



Providence Health Care
**Indigenous Wellness
& Reconciliation**

Indigenous Wellness and Reconciliation: 2022-24 Summary Report





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Emotional Trigger Warning

This report discusses topics that, for Indigenous Peoples, may trigger memories of culturally unsafe personal experiences or similar experiences of their friends, family and community. The report also contains a story mentioning infant loss.

The report is intended to explore the prejudice and discrimination experienced by Indigenous Peoples in the health care system and to make recommendations that will help eliminate Indigenous-specific racism and create substantive equity in health care experiences, services and outcomes. However, the content may trigger unpleasant feelings or thoughts of past abuse.

Support Resources:

- **First Nations and Inuit:** First Nations, Métis and Inuit peoples who require emotional support can contact the First Nations and Inuit Hope for Wellness Help Line and Online Counselling Service toll-free at **1-855-242-3310** or through hopeforwellness.ca.
- **Métis:** The Métis Crisis Line is available 24-hours a day at **1-833-MétisBC (1-833-638-4722)**.
- **Indigenous Peoples in BC:** The KUU-US Crisis Line is available 24/7 at **1-800-588-8717** to provide support to Indigenous people in BC. For more information, visit: kuu-uscrisisline.ca.
- **Perinatal Bereavement:** As part of Providence’s [perinatal loss program](#), we provide initial grief counselling to families and help set up a grief support program for them once they go home.

Introduction

A Message from Harmony Johnson, Vice President, Indigenous Wellness and Reconciliation



“Since we implemented the Indigenous Wellness and Reconciliation Action Plan, we’ve formulated a plan, introduced the Indigenous Cultural Safety Policy and piloted successful Improvement Projects. Through rigorous testing, measurement and evaluation, we’ve gathered valuable insights from the people we serve to drive continuous improvement and enhance interactions with our Indigenous Wellness Liaisons and the organization as a whole. These focused efforts to improve our facilities and enhance patient experiences have resulted in significant changes within Providence Health Care, facilitating ongoing progress that extends beyond our organization.”

- Harmony Johnson, sɛłakəs, VP, Indigenous Wellness & Reconciliation

Providence Health Care’s (Providence) Indigenous Wellness and Reconciliation (IWR) team is pleased to share our Summary Report for 2022 - 24. Since the launch of the Providence [Indigenous Wellness and Reconciliation Action Plan](#) in 2022, we have made significant strides in transforming health care for Indigenous patients and embedding Indigenous wellness and reconciliation within everything we do.

Our initial efforts focused on building strong foundations through critical work in policy development, strategic planning, data collection, and the expansion of our IWR team. This groundwork has been essential in setting the stage for meaningful and lasting change.

We have now transitioned into a greater focus on delivery and implementation, actively executing our quality improvement strategies and projects that have direct impact for patients and families we serve. Early signs of progress are evident across the organization, including improvements in physical spaces, self-identification, and access to cultural and spiritual care. These developments signal a positive shift toward more equitable and culturally safe health care experiences for Indigenous Peoples.

It is important to recognize that this report highlights only a portion of the extensive work underway in reconciliation at Providence. Across the organization, numerous initiatives and collaborations are contributing to our shared vision of health equity and justice for Indigenous patients, families and communities.

Despite our successes, significant challenges still exist. Anti-Indigenous racism continues to occur within health care settings, underscoring the need for ongoing commitment to improvement and proactive measures. We remain steadfast in our commitment to addressing these injustices and ensuring that systemic changes translate into tangible improvements at the point-of-care and within the relationships between health care providers and Indigenous patients.

Looking ahead, our work will remain dedicated to making meaningful, sustainable changes that will positively impact and improve the health outcomes of Indigenous patients. As Knowledge Keeper, Sulsun (Shane Pointe), shared at the 2021 ground blessing of the future St. Paul’s Hospital on the Jim Pattison Medical Campus, we all have the opportunity through our work at Providence to “change the geography and the ecosystem, not only of the land, but to the health care system.”

Indigenous Wellness and Reconciliation (IWR) Improvement Philosophy:

Providence has made a steadfast commitment to invest in and prioritize actions that ensure our services, settings, staff and research proactively shape culturally safe experiences for Indigenous patients, residents and families accessing care with us. This dedication aims to contribute to equity and improved health outcomes that are important to Indigenous Peoples and communities.

Indigenous cultural safety (ICS) in health care is an emerging, complex, and evolving field of study and practice. It seeks to create environments where Indigenous patients and residents feel respected, valued, and free from racism and discrimination during their health care journey. Rooted in the recognition of power imbalances, historical injustices and ongoing systemic inequities, cultural safety extends beyond cultural awareness and sensitivity, demanding active reflection and structural changes.

There is no one-size-fits-all approach when it comes to creating cultural safety in systems and at point-of-care; it is nuanced, challenging and thoughtful work. We believe that the most effective way to make this change is through an approach that advances two tracks of work:

1. Embedding ICS within the most core systems foundations, the areas that shape organizational behaviour and norms – planning, policy, people management, and data.
2. Scoping and implementing chosen improvement projects that make a difference at point-of-care in priority areas that we can measure and see.

In moving these two tracks of work forward in parallel, with each informing the other, we accelerate the desired change, make best use of the time of our relatively small Indigenous Wellness and Reconciliation (IWR) team, and glean motivation, which keeps us engaged in the challenging and rewarding aspects of the work, and supports us to enhance the knowledge base in an emerging field.

In 2022, we launched the [Indigenous Wellness and Reconciliation Action Plan](#). In that plan we laid out the foundations according to pillars and goals. We set out key priorities for 2022. Many of these have been achieved and successes are shared within this report. This report establishes a new baseline upon which new actions and commitments have been identified, and against which future progress will be measured and reported.





Partnerships-Forward: Partnerships



Indigenous Knowledge Keepers at Women's Wellness Walks, representing the Musqueam, Squamish, Tsleil-Waututh, Slavey Dene and Métis Nations.





Goal:

Establish meaningful reciprocal partnerships with the sovereign Host Nations.

Partnerships

Historically, the health system has often acted upon Indigenous Peoples rather than alongside them. Moving towards a more promising future necessitates building relationships with the First Nations, Inuit and Métis peoples we serve. This includes engaging meaningfully with the xʷməθkʷəyəm (Musqueam), skwxwú7mesh (Squamish), and səliwətał (Tseil-Waututh) Nations (Host Nations) that hold title and territorial jurisdiction over the lands where we operate, as well as with patients and partner organizations, understanding their perspectives, preferences, and ensuring our efforts make a tangible difference.

We have a range of ongoing events and projects with Host Nations related to naming, service collaboration and improvement, and facility design. Over the past year, we have strengthened our network of Host Nations Knowledge Keepers and advisors, whose collaboration has been vital in co-designing spaces, Indigenous naming initiatives and advising on Host Nation protocols. Their contributions have influenced key aspects of our major capital projects, from architecture and interior design to artwork, building materials, and landscape planning. This guidance has also been instrumental in creating signage that informs patients and visitors about the unceded territories we occupy. We have also partnered with an Indigenous ethnobotanist from the Squamish Nation to integrate plant medicine imagery into Providence facilities, reflecting Indigenous perspectives on healing and wellness.

Incorporating naming in Host Nation languages serves as a powerful act of reconciliation by honouring and amplifying Indigenous languages, traditional cultures and histories that colonialism

sought to erase. We have been honoured to work with hə́nqə́mihə́m and Skwxwú7mesh Sníchim language keepers to restore the presence of Indigenous languages into our every day, including locations that acknowledge territory and directionality within the future Jim Pattison Health Campus. We will continue to integrate this way of working in future naming and renaming opportunities across Providence sites.

Over the past year, we focused on laying the essential groundwork for future success in Indigenous procurement. Our efforts were centered on building strong connections with the new Contract Management Office at Providence, as well as initiating collaboration with Vancouver Coastal Health (VCH) and the Provincial Health Services Authority (PHSA) to build relationships, share resources and work towards alignment.

These partnerships have been instrumental in establishing the foundational elements needed to inform and shape our Indigenous procurement strategy for the 2024/25 fiscal year. By investing time in these relationships and setting up key building blocks, we are now well-positioned to advance our commitment to embedding meaningful opportunities for Host Nations and Indigenous businesses into our procurement processes. We anticipate significant advancements in this area for the 2024/25 fiscal year.



