FINAL REPORT

August 2023

Land Acknowledgement

We have been privileged to be meeting on lands that Indigenous people have called home for thousands of years. The city of St. Catharines and Niagara Region is the traditional territory of the Haudenosaunee and Anishinaabe peoples, many of whom continue to live and work here today. This land is covered by the 'Between the Lakes Purchase, 1792', between the Crown and the Mississaugas.

We ask that you take a moment to reflect on the Land, Air and Water - Law of Life. They are a foundational part of life each day. Join us in stewardship, so that the next seven generations can continue to enjoy their beauty and worth.

We encourage you to deepen your knowledge and understanding of the local Indigenous communities and the importance of the land to their very existence. It is important to know the history between Canada and Indigenous people and the impact of the relationships on Indigenous people today.

It is important to remember that land acknowledgements do not exist in a past tense or historical context. We need to be aware of the resiliency of Indigenous people and their continued presence in our society today.

Choose to learn with an open mind and welcoming heart.

Introduction

While we have been honoured to be chosen to take part in this review, we cannot negate the tragedy which has brought us together. We have taken this responsibility very seriously. Our priority has been to attend each meeting, listen to all participants and complete our independent work in Heather Winterstein's honour.

Through her legacy, each of us has been brought to this specific point in our life's journey. Our task is to listen, see, feel, and speak the truth about the days which led to her journey into the Spirit World. In Heather's memory we are here. In the spirit of truth and reconciliation, our goal is that this work contributes to meaningful change.

Thank you to Grandmother Renee who helped guide, support and focus the Panel in a healthy way. Grandmother also supported the community members who shared their experiences and recommendations with the Panel.

A special thank you to Jill Shimizu-Lunn, who was instrumental in engaging family and community members to meet with the Panel and provided many resources and recommendations to the Panel.

Thank you to Debby Schaubel who served as the Secretariat to the Panel.

Emergency Department Assessment Panel Members:

Chair: Dr. Eric Letovsky, Chief of Emergency Medicine, Trillium Health Partners

Elder Renee Thomas-Hill, Educator and Mentor, Cayuga Nation/Bear Clan,
Six Nations of the Grand River

Carolyn Farquharson, RN, MN, ENCc, Director, Sinai Health
*Participation on this Panel completed July 28, 2023

Debra Jonathan, Registered Nurse, Turtle Clan/Cayuga Nation,
Six Nations of the Grand River

Pat Mandy, Registered Nurse (Non-Practicing), Eagle Clan,
Mississauga of the Credit First Nation

Dr. David Price, Professor, Department of Family Medicine,
Faculty of Health Sciences, McMaster University

Executive Summary

The Panel was convened approximately one year after the death of Heather Winterstein at the St. Catharines Site of the Niagara Health System (referred to herein as Niagara Health.) This review is dedicated to her memory and with the hope that our recommendations improve the care received by Indigenous patients - not only in the Emergency Department, but generally within the hospital system.

The Panel's mandate was to explore whether anti-Indigenous racism played a role in the care that Heather received by understanding the perceptions of the Indigenous community of the care they receive at Niagara Health.

The approach was to review the historical experience of Indigenous people in Canada, examine the current healthcare environment, and look ahead to future possibilities and opportunities.

We heard of historical experiences of racism and a lack of trust in the hospital institution from Indigenous community members. Additionally, people do not feel welcome in the healthcare system. This experience manifests itself in several ways.

Systemic, anti-Indigenous racism at the institutional level, needs to be both acknowledged, and addressed in an ongoing way. This requires education, sustained leadership, as well as a commitment to achieving cultural safety. Cultural safety for Indigenous people will ensure cultural safety for all.

Niagara Health is in a position to effect change within the Canadian Health Care System as per recommendations related to health in the Truth and Reconciliation Report and in particular Recommendation #22, which reads:

"We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients".

We note that many of the recommendations from the internal Quality of Care Reflective Review and clinical review have, or are, being implemented. We acknowledge and

support the work that has already been done around Indigenous reconciliation and ensuring Indigenous cultural safety at Niagara Health. The challenge for the organization is to continue and sustain these efforts. Niagara Health has made a formal commitment to change, and to work in collaboration with regional hospitals to develop a consistent approach across the region to address anti-Indigenous racism and increase cultural safety. It is the responsibility of all to ensure that this commitment is upheld.

Many individuals who participated in the review were either retraumatized or experienced painful emotions. The need for healing from both an Indigenous, and non-Indigenous point of view, was repeatedly observed by the Panel. **A Healing Ceremony is a strong recommendation of the review Panel.**

One of the questions we were asked to consider was whether Heather's care in the Emergency Department was compromised because she was Indigenous. With limited front line staff participation in this review process, it was difficult to determine.

