



# Métis Health Experience Guidebook: Navigating Provincial Health Feedback

# Introduction

The Métis Health Experience program is dedicated to establishing culturally safer pathways for Métis to engage with healthcare feedback processes and ensure their voices are heard in a meaningful way. Our goal is to create a safer and more inclusive experience for Métis individuals when accessing health services. The Métis Health Experience Guidebook – Navigating Provincial Health Feedback was created to empower the community by equipping them with the knowledge required to effectively engage with these processes.

This document aims to outline and provide resources to assist Métis individuals in navigating the healthcare concern, compliments and feedback processes available across the province. We recognize that Métis people face significant barriers when accessing these feedback methods, including but not limited to, a lack of awareness about the available feedback options; issues of cultural safety, humility and wellness; discrimination and racism; accessibility challenges; and a deep-rooted historical mistrust in healthcare institutions. We acknowledge the harm caused by the health system and understand that these feedback pathways are not always the safest or most effective options for Métis to share their experiences. This recognition is at the heart of the Métis Health Experience program, which aims to uplift Métis voices and foster a more inclusive and responsive healthcare system where Métis experiences and feedback are valued and acted upon. We recognize that this is the first of many steps needed to create safety within the health system but hope that this guidebook is useful in raising awareness and as a support when accessing feedback processes.

# Disclaimer

As new legislation, resources, roles and programs become available, this document will be updated to include the most current information to support Métis communities across BC. We are committed to ensuring that Métis individuals have access to the necessary tools and knowledge to advocate for their health and well-being. While every effort has been made to ensure the accuracy and completeness of the information provided, users are encouraged to verify details with the respective organizations and services.

As Métis Nation British Columbia continues to support Métis individuals, families and communities navigate the patient complaints process across BC, the Métis Health Experience Program will be shifting away from using complaints-based language toward language that encourages Métis to share their health experiences and voice their concerns. The Métis Health Experience guidebook uses terms such as “concerns” and “feedback” to remove the negative undertone of the word “complaint”. However, as many definitions and explanations were taken from health authority and organization websites, the term “complaint” is still used throughout this book. At the time of printing, some of these organizations have yet to update their language.



# Territory Acknowledgement

We respectfully acknowledge the traditional, ancestral and unceded territories of the over 200 First Nations in British Columbia. We honour and give thanks to these First Nations as the inherent and traditional stewards of these lands, waters and skies since time immemorial. Our acknowledgment is rooted in humility for those whose land we stand upon and will guide our conversations and actions as grateful guests.

# Partnerships Acknowledgement

British Columbia is home to 39 Métis Chartered Communities, we recognize and honor the Métis people, their history and their contributions.

We humbly aim to strengthen our relationships with First Nations, Inuit, and urban and away communities and recognize their unique contributions to the diverse landscape of Indigenous ways of knowing and being in BC.



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# Key Terms

## ANTI-RACISM

The practice of identifying, challenging, preventing, eliminating and changing the values, structures, programs, practices and behaviours that perpetuate racism.<sup>1</sup>

## BC HUMAN RIGHTS TRIBUNAL

Reviews applications for violations of the Human Rights Code. Through this process the tribunal may defer the application, if another proceeding can address the violation, mediate between the parties to resolve the violation or proceed with a hearing.<sup>2</sup>

## CARE QUALITY COMPLAINTS

Means a complaint respecting one or more of the following. The delivery of, or the failure to deliver healthcare, the quality of healthcare delivered, the delivery of or the failure to deliver a service relating to healthcare, the quality of any service relating to healthcare and made by or on behalf of the individual to whom the healthcare or service was delivered or not delivered.<sup>3</sup>

## COMPOUNDED HARM

When an incident occurs, the people receiving and providing healthcare are hurt, and their relationships are affected. If this harm is to be adequately addressed—and safety enhanced—we contend that well-being must be restored, and trust and relationships rebuilt. Compounded harm arises when these human considerations are not attended to, resulting in shame, contempt, betrayal, disempowerment, abandonment or unjustified blame, which can intensify over time.<sup>4</sup>

## CULTURAL HUMILITY

A life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider’s

assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking cultural humility allows for First Nations, Métis and Inuit voices to be front and centre and promotes patient/provider relationships based on respect, open and effective dialogue and mutual decision-making. This practice ensures Indigenous Peoples are partners in the choices that impact them, and ensures they are party and present in their course of care.<sup>1</sup>

**CULTURAL SAFETY**

The result of environments and interactions that respect diversity and recognize and challenge systemic inequalities and power imbalances. Lack of cultural safety is the result of healthcare, educational, and social systems based on settler-colonial worldviews that, whether overtly or unwittingly, incorporate and promote ideologies of white supremacy and systemic racism. A culturally safe healthcare system is free of racism and discrimination, empowers patients to be partners in their own healthcare, and makes people from all personal and cultural backgrounds feel safe and comfortable receiving care and treatment.<sup>5</sup>

**CULTURAL WELLNESS**

A sense of belonging and pride Métis feel when they are connected to Métis families, communities, traditions, and the land. It feels like home. Cultural Wellness is about creating a space in which Métis can be themselves and fully express their culture, without discrimination.<sup>5</sup>

**DISTINCTIONS-BASED**

Describes an approach that explicitly recognizes and affirms the unique histories, cultures, rights, priorities, and interests of Métis and other Indigenous Peoples and communities.<sup>5</sup>

**HARM**

Harm exists in many different forms. Adverse outcomes for people receiving care, such as prolonged pain, suffering, medical complications and death, are examples

of clinical harm. Harm can also be inflicted by limiting a person’s autonomy or subjecting them to racism, discrimination or stigma. Other examples of harm include disrupting a person, their family, their caregiver or their community through displacement or separation from supports. The effects of harm can be unique to every individual or wide-reaching, and they can limit a person’s or population’s engagement with health services and their benefits.<sup>7</sup>

**INDIGENOUS-SPECIFIC RACISM**

Refers to the unique nature of stereotyping, bias and prejudice about Indigenous peoples in Canada are rooted in colonialism. It is the on-going race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from colonial practices and policies.<sup>1</sup>

**MÉTIS-SPECIFIC APPROACH**

At MNBC, we advocate for a Métis-specific approach when working with partners to represent Métis voice in all the work we do. We have heard from community the importance of seeing distinct Métis identity, culture and representation in health spaces to feel safe when accessing care. This is to ensure the unique realities facing Métis are incorporated into what are often pan-Indigenous public processes, policies and programming. Using a Métis-specific approach embeds Métis representation across the continuum, from development to implementation.

**OMBUDSPERSON**

The Ombudsperson listens to and investigates approximately 8,000 complaints each year about local and provincial organizations in BC (provincial government ministries, Crown corporations, hospitals & health authorities, public schools, colleges and universities, local governments & regional districts and more). The Ombudsperson assists with and investigates complaints from members of the public