Goal:

Establish continuous, safe and meaningful engagement processes with Indigenous organizations, patients, residents and families.

Indigenous engagement at Providence entails direct collaboration with First Nations, Inuit and Métis communities, organizations, patients and families to build authentic relationships and understand their unique needs and perspectives. This approach is essential for incorporating Indigenous viewpoints into every aspect of the health care experience. Feedback from these engagements helps us to evaluate our progress and identify areas requiring improvement within the health care system. Our objective is to address significant health disparities, eliminate barriers to service access, and challenge misconceptions regarding Indigenous capabilities and needs. Strengthening these relationships and amplifying Indigenous voices not only improves health outcomes but also contributes to reconciliation.

Indigenous engagement influences several key areas of our work, including:

- **Capital Projects:** Development of spaces such as the Indigenous Wellness and Welcoming Centre, artwork, medicine gardens, sacred spaces, and new facilities at the future St. Paul's Hospital on the Jim Pattison Medical Campus.
- **Current Services:** Enhancements to clinical processes, Indigenous self-identification practices, and support services.
- **Corporate Operations:** Improvements in research, data management, procurement, recruitment, policy and education.

Additionally, we have engaged Indigenous patients and family members to provide feedback for the creation of the [Indigenous Wellness Section on the Providence Health Care website](#).

We collaborate with 48 organizations in the Downtown Eastside of Vancouver, maintaining strong connections that allow us to stay engaged and support Indigenous community members and patients who frequently visit our sites. These relationships and the trust we've built are essential for understanding their experiences within the health care system, ensuring we prioritize effectively and address their needs.

To maintain meaningful engagement, we use diverse methods including surveys, design workshops, focus groups, community engagement events, and more.

Over the past year, our initiatives included:



- **12 Medicine Walk events** to create safe spaces for women and Two-Spirit people.
- **6 carving sessions**, specific to Indigenous men's health.
- **15 health fairs.**
- **Regular meetings** with community groups, organizations and outreach supports.
- Multiple **Providence in the Park** events.

Additionally, since December 2021, Patient Journey Mapping (PJM) has been a pivotal tool in capturing the experiences of Indigenous patients. PJM helps us create a visual representation of patient care journeys, highlighting both strengths and areas for improvement. To date, we have engaged 58 patients through PJM. These insights are crucial in shaping new initiatives, refining existing processes, and aligning our practices with the needs of the communities we serve.



Patient Journey Mapping – Maternal (Perinatal) and Mental Health

This patient was a 35-year-old female who received maternity care at a hospital in Vancouver (St. Paul's Hospital). She experienced a relatively uncomplicated birth and was feeling very proud. "I had a doula that I started meeting with 1 or 2 months before the delivery, she was very nice and helpful but she was late to the delivery. I didn't see her until the baby was born. The doula was not Indigenous but she was paid for by Indigenous services. She was helpful afterwards. I was able to fall sleep with the baby in the bed and I held my baby right away."

However, this patient experienced some trauma and needed to rest and heal; due to the isolation that the pandemic-related restrictions created, she also felt she needed additional social and emotional support to combat a sense of loneliness, exhaustion and depression.

Instead, when seeking reassurance about the health of the baby she was ignored and stereotyped and then was disempowered in her attempts to breastfeed. Instead of being offered the post-partum and emotional support she needed, she was sent home and reported to child services, "my buzzer rang and there was a social worker and the police. I think that someone from the hospital called Vancouver Aboriginal Child and Family Services and the police because they thought I wouldn't be able to take care of the baby." The file was closed when they saw everything was ok. I asked who had reported me and they said they couldn't tell me, they said they got a report that the child's need weren't being met."

"It was disappointing, when you walk in you're expecting support because you need it, nurses and social workers need more sensitivity in this area."



Quality Forward: Exceptional Quality, Safety and Value



Indigenous Wellness Program

Goal:

Deliver identity-affirming health care for Indigenous patients and families.

Indigenous Wellness Liaisons (IWL)

The Power of the IWL Role at Providence

As an organization, Providence can improve the physical spaces of our sites, add signage and Indigenous art, and train every staff member in cultural safety. However, the most consistently important factor for everyone we have spoken with is having early and frequent face-to-face contact with an IWL throughout their care journey.

The IWL Program is foundational to the Indigenous Wellness & Reconciliation team, driving progress in delivering identity-affirming, culturally safe health care to Indigenous patients and families. This success is largely due to the IWL's exceptional, hands-on work and interpersonal skills. Each liaison uses their lived experience to navigate and address racism and discrimination within the health care system.

IWL Services

IWLs provide comprehensive support to Indigenous patients, residents and families by addressing their cultural, spiritual and social needs.

IWLs serve as a familiar and comforting presence, often becoming a trusted member of the person's extended family or community. In addition to offering direct support, IWLs facilitate communication between patients, residents and families, and other care providers by clarifying medical information and its implications for the person's health and well-being. IWLs arrange essential access to cultural practices, including traditional medicines and ceremony.

Their role has been shown to have a lasting positive impact, often helping to overcome negative health care experiences from the past, and improving overall care experiences.



WATCH VIDEO:

A Day in the Life of an
Indigenous Wellness Liaison



Accessing the support of the IWL team is low-barrier, and open to care providers through online systems. Community agencies and external care providers can access the IWL support through our website and direct contact through multiple communication methods that are provided. Once a consult or referral is received, the IWL team will connect with the patient as soon as possible.

Where do the IWLs work?

IWLs are now embedded in care teams across all Providence sites, including Brock Fahrni Long-Term Care, Chénchenstway Long-Term Care, Holy Family Hospital, May’s Place Hospice, Mount St. Joseph Hospital, St. John Hospice, St. Paul’s Hospital, and Youville Long-Term Care. St. Paul’s Hospital serves as the main site for the IWL Program.

Currently, we provide support to long-term care (LTC) homes one day a week, with one IWL visiting a different LTC home each day. There are approximately 30 residents across all LTC homes. As our IWL team expands, we are working to include Mount St. Joseph Hospital more regularly into our schedule, aiming to have an IWL present for a full shift each week.



In 2024, the number of IWLs has almost tripled, growing from four to 11, enabling us to better support Providence patients, residents and families. We are now able to offer comprehensive wrap-around support daily (including weekends) from 9:00 a.m. to 7:00 p.m., and over the past year we have expanded our presence into specialized areas such as the Emergency Department, the Bridge to Kidney Transplant Initiative, the Road to Recovery Program, and the Pregnancy, Birth, and Newborn department and Chénchenstway long term care.

WATCH VIDEO:

Guiding End-of-Life Transitions



In the two-month period ending May 21, 2024, 24 Indigenous patients completed a survey about their experience receiving a consult from an IWL. The results were overwhelmingly positive, including:

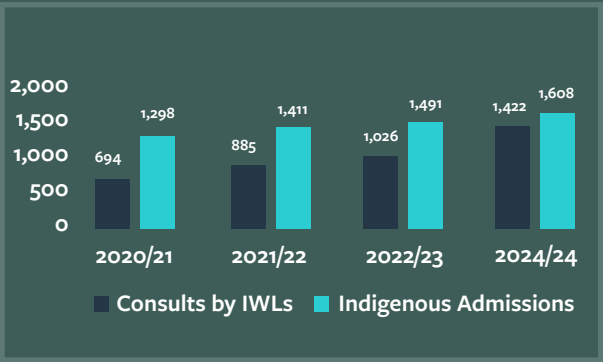
-  of respondents reported that the service from the IWL **provided them with complete support**
-  of respondents reported that they **trusted** the IWL

IWL Consults and Indigenous self-identification (ISI) Admissions

Patient Experience with IWLs

The number of patients who received an IWL consult has doubled since 2020/21, to 1,422 in 2023/24.

During this time, Indigenous admissions also increased by 24%. Improvements to the method of identifying Indigenous patients has contributed to the steady growth in the number of these admissions.





Healing through Compassion During Infant Loss: The Gift of an IWL

Improving culturally safe care for Indigenous Peoples is complex, but tangible change is possible through the presence of our IWLs who illuminate paths of healing and understanding. The following story comes from Ange, one of our remarkable IWLs. “When I was working in maternity, a young mother had a [premature] stillborn baby,” recalls Ange. “I called an Elder and they all came in. We had the baby in the casket and I brought a blanket. We blanketed the baby and went to the Sacred Space. The Elder did her song and blessed the baby to move on to the next world.”

