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1.0 EXECUTIVE SUMMARY

St. Michael’s has a rich history of serving every person who comes to us in need with quality compassionate care. As an academic health sciences centre, it strives for excellence in all aspects of patient care, research and education. Continuous quality improvement, the ongoing pursuit of doing things better, is viewed as a key component to supporting this excellence. There has been much activity around quality improvement in the organization, both to meet internal unit and corporate needs and to ensure we are working effectively with partners in the health care system.

While this decentralized activity has promoted broad engagement and enthusiasm for quality improvement, the approach has raised questions about how we can appropriately align, support and sustainably spread a culture of quality improvement.

This Quality Strategic Framework will transform how we approach quality improvement by establishing a vision, strategy and key recommendations. It will signal to the hospital what the commitment to quality improvement is and what will be put in place to enable this work.

St. Michael’s will continue to strive to do what is best for our patients. We will more actively engage patients and their families as partners in their care and commit to providing excellent patient experience related to what matters most to them. We will foster a culture of quality improvement to help us get there. We will accomplish this through specific initiatives across the six dimensions of SOAPEE – Safety, Outcomes, Access, Patient-centredness, Equity, Efficiency, supported by three essential enablers – leadership, infrastructure and engagement.
2.0 INTRODUCTION

The St. Michael's Quality Journey

St. Michael's has a rich history of providing excellent, compassionate care. As an academic health sciences centre, the hospital strives for excellence in patient care, research and education. In order to support excellence, continued exploration of how to carry out activities in a better way is required. The concept of continuous improvement forms the practice and science of quality improvement.

St. Michael's Hospital began its quality journey years ago with a primary focus on safety. The hospital systematically implemented the Canadian Patient Safety Institute’s programs with great success. The infrastructure to support safety initiatives developed over time. With increased organizational awareness of and excitement about this work, a broader definition of quality was introduced.

Patient access and flow was the next major focus for quality improvement. During the initial phase of work, the hospital experienced significant challenges. By learning from unsuccessful approaches, it became clear that the use of process redesign could lead to successful implementation. Process redesign and the development of tools slowly became ingrained in approaches to quality improvement. Today, tools are used effectively to drive improvement initiatives in patient access and flow across inpatient units, the emergency department and in ambulatory clinics.

Quality improvement has different meanings depending on context. The variation in definition and approaches across St. Michael's shows that even within one organization there can be several meanings to quality. In 2009, it was determined that a formal definition of quality was required to create common language and understanding, to achieve staff and physician buy-in and enable a comprehensive and systematic approach to make real gains in quality.

The Institute of Medicine and Institute for Healthcare Improvement in the United States have developed a definition of quality that includes six dimensions.¹ St. Michael's adopted these dimensions and invented an acronym SOAPEE – to stand for Safety, Outcomes, Access, Patient centredness, Equity and Efficiency. Fundamentally, the hospital believes that if it improves quality across these six dimensions, the result will improve the overall patient experience. We believe that patients who are safe, have great outcomes, don’t have to wait, have care organized around their priorities and are treated equitably and efficiently, will have a great experience.

¹ Institute for Healthcare Improvement, Across the Chasm: Six Aims for Changing the Healthcare System
http://www.ihi.org/knowledge/Pages/ImprovementStories/AcrosstheChasmSixAimsforChangingtheHealthCareSystem.aspx
The St. Michael’s definition fosters a commitment that quality improvement focuses on the patient, with a goal to provide the best patient care possible. The following defines each dimension of quality:

- **Patient care is safe when we** avoid potential injury resulting from care, for example getting the right medication or ensuring that rooms are clean to avoid infection.
- **Patient outcomes are improved when we** provide care based on scientific knowledge to all who could benefit, and refrain from providing services to those not likely to benefit.
- **Patient care access is improved when we** reduce waits and sometimes harmful delays for those who receive care.
- **Patient centredness is improved when we** provide care that is respectful of and responsive to individual patient preferences, needs and values.
- **Patient care is equitable** when we provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, socioeconomic status, etc.
- **Patient care is efficient** when we avoid waste, including equipment, supplies, ideas, and energy.

