GEORGE & FAY YEE

Centre for Healthcare Innovation

RADY FACULTY OF HEALTH SCIENCES

ONGOMIIZWIN– INDIGENOUS INSTITUTE OF HEALTH AND HEALING

Guiding Voices

1st Report of the Indigenous Advisory Council

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Long-Term Goals for the Platform

1 Support the development, training and implementation of race/ ethnic self-identifiers throughout the broader system and specifically with program areas or research initiatives where there is an intention to include Indigenous specific measurements and interventions on quality of healthcare.

2 Develop a quality and patient safety framework that is contextualized to be responsive to Indigenous health (e.g. specifically considers anti-Indigenous racism in healthcare and Indigenous peoples' perspectives on quality and safety).

3 Provide training, coaching, and consultation on quality improvement contextualized to target closing Indigenous health care gaps.

4 Implement a robust Knowledge Translation plan to disseminate new knowledge about effective ways to address Indigenous healthcare quality gaps.

5 Demonstrate improvements in Indigenous healthcare quality.

Background

Within Canada Indigenous peoples face disproportionate rates of illness, injury, and death compared to the non-Indigenous population (Adelson 2005, Tang and Browne 2008, Van Herk et al 2014, Smylie and Firestone 2016, McCallum and Perry 2018). Despite evidence of inequities and disparities in health and healthcare based on race, health systems performance by race is often not measured (IOM 2003). In Canada, race-based health and healthcare inequities and disparities are not regularly measured due to the fact there is no system for collecting racial or ethnic identifiers during the healthcare encounter (Anderson and Cook 2018). Therefore, in order to address the inequities in healthcare faced by Indigenous peoples, there needs to be a focused effort in collecting and monitoring healthcare system data in order to identify where disparities exist. This will assist with the effort to achieve healthcare quality and in particular the dismantling and elimination of racism within the healthcare system.

In order address the quality of healthcare experienced by Indigenous peoples, it is important to understand the core concepts that are being examined. Three important concepts central to this work are health inequity, health disparity, and health care inequity. According to the Institute for Healthcare Improvement, health inequity is defined as "differences in health outcomes that are systematic, avoidable, and unjust" (Wyatt et al 2016:8). This is similar but also different from health disparities which are defined as "the difference in health outcomes between groups within a population" (ibid:8). Finally, racial health care disparities are defined as "racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention"

(ibid:8). According to The Institute for Healthcare Improvement, health equity will be achieved when every person has a fair opportunity to attain their full potential of health and when no person is disadvantaged from achieving this potential (ibid 2016).

It is now known that many healthcare quality improvement activities actually increase health inequities due to the impacts of institutional racism and discrimination (Reid and Mate 2018). Improvement of health care systems and services are often experienced by the more advantaged member of a population while those who are the most marginalized often face further inequities and disparities. Therefore, a focus on health inequities is critical in the desire to achieve a healthcare system that provides equitable high quality healthcare for every person.

In 2018, in response to this critical need for the examination of unequal healthcare and its impacts in relation to the Indigenous peoples of Canada, a proposal was submitted and accepted for the development of an Indigenous Healthcare Quality platform within the Centre for Healthcare Innovation (CHI) with shared leadership between Ongomiizwin and CHI.

The Indigenous Healthcare Quality platform will see the development, implementation, and evaluation of methods to close the gaps in healthcare quality experienced by Indigenous peoples.

In accordance with the United Nations Declaration on the Rights of Indigenous People Article 19 which states,

> " *"Indigenous people have the right to participate in decision making in matters that would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own Indigenous decision making institutions" – UN 2008*

as well as the Tri-Council Policy Statement Research Involving the First Nations, Inuit, and Metis People of Canada Article 9.1 which states,

> " *"Where the research is likely to affect the welfare of an Aboriginal community, or communities, to which the prospective participants belong, researchers shall seek engagement with the relevant community"*
>
> *– Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada 2014*

the plans for Year 1 activities prioritized the development and implementation of an Indigenous Advisory Council (IAC) with representative from urban and non-urban First Nations, Métis and Inuit people.

Specific actions for this activity included:

- Develop Terms of Reference.
- Host 3 face-to-face meetings.
- The IAC to inform quality and patient safety framework, education materials, communication products.

Call for Applications

In alignment with the policies stated above and the based on the belief that no work should be done without the leadership, guidance and support of Indigenous communities, the platform team distributed a call for applications through academic, health, and community networks to form an Indigenous Advisory Council that would guide and support the development of the new platform. The decision to distribute the call though a wide distribution network moved away from the common practice of turning to those with whom we already have relationships built, or to political or other Indigenous organizations. While relationships are seen as the most important aspect of our work, we understood that there is a need to build new relationships, and to extend the opportunity for partnership to others beyond our already existing networks. In order to facilitate this process, the research associate designed a poster, application form, terms of reference and a process to receive and review the applications.

