

## Environmental Scan Across British Columbia Health Organizations: Action Taken to Improve the Patient Feedback Processes to Address Individual and Systemic Indigenous-specific Racism

Information as of May 2022

ORGANIZATION	ACTION TAKEN IN EACH ORGANIZATION TO IMPROVE THE PATIENT FEEDBACK PROCESSES TO ADDRESS INDIVIDUAL AND SYSTEMIC INDIGENOUS-SPECIFIC RACISM
Health Authority	
<p>First Nation Health Authority (FNHA)</p> <p><u>Meghann Brinoni</u> Director, Quality</p>	<p>An improved complaints process is a high priority for FNHA. The FNHA Quality Team continues to improve the Quality Care and Safety Office and FNHA’s Compliments and Complaints approach, including a Client Compliments and Complaints Policy and restorative approaches to health care harms. Regional-specific complaints systems are in the process of being developed, most notably in the Fraser Salish and Vancouver Island regions.</p> <p>The FNHA’s complaints and compliments process is the first line of contact for Indigenous people in BC to share their experiences in health and wellness programs and services. This includes experiences in FNHA-delivered and funded programs and systems, as well as experiences across the health care system. The FNHA’s client complaints and compliments process is client-driven, meaning that the Quality Care and Safety Office (QCSO) walks alongside clients at the pace they set, to access appropriate supports or identify and facilitate the appropriate mechanisms for review given the experiences that are brought forward. In sharing their experiences, clients are also providing valuable feedback that will inform agency-wide recommendations for continuous quality improvement. The process removes or mitigates a significant barrier Indigenous people face in submitting complaints and feedback on their health care experiences.</p> <p>The FNHA regions, in particular the Fraser Salish and Vancouver Island regions, are also in the process of developing alternative complaints systems that are regionally specific and appropriate.</p> <p>The FNHA actively supports our external regulatory body partners in the formation of CSH standards of practice, including the BC Health Standards Organization (HSO), in the finalization of the HSO CSH Standard to be implemented Spring 2022.</p> <p>In February 2022, the FNHA released Remembering Keegan – a BC First Nations Case Study Reflection, the first report of its kind. Keegan Combes was a 29-year-old First Nations man who died in hospital in 2015 following delayed diagnosis and clinical</p>



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	<p>management of a treatable accidental poisoning. The Case Study Reflection is a narrative tool for health professionals to learn from and to reflect on the personal and systemic biases that shape their practice, and to encourage conversations leading to safer health care environments and experiences for First Nations and Indigenous people, so that what happened to Keegan never happens to others.</p>
<p>Fraser Health Authority</p> <p><a href="#">Tasleem Juma</a> Managing Consultant, Patient Care Quality Office</p>	<p>The AHSC Feedback and Accountability subcommittee are leading joint FNHA-FHA work to create a revised Indigenous specific complaint and feedback pathway for the Fraser Salish region to support restorative processes in resolving Indigenous patient complaints and adverse care incidents. Novatone Consulting has been contracted to assist the two organizations in mapping out the new processes and researching restorative processes for recommendation. Novatone Consulting recommended the development of the Lets'omo:t Tool for Navigation (LSTN) and restorative response pathways to Indigenous complaints and feedback. Novatone will engage Fraser Salish communities and other stakeholders in developing the tool and restorative responses and are recommending new joint FNHA-FHA processes to implement this approach. This work has been delayed due to extreme weather crises and COVID-19 restrictions.</p> <p>The BC Patient Safety Learning System (PSLS) Indigenous self-identifier within the Patient Care Quality Office (PCQO) intake process launched on September 29, 2021. Fraser Health began asking all individuals contacting the PCQO if they would like to identify as Aboriginal or Indigenous when submitting a complaints, concern, or request for information. This allows more opportunities to connect clients with culturally appropriate and relevant resources (e.g., Aboriginal Health Liaisons, Cultural Advisors) and to improve the data accuracy of feedback and complaints brought forward by Indigenous peoples in the Fraser Salish region.</p> <p>The BC PSLS created an Indigenous self-identification dashboard at FHA to monitor Indigenous patient complaints and concerns data.</p> <p>In preparation for the launching of the PCQO self-identifier, FHA staff at were required to complete both in-person PCQO training with an ICS educator as well as the online PCQO Indigenous Cultural Safety training module offered through the Learning Hub. ICS training specific to the PCQO was also offered to Island Health Authority staff. A total of 27 staff attended</p>



