

**MINISTRY OF HEALTH AND LONG-TERM CARE  
FRENCH LANGUAGE HEALTH SERVICES**

**HEALTH SERVICE PROVIDERS  
FRENCH LANGUAGE SERVICES  
IMPLEMENTATION PLAN  
(DRAFT)**

**Submitted by**

**Name of HSP: Religious Hospitallers of Saint Joseph of the  
Hotel Dieu of Kingston**

**LHIN: South East**

**Date: April 30, 2009**

# Introduction

Approximately half a million Francophones reside in Ontario. This represents Canada's largest French-speaking community outside the Province of Québec. The Ministry of Health and Long-Term Care (hereafter referred to as the "Ministry") recognizes the importance of facilitating access to French-language health services for members of Francophone communities across the Province of Ontario. However, improved access to French-language health services requires concerted efforts by all major stakeholders groups: Local Health System Integration Networks (LHINs), health service providers (HSPs), health care professionals, political decision-makers, training institutions and the communities involved.

The transformation of the local health system should be based on the premise that quality health care services are closely tied to the ability of health care providers to assist, counsel and educate the population they serve. The ability to understand and be understood is therefore an important component of the design of an effective and responsive local health system. The **HSP French Language Services Implementation Plan** (hereafter referred to as the "**HSP FLS Implementation Plan**") is developed to help HSPs comply with the requirements of the *French Language Services Act* (FLSA) and plan for quality health care services in French under the *Local Health System Integration Act* (LHSIA) to meet the needs of their Francophone communities.

## **I. LEGISLATIVE FRAMEWORK**

### ***1. The French Language Services Act, 1986 (FLSA)***

The FLSA came into effect on November 19, 1989 with the support of all three provincial parties of the Ontario Legislative Assembly. In so doing, the Assembly "recognizes the contribution of the cultural heritage of the French-speaking population and wishes to preserve it for future generations."

As outlined in the preamble of the legislation, Ontario recognizes that the French language is an official language in Canada as well as an official language before the province's courts and within its education system. The FLSA also guarantees the use of the French language in institutions of the Legislature and the Government of Ontario.

The FLSA guarantees members of the public the right to receive services in French from head or central offices of Ontario government agencies and ministries, as well as offices located in or serving areas designated under the FLSA. For the purposes of the Ministry and its related agencies, "the public" includes corporate bodies (agencies, hospitals, community groups, etc.), as well as individuals (clients, families of clients, doctors in private practice, etc.).

The FLSA applies equally to all Ministry agencies, boards and commissions (ABCs) that have a majority of their members appointed by the Lieutenant-Governor-in-Council.

Since LHINs are under Schedule III agencies of the Ministry, they fall under Section 1(b) of the FLSA.

As Crown Agencies, LHINs have the obligation to:

- demonstrate and report on their integration of the principles of the FLS Act in their business processes to address the needs and concerns of Francophone communities.
- contribute to the Ministry's Results-based Planning (RbP) Report on French language services. These requirements are based on the following four key results areas:
  1. **Knowledge and awareness:** increased knowledge and awareness by LHIN staff of the *FLS Act* requirements and the needs and concerns of Ontario's francophone clients; Increased public awareness of the LHIN obligations under the *FLS Act* and how the LHIN meets these obligations.
  2. **FLS Capacity:** LHIN capacity to ensure an active offer and delivery of high-quality services in French, including services to the public delivered electronically and via partnerships.
  3. **Francophone Engagement:** Active participation of Francophones in public consultations and citizens/community engagement activities.
  4. **FLS Integration:** increased incorporation of *FLS Act* principles, needs and concerns of Francophone clients, in strategic planning and decision-making processes, as well as local health system transformation initiatives.

## **2. The Local Health System Integration Act, 2006**

In its preamble, LHSIA reiterates its commitment to meeting the health needs of all Ontarians, including Francophones: "The people of Ontario and their government ... (f) believe that the health system should be guided by a commitment to equity and respect for diversity in communities in serving the people of Ontario and respect the requirements of the *French Language Services Act* in serving Ontario's French-speaking community."

Fourteen (14) LHINs have been established to provide for an integrated health system which will improve the health of Ontarians through better access to high quality health services, co-ordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level.