Ange continues, her voice heavy with emotion, “The mother had said to me, ‘I don’t know how to wrap the baby.’ I had to hold my breath. I took the baby and rocked the baby and put them back in the casket.”

In that moment, Ange became more than a liaison. As she held that child, navigating the delicate balance of sorrow and support, she demonstrated our commitment to patient-centered care.

“I went home, and I cried,” Ange says. “But doing that little thing for that grieving mom helped her a lot. She called me, probably a year later, still thinking of me and thanking me for being there and supporting her, for what I’ve done for her and her baby.”

IWLs like Ange witness the profound impact of cultural sensitivity and respect. They share a commitment to honouring traditions and embracing the sacredness of life and loss.

Ange’s capacity to provide support through tragic loss is an inspiration. It is a testament to the transformative power of compassion, the healing balm of culture, and the invaluable role of our Indigenous Wellness Liaisons.



Awareness Raising

IWL team members participate in internal Providence opportunities to raise awareness of the program and their roles, and support in delivering Indigenous Cultural Safety training. They also attend external health fairs and career fairs to connect with communities and stakeholders.

In the first half of 2024, our team has attended approximately 15 engagements and has helped build relationships that foster strong connections with organizations and communities to better understand and address the needs those we support.

IWL Model of Care Development

In addition to providing direct support to patients, residents and families, the IWR team made significant strides in 2024 by completing a comprehensive manual designed to standardize and professionalize the practices of IWLs. This manual serves as a crucial tool in defining clear, consistent practices and protocols for IWLs, ensuring that their work is both effective and aligned with the highest standards of care. By identifying gaps and areas for further development, the manual aims to guide IWLs in their roles and support their ongoing professional growth. This initiative represents an important step in the broader effort to develop and refine our IWL

Model of Care, ultimately enhancing the quality and consistency of care provided to Indigenous Peoples and reinforcing the integral role of IWLs within the health care system.

Indigenous Peer Support Workers

The IWR team currently includes two Indigenous Peer Support Workers who are integrated into the program, collaborating closely with IWLs and other peer support teams. Acting as a bridge between patients and clinical teams, peer support workers at Providence help people feel seen and more at ease, support them in better understanding their treatment plan and, overall, help to decrease stigma.

Peer Support Workers bring valuable lived or living experience, relevant to the patient groups they serve. Their work encompasses communities affected by structural inequities, interpersonal trauma, racism, substance use, poverty, sex work, and physical or mental health challenges.

The Peer Support Workers provide essential individual support to patients and families accessing services at Providence. They play a crucial role by offering emotional support, advocacy and promoting trauma-informed, anti-racist and person-centered relationships between patients and health care providers.

Additionally, the Peer Support Workers are actively involved in strategic planning, harm reduction and they contribute to research initiatives within the [Providence Research](#). As British Columbia continues to weather the overdose crisis that claims hundreds of lives every year, hospital-based peer support workers are more important than ever.

Their engagement ensures that the perspectives and needs of the communities they represent are considered in ongoing developments and research. For additional insight into, and storytelling around, the power of the peer role at Providence, please see this [Daily Scan](#) article.



Saige Flaumitsch Laboucan – Indigenous Peer Support Worker, Indigenous Wellness & Reconciliation (IWR) team, St. Paul's Hospital

When she was just 17, Saige Flaumitsch Laboucan was hospitalized for the first time from severe substance-use poisoning. During that experience, she felt the right resources were not there for her. Now, as a peer support worker with Providence's IWR team, the young Lutsel'ke Dene and Woodland Cree woman from the Northwest Territories makes sure those gaps are filled.

"I help keep people safe from harm, as well as provide them with compassion, empathy, and a face that they can relate to."

It is important work. Indigenous people are disproportionately affected by toxic drug poisoning events, dying at 5.9 times the rate of other BC residents in 2022. Peer support workers like her have personal experience with challenges Indigenous patients might face, such as racism, trauma, substance use, and/or physical or mental health issues.

No day is typical for Saige.

"Our (IWR) staff are in various units of the hospital, from ICU, to psychiatry, emergency, acute health, maternity, etc." She travels through the hospital, starting with the Rapid Access Addiction Clinic (RAAC), then to other clinics that may need her support. Her priorities are meeting with psychiatric patients and those who may find the hospital an intimidating place.

She brings value through her knowledge of community resources and strong personal community connections, which can make the referral process simpler and less intimidating. "Patients always appreciate that support to connect to resources, having to face less barriers of making that first initial phone call.

"We may not be nurses or doctors but I have personally guided many patients through end-of-life processes, grieved with families, helped patients process deep traumas, and have been there for patients in their darkest times."



Quality and Complaints

The 2023/24 year saw the IWR team continuing our work to make the complaints process a more culturally safe experience for Indigenous patients, residents and families. The IWR team continues to be an active part in co-investigating complaints with the Patient Care Quality Office when the complaint involves an Indigenous patient or family member.

IWR staff are also involved in addressing patient safety incidents that happen involving Indigenous patients, which are reported by Providence staff in the Patient Safety Learning System, supporting investigation, analysis, or confidential processes. Having worked through critical incident reviews, IWR has identified how the associated processes can cause or continue harms for Indigenous patients and staff. Discussions are underway internally and with other health system partners about how these harms can be mitigated or replaced with ones that are co-designed and based on cultural safety and Indigenous-specific anti-racist practices and principles.

Always aware that Providence operates within a larger health system, IWR staff were involved in discussions about how the health care system will include restorative approaches to help patients and families move forward after an incident or complaint, as well as discussions with the Ministry of Health on how to reform Section 51 of the *Evidence Act* so that critical incident investigations offer more transparency to patients and families on how workers and organizations will improve their quality and practices.

These discussions continue into 2024/25, in the hopes that changes are made that align with a safer patient and family experience within Providence and the wider health care system.

Cultural Safety Chart Audit Project

IWR completed a small research project in partnership with clinical and Professional Practice staff meant to test the validity of a tool which was co-created for conducting cultural safety audits of patient charts. This work was driven by the evidence gathered in the *In Plain Sight* report, as well as tragic cases such as the high profile deaths of [Joyce Echaquan](#) and [Keegan Combes](#), which points to the impacts that bias in chart documentation can have on care for Indigenous patients, either in real time or for subsequent visits.

The research project successfully demonstrated that it is possible to develop and refine an audit tool that could assist staff in identifying potentially culturally unsafe or biased charting language. It is hoped that in 2024/25, the research tool can be adapted for operational or clinical use to support teams in identifying culturally unsafe practices that may contribute to poorer care or outcomes for Indigenous patients, as well as inform better documentation practices and support learning opportunities for Providence staff.

WATCH VIDEO:

Uplifting Patient Voices



Goals:

- Improve the cultural safety of our health care settings and facilities.
- Undertake targeted initiatives to support Indigenous seniors, women, and those with mental health and substance use needs.



WATCH VIDEO:

Supporting Patients
throughout their Journey



Improvement Projects

Throughout 2023/24, the Indigenous Wellness and Reconciliation (IWR) team developed and refined a thoughtful and strategic approach to selecting and initiating improvement projects with sites of priority. The improvement project approach has become a cornerstone of IWR's work philosophy. During 2023/24, we successfully initiated and advanced four key projects (profiled below), setting the stage for additional initiatives planned for 2024/25.

What are improvement projects and how do they create change?

Indigenous Cultural Safety (ICS) Improvement Projects are cross-functional, department or service-level collaborations that involve designing an intervention or change that will result in culturally

safer experiences and more equitable health-system performance for Indigenous patients and residents.

In their design, improvement projects embody the “art of the possible”, inspiring change by painting vivid, optimistic pictures of what can be achieved and convening a cross-functional team that drives towards those goals through flexible, agile, iterative processes and continuous improvement.

The overarching idea behind our approach is that the actions and interventions, in addition to improving patient and resident experience, will result in a more equitable health system and enhanced health services. Ultimately, these interventions, evaluated through client and provider experiential data and health system utilization indicators, will result in improved Indigenous health and wellness outcomes.

Improvement projects may expand in their scope, applied on a larger scale or be emulated at additional sites. Over time, we hope to see the ‘cumulative effects’ of these improvement projects, namely how innovations trialed through multiple consecutive projects, can acquire momentum, become widely embedded and drive systems changes and improved outcomes for Indigenous Peoples.