However, there was concern that unconscious bias may have played a role in her care because she was labelled as experiencing both addiction and homelessness. Patients deserve to be treated as individuals and being cognizant of an individuals' cultural background plays a significant role in the quality of care they receive.

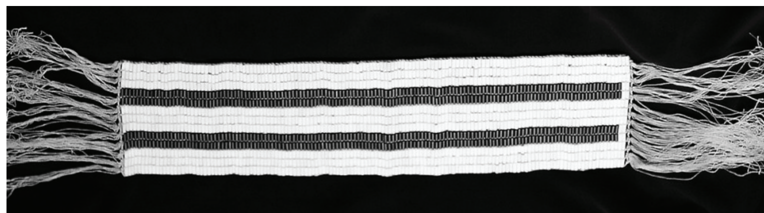
We have concerns the narrative of the handover from Emergency Medical Services to the nursing staff may have prejudiced her care. This latter point reinforces how important it is as a healthcare professional to be aware of one's own prejudices and unconscious biases.

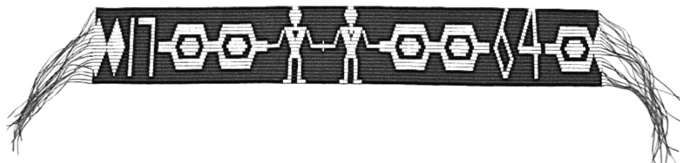
SEVEN GRANDFATHER TEACHINGS

The Path to Healing:

It is our purpose in life to live in harmony with one another and our environment, to benefit the next seven generations. Today we are on a journey of healing together, which at the beginning, will be painful. We have heard from families, communities and Niagara Health and understand that all are hurting. Together we will rise from that pain to create a safer community.

We invite Niagara Health to renew the affirmation of relationships agreed to in the Treaty of Niagara, symbolized by the Guswenta: Two Row Wampum Belt and the Silver Covenant Chain. Niagara Health, by working together with the Indigenous community towards reconciliation, will polish the chain, restoring the friendship to its original brightness.





Heather Winterstein's Legacy

In many Indigenous cultures, children are regarded as sacred beings with a purposeful gift to be shared in this life on Earth. They are to be honoured with love and respect as this gift develops and their legacy is created. A legacy is the culmination of one's life. Values, beliefs, experiences, and events leave a lasting impact and lessons for those left behind. It is important that Heather Winterstein's name is spoken, and her legacy creates action.

Heather's story began with her awaited arrival by parents, Mark and Francine. Her legacy began on the day of her birth, September 6, 1997. An extended family of aunties, uncles and cousins also waited and rejoiced on this day, the day that a precious baby girl and niece bridged two families together. With her beautiful dark hair and eyes, a happy disposition, thoughtfulness for others and gentle meekness, she charmed everyone around her. Heather was gifted with a spirit name of "One Who Smiles a Lot." Her childhood was typical as she grew up in her neighbourhood on Thomas Street, riding ponies, having sleepovers with cousins and friends, celebrating Christmas and birthdays with family at her side.

As Heather grew older, her family remained very important to her, as did her culture. She was active in community programs for Indigenous youth and known throughout the Niagara Indigenous community. She developed a love for animals, providing them with a safe haven from the world. She showered her love to those around her, making sure family and friends knew their importance to her on special occasions with gifts chosen from her heart. Heather had big dreams…she wanted to become a nurse like her mother and extend her gifts of caring, kindness and compassion to others needing help.

As a teenager, she began to struggle with social issues and turned away from those she loved. The people she turned to at this time took advantage of her kind soul, giving heart, and her struggle with addiction. As she struggled during this point in her life, Heather's kindness never wavered, as she continued to seek help from her family to feed and care for those struggling around her.

Heather's family never lost hope in her wellbeing, sheltering her with unconditional love and support regardless of the circumstances. As loving embraces became fewer and far between, the family would search to bring her home. When chance meetings would happen, they didn't hesitate to run to her, embrace her and tell her that they loved and missed her.

Sadly, Heather's life ended on December 10, 2021. She was 24 years young, and it was tragic in every sense of the word. A beautiful and loved soul seeking care in an Emergency Department ultimately began the journey into the spirit world.

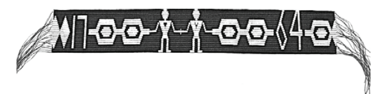
Today Heather's legacy continues, as the call is made for accountability and understanding of the circumstances leading up to her untimely death. It is a travesty that this type of demise has become a common occurrence among Indigenous people seeking medical help in Emergency Departments and healthcare institutions across the country.

Many questions remain unanswered. What will the change be when this call for understanding and actionable recommendations is complete? Will Heather's legacy define the future for all Indigenous people with an urgent call for change?