As system planners and managers of the local health system, LHINs are accountable for ensuring the availability of French language health services in their regions and the

integration of the principles of the *FLS Act* in their Integrated Health Service Plans. They are expected to:

- To plan, fund and integrate French language health services at the local level including the identification and the designation of health service providers.
- To engage the local Francophone community in local health system planning and integration activities, as per LHSIA and related draft regulation on Francophone Community Engagement.
- To identify HSPs to be designated for the provision of French language health services; to review designation plans and make recommendations to the Ministry for the designation of HSPs for the provision of all or partial services in French.
- To assist with the identification of French language health human resources within its local planning areas that contributes to improve access and accessibility to French language health services.

The LHSIA also established a *French language health services advisory council* to advise the Minister about health and service delivery issues related to francophone communities as well as priorities and strategies for the provincial strategic plan in terms of their impact on those communities.

Under Section 16 (4) (b), the LHSIA prescribes the methods for carrying out community engagement under subsection (1) that may include holding community meetings or focus group meetings or establishing advisory committees. In carrying out community engagement activities under subsection (1), LHINs need to engage “(b) the French language health planning entity for the geographic area of the network that is prescribed.” This body will be providing advice to the LHIN on health issues related to French language health services.

## **II. RESPONSIBILITIES OF THE GOVERNMENT**

The Government of Ontario is responsible for implementing and administering both the LHSIA and the FLSA. As per the FLSA, the Ministry has appointed a French Language Services Coordinator to assist with the implementation and monitoring of French language services within the Ministry and to work closely with the Office of Francophone Affairs (OFA) to facilitate the designation of agencies in the health care sector.

The French Language Health Services (FLHS) Office was established to assist each of the Ministry's organizational units as well as Ministry's agencies, boards and commissions in the implementation and monitoring of FLS to support the government's commitment to improve the health status of French-speaking Ontarians. The Ministry's strategic directions for FLS include the following:

- **Access**
- **Accessibility**
- **Community Engagement**
- **Integration**
- **Sustainability**

The Ministry and its agencies are encouraged to be proactive in establishing and offering services in French, rather than relying on the public having to request them. The principle is to have services in French in place and to seek input, advice and active participation from the Francophone community in planning for a full range of quality health care services in French across the province.

### **III. RESPONSIBILITIES OF LHINS**

As Crown agencies and local health system planners, LHINs are accountable for ensuring access and accessibility to FLS in their geographic area.

The Chair and the Chief Executive Officer are accountable for ensuring compliance with the FLSA, and by planning to meet the needs of the Francophone community within their overall planning activities for their geographic area. They are also required to report to the Ministry on their planning initiatives related to FLS.

LHINs need to inform the Ministry of the mechanisms they have established to enable them to carry out their planning responsibilities as it relates to FLS. In the new stewardship environment, the Ministry will rely on the LHIN to monitor FLS progress among HSPs within its geographic area. Information collected from all HSP FLS Implementation Plan, submitted by designated and identified HSPs to the LHIN, will be an important part of this process.

### **IV. RESPONSIBILITIES OF IDENTIFIED AND DESIGNATED HSPTS**

Pursuant to the FLSA, HSPs must provide services in French if the agency has been:

- Designated under the French Language Services Act;
- Directed by the former Health Services Restructuring Commission ("HSRC");
- Identified by the former District Health Councils or the LHIN to provide services in French.

These agencies are required to provide equitable access to quality professional services in French on a permanent basis. The list of identified/designated agencies can be found at:  
[http://www.health.gov.on.ca/english/public/program/flhs/identified\\_mn.html](http://www.health.gov.on.ca/english/public/program/flhs/identified_mn.html)

HSPs seeking designation of all or part of their services under the FLSA are required to submit a Designation Plan for consideration by the LHIN. A template of the Designation Plan can be obtained from the LHIN or the FLHS Office of the Ministry.

HSPs that are not required to provide services to the public in French under the provisions of the FLSA are required to provide a report to the LHIN that outlines how the HSP will address the needs of the local Francophone community.

