

ACCESSIBILITY PLAN



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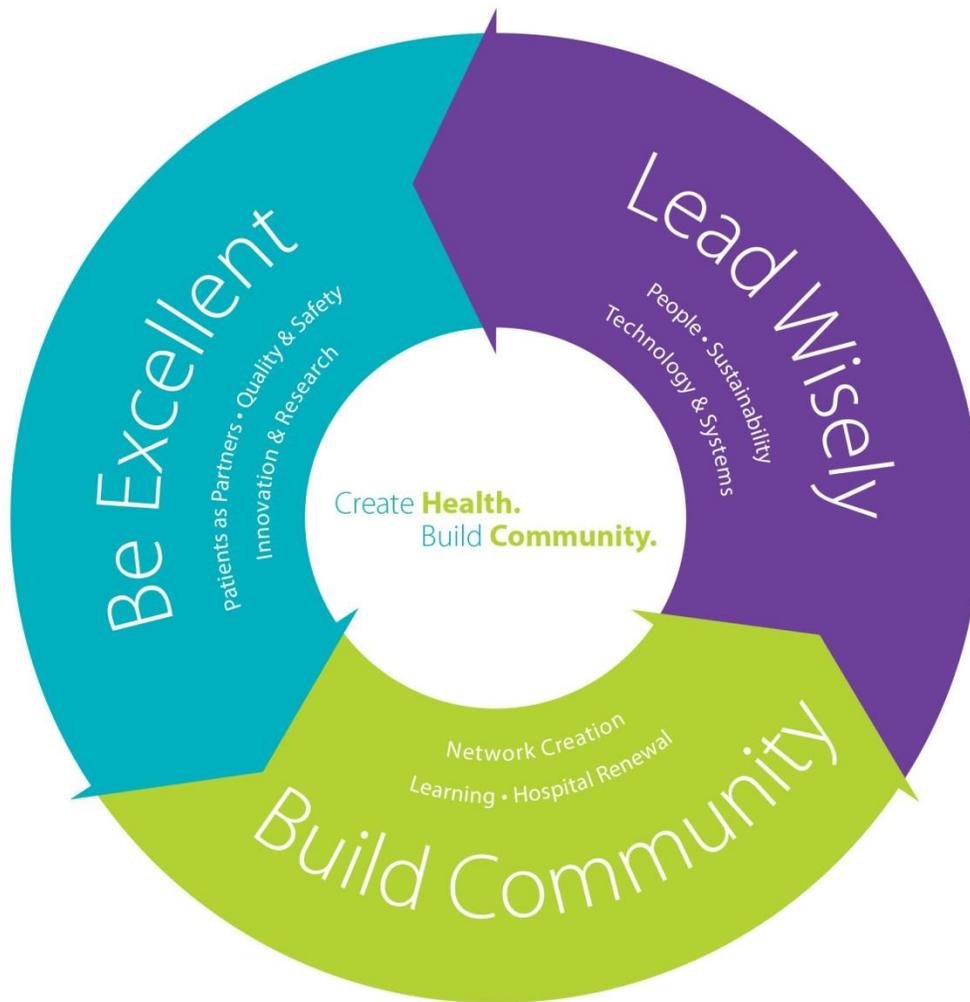
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Strategic Directions

We will advance our vision and mission through these strategic directions.



Mission

Our community inspires us to deliver exemplary care, develop innovative partnerships and mentor the next generation of health care providers.
Together, we will make a difference and change the face of health in east Toronto and beyond.

Values

Compassion • Integrity • Courage • Accountability



Message from President & CEO

Michael Garron Hospital (MGH) is a large, full-service, community, teaching hospital that has been serving the community of East Toronto for over 80 years. As an organization that is dedicated to the safety of its patients, families, staff, physicians, residents and volunteers, we're committed to reducing and ultimately eliminating all accessibility barriers within the facility.

