



**A Quality Initiative Endorsed by Cancer Care Ontario in
Partnership with the
Program in Evidence-Based Care (PEBC)
Person-Centred Care Guideline**

R. Bidy, C. Griffin, N. Johnson, G. Larocque, H. Messersmith, L. Moody, H. Shamji, C. Stevens, C. Zwaal, S. Singh and the Person-Centred Care Guideline Expert Panel

Report Date: May 1, 2015

Guideline is comprised of two sections:

Section 1: Guideline Recommendations

Section 2: Guideline Modifications

For information about this document, please contact Dr. Simron Singh, lead author, through PEBC via:

Phone: 416-971-9800 ext. 2343 Fax: 416-271-1332 E-mail:
simron.singh@cancercare.on.ca

For information about PEBC and the most current version of all reports, please visit the Cancer Care Ontario website at www.cancercare.on.ca or contact the PEBC office at:

Phone: 905-527-4322 ext. 42822 Fax: 905-526-6775 E-mail: ccopgi@mcmaster.ca

Copyright

This report is copyrighted by CCO; the report and the illustrations herein may not be reproduced without the express written permission of CCO. CCO reserves the right at any time, and at its sole discretion, to change or revoke this authorization.

Cancer Care Ontario Person-Centred Care Guideline: Endorsement and Adaptation of *CG 138: Patient experience in adult NHS services: improving the experience of care for people using adult NHS services*

Report Date: May 1, 2015

Disclaimer: This publication is an adaptation of content from *CG 138: Patient experience in adult NHS services: improving the experience of care for people using adult NHS services*, published by the National Institute for Health and Clinical Excellence (NICE) in 2012. The original publication is available from www.nice.org.uk/CG138. This adaptation has not been checked or approved by NICE to ensure it accurately reflects the original NICE publication, and no guarantees are given by NICE in regard to the accuracy of the adaptation. The NICE quality standard that this adaptation is based upon was prepared for the National Health Service (NHS) in England and Wales, and NICE guidance does not apply to Canada. The Person-Centred Care Guideline outlines a level of service that any person (i.e., patient, family member, caregiver) using adult oncology services in Ontario should expect to receive, namely person-centred care. The Person-Centred Care Guideline was endorsed in partnership with the PEBC and alongside an Expert Panel convened by the Person-Centred Care Program to advise on behaviours and practices of person-centred care.

Guideline Objectives:

The objective of this guideline is to establish a standardized set of recommendations for providing person-centred care in the delivery of adult oncology services in Ontario.

Target Population:

This guideline is intended for adults (18 years and older) in Ontario using oncology services and for their care providers.¹

Intended Users:

This guideline provides guidance for use by all clinicians and staff within adult oncology service settings, and for use by patients (and/or family members and caregivers) and their care providers to inform the provision of person-centred care.

Preamble:

¹ In this document adult oncology services (as referred to in the guideline) includes screening through to end-of-life or survivorship transition, and is applicable to inpatient cancer care. Context-specific language in the original guidance that was intended for NHS service delivery in the United Kingdom has been translated to reflect adult oncology services in Ontario.

Although the Person-Centred Care Guideline is cancer specific, many of its principles are relevant to any and all healthcare (and other) professionals that interact with patients, their family members and caregivers. The following guidance outlines a level of service that any person (i.e., patient, family member, caregiver) using adult oncology services in Ontario should expect to receive, namely person-centred care. Person-centred care is the evolution of patient-centred care, a nominal shift that signals to the system the profound importance of being treated as a person first, and as a patient second. Use of the term “person” over “patient” is also intentionally inclusive of family members and/or caregivers, and recognizes that a patient often experiences the healthcare system with a support system.²

Cancer Care Ontario defines person-centred care as an approach to care that involves partnering with patients and healthcare professionals to:

- give patients a voice in the design and delivery of the care they receive;
- enable patients to be more active in their journey in order to deliver better health outcomes and greater value through a wiser use of resources; and
- improve the patient experience.

As the above implies, patient engagement is a driving force of person-centred care, and an improved patient experience is a primary outcome of both person-centred care and patient engagement. Cancer Care Ontario defines patient experience as the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care (Adapted from the Beryl Institute).

