

Indigenous Healthcare Quality Framework

Prepared by

Indigenous Healthcare Quality Leads in partnership between Ongomiizwin Indigenous Institute of Health and Healing and the George & Fay Yee Centre for Healthcare Innovation.



Preface

The Indigenous Healthcare Quality Framework has been developed in partnership between Ongomiizwin Indigenous Institute of Health and Healing and the George and Fay Yee Centre for Healthcare Innovation. This work was informed and guided by the voices of the Indigenous Advisory Council, who were brought together through this partnership for the development of the framework.

The Indigenous Healthcare Quality Framework is presented with the aim of working alongside the existing Manitoba Quality and Learning Framework.

In this framework, we use the collective term Indigenous to represent the First Nations, Inuit and Métis peoples who comprise the Indigenous peoples of Canada. Furthermore, we recognize the diversity of First Nations peoples in Manitoba through the acknowledgement of the 5 First Nations linguistic groups; Anishinaabe, Cree, Anish-Ininew, Dene, and Dakota.



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Indigenous Healthcare Quality Partnership

Ongomiizwin Indigenous Institute of Health and Healing

The Ongomiizwin Indigenous Institute of Health and Healing (Ongomiizwin) mandate is to provide leadership and advance excellence in research, education and health services in collaboration with First Nations, Métis and Inuit communities. Its work is guided by Knowledge Keepers and Elders and helps to achieve health and wellness of Indigenous peoples. Ongomiizwin (Clearing a path for generations to come) has a permanent place in the Rady Faculty of Health Sciences, affirming the University of Manitoba's commitment to building respectful relationships and creating pathways to Indigenous health, healing and achievement.

George & Fay Yee Centre for Healthcare Innovation

The George and Fay Yee Centre for Healthcare Innovation (CHI) is a partnership between the Province of Manitoba, Shared Health and the University of Manitoba. Funding is through cash and in-kind contributions from these entities, as well as from the Canadian Institutes of Health Research's (CIHR) Strategy for Patient Oriented Research (SPOR). CHI's vision is to support and promote patient-oriented research as an integral part of a responsive, learning health system in Manitoba. CHI generates and facilitates the application of knowledge, with a mission to ensure that the latest evaluation, research and evidence are translated into innovation, improvements to care and outcomes for Manitobans.



Joyce's Principle

The Indigenous Healthcare Quality Framework is rooted in the explicit endorsement of Joyce's Principle and provides a description of the system and provider factors that lead to experiences of health care for Indigenous people that are high quality, culturally safe and free of racism. ►

As stated by the Council of the Atikamekw of Manawan and the Council de la Nation Atikamekw “This principle is a call to action and a commitment from governments to end an intolerable and unacceptable situation” ... “it is time for governments to take a strong stance against systemic racism lived by Indigenous people in healthcare and social services. (Council of the Atikamekw Nation and the Atikamekw Council of Manawan 2020:7). “The need for concrete actions to reach fair access to health and social services systems free of discrimination for Indigenous people is undeniable” (Council of the Atikamekw Nation and the Atikamekw Council of Manawan 2020:15).

Joyce's Principle is a call for all healthcare and social services to mandate and uphold the respect and protection of Internationally recognized Indigenous rights (Council of the Atikamekw Nation and the Atikamekw Council of Manawan 2020:8). The principle is in alignment with the Truth and Reconciliation Commission, as it echoes and builds on the health calls to action 18-24 (Truth and Reconciliation Commission 2015), and affirms the right to the highest attainable forms of healthcare and access to such without discrimination stated in the United Nations Declaration on the Rights of Indigenous peoples Article 24 (United Nations 2008).

Joyce's Principle was a response to Joyce Echaquan's experiences of racism in health care prior to her death. The coroner, Gehane Kamel stated that she believed Joyce would be alive if she were white, acknowledging the impact of racism in health care. ►

Many First Nations, Métis and Inuit Peoples have their own experiences of racism in health care. There have been many opportunities to intervene in response to tragic outcomes due to racism in health care, such as after the death of Brian Sinclair. The death of Joyce Echaquan is a reminder of how many of those opportunities have been missed.