Once the definition of quality was established, the next phase of the hospital’s quality journey focused on broad engagement, encouraging everyone at the hospital to explore his or her ideas about quality improvement. Annually, corporate objectives required every program, department and service to implement at least one quality improvement initiative (often many are undertaken by an area). Additional quality improvement initiatives have been pursued by various disciplines and departments to address specific issues or implement best practice. This broad engagement has raised awareness and involvement in quality improvement across the organization. Everyone who works at St. Michael’s knows what SOAPEE is and that quality is a key priority.
St. Michael’s has also created internal structures to support and sustain quality improvement: for example, the interdisciplinary Quality Improvement Council monitors and oversees much of the quality improvement activity and coordinates with the revitalized Quality Committee of the Medical Advisory Committee. The Board of Directors’ Quality Committee is actively engaged and provides overall strategic guidance and leadership to quality governance.

The hospital’s commitment to quality drives an internal focus on quality improvement, but also positions the organization well to respond to changes in legislation and other external initiatives that develop.

The Excellent Care for All Act (ECFAA) approved in June 2010 required all hospitals to create and implement a quality improvement plan and publicly report on progress annually. Since then, in accordance with the legislation, St. Michael’s has developed a patient declaration of values, submitted three Quality Improvement Plans to Health Quality Ontario, developed its first Family Health Team plan and publicly reported on this work. Above and beyond our obligations, the hospital also reports on quality indicators primarily related to safety.

St. Michael’s is also aligned with the key pillars of the government’s long term strategy: quality, health services funding reform, and improving coordination of care at the local level through Health Links. Funding reform aims to implement fair, evidence-based funding models that are responsive to the emerging health care needs of the province’s changing population. Establishment of new funding models for Quality Based Procedures will steer the system towards better quality at a lower cost. At a local level, the government’s Health Links initiative creates community integration to coordinate care for high-needs patients. Health Links will be a key component of the health care transformation plan moving forward.

Figure 2: Selected Milestones in St. Michael’s Quality Journey

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<td>QCIPA</td>
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2 See Appendix X

Quality Strategic Framework

Quality of Care Information Protection Act (QCIPA)
Institute for Healthcare Improvement (IHI)
Safer Healthcare Now (SHN)
Process Redesign Office (PRO)

Best Practice Spotlight Organization (BPSO)
Quality Improvement Council (QIP)
Excellent Care for All Act (ECFAA)
Health System Funding Reform (HSFR)
Quality Strategic Framework (QSF)
Lessons Learned From Our Quality Journey

As a result of our experience developing and leading quality improvement, we have identified important features of quality improvement: what we focus on and how we pursue our objectives.

The SOAPEE definition of quality outlines the “what.” The “how,” on the other hand, is critical to success but difficult to address. In order to understand how to move forward, we looked to the literature to learn from the experience of others.

An important finding emerged from our experience in implementing quality improvement and learning from those experiences; not all quality improvement projects are the same and should therefore be treated differently. Differences are important to understand and to address to ensure that there is clarity about what resources are allocated to support the work. Based on experience to date at St. Michael’s, two critical criteria to determine are: scope and tools.

Scope

Quality initiatives driven at a local or unit level are fundamentally different than corporate activities that engage the entire organization. At the corporate level, complexity is introduced such as coordination across stakeholder groups, which calls for a more rigorous approach to project management.

Activity at the corporate (macro), unit (meso) and individual (micro) levels should be distinguished, given the varying levels of resources required to implement quality improvement. Not only is it critical from the outset to define where the activity will take place, but also this work should be centrally monitored. This will inform how activities are approved (or not) and prioritized.

Macro: Corporate activities, which are implemented across the organization, require significant time, resources and attention; and therefore, limited activities can be undertaken at any given time and must be prioritized appropriately by hospital leadership.

Meso: Activities that take place on units should also be approved and prioritized in the context of other initiatives underway that may strain the time and capacity of the individuals required to implement.

