



HEALTH QUALITY BC

# Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process



# Acknowledgements

Health Quality BC wishes to acknowledge and thank the many First Nations and Métis leaders, health care partners and patients who provided their valuable insights into improving the patient feedback process for Indigenous People in BC. We are grateful to the In Plain Sight Task Team's Complaints Working Group for their leadership in ensuring that the identified core principles are reflective of the necessary steps forward to reduce Indigenous-specific racism and discrimination in the BC health system. This work highlights the strength of collaboration and connections across our partners supporting patient concerns and feedback processes.

Health Quality BC, who do their work throughout the province, would like to acknowledge that we are living and working with humility and respect on the traditional territories of the First Nations Peoples of British Columbia. We specifically acknowledge and express our gratitude to the keepers of the lands of the ancestral and unceded territory of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sə́ilwətaʔt (TsleilWaututh) Nations, where our Vancouver office is located. We also recognize Métis People and Métis Chartered Communities, as well as the Inuit and urban Indigenous Peoples living across the province on various traditional territories.

Bert Azak's eagle design used in this document was inspired by the Seven Sacred Teachings and was designed in his style of Nisga'a Art and Culture.



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HEALTH QUALITY BC

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# Introduction

In June 2020, the BC Minister of Health commissioned an independent review of Indigenous-specific racism in the provincial health care system. The review was intended to investigate specific allegations, as well as examine other examples of racism and discrimination experienced by Indigenous Peoples in BC. The resulting report, *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care* was released in November 2020 and found evidence of widespread systemic racism against Indigenous Peoples, resulting in a range of negative impacts, harm and even death [1]. Twenty-four recommendations were made to address the systems, behaviours and beliefs contributing to Indigenous-specific racism in the province.

One of the findings of the *In Plain Sight* report is that the patient complaints process does not work well for Indigenous Peoples, and that an integrated, accessible and culturally appropriate Indigenous-specific complaints process is needed. This relates directly to *In Plain Sight* Recommendation 5, “That the BC government, First Nations governing bodies and representative organizations, and Métis Nation BC jointly develop a strategy to improve the patient complaint processes to address individual and systemic Indigenous-specific racism.” [1] Indigenous patient safety is a key quality of care issue being prioritized by health care organizations across British Columbia.

In support of *In Plain Sight* Recommendation 5, Health Quality BC and the BC Ministry of Health hosted a day of dialogue in January 2022 to discuss and explore how we can improve the patient complaint process for Indigenous People living in BC. A session titled Provincial Dialogue: Improving the Indigenous Patient Complaint Process welcomed a wide-ranging group of contributors from health organizations across BC, as well as Indigenous patients and family members (Appendix A).

Participants identified core principles of a safe, accessible and meaningful patient complaints process through a combination of small and large group discussions during the session. Following the provincial dialogue day, the core principles and themes were circulated amongst participants for feedback and validation. The *In Plain Sight* Task Team’s Complaints Working Group has reviewed and endorsed these core principles.

**The term Indigenous is used throughout this document to refer to First Nations, Métis and Inuit Peoples.**

**Each Indigenous culture has their own traditional practices and protocols, which help to identify the healing journey. These traditional practices and cultural values create a powerful connection to Indigenous patients, their families, and their journey forward.**

One of the key themes that emerged from the day was an acknowledgement of the need to shift away from complaints-based language toward language that encourages Indigenous People to voice a concern or an experience of poor care. Various health care organizations have responded to this, using terms like “concerns,” “feedback” and “patient experience” to remove the negative undertone of the word “complaint.” Throughout the remainder of this document, we will be using the terms patient “concern” in place of “complaint” and “feedback process” in place of “complaint process.”

