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ST. MICHAEL'S HOSPITAL

A teaching hospital affiliated with the University of Toronto

**St. Michael's Hospital
Action Plan to
Reduce Barriers to Access
For Ontarians with Disabilities**

Fiscal 2004/2005

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Appendix A

1. Introduction

In September 2002, the Ministry of Citizenship of Ontario proclaimed additional sections of the *Ontarians with Disabilities Act* that required hospitals and other public sector organizations to prepare annual accessibility plans. These plans are to identify existing barriers for individuals with disabilities and ways to remove these barriers.

The focus of the Act is on:

- Physical and architectural barriers
- Information or communication barriers
- Attitudinal barriers
- Technological barriers
- Policies and practices

In response to the new sections of the Act, St. Michael's Hospital formed an *Ontarians With Disabilities Action Committee* to:

- Review recent measures taken to remove barriers
- Brainstorm areas of focus for next fiscal year
- Develop the annual accessibility plan; and
- Develop a plan for publicizing and communicating the plan.

Membership and Terms of Reference of this Committee are included as *Appendix A* to this report.

2. Recent Barrier and Removal Initiatives

a) Physical and Architectural Barriers

Over the past number of years, St. Michael's Hospital has dedicated time and resources to renovating the older parts of the physical plant; physical renewal was identified in our 2004 strategic plan ("Reaching New Heights") and it will remain a major priority over the next 4-5 year.

Specific areas of focus for fiscal 2003 include: (NB - some of these areas were identified by one of the volunteers who is confined to a wheelchair)

- a special lift in the new fracture clinic, providing wheelchair access to the bond wing, the only wing of the main facility currently without such access
- retrofit of washroom taps to butterfly style levers
- retrofit of Queen wing corridor doors to incorporate hold open devices
- introduction of mirrors at the rear of elevator cars for direct viewing of floor indicators from wheelchairs
- retrofit of the Bond South elevator to include Braille call buttons at accessible heights

Over the last year, many renovations have been completed at SMH; while reviewing our physical facilities, we have taken significant steps to reduce the physical barriers in the Hospital. These renovations are in conformance with the Canadian Standards Association code – “Accessible design for the built environment” (3rd edition, # B651, available at www.csa.ca). This standard contains requirements for making buildings and other facilities accessible to persons with a range of physical, sensory, and cognitive disabilities. It was developed to fulfill an expressed need for a national technical standard that covers many different types of building and environmental facilities. All renovations at SMH have gladly adopted the insightful standards suggested in this document. The following list includes areas in the hospital that have been renovated to codes and standards that ensure adequate physical accessibility:

- Ambulatory Fracture Clinic (Ground Floor Bond) – completed
 - New ground level access to Bond Wing which was previously accessible from outside by stairs only
- Ambulatory Breast Centre – completed
- Outpatient Labs (61 Queen) – completed
- Ambulatory Clinics (4 Cardinal Carter) – completed
- Cardiology Offices (6 Queen) – completed
 - Included redesigning the washrooms
- Ambulatory Surgery (5 Queen and 5 Bond) – completed
- New Braille jamb plates installed on 61 Queen Elevators
- New Braille call buttons on Bond South Elevator
- Queen Wing corridor doors have been retrofitted with hold-open devices
- Washroom taps with butterfly handles have been installed in newly renovated and public washrooms
- Wheelchair accessible washrooms with appropriate accessories in both public and inpatient care areas.
- Wheelchair accessible showers in inpatient care areas.
- Lever handles on patient doors.
- Patient room doors standardized to 3 feet wide to allow easy passage of wheelchairs.
- Patient use corridors equipped with handrails.
- Wheelchair accessible ramps and power activated doors added at Queen, Shuter and Victoria Street entrances.
- Most elevators upgraded to meet current barrier free access and operation requirements.
- Illumination levels improved in all new construction and renovation projects.
- Mental Health units designed with secure rooms that maintain the respect, dignity, privacy, and personal safety of patients.
- Signage system designed with colour and symbol markers for ease of recognition and large print for easier reading.
- Reception desks in all new construction and renovation designed with wheelchair level sections.
- Visual strobes and audible tones incorporated in fire alarm notification system.