## SECTION 1 GENERAL INFORMATION

<b>1.1 Name and full address of HSP</b>	Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston (Hotel Dieu Hospital) 166 Brock St., Kingston, ON K7L 5G2	
<b>1.2 Name and position of contact person completing this plan.</b>	Elizabeth Bardon, Chief of Public Relations & Community Engagement	
<b>1.3 Are you an identified or designated HSP?</b>	<input checked="" type="checkbox"/> Identified <input type="checkbox"/> Designated <input type="checkbox"/> Partially Designated  <i>See glossary for definition. A list of identified and designated HSPs is available at <a href="http://www.health.gov.on.ca/english/public/program/flhs/identified_mn.html">http://www.health.gov.on.ca/english/public/program/flhs/identified_mn.html</a> or from your LHIN website</i>	
<b>1.4 HSP's catchment area (as per LHIN), including % of French-speaking (FS) population (Statistics Canada 2006)</b>	<i>Please define your catchment area and list communities serviced, indicating the number and percentage of French-speaking population within your catchment area.</i> Includes the city of Kingston  Total Population # 111,085  FS Population: 4,130 #    and 4 % of total Population	
<b>1.5 Does your catchment area (as per LHIN) include any designated area under the FLSA?</b>	<i>Please describe</i> Yes. Includes the city of Kingston <i>A map of designated areas is available at <a href="http://www.ofa.gov.on.ca/english/FLSA-map.html">http://www.ofa.gov.on.ca/english/FLSA-map.html</a></i>	
<b>1.6 Description of services provided by the HSP</b>	Hotel Dieu Hospital is the ambulatory care teaching hospital for Kingston and Southeastern Ontario, providing expert care to more than 500,000 people in the region. Our specialized services include outpatient pediatrics, ophthalmology, diabetes education, breast assessment, day surgery, urgent care, mental health programs and more. Affiliated with Queen's University, we are partners within Kingston's university hospitals, delivering quality health care, leading innovative research and training the health care professionals of tomorrow.	
<b>1.7 Do you have a mechanism or mechanisms to identify a FS client?</b>	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<i>Please describe any formal or informal processes</i> Upon admission or registration, patient may self-identify as French speaking. This can be captured in the Patient Care System (PCS). Registration has been asked to begin asking this routinely at presentation and also exploring options for a French language screen on self-registration kiosks.
<b>1.8 Number of clients who received services in the last fiscal year</b>	Total clients: 400,000 visits	Francophone clients: 1198 known visits (Day surgery program - 88, diagnostic/therapeutic services - 217; clinics - 641; pediatric and adult urgent care - 224; inpatient - 7; other - 21)

<p><b>1.9 Description of the HSP's most common response to a request for services in French</b></p>	<p><input type="checkbox"/> No action</p> <p><input checked="" type="checkbox"/> Use of family member or volunteer resources as interpreter</p> <p><input type="checkbox"/> Use of staff as interpreter</p> <p><input type="checkbox"/> Services provided in French by existing FS health professional or non-health professional staff</p> <p><input checked="" type="checkbox"/> Professional Interpretation services</p> <p><input type="checkbox"/> Referral to other HSPs that provide FLS</p>	<p><i>Please describe</i></p> <p>HDH policy currently prohibits staff members from translating due to risk issues (i.e. staff members not currently tested for foreign language proficiency). This service is available through a telephone translation provider located in Quinte at the hospital's cost when required. Only family members or professional outside language provider may provide interpretive services under current policy. There are some clinical providers on staff (e.g. physicians) who are Francophone and who are able to provide clinical services in French, but we do not currently assess or track this formally.</p>
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## SECTION 2 - KEY RESULTS AREAS

### 2.1 KNOWLEDGE AND AWARENESS

**a. Staff:**

Describe HSP planned action to improve staff awareness of the needs and concerns of Ontario's Francophone population - include resources available to staff members (including new recruits), to familiarize themselves with the principles and requirements of the FLSA.

Information will be added to the administration portion of HDH staff/learner orientation about FLSA. We will include information and regular progress reports in our hospital newsletter (called Update) and on our website. Through communications vehicles with all staff and board members (e.g. "What's Up at HDH", Vital Signs and meetings), we will provide progress reports. We will also inform unions of the FLSA and begin to work with HR to provide opportunities both to recruit bilingual staff and to assist staff and learners to self-identify and self-assess FL abilities. The process of gathering baseline information about current staff members' FL abilities included some key messages about Kingston's designation, next steps in planning, etc. Signage and pins have been ordered through FLS contacts and an education process will be implemented in May/June 2009 to invite those staff who have conversational French to use signs/pins and to clarify that policy remains in place that they should not translate/interpret until further language testing is completed and policy revised. The Chief of Public Relations & Community Engagement will have senior level responsibility for FLS.