While her life may be viewed by some as common and typical for a young Indigenous woman, her legacy will surely prove to be much more than that. Heather Winterstein's death must be the beginning of the end of reviews and inquests into the deaths of Indigenous people seeking care from hospitals around this country. It simply must.

"Now we become reconciled as you start away. You were a tender bud and gladdened our hearts for only a few days. Now the bloom has withered. Now we release you for it is true that it is no longer possible for us to walk about together on the earth. Now then we say to you, 'Persevere onward to the place where the Creator dwells in peace. Your legacy is a call for accountability, and renewal of relationships to peace, friendship and mutual respect.' Let none of the things that transpired on earth hinder you. Let nothing that happened while you lived hinder you."

Adapted from the Constitution of the Iroquois Confederacy



Acknowledging the Past

In this report we use Indigenous people as an inclusive term to describe First Nations, Inuit, Metis and Urban Indigenous people. Individuals may self-identify based on their experiences, kin relations and land ties. The Niagara region is currently home to Indigenous people from many nations.

Indigenous people are not one cultural group. They are recognized peoples in the Canadian Constitution and have guaranteed Aboriginal and Treaty Rights. It is important to know the true history of Canada and Indigenous people to understand the impact of these relationships on Indigenous people today.

To appreciate the lived experiences of many Indigenous people, one needs to know the history of colonization and the effect of ongoing intergenerational trauma and racism. Report after report describe the impact of colonization, residential schools, the Sixties Scoop, contemporary child welfare and intergenerational trauma on the health of Indigenous people.

Key Policy statements such as the United Nations Declaration on the Rights of Indigenous Peoples[1], the Truth and Reconciliation Commission of Canada (TRC)[2] and the National Inquiry into Murdered and Missing Indigenous Women and Girls[3] have recorded historical truths and made statements and Calls to Action regarding the right to equitable access to healthcare, free from racism and discrimination and culturally safe care.

There are many widely held, but false, stereotypes about Indigenous people. In the TRC Report, Justice Murray Sinclair said that generations of people in Canada were raised to believe “that Indigenous people were inferior, that they were unclean, that they were pagans. It's blatant racism, but sometimes blatant racism comes from ignorance and from a lack of knowledge.” Justice Sinclair has often stated that “Education is what got us here and education is what will get us out.” Sinclair was quoted as stating that those prejudices persist today, but the question becomes: can people change when they are given the opportunity to confront their ignorance? [4]

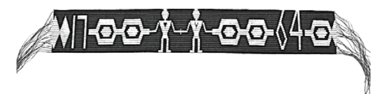
Urban Indigenous Population

Indigenous people worldwide have undergone rapid culture changes, marginalization and absorption into the global economy with very little respect for their autonomy. Urbanization is part of the continuing transformation of Indigenous peoples' culture. One of the challenges is that developing programs for diverse Indigenous groups may result in generic pan-Indigenous cultural programs that do little to help with identity[5].

Over 60% of Ontario's Indigenous population live in urban areas. Our Health Counts (OHC), a study of First Nations people living in Hamilton, Ontario, conducted by Smylie (2011) was able to demonstrate alarming inequities in chronic disease, healthcare access, culture-based programs and child and family health. The study also confirmed low income, which in turn created challenges for access to housing and good nutrition.

The research also found that Indigenous people are more likely to access Emergency Department (ED) care than the general population. They found that over 10% of the First Nations people surveyed had more than six ED visits during the preceding two years, compared to 1.6% of overall Hamilton residents and yet, 44% rated the quality of their ED care as fair or poor. [6]

Studies have found that many, if not most, Indigenous people in Canada experience racism on a recurring basis and that experiences of racism are commonly under reported. Research also indicates that racism had direct impacts on health and adverse health experiences for Indigenous People[7]. Two notable examples include Brian Sinclair (2008), and Joyce Echequan (2020).



Experience of Indigenous People in the Emergency Department

Owens performed a literature review to determine how patient ethnicity and race impact processes of ED care. The literature described disparities in healthcare in North America related to racial and ethnic minority groups versus white people. In Canada Indigenous people report avoiding healthcare based on their experiences with racism. Disparities exist in ED care for patients based on socioeconomic status, gender and race.[8]

An Alberta study by McLane[9] conducted a qualitative analysis to engage Indigenous patients, elders, patient care providers and administrators together in "sharing circles" across the province. The purpose of the study was to understand the Indigenous experience in the ED. The researchers heard from members of First Nations communities about their experience in the ED. There were thematic accounts of feeling stereotyped, inferences/accusations of drug seeking, fear that their children would be apprehended and reports of being profiled. First Nations speakers noted that it can be difficult to tell if one is experiencing racism.

One participant described racism as a "ghost", noting that when a negative experience with a non-Indigenous health care provider occurs, First Nations members are often left wondering if it had to do with race and second-guessing their perceptions of racism." McLane et al., 2021 page 67.

