Patient-Centred Measurement Indigenous Advisory Committee Intentions and Agreements

August 31, 2025

We will know that we have achieved cultural safety when the voice of the people receiving our services tells us we have.

First Nations Health Authority
Policy Statement on Cultural Safety and Humility

Understanding who the Métis are helps us create a safer and more welcoming community for all people. When the general public understands who the Métis are, the Métis are more likely to be included, acknowledged and valued. They are also more likely to experience programs and services that address their unique needs as Métis people, and this will contribute to feelings of cultural wellness. By undertaking this learning, you will gain knowledge and skills to help you interact with Métis people in a culturally responsive way.

Kaa-Wiichihitoyaahk (We take care of each other)
Métis Perspectives on Cultural Wellness

Context

The members of the Patient-Centred Measurement Indigenous Advisory Committee (IAC) are committed to the leadership of First Nations, Métis, and Inuit voices within the health care system by ensuring that the structure of this committee is representative of Indigenous worldviews. To demonstrate this, we begin our terms of reference with the teachings of the Sacred Fire, which informs the series of Agreements intended to guide the intent and participation of membership.

Fire Agreements

Agreements about how IAC members will work together were developed in the first year of the Committee's work (May 2020 – April 2021). These Agreements serve as a reminder about why the group comes together and how each member is an important contributor. The Agreements also serve as an exemplar of how the group is working to support cultural safety and humility.

The Fire[1]

An intentional place. One would not light a fire without a purpose. Although the purpose may vary from functional (heat) to ceremonial/spiritual (connecting with ancestors), it is important to know the reason for starting the fire. Often individuals involved in lighting a fire have specific roles. For example, Fire Keepers may hold a leadership[2] role; others are there to support; others may not attend but are acknowledged for the wood/fuel/gifts they prepared. The ongoing nature of the fire may be impacted by external forces outside of our control, or there may be rules about what can be put into the fire and what cannot.

In translating this principle to conventional terms, those around the fire are required to reflect on the following:

- *Know why you are here*: What is the purpose of this gathering or space?
- *Know your role*: Who lit the fire? Who leads it? Are you here to add something or 'keep warm? Have we acknowledged those who are not here or contributed in other ways?
- *Know what to contribute*: Have we agreed upon what we bring to this space and how we bring it?

[1] The fire is mentioned at 1:21 of this video https://www.youtube.com/watch?v=t7ALJ7viGog&t=1709s by Willie J. Ermine, Assistant Professor Emeritus with the First Nations University of Canada. The analogy was expanded on by IAC working group members: Mark Matthew, Jenny Morgan and Dion Thevarge.

[2] Consideration of 'leadership' as a non-hierarchical approach. Leadership may change depending on what the reason is for lighting the fire. For example, the person who has the most experience with the issue we are working on at the time will take a leadership role but when we shift to other issues, another leader may step forward to provide their knowledge and experience in a particular area.

Our Agreements

How do you bring your knowledge, skills and experience to the gathering to ensure that what we each contribute is meaningful?

I have prepared myself (I have gathered knowledge)

- I continually seek to understand our shared history, the foundation of racism on which our systems exist and the harm these systems inflict on First Nations, Métis and Inuit Peoples
- I humbly acknowledge my unearned privilege and intend to leverage that privilege for the benefit of others
- I will elevate ancestral teachings and recognize Indigenous ways of knowing as legitimate foundations to this work (Evidence and Ethics)
- I appreciate the strength of First Nations, Métis, and Inuit

I will hold myself responsible (I am a safe person)

- I will reflect and navigate my personal biases when they arise to limit harm in this space
- I can share my truth and will hear yours without judgment – everyone's voice is important; I am prepared to lead by example and model these agreements in this space and others

I commit to change (I am ready)

- I accept Indigenous ways of knowing and being
- I will situate myself in this space
- I will initiate or continue work that has both immediate and long-term positive impact for First Nations, Métis, and Inuit
- I will strive to be humble and focused when in this space, appreciating that I am participating in a process of change

Background

The British Columbia Office of Patient-Centred Measurement (OPCM) on behalf of the British Columbia Patient-Centred Measurement Steering Committee (SC), which includes representation from the Ministry of Health and the seven health authorities, implements a program of provincially coordinated, scientifically rigorous surveys to solicit feedback from patients about their assessment of the quality and safety of their healthcare experiences in British Columbia.

With great humility, the OPCM and SC acknowledge that prior to 2020 no structure existed to ensure Indigenous representation and leadership to lead meaningful change in patient-centred measurement. The Patient-Centred Measurement Indigenous Advisory Committee was formed in

2020 to provide advice to the OPCM on Indigenous patient experience and cultural safety measurement.

The OPCM and SC commit to ensuring that First Nations, Métis and Inuit leadership is permanently in place to move towards decolonizing colonial methods and processes that are inherent in patient-centered measurement.