Formation of the Council

Originally conceived as a twelve-member council, the application process resulted twenty council members chosen which is a reflection of the quality of applicants who responded to the call and the diversity of their voices. Council members consist of self-identified First Nations and Metis people living in urban and rural settings throughout Manitoba. There are no Inuit applicants at this time.
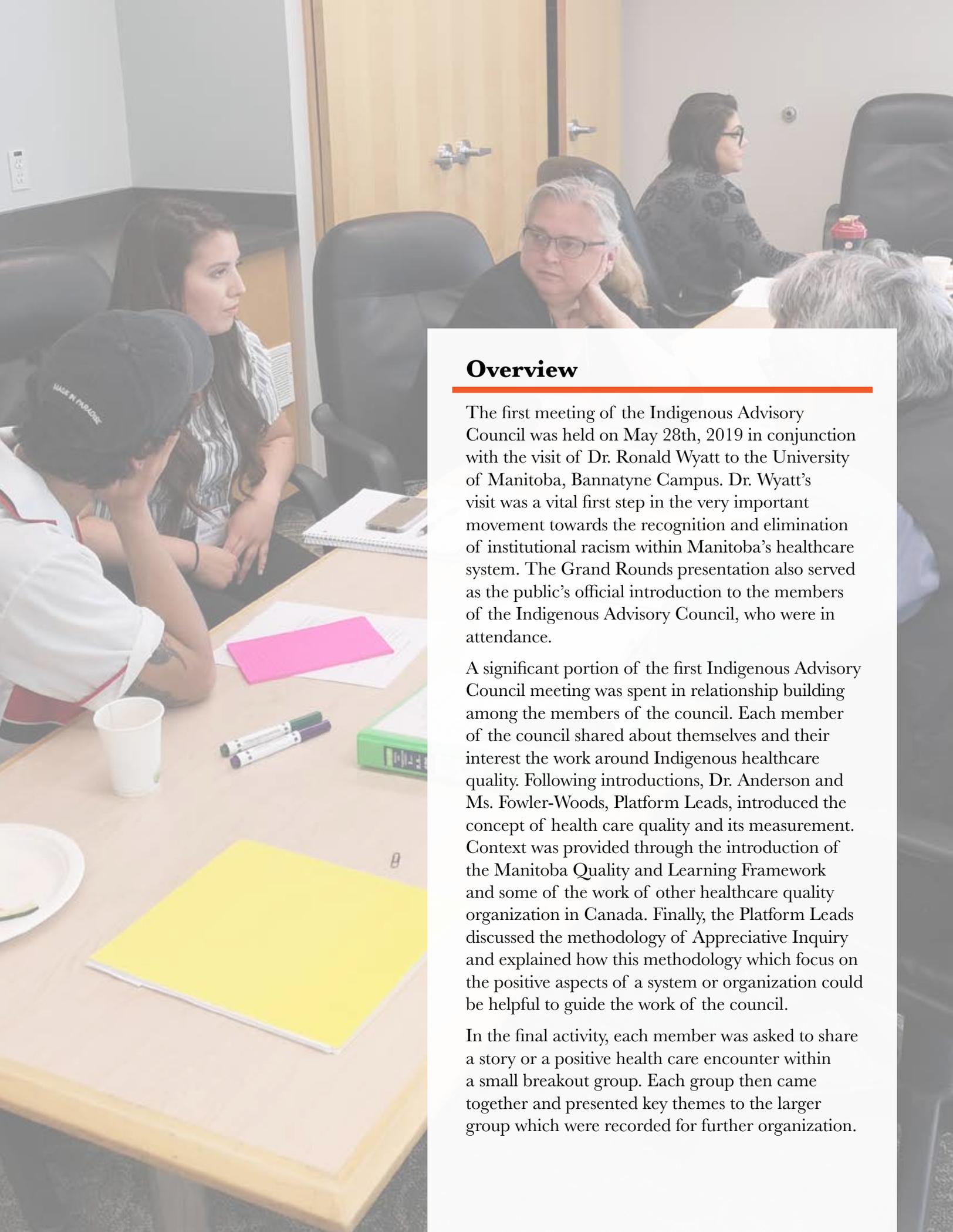
Overview

The first meeting of the Indigenous Advisory Council was held on May 28th, 2019 in conjunction with the visit of Dr. Ronald Wyatt to the University of Manitoba, Bannatyne Campus. Dr. Wyatt's visit was a vital first step in the very important movement towards the recognition and elimination of institutional racism within Manitoba's healthcare system. The Grand Rounds presentation also served as the public's official introduction to the members of the Indigenous Advisory Council, who were in attendance.

A significant portion of the first Indigenous Advisory Council meeting was spent in relationship building among the members of the council. Each member of the council shared about themselves and their interest the work around Indigenous healthcare quality. Following introductions, Dr. Anderson and Ms. Fowler-Woods, Platform Leads, introduced the concept of health care quality and its measurement. Context was provided through the introduction of the Manitoba Quality and Learning Framework and some of the work of other healthcare quality organization in Canada. Finally, the Platform Leads discussed the methodology of Appreciative Inquiry and explained how this methodology which focus on the positive aspects of a system or organization could be helpful to guide the work of the council.

In the final activity, each member was asked to share a story or a positive health care encounter within a small breakout group. Each group then came together and presented key themes to the larger group which were recorded for further organization.

Appreciative Inquiry

Many inquiries and evaluations take a deficit and barriers focus, meaning that they looking to identify problems and find ways to address those problems. This often results in the perpetuation of negative stereotypes and portrayals of certain populations of people as disadvantaged or problematic (Murphy et al 2004). In order to consciously move away from a deficit-based inquiry and more towards a strengths-based or "desire-based" inquiry (Tuck 2009), we chose to ask the IAC to discuss a positive healthcare experience and factors which contribute to positive health care encounters. This way of thinking is in alignment with the method of Appreciative Inquiry. "Appreciate inquiry is an approach for discovering, understanding and nurturing ideas in organizations and communities through the gathering of positive stories and the construction of positive interactions to collaboratively design and commit to a way forward" (Murphy et al 2004:211). Therefore, appreciative inquiry is method for looking into the strengths within a system through the examination of positive experiences, and using that positive potential within individual, the system, and the wider society to create positive change (Cooperrider and Whitney 1999). "It initiates a deliberate systemic search for assets, competencies, and best practices within the system" (Filleul 2010:38).

This movement towards a more empowering discussion of strengths and positive aspects is a process that allows for the generation of ideas for change that are built upon the strengths and achievements of a group, organization, or system. In focusing on the positives, this also encourages participants to engage in the work and development of initiatives for change. Unfortunately, the traditional methods of evaluation, of focusing on the problems, often leavens people feeling hopeless, disempowered, and unmotivated (Murphy et al 2004, Filleul 2010). As the goal was to demonstrate our commitment to the improvement of Indigenous healthcare quality, we chose to avoid the typical evaluation processes which often leads to inaction. Appreciative inquiry is different in that it is based on personal and positive stories. The sharing of and listening to these stories help to create connections between the participants leading to respect and opportunities for learning. Within this method there is equality among the voices of the participants and all participants work together to create change. "Together those voices make meaning (a co-construction of knowledge) while engaging and shifting the very change they are developing together" (Filleul 2010:38).

The process of appreciate inquiry involves four phases of a cycle: Discovery, Dream, Design, and Delivery/Destiny (Cooperrider and Whitney 1999, Murphy et al 2004, Filleul 2010). This initial engagement with the IAC allowed us to explore the Discovery phase of the AI cycle. In this phase participants are asked to look at their past experiences to reflect and record what they see as the best of what is happening within the system. In other words, it is about disclosing positive capacity as the discussion is generated through an appreciative interview which only includes positive or affirmative questioning (Cooperrider and Whitney 1999, Murphy et al 2004, Filleul 2010). It allows the participants to Discover the strengths of the system but it also starts to tap into the Dream phase where participants begin to share their dream of the system that supports the highest attainable standards of health. The following phases continue the process in order to put into action the ideas generated throughout the cycle. "Appreciative inquiry is an empowering process that enables participants to collectively identify the very best of 'what is' and allow for imagination and creativity to flow to determine 'what should be' "(Murphy et al 2004:211).

