



Markham Stouffville Hospital's Multi-Year Accessibility Plan 2018 to 2023

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Executive Summary

The purpose of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is recognizing the history of discrimination against persons with disabilities in Ontario, the purpose of this Act is to benefit all Ontarians by,

- (a) developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025; and
- (b) providing 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.

The Act describes “barrier” as 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 or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice; (“obstacle”)

As stated in previous plans, the AODA was created with the purpose of improving opportunities for persons with disabilities, and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province.

Barriers are anything that prevents a person with a disability from fully participating in all aspects of society because of his/her disability. Barriers can be categorized as:

- Attitudinal
- Architectural/Physical
- Information and Communication
- Policies/Practices
- Technology

The AODA sets out clear goals and time frames to make Ontario accessible by 2025. This will be achieved by mandating the development, implementation and enforcement of accessibility standards.

The **Accessibility Standard for Customer Service** (Ontario Regulation 429/07) was the first standard to be released under the AODA. Staff,

physicians, board members and volunteers at Markham Stouffville Hospital (MSH) receive the required customer service training as part of their orientation and credentialing process. The Customer Service training is required on an annual basis, with a designated deadline to coincide with the hospital's annual occupational health and safety retraining.

The **Integrated Accessibility Standards Regulation (IASR)** (Ontario Regulation 191/11) became law on July 1, 2011. The original standards within the Regulation are:

- Information and Communications
- Employment
- Transportation

As a large designated public sector organization, the Government of Ontario has established timelines to comply with the IASR which will be phased in between 2011 and 2025. Please refer to the summary chart below.

The **Design of Public Spaces in Built Environment Standards**, an amendment to the IASR, became law on January 1, 2013. MSH's standards aim to remove and prevent barriers in public spaces. Included in the standards are requirements for: outdoor public-use eating areas, exterior paths of travel, service-related elements like service counters, fixed queuing guides and waiting areas.

Designated public sector organizations must apply the requirements to public spaces that are new or redeveloped on or after January 1, 2016. Contracts entered into by designated public sector organizations before December 31, 2012 are exempt.

Multi-Year Annual Accessibility Updates

Compliance Date	Summary of Requirements within the IASR
2012	<ul style="list-style-type: none"> • Workplace Emergency Response Information (compliant with requirement)
2013	<ul style="list-style-type: none"> • Establishment of accessibility policies • Multi-year accessibility plan • Accessibility criteria with procurement or acquiring goods, services, facilities • Accessible formats for education and training materials upon request • Accessibility awareness training to educators
2014	<ul style="list-style-type: none"> • Biannual progress reporting to the Province of Ontario • Training requirements on the IASR and Human Rights pertaining to persons with disabilities • Accessible feedback processes • New internet websites and web content on those sites must conform to WCAG 2.0 level A (excluding live captioning and audio description) • Pre- and post-employment and accommodation processes
2015	<ul style="list-style-type: none"> • Accessible formats and communication supports upon request • Accessible or conversion-ready versions of educational or training materials upon request • Libraries of educational/training institutions to have accessible or conversion ready format of print (digital or multimedia by 2020)
2016	<ul style="list-style-type: none"> • Biannual progress reporting to the province • Design of Public Spaces in Built Environment Standards to address outdoor public –use eating areas, exterior paths of travel, service-related elements like service counters, fixed queuing guides and waiting areas

2017	<ul style="list-style-type: none"> • Elevators – Building A – Voice annunciation system • Braille print
2018	<ul style="list-style-type: none"> • Elevators – Building B – Voice annunciation system • Braille print
2017/18	<ul style="list-style-type: none"> • B2403C and B2403D Male/Female large individual washrooms at <u>entrance to Diagnostic Imaging-2nd floor</u>). Can accommodate wheelchairs/scooters. Closest point when entering the Link Lobby. Doors need to be pushed in and exit need to be pulled open by a handle.
2017/18	<ul style="list-style-type: none"> • B 4501 and B4514 Male/Female washrooms with multiple stalls with 1-larger stall in each to fit a wheelchair. Located on each side of the <u>4th floor Building B beside elevators</u>. To enter/exit doors have handles on each side.

This updated multi-year accessibility plan continues to build on previous plans with continued focus on identifying barriers, providing recommendations to remove barriers, organizational awareness and education and creating and monitoring initiatives to ensure compliance with the legislated requirements. The hospital will continue to address the standards and issues related to accessibility to improve accessibility for all who visit Markham Stouffville Hospital (MSH).