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	<p>the in-person training (13 from FHA, 14 from Island Health) and 23 staff attended the online training (11 from FHA, 12 from Island Health).</p> <p>The Share Your Story Fraser Health webpage was created to provide a safe avenue for Indigenous peoples and their families accessing health care supports and services to provide feedback about the care or services received. Additional resources for feedback include Whistleblower Hotline, BC Ombudsperson, and FNHA.</p> <p>In partnership with FNHA, the current joint complaints resolution process has been documented and is being used by respective patient care quality teams in quality improvement cycles. This is to provide collaborative, culturally safe resolution practices in the interim of the development of the new complaints process (Novatone/ Lets'omo:t work).</p> <p>Quality care and complaints management processes for Métis people is in development.</p> <p>An Indigenous Patient Care Quality Liaison was hired to support Indigenous ways of learning, supporting, and resolving complaints and concerns.</p>
<p>Interior Health</p> <p><a href="#">Shari McKeown</a> Director, Patient Care Quality</p>	<p>Two full-time Aboriginal Patient Care Quality &amp; Safety Consultants were hired in January 2022 to support feedback and response to adverse events for Aboriginal clients. The consultants will work with Interior region Aboriginal partners to develop an Aboriginal-specific patient feedback and resolution process.</p> <p>The Patient Care Quality Office, including the 2.0 FTE new Aboriginal Patient Care Quality and Safety Consultants, have worked towards revision of processes and materials that better support Aboriginal-specific resolution of complaints, including:</p> <ul style="list-style-type: none"> <li>• Revised all public-facing communication materials with cultural safety lens.</li> <li>• ASI implemented within Patient Care Quality program.</li> <li>• All Patient Care Quality Office team members receive advanced cultural safety and trauma-informed practice training.</li> <li>• Job titles for Patient Care Quality team formally changed from “Officers” to “Consultants” to incorporate trauma-informed language.</li> <li>• Engagement occurring with Aboriginal partners to support further evolution of the Patient Care Quality program at IH.</li> </ul>



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<p>Island Health Authority</p> <p><a href="#">Leesa Lyster</a></p> <p>Director, Patient Care Quality Office</p>	<p>The development of a project plan with immediate, medium-term and longer-term changes to patient complaint processes including options for a separate process for Indigenous complaints is in process. Improvements to the complaints process are in process.</p> <ul style="list-style-type: none"><li>• Island Health continues to be responsive to complaints from internal and external sources in partnership with FNHA and MNBC.</li><li>• The evaluation re: Experience of Safety Evaluation Survey completed from an individual's experience drawn from IPS recommendations has been completed.</li><li>• An Indigenous Health, Clinical Nurse Educator role has been developed to support Indigenous Liaison Nurses and Care Transition Liaison Nurses, and to work collaboratively with the Clinical Nurse Educators across the island. This role will be implemented by July 2022.</li><li>• Island Health's Patient Care Quality Portfolio is leading establishment of a working group to review complaints process based on work done at the Port Hardy Hospital in partnership with FNHA and MNBC and MoH. Triad meetings taking place with FNHA and internal Island Health Portfolios (Mt. Waddington).</li><li>• Island Health's Patient Care Quality Portfolio is working to create a dedicated Indigenous Patient Care and Quality Liaison. There is a plan in place to increase to three positions and create an Indigenous healing pathway process for Patient Care and Quality.</li></ul> <p>Indigenous Patient Navigators (IPN)</p> <ul style="list-style-type: none"><li>• The IPN pilot at Saanich Peninsula Hospital is now complete.</li><li>• An implementation plan for expansion of remaining IPN's (four) from PRR recommendations is in process. Sites selected for future IPN positions has been identified.</li><li>• Planning is underway on the development of a healing pathway. Island Health PCQO and Indigenous Health work collaboratively to address concerns or to support next steps toward resolution as complaints or concerns are identified. PCQO maintains the key role and process in supporting the complainant through the process to ensure a fulsome investigation and should the patient or family be unhappy with the outcome they have the option to advance their concerns to the Patient Care Quality Review Board. Family members of patients who wish to put forward a complaint are now able to connect directly with the PCQO Liaison and to submit complaints on behalf of the patient.</li></ul>