With the introduction of the Accessibility for Ontarians with Disabilities Act, 2005, the Hospital has been able to more closely examine ways in which we can better serve our populations. We've been able to bring accessibility to the forefront of information, education and awareness throughout the entire facility. MGH believes that every person with disabilities, temporary or not, should have the same opportunities as anyone else. Our goal at the Hospital is to have an accessible environment; one where everyone feels independent and respected.

MGH is entering into an exciting phase in the organization's history. We have recently begun a multi-year redevelopment project, which will modernize our physical space and position us to continue to meet the health care needs of our community. The inception of the new building will enable the Hospital to meet today's accessibility standards and the opportunity to match our professional care and services to the facility they're provided in.

Some upgrades have already begun, such as automatic doorways for patients and families to safely enter and exit the facility. We will continue to work with our hospital staff, patients, volunteers and community partners to eliminate every accessibility barrier. By aligning with the Province's vision of building an accessible province by 2025, I am confident that MGH will be an accessible environment.

Sincerely,



Sarah Downey
President & CEO
Michael Garron Hospital

Executive Summary

All hospitals located in the province of Ontario have been mandated (by law) to develop an accessibility plan for their organizations, by way of taking into account the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*.

The AODA sets out to improve opportunities for persons with disabilities by providing for their involvement in the identification, quantification, removal, and prevention of perceived barriers to accessibility. The AODA requires each hospital throughout the province of Ontario to (1) prepare an annual accessibility plan by consulting with persons of disabilities, either from the community or from internal parties, in preparing of this plan, and (2) making the plan public.

The AODA has identified five accessibility standards, which the province must begin to plan for and comply with; (1) Customer Service, (2) Transportation, (3) Information & Communication, (4) Built Environment, and (5) Employment.

The annual Accessibility Plan, prepared by MGH, 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.

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, health care workers, practitioners, volunteers, students, residents, and members of the community with disabilities.

The plan will be developed in consultation with people with disabilities and will be made available to the public. The plan will address the identification, removal and prevention of barriers to people with disabilities in the organization's policies, programs, practices and services.

COMMITMENT TO ACCESSIBILITY

MGH is proud to have served the community of East Toronto for over 80 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 by-laws, 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, health care practitioners, volunteers, students, residents, and general members of the community;
- Ensuring that all new construction, redevelopment and major renovation at the Hospital is in compliance with MGH's accountability to accessibility.

Goals of the Accessibility Plan

The goals of the Accessibility Plan are to continue to improve accessibility within the hospital by reducing the identified accessibility barriers. The hospital aims to provide all patients, family members, staff members, health care practitioners, volunteers, students, residents, and general members of the community 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 will support 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.

The Accessibility Plan will describe: (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 will identify, quantify, remove, and prevent barriers to people with disabilities. (See The Planning Process).
2. Review the 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, by-laws, policies, programs, practices and services that the hospital will review in the upcoming year to identify barriers to persons with disabilities. (See Priorities Table).

4. Describe the measures that the hospital will pursue in the upcoming year 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 Communications and Implementation).

Our Accountability to Accessibility

In accordance with the AODA, MGH is responsible for:

- Preparing an annual accessibility plan
- Consulting with persons with disabilities in the preparation of the plan
- Making the accessibility plan available to the public
- Preparing an accessibility policy

OVERVIEW OF LEGISLATION

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

The *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*¹, sets out to improve opportunities for persons with disabilities by providing these individuals with an opportunity to be involved in the identification, quantification, removal, and prevention of barriers that affect accessibility (See Definitions in Appendix A). Recognizing the history of discrimination against persons with disabilities throughout the province of Ontario, the AODA sets out 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 which include:

- Customer Service Standards
- Transportation Standards
- Design of Public Spaces Standards (Accessibility Standards for the Built Environment)
- Employment Standards

Information and Communications 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

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

on January 1, 2010 (See Appendix C). MGH is in full compliance with this standard:

- AODA policy and procedures are in place; these documents are posted for all staff to review in Policy Tech
- AODA policy and procedures are reviewed with staff on an annual basis, records of staff review are tracked and maintained
- AODA training is completed for all new staff during their orientation program through an eLearning module; this on-line training module is comprehensive and well suited for all positions; training records are checked and maintained
- AODA policy and procedures are accessible to the public upon request

THE PLANNING PROCESS

Responsibilities

Although many departments are accountable for planning and implementing activities to support MGH's commitment to accessibility, the Human Resources Department is accountable for annually reviewing and modifying the Accessibility Plan. Working with internal and external stakeholders, HR will:

- Lead the identification process of barriers to be removed or prevented in the coming year;
- Describe how these barriers will be removed or prevented in the coming year;
- Work with stakeholders to remove barriers;
- Review the annual accessibility plan; and
- Make the approved accessibility plan available to the public.

The hospital has dedicated funding to projects that will improve the accessibility of the hospital and its services and protected the resources in the annual capital budget allocation.

Internal Review

A number of internal and external committees and individuals will review and comment on the 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 included are: Facility Services, Organizational Learning & Change, Information Technology, Patient Relations, Ethics, Corporate Communications, Planning & Community Partnerships, Volunteer Services, Human Resources, Organization 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 engaged in a variety of methodologies in order to identify barriers and potential solutions (See Appendix D and E). These included:

Audits

The following external stakeholders of the Hospital performed audits of the Hospital in order 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 in order 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 will include;

Patient Relations

The Patient Relations office is to inform the Corporate Communications, Planning & Partnerships Department within 48 hours of any accessibility complaint/issues.

Focus Groups

The Hospital will hold focus groups in order to engage in a discussion about accessibility at the facility.

Staff Feedback

The Corporate Communications, Planning & Partnerships Department will encourage all staff to provide comments on accessibility throughout the hospital.

2011-2018 Priorities

A compilation and analysis of the identified barriers is outlined in Appendix E. The analysis includes the removal/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 areas of the Hospital are over 80 years old and do not meet today’s building standards. However, over the next several years, as funding for our Master Redevelopment Plan becomes available, the Hospital will 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 the online accessibility 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 IASR and on aspects of the Human Rights Code that relate to accessibility</p>	<p>The online course is available for staff through <i>ilearn</i>.</p> <p><i>Developed the IASR training and Human Rights Code Training that relate to accessibility</i></p> <p><i>Ensure all staff completes the training and that all staff completes the refresher training.</i></p> <p><i>Training is provided on an ongoing basis. Records of the number of individuals trained and the date of training are maintained. Best method of training is determined by the organization.</i></p> <p><i>Incorporate training on AODA into new Board orientation. Within the first 30 days of hire, all new staff completes an AODA education module</i></p>	<p>Organizational Learning & Change</p>

	<i>that provides an overview of the standards and our organizational and individual commitments.</i>	
Accessibility Plans	Complete Multi-Year Accessibility Plan, post on website and make available in accessible formats, upon requests Review and update the plan at minimum once every five years or as needed.	Human Resources
Continue to consult with people with disabilities, staff, physicians and volunteers on accessibility barriers they've identified.	The Hospital developed a survey that was sent to staff for input. Going forward input will also be collected via discussions with the MGH PEP (Patient Experience Panel) and focus groups made up of community members, staff and volunteers.	Corporate Communications
TRANSPORTATION		
Recommendation:	Commitment Towards Prevention:	Lead Department:
Include accessible entrance and exit to renovated Knight Street parking garage 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:
The Hospital will continue to conduct a web accessibility initiative for the website (www.tegh.on.ca) to develop strategies, guidelines, and resources to help make the site more accessible to people with disabilities and make new web-site material compliant with WCAG 2.0	The Hospital will examine options for improving any significant changes to the external web-site or creation of a new external web-site will be WCAG 2.0 compliant	Corporate Communications & Information Technology
The hospital will continue to establish new processes for patients and families to provide feedback on accessible services	The Hospital will explore new avenues to address accessibility concerns and obtain feedback in order to	Patient Relations & Corporate Communications