*Please indicate timeframe*

Short-term (0-1 year)    Medium-term (1-3 years)    Long-term (3-5 years)

*Describe any associated risks and mitigation strategies*

We need to ensure our messages focus both on the right to access for those who seek service in French (per FLSA) while also addressing current staff members' concerns if they do not speak or write French. It will be important to talk about processes that will be in place in the interim phases as we begin to enhance access to FLS. Further, we need to ensure that a person's French language skills are complemented by readiness, qualification and aptitude for supporting delivery of care or service.

**b. Public:**

Describe HSP planned action to improve the FS population awareness of FL services provided by the HSP.(include information related to availability of programs in French, complaint resolution mechanism to support resolution of issues pertaining to the delivery of FLS)

We will work with the LHIN to provide updates broadly about FLS within the region and include information about hospital-specific plans and progress. Communication will go directly to the ACFO as well to ensure we reach the Francophone community and to provide opportunities for dialogue and consultation. Through our patient relations department's complaint and compliment process, we will track and respond to complaints about FLS. Our new on-line complaints/incident reporting software used at both KGH and HDH will include a field to track FLS complaints.

Please indicate timeframe

Short-term (0-1 year)  Medium-term (1-3 years)  Long-term (3-5 years)

Describe any associated risks and mitigation strategies

A key issue is that we need to ensure that information is provided to the Francophone community (e.g. ACFO, citizens at large) in French. We will need to ensure we can have news releases and other bulletins translated as necessary and that there is a designated person within the hospitals who can communicate comfortably in French with our francophone partners as we progress in this. The LHIN may be able to assist as they have several fluently bilingual staff members who may be able to work with us and other service providers on engagement and communications strategies within the community. A request has already gone to the LHIN to discuss how to work in partnership with them on early steps to communicate around the designation and development of plans. It may be appropriate to assess further the French language skills in the patient relations office for handling FLS complaints and to ensure appropriate support is available to assist as necessary with French language service in this area.

**2.2 FLS CAPACITY**

**a. Staff:**

Describe HSP planned action to improve capacity to provide an “active offer” and delivery of high-quality services in French, (this may include: HR strategy to meet current and future needs for bilingual employees - succession planning, staffing and recruitment policy, purchase of services, French language training plans, evaluation of language competency, “active offer” policy, mission or/and vision statements) .

(Please provide specific details) A baseline survey was completed in February of 2009 of current staff and volunteers at HDH asking them to self-assess for oral and written French language capabilities. 442 staff (approximately 50% of current staff) and 18 volunteers (approximately 10% of current volunteers) completed the self-assessment tool. This information (broken down by department, position and incumbent) will assist the organization in measuring progress over time, developing a specific French language plan (including training), targeting recruitment as specific "first place of contact" positions are identified as high priority for FLS, and ensuring that we help to identify staff who do have FL capabilities (e.g. with "hello/bonjour" signage and/or buttons). We currently have only approximately 2-3% of staff and volunteers who have self-assessed at superior levels, including small numbers in front-line positions (social work, pharmacy, psychology, Info Desk/Gift Shop volunteers, administration). We are currently reviewing the data in detail and looking at secondary testing options through the Regional FLS Consultant. We can also look across the hospital partners to determine whether there are any interim or longer term opportunities to "share" staff with FL capabilities (e.g. redirecting calls to identified staff with FL capabilities for service). A FLS and active offer policy will be developed. Mission/vision statements will be translated into both languages through the regional translation service at the earliest opportunity. Signage/bonjour pins have been ordered and steps will be implemented in May/June 2009 to articulate when/how to use these tools. We will also work with HR to identify opportunities to recruit actively within the Francophone community.

Please indicate timeframe

Short-term (0-1 year)  Medium-term (1-3 years)  Long-term (3-5 years)

Describe any associated risks and mitigation strategies

There may be labour concerns related to future designation of positions.

**b. Governance and Management:**

Describe HSP planned action to improve representation of FS members on its board, committees and senior management team.

