

SHOULDICE HOSPITAL

MULTI-YEAR ACCESSIBILITY PLAN

2019 - 2023



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The Accessibility Working Group

Reviewed on:
March 10, 2021
April 7, 2021

This publication is available 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 their identification, removal and prevention of barriers to their full participation in the life of the province. To this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

This year's Accessibility Plan reflects our commitment to implement and monitor compliance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). In particular, the Hospital's Accessibility Plan takes into account the Customer Service Regulation, as well as the Integrated Accessibility Standards Regulation, both of which are now law, and any applicable provisions of the Built Environment Regulation currently under development. Over the next 5 years, work is being completed to be compliant with the Employment Standard as well as the Information and Communication Standard.

This document is Shouldice Hospital's Plan for the years January 2019 to December 2023. The Plan describes; (1) the measures that Shouldice Hospital has taken in the past, and (2) the measures that the Hospital will take during the year 2014 and (3) the measures the Hospital will take during the years 2019-2023 to identify, remove and prevent barriers for people with disabilities who live, work in or use the facilities and services of Shouldice Hospital.

HOSPITAL PROFILE

AIM

This plan describes the measures that will take place during the coming years to identify, remove and prevent barriers to people with disabilities who live, work in or use the Hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

OBJECTIVES

This plan:

1. Describes the process by which Shouldice Hospital will identify, remove and prevent barriers to people with disabilities.
2. Review efforts at Shouldice Hospital to remove and prevent barriers to people with disabilities over the past year.

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3. Lists the by-laws, policies, programs, practices and services that Shouldice Hospital will review in the coming year to identify barriers to people with disabilities.
4. Describe the measures Shouldice Hospital will take in the coming years to identify, remove and prevent barriers to people with disabilities.
5. Describe how Shouldice Hospital will make this accessibility plan available to the public.

DESCRIPTION OF THE ACCESSIBLE HOSPITAL CORPORATION

SHOULDICE HOSPITAL LIMITED (“SHOULDICE HOSPITAL OR HOSPITAL”)

Shouldice Hospital is located in Thornhill, in the Region of York. The region is served by three other acute care facilities, South Lake Health Care, York Central Hospital (now MacKenzie Health), and Markham/Stouffville Hospital. Three public hospitals in the region offer extensive community programs both internally and externally. Shouldice Hospital offers only one program – the repair of external abdominal wall hernias.

Shouldice Hospital is an acute-care licensed private hospital with 89 surgical beds. It is equipped with 5 operating theatres exclusively utilized for the repair of external abdominal wall hernias. The hospital provides in-patient services and surgical procedures in excess of 7,000 cases per year.

The following types of hernia repairs are performed at Shouldice Hospital.

- Direct Inguinal and Indirect Inguinal
- Umbilical
- Epigastric
- Femoral
- Incisional and Ventral

The surgical program continues to maintain its position as a leader in the medical community by maintaining the lowest recorded recurrence, complication and infection rates.

Shouldice Hospital is a provincial referral center, serving a catchment area comprised of every health district in Ontario. We are not a community-based hospital with a mandate to a primary geographic area.

The Hospital is a “focused factory” as described in the book by Harvard Professor Regina Hertlinger “Market Driven Health Care”. Professor Jim Heskett from Harvard, who was the co-author of the popular and world famous Harvard

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case study on Shouldice Hospital, states that “many have judged it the best hospital.”

Shouldice Hospital has made a strong Canadian contribution to the international academic community in the fields of Service Management, Health Care Policy, Marketing and Operations Management, as well as the surgical repair of abdominal wall hernias.

We contribute regularly to medical education through our involvement with medical students from the University of Toronto. Hernia repair is the topic of a clinical and surgical orientation program set up for the third year medical students.

MISSION

The mission of Shouldice Hospital is to continue to be the world leader in hernia repair by constantly reviewing our surgical and research programs, while providing economical, high quality care and service to patients from Ontario, other provinces and internationally. Our environment will continue to promote independence and innovative self-care practices in our patients, supported by a skilled and caring medical and lay staff.

The delivery of care at Shouldice Hospital is holistic in nature. Patients benefit from a total environment designed to promote speedy, permanent, physical and psychological recovery from abdominal wall surgery. Each one of the patient's served at Shouldice Hospital receives a uniquely structured regimen of health care specifically designed and developed over 65 years to meet the precise needs of people with external abdominal wall hernias. The Hospital's philosophy is simple, “The patient's welfare is our responsibility.” The term responsibility is taken seriously and in the truest sense of the word. As a result, the patient's welfare includes the whole patient, in mind, body and spirit.