Each project is supported by an assigned project manager positioned within the IWR team, who plays a crucial role in fostering a cohesive and empowered team environment. The project manager, with expertise in cultural safety themselves, ensures that the team operates at its highest potential, keeping the project on track and focused on achieving the shared vision.

Improvement projects come to us through various channels, from both external sources and within the IWR team. Sometimes, we encounter enthusiastic groups already committed to doing good work and eager to improve their services for Indigenous patients. In other cases, projects are prompted by more urgent concerns, such as reports of cultural

unsafety from multiple sources— incident reports, complaints or feedback from IWLs.

There are also instances where projects are chosen because targeted improvements will have a significant positive impact, particularly in areas with high numbers of Indigenous patients and residents.

Every project context is different depending on the location, facility and service type, patient/resident population, staff culture, etc. However, there are a common set of improvement project streams that apply to most settings:

- Improving Indigenous self-identification (ISI).
- Optimizing the Indigenous Wellness Liaison (IWL) model of care.
- Creating culturally safe and identity affirming physical spaces.
- Creating new or improving existing policies to support culturally safe practice.
- Indigenous cultural safety education and training for staff.

In Summary

2023/24 marked a significant period of growth and development for the IWR team’s improvement project approach. The individual project vignettes below illustrate the tangible impacts we’ve achieved, showcasing how these initiatives are already leading to meaningful improvements in culturally safer experiences and more equitable health outcomes.

As we look ahead to 2024/25, we are ready to build on these successes, expanding our efforts and deepening the integration of these practices across Providence. Our ongoing commitment to fostering meaningful change through collaboration and continuous improvement will continue to guide our work, driving further progress in the years to come.





Northwest Territories Wildfires Response

The IWR team's response to the wildfire evacuation in August 2023 is testament to the power, and importance, of delivering identity-affirming health care for Indigenous patients and families.

As wildfires raged across the southern Northwest Territories, Providence was part of a regional emergency evacuation response, which saw Providence, Vancouver Coastal Health and Fraser Health taking in medical patients and Long-Term Care/Assisted Living residents who were evacuated from their communities.

IWR was included in Providence's Emergency Operations Centre to help with the planning. Early on, we were able to identify that a high number of Indigenous people would be among the evacuees.

With this early planning, IWR was able to prepare in advance several measures, including:

- Preparing appropriate traditional medicines and comfort foods to offer to patients coming into our care.
- Developing a plan to ensure IWL coverage at Mount Saint Joseph Hospital (MSJ), the receiving site for long-term care evacuees, for at least two weeks, with the flexibility to adapt to the changing circumstances.
- Working with Food Services to have appropriate dietary needs on-hand at the reception centre.

On the evacuation day, IWR positioned team members at both the airport reception centre and the MSJ intake site. These teams stayed in contact to update on patients as they arrived and were assessed. Having IWR team members at the airport was critical in one case, as the IWL present was successful in advocating to divert a patient into MSJ's care due to a unique family situation.

The IWLs developed a rotation of regularly checking in with the NWT evacuees at MSJ, and developed strong relationships with them while they were in Providence's care, helping them with maintaining family connections to family members scattered across western Canada, working with the interdisciplinary team to ensure their needs were met, and simply checking in to see how the IWLs could make the evacuees' experience more comfortable and feel safe.



Improvement Project: St. Paul's Hospital's Emergency Department



For a variety of historic and systemic reasons, Emergency Departments (ED) can be one of the most problematic sites of Indigenous-specific racism in the health system, as documented in British Columbia's landmark *In Plain Sight Report* and other Canadian contexts.

This year, the IWR team partnered with ED staff and leadership to complete Phase One of an improvement project in St. Paul Hospital's (SPH) ED.

The project, designed to begin addressing the systemic issues related to anti-Indigenous racism and Indigenous cultural safety (ICS), was initiated within the challenging and increasingly common context of over-capacity EDs, a human health resource crisis and staff burnout.

Phase One of the project had four streams:

- For the first-time ever, an Indigenous Wellness Liaisons was stationed in the SPH ED. This meant that IWLs were able to walk the floor, connect with patients who may not have otherwise self-identified, and become much more integrated into the care teams.
- Create the conditions that allowed ED staff (namely nurses and physicians) to take foundational ICS and equity-based education and training.
- Improve the Indigenous self-identification (ISI) processes with registration clerks to ensure that Indigenous patients are asked to self-identify and are offered Indigenous services.

- Beginning to enhance the physical space by integrating imagery of Host Nations' traditional medicines so that the ED feels more safe, welcoming, and healing for Indigenous peoples.

A set of innovative activities were undertaken for each stream and evaluated, using a mixed-methods approach (e.g., interviews, surveys, focus groups, logs) and a thoughtful set of process and outcomes measures to track impacts.

Phase Two planning is underway to continue to build on and sustain the work in the first phase, while integrating additional tools for ED providers including an ICS practice guideline.

“In the ED, we’re meeting people where they’re at. Basically, we’re saying, let me give you a hand and get you to the place where you want to be. And we’re able to translate that into basic language, like street words. When you have physicians coming in and asking our people about the toxic drug poisoning epidemic that’s going on and using words like opiates or “not-intentional benzo use”, our people don’t understand that, especially our older generation. And we support on the other side, too. When you don’t have that lived experience, you can’t relate, in terms of someone being homeless or the social determinants that our people face. Building that relationship with like the nurses and the doctors and having them call upon us shows us what a vital need we are and our role, especially in those care places like the emergency department. The physicians call upon us, and ask like, ‘Hey, Megan, can you come down and help me?’”

***- Megan Newman-Mack, Former PHC IWL
who supported the ED Improvement Project***



Ensuring Dignified End-of-Life Care for Elders: Successful IWL Advocacy

In a case this past year at St. Paul's Hospital, an Indigenous Elder from the Downtown Eastside—who was also a residential school survivor—was brought in semi-unconscious to the Emergency Department (ED).

The patient, who had a history of leaving care against medical advice due to past discrimination and unfair treatment, exhibited symptoms of a respiratory infection, cognitive impairments and cirrhosis of the liver. Compounding the situation, his family was unable to be there for him during this critical time.

Throughout multiple ED visits, the Elder consistently signaled a preference for IWLs to be there for him, provide him support and hold his hand, offering him comfort through familiarity and culturally safe care. Despite limited verbal communication, the presence of the IWLs consistently brought a sense of calm to the patient.

With the support of the IWLs, the patient was admitted to the cardiac thoracic unit and subsequently transitioned through various units, including geriatric psychology, until reaching palliative care. After being blanketed by the IWLs and given traditional medicine—sweet grass—the Elder's wish not to die in a hospital, informed by past experiences and insights from his GP, prompted the IWLs to advocate for a transfer to May's Place Hospice, a home-like hospice in the downtown Eastside of Vancouver, where he could journey the spirit world in a way that felt safe and natural to him. Despite initial resistance from the care team, the IWLs persisted in reminding them of the patient's unique desires and needs as an Indigenous patient and a residential school survivor.

Under the care of hospice, the IWLs continued to provide comfort, sharing stories and singing traditional songs as the patient rested. In the end, the patient passed peacefully, in a place where he felt safe to start his journey with his cultural beliefs and preferences.

This case highlights the essential role of our IWLs in delivering culturally safe care and advocacy, ensuring that every individual's journey is honoured with dignity and respect.



Improvement Project: Pregnancy, Newborn and Birthing Program at St. Paul's Hospital

In 2023-2024, we launched a transformative improvement project at St. Paul's Hospital with the goal of ensuring that Indigenous Peoples feel safe and respected when accessing perinatal services. The year was marked by diligent planning and scoping to lay the foundation for achieving the following objectives:

- Enhancing systems for Indigenous self-identification in perinatal care.
- Optimizing and expanding the current IWL model in perinatal care.
- Making physical spaces more culturally safe and identity affirming and supportive Indigenous ceremonies.
- Developing targeted Indigenous cultural safety (ICS) education and training for perinatal health care providers.

A pivotal shift introduced by this project is the transition from a consult-based model, where IWLs typically connect with patients only after they are admitted for delivery, to a proactive, outpatient model.

In this new approach, IWLs engage with parents at least twice before delivery, fostering stronger relationships, earlier coordination with Indigenous services—such as arranging for an Elder to perform a birthing ceremony—and ensuring that cultural needs are met throughout the perinatal experience.

