

<b>Patient Visitation Policy During COVID-19 - Public</b>	Section: General
Effective Date: 6 <sup>th</sup> July 2020 (Final V6 – Working Document)	Original Date: 6 <sup>th</sup> July 2020 Revision Date: 8 <sup>th</sup> December 2020 Revision Date: 14 <sup>th</sup> December 2020 Revision Date: 18 <sup>th</sup> December 2020 Revision Date: 8 <sup>th</sup> February 2021 Revision Date: 28 <sup>th</sup> June 2021

### **Purpose:**

During the COVID-19 pandemic, health systems are under extraordinary pressure necessitating robust infection prevention and control practices. Safety is imperative for health care workers, patients, and community members alike. Families, loved ones and care partners are essential to the physical, emotional, social and spiritual wellness of patients at Headwaters Health Care Centre (Headwaters). This policy is temporary and provides a foundation to balancing connecting patients with loved ones with the need to provide a safe environment for health care workers, patients and visitors.

Any applicable orders or directives under the Health Protection and Promotion Act and/or the Emergency Management and Civil Protection Act will take precedence over the content of this policy and procedure.

Please be patient with us. This situation is constantly changing. We are committed to delivering high quality care, listening to understand your needs while also addressing the changing demands. It is a challenging time and we appreciate you and thank you for your support. No barriers were intended in the creation of the policy and procedure.

### **Guiding Principles:**

- Headwaters will follow most current Ontario Health (OH) and Ministry of Health (MOH) guidance regarding patient visitor recommendations. Aligning with various Provincial frameworks including, the “Provincial Roadmap to RE-open” released on May 26<sup>th</sup> 2021, and as such a gradual reintegration of visitors will be employed. Determining when to reopen (or reduce) visitation will depend upon:
  - Virus spread and containment in the local area including the prevalence in variants of concern (Dufferin & Caledon) and at Headwaters.
  - Health system capacity in acute care, Long Term Care (LTC) and at Headwaters.
  - Personal Protective Equipment (PPE) supply.
  - Staffing and resources.
  - Outbreak status within the hospital
  - Vaccination rates.
 Refer to Appendix A

- Minimize the risk of COVID-19 exposure to staff, physicians, patients and visitors.
- Minimize the risk of patient safety by preventing community spread of infection into HHCC as per Ministry of Health (MOH) guidelines reducing the number of visitors and family members entering the facility.
- Visitor restrictions to be proportionate to the risks of acquiring COVID-19 but also to the harm of not having visitors; providing the much-needed contact, support and care to maintain overall health and wellbeing.
- Thoughtful consideration in reducing or increasing visitation, in partnership with patients, families and caregivers through our Patient Family Advisor Partnership.
- Support the emotional wellbeing of patients using innovative methods in facilitating connection and communication using technology.
- Manage the use of personal protection equipment (PPE) and other resources vital to controlling the exposure and spread of COVID-19.
- The following substantive values were identified as most important in the development of our guidelines and visitor restrictions; proportionality, trust, reciprocity, stewardship, equity, compassion. (see Appendix B for further details)

## **Definitions:**

For the purposes of this policy:

Visitor is defined broadly as any person who is entering the hospital to be physically present with a patient.

Visitors may include, but are not limited to, family members, care partners, caregivers, support persons and friends.

The patient if capable, or the substitute decision-maker (SDM) of a patient who is incapable, will identify who the designated visitor(s). SDMs will suggest designated visitor(s) based on knowing what the patient preferences may be and to the best of their knowledge.

Essential Visitor (care partner): a person who provides personal, social, psychological, emotional and physical support, enable process of care and patient flow; and discharge from hospital. Essential visitors are those allowed access to the hospital in situations based on compassionate care; visits that are paramount to the patient's fundamental care needs (and the needs of the essential visitor), mental health and emotional support; enable processes of care and patient flow; and discharge from the hospital.

Family Caregiver: Refers to any support person defined by the patient as family and is close with patient and may be taking care of or providing emotional and social support to the patient when they are transitioned home. Family is defined in the broadest sense and refers to people, family, friends, neighbours, colleagues, community members who provide critical and often ongoing person, social, psychological and physical support, assistance and care, without pay for people in need of support due to frailty, illness, degenerative disease, physical/cognitive/mental disability, or end of life circumstances.

