

Mackenzie Health
Accessibility for Ontarians with
Disabilities
Plan
2012-2017

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EXECUTIVE SUMMARY

The Accessibility for Ontarians with Disabilities Act (AODA) was made law on June 13, 2005. Its purpose is that of achieving accessibility for Ontarians with disabilities by developing, implementing and enforcing accessibility standards respecting goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1 of year 2025, and to provide for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards.

Accessibility is critical to Mackenzie Health's vision of creating a world class health experience. Eliminating barriers for persons with disabilities is entrenched in Mackenzie Health's core values of excellence, leadership and empathy.

This updated accessibility plan has been prepared by Mackenzie Health's Diversity and Accessibility Committee consisting of staff and persons representing various disabilities groups. The plan outlines Mackenzie Health's measures to identify, remove and prevent barriers to people with disabilities who live in, work at or use the facilities and services of Mackenzie Health. This includes patients and their family members, staff, healthcare practitioners, students, volunteers and members of the community at large.

This five (5) year plan is a continuation of our previous accessibility plans and contains information on:

- a review of progress we have made to date
- identification of new barriers
- how we will address these barriers
- how we will monitor and evaluation
- how we will communicate this plan and our progress

OBJECTIVES

Our objectives, as set out by the Diversity and Accessibility Committee are:

- to describe the process by which Mackenzie Health will identify and eliminate barriers to persons with disabilities;
- to list Mackenzie Health's efforts to eliminate barriers to persons with disabilities;
- to list the by-laws, policies, programs, practices and services that Mackenzie Health will follow to identify barriers to persons with disabilities; and
- to describe how this plan will be made available to the public.

MACKENZIE HEALTH QUICK FACTS



Mackenzie Health Clinical Role:

- Full service Community hospital including Emergency, Acute Inpatient, Complex Care, Rehabilitation, Diagnostic, Palliative, Ambulatory and Long Term Care services
- Regional leadership in: Chronic Kidney Disease/Dialysis; Stroke Care; Domestic Abuse and Sexual Assault
- Facilitator of seamless continuum of care, in partnership with Central LHIN providers and others, to enhance coordination of services to our community

Mackenzie Health Strategic Directions:

- Best Patient Experience
- Strategic Growth
- Operational Excellence
- Great People and Systems

Wildly Important Goals 2012-13:

- Improve Patient Satisfaction
- Reduce Patient Waiting
- Improve Engagement and Work Life

Mackenzie Health Clinical Programs:

- Emergency and Medicine Program
- Emergency, Medicine, Critical Care, Patient Flow
- Surgery Program
- Inpatient Surgery, Day Surgery, Recovery
- Women and Child Program
- Obstetrics, Labour and Delivery, Maternal Fetal Medicine, Pediatrics
- Diagnostics and Therapeutics Program
- Laboratory, Medical Imaging, Pharmacy, Infection Control, Respiratory Therapy, Rehabilitation Services
- Chronic Disease and Seniors Health Program
- District Stroke Centre, Chronic Kidney Disease Program, Continuing Care, Rehabilitation, Mental Health, Geriatric Services and Outreach

Mackenzie Health Regional Programs:

- Acute
- York Region Chronic Kidney Disease Program
 - District Stroke Centre
 - Domestic Abuse and Sexual Assault (DASA) Care Centre of York Region
- Non Acute
- Behaviour Management Services of York and Simcoe
 - Brain Injury Services of York and Simcoe
 - Autism Services of York Region and Simcoe County
 - Genetics Clinic of York Region
- Long Term Care
- Mackenzie Health Long Term Care Facility

Where Mackenzie Health patients come from:

(% total cases from 2011/2012)

	Inpatient	Outpatient	Emerg.
Richmond Hill	35%	34%	39%
Vaughan	37%	27%	40%
Markham	8%	10%	7%
Other York Region	5%	10%	3%
Toronto	8%	11%	5%
Other	4%	6%	3%

Central LHIN Population Demographics:

Population of Vaughan & Richmond Hill (2011)	495,649
Population of York Region (2011)	1,066,280
% Residents in Richmond Hill & Vaughan with native language other than English	56%
% Seniors of York Region Population (2006)	10%
% Seniors of York Region Population in 2031	21%
% Population affected by Chronic Disease	45%

Mackenzie Health Patient Activity:

Beds in Operation (Mar 2012) Patient Volumes (2011-2012)

Acute beds*	245	Total Admissions	17,834
Complex Care beds	79	Surgical Cases (Main OR)	8,556
Rehabilitation beds	16	Emergency Visits	85,853
Long Term Care beds	148	Births	2426
	488	Ambulatory Visits (Includes Dialysis visits)	192,758
		Diagnostic imaging exams	192,303

* includes medical, ICU, surgical, mental health, pediatric, obstetrics

Human Resources:

As of Aug 2012	Total
# of Staff	2263
# of Physicians	396
# of Volunteer hours/year	90,00

Financial Services:

Total Annual Budget (2012-13) – LTC not included	\$252.2 M
Total Ministry of Health Revenue (2012-13)	\$221.3 M

Main Site

Mackenzie Health
10 Trench St.
Richmond Hill, Ontario
L4C 4Z3
www.mackenziehealth.on.ca
905-883-1212

Offsite Locations

We have 6 offsite locations in Richmond Hill, Vaughan and Barrie providing:

Brain Injury Services, Behaviour Mgmt, Diabetes Education, Chronic Kidney Disease/Dialysis, Domestic Abuse and Sexual Assault (DASA) Care Centre of York Region, Health and Wellness, Preschool Autism Services, Rehabilitation, Sexuality Clinic

Key Contact Numbers

Main Switchboard: 905-883-1212
CEO/Executive Office: 905-883-1212, x7400
Medical Affairs Office: 905-883-1212, x7454
Patient Relations Office: 905-883-1212, x7495
Board Office: 905-883-1212, x7406
Communications and Public Affairs Office 905-883-1212, x 7490

Central Local Health Integration Network (LHIN) Hospital Partners

Mackenzie Health
Southlake Regional Health Centre
Markham Stouffville Hospital
North York General Hospital

Humber River Regional Hospital
St. John's Rehabilitation Hospital
Stevenson Memorial Hospital (Alliston)
Shouldice Hospital

Expansion of Two-Site Hospital

In addition to completing our development/expansion at Mackenzie Health in 2009, we have now completed the first of five stages of the capital planning process to build a new hospital in Vaughan and further redevelop the existing Mackenzie Health hospital site. Below are the proposed **conceptual 10 year vision** drawings of the two sites.

Vaughan Hospital Proposed Concept



Richmond Hill Hospital Proposed Concept



MACKENZIE HEALTH DIVERSITY AND ACCESSIBILITY COMMITTEE

ESTABLISHMENT

An Accessibility Working Group was struck in the spring of 2003 and then reformatted as the Accessibility Standing Committee. In 2011, this committee was amalgamated with the Diversity Council to become Mackenzie Health's Diversity and Accessibility Committee. This committee actively promotes awareness and works to remove barriers to accessibility. The terms of reference are reviewed and/or revised annually and can be found attached as Appendix A.

The mandate of the committee is to:

1. Oversee the preparation of revision of the annual accessibility plan, including stakeholder consultation, posting of the Plan, recommendations for implementation and tracking of deliverables, and evaluation of the outcomes of the plan;
2. Provide input to an over-arching diversity strategy for Mackenzie Health internal and external communities, including methods of support for diverse populations and communities;
3. Promote enhanced awareness of diversity and accessibility issues, including the preparation and provision of appropriate training, communication of standards and requirements;
4. Communicate the Committee's priorities to Mackenzie Health staff, physicians and volunteers and the Mackenzie Health community;
5. Establish a process to identify, remove and prevent barriers to persons with disabilities, or those whose diverse background may prevent them from accessing Mackenzie Health services or resources in an effective manner.

MEMBERSHIP

The Diversity & Accessibility Committee consists of people with diverse backgrounds who bring different perspectives to the challenge of ensuring broad-based, systemic change to enhance diversity and improve accessibility for those with disabilities.

A core group of representatives from among the Mackenzie Health staff, physician and volunteer population, as well as community stakeholders, are identified by 1) solicitation of volunteers from key stakeholder groups, and 2) appointments by Vice Presidents.

Members commit to one year terms, after which they may identify continued interest in participating for one additional year. Sub committees will be formed to deal with specific priority projects, under the leadership of a central committee member. Members of the sub committees may be solicited from among individuals who have a subject matter expertise or personal experience that is valuable to the overall process.

MACKENZIE HEALTH COMMITMENT TO ACCESSIBILITY PLANNING

Providing Person Focused Care for People with Disabilities

We are committed to providing respectful patient and family focused care based on each patient's individual needs.

Each staff member, physician and volunteer is responsible to ensure patients and their families receive access to our services, regardless of ability.

We are committed to the continuous improvement of access to facilities, programs and services for patients, their families, staff, healthcare practitioners, students, volunteers and members of the community through:

- Facilitating the participation of people with disabilities in the development and review of our annual accessibility plan;
- Ensuring that hospital bylaws and policies are consistent with the principles of accessibility;
- The establishment and continual support of an accessibility working group.

In the summer of 2010 Mackenzie Health enshrined its commitment statement into a Hospital Policy which can be found in Appendix "B".

BARRIER REMOVAL INITIATIVES

Mackenzie Health has implemented the following ongoing practices and initiatives to identify and eliminate barriers for persons with disabilities:

(a) Review of patient concerns received by Patient Relations

The Patient Relations Department conducts ongoing reviews and investigation on patient accessibility concerns and complaints. Concerns are brought to the Accessibility Standing Committee for action.

(b) Audit of employee complaints by Workplace Diversity/ Occupational Health

Workplace Diversity and Occupational Health adheres to legislated mandates that require compliance under the ground of disability and accommodation guidelines. Since October 2002, employee complaints helped to identify issues related to accommodation, modified workspace, modified work, stigmatization, alternate work arrangements and assistive devices. The employee complaints, although independently managed, are reviewed from the perspective of systemic causes.

(c) Mackenzie Health Redevelopment

Mackenzie Health is undergoing extensive redevelopment. Barrier-free design has been incorporated into any new construction plans in accordance with current building codes. There is representation from the redevelopment department on the Diversity and Accessibility Committee to insure communication and integration.

(d) Education and awareness initiatives

Mackenzie Health Human Resources department provides awareness and education to new and existing employees regarding disability, accommodation and inclusion through internal orientation sessions. The Diversity and Accessibility Committee hosts regular educational activities for staff, volunteers and the public.

