



# **ANNUAL ACCESSIBILITY PLAN**

FOR

**THE SCARBOROUGH HOSPITAL**

**2006-2007**

Submitted by:

## **Accessibility Working Group**

The Scarborough Hospital  
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# Table of Contents

Letter from the President and CEO	Page 3
Executive Summary	Page 4
Our Goal	Page 5
The Scarborough Hospital	Page 6
Commitment to Accessibility Planning	Page 6
Accessibility Working Group	Page 7
Annual Accessibility Action Plan 2006 - 2007	Page 10
Review Process	Page 11
Communication	Page 11

## **Appendices:**

Appendix A: Accessibility Working Group Terms of Reference

Appendix B: TSH Mission, Vision, and Values



September 30<sup>th</sup>, 2006

At The Scarborough Hospital (TSH) we are very concerned as to how the care we provide is experienced by our patients. A critical part of this focus is creating a barrier-free environment for our patients, community, staff, physicians and volunteers. To help achieve that goal, our Accessibility Working Group (AWG) has completed TSH's 4<sup>th</sup> Annual Accessibility Plan, which I am pleased to share with you.

The *Ontarians with Disabilities Act* was passed on December 14, 2001. The purpose of this *Act* is to improve opportunities for people with disabilities and to allow for their involvement in the identification, removal and prevention of barriers. This is very important work.

Special thanks to the AWG team, led by Yasmin Vali, Director, Community and Patient Relations, and to our AWG Committee Chair Elian Rotman for their outstanding efforts in helping TSH achieve our commitment to provide a safe and accessible environment for everyone. TSH fully supports this initiative and appreciates the hard work and dedication this group has shown.

If you have any questions or comments please feel free to contact Yasmin Vali at [yvali@tsh.to](mailto:yvali@tsh.to) or Elian Rotman, Chair of the AWG, at [erotman@tsh.to](mailto:erotman@tsh.to).

Sincerely,

Hugh Scott,  
President and CEO

## Executive Summary

The purpose of the *Ontarians Disabilities Act, 2001 (ODA)* is to improve opportunities for people with disabilities and to involve them in the identification, removal and prevention of barriers. To this end the *ODA* has mandated all hospitals to prepare an Annual Accessibility Plan.

This is the 4<sup>th</sup> annual plan (2005 – 2006) prepared by the Accessibility Working Group (AWG) of The Scarborough Hospital.

This report summarizes the measures that TSH has taken to date, the endorsement of the Annual Accessibility Plan by TSH's Corporate Team, and the activities of AWG for the coming year.

During this 4<sup>th</sup> year of Accessibility awareness, including planning and educating for the future, our subgroups continued to work to promote a barrier free environment for patients, visitors and staff.

The **Education and Communication** sub-group continued education and communication initiatives for staff, patients and their families, and our community.

The **Policy and Standards sub-group** continue to review TSH policies, standards and by-laws, and will recommend revisions as required. The Access and Equity Policy has been reviewed.

The **Facilities, Transportation, and Environment** subgroup has completed staff, patient and visitor surveys to identify, prioritize, and recommend facilities improvement. This group worked diligently to create an environmental assessment of TSH hospital campuses and all its community centers. Group members assessed and completed a detailed information and remediation list. This is currently being reviewed to prioritize the required modifications to improve accessibility.

During their deliberations and surveys, the Facilities and Transportation subgroup adopted the slogan:

**“A BARRIER FREE ENVIRONMENT –  
EVERYONE’S RIGHT, EVERYONE’S RESPONSIBILITY”.**

This slogan was prominently displayed during the “visitor accessibility survey” conducted at both the hospital campuses. This survey asked visitors to identify any issues regarding accessibility/way-finding in the organization.

The slogan was adopted formally by the AWG and continues to be displayed at the hospital campuses.

## **This report....**

1. Reviews the progress TSH has made in removing and preventing barriers that were identified in its facilities, policies, programs, practices and services.
2. Describes our initiatives in the year 2005-2006, the process of identification of barriers, and the activities of our sub-groups.
3. Describes how TSH will continue to identify accessibility barriers.
4. Describes the measures TSH will take in 2006–2007 to analyze and prioritize identified barriers.
5. Describes how the community and staff will receive education and information on issues related to our Annual Accessibility Plan.