Goals

MSH’s accessibility planning goals 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 bring forward information and make recommendations to ensure compliance with Accessibility Standards. The AAC further advances accessibility through education and training of staff, board appointed professional staff and volunteers to optimize access, care and service at MSH.

Objectives

The objectives of this accessibility plan are to describe:

- Current processes by which MSH has and will continue to identify barriers

- Achievements by MSH to remove and prevent barriers
- The measures MSH will take during 2018-2023 to identify, remove and prevent barriers
- The measures MSH will take to ensure compliance with the ODA (2001) and AODA (2005) standards
- The process by which the MSH plan will be made available to the public
- MSH is committed to improving access to facilities, policies, practices and services within the Markham, and Uxbridge sites and The Reactivation Care Centre.
- Provide safe, high quality care to all patients, family members and members of the community with disabilities visiting the hospital

Description of Markham Stouffville Hospital

MSH is a leading community hospital with 329 beds. The hospital provides diagnostic and emergency services and delivers clinical programs in acute care medicine and surgery, addictions and mental health, and childbirth and children's services. Our Markham and Uxbridge sites and the Reactivation Care Centre (RCC) provide high quality, patient-centred, care to over 402,000 patients each year. Partnering with other specialist providers, the hospital's 560 physicians, 25 midwives, over 2,300 staff and nearly 1,200 volunteers make it the centre of community care for the residents of the City of Markham, the Town of Whitchurch-Stouffville and the Township of Uxbridge.

VISION

Our Vision speaks to our commitment to serve the community beyond the boundaries of our physical facilities. Of course, the MSH sites have walls, but we say that our Vision is to deliver care beyond walls because we will proactively think, act, and innovate every day to provide our patients with care that is connected to the community in which they live.

We will focus on strengthening our partnerships with community service organizations and primary care physicians, and integrating our care in the community to create a seamless and simple transition from hospital to home or to the appropriate destination for our patients. This will all be done with a strong emphasis on ensuring our services are inclusive, while also leveraging technology to break down access barriers.

MISSION

Honoured to care

Our commitment to create an 'honoured to care' culture is an expression of our humble and compassionate attitude, and a recognition of the respect we have

for the people who choose us for their care. Serving patients and their families is a privilege at MSH and our people will work to demonstrate this every day in all they do.

VALUES

Our Values represent the culture, norms, and attitudes that we want to see reflected throughout the hospital. Our goal is for each person who steps through the hospital doors (whether they are a patient, a staff member, physician, visitor or volunteer) to live and breathe these Values, through our everyday interactions and work. At Markham Stouffville Hospital, we will live these words through our actions.



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 and community resources. There are representatives from management and frontline staff including members with disabilities. We are also fortunate to have a committee member who coordinates the Community Living York South 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 Chief Human Resources Officer. The Accessibility Advisory Committee has been charged with the following responsibilities:

- Ensure ongoing organizational commitment to and understanding of accessibility planning
- Develop accessibility plans
- 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 and processes 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
 - Ensure ongoing organizational compliance with legislative requirements under Ontarians with Disability Act, 2001 (ODA) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
 - Increase knowledge and awareness of accessibility among staff, physicians Board members and volunteers as it relates to improving customer service, programs and clinical practice
 - Increase integration of accessibility planning principles into existing processes and cycles
 - Communicate the plan to staff, physicians, the Board of Directors, volunteers, the public and all users of the hospital premises

Members of the Accessibility Advisory Committee

The following members make up the Accessibility Advisory Committee

Chief Human Resources Officer
Director, Human Resources
Chief Technology and Privacy Officer
Vice President, Planning & Transformation
Director, Facilities and Corporate Services
Director, Capital Planning & Transformation
Manager, IT and Helpdesk
Digital Communications Specialist, Communications & Public Affairs
Patient Relations Specialist
Coordinator, York South Community Living
Supervisor, Patient Registration
Manager, Rehab & Integrated Stroke

Patient Experience Participant
Executive Assistant

Hospital Commitment to Accessibility Planning

Markham Stouffville Hospital is firmly committed to supporting the rights and dignity of all persons with disabilities by providing safe and equal access to our facilities, services and programs. We demonstrate organizational commitment to accessibility by complying with the Ontarians with Disabilities Act, 2001 and the Accessibility for Ontarians with Disabilities Act, 2005.

Accessibility needs will be met in a respectful and timely manner, and we will continue to provide knowledge and awareness to advance accessibility throughout the organization.