Designated Visitor: This is the designated essential visitor/care partner/family caregiver that is the most familiar with the patient's diagnosis and health status and have been performing health care, treatment and person tasks for a patient with complex needs and attuned to subtle changes in their behaviour or status.

Critical Illness: Refers to patients who are in grave physical and morbid conditions (e.g. cancer, heart attacks and strokes)

Developmental Disability: A group of conditions due to an impairment in physical, learning, language, or behaviour areas. May impact day-to-day functioning and usually last throughout a person's lifetime.

Intellectual Disability: Involves problems with general mental abilities that affect functioning in two areas: intellectual functioning (such as learning, problem solving, and judgement) adaptive functioning (activities of daily life such as communication and independent living).

Life altering Event: Have an effect that is strong enough to change someone's life (e.g. end of life, childbirth, major surgery, critical illness, mental health crisis).

Mental Health Crisis: Any situation in which a person's actions, feeling and behaviours can lead to them hurting themselves or others, and/or put them at risk of being unable to care for themselves or function effectively in the community.

Screening: Refers to the process by which those entering the hospital are screened for symptoms of the virus through use of a screening questionnaire.

Vulnerable Patient: Someone who is or may be for any reason unable to protect and take care of themselves against significant harm or exploitation (e.g. patient under 18 years of age, has a cognitive impairment, significant developmental and/or intellectual disability or is unable to effectively communicate.)

## **Policy Statement:**

### **Visitors who meet the following criteria will not be allowed entry:**

- Have COVID-19 symptoms (see Appendix C)
- Have been outside of Ontario in the past 14 days
- Has been tested positive for COVID19 and has not been cleared by Public Health
- Have had close contact with a confirmed or probable case of COVID-19 without wearing appropriate Personal Protective Equipment (PPE)
- Under the age of 16 years, unless accompanied by a designated visitor who is an adult and has passed screening.

Exceptions to the criteria above for visiting are reviewed on a case by case basis and decisions will be made in conjunction with Infection Prevention and Control (IPAC) Lead (e.g. loved ones of patients who are end of life). The Patient Care Manager of the area will be asked to coordinate and communicate with families/loved ones. The visitation appeal process can be activated if required.

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If visitors are not successful at COVID-19 screening stations, they **will not** be allowed entry to the facility and will be advised to go to the Assessment Centre for testing and given further advice and guidance. The visitor should be advised to contact the Quality Team office on Ext. 2576 if they would like to discuss further or file a visitor appeal.

## Visiting Restrictions

Decision to reduce and heighten visitor restrictions will be reviewed on an ongoing basis utilizing the guidance set out in Appendix A and undertaking a risk assessment.

There is recognition that some patient groups have a greater need for and are more likely to benefit from visitors than others, and priority access within a stepwise approach to expanding visitor opportunities will be considered utilizing the “**Phased Approach to Lifting Visitor Restriction – Access to Hospitals for Visitors (Essential Care Partners)**” set out in Appendix D.

COVID-19 positive patients who meet eligibility criteria (Appendix D) should have access to essential visitors through proactive consultation with the care team and IPAC and be provided with the necessary resources to support visiting with their loved one at the end of life. The care team, together with Infection Prevention and Control will assess each situation with a view to enabling visiting.

In general, COVID-19 positive essential visitors who are considered infectious, or those who are considered exposed close contacts should not be visiting, as they should be self isolating. In exceptional circumstances (e.g., End of Life), this should be discussed proactively in consultation with IPAC, public health and clinic team to ensure that a plan can be made in advance (e.g., visitor escorted with appropriate PPE, brief visit duration, stay at bedside).

All patients who are eligible under the criteria set out in Appendix D to have one essential designated visitor per patient during specific times, with few exceptions. Patients can choose up to two people to designate as their essential visitors, however only one of the essential visitors may visit at any one time.

## Here are some of the important points you need to know about visiting at this time:

### Who can have visitors:

- Patients who are admitted and deemed eligible to have essential visitors, must have visits scheduled with the care team.
- All patients who have been deemed eligible for essential visitors can choose up to two people to designate as their essential visitors, however only one of the essential visitors may visit at any one time.
- Long stay patients (greater than 7-days) are allowed outdoor visits with 2 essential visitors at any one time. This must be scheduled with the care team.
- We will review and do our utmost to support visiting to patients who are COVID-19 positive and end of life.

