting, publications and design advocacy."

5)   *Universal Design Institute*

201 Russell Building
Faculty of Architecture
University of Manitoba
Winnipeg, MN R3T 2N2
Tel: (204) 474-8588
Fax: (204) 474-7532
universal_ design@umanitoba.ca http://www.arch.umanitoba.ca/cibfd/

From the website: "The Universal Design Institute (UDI) is recognized as one of the research centres of the Faculty of Architecture at the University of Manitoba. The Institute is recognized locally, nationally and internationally in the universal design arena."

6)   *Paths to Equal Opportunity*

Public Education and Partnerships Unit
Accessibility Directorate of Ontario
Ministry of Citizenship
3rd Floor, 400 University Avenue
Toronto, ON M7A 2R9

Telephone Information/Referral Line: (416) 325-4957 from the 416/905 local calling area or 1 (888) 325-4957 toll-free in Ontario Bell Canada Relay Service at voice number (416) 325-6253
TTY: (416) 326-0148 from the 416/905 local calling area or 1
(888) 335-6611 toll-free in Ontario
eoinfo@mczcr.gov.on.ca
http://www.equalopportunity.on.ca/

From the website: "The Government of Ontario presents
extensive resources and information for business and service providers on workplace diversity and creating accessibility for people with disabilities."

B. Internet / WWW Resources

1)   *Enablelink (Canadian Abilities Foundation) Directory of Canadian Disability Links* http://www.enablelink.org/resources/links_to.html

Search for links to disability information, for a variety of topics, in Ontario and all of Canada.

2)   *Accessibility Directorate of Ontario*
http://www.gov.on.ca/citizenship/accessibility/english/directorate.htm

From this page you can get information about accessibility for people with disabilities. The information given here will also interest people with disabilities who want to participate in making Ontario more accessible and those in the private sector who want to make their workplaces and facilities accessible to people with disabilities. A copy of the legal text of the ODA along with tools and resources for municipalities are provided on this website.

3)   *Health Matters*
      http://www.ala.ca/section_health_e.cfm

From the website: "Health professionals have an enormous impact on the lives of Canadians with disabilities. On this website, [the Active Living Alliance for Canadians with a Disability has] developed a few tools to help health professionals continue to positively influence their patients and clients to be active--'because health does matter!'"

4)   *Health Canada--People with Disabilities*
http://www.hcsc.gc.ca/english/for_you/disabilities.html

From the website: "Health Canada is working to improve the health of Canadians with disabilities as well as working to reduce the incidence of disability. It does so through research and public education on the prevention of disease and the prevention of injury that can lead to disability. It also funds programs and evaluates projects to improve the health care system in areas such as home care....Health Canada also monitors health and

safety risks related to the sale and use of medical devices such as hearing aids, pacemakers and powered wheelchairs, as well as drug products and marijuana for medical purposes."

5)   *Disability WebLinks*
      http://www.disabilityweblinks.ca

A database of Internet resources, including links to sites addressing health and disability, WebLinks is a collaborative federal/provincial/territorial project undertaken by ministers responsible for social services and developed in consultation with representatives from the disability community.

6)   *Planning A Barrier Free City of Toronto: A Statement of Planning Principles*
      http://www.sph-planning-consulting.ca/publications.htm TJCC and SPH Ltd. (May 2003 Edition)

A policy document that identifies common barriers faced by persons with disabilities in the City of Toronto (in a variety of policy contexts) and ways to address them. A variety of other design related publications are also available at this address.

7)   *A Profile of Disability in Canada in 2001—Participation and Activity Limitation Survey (PALS)*   http://www.statcan.ca/english/IPS/Data/89-577-XIE.htm#abstract Statistics Canada, 2001

From the website: "This paper presents initial results on the number of persons with disabilities, disability rates as well as the type and severity of disability, by age and sex, for Canada and the provinces."

8)   *Ontario Women's Health Status Report: Women with Disabilities - Canadian Centre on Disability Studies* http://www.disabilitystudies.ca/rescompleted.html

From the website: "This chapter of the report looks at women with disabilities in Ontario who face many of the same health concerns and issues as other women. Their health status and access to services may be complicated by their physical or mental conditions, but their health is affected even more by the social context within which their condition becomes a disability. For further information, contact CCDS Research Chair, Deborah Stienstra, via email at researchchair@disabilitystudies.ca."

9)   *Active Living Alliance For Canadians with A Disability--Position Statement*
      http://www.ala.ca/story_e.cfm?Story=170

From the website: "The Federal Government (Health Canada) is initiating a process that will result in a national Healthy Living Strategy and the Active Living Alliance for Canadians with a Disability is determined to ensure disability issues are taken into consideration. This process was initiated in response to concerns about the overwhelming epidemic of overweight, unfit Canadians. The strategy will concentrate on active living

and nutrition and their correlation to healthy body weights. The goal of the Healthy Living Strategy is to encourage and support positive health choices. The Active Living Alliance is committed to influencing the Healthy Living Strategy from the start. So often, disability issues are an afterthought....Visit http://www.healthyliving-viesaine.ca./ to read about the strategy. The Alliance is determined to see Health Canada address disability issues within the strategy in a substantial way and strongly encourages you to voice your opinions."

10) *Advancing the Inclusion of Persons with Disabilities* http://www.hrdc-drhc.gc.ca/hrib/sdd-dds/odi/documents/AIPD/ Human Resources Development Canada (2002)

From the introduction: "This first comprehensive report on disability in Canada describes where our country has made progress, how the Government of Canada has contributed, and where work remains to be done. The report presents a profile of disability, describes disability related issues and reviews the Government's progress toward inclusion based on a framework of societal outcomes and indicators."

11) *City of London Ontario Facility Accessibility Design Standards* http://www.city.london.on.ca/Planning/accessibilitystandards.htm

From the website: "Implementation of the design standards
will make newly constructed and/or renovated City of London facilities, lands and services accessible to people with physical and sensory disabilities. Going beyond existing regulations, standards, and guidelines that address the needs of individuals with disabilities, the City of London's standards incorporate 'universal design' principles that benefit people of all ages and abilities. The approach London's taken is earning praise as cutting-edge."

C. Print Resources

1) *The Inclusion Action Pack.*
   Active Living Alliance for Canadians with a Disability.

From http://www.ala.ca/story_e.cfm?Story=31: "Designed for policy makers, administrators, and program planners, this detailed manual helps an organization move from the principle to the practice of inclusive programming

"Included in this comprehensive guide is an "Inclusion Checklist", an overview of relevant disability, active living and inclusion concepts, and a step-by-step overview of the inclusion process. The "Idea File" contains practical information, suggestions and strategies for making activities, organizations and communities more accessible. Finally, a workshop kit coordinates the content of the manual to help organizations develop workshops or presentations. To obtain a copy of this publication, contact the Alliance at 1-800-771-0663 or via email at info@ala.ca.