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	<ul style="list-style-type: none"> <li>• Planning is underway to hire three Indigenous PCQO Liaisons.</li> <li>• Regular meetings are scheduled with the FNHA Regional Quality Consultants and PCQO, to discuss concerns heard in community</li> <li>• Progress is underway to implement the self-identification inquiry for those who choose to self-identify as Indigenous, within the Patient Safety Learning System (PSLS) complaints module.</li> <li>• PCQO Liaisons have flexibility to meet patients, families and advocates in a community setting, rather than a hospital or office, to increase trust and create a safe space to voice concerns.</li> <li>• PCQI Liaisons have flexibility to work outside the Patient Care Quality Review Board Act, as the 40-business day closure requirement is unrealistic, given the complexity of the concerns.</li> </ul>
<p>Providence Health Care</p> <p><u>Harmony Johnson</u> VP, Indigenous Wellness and Reconciliation</p>	<ul style="list-style-type: none"> <li>• Deliver identity-affirming health care for Indigenous patients and families.</li> <li>• Leverage new capital projects to meaningfully advance reconciliation and embed Indigenous cultural safety.</li> <li>• PHC’s CEO and the VP, IWR receive a report on every complaint received from an Indigenous client and the VP of IWR is personally involved in everyone. Indigenous patients are proactively informed about their rights to culturally safe care and feedback is invited. Quarterly reports on all complaints are provided to the CEO.</li> <li>• Complaints and incident response processes include access to Knowledge Keepers and cultural approaches for resolution.</li> <li>• Processes are underway for reviewing complaints policies and procedures through a cultural safety lens.</li> </ul>
<p>Provincial Health Services Authority</p> <p><u>Caitlin O’Reilly</u> Director, Patient Care Quality Office</p>	<p>PHSA PCQO Work: PHSA PCQO has worked collaboratively with PHSA Indigenous Health team on several key actions to improve the patient complaint processes:</p> <ul style="list-style-type: none"> <li>• BCEHS Indigenous Patient File Reviews and Complaints: BCEHS has partnered with PCQO/PSLS to make enhancements to Indigenous patient file reviews and complaints.</li> </ul>



