



Advancing Accessibility



Markham Stouffville Hospital Corporation's
Annual Accessibility Plan

April 2009 - March 2010

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Executive Summary

Markham Stouffville Hospital Corporation's (MSH) seventh annual accessibility plan has been developed in accordance with the *Ontarians with Disability Act, (2001) ODA* 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 standard in law at this time is **Customer Service Regulation (429/07)**. MSH is progressing well towards the January 1, 2010 compliance deadline. Partners in Excellence and Orientation programs include accessibility education and awareness, an over arching Customer Service policy supporting the principles of the regulation is in place and a self-directed

training package was distributed in Quarter 1 2009 - 2010. Ongoing efforts will ensure MSH is prepared to submit its compliance report to the Minister of Community and Social Services in early 2010.

The standards for **Transportation** as well as the standard for **Information and Communication** followed by the standard for **Employment** are next in line to become law. The most imminent, the Information and Communication Standard, could have profound implications for costly practice and process changes. The Accessibility Advisory Committee (AAC) is committed to keeping the organization informed while proactively implementing improvements to advance accessibility at MSH.

The **Built Environment Standard** remains early in its planning having revised its committee structure in the winter of 2009. The MSH redevelopment team is fully

abreast of the evolving accessibility legislation in this area and has hired an Accessibility Consultant to review the final designs.

The 2009-2010 Annual Plan builds on the previous plan with continued focus on organizational awareness and education with the support of the Public Relations Department, integration of accessibility principles into clinical practice and work on the standards. The AAC acknowledges the staff and volunteers at both sites for their contributions to the 2009-2010 Plan by participating in the Accessibility Planning Focus Groups. The focus groups were also valuable in identifying accessibility achievements occurring as part of regular program and service improvements. A true testament to the integration of accessibility philosophy at Markham Stouffville Hospital!

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 will ensure compliance with Accessibility Standards as passed into legislation by the Ontario government. The AAC further advances accessibility through education and training of its staff, physicians and volunteers in order to optimize access, care and service at MSH.

Mission

Our mission, as a community hospital, is to make every experience with us a great one.

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 2008/09.
- The measures MSH will take in 2009/10 to identify, remove and prevent barriers.
- The measures MSH will take to ensure compliance with AODA (2005) standards as they become law.
- How the MSH plan will be made available to the public.

Description of Markham Stouffville Hospital

A two site community hospital, Markham Stouffville Hospital Corporation, services the towns of Markham, Stouffville, and Uxbridge as well as parts of North Scarborough and parts of west Durham. The hospital provides both inpatient and outpatient clinical services as well as a comprehensive range of support services. The hospital provides care in 256 beds across both sites. In 2008/2009 care was provided to 14,965 inpatients plus 2,981 births, 68,162 emergency patients, 181,505 patients receiving diagnostics and 97,770 other outpatients receiving a variety of services.

The hospital has approximately 1,700 employees and 323 physicians. A strong base of over 700 adult and student (regular

program) volunteers supports both hospital sites as well a Community Living enclave of 10 employees at the Markham site.

Markham Stouffville Hospital Corporation's vision is "Caring for our community through partnerships and the pursuit of excellence." In working towards our vision, each of us will attempt to create and support an environment that fosters *compassion, leadership and responsibility, collaboration, creativity, and innovation.*

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. The committee reports to Senior Management through a designated Vice President.

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

Member	Department
Debbie Bone	Occupational Health Nurse, Occupational Health & Safety
Sheila Brunet	Manager, Support Services, Uxbridge
Barbara Cluett	Applications Consultant, Information Technology
Curtis Geissberger	Therapeutic Recreation Specialist (TRS)
Mary-Lou James	Director, Quality, Risk & Patient Relations (Past- chair)
Melanie Kaplanis	Coordinator, Public Relations
Gail Knaggs	Librarian
Loretta Morson	Clinical Manager, Surgical Unit and Short-Stay Unit

Nancy Oqunniya-Clyde	Community Support Worker, Community Living York South
Magda Rigo (Chair)	Director, Community Resources & Organization Development
Eileen Russell (ad hoc)	Manager, Communications
Susan Sheffield	Director, Child Development Programs
Joanne Stark	Human Resources Advisor, Human Resources
Maria Tucci	Director, Facilities and Support Services

Administrative Support	Department
Nancy Kelusky	Administrative Assistant, Surgical Services

Hospital Commitment to Accessibility Planning

Markham Stouffville Hospital Corporation (MSH) is firmly committed to making each site an accessible facility and organization 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 quarterly 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.