VALUES AND STATEMENT

Shouldice Hospital is committed to excellence through:

- Respect and compassion for our patients;
- On-going evaluation and refining of our systems and programs;
- Responsible management of our resources – human and material; and
- Recognition of the unique contribution of each employee.

Shouldice Hospital is known around the world as a center of excellence and for its expertise. These two factors have drawn patients from Ontario, all other provinces, and from over 89 countries around the world. No single regional

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health authority is exclusively responsible for the patient population of Shouldice Hospital.

Since the Hospital's founding in 1945, we have been leaders in a holistic approach to patient care, recognizing that every patient is a unique individual. We have created an environment, which maximizes the patient's ability to maintain his/her dignity by providing self-care to the extent to which he/she is able, and at the same time, ensuring that safe, competent, professional care is provided.

On the rare occasions where a patient's medical needs exceed our ability to provide the adequate medical care, arrangements have been made with other specialists for further treatment. Because our patients have a common reason for coming here, their social interactions become an important element in their care.

THE ACCESSIBILITY PLAN

THE ACCESSIBILITY WORKING GROUP

ESTABLISHMENT:

Shouldice Hospital formally constituted the Accessibility Working Group in September 2005. The Working Group is formally authorized to provide a forum to meet Shouldice Hospital's mandate as set out in the Accessibility for Ontarians with Disabilities Act, 2005. This includes:

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify barriers that will be removed or prevented in the coming year;
- Describe how these barriers will be removed or prevented in the coming year; and
- Prepare a plan on these activities, and after its approval by the Hospital's Chief Administrative Officer, make the plans available to the public.

MEMBERSHIP:

WORKING GROUP MEMBERS	DEPARTMENT	CONTACT INFORMATION
Catherine Hill Coordinator	Supervisor, Health Records	chegarty@shouldice.com 905-695-4915
Fred Cook Coordinator	Manager, Facilities & Infrastructure	fcook@shouldice.com 647-624-9305
Pam Novak	Release of Information Officer	pnovak@shouldice.com 905-889-1125 Ext. 306
Karl Seebach	IT Administrator	support@shouldice.com 905-889-1125 Ext. 303
Mike Trendafilov	Director of Finance	mtrendafilov@shouldice.com 905-695-4968
Donna Reeve	Human Resources	dreeve@shouldice.com 905-889-1125 Ext. 246
To be determined	Community Member	

SHOULDICE HOSPITAL IS COMMITTED TO:

- The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;

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- The participation of people with disabilities in the development and review of its annual accessibility plans;
- Ensuring Hospital by-laws and policies are consistent with the principles of accessibility; and
- The establishment of an Accessibility Working Group at the Hospital.

BARRIER-REMOVAL INITIATIVES

SITE AUDIT

In July 2006 the Accessibility Working Group proceeded to determine what significant barriers needed to be addressed, and to prioritize those barriers and the work that needed to be completed to address those concerns. The group performed an audit on July 10, 2006 and submitted a report on July 11, 2006. The report has since been referred to the Health and Safety Committee and the Board of Directors for review and follow-up.

POLICY REVIEW AND DEVELOPMENT BY THE HEALTH AND SAFETY COMMITTEE

On-going review and development of policies will continue every year by the Accessibility Committee to identify and remove barrier to employees, patients, and visitors with disabilities. The Hospital, in coordination with the Health and Safety Committee will proactively identify, implement, and review policies that are related to patient care.

BARRIER IDENTIFICATION METHODOLOGIES

The Accessibility Working Group used the following barrier-identification methodologies:

<u>METHODOLOGY</u>	<u>DESCRIPTION</u>	<u>STATUS</u>
Health Care Standards	Using benchmarking against similar facilities.	Ongoing process.
Brainstorming exercise	The Accessibility Working Group used background materials from the ODA from the Accessibility Directorate of Ontario to conduct a brainstorming exercise and to subsequently perform a review/audit of the hospital using the Tool for Hospital Accessibility Working Groups.	Exercise completed at meeting held in November 2005.
Accessibility Site Audit	The Accessibility Working Group used background materials on the ODA from the Accessibility Directorate of Ontario to conduct a review/audit of the hospital using the Tools for Hospital Accessibility Working Groups.	Site audit and review was performed in July 2006.
Community member on-site visit	Members of the Accessibility Working Group received feedback from community members through on-site hospital visits.	On-site visits performed in 2008 and 2012.

