

**2009 ANNUAL ACCESSIBILITY PLAN
For
ST. JOSEPH'S HEALTH CENTRE
TORONTO**

**submitted:
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This publication is available on the hospital's website
(www.stjoe.on.ca)
And in alternative formats 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 and to provide for their involvement in the identification, removal and prevention of barriers to enable their full participation in the life of the province. As a requirement, all hospitals need to prepare an annual accessibility plan in consultation with persons with disabilities and to make the plan public.

St. Joseph's Health Centre has always been committed to accessibility planning and to incorporating access issues into many aspects of the Health Centre's activities. This included daily operations to long term planning and redevelopment. This is the seventh annual Accessibility Plan of St. Joseph's Health Centre (2009).

The Accessibility Working Group will be formally established in the 2009 fiscal year and will build on the work already completed by the Facilities and Redevelopment Departments. It is anticipated that the formulation of this working group with a well defined mandate and objectives, will lead to a more detailed and engaged approach to accessibility planning and implementation for the organization. Membership will be inclusive of community members, especially those with disabilities and the group will seek input from outside service providers, stakeholders and similar organizations. Continuing input from staff, volunteers, visitors and patients both formally and informally will be sought. The group will be instrumental in identifying further issues of access and formulating a comprehensive and achievable work plan, both short and long term.

This year St. Joseph's Health Centre will concentrate on achieving compliance with new legislative requirements concerning accessibility specifically as it relates to customer service. Furthermore, additional work associated with the completed audit of our built environment will be undertaken. This will include an in depth assessment of the feasibility, scope and costs to perform recommended solutions and/or remedial work.

1. AIM

This aim of this plan is to describe a) the measures that the Health Centre has taken to date and b) the continuing efforts that the Health Centre will undertake to identify, remove and prevent barriers to people with disabilities.

The Health Centre has, in the past, been committed to identifying, preventing and removing access issues, most specifically as it related to the built environment. In the future we will continue with this work as well as expand the scope to be inclusive of other barriers that may exist in our policies and practices, methods and means of communications including printed and electronic material, customer service and service delivery, employment practices, tools and equipment and technology and achieving compliance to new legislated requirements for a public institution such as our Health Centre. The following plan outlines the means and measures which have or will be undertaken by the organization to successfully improve access for all.

2. OBJECTIVES

This plan:

- ◆ Provides a description of the processes previously undertaken for the purpose of identifying and preventing barriers to people with disabilities.
- ◆ Outlines the efforts and scope of work undertaken to date for the purpose of improving access to the facility and services provided by the Health Centre and in the removal of previously identified barriers.
- ◆ Will identify new legislative requirements for accessibility planning and implementation.
- ◆ Will outline new initiatives and processes that will be implemented and efforts undertaken in the coming year for the purpose of identifying, preventing and removing barriers.
- ◆ Will list the policies, programs, practices, and services that St. Joseph's Health Centre will review in the coming year to identify barriers to people with disabilities.
- ◆ Will describe the scope of work to be undertaken in the upcoming year to remove barriers and to improve access to the facility and services.
- ◆ Will describe how the Health Centre will make this Accessibility Plan available to the public.

3. DESCRIPTION OF ST. JOSEPH'S HEALTH CENTRE

St. Joseph's Health Centre is a 375 bed community-teaching hospital affiliated with the University of Toronto. Founded in 1921, St. Joseph's is the closest geographic acute care facility for approximately 500,000 citizens living within the Southwest quadrant of Toronto. Approximately, seventy percent of our inpatient population and eighty percent of our Emergency visits come from the following geographic boundaries:

- ◆ North from lake Ontario to Eglinton;
- ◆ South along the Lakeshore;

- ◆ East to Ossington/Bathurst; and
- ◆ West to Etobicoke Creek.

While the majority of our patients come from within these borders, St. Joseph's provides a diverse array of services for consumers from across the city, province, and country. Our five core Clinical Programs include: Emergency, Ambulatory and Access Program, Women's, Children's and Family Health Program, Mental Health and Addictions Program, Surgical and Oncology Program and Medicine and Senior's Health Program.

The Health Centre employs approximately and is situated in the west end of the City of Toronto. It is comprised of one main building with four distinct wings; the East wing constructed in 1930, the Morrow wing constructed in 1950, the Glendale wing constructed in 1962 and the Barnicke wing constructed in 1988. There are two other buildings located on the site. The Glendale House which accommodates the Withdrawal Management Program was renovated in 2005 and the Sunnyside building which was constructed in two phases, the west side in 1932 and the east side in 1954. Additionally construction of a new underground parking structure and inpatient wing is presently underway.

