

Annual Accessibility Plan
for
Toronto Grace Hospital

October 1, 2004 to September 30, 2005



Prepared by the hospital's
Accessibility Working Group

This publication is available on the hospital's website
(www.torontograce.org)
and in hard copy at the hospital's switchboard
and upon request.

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Executive Summary

The purpose of the *Ontarians with Disabilities Act, 2001* (ODA) is to improve opportunities for people with disabilities, by identifying, removing and preventing the creation of barriers that in any way limit their full participation in the life of the province.

This annual accessibility plan has been prepared by Toronto Grace Hospital (TGH) for the period October 1, 2004 to September 30, 2005. The plan describes: (1) the initiatives that TGH has implemented in the past, and (2) the plans to be implemented during 2004/05 to identify, remove and prevent barriers to people with disabilities who live in, work in or use the facilities and services of TGH, including patients and their family members, volunteers, staff, and visitors to our facility.

The hospital identified a number of barriers to persons with disabilities and we are pleased to report that all barriers identified are being appropriately addressed.

We welcome your feedback and invite you to contact us at (416) 925-2251, info@torontograce.org, or in person at 650 Church Street, Toronto, Ontario, M4Y 2G5.

1. Aim

This plan describes the measures that Toronto Grace Hospital (TGH) has taken in the past, and the plans that are in place for the period October 1, 2004 to September 30, 2005.

2. Objective

Our plan:

1. Describes the process used to identify, remove and prevent barriers to people with disabilities.
2. Reviews efforts of the Hospital to remove and prevent barriers to people with disabilities over the past year.
3. Lists the by-laws, policies, programs, practices and services that TGH will review in the coming year to identify barriers to people with disabilities.
4. Describes the actions that the Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes how Toronto Grace Hospital will make this plan available to the public.

3. Description of the Toronto Grace Hospital

About the Hospital

Toronto Grace Hospital, owned and operated by The Salvation Army, is a 119 bed facility offering care and service through interdisciplinary inpatient programs. It is located in the core of the City of Toronto at the southwest corner of Bloor Street and Church Street. The hospital has operated on this site since 1909 and has been providing Continuing Care and Palliative Services since 1979. At this time the Hospital is in the early stages of a redevelopment plan which will see

our entire operation relocating into a brand new facility in approximately 4-5 years.

Our Mission

The Toronto Grace Health Centre, guided by the compassionate values of The Salvation Army, provides care and comfort to the chronically and terminally ill and their families.

Our Values

Respect – Individuals and families served by Toronto Grace Hospital are treated with respect and dignity and a regard for the whole person, his/her needs, choices and diversity.

Caring – The Hospital is a caring community which provides a continuum of services related to long term care.

Service – The Hospital is responsible to the needs of the community. Staff and volunteers collaborate with care recipients, families, other loved ones, friends and communities in provision of care.

Equitable Access – The Hospital provides compassionate quality care to care recipients regardless of their means or beliefs.

Contact Information

Telephone: 416-925-2251
Fax: 416-925-3211
Postal address: 650 Church Street
Toronto, Ontario M4Y 2G5

Electronic mail:

General Information: info@torontograce.org

Webmaster: webmaster@torontograce.org

4. The Accessibility Working Group

The Accessibility Working Group (AWG) was established in response to implementing changes directed by the Ontarians with Disabilities Act. The mandate of the working group includes the following:

- a) Identify existing barriers and describe actions that will be taken to remove the barriers. and to prevent development of new barriers
- b) Review by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- c) Develop and implement a plan based on these activities;
- d) Make the plan available to the public.

The AWG consists of the following members:

Name	Department	Contact Information
Mary and Paul Bacakos	Patient and Family	416-925-2251
Sue Foster	Volunteer	416-925-2251
Kathy Condie	Patient Care Manager	416-915-2251 x 259
Tracey Morrow	Recreation Therapist	416-925-2251 x 267
David Montgomery	Administration	416-925-2251 x 226
Tim Pemberton	Information Systems	416-925-2251 x 214
Wiley Van Zant, chair	Plant Services	416-925-2251 x 216

5. Hospital Commitment to Accessibility Planning

Through the support and commitment of Senior Management and the Board, Toronto Grace Hospital is committed to:

- a) The continuous improvement of access to facilities, information and services provided and/or available to patients, family members, volunteers, staff and all visitors who interact with our organization;
- b) The participation of a diverse group of individuals sensitive to and aware of the needs associated with disabilities in developing our annual accessibility plans;
- c) Creating an Elder friendly environment
- d) Ensuring our by-laws and policies are consistent with the principles of accessibility; and
- e) The permanence of an AWG.