	<p>about the administration of government programs and services. Whether it's a delay in receiving service or a disagreement with a decision made, impartially listen and work to find fair solutions to problems. Under BC's new whistleblower protection law (the Public Interest Disclosure Act), they also investigate allegations of wrongdoing and reprisal from current and former employees of the provincial government. The Ombudsperson shares their expertise in promoting fairness through educational workshops, webinars, guides, and other resources with public sector organizations. Services are free and confidential.<sup>8</sup></p>				
<b>PHYSICAL HARM</b>	<p>Impairment of structure or function of the body and/or any deleterious effect arising therefrom. Harm includes disease, injury, suffering, disability and death.<sup>6</sup></p>				
<b>PATIENT CARE QUALITY OFFICE (PCQO)</b>	<p>Under the Patient Care Quality Board Act, each health authority is required to have a Patient Care Quality Offices (PCQO) to receive and respond to patient complaints. PCQO are obligated to acknowledge receipt of a care quality complaint within two business days. The PCQO then has 30 business days to investigate and a further 10 business days to respond to the complainant.<sup>9</sup></p>				
<b>PATIENT CARE QUALITY REVIEW BOARD (PCQRB)</b>	<p>Review concerns from patients and their representatives about the policies and procedures that guide health authority services. This can include services provided by a health authority through a contracted agency, as well as services that someone expected to receive from a health authority but did not.<sup>10</sup></p>				
<b>PATIENT SAFETY</b>	<p>Patient Safety is a healthcare discipline that emerged with the evolving complexity in healthcare systems and the resulting rise of patient harm in healthcare facilities. It aims to prevent and reduce risks, errors and harm that occur to patients during provision of healthcare. A cornerstone of the discipline is continuous improvement based on learning from errors and adverse events.<sup>11</sup></p>				
		<b>PATIENT SAFETY AND LEARNING SYSTEM (PSLS)</b>			<p>A web-based tool used by healthcare professionals across British Columbia to report and learn from adverse events, good catches (near misses) and hazards that occur in healthcare settings.<sup>12</sup></p>
		<b>REGULATORY COLLEGES</b>			<p>Legal entities that under provincial legislation govern the practice of their registrants in the public interest. The colleges ensure that their registrants are qualified, competent and follow clearly defined standards of practice. There are currently six regulatory colleges regulating 30 health professions in BC.<sup>13</sup></p>
		<b>RELATIONAL APPROACH</b>			<p>A relational approach embodies core values like respect, inclusiveness, honesty, compassion, cooperation and humility. For Métis people, relationships and interconnectedness are central to well-being, healing and cultural revival. This approach is fundamental in promoting Métis health and wellness.<sup>14</sup></p>
		<b>RESTORATIVE APPROACH</b>			<p>A restorative approach examines the ways that human relationships have been minimized or neglected through institutional processes and seeks to restore humanity to dehumanized and dehumanizing processes. A restorative approach is rooted in Indigenous ways of knowing and being.<sup>15</sup></p>

### Who experiences harm in healthcare?

Anyone receiving and delivering healthcare can experience harm.<sup>16</sup>

Individuals that can experience harm include:

- Patients, residents and clients
- Care partners
- Clinical and non-clinical staff
- Community members
- Family and loved ones

### Impacts of harm

Harm can impact an individual in many ways and can have lasting long-term impacts. As harm can show up differently in everyone's day-to-day life; therefore, the person experiencing harm is often the best positioned to define and describe how harm impacts them.<sup>16</sup>

Harm can impact someone:

- Physically
- Psychologically
- Socially
- Spiritually
- Financially

## What is a Health Harm?

Examples of harm in healthcare include:

- ∞ Inappropriate and/or unacceptable personal interactions.
- ∞ Racist and/or discriminatory behaviour.
- ∞ Long wait times and denial of service.
- ∞ Lack of communication, such as the healthcare provider making assumptions about the patient, seeing the patient as a stereotype or not effectively explaining care plan or involving the patient in their care plan decisions.
- ∞ Not believing and/or minimizing concerns.
- ∞ Inappropriate or no pain management.
- ∞ Inappropriate labelling, such as drug seeking.
- ∞ Physical, such as rough treatment during an exam.
- ∞ Medical mistakes such as medication errors, healthcare associated infections, unsafe surgical care procedures, unsafe injection practices, diagnostic errors, unsafe transfusion practices, radiation errors, sepsis and blood clots.
- ∞ Lack of recognition and respect regarding cultural protocols, such as a lack of respect for the patient's cultural traditions, practices, ceremonies or treating the patient unfairly in other ways due to their race/cultural background.



# Métis Health Experience Program

Navigating the healthcare system can often be overwhelming, especially if you or someone you know is facing health challenges. The Métis Health Experience Program assists Métis individuals, families and communities across British Columbia (BC) in navigating healthcare feedback processes. The program provides a safe space (as defined by the client) for Métis-led conversations around all types of health experiences and advocates for change through story sharing, ensuring Métis are being represented in healthcare discussions.

The Métis Health Experience Program offers an alternative for Métis to share their truths outside the system and to be heard and seen by their peers and the system in a uniquely Métis way. We recognize the harms the health feedback process can cause to Métis, and if you don't feel comfortable with sharing your story directly to the system that led to those harms, the Métis Health Experience program ensures your voice is heard, respected and validated. This is your story; therefore, it will only be shared how you wish. Please visit our website at [www.mnbc.ca/mhe](http://www.mnbc.ca/mhe) for more details, complete the Métis Health Experience Intake Form to share your story, or contact [healthexperience@mnbc.ca](mailto:healthexperience@mnbc.ca) for more information on how Métis Nation British Columbia (MNBC) can help.

# Frequently Asked Questions

## What support is available?

The Métis Health Experience Advocate assists Métis individuals, families and communities across BC navigate health concerns and feedback processes. The program provides a safe space for Métis led conversations around all health experiences and advocating for change.

## Can Métis submit concerns directly to the Métis Health Experience Program?

The Métis Health Experience Program can receive feedback, concerns and compliments regarding a health experience using the intake process on our webpage. Currently, the program cannot submit a concern on a person's behalf to a regional Patient Care Quality Office, Ombudsperson, etc. However, we can guide you through the process of submitting feedback depending on which avenue you choose. There may also be escalations that require Métis Health Experience Program intervention; contact [healthexperience@mnbc.ca](mailto:healthexperience@mnbc.ca) for more information.

## What if I don't want to submit a formal concern, compliment or feedback, what support is available for me?

The Métis Health Experience Advocate is available to hear about your health experiences, truths and stories. Additionally, with your consent, the Métis Health Experience Advocate will document your experiences and truths help improve health, mental health and harm reduction services across BC for Métis.

## What does 'health experience' mean?

This entails any experience a Métis person has had accessing health, mental health and wellness services. Examples include but are not limited to:

- ∞ Lack of communication in care planning
- ∞ Unexplained medical charges
- ∞ Feeling unsafe when accessing services
- ∞ Not receiving culturally appropriate care
- ∞ Delay in receiving care

## Can the Métis Health Experience Advocate advocate for care?

The Métis Health Experience Program can advocate for care if you are experiencing harm while actively receiving care (e.g., currently in hospital or receiving services). These could include, but are not limited to, not receiving care due to racism and/or discrimination, inappropriate pain management and poor patient care resulting in severe harm.

The Métis Health Experience Program advocates for care after the experience has happened by helping Métis share their experience with the various feedback processes.

The Métis Health Experience Program advocates for care by providing information regarding the various feedback processes and options available to you across the province should you choose to submit a concern, compliment, general feedback or request for information.

The Métis Health Experience Program advocates for Métis voices to be heard within all sectors of health and wellness services through relationship building, working groups, policy review and education.

## Does the Métis Health Experience Program provide cultural supports?

Yes, the Métis Health Experience Program does provide cultural supports as we strive to offer culturally appropriate care that supports Métis health and wellness. If you have submitted a concern and are currently going through the review process at the PCQO, Ombudsperson or Patient Quality Review Board, we are available to help. The Métis Health Experience Program offers connection and access to culturally appropriate resources within MNBC or within your local community. Please contact the Métis Health Experience Program if you would like to be in touch with cultural resources that can help support your wellness and healing after a health experience.

## What information can the Métis Health Experience Program provide?

Any information related to health experience concerns, compliments and feedback. These may include, but are not limited to, patient rights, regional Patient Care Quality Offices, [Patient Care Quality Review Board](#), BC regulatory colleges (e.g., physicians, nurses, etc.), [Ombudsperson](#), [Human Rights Tribunal](#) and legal civil supports.

**Do you have access to my health or medical information?**

No, Métis Nation BC is not covered under the Personal Information Protection and Electronic Documents Act (PIPEDA). The Métis Health Experience Program is unable to access any health or medical information on your behalf.

**What experiences does Métis Health Experience Program not cover?**

The Métis Health Experience Program does not cover anything unrelated to health, mental health and wellness. We also do not provide any funding for health-related services.

**What other work is being done with the program?**

The Métis Health Experience Program is working with health system partners to find appropriate alternatives to the health concerns and feedback process that are inclusive of Métis and meet the recommendations of the In Plain Sight Report related to concerns and feedback. We are also collecting stories of Métis experiences with the healthcare system to provide alternative avenues for concerns resolutions.

