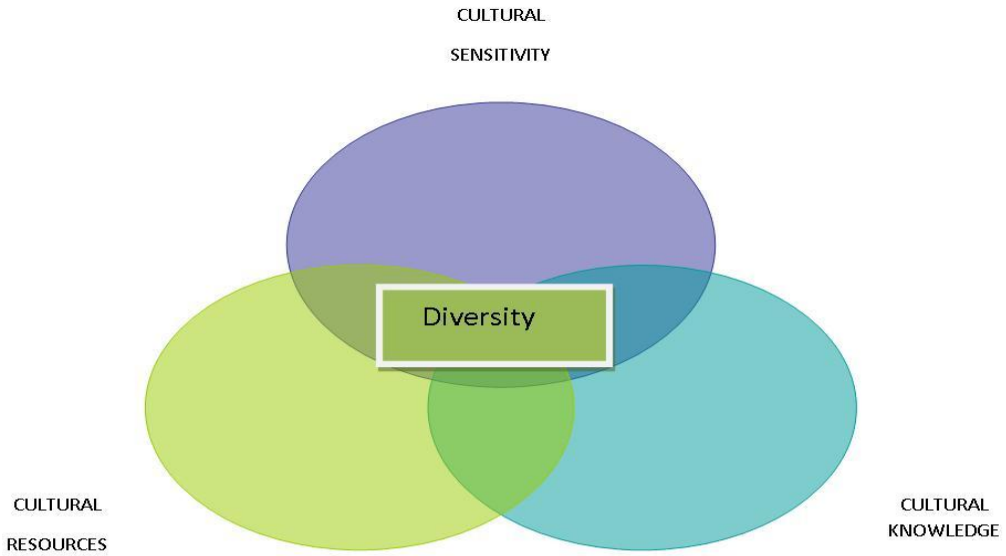
Lake of the Woods District Hospital Cultural Competency Plan 2013-14



'When you know better, you do better.

Dr. Maya Angelou

Srivastava 2007

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DEFINITIONS

Cultural Competency:

Culture competence in the workplace can be described as a congruent set of workforce behaviours; management practices and institution policies within a proactive setting resulting in an organizational environment that is respectful and inclusive of culture and other forms of diversity.

CAM(H) September 2009

Diversity means a commitment to cultural competent practices that eliminates discrimination and disparity; affirm differences and actively engage in strategies that draw on the strengths of the difference to develop innovative and transformative health strategies that maximize the health economic and social benefits.

RNAO 2007

Cultural Sensitivity:

Cultural Sensitivity means being aware that cultural differences and similarities exists and have an effect on values, learning and behaviour.

Stafford. Bowman, Eking, Hanna, & Lopoes-Defede (1997)

Cultural Safety:

Cultural safety is currently a concept that is used in the training of people in certain professions in Canada such as nurses and social workers to help work with Aboriginal populations. Cultural Safety is defined by patients/clients.

More or less – an environment, which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening.

[1] Ramsden, IH (1992) *Cultural safety in nursing education in Aotearoa* at the Year of Indigenous Peoples Conference, Brisbane.

Diversity Planning Requirement

Health Service Provider (HSP):	Lake of the Woods District Hospital
HSP contact name & position:	Mark Balcaen CEO
Reporting Period:	October 30, 2013 to August 31, 2014

		For LHIN Use Only
Service Accountability Agreement (SAA) performance indicators	Performance Target	Actual Performance Results
The Health Service Provider will submit a Board approved cross cultural competency plan	Due October 30 for 2013, and August 31 every additional year.	<date received>