- Patient Feedback - Comment cards are available to all patients and visitors and include questions pertaining to accessibility.
- Special needs of staff are identified and addressed during the employee recruitment, orientation and hiring processes.
- 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) meetings, providing 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, for all construction and renovation projects.

Barrier Prevention and Removal Achievements 2008 - 2009

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:

- The addition of a Geriatric Emergency Nurse in the ER improving services for the elderly with a variety of disabilities
- The purchase of additional bariatric equipment to enable adequate care and rehabilitation
- 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
Architectural	Safety and wheelchair accessibility improvements completed for Annex Building.	Markham

Type of Barrier	Achievements	Site
	<p>Accessible walkway installed through grass to benches at front of Uxbridge main entrance.</p>	<p>Uxbridge</p>
	<p>Continued addition of standard signage posted at automatic door locations to optimize safety regarding direction of door swing.</p>	<p>Markham</p>
Communication	<p>TTY public phones installed, one on each floor, April 2008.</p>	<p>Uxbridge</p>

Type of Barrier	Achievements	Site
	<p>CHS Sign Language posters posted throughout the hospital. Internal messaging utilized to remind staff of the requirement to use ASL Interpreters when needed and how to access.</p>	<p>Corporate</p>

Type of Barrier	Achievements	Site
	<p>CNIB Access Design Audit reviewed by task group noting accomplishments and deficiencies. Priorities set by AAC to be included in 2009 – 2010 Annual Plan.</p>	<p>Corporate</p>
	<p>Three pocket talkers purchased to improve communication with hard of hearing persons.</p>	<p>Corporate</p>

Type of Barrier	Achievements	Site
	Specialty call bell inventory review completed with information sharing to Clinical Managers to ensure product awareness and availability on units; for example, push pads and whisper bells.	Markham
Informational	Patient/Visitor Accessibility Brochure completed describing variety of accessibility tools/services at available at the hospital.	Corporate

Type of Barrier	Achievements	Site
	<p>Ongoing improvements to directional signage (wall and hanging) incorporating CNIB Audit recommendations; including, for example, 70% colour contrasts and appropriate font size.</p>	<p>Markham</p>

Type of Barrier	Achievements	Site
	<p>Customer Service Regulation Awareness presentations at a variety of leadership forums including Medical Advisory Committee (MAC) and Operations and Practice Integration Committee (OPIC).</p>	<p>Markham</p>

Type of Barrier	Achievements	Site
	<p>Training, Customer Service for Persons with Disabilities, added to Partners in Excellence Program and the new staff Orientation Program.</p>	<p>Corporate</p>

Type of Barrier	Achievements	Site
Technological	<p>Public Relations Coordinator hired with variety of responsibilities to benefit accessibility planning and implementation including website improvements. Coordinator is a standing member of the AAC and facilitates a variety of communication initiatives on-line and in print.</p>	Corporate

Type of Barrier	Achievements	Site
Physical	Access to transport chairs improved through Facilities purchase of 15 new chairs for general circulation.	Markham

Barrier-Identification Methodologies Used in the Development of the April 2009 – March 2010 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 CNIB Access Design Audit was summarized and utilized to identify priorities and realistic improvement areas for this year's plan.

The increased focus on clinical applications will continue through collaboration with individuals, departments and units as well as Interdisciplinary and Nursing Practice Committees. Staff focus groups were utilized to obtain accessibility planning information and input from staff at both Markham and Uxbridge sites. See Appendix 1 for Focus Group Results Summary.

In addition, the AAC will maintain its focus on the implementation of Regulation 429/07 Accessibility Standards for Customer Service towards the January 1, 2010 compliance deadline. Remaining abreast of the work of the other standards committees is also an essential function of the committee at this time; the AAC will provide feedback during the public review processes as appropriate and ensure the

impacts of actual and potential accessibility legislation are acknowledged. Appendix 2 shares MSH responses on the Information and Communications Standard as well as the Employment Standard.