Through the development and implementation of an Indigenous Healthcare Quality Framework, we call on all service delivery organizations in Manitoba to fully adopt Joyce's principle. This includes participating in the implementation and monitoring of the framework, in a way that is transparent and demonstrates accountability to make progress in addressing racism and providing high quality health care to First Nations, Métis and Inuit Peoples.

“

Joyce's Principle aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health.

Joyce's Principle requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health.

”

- Council of the Atikamekw Nation and the Atikamekw Council of Manawan 2020:10)

“

'Although this may be difficult to hear, it is a system imprinted with prejudice and biases that contributed to [health-care staff] not taking the situation seriously,' Kamel said.

”

- www.cbc.ca/news/canada/montreal/echaquan-coroner-report-health-care-system-racism-1.6199964



Introduction

Indigenous Healthcare Quality

Within Canada, Indigenous peoples face disproportionate rates of health disparities including illness, injury, and death compared to the non-Indigenous population (Adelson 2005; Katz et al. 2019; McCallum and Perry 2018; Reading and Wien 2009; Smylie and Firestone 2016; Tang and Browne 2008). In regards to healthcare experiences and outcomes, Indigenous peoples suffer from inequities and disparities layered by multiple forms of racism, discrimination, and ignorance, leading to barriers and ultimately to negative healthcare experiences (Ashworth 2018; Berg et al. 2019; Goodman et al. 2017; Indigenous Health Working Group 2016; Hole et al. 2015; Loppie et al. 2014; Phillips-Beck et al. 2020; McCallum and Perry 2018; Tang and Browne 2008).

Despite evidence of inequities and disparities in health and healthcare based on race, health systems quality and performance by race are often not measured (IOM 2003; McBride (2017). In Canada, this lack of measurement is due to the absence of national or provincial level systems for the collection of racial and ethnic identifiers within healthcare systems (Canadian Institute for Health Information 2020a; Canadian Institute for Health Information 2020b; Government of Ontario 2018; Varcoe et al 2009; Wray et at. 2013). Therefore, in order to address the inequities and disparities 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. The collection of this data and the subsequent monitoring of healthcare quality and performance by race and ethnicity will contribute to the efforts to address inequities, and in particular the dismantling and elimination of multi-level racism within the healthcare system.

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. 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 (Wyatt 2016).



Background

In 2019, in response to the critical need for the examination of health and healthcare inequities and inequalities, and their impacts in relation to the Indigenous peoples of Canada, the Indigenous Healthcare Quality Platform was developed in partnership between Ongomiizwin and CHI. The development of an Indigenous Healthcare Quality Framework (IHQF) became a deliverable of this partnership. Using Indigenous methodologies to collect Indigenous perspective and voice, the framework presents an approach to healthcare quality rooted in Indigenous knowledge and lived experience.

It was determined that while the Manitoba Quality and Learning Framework (MQLF) was a working document guiding healthcare quality in the province of Manitoba, there was a need for the inclusion of Indigenous perspective and voice. While many items within the MQLF are applicable to Indigenous healthcare quality, there are unique and pressing needs for Indigenous individuals and collective communities which must be brought forward and understood as a requirement for the improvement of Indigenous healthcare quality, specifically the need to address all forms of racism within the healthcare system.

The MQLF is a living document holding space for Indigenous peoples to define healthcare quality from Indigenous perspectives and understandings (Quality, Patient Safety and Accreditation Project Team 2019). As members of our team were involved in the development of the MQLF, a progression to the planning and development of a framework which defines Indigenous healthcare quality and highlights these critical components was determined to be appropriate.

Shifting away from the design of the MQLF, the IHQF is reflective of the needs of Indigenous patients and the requirement of healthcare systems and providers for the achievement of Indigenous healthcare quality. While acknowledging the positive contributions and the importance of the multiple layers of the MQLF (aims, guiding principles, dimensions, and enablers), the IHQF pulls to the forefront the foundations of Indigenous healthcare quality identified by Indigenous peoples in Manitoba.