It is noted that "…the intrinsic values of appreciative inquiry are consistent with those of Indigenous cultures and highlight the strengths assets in the comminute rather than deficits" ((Murphy et al 2004:211). Therefore, the centrality of strengths-based storytelling within this method of inquiry allowed us to recognize it as a good fit for the work that we are doing alongside Indigenous communities. By focusing on positive experiences it allows us to imagine the best that we want, rather than the lowest we want to avoid. It will also allow for the discussion and formation of positive or strengths based actions to move forward.

Activity

Indigenous Advisory Council members were organized into small groups where they were asked to describe their best health care experience using the following directions:

- Briefly describe the best health care experience that you had.

- Based on the stories you have shared, discuss in your team: what are the seven most important factors that contribute to a high quality health care experience?

Following this discussion, council members were asked to write these ideas on sticky notes provided. The number seven was chosen because it is sacred number in many First Nations teachings. Each small group was then asked to share their ideas to the whole group. Each sticky note containing the idea was then placed up onto a wall and organized into key themes. The activity continued until all of the groups has spoken and all of the notes were placed onto the wall.

This group activity was audio-recorded for the purpose of review following the meeting. All council members gave their consent to this recording. The audio recording was then transcribed for further analysis. The team chose not to record the sharing of personal stories during the introduction portion of the meeting with the intent of creating a confidential and safe space for our participants during our initial meeting. The resulting key themes from this activity will be shared in the following section.
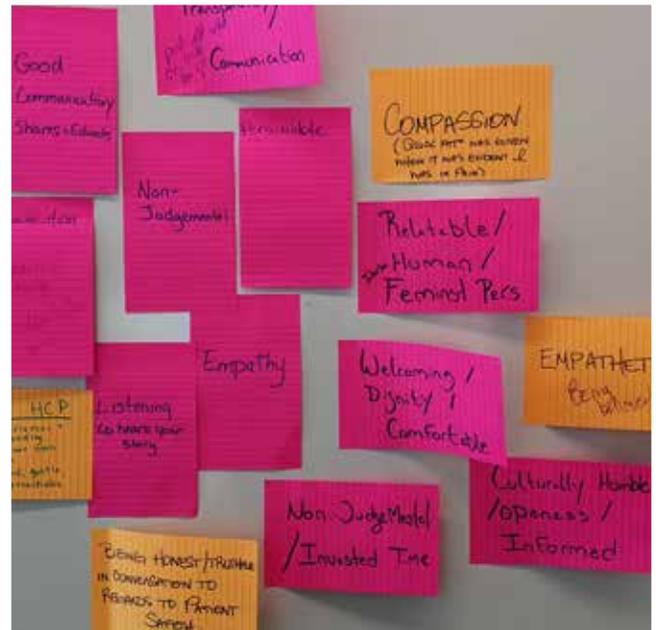
Three Key Themes

The first stage of thematic analysis involved sorting the individual ideas/words into larger themes by the Platform Leads. As the participants shared and presented their ideas, they were posted them into thematic groupings on the whiteboard.

Thematic groupings — **Themes**

Provider Characteristics

1. Transparent Communication
2. Compassion and Empathy
3. Non-judgmental
4. Efficiency
5. Investing Time & Listening
6. Ethical Conduct
7. Culturally Safe Relationships

System Characteristics

1. Accessible
2. Collaborative & Continuous
3. Flexible
4. Rights-based health care
5. Approachable

Patient Experiences in Positive Healthcare Encounters

1. Loved
2. Respected
3. Gratitude
4. Validated
5. Trusted
6. Compassion
7. Fully Seen/Recognized

Following the organization into themes using the sticky notes, we decided to use the transcript of the session for additional qualitative analysis. The transcript was coded using the same thematic categories, resulting on a richer description of these themes based on the conversation and explanation that was shared as the council presented their ideas. From this discussion we were able to include the voices of the participants in the form of quotes taken from the conversation included in the transcript. This allowed for a much deeper understanding of the context of the information that the council shared.

The following in a presentation of each of the themes and the voices of the council members through quotations from their discussion.

Transparent Communication

(listening, bidirectional communication)

The idea of having thorough and appropriate communication was very important. Participants talked about how they want providers to have transparent communication about procedures and practices helped them to feel more knowledgeable about what was happening within the healthcare encounter. They want things explained to them or their family members with clarity and in the language that they can best understand. They discussed how they want to be talked to and told what is happening.

> *I think just being transparent with, I think, the patients and everything is, you know, and to each other in all the… Like, I guess just giving all the information and just not, you know -- a lot of doctors, I have seen it, they just, you know, they go off and talk to -- it's like can you talk to me? Like - I need to know what's going on.*

Participants felt more satisfied with their healthcare experience when they were given explanations for what was happening to them. They want transparent answers and explanations.

> *Explanations provided step-by-step. So that was a huge piece. What was happening made very clear, and so there was just this sense of, you know, feeling good about knowing exactly what you are going through in your experience.*

The ability to communicate using the appropriate language was seen as very important. It was seen as a barrier to healthcare when providers do not speak the same language as the patient.

> *Or in their home communities when we have nursing stations, the elderly person may converse in their own language as Cree, and the staff at the health centre may not know -- understand what the individual is saying. So, communication is very important when we deal with health, so everybody knows and they are on the same wavelength.*

The use of appropriate language style and choice of words was also seen as important as it is recognized that some patients may not have an ability to understand a scientific explanation of a health issue. Therefore, when providers use medical terminology, it can lead to confusing unsatisfactory healthcare encounters.

Compassion/
Empathy

2

The idea of care and compassion came up frequently in the discussion. In regards to caring, participants recognized caring and compassionate attitudes and actions of providers when they went above and beyond to take care of patient's needs. This included going beyond their regular schedules to see a patient, or taking extra actions to make sure that the patient is given the best care. These extra actions which were perceived as compassion and care were received as signs that the provider was interested in maintaining good relationships with the patient.

> *And then what I said was that the individual doctor would go out of their way to see you, even though they didn't see you at their clinic or office. So that would mean that the doctor is more caring and supportive with your issues in relation to your health.*

Throughout the discussion the idea of empathy was brought up from a number of participants. They note how It is important that providers show empathy when they are explaining healthcare information.