- Patient's who are attending outpatient appointments including diagnostic imaging, will be assessed if they require an essential visitor at the time of booking their appointment/treatment. Only 1 essential visitor can attend the appointment with the patient.
- Patients' who are attending the Emergency Department will be assessed if they are eligible for an essential visitor and this can be discussed with the Charge Nurse or Manager in the area.

### **When Visiting remember:**

- Essential visitors should participate with their loved one **ONLY** and not anyone else in the facility. Please proceed or remain with the patient you are visiting/supporting and exit the hospital directly afterwards.
- Public washrooms and the cafeteria can be accessed within the facility.
- Essential visitors do have in and out privileges however we encourage to keep this to a minimum while visiting. If there is a need to leave the facility and return you will be re-screened on entry.

### **Supporting Safe Visiting:**

- All essential visitors will be screened at the entrances. If screening is not successful, the essential visitor will not be allowed to enter the hospital. Any objections can be discussed with the Patient Care Manager in the area you were trying to visit (e.g. inpatient unit) and there is an appeals process if you are declined visiting a loved one.
- Essential visitors will be provided with an ID sticker and are expected to wear this when visiting/accompanying their loved one (indoors or outdoors).
- Essential visitors are expected to wear a medical grade face mask. Essential visitors for patients on the inpatient unit must wear a medical grade mask with a visor for eye protection, all other essential visitors must wear medical grade face masks. Masks will be provided to essential visitors at screening.
- If a visitor refuses to wear a medical mask, they will not be permitted to enter. If a patient or visitor presents to screeners and indicates that they cannot tolerate a mask, they will be trusted in good faith and requested to wear a full-face visor for the duration of their visit.
- Persons seeking care in the Emergency Department will be strongly encouraged to wear a mask, but not be denied care. If a patient is seeking care without a mask or face shield, the clinical team (including responsible physician) will assess and make decisions on how to provide care safely.
- If additional personal protective equipment (PPE) is required, it will be provided, staff are available to advise and assist.
- Essential visitors must follow good hand hygiene practices and are expected to use hand sanitizer when moving between areas of the hospital. The care team will provide support and guidance as required.
- Essential visitors must maintain social distancing when appropriate (unless the patient requires physical support for walking, transitioning).
- Visitors must notify staff if they are not feeling well while visiting. If they begin to feel unwell, they will be instructed to call their healthcare provider or Telehealth Ontario.

## Visiting Restrictions by Department

Patients who are eligible for visiting, the following visiting schedule applies:

Area	Days of Week	Visiting Hours	# of Essential Visitors (for patients who are eligible)	Guidance (to be reviewed in conjunction with Appendix D)
D Wing  paediatric patients	Daily  24hrs access	10:00am – 12:00pm 14:00pm – 16:00pm 18:00pm – 20:00pm  24hr access	1 visitor per patient to visit at any one time.  1 visitor at the bedside to visit at any one time.	Must proceed and stay at patient bedside.  Must sign/in out visitors log on the unit.  2 visitors at any one time in a 4-bed ward room
E Wing	Daily			
F Wing	Daily			
Critical Care/Stepdown  (Eligibility is by condition and not location)	Daily	24hrs (e.g., End of life or life altering event)  10:00am – 12:00pm 14:00pm – 16:00pm 18:00pm – 20:00pm	1 visitor per patient to visit at any one time.	Must proceed and stay at patient bedside.  Must sign/in out visitors log on the unit.  2 visitors at any one time in a 4-bed ward room
Obstetrics	24hrs access	24hrs	2 visitor per patient (Doula may be included as the 2 <sup>nd</sup> visitor).	Accompany for support for labour, birth, and post delivery while in private room only.
Day Surgery	Daily	7:00am – 17:00pm	1 visitor per patient	Accompany for support
Ambulatory Care	Daily	8:00am – 16:00pm	1 visitor per patient	Accompany for support
Dialysis	Monday, Wednesday, Friday  Tuesday, Thursday, Saturday	7:00am – 23:00pm  7:00am – 18:00pm	1 visitor per patient	Accompany for support. Space constraints exist and essential visitors will be reviewed on a case-by-case basis.
Emergency Department	Daily	24hrs	1 visitor per patient	Accompany for support. Remain at patient bedside or as directed by the team.
Diagnostic Imaging	Daily	7:30am – 17:00pm	1 visitor per patient	Accompany for support.

The inpatient unit visiting schedules has been developed to allow choice in scheduling visitors, and to reduce the number of visitors in the facility at any given time.