Existing Processes for Identifying Barriers

The committee continually advances accessibility through barrier identification at regular meetings to review and to monitor the status of new and ongoing 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. Below is a summary of these methods:

- Quality, risk and patient relations investigate and address patient, visitor and staff incidents as well as patient complaints related to risk and barrier issues.
- Patient feedback is obtained by random surveys being sent out to a selection of patients following discharge to assess their satisfaction with all of our services. As well, comment cards are available to all patients and visitors and include questions pertaining to accessibility.
- New hire health assessments are conducted by Occupational Health and Safety and are required for all staff. Employees are able to bring forward health issues requiring temporary or ongoing accommodation.
- Ergonomic assessments are available for all staff by contacting Occupational Health and Safety.

- Accessibility Advisory Committee updates are provided as a standing agenda item at the Senior Leadership Team, Patient Services Operations Committee, Patient Services Executive Team, Operations Committee or Medical Advisory Committee, and the Human Resources staff meetings which include occupational health and safety. The meetings provide an opportunity for feedback from the members.
- The Joint Health & Safety Committee which includes representation from management and front line staff meets regularly to identify and address staff related concerns which can include accessibility issues.
- The hospital ensures adherence to all current barrier free standards as per legislation, including ODA and AODA, for all construction and renovation projects.

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

Barrier Prevention for 2018 to 2023

Type of Barrier	Description	Strategy	Timeline 2018-2023
Communication	All internet websites and web content must conform with WCAG 2.0 level AA (excluding live captioning and audio description) by 2021	Complete site audit by 2020 and start incorporating WCAG 2.0 compliancy on all new video content	Website and supplemental video materials will conform to WCAG 2.0 by 2021.
Communication	Voice annunciation missing in the elevators in Health Services Building (379 Church Street)	Elevators – Health Services Building – Voice annunciation system	2023
Physical	Double doors at Entrance D close too quickly not allowing time for wheelchairs to pass through.	Timing on door to be adjusted to accommodate wheelchairs.	2020
Physical	Missing tilt mirrors in original building barrier free washrooms	Make the modifications as part of the annual refreshing program	2023
Physical	Coat hooks available at height for people in wheelchairs	Coat hooks mounted at height for people in wheelchairs	2021

Physical	Meeting Room doors not wheelchair accessible	Electronic wheelchair access to be added to meeting room doors.	2023
Physical	Room not available for breast feeding	Dedicated room made available for breast feeding	2021
Physical	Not all wheelchair accessible washrooms do not have tilt mirrors, lowered sinks or call bells.	Washrooms to be retrofitted to meet standard.	2023
Policies and Practice	Funding available for projects related to accessibility	Maintaining adequate funding and project priorities for barrier removals	2023

As part of our accreditation process the following will be reviewed during our accreditation 2022:

- Barriers that may limit clients, families, services providers, and referring organizations from accessing services are identified and removed where possible, within input from clients and families **(in both standards)**
 - There is a process to identify, report, and try to remove barriers to access.
 - Barriers to access may include the proximity and distribution of services, the physical environment, the cultural acceptability of services, wait times, the types of services available, language barriers, financial barriers, availability of transportation, and access to 24-hour emergency services.
 - Where barriers are beyond the control of the organization or team, they work with partners and/or the community to minimize them.
- A universally-accessible environment is created with input from clients and families
 - The service environment is kept clean and clutter-free to support physical accessibility for those who use mobility aids such as wheelchairs, crutches, or walkers.
 - The environment is also accessible for those with language, communication, or other requirements, such as those who have auditory, visual, cognitive, or other impairments.
 - Where team members work outside the organization (e.g., delivering care in the community, home care) they work with partners, clients, and families to support accessibility

MCIS Language Solutions Rollout

In order to improve language interpretation services and to make services more accessible MCIS Language Solutions will be rolled out over the next five years.

Below are the next steps related to this work:

- Increasing awareness of services
- Making services more accessible (equipment, technology, training for staff)
- Updating policies related to video-conferencing (associated PIA underway to determine where data are stored, whether conversations are recorded, etc.) and/or the current policy
- Updating the contract, if necessary
- Roll-out plan for this and next fiscal, including tying into wayfinding, signage

Review and Monitoring Process

The AAC will review and monitor the status of the identified objectives outlined in this plan. An annual report will be prepared and submitted to the province and any other reporting that may be required.