(e) Legislative Requirements;

The AODA creates standards for employers and businesses to improve accessibility for people with disabilities in 5 areas; Customer Service, Information and Communications, Transportation, Employment and Buildings. The Diversity and Accessibility Committee is responsible for ensuring the hospital meets the requirements as outlined in the regulations.

BARRIER IDENTIFICATION METHODOLOGIES

Methodology	Description	Status
Brainstorming Exercises	The Diversity and Accessibility Coordinator reviews the AODA and AODA materials and background materials to facilitate brainstorming exercise	Diversity and Accessibility Committee meets monthly
Environmental Assessment	<p>Accessibility guidelines created by the Greater Toronto Hotel Association in partnership with AccessOntario.</p> <p>Survey guidelines with regard to mobility, vision and hearing.</p> <p>Seniors Friendly Accessibility Environment Assessment (Senior Friendly Care in Central LHIN Hospitals).</p>	<p>Gaps identified in the assessment prioritized and included in the 2011-2012 carried forward in the multi-year plan.</p> <p>Vision and hearing audits conducted. Gaps identified in the survey prioritized and included in the 2011-2012 plan. The mobility audit will be completed in the fall of 2012.</p> <p>Survey conducted and gaps identified have been prioritized in the multi-year plan.</p>
Participation in Regional/Stakeholder Accessibility Committees	Mackenzie Health is a member of the Community Health Services Department Municipal Staff Reference Group and the Accessibility Teleconference Hospital Working Group.	Ongoing. Identified concerns are brought to the committee.

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Review of Patients' Concerns	Patient Relations receives and collates disability concerns raised by patients, visitors and companions.	Ongoing. Identified concerns are brought to the committee.
Review of Employee Concerns and Presentation Feedback	Human Resources tracks & trends data including types of employee concerns.	Ongoing. Identified concerns are brought to the committee.
Accessibility Surveys: Stakeholders	Accessibility Survey distributed to community agencies/stakeholders every 2 years.	Completed in 2010 and results grouped into themes. Identified concerns prioritized and strategies developed. Next round of surveys to be conducted in 2012.
Accessibility Surveys: Staff	Accessibility Survey distributed to staff every 2 years to identify barriers at Mackenzie Health and suggest elimination techniques.	Completed in 2010 and results grouped into themes. Gaps prioritized and strategies developed. Next round of surveys to be conducted in 2012.
Stakeholder Consultation	Participation of persons with disabilities from the community to provide input and advice.	Ongoing. Membership of the committee has been revised to ensure inclusion of persons with disabilities from the community and stakeholders.
Literature Review	Accessibility Directorate of Ontario Ministry of Community and Social Services Accessibility Presentation.	Ongoing.
Training	Provide training to all who provide services within the facility.	Ongoing – will require additional support of Organizational Development department to prepare and roll out training.
Regulations	Review of the regulations as they become available; identifying gaps and developing action plans.	Customer Service Standard has been implemented. In 2012, full implementation plan will be finalized.

BARRIERS ADDRESSED & PROGRESS SINCE THE 2011-2012 ACCESSIBILITY PLAN

The Diversity and Accessibility Committee had identified 21 barriers for the 2010-2011 Accessibility Plan which were prioritized and placed in categories. The categories addressed were: (a) Environmental, (b) Communication, (c) Architectural, (d) Technological, (e) Attitudinal, and (f) Policy and Practices. Prioritization criteria included, available financial resources, environmental constraints, other organizational priorities and if committee scope.

The following breakdown was created as part of the 2011-2012 Accessibility Plan. Integral to the Accessibility Plan, the Diversity and Accessibility Committee will continue to address these barriers.

Areas	Barrier	Actions	Status
Environmental: Exterior Areas	The slope of exterior ramps does not meet recommended length and gradient.	To be addressed in all new construction and renovations. All existing ramps to be re-evaluated. Signage placed near ramps directing people to alternate accessible routes.	Signs have been purchased which re-direct people to the nearest alternate accessible route Due to physical constraints the current ramp cannot be readily altered.
	Exterior steps do not have color contrasting on the nosing.	Forwarded to Facilities Management	Unable to accomplish due to other priorities. Carried forward to next year
	Guardrails are not highly visible.	Forwarded to Facilities management	Forwarded to planning office for consideration for re-development
	Accessible routes across wide open or ambiguous spaces have not been clearly marked to provide directional cues for persons with visual limitations.	Facilities management to explore best practice and develop recommendations/business plan for implementation.	Markings outside have been completed to direct people towards the lowered curbs near the Emergency entrance. Curb edges have been painted so they would stand out.
	Audible signals are not provided in elevator lobbies to signal up and down movement different from each other.	Forwarded to Facilities management	Elevators in D and A wings are equipped with audible signals. Retrofits not available for the elevators in the C and B wing.