BARRIERS IDENTIFIED

In its review, the Accessibility Working Group identified 27 barriers in total. Over the coming years, the Accessibility Working Group will identify significant barriers to be addressed every year. The list is divided into six types of barriers: (1) physical; (2) architectural; (3) informational or communication-based; (4) attitudinal; (5) technological; (6) policies and practices.

<u>TYPE OF BARRIER</u>	<u>DESCRIPTION OF BARRIER</u>	<u>STRATEGY FOR ITS REMOVAL/PREVENTION</u>
Architectural	All public washroom doors do not have push-button access.	Installation of push-buttons or swing doors where permitted to meet building code.
Architectural	Washrooms near the accounts department, the counter and garbage can/towel dispenser hinders maneuverability.	Shorten counter width and move garbage/towel dispenser to allow for increased mobility. Install touchless taps, auto-flush toilets, and touchless hand dryers where possible.
Architectural	Difficulty accessing Hospital grounds through the solarium, the second-floor patio, the balconies on second and third level lounge, and the dining room lounge. All hindered access for wheelchair users.	Install ramps where possible. Solarium now converted to Café which is now accessible. Inform the public that there is no wheelchair access to the grounds from the sunroom by putting a sign on the door.
Architectural	In the patient's room, access to the washroom is narrow, and although a wheelchair maybe able to gain entrance, there is not sufficient room to maneuver.	Undertake a study with respect to wheelchair accessibility. One fully remodeled accessible patient room available – Room 315 Increase the number of wheelchair accessible bathrooms, possibly on the second floor to allow for ease of transfer in case of an emergency.
Architectural	Lack of parking spaces for disabled persons.	Research regulations for number of parking spots required. Create additional parking spaces and monitor parking lot to ensure that they are being correctly utilized.
Architectural	Handicapped parking spots are narrow to allow for sufficient maneuverability.	Research regulations for appropriate parking spot width. Widen handicapped parking spots to allow

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		for more maneuverability. Additional spot added and spots widened in 2014.
Architectural	Difficulty for persons with disability to access the second or third floor showers.	Construct wheelchair accessible shower rooms for the second and third floors. Research on washroom layouts to allow for wheelchair accessibility. Full accessible patient shower remodel completed in 2018.
Architectural	Partition in patient's room blocks access to the washroom and sink areas.	Remove partition to allow for accessibility to washroom and sink areas. Research on bathroom layouts to allow for wheelchair accessibility. Fully accessible patient room completed in 2018.
Attitudinal	Education and information for staff about persons with disabilities.	Review and identify programs and training to staff for long-term commitment to accessibility. Inform staff of "patient-friendly system" for people with disabilities. This will help educate staff of appropriate terminology and behaviour for dealing with persons with disabilities. Implement sensitivity training for all staff to work along side people with disabilities. This will help foster an environment that meets the needs of individuals with disabilities. New learning management system implemented in 2019 to better track the learning of all employees.
Architectural	Inability to access garden from the second floor stairwell exit for persons with physical disabilities.	Shorten gate that impedes access to gardens to provide access to wheelchair users.
Architectural	Inability to access front gardens from the outside front entrance for people with physical disabilities.	Build ramps by flagstones to allow for front garden access and avoid damaging the hospital grounds.
Architectural	Bathrooms by dining room lounge do not accommodate wheelchair users – women's washroom is too narrow, while the men's	Provide larger entrance-way for the women's washroom and toilet area. Lower counter height for men's washroom. Adjoin the two toilet stalls into

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	washroom, access to toilet and sink is hindered.	one to allow for more maneuverability.
Communication/ Information	Limited availability of communication tools, forms and information provided by the hospital in alternate formats for persons who are visually and/or hearing impaired.	Currently using Bell Relay Operators for TTY users. Alternative formats available upon request. ASL Interpreter now available upon request.
Communication/ Information	Elevator panel to accommodate those who are visually impaired.	Install signage in Braille on elevator panels throughout the hospital. Signs with Braille added and voice added to the elevators.
Communication/ Information	Address signage for multiple barriers to be identified and addressed.	Post availability of Annual Accessibility Plan on the Health and Safety bulletin board, company web page, inter-office memos, and around the hospital and medical facility via information pamphlets to inform the community of the hospital's compliance and commitment to the new Accessibility Act.
Physical	Washroom fixtures difficult to reach for persons with physical disabilities.	Move soap dispensers, install grab bars, reposition, towel dispenser, and alter counter height. Research on bathroom layouts to allow for wheelchair accessibility. Upgraded Room 315 in 2018.
Physical	Difficulty for touring grounds by persons who having walking impairments.	Wheelchairs should be made available for use for the public.
Physical	Patient procedure bed located in the Lab impede those who are physically disabled.	Install beds with adjustable heights. Decrease the height of current beds by altering the legs or making bed easily accessible. Purchased reclining lab chairs that are lower for easier transfer.
Physical	People with physical disabilities have difficulty-accessing nurses' station on the second and third floors, as they are too high.	Lower counters for both nurses' station on the second and third floor. Implement use of pedestal chairs at nurses' station to increase visibility.
Physical	Access to second and third floor shower areas is impeded for a physically challenged individual.	Provide larger entrance to shower room, and walk-in showers, with seat for bathtub. Research on bathroom layouts to allow for wheelchair accessibility. Fully remodeled patient