> *We talked about family doctors and then one of the key best practice we had was they showed empathy when you are explaining what's the ailment and stuff like that, so that was one.*

Part of that empathy involves simply believing what the patient is saying to the provider.

> *Basically, it's being believed. Showing up and meeting a new practitioner for the first time, being prepared to have to explain my health care story in full and being questioned about little, insignificant -- and then empathizing with what I was going through, believing me, and trying to help me without me even asking.*

Along with empathy, it was also important that providers show compassion when working with patients. To recognize the needs of the patients and respond because they truly want to help the patient.

> *And then compassion. So just being quick to provide attention when you know that you can -- you sense it, you see it, that somebody is in pain. So, to be quick to act, to be compassionate, that puts -- feeling very much at ease. She knew that she was being cared for because of that quick attention, because of that quick compassion.*

Through the discussion with patients, we can to see compassion as action oriented and empathy as attitude oriented.

Non-Judgemental

3

It was important that participants felt like they were not being judged negatively when they were seeking healthcare. When participants felt that their providers had made assumptions about them or had and pre-conceived notions about who they were or what they wanted, this contributed to negative healthcare experiences.

❝ *Our next one was non-judgmental, and I think other people have kind of attributed to this. You know, going in an environment where you feel safe and that you are not being judged and you are not having assumptions coming in is important.*

❝ *I guess just, you know, going in and not having those preconceived notions of the indigenous person and what it's going to be like.*

Efficiency

4

The concept of efficiency came up in regards to clinical follow up being done in a timely manner such as getting calls back about test results or to check on the patient instead of waiting until the next time the patient comes in to the clinic/hospital.

❝ *When somebody does contact you back and does some follow-up on are you -- how is it going now,sort of thing, instead of waiting for you to just be coming in, right? So that person who goes again one step ahead, one step more - into, yeah, proactive into maintaining that patient relationship. And that's develop a sense of caring.*

It is also seen as a positive healthcare encounter when providers do things to prevent the wasting of the patient's time such as setting up prescriptions in case the test results indicate the need of certain treatments. Another way that efficiency is recognized is in the way that providers are quick to act or provide quick attention when there is need for patient care. This is something that helps to make the patient feel at ease.

❝ *So just being quick to provide attention when you know that you can -- you sense it, you see it, that somebody is in pain. So, to be quick to act, to be compassionate, that puts -- feeling very much at ease. She knew that she was being cared for because of that quick attention, because of that quick compassion.*

Therefore, fast and timely care is one of the factors that lead to what patients describe as their best health care experience.

Investing Time & Listening

5

The giving and spending time by healthcare providers is another factor that participants noted led to positive healthcare encounters. It is noted that having a doctor who takes the time to know who the patient is personally shows that the doctor has the best interest of the patient in mind. It was noted that it is appreciated when doctors spend more time with the patient than is supposed to be allotted to make sure everything is good with the patient and that the patients' needs are met.

> *having a doctor or a health care professional that has your best interests in mind and takes the time to know who you are.*

> *My doctor spends more time than what she is allotted, so she goes over just to make sure everything is good.*

Participants appreciated when healthcare professionals invest time into the patients visit. An example of this is when the provider takes time to hear the patient's story and does not cut them short in the visit.

> *They felt that their story was heard and that time was taken to hear that story and not cut short.*

Being listened to was something that was seen as a necessity for many of the participants and a common need for good healthcare. Being genuinely heard during communication with healthcare providers led to positive healthcare experiences.

> *they felt that they were listened to.*

> *So, my family doctor says really can you tell me what's ailing you. Well, because they are all connected to ailments, we'll give you a chance to explain yourself, so you get the proper diagnosis to somebody when -- so that was the listening part, a big key.*

Ethical Conduct

6

Participants noted that it was important that providers followed their own code of ethics.

> *I was mentioning the code of ethics. When health care practitioners or professionals follow the code of ethics, then things will be good, because everything is in there, right? You have trust, you have the compassion, you have a caring that you are supposed to provide when you take on that role as a health care practitioner.*

Culturally Safe Relationships

7

Participants shared that it was important to them that healthcare providers are personable. They note that this trait is viable through actions that show that providers are interested in the patient as an individual and when they felt that the provider is considering treatments that are in the patient's best interest. In addition to this it was also important that providers were interested in building and maintaining some type of patient/provider relationship. Part of this including giving options to the patient to discuss and make choices about their own healthcare when appropriate.

> *I have a series -- I have had tests to be done, and the doctor understanding the timeline of when tests come and when I'd be able to have our next visit -- gave me a prescription with the instructions that you have -- you can use this when -- if needed when the test results come back. Before having to come back. And so, I had the option of using it or not using it…*

Having the doctor relate to you as a human was mentioned as a positive experience of healthcare system as it allowed the patient to also relate to the provider and helped to create a positive experience.

> *So, with my experience, being relatable and being human, I put -- because I remember within my doctor experience, I said I was a partner and she asked, she said, "Oh, girlfriend/boyfriend?" Like, a intersectional feminist perspective. Like, I really appreciated that. She just didn't assume that it was a male. So, and she was really relatable.*

The feeling of being treated with dignity, feeling welcomed and comfortable within the healthcare setting, and with health care providers was seen as important to creating positive healthcare experiences.

> *So welcoming. I guess, creating one with dignity and just being comfortable. We are sharing our, like, most inner things with doctors and nurses, and the health care system, I think, just needs to be welcoming and it needs to be comfortable for us to share that.*

The topic of culture came out frequently during the discussion by the participants. A sense of cultural humility or cultural openness was mentioned by some of the participants as being very important to good healthcare for Indigenous people. Participants shared stories of when hospital staff anticipated their culturally based needs and provided them with what they needed before the family had to ask. Therefore, being culturally informed was seen as leading to very positive health experiences.

> *We didn't even have to think about that. And that was different, I think, then when -- like, things are changing, so I think that was a positive experience, that they are more informed about people practicing birthing differently.*

Participants also shared that they would prefer their healthcare provider to be Indigenous. There were a number of reasons why they feel that this leads to a more positive healthcare experience.

> *There was also a theme about, you know, the health care provider preferably being indigenous as well, and then the health care provider, you know, when they are thorough, kind, gentle, friendly, and approachable, then that interaction is just a little bit smoother.*

> *and more of our own people becoming doctors and nurses and, yeah, all in the health care field.*

Even having doctors who had worked within Indigenous communities was seen as beneficial even if they were not themselves Indigenous.

