



People-Centred Care and Ethics

The growth and evolution of patient- and family-centred care where health and social service providers, planners, and policy makers are compelled to work “with” patients rather than “for” them has helped to recognize the expertise by experience and role patients can play not only in their own care, but in healthcare improvement.

People-centred care (PCC) - care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. The institute of Medicine has identified PCC as one of six attributes of health care quality, the others being safety, timeliness, effectiveness, efficiency and equity.

The purpose of this PCC policy is to support Med-Health Laboratories (MHL) service maturity/growth through its people, processes and structures to develop and evolve PCC performance and outcomes. Health care used to be based on a systematic model of care, and that model was a unidirectional clinical approach. Basically, doctors and care providers worked together to treat illnesses, conditions and injuries with very little input from patients or their families.

MHL has adopted people-centred care (PCC) principles to create a culture of engagement and collaboration where patients, users (health care providers) and staff are active partners to improve laboratory experience and health outcomes.

People-centred care is a model that draws from the increasing evidence of patients (clients) being meaningfully included as a member of the team, not just as “recipients of care,” which can:

- improve quality and safety;
- result in better outcomes; and
- influence how services are planned and organized with value to patients, providers and the system at large.

Every individual has the right to a safe and inclusive experience when accessing health care, irrespective of race, religion, addictions, mental health status, accessibility challenges, sexual orientation, gender presentation or age. Lived experiences should be heard and incorporated in tangible ways. MHL services are no exception.

MHL upholds the patient’s rights to care that is free from discrimination and staff rights to a workplace that is inclusive and respectful of diversity. A more engaged workforce experiences greater joy in practice.

The principles of people-centred care are:

- Integrity and relevance
 - Uphold the expertise of people
 - Make space for mutual understanding
 - Allow for outcomes that have been influenced by the people most affected
- Communication and trust
 - Enable effective engagement and partnerships through timely, complete and unbiased information
- Inclusion and preparation
 - Ensure fair access
 - Reduce barriers
 - Recognize hurts and fears



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- Humility and learning
 - Listen with courage, curiosity and compassion
 - Promote learning over judgement

Primarily, this work is about relationships and how mutual understanding of needs and aspirations of people across all levels builds trust, commitment and capacity to make things better for all.

MHL fosters a culture of true engagement and collaboration where patients, staff and users of laboratory services are active partners to improve service outcomes. This includes identification and removal/minimizing of **barriers that may limit access to MHL quality services:**

- Staff, patients and users to identify barriers to accessing services, and report the barriers to the management.
Barriers to access may include proximity and distribution of services, physical environment, cultural acceptability of services, wait times, types of services available, language barriers and financial barriers.
- Input from patients incorporated when designing spaces or making changes to the environment (for spaces accessed by patients)
- Laboratory and management staff work to remove or minimize the barriers to access

MHL supporting documents available in PARADIGM (QSE: Personnel)

- Ethics in Medical Laboratory
- Workplace violence and Harassment
- Impairment in the workplace
- Gender diversity policy & procedure
- Racism and Racial Discrimination
- Utilization Management
- Healthy Workplace

References:

1. ISO 15189:2022 (Accreditation Canada Reqs I.D, v9, June 2023)
2. People-Centred Health Care: A policy Framework, WHO 2007.
3. WHO global strategy on people-centred and integrated health services. Interim Report, 2015.
4. PCC™ Program, Accreditation Canada
5. Integrated PCC (IPCHS) Standard. CAN/HSO 76000:2021.
6. Six domains of Healthcare Quality, IOM
7. Anti-Racism Act, 2017.
8. Human Rights Code, R.S.O 1990, Chapter H.19, April 1,2024
9. Occupational Health and Safety Act, R.S.O. 1990, (Rev June 2023)

MHL Management,

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