Micro: For individual activities, a framework (or standardized process and methodology) must be in place prior to undertaking an activity. While these initiatives should require few or no additional resources and should be implemented relatively rapidly, a centralized process will enumerate, monitor and measure activities.

All in all, quality improvement activities require definition and a process for approval, prioritization and resource allocation. A standardized and centralized process will also enable ongoing auditing and clear communication from the leadership.
Tools

Tools (such as checklists) drive change. The level of difficulty in implementation seems to correlate with size of projects and the presence or absence of a tool. Difficulty also relates to the number of people involved, the need for equipment, data and data analysis, project management, process redesign skills, etc.

In the case of quality improvement initiatives where there are no known tools or methodologies, projects are more complex because they require creation of new methodologies to achieve success. Without appropriate tools, it is likely that front line clinicians are unclear about what they should be doing and how to go about change.

Figure 3: Matrix of Quality Improvement Activity
3.0 QUALITY STRATEGIC FRAMEWORK DEVELOPMENT

3.1 Development Process

Due to the broad based enthusiasm surrounding quality improvement, there has been a surge in these types of initiatives across the organization. Initially, this demonstrated excellent engagement, but it is not sustainable. Continued activities that are disparate and based on area-specific interest results in an overall unfocused and at-times confusing approach. As a result, the development of a framework is aimed to ensure clarity of direction, lead change that is focused and builds on the great work of the organization. In order to ensure clarity of direction and to ultimately yield profound change, this framework captures the definition of quality improvement, the differences among types of quality improvement and clarifies priorities.

In order to develop the framework, a comprehensive internal and external scan was conducted. Interviews were undertaken with over 80 internal and external individuals and groups.

The external scan reviewed, through research and selected interviews, best practice and strategy from national, provincial and regional government agencies, local peer organizations, international jurisdictions, health service providers and health care professions. Internally, the scan included interviews with hospital leadership, physicians, nursing, health disciplines and other staff. Leveraging communication channels such as Town Hall, Management Forum, key committees and an interactive blog allowed broader consultation and participation from the organization.

Figure 4: Quality Strategic Framework (QSF) Development Process

Following the scan, a quality retreat, including representatives from the board, senior leadership, hospital directors, physicians, nursing, health disciplines, middle management and front line staff, provided an opportunity to share and discuss the emerging themes and to further inform the framework.

3 See Appendix X
The Next Phase of our Journey

There has been much quality improvement activity, both to meet internal needs and to work effectively with our partners in the health care system. While this has created broad engagement and enthusiasm for quality improvement, all of the disparate and scarcely resourced activity can overwhelm the organization and has raised questions about appropriate alignment, support and sustainable spread of a culture of quality improvement.

Our quality journey, by its very nature, will continue. We will need to respond to sweeping change in our sector; to do so, we will foster a culture of quality improvement that is nimble and effective.

The convergence of activities and initiatives makes the timing right to reflect on what St. Michael’s has accomplished to date and to establish a more integrated and comprehensive approach going forward.

The development of this Quality Strategic Framework for St. Michael’s Hospital is the next step in our journey to achieve the best patient experience.

Governance Structure for the Framework Development

Throughout the process, the commitment and oversight of senior leadership and our board were integral to ensuring the development of a framework aligned with organizational strategy. Advice and guidance from key hospital committees such as the Quality Improvement Council, the Quality Committee of the Medical Advisory Committee and each clinical program ensured a fully informed development process.
Figure 5: Governance Structure for QSF Development

- BOARD OF DIRECTORS
  - Quality Committee of the board
- EXECUTIVE STEERING GROUP (ESG)
- QSF STEERING COMMITTEE
  - Senior Management Committee
- QSF WORKING GROUP
- QSF Advisory Committees
  - Quality Committee of MAC (QMAC)
  - Quality Improvement Council (QIC)
  - Medical Advisory Committee (MAC)
  - Nurse Advisory Committee (NAC)
  - Health Disciplines Advisory Committee (HDAC)
  - Clinical Program Directorship

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*See Appendix X for QSF Working Group membership*
4.0 QUALITY STRATEGIC FRAMEWORK: “HOW”

This framework is the foundation upon which St. Michael’s will enhance its quality improvement priorities. As an organization, we strive to do the best we can for our patients. We will more actively engage patients and their families as partners in their care and commit to an excellent patient experience based on what matters most to them. We will foster a culture of quality improvement.

