



TERMS OF REFERENCE

Land Acknowledgement and Reflection

Toronto is a traditional gathering place for the many Indigenous Peoples of Turtle Island.

We recognize the Ancestral and Traditional Territories of the Wendat, the Anishnaabeg, the Mississaugas of the Credit First Nation and the Haudenosaunee and thank them for their stewardship and for allowing us to gather, work, and thrive on their territories and nations.

Preamble

Women's College Hospital (WCH) is a world leader in health for women, health equity and health system solutions – a hospital designed to keep people out of hospital. WCH is committed to equity and striving to be an organization that reflects the diversity of the world we live in and the communities we serve, offering the best healthcare options for all.

WCH advocates for health equity, grounded in the belief that a healthy society requires a level playing field where everyone has access to timely, high quality, efficient and compassionate care.

Health(Care) as a Human Right. Bridging the Health Gaps.

WCH's equity vision underscores the hospital's strategic commitment to healthcare as a human right, identifying and addressing gaps in health outcomes and healthcare access.

It also emphasizes the importance of patient and community engagement in the design, development and advocacy aspects of this work. Each tenet of the equity vision aims to increase access and reduce or eliminate barriers to our services, and to promote health equity as an integral part of our planning.

Accessibility planning initiatives conducted by WCH compliments the hospital's broader equity vision and commitment to optimal health outcomes for diverse women and their families through community informed, inclusive and responsive services.

Background

On June 13, 2005, the Province of Ontario decreed the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). The legislation is intended to develop, implement and enforce accessibility standards for Ontarians with disabilities with respect to goods, services, facilities, accommodation, building, structures, premises and employment.

To achieve this objective, the AODA articulates specific standards that employers and providers of goods or services – including hospitals – are required to uphold.





The Integrated Accessibility Standards, which came into force on July 1, 2011, require standards from hospitals in relation to accessibility in the areas of information and communication, employment, public transportation, and the design of public spaces.

Additionally, the Integrated Accessibility Standards require hospitals to:

1. establish, implement, maintain and document a multi-year accessibility plan (by January 1, 2013)
2. outline the hospital's strategy to prevent and remove barriers to accessibility
3. maintain accessibility policies governing how the organization achieves or will achieve compliance with the Integrated Accessibility Standards (by January 1, 2013).

The plan must be available to the public and must be updated every five years. The Integrated Accessibility Standards also require hospitals to develop, implement

Furthermore, the Integrated Accessibility Standards require hospitals to train their employees and volunteers on the requirements of the Integrated Accessibility Standards and on the Human Rights Code as it pertains to persons with disabilities.

Specifically, the Customer Service Standards require that hospitals:

1. establish policies, practices and procedures on providing services to people with disabilities;
2. use reasonable efforts to ensure that policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity;
3. set a policy on allowing people to use their own personal assistive devices to access services and on any measures made available by the hospital for enabling access to services;
4. communicate with a person with a disability in a manner that takes into account his/her/their disability;
5. allow people with disabilities to be accompanied by their guide dog or service animal in public areas of the hospital's premises;
6. permit people with disabilities who rely on a support person to have that person accompany them while accessing services in public areas of the hospital's premises;
7. provide notice when facilities or services that people with disabilities rely on to access a hospital's services will be disrupted;
8. train staff, volunteers and contractors on interacting and communicating with persons with disabilities, how to use assistive devices that are available, and what to do if a person with a disability is experiencing difficulty accessing the hospital's services;
9. document in writing all policies, practices and procedures for providing accessible service;
10. notify those to whom services are provided that documents required under the Customer Service Standard are available upon request; and



Four Core Principles of the AODA

Dignity

- Policies, procedures and practices that respect the dignity of a person with a disability are those that treat them as customers and clients who are as valued and as deserving of effective and full service as any other customer. They do not treat people with disabilities as an afterthought or force them to accept lesser service, quality or convenience. Service delivery needs to take into account how people with disabilities can effectively access and use services and show respect for these methods.

Independence

- In some instances, independence means freedom from control or influence of others freedom to make your own choices. In other situations, it may mean the freedom to do things in your own way. People who may move or speak more slowly should not be denied an opportunity to participate in a program or service because of this factor. A staff person should not hurry them or take over a task for them if they prefer to do it themselves in their own way.

Integrated Services

- Integrated services are those that allow people with disabilities to fully benefit from the same services, in the same place and in the same or similar way as other customers. Integration means that policies, practices and procedures are designed to be accessible to everyone including people with disabilities. Sometimes integration does not serve the needs of all people with disabilities. Alternative measures, rather than integration, might be necessary because the person with a disability requires it or because you cannot provide another option at the time. If you are unable to remove a barrier to accessibility, you need to consider what else can be done to provide services to people with disability

Equal Opportunity

- Equal opportunity means having the same chances, options, benefits and results as others. In the case of services it means that people with disabilities have the same opportunity to benefit from the way you provide goods or services as others. They should not have to make significantly more effort to access or obtain service. They should also not have to accept lesser quality or more inconvenience.