Purpose

The purpose of the framework is to guide Indigenous healthcare quality improvement in the province of Manitoba.

- Guide policy and program planning, implementation and evaluation regarding matters impacting the health of Indigenous peoples in Manitoba.
- Create awareness of the needs of Indigenous patients for the achievement of Indigenous healthcare quality.
- Describe what is needed of health systems and health providers for the achievement of Indigenous healthcare quality.

Intended Use

The intended use of the IHQF is to function complimentary and parallel to the MQLF in order to provide specific instruction and guidance on systems approaches to quality healthcare for Indigenous peoples in Manitoba.



Terminology

Appreciative Inquiry (AI) • A method of inquiry that encourages organizations and communities to share positive experiences to better understand what is needed for consistent positive environments, relationships, and interactions. It creates opportunities for the co-development of plans for achievement and sustainability (Murphy et al 2004).

Cultural Safety • Is a model of care which requires healthcare providers to self-reflect on their personal and institutions positions of power, and the historical and ongoing impacts of colonial relationships which cause imbalances of power and privilege in relation to the Indigenous patients to whom they provide service. Cultural safety can only be judged by the Indigenous person receiving the care.

Healthcare Quality • The Institute of Medicine defines quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (Institute of Medicine 2003).

Indigenous • The term used here to refer to the First Nations (status/non-status, and on/off reserve), Inuit, and Métis peoples of Canada as defined by the Constitution Act of Canada 1982, Section 35, 2. (National Collaborating Centre for Indigenous Health 2019).

Indigenous Advisory Council • Council comprised of First Nations, Métis and Inuit peoples to guide the development and implementation of Indigenous healthcare quality perspectives in partnership between Ongomiizwin and CHI. While there are no Inuit applicants currently, the council is holding space for the addition of Inuit members.

Indigenous Healthcare Quality (IAC) • The Indigenous Advisory Council defines healthcare quality as healthcare that is culturally safe, competent, and appropriate; and which follows best practices in response to the needs of Indigenous patients. In addition, and in alignment with Joyce’s principle, Indigenous healthcare quality must “guarantee all Indigenous people the right of equitable access to all social and health services without any discrimination, as well as the right to the enjoyment of the highest attainable standard of physical, mental, emotional and spiritual health” (Council of the Atikamekw Nation and the Atikamekw Council of Manawan 2020).

Institutional/Systemic Racism • Racism exists at multiple levels and in multiple forms. Institutionalized racism is defined as differential access to the goods, services, and opportunities of society by race”; Personally mediated racism is defined as “prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race”; Internalized racism is defined as “acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth” (Jones 2000: 2012-2013).

Joyce’s Principle • Joyce’s Principle is a call to action in response to the tragedy of the death of Joyce Echaquan. It is the formal request for the commitments of governments and health and social service organizations within Canada to eliminate the intolerable and unacceptable situation of systemic racism experienced by Indigenous peoples. It is a step towards the assertion of the internationally recognized rights of Indigenous peoples to health and social services free of systemic racism (Council of the Atikamekw Nation and the Atikamekw Council of Manawan 2020).

Manitoba Quality and Learning Framework The MQLF was developed by the Quality & Patient Safety Framework Working Group and the Accreditation Working Group to guide healthcare quality improvement for all Manitobans.

TRC • The Truth and Reconciliation Commission, established in 2008, revealed and documented the history and ongoing legacy of the Indian Residential schools in Canada, and issued a report with recommendations known as the 94 Calls to Action (Truth and Reconciliation Commission of Canada 2015).

UNDRIP • United Nations Declaration on the Rights of Indigenous Peoples, adopted by the United Nations in 2007, acknowledges the recognition and protection of Indigenous people’s rights within the United Nations and international legal systems (United Nations 2008).



Developing the Framework

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.