This study describes Indigenous people who avoid going to the hospital or refuse to go to certain hospitals out of concern for the anticipation of the way they will be treated, the questions they will be asked, and the racism they may experience.

Dell et al., (2016) report that the ED is frequently accessed by Indigenous patients in both rural and urban settings and the episode of care is evaluated as fair to poor. They frequently report feeling judged and under treated, experiencing both racism and stereotyping. The Emergency Department is intended to be a place of comfort and healing; paradoxically, many Indigenous patients experience it as a place of emotional harm, judgement, and trauma. Dell emphasizes that the opportunity for cultural safety in the ED is essential for all members of the team. Self-awareness, self-reflection and the development of cultural competence are important for Indigenous culture and health. Cultural safety can be seen as a continuum of knowledge, attitudes, and behaviours that begins with cultural awareness. [10]

The term **Cultural Safety** was developed in the 1980s in New Zealand in response to the Maori people's discontent with nursing care. Cultural safety can be experienced only by the person receiving care. The Provincial Health Services Authority (PHSA), British Columbia defined culturally safe care as:

"...an outcome, based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system."[11]

Emergency Departments have a unique opportunity to raise the bar for cultural safety in Indigenous patient health. Dell describes that EDs across the country treat the most acute manifestations of health inequalities.

The Indigenous population have higher rates of illness and injury because of the long history of social, economic and cultural trauma. ED healthcare providers are well-situated to intervene on inequities faced by Indigenous patients. Cultural safety is relevant to every person involved in ED patient care, including security and housekeeping personnel, nurses and physicians. In the chaotic and risk prone environment of the ED, feeling safe and respected can help patients, their families, their communities, and their healthcare providers.[10]

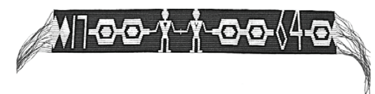
Healthcare practitioners are considered authority figures. It is not surprising given the historical relationship between Indigenous people and authority, that Indigenous people experience anxiety and fear when going to an ED. Previous negative experiences may inhibit the development of a trusting relationship. All patients, regardless of their circumstances, have the right to be treated with respect and compassion.

At times, the healthcare provider may feel uncomfortable. Self-awareness of emotional responses is important. The expectation is that professionals will self-manage in a way that optimizes the ability to focus on the wellbeing of the individuals and populations we serve. Cultural safety approaches should include a reflective self-assessment of power, privilege and biases.[12] This can be an eye-opening experience, and it may take courage and humility to walk this path. With cultural awareness and sensitivity comes a responsibility to act respectfully. This requires cultural humility of the provider.

Murray Sinclair: "I really don't care if you feel responsible for the past. The real question is do you feel a sense of responsibility for the future because that's what this is all about." [12]

We must learn from our failures and successes to confront the uncomfortable histories that have led to our broken relationships. We must address systemic practices so that we all can heal. Learning the skills needed to provide culturally safe care can benefit providers by leading to increased confidence and job satisfaction.

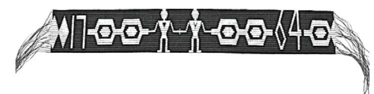
The primary function of an Emergency Department is to be a 24/7 safe space for people experiencing health issues, both physical and/ or emotional. Patients are typically queued to be seen by a physician in order of the urgency of their health issue: sickest first. An ED visit does not require an appointment, the care is episodic, the environment is characterized as chaotic, clinicians and patients are strangers and the episode of care is compressed. Ontario Emergency Departments have been challenged with issues in staffing, increased patient volumes, complexity of care, an aging population and delays in access to inpatient beds. These challenges were magnified by the pandemic. At St Catharines, the Emergency Department staffing and flow situation in December 2021 was in the same crisis as all other EDs during that time. During both of Heather's ED visits, the department was working with 4 and 5 fewer RNs than were scheduled and was overwhelmed with a high volume and acuity of patients.



How Do We Sustain Culture Change?

Recommendations from Inquests and Reports have been made and many have been applied or put into practice but not sustained. Improvements are often forgotten, changed or replaced. Negative stereotypes and unconscious bias towards Indigenous people persist.

Committed leadership is required to champion change throughout the organization and to ensure that change is sustained. It is important to recognize that change may go backwards and requires constant reinforcement. It is even more challenging in a large organization with few Indigenous role models in decision making positions.



The Process

This independent Emergency Department Assessment Panel (the Panel) was established following the devastating death of Heather Winterstein.

The Panel was requested to produce a written report of observations and corresponding recommendations that align with best practices of high performing Emergency Departments as it relates to care of Indigenous people.

While the work of the Panel is to focus on the St. Catharines Emergency Department (ED), it is impossible to do so without examining the policies, practices and culture of Niagara Health regarding the access to culturally safe care for Indigenous people.