The French language self-assessment survey will be provided to members of the Board, committees and senior administration in April/May 2009 to gather baseline information. We will also invite any members from the above groups who may be part of the francophone community to self-identify. Working with the Board Chair and Nominating Committee, we will look at opportunities to recruit new Board and Committee members with French language skills and/or from the francophone community as necessary and appropriate.

Please indicate timeframe

Short-term (0-1 year)  Medium-term (1-3 years)  Long-term (3-5 years)

Describe any associated risks and mitigation strategies

Because our region has a very small population of Francophones, it may take some time to find francophone or French speaking representatives with the appropriate skills and experience to sit on committees or the Board. We will endeavour to work with ACFO to communicate about upcoming opportunities to apply to vacant positions.

**c. Others:**

Describe HSP planned action to improve representation of FS members throughout its other organizational and operational structures (e.g. volunteer services).

We currently have a small number of Francophone and French speaking members of volunteer services (and they have completed the French language capabilities survey). We actively recruit throughout the community through service clubs, the Base, churches, at mall displays, in the newspapers, etc. We will continue to do so. Once language has been appropriately translated that notes that we invite/encourage people with French language skills to apply to vacancies in the organization, this language can be used also (and ads translated wherever possible) for volunteer positions too.

Please indicate timeframe

Short-term (0-1 year)  Medium-term (1-3 years)  Long-term (3-5 years)

Describe any associated risks and mitigation strategies

We may not be able to interview/orient Francophone volunteers or others in French with ease until such time as we have more people in the organization who speak French. This may be perceived as a barrier so we will endeavour to work with those in the organization who do speak French (eg. Francophone volunteers currently on the roster could be invited to assist with interviews/reference checks in French) or those across the partnership to assist with this.

**d. Purchase of Services (for CCACs)**

Describe planned action to improve the purchase of services process (RFP, client satisfaction, FLS capacity)

Please indicate timeframe

Short-term (0-1 year)  Medium-term (1-3 years)  Long-term (3-5 years)

Describe any associated risks and mitigation strategies

**2.3 FRANCOPHONE COMMUNITY ENGAGEMENT**

Describe HSP planned action to improve community engagement activities to ensure an active participation of Francophones in needs assessment and identification of priorities in the development of programs, services and initiatives.

A French Language Service committee will also be created with representation from the francophone community to enhance engagement. We currently hold annual patient focus groups for quality purposes. The invitation could be extended to ensure we reach francophone audiences. Where possible, we will endeavour to have some of our annual "highlights about HDH" communiques translated and available through the Francophone community.

Please indicate timeframe

Short-term (0-1 year)  Medium-term (1-3 years)  Long-term (3-5 years)

Describe any associated risks and mitigation strategies

We will need to ensure that we have bilingual staff or volunteers who can assist with focus groups. ACFO may be able to assist with this until such time as we have more staff/volunteers on site with French language skills. Access to timely translation will also be an issue. As we do not have a budget to pay for translation, we will need to rely on the services at Hawkesbury. Where there is an opportunity to work with our partners in the region or at the LHIN, however, to maximize our opportunities to reach the francophone community together, we will endeavour to do so.

**2.4 FLS INTEGRATION/COORDINATION**

**a. Integration:**

Describe HSP planned action to improve integration of the FLSA principles, needs and concerns of Francophone clients in the planning and delivery of services.

We will work with the OHA to determine whether the standardized patient satisfaction surveys can be sent in a bilingual format. At minimum, the letter that goes with the survey could be translated into French. A French Language Service committee will also be created with representation from the francophone community to ensure that there are mechanisms to link. We will also need to ensure that our policies reflect the FLSA principles and that our communications plan addresses the need for consultation and reporting about same. FLSA has been articulated as a priority within our organization's interim strategic priorities list for 2009/10.

Please indicate timeframe

Short-term (0-1 year)  Medium-term (1-3 years)  Long-term (3-5 years)

Describe any associated risks and mitigation strategies

It will be important to flag which patients need to receive surveys or letters in French, particularly if there is an additional cost to having the surveys provided in both languages. Our organization is currently in the process of articulating corporate priorities in the absence of a refreshed strategic plan (we currently have an Interim CEO) and we have included FLS into these priorities.