” — United Nations 2008

and the Tri-Council Policy Statement Research Involving the First Nations, Inuit, and Métis 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 partnership prioritized the development and implementation of an Indigenous Advisory Council (IAC), with representatives from urban and non-urban First Nations, Métis and Inuit people.

The Indigenous Advisory Council (IAC)

In alignment with the policies stated above and based on the belief that no work should be done without the leadership, guidance and support of Indigenous communities, the Indigenous healthcare quality leads distributed a call for applications through academic, health, and community networks. Applicants were asked why they wanted to contribute to the IAC, and all applications were accepted. The first task of the IAC was to guide and support the development of the Indigenous Healthcare Quality Framework. Self-identified First Nations, Métis and Inuit people living in urban and rural settings throughout Manitoba are active participants in the IAC.



Developing the Framework (continued)

Appreciative Inquiry (AI)

In order to consciously move away from a deficit-based inquiry and more towards a strengths-based or “desire-based” inquiry (Tuck 2009), we deliberately chose to initially focus on factors which contribute to positive health care encounters. This way of thinking is in alignment with the method of appreciative inquiry which deliberately examines the strengths within a system through the discussion of positive experiences and best practices, and using that positive potential within the individual, the system, and the wider society to create positive change (Cooperrider and Whitney 1999; Filleul 2010; Murphy et al 2004). The centrality of strengths-based storytelling within appreciative inquiry made it a good fit for gathering the knowledge required for the development of the framework (Murphy et al 2004).

The process of appreciate inquiry involves a four phase cycle:

Discovery, Dream, Design, and Delivery/Destiny (Cooperrider and Whitney 1999; Murphy et al 2004; Filleul 2010). The 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. 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. “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). By focusing on positive experiences, it allowed us to imagine the best that we want, rather than the lowest we want to avoid. It also allowed for the discussion and formation of positive or strengths-based actions to move forward.

Through continued discussion and analysis, the work of the IAC transitioned into the Dream phase, the “what could be”, where participants shared their dream of a healthcare system that supports the highest attainable standards of health. The IHQF signifies the transition to the Design phase through the development of the framework to guide systems in how to understand what is required to reach a level of healthcare quality that will champion health equity for Indigenous peoples in Manitoba.

The final stage, Delivery, will be achieved through system level recognition and adoption of the IHQF.

Process for the generation knowledge shaping the IHQF

Two methods of analysis were used to generate the IHQF:

Analysis #1

Thematic grouping through the coding and analysis of descriptive notes created by IAC members during the working sessions, and coding and analysis of meeting transcripts.

Analysis #2

The characteristics of Indigenous quality healthcare determined by the IAC were mapped and compared against the 10 dimensions of quality healthcare presented in the MQLF.

Review and Validation

Following the analysis of the knowledge collected during each meeting of the IAC, the findings were shared with the IAC for review and feedback. Through this process of sharing, refining, adding and editing, we came to an awareness of requirements that clarified the need for a distinctive framework for Indigenous healthcare quality.




Indigenous Healthcare Quality Visual Framework

This framework represents the person/patient-centered perspectives and the requirements of healthcare systems and provider factors that are required for the achievement and sustainability of health care for Indigenous people that is of high quality, culturally safe and free of racism.

The circular shape of the visual framework on the following page represents the continuous cycles experienced throughout our lives as Indigenous people.

The land based visual of the tree ring and chosen colours represent the vital connection to the land held by First Nations, Métis and Inuit peoples. ▶

-  **Yellow – sun**
-  **Green – vegetation and plant life**
-  **Blue – water**
-  **Brown – earth**

Guiding Principles

The Indigenous Advisory Council defines Indigenous healthcare quality as healthcare that is culturally safe, competent, and appropriate; and which follows best practices in response to the needs of Indigenous patients. In addition, and in alignment with Joyce’s principle, Indigenous healthcare quality must “guarantee all Indigenous people the right of equitable access to all social and health services without any discrimination, as well as the right to the enjoyment of the highest attainable standard of physical, mental, emotional and spiritual health” (Council of the Atikamekw Nation and the Atikamekw Council of Manawan 2020).

