Ongomiizwin – Health Services

PHYSICIAN CHARTER

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Ongomiizwin Health Services Physician Charter

Vision

We envision a world in which all First Nation, Inuit, and Metis people have achieved full and equitable access to the conditions of health including: ancestral pride, cultural and language reclamation, peace, shelter, education, food, income, a stable environment, land and resources, social justice; and health services, where the gifts and wisdom of First Nation, Inuit, and Metis cultures are recognised as valuable, distinctive, and beautiful.[1]

Intention

Honouring Indigenous self-determination in Manitoba, Nunavut, and beyond by respecting the autonomy of the individual, family, community, and nation. [2]

Purpose

- Provide timely and appropriate access to health care services
- Ensure quality of care and continuous improvement.
- Build strong relationships with goal of achieving improved health outcomes
- Support and promote development of new knowledge as determined and directed by community.
- Teach new learners and foster continuing professional education

Service Commitments

1. Safety - We commit to providing culturally and clinically safe- care & wellness of clients and communities
2. Listening - We commit to listening openly and without judgement to our clients/families/communities and all members of the health care team.
3. Compassion - We commit to compassionate and caring service delivery and providing a welcoming environment to our clients.
4. Respect - We commit to reducing barriers (physical, language, cultural, etc.) that may limit the use of our services.
5. Humility - We commit to supporting and responding to our client needs in a non-judgemental manner.

6. Transparency - We commit to being transparent and accountable to our clients, staff, partners, and funders.
7. Accountability - We commit to preserving ethical behaviour, providing safe and competent care and upholding quality assurance requirements to maintain facility, professional, and practice standards.
8. Learning and innovation - We commit to innovation, creativity, and being open to explore approaches and evidenced best practices.

Code of Conduct

Ongomiizwin Health Services (OHS) is a leading contributor to optimal health and well-being of First Nations, Metis, and Inuit Peoples in the context of honouring self-determination in Manitoba, Nunavut, and beyond. We work in a complex environment and serve a multicultural population, which is predominately First Nation, Metis, and Inuit. We often have very different backgrounds, training, and education. What we share is a commitment to improve health and quality of life for our patients, each other, and the public. OHS is committed to creating a safe, secure, and healthy environment where all people are valued, and which promotes a culture of mutual respect and a work environment that is free from discrimination and harassment.

A code of conduct defines agreed-upon ideals, acceptable, and unacceptable conduct, and establishes an agreed-upon standard of behaviour that allows a clear recognition of the level of conduct exhibited by the individual.

Our Code of Conduct is built upon the OHS Mission, Vision, and Charter of Values.

I, _____ as a member of the OHS will conduct myself in accordance with the following value-based behaviors:

1. Safety Means

   We commit to the safety & wellness of clients and communities, cultural safety, safe behaviour by:

   a. Promoting safety and wellness of communities and clients
   b. Promoting workplace safety
   c. Modeling safe behaviours and know the impact of your actions
   d. Reinforcing safe behaviours by actively identifying and responding to safety concerns
   e. Adhering to safety policies
   f. Participating in and upholding values of the Winnipeg Regional Health Authority (WRHA) Cultural Workshops or equivalents

2. Listening Means

   We commit to listening openly, without letting our own feelings interfere with our provision of services – agree more succinct:

   a. Listening to and valuing viewpoints and opinions of others
   b. Respecting and understanding the non-verbal cues of others
   c. Involving community, clinicians, and colleagues in meaningful ways
   d. Considering all available information (including local and traditional knowledge sources) when making decisions.
   e. Collaborating with clients and their families, health care providers, research and education institutions, government, and community
   f. Hearing, providing information to, and supporting our patients to be active participants in making choices which honour their minds, bodies and spirits

3. Compassion Means

   We commit to compassionate and caring service delivery and providing a welcoming environment to our clients by:

   a. Respecting the wishes of all to "recover" in a manner suitable to the individual's needs
   b. Advocating for those who are unable to do so for themselves
   c. Effectively communicating facts, actions, and information, and responding in a way that is meaningful to the individual and their supports
   d. Focusing on opportunities that make a difference in people's lives

4. Respect Means

   We commit to reducing barriers, which may limit the use of our services by:

   a. Valuing each other and each client/family/colleague we interact with as individuals
   b. Treating people with dignity, fairness, and respect
   c. Supporting all to ensure they feel valued and listened to
   d. Supporting the work and effort of all beyond own area
   e. Finding common ground between own and other people's perspectives, accepting the other person's perspective as his or her reality
   f. Recognising and acknowledging the roles and contributions of all as being of equal importance to our organisation's success.

