

ACCESSIBILITY PLAN



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NOTE: This document has been prepared in 12pt font

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OUR VISION

Integrating Care. Bold Impact.

OUR PURPOSE

Deliver exceptional and seamless care for our communities with valued partnerships and a spirit of innovation and discovery that inspires our people.

OUR STRATEGIC PILLARS

- Deliver High-Quality and Compassionate Care
- Value and Inspire Our People
- Invest Now for Our Future
- Advance a High-Impact Academic Mandate
- Lead Integrated Care

OUR VALUES

Compassion — We treat everyone with dignity, care, and kindness.

Respect — We listen to and value individual perspectives.

Integrity — We hold ourselves accountable to a high standard of excellence.

Inclusion — We create an environment of belonging, collaboration and acceptance for everyone.

Courage — We do what is right even when it is challenging.

Executive Summary

All hospitals in Ontario are mandated by law to develop an accessibility plan for their organizations that considers the Accessibility for Ontarians with Disabilities Act, 2005 (AODA).

The AODA's purpose is to create accessibility standards that organizations from public, private, and non-profit sectors must follow and to make an accessible province for all Ontarians. The AODA requires every hospital in Ontario to (1) prepare an accessibility plan by consulting with persons of disabilities, either from the community or from internal parties; and (2) making the plan public.

The AODA identifies five accessibility standards that the province must plan for and comply with: (1) customer service; (2) transportation; (3) information and communication; (4) built environment; and (5) employment.

Michael Garron Hospital's (MGH) Accessibility Plan aims to describe the measures that the hospital has taken in the past, in addition to the measures that the hospital will take during the next three years, to identify, quantify, remove, and prevent barriers to persons with disabilities who live, work in, or use the facilities and services of the hospital. This may be done through reviewing, updating and/or implementing organizational policies, programs, practices and services.

In recent years, MGH has continually committed itself to the development, delivery, and improvement of access to hospital facilities, programs, policies, procedures, practices, and services for patients, family members, staff members, healthcare workers, practitioners, volunteers, students, residents, and members of the community with disabilities.

MGH's Accessibility Plan is developed, and updated at least once every three years, in consultation with people with disabilities. The plan is made available to the public.

COMMITMENT TO ACCESSIBILITY

MGH is proud to have served the East Toronto community for more than 90 years. The hospital is committed to providing all patients and families with the highest standard of patient care. To do so, MGH is committed to:

- Ensuring that hospital bylaws, policies, and practices are consistent with the principles set out by the AODA and its regulation(s);
- Continually improving access to facilities, policies, programs, practices, and services not only for patients, but also for their family members, staff members, healthcare practitioners, volunteers, students, residents, and general members of the community; and
- Ensuring that all new construction, redevelopment, and major renovations at the hospital comply with MGH's accountability to accessibility.

Goals of the Accessibility Plan

The goals of MGH's Accessibility Plan are to continue to improve accessibility at the hospital by reducing identified accessibility barriers. The hospital aims to provide all patients, family members, staff members, healthcare practitioners, volunteers, students, learners, and general members of the community with the opportunity to identify their accessibility needs and to ensure that these needs are accommodated in a manner that supports and respects the dignity of persons with disabilities. The hospital supports its community by facilitating persons with disabilities: (1) to enter the hospital and reach their destination without encountering barriers; (2) to receive the services they require without encountering barriers; and (3) to work without encountering barriers.

MGH's Accessibility Plan describes: (1) the measures that the hospital has pursued in the past; (2) the progress it has made with the measures from the previous Accessibility Plan; and (3) the measures that the hospital will pursue during the next year to identify, quantify, remove, and prevent barriers to people with disabilities who live, work in, or use the facilities and services of the hospital.

Objectives of the Accessibility Plan

The hospital must comply with the following five objectives in developing the Accessibility Plan:

1. Describe the process by which the hospital identifies, quantifies, removes, and prevents barriers to people with disabilities. (See the section entitled "The Planning Process".)

2. Review initiatives pursued at the hospital to remove and prevent barriers in the past and identify the extent to which the hospital has met those initiatives.
3. List areas, bylaws, policies, programs, practices, and services that the hospital will review in upcoming years to identify barriers to persons with disabilities. (See the section entitled “2019-2026 Priorities”.)
4. Describe the measures that the hospital will pursue in upcoming years to identify, quantify, remove, and prevent barriers to people with disabilities.
5. Describe how the hospital will make its accessibility plan available to the public. (See the section entitled “Communications and Implementation”.)