and/or recommendations.	make improvements.	
Include accessibility awareness as part of the 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
DESIGN OF PUBLIC SPACES		
Recommendation:	Commitment Towards Prevention:	Lead Department:
The hospital will 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 and added additional handrails to 840 Coxwell Ave. in 2014.	Facility Services
The Hospital will 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
The Hospital will continue to evaluate hospital grounds and will 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
The Hospital will continue to incorporate accessibility into all documents with contractors: tenders, agreements, contractors manual.	To ensure awareness of accessibility at MGH prior to and during construction. Additionally, as of 2012 all tenders include accessibility language informing vendors that MGH prefers items that are accessible to all and where applicable, accessibility will be part of the RFP scoring criteria.	Facility Services and Purchasing
EMPLOYMENT		
Recommendation:	Commitment Towards Prevention:	Lead Department:
The Hospital will continue to support the modified workers program.	To assist staff who require modifications to their work duties due to injury or illness.	Human Resources, Occupational Health
The Hospital will launch a comprehensive recruitment tool on	In 2010, the MGH link went live on Workopolis.com	Human Resources

<p>Workopolis.com that easily organizes information about MGH making it more easily accessible.</p> <p>Notify employees, potential hires and public that accommodations can be made during recruitment, assessment and selection processes for people with disabilities</p>	<p>When requested, potential hires with disabilities are accommodated during the recruitment, assessment and selection process</p>	
<p>The hospital will provide assessable performance management tools to employees with disabilities to encourage their success.</p>	<p>The hospital currently offers accessible and alternative performance management options to employees</p>	<p>Human Resources</p>
<p>The hospital will develop individual accommodation plans for employees with disabilities and for employees returning to work.</p>	<p>The hospital currently develops individual accommodation plans for employees with disabilities when identified</p>	<p>Human Resources & Occupational Health & Safety</p>
<p>The hospital will make all workplace information and literature accessible to employees with disabilities</p>	<p>The hospital currently offers alternative formats for workplace information and literature including one-on-one discussions</p>	<p>Human Resources, Corporate Communications</p>
<p>The hospital will customize individual emergency response information for employees with disabilities as requested</p>	<p>The hospital meets with each individual to discuss an individual emergency response plan as it pertains to their particular work environment.</p>	<p>Protection Services, Human Resources & Occupational Health & Safety</p>
<p>The hospital will inform applicants that we accommodate disabilities during the selection process</p>	<p>Information is posted on the hospital's website and MGH will offer alternative and accessible methods to discuss job postings, interviews and other selection process discussions.</p>	<p>Human Resources</p>

COMMUNICATION AND IMPLEMENTATION

Ensuring the availability of the plan to both employees and the public are of the utmost importance. 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 website (<http://www.tegh.on.ca>);
- (2) Made available at the President's Office, the Human Resources and the Patient Representative's Office in hard copy upon request;
- (3) Made available in alternative formats, such as in large print, upon request and;
- (4) Posted on the Hospital intranet (*icare*).

Communication Plan

In order to generate awareness and establish compliance to the accessibility plan, a strategic communications plan will be developed in order to creatively target each audience. Communication will be rolled out in several ways:

- (1) Education
- (2) Promotion
- (3) Awareness

Implementation Overview

The implementation of the plan will be led by the Human Resources and will be updated annually.

Conclusion

Accessibility is a priority for Michael Garron General Hospital. 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 improve upon 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 coordination, 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,
- (a) A condition of mental impairment or a developmental disability,
- (b) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (c) A mental disorder, or
- (d) 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: Regulation Requirements

The Customer Service regulation has provided an outline of items that hospitals in Ontario must develop in order to provide accessible customer service. Below are the requirements and an overview of MGH's compliancy plans:

	Regulation Requirement:
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 his or her 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 quite complex and comprehensive; not all of the barriers listed within the following audits could be addressed in a 1-year timeframe. Therefore, the Hospital will be attending to each barrier identified in yearly phases as time and resources allow.