This work is reflective of a commitment to Indigenous healthcare quality improvement, centered within the larger scope of anti-racist healthcare practice, in the pursuit of the elimination of anti-Indigenous racism within healthcare services and systems in Manitoba.

Indigenous Healthcare Quality Visual Framework – Diagram



Patients

(what patients, as well as their families and caregivers, need to feel)

Healthcare Providers

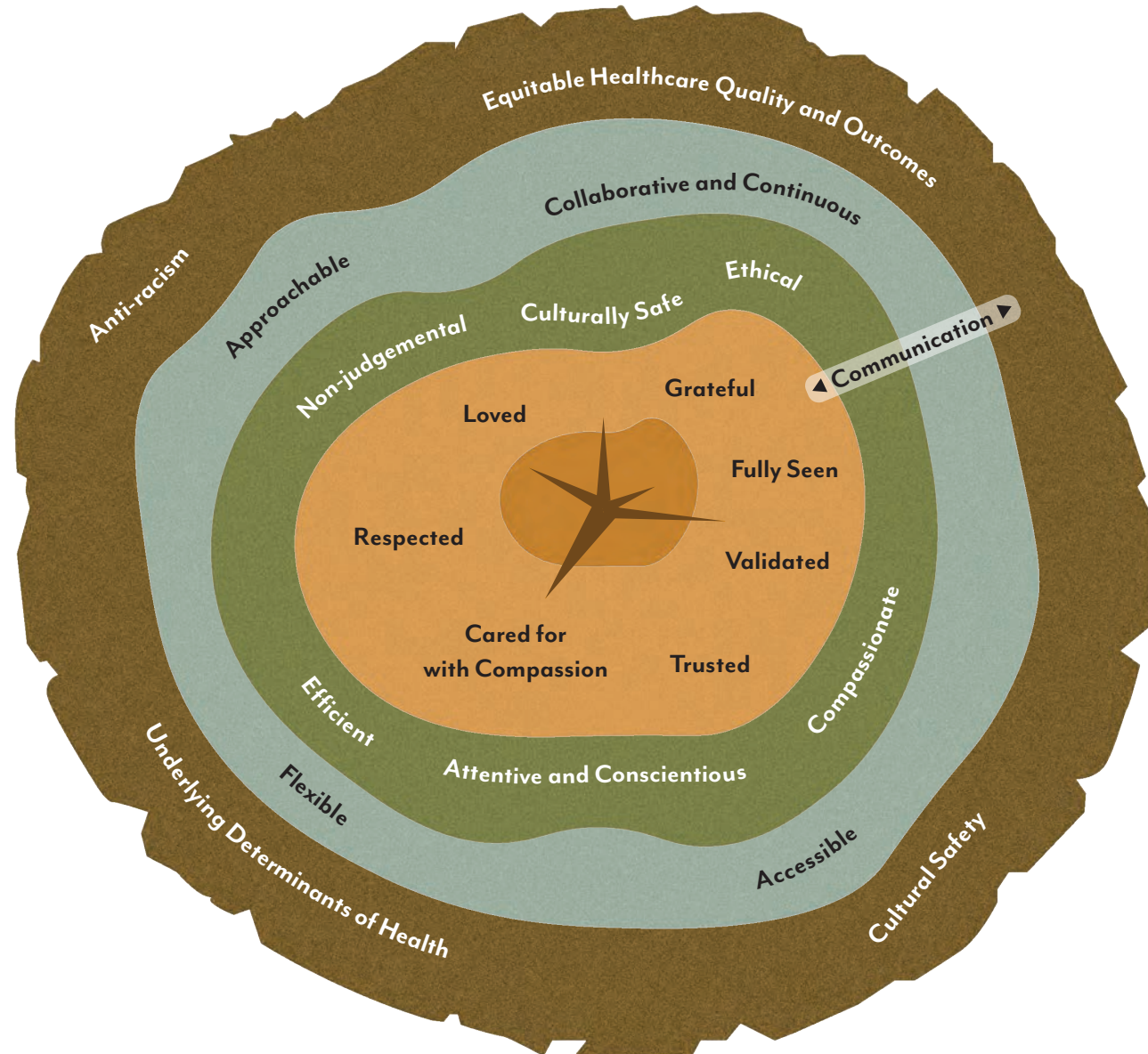
(what providers need to be)

Healthcare Systems

(what healthcare systems need to be)

Rights-Based Healthcare

(what patients have a right to receive and/or have recognized)





Dimensions for Indigenous Healthcare Quality

This section highlights the **Dimensions** that are requirements for the achievement of Indigenous healthcare quality.