Our Accountability to Accessibility

In accordance with the AODA, MGH is responsible for:

- Preparing a multi-year accessibility plan;
- Consulting with persons with disabilities in the preparation of the plan;
- Making the accessibility plan available to the public; and
- Preparing an accessibility policy.

OVERVIEW OF LEGISLATION

Overview of Accessibility for Ontarians with Disabilities Act, 2005 (AODA)

The purpose of the Accessibility for Ontarians with Disabilities Act, 2005 (AODA)¹ is to create accessibility standards that organizations from public, private, and non-profit sectors must follow and to make an accessible province for all Ontarians. (See Appendix A for definitions of accessibility.) Recognizing the history of discrimination against persons with disabilities throughout the province of Ontario, the AODA aims to benefit all Ontarians with disabilities by ensuring the development, implementation, and enforcement of accessibility standards that attempt to provide accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures, and premises on or before January 1, 2025.

To assist public, private, and not-for-profit organizations identify, prevent, and remove barriers to accessibility, the AODA sets out accessibility standards, including:

- Customer service standards;
- Transportation standards;
- Information and communications standards
- Design of public spaces standards (Accessibility Standards for the Built Environment); and
- Employment standards.

The Accessibility Standard for Customer Service was the first standard to become law as Ontario Regulation 429/07 on January 1, 2008³ and took effect on January 1, 2010 (See Appendix C). At MGH, we are in full compliance with this standard by ensuring:

- AODA policy and procedures are in place and related documents are available for team members review on MGH's staff intranet;
- AODA policy and procedures are reviewed with team members on an annual basis and records of each team member's review are tracked and maintained;
- Comprehensive virtual AODA training is offered to and completed for all new team members during their orientation program and records of each team member's review are tracked and maintained; and
- AODA policy and procedures are accessible to the public upon request.

¹ Accessibility for Ontarians with Disabilities Act, 2005 – <http://www.e-laws.gov.on.ca>

THE PLANNING PROCESS

Responsibilities

Although many departments are accountable for planning and implementing activities to support MGH's commitment to accessibility, the Human Resources (HR) Department is accountable for reviewing and updating the Accessibility Plan at least once every three years or as needed. Working with internal and external stakeholders, HR:

- Completes a comprehensive review of the multi-year Accessibility Plan; and
- Leads the identification process of barriers to be removed or prevented during the multi-year plan;
- Describes how these barriers will be removed or prevented during the multi-year plan;
- Works with stakeholders to remove barriers; and
- Makes the approved accessibility plan available to the public.

The hospital has dedicated funding for projects that help improve the accessibility of the organization and its services. It also aims to protect these resources in the annual capital budget allocation.

Internal Review

A number of internal and external committees and individuals review and comment on MGH's Accessibility Plan as appropriate. These may include:

- *Various Departments with Accountability* – Responsible for reviewing the Accessibility Plan, ensuring that their responsibilities are completed and providing their respective approvals. Departments may include Facility Services; Organizational Development and Learning; Information Technology; Patient Experience; Ethics; Corporate Communications and Community Engagement; Volunteer Services; Human Resources; and Organizational Quality, Safety and Wellness.
- *Community Advisory Council (CAC), Patient Experience Panel (PEP) or a patient focus group* – Reviews the Accessibility Plan from an external perspective.
- *Performance Improvement Committee (PIC)* – Responsible for reviewing the Accessibility Plan and providing final approval of the document.

Barrier Identification

The hospital has engaged in a variety of methodologies to identify barriers to accessibility and potential solutions (See Appendix D and E). These include:

Audits

The following external stakeholders performed audits of the hospital to identify areas of concern and improvement:

- Canadian Paraplegic Association Ontario (CPAO)
- Agnew Peckham Consulting (APC)

Consultations

The following external stakeholders and the hospital engaged in a variety of consultations to identify areas of concerns and improvements:

- Community Advisory Council (CAC)

The hospital will continue to engage in new methodologies to identify barriers and potential solutions. These may include:

Patient Experience

The Patient Experience Office aims to inform HR, and other applicable teams, within 48 hours of any accessibility-related complaints or issues.

Focus Groups

The hospital may host focus groups in order to engage in a discussion about accessibility at the facility.

Staff Feedback

HR, in collaboration with Corporate Communications and other applicable teams, may encourage team members across the hospital to provide comments on accessibility where appropriate.

2019-2026 PRIORITIES

A compilation and analysis of identified barriers to accessibility is outlined in Appendix E. The analysis includes removal and prevention strategies to be pursued and the progress to date regarding these initiatives.