> *So, and she was really relatable. She had worked up north and she was not indigenous, and she really acknowledged that that's what I was wanting to do.*

System
Characteristics

Accessible
(including fast, timely and close to home)

1

Having accessible care was seen as important for participants. This includes healthcare that is located close to home and that is available in a timely manner.

Collaborative & Continuous

2

Collaborative care was mentioned as a positive aspect of healthcare experiences. Participants recognized that providers working together with other providers in regards to patient care is a sign of quality care.

> *And then we also had collaborative care. Dr. --- had a patient come in with a family member and they knew something was wrong with the person, and she was able to get a team of doctors and different health professionals to work with that person to get her quality care.*

Participants also expressed that having care that was consistent across healthcare services and systems was important. They felt that this would lead to accountability between the healthcare system and the patients and accountability was seen as important.

> *There was also some talk about consistency, health care being consistent, and I don't know -- can't remember exactly what story kind of led into that, but just being consistent across all systems. So, for example, when you are doing discharge planning, how do you make that good referral to community and to home care, so then you don't have to go home and worry about that sort of stuff, right.*

Flexible, Adapting to Meet Needs

(can adapt to meet needs of individuals and families)

3

Flexibility within the healthcare system in order to accommodate patient need was seen as critical to having positive experiences within the healthcare system. Therefore, it is recognized that providers can provide better care when the larger health care system allows them to do so. Therefore, while some of the themes were similar to the category of Provider Characteristics, it is recognized that the larger system at time holds power over the abilities of the providers and so addressing the characteristics of the system was seen as important.

As mentioned previously, some participants talked about doctors who go out of their way to provide personalized healthcare, but it is also recognized that the system must allow for providers to provide this type of care. Taking more time than the 15-minute appointment allows, or seeing patients outside of the clinic or hospital settings are practices that often need to be preapproved by the healthcare system before they can take place.

Healthcare systems recognizing the need to follow or accept cultural practices in order to meet the needs of their patients was also seen as a necessary step to achieving positive healthcare experiences. Some examples provided including allowing for the placenta to be taken home after birth or allowing for as many family members as necessary to be in the hospital room.

Participants talked about the idea of turning no's into yes's meaning, changing policies in order to meet the needs of the patient and/or families. Where the usual answer might be no, the healthcare staff can decide to say yes if it means a better experience or outcome for the patient or family.

> *So, turning no's into yes's. So just ways to, you know, break down some of those barriers. So, example, no number of family members was too many just in my birthing experience and being the youngest of five women. So, all of my sisters were allowed to be present in the birthing room, which absolutely changed the dynamics of what was going on. But then also the nurses put my sisters to work, which was very nice. So, my sisters kind of took on a piece of that health care aide role with respect to, you know, going to get ice chips, doing this, doing that. So, it was just little roles, but it empowered my sisters and my sisters were very much in that, which, of course, made it more a beautiful delivery for my daughter and for me too as well.*

Meeting the needs of the family member of patients was also seen as important. Family members of patients feel like they can provide better support when they too are listened to and the staff also work to meet their needs.

> *I experienced a teaching from my health care provider by being allowed to go into the procedure that was being done on my father. So, I was allowed to watch and it provided safety for my dad. So, he felt safe that I was in there watching, and then they -- and well, while I was in there, they explained the whole thing that was going on. So that was one of them. That was a really positive experience that I had.*

Rights-Based Health Care

(supporting access to traditional healing, free of racism and culturally safe)

Ψ

The theme of cultural safety and respect for Indigenous identities came up frequently in the discussions by participants. It was noted that the opportunity to receive holistic healthcare was seen as positive and especially when it was being provided by Indigenous providers.

> *…holistic, balance between western and traditional medicine, and more of our own people becoming doctors and nurses and, yeah, all in the health care field. That's what we talked about. Cultural, competent, and safe care based on best practices.*

It was noted that when the health care system allows for the recognition of the role of racism on heath and access to healthcare, this can lead to positive encounters and a feeling that the rights of the patient are being considered and addressed.

> *And then the one doctor that I had recognized the role of racism in the health care system, so that's part of also of empathy, recognizing that, you know. I was telling him a story of where I -- it felt like I was discriminated against, that's what he said, No, you know, the system is racist. A lot of racists around. And you just got to get good care from the people that are not racist. So, recognizing that racism has a key role.*

Participants mentioned that it was very important that providers show respect for the patient's own personal knowledge about their bodies as well as respecting the patient's identity such as two-spirit identify or other gender identity. Experiences when providers took specific care to ensure the safety of their patients were seen as positive.

> *That kind of led into physician -- the doctor being truthful in patient care for, like, an experience I had where he didn't want to send me to another location because of patient safety, and he explained to me why. So, he said that he wanted to send me to another place for my safety, so that was one really positive thing that I had too.*

Approachable & Comfortable

5

Having a health care system that provided a feeling of comfort to patients when they accessed healthcare spaces was seen as important to positive healthcare encounters. In regards to Indigenous health, when the healthcare system is informed and knowledgeable about cultural practices patients can feel comfortable approaching health care providers and comfortable asking questions and making request for specialized care or practices to meet their needs. Therefore, it is good when patients can go into an environment where they feel safe.

It was also important that the services provided were approachable. This idea came up during the discussion around communication and how when the health care systems and services can communicate with patients in their language or in terminology that they understand they are much more comfortable seeking care and asking questions.

Participants also shared that when the system allows the space to be comfortable instead of tense it can lead to beautiful experiences. One participant shared the story of a birth where family members were allowed to be in the room and were encouraged to join in and help with task.

" Made it more a beautiful delivery for my daughter and for me too as well.

When the health care system feels comfortable enough to open up and share stories with the expectation that providers will listen, there is much more opportunity for positive healthcare experiences. This included going to see providers who let you share more than just one ailment and to actually ask you about everything that was causing concern. Therefore, again it is about how listening leads to positive encounters. Participants note that the ability to comfortably share with provider and feeling comfortable asking for help can lead to proper diagnosis.

Patient Experiences
in Positive Healthcare Encounters

Loved

1

Participants noted that they wanted the feeling of love to be part in their healthcare experiences. This was not related to the romantic notion of love but instead the teaching of love that reflects the love for all things created on earth.