Patient Requirements

(what patients, as well as their families and caregivers, need to feel)

Loved

The inclusion of love within the health care experience in relation to the teaching of love which reflects the love for all things created on earth.

Respected

Feeling respected within the health care experience.

Validated

Being believed or validated in the healthcare experience.

Trusted

Being able to fully trust the health care provider and feeling trusted by them.

Cared for with Compassion

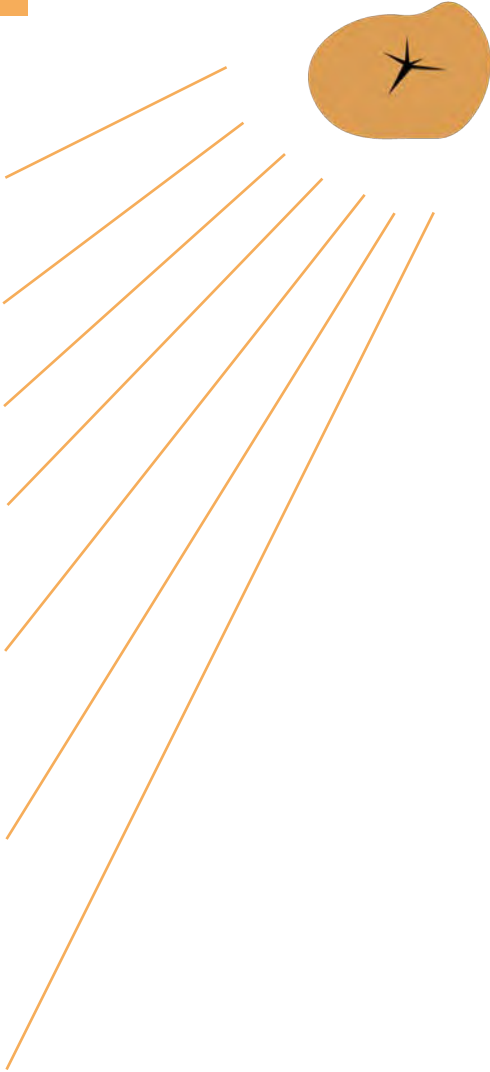
The inclusion of provider compassion within the healthcare experience.

Fully Seen

Feeling fully seen and/or recognized as one wants to be seen in the healthcare experience by the healthcare provider and other healthcare staff.

Grateful

Feelings of being grateful for a positive healthcare experience.





Dimensions for Indigenous Healthcare Quality (continued)

Healthcare Providers Requirements

(what providers need to be)

Nonjudgmental

Healthcare providers approach each individual encounter with respect and kindness, without negative judgement or assumptions.

Compassionate

Health care providers displaying compassion and empathy for patients and taking extra steps to make sure patient's personal needs are met.

Efficient

Health care that is timely and efficient for the patient.