It is important to note that many of these barriers are associated with the fact that some areas of MGH are more than 90 years old and do not meet today's building standards. However, over the next several years, as funding for our Master Redevelopment Plan is underway, the hospital will continue to be able to rectify the majority of the barriers to accessibility that exist today. As such, MGH is targeting and prioritizing the removal and prevention of barriers that are not dependent on the approval of the Master Plan.

Priorities Table

CUSTOMER SERVICE		
Recommendation:	Commitment Towards Prevention:	Lead Department:
<p>Continue to make MGH's accessibility training course mandatory for all new staff. If any changes are made to the course, all staff will be required to retake it.</p> <p>Train all staff and volunteers on what they are required to know and do under the Integrated Accessibility Standards Regulation (IASR) and on aspects of the Human Rights Code that relate to accessibility.</p>	<p>Ensure training and education resources related to accessibility, IASR and Human Rights Code are easily accessible to staff, including new staff within 30 days of their hire date.</p> <p>Ensure all staff completes these training resources on a regular basis.</p> <p>Ensure records of the number of individuals trained and the date of training are maintained.</p> <p>Ensure AODA training is incorporated into orientation for new hospital board members.</p>	Organizational Development and Learning
Develop, maintain and update Accessibility Plan	Complete the hospital's multi-year Accessibility Plan and ensure it is available in accessible formats upon	Human Resources

	request from hospital team members and the public. Review and update the plan at minimum once every three years or as needed.	
Continue to consult with people with disabilities, staff, credentialed clinicians and volunteers on accessibility barriers they've identified.	The hospital previously developed a survey where staff provided accessibility-related feedback. Input will continue to be collected through discussions with MGH's Patient Experience Panel and and focus groups made up of community members, staff and volunteers.	Human Resources; Patient Experience; Corporate Communications

TRANSPORTATION

Recommendation:	Commitment Towards Prevention:	Lead Department:
Include accessible entrance and exit to renovated staff parking garage on Knight Street by constructing elevators and ramps rather than stairs.	In January 2011, the staff parking garage was made fully accessible, preventing physical barriers.	Facility Services

INFORMATION AND COMMUNICATIONS

Recommendation:	Commitment Towards Prevention:	Lead Department:
Ensure the hospital's external website (tehn.ca) and staff intranet are compliant with the most up-to-date Web Content Accessibility Guidelines (WCAG).	Where there are opportunities for improvement, develop strategies, guidelines, and resources to help make the sites more accessible to people with disabilities.	Corporate Communications, Information Technology
Continue to establish new processes for patients and families to provide feedback on accessible services and/or recommendations.	Explore new avenues to address accessibility concerns and obtain feedback in order to make improvements.	Patient Experience, Corporate Communications

Include accessibility awareness as part of the hospital's recruitment process and job postings.	Since 2014, all Human Resources postings inform applicants that MGH accommodates people with disabilities during the selection process.	Human Resources
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DESIGN OF PUBLIC SPACES

Recommendation:	Commitment Towards Prevention:	Lead Department:
Continue to increase the prevalence of consistent handrails along all hospital corridors.	In 2010, the hospital added handrails throughout the main corridor of the hospital. In 2014, it installed additional handrails in other areas.	Facility Services
Continue to identify inappropriate door handles and replace with lever-style knobs.	Minimize difficulties for persons with disabilities in opening certain doorways in the hospital due to inappropriate door handle designs.	Facility Services
Continue to evaluate hospital grounds and adjust uneven paving throughout the redevelopment process and/or as concern is addressed.	Minimize barriers created for all patients due to uneven paving and flooring on sidewalks, pathways, parking lots, and interior areas.	Facility Services
Continue to incorporate accessibility into all documents with contractors, including tenders, agreements, and contractors manuals.	Ensure awareness of accessibility prior to and during construction. As of 2012, all tenders include accessibility language informing vendors that MGH prefers items that are accessible to all and, where applicable, accessibility is be part of the Request for Proposal (RFP) scoring criteria.	Facility Services; Purchasing