The Health Centre's Mission recognizes that we are a Catholic community teaching hospital providing health care services that reflect the Gospel values of respect, dignity, and compassion. We are committed to fostering a healthy community for all. Working in partnership with our community, we reach out with the healing ministry of Christ, to the sick, the disenfranchised and the disadvantaged. Sound and thorough accessibility planning will assist the organization in ensuring superior delivery of and access to our services to all members of our community.

4. HOSPITAL COMMITMENT TO ACCESSIBILITY PLANNING

In February 2004, Senior Management approved the following Accessibility Planning Policy for the Health Centre:

That St. Joseph's Health Centre is committed to:

- ◆ The ongoing improvement of access to facilities, policies, programs, practices, and services for patients and their family members, staff, health care professionals, volunteers and other members of the community;
- ◆ The participation of people with disabilities in the development and review of its annual accessibility plans through consultation; and
- ◆ Ensuring the Health Centre's policies are consistent with the principles of accessibility.

In December 2008, Senior Management reconfirmed its commitment to accessibility planning and endorsed the establishment of an accessibility working group. The mandate of this group is to:

- ◆ To lead accessibility planning at St. Joseph's Health Centre and promote its inclusion in the organization's strategic, operational and functional planning.
- ◆ To monitor compliance of the organization in meeting its legislated obligations for accessibility planning.

- ◆ To draft the short and long term accessibility plans for the organization.

5. THE ACCESSIBILITY WORKING GROUP

Establishment of the Accessibility Working Group:

Mr. Rick Edwards (Director, Community Engagement and Urban Health) in consultation with the Senior Management Team will formally constitute the accessibility working group in 2009. The working group will be responsible to:

- ◆ Establish the process and procedures for the identification of barriers,
- ◆ Compile and keep current a list of identified barriers and other accessibility issues,
- ◆ Set priorities and develop strategies to address barrier removal and prevention,
- ◆ Establish how and when progress for barrier removal is monitored,
- ◆ Prepare, submit, publish and communicate the organization's annual accessibility plan,
- ◆ Monitor and report on the progress of barrier removal and the annual accessibility plan,
- ◆ Keep current on the organization's obligations and any new legislation regarding accessibility planning and implementation,
- ◆ Ensure that newly created policies and procedures are inclusive of accessibility considerations and
- ◆ Review and revise existing policies and procedures are inclusive of and in keeping with accessibility requirements.

Coordinator:

The working group coordinator will be appointed at the first meeting of the accessibility working group which is scheduled for February 2009.

Members of the Working Group:

It is proposed that the working group will include staff members from the departments/program areas identified below.

- ◆ Senior Staff Member
- ◆ Redevelopment
- ◆ Plant Operations and Maintenance
- ◆ Community Engagement and Urban health
- ◆ Human Resources
- ◆ Communications/Public Affairs
- ◆ IT
- ◆ Volunteer Services
- ◆ Patient Relations
- ◆ Front line clinical representation
- ◆ Front line administrative representation
- ◆ Community representation
- ◆ External Consultant(s)

The 2010 accessibility plan will confirm members names, related department and contact information.

6. BARRIER IDENTIFICATION METHODOLOGIES

Barrier identification methodologies utilized by the Health Centre to date include:

1. Formal and informal input solicited from staff, volunteers, clients and visitors such as;
 - ◆ Suggestions for access concerns are submitted through Volunteer Services or brought forth at their regularly scheduled departmental meetings,
 - ◆ The Joint Occupational Health & Safety Committee of the Health Centre submit information regarding access concerns which may or may not pose a safety concern.
 - ◆ Written and verbal comments received from clients and visitors that are directed to Patient Relations and Public Affairs.
2. Engagement of an Accessibility Consultant to;
 - ◆ Conduct a survey/audit of the existing facilities specifically in regards to the built environment
 - ◆ Provide a compliance assessment of the existing facility and it's access issues
 - ◆ Provide recommendations regarding how to remove identified barriers
 - ◆ Review capital/redevelopment project drawing and specifications for compliance to accessibility standards
 - ◆ Report on compliance of reviewed design and provide recommendations for the removal of identified barriers

7. BARRIER REMOVAL INITIATIVES COMPLETED

Pre 2006

During the past nine years a number of projects have been planned and implemented at the Health Centre in order to identify, remove and prevent barriers to people with disabilities. Successfully completed barrier removal initiatives include;