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			Forwarded to planning office. This will be addressed when area is redeveloped.
Interior Areas	Not all accessible bathrooms meet the recommended clear floor space for persons using wheelchairs to maneuver.	To be addressed in all new construction and renovations. Signage placed beside all washrooms (including accessible ones) directing people to alternate accessible washrooms.	All wheelchair accessible washrooms have been identified. Signage was ordered to direct people to the nearest accessible washroom. Installed in fall 2011.
	Fire doors are not a constant color throughout the building so that they are easily distinguishable from others.	Facilities management	The committee considers this neither a priority nor an issue. Has been forwarded to planning office for consideration in re-development and taken off the committee list of barriers.
	There is a lack of universal hearing disability signs provided where equipment for persons who are hard of hearing is available.	Accessibility committee to identify available equipment, recommend purchase of additional equipment and develop signage.	Signs were ordered. Installed in the fall of 2011.
	Lack of automatic door openers.	Environmental services to conduct a gap analysis and develop a work plan/timeline on installing automatic door openers throughout public/patient care areas.	Funding has been approved for the installation of automatic door openers in high usage areas such as Diagnostic Imaging and Fracture Clinic. This was completed in September 2011.
Amenity and Recreation Areas	Lecterns are not adjustable for use by persons in wheelchairs.	Adjustable lectern to be purchased.	Low priority for this fiscal. There have been no instances requiring adjustable lectern. Request forwarded to

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			Library services to consider when purchasing new equipment.
	Lack of assistive listening systems in auditorium/meeting rooms.	Accessibility committee to identify available equipment /develop a business plan for accessing assistive listening system.	Available equipment identified. For business case development.
	Retail outlets in the organization do not meet recommended accessibility guidelines.	Guidelines forwarded to Sodexo and Volunteer association gift shop for awareness and future consideration.	To be addressed in all new construction and any renovations
	Accessible toilets are not available on each floor.	To be addressed in all new construction and any renovations.	All wheelchair accessible washrooms have been identified. Signage has been ordered to direct people to the nearest accessible washroom. Space for additional accessible public washrooms has been identified.
	Accessible washrooms for men do not have a urinal that can be accessed by a person in a wheelchair.	Facilities management	The committee in consultation with Facilities Management has removed this item from the priority list. Currently few organizations have wheelchair accessible urinals. Priority will be placed on more accessible washrooms.
	Automatic hand dryers are not available in all accessible washrooms.	Facilities management	Dryers have been purchased and will be installed starting the fall of 2011.

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Communication / Information :	Lack of TTY phone number.	Dedicated telephone number for TTY line. TTY phones are available in the lobby. Explore feasibility of providing this phone for inpatients upon request.	Dedicated TTY telephone number established and TTY telephones are available to patients upon request. The need for additional public TTY telephones identified.
	Lack of communication devices/supports for patients who are hearing impaired.	Accessibility committee to collate a list of communication devices/and supports available. A gap analysis to be conducted and a business case developed for the purchase of required devices. Information made available to staff on how to access services/supports/devices.	Five UbiDuo devices were purchased for use throughout the hospital.
	Signage. Lack of clear way finding. Discrepancy between names/locations.	Survey results to be provided to the working group responsible for way finding.	Recommendations provided to the working group responsible for way finding.
	Accessibility to Main entrance and ER entrance.	Renovations were completed to address this issue in 2009. To review accessibility with the assistance of patients/stakeholders.	Completed.
	Accessibility to off-site locations.	Environmental assessment to be conducted on all off-site locations and gaps identified. Accessibility standards to be included in all site selection criteria.	Carried forward to next year. Accessibility standards forwarded to individuals responsible for off site location selection.
Attitudinal:	Ongoing feedback/assessment of employee/patient/family concerns.	Accessibility surveys to be refined. A schedule to be developed to facilitate ongoing feedback.	Completed. Next round of surveys will be rolled out in 2012.

OTHER INITIATIVES

On Wednesday August 22, 2012 the Diversity and Accessibility Committee will be hosting “My Abilities Day”. Staff, volunteers and physicians will be invited to participate in various activities set up in Berwick Auditorium which will provide participants with an opportunity to learn more about creating a barrier-free facility for patients and visitors with disabilities. The overall goal is to raise awareness, provide educational resources and information about community organizations, all while involving the community to help build networks, share stories and gain support.

The Integrated Accessibility Standard which addresses Information and Communication Standards, Employment Standards and Transportation Standards was passed into law June 3, 2011. Ensuring that Mackenzie Health complies with these standards will be a priority for the Diversity and Accessibility Committee and will be included in the multi-year plan.

WORKPLAN

Compliance Requirement	Regulatory Section	Plan to Meet Requirement	Timeframe for Completion	Compliance Date	Status
Establishment of accessibility policies	S. 3	A) Review current policies. B) Revise current policies where necessary. Establish new policy to meet requirements under IASR.	A) Early Fall, 2012 B) Late fall, 2012	1-Jan-13	Completed
Accessibility Plans	S. 4	A) Review previous annual accessibility plan. B) Assess current state of compliance and develop multi-year plan. C) Share plan with appropriate parties for input. D) Post plan on Accessibility website	A) Summer, 2012 B) September, 2012 C) Late fall, 2012 D) December, 2012	1-Jan-13	Completed
Procuring or acquiring goods, services or facilities	S. 5	A) Review current procurement policy. B) Revise procurement policy.	A) Spring, 2012 B) Fall, 2012	1-Jan-13	Completed
Self-service kiosks	S. 6	A) Determine who is responsible at MH for self-service kiosks. B) Abide by new procurement policy when acquiring self-service kiosks that ensures incorporation of accessibility features.	A) Spring, 2012 B) Fall, 2012	1-Jan-13	Completed