EMPLOYMENT

Recommendation:	Commitment Towards	Lead Department:
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	Prevention:	
Continue to support the modified workers program.	assist staff who require modifications to their work duties due to injury or illness.	Human Resources; Occupational Health, Safety and Wellness
Launch a comprehensive recruitment tool that easily organizes information about MGH, making it more easily accessible. Notify employees, potential hires, and public that accommodations can be made during recruitment, assessment, and selection processes for people with disabilities.	In 2020, MGH launched a dedicated recruitment application for both external and internal applicants, providing a more accessible application process. When requested, potential hires with disabilities are accommodated during the recruitment, assessment, and selection process.	Human Resources
Provide assessable performance management tools to employees with disabilities to encourage their success.	The hospital currently offers accessible and alternative performance management options to employees.	Human Resources
Develop individual accommodation plans for employees with disabilities and for employees returning to work.	The hospital currently develops individual accommodation plans for employees with disabilities when identified.	Human Resources; Occupational Health, Safety and Wellness
Make all workplace information and literature accessible to employees with disabilities.	The hospital currently offers alternative formats for workplace information and literature, including one-on-one discussions.	Human Resources, Corporate Communications
Customize individual emergency response information for employees with disabilities as requested.	The hospital meets with each individual to discuss an individual emergency response plan as it pertains to their particular work environment.	Protection Services; Human Resources; Occupational Health, Safety and Wellness
Inform applicants that we accommodate disabilities during the selection process.	Information is posted on the hospital's website. MGH will offer alternative and accessible methods to discuss job postings, interviews, and other selection process discussions.	Human Resources

COMMUNICATION AND IMPLEMENTATION

Ensuring the availability of MGH's Accessibility Plan to both employees and the public is very important. After completion and ratification by a variety of internal and external committees and councils, the Accessibility Plan will be:

- (1) Posted on the hospital's external website (tehn.ca) and staff intranet;
- (2) Made available at the President's Office, the Human Resources Department, and the Patient Experience Office in hard copy upon request; and
- (3) Made available in alternative formats, such as in large print, upon request.

Communication Plan

The Corporate Communications Department may advise on and support strategic communications tactics to ensure relevant stakeholders are aware of the Accessibility Plan and to support compliance to the plan. Tactics may support promotion, education and visibility of the plan across and outside the organization.

Implementation Overview

HR leads the implementation of MGH's Accessibility Plan, as well the review and update of the plan at minimum once every three years or as needed.

Conclusion

Accessibility is a priority for MGH. The Accessibility Plan provides a comprehensive overview of the hospital's commitment to a barrier-free environment. This is a process that we will continue to enhance and evolve through ongoing feedback and evaluation.

Appendix A: Definitions

Accessibility

Easy to approach, reach, enter, speak with, or use.

Accessibility Standards

Best practices to ensure reliability, safety and quality of products and services that will help make Ontario more accessible.

Barrier

Anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational barrier, a communicational barrier, an attitudinal barrier, a technological barrier, or a policy and practice barrier.

Disability

- 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")

Appendix B: Customer Service Standard Requirements

The Customer Service Standard provides an outline of items that hospitals in Ontario must develop in order to provide accessible customer service.

	Standard Requirements:
1	Establish policies, practices, and procedures on providing goods or services to people with disabilities.
2	Use reasonable efforts to ensure that your policies, practices, and procedures are consistent with the core principles of independence, dignity, integration, and equality of opportunity.
3	Set a policy on (a) allowing people to use their own personal assistive devices to access your goods and services and (b) any other measure your organization offers (assistive devices, services, or methods) to enable them to access your goods and services.
4	Always communicate with a person with a disability in a manner that takes into account their disabilities.
5	Allow people with disabilities to be accompanied by their guide dog or service animal in the hospital, unless the animal is excluded by another law. If a service animal is excluded by law, use other measures to provide services to the person with a disability.
6	Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in the hospital.
7	Where admission fees are charged, provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability.
8	Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.
9	Train staff, volunteers, contractors and any other people who interact with the public or other third parties on your behalf on the customer service standard.
10	Train staff, volunteers, contractors and any other people who are involved in developing your policies, practices, and procedures on the provision of goods or services on a number of topics as outlined in the customer service standard.
11	Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public.
12	Document in writing all your policies, practices, and procedures for providing accessible customer service and meet other document requirements set out in the standard.
13	Notify customers that documents required under the customer service standard are available upon request.
14	When giving documents required under the customer service standard to a person with a disability, provide the information in a format that takes into account the person's disability.

Appendix C: Accessibility Audits Performed For MGH

The audits listed below were completed in 2018. MGH is attending and has attended to each identified barrier as time and resources allow, including through the opening of the Ken and Marilyn Thomson Patient Care Centre in 2023 and other renovations and enhancements related to the hospital's Master Redevelopment Plan.

(1) Canadian Paraplegic Association, Ontario (CPAO)

The aim of the 2003 Workplace Accessibility Audit Report, provided to the hospital by CPAO, was to provide recommendations that comply with the standards and policies contained within the Ontarians with Disabilities Act, 2001 (now known as the Accessibility for Ontarians with Disabilities Act, 2005 (AODA)).

The accessibility audit was conducted from the point of view of the CPAO and was intended to identify specific barriers and potential modifications that could be implemented to improve accessibility and come as close to creating a barrier-free environment as possible.