**Why is storytelling important?**

Kihtêyak Elder Tom McCallum explains that “stories are a history of our people from many lifetimes and the stories are real. Storytelling was used in communities as a form of entertainment . . . because we have what we call a wholistic approach. We include a lot of things in storytelling that we leave for the other person to be able to interpret

themselves. It gets their mind going. It puts their experience together and validates them as a person who has the ability to be able to draw from that storytelling and relate it to their own lives.” *Tom McCallum, Métis Elder and storyteller*<sup>15(p.5)</sup>

Métis author, Maria Campbell explains “there are different ways of telling stories. Some people would get up and they would recite really long stories; they would almost sing or chant them. Then there were stories that people played with fiddles and were part of fiddle dances. There were the stories that were told in the evening in the winter — and there were stories that had laws and and taught us how to live good lives.”

*Maria Campbell, Métis author, playwright, broadcaster, filmmaker and Elder*<sup>16</sup>

**How can I access the Métis Health Experience Program?**

Email: [healthexperience@mnbc.ca](mailto:healthexperience@mnbc.ca)

Webpage: [www.mnbc.ca/mhe](http://www.mnbc.ca/mhe)

We can connect with you via *videoconference, telephone or email*.

[Métis Health Experience Intake Form](#)



# Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process (*Health Quality BC*)

In support of *In Plain Sight* Recommendation 5<sup>1</sup>, Health Quality BC and BC Ministry of Health hosted a day of dialogue in January 2022 to discuss and explore how we can improve the patient complaint process for Indigenous Peoples living in BC. The Provincial Dialogue: Improving the Indigenous Patient Complaint Process session welcomed a wide-ranging group of contributors from health organizations across BC, as well as Indigenous patients and family members. Participants identified core principles of a safe, accessible and meaningful patient concern and feedback process through a combination of small and large group discussions during the session. Following the provincial dialogue day, the core principles and themes were circulated amongst participants for feedback and validation. The *In Plain Sight* Task Team’s Complaints Working Group has reviewed and endorsed these core principles.

These principles are intended to lay the foundation for what it means to provide a safe, accessible and meaningful process for Indigenous patients and families to share their experiences within BC’s health system. The principles are not prescriptive, but rather provide a common understanding for healthcare organizations across the province.

## Principles to Guide the Development of an Indigenous Patient Feedback Process<sup>17</sup>:

- ∞ Be grounded in Indigenous rights, cultural values and traditional protocols
- ∞ Be Indigenous patient-and-family centered
- ∞ Take a restorative and accountable approach
- ∞ Remove unnecessary barriers to engaging in the patient feedback process
- ∞ Be trauma-and violence-informed
- ∞ Include Indigenous Peoples in leadership and positions supporting the patient feedback process
- ∞ Be responsive and provide clear, timely feedback
- ∞ Provide Indigenous patients and families with an Indigenous support person
- ∞ Provide an opportunity for Indigenous patients to identify their Indigenous/ Aboriginal ancestry



# What is the Patient Care Quality Office?

This section provides a general overview of the PCQO across BC. However, each health authority may have its own adapted version of this process. The specific processes for each region are outlined in the sections below. Please note that as the concerns and feedback process continues to evolve, these procedures may change.

The PCQO process was developed to record, track, report and facilitate resolutions to feedback about quality issues in publicly-funded facilities and programs in BC. The regional PCQO is the primary point of contact for the public to register care quality concerns about any programs or service delivered by regional health authorities or its affiliates, including residential facilities.<sup>18</sup> A care quality complaint is defined as a complaint respecting one or more of the following<sup>19</sup>:

- 1. The delivery of, or the failure to deliver, healthcare
- 2. The quality of healthcare delivered
- 3. The delivery of, or the failure to deliver, a service relating to healthcare
- 4. The quality of any service relating to healthcare, and made by or on behalf of the individual to whom the healthcare or service was delivered or not delivered

To submit a concern to a PCQO, the service must have occurred at a location that is contracted with the regional and/or provincial health authority. This could include, but is not limited to, treatment from staff, housekeeping, food services, parking, security, service charges, any breach of the Residents Bill of Rights, residential care facilities that are licensed and/or funded by the health authorities.

Health care experiences that are related to childcare or involuntary admission of a person under the Mental Health Act is excluded from the PCQO as this falls under clinical decision. However, the PCQO can review the process for certification and documentation, and ensure information provided was carried out according to policy.<sup>19</sup>

The information below was obtained from the regional health authority PCQO websites and provides details on the roles and responsibilities of the PCQO.<sup>20-26</sup>

- ∞ Confirm all necessary details of the healthcare visit. The PCQO will ask the patient about the details of their experience, to ensure they have a thorough understanding of the patient’s perspectives and needs before helping to identify an agreed upon outcome to their concern.
- ∞ Obtain consent.
- ∞ Request medical records specific to the care concern.
- ∞ With the patient’s guidance, the PCQO will put together a series of questions for the involved care departments to answer that fully address the patient’s experience.
- ∞ Identify and involve the responsible clinical and physician leaders to conduct the review.
- ∞ Collaboratively explore areas for the improvement of care quality and delivery with reviewers.
- ∞ Ensure the patient’s experience is considered from a quality improvement perspective to support safe and positive future access to care.
- ∞ Arrange for the right person to call, email or meet with the patient to discuss their experience and offer methods for resolution.

Disclaimer: Please note that Patient Care Quality Office staff may have different variations of their job title such as PCQO Liaison, Patient Care Quality & Safety Consultants, etc.

# Filing Formal Feedback to the PCQO

## What is needed?<sup>20-26</sup>

- ∞ Personal Health Number (PHN)
- ∞ Patient's full name and date of birth
- ∞ Date and location the experience occurred
- ∞ Consent from the patient for PCQO to access medical records (written)
- ∞ If someone is filing on behalf of the patient, they need consent to act on their behalf

## What to include when sharing health experiences?<sup>20-26</sup>

- ∞ Date and location of the experience (e.g., hospital, ward, department, clinic, institution, etc.).
- ∞ Specific names and titles of healthcare staff involved in the experience.
- ∞ Health and charting information.
- ∞ Type of health harms experienced (e.g., racism, discrimination, delay of care/long wait times, lack of communication/involvement with care plan, inappropriate or no pain management, lack of recognition and respect for cultural traditions, practices and ceremonies, etc.).
- ∞ The impact this has on the patient, friends, family, physical, emotional, mental and financial wellbeing during the health experience.
- ∞ Questions the patient and/or their family want to be answered from healthcare staff pertaining to the health experience. For example, why was this test not done, why was I not involved in the decisions regarding my care plan, why was my surgery delayed three times, why was my prescription changed without my knowledge?

- ∞ The resolution that the patient and/or their family want to see, how the patient and/or their family would like to see the care concern meaningfully addressed. For example, action taken by the healthcare staff to ensure this health experience doesn't happen again.

## The Care Review Process – What can be expected?<sup>20-26</sup>

- ∞ The PCQO sends the information that is provided from the individual who filed the complaint to the medical staff at the healthcare facility where the experience took place such as directors, medical leads, managers and other leaders responsible for the care the patient received.
- ∞ The medical staff mentioned above conduct an in-depth review of the experience by examining the patient's health records, discussing the experience with the involved staff and physicians and whenever possible, bringing forward related issues to staff meetings and quality councils.
- ∞ In some cases, more than one department may be involved in a care review. For example, if an individual first accesses the emergency department, and then undergoes surgery, they will involve leadership from both the emergency department and surgical services units.
- ∞ Once the review is complete, the findings are sent back to the PCQO. The PCQO analyzes the findings to ensure that the patient's questions have been addressed according to their wishes and ask the reviewers for further information when required for clarity. The PCQO writes a report with the findings and recommendations and distributes to all parties involved. The PCQO will share the response based on how the client requests to receive it (e.g., phone call, meeting, letter, etc.).



# Health Authority PCQO Processes

The information below was obtained from each health authority PCQO website, which are linked to each heading. For any organization that has additional Indigenous-specific support available in their concerns and feedback process, we have included these in the sections below.