## 2024 Updates to Sharing Concerns

In the two years since *Sharing Concerns* was released in 2022, the health system has undertaken system-level improvements to address Indigenous-specific racism and the landscape of Indigenous health has continued to adapt and evolve. Significantly, the new *Health Professional and Occupations Act* has the potential to introduce new measures for addressing racism and discrimination which can enable consistency in how regulators design and operate feedback and resolution processes, and which may influence patient safety and quality processes. Health system partners have also indicated that the modernization of the *Evidence Act* may also remove some of the barriers to truth-telling and resolution processes based in a relational perspective, such as a Restorative Approach. Working together with a shared perspective on eliminating Indigenous-specific racism and making feedback processes safer and more accountable removes the burdens on Indigenous patients and families who provide the health system with their experiences. *Sharing Concerns* has been used as a roadmap that continues to be informed by provincial dialogues to share practices and identify opportunities for improvement.

In January 2024, HQBC invited BC’s six health authorities, the BC College of Nurses and Midwives and the College of Physicians and Surgeons of BC to provide feedback on the impact of *Sharing Concerns*. A survey was distributed to gauge how organizations have used *Sharing Concerns*’ nine principles and to locate any barriers to implementation. Feedback provided valuable insights into how the principles have been interpreted and put into action, which in turn created an opportunity to reflect upon and share practices to create safer, more accessible and more meaningful processes for patients and families to share their concerns.

### Sharing Concerns Survey Feedback

- **More than 30 respondents from eight organizations**
- **100% of respondents said that their teams use and reflect upon *Sharing Concerns* to enhance patient complaints processes**
- **Main barriers to implementing *Sharing Concerns* focused on capacity-building for complex caseloads, legislation, compassionate disclosure and improved processes for Indigenous self-identification**

In this updated edition of *Sharing Concerns*, you'll find new information that reflects the feedback we received in our January 2024 evaluation. Each principle will include two new sections – Examples of Actions already taken by BC's regional health authorities and regulatory bodies based on the tenets of that principle, as well as Recommendations for Improvement to continue to make a safer, more appropriate and more responsive process to gather and respond to feedback from Indigenous patients and their families. This new information complements the existing sections about why each of the nine principles are important and what principle-focused action looks like. We would like to thank everyone who contributed to the evaluation of *Sharing Concerns* and acknowledge with respect their ongoing dedication to a safer and more culturally appropriate pathway to gather and respond to Indigenous patient feedback.



Mapping the [Sharing Concerns] principles to our revised process was a helpful process that allowed us to verify the appropriateness of changes that had been made, and to help us identify additional opportunities for improvement. Working directly with clients, and supporting continuous engagement with Nations, communities and Indigenous leaders has supported an effective co-design process for change. Provincial forums for ongoing discussion have helped us to learn from the experience of others and develop a shared understanding of how restorative approach fits within a health care context.



– Interior Health



# Identified Core Principles

Nine core principles were identified:

- 1. Be Grounded in Indigenous Rights, Cultural Values and Traditional Protocols**
- 2. Be Indigenous Patient- and Family-Centred**
- 3. Take a Restorative and Accountable Approach**
- 4. Remove Unnecessary Barriers to Engaging in the Patient Feedback Process**
- 5. Be Trauma- and Violence-Informed**
- 6. Include Indigenous People in Leadership and Positions Supporting the Patient Feedback Process**
- 7. Be Responsive and Provide Clear, Timely Feedback**
- 8. Provide Indigenous Patients and Families with an Indigenous Support Person**
- 9. Provide an Opportunity for Indigenous Patients to Identify Their Indigenous/ Aboriginal Ancestry**

These core principles are intended to lay the foundation for what it means to provide a safe, accessible and meaningful process for Indigenous patients and families to share their experiences and feedback on interactions in BC's health system. The core principles are not prescriptive, but rather provide a common understanding for health care organizations across the province. This is intentional to enable health care organizations to determine how to meet the principles in a way that honours the local context and experiences of the Indigenous patients and families they serve.

The remainder of this document describes the nine core principles in more detail, including the importance of each and how they can be actioned, with examples obtained from survey feedback and collaborative meetings with Patient Care Quality Office (PCQO) partners.



# Be Grounded in Indigenous Rights, Cultural Values and Traditional Protocols

Cultural values, practices and protocols are embedded throughout the Indigenous patient feedback process to support a culturally safe approach to sharing concerns. This includes support and guidance from Indigenous Knowledge Keepers to inform the process.