To further enrich the patient experience, the team has initiated renovations to create a warm, inviting, and culturally affirming multi-use space within the unit, designed to be supportive of Indigenous ceremonies and programming. Additionally, care packages for Indigenous families have been introduced, featuring gifts for newborns and self-care items for parents.

All aspects of this work are being carefully evaluated, with the insights gained informing the design and integration of these practices into the new St. Paul's Hospital. Our vision is to make St. Paul's Hospital the place of choice for Indigenous families to welcome their new beginnings, where their experiences are grounded in respect, dignity and cultural safety.



Improvement Project: Road to Recovery

Since opening in September 2023, the Road to Recovery (R2R) substance use stabilization and withdrawal management unit at St. Paul's Hospital has created new access pathways for vital services, including for Indigenous patients.

- Since its fall opening to July 31, 2024, there have been 464 unique patient admissions to R2R.
- On a monthly basis, the percent of Indigenous admissions has ranged from 40% to 49%.
- The majority of admitted individuals had severe opioid, alcohol, and/or stimulant use disorders and had an average length of stay of approximately five days.

IWR and R2R teams have been collaborating to embed a designated R2R IWL who provides holistic support to Indigenous clients, inform the planning of culturally safe physical spaces, including the interior design and finishings of the units, and contribute to Indigenous cultural safety education and training for staff.

While accessing R2R services, patients are provided with a wide range of supports, including:

- Withdrawal management.
- Referrals to primary care physicians and specialist health care services.
- Assistance obtaining government-issued photo identification.
- Support to apply for income assistance and housing referrals.

IWR and R2R teams have also been working to effectively integrate Indigenous perspectives into the existing and emerging R2R research and the overall evaluation framework, ensuring that Indigenous peoples are visible in the results and that Indigenous data governance protocols are followed. This work also involves developing enhanced evaluation that is specific to Indigenous clients, which is tied to IWR's overall improvement projects evaluation approach.



In Memory of Raquel

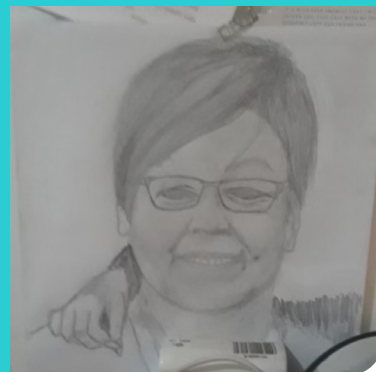
It is with deep respect and heavy hearts that we honor the memory of Raquel, a courageous young Indigenous woman who was a beacon of resilience and strength. Raquel's journey, shared with her trusted guide and Indigenous Wellness Liaison, Ange, is one that inspired many. Despite the health challenges she faced, Raquel's determination led her to embark on a path of healing and recovery through Providence's Road to Recovery (R2R) Program.

Raquel was passionate about sharing her story, hoping it would inspire and help others facing similar challenges. Her powerful testimony, highlighted at the BC First Nations Health Authority (FNHA) Indigenous Health Summit, touched the hearts of all who witnessed her bravery and wisdom. Her desire to help others through her experience was central to her journey, and her impact will continue to be felt by many.

As we share her story, we hold her memory close, honoring her spirit, her journey, and the legacy of strength and compassion she leaves behind.

“When we were both standing here, Raquel drew a picture of me. I’ve been working with this young lady for three years. During the three years I recall her saying, ‘I don’t want to die’ because she has liver problems due to alcohol ... she drew a picture of me, which is a huge gift to know that I am doing my job. And actually, it’s not doing my job. It’s being who I’ve always wanted to be.”

- Ange, PHC Indigenous Wellness Liaison





Raquel's Journey – Supported by PHC's IWLs and Road to Recovery

During their three-year journey together, Ange, a remarkable IWL, witnessed Raquel's, a young Indigenous woman, resilience firsthand.

Despite facing significant health challenges, including being denied a liver transplant due to ongoing alcohol-use disorder, Raquel made the decision to enter Providence's Road to Recovery (R2R) Program. With Angela's guidance, Raquel not only reclaimed her health but also resumed her educational goals and has enrolled in full-time studies at the Native Education College in Vancouver, BC.

The culmination of their shared journey was marked by a poignant gesture from Raquel, who Ange refers to as 'Mika' as a reflection of their close relationship: a drawing that encapsulated the profound impact Ange had made on her life.

Raquel's journey was shared with a large audience via a powerful presentation alongside Angie and Dr. Brittany Dennis, an R2R physician and researcher, at the First Nations Health Authority Indigenous Health Summit. Together, the three women highlighted the role of the R2R program, integrated Indigenous support, the power of IWLs, and traditional healing practices in supporting Indigenous patients like Raquel.

Bravely addressing a packed room, Raquel shared her R2R experience, describing how it not only saved her life but also transformed her former perspective to now embracing life and aspiring to support others in their journeys. Her testimony received a standing ovation, with one attendee rising to sing a traditional song, "warrior woman."

For Raquel, this moment stood out as one of the best in her life—a testament to the profound impact of culturally safe support for the patients Providence serves.



Improvement Project: Bridge to Kidney Transplantation Initiative

The [Bridge to Kidney Transplantation initiative](#), funded by the Canadian Institute of Health Research (CIHR), and led by Dr. Jagbir Gill, is a BC-wide program working to ensure rural and remote Indigenous communities have equitable access to get, and give, the gift of a lifetime: a life-changing kidney donation.

Dr. Jagbir Gill, a renal transplant specialist at St. Paul's Hospital for 13 years and a clinician scientist with CHÉOS, has focused much of his research on ethnic and socio-economic disparities and their impact on access to kidney transplant. Dr. Gill is especially interested in what this means for BC's Indigenous communities.

The research team's commitment to culturally inclusive education for staff was exemplified through the development of a video-based navigational and learning tool.

Tailored to meet the informational needs and cultural values of Indigenous peoples, this resource emphasized the voices, presence and experiences of Indigenous communities, while recognizing the importance of family and community as primary support systems.

Central to initiative is the integration of IWLs within multidisciplinary kidney transplant teams. This partnership is expected to improve patient care by providing culturally congruent support and advocacy for Indigenous patients and living donors.

The strategic implementation of an early referral policy, guided by collaboration between the Bridge team and IWLs, ensures timely access to transplantation services. By addressing systemic biases and enhancing transparency in decision-making processes, delays in access will be minimized, furthering the advancement of equitable health care for Indigenous communities.



IWR and Bridge partnership timeline:

- In early 2023, the Bridge to Transplantation initiative partnered with IWR to develop an IWL role to work with St. Paul's Hospital Kidney Transplant Program.
- During the summer of 2023 the IWR team guided the Bridge team on the development of the role IWL.
- During this same time, the IWR team worked with the Kidney Transplant program to increase awareness and comfort with Indigenous Self-Identification (ISI).
- November 2023 saw the ISI Workshop completed by the multidisciplinary Kidney Transplant team.
- In November 2023, the first IWL was hired to work with the Kidney Transplant team to support self-identified Indigenous patients through their journey from referral for kidney transplantation, through to post-transplant care.
 - In addition, self-reported Indigenous individuals who come forward for potential living kidney donation will be supported by the initiative's IWL throughout their journey through their evaluation and post-donation care.
- June 6, 2024: IWR ISI workshop training is expanded to all Kidney Care at St. Paul's Hospital.
- Ongoing: IWR continues to support the Bridge project and the St. Paul's Hospital Kidney Transplant Program to increase awareness of the IWL, ISI, and to evaluate the efficacy and sustainability of the program.



Indigenous Foods

A primary way to improve the health outcomes of Indigenous patients is to provide culturally safe care, including providing culturally appropriate foods. Indigenous ways of knowing recognize that food is medicine. A research project was completed this year to explore the needs, the facilitators, and barriers to serving foods familiar to Indigenous Peoples and supporting Indigenous foodways at St. Paul's Hospital (SPH). This project follows the Nourish framework, a national campaign to decolonize hospital foodways and achieve health equity, with the foundation being to build relationships and engage with partners. Up until this point, SPH Food Services had not provided foods or menu items tailored to Indigenous patients.