The Workplace Accessibility Audit Report recognized that creating an accessible environment is to be completed over time and will require gradual implementation. It is important to note that consideration must be made with respect to the population as a whole as well as the users in each environment when completing modifications, with recommendations being taken into consideration with consultation from other disability organizations, consumer groups, and staff of the hospital.

In the report, three distinct sections were embedded within the document. Section 1 dealt with General Principles that should be incorporated when considering accessibility for persons with disabilities and mobility impairments. Section 2 dealt with recommendations required in various (multiple) areas of MGH, while Section 3 dealt with additional recommendations that are more specific to certain areas of MGH.

Section 1	Education, Ask The Patient, Adjustable Equipment, Maximize Time In Custom Wheelchairs, and Regular and Frequent Pressure Relief.
Section 2	Pathways, Floor Clearance in Front of Equipment and Services, Handrails, Public Telephones, Drinking Fountains, Signage, Doors, Doorways, Elevators, Washrooms, Nursing Stations, Waiting Rooms, and General.
Section 3	Main Entrance (Coxwell Entrance and Lobby), C-Wing, A-Wing, B-Wing, D-Wing (Ambulatory Care), F-Wing, E-Wing, J-Wing (Emergency), Admitting Entrance, H-Wing, Staff Parking, Inpatient Units, Diagnostic Labs, Cafeteria, and Auditorium.

(2) Agnew Peckham Consulting (APC)

Agnew Peckham is a multidisciplinary consulting firm that exclusively provides healthcare organizations with strategic, operational and facility programming and planning services.

The aim of the Agnew Peckham audit conducted at MGH was to enable the hospital to identify, through a comprehensive audit, areas of deficiency and opportunity with respect to accessibility in addition to assisting the hospital in planning for its Master Redevelopment.

The hospital is committed to making all new construction, redevelopment, and major renovations accessible; therefore, its Accessibility Plan not only identified barriers to accessibility in the current facility but also identified items required to resolve or mitigate these deficiencies.

The process utilized to identify the requirements for accessibility planning at the hospital included: reviewing the community demographics and profile anticipated for the future, consulting with other services at the hospital regarding communication plans to ensure that a consistent message is delivered to the community, soliciting input from associations representing persons with disabilities, consulting with community and patient groups, consulting with hospital staff members, seeking inputs from specialists with expertise in barrier-free design, reviewing American Guidelines (ADA), conducting post-occupancy evaluations of recently developed areas, and distinguishing between “want” and “need” and balancing the use of limited resources.

Agnew Peckham identified the following areas as areas of concern, deficiency, and/or opportunity:

Accessible Space	(1) Inpatient areas; (2) areas such as public spaces, clinics, outpatient areas, and diagnostic imaging; (3) offices, administrative areas, and education and meeting rooms; and (4) washrooms
Architectural and Physical Needs	Entrance and exterior spaces, parking, elevators, patient rooms, washrooms, doorways and doors, shower and tub rooms, kitchenettes and Activities of Daily Life kitchen, lobby and gift shop, clinical and therapy rooms, education and resources, food services, hallways, clinical support, support services, furnishings, security and safety, finishing, general issues, wayfinding, and staff support

As part of Phase 1 of the Master Plan, the Ken and Marilyn Thomson Patient Care Centre was constructed and opened to patients in 2023. A significant number of the outpatient and inpatient units have relocated on MGH’s legacy campus have since

relocated to this centre. These news spaces are compliant with accessibility and building code requirements. All other remaining areas will be included as part of MGH's future Master Plan phases.

MGH has removed all identified barriers that have been resolved. The following chart includes those barriers that have been identified but still need to be addressed.

Appendix D: Remaining Barriers Previously Identified at MGH

Name of Organization	Acronym
Canadian Paraplegic Association	CPA
Agnew Peckham Consulting	APC
Michael Garron Hospital	MGH

Type of Barrier Identified	Barrier Description	Removal and Prevention Strategy	Recommending Party	Redevelopment-Dependent?	Progress
Architectural	Entrance from roadway is too narrow.	Increase the size of the entryway to the hospital driveway.	APC	Yes	Ongoing – The main entrance will be renovated in 2026 as part of Phase 1 of the Master Plan
Architectural	Patient entrance from patio is difficult for wheelchair or walker access.	Increase the size of the patient entrance from the patio to enable easier access by persons with disabilities.	APC	Yes	Completed – A new patio was installed as part of Phase 1 of the Master Plan
Architectural	Elevators are difficult for people with disabilities to access as elevator cabs are too small.	Minimum cab size should be 1725mm X 1370mm, although larger cab size may be required in areas of high traffic where large equipment and people with mobility aids are transported.	APC, CPA	Yes	Ongoing – Select elevator renovations have been completed as part of Phase 1 of the Master Plan

