

Guidance Document for Declaration of Values *ECFAA* requirement

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1 Overview

1.1 The Purpose Of This Guidance

The purpose of this guidance document is two-fold. First, it is intended to help hospitals assess their own compliance with the ECFA requirement of a patient declaration of values created through public consultation. Second, it is intended to offer helpful assistance to hospitals in their efforts to create or update their patient declarations of values.

This document was produced through consultation with key stakeholders who are involved in hospital patient relations at hospitals across Ontario or related health sector associations. The fifteen key stakeholders reflected the diversity of hospitals in the province: they represented small, large, urban, rural, southern, northern, teaching and community hospitals.

1.2 The Purpose Of The ECFAA Patient Declaration of Values (DoV)

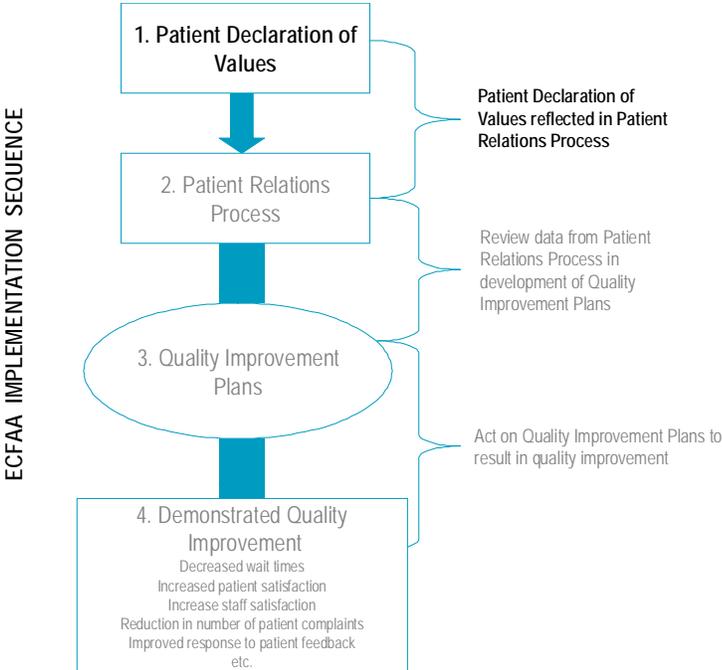
The *Excellent Care for All Act (ECFAA)* requires all hospitals to have a publicly available patient declaration of values produced after consultation with the public. The consultation process must be initiated by December 8, 2010 (6 months after ECFAA received Royal Assent), and the patient declaration of values must be available to the public by June 8, 2011 (12 months after ECFAA received Royal Assent). Hospitals that already have declarations of values in place that were developed after public consultation are not required to develop new declarations.

The patient declaration of values will help hospitals continue to put patients first and move toward patient-centred care by clarifying what Ontarians can expect from their health care organizations. The public consultation process undertaken by hospitals and the subsequent DoVs that are produced will help strengthen the health care sector’s organizational focus and accountability for delivering high quality patient care. They also support the main goal of the ECFAA legislation: to blend quality and value in such a way that Ontarians will be able to count on the health care system for generations to come.

1.3 The DoV In Relation To Other ECFAA Components

Figure 1 illustrates how the DoV relates to other components of the ECFAA legislation and the implementation sequence:

1. **Patient Declaration of Values**
2. **Patient Relations Process:** reflects the patient DoV.
3. **Quality Improvement Plans:** Developed using data from the patient relations process.
4. **Demonstrated Quality Improvement:** Demonstrated quality improvement related to both Patient Relations Process and Patient Declaration of Values: For example, patient engagement related to number of patient satisfaction surveys completed; increase in patient satisfaction related to improved patient relations process, increased staff satisfaction.



2 Compliance

2.1 Compliance Checklist

There are three basic scenarios that exist with respect to hospital compliance with the *ECFAA Section 7.(1)(a), (b) and Section 7(2)*.

Compliance Scenario One:

A hospital has a publicly available patient declaration of values

If that declaration of values was produced after consultation with the public, that hospital is compliant.

Compliance Scenario Two:

A hospital has no publicly available patient declaration of values

If as of December 8, 2010, that hospital will have/has commenced consultation with the public concerning a draft patient declaration of values,

and as of June 8, 2011 that hospital will have/has finalized a patient declaration of values based on that consultation and made it available to the public, that hospital is compliant.

Compliance Scenario Three:

A hospital has a publicly available patient declaration of values, but it was not produced after consultation with the public

If as of December 8, 2010, that hospital will have/has commenced consultation with the public concerning a new draft patient declaration of values,

and as of June 8, 2011 that hospital will have/has finalized a new patient declaration of values based on that consultation and made it available to the public, that hospital is compliant.

2.2 Compliance Guidance

Naming Conventions: At this time, the name of the declaration document is not relevant for compliance with the ECFAA. The patient declaration of values can have other names, such as a bill of rights, philosophy of care, patient code of conduct or similar. What is important is that the declaration is publicly available, that it was created in consultation with the community served by the hospital, and that it includes content appropriate to a patient declaration of values.

The Consultation process: Consulting Ontarians in the development of a patient declaration of values will both inform and empower them. It will provide an opportunity for public engagement, clarify what Ontarians can expect from health care organizations, and highlight the importance of a patient-centred approach to health care.

Definition of “public”: For the purposes of public consultation, “public” can be defined as patients, their caregivers, stakeholders such as patient stakeholder groups, members of the broader public who live in the hospital's community, and other relevant individuals and organizations.

Documentation:

The consultation process should be documented with reasonable detail about the people and groups that were consulted and the methods of data collection and analysis that were used.