The *Declaration on the Rights of Indigenous Peoples Act*, passed into law in 2019, establishes the United Nations *Declaration on the Rights of Indigenous Peoples* (UNDRIP) as BC's framework for reconciliation, as called for by the Truth and Reconciliation Commission of Canada's Calls to Action. [2] UNDRIP re-affirms the right of Indigenous Peoples to health.

## Why is This Important?

"The health care system must be one which Indigenous individuals feel trust and confidence to access, without reservation, and that their culture, worldview and individual integrity will be reflected and respected in the services they use. The human rights of Indigenous People are important to emphasize as the need to reinforce basic human rights is a necessary aspect of achieving cultural safety in health care. Indigenous People need to access culturally safe and respectful care, and to experience services that break with the colonial history of segregation and inferior treatment." – UNDRIP [3]

## What Does Principled Action Look Like?

- Acknowledge traditional expertise and make space for sharing and learning from traditional knowledge.
- Look to the Indigenous patient and family to identify the specific traditional protocols that are needed to support healing as they journey through the feedback process.
- Be attentive to traditional practices, as suggested by Indigenous patients, families or Knowledge Keepers. Smudging, healing circles and ceremonies can be important components of a healing journey.

## What We've Heard – Examples of Actions

- Incorporated all nine Principles into Indigenous Health Action Plans and review processes for Indigenous-specific racism.
- Aligned organizational goals and strategies with the *Declaration on the Rights of Indigenous Peoples Act*.
- Created additional Indigenous-specific roles to support Indigenous patients.
- Opened space for Indigenous patients and families to voice what they need in order to drive their feedback experience and health journey, including healing circles, traditional ceremonies and smudging.

## Recommendations for Improvement

- Develop policies with Indigenous leadership to remove barriers and enable access to specific cultural practices (e.g., smudging) and for Nation-specific knowledge systems to guide feedback processes.
- Take guidance from the Health Standards Organization (HSO) *Cultural Safety and Humility Standard* (which can be applied to accredited and non-accredited organizations) to address Indigenous-specific racism and create more culturally safe spaces.
- Demonstrate leadership commitments to the integration of cultural approaches and protocols through role-modelling cultural humility and advancing culturally appropriate change management in partnership with Indigenous leadership.
- Follow a distinctions-based approach through building partnerships with First Nations Health Authority and Métis Nation BC as well as local Nations and communities, and identify opportunities to incorporate First Nations, Métis and Inuit rights, values and protocols.
- Provide access to third-party mediators or supports who are trusted by the family or community who are not a part of the colonial institutions that have caused harm.

# 2

## Be Indigenous Patient- and Family-Centred

This involves an approach that is flexible and responsive to Indigenous patients and their families, where the process can be adapted to align with their needs and desired outcomes. This includes clear and simple communication throughout the process.

### Why is This Important?

Listening to the needs of the patient and family is necessary to determine the steps forward. Honouring the choices and values of Indigenous patients and families builds trust and respect, which upholds dignity by minimizing power imbalances and creates space for Indigenous People to demonstrate self-determination in their own health and wellness. [4]

### What Does Principled Action Look Like?

- Start with meaningful welcomes and introductions at the beginning of the process.
- Ask what matters to the Indigenous patient and family and set a safe space for sharing and listening. [5]
- Reflect on the discussion to ensure understanding.

## What We've Heard – Examples of Actions

- Developed guidelines to support leaders and staff to offer Indigenous-specific resolution approaches.
- Provided empathetic communication and compassionate disclosure education, training and coaching for staff and leaders.
- Developed an engagement advisory body to embed person- and family-centred approaches.
- Embedded improvement processes to track feedback and incorporate it into the way in which Indigenous patients and families are supported.
- Provided opportunities for clients to include their family members, an Elder, or other members of their community in the process to resolve concerns.

## Recommendations for Improvement

- Improve availability of options regarding feedback and concern processes as well as opportunities to employ diverse responses based on the desires of the client, with consideration of First Nations, Métis, or Inuit-specific mechanisms or pathways.
- Be responsive to the needs of Indigenous patients who may not wish to provide feedback due to the real or perceived adversarial tone of a “complaint” through providing pathways to share “soft concerns.”