Communication of the Plan

This approved Multi-year Accessibility Plan will be communicated to staff, physicians, Board members and volunteers, and the community through a variety of communication vehicles:

- Electronically via the intranet internet and the Markham Stouffville Hospital website: www.msh.on.ca
- Printed copies, including large print and braille, will be made available through Markham Site Information Desk and the Uxbridge Site Administration Office.

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

Markham Site: Public Relations

Markham Stouffville Hospital – Markham Site 381

Church Street, PO Box 1800

Markham, Ontario L3P 7P3 Voice:

905-472-7373 ext. 6948

Fax: 905.472.7086

E-mail: myhospital@msh.on.ca

Website: www.msh.on.ca

Appendix

Definitions

“accessible formats” may include, but are not limited to, large print, recorded audio and electronic formats, Braille and other formats usable by persons with disabilities

“barrier” means 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 or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice

“career development and advancement” includes providing additional responsibilities within an employee’s current position and the movement of an employee from one job to another in an organization that may be higher in pay, provide greater responsibility or be at a higher level in the organization or any combination of them and, for both additional responsibilities and employee movement, is usually based on merit or seniority, or a combination of them

“communication supports” may include, but are not limited to, captioning, alternative and augmentative communication supports, plain language, sign language and other supports that facilitate effective communications;

“communications” means the interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received

“conversion-ready” means an electronic or digital format that facilitates conversion into an accessible format

“designated public sector organization” means the Legislative Assembly and the offices of persons appointed on the address of the Assembly, every ministry of the Government of Ontario, every municipality and every person or organization listed in Schedule 1 or described in Schedule 2 to this Regulation [429/07]

“disability” means,

- 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, a brain injury, 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; (“handicap”)

“educators” means employees who are involved in program or course design, delivery and instruction, including staff of school boards

“extranet website” means a controlled extension of the intranet, or internal network of an organization to outside users over the Internet

“guide dog” under the Blind Persons’ Rights Act, which states that: a guide dog is a dog that has been trained as a guide for a blind person at one of the facilities listed in Ontario Regulation 58 under the Blind Persons’ Rights Act

“information” includes data, facts and knowledge that exists in any format, including text, audio, digital or images, and that conveys meaning

“internet website” means a collection of related web pages, images, videos or other digital assets that are addressed relative to a common Uniform Resource Identifier (URLI) and is accessible to the public

“intranet website” means an organization’s internal website that is used to privately and securely share any part of the organization’s information or operational systems within the organization and includes extranet websites

“kiosk” means an interactive electronic terminal, including point-of-sale devices, intended for public use that allows users to access one or more services or products or both

“medical aid” means an assistive device, including respirators and portable oxygen supplies

“mobility aid” means a device used to facilitate the transport, in a seated posture, of a person with a disability

“mobility assistive device” means a cane, walker or similar aid

“new internet website” means either a website with a new domain name or a website with an existing domain name undergoing a significant refresh

“new intranet website” means either an intranet website with a new domain name or an intranet website with an existing domain name undergoing a significant refresh

“performance management” means activities related to assessing and improving employee performance, productivity and effectiveness, with the goal of facilitating employee success

“provider of goods or services” means a person or organization to whom this Regulation [429/07] applies

“redeployment” means the reassignment of employees to other departments or jobs within the organization as an alternative to layoff, when a particular job or department has been eliminated by the organization

“regulations” means the regulations made under this Act, unless the context indicates or requires otherwise

“service animal” means an animal that is used by the person for readily apparent reasons relating to his or her disability, or the person has a letter from a physician or nurse verifying that the animal is required for reasons relating to his or her disability, or an identification card from the Ministry of the Attorney General

“support person” means, in relation to a person with a disability, another person who accompanies the person with a disability in order to help with communication, mobility, personal care or medical needs or with access to goods, services or facilities

“Web Content Accessibility Guidelines” means the World Wide Web Consortium Recommendation, dated December 2008, entitled “Web Content Accessibility Guidelines (WCAG) 2.0”

“web page” means a non-embedded resource obtained from a single Uniform Resource Identifier (URI) using Hypertext Transfer Protocol (HTTP) and any other resources that are used in the rendering or intended to be rendered together with it by a user agent

References:

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, Chapter 11

Accessibility for Ontarians with Disabilities Act, 2005, Ontario Regulation 191/11, Integrated Accessibility Standards

Ontarians with Disabilities Act, 2001, S.O. 2001, Chapter 32

² Participation and Activity Limitation Survey 2006, Statistics Canada

³ Ontario Population Projections 2008-2036, Fall 2009 Ministry of Finance Report