The understanding is that recommendations will be applied across Niagara Health Emergency Departments and throughout all sites.

Clinical care and practice were addressed by Niagara Health in previous reviews, including the internal Critical Quality of Care Reflective Review. Those reviews have been shared with the family and the Panel.

In a media release, dated December 8, 2022, the President and CEO of Niagara Health stated “Niagara Health’s goal is to learn, offer healing, and mobilize change to improve the quality and safety of care for Indigenous patients. This is part of our commitment to make the hospital a safe, and culturally welcoming space for Indigenous Peoples that meets their healthcare needs and respects their traditions.”

With the goal of understanding Heather’s trajectory at Niagara Health, the factors that contributed to the care she received, the general experiences of Indigenous individuals seeking care at Niagara Health, and the culture of care at Niagara Health, our process was one of respectful and empathetic listening, gentle questioning, thoughtful discussions, and internal reflections.

A primary goal for the Panel was to understand who Heather was, and to get to know her as a person before she ever needed to receive care from the health system. To that end, the Panel is grateful to Heather’s mother, other members of her family, and friends, who were able to share with us their memories of Heather as a girl and young woman growing up within her community.

Our objective was to honour Heather, not by focusing on the circumstances leading up to and contributing to her death, but by understanding who she was, what she meant to her family and loved ones, as well as the impact that her death had, and continues to have on her family, friends, and loved ones.

A fundamental question that the Panel concentrated on was whether Heather was treated differently in the ED because she was Indigenous. The Panel focused on understanding the culture of not only the Emergency Department, but also the broader culture within Niagara Health. The Panel sought to understand whether there is bias/racism, conscious or unconscious, in respect to Indigenous people.

Each of our meetings started with a traditional opening. We were fortunate to receive both teachings and support from a community Elder who also provided support to the various family, community and Niagara Health staff members who shared their stories with the Panel. The Panel was given a written mandate which was supplemented by an in-person presentation by the CEO of Niagara Health along with the leadership team. We undertook a tour of the ED on a weekday afternoon, which included triage and the waiting room.

The Panel was given full access to the hospital chart of Heather's visit to the ED on the day before, and the day of her death. Additionally, the group reviewed the salient moments of the Emergency Department waiting room video surveillance This was a very deeply emotional experience for the Panel members, and incrementally so, for the Indigenous panel members. The support of the Elder was critical for Panel members in dealing with their own emotions and reactions to the viewing.

Niagara Health compiled and facilitated requests for data and additional interviews.

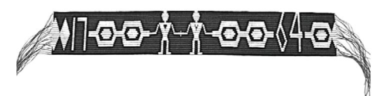
Requests for community members to meet or write to the Panel were posted on the Niagara Health website and a survey was distributed to staff to provide opportunity for their anonymous input. However, there was reluctance from both the community and hospital staff to meet with the Panel, and little input was received in writing. Despite offers on social media, the hospital web page and personal prompts, few people from the community came forward to share their experience. This lack of response was not assessed as apathy, but rather frustration and exasperation from years of the same experience: being repeatedly asked "what's wrong" and in response to their feedback, nothing meaningful changed or was sustained. The handful of Indigenous community members who connected with the Panel did so selflessly and bravely.

Private files were set up on a Teams account to temporally store these documents. Niagara Health leadership at no time had or will have access to the private files and notes generated by the Panel members. All materials will be digitally deleted at the end of the Panel's mandate. The Panel is grateful for the consistent administrative support who organized meetings, contacted members and presenters, and took minutes. Only Panel members were present in meetings with the family members or community. All information collected is confidential to Panel members only.

Those who presented to the Panel included Heather's family and friends, other members of the Indigenous community, and Niagara Health professionals.

Two sessions were held in the spiritual room at the St. Catharines hospital where smudging and prayer took place before and during the conversations.

The Panel's mandate extended from January 1, 2023 until August 31, 2023. We met in person at the St Catharines hospital on multiple occasions as well as virtually.



OBSERVATIONS

The Built Environment

The St. Catharines hospital is a building of contemporary architecture, prominent in the western skyline of the city. Upon entering, it boasts a beautiful open space concept with the physical environment presenting as very pristine, clean, and clinical. Improved wayfinding in the hospital is an opportunity. In addition, the clinical atmosphere is distinguished by the absence of culturally visible comforts such as artwork, murals or displays. Without identifiable cultural symbols or visual cues to tell the local community that it is a safe place, the clinical institutional atmosphere can be uncomfortable or even triggering to some.

It was noted that the two retail outlets on the main floor do not appear to carry any merchandise to reflect the diversity of people accessing services there, and a prominent display of nursing history in the main corridor had no minority representation. Cultural symbols and visible minority representation are required to confirm that one is accepted and belongs in the space and empowers them to be a partner in their care.