5. Humility Means

   We commit to supporting and responding to our clients' needs in a timely manner

and in a safe and comfortable environment for them by:

a. Being open to learning from each other, our patients/ families and communities
b. Honouring the lifecycles of birth, death, and rebirth
c. Being a student in life as well as a teacher
d. Being our personal best and still being vulnerable and human
e. Acknowledging the power and unpredictability of climate and impact on client/provider safety

6. Transparency Means

We commit to being transparent and accountable to our clients, staff, partners and funders by:

a. Being open, honest, and having timely communication
b. Disclosing information to help learn from mistakes
c. Providing accessible, understandable information about system and financial performance
d. Providing clearly defined expectations
e. Being clear about what and how decisions are made

7. Accountability Means

We commit to preserving ethical behaviour providing safe and competent care and upholding quality assurance requirements to maintain facility, professional and practice standards by:

a. Displaying integrity and ethical behaviour
b. Being honest
c. Doing what we say we are going to do
d. Taking responsibility for our own decisions and actions, and holding each other responsible for theirs
e. Building trust and being trustworthy
f. Evaluating and improving the quality, safety, and effectiveness of our services and the outcomes of our decisions
g. Contributing to the team in order to achieve a common purpose
h. Taking responsibility for one's own action and working towards resolutions without excuse or blame
i. Responding to constructive feedback/advice from all with an open mind to improve personal performance
j. Maintaining privacy and confidentiality
k. Speaking up and offering possible solutions when something is going wrong or doesn't feel right
l. Doing what is right, not necessarily what is quick or easy

8. Learning and Innovation Means

We commit to innovation, creativity, and being open to explore approaches and evidenced best practices by:

a. Promoting excellence, innovation, and continuous improvement
b. Promoting an environment where questions, solutions, and growth are possible
c. Transforming experience and knowledge into action
d. Committing to getting the best results possible through on going learning, quality improvement, and evaluation
e. Seeking the best information available and applying it to your daily work

f. Sharing one's own learning and teaching to students/clients/communities and members of the health care team
g. Setting standards to guide performance
h. Encouraging individuals and teams to measure the impact of actions and decisions on clients, families, and communities

Responsibility

All staff, physicians, students, and contractors will read and acknowledge the provisions of the Code of Conduct upon hire.

The University of Manitoba does not condone behaviour that is likely to undermine the dignity, self-esteem or productivity of any of its members and prohibits any form of discrimination or harassment whether it occurs on University property or in conjunction with University-related activities. The University of Manitoba is committed to an inclusive and respectful work and learning environment, free from:

a. discrimination or harassment as prohibited in the Manitoba Human Rights Code;
b. sexual harassment; and
c. personal harassment

The University of Manitoba and all members of the University community, particularly those in leadership roles, share the responsibility of establishing and maintaining a climate of respect within this community and to address any situations in which respect is lacking.

Harassment and discrimination violate an individual's human rights and run contrary to the University's fundamental values.

a. every employee is entitled to work free of harassment;
b. the employer must ensure, so far as it is reasonably practicable, that no worker is subject to harassment in the workplace;
c. the employer will take corrective action respecting any person under the employer's direction who subjects a worker to harassment;
d. the employer will not disclose the name of the complainant or an alleged harasser or the circumstances related to the complainant to any person except where disclosure is
    i. necessary to investigate the complaint or take corrective action with respect to the complaint;
    ii. required by law
e. a worker has the right to file a complaint with the Manitoba Human Rights Commission;
f. the employer's harassment prevention policy is not intended to discourage or prevent the complainant from exercising any other legal rights pursuant to any other law.

Workplace Safety and Health Regulation #217 defines "harassment" as "any objectionable conduct, comment or display by a person that

a. is directed at a worker in a workplace;
b. is made on the basis of race, creed, religion, colour, sex, sexual orientation, gender-determined characteristics, political belief, political association or political activity, marital status, family status, source of income, disability, physical size or weight, age, nationality, ancestry or place of origin, and
c. creates a risk to the health of the worker".

Everyone covered by the Code is expected to abide by it. Unacceptable behaviour that is unaddressed, and not redirected, is more likely to continue and/or deteriorate to more destructive levels, and so can be a warning indicator, while disruptive behaviour that is addressed is more likely to stop, improve, and prevent deterioration. Informal resolution of disputes is encouraged and it is recommended that the following steps be followed:

Step #1: Let the Person Know

It is every member of the Hospital Community's responsibility to notify another that your perception of the behaviour/action displayed is inappropriate and that you would like it to stop immediately. In the event that an individual (the complainant) believes that a breach of the Code of Conduct has occurred, it is the responsibility of this individual to bring the specific conduct to the attention of the person who they believe to be in breach (the respondent) and request that the conduct cease or that a new understanding is agreed upon. All reports will be treated confidentially.

The intent of this step is to encourage open dialogue between the complainant and the respondent in an attempt to clarify and resolve the complaint and/or gain better understanding/agreement/resolve.