Architectural	Narrow hallways prohibit strollers, wheelchairs, and general hospital thoroughfare to walk side-by-side.	Resize hallways to allow for 54 inches of width (as opposed to the current 48 inches).	APC	Yes	Ongoing – A number of areas have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan
Architectural	Patient bedroom door interferes with washroom access.	Re-position bathrooms such that patient door does not interfere with entry.	APC	Yes	Ongoing – A number of areas have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan
Architectural	Patient washrooms too small to allow staff to assist patients.	Identify optimal bathroom size that would allow for both patient and attendant to be accommodated and either (1) build or (2) remodel bathrooms to these specifications.	APC	Yes	Ongoing – A number of washrooms have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan

Architectural	Roll-in showers too small to allow for both patient and staff to enter together.	Roll-in showers should be built to a minimum 750mm X 1500mm. Approach to Shower should be 900mm X 1200mm.	APC, CPA	Yes	Ongoing – A number of washrooms have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan
Architectural	Insufficient wheelchair turning radii within hospital rooms.	Resize patient rooms to allow for 96 inches of turning radii (as opposed to the current 60 inches).	APC	Yes	Ongoing – A number of areas have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan
Architectural	Clinic examination and treatment rooms do not provide adequate room for people with disabilities to turn around (e.g. people who use wheelchairs).	Create appropriate-sized clinical examination and treatment rooms (free space of 1500mm X 1500mm) for people with disabilities within high traffic areas to allow for increased accessibility.	APC, CPA	Yes	Ongoing – A number of areas have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan
Architectural	Patient rooms too small to accommodate wheelchairs and assistive devices.	Make patient rooms larger as recommended in Master Plan.	APC	Yes	

Architectural	Public washrooms too small for wheelchairs. Double doors difficult.	Identify optimal bathroom sizes and either (1) Build or (2) Re-model existing bathrooms to these specifications. Remove the policy of double doors in bathrooms.	APC	Yes	Ongoing – A number of washrooms have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan
Physical	Doorways are too narrow, doors are too heavy	Expand doorways to a minimum 810mm - 1110mm and ensure that the doors have a maximum 22N force for opening.	APC, CPA	Yes	
Physical	Fixtures and furnishings too high throughout hospital.	Contact vendors and identify if it is possible to modify position and/or type of items in place.	APC	Yes	Ongoing – A number of areas have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan
Physical	Equipment and clutter in corridors act as barrier to navigating hospital.	Develop an appropriate storage area to house items until further use.	APC	Yes	

Physical	<p>Wayfinding is difficult as signage is too small and the choice of font and colours are difficult to see.</p> <p>No Braille wayfinders in place.</p> <p>Signage is not placed at eye level.</p>	<p>Purchase much larger and colour-friendly signs, with characters on signs type-faced using sans serif, Arabic numbers, and with width to height ratio of between 3:5 and 1:1 and stroke width to height ratio between 1:5 and 1:10.</p> <p>Create Braille signs to help assist persons with visual disabilities.</p> <p>Place new signs at eye level, with the center of all wall-mounted signs at a height of approximately 1500mm.</p>	APC, CPA	Yes	<p>Ongoing – Wayfinding in a number of areas have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan</p>
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Physical	<p>Inadequate location and knee clearance of water fountains</p> <p>Difficulty in button operation</p>	<p>Re-position water fountains to allow for adequate knee room (height from floor to spout is 750mm to 900mm with minimum 680mm knee clearance.</p> <p>Installation or modification of current water fountains to allow for (1) easier button operation for persons with disabilities, at a force of less than 22N or (2) infrared sensors</p>	CPA	Yes	Ongoing – A number of water fountains have been renovated as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan
Physical	Poor ergonomics at workstations and meeting rooms.	Reorient meeting rooms and workstations to make them more accessible; If this cannot be done due to existing equipment, modify or purchase new equipment.	APC	Yes	Ongoing – New furniture has been purchased to renovated areas as part of Phase 1 of the Master Plan. Remaining areas to be included in the future phases of the Master Plan

Technological C	Limited availability of accessible pay telephones.	<p>Purchase accessible pay phones that incorporate appropriate seating for people with disabilities.</p> <p>In the case that 2+ pay telephones exist in the same area, at least 1 should be made accessible.</p>	APC, CPA	Yes	Will commence pending MGH Master Plan approval
Customer Service	Limited staff awareness and concern regarding asking patients about “what is needed to improve accessibility within his or her space”	Staff must be readily available to provide information and offer further assistance to persons with disabilities in improving accessibility within their living quarters.	CPA	No	All staff are required to complete a mandatory virtual learning module on accessibility.