**Self-determination over the process to share a concern and come to a meaningful resolution means entering a relationship without assumptions. Not all Indigenous People wish to incorporate cultural traditions into an institutional process when they bring forward a concern, and there is no pan-Indigenous approach to the incorporation of cultural traditions and protocols.**

# 3

## Take a Restorative and Accountable Approach

Take a comprehensive, holistic, accountable and integrated approach that is relationally focused to prevent harm and promote healing after incidents. This provides an opportunity for Indigenous patients and families to share their experiences and find answers that are important to their healing, as well as opportunities for health system partners and leadership to come together with patients in a safe, supportive environment to discuss what happened and the impact it had.

### Why is This Important?

A restorative and accountable approach is an aspirational goal that requires systems-level transformation to enable and support a more relational process. To take a Restorative Approach requires a system to be built around restorative processes from start to finish. The benefit of a Restorative Approach is that it empowers patients and health care partners to gain a better understanding of the causes of harm and promotes forward-focused learning to build trust and strengthen relationships. It can proactively bring people together to find meaningful and lasting solutions to problems experienced in the health care setting. [6] There are many valuable learnings and opportunities provided by the principles of a Restorative Approach that can be used to improve feedback processes in general.

### What Does Principled Action Look Like?

- Ensure those who are involved in the feedback process understand the principles of a Restorative Approach.
- Ensure appropriate Restorative Approach training and support is available for those who are supporting patients who share concerns.

## What We've Heard – Examples of Actions

- Developed an Indigenous-specific Racism and Discrimination Response Committee to review cases, monitor progress and approve final reports.
- Practiced the relational principles of a Restorative Approach across all domains of teamwork and client communication.
- Hosted working groups in which Indigenous Patient Navigators and Liaisons across departments could share best practices, successes and barriers.

## Recommendations for Improvement

- Develop formalized and consistent standards for facilitating a Restorative Approach, inclusive of trauma-informed practice and compassionate disclosures.
- Use Restorative Approach principles to improve feedback processes more broadly, even when not applied to a restorative process.
- While it has roots in traditional Indigenous culture and worldviews, a Restorative Approach should not be used as the default “Indigenous Stream” for feedback or concern processes. While restorative practices can benefit any response process, a Restorative Approach must be the active choice of the client/patient.
- Prepare for a Restorative Approach from start to finish, being attentive to the structure of the process, principled facilitation practice and accountability in follow-up processes.

# 4

## Remove Unnecessary Barriers to Engaging in the Patient Feedback Process

The environment and process must be visibly and respectfully welcoming for all Indigenous patients and families to share their experiences, while removing physical, financial, cultural and psychological barriers.

A straightforward patient feedback process is one that is seamless and can be readily completed. It must be designed in a way that removes potential barriers, so Indigenous patients and families can easily navigate through the feedback process and are encouraged to share concerns. [4]

### Why is This Important?

As highlighted by the *In Plain Sight* report, Indigenous People find the feedback process inaccessible, which is reflected by minimal concerns filed by Indigenous People. The number of concerns submitted by, for, or about Indigenous People is low compared to the number of negative health care experiences reflected in existing data regarding Indigenous interactions with the health care system. [1]

### What Does Principled Action Look Like?

- Clearly communicate the initial steps of how to engage in the patient feedback process, including raising awareness of the avenues (in-person, phone, email) that Indigenous patients and families may use.
- Use clear and simple language to communicate the process for Indigenous patients and families, excluding any medical jargon.
- Be open to feedback on the process and any barriers.
- Ensure an organizational approach to welcoming feedback, seeing the process as an opportunity for improvement, which honours and respects Indigenous patients and families' experiences as truth.