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	<ul style="list-style-type: none"><li>• PHSA Indigenous Health (IH) Critical Patient Safety Event Reviews: PHSA Indigenous Health is collaborating with BC Children’s on Critical Patient Safety Event Reviews (CPSER) by adapting the current review process to include culturally safe, trauma informed, and decolonized approaches to supporting patients, families, and staff.</li><li>• PHSA IH Prov Dialogue: Indigenous Health VP Joe Gallagher and Interim ED participated in provincial dialogue on complaints processes</li></ul> <p>PHSA Patient Care &amp; Quality Office (PCQO) and Indigenous Health Partnership: PCQO and Indigenous Health have partnered to improve quality of care and progress culturally safe complaints resolutions for Indigenous patients, families, and staff. Work in this area includes:</p> <ul style="list-style-type: none"><li>• Worked with the contact at the Addressing Racism line as needed to manage concerns by Indigenous clients. Ensured timely follow up any time contacted.</li><li>• Helped to coach program leaders on culturally safe and meaningful apologies on a case-by-case basis. PCQO has a letter writing workshop planned for next year that will further focus on this topic.</li></ul> <ul style="list-style-type: none"><li>• Collaborated with BCPSLS to discuss how to capture reports of racism on complaints module and acquired BCPSLS support to proceed with tracking harms from racism on PSLS as a pilot, once self-ID go live is complete.</li><li>• Working with an Indigenous Patient Navigator and have requested a new Indigenous PCQO Officer role</li><li>• Provided cultural safety training to all PCQO staff and are planning Trauma Informed Practice training for March 2022. PCQO additionally offered an in-service training on restorative justice approaches this fiscal. Next year there will be a focus on letter writing. PCQO continue to develop and refine our onboarding for new staff.</li><li>• Formalized processes for involving Indigenous Health (including navigators and leaders) on complaints made by Indigenous patients and families. The PCQO director meets bi-weekly for working group with managers of Indigenous Patient Navigators (IPNs) to discuss the complaint process for Indigenous patients and families.</li><li>• Have prioritized complaints made by Indigenous patients, families, and staff as “focus files” and the most senior leadership at program and within Indigenous Health is alerted to these complaints to promote accountability and safety in the complaints process. Retaliation, if identified, would be quickly escalated to senior leaders to address.</li><li>• Supported a healing circle and witnessing ceremony for a complaint made by an Indigenous family this year and are committed to supporting families with culturally appropriate resolution in partnership with the PHSA Indigenous Health team.</li></ul>



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	<p>Indigenous Patient Navigator (IPN) Program is a health care intervention to reduce barriers in accessing health care services; interrupt racism, stereotyping and discrimination experienced by Indigenous patients and families; address miscommunication resulting from language and cultural barriers; attend to the dissonance between a euro-centric, fast paced and task-oriented health care system and Indigenous worldviews, culture, and practices. IPNs offer direct support to Indigenous patients and families accessing PHSA services, provide consultation and coaching to PHSA staff with the goal of improving the quality of health care delivery to Indigenous peoples.</p> <p>IPN Community of Practice: IPNs may encounter stereotyping, discrimination, microaggressions, resistance and racism by their health care colleagues towards Indigenous patients, families and may experience it themselves. For these reasons a community of practice has been created and co-hosted monthly alongside Elder Gerry Oleman. Elder provides safe space for healing, where IPNs can share and receive guidance that is non-authoritarian and to maintain work life balance with supports from each other. This supports a place of belonging, family, peer supports, debriefing and workplace wellness. CoP is grounded the values of respecting individual and collective strengths and gifts, which enables us to work collaboratively, honing strengths and gifts in service to Indigenous patients and families accessing PHSA services. It facilitates mentorships, cultivates leadership capacities, ability to raise collective issues for response, share best practices, collective learning, and complex care scenario reviews.</p> <p>IH IPN Future Opportunities: Future opportunities for the IPN program includes designing an overall IPN evaluation framework. There is an opportunity for PHSA to be a provincial leader in this work and build on PHSA &amp; RHA successes to develop provincial standards, professional development, and common approaches for the IPN Program Evaluation that can be localized; to enhance the consistency of the program within and among health authorities and minimize duplication of effort.</p> <p>PHSA IH Creation of Senior Indigenous Leadership Table (SILT): PHSA IH has created a newly formed collective of Indigenous leaders within PHSA, with the goal of bringing Indigenous perspectives to develop and promote expert guidance and wise practices. These perspectives can be used to address anti-Indigenous racism and promote culturally safe and responsive practices, policies and health system interventions, thus improving health care access and services and experiences for Indigenous peoples.</p>