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

Barriers That Will Be Addressed April 2009 to March 2010

Barriers that will be addressed during the April 2009 - March 2010 period are outlined in the table below. The objectives are corporate, both Markham and Uxbridge Sites, except where indicated.

The Expenditure/Quarter column reflects the expected cost and the target completion date by quarter for the 2009 – 2010 fiscal

year for specific initiatives. The AAC will work with departments as well as the Hospital Administration to share costs. The AAC will also 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 2009 - March 2010 Accessibility Prevention and Removal Initiatives

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
Facilitate communication with persons with a variety of communication impairments.	Continue to build relationship with CHS and CNIB representatives.	Communication	Not applicable/ Ongoing	Committee
	Investigate alternative wait room management strategies for the Markham Site, e.g., pagers.	Communication	Not applicable/ Q 4	Committee and Information Technology Department

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
	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/ Q 4	Committee and Communications Department

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/Quarter	Responsibility
	Develop process at time of patient hospital admission to identify and document communication needs to optimize patient care/communication with interdisciplinary healthcare team.	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
	Review and follow up with recommendations as appropriate from CNIB Audit (March 2008): Education re: use of paper / pens to facilitate communication Installation of more 2 way mirrors for navigation Increase availability of listening systems Increased use of international symbols	Variety	Not applicable/ Ongoing	Committee

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
	Implement aphasia training materials and/or inservices In collaboration with York Durham Aphasia Centre initiative.	Information/ Communication	Not applicable/ When available	Committee and clinical staff
Facilitate way-finding.	Revise way-finding signage and hospital maps. Include addition of signs indicating floor level at all entrances including stairwells.	Informational	Not Applicable/ Ongoing	Facilities

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
Comply with Customer Services Standard, Regulation 429/07.	Collaborate with Public Relations regarding print material standards including use of plain language and font sizing (e.g., business cards).	Informational	Not applicable/ Ongoing	Committee
	Collaborate with Public Relations and investigate options for World Wide Web Consortium (W3C) compliance.	Technological	Not Applicable/ Ongoing	Committee

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
	Complete staff, physician and volunteer training for Customer Service Standard by January 1, 2010.	Variety	\$3,000/ Q1 roll out and ongoing	Committee with financial support from Administration

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
	Policy development and review /updates to include all mandatory requirements per the regulation, including but not limited to: <ul style="list-style-type: none"> • Use of service animals • Use of assistive devices • Disruption notice processes 	Policy/Pra ctice	Not applicable/ Q3	Committee
Promote corporate awareness of	Promote National Accessibility Awareness Week	Informatio nal	Not Applicable/ Q1 (June)	Committee

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
accessibility including legislative requirements and hospital achievements as well as resources.	annually.			
	Develop and implement a schedule of regular communication to staff, physicians and volunteers that utilizes a variety of mediums; include intranet site as a resource tool.	Informational	Not Applicable/ Ongoing	Committee

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/ Quarter	Responsibility
Maintain advocacy relationship with re-development team to optimize accessibility features/principles in all new projects.	Share Annual Plan and any other pertinent documents etc. with re-development team.	Informational	Not applicable/ Q2	Committee
	Redevelopment to hire Accessibility Consultant to review architectural design plans.	Informational/ Architectural	Not Applicable	Redevelopment

Objective	Means to Remove / Prevent	Barrier Type	Expenditures/Quarter	Responsibility
	Director Facilities to work closely with Food Services during cafeteria renovation; will share annual plan with cafeteria committee.	Informational/ Architectural	Not applicable	Facilities

Review and Monitoring Process

The Accessibility Advisory Committee will review and monitor, on a quarterly basis, the status of the identified objectives for the period April 2009 to March 2010.

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

Communication of the Plan

The approved Accessibility Plan for April 2009 – March 2010 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
- Printed copies, including large print, will be made available through Public Relations and a copy will be available at the Markham Site Information Desk and the Uxbridge Site Administration Office.