4.1 Vision: The Best Patient Experience

By undertaking quality improvement initiatives that address SOAPEE, we aspire to provide the best experience to our patients and their families.
4.2 Strategy: Create a Culture of Continuous Quality Improvement

In order to deliver the best patient experience, we must create a culture of continuous quality improvement that enables everyone in the organization to identify, lead and participate in quality improvement initiatives. Culture can be described as the values and behaviors that contribute to the unique social and psychological environment of an organization. Everyone in the organization must share clarity of purpose and support the institution’s goals.

4.3 Principles

4.3.1 Principle 1: Leverage an academic lens on quality improvement innovation

One of the goals of St. Michael’s Hospital is to be a leading academic quality hospital. An academic focus will differentiate quality improvement at St. Michael’s from other organizations. As we pursue the activities for the next three years, we will clearly articulate what this means and propose a plan that will establish St. Michael’s, not just as a hospital that provides great care, but one that does so in an academically relevant way.

We will address the following:

- Appropriate support to those leading quality improvement initiatives to facilitate scholarly dissemination
- Capacity development to enhance scholarly dissemination of quality improvement
- Partnerships with the University of Toronto’s Centre for Patient Safety, Institute for Health Policy, Management and Evaluation, etc.
- Becoming a training site of choice for those wishing to develop skills in quality improvement
- Prioritizing research areas related to quality improvement e.g. develop a program of research in diagnostic error and link this research to the hospital’s quality improvement activity
- Aligning the activities of centres within the Li Ka Shing Knowledge Institute with the hospital’s aim to be a leading academic quality hospital.

4.3.2 Principle 2: Overlay a change management approach on quality improvement

**A Model for Change Management**

The concept of quality improvement requires change - notably, changing practice or process. Change often fails when there is no clear approach to change management. Change requires a critical look at the status quo and a coordinated approach to iterative improvement. As a result, a change management framework is critical to enabling quality improvement to take place.
Kotter’s work on “Leading Change” has influenced thinking on quality improvement at the hospital. His key principles on how to lead change can be synthesized into three key concepts: make the case, get going and make it stick. Developing a change management methodology for quality improvement initiatives is crucial to success. It would include assessing the readiness for change of those who are meant to implement and adopt the new initiative.

Figure 4: Quality Strategic Framework (QSF) Development Process

MAKING THE CASE
- Establish a sense of urgency
- Create a guiding coalition
- Develop a change vision

GET GOING
- Communicate the vision
- Empower broad-based action
- Generate short-term wins

MAKE IT STICK
- Consolidate gains and produce more change
- Incorporate changes into culture

Make the Case
The development of this framework is a first step in a new approach to quality improvement. As we pursue the commitments outlined in this framework, we will need to ensure that each commitment is championed by internal experts at all levels of the organization, who will guide the development of the action plans.

Get Going
Implementing action plans for each commitment will be the next step. Continued support and communication of our shared quality improvement vision and success stories will help to inspire broad-based action.

Make it Stick
Continued support and recognition of progress made by our front-line leaders and sustainable quality improvement will facilitate the creation of a strong quality improvement culture at St. Michael’s. Making change stick is an ongoing journey that will require the commitment of everyone in the organization.
4.3.3 Principle 3: Support system transformation through quality improvement

While this plan is internally focused, it is clear that the Ontario health care system is also focused on quality improvement. As a key system partner, St. Michael's will support and sustain system initiatives focused on quality. As St. Michael's pursues partnership activities, we will ensure that a quality improvement lens underpins new activities and that the best possible patient experience is always the goal.

4.4 Goals

While the enablers in the framework will transform how we approach quality improvement, SOAPEE will continue as the foundation and will inform what dimensions of quality improve the patient experience.