This guideline is aligned with and/or makes reference to the following Cancer Care Ontario guidelines and legislation, where appropriate (in order of appearance):

- The Ontario Human Rights Code (see http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm);
- CCO’s Symptom Management Guides (SMGs; see <https://www.cancercare.on.ca/toolbox/symptools/>);
- The Personal Health Information Privacy and Access Act (PHIPAA; see <http://www.gnb.ca/0062/PDF-acts/p-07-05.pdf>);
- The Health Care Consent Act, 1996 (see http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm);
- The Freedom of Information and Protection of Privacy Act (FIPPA; http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90f31_e.htm);
- The Substitute Decisions Act, 1992 (see http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_92s30_e.htm);
- Bill 8, Public Sector and MPP Accountability and Transparency Act, 2014 (see http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&Intranet&BillID=3000);
- Cancer Care Ontario’s Survivorship Evidence-based Series (EBS; see <https://www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/survivorship/>);

² For the sake of brevity, this document uses the term “patient”, where appropriate, instead of “person”. It implies the notion of a person first, patient second, and includes family members and/or caregivers. As needed, “patient” will be replaced by the gender-neutral pronoun “they”.

- Effective Teaching Strategies and Methods of Delivery for Patient Education, 2009 (see <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=60065>);
- Establishing Comprehensive Cancer Patient Education Services, 2006 (<https://www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/patient-ed-eps/>); and
- Patient-Provider Communication 19-2, 2011 (<https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=44425>).

Recommendations:

Knowing the patient as an individual

Qualifying Statement: The following section highlights the importance of treating the patient as a person first. In an effort to translate the following recommendations into useable and sizeable practices for care providers, please do not minimize or dismiss the necessity of provider recognition and support of the value and intent of person-centred care as embodied in the set of recommendations below.

1. Develop an understanding of the patient as an individual, including their values, their attitudes, and their lived experiences as a patient of how the condition affects them as a person, and how their circumstances and experiences affect their condition and treatment. [Modified]
2. Ensure that factors such as physical or learning disabilities, sight, speech or hearing problems and difficulties with reading, understanding or speaking English and/or French are addressed so that the patient is able to participate as fully as possible in consultations and care. [Modified]
3. Ask the patient about and take into account any factors, such as their domestic, social (e.g., financial) and work situation and their previous experience of healthcare, that may:
 - impact on their health condition and/or
 - affect their ability or willingness to engage with healthcare services and/or
 - affect their ability to manage their own care and make decisions about self-management and lifestyle choices. [Modified]
4. Listen to and address any health beliefs, concerns and preferences (including values, attitudes, and lived experiences) that the patient has, and be aware that these affect how and whether they engage with treatment. Respect their views and offer support if needed to help them engage effectively with healthcare services and participate in self-management as appropriate. [Modified]
5. Avoid making assumptions about the patient based on their previous interactions with the healthcare system, their appearance or other personal characteristics. [Modified]
6. Ensure services are equally accessible to, and supportive of, all adults using adult oncology services in Ontario, taking into account geography, religion, culture, and the requirements of the Ontario Human Rights Code (where every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability; see http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm). [Modified]
7. If appropriate, discuss with the patient their need for psychological, social, spiritual and/or practical (refers to financial constraints, medication coverage, housing concerns, etc.) support. Offer support and information to the patient and/or direct them to sources of support and information. Review their circumstances and need for support regularly.

Essential requirements of care

Qualifying Statement: The following section includes recommendations for healthcare professionals on how to ensure a positive patient experience. These include ensuring that:

- patients feel respected;
- patients' concerns are listened to and addressed;
- various aspects of patient care (e.g., nutrition, pain) are appropriately managed;
- patients are provided support to maintain independence; and,
- all of the above are done with patient consent.

Where appropriate, the section entitled "Patient Concerns" has been modified to align with Cancer Care Ontario's Symptom Management Guides.