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## Staying Connected Virtually with Patients and Loved Ones

We recognize the impact of isolation for patients and families during this difficult time and we are doing everything we can to help patients and loved ones stay connected. If you have a loved one at Headwaters Health Care Centre, please consider these alternatives to in person visits:

- The hospital supports the use of technology to connect with your loved ones through virtual options, like FaceTime, Zoom or telephone calls.
- Headwaters' Wi-Fi is available free of charge, for patients to enable video calls to family and friends. The guest network can be found in your wireless settings with entry of a contact email address.
- Call a loved one in their room through the switchboard at 519-941-2410 – 0. The healthcare team can assist patients who may have difficulty in using the telephone at their bedside.
- Patients can bring their own devices when possible to stay connected to loved ones through FaceTime, Skype, Zoom etc.
- When patients do not have access to their own personal devices, assistance may be provided to access to technology and assist with virtual visitation.

## Personal Item Drop Off - Inpatients

- When patients are ready for discharge, personal items can be dropped off such as glasses, hearing aids, dentures, personal cell phone and clothing.
- All personal items must be bagged and tagged with the patient's name, unit and bed number.
- Food cannot be dropped off for delivery to a patient's room.
- Items can be dropped off at the Main Entrance between 6am – 8pm and will be picked-up by a member of staff from the unit indicated and delivered to the patient's room.

## Appeal Process

Persons who are declined visitation may appeal the decision to restrict them. They can dispute a visitation decision made by the clinical team by following the appeals process, this includes dispute by the patient, the designated essential visitor or another member who has connection with the patient (e.g. family member who was not designated as an essential visitor by the SDM). Appeals should proceed in a timely manner. It is expected that the initial dispute will **be communicated to the Patient Care Manager in the specific area.**

Urgent Assessment: same day response, includes weekends.

- Patient with life altering event.
- This type of appeal should be reviewed by the Leader of the Department/Unit and escalated to the Visitor Appeal Panel immediately.

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- The Leader will enter the visitation complaint into the hospital safety system.
- After hours the Hospital Services Coordinator (HSC) must be informed by the clinical team and a decision may be reached in consensus with the Administrator on-call.
- A decision will be made on the day the appeal was raised.

#### Non-Urgent Assessment: within 48 hours

- All patients, except those with Life Altering Events
- Leader of the Department/Unit to review appeal and enter details into the hospital safety system.
- Quality Team and Leader to review and consult with Visitor Appeal Panel and necessary stakeholders for review and decision.
- A decision will be made within 48 hours of the appeal being raised.

#### **Visitor Appeal Panel**

- During business hours the Visitor Appeal Panel consists of, members of the Quality Team, Department/Unit Manager, IPAC, Bioethics.
- After hours the urgent visitor appeals will be addressed by the Hospital Services Coordinator, and Administrator on-call.
- A minimum of three members should review appeals (i.e. Quality Team member, unit/department manager, IPAC, bioethics).

#### **Appeals Information**

- Information required in order to assess appeals: name of patient, name of essential visitor(s) and their contact information, patient location, patient reason for admission/visit, details explaining the reason for the appeal, expected length of hospitalization, days admitted, reason why the visitation is being denied.
- A consistent appeals criterion should be used (see Appendix D and decision making should be guided by Ethical Process values (see Appendix E).
- Appeals decisions should aim for consensus; when consensus is not feasible majority opinion should override.
- Visitation appeals metrics will be produced monthly from the hospital safety system by the Quality Team.

#### **Appeals Decision**

Visitation appeal decisions will be entered into the hospital safety system and the Unit/Department Manager will communicate to the person raising the appeal:

- the decision
- the rationale for the decision and,
- any recommendations or next steps including timeframes.



## Contacts for Appeals:

Person	Email	Telephone
Quality Team (Sandy Critchley or Sharon Hendry)	<a href="mailto:scritchley@headwatershealth.ca">scritchley@headwatershealth.ca</a> <a href="mailto:shendry@headwatershealth.ca">shendry@headwatershealth.ca</a>	Ext. 3210 Ext. 2576
IPAC (Alex Kusiewicz)	akusiewicz@headwatershealth.ca	Ext.2511
Bioethics (Jill Oliver)	Jill.oliver@williamoslerhs.ca	647 278 0965

## Policy Approval

Approval Date	Approval Body	Approval Signature:
TBD	Joint Health & Safety Committee	 Kim Delahunt, President & CEO
TBD	Patient and Family Advisory Partnership	
TBD	Infection Prevention & Control Committee	
6th July 2020	Senior Management Team	
TBD	Executive Leadership Team	

## References:

Ontario Hospital Association (June 2020). Care Partner Presence Policies During COVID-19.