Respected

2

Feeling respected was a very positive healthcare outcome for many of our participants. This included feeling respected in regards to their identities, their knowledge, their lifestyles, and their needs. Participants noted that they wanted the feeling of RESPECT to be part in their healthcare experiences.

" *…because I think with all of these things, they come from respect. If your care provider respects you, they are going to give you good care and they are going to have empathy, they are going to have all those other things. So, I think respect is very important.*

Gratitude

3

Experiencing a positive healthcare encounter encourages gratitude and feelings of being grateful for that positive experience.

" *Which made me very grateful, because just being there and asking the questions and advocating for my dad, because my dad wouldn't speak, so I had to speak for him, and being allowed to give -- being given that opportunity to see what they actually do with the things that we don't see in their work. So that was a really, really grateful experience that I had.*

Validation

4

Participants also shared how the feeling of validation and being believed was very important to the positive healthcare experience. When providers listen to the patients or work with them to meets their needs it prevents the feeling that the provider thinks the patient is lying.

" *Basically, it's being believed. Showing up and meeting a new practitioner for the first time, being prepared to have to explain my health care story in full and being questioned about little, insignificant -- and then empathizing with what I was going through, believing me, and trying to help me without me even asking.*

" *So, I think when we go in, I think sometimes, you know, we are not always validated in how we feel, I think especially with mental health, and I think that's very important for a relationship.*

5 Trusted

Along with validation, being able to trust that your provider is giving you the best care and has your best interest in mind as well as feeling trusted by the provider that both can impact the positive feelings around healthcare encounters.

6 Compassion

As with love, participants noted that they wanted the feeling of compassion to be part in their healthcare experiences. They want to feel that their providers are compassionate to their health and healthcare issues and needs.

7 Fully Seen/ Recognized

Positive healthcare experiences often occurred as a result of feeling recognized in the healthcare encounter. This included recognition of identity as an Indigenous person, identity as 2SLGBTQ person, or even as a mother, sister, daughter, partner. It was about not being dismissed or ignored but instead being valued and seen as a person that needs to be treated as fully human in a good way. One of the most important pieces of the recognition theme was that it was important that experiences of racism were recognized and responded to by health care providers and staff rather than being ignored, dismissed, or justified.

Comparing with the Manitoba Quality & Learning Framework (MQLF)

The second stage of thematic analysis involved a comparison of the individual ideas against the Manitoba Quality and Learning Framework (MQLF). The MQLF is a framework developed by the Province of Manitoba, supported by CHI, with the purpose of guiding healthcare quality improvement for all Manitobans. It is intended to:

- Simplify and strengthen governance and accountability for quality across the system;

- Guide health planning, measuring and evaluation, while supporting and enabling innovation and standardization of care across the province where appropriate;

- Support engagement processes; and

- Build public confidence in the healthcare system (QPSAPT 2019).

The MQLF lists four Aims (positive patient experiences, healthy Manitobans, healthy teams, sustainable health systems) and ten Dimensions of Quality (safety, client-centered, accessibility, continuity, population focus, equity, worklife, workforce, efficiency, effectiveness) (ibid 2019). According to the MQLF Project Team, "Providing high-quality care will require addressing all dimensions and understanding the relationship between them" (ibid:9).

In recognition of the Truth and Reconciliation Commission Calls to Action as part of the context surrounding this work, the MQLF is holding space within the framework for Indigenous peoples to define healthcare quality from Indigenous perspectives and understandings.

It should be noted that despite this omission of an Indigenous focus in the Dimensions of Quality and Aims, the Guiding Principles of the framework, defined as "principles to guide quality and patient safety-decision making and actions at all levels of the healthcare system in the province" (ibid:7), do include the sub-principles of anti-racism and cultural safety. It is stated that "Principles are shared beliefs or a common understanding of what quality-first healthcare looks like and must be embedded in the culture of the health system" (ibid:7). Therefore, within the MQLF there is consideration of how high quality care for Indigenous people requires specific attention focused on these principles. They state," Quality is reported on specifically for Indigenous and racialized people to ensure healthcare quality gaps due to race are closing" (ibid:8).

This document has been a starting point for our team to examine what is missing from the provincial level planning in regards to health care quality and adapt or add to the framework in order to address the needs of Indigenous peoples in Manitoba. Therefore, we felt it was important to compare the themes presented by the Advisory Council to the Dimension of Quality listed in the MQLF.