## **2006-2007 GOALS**

1. Identify barriers experienced by persons with disabilities related to:
  - o Environment
  - o Policy
2. Build partnerships with our community
3. Increase awareness about accessibility issues with staff and our community
4. Increase patient/visitor awareness of resources available for patients within the hospital
5. Increase assistance for visitors/patients in accessing our facilities

## **The Scarborough Hospital**

TSH is a multi-location urban community hospital that delivers innovative, high quality patient care, advocates for our community's health and wellness issues, and is a leader in research, teaching and learning. TSH is a regional treatment centre for Dialysis and MRI and is renowned for its sexual assault care centre and mental health programs. Affiliated with the University of Toronto, TSH is also a referral centre for vascular surgery, pacemakers and corneal implants.

TSH is Canada's largest urban community hospital with over 3,700 staff, 700 physicians and 800 volunteers. With a 600-bed capacity and an annual budget of \$268 million, we provide a full range of services to a diverse and fast growing population.

In 2005-06 The Scarborough Hospital hosted 197,516 inpatient days and 388,210 outpatient visits, including:

- 93,542 emergency visits
- 5,765 births
- Approximately 46,726 surgical visits

The President's Message to the Board and Staff, outlined our vision for the future:

To be Canada's best urban community hospital providing a benchmark for urban community health by focusing on the following areas:

- Quality
- Regionalization
- Information Management
- Capital planning
- Health human resources

Our Annual Accessibility Plan is consistent with our work towards those broad goals.

Our Mission, Vision, Values statement is attached as Appendix B.

## **TSH Commitment to Accessibility Planning**

TSH is committed to provide access for all our patients, their families, and our employees. Part of this work includes our Annual Accessibility Planning process, which helps us organize appropriate facilities changes and staff training to accommodate community and employee access.

## **TSH Accessibility Working Group**

The Accessibility Working Group was established in February 2003 and comprises hospital staff, and individuals and groups from our community who represent those with accessibility issues.

TSH's Executive Team under the leadership of Dr. Hugh Scott, President and CEO endorses the AWG.

Eilan Rotman, Project Coordinator, Capital Projects, is the committee Chair for 2005-2006.

Yasmin Vali, Director, Community and Patient Relations coordinates the AWG. Included in Yasmin's portfolio are initiatives related to access, equity, and diversity.

She leads the hospital's Access and Equity Services, formerly known as Ethno-Racial Patient Services, which was established in 1994, in direct response to the lingual and cultural needs of our patients.

Access and Equity provides education to staff about how to provide culturally sensitive and culturally competent care to our patients. Trained community and staff volunteers provide interpretation in 48 languages. The department advocates and works with immigrant service organizations to identify community needs, and has established guidelines to care for our diverse patient population. These include, cultural, lingual, care of the blind, and the deaf, deafened and hard of hearing.

In 2002, Access and Equity Services initiated the ACCESS PROGRAM for the deaf, deafened and hard of hearing. Working in partnership with the Canadian Hearing Society, the hospital trained 180 trainers. These trainers then trained other staff. The hospital's telecommunication departments are able to respond to the deaf through a TTY. Various listening and communication aids are available for the deaf, deafened, and hard of hearing patients. As well, both hospital campuses have a public TTY. Sign Language Interpreters are accessed through the Ontario Interpreter Services, and the Canadian Hearing Society.

## Accessibility Working Group Members

The Scarborough Hospital

General Campus: Tel: (416) 431-8200

Grace Campus: Tel: (416) 495-2400

NAME	TITLE/DEPARTMENT	EXT/TELEPHONE NUMBER
Yasmin Vali	Director, Community and Patient Relations - Group Coordinator	General: Ext. 6521
Victor Gouveia	Representative Canadian National Institute for the Blind (Community Member)	
Jo-Ann Bentley	Canadian Hearing Society	416-964-9595 Ext. 318
Claudette Honcharuk	Patient Care Coordinator, CCU	General: Ext. 3915
	Human Resources Member	
Elian Rotman, Chairperson	Capital Projects	General: Ext. 6792
Doug Smith	Director, Facilities Chair, Facilities, Transportation and Environment Subgroup	Grace: Ext. 2444
Dean Porteous	Facilities	General: Ext. 6253
Cheryl Hendriks	Director, Corporate Risk Management & Patient Safety	General: Ext. 6401
Althea Blagrove	Registered Nurse Mental Health Services	General: Ext. 3015
Denise LeBlanc	Patient Care Manager, Hemodialysis	General: Ext. 6621
Jennifer Porteous	Social Worker, Social Work	General: Ext. 6618
Susan Kuttritz	Purchasing Department	General: Ext. 8127
Jayshree Somani	Laboratory	General: Ext 6069 To August 2006
Anne Botond	Manager, Volunteer Services	General: Ext. 6218