Appendix E: 2008-2025 Progress

Accessibility is an ongoing process and MGH will continue to strive for excellence in ensuring the organization is a barrier-free environment. Here is the progress we made from 2008 to 2025.

CUSTOMER SERVICE:

Action:	Purpose:	Lead Department:
The hospital developed an Accessibility Plan and ensured it is accessible to team members and the public.	To describe the measures that the hospital has taken in the past, in addition to the measures that the hospital will take in upcoming years, to identify, quantify, remove, and prevent barriers to persons with disabilities who live, work in, or use the facilities and services of the hospital.	Human Resources, Organizational Development and Learning, Corporate Communications
The hospital developed a mandatory online course on the AODA's customer service standards and accessibility. In 2010, the course became available to all staff on iLearn.	To train staff, physicians and volunteers in order to generate awareness of the AODA and customer service standards.	Organizational Development and Learning
The hospital developed a Health Equity Plan.	To provide an understanding of current priorities and practices toward reducing health inequity.	Organizational Development and Learning, Corporate Communications
The hospital developed an awareness training program to eliminate ageism and improve attitude towards aging. In 2010, the hospital began encouraging all staff to participate in this program.	To provide awareness and understanding for aging staff and patients to better meet their needs.	SeniorWise Committee
The hospital developed an online course on accessibility issues for seniors, such as falls prevention.	To provide training and education for staff to handle aging patients.	SeniorWise Committee
The hospital developed an accessibility policy in 2019. The policy is comprised of guidelines on providing goods and services to people with disabilities. These include:	To establish the accessibility standards for customer service for the organization, in accordance with the Ontario Regulation 429/07.	Human Resources, Organizational Development and Learning, Corporate

<ul style="list-style-type: none"> • being consistent with the core principles; • enabling people to use their own personal assistive devices; and • permitting use of support person. 		Communications
The hospital developed a policy and procedure allowing people with disabilities to be accompanied by guide dogs or service animals in the hospital, and/or establish alternative procedures if and where animals are prevented.	To ensure people with disabilities have the supports they need while they are at the hospital.	Corporate Communications
<p>The hospital developed tools that educate physicians, contractors and volunteers about MGH's Accessibility Plan and customer service procedures in 2009.</p> <p>In 2012, the hospital provided awareness training to educators and trainers.</p>	<p>To ensure all stakeholders at the hospital are informed of the organization's accessibility-related responsibilities.</p> <p>To ensure all workshops, presentations, and seminars taking place at and/or organized by the hospital are accessible to all participants.</p>	<p>Organizational Development and Corporate Communications</p> <p>Organizational Development and Corporate Communications</p>
The hospital consults with people with disabilities, staff, physicians and volunteers on accessibility barriers they've identified.	Beginning Fall 2009, the hospital held focus groups and develop online surveys/ feedback comments to gain insight from the people who work in all areas of the organization to help limit accessibility barriers.	Corporate Communications

TRANSPORTATION:

Action:	Purpose:	Lead Department:
The hospital converted two parking spaces into spaces for people with disabilities.	To provide additional accessible spaces for patients and families with disabilities.	Facility Services
The hospital increased the number of wheelchairs available within the facility.	To ensure better availability of wheelchairs for patients.	SeniorWise Committee
After the completion of the Knight Street staff parking garage, the hospital increased accessible parking spaces for staff by five.	To provide additional accessible spaces for staff with disabilities.	Facility Services

The hospital purchased bariatric wheelchairs and stretchers.	To provide accessible equipment for bariatric patients.	Facility Services
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INFORMATION AND COMMUNICATION:

Action:	Purpose:	Lead Department:
The hospital has established a process for patients and families to provide feedback on the way MGH provides goods and services to people with disabilities through the Patient Experience Office, as well as by email and phone.	To ensure there are multiple mechanisms for people to provide feedback.	Corporate Communications, Patient Experience
The hospital shares information through internal and external channels, including the staff newsletter and public website, about accessibility-related resources.	To maintain awareness for accessibility and accommodate requests for people with disabilities.	Corporate Communications
The hospital held focus groups with patients and the volunteer board to obtain feedback and insight into accessibility concerns.	To develop new strategies to minimize accessibility barriers.	Corporate Communications
The hospital implemented voice command software on computers by request for staff with physical disabilities.	To modify workspaces for staff to accommodate their needs.	Occupational Health and Safety, Information Technology

DESIGN OF PUBLIC SPACES (BUILT ENVIRONMENT):

