

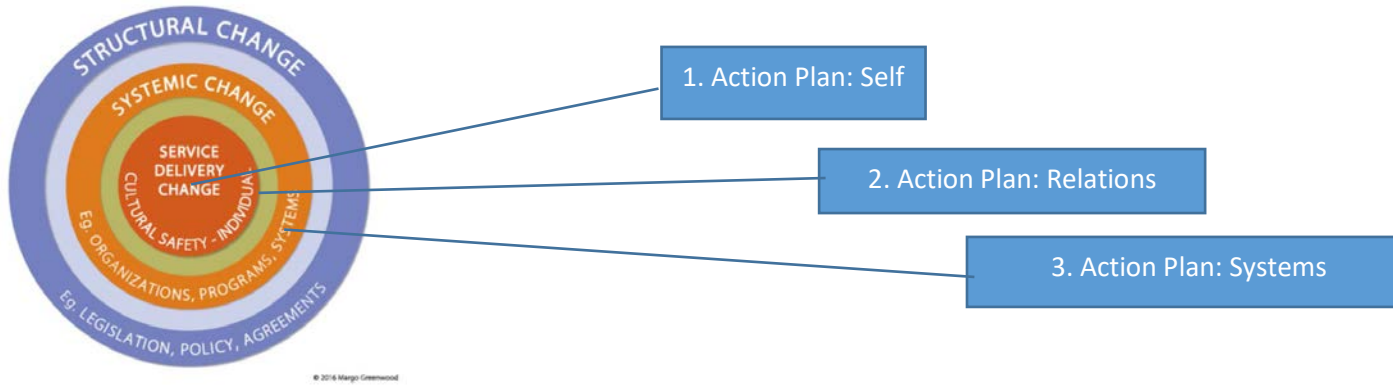
# **NORTHERN HEALTH MEDICAL ADVISORY COMMITTEE (NHMAC) PLAN FOR SUPPORTING THE CULTURAL SAFETY IMPLEMENTATION FRAMEWORK**

## **Working Document**

**\*\*To be reviewed regularly at NHMAC to incorporate ongoing feedback and new information as it becomes available**

## NHMAC PLAN FOR SUPPORTING THE NH CULTURAL SAFETY IMPLEMENTATION FRAMEWORK: 2020 – 2025

Northern Health's future work regarding cultural safety and humility continues to focus on health system transformation. A part of this transformation is ensuring equity and a system free from stigma and discrimination including racism for employees and those served. With this intent, a unique COVID-19 pandemic reality and past activities and structures to build upon, Northern Health's work for 2020 to 2025 will be explicitly situated and focused on embedding cultural safety and humility throughout the organization. In light of the recent attention on systemic racism in the health care system, the NHMAC has committed to dedicated leadership and efforts to facilitate key drivers of the NH Cultural Safety Implementation Framework 2020-2025. This document will outline the leadership role of NHMAC and specific areas of work that the NHMAC advises the organization to move forward to ensure systematic change. These areas of work are divided into three action plans that follow the Model for Creating Change (Greenwood, 2016). Key to this model is aligning simultaneous actions and levers across structural, systemic, service delivery levels as the necessary components for long-term and successful change. The NHMAC Plan starts at the Cultural Safety- Individual, then moves out to the Direct Service Delivery at the scale where human interaction occurs. At this stage, NHMAC identified the need to facilitate space for medical staff to work locally with First Nations communities and support collaborations. The last action plan is specific to systemic change and refers to more organization-wide commitments.



- (1) **Self Action Plan:** Expectations for individual medical staff (self-reflection, education, and accountability),
- (2) **Relations Action Plan:** Facilitating conversation amongst teams, within communities and with local Indigenous communities to shift culture (connection to community),
- (3) **Systems Action Plan:** Structural changes to the organization that clearly indicate expectations of medical staff working in the organization (systemic).

## ROLE OF NHMAC

The NHMAC will play a leadership role for those parts of the NH Cultural Safety Implementation Framework that are specific to medical staff and play an advisory role to the Board as NH implements this framework over the next five years. NHMAC will collaborate with Northern Health's Indigenous Health program to facilitate the Cultural Safety Implementation Plan. NHMAC recognizes that cultural safety must be integrated throughout NH programs and is part of all the work we will do moving forward.