KEY RESULTS AREAS	EXPECTATIONS/PLANNED ACTIONS	EXPLANATION OF HSP PROGRESS TOWARDS ACHIEVEMENT OF ITS PLANNED ACTIONS (use separate page if necessary)	CHALLENGES and RISKS	STRATEGIES FOR IMPROVEMENT/ OUTCOME
Awareness and Access	Gather information annually for your service area and clientele that describes the diversity of the population (racial, ethnic, language, sexuality, physical capability, income levels, etc.).	To identify demographic and cultural profile in order to focus on our target group, LWDH will **c**onsult the results of the Canadian Census information for our catchment area. Visit the LHINS website for a demographic scan of our area. Monitor demographics every three years. Update Appendix as attached.	Lack of resources/time constraints i.e. funding/manpower to collate data, reliability of collateral data sources.	Change the cultural training and efforts to reflect the cultural change of the environment.
Awareness and Responsiveness to Diversity/Patient Satisfaction	Evaluation of staff perceptions of the diversity of the region.	Cultural Awareness Training module and a training session to be completed by all new hires, current staff and students. All staff are requested to complete a post training evaluation tool which is submitted to the Education Manager. HR will provide Unit Managers with statistics of staff compliance and all efforts will be made to allocate time for staff to complete/attend the training sessions. Staff are asked to evaluate the training modules and provide recommendations. Educational department will monitor student compliance. Enhance anti stigma Best Practices with staff and students through many venues.	Inaccessibility of staff to provide feedback due to shift work and staff shortages. Staff engagement/buy-in	The Educational Manager will review staff evaluation/feedback submitted post training sessions and make quality improvements as necessary. We will share anti- stigma material with 100% of all staff and students eg. Articles in the newsletter
	Health services and materials reflect the diversity within the community (e.g. health information is in a language and format that is accessible, interpreters are in place).	In-house Aboriginal advisor and/or a social worker are available for patient/client and family support. LWDH Aboriginal services pamphlet available to patient/client/family in waiting room areas. In-house interpreter services available 24/7. Provide visual "welcoming" environment throughout the organization as evidence by: - Medicine Wheel portrait hung in hospital. - Portraits of Anishinaabe people in the ultra sound waiting room. - Psychiatry unit: Hallway display eagle quilt. - East medicine and pediatrics: Hallway portrait of turtle. - Boardroom table Medicine Wheels. - Additions of Aboriginal art throughout the hospital. - Posted Prime Minister's apology letter to the Aboriginal people. - Cabinet for traditional medicine will be displayed in the Emergency department area. - Seven Grandfather teachings displayed in a key location to be announced. - Donations are encouraged for Aboriginal art which would be placed throughout the hospital. - Spring and Fall feasts are hosted by the LWDH Morning Star/Community Programs. - Summer picnic in appreciation of the staff includes cultural components such as "Anishinaabe Drummers and Dancers". - Cultural food offered in the cafeteria such as "Bannock Thursdays". - The Manager of Aboriginal Services will submit a monthly cultural knowledge article to the LWDH Newsletter.	Community's economic pressures may result in decrease donations Developing the relationship with Community Partners to enhance our interpreter services.	Results of increased Staff cultural awareness and patient/client comfort should be reflected in the patient satisfaction survey results. Alternate methods of delivering the survey must be explored with inputs form Elders for cultural appropriateness.