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Training	S. 7	A) Review current training practices and material B) Revise material to meet regulations C) Roll out training to all staff, physicians and volunteers	Completion by December 2013	1-Jan-14	Completed
Feedback	S. 11	A) Review current process (under Customer Service Standard) B) Revise current process C) Educate staff, physicians and volunteers	A) Spring, 2013 B) Fall, 2013 C) December, 2013	1-Jan-14	Completed
Accessible websites and web content	S. 14	A) Inform individuals responsible for internet and intranet sites B) Establish process of ensuring sites meet requirements	A) December, 2013 for new websites	1-Jan-14	Completed
Recruitment and Employment	S. 22 to S. 26; S. 28 to S. 32	A) Review current policies and processes B) Revise policies to meet requirement C) Inform and educate employee and public on changes	Completion by December 2013	1-Jan-14	In Process
Accessible formats and communication supports	S. 12	A) Review current processes B) Revise current processes C) Educate staff, physicians and volunteers on revised procedures	A) Fall, 2013 B) Spring, 2014 C) Fall, 2014	1-Jan-15	In Progress

REVIEWING, MONITORING, AND EVALUATING PERFORMANCE

The Diversity and Accessibility Committee meets monthly to review progress and to discuss available best practices that will support the achievement of the objectives of the goals of the Accessibility Plan at Mackenzie Health.

The Coordinator will provide annual updates to the Mackenzie Health Executive Leadership Team. The following will be used for to monitor performance and evaluate outcomes:

DELIVERABLES

- Letters and information sent to patients
- Diversity Survey to collect information from employees who have raised concerns about disabilities and accommodation

INDICATORS

- Number of visits to the internet/intranet
- Number of inquiries received from employees and patients re accessibility

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- Number of complaints received and investigations successfully completed
- Number of awareness sessions and open forums

BENCHMARKING TARGETS

- Patient and family complaints pertaining to accessibility will remain at equal to or less than the number of complaints lodged during the last fiscal year. During fiscal year 2011-2012 there were two complaints related to accessibility; only one of which turned out to be relevant. The concern pertained to wheelchair accessibility to the MRI change room.

COMMUNICATION PLAN

Mackenzie Health's Accessibility Plan will be posted on the website, under "Accessibility" and hard copies will be made available from Patient Relations, Public Affairs, and Human Resources. On request, the plan may be made available in other formats.

Key Audience

- All patients, visitors, staff, physicians and volunteers
- Patient representatives
- General public
- Disability Advocacy groups
- Community partners
- Ontario Hospital Association
- Ministry of Citizenship

APPENDIX “A” – DIVERSITY & ACCESSIBILITY COMMITTEE TERMS OF REFERENCE

PURPOSE

Mackenzie Health is committed to creating an inclusive environment that recognizes, respects, and values diversity and promotes accessibility for people with disabilities (as per the Ontario Accessibility for Ontarians with Disabilities Act (AODA, 2005)) to contribute to our workplace and effectively access our resources.

The Diversity & Accessibility Committee recognizes the importance of removing barriers and nurturing understanding of individual differences and needs. It promotes organizational initiatives that foster an environment that is inclusive of diverse identities and degrees of ability, unique perspectives and experiences, including but not limited to race, ancestry, place or origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, disability, record of offences or receipt of public assistance, as stated in the Ontario Human Rights Code.

The Diversity & Accessibility Committee is a forum for Mackenzie Health to reflect its ongoing commitment to providing a diverse and barrier-free environment for patients, families, staff, physicians, volunteers and visitors.

DEFINITIONS

Barrier: Anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information and communications barrier, an attitudinal barrier, a technological barrier, a policy or practice; ("obstacle")

Disability: Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing loss, muteness or speech impediment, or physical reliance on a service animal or on a wheelchair or other remedial appliance or device, **or**, a condition of mental impairment or a developmental disability, **or** a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language, **or** a mental disorder, **or** an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; ("handicap"). [As extracted from the AODA Act definitions].

COMMITTEE RESPONSIBILITIES

Specifically, the Diversity & Accessibility Committee will:

1. Oversee the preparation of revision of the annual accessibility plan, including stakeholder consultation, posting of the Plan, recommendations for implementation and tracking of deliverables, and evaluation of the outcomes of the plan.
2. Provide input to an over-arching diversity strategy for Mackenzie Health internal and external communities, including methods of support for diverse populations and communities;

3. Promote enhanced awareness of diversity and accessibility issues, including the preparation and provision of appropriate training, communication of standards and requirements.
4. Communicate the Committee's priorities to Mackenzie Health staff, physicians and volunteers and the Mackenzie Health community.
5. Establish a process to identify, remove and prevent barriers to persons with disabilities, or those whose diverse background may prevent them from accessing Mackenzie Health services or resources in an effective manner

RESPONSIBILITIES OF THE CHAIR

The Chief Human Resources Officer or delegate will chair and provide support, coordination, and administration to the work of the Committee.

The chair shall:

- Report progress bi-annually to the Senior Leadership Team (SLT)
- Provide the SLT an annual report (in September) on the current year's achievements and future priorities with timelines and related costs.

MEMBERSHIP

The Diversity & Accessibility Committee will consist of people with diverse backgrounds who will bring different perspectives to the challenge of ensuring broad-based, systemic change to enhance diversity and improve accessibility for those with disabilities.

A core group of representatives from among the Mackenzie Health staff, physician and volunteer population, as well as community stakeholders, will be identified by 1) solicitation of volunteers from key stakeholder groups, and 2) appointments by Vice Presidents.

Members will commit to one year terms, after which they may identify continued interest in participating for one additional year. Sub committees will be formed to deal with specific priority projects, under the leadership of a central committee member. Members of the sub committees may be solicited from among individuals who have a subject matter expertise or personal experience that is valuable to the overall process.

