



Together ... Leaders in Health Innovation

"In partnership with many others, we positively impact the health of the individuals, families and communities we serve"

**Trillium Health Centre's
Annual Accessibility Plan
2006 – 2009**

"You cannot transform the health care experience if you cannot 'see' that experience from the perspective of the patient. For me, the importance of culture and diversity cannot be understated or underestimated."

Janet Davidson, O.C., President and CEO, Trillium Health Centre



September 2007

Dear Community Member:

I am pleased to present to you Trillium Health Centre's **Annual Accessibility Plan** for 2006 - 9 that was developed in consultation with our Accessibility Advisory Committee. I would like to thank the Committee Co-chairs and membership for their important contributions and demonstrated commitment. Trillium Health Centre is committed to being a 'people place' where our diverse patient population is welcomed and cared for in an accessible and barrier-free environment.

This year, the priorities for the Plan have been reformatted into three main categories to align with the overall goals and objectives of the diversity and accessibility strategy at Trillium. They take into account the needs identified by our patients, families, staff, volunteers and external partners: ***To Enhance Communication – including Hearing, Vision, Language, Literacy; To Enhance Accessibility – Physical and Architectural; To Enhance Learning and Attitudinal Behaviors.*** Our goal is to provide inclusive patient-centered care, improve patient and staff engagement as well as satisfaction.

We are excited about the outcomes and results over the last year. For example, the recommendations of the Community Advisory Council's Diversity Task Force, 2006 re: diversity and accessibility are on their way to being met such as: operationalizing diversity and accessibility through the Accessibility Advisory Committee; and as also recommended by the Task Force, we have started discussions with the Local Health Integration Networks (LHINs) for enhanced integration of, and accountability for, diversity across the region.

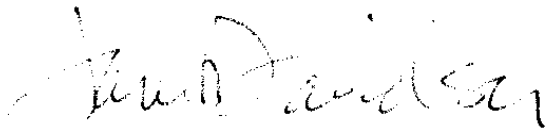
We are also excited that diversity is now formally a core commitment within the organization. It is also being reflected in our attitudes towards our patients and families through our 'Philosophy of Care', and with each other through our 'Standards for Behavior'. Additionally, we have begun construction of our 'West Wing', the Trillium Way, and the new administrative building which incorporate ***leading edge design and practice with respect to the removal of barriers.*** Our special and innovative 'customer shuttle service' operated by volunteer drivers has been operating successfully since spring and is proving especially valuable for those with mobility issues.

Our community continues to benefit from the work of Trillium's Accessibility Advisory Committee, as well as from our partnerships and linkages with the LHINs, Canadian Hearing Society, Canadian National Institute for the Blind, the Regional Diversity Roundtable and the Diversity Health Practitioners Network.

We received positive feedback from the learning opportunities provided to staff and volunteers on disability and diversity issues, and successfully completed a number of facility retrofits.

The future remains exciting for Trillium Health Centre. We are pleased to have our community, patients, staff and volunteers along on this exciting and dynamic journey towards excellent patient-centered care.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet Davidson". The signature is written in a cursive style with a large initial "J".

Janet Davidson, O.C.
President and CEO
Trillium Health Centre



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EXECUTIVE SUMMARY

The purpose of the Ontarians with Disabilities Act, 2001 (ODA), and the Accessibility for Ontarians with Disabilities Act, 2005, (AODA) is to ***'improve opportunities for people with disabilities as well as to provide for their involvement in the identification, removal and prevention of barriers'***.

As a result of this legislation, all hospitals and other organizations such as government ministries, colleges, universities, school boards, public transportation providers and municipalities, are required to prepare an annual accessibility plan, consult with individuals with disabilities in the preparation of this plan, and make the plan known to the public. This year, our Plan also includes initiatives for people facing communication barriers

Health care facilities such as Trillium Health Centre understand that an active, ongoing commitment to accessibility for people with disabilities is imperative regardless of legislated requirement.

Currently, 16% of people in Ontario have a disability and 74% of people in Ontario know someone with a disability including family members. Of this number, 48% of people with disabilities mention getting good health care as somewhat difficult to very difficult to obtain (Canadian Attitudes towards Disability Issues, 2004 Benchmark Survey, Social Development Canada)

Trillium Health Centre is dedicated to the creation of an accessible and barrier-free environment for individuals with disabilities and continuously examines its facilities, programs, policies and services through collaborative efforts with patients, staff, volunteers and external stakeholders.

After a successful beginning of the hospital's Accessibility Advisory Committee (AAC) and the production of four previous plans, Trillium has strengthened its process of the AAC and is on its way to operationalizing the committee's work, and has been working towards sustaining standards and guidelines that relate to accessibility. Trillium has also been reviewing its methods of data collection on accessibility issues within the two sites, and on providing increased educational awareness and creating stronger strategic alliances with external and internal stakeholders.

The purpose of this Plan is to describe some of the current strides that Trillium Health Centre is making to improve opportunities for people with disabilities (including patients, their families, visitors, staff health care practitioners, students and volunteers, and members of the community) by identifying, removing and preventing barriers to health care. We welcome your feedback and suggestions for further improvement.

INTRODUCTION TO TRILLIUM

As one of the leading community hospitals in Ontario, Trillium Health Centre continues to expand in response to the growing health care needs of the one million+ residents it serves in Peel, West Toronto and from other communities across Ontario.

An unparalleled commitment to the development of innovative, collaborative and cutting edge patient care services has led to its role as a tertiary care centre for Cardiac, Stroke, Neurosurgery, Orthopaedics and Sexual Assault & Domestic Violence. The hospital is also home to one of the busiest Emergency services in Canada and the largest free-standing day surgery facility in North America.

Trillium's two-site model facilitates the delivery of comprehensive services for both inpatient and ambulatory care. Its 750-bed acute care Mississauga location features a 24-hour Emergency Care Centre, a Family Care Centre dedicated to women's and children's health needs, one of the largest birthing centres in the region and the largest concentration of critical care services in a non-teaching hospital in Canada. A new seven-story wing, slated for completion in 2008, will house an additional 135 acute and rehabilitation beds, expanded cardiac services, a learning centre and associated support functions.

Five kilometres away, the hospital's West Toronto location continues to emerge as a showcase facility for the delivery of ambulatory care services, housing a 14-hour urgent care centre, rehabilitation services, surgical clinics, a modern day surgery centre, a spine centre, women's health centre, diabetes management centre, mental health services, and a cardiac wellness and rehabilitation centre. Over the next three years, facilities at this location will expand to offer a relaxing, home-like atmosphere dedicated to healing and wellness. Both sites are supported by a full complement of diagnostic, laboratory and pharmaceutical services. A variety of community-based programs extend the hospital's outreach.

Echoing Trillium's commitment to health and wellness, each site features a Health Information and Wellness Centre offering one of the most comprehensive and consumer-friendly health collections available in the community.

Trillium's services are provided under the umbrella of eight health systems – Cardiac Care, Diagnostics and Pharmaceuticals, Emergency Services, Medicine, Mental Health, Neurosciences/Musculoskeletal Services, Surgery, and Women's and Children's Health. A Community Advisory Council, family physicians and community agencies work hand in hand with staff, physicians and volunteers to create a consultative, cooperative framework for the delivery of health care services in Mississauga and West Toronto. Three Strategic Business Units – People Support, Decision Support and Operations Support, help to ensure appropriate resourcing and critical information flow to support the smooth, efficient operation of this complex organization.