NHMAC commits to supporting our medical staff to be the very best that they can be and act proactively to ensure equitable care for Indigenous populations. Our health care system is not meeting the care needs of Indigenous people in Northern Health and, as such, the NHMAC will enact structural changes, correct inequities, and monitor the impact of these changes over time. NHMAC plans will be informed by the [In Plain Sight report](#), as well as further data specific to our region. The following Action Plan aligns with both the new draft [College of Physicians and Surgeons Standard](#) and the [BC College of Nurses and Midwives Commitment to Action](#).

NHMAC plans to work with Indigenous people and medical staff from our region to further build our plan. The following three action plans are a starting place and demonstrates our commitment to the journey ahead.

## 1) Self Action Plan

Expectations for individual staff (self-reflection, accountability and education)

Focus Area	Commitment
<p>Require cultural safety training from a menu of options, including but not limited to San'Yas training, for all medical staff supported by the Continuing Medical Education team</p>	<p>All active and provisional medical staff will be required to complete <a href="#">one of the courses in the menu</a> endorsed by the NH Indigenous Health program to fulfill cultural safety and humility competencies (see <a href="#">Appendix A</a>). Demonstrated completion will be a requirement for reappointment, with target set at 30% of the medical staff in first year, to 100% by their next re-appointment (year two).</p> <ul style="list-style-type: none"> <li>• Within three to four years, all medical staff will have participated in endorsed cultural safety education</li> <li>• At each re-appointment, ongoing cultural safety education needs to be part of ongoing professional development in relation to the set of core competencies</li> <li>• Recognizing heavy workloads, we need to be mindful of burnout; create flexible options to accommodate</li> <li>• Availability of funding to reimburse physicians for their time to take the training may improve participation</li> </ul> <p>NHMAC and CME Team to work with Indigenous Health and local Indigenous partners to accredit and host in-house training that provides locally relevant content.</p> <ul style="list-style-type: none"> <li>• Education to include clear expectations and advice on how to respond to racism when experienced in our facilities, as well as accountability for speaking up when medical staff witness discrimination or racism.</li> <li>• Education to include local geography and information on the local Indigenous communities</li> <li>• Utilize the existing Rounds and various CME events to support cultural safety training</li> </ul> <p>The CME team will also promote trauma-informed care education opportunities.</p>

	Tracking and feedback mechanisms to be in place to monitor and evaluate impact.
Include cultural safety as a key component of medical staff orientation	<p>All new medical staff are mandated to completed one of the courses endorsed by NH Indigenous Health Program on the <a href="#">CME Menu</a> within six months of their start date/ or before their appointment, with target set at 100% of new hires.</p> <ul style="list-style-type: none"> <li>• This education requirement needs to be added to the letter of offer.</li> </ul> <p>Develop material to be included in new medical staff onboarding that highlights Northern Health’s commitment to cultural safety and Indigenous health. This should include celebrating the many Indigenous communities found in the region, including a summary of the Indigenous communities that the new medical staff will provide care to.</p> <p>Special education needs to be offered to new-to-country medical staff, which includes the Canadian history of Indigenous people and education on the local communities that medical staff are considering. Examples:</p> <ul style="list-style-type: none"> <li>• Make a series of cue cards about the community available to every new medical staff member with follow-up meetings for new to country medical staff (possibly medical leaders or identify local mentors)</li> <li>• Create and share a summary of the capacity and resources for surrounding Indigenous communities, including internet connectivity, resources in community, as well as distance and transportation options for patients. Include examples of previous partnerships, positive collaborations or other past opportunities to work with local Indigenous communities and any information from the local <a href="#">AHIC</a></li> <li>• Explore opportunities to set up a “buddy system” to help orient new medical staff</li> </ul>

## 2) Relations Action Plan

Facilitating conversation amongst teams, within communities and with local Indigenous communities to shift culture (connection to community and at point of service delivery)