It is important to note that when an Indigenous person is ill, extended family members and close friends will come to help the patient and their immediate family with food, traditional medicines, and their presence as a source of support. These gestures are not meant to inconvenience staff in hospitals but are a way of life for the Indigenous community. At the St. Catharines hospital, there is no identified Indigenous space to allow families and their support systems to gather for these cultural and spiritual needs.

When patients and families do not see themselves reflected in the institution, care will not be experienced in the way in which it is intended.

The Indigenous Patient Experience at St. Catharines Emergency Department

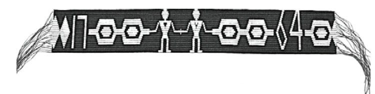
Through a review of the literature, the Panel identified that most Indigenous patients avoid coming to ANY hospital and only do so under severe circumstances. The perception of hospitals by (in particular) the older generation, is that they are places where people go to die, rather than a sanctuary of relief from symptoms and suffering.

Thematically, the Panel heard from Indigenous patients that they experience care that feels like a power imbalance, lacks trust and a sense of safety

"……. when the hospital staff saw my braid, my tattoo or heard my surname the tone of the care changed."

We heard that the Indigenous community is hesitant to seek hospital/ER services for fear of being labelled, dismissed, disbelieved or judged. This lack of trust was manifested in reports by several people we interviewed identifying that many will drive past the St. Catharines hospital to other centres for emergency care when they need it. The people who came forward emphasized that they are not asking for special/preferential treatment, but rather, for culturally competent and inclusive care.

This experience described by the Indigenous community in Niagara is consistent to what the academic literature describes about the experience of Indigenous patients in emergency departments across Canada and internationally.



Heather’s Experience of Care

Heather manifested some of the most acute symptoms of Indigenous health inequities: she was marginalized, underhoused and living in poverty. She arrived on both visits by ambulance. The paramedic assessment and documentation for both visits may have introduced an unconscious bias that impacted Heather’s care.

On the first visit, Heather was triaged, and then seen in the Rapid Assessment Zone. A primary nursing assessment was not completed. The ED physician assessed Heather, ordered pain medication, and despite the abnormal vital signs at triage, discharged her without a reassessment of the vital signs. The discharge diagnosis was documented as social issues.

At her discharge, Heather was given a bus ticket to return home. Even though Heather’s home was not far from the St. Catharines hospital, the bus trip to get there was almost 90 minutes. Her family was traumatized by how much Heather must have suffered during this trip home.

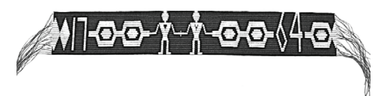
On the second ED visit, Heather was assessed at triage as emergent. She was moved from the ambulance stretcher onto a wheelchair and placed in the waiting room where she spent 2 ½ hours waiting to be brought into the Rapid Assessment Zone. The Panel reviewed the video file footage of her time spent in the waiting room. It was difficult to witness. Heather is seen in a wheelchair where she is restless and appears to be unable to find a comfortable position. She is seen lying on the waiting room floor again, restless and unsettled. On several occasions staff from housekeeping and security are seen getting her a blanket and assisting her back into a wheelchair. Another patient in the ED waiting room is seen assisting her by pushing her wheelchair to the triage desk to speak to the nurse.

Heather is seen collapsing in the waiting room, the team transferring her onto a stretcher and taking her into the main ED. She died a few hours later in the Critical Care Unit after an extensive attempt to resuscitate her. The family was only notified after she was transferred to the Critical Care Unit. When the extended family arrived at the Intensive Care Unit, all information about Heather was provided by the spiritual staff versus the clinical staff and this felt dismissive.

Heather's Family's Experience

Heather's family shared the story of her life up to December 9, 2022, and are awaiting answers and closure on her premature death. They have asked Niagara Health and this Panel to ensure that no more Indigenous children die because of a healthcare system that does not recognize the unique needs of the patient. The circumstances of Heather's health issues and lifestyle factors are considered by her parents to be the lens through which Niagara Health staff assessed and judged her as "a druggie" and missed the symptoms and signs of critical illness.

The family also expressed their concern about Heather being sent to her father's home after the first ED visit on a 90-minute bus ride versus in a taxi. Her mother shared that Niagara Health didn't call her until Heather was admitted to the Intensive Care Unit (ICU). Heather's family also shared that upon Heather's death in the ICU, the focus of the conversation between the ICU staff and her mother was about the track marks on her arms.



Observations of the Organization Response

Staff

Despite encouragement and extension of timelines, the ED staff and physicians were reluctant to meet with the Panel directly or anonymously. The Panel learned from the senior executive and the few frontline staff with whom we met that the ED has experienced a high turnover of nurse managers in the last 15 years. The Panel considers that this unstable leadership may have interfered with cultural, skill and performance development.