Committee Mandate

The Women's Accessibility and Equity Committee for AODA Hospital compliance (WATCH) is designed to support WCH in complying with the Accessibility for Ontarians with Disabilities Act (AODA) and is the main instrument to accessibility at the hospital.

To that end, WATCH will advise, recommend and assist the WCH community in promoting and facilitating a barrier-free hospital for staff, clients, families, volunteers, learners, community partners and all stakeholders of all abilities (universal accessibility), including persons with disabilities.

Members of the Committee will be expected to:

1. champion, update, monitor and evaluate the WCH Accessibility Plan to ensure AODA compliance
2. promote accessibility education across the hospital
3. identify ongoing barriers to access for proactive elimination and future prevention for the benefit of staff, clients, families, volunteers, learners, community partners and all stakeholders, through a process of consultation

Specific Activities

The Committee will be responsible to:

1. Develop the multi-year and annual Accessibility Plan in accordance with the Customer Service, IASR (Employment, Information and Communication and Transportation Standard) and the Built Environment Design of Public Spaces Standard.
 - a. Review access for persons with disabilities to buildings, structures and premises that the hospital purchases, constructs, significantly renovates, leases or funds.
 - b. Review the hospital's Accessibility Plan and policies every three years, to ensure documents remain compliant with current and evolving accessibility requirements.
 - c. Establish and monitor a process to assess implementation activities at regular intervals and respond to emerging accessibility issues
2. Ensure that the accessible plans conform to the principles of the AODA and OHRC and are available to the public in accessible format on request.
3. Provide leadership in the development of a formal process of identification, elimination and prevention of barriers in the service, work and learning environment for staff, clients, families, volunteers, learners, community partners and all WCH stakeholders.
4. Champion and integrate accessibility and universal design principles while promoting, planning and implementing AODA/ODA deliverables to strengthen a culture of inclusion at WCH
5. Monitor and respond to changes to the legislation by appropriately adjusting the work of the committee as standards evolve.



Committee Composition

Membership

The Equity and Accessibility Steering Committee will consist of a maximum of **10 to 15** members who will serve a minimum and maximum term of one year and two years, respectively; and will represent:

1. B & M Security and Facilities
2. Clinical Directors/ Managers
3. Human Resources
4. IM/IT
5. Occupational Health, Safety & Wellness
6. Our community (Patient/Family)
7. Patient Relations
8. Quality, Safety & Patient Experience
9. Strategic Communications
10. Volunteer Services

Co-Chairs

The Equity and Accessibility Steering Committee will be Co-chaired by:

1. the Director, Facilities and Operations and
2. Director, Anti-Racism, Equity and Social Accountability and the

Executive Sponsorship

As a signal of its corporate commitment to the principles of equity, inclusion, engagement, and accessibility, hospital leadership will be assigned one permanent member on the committee to serve as executive sponsor:

1. VP, People, Culture and Equity

Reporting Structure

The Committee reports to the Senior Leadership Council through the Co-chairs.

Decision-Making Authority

The Steering committee has the authority to make recommendations to the Executive Team with respect to strategies and resolutions for identified equity and accessibility issues.



Membership Expectations

Members of the Equity and Accessibility Steering Committee are expected to be champions of equity and accessibility best practice, and:

1. Demonstrate an understanding of the importance of accessibility, specifically as a strategic priority; and advocate for equality, diversity, inclusion and belonging best practice across the organization.
2. Proactively promote and embed equity best practices within their respective unit, department, office, or program, in collaboration with the Committee.
3. Act as a contact within their respective unit, department, office, or program to receive reports regarding accessibility concerns; and represent collective views at relevant meetings and committees
4. Identify and constructively challenge organizational environments and policies which compromise accessibility efforts
5. Receive training on issues, including:
 - a. Accessibility for Ontarians with Disabilities Act
 - b. Introduction to Ethics
 - c. Workplace Health and Safety Awareness

Meetings

The steering committee will meet quarterly or at the call of the co-chairs as required for arising equity/accessibility issues.

Sub-Working Groups

The Steering committee will establish sub-working groups as required to work on strategies/solutions for managing equity/accessibility issues.

Date established:



Definitions

Within this Terms of Reference, the term:

disability means, according to the AODA and the Ontario Human Rights Code:

- 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 coordination, blindness or visual impediment, deafness or hearing impediment, 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;
- c. condition of a developmental disability;
- d. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- e. a mental disorder; or,
- f. 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”).

barrier means, according to the AODA:

- a. anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including:
- b. physical barriers, for example a step at the entrance to a store;
- c. architectural barriers, for example no elevators in a building of more than one floor;
- d. information or communication barriers, for example a publication that is not available in large print;
- e. attitudinal barriers, for example assuming people with a disability can't perform a certain task when in fact they can;
- f. technological barriers such as traffic lights that change too quickly before a person with a disability has time to get through the intersection; and
- g. barriers created by policies or practices, for instance not offering different ways to complete a test as part of job hiring.