Focus Area	Commitment
<b>INTERNAL RELATIONS</b>	
<p>Create space, guidance and supports to facilitate <b>co-leadership dyad</b> in discussions about cultural safety</p>	<p>Introduce an ongoing, physician leadership and co-leadership education series that has cultural safety and humility as a core competency and includes:</p> <ul style="list-style-type: none"> <li>• <a href="#">Compassionate leadership</a></li> <li>• Difficult conversations</li> <li>• Managing complaints, includes behavioural scripting to support courageous conversations on racism, as well as a review of the complaints process to support everyone who is part of the complaints process</li> <li>• <a href="#">Just culture</a> approach</li> <li>• <a href="#">Natural justice</a></li> </ul> <p>Medical Leaders will be expected to have the core competencies in <a href="#">Appendix A</a>, as well as the additional skills outlined above. Demonstrated completion of education in these areas will be a requirement for Medical Leaders, with a target set at 30% of the medical leaders having completed at least one of the courses in year one to 100% by their second year, with ongoing education in subsequent years</p> <p>Build the local co-leadership capacity to ensure local health service planning includes a focus on equitable access to health care services when designing new service delivery models and use of the <a href="#">Cultural Safety and System Change Assessment Tool</a></p> <p>Build capacity in the local co-leadership dyads to have discussions about cultural safety at their regular meetings (i.e., add as a standing agenda item, inviting NH Indigenous Health staff to discussions). Look for opportunities for</p>

	<p>triad leadership with local Indigenous leaders. Work with the resources from the NH Indigenous Health team to ensure we are prepared to be good partners.</p>
<p>Create space, guidance and supports to facilitate <b>team</b> discussions and conversations with our colleagues about cultural safety</p>	<p>Partner with NH Indigenous Health to offer cultural safety training, specifically designed for medical staff involvement with their team.</p> <ul style="list-style-type: none"> <li>• Recognize that some people (including medical staff) may not be comfortable or feel safe to have these conversations.</li> <li>• Work closely with the rest of NH to ensure the whole team has similar opportunities to learn and have dialogue with colleagues</li> </ul> <p>Create opportunities and guidance for teams and groups to reflect on cultural safety and trauma-informed practice in day-to-day care, supporting the development of a safe environment to “speak up” when discrimination or racism occurs.</p> <ul style="list-style-type: none"> <li>• Use case studies to review with teams together (could include videos)</li> </ul> <p>Highlight areas of increased access, such as virtually enabled primary care and virtual supports. Highlight how NH works together with FNHA in service delivery for our region.</p>

<p><b>EXTERNAL RELATIONS</b></p>	
<p>Create space, guidance and supports to facilitate discussions <b>with local Indigenous partners</b> to co-create plans that work for that community</p>	<p>Work with NH Indigenous Health to support local cultural safety and learning opportunities.</p> <p>Facilitate partnership with local Indigenous communities that will help create opportunities for medical staff to learn local traditional healing practices. Support medical staff to incorporate traditional wellness and spiritual health into service delivery as requested by patients.</p> <p>Work with Divisions of Family Practice, MSAs, RCCbc and other partners to identify committees, groups or local education opportunities that may already be in place.</p>



	<ul style="list-style-type: none"> <li>• Look to see how NH may be able to support or provide additional resources for those opportunities.</li> <li>• Identify, learn from, and share initiatives that have included Indigenous representation in discussions and decision making</li> </ul>
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### 3) Systems Action Plan

Structural changes to the organization that clearly indicate expectations of medical staff working in the organization (systemic changes)