Trillium Health Centre is supported by more than 4000 employees, 700 physicians and 1100 volunteers.

Awarded top honours with a three-year accreditation by the Canadian Council on Health Services Accreditation in 2004 and now again in 2007, Trillium continues to redefine boundaries in the delivery of health care services through exemplary leadership, best practice and innovation.

DEFINITIONS

The following terminology as it is used in this report is defined according to the Ontarians with Disabilities Act (2001) as follows:

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 information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice ('obstacle').

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 co-ordination, 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
- b) A condition of mental impairment or a developmental disability
- c) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- d) A mental disorder
- e) 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')

OBJECTIVES

The main objectives of the Trillium Health Centre Accessibility Plan are to:

1. Summarize past barrier-removal accomplishments
2. Identify current and future initiatives focused on removing and preventing various barriers for individuals with disabilities organized according to three main strategic themes:
 1. Enhancing Communication: Including Hearing, Vision, Language and Literacy
 2. Enhancing Accessibility – Physical and Architectural
 3. Enhancing Learning and Attitudinal Behaviours

3. Describe how we will make the Accessibility Plan available to Trillium staff, volunteers and the public
4. Describe how we will monitor implementation of the plan

THE ACCESSIBILITY ADVISORY COMMITTEE (AAC)

Mr. Ken White, past-President and Chief Executive Officer established the Accessibility Advisory Committee (AAC) in 2003. The Accessibility Advisory Committee (AAC) comprises members representing various areas within Trillium Health Centre and members of the external community, including individuals with disabilities. The mandate of the group continues to be to:

- Review by-laws, policies, programs, practices, services that cause barriers to persons with disabilities
- Identify barriers removed successfully
- Identify barriers to be removed, removal processes and preventative measures
- Prepare and release the Annual Accessibility Plan

[See Appendix for Accessibility Advisory Committee Terms of Reference]

HOSPITAL COMMITMENT TO ACCESSIBILITY PLANNING

Trillium Health Centre is committed to:

- Patient-centered care
- The active operation of an Accessibility Advisory Committee at the hospital
- The continual improvement of equitable access to facilities, policies, programs, practices and services for patients and their families, visitors, staff, health care practitioners, volunteers and members of the community
- The participation of persons with disabilities or agencies in the development and review of its annual accessibility plans
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility
- Involvement of a broad representation of internal and external stakeholders in collective decision-making
- Diversity initiative ensuring that the diversity of each individual patient or staff member is enabled to achieve their optimal potential

HIGHLIGHTS OF PAST BARRIER REMOVAL INITIATIVES:

- Construction has begun of our 'West Wing', the Trillium Way, and the new administrative building in the Fall which incorporate ***leading edge design and practice with respect to the removal of barriers***
- A special and innovative 'customer shuttle service' has been underway since late spring, operated by volunteer drivers. This has been proving especially valuable for those who use mobility devices
- Re-visioning and strategizing of our Accessibility Advisory Committee
- Successful completion of a number of facility retrofits
- Diversity tools and resources now available on-line to all staff
- Purchase of equipment, communication kits, devices and training to help those with hearing difficulties in partnership with the Canadian Hearing Society
- Pioneered the formation of a Regional Diversity Roundtable (RDR) – comprising organizations and institutions with a strategic focus on diversity
- Working through the RDR to collaborate with the LHINs to better integrate diversity within the region
- Member of the District Health Practitioners Network and the Health Care Interpreters Network
- Speech-Language Pathologists developed a "Communikit", which is used to facilitate communication between staff and patients who have aphasia. This kit is available for purchase by outside programs and organizations.
- The design of the in-patient room in the new wing was created with input by community members and people with disabilities. See appendix for image of new in-patient room design.

BARRIER IDENTIFICATION METHODOLOGIES

The following methodologies have been utilized by various members of the Accessibility Advisory Committee to identify barriers within Trillium Health Centre:

- Data base of concerns to Patient Relations Consultant
- Patient Satisfaction Surveys
- Working groups
- Literature Reviews
- External Assessments and Audits
- Healthy Workplace Survey
- Partnership Councils
- Quarterly departmental presentations to Accessibility Advisory Committee
- Accessibility Advisory Committee Visioning exercise

COMMUNICATION OF THE ANNUAL ACCESSIBILITY PLAN

Trillium Health Centre's Accessibility Plan will be:

- Posted on the Internet, Intranet sites and the portal - in both Word and PDF formats to ensure accessibility for screen readers
- Made available in alternate formats - such as large print and Braille upon request Internal newsletter will outline summaries of accessibility initiatives for staff and volunteers
- Circulated to formal leaders – directors, managers, team leaders, and supervisors
- New employees and volunteers continue to be informed every month at corporate orientation sessions
- Diversity brochures will continue to be circulated to various units within the hospital outlining accessibility services
- Minutes of quarterly meetings will be circulated to all Directors, Managers and Team Leaders

Copies of the Plan can be obtained by contacting the following departments:

Communications and Marketing
Trillium Health Centre
Sussex Centre
90 Burnhamthorpe Road West
Suite 500
Mississauga, Ontario L5B 3C3
905 848 7538

Patient Relations Officers
Trillium Health Centre - Mississauga
Main Floor
Located near Family Care Centre
905-848-7164

Volunteer Resources
Trillium Health Centre - Mississauga
Ground Floor, by Elevator B
905-848-7276

Volunteer Resources
Trillium Health Centre - West Toronto
Main Floor
416-521-4077

Part One: Accessibility Plan – Priorities for 2006-2009

Please Note:

I. The priorities for the Annual Accessibility Plan, 2006-9 - identified by patients, families, staff, volunteers and external partners - have been reformatted into three categories:

- A. Enhancing Communication – this includes barriers for those with difficulties in hearing, vision, language and literacy
- B. Enhancing Accessibility – physical and architectural
- C. Enhancing Learning and Attitudinal Behaviors

II. The initiatives and priorities that have already been completed are in a separate document entitled ‘Part Two: Accessibility Plan - Completed Initiatives’

| A. Enhancing Communication: Including Hearing, Vision, Language, Literacy | | | |
|--|---|---------|----------|
| Priority | Accountability | 2007- 8 | 2008 - 9 |
| 1. Feedback and concerns from patients, families, staff and volunteers re: accessibility to be captured in the ‘Risk Monitor’. <i>Categories include: Access to Care, Respect for Patient Values, Preferences & Expressed Needs</i> | Patient Relations Patient Safety All Staff | ✓ | |
| 2. Feedback and concerns from the Risk Monitor to be shared with the Accessibility Advisory Committee (AAC) and others | Patient Relations Public Relations | ✓ | |
| 3. Appropriate data re: diversity & accessibility from the Patient Satisfaction Surveys to be shared with the AAC | Patient Relations | ✓ | |
| 4. A Frequently Asked Questions format of the above feedback & concerns to be developed and communicated through Connecting and e-News | Patient Relations Public Relations | ✓ | |
| 5. Process and protocol to be developed or enhanced for identifying, tracking and dealing with accessibility issues | Current Members of AAC’s Sub-Committee: Patient Relations, Patient Safety Employee Health Safety & Wellness, Volunteer Resources | ✓ | |

