



# Advancing Accessibility

Markham Stouffville Hospital Corporation's  
Annual Accessibility Plan

April 2011 - March 2012



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### Executive Summary

Markham Stouffville Hospital Corporation's (MSH) eighth annual accessibility plan has been developed in accordance with the Ontarians with Disability Act (ODA 2001) for the purpose of identifying, preventing and removing barriers. Dually in effect, the Accessibility for Ontarians with Disabilities Act (AODA 2005) continues to forge ahead with work on five standards. The AODA will eventually replace the ODA once the standards have been phased in. The ODA will then be repealed.

The Accessibility Standard for Customer Service (Ontario Regulation (429/07) was the first of five standards to be released under the AODA and the compliance date for this regulation was January 1, 2010. The compliance report was submitted to the Ministry of Community and Social Services prior to the March 31, 2010 deadline.

Our Customer Service initiatives continue to include accessibility education and awareness in Partners in Excellence and new hire orientation programs. Our customer service policy has been updated to support the principles of this regulation which includes components related to service animals and assistive devices. Our self-directed mandatory training booklet, originally made available in Quarter 1 2009/ 2010, continues to be distributed to all new employees, physicians and volunteers. Education sessions were provided to front line staff to supplement the self-directed training. These sessions focused on the Registration Clerks, Facilitating Nurses and Triage Nurses. MSH will continue to communicate the expectation of excellent customer service to all individuals who utilize our services and programs.

On May 31, 2010 the government announced it would integrate three of the standards (Employment, Information and Communication and Transportation) into one streamlined regulation. The amended Proposed Integrated Regulation is with the Minister of Community and Social Services.

It is recognized that the Information and Communication Standard could have financial and operational impacts. The Accessibility Advisory Committee (AAC) is committed to keeping the organization informed, while proactively implementing improvements to advance accessibility at MSH.

The Final Proposed Accessible Built Environment Standard provides recommendations to government on how to remove barriers in buildings and outdoor spaces for people with disabilities. The final proposed standard has been submitted to the Minister of Community and Social Services. Information on the time frame for approval will be forthcoming.

The MSH redevelopment team is fully abreast of the evolving accessibility legislation as well as an Accessibility Consultant was involved in reviewing the final designs.

## **Advancing Accessibility**

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The 2011-2012 Annual Plan continues to build on previous plans with continued focus on organizational awareness and education. We will continue to address the standards as they become law and issues related to accessibility.

# Advancing Accessibility

## Aim

The aim of Markham Stouffville Hospital Corporation's (MSH) accessibility planning efforts is to continually identify, remove and prevent barriers for people with disabilities who visit, work in or use the hospital facilities, services and property. In addition, the Accessibility Advisory Committee (AAC) will ensure compliance with Accessibility Standards as passed into legislation by the Ontario government. The AAC further advances accessibility through education and training of staff, physicians and volunteers in order to optimize access, care and service at MSH.

## Objectives

The objectives of this accessibility plan are to describe:

- The current processes by which MSH has and will continue to identify barriers
- The achievements by MSH to remove and prevent barriers in 2010/11
- The measures MSH will take in 2011/12 to identify, remove and prevent barriers
- The measures MSH will take to ensure compliance with AODA (2005) standards as they become law
- The process by which the MSH plan will be made available to the public

## Description of Markham Stouffville Hospital

Markham Stouffville Hospital Corporation (MSHC) is a progressive, two site, community hospital with leading diagnostic services and clinical programs in acute care medicine and surgery, addictions and mental health and maternal and child health; all focused on the needs of our rapidly growing communities. Partnering with other specialist providers, the 367 physicians, 13 Midwives and 1,700 staff of the hospital make it the centre of community care for the residents of the Towns of Markham, Stouffville and Uxbridge—a population of over 300,000 people.

Between our two sites we have 230 beds: 210 at our Markham site and 20 at our Uxbridge site. We have almost 1,000 volunteers giving back to their community as well as a Community Living enclave of 10 individuals based at the Markham site.