Much progress has been made, and must continue, under the dimensions of Safety, Access and Efficiency. There is additional activity required across the remaining SOAPEE dimensions at varying levels, complexity and scope. A key theme of the framework is the importance of patient centredness.

Patient centredness is a concept that has various connotations, and its meaning can be different depending on context. Often a view of patient centredness completely transforms an organization. Some hospitals that consider themselves to be patient-centred have patients on all corporate committees and involve patients in decision making. Others may choose different approaches depending on the specific reason for engagement.

While the principles of patient-centredness are essential at St. Michael’s, truly becoming patient centred will be a long journey. Over the next three years we commit to advancing patient centredness so that we can make solid gains on ensuring that patients are firmly placed as partners in their care. In order to do so, we will begin to address the following question: How can we better leverage and embed our patient declaration of values across the hospital?

- How will we incorporate the patient voice in decision making at the unit, department, and organizational levels?
- What can we do to support/prepare our patients and their families, as well as our staff and physicians, becoming partners in care?
- Can we test, learn and evaluate new models of patient-centred care with the potential for broad implementation?

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1 It is important to note the dimensions of SOAPEE do not exist in silos; they are inter-related and can overlap. In order to take a holistic approach to quality improvement moving forward it is vital to acknowledge that a quality improvement initiative undertaken, while it may be primarily focused on one aspect of quality improvement, it can have impacts across many or all dimensions of SOAPEE.
4.5 Enablers: Leadership, Infrastructure, Engagement

The Institute for Healthcare Improvement published a white paper in 2008 entitled “The Seven Leadership Leverage Points.” This work has been influential in conceptualizing quality at St. Michael’s and in understanding what is required to successfully implement and succeed in quality improvement initiatives. The seven leadership leverage points have been distilled to three at St. Michael’s: leadership, infrastructure and engagement. We believe that these are the critical enablers of quality improvement.

4.5.1 Leadership

St. Michael’s has purposefully defined quality as a focus. Activity has been driven by the passion of staff and physicians on the front line and supported by senior leaders. While formal leaders may control the resources, the ownership of continuous quality improvement activity is at the front line. Therefore, it is critical to develop the capability of our people: staff, physicians and trainees – across all departments and disciplines – to successfully implement quality improvement.

Leadership, at all levels, is required to drive priorities and ensure that the vision for quality – the best patient experience – can be achieved.

We commit to the following over the next three years:

a) Embed quality improvement in our corporate strategy
   • Integrate into the corporate strategic plan and annual corporate objective setting

b) Build accountability for quality improvement with front line managers
   • Incorporate quality improvement goal setting into performance review process for front line managers and professional practice leadership
   • Develop an academic approach to quality improvement
   • Integrate the patient and family perspective in accountability and goal setting

c) Build capacity for staff and physicians at all levels of the organization
   • Assess learning needs, develop and implement an education and professional development strategy to support quality improvement capacity
   • Develop a customer service orientation targeted at what matters most for patients based on their experience (e.g. wayfinding, cleanliness, food, etc.)

d) Develop and implement a plan for leadership engagement with front line staff
   • Create a dialogue with front line staff to share ideas for improvement
   • Visible support and engagement of hospital leadership at all levels

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6 [http://www.ihi.org/knowledge/Pages/IHIWhitePapers/SevenLeadershipLeveragePointsWhitePaper.aspx](http://www.ihi.org/knowledge/Pages/IHIWhitePapers/SevenLeadershipLeveragePointsWhitePaper.aspx)
7 Based on Patient Declaration of Values, 2011
Measuring success

- Quality improvement is embedded and plays a key role of organizational objective setting
- Shared accountability for quality improvement. Role clarity between front line care providers and managerial and support staff
- Leadership supports quality improvement initiatives on the front line
- Staff, physicians and students/trainees have participated in professional development and training to improve quality improvement capacity.

4.5.2 Infrastructure

Aligning and prioritizing activities ensure a coordinated approach to quality improvement. This means a clear approval process for projects, identification of support resources and learning opportunities on how to implement quality improvement. All those involved in quality across the hospital should use standard tools, methodologies and approaches. Access to templates, resources and information will improve the capacity of people to own and lead quality improvement in their areas.