Attentive and Conscientious

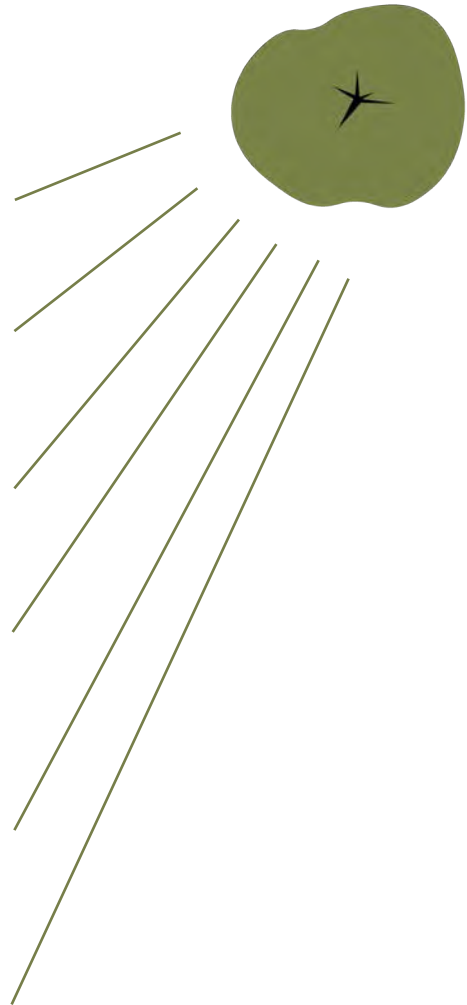
Health care providers spending time with patients to fully listen and understand the needs of the patient and those who assist with their care.

Ethical

Health care providers' adherence to their professional code of conduct or code of ethics.

Culturally Safe

Good, positive, understanding relationships between health care providers and patients with an active transfer of power to the patient.





Dimensions for Indigenous Healthcare Quality (continued)

Healthcare Systems Requirements

(what healthcare systems need to be)

Accessible

Health care that is easily accessible to patients - geographically, physically, linguistically, and with the supports that are needed by the person receiving care.

Collaborative & Continuous

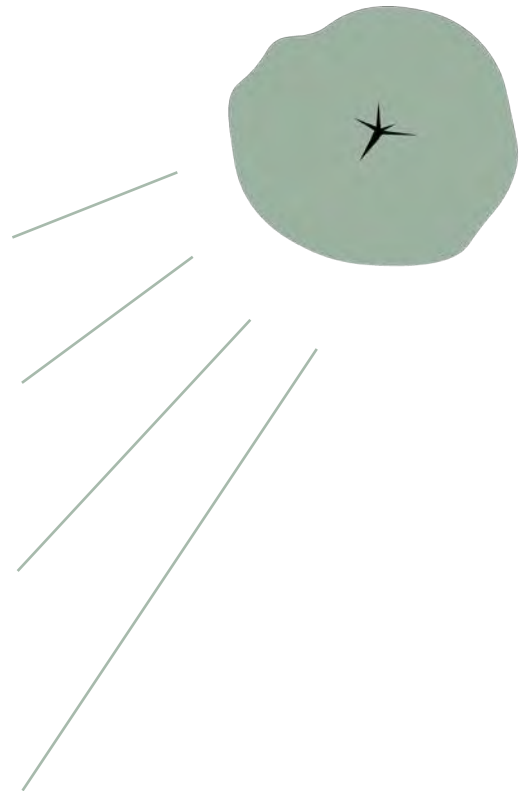
Health care that is consistent across the entire health care system and which facilitates collaboration between health care providers where appropriate.

Flexible

Flexibility within the healthcare system in order to accommodate patient needs, including support of and collaboration with Traditional Healers/ Knowledge Keepers where desired by the patient.

Approachable

A health care system that provides a feeling of comfort and safety to patients when they access healthcare spaces and providers.





Aims for Indigenous Healthcare Quality

This section highlights the **Aims** that are requirements for the achievement of Indigenous healthcare quality.

Rights Based Healthcare Requirements

(what patients have a right to receive and/or have recognized)

Anti-racism

The commitment to actively resist, disrupt, challenge, and eliminate all forms of racism as well as the discrimination, injustice(s), inequalities, and harms that are the result of racism(s). This includes the structural arrangements, policies, social relations, attitudes, and practices that promote and/or sustain racial inequality.