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		shower completed in 2018.
Policy/Practice	Transfer of announcements over the intercom for people with hearing impairments who cannot hear clearly or at all.	Ensure staff are attentive to the needs of patients with disabilities in emergency situations, and come to their aid in case of emergencies.
Policy/Practice	Awareness for persons with disabilities.	Special attention should be made when purchasing furniture for the Hospital to ensure that it does not impeded accessibility for persons with disabilities. Review and identify programs and training to staff for long-term commitment to accessibility. Inform staff of “patient care system” for people with disabilities. This will help educate staff of appropriate terminology and behaviour for dealing with persons with disabilities. Implement sensitivity training for all staff to work alongside people with disabilities. This will help foster an environment that meets the needs of individuals with disabilities. New concourse waiting room furniture with larger arms and lower chairs for easier transfer if required.

BARRIER REMOVAL INITIATIVES & PLAN TO MEET MANDATORY REQUIREMENTS OF INTEGRATED ACCESSIBILITY STANDARD:

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Barrier	Objective	Means to Remove/prevent	Legislated Compliance Date	Timing	Current Status
Requirements under Information & Communications Standard					
Communication Accessible websites and web content	Make website and web content accessible	By January 1, 2014, a new website or if existing site undergoes a significant refresh, the site and any content published after January 1, 2012 must conform to WCAG 2.0 Level A By January 1, 2021, all public websites and all web content on these sites published after January 1, 2012 must conform to WCAG 2.0 Level AA	January 1, 2014	WCAG 2.0 Level A January 1, 2014 IT Department Management	WCAG 2.0 Level A compliant Review Ongoing
Emergency and Public Safety Information	Make emergency and public safety information available on request	Accessible format			When outbreak occurs, there are news releases to all media. Signs will be posted at the entrance of the hospital and on parking meters and websites will be updated Ongoing
Accessible Formats and Communication Supports	Upon request, provide or arrange for the provision of accessible formats and communication supports for persons with disabilities		January 1, 2016		Provision of audio and visual aid via Samsung Tablet in place for persons with hearing disabilities Ongoing

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Accessible Feedback Process	Ensure the processes for feedback are accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports upon request. Also includes notification of public or this availability		January 1, 2015		Shouldice Hospital strives to make sure that all communications are accessible in alternative formats upon request Ongoing
Requirements under Employment Standards					
Training	Ensure the training of hospital employees to improve awareness		January 1, 2015	Completed Annually	Training will be provided in a way that best suits the duties of the employees and other staff members. All training modules available on Surge Learning annually. Records of all training will be maintained and kept current according to the standard Ongoing
Workplace Emergency Response	Provide individualized workplace emergency response information to employees who have a disability		January 1, 2014	Completed	This is included in the new employee orientation package and all existing employees were notified via memorandum Ongoing

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Recruitment	Notify employees and the public about the availability of accommodation for applicants with disabilities in its recruitment process	Consult with a selected candidate who requests accommodation and provide or arrange for the provision of a suitable accommodation in a manner that takes into account the applicant's accessibility needs	January 1, 2014	Completed	Shouldice Hospital will notify the successful applicant of its policies for accommodating employees with disabilities If an applicant requests an accommodation, Shouldice Hospital will arrange for a suitable accommodation in a manner that takes into account the applicant accessibility needs Ongoing
Return to Work Process	Have a Return to Work process in place for employees with disabilities and/or require disability-related accommodations to Return to Work		January 1, 2014	Completed	The return to work process is established with the addition of a Return to Work progress report Complete
Documented Accommodation Plans	Provide documented individual accommodation plans for employees with disabilities		January 1, 2014	Completed	Accommodation process in place and a formal request form Ongoing