| A. Enhancing Communication: Including Hearing, Vision, Language, Literacy | | | |
|--|--|----------------|-----------------|
| Priority | Accountability | 2007- 8 | 2008 - 9 |
| 6. Ensure availability and access to American Sign Language Interpretation Services | Communications Patient Relations Patient Safety | ✓ | |
| 7. Enhance Access to Language Interpretation Services, i.e. telephone interpretation services | Communications | ✓ | |
| 8. Develop protocols re: literacy, interpretation & translation services, services for people with hearing difficulties | Health Information & Wellness Centre, Communications Diversity, Patient Safety | ✓ | |
| 9. Display better signage for equitable access to services for those with hearing difficulties within ER and Urgent Care, e.g. TTY equipment, ASL Interpreters | Emergency Services, Urgent Care, Canadian Hearing Society | ✓ | |
| 10. Provide education, awareness and sensitivity to staff for those with hearing difficulties | Emergency Services, Urgent Care, Seniors Services, Speech Language Pathology | ✓ | |
| 11. Ensure that there is a presence and commitment of diversity and accessibility services Trillium's website | AAC, Diversity Public Relations | ✓ | |
| 12. Develop instructional tip sheets for trainers and staff who give presentations to individuals with special needs | Organizational Development, Diversity | ✓ | |
| 13. Maintain/replace equipment and devices for those with hearing difficulties | Communications Canadian Hearing Society | ✓ | |
| 14. Develop a Protocol for standards on booking of external venues | Public Relations CARE – Administrative Professionals Council | ✓ | |
| 15. Train IT staff in assistive technology for staff with disabilities (i.e. screen readers, screen magnification software) | Learning & Knowledge Practice, Information | | ✓ |

| A. Enhancing Communication: Including Hearing, Vision, Language, Literacy | | | |
|---|---|----------------|-----------------|
| Priority | Accountability | 2007- 8 | 2008 - 9 |
| | Technology, Organizational Development, THINK | | |
| 16. Conduct a needs assessment for those with visual difficulties and/or review previous Handidactis Report | Redevelopment Seniors Canadian National Institute for the Blind | | ✓ |

| B. Enhancing Accessibility: Physical/Architectural | | | |
|---|---|-------------------------------------|---------------|
| Priority | Accountability | 2007-8 | 2008-9 |
| 1. Ensure sufficient parking spaces for those with disabilities - especially outside the out-patient physiotherapy department | Parking | ✓ | |
| 2. Review and develop processes and procedures of fire evacuation procedure for those with disabilities | Emergency Preparedness Patient Safety Coalition for People with Disabilities Canadian Hearing Society Can Nat Ins for the Blind | ✓ Mock evacuation: April 2008 | |
| 3. Ensure better access for patients and staff throughout the patient units (some doors are left open and others are closed) | Patient Services Patient Safety Redevelopment Patient Relations | ✓ | |
| 4. Enhance access to the hospital for patients who use | Out Patient Rehab | ✓ | |

B. Enhancing Accessibility: Physical/Architectural

| Priority | Accountability | 2007-8 | 2008-9 |
|--|--|--------|--------|
| TransHelp. Investigate whether Trillium can have a representative on the TransHelp Advisory Committee | | | |
| 5. Review the Handidactis report to confirm completed and ongoing tasks | Redevelopment Facilities | ✓ | |
| 6. Monitor ongoing changes to the site/parking lots and recommend installation of handrails where feasible | Facilities, Operational Support | ✓ | |
| 7. Survey picnic terrace and cafeteria space for designated accessible eating areas and purchase accessible picnic tables | Facilities Diversity | ✓ | |
| 8. Begin construction of West Wing, Trillium Way, and new Admin building which incorporate leading edge practice with respect to removal of barriers | Redevelopment | ✓ | |
| 9. Follow-up on accessibility of washrooms – all sites | Facilities | ✓ | |
| 10. Develop standard design that can be implemented (where feasible) with input from OT and people with disabilities | Redevelopment & Facilities Occupational Therapy | ✓ | |
| 11. Rectify accessible door to Oncology entrance, M site – opens outwards towards patient in wheelchair | Operational Support | ✓ | |
| 12. Rectify elevator doors in parking garage, M site | Operational Support | ✓ | |
| 13. Simplify the process for exiting parking facilities | Operational Support | ✓ | |
| 14. Monitor accessible parking | Parking & Security Services | ✓ | |
| 15. Include statement on Trillium's website informing public of access to screen readers | Information Technology Public Relations | | ✓ |

| B. Enhancing Accessibility: Physical/Architectural | | | |
|---|---|---------------|---------------|
| Priority | Accountability | 2007-8 | 2008-9 |
| 16. Enhance accessible way-finding (i.e. maps to accessible entrances & washrooms) | Information Technology Public Relations Signage Committee | | ✓ |
| 17. Develop and implement new Trillium standards for signage (appropriate for people with vision difficulties, language and literacy barriers, etc) | Facilities Public Relations | | ✓ |
| 18. Develop a protocol clarifying accessibility standards and expectations when booking external facilities | Public Relations | | ✓ |

| C. Enhancing Learning & Attitudinal Behaviours | | | |
|--|------------------------------|---------------|---------------|
| Priority | Accountability | 2007-8 | 2008-9 |
| 1. Increase membership on AAC to reflect external partners | AAC | ✓ | |
| 2. Review & enhance current diversity & accessibility resources and introduce partnerships with external lending libraries | Library Diversity | ✓ | |
| 3. Ensure literature is available in alternate formats, e.g. electronic | Library HIWC Diversity | | |
| 4. Ensure that behavioural interviewing techniques are utilized by HR staff and other interviewers | Human Resources | ✓ | |

C. Enhancing Learning & Attitudinal Behaviours

| Priority | Accountability | 2007-8 | 2008-9 |
|---|--|--------|--------|
| 5. Incorporate due diligence of human rights and diversity awareness/cultural competency self assessment training for formal leaders through managers' orientation. | Human Resources Diversity Organizational Development | ✓ | |
| 6. Organize learning opportunity for people with disabilities on International Day for People with Disabilities with displays from community partners | AAC Diversity Quality Council External partners | ✓ | |
| 7. Integrate learning opportunities with 'national themes/designations'. Leaders to be responsible for organizing events for their own health systems, e.g. see items below | Formal Leaders Central Council | ✓ | |
| 8. Enhance learning/sensitivity for working with those who have speech difficulties | Speech Language Pathology | ✓ | |
| 9. Enhance learning and sensitivity for dealing with/working with those who have vision difficulties | Seniors Program Diversity; Can Nat Ins for the Blind | ✓ | |
| 10. Enhance learning and sensitivity for dealing with/working with those who have mental illness | Mental Health, Diversity Centre for Addiction & Mental Health | ✓ | |
| 11. Enhance learning and sensitivity for dealing with/working with those who have disabilities from a different cultural world view | Formal Leaders Diversity | ✓ | |
| 12. Ensure that all staff have access to diversity resources, toolbox, and the accessibility plan | Diversity, Formal Leaders Staff Partnership Councils | ✓ | |
| 13. Ensure that diversity and accessibility become an agenda item for regular dialogue at forums | Diversity Staff Partnership Councils | ✓ | |
| 14. Diversity, ethics and accessibility clinical cultural competency integrated into new nurses | New Nurses Orientation Organizers, Ethics, Diversity | ✓ ✓ | |