Cultural Safety

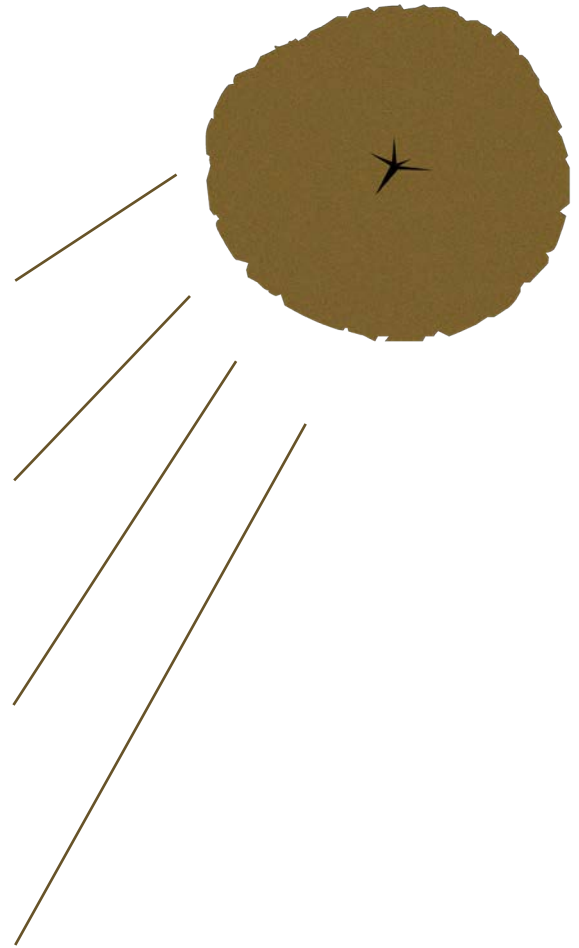
A model of care which recognizes the historical relationships of power between the healthcare provider and the Indigenous patient where the patients have the right to determine if the care is safe or not.

Equitable Healthcare Quality and Outcomes

Health care quality and outcome data is disaggregated and reported on within the context of Nation-Specific data governance to set baselines and monitor progress towards the goal of equitable care and outcomes.

Underlying Determinants of Health

“Circumstance and environments as well as structures, systems and institutions that influence the development and maintenance of health along a continuum from excellent to poor” (Reading and Wien 2009).

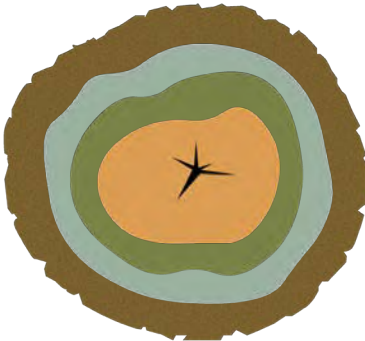




Requirement Across all Dimensions and Aims

Transparent Communication

Thorough, clear, complete and appropriate communication between health care providers, patients and those who assist with their care, and healthcare systems.



There are additional components and variables when describing what is critical for the achievement of Indigenous Healthcare Quality. While some of the components of the MQLF are relevant and important to an IHQF, and were incorporated into the framework, the inclusion of Indigenous perspectives required the adjustments of definitions in some areas and the additions of new aims and dimensions to reflect what was voiced by the Indigenous Advisory Council. We see this work as ongoing and continuous and understand that additional adjustments may be required over time

Please see the IAC Meeting Reports #1 and #2 (under “Documents and Reports” [here](#)) for additional information.

Guiding Voices: 1st Report of the Indigenous Advisory Council

Recognizing our Humanity: 2nd Report of the Indigenous Advisory Council



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Appendix A

Membership of the Indigenous Advisory Council

Marcia Anderson (Lead)

Donna Saucier

Monica Cyr

Amanda Fowler-Woods (Lead)

Frances Desjarlais

Paulene Ballantyne

Allison Saunders

Gillian McIvor

Rebecca Cameron

Arla Tait-Linklater

Jason Cook

Siera Ens

Cherisse Vandersteen

Laverne Gervais

Tara Myran

David Beaulieu

Lisa Patrick

Thomas Beaudry

Devon Delorme

Mandy Buss

Valdine Flaming

Donald Courchene

Michelle Monkman