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	<p>PHSA IH Indigenous Employee Community of Practice: PHSA IH is currently exploring the development and implementation of an organizational PHSA wide Indigenous employee community of practice. The intention is to create a safe, welcoming and identity-affirming space for Indigenous employees where we role model spiritual, emotional community connectedness and aspire to thrive personally, professionally and culturally.</p> <p>PHSA IH &amp; PCQO Ongoing Work to Improve Complaints Processes: PHSA IH and PCQO continue to collaborate closely to improve the complaints filing and restoration practices available to Indigenous patients, families, and staff. Complaints made by Indigenous patients and families are now considered “focus files” and the most senior leadership at program and within Indigenous Health is alerted to these complaints to promote accountability and safety in the complaints process. PCQO is implementing culturally safe restorative processes, including successfully supported a healing circle and witnessing ceremony for a complaint made by an Indigenous family this year and are committed to supporting families with culturally appropriate resolution in partnership with the PHSA Indigenous Health team. The PHSA PCQO team is actively supported by an Indigenous Patient Navigator and has requested a new Indigenous PCQO Officer role. PCQO has partnered with PHSA Indigenous Health on PCQO responses to Indigenous patients and families to develop processes for ensuring meaningful and culturally safe apologies are made, including a letter writing workshop planned for later this year.</p> <p>PHSA IH Strategic Road Map: PHSA Indigenous Health is currently developing a road map for hardwiring a PHSA-wide Indigenous Health strategy.</p> <p>PHSA Indigenous Health: Anti-Indigenous Racism Response Training (ARRT): Anti-Indigenous Racism Response Training has been developed. It is an online training program on how to identify, prevent and respond to anti-Indigenous racism in health care settings. The training program will launch Summer 2022.</p>
Northern Health	Partnering with First Nations and Métis peoples in the creation of local processes to address negative experiences of care and services and/or racism.





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<p><u>Patty Garrett</u> Manager, Patient Care Quality Office</p>	<p>Northern Health is currently in the process of creating and filling 2.5 positions targeted to address First Nations, Inuit and Métis negative experiences with the health system. There will be 2 Indigenous Quality Care and Cultural Safety Response Advisors along with a .5 physician lead.</p> <p>The Cultural Safety Working Group, which is one of five working groups within the Northern First Nations Health Partnership Table, has identified this as a priority area for collaborative work.</p>
<p>Vancouver Coastal Health Authority</p> <p><u>Michelle Preston</u> Director, Patient Care Quality</p>	<p>VCH PCQO launched the new Indigenous self-identification questions as part of standard PCQO operating processes. Launch of the self-identification was coupled with targeted cultural safety training to provide a deeper understanding to staff for their interactions at patient intake and complaints intake they handled 65 complaints from Indigenous people and there were 1600 complaints processed (approx. 4%)</p> <p>Ongoing Nation-level conversations re. complaints and resolution process shared up through Provincial table. Continue to work with our partners across the province to establish a consistent, efficient, and practical approach to complaints management.</p> <p>Development of just in time supports through the Indigenous Patient Experience team and the Indigenous Patient Navigators at the point of care for patients and families.</p> <p>Updated our VCH Indigenous Health app to assist providers to access our Indigenous Patient Experience Team and created a desktop icon for quick access to the Indigenous Health team &amp; training.</p> <p>VCH has taken several steps to improve quality care and complaints management internally, including:</p> <p>Safety Quality and Performance Measure Committee</p>