6. Previous barrier removal initiatives

During the past several years, there have been a number of projects undertaken to identify, remove and prevent barriers to people with disabilities.

a) Access to Resource Centre

The Resource Centre is an area within the Hospital used by all members of our community (staff, patients etc.). In order to provide easier access to this area, the entry door was enlarged and automated to accommodate those in wheelchairs.

b) Interpreters on Staff

The Hospital has a multi-cultural and diverse patient population who occasionally require translation of information provided. The Hospital regularly updates a list of staff who speak different languages and can interpret information, if the need arises, for a patient or family member.

When required see policy # (draft at present) re: Translation.

c) Wireless Network

Through patient/family satisfaction surveys conducted bi-annually, the issue of patient access to information (i.e. internet, e-mail) was identified. In response to this issue a project was undertaken to develop an internal wireless network which patients could use to access these resources.

d) Elevators

The Hospital undertook a modernization project related to our two main elevators. During this project we incorporated a number of enhanced accessibility features to improve the service we provide to all users. Buttons used to operate the elevator were lowered and now include Braille. Tones are also included to notify passengers of stops at each floor and larger digital displays were included to better identify the current status of each elevator.

e) Signage

We improved existing signage in high traffic areas. The changes include the use of more international symbols, larger text and, where appropriate, multiple languages selected on the basis of those patient populations which reflected the highest proportion of our patient base.

f) Main Entrance to Hospital

The entrance was redesigned to allow those with physical disabilities to enter and exit the Hospital more easily and to allow them to speak to and interact with our receptionist in a much improved way.

g) Access to Chapel

In order to provide access to chapel services to those who are physically unable to attend chapel services, arrangements have been made to have the services available to all patients through televisions in their rooms and in the lounges.

7. Barrier identification methodologies

The Ontarians with Disabilities Act (ODA), section 2, defines a barrier as “anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information or communication barrier, an attitudinal or technological barrier and a policy or practice”.

The Accessibility Working Group used the following barrier identification methodologies:

Methodology	Description	Status
Accessibility Survey	-survey conducted with patients, family members, staff, physicians and board members to help identify barriers or issues regarding access	-survey completed in August 2004 with preliminary results in process of analysis
Biannual patient/family satisfaction surveys	Surveys are developed and distributed to patients and their families related to a number of areas including living environment, activities, communication, etc.	Information gathered from our most recent survey was reviewed for concerns and comments raised by this group.
Brainstorming exercise and accessibility audit	Using tools and background material from the Ontario Disabilities Act, a number of opportunities were identified.	Several initiatives are in the process of review for implementation in 2004-2005.
Functional programming	In the process of developing a new facility, the Hospital will undertake a	This process is in the “start up” phase and will involve input from

	functional programming exercise that will identify how and what services are ultimately provided.	a wide array of stakeholders.
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8. Barriers Identified

Going forward, there are a number of barriers that have been identified that the Working Group will further assess for future implementation. They are divided into the following categories: (1) physical; (2) architectural; (3) information or communication-based; (4) technological; and (5) policies and practices.

Type of Barrier	Description of Barrier	Strategy for its removal/prevention
1. Physical	All public access washrooms do not accommodate individuals with physical or visual disabilities.	Review public access washrooms to ensure that signage, lighting, doors, locks and equipment are appropriate.
2. Architectural	Handicap parking spots	The hospital has one designated handicap spot and this is in compliance with city bylaws that require one handicap spot for every 100 regular spots. We have 69 regular spots.
3. Informational or Communication-based	a) Fire alarm and fire exits cannot be detected by the blind or people who have a hearing disability.	Contact Canadian Hearing Society for information on how to access such resources.
	b) Virtually all information in the	Contact CNIB for information on their

	Hospital is in print format, and not accessible to patients and families who are visually impaired.	resources and how best to address this issue.
	c) Patient information and information brochures are available in limited formats.	-develop a strategy improve access for those whose first language is not English
	Some staff may be unaware of the ODA and its implications on the workplace.	Develop an awareness program and include information re the ODA in general orientation
4. Technological	Hospital website is not accessible to those who are blind or visually impaired or who require screen reading software.	Investigate what options exist to modify website and develop in-house skills to continually update it.