(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, 3 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 in order 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 ADL 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, Way finding, and Staff Support

MGH has removed all identified barriers that have been resolved. The following chart includes those barriers that have been identified, yet still need to be addressed by the Hospital.

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	Will commence pending MGH Master Plan approval
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	Will commence pending MGH Master Plan approval
Architectural	Elevators 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	Will commence pending MGH Master Plan approval

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	Will commence pending MGH Master Plan approval
Architectural	Patient bedroom door interferes with washroom access.	Re-position bathrooms such that patient door does not interfere with entry.	APC	Yes	Will commence pending MGH Master Plan approval
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	Will commence pending MGH Master Plan approval
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	Will commence pending MGH Master Plan approval
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	Will commence pending MGH Master Plan approval

Architectural	Clinic examination and treatment rooms do not provide adequate room for people with disabilities to turn around (i.e. 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	Will commence pending MGH Master Plan approval
Architectural	Patient rooms too small to accommodate wheelchairs and assistive devices.	Make patient rooms larger as recommended in Master Plan.	APC	Yes	Certain rooms have been made larger; the majority will be rectified pending MGH Master Plan approval
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	Will commence pending MGH Master Plan approval
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	Will commence pending MGH Master Plan approval

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	Will commence pending MGH Master Plan approval
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	Will commence pending MGH Master Plan approval
Physical	<p>“Way finding” is difficult as signage is too small and the choice of font and colors are difficult to see.</p> <p>No Braille way-finders in place.</p> <p>Signage is not placed at eye level.</p>	<p>Purchase much larger and “color-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	Will commence pending MGH Master Plan approval

<p>Physical</p>	<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>	<p>CPA</p>	<p>Yes</p>	<p>Will commence pending MGH Master Plan approval</p>
<p>Physical</p>	<p>Poor ergonomics at work stations and meeting rooms.</p>	<p>Reorient meeting rooms and workstations to make them more accessible; If this cannot be done due to existing equipment, modify or purchase new equipment.</p>	<p>APC</p>	<p>Yes</p>	<p>Will commence pending MGH Master Plan approval</p>

Technological C	Limited availability of accessible pay telephones.	Purchase accessible pay phones that incorporate appropriate seating for people with disabilities. In the case that 2+ pay telephones exist in the same area, at least 1 should be made accessible.	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 take responsibility to be readily available to provide informational and to offer further assistance to persons with disabilities in improving accessibility within their living quarters.	CPA	No	All staff are required to complete a mandatory Accessibility Module on iLearn

Appendix E: 2013-2019 Progress

Accessibility is an ongoing process and MGH will continue to strive for excellence in ensuring it's a barrier free environment. Here is the progress we made from 2008-2017.

CUSTOMER SERVICE		
Action:	Purpose:	Lead Department:
The hospital developed a mandatory online course on the customer service standards and accessibility.	To train staff, physicians and volunteers in order to generate awareness of the AODA and customer service standards.	Organizational Learning
The Hospital developed a Health Equity Plan	To provide an understanding of current priorities and practices toward reducing health inequity	Corporate Communications
The Hospital developed an awareness training program to eliminate ageism and improve attitude towards aging.	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 on providing goods and services to people with disabilities that will include: <ul style="list-style-type: none"> • being consistent with the core principles • enabling people to use their own personal assistive devices • permitting use of support person 	In Fall 2009, the Hospital established an over-arching accessibility policy that took into consideration the customer service requirements.	Corporate 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.	In Fall 2009, the Hospital examined all departments to gain research in developing a policy and determine procedures specific to each area.	Corporate Communications
The Hospital developed educational tools that target physicians, contractors and volunteers on MGH's accessibility plan and customer service procedures	In Fall 2009, the Hospital identified and developed a plan to address methods of training target audience, including a rollout and communication plan.	Organizational Learning & Corporate Communications