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	<ul style="list-style-type: none"><li>• This sub-committee of the VCH Board of Directors meets regularly to review and discuss safety and quality issues from across the health authority. The committee has demonstrated its commitment to Indigenous safety and quality by mandating a distinct agenda item for each meeting for the review of any Indigenous safety and quality issue raised.</li></ul> <p>Patient Care Quality Office (PCQO)</p> <ul style="list-style-type: none"><li>• The PCQO has hired two specific Indigenous Patient Care Quality Liaisons (IPCQL) who handle all Indigenous-specific complaints for VCH. These unique positions work in collaboration with key internal/external stakeholders to facilitate a respectful, comprehensive, and appropriate resolution of patient/family/client care quality concerns. These complaints are quantified and reported to Senior Executive.</li><li>• Education and training provided to PCQO by IPCQL's to enhance understanding of cultural safety and anti-racism.</li><li>• Indigenous Health and PCQO involved in provincial dialogue aimed at improving the complaints process for Indigenous patients and families.</li></ul> <p>Indigenous Patient Experience Team (IPET)</p> <ul style="list-style-type: none"><li>• The IPET team has added seven Indigenous Patient Navigators (IPN) across the health authority, bridging the gap in understanding between patients and families and the providers/system. This helps to increase awareness and understanding for patients and families and ultimately to improve care and health outcomes. The IPN's also play a role in helping Indigenous patients and families to submit concerns/complaints as they connect to the IPCQL.</li><li>• The IPET team is also currently working to establish partnerships that will improve wrap around care by collaborating and intersecting the work that each partner is responsible for.</li><li>• The IPET team has been instrumental in reducing the number of Indigenous complaints through involvement in 905 interventions in 2021. Out of a total of 1600 complaints over the past 14 months, 65 complaints have been Indigenous</li><li>• Complaints (representing less than 4% of total complaints). In the absence of the interventions that took place, the Indigenous complaints figure would likely have been significantly higher.</li></ul> <p>Regional MHSU</p> <ul style="list-style-type: none"><li>• A Regional TMHSU Cultural Safety Equity &amp; Humility Committee has formed within VCH. This committee is conducting an environmental scan of all Tertiary MHSU Program/Unit Cultural Safety using Provincial Tertiary Mental Health and Substance Use (TMHSU) Standards to inform key actions moving forward.</li></ul>



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	<p>Women and Families</p> <ul style="list-style-type: none"> <li>We have initiated a new Interdisciplinary Learning Review (ILR) Indigenous birther cohort at Lion’s Gate Hospital as a new quality project to learn more about the experiences of Indigenous people who birth at this acute site.</li> </ul>
Regulatory Colleges	
<p>British Columbia College of Nurses and Midwives (BCCNM)</p> <p><b>Etienne van Eck</b> Deputy Registrar/Executive Director - Inquiry, Discipline &amp; Monitoring</p>	<p>BCCNM used the IPS report framework to develop an action plan which can be viewed <a href="#">here</a>.</p> <p>BCCNM Action #2: That BCCNM, in collaboration with Indigenous partners, review and revise its complaints process to ensure that the principles of cultural safety and humility are reflected throughout the process to address the underrepresented complaints of Indigenous-specific racism and complaints that are not made due to the impacts of racism.</p> <ul style="list-style-type: none"> <li>Advocate for change to the Health Professions Act that supports a culturally safe complaint process.</li> <li>Support, inform, and implement changes brought forward by the Ministry of Health to the Health Professions Act that address complaints of Indigenous-specific racism.</li> <li>Enhance subject matter expertise/experience of current Inquiry, Discipline &amp; Monitoring (IDM) staff and recruit for staff who can support the navigation of complaints process system for Indigenous complainants and making the process more culturally safe.</li> <li>Ensure staff in inquiry, discipline and monitoring has regular, experiential training on cultural safety and humility, trauma informed approaches, anti-racism, alternative dispute resolution and restorative justice.</li> <li>Engage an external review of the complaints processes with a cultural safety and humility lens to determine how to make the process safer for Indigenous Peoples. This review should consider and make recommendations for changes to the structures, policies, practices, norms and values of the complaints process.</li> <li>Work to ensure Indigenous representation and knowledge on the inquiry committee such that an Indigenous lens is applied to complaints from Indigenous people.</li> <li>Learn about and consider introducing alternative dispute resolution, such as restorative justice, to the resolution process in order to reduce discrimination and continued harm to patients, create a space for complainants to share their feelings, improve relationships and build trust, impact practitioners’ future behaviours and contribute to reconciliation.</li> </ul>