Respect for the patient

8. All staff involved in providing adult oncology services in Ontario should:
 - treat patients and their family members and carers with respect, kindness, dignity, compassion, understanding, courtesy and honesty
 - respect the patient's right to confidentiality
 - involve the patient in discussions. [Modified]
9. Introduce students and anyone not directly involved in the delivery of care before consultations or meetings begin and let the patient decide if they want them to stay beforehand. Introductions can be conducted through a variety of means, including but not limited to in-person and verbal introductions, public notice, and/or website postings. [Modified]

Patient concerns

10. Be prepared to raise and discuss sensitive issues (such as sexual activity, continence or end-of-life care), as these are unlikely to be raised by some patients.
11. Listen to and discuss any fears or concerns the patient has in a non-judgemental and sensitive manner.
12. If symptoms of anxiety and/or depression are suspected, assess and follow best clinical practice guides (i.e., Cancer Care Ontario's Symptom Management Guides see <https://www.cancercare.on.ca/toolbox/symptools/>). [Modified]

Nutrition, pain management and personal needs

13. As nutrition and hydration are important throughout the cancer care continuum, ensure that the patient's nutrition and hydration are addressed as appropriate through each phase of the cancer continuum, respecting the patient's right for choice. [Modified]
14. Ensure that the patient's pain relief is well managed at all times. In case the patient is unable to manage this themselves:

- do not assume that pain relief is adequate
 - ask them regularly about pain
 - assess pain using the Edmonton Symptom Assessment Scale (ESAS) pain scale if necessary (for example, on a scale of 0 to 10)
 - provide pain relief and adjust as needed. [Modified]
15. Ensure that the patient's personal needs and symptoms (for example, relating to continence, personal hygiene and comfort) are regularly reviewed and addressed. Regularly ask patients who are unable to manage their personal needs what help they need. Address their needs at the time of asking and ensure maximum privacy.

Patient independence

16. Give patients using adult oncology services in Ontario the support they need to maintain their independence as far as possible. [Modified]

Consent and capacity

17. Obtain and document informed consent from the patient, in accordance with:
- The Personal Health Information Privacy and Access Act (PHIPAA; see <http://www.gnb.ca/0062/PDF-acts/p-07-05.pdf>)
 - The Health Care Consent Act, 1996 (see http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm)
 - The Freedom of Information and Protection of Privacy Act (FIPPA; http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90f31_e.htm).
- [Modified]
18. Assess the patient's capacity to make each decision using directives in the Substitute Decisions Act, 1992 (see http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_92s30_e.htm).
- [Modified]

Tailoring healthcare service for each patient

Qualifying Statement: The principle behind this section of care is grounded in the philosophy of person-centred care as defined by Cancer Care Ontario, the legal frameworks within which we operate in Ontario (i.e., PHIPPA, FIPPA), and the evidence (i.e., white and/or grey literature). Language to reflect this has not been added to each recommendation but can be assumed as implied.

Where appropriate, the section entitled Feedback and complaints ensures and articulates alignment to Bill 8, Public Sector and MPP Accountability and Transparency Act, 2014.

An individual approach to services

19. Adopt an individualised approach to healthcare services that is evidence-based and tailored to the patient's needs and circumstances, taking into account their ability to access services, personal preferences and coexisting conditions. Review the patient's needs and circumstances regularly. [Modified]

20. Inform the patient about healthcare services and social services (for example, smoking cessation services) that are available locally and nationally. Encourage and support them to access services according to their individual needs and preferences. [Modified]
21. Give the patient evidence-based information about relevant treatment options and services that they are entitled to, even if these are not provided locally. [Modified]

Patient views and preferences

22. Hold discussions in a way that encourages the patient to express their personal needs and preferences for care, treatment, management and self-management. Allow adequate time so that discussions do not feel rushed.
23. Review with the patient at intervals agreed with them:
 - their knowledge, understanding and concerns about their condition and treatments; and
 - their view of their need for treatment.
24. Accept that the patient may have different views from healthcare professionals about the balance of risks, benefits and consequences of treatments.
25. Accept that the patient has the right to decide not to have a treatment, even if you do not agree with their decision, as long as they have the capacity to make an informed decision (see Recommendation 18) and have been given, and understand and appreciate the information needed to do this.
26. Respect and support the patient in their choice of treatment (and their right to choose), or if they decide to decline treatment. Provision of support is not in reference to the course of treatment itself. [Modified]
27. Ensure that the patient knows that they can ask for a second opinion from a different healthcare professional as long as it falls within the provider's expertise to enable the referral. If necessary, provide information on how the patient would go about this. [Modified]

Involvement of family members and caregivers

28. Clarify with the patient at the first point of contact (i.e., at each transition) whether and how they would like their partner, family members and/or caregivers to be involved in key decisions about the management of their condition. Review this regularly. If the patient agrees, share information with their partner, family members and/or caregivers in accordance with Recommendation 17 and FIPPA. [Modified]
29. If the patient cannot indicate their agreement to share information, ensure that family members and/or caregivers are kept involved and appropriately informed, but be mindful of any potentially sensitive issues and the duty of confidentiality in accordance with Recommendation 17. [Modified]

Feedback and complaints

Qualifying Statement: The Guideline Endorsement Committee felt there to be an aspect of quality to feedback worth emphasis and that the ability for the patient to provide quality feedback and a system address this feedback should be the standard.