C. Enhancing Learning & Attitudinal Behaviours

| Priority | Accountability | 2007-8 | 2008-9 |
|---|--|--------|--------|
| orientation | | | |
| 15. Include diversity and accessibility learning in orientation for new employees | Diversity | ✓ | |
| 16. Include diversity and accessibility learning in orientation for new volunteers | Volunteer Resources | ✓ | |
| 17. Develop training and awareness for staff and volunteers re: the Ontario Disabilities Act (ODA) | Healthy Workplace, Human Resources, Diversity, City of Mississauga | | ✓ |
| 18. Prepare a strategy for establishing accessibility standards for customer service as per Ontario Regulation 429/07 | Organizational Development Human Resources | | ✓ |

Part Two: Accessibility Plan – Completed Initiatives

A. Enhancing Communication: Hearing, Vision, Language, Literacy

| Initiative | Description | Accountability | Notes |
|--|--|--|-----------------------------------|
| Verbal Interpretation | Approximately 6000 verbal assignments completed in key languages of demographics to date | Health Care Interpreters | Since 2003 |
| Written Translations | Over 100 written translations available in key languages | Health care Interpreters | Since 2003 |
| Dedicated Health Information Help Lines | Available in Chinese, Hindi, Punjabi, and Urdu | Health Information and Wellness Centre Diversity | |
| Multilingual Health Information & Resources | Websites comprising multilingual health info available | Health Information and Wellness Centre | |
| Communication Toolkits & Devices for those with Hearing Difficulties | Toolkits and devices for those with hearing difficulties are available within various units throughout Trillium | Diversity Communications Redevelopment | |
| Abilities Magazine | Distribution of Abilities Magazine - focus is on information for those with disabilities | Diversity Volunteer Resources | |
| Consultations with Trillium staff, patients, physicians and volunteers | Hiring of Temporary Diversity Consultant Support Specialist as a first point of contact for staff, volunteers, physicians and community regarding Accessibility issues | Diversity | Contract |
| Business Card Accessibility | Printing of business cards with larger print and Braille for Diversity staff | Public Relations Diversity | |
| Diversity Access Hotline | An internal line of contact for staff and volunteers to voice diversity and accessibility issues, comments and concerns | Diversity Communications | Discontinued – not fully utilized |
| Medbridge Interpretation Software | Piloting Medbridge Interpretation Software which includes ASL on screen with ER and Volunteer Resources | Emergency Volunteer Resources Diversity | Discontinued |

B. Enhancing Accessibility: Physical/Architectural

| Initiative | Description | Accountability | Notes |
|---|--|---|-------|
| Feedback Monitor: Accessibility Issue | Access to building – patient had difficulty moving from his vehicle & up the ramp to the out patient Mental Health Clinic | Patient Relations Redevelopment | |
| Consultation with Canadian Hearing Society for a display, better signage, and information within ER & Urgent Care | ER identified need for better signage, TTY equipment, and education needed for ER & Urgent Care – liaising with CHS to provide display, education, signage, TTY info ASL Interpreters booked via CHS as and when needed throughout the hospital | Diversity Canadian Hearing Society Emergency Services | |
| Accessible Parking Shuttle Service | Shuttle operated by volunteer drivers enable patients and families to access buildings from car park | CareSmart Parking and Security Volunteer Resources | |

C. Enhancing Learning and Attitudinal Awareness

| Initiative | Description | Accountability | Notes |
|--|--|---|---|
| Diversity – now a formal ‘core commitment’ and value at Trillium | “Value the rich diversity of our workforce and support individuals to achieve harmony in their lives” | The Board and Senior Administration | |
| Standards of Behaviour | Developed to attain a culture of service excellence within Trillium including and addressing behaviours & language | Patient Centredness Steering Committee, Organizational Development & Director, Caresmart | To be rolled out by Fall 2007 |
| Accessibility and Diversity Questions included in Corporate Patient Satisfaction Survey | Three questions relating to accessibility and diversity have been included in Trillium’s Patient Satisfaction Survey conducted by the Picker Institute | Patient Relations Diversity | Results to be shared quarterly with AAC |
| Distribution of Diversity Resource Folder and Diversity Toolbox – hard copy & soft copy | Diversity tools distributed & made accessible to all staff within Trillium – hard copy plus electronically thru the global drive, portal, diversity intranet site | Diversity | |
| Partnerships/affiliations with diversity related organizations/networks | Regional Diversity Roundtable of Peel Health Care Interpreters Network Diversity Health Practitioners Network Multicultural Interagency Group of Peel Canadian Hearing Society Canadian National Institute for the Blind Coalition for People with Disabilities International Task Force for Culturally Competent Hospitals | Diversity | |
| Launch of Diversity Website | Launch of intranet Diversity Website for access to diversity/accessibility tools and resources | Diversity | Portal and Intranet |
| Diversity Task Force - Members were internal and external from the community (see below in community partnerships) | Task Force established for five months with the Community Advisory Council and a Board representative. Aim: to work on key enablers that will help operationalize, integrate and sustain diversity services within Trillium. One of the key enablers identified by the Task Force members was to utilize the AAC | Diversity Internal Partners External included Canadian Hearing Society Canadian National Inst for the Blind CCAC’s Diversity Coordinator | Accomplishing Recommendations |
| Member agency of Diversity Health Practitioners Network (DHPN) | Member of Diversity Health Practitioners Network | Diversity DHPN Members | Ongoing |

| | | | |
|---|---|---|--|
| Mental Health Awareness | Lunch and learn session and display boards with provision of mental health literature | Mental Health Diversity | |
| Speech Difficulties Awareness | Partnered with Speech Language & Pathology for education & awareness for those with speech difficulties | Speech Language | |
| Incorporation of disability group supplement sheets into Diversity toolbox | Supplement Diversity Toolbox with information sheets on various disability groups | Diversity | |
| Learning Opportunity for Helping People with Vision Difficulties | 27 staff - learning opportunity organized for helping patients who have vision difficulties, in partnership with Seniors Program | Seniors Program Diversity Can Nat Ins for the Blind | |
| Learning Opportunity for Helping People with Mental Disabilities | 35 staff - learning opportunity organized for helping patients who have mental illness | Mental Health Diversity Centre for Addiction & Mental Health | |
| Learning Opportunity for Helping People with Disabilities from Different Cultures | 12 staff - in-service presentation to staff from the Hands Program, Q site, to dealing with people who have disabilities from different cultural backgrounds | Hands Program Diversity | |
| Presentation – Mental Health Staff Council | 8 staff - Diversity session provided to the Staff Council for Mental Health – resources, tools, etc available | Mental Health Staff Council Diversity | |
| Accessibility Launch | 30 staff - Launch of accessibility initiative | Diversity Redevelopment Employee Health Safety Wellness Human Resources | |
| Patient Clothing | "Trillium Attire" Initiative addresses issues of diversity and access to appropriate care/services by providing clothing to patients that is appropriate to their needs | Patient Services Corporate Services | |

CONCLUSION

The intent of this Accessibility Plan has been to provide information to the community regarding Trillium Health Centre's accessibility initiatives of the past and present, as well as tentative planning for the future.

The highlights of past barrier-removal initiatives include, for the most part, initiatives that are ongoing and do not necessarily reflect an exhaustive list of the initiatives that have occurred to date.

The Accessibility Advisory Committee has been striving to become better representative of the community through a more diverse membership, especially in the recruitment of members with disabilities. Barrier removal identification methodologies, assessment measures and monitoring processes are further being developed and refined. We continue to develop, implement and deliver learning opportunities to staff and volunteers concerning diversity, disability and accessibility issues. And we continue to build upon our strategic partnerships and linkages in the community.