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	<ul style="list-style-type: none"> <li>• Work with partners in the system to simplify the complaints processes between different partners, build strong collaboration, and facilitate information sharing when it is in the public interest.</li> <li>• Develop, implement, and publish a tool for employers/health authorities for investigating and reporting adverse events, including racism and discrimination. Identify barriers to effective reporting by employers/health authorities and best practices to promote reporting and strengthen</li> </ul> <p>Action Update:</p> <ul style="list-style-type: none"> <li>• IDM is currently in the process of hiring the first of two positions with a focus on candidates with trauma-informed investigation experience and experience working with Indigenous communities.</li> <li>• Most of the IDM staff have received and has access to training. A small, internal survey was undertaken about a year ago to understand baseline and assess that this will increase. IDM has engaged Myrna McCallum to do a four-hour interactive trauma-informed training session with IDM March 2022. In addition, IDM counsel will have opportunity to complete LSBC's Indigenous Intercultural Course in 2022. An RFP has been issued to find a firm to conduct a review of the complaints process to make it more culturally safe. RFP on BC Bids – closing April 11, 2022. The inquiry committee has had an increase in the number of Indigenous members – at 11% of the committee.</li> <li>• IDM staff is reviewing and considering the possibility of adopting the AEDP (Adverse Event Decision Pathway) from State Board of Nursing just published to support employer/health authority decision-making and facilitate adverse event reporting to BCCNM, while specifically addressing how cultural safety and humility values and considerations inform both the development and implementation of this tool.</li> <li>• Joint committee between BCCNM and CPSBC on complaints data collection has met three times and continues to meet monthly and has started to reach out to HAs.</li> </ul>
College of Physician & Surgeons of British Columbia	<ul style="list-style-type: none"> <li>• A priority to invest in supports to ensure that Indigenous people do not feel isolated or unsafe when engaging with the College through the complaints process, or when participating in any College process.</li> <li>• Hired a complaints navigator (CN) in February 2021 to assist with complainant engagement. The CN identifies as First Nations and is a registered psychiatric nurse (RPN).</li> </ul>



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<p><a href="#">Heidi Oetter</a> Registrar and CEO</p>	<ul style="list-style-type: none"> <li>Critically reviewing the complaints process to identify opportunities to make it safer and more accessible to Indigenous people.</li> </ul>
Other	
<p>BC Association of Aboriginal Friendship Centers</p> <p><a href="#">Lucy Hagos</a> Anti-Violence Coordinator</p>	<p>As a service organizations BCAAFC has a focus on health, but not is not a health specific organization. The SafeSpace application is hosted with the organization and not funded by government.</p> <p><a href="#">Safespace</a> is an online web app that provides a safe and anonymous way to share healthcare experiences to make a difference, without the fear of retaliation. Each story is reviewed to ensure the reporter's identity is protected. The data collected will help us push for change in BC healthcare.</p> <p>The web app can be used to share:</p> <ul style="list-style-type: none"> <li>Personal healthcare experiences</li> <li>Healthcare experiences you have witnessed</li> <li>The experiences of family, friends, and community members that have been shared with you</li> </ul> <p>The use of the Safespace app:</p> <ul style="list-style-type: none"> <li>Is completely anonymous, any information given will be reviewed to ensure the identity of the reporter is protected</li> <li>Allow the anonymous story to become a part of a collective body of knowledge that is used to identify patterns in the healthcare system</li> </ul> <p>Patterns in the healthcare system will be used to:</p> <ul style="list-style-type: none"> <li>Hold healthcare providers accountable</li> <li>Provide individuals with information about healthcare providers that will help make decisions about their care</li> </ul>



