At a system level, it is important that….	Some of the prioritized values
- We act with sincerity - The availability of funding and the time available be balanced (it *does* take time to provide person centred-care) - Our policies reflect values that honours patient voices and gives space for them - Policies support relationship centered care - Leaders actually believe in PCC - We act in was that are empathetic - We acknowledge tokenism when capturing patient-voice and try to move beyond that (to capture a more diverse perspective) - Our decisions are equitable - Our decisions are effective - Our decisions are fair/just - We recognize that equity and efficiency can conflict - We make care accessible to all - We recognize that collaboration is difficult in a hierarchical system - We include multiple perspectives (not just loudest voice), multiple perspectives important at the system level - The tension or conflict between demands of a system and the patient be acknowledged - We consider multiple values, allow conflict to be surfaced, before reaching a decision - Leadership strives to create cohesive teams - Distress be minimized in giving distressing information - Privacy be respected - Humanness of a coworker who becomes patient be respected - Social Determinants of Health be considered in providing health care - Work be designed to maximize relationship and team inclusion especially those dealing with social issues of health - The system provides opportunity for reflection for teams formally (i.e. Relationship building/mandatory education etc.) - Leaders and staff feel accountable for enabling teams to build relationship - That changes are made/came from the front line up and vice-versa	- Equity - Accessibility - Dignity - Sustainability - Autonomy - Good communication that provides respect and dignity - Transparency/openness - Inclusiveness - Equity - Collaboration - Communication with patient's be central - Nurses and other frontline staff be supported with providing pcc and holistic care - Teams feel safe and feel valued - Allowing the time for meaningful discussions at team level so that full plans can be carried out

- That hierarchy within staff members does not control agenda of team meetings
- Teams have a safe environment to place vulnerabilities/challenges on "the table" so team is aligned with care for each patient
- Streamlined financial support for facilities with no coverage
- Better support for staff to be able to navigate the system
- Dignity
- Better communication between different systems and departments
- Life financial burdens from families unable to pay (i.e. Out of country/province0 to focus on healing and reason they are needing service
- Move away from focusing on early/premature discharges to save money
- Equity across locations, health service areas and environments
- Financial equity
- Access to patient information at any hospital and is accessible anywhere (all hospitals and the patient)
- Accessibility throughout the process
- For systems to think about engaging patients
- More up front time re: what you are looking for from patient involvement
- More exploration and understanding re: meaningfully engaging patients in the system
- Good accessibility to information
- Do not rely solely on it
- Have to have a minimum standard of care
- Support the human factor more
- Nothing about me without me
- A patient in the system be able to identify who is who in the hierarchy and people identify who they are
- Communication with patient's be central
- Roles of healthcare workers be identified and clear
- Patients not have to repeat their story and information over and over and tell person why
- Nurses and other frontline staff be supported with providing pcc and holistic care
- Leadership gives permission and models pcc
- That teams function interactively and not in silos. To mitigate challenges for pcc planning
- Make efforts to truly realize the whole patient us reflected in processes and roles that are

developed
- That staff/care providers follow a shared vision
- That staff/care providers follow a shared vision
- That staff are engaged to develop a shared vision – that staff are valued
- Regularly reflect on the patient access to "tools" that are needed to carry out care/fill needs
- Resources provided actively fill the patient's needs
- We identify what staff need to provide PCC
- I ensure enough time and space for interaction
- Make sure we are making good choices at a system level
- Equitable – coming to the same place as much as possible
- Time for dialogue – to share stories