Thus it is with renewed excitement that we, at Trillium Health Centre, embark on the next phase of accessibility initiatives to reshape and reform access to health care for individuals with disabilities.

If you are interested, or know of anyone who might be interested, to help us on this journey, please contact us. We would also appreciate your feedback and suggestions in helping us enhance equitable access to health care at Trillium Health Centre.

Thank you for your continued guidance and support.

APPENDICES

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APPENDIX 1

Accessibility Advisory Committee Members 2006-2007

| Name | Department | Contact |
|--|--|--|
| Bill Alexander | Community Member (Co-Chair) | c/o Trillium Health Centre |
| Caroline Brereton | Vice-President, People Support Services | Phone: 905 848 7580 x 7566 Cbrereton@thc.on.ca |
| Melissa Clarke | Consultant, EMS/ISO & Emergency Preparedness | Phone: 905-848-7580 x 3495 Mclarke@thc.on.ca |
| Henri Dekker | Director, Redevelopment | Phone: 905-848-7580 x 7565 Hdekker@thc.on.ca |
| *Paul Douglas Mary Gavel/Gillian Judkins | Patient Relations Consultants | Phone: 905-848-7580 x 7164 mgavel@thc.on.ca gjudkins@thc.on.ca |
| Mike Fagan | | Email: mfagan@thc.on.ca |
| *John Fodor Ken Close | Manager, Security & Parking Services | Phone: 905 848 7580 x 7378 kclose@thc.on.ca |
| Gurwinder Gill | Manager, Diversity (Co-Chair) | Phone: 905-848-7580 x 3640 Email: Ggill@thc.on.ca |
| *Roger Gougeon | Director, CareSmart | Phone: 905-848-7580 x 7671 Rgougeon@thc.on.ca |
| Dave Hanslip | Security & Parking Services | Phone: 905 848 7580 x 5150 |
| Elaine MacDonald | Admin Support, Volunteer Resources | Phone: 905-848-7580 x 7276 EmacDonald@thc.on.ca |
| Anne McKye | Occupational Therapist | Phone: 905 848 7580 x 2520 Email: amckye@thc.on.ca |
| Denise Maw | Consultant, Redevelopment | Phone: 905-848-7580 x 2594 Dmaw@thc.on.ca |
| Jennifer Tisshaw | Consultant, Occupational Health | Phone: 905-848-7580 x 3490 Jtisshaw@thc.on.ca |
| *Richard Teufel | Occupational Therapist, Hand Program | Phone: 905-848-7580 x 6220 Rteufel@thc.on.ca |
| Eric Vandewall | Vice-President Planning & Corporate Services | Phone: 905-848-7580 x 7192 Evandewall@thc.on.ca |
| Nadia Woloshyn | Manager, Neuro/MSK Health System | Phone: 905-848-7580 x 3101 Nwoloshyn@thc.on.ca |
| Lorene Bodiam (Community Member) | Advocate for People with Disabilities City of Toronto, Parks Forestry & Recreation | Phone 416-394-8532 Fax 416-394-8935 TTY/TDD. 416-394-8534 |
| Diana Simpson (Community Member) | Accessibility Coordinator, City of Mississauga | Phone: 905-615-3608 TTY 905-615-3411 Diana.simpson@mississauga.ca |

[Please note, those marked * are no longer on the Committee]

APPENDIX 2

Accessibility Advisory Committee – Draft Terms of Reference (Revised September, 2007)

Mandate:

The AAC shall advise, recommend and assist Trillium Health Centre in promoting and facilitating a barrier-free (Universally Accessible) health care organization. The AAC shall act as a liaison with other appropriate external agencies

Role of the Accessibility Advisory Committee:

The main role of the AAC is to advise on issues affecting persons with disabilities, accessing services and facilities of Trillium. The focus is to include the AAC Annual Plan, Policy, Processes, Construction and Design Standards, Culture and Attitude

Membership:

The AAC shall comprise:

- (a) A Sponsor (Staff)
- (b) A Coordinator (Staff)
- (c) A Staff Co-Chair and a Community Co-Chair, as appointed by the committee.
- (d) A functional Staff membership to represent all appropriate disciplines to effectively allow the identification and prevention of barriers for Persons with Disabilities (PWD).
- (e) A Community membership of no less than four PWD, appropriately representing persons with a physical disability (visual, speech, hearing, use of wheelchair or assistive device), cognitive disability (intellectual impairments), perceptual (learning disability), and mental health issues

Terms of Office / Representation

Each member will serve a minimum of two years, a maximum of four years, with membership staggered to ensure continuity. Members are appointed by the Committee Chairs and selected based on their demonstrated interest in and knowledge of accessibility issues. The committee is co-chaired by a Staff member and a Community PWD member elected from within the Accessibility Advisory Committee by members. They serve a two year term in that role. The Department Secretaries for Diversity and/or for Redevelopment and/or for the Staff Chair handles administrative responsibilities for the Committee

Meetings:

Consistent attendance is necessary for the Committee to function effectively. The Committee member shall send a delegate in his/her absence. If a Committee Member misses three consecutive meetings, the Committee shall decide if the member's seat should be declared vacant and filled

Meetings of the AAC shall be held quarterly. The AAC calendar year is October 1 to September 30. Scheduled meetings are the second Wednesday of December, March, June, September, or as determined by the AAC at the call of the Coordinator or Chair. Meetings have at least 1½ hours duration. Time and location to be determined (TBD)

Quorum:

- A Quorum of the Committee is 50% plus one. A vacant position will not be counted to calculate quorum

Expectations:

Members are expected to:

- be familiar with the Ontario Disabilities Act, 2002 (ODA), Accessibility for Ontarians with Disabilities Act 2005 (AODA), and their Regulations and the Terms of Reference for the Committee. Members are expected to contribute their expertise actively during meetings of the AAC
- arrive prepared for meetings
- state any potential conflicts of interest
- strictly observe confidentiality around issues/people discussed
- be inclusive and representative of the community's diverse needs
- be pro-active in our search for the latest trends, issues and approaches for PWD
- advocate for new or revised policies and procedures that contribute to improving services for PWD
- to be a partner in the recruitment and selection of potential committee members
- act as an information link between the Committee and Staff
- engage with other committee members in a climate of mutual support and respect
- use an inclusive form of consensus-building to solve problems and develop innovative solutions to complex issues
- attend a minimum of 75% of scheduled meetings each year
- meet obligations of the Committee's work plan

Members are expected to be present in person; however, if unable, a designate may attend on their behalf. Members may also participate by teleconference

Other:

1. Sub-Committee:

To expedite the role of the AAC, the AAC shall, when appropriate, establish a specific goal-oriented sub-committee/s to facilitate the completion of research and recommendations made by the AAC

2. Expenses:

Members of the AAC who are individual members of the community shall be eligible for reimbursement of expenses incurred which are deemed necessary for full participation in the Committee (e.g. sign language, interpretation services, transportation, etc)

The AAC Co-chair (Staff) is expected to maintain membership data, organize and manage meetings, communicate agendas and relevant content to members and facilitate the creation of annual objectives and work plan