The front-line staff who connected with the Panel describe themselves as dedicated, hardworking clinicians who are motivated to give high quality, equitable care. They report that they do this very well and demonstrate equity by treating all patients the same. At the same time, we also heard that some of the nurses in the ED lack empathy and compassion, and some were defensive about accusations of Heather's care being impacted by racism or bias.

Several expressed the sentiment that Indigenous cultural training was imposed on them. We heard that some nurses don't feel they have the empowerment or skills to challenge their colleagues when they observe culturally insensitive behaviour. The Panel heard that front line staff who recently attended cultural education sessions displayed dismissive nonverbal reactions. The Panel heard that ED staff are now fearful of treating/interacting with Indigenous patients as they do not know what to do differently from what they have done in the past or do currently.

The nurses expressed that they feel blamed, and that Niagara Health did not show adequate support for the staff in the formal and public responses. In addition, the Panel heard at multiple interviews, that the St. Catharines ED has a long history of being negatively characterized in local media and at the system level related to poor performance in ED wait times, ambulance offload and patient satisfaction.

After many years of high turnover of the nurse manager position, there is a new individual in the role. There is optimism that strong compassionate and stable leadership will be the key to developing and empowering the team.

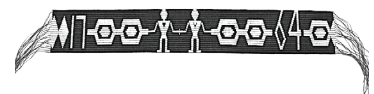
Leadership

The Panel interviewed the senior leadership team and heard sincere expression of devastation over Heather's death. They have been highly reflective and acknowledged their accountability. The leadership has made a strong and unequivocable commitment to improve care for Indigenous people.

The Organization conducted a Quality-of-Care Reflective Review in winter 2022 and from that review 16 recommendations were identified and acted upon. Niagara Health has committed to follow Ontario Health's Antiracism and Anti-Indigenous policies. The Panel reviewed meeting minutes between Niagara Health leadership and members of the Indigenous community that documented further opportunities and resources to improve care of Indigenous patients.

Financial resources have been allocated and a manager of Indigenous Programming and an Indigenous relations specialist began new roles in January 2023. A work plan has been created with goals and objectives.

Niagara Health documented improvements in clinical and operational processes such as a Surge Protocol to reduce ED overcrowding, clinical protocols and medical directives for identification and care of patients at high risk for sepsis. A social worker has been hired, ED technicians have been hired and a camera in the waiting room is now monitored by clinical staff.



Recommendations to Create a Better Path

Committed leadership is required to champion change throughout the organization and to ensure that change is sustained.

1. Niagara Health allocate time, resources and energy to instill cultural safety throughout the organization's staff, physicians and volunteers. The path to cultural safety includes the following steps (as adapted from the work of the Northern Health Indigenous Health):

   Cultural humility is a building block for cultural safety. It is a lifelong journey of self-reflection and learning. It involves listening without judgement and being open to learning from and about others. It involves learning about one's own culture and our biases.

   Cultural awareness. The path to cultural safety begins with cultural awareness. It is a recognition that differences and similarities exist between cultures. Learning about the histories that impact Indigenous people in Canada is an important part of developing cultural awareness.

   Cultural sensitivity recognizes the need to respect cultural differences. It is when we start to see the influences of our own culture and acknowledge that we have biases. Cultural sensitivity is NOT about treating everyone the same.

   Cultural competence can be improved by developing knowledge, skills and attitudes for working effectively and respectfully with diverse people. It's about educing the number of assumptions we make about people based on our biases. Cultural competency does not require us to become experts in cultures different from our own.

   Cultural safety is the desired experience. The goal is for all people to feel respected and safe when they interact with the healthcare system. Culturally safe healthcare services are free of racism and discrimination. People are supported to draw strengths from their identity, culture and community. To practice in a manner that is culturally safe, providers must reflect on the power they hold in their roles.

2. Niagara Health should create, in collaboration with the Indigenous community, a separate Indigenous space, appropriately designed, for reflection and family gatherings, and to support the end-of-life ceremony. The space would be a safe space for smudging and other offerings. Considering that food is medicine in Indigenous communities, it should include facilities to support food preparation and traditional medicine practices.

3. Niagara Health should continue to collaborate with the Indigenous community to promote a safe and welcoming environment at all current and future sites. As an example of work recently initiated, Niagara Health unveiled Indigenous artwork at the St. Catharines hospital, and the plan for an Indigenous Healing Centre, at the new South Niagara hospital.

4. Niagara Health should promote the Indigenous Patient Navigator Team to patients, families, and the community, as well as to all staff, volunteers and physicians. Information should be made available at all patient/family entrances and access points at all Niagara Health sites.