Focus Area	Commitment
NHMAC to engage with regional knowledge keepers from throughout the area.	In partnership with the NH Indigenous Health team, organize an annual NHMAC meeting that will host a dialogue or talking circle with regional knowledge keepers.
Advise NH programs reporting to NHMAC that the <a href="#">Cultural Safety and System Change Assessment Tool</a> be used to review current and planned services.	<p>Each member of NHMAC commit to working with their co-leaders to incorporate cultural safety as a strategic priority for their program/regional area, revising the policies or activities to incorporate cultural safety using the <a href="#">Cultural Safety and System Change Assessment Tool</a></p> <p>Review the Medical Staff Rules, policies, educational resources and privileging processes for existing medical staff using the <a href="#">Cultural Safety and System Change Assessment Tool</a>; make recommendations about clear expectations for medical staff to the NH Board for edits.</p> <p>Develop visual cues to promote cultural safety throughout the NHMAC programs (example First Nations art on NH computer desktops)</p> <p>Consider the added resources needed in high stress, high intensity areas to be able to accommodate more culturally safe care.</p> <ul style="list-style-type: none"> <li>• For example, Emergency Rooms could be targeted first for added resources, as they are often the first point of care.</li> </ul>

Collaborate with NH to enhance existing complaints processes, including incorporating direction and recommendations emerging from the recent Ministry of Health investigation processes into systemic racism and guidance from Indigenous people.

Based on the provincial guidance and advice, NHMAC will provide input into an action plan to enhance NH complaints processes regarding medical staff.

NHMAC recommends the following principles as we create an action plan:

- Focus improvements on making the patient complaints process more culturally safe, accessible, and responsive. Work closely with our partners who have found successful ways to support Indigenous patients and families to come forward with their complaints and learn from these successes to adapt our processes.
- Add staff and leadership resources to ensure the complaints process can appropriately address, investigate and follow-up on complaints of racism in a timely and restorative way using a Just Culture approach.
  - Work on an interdisciplinary, team approach to addressing complaints, ensuring all members of the team have adequate training and support to handle difficult situations, facilitating a safe environment for all individuals involved.
  - Special efforts will be made to improve the feedback loop to patients and families who have come forward. People will be more willing to come forward when they are able to see that their complaints have been followed up on.
  - Work with our Indigenous partners to augment the main complaints processes to have other supports that would focus on healing and rebuilding trust.
  - Co-leaders have time constraints and will need support in stewarding complaints. Added staff resources with expertise in systemic racism, crisis intervention, and trauma informed practice, as well as social media and communications skills could be considered to support co-leaders.
- Focus work on how to support individual medical staff and their teams through the complaints process.
  - The current processes of investigation may not, in some instances, support self-reflection. Work needs to be done to support follow-up

	<p>beyond the clinical aspects of care to the perceived cultural undertones.</p> <ul style="list-style-type: none"> <li>○ Educational resources following complaints need to be paired with offers for counselling supports to support those who may have historical trauma or other triggers from going through the complaints process</li> </ul>
<p>Evaluate the NHMAC structure itself, as well as the progress of NHMAC in implementing the Action Plans highlighted</p>	<p>All NHMAC members will be required to complete or show previous completion of <a href="#">one of the courses in the menu endorse by the NH Indigenous Health team</a>. Demonstrated completion will be a requirement, with target set at 75% in first year to 100% by second year.</p> <p>Use the NH <a href="#">Cultural Safety and System Change Assessment Tool</a> on the NHMAC Terms of Reference, the membership, and the NHMAC processes.</p> <ul style="list-style-type: none"> <li>• For example, the addition of a knowledge keeper to observe and provide insight could be a consideration.</li> <li>• Add an agenda item dedicated to cultural safety for every agenda</li> </ul> <p>Create an annual evaluation NHMAC progress on the three Action Plans outlined in this document</p>
<p>Advise Medical Affairs to apply special attention to Cultural Safety in Medical Staff Resource Planning, Recruitment, Orientation and Credentialing and Privileging</p>	<p>Update recruitment advertisements to include the need for experience in providing care to vulnerable populations, including Indigenous. Also highlight that NH is committed to cultural safety and humility, providing in-house cultural safety and humility training.</p> <p>Update medical staff interview questions to include a question about the commitment to cultural safety and humility.</p> <p>Incorporate cultural safety and humility as a core expectation in the evaluation in the recruitment and appointment of all medical staff.</p> <p>Align with the NH HR Strategy to increase opportunities to recruit and promote Indigenous medical staff.</p>