Hotel-Dieu Grace Healthcare (June 2020). HDGH Patient Visitation Plan.

Humber River Hospital (June 2020). Visitor Policy During COVID-19 Draft.

The Ontario Caregiver Organization (March 2020). COVID-19.

Windsor Regional Hospital (May 30, 2020). Visitation Policy During COVID-19 May 30, 2020.

Windsor Regional Hospital (no date). Visiting the Hospital.

Ontario Health, Framework for Reopening our Province (April 27, 2020).

Change Foundation 2019. Spotlight on Ontario's Caregivers Report ([https://changefoundation.ca/wp-content/uploads/2019/11/Spotlight-on-ontario-caregivers-2019\\_final.pdf](https://changefoundation.ca/wp-content/uploads/2019/11/Spotlight-on-ontario-caregivers-2019_final.pdf) )

Ontario Health, Toronto Region COVID-19 Hospital Operations Table Guidance Documents, March 20, 2020, June 17, 2020, June 23, 2020, November 17, 2020, May 26, 2021

Ontario Health, COVID-19 Response Framework: Keeping Ontario Safe and open, November 3, 2020.

Provincial Roadmap for Re-opening [Reopening Ontario | Ontario.ca](https://www.ontario.ca/reopening), Accessed June 7, 2021.

Memo June 15 2020, Ministry of Health: Visitors to Acute Care Settings: [MEMORANDUM: Visitors to Acute Care Settings \(gov.on.ca\)](https://www.gov.on.ca/memorandum-visitors-to-acute-care-settings), accessed June 7 2021

COVID19 Operational Requirements: Health Sector Restart Version 2 June 2020: [Operational Requirements for Health Sector Restart \(gov.on.ca\)](https://www.gov.on.ca/operational-requirements-for-health-sector-restart), access June 7 2021





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## Appendix A – Criteria to consider – Determining when to ease Family Visitation Restrictions

Headwaters will utilize the following four criteria outlined in the Ministry documents (Framework for Reopening our Province) when considering moving to the next stage in our policy. These will be evaluated at the regular intervals and will identify one of the following actions:

- Revert to the previous stage
- Remain at the same stage
- Progress to the next stage

 <b>Virus spread and containment</b>	 <b>Health system capacity</b>	 <b>Public health system capacity</b>	 <b>Incidence tracking capacity</b>
<p>Ensures loosening of measures is appropriately timed with the progression of the epidemic in Ontario.</p>	<p>Ensures there is an effective response to any potential case resurgence.</p>	<p>Ensures there is an effective public health response to any potential case resurgence.</p>	<p>Ensures that any potential resurgence in cases can be identified promptly.</p>
<ul style="list-style-type: none"> <li>• A consistent two-to-four week decrease in the number of new daily COVID-19 cases.</li> <li>• A decrease in the rate of cases that cannot be traced to a source.</li> <li>• A decrease in the number of new COVID-19 cases in hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>• Sufficient acute and critical care capacity, including access to ventilators, to effectively respond to potential surges.</li> <li>• Ongoing availability of personal protective equipment (PPE) based on provincial directives and guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Approximately 90 per cent of new COVID-19 contacts are being reached by local public health officials within one day, with guidance and direction to contain community spread.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing testing of suspected COVID-19 cases, especially of vulnerable populations, to detect new outbreaks quickly.</li> <li>• A shift to new and other ways of testing and contact tracing to promote widespread tracking of cases.</li> </ul>

As the province eases public health measures, these criteria will also serve as the framework for ongoing monitoring of progress and identifying when a change in direction is required. For example, the Chief Medical Officer of Health may also advise reapplying certain public health measures to manage the risk of recurring surges, outbreaks or future waves.

## Appendix B – Substantive Values

Substantive values taken from Ethical Framework, to maintain a compassionate stance and ensure that care is aligned.

**Proportionality** requires that restrictions to individual liberty and measures taken to protect the public should not exceed what is necessary to address the actual level of risk. Restrictions therefore need to balance the current risk and circumstances, using the least restrictive measures.