## What We've Heard – Examples of Actions

- Formalized ability to give verbal consent to review feedback when written consent is a barrier.
- Increased Indigenous Patient Navigator and Liaison positions to prompt and support feedback processes.
- Implemented a no-wrong-door approach with a single point of contact to mitigate the impact of retelling a story or reliving an experience.
- Ensured cooperation between agencies for appropriate handovers of cases so individuals do not have to re-submit.
- Translation of information brochures into local Indigenous languages.
- Established process to meet patients and their families in community, along with their advocates or other support people.

## Recommendations for Improvement

- Update the Patient Safety and Learning System (PSLS) System to accurately record patient experience information as discrimination or racism. Current data may be skewed due to inability to capture accurate and precise data on Indigenous-specific racism and discrimination.
- Establish a system to attain consent from the client for Community Health Directors or other representatives to follow up on concerns and system accountabilities following a resolution process.

# 5

## Be Trauma- and Violence-Informed

Understand and respond to the impact of Indigenous trauma and violence, including both intergenerational trauma and violence, as well as trauma from sharing an experience of poor care. The Indigenous patient feedback process should emphasize physical, cultural and psychological safety for everyone.

### Why is This Important?

Past and current harms and trauma from the experience of colonialism in the health care system contribute to a lack of access and poorer health outcomes for Indigenous People. These harms and trauma also lead to a lack of trust, which prevents Indigenous patients and families from sharing their health care experiences. [1]

### What Does Principled Action Look Like?

- Use strengths-based language and compassionate communication while building and maintaining relationships with those who may experience direct, vicarious or inter-generational trauma.
- Create an action plan for trauma- and violence-informed practice and take extra time for check-ins with Indigenous patients and families, as well as staff who are supporting the feedback process.
- Ensure that trauma- and violence-informed lenses are embedded into policies and procedures so there is an organizational culture that is in alignment with trauma- and violence-informed education and training. Alignment across all aspects of the organization can lead to early and respectful trauma and violence screening and assessment.

## What We've Heard – Examples of Actions

- Undertook a comprehensive review of policies, protocols and guidelines with the lens of trauma and violence-informed practice.
- Improved communication on the status of complaints and feedback.
- Targeted training for leaders to role model trauma-informed practice and strengths-based language.
- Integration of trauma-informed practice with Restorative Approach training.
- Provided the time and space to resolve concerns at the pace requested by clients. This has enabled processes to be paused when a client is grieving or experiencing housing stresses, wherein the file is temporarily closed but the door is left open, and the relationship continues so that work resumes when the client is ready.

## Recommendations for Improvement

- Develop organizational standards and norms that put into daily practice and role-model trauma- and violence-informed education. Trauma- and violence-informed education programs need to be region-specific, and provided to all staff and leadership, not just Indigenous Patient Liaisons, Navigators and Facilitators.

**Trauma-informed practice includes strengths-based language to remove stigmatizing labels. For some, the term “complainant” implies an adversarial relationship between a “victim” and an “offender” that is not conducive to the resolutions that are being sought. The use of terms “complaint”, “concern” or “feedback” are context dependent.**

# 6

## Include Indigenous People in Leadership and Positions Supporting the Patient Feedback Process

Indigenous representation in health care leadership positions, as well as roles supporting feedback processes, can improve accessibility for Indigenous People by addressing racism and discrimination towards Indigenous Peoples and ways of knowing and being.

### Why is This Important?

The *In Plain Sight* report identified the need to have more Indigenous representation in health care positions to improve the care journey and outcomes for Indigenous People. Having Indigenous People in positions supporting the Indigenous patient feedback process can improve awareness of racism and discrimination, challenge assumptions and change norms to create a more culturally safe process. [1]

Indigenous representation in leadership can help guide the transformations needed and support Indigenous People working in health care positions. Having Indigenous leadership embedded across all levels of the health system can enable a deeper inclusion of Indigenous perspectives into the processes, cultures and decisions that impact Indigenous patients. [1]

### What Does Principled Action Look Like?

- Focus on recruiting Indigenous People into roles supporting the patient feedback process and leadership positions.
- Ensure that Indigenous support roles play a key part in defining a culturally safe journey through the process.