The IAC's role is to advise the OPCM and SC on the application of Indigenous ways of knowing throughout the PCM process (i.e., survey tool selection and development, data collection processes, reporting and dissemination) and to prioritize PCM-related matters impacting First Nations, Métis and Inuit patients.

The IAC will guide the OPCM in evolving patient-centred measurement and how it is conducted in BC with Indigenous Peoples. IAC members will have reciprocal learning opportunities, individually and collectively, about existing methods and the application of Indigenous methodologies to patient-centred measurement. These learning opportunities may be presented through peers, networking, contributing to materials shared regionally, provincially, nationally and internationally, and where there is interest, to be involved in presentations and writing journal articles for publication to a broader audience.

First Nations, Métis and Inuit are distinct, rights-bearing communities with their own unique histories, including their history and relationship to the Crown and existing colonial institutions (Canadian Department of Justice, 2018). The work of repairing and renewing relationships based on the recognition of Indigenous rights, respect, co-operation, and partnership must reflect the unique interests, priorities and circumstances of each Peoples.

Adopting the United Nations Declaration on the Rights of Indigenous Peoples as its framework, the OPCM will take responsibility for the respectful development of relationships with and between First Nations, Métis, Inuit and provincial healthcare organizations in a manner that upholds Indigenous rights, values, beliefs and legal systems. The OPCM will aspire to develop and incorporate Indigenous methodologies for patient-centred measurement and is aware of the collective journey required to shift the current system.

We would like to thank and honour all the First Nations, Métis, and Inuit voices and perspectives that have contributed to these efforts and shared their voices to this point. We are grateful to continue their work for the next seven generations.

Scope

The role of the Indigenous Advisory Committee is twofold:

1. **Advise on current work (Indigenous lens to 'just in time' work):** *Provide advice toward decolonizing and Indigenizing processes in the development and implementation of province-wide surveys of people's experiences of health services.*

With First Nations, Métis, and Inuit perspectives, the IAC will contribute to:

- Prioritizing measures of quality that are meaningful to Indigenous families and communities, with attention to approaches for data collection, reporting and dissemination of information that upholds Indigenous rights and data governance;
- Advising on survey instruments or methods used to collect patient, family and community reported experiences and outcomes of care;
- Providing input on the development and testing of question lines that address prioritized survey themes;
- Advising on the process of recruiting and interviewing of First Nations, Métis, and Inuit patient partners for testing of question lines;
- Providing input on methods for collecting information/conducting the survey;
- Reviewing, commenting and making recommendations on report structures and key messages; and,
- Assessing the cultural safety and effectiveness of initiatives undertaken by members of the SC and OPCM and suggest improvements that may lead to more strategic-focused work.

2. **Strategic role:** *To explore how Indigenous knowledge, experiences and ways of knowing can inform, transform and decolonize current PCM processes.*

   IAC members will consider if and how current information collection methods from First Nations, Métis, and Inuit community members could/should be adopted, adapted and/or changed to collect information in a more culturally appropriate, innovative and relevant way that reflects Indigenous lens, lean and led approaches. IAC members will ensure there is an ethical focus on actioning and utilizing collected information to improve the healthcare experiences and outcomes for Indigenous Peoples.

Membership and Governance

Leadership of the IAC rests with its members, ensuring that the work is guided by an intentional Indigenous lens that is developed and shaped by First Nations and Métis Peoples.

Membership is established on an ad hoc basis. Current IAC members are encouraged to nominate potential members involved in similar work who are interested in enhancing Indigenous PCM. The IAC will include representatives from First Nations Health Authority and Métis Nation British Columbia, and may also include other Indigenous participants. Co-Chairs will be selected from within the membership through a nomination process.

IAC membership may evolve, as needed, to ensure a balanced representation of perspectives and expertise to inform the work of the OPCM. There are no fixed terms; members may cycle on and off based on the roles, availability, and the evolution of IAC priorities.

IAC membership shall include up to two members who are new in their careers and join the committee as mentees.

The IAC advises the OPCM directly through the Executive Director. The IAC can also provide strategic recommendations to the SC for final review and decision. One of the IAC Co-Chairs will serve as a member and primary IAC liaison to the SC and will attend SC meetings.

Members of the OPCM are considered Fire Keepers, working to support the progress of the IAC and its fire. In this role, members of the OPCM:

- Provide secretariat support to the IAC.
- Ensure a safe space for Indigenous peoples to meaningfully participate in these processes. This will include scheduled feedback sessions as needed, where processes may change and/or be adapted to ensure ongoing safety and alignment to the agreements above.
- Participate in discussions but not decision-making.
- Allocate funding to support community engagement, including honoraria and/or compensation for patient partners and Elder representatives participating on the IAC.
- Support the Co-Chairs of the committee in calling/hosting meetings, and organizing the logistics of meetings.
- Identify a facilitator as a possible contact for all IAC members if conflict or concerns arise, and collaborate with Co-Chairs to mediate and/or mitigate as needed. Any actions taken shall be culturally informed in alignment with the agreements above.