Committee members are expected to attend at least 70% of all meetings within each twelve (12) month period. Each member is responsible for obtaining approval to attend the meetings if they occur during their scheduled times of work. Delegates will be permitted, as appropriate, if cleared in advance by the Chair.

Members shall declare any conflict or perceived conflict when it arises.

MEETINGS

1. The Diversity & Accessibility Committee will meet at least bi-monthly, or more frequently as determined by the Chair.
2. A majority of members shall constitute quorum.
3. The Committee shall review the Terms of Reference and work plan annually.
4. The Committee will respect the ground rules for effective meetings and decision-making.

BUDGET

Expenses will be covered by the hospital's global budget or as determined by SLT.

APPENDIX “B” – ACCESSIBILITY POLICY

Title: Accessibility	
Manual: Corporate Policy and Procedures	Type: Policy
Section: Hospital Wide Master Policies	Additional Sections:
Developed by: Director, Quality, Risk Management and Patient Safety	Original Effective Date: 2010/09
Approved by: Corporate Policy and Procedure Review and Approval Committee, 2010/09	Date Revised: 2011/08/06
	Date Reviewed:
Cross References: Accessibility – Customer Service Policy, Accessibility – Service Animals, Accessibility – Use of a Support Person; Diversity & Accessibility	
Key Words:	

POLICY STATEMENT

It is Mackenzie Health’s policy to provide person-focused care to people with disabilities. We are committed to providing respectful patient and family focused care based on each patient’s individual needs. Each staff member, physician and volunteer is responsible to ensure patients and their families receive access to our services, regardless of ability.

We are committed to the continuous improvement of access to facilities, programs and services for patients, their families, staff, healthcare practitioners, students, volunteers and members of the community through:

- facilitating the participation of people with disabilities in the development and review of our annual accessibility plan;
- ensuring that hospital bylaws and policies are consistent with the principles of accessibility; and
- the establishment and continual support of an accessibility committee

PROCEDURE

The Diversity & Accessibility Committee shall oversee the development and ongoing revision of the annual accessibility plan as per the Accessibility for Ontarians with Disabilities Act.

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The approved annual accessibility plan shall be posted on the hospital's internal and external web site by September 30th of each year. The Diversity and Accessibility Committee shall ensure that all regulations under the AODA are addressed.

REFERENCES

Accessibility for Ontarians with Disabilities Act. (2005). Retrieved February 5, 2010 from ~ http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm

Accessibility for Ontarians with Disabilities Act, Customer Service Standard 429/07. (2005). Retrieved February 5, 2010. from ~ http://www.e-laws.gov.on.ca/html/source/regs/english/2007/elaws_src_regs_r07429_e.htm

Blind Persons' Rights Act, R.S.O. 1990, c. B. 7. (1990). Retrieved February 5, 2010 from ~ http://e-laws.gov.on.ca/html/statues/english/elaws_statues_90b07_e.htm

APPENDIX “C” - OTHER MACKENZIE HEALTH ACCESSIBILITY POLICIES

Mackenzie Health has developed three additional policies related to the Accessibility for Ontarians with Disability Act, Accessibility Standards of Customer Service (2005).

Full text versions of these policies are available upon request.

Accessibility – Customer Service:

It is Mackenzie Health’s policy that people with disabilities be given an opportunity equal to that given to others to obtain, use and benefit from the provision of goods and services by the hospital, consistent with the principles of independence, dignity and integration and equality of opportunity. This policy includes our guiding principles surrounding customer service and the specific training of current and future staff, physicians, students, and third party contractors.

Accessibility – Service Animals:

It is Mackenzie Health’s policy to create a welcoming environment for people with disabilities who are accompanied by a service animal on the parts of our premises that are open to the public and other third parties, consistent with the principles of independence, dignity, integration and equality of opportunity.

This policy identifies areas where access to service animals will be limited, including but not limited to: operating rooms; minor procedure rooms or rooms where sterile interventional procedures are occurring; food preparation and food storage areas; medication preparation or storage areas; clean or sterile supply storage areas; and/or rooms in which transmission based precautions are in place (isolated rooms). This policy also outlines the responsibility of the owner of the service animal.

Accessibility – Use of a Support Person:

It is Mackenzie Health’s policy that people with disabilities who are accompanied by a support person have access to that support person while receiving care and services by the hospital, consistent with the principles of independence, dignity, integration and equality of opportunity. This policy identifies areas where a support person may not be able to accompany the patient and the organizations commitment to provide alternate services. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his/her support person while on our premises, unless it is a controlled access area, including but not limited to surgical suites, procedure rooms, Post Anaesthetic Care Unit (PACU) and recovery rooms. If possible, situations requiring the separation of the person with a disability and their support person will be discussed with the individual in advance and appropriate measures taken.

APPENDIX “D” – EMPLOYEE HANDBOOK (PAMPHLET)

Assisting Patients and Visitors who are Deaf-Blind

A person who is deaf-blind could have limitations or complete lack of hearing and vision. This results in greater difficulties in accessing information and managing daily activities. Most people who are deaf-blind will be accompanied by an interpreter, a professional who helps with communicating.

Tips on assisting these patients and visitors:

- Avoid assuming what a person can or cannot do;
- Determine the most effective way to communicate with the individual;
- Speak directly to the person as you normally would, not to their support person or interpreter.

Assisting Patients and Visitors with Physical Disabilities

There are many types and degrees of physical disabilities, and not all require a wheelchair. People who have arthritis, heart or lung conditions or amputations may also have difficulties with moving, standing or sitting. It may be difficult to identify a person with a physical disability.