30. Encourage the patient to give feedback about their care. Respond to any feedback given.
31. Provide patients with information about complaints procedures and help them to access these, in accordance with Bill 8, Public Sector and MPP Accountability and Transparency Act, 2014 (see http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&Intranet&BillID=3000). Patients should be encouraged to informally and formally (where possible) share their experience about their care. [Modified]

Continuity of care and relationships

Qualifying Statement: As defined in this section, continuity of care includes all transition points through all phases of the cancer continuum. The recommendations in this section align with Cancer Care Ontario's Survivorship Evidence-based Series (EBS; see <https://www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/survivorship/>).

32. Assess each patient's requirement for continuity of care and their preference for how that requirement will be met. This may involve the patient seeing the same healthcare professional throughout a single episode of care, or ensuring continuity within a healthcare team. [Modified]
33. For patients who use a number of different services (for example, using services in both primary and secondary care, or attending different clinics in a hospital), ensure effective coordination and prioritization of care to minimize the impact on the patient.
34. Ensure clear and timely exchange of patient information:
 - between healthcare professionals in the circle of care (particularly at the point of transitions in care)
 - between the healthcare team and community services (with the patient's consent) (in accordance with FIPPA). [Modified]
35. All staff directly involved in a patient's care should introduce themselves to the patient. [Modified]
36. Inform the patient about:
 - who is responsible for their care and treatment
 - the roles and responsibilities of the different members of the healthcare team
 - the communication about their care that takes place between members of the healthcare team.
37. Give the patient information about what to do and who to contact in different situations, such as out of hours or in an emergency.

Enabling patients to actively participate in their care

Qualifying Statement: The following includes recommendations on communication, information, shared decision-making, and education programs. Shared decision-making refers to the mutually beneficial partnership of patient with healthcare professionals to collectively make decisions. This is not a legal model, but rather a model to create an environment in which the patient who is willing and able to share the responsibility of making decisions about their own treatment and care, is encouraged to do so.

The sections and corresponding recommendations are written in alignment with the following Cancer Care Ontario guidelines:

- Provider-Patient Communication 19-2 (<https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=44425>);
- Effective Teaching Strategies and Methods of Delivery for Patient Education, 2009 (see <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=60065>); and
- Establishing Comprehensive Cancer Patient Education Services, 2006 (<https://www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/patient-ed-eps/>).

Communication

38. Ensure that the environment is conducive to discussion and that the patient's privacy is respected, particularly when discussing sensitive, personal issues.
39. Maximise patient participation in communication by, for example:
 - obtaining permission before any physical examination
 - maintaining eye contact with the patient (if culturally appropriate)
 - positioning yourself at the same level as the patient
 - ensuring that the patient is appropriately covered (if applicable). [Modified]
40. Ask the patient how they wish to be addressed (including their preferred use of gender pronouns) and ensure that their choice is respected and used. [Modified]
41. Ask the patient about the most effective way of communicating with them and explore ways to improve communication. Follow legislation in the Accessibility for Ontarians with Disabilities Act (see http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm) as appropriate. Examples include using pictures, symbols, large print, Braille, different languages, sign language or communications aids, or involving a trained and certified interpreter, a patient advocate or family members. [Modified]
42. Recognize the accent, use of idiom and dialect of both the patient and of healthcare professionals when considering communication needs. [Modified]
43. Avoid using jargon and acronyms. Use words the patient will understand, define unfamiliar words and confirm understanding by using methods such as teach back. [Modified]

44. Use open-ended questions to encourage discussion.
45. Summarise information at the end of a consultation and check that the patient has understood the most important information.
46. Offer and ensure the patient has access to their personal health information (PHI). Answer any questions the patient may have about their PHI. [New]
47. All staff involved in providing adult oncology services in Ontario should have demonstrated competency in relevant communication skills.