The process of identifying and removing physical barriers is ongoing and is factored into the design of all new renovations and construction.

b) Information or Communication Barriers

St. Michael's Hospital recognizes the importance of the use of appropriate interpretation services in order to communicate effectively with patients. A formal arrangement was established with the Canadian Hearing Society in July 2000 in order to further address the availability of Certified Sign Language Interpreters for our patients who are deaf, deafened, and hard of hearing. (*see appendix B*)

A complete program was introduced at St. Michael's Hospital to increase awareness of the needs of our deaf, deafened, and hard of hearing patients, and to ensure access to devices to aid hearing and to interpreter services.

In 2004/2005, St. Michael's will focus on access for visually impaired patients and staff. Committee meetings will be held to review and discuss access improvements to the building and services. To date, most elevator panels have had Braille jamb plates installed.

3. Barrier Identification Methodologies

The Ontarians with Disabilities Action Committee reviewed the literature to see if there were any existing assessment tools to help us focus on this issue. The following 2 excellent tools were used to help guide our discussion:

- American Disability Association Checklist for New Lodging Facilities
- National Health System (UK) Access to Health Service Premises – Audit Checklist

Secondly, the Committee consulted a recent report regarding physical barriers to access for a physically challenged person, prepared by one of the Hospital volunteers, who is confined to a wheelchair.

Thirdly, the Committee consulted two excellent reports prepared by the Toronto District Health Council:

- “It's My Choice: Strategic Framework for Services for Individuals With Physical Disabilities in Metropolitan Toronto” February, 1996.
- “Toronto Health System Monitoring: Equity Analysis”, March, 2001.

Fourthly, the Committee consulted with the Hospital's Community Advisory Panels.

As a result of these consultations and review of the literature, areas were identified as focal points for present and future review.

4. Barriers Identified and Action Plan

a) Attitudinal Barriers

In February 2004, St. Michael's Hospital launched a long-term strategy to reinforce, build momentum and generate excitement around three corporate priorities – patient satisfaction, staff satisfaction action planning and customer service. The “*Satisfaction Through Action: Our Culture of Caring*,” campaign kicked off on February 16, 2004 with a week-long series of special events and best practice sessions for staff and physicians (e.g. Turning complaints into opportunities – “Mission and Values” “Listening and the Art of Understanding Others” “Effective Communications at work”). A working group with representatives from Public Relations, Human Resources, Leadership & Staff Development, and patient care areas was formed to plan and implement the activities for the campaign.

Communications focused on the goals of the campaign, which were to demonstrate that the hospital is responding to patient and staff feedback, and to celebrate the achievements made to-date.

Concurrently, a joint venture with the NRCPicker Group to survey patients and report results is an ongoing initiative to measure customer satisfaction in order to initiate improvements as appropriate.

b) Physical and Architectural Barriers

Physical renewal will remain a priority over the next 4-5 year for SMH. Even though the hospital has introduced a number of physical improvements to increase accessibility for the disabled, we will continue to focus on improvements.

Several areas are in the process of being renovated to Canadian Standard Association code that ensures comprehensive accessibility for all patients, visitors and staff. Present renovations include:

- Ophthalmology ambulatory clinics (8th floor 61 Queen) – in progress
 - This includes designing floor and lighting to accommodate patients with visual impairments
- Dialysis Unit (8 Cardinal Carter) – in design
 - Move from Shuter to Cardinal Carter facilitates access for patients and is also in closer proximity to other areas within the Program
- Cardiology services – echocardiogram, electrocardiogram and cardiac rehabilitation (7 Queen) – in design
 - We are grouping these services to be more patient focused; it will mean patients don't have to travel as much within the hospital to access related services.
- Physiotherapy and Chiropractic Clinics (2nd floor 61 Queen) – in design
- Employee Health Unit (2 Shuter) – in design