Activity

The platform leads posted up the names of the 10 Dimensions of the MQLF across a large wall. They then placed each of the Advisory Council's themes under the heading that was the most accurate match. Some of the themes aligned with more than one dimension which led the platform leads to categorize them as belonging to an in-between category that included both dimensions.
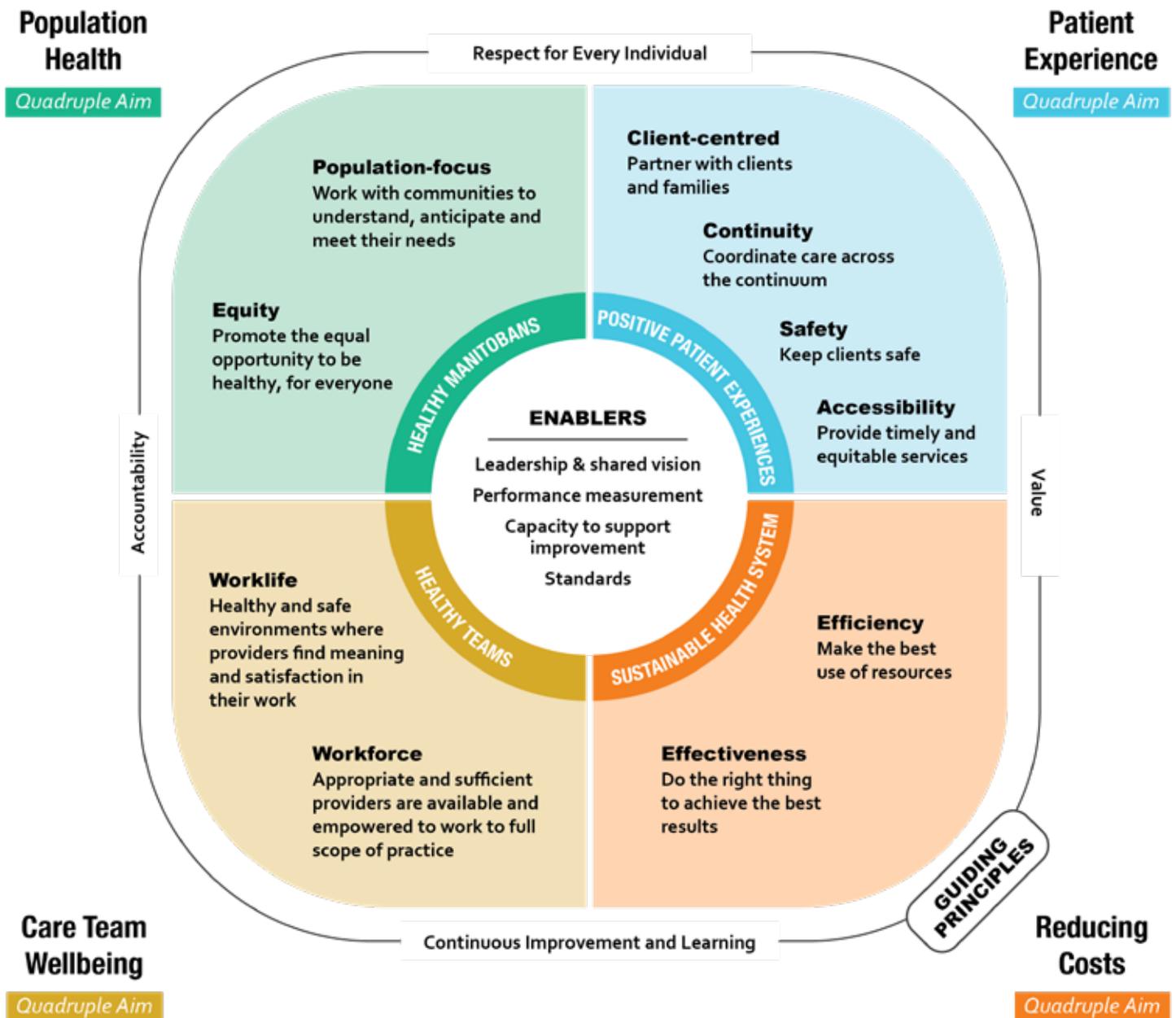

fig 1. The Manitoba Quality and Learning Framework

Results

As the themes presented by the Advisory Council were matched into the categories of the 10 Dimensions of the MQLF, the large majority of the ideas presented by the council fell under the dimensions of Safety (5) and Client Centered (10) or in between these two (10). The remaining dimensions each contained between one and four ideas: Accessibility (3), Continuity (2), Population focus (1), Equity (4), Worklife (2), Workforce (3), Efficiency (3), Effectiveness (1).
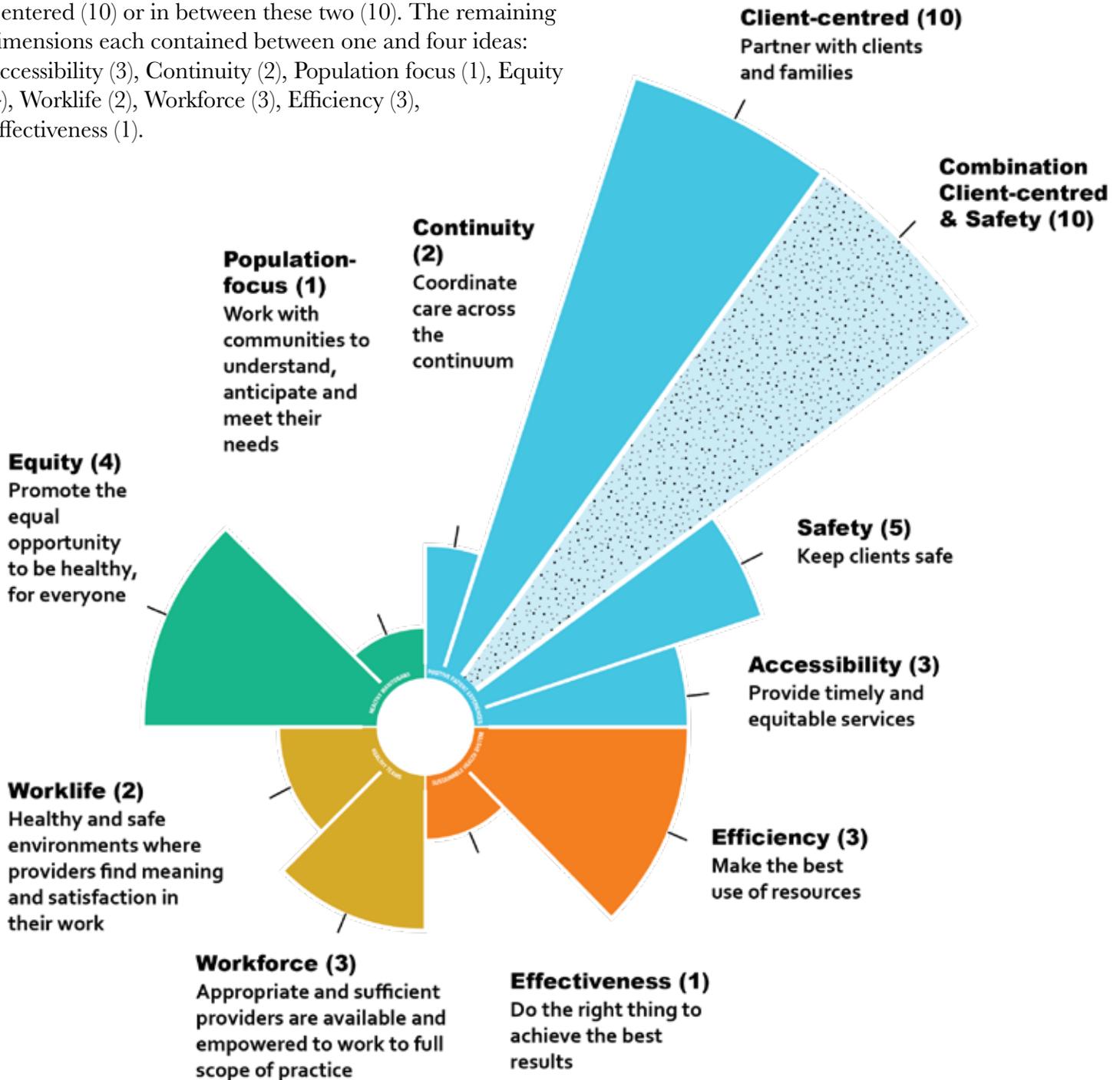
Client-centred (10)
Partner with clients and families