Our community is one of the fastest growing in Ontario and also one of the most ethnically diverse municipalities in Canada.

Markham Stouffville Hospital Corporation's vision is *Excellence, Your Expectation, Our Inspiration*. In working towards our mission, each of us will create and support an environment that maximizes health, delivers safe, high quality care, invests in our people and fosters accountability.

## The Accessibility Advisory Committee

The membership of the committee represents a diverse cross-section of multidisciplinary staff, from both inpatient and outpatient clinical areas as well as support services. There are both management and front-line staff represented on the committee, including one staff member with a physical disability and another member who coordinates the Community Living partnership.

Many of our committee members have a professional or personal connection with supporting people with disabilities. These connections make our commitment even stronger for advocating for accessibility.

The committee reports to Senior Management through the Vice President, Organizational Effectiveness.

The Accessibility Advisory Committee has been charged with the following responsibilities:

- To ensure ongoing organizational commitment to and understanding of accessibility planning
- To develop annual accessibility plans
- To ensure each plan includes, but is not restricted to:
  - A review of recent initiatives and successes in identifying, removing and preventing barriers
  - The identification and prioritization of barriers to be addressed during the current year
  - A process to address interim deficiencies when identified
  - The solicitation of feedback from staff, physicians, volunteers and the community regarding priorities and strategies to address barrier removal and prevention
  - A process to review, monitor, and evaluate the plan
- To ensure ongoing organizational compliance with legislative requirements under Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
- To increase knowledge and awareness of accessibility among staff, physicians and volunteers as it relates to improving customer service, programs and clinical practice
- To increase integration of accessibility planning principles into existing processes and cycles
- To communicate the plan to staff, physicians, volunteers, the public and all users of the hospital premises

**Members of the Accessibility Advisory Committee**

<b>Member</b>	<b>Department</b>
Barbara Cluett	Applications Consultant, Information Technology
Joey Crump	Social Worker
Beatrise Edelstein (Co-Chair)	Clinical Manager, Rehab Services & Orthopaedic Clinics
Curtis Geissberger	Therapeutic Recreation Specialist (TRS)
Melissa Grouios	Occupational Health Nurse, Occupational Health & Safety
Mary-Lou James	Director, Quality, Risk & Patient Relations
Melanie Kaplanis	Senior Public Relations Specialist
Gail Knaggs	Librarian
Karen McLeod	Clinical Manager, Inpatient Mental Health, BRIDGE, CTO, Crisis
Nancy Oggunniya-Clyke	Community Support Worker, Community Living York South
Laura Ricketts	Manager, Support Services, Uxbridge
Magda Rigo	Director, Community Resources & Organization Development
Eileen Russell (ad hoc)	Manager, Communications
Susan Sheffield	Director, Child Development Programs
Joanne Stark (Co-Chair)	Human Resources Advisor, Human Resources
Maria Tucci	Director, Facilities and Support Services

<b>Administrative Support</b>	<b>Department</b>
Nancy Kelusky	Administrative Assistant, Surgical Services

## **Hospital Commitment to Accessibility Planning**

Markham Stouffville Hospital Corporation (MSH) is firmly committed as an organization to making each site an accessible facility as evidenced by the annual accessibility plan. MSH is committed to an ongoing review process which includes reviews of its by-laws, policies, procedures and practices to improve programs and services while also increasing accessibility specific knowledge within the organization. In addition, a commitment exists to ensure the application of accessibility principles and legislative requirements throughout the hospital's redevelopment process.

## **Existing Processes for Identifying Barriers**

The committee continually advances accessibility through barrier identification annually and at regular meetings to review and monitor the status of initiatives.

