
DECISION SUPPORT DOCUMENT FOR

- Board of Directors Board Committee - Governance Senior Leadership Team
 Other (please specify):

Date Prepared: April 2, 2024 Meeting Date Prepared for: April 10, 2024

Subject: Accreditation Standard Feature

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- DECISION SOUGHT* FOR DISCUSSION/INPUT FOR INFORMATION ONLY

PURPOSE

- As part of the hospital's efforts to embrace the new continuous model for Accreditation and embed it into our daily work, committees will feature 1-2 criteria from an Accreditation standard that applies to their committee's work at each meeting
- These features will provide an opportunity for the committee to discuss the standard and how HGMH achieves compliance, identifies opportunities for improvement, while ensuring the committee is well-equipped to make informed decisions and recommendations related to quality

STANDARD / CRITERIA FEATURED

Include the standard name, number(s), statement(s), guideline text, and other information if applicable

High Priority – Population Focus

5.1.2 The governing body provides its members with education and continuous learning on cultural safety and humility and systemic racism.

Guidelines

The education and continuous learning helps the governing body members understand issues related to systemic racism and the need for cultural safety and humility principles to be embedded in their service delivery.

The education and continuous learning can be undertaken in various ways. A combination of community-led didactic or online training, community engagement, and reflective practice to increase the cultural knowledge and skills. The governing body leverages resources available to provide this education and continuous learning (e.g., through community resources, other health authorities and jurisdictions, international resources). Anti-racism and cultural safety and humility education and continuous learning includes, but is not limited to information about:

- The communities that the organization works with.
- The inter-related concepts of colonialism, power, privilege, racism, discrimination, prejudice, and bias within settler societies.
- How racism in the health care system reflects the lack of respect and implementation of the basic human rights of communities.
- Structures and systems that produce and perpetuate health inequities.
- Trauma and violence informed care, harm reduction and lateral kindness.

- What anti-racism and cultural safety and humility means, as well as strategies for applying the concepts in practice and everyday life.
- Co-design with communities and organizations.
- The ways in which stereotyping, and discrimination manifest themselves in health care and strategies for interrupting discrimination.
- Protocols for how whistleblowers can safely and confidentially report incidences of direct or indirect experiences of racism and discrimination associated with the organization, without fear of negative consequences.
- Key documents and resources (including relevant jurisdictional documents) that support the education and continuous learning goals.

6.1.3 *The governing body provides its members with education and continuous learning on cultural safety and humility and Indigenous-specific systemic racism.*

Guidelines

The education and continuous learning helps the governing body members understand the related to Indigenous-specific systemic racism and the need for cultural safety and humility principles to be embedded in their service delivery.

The education and continuous learning can be undertaken in various ways. A combination of Indigenous-led didactic or online training, community engagement, and reflective practice to increase the cultural knowledge and skills. The governing body leverages resources available to provide this education and continuous learning (e.g., through First Nations, Inuit, and Métis community resources, other health authorities and jurisdictions, international resources).

Anti-racism and cultural safety and humility education and continuous learning includes, but is not limited to information about:

- The Indigenous peoples and communities that the organization works with.
- The inter-related concepts of colonialism, power, privilege, racism, discrimination, prejudice, and bias within settler societies in Canada from an Indigenous perspective.
- How racism in the health care system reflects the lack of respect and implementation of the basic human rights of Indigenous peoples and communities.
- Joyce's Principle (aiming 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.) and Jordan's Principles (aiming to eliminate service inequities and delays for First Nations children).
- Structures and systems that produce and perpetuate Indigenous health inequities.
- Trauma and violence informed care, harm reduction and lateral kindness.
- What anti-racism and cultural safety and humility means, as well as strategies for applying the concepts in practice and everyday life.
- Co-design with Indigenous peoples and communities and organizations.
- The ways in which stereotyping, and discrimination manifest themselves in healthcare and strategies for interrupting discrimination.

- Protocols for how whistleblowers can safely and confidentially report incidences of direct or indirect experiences of Indigenous-specific racism and discrimination associated with the organization, without fear of negative consequences.
- Key documents and resources (including relevant jurisdictional documents) that support the education and continuous learning goals. Examples include: United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Truth and Reconciliation Committee’s Calls to Action (TRC), National Inquiry into Missing and Murdered Indigenous Women and Girls report (MMIWG), In Plain Sight report, and other relevant jurisdictional documents such as BC Declaration on the Rights of Indigenous Peoples Act (DRIPA), BC’s Métis history and the Indian Act (including its negative impacts) and others.

DISCUSSION QUESTIONS

Choose 1-2 questions from the list below to guide discussion at your meeting, or create your own question(s)

- What does this standard mean to you / why is it important for this team?
- What new things can the hospital implement to meet this standard and support the Board of Directors?