**There may be circumstances that prevent the complainant from discussing the incident with the respondent directly prior to talking to his or her direct supervisor. In such situations, it is recommended that Step 2 be initiated.*

Step #2: Talk with Your Direct Supervisor

Following Step 1, and where there is no satisfactory understanding or resolution, (e.g. the respondent was unwilling to listen or acknowledge your concerns or behaviour continues), the Complainant is encouraged to first discuss the matter with his/her supervisor within ten (10) days of the circumstances occurring. The supervisor shall respond verbally to the complainant within five (5) days of the discussion of the complaint. The parties involved are encouraged to attempt to devise a resolution to the complaint. Should the complaint involve one's supervisor, the report should then be referred to the next most responsible member of management. (See Step #3)

Step #3: Alternative Discussion/Reporting

Every attempt should be made to approach your direct Supervisor for assistance in resolving the issue. Where there is no satisfactory resolution after Step #2, or if you are uncomfortable

approaching your Supervisor to assist, you can approach your Union Representative (if applicable) or the next responsible member of management and/or a member of Human Resources (for unrepresented employees) for assistance and support. Documentation regarding why you feel you cannot approach your Supervisor, or why you feel the matter has not been adequately resolved at Step #2, may be helpful at this point.

Step #4: Formal Investigation

In some cases, the informal steps will not give a satisfactory result and unacceptable behaviour may require a formal complaint or formal investigation. Staff and independent contractors working with OHS are subject to a number of different and overlapping policies from the University of Manitoba, Health Canada, and other authorities. There may also be other legislated remedies, such as through the Human Rights Commission or the Manitoba Ombudsman. You should speak with an appropriate manager, Human Resources, or the University's Human Rights and Conflict Management Office in order to obtain advice on what process might best address your concerns.

Reprisal

OHS will not allow any form of reprisal against those who report such an incident in good faith. Complaints found to be trivial, frivolous, and vexatious or made in bad faith, shall be considered a violation of the Code of Conduct and dealt with accordingly.

Corrective Action

Individual breaches of the code will be subject to corrective action that may or may not include the following remedies as per University or OHS policies, collective agreements, non-union terms of employment, human resource and policies and procedures, and applicable legislation:

1. A verbal apology and/or warning
2. A written apology and/or warning
3. Counselling/Education
4. Suspension
5. Being reported to your professional College
6. Termination of relationship with OHS

APPENDIX A

Examples of unacceptable conduct (considering the context of its occurrence) would include, but are not restricted to, the following:

- Usingthreatening/abusive language
- Use of patronising or condescending tone or words
- Expressing any profanity/swearing or making degrading/sarcastic comments
- Making insulting remarks, name calling, and using derogatory remarks toward others
- Use of expletives and foul language
- Slammingdoors/surfaces
- Using physical contact, invading another's physical or personal space/possessions/property
- Unwanted contact (touching) of an individual
- Exaggerated tone of voice, screaming, yelling
- Threatening body language, facial expressions
- Bullying - A form of repeated, persistent and aggressive behaviour directed at an individual(s) that is intended to cause (or should be known to cause) fear and distress and/or harm to another person's body, feelings, self-esteem, or reputation. Bullying may occur, but is not limited to, in a context wherein there is a real or perceived power imbalance.
- Grabbing objects from another individual
- Throwing objects
- Berating individuals, whether in private or in front of others
- Stereotyping
- Coercion through intimidation
- Joke telling and slurs that promote discrimination
- Unprofessional or inappropriate (suggestive) attire
- Gossiping, rumours, and triangulation (e.g. a practice where reporting/communication relationships between two individuals are compromised when one of the individuals shares prejudicial information with others without the individual's knowledge)
- Exclusionary behaviour (e.g. silent treatment on a repeat basis) toward other staff, volunteers, medical practitioners, contract workers, and students
- Infractions under the Human Rights Code: such as ancestry; nationality or national origin; ethnic background or origin; religion or creed; sex; gender identity or self-expression; sexual orientation; marital or family status; source of income; political belief/association oractivity, physicalor mental disability or related characteristics/circumstances, age, social disadvantage;
- Violation of the Violent or Threatening Behaviour Policy

OHS will not tolerate any violence, bullying, discrimination, or harassment. In such cases refer to the Violent or Threatening Behaviour Policy. [3,4]

REFERENCES

1. Wabano Centre for Aboriginal Health. "Vision Statement". Wabano Centre for Aboriginal Health – About Who We Are. Web. 01.Sept.2014
2. Section of First Nations, Métis, and Inuit Health. "Four year Strategic Plan 2012-2016". Community Health Sciences, Faculty of Medicine, University of Manitoba.
3. North Bay Regional Health Centre. "Policy and Procedure: Code of Conduct", North Bay Regional Health Centre. 10 May. 2013. Web. 24 April. 2014.
4. Alberta Health Services Strategic Direction 2012-2015. "Alberta Health Services Code of Conduct". Alberta Health Services. 15 March. 2012, Web. 12 Nov. 2015