**b. Responsiveness:**

Describe HSP planned action to improve its response to the needs identified by the Francophone community and the LHIN.

Regular reports (e.g. bi-annual or quarterly) from the French Language Services Committee and through other community engagement activities should be made both to the senior leadership team and through the Quality Committee of the Board to monitor and measure progress.

Please indicate timeframe

Short-term (0-1 year)  Medium-term (1-3 years)  Long-term (3-5 years)

Describe any associated risks and mitigation strategies

**c. Coordination:**

Within the framework of the LHIN's integration strategy, describe HSP planned action to improve interaction with other HSPs or other organizations within the LHIN geographic area or neighbouring LHINS to provide services to the Francophone community.

We are working closely with our partners at KGH with whom we share programs to ensure that our FLS plans are coordinated and complementary. Similarly, we will work with our other healthcare partners to try to identify opportunities to enhance access together or to share resources where appropriate to provide services to the Francophone community.

Please indicate timeframe

Short-term (0-1 year)  Medium-term (1-3 years)  Long-term (3-5 years)

Describe any associated risks and mitigation strategies

Identifying specific staff within the hospitals or the region with FLS capabilities who can assist with provision of service, communication, etc. across multiple organizations may make sense, but could be challenging due to labour relations issues (different union groups) and organizational structures, credentialing policies, etc. It may be necessary to look at purchased service agreements in the interim to ensure that we have capacity in this LHIN or between neighbouring LHINS to provide services to the Francophone community where we don't currently have capacity on our own. As we move forward with recruitment and hiring in future, we will need to ensure that we work hard to recruit those with French language skills and that we identify key designated positions.

### SECTION 3 - ADDITIONAL COMMENTS

Please describe any other planned action/initiative not captured above to improve Francophone access to services.

*(Please attach all related/relevant policies)*

**PLEASE INDICATE TOTAL TIME TO COMPLETE THIS PLAN** 10 hours

**HOW MANY PEOPLE WERE INVOLVED** 14 (including representation from front line staff)

The French Language Health Services (FLHS) Office of the Ministry, in collaboration with its team of Regional Consultants, is available to provide assistance to HSPs in completing this FLS Implementation Plan.

For further information and assistance, please contact your LHIN or the FLHS Office of the Ministry.

**GLOSSARY OF  
TERMS and ABBREVIATIONS**

<b>Terms</b>	<b>Definition</b>
Active Offer	According to the Office of Francophone Affairs, an active offer of FLS is provided in the context of planned activities that are; results-oriented, integrated into an agency's overall service delivery model, proactive, the result of a dialogue with the population served, a reflection of the needs of the population, and in place for the life-cycle of the service or initiative. It is important to underline that an active offer of FLS is just that – it is offered by the agency staff; the onus is not on the member of the public to request services in French. <a href="http://intra.ofa.gov.on.ca/documents/GuidetoanActiveOfferofFLS_080424.doc">http://intra.ofa.gov.on.ca/documents/GuidetoanActiveOfferofFLS_080424.doc</a>
Catchment Area	The area for which the HSP provide services.
Designated HSP	A HSPs designated by regulations under the <i>French Language Services Act</i> to provide services in French
Francophone	A person for whom French is the first language or one of first the languages the person learned at home in childhood and still understands (Statistics Canada) or who has neither English nor French as his/her mother tongue but for whom French is the first official language spoken (Statistics Canada) or for whom French is the preferred official language of communication.
French-speaking health professional	A health professional with sufficient proficiency in French to provide quality professional services to patients and clients in that language
Identified (HSP)	A HSP that had been directed by the former Health Services Restructuring Commission; or Identified by the former District Health Councils or the LHIN to provide services in French.
Partially Designated	This applies to HSPs in which some programs or services have been designated under the FLSA to be provided in French.

## ACRONYMS

Acronym	Explanation
FL	French Language
FLHS	French Language Health Services
FLS	French Language Services
FLSA	French Language Services Act
FS	French-speaking
HR	Human Resources
HSP	Health Service Provider
IHSP	Integrated Health Service Plan
LHIN	Local Health Integration Network
LHSIA	Local Health System Integration Act
MOHLTC	Ministry of Health and Long-Term Care
OFA	Office of Francophone Affairs