## What We've Heard – Examples of Actions

- Increased the size of Indigenous health teams and integrated them into feedback and complaints processes.
- Created “Indigenous Pathways Development” lead position.
- Connected Indigenous clients with Indigenous Cultural Safety and Humility consultants to ensure their safety, build a shared understanding of complaints processes, and co-define what a meaningful resolution looks like.

## Recommendations for Improvement

- Implement a comprehensive Indigenous-specific workforce strategy to improve the application and recruitment of Indigenous-specific roles and leaders.
- Apply systems-level change in alignment with the HSO *Cultural Safety and Humility Standard* to embed Indigenous leadership in the design of feedback and complaint processes. Application of system-level changes can be supported using the practice standards released by the College of Physicians and Surgeons BC and BC College of Midwives and Nurses.
- Partner with Nations on whose traditional territory the organization resides and/or provides services to co-design safe and accountable processes for sharing feedback and concerns.

**While this section uses the term “Indigenous,” a pan-Indigenous approach to including Indigenous Peoples in leadership positions is not appropriate in many circumstances. A distinctions-based approach ensures leadership is representative, and accounts for the distinct rights and cultures of local First Nations, Métis or Inuit communities or Nations.**

# 7

## Be Responsive and Provide Clear, Timely Feedback

Have upfront conversations, tailored to the First Nations, Métis or Inuit patient and their family, about how they would like information communicated and any language or terminology preferences. This includes clarity about when information will be shared, in what form and with whom.

### Why is This Important?

Timely and clear responses are important for building relationships, trust and healing. The *In Plain Sight* report revealed that current patient feedback processes are not responsive to the needs of Indigenous People, leading to the perception that the health system has set up a process intended to protect itself and its providers from the public, rather than to protect the public. [1] Providing timely, complete and clear information is a core principle of people-centred care that allows Indigenous patients and families to effectively participate in decision-making. [7]

### What Does Principled Action Look Like?

- Review internal processes to reduce redundant steps and complicated communication channels to ensure processes are clear, simple and responsive.
- Prioritize the time for staff and care teams involved in the care concern to participate in the review process and respond as needed.
- Recognize the opportunity for learning and reflecting on ideas to improve current processes.

## What We've Heard – Examples of Actions

- Developed an efficient authorization process to engage in “alternative” processes, such as a Restorative Approach.
- Developed partnerships with First Nations Health Authority for a jointly managed feedback process that enables faster turnaround times for First Nations clients.

## Recommendations for Improvement

- Develop standards for response times that account for client-driven processes and the timeline of restorative processes, and for multiple and complex cases.
- Develop a standard and schedule for follow-up communication. Clear, responsive and timely feedback requires ongoing communication throughout a process.

# 8

## Provide Indigenous Patients and Families With an Indigenous Support Person

Indigenous patients and families have access to an Indigenous support person – such as a liaison, navigator, advocate and/or Elder – who can guide them through the patient feedback process. An Indigenous support person provides culturally safe support and facilitates access to services and resources, both traditional and Western. [7]

### Why is This Important?

An Indigenous support person can help explain the process, provide direction, support meetings and conversations, and improve access to resources that meet the individual Indigenous patient and family needs. The support person can assist with ensuring cultural values important to the Indigenous patient and family are embedded in the process. The integration of Indigenous knowledge and practices into the feedback process, via the Indigenous support person, can also increase safety. [1]

### What Does Principled Action Look Like?

- Provide opportunities for the Indigenous patient and family to meet with an Indigenous support person at the onset of their journey through the feedback process.
- Include an Indigenous support person to all teams that lead an Indigenous patient feedback process.



## What We've Heard – Examples of Actions

- Supported clients with information on available services through Indigenous Patient Liaisons and Navigators, who have built relationships with First Nations Health Authority and Métis Nation BC, and other key Indigenous health service partners.

## Recommendations for Improvement

- Formalize process for sharing information with Indigenous nurse liaisons/navigators and other Indigenous support staff at health service sites and in community.