Original Date: September 30, 2003

Revised Date: April 04, 2005

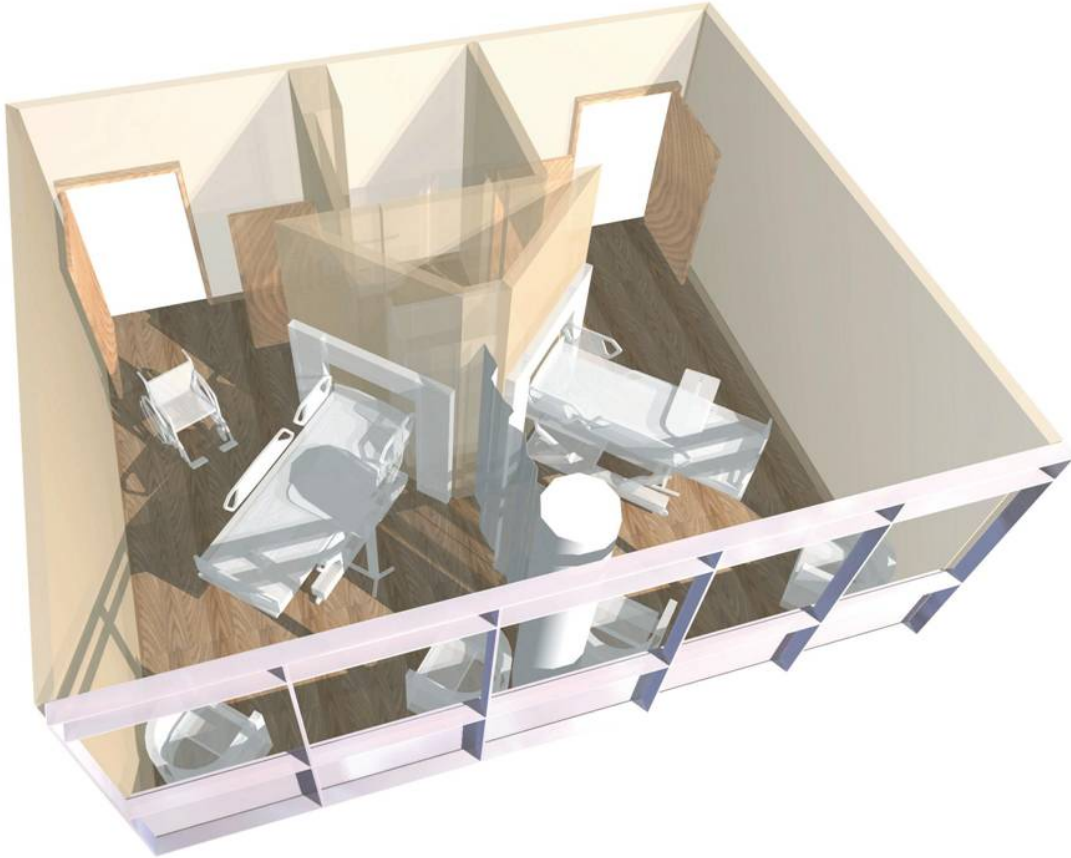
Revised Date: March 1, 2007

Revised Date: May 1, 2007

Revised Date: August 30, 2007

APPENDIX 3

Accessible Inpatient Room Design developed by Trillium Health Centre in consultation with community stakeholders.



APPENDIX 4

Accessibility for Ontarians with Disabilities Act, 2005

[From the Ministry of Community & Social Services, *Accessibility for Ontarians with Disabilities* website <http://www.mcass.gov.on.ca/accessibility/index.html>
<http://www.mcass.gov.on.ca/accessibility/indexf.html>]

Introduction: The purpose of the AODA is to develop, implement and enforce standards for accessibility related to goods, services, facilities, employment, accommodation and buildings.

What is the goal of the Accessibility for Ontarians with Disabilities Act, 2005? The purpose of the Accessibility for Ontarians with Disabilities Act, 2005, is to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025, by developing, implementing and enforcing accessibility standards. The Act would also provide for the involvement of people with disabilities, representatives of sectors of the economy and the Government of Ontario in the development of accessibility standards (Section 1).

How will this legislation make a difference in the lives of people with disabilities? People with disabilities should be able to move around from place to place, go shopping, attend school, visit their doctor or get a job, without facing barriers that people without disabilities would not face. That's what we mean by an accessible society, and that's our goal.

Some Words You Need to Know in Reading the AODA

Accessibility Directorate of Ontario:

The organization within the Ontario government that is responsible for day-to-day administration of the AODA.

Accessibility report:

A report that a person or organization must file if an accessibility standard applies to the person or organization.

Accessibility standard:

An accessibility standard is a rule that persons and organizations have to follow to identify, remove and prevent barriers.

Barrier:

Anything that keeps a person with a disability from participating fully in society because of his or her disability.

Comply:

Another word for "obey". A person or organization covered by the AODA must comply with the Act.

For More Information

You can contact the Accessibility Directorate by telephone, fax or e-mail:

Tel: 416-326-0207 / Toll-free: 1-888-520-5828

TTY: 416-326-0148 / Toll-free 1-888-335-6611

Fax: 416-314-7307

E-mail: accessibility@css.gov.on.ca

APPENDIX 5

The Canadian Human Rights Act (1981)

http://www.chrc-ccdp.ca/publications/chra_guide_lcdp.asp?l=e

- Section 2 of the Canadian Human Rights Act clearly states that all individuals in Canada should have equal opportunity and 'to have their needs accommodated' (within the law).
- All individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society. Section 2 of the Act
- From this perspective, individuals can demand that their needs, based on their particular characteristics, (race, gender, age, culture, disability, etc.) be accommodated by service providers. For example, service brochures should be written in large print to accommodate the needs of elderly persons with failing vision. Services should be provided in different languages to accommodate the needs of people who do not speak English or French.
- The Canadian Human Rights Act prohibits systemic discrimination. The Act defines systemic discrimination as "a seemingly neutral policy or practice, which in fact is discriminatory."
- Under the Canadian Human Rights Act, it is against the law for any employer or service provider to discriminate against anyone on the basis of:
 - race
 - sex (including pregnancy and childbirth)
 - sexual orientation
 - age
 - national or ethnic origin
 - marital status
 - colour
 - family status
 - religion
 - mental or physical disability (including previous dependence on drugs or alcohol)
 - pardoned conviction

Source: Decoito, P & Williams, L. (January 2004). Factors Giving Rise to the Demand for Diversity-Competence Within Organizations

APPENDIX 6

The Canadian Charter of Rights and Freedoms (1982)

<http://laws.justice.gc.ca/en/charter/>

The Canadian Charter of Rights and Freedoms enshrines in law the rights and freedoms of all people in Canada. Three sections of the Charter (15, 26, and 27) are of particular relevance to citizens' demands that services for the public should be delivered in an egalitarian manner while respecting and valuing diversity among citizens.

Section 15 of the Charter focuses on "Equality Rights" of Canadians:

- *(1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.*
- *(2) Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.*

Section 26 of the Charter guarantees equal rights and freedoms to both men and women

- *Notwithstanding anything in this Charter, the rights and freedoms referred to in it are guaranteed equally to male and female persons.*

Section 27 directs Canadians to value, preserve and maintain cultural diversity in the exercise of their rights and freedoms:

- *This Charter shall be interpreted in a manner consistent with the preservation and enhancement of the multicultural heritage of Canadians.*

Source: Decoito, P & Williams, L. (January 2004). Factors Giving Rise to the Demand for Diversity-Competence within Organizations

APPENDIX 7

Appropriate Terminology: Preferred Terms for Disability Issues

Words can influence & reinforce the public's perception of people with disabilities. They can create either a positive view of people with disabilities or an indifferent, negative depiction. This lexicon should help you choose language that is not demeaning or hurtful, and terms that are generally preferred by people with disabilities.