Meetings

The Indigenous Advisory Committee will meet at the call of the Co-Chairs. Meetings will be by video conference. One annual meeting may be held face to face if the purpose of the meeting is more meaningfully done in person or members suggest it would be helpful to meet in person and resources permit.

Quorum requires input from one IAC Co-Chair, one First Nations member, one Métis member and one OPCM member.

Quorum is required only for decisions that are strategic in nature or relate to the development of a specific IAC product such as the *Indigenous Cultural Safety* module or *Conceptual Framework for Indigenous Approaches in Patient-Centred Measurement*. Considerations for endorsement can take place during formal meetings and may include options by email if necessary. Additional meetings may be called for the purpose of an intentional and distinct conversation amongst the Indigenous committee members on an as needed basis.

The Committee may engage the expertise of non-committee members when needed.

Additional Membership

Indigenous Elder Advisor "touchstone" role: An Elder will be invited to advise on important activities of the IAC. As well, the Elder Advisor will be invited to contribute at key decision-making times for the IAC. Elders may be included in a variety of ways, including: bearing witness at meetings, providing guidance to ensure culturally safe collaboration, sharing traditional knowledge, helping build trusting relationships, leading ceremonies and traditional wellness practices, and supporting dialogues and decision-making processes. Remuneration will be

provided in accordance with standard rates.

Patient partner role: The IAC has emphasized the importance of including a patient partner as part of the circle. The process for defining this role and recruiting a suitable individual will take place following the addition of an Elder representative.

Regional Health Authority participation: While provincial consistency is a key mechanism of effective reporting, there is space for regionally driven patient-centred measurement activities. The IAC has an interest in collaborating on those opportunities as they pertain to First Nations, Métis, and Inuit populations.

Sector specific membership by invitation: From time to time, or as needed, guest speakers or subject matter experts may be invited to attend IAC meetings to inform discussions.

The IAC may establish working groups to carry out specific work related to Indigenous methodologies in patient-centered measurement.

Review of the Intentions and Agreements: The IAC Intentions and Agreements take the place of a Terms of Reference and are to be reviewed annually (next review April 2026).

Citation

The British Columbia Patient-Centred Measurement Indigenous Advisory Committee. (2021): Morgan, J; Matthew, M; Thevarge, D; Marsden, N; Laliberte, N; Thomson, S; Gillis, T; Corscadden, L; Muller, M; Nourani, S; Cuthbertson, L. Fire Agreements: Decolonization and Indigenization of British Columbia Patient-Centred Measurements Indigenous Advisory Committee's Terms of Reference; www.bcpcm.ca/indigenous-pcm

The **Indigenous Advisory Committee** collaborated with Kwexata'lsp (Ovila Mailhot) Nlaka'pamux and Stó:lō Nation, on the development of the Indigenous PCM logo and the artistic representation of our Fire Agreements.

Current IAC Members

Mark Matthew, Co-Chair	*Director, Indigenous Health* *Health Quality British Columbia*
Namaste Marsden	*Independent Advisor*
Nancy Laliberté	*Director, Indigenous Health* *Provincial Health Services Authority*
Brittany Bingham	*Assistant Professor,*

	University of British Columbia, School of Medicine
Stephen Thomson	*Director, Health Governance,* *Métis Nation British Columbia*
Payal Batra	*Director, Research and Knowledge Exchange,* *First Nations Health Authority*
Serena Bertoli-Haley	*Manager, Client Experience* *First Nations Health Authority*
Piper Scott-Fiddler	*Research Coordinator, University Of British Columbia,* *School of Medicine Equity Lab*
Laura Templeton	*Provincial Executive Director,* *Office of Patient-Centred Measurement*
Setareh Nourani	*Survey and Evaluation Specialist,* *Office of Patient-Centred Measurement*
Alison Hill	*Lead, Indigenous Patient-Centred Measurement,* *Office of Patient-Centred Measurement*

Past IAC Members

Jenny Morgan	*Professor, University of Victoria* *Department of Social Work*
Tabatha Berggren, Co-Chair	*Senior Manager, Health Research and Evaluation* *Métis Nation British Columbia*
Lena Cuthbertson	*Provincial Executive Director* *Office of Patient-Centred Measurement*
Diana Clarke, Co-Chair	*BC Ministry of Health*
Dion Thevarge, Co-Chair	*Executive Director, Indigenous Nursing* *Nurses and Nurse Practitioners British Columbia*
Megan Misovic	*First Nations Health Authority*
Jillian Jones	*Métis Nation British Columbia*
Terri Gillis	*Métis Nation British Columbia*
Mathew Fleury	*First Nations Health Authority*
Lisa Corscadden	*OPCM/IAC Facilitator* *Office of Patient-Centred Measurement*
Meghan Muller	*OPCM/IAC Facilitator* *Office of Patient-Centred Measurement*
Zeena Yesufu	*OPCM/IAC Facilitator* *Office of Patient-Centred Measurement*