In addition to the specific work of the committee, methods by which accessibility barriers may be identified and addressed on an ongoing basis are integrated into the daily operations of MSH. These include:

- The Quality, Risk and Patient Relations programs investigate and address patient, visitor and staff incidents as well as patient complaints related to risk and barrier issues.
- Patient Feedback – A survey is sent out to a random selection of patients following discharge to assess their satisfaction with all our services. This survey includes a barrier identification category. As well, comment cards are available to all patients and visitors and include questions pertaining to accessibility.
- Occupational Health assessments of all staff are completed upon hire and/or as required on an ongoing basis; short and long term special needs are identified and supported.
- Ergonomic assessments are available for all staff by contacting Occupational Health & Safety.
- Accessibility Advisory Committee updates are provided as a standing agenda item at the Operations and Practice Integration Committee (OPIC), the Interdisciplinary Practice Committee (IPC) and the Human Resources staff meetings which include the Occupational Health and Safety Department. The meetings provide an opportunity for feedback from the members.
- The Occupational Health and Safety Committee, including management and front line staff representation, meets regularly to identify and address staff related concerns.
- The hospital ensures adherence to all current barrier free standards as per legislation, including ODA and AODA, for all construction and renovation projects.

## Barrier Prevention and Removal Achievements 2010 - 2011

On November 18, 2010 at the 20<sup>th</sup> Annual Gala hosted by the Markham Board of Trade, Markham Stouffville Hospital received the first award recognized for achievement for Accessibility. This award acknowledged the hospital's commitment to providing excellent customer service in an accessible environment. Janet Beed, President and CEO, received the award on behalf of the hospital. A video was also prepared and shown demonstrating the successful relationship the hospital has with Community Living York South and how we enrich the lives of 10 individuals who carry out valuable services for the hospital.

The following table highlights completed initiatives specific to the work of the AAC.

In addition to the specific efforts of the AAC, program, service and facility improvements occurring as part of routine practice at MSH also benefit persons with disabilities.

Examples include:

- Repairs to the entrances and exits to the visitors' parking lot making access to our parking facilities safer and more efficient.

Type of Barrier	Achievements	Site
<b>Architectural</b>	Committee received Accessibility Provisions overview from Redevelopment	Markham
<b>Communication</b>	Purchased new headsets and ear tips for Pocket Talkers to allow use with isolated patients to meet Infection Control Standards.	Corporate
	Improved website accessibility by adding a "Larger Text" button with a link to instructions for increasing text size. Added descriptors for images on the website for use with screen readers.	Corporate
	Ordered for trial Hearing Impaired symbols for 1East and 1Centre.	Markham
<b>Informational</b>	Continue to meet Customer Service Standard by providing ongoing training to staff, volunteers and physicians.	Corporate
	The Fracture Clinic purchased, installed and implemented a Turn-O-Matic Take a number system with a wireless 3 digit number display. The patient receives a number during registration and then waits for their number to be called. The number appears on the electronic digital indicator which is remotely operated by the clinic staff. The equipment enhances accessibility for patients with hearing loss since the patients can view the number on the display indicating their turn. This new process has also enhanced privacy and	Corporate

Type of Barrier	Achievements	Site
	confidentiality since staff no longer has to announce the patient's name.	
	Celebrated National Annual Accessibility Week with posters, displays and presentation by Dr. Berber highlighting mental health challenges.	Corporate
	Shared Annual plan and pertinent documents with the redevelopment team.	Markham
	Renovations made to remove barriers at the Tim Hortons counter for accessibility and safety.	Markham

### **Barrier-Identification Methodologies Used in the Development of the April 2011 – March 2012 Plan**

This plan has been developed as a continuation of ongoing efforts through each new annual plan to continually evolve accessibility planning and awareness.

The increased focus on clinical applications will continue through collaboration with individuals, departments and units as well as the Interdisciplinary Practice Committee and Operations and Practice Integration Committee.

The committee will continue to consult and connect with organizations supporting individuals with disabilities as opportunities are presented.