**Trust** is an essential component in the relationships between clinicians, patients, family caregivers, staff, and the hospital. Early and sustained engagement with patients and family caregivers will help maintain confidence in the trustworthiness of the organization and their health care team.

**Reciprocity** requires that society supports those who face a disproportionate burden in protecting the public good and takes steps to minimize their impact. Given that family caregivers are asked to make significant sacrifices pertaining to 2 visiting and caregiving for loved ones, organizations should make every effort to maximize opportunities for alternate communication (e.g. daily updates, virtual visits).

**Stewardship** requires organizations to responsibly manage scarce resources, supplies and health human resources during a pandemic. Personal Protective Equipment (PPE) is in very short supply and will be needed for staff and physician protection and ability to deliver care.

**Equity** in our approach requires treating similar cases similarly, and different cases differently so to ensure all persons in the same category (at different levels of urgency/acuity) are treated in the same way. Health equity impacts must be considered against all decision and policies created related to visitation (e.g., a single mother would not be prohibited from bringing her child into hospital).

**Compassion** encompasses caring about the wellbeing of others and providing latitude in dealing with exceptional circumstance. It can be argued that on compassionate grounds, dying patients should have visitors when others may not.

## Appendix C– COVID-19 Patient Screening Guidance Document

[COVID-19: Guidance tools | COVID-19 \(coronavirus\) in Ontario](#)

Due to the changing nature of this guidance it is advised to go to the website to ensure current version is being referenced.

## Appendix D – Appeals Criteria

Criteria	Description
Safety, security and well-being of patients	<ul style="list-style-type: none"> <li>• Patient’s safety and well-being will be compromised significantly without a visitor.</li> <li>• Crisis, harm or dysfunction is foreseeable or occurring as a result of lack of access to visitors.</li> <li>• There is an imminent risk to patient, staff or others (e.g. violent/dangerous behaviours, falls risk) that is reasonably foreseeable or occurring as a result of lack of access to visitors.</li> </ul>
Unreasonable burden on healthcare team	<ul style="list-style-type: none"> <li>• Care of the patient:</li> <li>• Deters from the care of other patients</li> <li>• Would otherwise require additional staffing and use of PPE</li> </ul>
Essential to the patient or visitor’s well-being	<ul style="list-style-type: none"> <li>• There is a significant potential for long term harm or severe short-term harm without visitation (i.e. dying patient with young children, existential crisis of a patient considering changes goals of care from curative to palliative).</li> <li>• Patient is declining overall without visitor or losing functional ability.</li> </ul>
Patient wishes	<ul style="list-style-type: none"> <li>• Patient has articulated a strong wish for the visitor(s).</li> </ul>
Health equity impact	<ul style="list-style-type: none"> <li>• Granting the appeal will address health equity concerns (e.g. a single mother who needs to bring a child with her).</li> <li>• Incorporate the use of the health equity impact assessment tool. <a href="#">Health Equity Impact Assessment (HEIA) - Ministry Programs - Health Care Professionals - MOH (gov.on.ca)</a></li> </ul>
Mission, vision, values	<ul style="list-style-type: none"> <li>• The decision is consistent with the purpose, strategic directions and values of Headwaters.</li> </ul>



## Appendix E – Ethical Process Values

When reviewing appeals, the following values will help to ensure a fair decision-making process is achieved.

<b>Value</b>	<b>Description</b>	<b>Example</b>
<i>Accountability</i>	Decision makers must be accountable for those decisions—that is, they should justify their decisions and be held responsible for them. Defense of decisions should be grounded in the ethical values and principles outlined in this document.	Hospital executives are accountable to their Boards, staff and patients.
<i>Inclusiveness</i>	Decisions should be made explicitly with stakeholder views in mind and there should be opportunities for stakeholders to be engaged in the decision-making process.	Decision-making related to visitors should include the input of stakeholders.
<i>Openness &amp; Transparency</i>	Decisions should be transparent to the public. This means that the process by which decisions were made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible to affected stakeholders.	There should be a communication plan developed in advance to ensure that information can be effectively and transparently disseminated to stakeholders.
<i>Reasonableness</i>	Decisions should be based on reasons (i.e., evidence, principles, values) that stakeholders can agree are relevant to meeting health needs in a pandemic crisis.	Decision makers should provide a rationale(s) for permitting, limiting or precluding visitors.

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