### Group Coordinator

Yasmin Vali

Director, Community and Patient Relations

Also responsible for Access, Equity and Diversity at TSH

### Assistant and Administrative Support

Seemi Khan

Program Assistant, Community and Patient Relations

### Resource Staff

Keith Cameron

Patient Care Director, Mental Health Services

Henry Borkowski, Director, Capital Projects

### Executive Team Resource

Andrew Holt,

Vice President, Medical Affairs



<b>2. Build partnerships with our community</b>	<ul style="list-style-type: none"> <li>• Confirm membership on the AWG from relevant community groups</li> <li>• Identify other community groups that we can invite to present at our meeting in order to increase our awareness/identify issues</li> </ul>	AWG  AWG	2006 - 2007  Ongoing	New members will be invited to participate by February 2007.
<b>3. Increase awareness re accessibility issues with staff and AWG group</b>	<b>Staff:</b> <ul style="list-style-type: none"> <li>• Continue awareness building sessions for staff</li> <li>• Develop a "Did you know" section for the Horizons, CONNECTIONS and Outlook</li> <li>• Research and communicate Accessibility success stories and feature in Horizons and pitch to local media</li> <li>• Continue to refine accessibility information on MOX and CONNECTIONS</li> </ul>	Education and Communication subgroup	Ongoing  Ongoing  Ongoing	Repeat education sessions annually for staff about disabilities issues (i.e. sessions by CNIB/CHS).  Ongoing
<b>4. Increase patient/visitor awareness of resources available for patients within the Hospital</b>	<ul style="list-style-type: none"> <li>• Develop an information flyer for the preadmission package for elective patients and all patient care units</li> <li>◆ Distribute any information we develop widely through our community</li> </ul>	AWG	Pending	Sub-group meeting planed for January 2007.  Ongoing
<b>5. Increase assistance for visitors/ patients in accessing our facilities</b>	<ul style="list-style-type: none"> <li>• Trial a courtesy role for Volunteers</li> <li>• Courtesy Role</li> </ul>	Managers, Volunteer Services	Ongoing	Trial Completed  Volunteer Services is reviewing feasibility of courtesy role (September – December 2006)

## **Review Process**

The AWG meets 6 times a year to review progress and discuss arising issues. At each meeting, the AWG reviews priorities, action taken, goals met and work completed. The AWG uses formal and informal feedback mechanisms to monitor progress, including meetings with ability organizations and with individuals who participated in the development of the plan. The Annual Accessibility Plan is modified and presented to the Corporate Team annually.

## **Communication**

Copies of the TSH Annual Accessibility Plan are available from the AWG Coordinator, on the TSH web site, TSH intranet, in both staff libraries and on request are made available on computer disk, in large print, and in Braille. Information about the plan and TSH's progress is also provided through a variety of internal and external communications vehicles.

Copies of the TSH Annual Accessibility Plan (including task groups recommendations and implementation for previous years (2003, 2004, 2005) are available upon request from the AWG Coordinator.

## APPENDIX A

### The Scarborough Hospital ACCESSIBILITY WORK GROUP

#### TERMS OF REFERENCE

#### 1. PREAMBLE

It should be noted that some of the portions of this Terms of Reference have been modified from the Provincial Regulations of the *Ontarians with Disabilities Act (2001)*.

#### 2. DEFINITIONS

Within this Terms of Reference the term:

2.1 "TSH" refers to all sites of The Scarborough Hospital and includes:

- General Campus
- Grace Campus
- Hemodialysis Services (Bridgepoint Centre)
- Hemodialysis Services (Corporate Drive Centre)
- Mental Health:
  - Community Mental Health Outpatient Services (Eglinton Ave Centre)
  - Community Outreach Services (Kennedy Road Centre)
  - Residential Support Services (Manse Road Centre)
- Temporary Portable Sites
- Urban Outreach Family Medicine Centre

2.2 "Barrier" means:

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

2.3 "Disability" means:

- 2.3.1 Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and includes: diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impairment, 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;
- 2.3.2 A condition of mental impairment or a developmental disability;
- 2.3.3 A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols of spoken language;
- 2.3.4 A mental disorder;
- 2.3.5 An injury for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

#### 3. PURPOSE

The TSH Accessibility Working Group shall advise The Scarborough Hospital to facilitate a barrier-free environment for patients, visitors, volunteers, physicians, and staff of all levels of abilities. This shall be achieved through the review of policies, programs, and services, and the identification, removal, and prevention of barriers faced by persons with disabilities.

#### **4. OBJECTIVES**

The Accessibility Working Group shall report to the Vice President, Medical Affairs, The Scarborough Hospital.