### Reflection

Indigenous patient navigators often hold space for complexity, historic or current trauma, and disclosures of personal information. While these positions often provide psychosocial support that people need throughout the feedback and response process, the wellness supports that are required can fall outside of the Indigenous patient liaison scope of practice. Greater mental health and wellness supports for feedback processes, from both Western and Indigenous perspectives, can support both staff and clients.

# 9

## Provide an Opportunity for Indigenous Patients to Identify Their Indigenous/ Aboriginal Ancestry

Enable self-identification in a thoughtful and intentional way to support culturally safe care, learning and health service improvement for Indigenous Peoples. Awareness and alignment with broader provincial Indigenous data governance initiatives is important when implementing self-identification into the Indigenous patient feedback process.

### Why is This Important?

Anonymously sharing diversity data can help organizations identify if their programs and services are meeting the health and wellness goals of the Indigenous patients, families and communities they serve. [7] The information can be used to look across the system to identify themes and trends that can be actioned to improve the patient feedback process and care experiences for Indigenous patients and families.

### What Does Principled Action Look Like?

- Be clear on the intent for collecting identity information. Articulate why the information is needed and how it will be shared and used.
- Provide necessary training and education for all staff involved in the collection of identity information.
- Engage Indigenous liaisons and navigators to inform the self-identification process and establish feedback mechanisms to identify areas for improvement.

## What We've Heard – Examples of Actions

- Set reminder check lists so that steps are not missed, as the established processes for self-identification can be missed or asked late in a process.
- Added training requirements to ensure staff know how to ask self-identification questions, and explain why they are asking them, in a safe way.

## Recommendations for Improvement

- Support a distinctions-based approach through the technological integration of self-identification, including specific communities and Nations, with accompanying training for all staff.
- Consider self-identification for all racialized groups in alignment with the [guidance from the Canadian Institute for Health Information](#).

**The Government of BC developed a Distinctions Based Primer to support the requirement, legislated through DRIPA, that each ministry and agency across BC take a distinctions-based approach in all of its relations with First Nations, Métis and Inuit Peoples. A distinctions-based approach is required in the development and implementation of policies, legislation, programs, operations, funding initiatives, and in engagement and relationships with First Nations, Métis and Inuit Peoples.**

# Conclusion

These core principles provide a common understanding for what it means to provide a safe, accessible and meaningful process for Indigenous patients and families to share their experiences and feedback on interactions in BC's health system. Work across the health system is currently being done to put the core principles into action to transform the Indigenous patient feedback processes.

As part of the Provincial Dialogue held in January 2022, important success factors to support implementation of the core principles were also identified:

- **Leadership:** a sincere commitment from organizations to act and prioritize changes
- **Legislation and provincial, regional and local policy:** legislative and policy requirements were identified as a common barrier to Indigenous patient-centred approaches. Changes will be required to implement many of the core principles identified
- **Education and training:** supporting staff on their journey of reconciliation with access to cultural safety and humility training
- **Speak-up culture:** ensuring an organizational culture of psychological safety to be able to raise concerns and challenge the status quo
- **Accountability and transparency:** a clear line of responsibility, where being accountable for actions reflects continuous improvement and learning
- **Resourcing:** additional resources of both time and money are required to support change

A culturally safe and appropriate patient feedback process welcomes Indigenous voices, supports meaningful resolution and learns from the wisdom and experiences of Indigenous patients and families to create a safer health system that is more responsive to their needs and values. These core principles provide guidance for improving the patient feedback process to address individual and systemic Indigenous-specific racism in the health system in BC.

# Appendix A

Organizations that participated in the Provincial Dialogue: Improving the Indigenous Patient Complaint Process on January 27, 2022.

- BC Association of Aboriginal Friendship Centres
- BC College of Dental Surgeons
- BC College of Nurses and Midwives
- BC College of Physicians and Surgeons
- BC Health Authorities
- BC Human Rights Tribunal
- BC Ministry of Health
- BC Office of the Coroner
- BC Office of the Ombudsperson
- College of Pharmacists of BC
- First Nations Health Authority
- Health Quality BC
- In Plain Sight Task Team: Patient Complaints Working Group
- Métis Nation BC
- Patient Care Quality Review Board
- Patient Voices Network

# Appendix B

*Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process* is in alignment with the following Health Standards Organization *Cultural Safety and Humility Standard* criteria:

## **Principle 1: Be Grounded in Indigenous Rights, Cultural Values and Traditional Protocols**

**6.1.10** The organizational leaders incorporate First Nations, Métis, and Inuit Peoples' rights, cultural protocols, practices, and approaches to addressing harm into the organization's safety incident management processes.