	<p>Work closely with UBC and UNBC to identify Indigenous medical school candidates and provide formal mentorship opportunities to students.</p> <p>Revise existing onboarding content for medical staff, repackaging and distributing widely with clear expectations about cultural safety and humility when starting work at NH.</p> <p>Create process through Credentialing and Privileging cycle to track Indigenous self-identification amongst medical staff and report out the results on a yearly basis.</p>
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## APPENDIX A

### CULTURAL SAFETY: KEY LEARNINGS<sup>1</sup> - CONSIDERATIONS

Version 4 DRAFT

Margo Greenwood, Indigenous Health, NH

March 23, 2021

Cultural safety education and learning can take many forms and is a life-long learning journey. Mary Ellen Turpel Lafond's *In Plain Sight Report* (2020) identifies key learnings to consider in any cultural safety education and learning opportunities. Recommendation #20 and #21 respectively state:

That a refreshed approach to antiracism, cultural humility and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers all levels and mandatory, lower barrier components...

That all university and college degree and diploma programs for health care practitioners include mandatory components to ensure all students receive accurate and detailed knowledge of Indigenous-specific racism, colonialism, traumas-informed practice Indigenous health and wellness and the requirement of providing service to meet the minimum standards in the UN Declaration. (p. 199-200)

This recommendation provides insight into key considerations for any cultural safety education opportunities. No definitive set of core learnings have been identified although many groups are working on this. There are, however, some shared key learning areas. These include definitions, histories of Indigenous peoples, trauma informed practice and Indigenous conceptualizations of health and wellness.

The key learnings identified below are taken from the Indigenous Health team's cultural safety modules. There is a significant focus on critical reflection at the individual and organizational level. The modules focus on different knowledge, skills and attitudes. For each of these broad key learnings and desired learning outcomes are unique with several possible meaningful ways to present and engage people with the information, for example through the arts, dialogue and local experiences. There is room for diverse learning opportunities within a rubric of key learnings.

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<sup>1</sup> In a previous version, and often used in educational settings, is the term competencies which is replaced with the term learnings in an attempt to avoid confusion and convey the idea that these are key learnings fundamental to understanding cultural safety.

## KEY LEARNINGS

### **Defining Cultural Safety**

- Understands the concept of cultural safety and how it applies to Indigenous peoples
- Identifies the broad application of cultural safety beyond ethnic groups to include age or generation, gender, sexual orientation, occupation, socioeconomic status, migrant experience, religious and/or spiritual beliefs, and disability.

### **Who am I in this Cultural Safety Work?**

- Explores personal definitions and understandings of culture
- Examines individual and collective roles in cultural safety work

### **Articulating Contemporary Realities of Indigenous Peoples' Health**

- Using a determinants of health approach examines population inequities experienced by Indigenous people
- Examines the intersectionality of inequities and oppression, for example race and gender
- Identifies Indigenous human rights agreements, conventions and so on, e.g., UNDRIP, TRC and DRIPA
- Reviews and assesses contemporary health issues facing Indigenous peoples
- Explores ways to stay informed regarding priority Indigenous health issues

### **Social, Political and Historical Contexts of Indigenous Peoples in Canada**

- Identifies who the Indigenous peoples of Canada are including Indigenous peoples' conceptualizations of health and well-being
- Examines key events in the history of relationships between Indigenous non-Indigenous people in Canada including a focus on northern British Columbia
- Understands the historical and current impact of the colonial experience and Indigenous peoples

### **Ensuring Culturally Safe Environments**

- Understands stigma, discrimination, and related concepts (e.g., bias, prejudice, stereotyping etc.)
- Identifies different forms of racism, e.g., interpersonal racism, profiling, systemic racism etc.

- Explores the concept of privilege
- Critically reflects on application of these concepts to health care system policies and practices
- Contradicts acts of racism
- Responds to accusations of racism
- Understands and applies trauma informed care practices
- Explores ways to address anti-Indigenous racism ensuring justice and equity
- Develops relationships based on trust and respect

#### **Applying Critical Reflection Skills**

- Understands the importance of critical reflection skills to system and individual change
- Applies critical thinking and reflection skills to practice
- Understands the concept of cultural humility