The Working Group shall be responsible for the following:

- 4.1 Advise the hospital on issues and concerns (barriers) faced by persons with disabilities and the means by which the hospital may work towards the elimination of these barriers.
- 4.2 Participate in the annual development and/or refinement of the hospital's Accessibility Plan (s) which is intended to improve the quality of life of all persons with disabilities.
- 4.3 Advise the hospital with its review of by-laws, policies, programs, and services to ensure identification and removal of barriers to persons with disabilities.
- 4.4 Advise the hospital on information and appropriate format for dissemination of information to the disabled community.
- 4.5 Support, encourage, and be an ongoing resource to the hospital by building awareness about measures (taken by the hospital) for improving the quality of life and access to persons with disabilities through removal of barriers and education.

#### **5. MEMBERSHIP**

Staff and community members who have personal or professional knowledge of disability issues.

- Administration
- CHS - Canadian Hearing Society
- CNIB - Canadian National Institute of the Blind
- Corporate Communications
- Environment and Facilities
- Community and Patient Relations
- Human Resources/Safety
- Information and Communication Systems
- Mental Health Services
- Risk Management

Other hospitals and community representatives will be invited as needed.

#### **6. TERM OF OFFICE**

The term for the initial appointments to the working group will continue until December 2006.

Members will be appointed for a 3-year term.

Members are eligible for membership for a maximum of two consecutive 3-year terms.

Hospital members may elect to have a designate attend some meetings.

#### **7. ORGANIZATION**

Chairperson

- The Corporate Team has appointed a Coordinator who will remain a resource to the committee.
- The working group shall select a Vice Chair each year.
- The Chair shall be appointed for a period of 1 year. The Vice Chair shall assume the role of Chair the following year.

Task Forces

- The working group may appoint such task forces as are deemed necessary.

#### **8. QUORUM**

A quorum shall be 50 per cent of members on the Working Group.

## 9. MEETINGS

Meetings will be held 6 times a year or at the call of the Chair.

### Recorder/Minutes

- The Program Assistant, Community and Patient Relations shall record the minutes.
- Minutes shall be distributed with the Agenda at least one week prior to the next meeting.
- A copy of the minutes shall be circulated to the Vice President, Medical Affairs.

## 10. REPORTING

The Working Group shall report to the Vice President, Medical Affairs of The Scarborough Hospital.

**APPROVED:** \_\_\_\_\_  
Coordinator

**DATE:** September 2006  
(Revised)

## **APPENDIX B**

### **THE SCARBOROUGH HOSPITAL**

### **ADMINISTRATIVE MANUAL**

AUTHORIZED BY: Board of Directors

NUMBER: ADM-  
PREVIOUS NUMBERS:

GE-2a-1

GR-I-20, I-30

EFFECTIVE DATE:

REVIEW/REVISION DATE: 06/05/03

PAGE: 1 of 1

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**SUBJECT: TSH MISSION, VISION AND VALUES**

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The Scarborough Hospital unites The Salvation Army Scarborough Grace Hospital and the Scarborough General Hospital. We will build on the values of our founding partners and the strength of our diversity. We are committed to creating a dynamic organization, in which we fulfill our mission, achieve our vision and live our values.

#### **MISSION:**

As your community hospital, our purpose is to:

- Provide excellent patient care, promote health and improve quality of life.
- Deliver a broad range of emergency; ambulatory and inpatient care along with services that reach out to our community.
- Foster research and education that enhances healthcare delivery.

#### **VISION:**

We will:

- Meet your physical, emotional, cultural and spiritual needs within a caring and supportive environment.
- Understand and advocate for the needs of our diverse community and meet those needs with timely, responsive services.
- Ensure coordinated, quality care by fostering partnerships with families, other health-care providers and community agencies.
- Provide a healthy, creative and rewarding work environment that attracts and develops the best staff, physicians and volunteers.
- Be a leader among community hospitals through continuous improvement, innovation and investment in our people, technology and facilities.

#### **VALUES:**

We believe in:

- Compassion, dignity, respect and the sanctity of life.
- Honesty, trust and effective communication.
- Respecting patient and staff confidentiality.
- Valuing our staff, physicians and volunteers.
- Competence, skill, and life-long learning.
- Responsible use of our resources.
- ◆ As a result of our SARS experience, we identified the need to consolidate our clinics at the General Campus. We are in the process of consolidating a number of clinics in an area that will be easily accessible from the main entrance as well as to departments such as Diagnostic Imaging and the Laboratory.
- ◆ The main information desk at the Grace Campus was relocated closer to the main entrance to make access to information easier for patients and visitors.

The Emergency and Critical Care Centre is moving forward. As part of this project, a number of functions/departments were moved to a "portable" building in the parking lot. Services identified to use this building were mainly clinics and made access easier for patients as the building is right next door to the parking garage.