## Fraser Health Authority<sup>20</sup>

- ∞ If you want to provide feedback, have questions or concerns about your care, the patient care quality office recommends you first speak with the care provider and/or supervisor at the point of care. Fraser Health also has a [survey](#) asking how your care experience was received. You can do this alongside filing a formal complaint.
- ∞ If it cannot be resolved at the point of care, contact the PCQO.
- ∞ The PCQO now asks every person accessing its services if they would like to voluntarily identify as First Nations, Métis or Inuit. By ensuring Indigenous clients feel safe and supported to identify themselves when they contact the PCQO, Fraser Health will be in a better position to hear their voices and respond to their needs (e.g., such as participating in cultural ceremony guided by the client).
- ∞ The person who filed the feedback will be contacted by the PCQO within two business days of receipt of the feedback. An officer will be assigned to your case and will provide a response to your concerns within 40 business days that includes any decisions and actions taken because of your feedback.
- ∞ If concerns are not resolved, the individual may want to appeal to the Patient Care Quality Review Board for an independent review of the process regarding care quality complaints. The Patient Care Quality Review Board is a separate organization from Fraser Health that reports to the Minister of Health.

- ∞ The PCQO asks clients to voluntarily self-identify as First Nations, Métis or Inuit to ensure that Fraser Health will be in a better position to hear their voices and respond to their needs. Responding to the identification question is voluntary and clients can decline answering without any impact on the quality of care they receive.

## Interior Health Authority<sup>21</sup>

- ∞ If you want to provide feedback, have questions or concerns about your care, the patient care quality office recommends you first speak with the care provider and/or supervisor at the point of care.
- ∞ If they feel uncomfortable, or feel the situation was not resolved appropriately, the patient can file a complaint with the PCQO.
- ∞ The person who filed the feedback will be contacted by the PCQO within two business days of receipt of the feedback. If the individual is bringing forward a concern on behalf of someone, proper consent will be obtained to proceed. An officer will be assigned to the individual's case and will provide a response to the individual's concerns within 40 business days that includes any decisions and actions taken because of your feedback.
- ∞ If concerns are not resolved, the individual may want to appeal to the Patient Care Quality Review Board for an independent review of the process regarding care quality complaints. The Patient Care Quality Review Board is a separate organization from Interior Health that reports to the Minister of Health.

- ∞ The PCQO will ask if you self-identify as First Nations, Inuit or Métis which will assist in ensuring the program is responsive to the preferences, needs and values of Indigenous populations.
  - ∞ Patients who choose not to self-identify as First Nations, Inuit or Métis can still request support from an Indigenous Patient Care Quality & Safety consultant.



**Island Health Authority<sup>22</sup>**

- ∞ If the patient is receiving care, we invite you to share your concerns with the staff and leaders directly involved in care. This ideally will enable addressing of the concerns immediately. Patients and families can also access a variety of supports such as Indigenous Liaison Nurses and Indigenous Patient Navigators to help resolve concerns while still receiving care. If the patient is not comfortable with addressing the concern with the person who caused the harm, or if the concerns remain unsolved, the the patient can contact the PCQO.
- ∞ The care concern can be submitted to the PCQO in writing (by mail, email or Internet form), over the phone or in-person. It is helpful to include appropriate background information such as when and where the care concern happened, the patient’s information and any details you would like to share. The individual who filed the concern will be contacted within two business days. The PCQO liaison assigned will ask if the patient self-identifies as Métis, First Nations or Inuit. You can choose to decline to answer this question as your preference.
- ∞ The PCQO Liaison will address your care concerns and ensure you receive a response within 40 business days which will include any related decisions and quality improvements.
- ∞ If you feel your concerns are not resolved, you may raise your care quality concern to the Patient Care Quality Review Board for an independent review. The Patient Care Quality Review Board is a separate organization from Island Health that reports to the Minister of Health.

∞ For individuals self-identifying as First Nations, Métis or Inuit, Indigenous PCQO liaisons are available to work with you should you prefer an Indigenous Liaison as your case manager. You can still access these liaisons even if you choose to decline answering the self-identifying question.

**Northern Health Authority<sup>23</sup>**

- ∞ If the patient wants to provide feedback, has questions or concerns about their care, they can first speak with the care provider and/or supervisor at the point of care.
- ∞ If the patient feels uncomfortable or feels the situation was not appropriately resolved, then the patient can file a complain with the PCQO.
- ∞ The person who filed the feedback will be contacted within two business days of receipt of the feedback. If the individual is bringing forward a concern on behalf of someone, proper consent will be obtained to proceed. An officer will be assigned to your case and will provide a response to your concerns within 40 business days that includes any decisions and actions taken because of your feedback.
- ∞ If concerns are not resolved, the individual may want to appeal to the Patient Care Quality Review Board for an independent review of the process regarding care quality complaints. The Patient Care Quality Review Board is a separate organization from Northern Health that reports to the Minister of Health.

**Indigenous Patient Experience Team**

First Nations, Inuit and Métis patients receiving care from the Northern Health Authority may reach out to the Indigenous Patient Experience team. The Indigenous Patient Experience team walks alongside First Nations, Inuit and Métis patients to have culturally safe experiences within the health system. Please connect with the Indigenous Patient Experience team to share patient experiences, complaints and compliments.

Email: [IPE@northernhealth.ca](mailto:IPE@northernhealth.ca)



**Vancouver Coastal Health<sup>24</sup>**

- ∞ If the patient or resident is actively receiving care services, share the experience/concern at the point of care to the person who provided the care services, or their manager.
- ∞ Escalation to the PCQO can happen if the patient is uncomfortable with talking about the experience at the point of care, they were unhappy about how the concerns were handled or the patient is no longer receiving care services.
- ∞ The PCQO is available to assist with making and resolving a formal complaint. However, the PCQO is not an advocate, they may only act as a facilitator of a resolution.
- ∞ The person who filed the feedback will be contacted within two business days of receipt of the feedback. An officer will be assigned to your case and will provide a response to your concerns within 40 business days that includes any decisions and actions taken because of your feedback. Extensions to the 40 business day response time may be required.
- ∞ If concerns are not resolved, the individual may want to appeal to the Patient Care Quality Review Board for an independent review of the process regarding care quality complaints. The Patient Care Quality Review Board is a separate organization from Vancouver Coastal Health that reports to the Minister of Health.

**Provincial Health Services Authority<sup>25</sup>**

BC Ambulance Service/BCEHS, BC Cancer Agency, BC Center for Disease Control, BC Children’s Hospital and Sunny Hill Health Centre for Children, BC Mental Health and Addictions Services, BC Provincial Renal Agency, BC Transplant Society, BC Women’s Hospital & Health Center and Cardiac Services BC.

- ∞ Care concerns are best addressed at the time the concern arises, if the individual is not comfortable addressing their concerns with the person who provided the service, they can contact the PCQO.
- ∞ The PCQO will record and manage complaints in a prompt and fair manner, the individual will receive a receipt of the complaint within two business days, the investigation will be completed in 30 days and the individual must be informed of the outcome of the investigation within ten business days.
- ∞ The PCQO will work with the patient/client towards a resolution, and connect in appropriate care providers and investigate relevant policies and procedures.
- ∞ The patient client will be provided a response of the complaint and an explanation of decisions and actions taken.



**Providence Health Care<sup>26</sup>**

- ∞ Speak to the care provider at point of care regarding any questions or concerns the patient has about their care.
- ∞ If the patient is uncomfortable or did not feel the concern was resolved appropriately you can contact the PCQO.
- ∞ The person who filed the feedback will be contacted within two business days of receipt of the feedback. If the individual is bringing forward a concern on behalf of someone, proper consent will be obtained to proceed. An officer will be assigned to your case and will provide a response to your concerns within 40 business days that includes any decisions and actions taken because of your feedback.
- ∞ If concerns are not resolved, the individual may want to appeal to the Patient Care Quality Review Board for an independent review of the process regarding care quality complaints. The Patient Care Quality Review Board is a separate organization from Providence Healthcare that reports to the Minister of Health.