Tips on assisting these patients and visitors:

- Upon arrival, be sure to enquire what time the patient needs to meet their ride and allow them time to get there. It is important to note that people who rely on pre-booked transportation are penalized if they are late for their scheduled rides. This is a daily stressor for people with disabilities;
- Provide the person with information about accessible features of the immediate environment (automatic doors, accessible washrooms, etc.);
- Remove obstacles and rearrange furniture to ensure clear passage.

Assisting Patients and Visitors with Mental Health Disabilities

One in five Canadians is likely to experience a diagnosable mental illness, many of which may not be obvious to you. Some people with a mental illness may not seek help for a variety of reasons, most commonly stigma and discrimination. Mental Health Disabilities may not be immediately recognizable.

Tips on assisting these patients and visitors:

- Listen carefully and be confident and reassuring;
- Avoid being confrontational and don't take things personally;
- If someone appears to be in a crisis, ask them to tell you the best way to help;
- Treat mental illness as an illness and be understanding and supportive.

Assisting Patients and Visitors with Intellectual or Developmental Disabilities

People with intellectual or developmental disabilities may have difficulty doing things many of us take for granted. These disabilities can limit one's ability to communicate. You may not know that someone has this disability unless you are told. They may understand more than you think and will appreciate you treating them with respect.

Tips on assisting these patients and visitors:

- Make sure the person understands what you've said;
- If you can't understand what's being said, don't pretend. Just ask again;
- Provide one piece of information at a time.

Assisting Patients and Visitors with Learning Disabilities

Learning disabilities can result in a host of different communication difficulties for people. These disabilities can be subtle, such as difficulty reading. They can interfere with a person's ability to receive, express or process information.

Tips on assisting these patients and visitors:

- Try to find words to provide information in a way that works best for them;
- Take some time. People with some kinds of learning disabilities may take a little longer to understand and respond.

Assisting Patients and Visitors with Speech or Language Impairments

Some people have problems communicating. It could be the result of an illness, hearing loss or another condition that makes it difficult to pronounce words, causes slurring or stuttering, or not being able to express oneself or understand written or spoken language. Some people who have severe difficulties may use communication boards or other assistive devices.

Tips on assisting these patients and visitors:

- Work with the individual to determine the best way to communicate with them;
- If you are able, ask questions that can be answered with a 'yes' or 'no';
- Give the individual whatever time they need to get their point across;
- Wait for the individual to finish speaking;

Providing Person Focused Care for People with Disabilities



**Mackenzie
Health**

APPENDIX “E” ~ GLOSSARY OF TERMS

Accessibility: When we modify information, architecture, devices or methods to allow easier access by people with disabilities, we are making those items accessible. Examples include: providing sign language interpreters for medical appointments, building an accessible ramp, audio-describing services, providing technical aids for access to a computer.

Accessible Route: A continuous unobstructed path connecting all accessible elements and spaces of a building or facility. Interior accessible routes may include corridors, floors, ramps, elevators, lifts, and clear floor space at fixtures. Exterior accessible routes may include parking access aisles, curb ramps, crosswalks at vehicular ways, walks, ramps, and lifts.

Accommodation: (See Reasonable Accommodation)

Alternative Formats: The provision of information that is regularly provided by an organization in visual or audible formats in alternative formats such as computer diskettes, tape recordings, Braille, large print or captioning.

American Sign Language: American Sign Language (ASL) is the major language used by the American deaf population. Its medium is visible through hand movements and facial expressions rather than aural. ASL has its own vocabulary, idioms, grammar, and syntax different from English.

Assistive Listening Systems (ALS): Assistive listening systems enhance the sound for people who are hard of hearing to assist them with amplification and clarity. These systems enable an individual who benefits from amplification to focus directly on the sound source. The individual may listen to the sound source without having to contend with background noise that can make it difficult to concentrate on conversation. Options to consider include FM systems, infrared or induction loop technologies. The speaker talks into a microphone or transmitter and the listener either uses the T-switch on their hearing aid, or wears a receiver designed to work with the assistive listening device.

Assistive Technology: Devices used by people with disabilities to compensate for functional limitations and to enhance and increase learning, independence, mobility, communication, environmental control and choice. Devices may include voice activated computer software, simple to sophisticated wheelchairs or mobility aids, screen reading computer software that reads information from a computer screen out loud, or a mouth or head stick for painting.

Audio Description: Audio description is a narration of a live theatre event, visual arts exhibit at a museum, television, film or video program’s visual elements for persons with visual disabilities. Audio description is inserted in the natural pauses of a program’s dialogue, and can be used to describe visual elements such as body language, settings, and actions made.

Auxiliary Aids and Services: According to ODA regulations, Auxiliary aids and services include a wide range of services and devices that promote effective communication. These services and devices include:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments

- Qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual impairments and
- TDD's, computer terminals, speech synthesizers and communication boards for individuals with speech impairments.

Braille: Braille is a system of exact translation of printed letters into raised dots, which can be read by fingertips by people who are blind. Braille can be used in exhibition labeling, publications, and signage.

Captioned: A video or film program with subtitles reflecting the content of the spoken or descriptive material.