Information

48. Give the patient information and the support they need to make use of the information in order to promote their ability to actively participate in care and self-management. [Modified]
49. Patients should be offered and have options to receive both oral and written information, as per their preference. [Modified]
50. Give the patient information in an accessible format (in compliance with the Accessibility for Ontarians with Disabilities Act) at the first and subsequent visits. Possible formats include using written information, pictures, symbols, large print, Braille and different languages. [Modified]
51. Explore the patient's preferences about the level and type of information they want. Based on this, give the patient clear, consistent, evidence-based, tailored information throughout all stages of their care. This should include, but not be limited to, information on and/or discussions regarding:
 - their condition and any treatment options;
 - where they will be seen;
 - who will undertake their care;
 - expected waiting times for consultations, investigations and treatments;
 - the medical aims of the proposed care to the patient; and
 - the risks, benefits and consequences of the investigation or treatment options (taking into account factors such as coexisting conditions and the patient's preferences). [Modified]
52. Ensure that mechanisms are in place to:
 - provide information about appointments to patients who require information in non-standard formats; and
 - alert services of any need for interpreters and accessible formats to be available at all transition points and in accordance with Accreditation Canada Required Organizational Practices. [Modified]
53. Ask the patient whether they want to be accompanied at consultations by a family member, friend or advocate, and whether they would like to take notes. Audio recording of the consultation is a legal issue and differs by jurisdiction but we encourage shared understanding and mutual agreement between the patient and the healthcare professional. [Modified]
54. Give the patient information to enable them to use any medicines and equipment correctly. Ensure that the patient and their family members and caregivers feel

adequately informed, prepared and supported to use medicines and equipment and to carry out self-care and self-management to the extent that they are willing. [Modified]

55. Advise the patient where they might find reliable high-quality information (we encourage information from organizations such as the Canadian Cancer Society, Cancer Care Ontario, etc.) and support after consultations. It should be made clear to the patient that there is no universal standard for creating quality patient information in Ontario and there is no single process for evaluating patient information quality. [Modified]
56. Give the patient regular, accurate information about the duration of any delays during episodes of care, the reason for the delay and expected wait times (following provincial standards of care). [Modified]

Shared decision-making

57. When discussing decisions about goals of care, investigations and treatment, do so in a style and manner that enables the patient to express their personal needs and preferences.
58. Give the patient the opportunity to discuss their diagnosis, prognosis and treatment options.
59. When offering goals of care, investigations or treatments (including all dose modifications, changes in treatment, etc.):
 - explain the patient's condition and any treatment options;
 - explain the medical aims of the proposed care to the patient;
 - explain where the patient will be seen;
 - explain who will undertake the patient's care;
 - explain expected waiting times for consultations, investigations and treatments;
 - openly discuss and provide information about the risks, benefits and consequences of the investigation or treatment options (taking into account factors such as coexisting conditions and the patient's preferences);
 - clarify what the patient hopes the treatment will achieve and discuss any misconceptions with them;
 - set aside adequate time to allow any questions to be answered, and ask the patient if they would like a further consultation; and
 - repeat these discussions over the course of treatment to ensure the patient's understanding. [Modified]
60. Accept and acknowledge that patients may vary in their views about the balance of risks, benefits and consequences of treatments.
61. Use the following principles when discussing risks and benefits with a patient:
 - Personalise risks and benefits, as much as possible.
 - Use absolute risk rather than relative risk (for example, "the risk of an event increases from 1 in 1,000 to 2 in 1,000," rather than "the risk of the event doubles").
 - Use natural frequency (for example, 10 in 100) rather than a percentage (10%).

- Be consistent in the use of data (for example, use the same denominator when comparing risk: 7 in 100 for one risk and 20 in 100 for another, rather than 1 in 14 and 1 in 5).
 - Present a risk over a defined period of time (months or years) if appropriate (for example, if 100 people are treated for 1 year, 10 will experience a given side effect).
 - Include both positive and negative framing (for example, treatment will be successful for 97 out of 100 patients and unsuccessful for 3 out of 100 patients).
 - Be aware that different people interpret terms such as rare, unusual and common in different ways. Use numerical data if available.
 - Use a blend of numerical and pictorial formats (for example, numerical rates and pictograms).
62. Use the principles of shared decision-making when patients are considering options to:
- ensure that the patient is aware of the options available and explain the risks, benefits and consequences of these;
 - regularly check that the patient understands the information; and
 - encourage the patient to clarify what is important to them, and check that their choice is consistent with this. [Modified]
63. Be aware of the value and availability of patient decision aids and other forms of decision support such as counselling or coaching. If suitable high-quality decision aids are available, offer them to the patient.
64. Give the patient adequate time to make decisions about investigations and treatments.