- Library (1 Queen) – in design
 - Design will increase accessibility for wheelchairs to accommodate staff needs
- 410 Sherbourne Health Clinic – design
 - will include new wheelchair ramp and will accommodate staff with physical access issues
- Detoxification Centre – in design
- Pediatric Clinics (2nd floor 61 Queen)
- Multiple Sclerosis Ambulatory Clinic (Ground Floor Bond) – in design
 - This will accommodate mobility issues of this special population
- Renovation to Chapel entrance doors to barrier-free design

c) **Technological Barriers**

The Hospital is introducing a new Information System over the next 3 years. We will review and implement ways to ease access for employees with sight impairments as part of this system introduction.

d) **Information on Communication Barriers**

- The Hospital recently revamped some of its patient education materials, including its Patient Hospital Services Directory. During this process, we focused on developing materials that are easier to read for individuals who have sight impairment or for whom English is not a first language. For example, we increased the size of the font to CNIB Standards and use a variety of commonly recognized symbols to facilitate ease of understanding. We are also in the process of having the directory translated into the 4 languages for which we have the greatest demand for translation services. Over the next year, we will start to revitalize our internet site, a component of which will be improving standards to ensure that the font and graphics on the website address the needs of the visually impaired.
- The Hospital has a formal process for tracking, analyzing and addressing patient and visitor complaints. The database which is used to track these complaints will be modified to include a separate section for complaints related to access for individuals with disabilities. These complaints will be brought to the attention of the Hospital's Ontarians With Disabilities Action Committee for discussion.

5. **Communication of the Annual Plan**

a) **Objective:**

To raise awareness among key internal and external partners about St. Michael's Hospital's plan to identify and remove barriers for people with disabilities

To position this year's planned initiatives as the first step in a series of annual plans, which St. Michael's Hospital is pleased to undertake not only because of requirements to

comply with Ontario's legislation, but also because accessibility for all fits with our mission and values as an organization.

b) Key messages:

As a public sector organization, St. Michael's Hospital is committed to identifying and removing barriers for people with disabilities and fully complying with provincial requirements. In response to new sections of the *Ontarians with Disabilities Act*, St. Michael's Hospital formed an Ontarians with Disabilities Action Committee, which will review measures taken to remove barriers and develop an annual accessibility plan, incorporating both short and long-term goals for improvement.

Maximizing accessibility for patients, visitors, staff, physicians, volunteers, students and the general public is important to St. Michael's Hospital, and an important element of our mission and values as an organization. As a major downtown Toronto hospital, St. Michael's serves a diverse population, including people living with a variety of disabilities. We have undertaken a number of initiatives to improve access as much as possible, and our goal is continuous improvement, as well as monitoring the needs of our internal and external customers.

St. Michael's Hospital recognizes that accessibility barriers present in many forms, including physical and architectural barriers, information or communication barriers, attitudinal barriers, technological barriers and issues in policies and practices. St. Michael's Hospital is committed to initiatives including physical renovation, interpretation services, improvement of published materials, system improvements and staff and physician education to address these issues.

Our plan for Fiscal 2004/2005 identifies goals for the coming 12 months. These are goals that we feel are realistic in the short term. This year's plan is a foundation to build upon in upcoming annual accessibility plans.

c) Key audiences:

- Patients, visitors → staff, physicians, students and volunteers
- Community partners
- Disability advocacy groups → Professional Associations (e.g. The Ontario Hospital Association)
- General public

d) Strategies:

- Use a variety of communication vehicles to make the accessibility plan available to internal and external stakeholders.
- Integrate sensitivity to access issues into existing customer service initiatives (i.e., Satisfaction in Action campaign)