- ◆ washroom renovations,
- ◆ supply and installation of automatic door operators,
- ◆ renovations to entrances to improve accessibility,
- ◆ provision of accessible parking and the formulation of accessible Drop-off Zones
- ◆ wheelchair and other equipment purchases,
- ◆ lighting improvements and
- ◆ barrier-free redevelopment planning

2007

In 2007 the Health Centre retained an external Accessibility Consultant to conduct an Accessibility Audit of the facility. The Audit was completed in April 2007 and outlined comprehensive recommendations to identify, remove and prevent barriers related to the built environment in the following five facility areas:

- ◆ Parking Garage Structure

- ◆ External Approaches & Entrances
- ◆ Receptions & Waiting Areas
- ◆ Vertical & Horizontal Circulation
- ◆ Sanitary Facilities

2008

The most important achievement in the organization's initiatives in the past year was the recommitment to accessibility planning by the Board and Senior team and receiving approval for the formulation of the accessibility working group. In addition to that, the following is a list of the projects that the Health Centre undertook and successfully completed;

- ◆ Creation of an additional registration desk in the ER department,
- ◆ Door hardware repairs and replacement,
- ◆ Installation of self serve monitors throughout the facility to improve access to information to staff and visitors including employment opportunities,
- ◆ Improvement to way finding measures and
- ◆ Renovations to parking garage structure to improve accessibility and to achieve compliance to accessibility standards.

8. INITIATIVES TO BE UNDERTAKEN IN 2009

The 2009 Accessibility Plan commits the organization to undertake the following in the upcoming fiscal year.

- ◆ Defining the terms of reference and membership of an Accessibility Working Group,
- ◆ Convening the Accessibility Working Group,
- ◆ Defining the requirements and responsibilities of the organization for compliance with new accessibility legislation,
- ◆ Establishing the framework, goals and objectives for and communicating the organization's short and long term accessibility plans,
- ◆ Formulating draft plans for achieving compliance with the new legislation,
- ◆ Investigating joint accessibility planning opportunities with outside service providers and associated community groups,
- ◆ Integrating accessibility planning within the organization's corporate, operational, capital and strategic planning;

and in carrying over previous and ongoing requirements:

- ◆ Establishing construction and product standards that are consistent with ODA guidelines and standards,
- ◆ Detailed reviewing and assessment of current built environment audit, including formulation of scope and budget requirements and feasibility studies on recommended courses of action,
- ◆ Reviewing of registration procedures and processes and the physical attributes of registration areas to improve access to services and
- ◆ Improving sidewalk and exterior pedestrian pathways, including the provision of curb cut outs, markings and signage.

9. REVIEW & MONITORING PROCESS

The Accessibility group will meet quarterly. The purpose of these meetings will be to;

- ◆ Review the progress of work underway in the prevention or removal of barriers and update report,
- ◆ Establish new and/or revise existing strategies for the removal and prevention of barriers,
- ◆ Discuss any issues and/or challenges,
- ◆ Inform members of the working group on new legislative requirements,
- ◆ Communicate to members regarding upcoming information seminars, training or conferences opportunities related to accessibility planning and receive expressions of interest,
- ◆ To engage stakeholders and community partners in planning process and

10. COMMUNICATION OF THE PLAN

The Health Centre's Accessibility Plan will be posted on the Hospital's website and hard copies will be available upon request from the Public Affairs Department. Redevelopment and Plant Operations with the assistance of other departments will also work to make this plan available in alternative formats such as electronic format, in larger print, or other formats.

APPENDIX A

BARRIERS IDENTIFIED

Parking Garage Structure

Barriers identified relate to accessible parking bay dimensions, identification, insufficient circulation and obstructions.

External Approaches & Entrances

Barriers identified relate to ramp dimensions, routes of passage, the need for curb cuts, directional signage and linear demarcation.

Receptions & Waiting Areas

Barriers identified relate to the need for an accessible service desks and spaces in each area.

Vertical & Horizontal Circulation

Barriers identified relate to handrails, detectable floor surfaces, stair nosing/treads, door hardware, corridor obstructions, and audible/visual indicators.

Sanitary Facilities

Barriers identified relate to bathroom entry/egress, accessible faucets, insufficient circulation, pipe protection, grab bars, fixture heights and location.

Signage

Barriers identified relate to inadequate accessibility signage.

Communication

Barriers identified relate to TTY/TT telephones, assistive listening systems, shelves and counters.