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	Safe and culturally competent mechanisms are in place for client feedback.	Mediation of complaints/conflict between the hospital and First Nation people. Telephone or verbal complaints will be written up on behalf of the patient/client to eliminate barriers due to the use of our written process. Reported data will be submitted into Risk Monitor to be investigate (as per LWDH policy) Hospital Patient comment cards are available in service areas and on the hospital website throughout the year. QA/RM Manager prepares an annual summary from comment cards with action taken and shares report with Board, QA/RM Council and Senior Management.	Potential reluctance in suggestion/complaint submission.	Explore alternate methods of suggestion/complaint submission. Goal: 100% of complaints will be acknowledged & investigated. 80% will have a mutual agreeable resolution
	Evaluation of patient satisfaction about perceptions of treatment and respect for patient preference.	Patient Satisfaction Survey will be conducted once/twice a year. The HSP will create and conduct a client experience survey for: a) the major programs/services offered by the HSP; or b) the HSP as a whole program where the program services are substantially homogenous (i.e. all Addictions Programs) Within 3 months after year end, the HSP will report the results of the client experience surveys, separated based on a) or b) above. LWDH will continue to hold the annual In-House Patient Satisfaction Survey which includes the question "I felt that the doctors, nurses and other hospital staff were respectful of my cultural needs".	Not capturing a diverse population aggregate	Need to explore alternate survey methods and ability to respond
	Diversity competency is positioned as a core function within operations (e.g. job evaluations include diversity competence).	Incorporate skill sets related to cultural competency into job descriptions and job performance measures. Anti-harassment/discrimination policies are compliant with legislation.	Manpower requirement to make changes to performance appraisals and job descriptions may overwhelm our resources	Allocate a certain number of Job descriptions and performance appraisals per year to speak to culture and reflect the requirement for ongoing Cultural training. Staff are aware of the Code of
Understanding, Managing and Training	The HSP will use information about the diversity of the service area and clientele to develop a plan for diversity training and development of the workforce, both present and future employees, including all levels of the organization.	LWDH will develop an approved Cross Cultural Competency Plan as per Diversity Planning LHINS performance targets. This plan includes cultural training and development for the workforce for both present and future employees. Ad hoc working committee in partnership with representatives from First Nations communities have developed an educational Module which was reviewed and endorsed by local Respected Elders (Knowledge Keepers) Organized cultural awareness events with healthy lunches for all staff to attend and attendance is monitored.	Inaccessibility of staff to meet expectations due to shift work and staff shortages. Unavailability of Aboriginal services after hours and weekends. Staff engagement/buy-in.	Additional funding will be explored in order to provide evening and weekend training sessions. 80% of all staff/students will complete the cultural orientation module by the end of December 2014. 80% of all staff and students will completed one cultural awareness event annually.
Organizational Culture Change which values Diversity	Commitment to diversity representation in the workforce, boards and committees.	Ensure staff represents a diverse culture as well as reflects 25% of First Nations People. The Human Resource Department will develop a Diversity Plan. Survey staff to self-identify ethnicity to help with the development of the Diversity Plan. Policies such as employment equity and disability accommodation are in place. Implement pre-employment activities for example Co-op students from local high schools, facilitating practicums for practicum and university students.	Dependent on LWDH employment availabilities/vacancies. Low staff turnover. Low staff response to self-identify Aborignal heritage may be difficult to determine culture of workforce.	Staff survey results reflect ethnicity and sets goals. ENDS; policies and practices reflects a safe multicultural dynamic work place.
	Will work toward providing a model of care that respects the diversity for the client.	LWDH has adopted Cultural Competency as a written, strategic priority as evidence by its inclusion in the organization's strategic plan; QIP, mission; ENDS; policies etc. LWDH Board and Administration will incorporate Anishinaabe values and traditions into its service delivery model.	Non-Aboriginal may feel threatened.	Cultural Competency is a considered and incorporated in all program development processes.

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	Processes are in place to promote diverse engagement (e.g. reps on committees, engagement in strategy, program and service development).	Implement representation of Anishinaabe on the LWDH Board and Board Committees. At least three out of nine elected Board members represent the Anishinaabe population in our catchment area. LWDH will have at least 1/3 representation of the Anishinaabe population on their Hospital Board and its committees throughout the organization. Maintain regular meeting of the LWDH staff and Anishinaabe community partners including First Nation Health Directors and/or Elders. LWDH Board members (Ownership Linkages group) regularly visit the regional First Nations Communities. First Nation community members identify areas of improvement related to hospital health services for the Anishinaabe people in our community/service area. Board members collect comments and suggestions from members from the meetings in these Anishinaabe communities. Ongoing collaboration with the Sioux Lookout Meno Yah win Health Centre.	Commitment expectations imposed on the Hospital Board members may discourage potential Hospital Board/Committee applicants (i.e. time, travelling)	Board Directory continues to reflect one-third representation from First Nations. Ongoing engagement between LWDH and First Nation community partners. Meeting minutes of the Health Advisory Committee reflect their commitment to cultural diversity within our hospital service. Board Ownership and Linkages report on feedback from the communities visited and action taken. Active partnership between LWDH and Sioux Lookout Meno Yay Win in order to share valuable cultural plan initiatives.
Renewal and Expansion of Diversity Initiatives	Integration with different diverse organizations to provide different options of service to clients, including, but not limited to traditional and holistic approaches.	Native Healer Coordination Program to be accessed by all staff when required. by phone, email page or by completing a referral form submitted by fax. Staff will contact the manager of Aboriginal services of Community Programs for patient/client and family support when appropriate.	Service availability; only one person does this role. Lack of funding to increase staffing.	Monitor and audit that cultural inclusive Health care services will be accessed when required.
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Questions about the report

