

Annual Accessibility Plan  
for  
Toronto Grace Hospital

October 1, 2005 to September 30, 2006



Prepared by the Hospital's  
Accessibility Working Group

This publication is available on the Hospital's website  
([www.torontograce.org](http://www.torontograce.org))  
and in hard copy at the Hospital's switchboard  
and upon request.

## Table of Contents

<b>Section</b>	<b>Page</b>
Executive Summary	3
1. Aim and objective of the Annual Accessibility Plan	4
2. Description of Toronto Grace Hospital	4
4. The Accessibility Working Group	6
5. Hospital commitment to accessibility planning	6
6. Previous barrier removal initiatives	7
7. Barrier identification methodologies	8
8. Barriers identified	9
9. Barriers that will be addressed during 2005/06	10
10. Review and monitoring process	11
11. Communication of the plan	11

## **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, 2005 to September 30, 2006. The plan describes: (1) the initiatives that TGH has implemented in the past, and (2) the plans to be implemented during 2005/06 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 has identified a number of potential and actual barriers to persons with disabilities. Action has been taken to resolve or minimize existing barriers.

We welcome your feedback and invite you to contact us at (416) 925-2251, [info@torontograce.org](mailto: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, 2005 to September 30, 2006.

## **2. Objective**

Our plan:

1. Describes the process used to identify and resolve actual and potential 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. The hospital 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 1905 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, dignity and regard for the whole person, acknowledging individual needs, respecting autonomy and honouring diversity.

**Caring** – The Hospital is a caring community that provides care for those living with a chronic illness and those requiring palliative care.

**Service** – The Hospital is responsive to the needs of the community. Staff and volunteers collaborate with care recipients, families, caregivers, friends and communities in provision of care.

**Equitable Access** – The Hospital provides compassionate quality care to care recipients regardless of social, financial, religious or ethnic background.

## **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](mailto:info@torontograce.org)

Webmaster: [webmaster@torontograce.org](mailto:webmaster@torontograce.org)

#### 4. The Accessibility Working Group

The Accessibility Working Group (AWG) was established to develop an annual accessibility plan in accordance with the requirements of 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:

<b>Name</b>	<b>Department</b>	<b>Contact Information</b>
Mary and Paul Bacakos	Patient and Family	416-925-2251
Kathy Condie	Patient Care Manager	416-915-2251 x 259
Tracey Morrow	Recreation Therapist	416-925-2251 x 267
David Montgomery	Vice President Finance	416-925-2251 x 226
Tim Pemberton	Director, Information Systems	416-925-2251 x 214
Wiley Van Zant, chair	Director, Environmental 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 meet the requirements of the Ontarians with Disabilities Act (ODA); and
- e) The permanence of an AWG.

## **6. Previous barrier removal initiatives**

During the past year (October 2004 – September 2005) the following activities were completed in order to correct or minimize identified barriers.

### **a) Access to Cafeteria**

The cafeteria is used by patients and family members to share a meal and enjoy time together away from the patient care units.

In order to allow unimpeded access to the cafeteria a powered access door was installed with push panel to open the door allowing unassisted access into and out of the cafeteria.

### **b) Public Washroom on Main Floor**

To have a fully accessible public washroom, a new sink with automatic faucet, new toilet with supports and safety bars was installed. Soap and towel dispensers were relocated to allow ease of access for individuals in wheelchairs. New universal signs were posted and a call bell system (emergency assistance) was installed.

### **c) Lighting in Patient Lounges on the Units**

New overhead lighting was installed in the patient lounges on the complex continuing care units. The lighting is aesthetically pleasing and greatly increases the light in the room.

### **d) Ramp to Roof Garden**

The existing ramp to the roof garden was steep and caregivers often had difficulty manoeuvring a patient in a wheelchair up the ramp onto the roof garden.

The doorframe was lowered and a new ramp was installed with a significantly reduced rise allowing easy access to the roof garden for those in a wheelchair and those assisting someone in a wheelchair or using a walker.

e) Translation Services

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

When sensitive or private discussions need to take place the hospital has arrangements with an external agency to provide translation services on a fee for service basis.

f) Signage

Signage was improved in high traffic areas. The changes include the use of more international symbols to identify public washrooms and exit doors.

g) Therapeutic Recreation Department

The door to the therapeutic recreation room was too narrow to accommodate some of the wider patient chairs. The door was widened to allow safe and easy access to the room.

**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, information or communication barrier, an attitudinal or technological barrier and a policy or practice”.

The Accessibility Working Group used the following barrier identification methodologies:

<b>Methodology</b>	<b>Description</b>	<b>Status</b>
Biannual patient/family satisfaction surveys	Surveys from NCR-Picker Group are conducted with patients and family members. Several questions are related to the hospital environment, activities and communication.	Information gathered from the 2005 survey was reviewed to identify concerns and comments related to accessibility.
ODA Audit	Using the audit provided by the Ministry of Citizenship and Immigration, the Accessibility Work Group identified barriers and areas to improve in terms of accessibility.	These items form the basis of the plan for 2005-2006 outlined in section 9 of this document

## 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.

<b>Type of Barrier</b>	<b>Description of Barrier</b>	<b>Strategy for its removal/prevention</b>
1. Physical	a) no warning strip at top of staircases b) faucets in patient rooms are manual	a) install warning strips on top of all staircases b) conduct needs assessment including feasibility and plan re automatic faucets
2. Architectural	None noted	
3. Informational or Communication-based	a) fire alarm/emergency system is audio only. No mechanism to notify those who are deaf or hard of hearing.	a) install system to warn those who are deaf or hard of hearing
	b) virtually all information in the Hospital is in print format, and not accessible to patients and families who are visually impaired.	b) Contact CNIB for information on their resources and how best to address this issue.
	c) patient information and information brochures are available in English only	c) investigate translation of key documents into languages most prevalent in patient population
	d) staff awareness: lack of knowledge re ODA and its implications in the workplace.	d) develop an awareness program and include information re the ODA in general orientation
4. Technological	a) no Telecommunications Device for the deaf (TDD) patients	a) Install TDD phone accessible to patients.

## 9. Barriers that will be addressed during 2005-2006

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
Stairs: no warning strips at the top of a set of stairs	- to provide clear identification of beginning of a set of stairs	- install warning strips at the top of all stairs	- all stairs to have warning strip applied on top stair	Est. \$2 k		
Alarm System is audio only; No mechanism to alert deaf re emergency such as fire	-to install a system to notify those who are deaf about an emergency	- to investigate options and develop implementation plan for visual alarms such as flashing red lights	- system installed to provide visual warning of emergency	Est. \$ 5 k		
Faucets in patient rooms are manual	- to promote maximum patient independence with ADL	- investigate feasibility of installing motion sensors to faucets in patient care areas and in common areas on the unit	- needs assessment completed including recommendations and projected costs	Est. \$ 4 k		
No TDD phone for the deaf or hearing impaired	- individuals with a hearing disability will be able to access phone service	-provide one TDD phone on each unit for patients, family members and staff	- telephone with TDD capability is available	Est. \$ 1.2 k		
<b>Total</b>				<b><u>\$ 12.2 k</u></b>		

## **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 the Accessibility Plan. 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.