5. Niagara Health should seek out Indigenous representation for the governance and decision making bodies, and on any advisory councils to ensure a focus on Indigenous care.

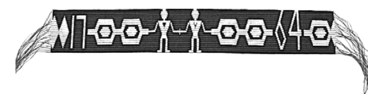
6. The Niagara Health Quality Improvement and Strategic Operating Plans should reflect the need for relationship building and ongoing engagement with the Indigenous community.

7. Niagara Health should work with Indigenous communities on recruitment and retention of Indigenous employees, physicians and volunteers.

8. Niagara Health should develop strategies to focus on health and well-being of Emergency Department and hospital staff to allow them to continue to provide compassionate care.

9. Niagara Health should develop clear expectations and accountability for staff, volunteers, and physicians throughout the organization to ensure success in providing culturally safe care.

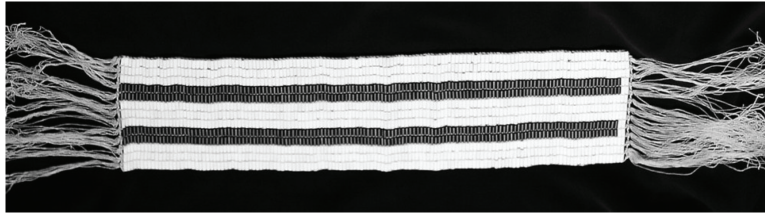
10. Niagara Health should, in Heather's memory, host an annual gathering, with the community, to provide updates on the implementation and progress of the recommendations received from the internal and external reviews and this report. This annual gathering could be initiated in 2023 with a Healing Ceremony.

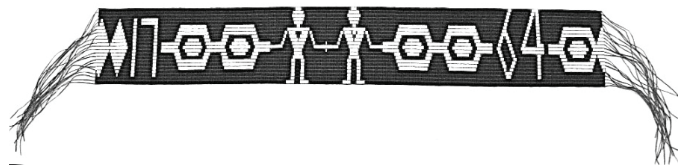


The Path to Healing

It is our purpose in life to live in harmony with one another and our environment, to benefit the next seven generations. Today we are on a journey of healing together, which at the beginning, will be painful. We have heard from families, communities and Niagara Health and understand that all are hurting. Together we will rise from that pain to create a safer community.

We invite NIAGARA HEALTH to renew the affirmation of relationships agreed to in the Treaty of Niagara, symbolized by the Guswenta: Two Row Wampum Belt and the Silver Covenant Chain. NIAGARA HEALTH, by working together with the Indigenous community towards reconciliation, will polish the chain, restoring the friendship to its original brightness.





Royal Proclamation (1763) and the Treaty of Niagara [13]

The Treaty of Niagara was entered into in July 1764, and was regarded as the most widely representative gathering of Indigenous Leaders ever assembled.

Approximately 24 Indigenous Nations were represented. Sir William Johnson presented the 1764 Covenant Chain and 24 Nations Wampum on July 31st, 1764. When Johnson had finished speaking, a Two Row Wampum belt was used by Indigenous people to reflect their understanding of the Treaty of Niagara and the words of the Royal Proclamation.

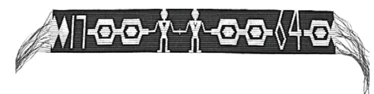
The Two Row Wampum symbolizes the original agreement made between the Haudenosaunee and the Dutch. It represented how the peoples involved would share the land, with respect and friendship, and without interfering in each other's affairs.

Embodied in the Two Row Wampum Treaty, the Covenant Chain respects the dignity and integrity of the two peoples, stresses non-interference, and is based on the principles of peace, friendship and mutual respect. The Covenant Chain Wampum depicts two people standing side by side as equals.

The Silver Covenant Chain was often referred to simply as the Covenant chain or the Chain of Friendship. One purpose of the Covenant Chain noted in 1763 was to enable all negotiators to be "of one mind, linked together in the Chain of Friendship."

"Silver is sturdy and does not easily break," they say. "It does not rust and deteriorate with time. However, it does become tarnished. So when we come together, we must polish the chain, time and again, to restore our friendship to its original brightness." Chief Jacob E. Thomas, Cayuga Nation (Originally cited in the Royal Commission on Aboriginal People 1996)

Source: Polishing The Silver Covenant Chain: A Brief History of Some of the Symbols and Metaphors in Haudenosaunee Treaty Negotiations October 4, 2010 by Onondaga Nation



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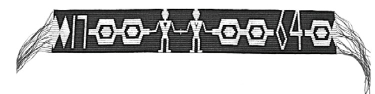

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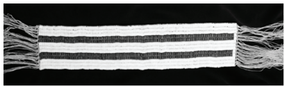

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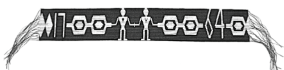

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