

INDIGENOUS ADVISORY COUNCIL TERMS OF REFERENCE

PURPOSE

To provide a forum within which to be heard on matters related to planning and evaluation of programs and services, and to discuss issues and advise on improvements to programs, services, and other operational matters to ensure we provide services in a wholistic culturally and appropriate manner that is client-centered and respects family and community values.

To provide Indigenous clients, families, and community members an opportunity to learn about Lake of the Woods District Hospital and all programs and services it delivers and to participate by sharing that information with other community members as opportunities arise.

MEMBERSHIP

Membership is voluntary. Interested parties will be evaluated based on the attached Membership Matrix, Schedule A. Members must be committed to community diversity. Flexibility to fill the roles.

Total of 15 voting members plus 6 ex-officio members.

Member representatives would be selected from local communities as well as the following:

Lake of the Woods District Hospital members:

VP Corporate Services (ex-officio)

VP Patient Services (ex-officio and co-chair)

Community Project Planner (ex-officio)

Executive Assistant (support)

Patient Care Manager – Emergency, Domestic Violence & Sexual Assault

Indigenous staff representative

Indigenous Patient & Family Advisory Committee representative

Board Director representative (appointed by the LWDH Board)

Kenora Chiefs Advisory members:

Director of Strategy and Innovation (ex-officio)

Community Project Planner (ex-officio)

Director of Community Health & Cultural Services

KCA Cultural Services Manager

KCA Elder Chairperson, KCA Elder Advisory Committee

Board Director representative (appointed by KCA Board and co-chair)

Waasegiizhig Nanaandawe'iyewigamig members:

Senior Manager/Director (ex-officio)

Indigenous Transitions Facilitator
Board Director representative (appointed by WNHAC Board)
Member of Client Advisory Committee

Community members:

Four (4) members from various communities

The opportunity to participate as a community representative will be advertised in the communities. A recruitment/selection ad-hoc will come together on an as-needed basis to coordinate communications. This group will consist of one representative from each organization (LWDH, WNHAC, KCA). This group will also review applications of interested parties, interview potential candidates, and complete the committee composition matrix to ensure that as many aspects of the matrix as possible are represented by the members. Effort will always be made to have a full compliment of community members on the Council (four) and that those members represent elders, adults, and youth as well as members from urban and rural/remote communities on the Council.

TERM

Two years for each member with the option for renewal.
Terms of Reference to be reviewed on an annual basis.

RESPONSIBILITY AND ACCOUNTABILITY

The Council, with representation from KCA, WNHAC, and community membership, will discuss Hospital and First Nations Care issues and make recommendations to the Current Operations Innovations Working Group.

The Indigenous Advisory Council is accountable to the Current Operations Innovations Working Group.

Minutes of each meeting will be shared with each organization represented on the Indigenous Advisory Council.

CHAIRPERSON

The committee will be co-chaired by the LWDH VP of Patient Services and a KCA Board Director or designate.

NATURE OF THE WORK (COMMITMENTS AND PROCESSES)

- A collaborative network of clients motivated to inform good change and health transformation. A key strategic goal of Lake of the Woods District Hospital is our commitment to effective, community-directed care.
- Our strategic priorities include modeling collaborative governance which is about working together with communities to clarify purposes, expectations, avoid duplication, solve problems, and develop solutions.
- Bi-monthly meetings will be held in person whenever possible.

- The Council will operate on a consensus basis. In the event a vote should be required, quorum will be a majority of all active members (for example if membership slate is full, majority is 8/15 voting members).
- The co-chairs will draft an agenda for approval by the committee and facilitate meeting discussions.
- Information required to support the committee's discussions will be shared in advance of the meeting.

DUTIES AND RESPONSIBILITIES

Committee members are expected to:

1. Share their experience as an LWDH patient to inform quality improvement;
2. Attend and actively participate in regular meetings;
3. Advise and provide guidance to LWDH for the development of programs and services;
4. Promote and share how LWDH serves the patients from our communities;
5. Connect clients to services.
6. Connect LWDH to First Nation values, protocols, customs, and traditions.

Schedule A

COMMITTEE COMPOSITION MATRIX

	Primary	Secondary
Lives on-reserve		
Live off-reserve		
Has young/caregiver to children		
Over 55 years old		
Is considered a youth (generally 29 and under)		
Has a chronic illness		
Has a disability		
Is/has been a caregiver to someone palliative		
Is/has been a caregiver to someone with chronic illness		
Traditional Healer		
Uses traditional healing		
Understands ceremonies		
Experienced ceremonies		
Speaks Anishinaabemowin		
Understands Anishinaabemowin		
Speaks English		
Understands English		
Understands Intergenerational trauma		
Experienced Intergenerational trauma		
Can travel alone		
Needs helper for travel		
Participated in Advisory Group		
Participated in Committees		
Has recently been a patient at the hospital or the family member of a patient who has accessed service in the past two years		
Member of the Metis community		
Is an elder in their community		