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<p>BC Patient Safety and Quality Council (BCPSQC)</p> <p><a href="#">Christina Krause</a> CEO</p>	<p>The Council does not deliver services or receive complaints as part of the health care system. That said, the In Plain Sight (IPS) report found that current patient complaint processes across the health system are neither accessible nor culturally safe for Indigenous peoples and, as a system, not inherently capable of examining issues of Indigenous-specific racism, which is a key quality of care issue.</p> <p>The Council is a member of the IPS Task Team’s Complaints Working Group and together in partnership with the working group, facilitated the Provincial Dialogue: Improving the Indigenous Patient Complaints Process in January 2022. The session brought together more than 100 participants from health care organizations across the province alongside Indigenous patients, families, and caregivers to discuss principles that can frame an improved patient complaints process for Indigenous peoples.</p> <p>The engagement resulted in co-created principles that will be published on our website and ultimately inform the work plan of the Complaints Working Group moving forward.</p>
<p>Metis Nation BC</p> <p><a href="#">Stephen Thomson</a> Director, Health Governance</p> <p><a href="#">Rajmeet Virk</a> Senior Policy Analyst</p>	<p>The Métis Nation British Columbia (MNBC) is working to improve Métis-specific supports and accountability within the health system, through the introduction of Métis Patient Advocates and Mental Health Navigators, in Summer 2022. Métis Patient Advocates will assist Métis patients through the existing Patient Complaints/Compliments process and will be connected to Health Authority Patient Care Quality Offices, BC Health Regulators and the Ombudsman. Métis Patient Advocates will support patients and their families by providing a localized, culturally safe, and Métis-specific response, grounded in community connections.</p> <p>This work will identify what is needed to create a Métis Discrimination, Complaints and Experiences process through an evaluation process and will work to ensure Metis women, 2SLGBTQQIA+ peoples, Elders, Seniors, and people with disabilities have clear pathways for engagement, as they are often underrepresented in existing complaints processes. This work will also support the development of a fulsome communications strategy where Métis people feel safe in reporting any incidences of racism and/or discriminatory practices.</p> <p>The MNBC is working with the province to engage with Métis in BC on key legislation, including the <i>Health Professions Act</i> and the <i>Health Information Management Act</i>. This work is respectively focusing on the modernization of legislation in relation to anti-racism and discrimination, cultural safety, professional regulation, and oversight, and the safe collection, use and disclosure</p>



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	<p>of health-specific data. The MNBC is committed to working with the province on distinctions-based approaches to Métis data collection.</p> <p>The MNBC has also worked collaboratively with First Nations Health Authority (FNHA) and the BC Health Standards Organization (HSO) in the creation of the HSO Cultural Safety and Humility Standard, to be implemented in Spring 2022.</p>
<p>Patient Care Quality Review Board</p> <p><a href="#">Robin Pascoe</a> Manager, Care Quality</p>	<ul style="list-style-type: none"> <li>• Collaborating with the Ministry of Health program offices on their work to address <i>In Plain Sight</i> recommendations related to Review Board legislation and policy</li> <li>• Updated recruitment strategy with CABRO to attract Indigenous board members and those with experience in Indigenous community partnerships and cultural safety education</li> <li>• Implementing complaint intake by text messaging following feedback from Indigenous clients</li> <li>• Changing translation and interpretation service provider to one with greater support of Indigenous languages</li> <li>• Redesigning website in consultation with Indigenous stakeholders</li> <li>• Plans in place to recruit an Indigenous care quality liaison, having established a distributed liaison team model to better support hiring those living in communities outside Victoria</li> <li>• Set up a process in collaboration with First Nations Health Authority to facilitate FNHA client support throughout the review process</li> </ul>
<p>Restorative Approach</p> <p><a href="#">Nelly Oelke</a> Associate Professor, School of Nursing UBC, Okanagan</p> <p><a href="#">Allison Kooijman</a></p>	<p>To note: A great amount of work is being done to socialize the restorative approach in health care settings, but currently not a direct focus on reducing anti-Indigenous racism.</p> <ul style="list-style-type: none"> <li>• Co-developed the Restorative Approach in Healthcare Facilitator Training, with the initial cohort completing the training</li> <li>• In the process of setting up two feasibility sites which will look at using a restorative approach to respond to harm/complaints within Island Health Authority and Interior Health Authority.</li> <li>• There is a BCPSQC student intern who will be employed within Interior Health to help contextualize the restorative approach to be attentive to the needs of First Nation, Métis, and Inuit clients withing IH.</li> <li>• Developed a Program of Research on A Restorative Approach to Healthcare Harm that is used at UBC Okanagan.</li> </ul>



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PhD Student Faculty of Health and Social Development, UBC Okanagan	