## **Principle 2: Be Indigenous Patient- and Family-Centred**

**6.1.5** The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to design culturally safe processes to manage and learn from safety incidents.

## **Principle 3: Take a Restorative and Accountable Approach**

**5.1.4** The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to ensure the anti-racism and discrimination policy defines and applies a spectrum of consequences for Indigenous-specific racism and discrimination, in accordance with the organization's collective and other employment agreements.

*Guidelines: Consequences can range from providing remedial support and training to workforce members to support learning and behaviour change to suspensions, terminations, and formal complaints to the regulatory body. The organization collaborates with First Nations, Métis, and Inuit Peoples and communities to reflect the concept of restorative justice within the spectrum of consequences, where the person whose actions caused harm may take responsibility and, in discussion with those harmed, establish a suitable way to address the incident.*

**6.1.1** The organizational leaders incorporate First Nations, Métis, and Inuit Peoples' rights, cultural protocols, practices, and approaches to addressing harm into the organization's safety incident management processes.

*Guidelines: By embedding First Nations, Métis, and Inuit ways to address and heal from harm in safety incident management processes, the organizational leaders promote restorative justice. As part of this process, the organizational leaders also account for the legal and/or regulatory requirements placed on service providers by their regulatory bodies, unions, medical protection agencies, and other similar groups.*

**6.1.5** The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to design culturally safe processes to manage and learn from safety incidents.

**7.2.5** The team facilitates access to cultural practices, ceremonies, resources, and supports including Elders, Healers, and Knowledge Keepers as requested by the First Nations, Métis, and Inuit client.

#### **Principle 4: Remove Unnecessary Barriers to Engaging in the Patient Feedback Process**

**6.1.7** The organizational leaders prioritize safety incidents related to Indigenous-specific racism and discrimination, in accordance with its anti-racism and discrimination policy.

**7.2.2** The team ensures that First Nations, Métis, and Inuit clients have information about client rights and responsibilities when accessing health services.

#### **Principle 5: Be Trauma- and Violence-Informed**

**5.1.3** The organizational leaders implement protocols to protect individuals from negative consequences when an individual reports an incident of direct or indirect Indigenous-specific racism and discrimination associated with the organization.

**6.1.6** The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples, communities, and organizations to incorporate recognition of the harms caused by Indigenous-specific racism into the organization's safety incident reporting and management processes.

#### **Principle 6: Include Indigenous People in Leadership and Positions Supporting the Patient Feedback Process**

**2.1.5** The organizational leaders allocate resources for the workforce to meaningfully engage in building and sustaining relationships with First Nations, Métis, and Inuit Peoples and communities to take collective action on achieving First Nations, Métis, and Inuit health and wellness goals and objectives.

#### **Principle 7: Be Responsive and Provide Clear, Timely Feedback**

**5.1.5** The organizational leaders collaborate with First Nations, Métis, and Inuit Peoples and communities to implement procedures to respond to incidents of Indigenous-specific racism and discrimination in a timely and transparent manner.

#### **Principle 8: Provide Indigenous Patients and Families with an Indigenous Support Person**

**2.1.5** The organizational leaders allocate resources for the workforce to meaningfully engage in building and sustaining relationships with First Nations, Métis, and Inuit Peoples and communities to take collective action on achieving First Nations, Métis, and Inuit health and wellness goals and objectives.

#### **Principle 9: Provide an Opportunity for Indigenous Patients to Identify Their Indigenous/Aboriginal Ancestry**

**8.1.1** The organizational leadership adopted First Nations, Métis and Inuit data governance protocols to collect, analyze, interpret, and release First Nations Métis and Inuit data.

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