9. Barriers that will be addressed during 2004-2005

With the proposed relocation and redevelopment of a new site for the Toronto Grace Hospital the focus of our plans will be in those areas of high priority and/or those that provide a long term benefit and are portable in nature.

Barrier	Objective	Means to remove/prevent	Performance Criteria	Resources	Timing	Responsibility
Public washroom on main floor (physical)	To have a fully accessible public washroom	-new sink with motion sensors for faucet -relocate soap and towel dispenser based on OT assessment	- washroom renovated and accessible	Approximate cost: \$3,000	By March 31, 2005	Wiley Note: signage for public washrooms is completed
Cafeteria door (physical)	To allow free and unimpeded access to the cafeteria for people in wheelchairs	-remove this door or install a controlled access door	-unimpeded access to cafeteria	\$ 4,000 for installation of powered controlled access door	By March 31, 2005	Wiley
Cafeteria line too narrow to accommodate wheelchairs (physical & architectural)	Cafeteria food line will be accessible to people in wheelchairs	-assess options to widen food line	Modifications made to food line area to allow access to those in wheelchairs	Up to \$ 3,000 estimate	By March 31, 2005	Wiley

Barrier	Objective	Means to remove/prevent	Performance Criteria	Resources	Timing	Responsibility
Pay phone: main floor (physical)	Phone will be fully accessible to those with special needs	Lower phone and remove from alcove to allow persons in wheelchairs to access	-phone lowered and brought forward in the alcove	Under \$ 500	By March 31, 2005	Tim & Wiley
Clutter in hallways on patient units (physical)	Barrier free movement along the hallways	-appropriate use of storage rooms	Hallways passable with minimum # of barriers	none	ongoing	Kathy to discuss with patient services team
Lighting is poor in patient lounges (architectural)	-adequate lighting in patient lounges	-lighting consultant will assess and make recommendations	New lighting installed	\$4,800	Nov. 04	Wiley
Staff workstations may not be ergonomic (physical)	-ergonomically appropriate work area for all staff	-ergonomic assessments are available on request	Staff have ergonomic workstations	none	Ongoing & on request	Maila

Barrier	Objective	Means to remove/prevent	Performance Criteria	Resources	Timing	Responsibility
Difficulty finding exit door to parking lot (informational)	-exit door to parking lot will be easily identifiable	Exit sign placed on door Will investigate illuminated sign to go beside door	Exit door clearly marked	\$ 500	Dec. 04 By March 31, 2005	Tim
-snow and ice removal at Hayden St. exit (physical)	-maintain safe exit during winter months	-ongoing monitoring	-walkways clear of snow and ice	-maintenance dept.	ongoing	Wiley
-ramp to roof garden is steep and difficult to negotiate with large Broda chair (physical)	-ease of access for all patients to the roof garden	-lower doorframe and put in custom door	-ramp grade will be decreased	Approx. \$4,000	By March 31, 2005	Wiley
The entrance into the Recreation Therapy Department is too narrow to easily and safely manoeuvre an ever increasing number of wider wheelchairs. (architectural)	-ease of access for all patients	- widen doorway	Easy and safe access for patients	\$5,000	By March 31, 2005	Wiley
Total				<u>\$24,800</u>		

10. Review and Monitoring Process

The Accessibility Working Group will meet throughout the year to review the status and report to stakeholders on the progress of plans under development. The group will also note any additional barriers that are identified and ensure that they are integrated into the Hospital's annual planning process and funds provided to address our ongoing responsibilities.

11. Communication of the Plan

The Hospital's accessibility plan will be posted on the Hospital's website in Adobe PDF format and hard copies will be available from reception. On request, the document can be made available in other formats if possible.