Education programs

65. Give the patient the opportunity to take part in evidence-based educational activities, including self-management programs that are available. Patient education programs should:
- have specific aims and learning objectives;
 - meet the needs of the patient (taking into account cultural, linguistic, cognitive and literacy considerations); and
 - promote the patient's ability to manage their own health, if appropriate. [Modified]

Table 1 Modifications to original recommendations

Recommendation number	Modification rationale
1	Modified to add values, attitudes and lived experiences
2	Added French to the language, as Ontario has two official languages
3	Added financial as an example of a social factor
4	Modified to add values, attitudes and lived experiences
5	Modified to add previous interactions with the healthcare system
6	Changed Equity Act 2010 to Ontario Human Rights Code to fit into the Ontario context; added formal definition of equal rights
7	Replaced financial with a broader term (practical) and added the definition
8	Modified to fit the Ontario context and to involve the patient in discussions
9	Modified to include multiple means of conducting introductions
12	Modified to fit the Ontario context
13	Removed specifics; added language to ensure nutrition and hydration are adequate at all times and throughout the cancer care continuum, and to respect the patient's right for choice
14	Modified to ensure pain relief is managed at all times, and not only addressed if the patient is unable to manage their own pain relief
16	Modified to fit the Ontario context
17	Modified to fit the Ontario context and legislation
18	Modified to fit the Ontario context and legislation
19	Modified to recognize the importance of evidence-based care
20	Modified to fit the Ontario context
21	Modified to recognize the importance of evidence-based care
26	Modified to emphasize the patient's right to choose and support
27	Modified to ensure that making a referral for a second opinion to a particular healthcare professional falls within the expertise of that provider
28	Modified to include all transitions and to include Ontario legislation
29	Modified to include Ontario legislation
31	Modified to add encouragement to the feedback process

32	Modified to include the patient's preference
34	Modified to fit the Ontario context
35	Modified to add all people that the patient may come into contact with, not just healthcare professionals
39	Modified to reflect cultural sensitivity and add obtaining permission before physical examinations
40	Modified to include asking patient's about their preferred use of gender pronouns
41	Modified to ask patients the most effective way of communication; modified to add Ontario legislation
42	Modified to recognize importance of differing communication needs, not to enable discrimination
43	Modified to add acronyms
48	Modified to provide more clarity
49	Modified to allow for the patient's to have options and choose as per their preference
50	Modified to add Ontario legislation
51	Modified to include the medical aims of the proposed care
52	Modified to add include all transition points (not just services) and Accreditation Canada practices
53	Modified to clarify use of audio recordings
54	Modified to include the patient's wants
55	Modified to fit the Ontario context
56	Modified to fit the Ontario context
59	Modified to include content from Recommendation 51 for emphasis
62	Modified to ensure that verifying the patient's understanding occurs regularly
65	Modified by combining two recommendations to avoid redundancy and provide more clarity

Table 2 Rejected recommendations and rationale

Original recommendation Number (CG-138)	Rejection rationale
13	On the grounds that, as written, the recommendation is provider-facing and therefore does not indicate a need to equip the patient with information beyond their care, as would be appropriate in a guideline aimed at directly improving the patient experience. Additionally, the benefit of all healthcare professionals being trained in providing adequate and appropriate nutrition appeared unnecessary and redundant, as long as the information was made accessible to the patient (by a specialist, through written materials, etc.).
18	From a legislative perspective, although we advocate for self-management and patient activation in line with the Ontario Cancer Plan, this is only the extent to which the patient is willing and able to do so. In accordance with the Health Insurance Act, when you are admitted to a hospital, medication is covered by the Ministry of Health and Long Term Care (Public Hospitals Act: http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900552_ev002.htm)
48	The principle of information sharing and transparency is supported by the committee, but the specific recommendation is not relevant to the Ontario context. To match the intent of this recommendation, a new recommendation is proposed: Offer and ensure the patient has access to their personal health information (PHI). Answer any questions the patient may have about his/her PHI. [Recommendation 46]
67	The content of this recommendation is embedded into recommendation 65.