- The preferred terminology is “disability” or “disabled”, not “handicap”
- Remember to put people first. It is more appropriate to say “person with a disability”, rather than “disabled person”
- If unfamiliar with someone or their disability, it is better to wait until they describe their situation to you, than to make your own assumptions about them. Many types of disabilities have similar characteristics, and your assumptions may be wrong

| Instead of: | Please use: |
|--|--|
| Afflicted by cerebral palsy, multiple sclerosis, arthritis, etc | Person who has cerebral palsy, person who has multiple sclerosis, person with a disability |
| Aged (the) | Seniors |
| Autistic | A person with/who has autism |
| Birth defect, congenital defect, deformity | A person who has a congenital disability. A person with a disability since birth |
| Blind (the), visually impaired (the) | A person who is blind. A person with a visual impairment. A person with a low vision |
| Brain damaged | A person with a brain (or head) injury |
| Confined to a wheelchair | A person who uses a wheelchair. A wheelchair user |
| Crazy, insane, lunatic, psycho, mental, mental patient, maniac, neurotic, psychotic, unsound mind, schizophrenic | A person with a mental health disability. A person who has depression. A person with schizophrenia |
| Cripple, crippled, lame | A person with a disability, or who uses a walker, etc |
| Deaf (the), hearing impaired (the) | A person who is deaf, a person who is deafened, a person who is hard of hearing |
| Deaf & dumb, deaf mute | A person who is deaf without speech |
| Deaf-Blind (the) | Person who is deaf-blind |
| Differently Abled; Disabled (the) | Person with a disability; people with disabilities |
| Epileptic | Person who has epilepsy |
| Fits, spells, attacks | Seizures |

| Instead of: | Please use: |
|---|---|
| Mentally retarded, idiot, simple, feeble minded, imbecile | A person with an intellectual disability, or with a developmental disability |
| Midget, Dwarf | A person who has a form of dwarfism, or who is of short stature |
| Mongoloid, Mongolism | Person with Down Syndrome |
| Normal | Person who is not disabled. Person who is able bodied, ambulatory, sighted, hearing person. |
| Physically challenged | Person with a physical disability |
| Spastic | Person who has muscle spasms |
| Stutterer | A person with a speech impairment or impediment |

Source: Accessibility Directorate of Ontario

APPENDIX 8

Persons with Disabilities (PWD)

People with disabilities are “persons first” - unique individuals who also happen to have a disability

Who are persons with disabilities (PWD)?

- PWD are a heterogeneous group of people who reflect the diversity of the Canadian population as a whole in terms of age, gender, race, religion, ethno-cultural background, attitudes, and political beliefs.
- 5 Types of Disabilities:
 - 1) Mobility (i.e. multiple sclerosis, cerebral palsy, spinal cord injury)
 - 2) Sensory (i.e. blindness & visual impairments, deafness & hearing impairments)
 - 3) Mental (i.e. anxiety disorders, mood disorders, schizophrenia)
 - 4) Learning (i.e. dysnomia, dyslexia, motor disabilities)
 - 5) Intellectual/Developmental Disabilities (i.e. intellectual impairment, autism, acquired brain injury)

Some statistics:

- Currently, there are over 1.5 million Ontarians who have a disability and this number is growing
- In 1991: 4.2 million Canadians (15.5 % of the population) had a disability
- 1 in 6 Canadians has a disability
- Currently, over 50% of people over 65 have a disability
- Although all PWD face barriers in society, the negative impact of societal attitudes and structures is even greater for women, Aboriginal persons and people of culturally diverse backgrounds

Barriers that PWD face:

- 1) Attitudinal Barriers: stem from people’s beliefs and assumptions about persons with disabilities
- 2) Physical Barriers: present in transportation systems, housing, places of employment, health care facilities-just to name a few.
- 3) Bureaucratic (systemic) Barriers: found in policies and programs designed without the considering the needs of PWD

Contact: Coalition for Persons with Disabilities

Tel: 905 755 9157 TTY: 905 755 9958

Fax: 905.755.9953 Email: coalition.pwd@sympatico.ca

Source: Coalition for Persons with Disabilities (Peel/Halton/Dufferin) - Reach Out Beyond the Appearances

APPENDIX 9

Tips, Statistics, Definitions and Myths on those with Hearing Difficulties

In 1997, the Supreme Court of Canada ruled (Eldridge v BC) 'where sign language interpreters are necessary for effective communication in the delivery of medical services, the failure to provide them constitutes a denial of the Charter of Rights'.

For patients who are deaf, deafened or hard of hearing, a medical visit or hospital stay can be a traumatic experience because barriers to clear communication create misunderstandings that result in emotional distress, misinformation and embarrassment

Some Statistics:

- For every 10 people that come to your facility, one will have some degree of hearing loss”(Canadian Hearing Society)
- Hearing loss affects over 3 million Canadians
- 1% are deaf
- More than 50% of Canadian over the age of 65 have hearing loss

Common Myths:

- All deaf people use sign language
- Speech and language are the same thing
- All languages are spoken
- Hearing aids completely correct hearing loss
- Friends and family can facilitate communication and fill the role of a professional interpreter or captionist
- The inability to hear affects neither intelligence nor the physical ability to produce sounds.

Definitions:

Deaf: (Upper case D) is a term that refers to members of a socio-linguistic and cultural groups whose language is sign language

Deafened, late deafened or oral deaf: are terms that refer to individuals who have lost all hearing at some point in their lives. Usually they use spoken language and rely on visual forms of communication such as speech reading, text, and occasionally sign language

Hard of hearing: is a term that refers to individuals who have a hearing loss ranging from mild to severe, although it is sometimes profound, and who use their voice and residual hearing and occasionally sign language for communication

How do you know if a patient is deaf, deafened or hard of hearing?

The patient may:

- Point to their ear and shake their head
- Reach for a note pad or make writing motions in the air
- Move their lips without making a sound
- Present a communicard indication hearing loss

Communication Options:

- It is important that patients are asked to identify their mode of communication
- They may communicate by
 - Spoken language
 - Sign language
 - Reading and writing notes
 - Using technical devices
 - Or a combination of these

Communication Tips:

- Environment
 - Avoid noisy background
 - Avoid areas that are poorly lit
 - Do not speak with the light directly behind you because you will be in a shadow
- Technical
 - Hearing aid or cochlear implant should be the last thing removed before surgery and first thing made available after
 - Leave hearing aid within easy reach
 - Write down key phrases and words
- Personal
 - Get the persons attention before you speak
 - Do not indulge in side conversations- they may feel that they are missing important information
 - Make and maintain eye contact
 - Do not do anything unexpected from behind
 - Do not restrict both the patients hands (i.e. never use IV in both arms at once)
 - Do not put obstacles in front of your face
 - Do not shout, speak clearly and distinctly at a moderate pace
 - Visual attention, facial expressions and touch are all very valuable in creating a bond with the patient
 - Rephrase rather than repeat when you are not understood

- Patience and flexibility are considerably important
- In emergency situations
 - You will need to ask patients questions to identify their illness
 - It is suggested that the following questions should be written in large text to communicate with the patient
 - Are you deaf?
 - Do you use sign language?
 - Do you want an interpreter?
 - Can you speak?
 - Do you read lips?
 - Can we write back and forth?