- Provide information sessions to raise awareness among managers, staff, physicians, students and volunteers about the accessibility plan, and St. Michael's Hospital's corporate commitment to improving accessibility and expectations for all staff
- Direct, targeted communications with key stakeholder individuals and groups

e) **Tactics:**

#1: Use a variety of communications vehicles to make accessibility plan publicly available

- Post plan on St. Michael's Hospital Internet.
- Create a summary of St. Michael's Hospital's accessibility plan (e.g. a brochure). Identify key areas of distribution (e.g., Information desks, units, Pre-admission, Emergency department, Human Resources)
- Feature stories in St. Michael's Hospital staff newsletter (each addressing one of the identified barrier types [ie. Physical and architectural barriers, informational or communication barriers, attitudinal barriers and technological barriers])
- Update plan each year and communicate

#2: Raise awareness among managers, staff, physicians, volunteers and students

- Management Forum information session
- Medical Forum (e.g. Medical Advisory Committee)
- Staff Forum (e.g. breakfast session)
- Inclusion of key messages and pertinent information on Medical Student orientation, and Volunteer orientation.
- Seminars on accessibility and importance to customer service, through Leadership and Staff Development
- In-service training in targeted areas of the hospital, as appropriate

#3: Raise awareness among key external stakeholders as to St. Michael's commitment to identify and remove barriers for people with disabilities

Provide stakeholders with a copy of the plan and/or the brochure with a link to plan on St. Michael's Hospital Web site.

- Provide the Hospital's Community Advisory Panels with an overview of our plan and actions taken to address our goals.

e) Evaluation:

- Measure Web site hits
- Measure internal reach (number of vehicles repeating message – e.g., In Touch plus Town Halls plus in-service training)
- Include feedback surveys at all public forums at which the plan is discussed.

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APPENDIX A
Membership and Terms of Reference
Ontarians with Disabilities
Action Committee



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Hospital Information

Ontarians With Disabilities Action Committee Terms Of Reference

Purpose:

To advise the Senior Management Committee on key actions to be taken, on an annual basis, to improve access for individuals with disabilities.

Actions:

1. Review recent measures taken to remove barriers
2. Decide on areas of focus for next fiscal year
3. Develop annual accessibility plan
4. Develop plan for publicizing and communicating annual accessibility plan

Membership:

Chief Planning Officer, **Chair**
Chair, Patient Care Council
Director, Risk Management and Quality Improvement
Director, Corporate Communications
Director, Engineering and Plant Services
Diversity Trainer
General Counsel
Representative, Occupational Health
Representative, Human Resources

Reporting Relationship:

The Committee reports to the Senior Management Committee.

Meeting Schedule:

The Committee will meet a minimum of 4 times per year.

DOCUMENT INFORMATION

Authorized by: Chair, Ontarians With Disabilities Committee

Authorizing Signature: SIGNED COPY RETAINED BY ORIGINATING DEPT.

Committee Approval by: Ontarians With Disabilities Committee

Developed by: Ontarians With Disabilities Committee

Other areas that should be consulted before changes are approved:

1.

For further questions or information contact:

1.

Location in Manual

Filename:

Distribution: Standard

Developed:

Revised:

Reviewed by: Ontarians With Disabilities Committee

Reviewed on: November 13, 2002

Next Review Date:

Comments:

APPENDIX B
St. Michael's Hospital
Plan for Making the Facility
More Accessible to Deaf, Deafened and
Hard of Hearing People

St. Michael's Hospital Plan for Making the Facility More Accessible to Deaf, Deafened and Hard of Hearing People

Executive Summary:

St. Michael's Hospital has recognized the importance of the use of appropriate Interpretation Services in order to communicate effectively with our patients for many years. The hospital has policies addressing interpretation since 1992. As such the hospital paid for Interpretation Services when it was requested by clinicians. In addition the Emergency services at both sites maintained a resource list of interpreters for after hours requests.