### **Barriers That Will Be Addressed April 2011 to March 2012**

Barriers that will be addressed during the April 2011 - March 2012 period are outlined in the table below. The objectives are corporate, and include both the Markham and Uxbridge sites, except where indicated.

The Expenditure/Quarter column reflects the expected cost and the target completion date by quarter for specific initiatives. The AAC will continue to request funding through a variety of sources including the Capital Equipment Budget for specific initiatives. "Not applicable" reflects the expected absorption of the expenditure into departmental budgets or it is unknown at this time.

**April 2011 - March 2012 Accessibility Prevention and Removal Initiatives**

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
<b>Continue to facilitate communication with persons with a variety of communication impairments</b>	Continue to build relationship with CHS and CNIB representatives.	Communication	Not applicable/ Ongoing	Committee
	Continue to support recommendations for alternative wait room management strategies, e.g., pagers and digital display systems	Communication	To be Determined	Committee and Information Technology Department
	Continue to provide ongoing awareness training to staff regarding use of communication assistive services/devices, i.e., Sign Language Interpreters, specialty call bells, how to use TTY.	Informational	Not Applicable/ Ongoing	Committee and Communications Department
	Continue to develop process for patients to identify communication needs, e.g., hearing loss and use of international symbols.	Organizational (Policy/Practice)	Not applicable/ Ongoing	Committee with Nursing Practice Committee (NPC) and Interdisciplinary Practice Committee (IPC)

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
	<p>Review recommendations from the CNIB Audit and implement as appropriate.</p> <p>Purchase more listening devices, i.e., pocket talkers to be located in more areas throughout the hospital.</p> <p>Increase use of international symbols where appropriate</p>	Variety	Not applicable/ Ongoing	Committee
	Continue to enhance website accessibility where appropriate.	Informational	Q1	Public Relations
	Continue to educate staff about the communication standard for all print material (i.e., Verdana or Arial font and minimum size 12 or larger where appropriate).	Informational	Not applicable/ Ongoing	Committee
<b>Continue to facilitate way-finding</b>	Continue to evaluate and review way-finding signage and hospital maps as required.	Informational	Not Applicable/ Ongoing	Facilities
<b>Customer Service Standard, Regulation 429/07</b>	Continue to ensure new staff, physicians and volunteers are educated on the Customer Service Standard and complete the training tool.	Variety	Ongoing	Committee with financial support from Administration
	Policy development and review /updates for any new regulated requirements.	Policy/Practice	To be Determined/ Ongoing	Committee
<b>Promote corporate awareness of</b>	Promote National Accessibility Awareness Week annually.	Informational	Not Applicable/ Ongoing	Committee

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
<b>accessibility including legislative requirements and hospital achievements as well as resources</b>	Enhance regular communication to staff, physicians and volunteers that utilizes a variety of mediums.	Informational	Not Applicable/ Ongoing	Committee
<b>Maintain advocacy relationship with re-development team to optimize accessibility features/principles in all new projects</b>	Share Annual Plan and any other pertinent documents with redevelopment team.	Informational	Not applicable/ Ongoing	Committee

## **Review and Monitoring Process**

The Accessibility Advisory Committee will review and monitor the status of the identified objectives for the period April 2011 to March 2012.

The plan may be reviewed and adjusted based on the approved available operating and capital funds, as well as any additional requirements for standards compliance under the AODA 2005.

## **Communication of the Plan**

The approved Accessibility Plan for April 2011 – March 2012 will be communicated to staff, physicians, volunteers, and the community through a variety of communication vehicles:

- Electronically via the Intranet and the Markham Stouffville Hospital Internet site: [www.msh.on.ca](http://www.msh.on.ca)
- Printed copies, including large print, will be made available through Markham Site Information Desk and the Uxbridge Site Administration Office.

**For further information regarding the Markham  
Stouffville Hospital Corporation Annual  
Accessibility Plan, or to obtain a printed (including  
large print) copy contact:**

**Markham Site:**

**Public Relations**

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