To access an American Sign Language Interpreter, please contact:

| | |
|---|--------------------|
| The Canadian Hearing Society | 905 608 0271 |
| Or their After-Hours Emergency Service, | 1-866-256-5142 |
| 5:00pm – 9:00am weekdays, | TTY 1-866-831-4657 |
| 24 hours per day on weekends & holidays | |

[You can also contract with an Interpretation Agency listed in the Interpretation Services section]

Source: CHS. Get connected to the Deaf, Deafened and hard of hearing patient.

APPENDIX 10

Equipment and Devices for those with Hearing Difficulties at Trillium

Equipment at Trillium Health Centre - Mississauga

Pocket Talkers

Portable one-to-one communication device to assist communication with a hard of hearing patient who is not wearing a hearing aid. Speaker talks into the lapel microphone. The sound is carried to the patient's headset. This minimizes background noise and distance of the speaker

| | |
|----------------------|---|
| Admitting Dept | 2 |
| Emergency Dept | 2 |
| Continuing Care Dept | 5 |

Access Kits:

- Alert Master 6000- wireless visual notification system. Uses a flashing lamp, bed shaker and a panel of indicator lights to inform you which action has triggered the system. I.e. you will be notified when the telephone rings, alarm goes off, and loud noises persist. This includes a base unit, bed shaker, and wireless doorbell transmitter.
- Ultratec Uniphone 1000 – Has features that are helpful for people who are deaf, deafened and hard of hearing. For example, it includes a combination telephone and TTY, extra loud ringer, hearing aid compatible handset-just to name a few.
- Ameriphone In-Line Amplifier- works with all phones to increase the volume up to 40db, compact size and portable, tone control to maximize word clarity
- Door Knocker or Door Bell
- Transmitter
- Bed Shaker

| | | |
|-------------------|---|----|
| Recommended Areas | Long Term Care Communications Speech Language Pathology | |
| Signage | Nursing stations/Lobby/Admitting | 25 |

Equipment at Trillium Health Centre - West Toronto

Pocket Talkers

| | |
|----------------------|---|
| Admitting Department | 1 |
| Urgent Care | 2 |
| Continuing Care Dept | 5 |

Access Kits 3

| | | |
|-------------------|---|--|
| Recommended Areas | Long Term Care Communications Speech Language Pathology | |
| Signage | Nursing Stations/Lobby/Admitting 10 | |

For information or access to equipment for people with hearing difficulties within Trillium Health Centre, please contact Gurwinder Gill, or email her at ggill@thc.on.ca.

APPENDIX 11

A Selection of Community Resources to Help Those with Special Needs

| Peel | Toronto |
|---|--|
| <p>Canadian National Institute for the Blind Tel: 905 275-5332 TTY: 905 275-4409 Fax: 905 275-7710 Email: rob.low@cnib.ca Website: http://www.cnib.ca/eng/index.htm Address: 1270 Central Parkway West, Suite 100, Mississauga, ON L5C 4P4</p> | <p>Tel: 416 486 2500 TTY: 416 480 8645 Fax: 416 480 7700</p> <p>Address: 1929 Bayview Avenue, Toronto, ON, M4G 3E8</p> |
| <p>Canadian Hearing Society Tel: 905 608 0271 TTY: 905 608 1691 Fax: 905 608 8241 Email: office@peel.chs.ca Website: http://www.chs.ca/ Address: 2227 South Millway, Suite 300, Mississauga, ON L5L 3R</p> | <p>Tel: 416 928 2500 TTY: 416 964 0023 Fax: 416 928 2523 Email: office@toronto.chs.ca</p> <p>Address: 271 Spadina Road, Toronto, ON M5R 2V3</p> |
| <p>Coalition for Persons with Disabilities Tel: 905-755-9157 TTY: 905-755-9958 Fax: 905-755-9953 Email: coalition.pwd@sympatico.ca Website: http://www.disabilityaccess.org/ Address: 10 Kingsbridge Garden Circle, Suite 403, Mississauga, ON, L5R 3K6</p> | |

APPENDIX 12

Universal Instructional Design

What is Universal Instructional Design?

The basic premise of universal instructional design is that 'curriculum should include alternatives to make it accessible and applicable to students with different backgrounds, learning styles, abilities and disabilities. The 'universal' in universal design does not imply that one size fits all; instead, it stresses the need for flexible, customizable content, assignments and activities'. (www.gen.umn.ed) It is modeled after universal design principles in architecture.

Principles of Universal Instructional Design: *(From the principles at Georgian College, compiled from North Carolina State University's Principles of Universal Design, & Chickering & Gamson's Seven Principles for Good Practice in Undergraduate Education)*

1. **Be straightforward and consistent:** Determine the essential knowledge and skills components or outcomes of the session/course that participants must attain to successfully follow along/complete the course and convey this information consistently through verbal and written means.
2. **Be explicitly presented and readily perceived:** Provide clear expectations and feedback regarding your expectations.
3. **Provide a supportive learning environment:** Explore and incorporate ways to incorporate natural supports for learning. Some disability related accommodations benefit all students. For example, distribution of syllabus/course outlines and objectives.
4. **Minimize unnecessary physical effort or requirements:** Provide multi-modal instructional methods to accommodate a variety of learning styles and abilities.
5. **Provide flexibility in use, participation and presentation:** Create and provide a variety of ways for learners to demonstrate knowledge.
6. **Use technology to enhance learning opportunities** such as: on line, course listservs, screen reader compatible software
7. **Be accessible and fair:** Encourage instructor/presenter-student contact. Invite participants to use email and your available office hours to ask questions and solicit feedback.

Additional Web Resources:

Mohawk College UID Faculty Workbook

<http://www.mohawkcollege.ca/dept/stdev/Disability/UID-Faculty-Workbook.pdf>

University of Western Ontario/Incorporating UID Principles Into Teaching

<http://www.uwo.ca/tsc/pdf/Spring%20Perspectives%20on%20Teaching-2005.pdf>

University of Guelph, UID Teaching Support Services

<http://www.tss.uoguelph.ca/projects/uid/index.html>

Principles of Universal Instructional Design

http://www.design.ncsu.edu/cud/univ_design/principles/udprinciples.htm

APPENDIX 13

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 - Barrier Free Design for Automated Banking Machines B651.1-01
 - Customer Service Standards for People with Disabilities B480 - 02
3. City of Mississauga Accessibility Design Handbook
<http://www.mississauga.ca/portal/residents/accessibilityhandbook>
4. City of Toronto Accessibility Design Guidelines
http://www.toronto.ca/diversity/accessibility_design_guidelines.htm#design
5. Handidactis Report to Trillium Health Centre, 2000
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7. Ontario Building Code
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8. Ontario Human Rights Commission
<http://www.ohrc.on.ca/english/publications/disability-policy.shtml>
9. Planning a barrier Free City of Toronto, a Statement of Planning Principles, Shane Holten, M.E.S. (Revision May 2003)
[http://www.sph-planning-consulting.ca/documents/TJCC_May2003%20\(SPH\).pdf#search=%22Planning%20a%20barrier%20Free%20City%20of%20Toronto%2C%22](http://www.sph-planning-consulting.ca/documents/TJCC_May2003%20(SPH).pdf#search=%22Planning%20a%20barrier%20Free%20City%20of%20Toronto%2C%22)
10. Principles of Universal Design, North Carolina State University
http://www.design.ncsu.edu/cud/about_ud/udprinciples.htm
11. Seven Principles for Good Practice in Undergraduate Education, Arthur W. Chickering and Zelda F. Gamson
<http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/7princip.htm>