**Patient Care Quality Review Board (PCQRB) Process<sup>27</sup>**

- ∞ The PCQRB is supported by an administrative body called the Secretariat. The Secretariat works on behalf of the PCQRB and are the primary liaison between the review boards, the PCQOs and the Ministry of Health.
- ∞ The complaint must first be addressed by the regional health authority PCQO before a request can be made to the PCQRB.
- ∞ The patient/client will receive written confirmation the PCQRB has received the request and it is within the PCQRB’s jurisdiction in five business days.
- ∞ The regional health authority PCQO will be notified that a review of the complaint will be conducted, and a copy of the information from the PCQO relating to the complaint will be requested.
- ∞ The Secretariat will gather all relevant information related to the complaint and will forward it to a panel of review board members. There may be a request for additional information, interviews of stakeholders and/or seek professional advice from experts.
- ∞ The PCQRB is expected to complete the review within 120 business days, if it cannot be completed within the timeframe, the patient/client and health authority will be notified.
- ∞ Once the review is complete, the PCQRB will provide a final report to the patient/client and the health authority. If recommendations were made by the review board, these will also be sent to the Minister of Health to ensure the Ministry of Health and health authority work together to implement the recommendations.
- ∞ The health authority will contact the patient/client to discuss the PCQRB’s final report.
- ∞ If the patient/client is not satisfied with the resolution of the PCQRB’s final report, the patient/client can file a complaint with the BC Ombudsperson.



# Contact Information to File Feedback to Regional PCQOs

## Health Authority

## Contact Information

### FRASER HEALTH AUTHORITY

Mailing address:  
Patient Care Quality Office  
Fraser Health  
11762 Laity St, 4th floor  
Maple Ridge BC V2X 5A3

Toll-free: 1-877-880-8823  
Fax: 604-463-1888  
Email: [pcqoffice@fraserhealth.ca](mailto:pcqoffice@fraserhealth.ca)

### INTERIOR HEALTH AUTHORITY

Mailing address:  
Patient Care Quality Office, 5th floor  
505 Doyle Ave  
Kelowna BC V1Y OC5

Toll-free: 1-877-442-2001  
Email: [PCQO@interiorhealth.ca](mailto:PCQO@interiorhealth.ca)  
Fax: 250-870-4670

[Submit Patient Care Feedback Form](#)

Health Authority	Contact Information
<b>ISLAND HEALTH AUTHORITY</b>	<p>Mailing address: Patient Care Quality Office, Royal Jubilee Hospital, Memorial Pavilion, Watson Wing, Rm 315, 1952 Bay Street Victoria BC V8R 1J8</p> <p>Phone: 250-370-8323 Toll-free: 1-877-977-5797 Fax: 250-370-8137 Email: patientcarequalityoffice@islandhealth.ca</p> <p>A new <u>online form</u> has been created using REDCap to allow patients to electronically register compliments and concerns.</p>
<b>NORTHERN HEALTH AUTHORITY</b>	<p>Mailing Address: 299 Victoria St., 6th floor Prince George BC V2L 5B8</p> <p>Toll-free: 1-877-677-7715 Fax: 250-565-2640 Email: qualityoffice.patientcare@northernhealth.ca</p>
<b>PROVIDENCE HEALTH CARE</b>	<p>Mailing Address: 1081 Burrard Street Vancouver BC V6Z 1Y6</p> <p>Toll-free: 1-604-806-8284 Email: phcpcqo@providencehealth.bc.ca</p>

Health Authority	Contact Information
<b>PATIENT CARE QUALITY OFFICE REVIEW BOARD</b>	<p>Mailing Address: PO Box 9643 Victoria BC V8W 9V1</p> <p>Toll-free: 1-866-952-2448 Fax: 250-952-2428 Email: <a href="mailto:contact@patientcarequalityreviewboard.ca">contact@patientcarequalityreviewboard.ca</a> <a href="#">Review Request Form</a> <a href="#">Third Party Consent Form</a></p>
<b>PROVINCIAL HEALTH SERVICES AUTHORITY</b>	<p>Mailing Address: Suite 200, 1333 West Broadway Vancouver BC V6H 4C1</p> <p>Toll-free: 1-888-875-3256 Fax: 604-708-2762 Email: <a href="mailto:pcqo@phsa.ca">pcqo@phsa.ca</a> <a href="#">Feedback Form</a></p>
<b>VANCOUVER COASTAL HEALTH AUTHORITY</b>	<p>Mailing Address: 855 West 12th Ave., CP-380 Vancouver BC V5Z 1M9</p> <p>Phone: 1-877-993-9199 Fax: 604-875-5545 Email: <a href="mailto:pcqo@vch.ca">pcqo@vch.ca</a></p>

# Ministry of Health Complaints

## The Patient and Client Relations team

This team answers calls and emails from the public on behalf of the Ministry of Health. If you would like share a concern or compliment about primary health care or services, please contact the Patient and Client Relations Team.

Victoria: 1-250-952-1891  
Toll Free within BC: 1-833-552-1891  
Email: [HLTH.Health@gov.bc.ca](mailto:HLTH.Health@gov.bc.ca)

## Concerns and Feedback About Extra Billing

Office: 1-604-683-7151 (Lower Mainland)  
Toll-free: 1-800-663-7100 (Elsewhere in BC)  
Mailing:  
Health Insurance BC  
PO Box 9035 Stn Prov Govt  
Victoria, BC V8W 9E3

### Forms:

- ∞ [Form to Receive Reimbursement for Medical Services Provided by an Opted-Out Physician in BC](#)
- ∞ [Beneficiary Submission for Extra Billing Investigation](#)

Concerns and Feedback About Emergency Medical Assistants (EMA)  
Leave Concerns and Feedback to the EMA Lincensing Board

- ∞ [Complaint Registration Form](#)
- ∞ Email: [makeacomplaint@gov.bc.ca](mailto:makeacomplaint@gov.bc.ca)





# BC Regulatory Colleges Feedback Processes

The following regulatory colleges have been delegated the authority under provincial legislation to govern the practice of their registrants in the public interest. Their mandate at all times is to serve and protect the public. The primary function of the colleges is to ensure their registrants are qualified, competent and following clearly defined standards of practice and ethics. All colleges administer processes for responding to concerns and feedback from patients, and the public and for taking action when it appears one of their registrants is practising in a manner that is incompetent, unethical, illegal or impaired by alcohol, drugs or illness.<sup>13</sup>

BC Colleges	Contact Information
<b><u>BC COLLEGE OF NURSES AND MIDWIVES</u></b> <sup>27</sup>	Mailing Address: 900 – 200 Granville St., Vancouver BC V6C 1S4  Fax: 604-899-0794  How to submit feedback: <a href="mailto:complaints@bccnm.ca">complaints@bccnm.ca</a>
<b><u>BC COLLEGE OF ORAL HEALTH PROFESSIONALS</u></b> <sup>28</sup>	Phone: 1-672-202-0448  Toll-free: 1-888-202-0448  How to submit feedback: <a href="#">Complaints Form Online</a>

BC Colleges	Contact Information
<b><u>BC COLLEGE OF SOCIAL WORKERS</u></b> <sup>29</sup>	How to submit feedback: <a href="#">Complaints Form Online</a>
<b><u>COLLEGE OF COMPLEMENTARY HEALTH PROFESSIONALS OF BC</u></b> <sup>30</sup>	Mailing Address:  Director of Inquiry and Discipline  College of Complimentary Health Professionals of British Columbia  900-200 Granville St.,  Vancouver BC V6 1S4   Phone: 604-742-6670  Toll-free: 1-888-742-6670  Fax: 1-604-608-9726  Email: <a href="mailto:complaints@cchpbc.ca">complaints@cchpbc.ca</a>   How to submit feedback: <a href="#">Complaints Form Online</a>

BC Colleges	Contact Information
<b><u>COLLEGE OF HEALTH AND CARE PROFESSIONALS OF BC</u></b> <sup>31</sup>	Mailing Address:  Director of Inquiry and Discipline  College of Health and Care Professionals of BC (CHCPBC)  900-200 Granville Street  Vancouver BC V6C 1S4   Phone: 604-742-6715  Toll-free: 1-877-742-6715  Fax: 1-604-608-9863  Email: <a href="mailto:complaints@chcpbc.org">complaints@chcpbc.org</a>   How to submit a complaint: <a href="#">Complaints Form Online</a>
<b><u>COLLEGE OF PHARMACISTS OF BC</u></b> <sup>32</sup>	Phone: 1-800-663-1940  Toll-free: 1-604-733-2440
<b><u>COLLEGE OF PHYSICIANS AND SURGEONS OF BC</u></b> <sup>33</sup>	Phone: 1-604-733-7758  Toll-free: 1-800-461-3008  Email: <a href="mailto:complaints@cpsbc.ca">complaints@cpsbc.ca</a>   How to submit feedback: <a href="#">Complaint Form Online</a>

# Your Rights Under the Mental Health Act

The Mental Health Act is the law that sets out the rules for when a person is involuntarily committed to the hospital. Included in the Mental Health Act are rights that a person has while there are involuntarily committed.<sup>34</sup> The following rights are provided below:

- ∞ You have the right to know where you are, ask a nurse if you need the name and address of the hospital.
- ∞ You have the right to know why you’ve been certified.
- ∞ The doctor must write the reasons for your hospitalization on your medical certificate (Form 4), or if your certification has been renewed on your renewal certificate (Form 6). You have the right to know what is on your certificate.
- ∞ You have the right to ask for a review panel hearing.
- ∞ If you don’t agree with the doctor’s decision to certify you, you can challenge your hospitalization. One way is to ask for a hearing with a review panel. There is no cost for a hearing.