Action:	Purpose:	Lead Department:
The hospital installed a new shower with non-stick floors in the Complex Continuing Care Unit.	To increase safety for patients in wheelchairs.	Facility Services
Ensure that (1) where there is inaccessible equipment or services, there is a sign pointing to nearest accessible equivalent; (2) accessible facilities are clearly marked with signage placed perpendicular to the direction of travel; and (3) a map is provided to those persons with disabilities who require directions.	To enhance signage when accessible services are interrupted.	Facility Services

The hospital renovated the Mortimer Lobby washrooms, making them wider.	To minimize difficulty for patients using assistive devices while using the washrooms.	Facility Services
The hospital renovated an Emergency Department space, which meets today's accessibility guidelines, including larger patient pods, wider hallways, automatic doorways and lever-style handles.	To minimize accessibility barriers for patients navigating through the Emergency Department.	Facility Services, Emergency Department
The hospital installed a new bariatric table in the CT scan room in Diagnostic Imaging to better accommodate bariatric patients.	To provide accessible equipment for bariatric patients.	Facility Services
The hospital renovated the Patient Registration Department and widened the hallway.	To minimize accessibility barriers to a busy area.	Facility Services
The hospital installed two bariatric patient rooms in A5.	To increase accessibility for bariatric patients.	Facility Services
The hospital installed two bariatric washrooms in A5.	To increase accessibility for bariatric patients.	Facility Services
The hospital installed additional automatic door-entry mechanisms at all four public entrances.	To minimize patient difficulty in entering and/or exiting areas of the hospital due to limited availability of automatic door mechanisms.	Facility Services
The hospital began implementation of a multi-year plan to increase the prevalence of consistent handrails along all hospital corridors. Completed in all public areas, including first floor.	To minimize difficulty for persons with mobility issues to negotiate hallways, stairwells and ramps or slopes due to inadequate handrails and/or mounting heights.	Facility Services
The hospital implemented automatic entry mechanisms for all doors to public washrooms in front of Patient Registration and public entry to facility.	To minimize difficulties for persons with disabilities in opening certain doorways in the hospital due to inappropriate door handle designs.	Facility Services
A new standard was put in place to replace inappropriate door handles with lever-style knobs throughout redevelopment. Completed on first floor and other high patient	To minimize difficulties for persons with disabilities in opening certain doorways in the hospital due to inappropriate door handle designs.	Facility Services

flow areas including: Intensive Care Unit, Emergency Department public washrooms, patient/family lounges, Complex Continuing Care, Palliative Care and Family Birthing Centre. Handles were replaced for staff members if requested.		
The hospital repaired the concrete at the K Wing entrance and added railings.	To minimize barriers created for all patients due to uneven paving and flooring on sidewalks, pathways, parking lots, and interior areas.	Facility Services
The hospital updated washrooms to be hands-free, including installing hands-free faucets, toilets and hand dryers on every floor in A and B Wings, as well as in all first-floor washrooms.	To minimize barriers for patients with disabilities from conveniently using washroom facilities due to inappropriate designs.	Facility Services
The hospital increased lighting at front-door entrance.	To minimize injury caused by poor lighting between double doors and in external areas.	Facility Services
The hospital retrofitted every elevator to meet Technical Standards and Safety Act (TSSA) provincial standards, which includes Braille.	To minimize difficulties for patients with disabilities from navigating easily around the hospital.	Facility Services
The hospital now adjusts seating set-up in lecture hall to accommodate wheelchairs and assistive devices through wider row design.	To minimize barriers to patients, families and staff members with assistive devices or wheelchairs due to inappropriate seating design.	Facility Services
The hospital increased the number of pieces of bariatric equipment for patients.	To provide appropriate supportive equipment to serve the bariatric population.	Facility Services
The hospital updated its directional signage to black and white text.	To improve readability for directional signage throughout the hospital.	SeniorWise Committee
The hospital created a new shower room in the Emergency Department that meets accessibility standards.	To ensure patients with disabilities have the supports they need.	Facility Services
The hospital implemented automatic entry mechanisms to the facility throughout the redevelopment process.	To ensure people with disabilities have the accommodations they need.	Facility Services

EMPLOYMENT:

Action:	Purpose:	Lead Department:
The hospital accommodates modified workers' safe return to work by adjusting their workspace and job duties.	To ensure a safe and accessible environment during employees' return to work.	Occupational Health, Safety and Wellness; Human Resources
The hospital changed its hiring practices to accept only electronic applications online and to let applicants know that MGH will accommodate disabilities during the selection process.	To ensure equal and accessible treatment for all.	Human Resources