Combination Client-centred & Safety (10)

Continuity (2)
Coordinate care across the continuum

Population-focus (1)
Work with communities to understand, anticipate and meet their needs

Equity (4)
Promote the equal opportunity to be healthy, for everyone

Safety (5)
Keep clients safe

Accessibility (3)
Provide timely and equitable services

Worklife (2)
Healthy and safe environments where providers find meaning and satisfaction in their work

Efficiency (3)
Make the best use of resources

Workforce (3)
Appropriate and sufficient providers are available and empowered to work to full scope of practice

Effectiveness (1)
Do the right thing to achieve the best results

fig 2. Advisory Council themes matched to the MQLF

Preliminary discussion of the results indicates that the primary needs of Indigenous patients in Manitoba fall under the categories of patient safety and client centered care. In other words, Indigenous patients want culturally safe and competent care which follows best practices, and want to receive healthcare in response to their needs. Our first impression of this finding is that the most commonly experienced needs of Indigenous patients are surprisingly basic and uncomplicated. Indigenous patients want to be acknowledged, respected, and treated in a medically appropriate and culturally safe manner.

When compared to the other eight dimensions of quality set by the province for the requirements of providing high quality healthcare, it becomes evident from the data, that what is seen as important for the perspective of Indigenous patients does not fall within that range of dimensions most of the time. For example, while the council noted that efficiency does indicate a level of importance for Indigenous patients, it was understood to mean receiving timely care and not wasting the time of the patient. The definition provide by the province relates more to preventing waste of resources through equipment and supplies as well as redundant and unnecessary processes. This difference in the way quality is defined is seen with many of the dimensions of quality. Therefore, it is apparent that many of the definitions of the dimension of quality are not in line with the most pressing needs of Indigenous patients. Discussions with the council suggest that many of the lesser mentioned dimensions would be naturally part of the health care experience for Indigenous patients if they received consistently culturally safe, client centered care that followed treatment guidelines.

Next Steps

a) The next meeting of the Indigenous Advisory Council will take place in December 2019. During this meeting, the council will have opportunity to review and discuss a draft report on the initial meeting. Feedback and recommendations will be taken and included to produce the final version of the report.

b) Following the Appreciative Inquiry cycle, the Advisory Council will have the opportunity to continue the discussion around positive healthcare encounters towards the next phases of the cycle: dream, design, and deliver/destiny.

c) The council will also be asked to participate in a discussion around the planning and development of an Indigenous Healthcare Quality and Patient Safety Framework.

d) The council will be asked to share their perspectives on proposed projects of the Indigenous Healthcare Quality Platform. For example, as part of the Indigenous Quality Platform, the team is currently exploring the collection of racial, ethnic, and Indigenous identifiers within patient care data. This project was identified based on the healthcare quality and health equity literature which suggest that the elimination of race-based health disparities is dependent on the ability to collect, report and monitor patient care data based on race or ethnicity. This will allow for the identification

References

Adelson, N. (2005). The embodiment of inequity - Health disparities in Aboriginal Canada. Canadian Journal Of Public Health-Revue Canadienne De Sante Publique, 96, S45–S61.

Anderson, M., Cook, C. (2018). CHI-Ongomiizwin Healthcare Quality Platform. (Internal Document)

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (2014). TCPS 2 -Chapter 9 - Research Involving the First nations, Inuit, and Metis Peoples of Canada. In Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/

Cooperrider, D., & Whitney, D. (1999). Appreciative inquiry. Williston, VT: Berrett Koehler Communications.

Filleul, M. (2009). Appreciative inquiry: From positive narrative to systemic change. Education Canada, 49(4), 38–41.

Quality, Patient Safety and Accreditation Project Team. (2019). Manitoba quality and learning framework. Prepared for Quality & Patient Safety Framework Advisory Committee. (Internal Document)

Health Quality Ontario. (2017. Quality matters: Realizing excellent care for all. Health Quality Ontario: Toronto: Queens Printer for Ontario

Murphy, L., Kordyl, P., & Thorne, M. (2004). Appreciative inquiry: a method for measuring the impact of a project on the well-being of an Indigenous community. Health Promotion Journal of Australia, 15(3), 211–214.

Reid, A., Mate, K. (2018). Making health equity a strategic priority. Population Health News, 5.

Tuck, E. (2009). Suspending Damage: A Letter to Communities. Harvard Educational Review, 79(3), 409–427.

United Nations. (2008). United nations declaration on the rights of Indigenous peoples. https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. (2016). Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement.

Provider Factors

1. Transparent Communication	Thorough, clear, complete and appropriate communication between health care providers and patients and/or the people to help to take care of them.
2. Compassion & Empathy	Health care providers displaying compassion and empathy for patients and taking extra steps to make sure patient's personal needs are met.
3. Non-judgemental	Healthcare encounters that are free of negative judgement or assumptions.
4. Efficiency	Health care which is timely and efficient.
5. Investing Time & Listening	Health care providers spending time with patients to fuly listen and understand the patient and their needs.
6. Ethical Conduct According to Professional Codes	Health care providers' adherence to their code of conduct or code of ethics.
7. Culturally Safe Relationships	Good, positive, understanding relationships between health care providers and patients.

System Factors

1. Accessible	Health care that is easily accessible to patients.
2. Collaborative & Continuous	Health care which is consistent across the entire health care system and which facilitates collaboration between health care providers where appropriate.
3. Flexible	Flexibility within the healthcare system in order to accommodate patient needs.
4. Rights-Based Health Care	Culturally safe health care and health care systems.
5. Approachable	A health care system that provides a feeling of comfort and safety to patients when they access healthcare spaces and providers.

Patient Experiences in Positive Healthcare Encounters

1. Loved	The inclusion of love within the health care experience/encounter in relation to the teaching of love which reflects the love for all things created on earth.
2. Respected	Feeling respected within the heath care experience/encounter.
3. Gratitude	Feelings of being grateful for a positive healthcare experience/encounter.
4. Validated	Being believed or validated in the healthcare experience/encounter.
5. Trusted	Being able to fully trust the health care provider and feeling trusted by them.
6. Compassion	The inclusion of provider compassion within the healthcare experience/encounter.
7. Fully Seen/ Recognized	Feeling fully seen and/or recognized in the healthcare encounter by the healthcare provider and other healthcare staff.