A review panel is independent of the hospital and includes:

- ∞ a lawyer.
- ∞ a doctor who isn’t on your treatment team.
- ∞ a member of the community.

They will hear your case and decide if you meet the criteria for hospitalization. If they decide that you don’t, you’ll be decertified. If they decide that you do, you’ll have to stay in the hospital. To apply for a review panel hearing, ask a nurse to help you fill out Form 7. If you are in a 1-month certification period, your hearing will be scheduled within 14 days from when you apply.

You have the right to have an advocate or lawyer represent you and help you prepare and present your case to the review panel.

- ∞ You can call witnesses to testify on your behalf.
- ∞ You can ask the review panel if you can bring someone to support you, but it’s up to the chair of the panel to decide if this will be allowed.

Once you have a hearing scheduled, if you need help finding an advocate or lawyer to represent you, call the Mental Health Law Program:

- ∞ **604-685-3425** in the Lower Mainland
- ∞ **1-888-685-6222** elsewhere in BC

Hours: Monday to Friday, 10 am–noon & 1:30 pm–4:30 pm

You have the right to ask for a second medical opinion; therefore, if you do not agree with your psychiatric treatment, you can ask for a second opinion from another doctor. To do this, ask a nurse to help you fill out Form 11. You can choose any doctor licensed to practise in BC to examine you, but you may have to pay for their travel costs.

Be aware that the second opinion is just an opinion, and your treatment team doesn’t have to follow the other doctor’s recommendations. You have the right to speak with a lawyer. A lawyer can help you challenge your certification by asking a judge to review your case. You may have to pay the lawyer’s fee and court costs.

A lawyer can also give you legal advice about your rights as a certified patient. If you can’t afford a lawyer, Access Pro Bono offers 30 minutes of free legal advice over the phone. Call to make an appointment:

- ∞ **604-482-3195** ext. 1500 in the Lower Mainland
- ∞ **1-877-762-6664** ext. 1500 elsewhere in BC

Hours: Monday to Friday, 10 am–4 pm

Independent Rights Advice Service:

The Independent Rights Advice Service provides information to people who are detained and experiencing involuntary treatment under the Mental Health Act in BC. This information helps people understand what their legal rights are and how they can act on those rights.

Email: [feedback@irasbc.ca](mailto:feedback@irasbc.ca)

Feedback form: <https://irasbc.ca/feedback/>



## External Concerns and Feedback Processes

These are complaints that are considered outside the jurisdiction of a regional PCQO.

This would include<sup>19</sup>:

- ∞ Complaint about care services from another regional health authority.
- ∞ Complaint about care services covered by the BC Health Regulatory Colleges.
- ∞ Involuntary admission or other care concern under the *Mental Health Act*.
- ∞ Private residential facilities that are not licensed or funded by a regional health authority.
- ∞ A complaint regarding an ambulance billing fee.

The following organizations are possible external processes for handling a complaint that cannot be adequately addressed due to the above circumstances.

### Office of the Ombudsperson<sup>35</sup>

As an independent officer of the Legislature, the Ombudsperson investigates complaints of unfair or unreasonable treatment by provincial and local public authorities. They oversee the administrative fairness of government processes under the Ombudsperson Act, conducting three types of investigations: individual complaints, investigations initiated by the Ombudsperson and investigations referred by the Legislative Assembly or its Committees. The Ombudsperson has a broad mandate, investigating complaints involving various entities such as provincial ministries, local governments, health authorities and more. They respond to approximately 8,000 inquiries and complaints annually. Additionally, under the Public Interest Disclosure Act, the Ombudsperson investigates allegations of wrongdoing and reprisal from public employees. The Office also offers educational resources and consultation to public organizations to promote fairness and improvement across the public sector.

1. First try and resolve the issue directly with the organization.
2. If it remains unresolved, or if it is not appropriate to go through the organizations complaint process, visit the [Ombudsperson complaint checker](#) for information about what they can do.

3. The complaint will be assigned for further assessment if the complaint falls under the Ombudsperson jurisdiction and the organization has had an opportunity to respond to the complaint themselves or clearly outline why this is not appropriate. Depending on the nature of the complaint the file may be transferred to the early resolution process or an investigations team to assess the complaint further.
4. Early resolution process: The intent of this process is to resolve the issue in a timely manner, and it may be resolved without a formal investigation. Complaints involving communication, delay or accessibility are often transferred to this process.
5. Investigative: complainant will be contacted by staff for further information.
6. Ombudsperson Pathfinders are contracted engagement specialists who are working to raise awareness of the Ombudsperson's services in First Nations, Métis, and Inuit communities across BC. Their role is to also build trust and help guide First Nations, Métis and Inuit to the right pathway to bring concerns forward if they believe they have been treated unfairly when receiving municipal or provincial public services, including to the Ombudsperson. The Pathfinders bring deep experience working with Indigenous communities across the province.

### How to submit feedback

Four engagement specialists, known as Ombudsperson Pathfinders, are working with First Nations, Métis and Inuit people to provide information about the Ombudsperson's role. They are also guiding members of the Indigenous public to find the best avenue to bring concerns forward if they believe they have been treated unfairly by public sector organizations in BC. Pathfinders will listen to issues experienced by First Nations, Métis and Inuit people across BC, and work together with individuals to identify the best concern avenue to take. Please visit the [BC Ombudsperson website](#) to find your local Ombudsperson Pathfinder.

### Human Rights Tribunal<sup>36</sup>

1. The complaint process starts when a person makes the complaint by filling out the form and delivering it to the Tribunal within one year of the incident occurring.
2. The Tribunal conducts a screening and decides whether to proceed with the complaint or not. They assess if it was filed within the one-year time limit, and the complaint contains a possible act of discrimination.
3. If the Tribunal proceeds with the complaint, it will notify the respondent (individual who the complaint is against).
4. The Tribunal may defer the complaint if an alternative proceeding can appropriately address the complaint.
5. If the complaint proceeds, the Tribunal provides a mediator to assist the parties in resolving the complaint themselves.
6. If the complaint cannot be resolved through mediation, the Tribunal will request a response to the complaint from the respondent in writing.
7. The parties will then be subject to disclosure and will exchange all documents.
8. The respondent at this point in the process can apply to dismiss the complaint without a hearing, there are various legal tests to dismiss a complaint, examples include: involves a federally regulated matter, conduct happened outside of BC, parties settled the matter, the complaint was made in bad faith, etc.
9. If the complaint does not get dismissed it will then move into a hearing.

Human Rights Tribunal

Form 1.1	Complaint for an individual	<a href="#">Online</a> or <a href="#">Print</a>
Form 1.2	Authorization to file for another person	<a href="#">Fillable</a> or <a href="#">Print</a>
Form 1.3	Complaint for a group or class of people	<a href="#">Online</a> or <a href="#">Print</a>
Form 1.4	Retaliation complaint	<a href="#">Online</a> or <a href="#">Print</a>

Contact the Human Rights Tribunal if you want another option or if you want us to send you a complaint form. If you can’t use the online form and need another option, call the Human Rights Tribunal at 604-775-2000 – press 3 and then press 1 to speak to a Registry Officer.

BC Human Rights Clinic: The clinic offers a range of legal services including a Short Service Clinic on Mondays and Wednesdays, legal representation, summary advice, referrals and educational workshops.

For general information about the BC Human Rights Code and complaint process, you can call the Inquiry Line 5 days a week from 8:30 am to 4:00 pm. All services are free of charge.