Distinguishing the Patient DoV from other organizational statements:

The patient DoV is distinct other from typical organizational documents such as mission, vision and an organizational values statements. Hospitals will need to appropriately distinguish between their patient declaration of values and these other organizational declarations.

3 Process Guidance

This section is intended simply to offer helpful guidance. It is for hospital consideration alone, and does not contain specific compliance requirements.

The process of creating a patient declaration of values may in many ways be almost as important as the final declaration itself, because it will create and improve relationships throughout the hospital's community.

3.1 Access Community Engagement Support Tools

The Ontario Hospital Association, in collaboration with LHINs and other stakeholders, has developed a wide array of resources to help hospitals with their community engagement in the health sector. These resources are evidence-informed, accessible, user friendly and free. They can be found at <http://www.epicontario.ca>. The site offers guidance for the major steps in community engagement (CE) of which the following will be particularly relevant for the hospital DoV: deciding which stakeholders to engage, choosing the right techniques and tools, building internal support, customizing the CE to fit your context, and addressing expectations and potential conflicts.

3.2 Leadership Sets the Tone

The profile of the consultation process will be raised if Senior Leadership sponsors it. A working group or steering committee would supplement the guidance and profile of senior leader sponsorship. Such a working group could include staff from all areas and levels, physician, community reps, volunteers. Some organizations have used the working group as the starting point for guiding the process as well as conducting preliminary discussions regarding the DoV content.

3.3 Establish Responsibility

Hospitals are encouraged to determine responsibility for the DoV based on their own organizational structure and operational challenges. For most hospitals, the consultation process will most likely be executed by staff responsible for patient relations. Small organizations that do not have a dedicated patient relations team will need to determine which staff members are available and best able to conduct the consultation. Regardless, as with any organizational operations, it is important to be explicit about who is ultimately responsible for managing the process and delivering the product.

3.4 Leverage What You Already Have

Hospitals are encouraged to first leverage existing consultation processes and structures rather than reinvent completely new ones. For example, most hospitals already several tools and processes for public consultation and patient and family feedback in place that can be leveraged. Existing survey processes, complement and complaint processes, family and patient councils, volunteer committees, and advisory committees can all be used to support the consultation process.

3.5 Strive For Reasonable Representation

Hospitals have discretion to determine what they believe is a reasonable representation of their community within the context of their own unique geography, demography, and clinical services. It is recommended that a broad spectrum of participants be included, such as past and present patients and family members, community organizations, cultural organizations, other private and public institutions operating within the hospitals community, and disadvantaged groups. It is very important that participants reflect the full diversity of a hospital's community.

3.6 Strive For Multiple Methods

Hospitals have discretion to determine what channels and formats of consultation will be most appropriate given their own unique demography and operational issues. Hospitals should where possible offer multiple methods of consultation. Some examples include: one-on-one interviews, telephone interviews, print surveys, online surveys, small group focus groups, town hall meetings, in-patient room visits, conversations with in-patient family members and advocates, public forums, patient room print cards or feedback forms. Using multiple methods of consultation will help alleviate the potential for group-specific agendas dominating the consultation.

3.7 Provide A Starting Point

Participants in the public consultation would benefit from being given an initial draft of patient values in order to facilitate productive conversation and input. Starting from a blank slate is likely too much of a stretch for people not directly involved in the creation of a DoV and increases the possibility of the consultation being dominated by individual or group-specific agendas.

3.8 Collaborate

Hospitals that share common community characteristics and operational challenges might want to consider collaboration opportunities. This is at the discretion of each hospital.

3.9 Publish & Permeate

According to the ECFAA legislation, the DoV must be made publicly available. This could include both website posting and physical posting in main hospital traffic areas and patient rooms, either in the form of brochures and/or posters. Hospitals are also advised to consider language translation as appropriate for the communities they serve.

In addition, reference to the DoV could be integrated into operational processes such as: staff orientation, policies, hiring processes and credentialing. This is at the discretion of each hospital.

3.10 Monitor & Adjust

Hospitals are advised to revisit the DoV at regular intervals in order to assess both performance against their declared patient values as well as to determine if substantive changes in their community warrant adjustments to the DoV. The frequency of updating the DoV could be determined by a variety of triggers including strategic planning cycles, policy review cycles, significant events within the hospital community, or predetermined time-frames. This is at the discretion of each hospital.

4 Content Guidance

4.1 Style & Format

It is important that the DoV be brief and easy to read and remember. The overall tone should be inspirational and aspiring.

4.2 Core Values, Universal Themes & Legislative Preamble

In recent years, the Ministry of Health and Long Term Care has conducted research and consultation with a broad array of experts and public representatives regarding the core values of patient-centred care. The table below describes how the values identified by these research initiatives and consultations align with language from the ECCFAA legislation preamble. These values also align with the themes and concepts described by key informants for the development of this guidance. The following is offered based on this research and is for reference only:

Title	Patient-Centred Care Descriptor	Related ECFAA Preamble Language
Voice	Provide patients with a means of expressing their opinions, positive or negative, about their health care experience.	Believe that the patient experience and the support of patients and their caregivers in realizing their best health is a critical for the future of our health care system.
Respect	Treat patients and their families with respect, including respect for cultural diversity.	Recognize that a high quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focussed, and safe.
Quality	Providing high quality, evidence-based care and services.	Believe that quality must be the goal of everyone involved in delivering health care in Ontario. Believe that everyone involved in delivering health care in Ontario has a role to play in ensuring the quality of the system
Engagement & Participation	Enable patients to be active participants in their health care and health care decision-making.	Are committed to ensuring that health care organizations are responsive and accountable to the public, and focused on creating a positive patient experience and delivering high quality health care.
Informed	Provide patients with access to reliable and current information about their health care options, in order to support informed decision making and active participation in care.	Recognize the value of transparency in the health care system