Appendix 1 – Focus Group Results Summary

Focus Groups 2009 – Results

Types of Disabilities	Doing well	Barriers or Issues	Suggestions/Solutions
Physical	<ul style="list-style-type: none"> • Have increased accessible parking spaces • Rest stops • Have increased number of automatic doors • Temporary accessible parking for staff • Bought 15 wheelchairs • Adaptive call bells 	<ul style="list-style-type: none"> • Not enough accessible parking spaces for staff • No arms on rest stop chairs • Can't maneuver in waiting areas or lobby in wheelchairs • Most things in cafeteria are not wheelchair 	<ul style="list-style-type: none"> • Increase number of accessible spaces both Annex and west lot • Foldable arms on chairs or grab bars installed on walls • Reconfigure space – open up area for wheelchairs • Need more bariatric equipment • Would require low

Types of Disabilities	Doing well	Barriers or Issues	Suggestions/Solutions
	<ul style="list-style-type: none"> • Lots of extra auto door openers • Effort to improve access to washrooms • Some progress with bariatric beds, etc. 	<ul style="list-style-type: none"> friendly – tables; ice and water machine; microwaves • Inconsistent height of toilets – only grab bars for high ones • Call bells are often placed incorrectly for patients with strokes • No automatic opener from inside accessible washrooms or in gyms • Cafeteria 	<ul style="list-style-type: none"> bench, could be fold down – also would often require “family” designation for washroom • Redirect people to use centre bank of elevators

Types of Disabilities	Doing well	Barriers or Issues	Suggestions/Solutions
		<p>automatic door constantly breaking down</p> <ul style="list-style-type: none"> • No adult change tables in washrooms • Some washrooms are too small if using assistive devices; • Shower stalls too small • Diagnostic Imaging reception counter height not for wheelchair patients – also if lower height have 	

Types of Disabilities	Doing well	Barriers or Issues	Suggestions/Solutions
		<p>to be aware of where people are lining up so that spot is accessible</p> <ul style="list-style-type: none"> • Diagnostic Imaging – no lifts or ceiling tracks for lifts • Elevator in Lobby difficult to maneuver if in wheelchair with leg extended • Wheelchair maintenance takes a long time 	
Visual	<ul style="list-style-type: none"> • Talking elevator • Braille on elevator • Phones with large 	<ul style="list-style-type: none"> • Instructions for phone hook up are too small or 	<ul style="list-style-type: none"> • ?does our Internet site allow people to increase font size?

Types of Disabilities	Doing well	Barriers or Issues	Suggestions/Solutions
	<p>buttons</p>	<p>curtain is in way; voicemail is confusing</p> <ul style="list-style-type: none"> • Signage – not enough contrast and not large enough • Patient white boards too small and sometimes out of view 	
Hearing	<ul style="list-style-type: none"> • TTY – can be accessed in rooms • Phones with ability to increase volume • Pocket talkers for patients 	<ul style="list-style-type: none"> • Many staff don't know how to use hearing assisted phone (TTY) or where they are located • Staff may not know about 	<ul style="list-style-type: none"> • Identify resources – through “Accessibility” link on Intranet

Types of Disabilities	Doing well	Barriers or Issues	Suggestions/Solutions
		availability or how to access pocket talkers <ul style="list-style-type: none"> • Patients can't hear when someone answers their call bell 	
Speech	<ul style="list-style-type: none"> • Communication boards 	<ul style="list-style-type: none"> • Not standardized • Some unit specific 	<ul style="list-style-type: none"> • Standardize • Identify location where resource can be found • Have some on all units (needed especially in ICU)
Mental	<ul style="list-style-type: none"> • Do great promotion of mental health issues to heighten 	<ul style="list-style-type: none"> • Attitude can be poor with repeat patients or with alcoholics 	<ul style="list-style-type: none"> • Education (interprofessional) • Identify resources so people don't fall

Types of Disabilities	Doing well	Barriers or Issues	Suggestions/Solutions
	<p>awareness</p> <ul style="list-style-type: none"> • Having Psychiatric Emergency Nurse (PEN) assignment from mental health 		<p>through the cracks</p>
Cognitive	<ul style="list-style-type: none"> • Having the overhead announcement re date, time and location 	<ul style="list-style-type: none"> • Telephone VM tree are confusing – people give up 	<ul style="list-style-type: none"> • Start with “If you need personal help at any time please press 0” • Directional lines on the floor
Disabilities in General		<ul style="list-style-type: none"> • For bookings – do we have a standard way of ascertaining whether someone has special needs for 	<ul style="list-style-type: none"> • People don’t know about resources available so list resources and where to locate and contact person on Intranet under heading