Office of the Seniors Advocate BC<sup>37</sup>

The Office of the Seniors Advocate is an independent office of the BC provincial government acting in the interest of seniors and their caregivers. The Office of the Seniors Advocate provides information and referrals for individuals who are navigating senior services and tracks their concerns.

Information and Referral Line: (toll-free) 1-877-952-3181, 250-952-3181

Veterans Review and Appeal Board<sup>38</sup>

The Veterans Review and Appeal Board provides the opportunity to appeal for disability benefits decisions made by Veterans Affairs Canada through a review hearing and if the Veteran remains dissatisfied, an appeal hearing.

The Veterans Review and Appeal Board is an entirely separate and independent organization from Veterans Affairs Canada. Anyone who is dissatisfied with the Veterans Affairs Canada decision on their disability benefit can apply.

What kind of decisions can be appealed to the Board?

The following kinds of decisions can be appealed to the Board:

- ∞ Disability Pension
- ∞ Disability Award
- ∞ War Veterans Allowance
- ∞ Critical Injury Benefit
- ∞ Special Awards (Exceptional Incapacity Allowance; Attendance Allowance; Clothing Allowance)
- ∞ Additional Pain and Suffering Compensation
- ∞ Detention Benefit
- ∞ Survivor’s Pension
- ∞ Compassionate Award
- ∞ Prisoner of War Compensation

To contact the Veterans Review and Appeal Board email [info@vrab-tacra.gc.ca](mailto:info@vrab-tacra.gc.ca) or call 1-800-450-8006.

# Other Types of Concerns and Feedback

## Making a complaint about a long-term care facility

If you have a concern about the health, safety or well-being of a person in a licensed long-term care facility make a complaint immediately. There is no time limit in which to make a complaint but if you wait too long before making a complaint this may affect the process; relevant documents or witnesses may become unavailable and affect the investigation and resolution of the complaint.

If you have brought your concerns to the attention of the facility and its manager but think that they have not addressed your concerns, please contact your local health authority’s Community Care Facility Licensing program to discuss your concern.<sup>40</sup>

Regional Health Authority	Contact Information
FRASER HEALTH	Central Line: 604-587-3936 Email: feedback@fraserhealth.ca Abbotsford: 604-870-6000 Burnaby: 604-918-7683 Chilliwack: 604-702-4950 Delta: 604-507-5478 Tri-Cities: 604-949-7700 Surrey/Whiterock: 604-930-5405
ISLAND HEALTH	Campbell River: 250-850-2110 Courtenay: 250-331-8620 Nanaimo: 250-739-5800 Victoria: 259-519-3401
INTERIOR HEALTH	Licensing Direct: 1-877-980-5118 Email: Licensingdirect@interiorhealth.ca

Regional Health Authority	Contact Information
NORTHERN HEALTH	Telephone: 1-844-845-4200 Email: licensingconnect@northernhealth.ca
VANCOUVER COASTAL HEALTH	EHVC@vch.ca Powell River: 604-485-3310 Richmond: 604-233-3147 Sechelt: 604-885-5164 Squamish: 604-892-2993 Vancouver: 604-675-3800

## Assisted Living Complaints

The assisted living registry oversees operators providing hospitality and assisted living services.<sup>43</sup> Under the Community Care and Assisted Living Act the registry receives and investigates complaints.<sup>42</sup>

Contact  
Email: Hlth.assistedlivingregistry@gov.bc.ca  
Victoria: 1-778-974-4887  
Toll-Free: 1-866-714-3378  
Fax: 250-953-0946



# Examples of Health Experiences

## Scenario 1: Patient Care Quality Office<sup>43</sup>

The Patient Care Quality Office receives this via e-mail: “I went to the hospital and I had a lot of stomach pain. I wasn’t feeling well the last few days so I went to the ED. The doctor looked at me for 5 minutes, gave me a prescription and sent me home. He only sent me home with Tylenol. People who got in after me got seen first. I told the nurse at the front desk that I had a lot of pain. Did they assess me appropriately? Why did it take so long to be seen? Why did others get seen before me?”

### What is the PCQO’s next steps?

- ∞ Review the file and complete an intake conversation.

### What information does the PCQO need out of the intake conversation?

- ∞ Call and introduce themselves to the client.
- ∞ Obtains client’s full name/DOB/consent from client.
- ∞ Obtains details about the client’s experience (e.g., location that experience occurred in).
- ∞ Understand the client’s desired outcome.

### What does does the PCQO do after the intake conversation?

- ∞ Completes complaint summary form (if appropriate).
- ∞ Distribute the summary to the manager of the ED of the hospital and the emergency physician lead and director.
- ∞ Sets reminders for deadlines.

As the client has requested the manager of the Emergency department for a call, the manager calls the client, they have a conversation and answers their questions.

### What are the PCQO’s next steps?

- ∞ Closing call with the client to ask if there are any other outstanding issues.
- ∞ Follow up with the ED manager about the details out of the conversation.

**Letter from PCQO to Complainant Sample 1<sup>43</sup>**

August XX, 2020

Name

By email to BLANK

Dear name,

Thank you for contacting our office regarding the care you received at BLANK hospital (AXH) on date. We are sorry about the negative experience you shared with us. We appreciate that you brought it forward and are giving us the opportunity to follow up with your concerns.

As requested, a third party review of your concerns was completed by Dr. BLANK, who is the department head of Emergency Medicine at BLANK hospital. Dr. BLANK’s review included reading your experience and concerns, reviewing your medical chart and the policies related to your care. He also brought together the staff involved in your care. A phone meeting between Dr. BLANK, myself and you took place on date. You had asked that a summary of the meeting be given to you. The summary notes are as follows.

Dr. BLANK shared:

- ∞ You had fallen on your hip on approximately date and were seen at different Hospital (BXH) with a normal x-ray.
- ∞ On date when you came to AXH emergency department, you shared that you had increased swelling to your right hip.
- ∞ Your vital signs (blood pressure, heart rate, breathing rate, oxygen levels and temperature) were normal and there was no fever.
- ∞ On examination your right hip showed some swelling but it was not warm to touch, did not have redness or any fluid or pus coming from the area.
- ∞ An ultrasound image was done and it showed a fluid collection but did not show any “cobble-stoning”, which is a visual sign of infection.

- ∞ Hematomas (collection of blood under the skin) can sometimes become infected, but you did not have any signs of infection during your visit.
- ∞ In most cases hematomas are left to resolve on their own. Draining a hematoma when there is no infection can lead to bleeding, infection or other complications.
- ∞ In the case where there are clear signs of an infection (e.g., fever, surrounding redness), then drainage would be needed.
- ∞ Increasing pain can be a sign of infection but it can also be due to an increase in the size of the hematoma.
- ∞ Sometimes symptoms or signs of illness cannot be seen or found when a patient first comes to the emergency department. This is why we give detailed instructions to patients before they go home. Dr. BLANK did so in this case by informing you to return if you develop a fever or other signs of infection.

In the meeting, Dr. BLANK apologized to you for your experience and was sorry to hear that you needed another visit to the hospital. He shared that the assessment provided was appropriate, but recognizes that it is understandably frustrating to need another hospital visit for your concerns. Unfortunately, sometimes conditions like an infection within a hematoma are not always clear during the course of the illness. You stated that you understood Dr. BLANKS’s response.

We hope the information in this letter is helpful and provides the answers you are seeking. If you have any questions about this letter please feel welcome to call me at BLANK.

If you continue to have concerns about any doctor’s practice, you can contact the College of Physicians and Surgeons of BC at <https://www.cpsbc.ca/for-public/file-complaint> or by phone at 1-800-461-3008.

If you are not satisfied with this response, you may want to contact the Patient Care Quality Review Board. The review board is separate from the Health Authority. They

complete their own review of complaints. For more information on the Review Board, please visit: [www.patientcarequalityreviewboard.ca](http://www.patientcarequalityreviewboard.ca).

Thank you for bringing your care quality concerns to the attention of our office. We wish you the very best.