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Please submit the report to

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APPENDIX A

CURRENT DEMOGRAPHIC STATUS OF KENORA IDN

1

Kenora Local Health Hub Communities, 2006 and 2011 Census CSD/Community Table 1:	Type of CSD	2006 Census	2011 Census	% Change
Kenora	City	15,177	15,348	1.1
Sioux Narrows-Nestor Falls	Township	672	720	7.1
Whitefish Bay 32A	Indian Reserve	622	670	7.7
Whitefish Bay 33A	Indian Reserve	53	79	49.1
Whitefish Bay 34A	Indian Reserve	94	126	34.0
Shoal Lake (Part) 39A	Indian Reserve	346	388	12.1
Shoal Lake (Part) 40	Indian Reserve	105	101	-3.8
Shoal Lake 34B2	Indian Reserve	126	97	-23.0
Rat Portage 38A	Indian Reserve	316	362	14.6
The Dalles 38C	Indian Reserve	156	195	25.0
Kenora 38B	Indian Reserve	350	394	12.6
Kenora, Unorganized	Unorganized	7,041	7,031	-0.1
Northwest Angle 33B	Indian Reserve	40	86	115.0
English River 21	Indian Reserve	633	639	0.9
Wabaseemoong	Indian Reserve	786	832	5.9
Lake Of The Woods 37	Indian Reserve	58	46	-20.7
Sabaskong Bay (Part) 35C	Indian Reserve	0	0	0.0
Sabaskong Bay 35D	Indian Reserve	390	387	-0.8
Kenora LHH Total		26,965	27,501	2.0
Data Source: Statistics Canada. 2011 Census and 2006 Census.				

Taken from the Northwest LHINS website

Table 2: Population Characteristics, 2011 Census Indicator	Red Lake LHH	Kenora LHH	Dryden LHH	Kenora IDN	North West LHIN
Total Population	5,465	27,495	10,170	43,130	231,1201
% Age 65+	11.4%	15.5%	17.7%	15.5%	16.0%
% Age 75+	4.6%	6.9%	8.1%	6.9%	7.3%
% Aboriginal Identity2	13.4%	25.6%	14.2%	21.8%	19.2%
% Francophone	4.5%	2.3%	3.4%	2.9%	3.4%
Data Source: Statistics Canada. 2011 Census and 2006 Census. 1Adjusted for incompletely enumerated Indian Reserve Census Subdivisions. 2 Based on 2006 Census; questions on Aboriginal identity not included in 2011 Census.					

2

Kenora – Non-official languages

In Kenora, the three most common mother tongues (ther than English) were Ojibway (1.7%), German (1.0%) and Ukrainian (0.9%), in 2011. In comparison, the most common mother tongues at the provincial / territorial level were Italian (2.1%), Chinese, n.o.s. (1.6%) and Cantonese (1.5%).

Source 2011 Census

3

Traditional Aboriginal Spirituality

Just over 64,900 people reported in the NHS that they were affiliated with traditional Aboriginal spirituality.

They represented 4.5% of the Aboriginal population and 0.2% of the population as a whole.

Most of the people who are affiliated with traditional Aboriginal spirituality resided in Ontario (24.5%)

Source: This report was prepared by Tina Chui of Statistics Canada's Social and Aboriginal Statistics Division and John Flanders of Communications Division, with the assistance of Thomas Anderson and the staff members of Statistics Canada's Social and Aboriginal Statistics Division, Census Subject Matter Secretariat, Geography Division, Census Operations Division, Dissemination Division and Communications Division.