The hospital also provided awareness training to educators and trainers.	In 2012, the hospital provided awareness training to educators and trainers to insure all workshops, presentations, seminars, etc. were made accessible to all participants.	Organizational Learning & Corporate Communications
The Hospital Developed an online course on the customer service standards and accessibility at MGH that all staff must complete.	In Fall 2009, the Hospital began developing an online course. In 2010, the mandatory online course was available for staff through ilearn.	Organizational Learning
The Hospital provided awareness training program for staff to eliminate ageism and encourage positive aging attitude.	In Winter 2010, the Hospital encouraged all staff to take the training program.	SeniorWise Committee
The Hospital made the Accessibility Plan and all policies and procedures available for the public electronically and in hard copy upon request.	In December 2009, the accessibility plan, policies and procedures at MGH were available for public review.	Corporate Communications
The Hospital provides notice when goods and services are temporarily interrupted.	In Fall 2009, mandatory notices were communicated to ensure people with disabilities are not faced with unexpected barriers.	Facility Services
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 handicap spaces.	To provide additional handicap spaces for patients and families.	Facility Services
The Hospital increased the number of wheelchairs available within the facility.	For better availability of wheelchairs for patients.	SeniorWise Committee
After the completion of the Knight Street Parking Garage, the Hospital increased accessible parking spaces for staff by five.	To provide additional handicap spaces for staff.	Facility Services
The Hospital purchased bariatric wheelchairs and stretchers.	To provide accessible equipment for bariatric patients.	Facility Services

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 relations office, community email and community phone line.	The Hospital has ensured that there are multiple mechanisms for people to provide feedback.	Corporate Communications
The Hospital wrote an article in the January 15, 2010 issue of the In General on elevator etiquette for persons with assistive devices/wheelchairs.	To maintain awareness for accessibility and accommodate request of J5 patients.	Corporate Communications
The Hospital held focus groups with the residents in J5 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 work spaces for staff in order to accommodate their needs.	Occupational Health, Information Technology
DESIGN OF PUBLIC SPACES (BUILT ENVIRONMENT):		
Action:	Purpose:	Lead Department:
The Hospital installed a new shower on J5 with non-stick floors.	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 a new Emergency Department space, which meets today's accessibility guidelines, including larger	To minimize accessibility barriers for patients navigating through the Emergency Department.	Facility Services/ Emergency Department.

patient pods, wider hallways, automatic doorways and lever-style handles.		
The Hospital installed a new bariatric table in the Cat Scan room in Diagnostic Imaging to better accommodate bariatric patients.	To provide accessible equipment for bariatric patients.	Facility Services
The Hospital renovated the Admitting 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 Admitting 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 flow areas including: ICU, Emergency public washrooms, patient/family lounges, J5, Palliative Care and Family Birthing Centre. Handles were replaced for staff members if requested.	To minimize difficulties for persons with disabilities in opening certain doorways in the hospital due to inappropriate door handle designs.	Facility Services
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	Facility Services

	sidewalks, pathways, parking lots, and interior areas.	
The Hospital updated washrooms to be hands-free which included hands-free faucets, toilets and hand dryers completed on every floor in both A and B wings as well as 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 had every elevator retrofitted to meet Technical Standards & 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 will create a new shower room in the Emergency Department that meets accessibility standards.	In 2010, the shower room was made available for patients.	Facility Services
The hospital will continue to implement automatic entry mechanisms to the facility throughout the redevelopment process.	In 2010 the hospital introduced several new automatic door mechanisms to accommodate people with disabilities.	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 their return to work.	Occupational Health and Safety/ 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	To ensure equal and accessible treatment for all.	Human Resources

process.		
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