The project spent time building relationships between IWR, local Indigenous communities and Elders, Indigenous patients and patient partners, food suppliers, Providence Food Services, and dietitians. Project team members participated in Nourish's [Food is Our Medicine](#) (FIOM) Learning Journey training, which offered opportunities to reflect on the impact colonialism has on Indigenous foodways and highlights the concept of food as medicine to Indigenous communities. The project also explored implementation of hospital menu changes, including procurement, costing and recipe development. The agreement and awareness to support Indigenous-owned and operated businesses and suppliers is an important outcome of this project. Land access, Indigenous foodways and food

sovereignty have all been disrupted by colonization. While there may be higher costs associated with some items, supporting Indigenous businesses and procurement, according to Indigenous ways of knowing, are both important and tangible acts of reconciliation.

The project also sought to understand patient experience and learn about the types of Indigenous foods patients were interested in accessing in hospital. This was done by:

- Incorporating questions pertaining to traditional and cultural foods within existing Patient Experience Survey.
- Discussing food within Patient Journey Mapping exercises.
- Issuing a targeted survey that received responses from 370 self-identifying Indigenous patients and community members, with 83% of survey respondents wanting to see changes to menu options.

This project provided the clear evidence that it is important to have culturally familiar foods for Indigenous patients. The diversity of responses reflects the diversity in food preferences of the Indigenous population that we serve. No single menu change will address the needs of the entire population, but is a start towards providing more culturally safe services.

The project culminated into the launch of the first recipe and collaboration between an Indigenous chef and Food Services. We worked with Susie Moose, a Knowledge Keeper from Sayisi Dene First Nation, who shared her bannock recipe and her story, and taught staff to make it the traditional way. The recipe was scaled and launched to serve over 400 patients at St. Paul's Hospital on Indigenous Peoples Day June 21, 2023.

This project laid a foundation to enable further Indigenous-led recipe development.



Goal:

Leverage new capital projects to meaningfully advance reconciliation and embed Indigenous cultural safety.

Physical Spaces

In addition to the quality of care received, the design, layout and appearance of health care facilities can make a big difference in supporting healing and wellness. Many Indigenous Peoples mistrust health care and experience trauma responses to the institutional environment typical of Western health care settings. For Indigenous Peoples, a welcoming, culturally safe space is one where they see their identities affirmed and reflected in the physical design. There should also be accessible space where individuals can safely practice ceremony, culture and traditional healing activities.

This year, IWR launched the Indigenous Design Guidelines (IDG), developed from feedback received through engagement with Indigenous patients, family members, organizations, Knowledge Keepers and Elders from the Host Nations. These Guidelines were reviewed by Knowledge Keepers from the Host Nations and are instrumental to ensuring that both new and existing buildings and spaces prioritize Indigenous cultural safety and adhere to appropriate Host Nation protocols. The Guidelines were shared widely with Providence staff through webinar presentations.

Through the implementation of the IDGs, we continue to advance our efforts to creating environments that are inclusive, respectful and reflective of Indigenous values and traditions.

This includes the planning and design phases of Providence's major capital projects, including the new St. Paul's Hospital on the Jim Pattison Medical Campus, St. Vincent's Heather Long-Term Care and the Clinical Services Research Centre (CSRC), to ensure that Indigenous cultural safety is top of mind in our future facilities.

In addition to informing our major capital developments, the Guidelines are currently being applied in 16 physical space improvement projects across all Providence locations, including:

- St. Paul's Hospital Emergency Department
- St. Paul's Hospital Perinatal Ward
- Youville Residence
- Multiple Road to Recovery sites
- May's Place Hospice
- Mount Saint Joseph Hospital Emergency Department
- St. Paul's Hospital Indigenous Wellness & Reconciliation office vicinity
- Holy Family Hospital entrance
- Multiple Community Dialysis Units
- Chénchenstway Care Home



Catholic Identity and Truth and Reconciliation

As a Catholic-sponsored organization, Providence has a unique responsibility and opportunity to help repair harms caused to Indigenous Peoples and support reconciliation. This year, the IWR team continued to develop relationships with Providence's Mission team and worked together on a shared set of physical space design guidelines to offer guidance on how to create spaces that express shared values and find a balanced approach that respects Providence's Catholic-sponsored identity while ensuring cultural safety for all patients, residents and families who walk through our doors.

Creation of the shared guidelines involved maneuvering tricky conversations between both perspectives. The guidelines are expected to be released in the upcoming year.

Alongside the creation of the shared guidelines, Mission and IWR were successful at navigating several space-planning scenarios that balance both identities of Providence this year, including:

Angel's Cradle Program Angel's Cradle is a program at St. Paul's Hospital, providing a safe place for parents or caregivers to leave their newborn baby if they feel that they have no other option. Due to the age of the space, the image of the gothic-style angel has been chipping away. In planning for the new St. Paul's Hospital on the Jim Pattison Medical Campus, group consensus moved towards using a more simplified, contemporary image of wings as a more neutral, unifying symbol of care.

St. Vincent's Heather In planning for the new long-term care facility, careful considerations were made designing the floorplan that properly honoured Providence's identities. The site will feature an All-Nation Sacred Space, medicine garden and Catholic Chapel. The Chapel and Sacred Space are comparable in size and prominence on the main floor and have been thoughtfully located relative to each other and the Archdiocese.



Figure 1

Current Imagery for St. Paul's Hospital Angel's Cradle program



Figure 2

Example from Covenant Health Angel Cradle program



New St. Paul's Hospital Entrance

The institutional exterior of current St. Paul's Hospital has a challenging history and offers often triggering reminders to Indigenous patients. With this history in mind, the exterior design of the new St. Paul's Hospital was intentionally designed to ensure that it fosters cultural safety right from the very first impression, in balance with ensuring recognition of Providence's Catholic identity.

For example, in keeping with Catholic traditions, the Chapel features stained-glass windows, and the stained-glass will feature scenes of nature: water, sky, earth and fire that are universally recognized by many worldviews in relation to spirituality. The entrance also includes three welcome posts, created by artists from each of the three Host Nations – the themes of the posts will focus on welcome, health and healing.



Figure 3

Main Entrance of new St. Paul's Hospital with three Indigenous Welcome Posts and Nature-Inspired Stained Glass

Indigenous Wellness & Welcoming Centre

In 2020, the *In Plain Sight* report was released and highlighted the need to advance the opportunity identified in that study's research for Providence to establish an Indigenous Wellness Centre (IWWC) on the grounds of the new St. Paul's Hospital on the Jim Pattison Medical Campus.

The IWWC has the potential to be a foremost leader in Indigenous wellness, grounded in the *xʷməθkʷəyəm* (Musqueam), *sk̓wxwú7mesh* (Squamish), and *səlílwətał* (Tseil-Waututh) Nations (Host Nations) governance, and health and wellness protocols and beliefs.

This innovative niche model could stand apart from other models serving Indigenous people in Canada, while providing an identity-affirming entry point to the new St. Paul's Hospital for Indigenous Peoples that helps to meet their holistic needs, including cultural wellness, primary care, mental health, and overnight accommodations while traveling for care.

The IWWC has the potential to integrate strategically with the unique services provided by Providence and be a central focus of the campus, setting the tone for the entire experience, a way to welcome people to the Host Nations territory and campus.

In 2023, Providence received required approvals to transfer the South Precinct Land Parcel of the new St. Paul's Hospital and health care campus from Providence Health Care Society, to the Host Nations for the development of the Centre. The agreements are expected to be signed by the Fall of 2024, enabling the transfer of land and the initiation of a Collaboration Committee between Providence and the Host Nations. The work ahead involves working alongside the Host Nations to develop a vision for the IWWC and its services, and the overall design of the facility, ensuring we provide the best possible experience for Indigenous patients and members of the Host Nations.



People Forward: Inspiring People and Teams





Goal:

Support staff learning through Indigenous cultural safety education, tools, coaching, resources, and events.

Indigenous Cultural Safety Education

Providence's Indigenous Wellness & Reconciliation Action Plan commits to addressing recommendation #20 of the In Plain Sight Report by supporting staff learning through Indigenous Cultural Safety (ICS) education, tools, coaching, resources, and events.

During the 2023/2024 period, we further refined and expanded our ICS education and training approach, focusing on three main streams:

1. Influence and advocate provincially for standardized, free, low-barrier training.
2. Partner with PHSA, VCH and external organizations on specific education and training tools and resources that reflect the unique care delivery considerations.
3. Offer practical, shoulder-to-shoulder advice and coaching, ensuring professional relevance within the larger context of research and knowledge development.