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Performance Management	An employer will take into account the accessibility needs of employees and accommodation plans when using its performance management process		January 1, 2014	Completed	Individualized approach taken for each employee as required Ongoing
Accessible formats & Communication Supports for employees	In consultation with a disabled employee who requests accessible formats or communication supports, these supports shall be provided	Provide accessible formats and communication support required for the employee to perform their job	January 1, 2014	IT Department	Managers evaluate this with RTW and accommodation requests and consult with the Managing Director and IT Department to provide the appropriate format and/or communication (le: voice recognition software, large print, audio, etc) Ongoing
Career development and advancement			January 1, 2014	Completed	Individualized approach taken for each employee as required Ongoing
Redeployment			January 1, 2014	Completed	We receive an FAF and provide an offer of modified duties upon request Ongoing

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Requirements for Shouldice Hospital under the Transportation Standard					
Transportation			January 1, 2015	Completed in 2014	Shouldice Hospital has contact information for a transportation service which offers wheelchair accessibilities located at our front reception for patients, staff, guests, and visitors Completed
Requirements under Design of Public Spaces Standard					
Exterior Paths of Travel	When providing new and redeveloping exterior paths of travel – ie outdoor sidewalks, walkways, ramps, and stairs, they must follow certain technical requirements	Must follow minimal width and height requirements according to the building code. Surfaces of ramps and stairs must be firm, stable and slip resistant	January 1, 2017		The maintenance department has created and maintained outdoor ramps. Create additional ramp from main level to garden level Ongoing
Parking			January 1, 2014	Completed	Currently meet the required standards for handicapped parking spaces Completed
Make Service counters and waiting areas accessible	When building new or making changes to service counters and waiting areas, accessibility standards must be followed	Front reception: Replace or modify existing reception desk to accommodate patients with wheelchairs, walkers, and other mobility aid to allow enough clear space in front for a person in a mobility aid to approach the desk, including space for their knees	January 1, 2017	Completed in 2019	New Reception desk with accessible surface installed in 2019 Accessible service counters installed in Café in 2019 Accessible luggage cubby installed in waiting area in 2019 Completed

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<p>Maintain the accessible parts of Public Spaces</p>			<p>January 1, 2017</p>		<p>For temporary disruption in service, notices are posted in the hospital, parking meters, and on the website</p> <p>Protocol for notification of short-term service disruption to be discussed further ie: global notification solution: Patient portal</p> <p>Ongoing</p>
<p>Other identified Barriers - Ongoing</p>					
<p>Elevators</p>		<p>Improve signage</p>		<p>Completed Spring to Fall 2015</p>	<p>Elevators have been upgraded with Braille and voice</p> <p>Administrative elevator – telephone has been lowered to accommodate those in a wheelchair</p> <p>Completed</p>
<p>Entrances</p>		<p>Insufficient accessible entrances to the hospital</p>			<p>Currently reviewing all entrances to make more accessible</p> <p>Front entrance fully accessible – completed in 2018</p> <p>Additional ramp from main level to garden level to be reviewed in 2021</p> <p>Ongoing</p>

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Public Washrooms		Increase number of accessible public washrooms			Currently have two accessible washrooms Alarms and touchless hand dryers added to both washrooms Room 315 Health Records-lower level Ongoing
Patient Showers		Increase access to accommodate patients with disabilities		Completed in 2018	Total renovation of both patient showers – now accessible with handrails, and folding bench Completed
Patient Information		Improve accessibility		Completed in January 2014	Provide list of available assisted devices and accessibility information for patients, staff, and visitors Improvements Ongoing
Main Entrance		Improve accessibility		Completed in 2018	Front entrance fully accessible – completed in 2018 Main entrance ramp upgraded in 2018 Completed
Way Finding		Improve signage			Larger signs have been installed with further signage under review. Ongoing

REVIEW AND MONITORING PROCESS

The Accessibility Working Group will meet quarterly and as needed to review progress. At each meeting, the Working Group will remind staff, either through personal contacts, internal office memos, or by email, about their roles in the ongoing assessment and implementation of the plan. Members of the Working Group will also commit to making presentations for the Health and Safety Committee and to update them on a regular basis.

COMMUNICATION OF THE PLAN

The Hospital's Accessibility Plan is posted on the Shouldice Hospital public bulletin board. Hard copies are available from the Director of Nursing, the Supervisor of each department, and the Administrative Assistant. On request, the plan can be made available in alternative formats such as computer disk in electronic text or in large print.