Types of Disabilities	Doing well	Barriers or Issues	Suggestions/Solutions
		<p>an appointment – and if so, how do we communicate the information?</p> <ul style="list-style-type: none"> • Interlock outside Emergency is broken and dangerous for several types of disabilities • Lack of wheelchairs • (None at west entrance) • Lack of phone at west entrance • Lack of lift sheets, ceiling lifts 	<p>“Accessibility” – use OA system to tell people about this list</p>

Types of Disabilities	Doing well	Barriers or Issues	Suggestions/Solutions
		<ul style="list-style-type: none"> • Showers in rooms too small for disabled • Lobby and lounge chairs too low • Cafeteria – touch down places for trays etc • Distance from Lobby to Medical Unit 	

Appendix 2 - Markham Stouffville Hospital Responses

February 6, 2009

To: Ministry of Community and Social
Services

From: Accessibility Advisory Committee,
Markham Stouffville Hospital

Re: Public Review of the SDC's initial
Proposed Accessibility Standard for
Information and Communications

Markham Stouffville Hospital (MSH) strongly endorses the principles of accessibility planning and standards development. We believe our firm commitment to accessibility planning is embedded in our existing Patient Centered care culture which optimizes access, care

and customer service to all persons regardless of ability or disability.

We highly support the initiative in philosophy however we make note of the significant resource and financial implications of the standard. The breadth and scope of requirements may not be realistically achievable for organizations most that do not have ready access to appropriate software, business solutions, Braille translation and captioning. The “simple” task of updating all documents, forms and websites to plain language will require significant time, resources and dollars presently not available in the healthcare system.

In addition to the financial implications, the timelines must be extended to allow for realistic organization strategic and budget planning. Certainly we agree that

compliance dates should be identified in terms of dates of legislation enactment and that provision should be made for phasing in various parts of the standard. This is important as business enterprise systems that meet individual organization/business needs may or may not be prepared and may or may not be able to meet the accessibility requirements. This will impact the organizations ability to meet compliance deadlines and may require purchase of new systems.

It will be imperative for like organizations and the organizations/associations that support those organizations to come together regarding solutions. A non-profit central source for provision of expertise, best practices and services should be made available to support the implementation and ongoing resource/service needs.

Thank you for the opportunity to provide our input into the Proposed Standard for Information and Communication.

Cathy Pierce
Chair, MSH Accessibility Advisory
Committee



May 21, 2009

To: Ministry of Community and
Social Services

From: Accessibility Advisory
Committee, Markham Stouffville
Hospital

Re: **Public Review of the
Proposed AODA "Employment
Accessibility Standard"
Class F – Public Sector
Organizations**

Markham Stouffville Hospital (MSH)
strongly endorses the principles of
accessibility planning, standards

development and accessibility throughout the employment life cycle.

However, we recognize there are significant resources and financial implications of the standards. With the current global economy and continued financial difficulties within the healthcare system, the scope and application of requirements will be difficult to achieve. This will be especially difficult for organizations that do not have current software, business solutions, Braille translation and captioning. Transposing all organizational information will require significant time, dedicated resources and dollars not presently available in the healthcare system. This also comes at a time when service delivery is scrutinized and services and staffing

are being cut based on government funding and strict budget requirements.

Consideration must be given to extend the timelines to allow for strategic and budget planning. As well, significant financial assistance and resources need to be provided to compensate the profound costs that will be associated with compliance.

Organizations and associations that support the large array of disabilities need to prepare and present best solutions for businesses. A non-profit central pool of resources needs to be created to allow for easy access to best practices and services to support the implementation and ongoing resources/service needs.

Since the Information and Communications Standard has not been finalized, the extent of that impact alone will have significant costs and manpower issues related to compliance. Consideration of an extension to the compliance dates will need to be coordinated between that standard and the Employment Accessibility Standard.

Thank you for the opportunity to provide our input into the proposed Employment Accessibility Standard.

Sincerely,

Cathy Pierce
Chair, MSH Accessibility Advisory
Committee

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

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