Ultimately these supports should reduce duplication, improve knowledge sharing and clarify to staff and physicians where to obtain approval for projects that require resources.

We commit to the following over the next three years:

a) Enhance quality improvement committees, project approval and prioritization processes
   - Develop a corporate structure to support implementation in a systematic and aligned manner
   - Review, develop and implement structures that align decision making and monitor projects
   - Ensure that processes and structures support a scholarly approach
   - Integrate the patient and family voice.

b) Adopt standardized tools, templates and guidelines to support quality improvement projects
   - Implement tools informed by best practice for project management and change management using quality improvement principles
   - Integrate a research and evaluative lens from project design to completion to facilitate publication and dissemination of results.

c) Assess and coordinate alignment of expertise to support frontline ownership of quality improvement initiatives
   - Create and maintain an up-to-date inventory of expertise and activities
   - Develop and implement a model to support projects led by front line

d) Develop and implement a strategy for data management and analysis to support quality improvement
   - Identify capacity and implement a strategy for data management and predictive analytics.
e) **Advance scholarly activity**
   - Identify and leverage the expertise in the Li Ka Shing Knowledge Institute and AHRC.

**Measuring success**

- A clear and defined process and structure is in place to guide and prioritize quality improvement projects
- Standardized tools are available to staff, students and physicians
- Quality improvement projects are owned and led by front line staff and guided by internal experts
- Each division, department, unit and clinic monitors its performance across a range of quality indicators covering each SOAPEE dimension through access to relevant and timely information.

4.5.3 **Engagement**

In order to foster a culture of quality improvement, we must support and leverage the engagement of our people, and strengthen our interaction with the broader health care system. Engagement means that board members, staff, physicians, trainees, patients and their families are involved in dialogue on quality improvement and have the opportunity to feed into the hospital’s thinking.

Engagement is increased by using tools, such as visual indicators, that encourage progress and provide opportunities to share learnings. Engagement requires a robust change management methodology.

Externally, our participation and leadership in system level change ensures we have an active voice in the directions of the broader health care system. Sharing and celebrating our successes both internally and externally will inspire new ideas and recognize people for their achievements.

**We commit to the following over the next three years:**

a) **Refine and implement a new communications strategy for quality improvement internally and externally**
   - Continue to build new forums and channels to share successes and learnings
   - Create templates and tools to assist with communication through visual depiction of progress
   - Continue to support the dissemination of scholarly quality improvement results.

b) **Recognize the quality improvement achievements and efforts of our people**
   - Develop and implement a recognition strategy that celebrates both significant and day-to-day achievements
c) Strengthen partnerships with patients, families, the community and the health system to support quality improvement

- Incorporate the patient and family voice into decision making
- Partner with health system peers, community and other health service providers to ensure coordination across the continuum of care
- Leverage partnerships with U of T Centre for Patient Safety, Institute for Health Policy, Management and Evaluation, and others to be recognized as a training centre for quality improvement

Measuring success

- Everyone understands the vision for quality improvement and his or her role in it
- Staff and physicians openly share and discuss learnings from quality improvement and incubate new ideas
- Quality improvement successes at St. Michael’s are recognized and lessons shared both internally and externally
- Our patients and their families have an active role in organizational decision making

5.0 FINAL THOUGHTS: THE CONTINUING JOURNEY

Developing and sustaining a quality improvement culture is a long journey. St. Michael’s has a strong culture to build upon; however, our journey will not end when we meet the deliverables in this plan. Our goal is to continue to leverage our successes and learn from our experiences in order to drive quality improvement in a systematic and meaningful way. At the end of three years, we will evaluate the impact of the framework and develop new goals for the following three years. In this continuing journey, we will enhance our culture of quality improvement. The ultimate measure is the improvements we will make to the patient experience.
6.0 APPENDICES

Insert following potential Appendices:

- QSF Consultations: Interview Questions
- QSF Retreat Material
- QSF Retreat evaluation summary results
- QSF SOAPEE Blog entries
- Patient Declaration of Values
- Membership of working group