In the first stream:

- In Plain Sight clearly recommended a provincial standardized approach. While Providence does not control the development of provincial ICS education, the organization has a strong voice in advocating for this approach, as well as providing expert advice around what such training should be intended to achieve, and through what forms.
- To date, Providence has co-developed, along with a number of other Vice-Presidents in the Regional Health Authorities, a proposed set of "Cultural Safety and Anti-Racism Key Learnings" to guide system-wide efforts in the design of

ICS education. This has been endorsed by the Vice-Presidents of Indigenous Health across all Health Authorities and tabled with the Health Authority CEOs and Deputy Minister of the Ministry of Health.

The second stream of work involved continuing to refine and determine our approach to standardized ICS education at Providence. We have done the following:

- Tested an approach to offering a Providence-specific supplemental workshop to the University of Alberta Indigenous Canada course to enable leaders to experience a comprehensive online ICS education and debrief together as a group to discuss considerations and how to move forward in an actionable way to support reconciliation. We worked with two groups of 15 leaders within the Providence leadership development program. Next steps include finalizing a companion guide to help leaders consider and reflect on how to integrate these learnings into the work that they do.
- Using data from patient journey mapping, surveys, and research, we created a presentation designed to deepen providers' and staff's understanding of the experiences and perspectives of Indigenous Peoples within the health care system. With the appointment of a new clinical nurse educator specializing in Indigenous trauma and violence-informed care, we are incorporating this approach into training for all clinical staff.

We will further enhance these presentations by adding specific scenarios and simulation activities. These enhancements will enable providers to better grasp their impact on patients, practice improving the experience for Indigenous patients, and actively promote ICS through practical, hands-on learning.

- Our efforts also focused on developing a more standardized Indigenous self-identification (ISI) training package and approach for clerks and other pertinent staff; integrating it into some improvement projects and other areas of priority.
- To support the foundational “self-serve” component of this initiative, we developed and launched an intranet page aimed at helping staff honour and celebrate Indigenous Peoples, cultures, rights, knowledge, histories, and contributions. This page features events, presentations, communication campaigns, resources, and other relevant materials. It includes educational and training tools such as resources for ISI, ICS, Patient Journey Mapping, and Indigenous Design Guidelines. We will continually update and expand this page as our tools and strategies evolve.

Pertaining to the third stream, we initiated several direct education interventions as part of ongoing improvement projects and other priority areas:

- In the [St. Paul’s Hospital Emergency Department](#) and the Road to Recovery improvement projects, providers were supported to take the [Equipping-for-Equity](#) course and the Hummingbird ICS online training, which allowed us to test out these trainings and evaluate the types of standardized training we could be offering staff.
- For the [ICS improvement project with the St. Paul’s Hospital \(SPH\) perinatal team](#), we initiated the collaboration by running a series of patient journey map presentations with perinatal providers. With over 500 attendees, these sessions focused on sharing the stories and experiences of Indigenous people who gave birth to their babies at SPH in an effort to foster more culturally safe care.
- We have integrated a Clinical Nurse Specialist in ICS, to provide practical, shoulder-to-shoulder, and professionally relevant practice advice and coaching within a broader research and knowledge production context.



As we continue to develop and refine our tools, we will identify the most effective modes of education based on departmental or project-specific needs, as well as the data and feedback collected from Indigenous patients experiencing care. We are leveraging this data, along with the questions and insights gathered from the teams we have collaborated with, to create a comprehensive library of resources and educational materials for all Providence staff and medical staff.

As we implemented the initial ICS educational framework through our various improvement projects, we were able to identify some gaps and areas for modification. We are now updating the framework based on these insights to better integrate the interconnected systems within the health care system. This update aims to realign the expectations guiding the curriculum, instruction, assessment, and learning environment at Providence related to ICS. We are merging specific learning expectations with strategies and practices to refine teaching and assessment, ultimately enhancing overall practice.



Goals:

- Create a safe, affirming, and equitable environment for Indigenous staff and medical staff, residents, volunteers, and learners.
- Dismantle systemic biases in our people systems and processes.
- Structurally embed Indigenous leadership throughout Providence.

Policy and Practice

Following the October 2022 organizational adoption of [PHC's Indigenous Cultural Safety policy](#), IWR focused its attention on developing a cultural safety review tool, which would help the team assess whether Providence's current policies are aligning with the ICS policy. This review work continues until 2024/25. IWR also has a representative at the Senior Directors Leadership Table, providing an opportunity to review all new and revised policies needing Senior Leadership approval.

Additionally, IWR has increased its capacity to review and provide feedback on clinical decision support tools, ensuring operations also align with the ICS policy. IWR is now a regular partner in assessing and reviewing Providence and regional clinical decision support tools such as procedures, practice standards, protocols, guidelines, and forms, striving to ensure that these professional practice tools support embedding Indigenous cultural safety as a normal part of everyday care and practice.

Practice Improvements

Working to further system-wide alignment on Indigenous health, IWR team members have been a part of key provincial discussions, such as what it could look like to embed a culturally safe Restorative Approach into the protocols to address patient and family complaints; the development of a common Cultural Safety education framework for the health and post-secondary sectors, and mock-readiness assessments of the BC Cultural Safety and Humility Standard for implementation.

Looking inward, in 2023/24, IWR began work to create better supports and processes for the Indigenous Elders and Knowledge Keepers we work with. This included:

- Updating the suggested honourarium rates for Elders and Knowledge Keepers.
- Advocating for changes to finance processes in order to process payments in a timelier fashion.
- Development of a guidebook for Providence staff to help them work with Indigenous Elders

and Knowledge Keepers in more culturally appropriate ways.

- Mapping how IWR itself works with Elders and Knowledge Keepers.

This work carries into 2024/25, as IWR explores onboarding and collecting feedback from Elders and Knowledge Keepers to help us support them in their work at Providence.

As new programs and services are implemented at Providence, IWR is a key partner in ensuring those programs start off in the best way possible, with respect to implementation of Indigenous cultural safety and anti-racism in their practice. In 2023/24, IWR was a steering partner in the standing up of Providence's [Hospital at Home](#) service, ensuring that new staff underwent key cultural safety training, as well as developing a potential pathway for Indigenous patients admitted to this service still have opportunities for connecting with Indigenous Wellness services.

Indigenous Recruitment, Retention and Employee Experience

The Indigenous Wellness and Reconciliation (IWR) team expanded in 2023/24, hiring more staff in new roles to carry out critical operational and corporate work. These roles included:

- An Indigenous Cultural Safety Policy Analyst.
- A Director, Indigenous Patient and Family Experience.
- An Indigenous Wellness Liaison to support the Bridge to Transplant project.
- An Indigenous Wellness Liaison dedicated to Road to Recovery.
- An Indigenous Wellness Program Lead (recruitment still underway).

IWR also continued its efforts to finalize an Indigenous Cultural Safety professorship role in association with the UBC School of Nursing which

is intended to support health system research as a clinician scientist actively contributing to systems transformation and leading a program of research that contributes to future advances and improvements in person-centred care for Indigenous peoples and families. Another key role which IWR successfully recruited is the Clinical Nurse Specialist, Indigenous Cultural Safety position to provide crucially needed cultural safety and nursing expertise and function as a clinical leader within and across programs.

Overall, the new positions and ongoing recruitment continue IWR's trajectory of growth and strengthening ability to provide more supports and expertise to Providence's work on truth and reconciliation.

Beyond IWR

Seeing a growing need for more professional practice support, IWR also partnered with Providence's Professional Practice Office to create a Clinical Nurse Educator (CNE) position that focuses on Indigenous Cultural Safety and Trauma Informed Practice. This role will support Providence nursing and allied health staff on embedding cultural safety and humility into everything they do. Though the role reports to Professional Practice, that office shares accountability for this new role with IWR, which oversees the content and relationships aspect of the cultural safety work.

More broadly, IWR has been tasked with leadership in the development of an Indigenous Recruitment and Retention strategy for Providence. This work is in the early stages, but some initial actions have been advanced:

- IWR provided support and direction to the Recruitment team in the implementation of a voluntary Indigenous self-identification process for potential applicants to Providence positions, as well as another opportunity to identify after a position has been accepted.
- In support of building a speak-up culture at Providence, IWR has supported Indigenous staff and medical staff in coming forward with concerns and issues about their safety in the workplace. This support has included access to cultural supports, advocacy to colleagues, and an opportunity to share details in confidence. This work has also allowed IWR to build stronger relationships with some areas of the organization.
- We have begun exploring the creation of a unique hiring program under section 42 of the BC Human Rights Code, which would allow us to create or designate positions within Providence dedicated to Indigenous staff. This work continues into 2024/25.
- Embedding Indigenous Cultural Safety into the newly-adopted Leadership Circle program, which is designed to support new leaders.
- Providing guidance and feedback to the Talent Development program, including taking part in a succession planning discussion which will help Providence identify the skills and experience needed to support Indigenous Peoples as they progress in their careers.