- **Closed Captioning:** Captions are text superimposed over video for the benefit of deaf and hard-of-hearing viewers. Closed captions are hidden (encoded) as a data within the video signal and must be decoded to be visible. Captions are designed to convey on- and off-screen effects, speaker identifications and other information helpful to deaf and hard-of-hearing people.
- **Open Captioning:** Open Captioning places the text on screen in a black reader box at all times.
- **Real-time Captioning:** Roll-up captions that are created and transmitted at time of broadcast origination.
- **Theatrical Open Captioning:** Open captioning of live theatre performances. This technology has enabled many people to experience the joy of theatre for the first time.

Commercial facilities: According to regulations of the ODA, a commercial facility is a privately owned non-residential facility involved in commercial activity, such as a factory, warehouse, corporate office building or other facility in which employment may occur.

Disability: According to the ODA "Disability" - is defined in Bill 125 as:

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability;
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

The definition of disability in the ODA reflects contemporary views and terminology with respect to Persons with Disabilities (as pointed out later in this document). Moreover, the definition also includes "brain injury", which is absent from human rights legislation. The ODA, however, does not include "perceived disability", which is found in the Ontario Human Rights Code.

Guide Dog: (see Service Animal)

Inclusion: To be given the opportunity to participate in all activities available in a community; for example having the choice to attend an arts performance in your own community. Inclusion isn't a new program, trend or something one "does" for someone else. It is not a bandwagon. People are either included or excluded. Discussion of inclusion typically addresses issues related to diversity, community building and consequence of exclusion.

Interpreters: People who are deaf or hard of hearing often request interpreters or translators in order to participate in lectures, presentations, or events. Interpreters translate from spoken language to American Sign Language (ASL) and visa versa.

Large Print: Large print brochures and educational materials are for individuals with partial sight. On a personal computer, font size 16 or greater will produce large print.

Major Life Activity: Major life activities include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Program Accessibility: Under the ODA, Section 15 requires hospitals to be readily accessible to and usable by people with disabilities. To become accessible a facility may need to alter an existing facility, acquire or construct additional facilities, or relocate a service or program to an accessible facility.

Public Accommodation: According to the ODA regulations, a place of public accommodation is a private establishment (for profit or non-profit) that fits criteria specified by the Ministry of Citizenship in ODA regulations under section 15 of the Act. It includes hotels, restaurants, theatres, museums, retail stores, private schools, banks, doctor's office, and health clubs.

Qualified Individual with a Disability: Under section 15, the employment section of the ODA, a qualified individual with a disability is a person who meets legitimate skill, experience, education, or other requirements of an employment position that he or she holds or seeks, and can perform the essential functions of the position with or without reasonable accommodation. In a non-employment context, a qualified person with a disability meets the definition of a person with a disability and meets the essential eligibility requirements for a program, activity, service or benefit offered by a public entity.

Qualified Interpreter: According to the ODA, a qualified interpreter is an interpreter who is able to sign to the individual who is deaf what is being said by the hearing person and who can voice the hearing person what is being signed by the individual who is deaf. This communication must be conveyed effectively, accurately, and impartially through the use of any necessary specialized vocabulary.

Readily Achievable: Under the ODA, public places of are required to remove barriers to access from public areas. Barrier removal is readily achievable when it is carried out without much difficulty or expense.

Reasonable Accommodation: Reasonable accommodation means making any change or adjustment to a job or work environment that permits a qualified applicant or employee with a

disability to apply for a job or to enjoy the benefits and privileges of employment equal to other employees without disabilities. This may include providing readers, sign language interpreters, or modifying the physical environment to make it accessible.

Sensory Seminars/Tours: Sensory Seminars/Tours are offered at performing arts performances. These pre-performance seminars allow patrons to feel props, set pieces, and costumes in order to give them a better understanding of a character's body type and personality, the spatial relationship of the set, and the time period of the production.

Service Animal: According to the ODA a service animal is any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. If they meet this definition, the animals are considered service animals regardless of whether they have been licensed or certified by a Province or local government. Provincial and local government offices, as well as privately owned businesses such as museums, galleries, theatres, concert halls, restaurants and retail stores are required to allow people with disabilities to bring their dogs onto the premises in whatever areas other customers/patrons are generally allowed.

Sign Interpreted Seminars/Tours: Sign Interpreted Seminars/Tours are live directed presentations that are interpreted for people who are deaf or hearing impaired.

Touch Tour: A touch tour uses tactile diagrams, audio narrative, interpretive sound-compositions, and hands-on activities to replace traditional techniques and make services understood and relevant for people who are blind or visually impaired.

TTY: A TTY traditionally provides a text method of communication over the telephone for individuals who may be deaf or who have speech impairments.

Undue Hardship: Under the employment provisions of the ODA, an employer is not required to provide a reasonable accommodation if it would result in an undue hardship. For the employer, "undue hardship" means it would require significant difficulty or expense, or would alter the nature or operation of the business. (See Reasonable Accommodation).

Universal Design: Universal design is the design of products, communications and the built environment to be usable by all people, to the greatest extent possible, without the need for ODA adaptation or specialized design. The intent of universal design is to simplify life for everyone. Universal design benefits people of all ages and abilities.

Video Description: Video description makes television accessible to people who are blind or visually impaired. Narrated descriptions of a program's key visual elements – such as actions, body language, graphics and scene changes – are recorded and carefully blended, into natural pauses in the program soundtrack, creating an additional mixed audio track broadcast simultaneously with the program.

Wheelchair and Companion Seating: Seating for wheelchair users adjacent seating for individuals accompanying wheelchair users.