Sincerely,  
BLANK  
Patient Care Quality Officer

**Scenario 2: Patient Care Quality Review Board<sup>44</sup>**

A senior was admitted to the hospital. Their family remained at the hospital, available to translate for the patient but were never called on to do so. Because of this, they were concerned the patient may not be receiving adequate care. The patient’s family contacted the PCQO but didn’t feel the response answered their questions. They contacted the PCQRB to request a review. The PCQRB supported the family to complete a Review Request form and a Third-Party Consent form to ensure the patient consented to the review. The PCQRB then requested related records from the health authority (medical records, PCQO documentation and relevant policies, procedures and guidelines). The analyst assigned to the case contacted the family to confirm what outstanding questions they wanted answers to. The analyst reviewed all relevant information from the family and the health authority. A panel of board members met to discuss the care experience. Finally, the PCQRB sent letters to the patient and their family, and to the health authority, that detailed the board’s findings and recommendations. The findings outlined the patient’s care experience and related care standards and how the PCQO responded to the family. The health authority accepted the board’s recommendation about family communication practices.

**Scenario 3: BC Ombudsperson<sup>45</sup>**

Claudette came to office of the Ombudsperson concerned that her husband Serge’s leg amputation surgery had been delayed and they were not advised of a new date. Claudette told the BC Ombudsperson the surgery had been scheduled and canceled a number of times and she was concerned that her husband’s condition was quickly deteriorating. Claudette told the BC Ombudsperson she had called Interior Health’s PCQO but she was told it would take three weeks before they could look into her complaint. Through the investigation of Claudette’s complaint, the BC Ombudsperson worked with the PCQO’s Director of Patient Safety. As a result of the BC Ombudsperson’s involvement in the case, the Director very quickly contacted clinical staff at the hospital and notified them about Serge’s declining health. His surgery was rescheduled and took place within a few days of the notice of investigation into the complaint.

**Scenario 4: BC Ombudsperson<sup>45</sup>**

Marianne received the bill for her husband’s residential care fees that she believed was too high. Not sure where to turn, she contacted the BC Ombudsperson. The BC Ombudsperson investigated and found that indeed Marianne had been overcharged by \$404.87 because of an error in how the Continuing Care Fees Regulation was being calculated during a particular month. Marianne was reimbursed as a result of this error. As the BC Ombudsperson investigation concluded that a similar miscalculation was used for others, the ministry also committed to direct all health authorities to contact clients, their families or their estates who may have been potentially eligible for a refund. The BC Ombudsperson confirmed this action was taken by the ministry and closed the file.

## Imaginary Scenario

A patient went to the hospital with unexplained pain and needed multiple tests. Upon intake, the patient voluntarily self-identified as Métis. The staff member conducting the intake asks the patient what band they are from. The patient becomes visibly upset and stated Métis culture does not have bands. A few days later the patient comes in with the same symptoms; upon intake the patient is again asked to voluntarily self-identity as Indigenous. The patient becomes frustrated as they were just at the hospital a few days ago and their identity as a Métis person has not changed. They express this; however, the staff member does not seem to understand the impact this has on the patient.

As the patient is being discharged they are handed a First Nations resource list for supports in the community. The patient again informs them that they are Métis. The staff states that's the same thing, isn't it? The patient leaves feeling not seen and frustrated that there are not resources and training for staff about the Métis.

The Métis patient files a complaint with the PCQO for their local health authority. They become connected with the Métis Health Experience Program at Métis Nation BC and are offered mental health supports and connection with an Elder (if desired). The Métis Health Experience Advocate works with the Métis patient and the PCQO to ensure the Métis person is receiving the care they deserve. The emergency department completes their investigation and asks the patient how they would like to receive the report. The Métis patient asks if they would be open to holding a circle, the emergency department staff agree.

The staff hear from the Métis patient how the lack of knowledge around Métis affects their well-being and overall experience when at the Emergency Department. The healthcare staff agree as a resolution to participate in cultural trainings and embed them into the orientation process to ensure healthcare staff have the appropriate knowledge to serve Métis. Métis Nation BC and the Emergency Department also work collaboratively to develop a resource guide that is Métis-specific. The Métis patient leaves hopeful that if they were to access the Emergency Department again, the resources and staff understanding will be inclusive of Métis.



# Self-Care

## Traditional Ways of Healing

The Four Sacred Medicines<sup>46</sup>

Tobacco, sage, sweetgrass and cedar are used in everyday life and in ceremonies, all can be used to smudge.

- 1. Tobacco opens the way to communicate with the spirit world. Also, said to be the main activator of all plant spirits.
- 2. Sage is used to prepare people for ceremonies and teachings, used to release what is troubling the mind and removing negative energy. Also used to cleanse homes and sacred items.
- 3. Sweetgrass is used in prayer, smudging and purifying ceremonies. Used to attract positive energy.
- 4. Cedar is used to purify homes and used in baths for healing. Used in fasting and sweat lodge ceremonies as a form of protection.

## Get out into Nature

Go on a walk, access books or online resources and learn about the nature that’s all around you.

## Online Resources:

- ∞ [Traditional Metis Medicines and Healing \(metismuseum.ca\)](http://metismuseum.ca)
- ∞ [Plants Database - Garden.org](http://Garden.org)

## Books:

- ∞ [Medicines to Help Us \(Book Only\) | Gabriel Dumont Institute \(gdins.org\)](http://gdins.org)

## Creative Art

Find an art expression form that is calming and enjoyable for you.

Examples of Métis cultural art expression:

- ∞ Beadwork
- ∞ Finger Weaving
- ∞ Fish Scale Art
- ∞ Medicine pouches
- ∞ Moccasins
- ∞ Drum making
- ∞ Rattle making

## Make time for yourself

These include, but are not limited to, stretching, walking, exercising, baking, beading, sewing, crocheting, drawing, playing video games, meditating, journaling, making pottery, listening to music and spending time with friends and family.

## Create a support system

Put together a network of people that can be your support system. People included in your support system are people you feel safe to connect with. These include, but are not limited to, family, friends, therapists/counsellors, colleagues, Elders, help/crisis lines, community advocates and people from your local chartered community.

Ensure you have a plan of how to connect with them when you are in need. You could also set up regular appointments and check-ins to be proactive in your wellness.



# Resources

## Métis Specific

Métis Crisis Line: 1-833-638-4722

MNBC Regional Wellness Coordinators

Email: [mentalwellnesscoordination@mnbc.ca](mailto:mentalwellnesscoordination@mnbc.ca)

[Online Form](#)

## Other

KUU-US Crisis Response Service: 1-800-588-8717

Crisis Line Association of BC: 1-800-784-2433

Mental Health Support Line: 310-6789

## Healthcare Workers

Care to Speak is a peer-based phone, text and webchat service providing free and confidential support to healthcare and social support workers in BC.

Phone: 1-866-802-7337

[Online Chat](#)



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# Appendix A: Legislation

- ∞ [Health Professions Act](#) being replaced by [Health Professionals and Occupations Act](#)
- ∞ [Evidence Act](#)
- ∞ [Hospital Act](#)
- ∞ [Patient Care Quality Review Board Act](#)
- ∞ [Ministerial Directives](#)
- ∞ [Ombudsperson Act](#)
- ∞ [Patients’ Bill of Rights](#)
- ∞ [Public Interest Disclosure Act](#)
- ∞ [Personal Information Protection and Electronic Documents Act](#)
- ∞ [Community Care and Assisted Living Act](#)

# Appendix B: Reports and Resources

- ∞ [In Plain Sight, Addressing Indigenous-specific Racism and Discrimination in B.C. Healthcare](#)
- ∞ [Kaa-wiichitoyaahk](#)
- ∞ [Taanishi Kiiya? Miiyayow Métis Saantii Pi Miyooayaan Didaan BC - Métis Public Health Surveillance Program— Baseline Report, 2021](#)
- ∞ [Measuring Cultural Safety in Health Systems](#)
- ∞ [BC - Métis Nation Relationship Accord II](#)
- ∞ [Declaration on the Rights Of Indigenous Peoples Act](#)
- ∞ [Declaration on the Rights of Indigenous Peoples Act Action Plan \(2022-2027\)](#)
- ∞ [A Métis Vision of Health](#)
- ∞ [Truth and Reconciliation Commission of Canada: Calls to Action](#)
- ∞ [Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process](#)
- ∞ [Remembering Keegan: A BC First Nation Case Study Reflection](#)