Help Us Advance Indigenous Health and Reconciliation

Indigenous Wellness & Reconciliation (IWR) Team

All Positions | St. Paul's Hospital | \$31.53 - \$45.32 per hour




Bring Your Cultural Expertise to Our Indigenous Wellness Team

Indigenous Wellness Liaisons (IWL)

All Positions | St. Paul's Hospital | \$31.53 - \$45.32 per hour





Learning Forward: Discover, Learn & Innovate for Impact



**Goal:**

In accordance with Indigenous data governance principles, gather and utilize data to eradicate anti-Indigenous racism and contribute to health system performance for Indigenous patients and families.

Indigenous Data and Data Governance

In the past year, we've made significant strides in enhancing our Indigenous data initiatives. One notable achievement was the redesign of the Indigenous Self-Identification (ISI) questions at registration, where we successfully reduced the number of questions from seven to three. This streamlined process not only made registration smoother for patients but also ensured more efficient data collection.

Furthermore, improvements in our data management system have led to better accessibility and visibility of ISI data for our staff. With ISI data now more easily located and visible in Cerner, Providence's electronic health record platform, our team can efficiently access and utilize this information to provide culturally safe care to our Indigenous patients.

Collaboration has been a key driver of our progress, as demonstrated by our partnership with Data Analytics to finalize the suite of ICS quantitative indicators. These indicators serve as valuable tools in measuring our performance and progress in delivering culturally safe care.

In line with our commitment to Indigenous data governance, we presented the results of our ICS indicator analysis to Indigenous Peoples first. This engagement fosters transparency and accountability while ensuring that our initiatives align with the needs and priorities of Indigenous communities.





Goal: Create an inclusive, safe, and empowering environment for active and meaningful research collaborations with local sovereign First Nations, Indigenous organizations, and Indigenous scholars, and patients.

Research

To support ethical research collaborations, and leverage the power of research to advance Indigenous health and wellness, IWR has partnered with Providence Research to integrate truth and reconciliation throughout Providence Research's strategic plan – [Discovery: Forward](#).

In recent years, Indigenous Peoples have come forward to share some of the harms they have experienced, either personally or at the community level, in working with or being the subject of studies carried out by non-Indigenous researchers. Those who have shared this information have expressed how individuals and institutions continue to perpetuate those harms by following colonial principles and standards in carrying out the work, including not engaging with the communities, not safeguarding the wellbeing of Indigenous study participants, and appropriating Indigenous knowledge or data without consent or knowledge.

In an effort to change the way research is carried out under the auspices of Providence, over the past year, IWR has partnered with Providence Research and the BC Centre on Substance Use to create an Indigenous Research Advisory Committee, which will structurally embed Indigenous governance and decision-making, research methodologies, and principles throughout research cycles. With the endorsement of the research centres under Providence Research's umbrella, IWR and Providence Research will look to roll out this initiative in 2025.

IWR and Providence Research jointly took part in a Research Challenge project, focused on supporting the Research Ethics Board members' understanding

of OCAP (Ownership, Control, Access, Possession) principles. The project supported online training for members and analyzed the effectiveness of the training on their grasp of how OCAP pertains to principled research, data sovereignty, and information gathering that respects Indigenous data sovereignty. This learning continues for Providence, as it looks to meet its goals in a good and timely way.

IWR also supports and attends the annual Providence Research Skunkworks event, which is designed to bring multidisciplinary teams together and empower them with mentorship and rapid problem-solving tools to address challenges related to a particular challenge in health care. IWR provides advice and mentorship to teams around ensuring their work and projects consider Indigenous perspectives and realities and uphold Providence's commitments to embed Indigenous cultural safety into their work.

IWR has also had the opportunity to partner with Providence's Professional Practice Office to offer learning opportunities for Providence staff who lead or carry out research projects. Some activities include:

- Co-hosted a lunch and learn opportunity with Dr. Tanya Ball, who shared with attendees some insights into Indigenous knowledge and research methodologies.
- Continued work to embed cultural safety practices into the Research Challenge, an annual competition where Providence staff can create small-scale research projects and work with mentors as a way to learn basic research skills.

Indigenous wellness services

The Indigenous Wellness Team at Providence is available to support Indigenous patients and their families. We are here to coordinate culturally safe wellness supports and services.



IWR Communications and Public Relations

During the 2023-2024 period, a notable accomplishment was the development and integration of Indigenous-specific web content and pages into the broader Providence website refresh project, the “Digital Front Door”. This achievement was the result of extensive engagement with a diverse cross section of Indigenous users (including youth, Elders, two-spirit, living at home, living away from home) and rigorous testing. Our primary objective was to ensure that Indigenous visitors to our sites encounter accessible content, photography where they could see themselves, and clear and user-friendly language and tone that resonates with their experiences and identities.

Furthermore, this year marked successful collaboration with St. Paul’s Foundation (SPF) communications team on various marketing and fundraising initiatives. Together, we developed a comprehensive “case for support” resource, designed to facilitate fundraising discussions with potential donors. Additionally, we partnered to use that content to curate pillar website pages on the SPF website, strategically crafted to inspire donations directly through the site. We also partnered on the production of a fundraising video titled “A Day in the Life of an Indigenous Wellness Liaison,” delivering a compelling narrative to bolster our fundraising endeavors. This video highlights reflections from IWLs, IWR leadership and an Emergency Department Physician.

[Click here](#) to watch, “A Day in the Life of an Indigenous Wellness Liaison:



Looking Forward: What We Are Working On In 2024 and Beyond





Partnerships-Forward: Partnerships

- Maintain regular processes of collaboration with Host Nations leadership, Knowledge Keepers, and advisors.
- Implement health system improvement initiatives with the First Nations & Aboriginal Primary Care Network.
- Embed meaningful opportunities for Host Nations and Indigenous businesses into our procurement processes.
- Gather input from and seek deep understanding of the experiences of Indigenous patients, families, residents, and service organizations to help improve our care delivery.



People-Forward: Inspiring people and teams

- Undertake practical and actionable Indigenous Cultural Safety education.
- Improve safety and quality of Indigenous self-identification (ISI) processes.
- Advance cultural safety reviews of Providence policies.
- Embed the Cultural Safety and Humility Standard (HSO) and Indigenous Cultural Safety Policy into organizational and care delivery practices.
- Promote Indigenous recruitment and retention measures that make Providence a great place to work for Indigenous staff and medical staff.



Quality-Forward: Exceptional Quality, Safety and Value

- Expand and further developing the Indigenous Wellness Liaison (IWL) program.
- Advance cultural safety in critical incidents and complaints investigations and responses.
- Implement and evaluate focused Indigenous cultural safety improvement projects in high priority sites and care areas.
- Increase the cultural safety of our physical spaces.
- Expand access to cultural and traditional foods in Providence facilities.
- Advance a shared vision and service planning with the Host Nations for a new Indigenous Wellness and Welcoming Centre.



Learning-Forward: Discover, Learn & Innovate for Impact

- Embed Indigenous leadership and decision-making structures into our research systems and processes.
- Lead the development and publication of actionable and reliable ICS indicators that illuminate patient experience, health system performance, and the effectiveness of our efforts and investments.
- Provide safe and identity affirming ways for Indigenous peoples to share their experiences of care at Providence sites.
- Uphold Indigenous data governance principles, policy, and protocol in our knowledge gathering, analysis, and dissemination.

PHC Indigenous Wellness & Reconciliation

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We would like to humbly and gratefully acknowledge that the work of Providence Health Care is delivered on the unceded, traditional, and ancestral lands of the Coast Salish people—and in particular, the xʷməθkʷəyəm (Musqueam), sḵwxwú7mesh (Squamish), and sə́lilwətaɫ (Tsleil-Waututh).

We would also like to acknowledge all the traditional territories upon which we deliver our services, and the Nations who have been stewards of these lands since time immemorial.