Interpretation Services were formalized in April 2000 with a separate corporate budget. An office was established in June 2000 and a centralized "Hot Line" was put in place in July 2000. The service is available 24 hours per day seven days per week. Professionally certified interpreters are used depending on availability. All requests for interpreters outside the regular working day hours are managed through pager and mobile phone. A resource list of free lance interpreters is in place in order to have resources available after hours

A formal arrangement was established with the Canadian Hearing Society in July 2000 in order to further address the availability of Certified Sign Language Interpreters for our patients who are deaf, deafened and hard of hearing. A formal working process was established and a commitment was made at that time to apply for Access 2000, The North American Program To Make Hospitals Accessible.

Two site visits have been conducted by the facilitator and formal recommendations have been made to assist St. Michael's make the hospital more accessible to persons with hearing loss. ACCESS Solutions have been determined collaboratively between the facilitator and the hospital. A work plan has been developed and work is currently underway to implement the recommendations.

St. Michael's Hospital services for the hearing impaired are based on the four building blocks of an accessibility as follows;

- *Information*
- *Education & Training*
- *Technical Devices*
- *Services*

The remainder of this report outlines the strategies in order to be fully accessible.



Hospital Accessibility for Deaf, Deafened & Hard of Hearing Persons
"North American Program To Make Hospitals More Accessible"

St. Michael's Work Plan for ACCESS Solution

Program Component	Strategies	Implementation Date
<p>Information: <i>Includes the use of the access symbol, enhanced signage throughout the hospital and on relevant patient information; information posted and on hospital literature on the services available for deaf, deafened and hard of hearing people</i></p>	<ul style="list-style-type: none"> • Distribution of the written material throughout the hospital in all prominent areas <p>APPENDIX - A</p> <ul style="list-style-type: none"> • Display booth & "Lunch & Learn" Sessions during Hearing Awareness Month 	<ul style="list-style-type: none"> • <i>March 30, 2001</i> • <i>May 2001</i>
<p>Education & Training: <i>Includes a module in existing new staff orientation sessions; more intensive programs for front line staff (e. g.) nurses) on hearing loss, communication strategies, and use and maintenance of devices</i></p>	<ul style="list-style-type: none"> • Canadian Hearing Society Hospital Accessibility Training Component for all staff <p>APPENDIX - B</p> <ul style="list-style-type: none"> • Evaluation of Long Term learning needs and establishment of ongoing education program in conjunction with the Canadian Hearing Society Access 2000 Facilitator 	<ul style="list-style-type: none"> • <i>March, April, May & June 2001</i> • <i>July 2001</i>
<p>Technical Devices: <i>Includes amplifiers for telephones; TTYs; signaling devices for fire, door knock, nurse call; personal amplification devices, and decoders for TV</i></p>	<ul style="list-style-type: none"> • Needs and distribution identified <p>APPENDIX - C</p> <ul style="list-style-type: none"> • Purchase and installation of equipment including training on the use of the equipment 	<ul style="list-style-type: none"> • <i>February 2001</i> • <i>March - April 30, 2001</i>
<p>Services: <i>Includes sign language and oral interpreters</i></p>	<ul style="list-style-type: none"> • Interpreters provided twenty four hours per day seven days a week based on availability of certified interpreters • Interpretation needs flagged on the record. The current list of patients who have required a certified sign language interpreter to date will have their records updated appropriately once this facility is in place • Evaluation of overall service using the "ACCESS 2000" Checklist 	<ul style="list-style-type: none"> • <i>Service formally in place since July 2000</i> • <i>April 30, 2001</i> • <i>July 2001 and annually thereafter</i>



St. Michael's Hospital - Interpretation Service
 Information Distribution for the Deaf, Deafened and Hard of Hearing

Location 	ER DPT	All In Patient Areas	All Out Patient Areas	Labour and Delivery	Obstetrics	Information Desks	Patient Registration	Pre Admission	Nuclear Medicine	Medical Imaging	Womens Health	Physicians Office
Information 												
Deaf, Deafened Hard of Hearing												
Facts on Tinnitus	☺	☺	☺									
Hearing Loss	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
The Canadian Hearing Society	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
Your Baby's Hearing				☺	☺						☺	☺
Web Link to CHS	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
Hospital Generated Information Booklets: a) Information for patients b) Information for staff	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺

In Patient areas include all inpatient units
Out Patient areas include clinics, detox, crisis team, community clinics
Information materials are available from the Interpretation Services Office



Hospital Accessibility Training Component The Canadian Hearing Society

Prepared by Jo-Anne Bentley
Coordinator, Commercial Sales/Technical Devices Group

The Canadian Hearing Society's training fees are \$60.00 per hour/per staff person or \$300.00 per day/per staff person.

The hospital should identify who will be trained and plan how this can be accomplished. We recommend that nurses, nurses assistants, aids, therapists, physicians, counselors as well as front line staff at reception and admitting areas be given priority.

PHASE I AWARENESS TRAINING MODULE (2 hours - 20 people)

A representative from each department is asked to attend. This person is to attend a half day training session to become the departmental expert/advocate and share the information about the program with other staff members ensuring that the department is aware that the hospital is working towards becoming fully accessible to deaf, deafened and hard of hearing patients and members of the community.

- Overview of the Accessibility Project and the St. Michael's Hospital's Commitment
- What it means to become accessible and why
- Stats on hearing loss
- Who are you serving
- Introduction to technical devices
- Role playing
- Communication Strategies
- Implementation of program (issue access stickers/symbols)
- Questions

PHASE II DEVICES TRAINING (10 people - 1 hour)

- introduction to devices
- hands on training on devices
- trouble shooting/maintenance
- house keeping information (where they are available)

PHASE III PATIENT COMMUNICATION (3 hours or 3 - 1 hour sessions)

- in-depth training on recognizing if someone has a hearing loss
- how to communicate with someone who is deaf
- how to communicate with someone who is deafened
- how to communicate with someone who is hard of hearing

PHASE IV DEPARTMENT SPECIFIC (1 hour/optional)

- how to communicate better in your specific environment (e.g. How does one communicate effectively during an x-ray if someone is deaf)
- The Canadian Hearing Society's Connect Counseling team working with the hospital's crisis/addictions team.

This project requires buy in from the top and on going education, training and promotion to be successful. Displaying the access symbol in all literature, websites, and all public places throughout the hospital will help remind the public and staff that the hospital is committed to providing an accessible environment. Implementing a communication piece for staff orientation and having regular in services would help to keep the program alive and running for future years.



St. Michael's Hospital - Interpretation Services Equipment Distribution for the Deaf Deafened and Hard of Hearing

Location	ER DPT	Crisis Team	All In Patient Areas	ICU	Labour and Delivery	Obstetrics	Information Desks	Admitting Department	Pre Admission	Nuclear Medicine	Medical Imaging	4V-CLINICS	Same Day Surgery	61 Queen Street	410 Sherbourne	St. James Town	Detox Unit	Public Telephones	Telecommunication
Equipment 																			
Deaf, Deafened, Hard of hearing																			
Communication Symbol	☺	☺	☺	☺	☺		☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺		
Above the bed Signs	☺		☺	☺	☺								☺						
Stickers for the chart	☺	☺	☺	☺	☺			☺	☺	☺	☺	☺	☺	☺	☺	☺	☺		
TTY Pay Phone																		☺	
TTY/Pockettalker sets	☺	☺		☺	☺					☺	☺	☺		☺	☺	☺	☺		☺
Call Alert																			☺
Baby Sound Monitors					☺														☺
Closed-captioned TV	This facility is in the plan and details remain to be worked out																		
Pt.Room-Tel./Hearing Amplifier	Available from Telecommunication																		☺

**TTY/PKT/Call Alert/Amplifier kits for patients rooms available upon a request from Telecommunication
 Symbols and Stickers supply could be found in the Interpretation Services Office
 This inventory of equipment will be evaluated and re-configured over time based on the effectiveness of the product**