



Thunder Bay Regional Health Sciences Centre

Response to the Truth and Reconciliation Calls to Action

Year Two Outline



Thunder Bay Regional
Health Sciences
Centre

Exceptional **care** for
every patient, every time.

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Acknowledgements

The Thunder Bay Regional Health Sciences Centre (TBRHSC) is located on the ancestral lands of Fort William First Nation, signatories of the Robinson-Superior Treaty of 1850. We thank them for their respect and stewardship of the land that have allowed us to gather here for time immemorial. We also acknowledge all the other Indigenous Peoples that come for health care from other ancestral lands and/or territories. The Miskwaa Biidaaban Indigenous Collaboration team

understands that the Members of Fort William First Nation and other Indigenous Peoples are grounded in reciprocal relationships as many of us follow these relationship protocols in our personal and professional lives. Therefore, we take this opportunity to acknowledge and respect all our relationships. The relationship to each other as two-legged beings working and partnering to improve the health outcomes for our families, friends, and communities. The relationship

to the Land, including the water, rocks, and plants, as they sustain our lives with nourishment and medicine. The relationship to ALL of our relations part of creation, including the four-legged, hooved, winged, walkers, swimmers, crawlers and the universe. The relationship to our Ancestors who have demonstrated how to live in a good way and continue to influence our lives and families. Miigwech, miigwech, miigwech, miigwech.

Elder Aaron Therriault



I have seen the growth that has happened within Miskwaa Biidaaban—mentally, spiritually, culturally, and through ceremony. It has taken time, but it has been steady and meaningful, and it's very encouraging to see. It fills me with pride to see how far the team has come in supporting people from nearby communities and how their work continues to grow.

I hear many words of encouragement and gratitude from local and rural communities. People are recognizing the importance of Indigenous input and support in the hospital and are grateful that Indigenous patients have people here who understand and advocate for them.

There is a growing sense of relief and appreciation, and it shows that our work is making a real difference. At the same time, we continue to strengthen our efforts—educating staff about the Truth and Reconciliation Commission, cultural safety, and ensuring everyone knows who we are and how to access our services.

Right now, we are walking the South quadrant of the Medicine Wheel. This is the place of preparation. We are preparing the team—preparing ourselves to support patients using the tools and teachings we have. This preparation will ready us for the West quadrant of the Medicine Wheel. In a way, we are in our adolescence as a team, getting ready for the third year when the work will deepen. Our focus in this stage is education.

We are focused on strengthening the Indigenous staff and fostering their cultural identity, which in turn enhances the organization and benefits the community. Guided by the Medicine Wheel and the principles of Miskwaa Biidaaban, we support not only patient

healing but also the well-being of hospital staff. By creating a harmonious and beautiful hospital environment, we promote healing that aligns ancestors, patients, staff, and the community, ultimately leading to a stronger, healthier collective.

I have seen the changes already—attitudes are shifting, behaviours are improving, and people are more willing to learn. By adopting the spirit of the Sacred Circle into our lives, the Medicine Wheel embraces everyone, from all walks of life. Ceremony helps break down barriers, bridge differences, and bring people together. This creates a better hospital and, in turn, a stronger, healthier community.

We are putting principles before our own personalities. Progress is being made, and it is rooted in respect, ceremony, and the teachings of our ancestors.

Miigwech,

Elder Aaron Therriault



Response to the Truth and Reconciliation Calls to Action

Dr. Rhonda Crocker Ellacott



Hello, Boozhoo,

I am delighted to share with you our second annual report, which underscores our unwavering commitment to the principles outlined in the Truth and Reconciliation Commission's Calls to Action.

I want to begin by commending the leadership and ongoing efforts of the Miskwaa Biidaaban department and all our dedicated staff to integrate the Truth and Reconciliation Commission's Calls to Action into their daily practices. This report serves as both an update and a reaffirmation of our dedication to reconciliation, recognizing that acknowledging the truth is fundamental to our collective journey.

At Thunder Bay Regional Health Sciences Centre (TBRHSC), we continue to align our efforts with the 94 Calls to Action from the Truth and Reconciliation Commission, using these principles as a guiding lens in our decision-making processes. Creating an inclusive environment strengthens our connection to the communities we serve and enhances our ability to provide empathetic, high-quality care for all. We are committed to fostering cultural changes, maximizing safety, and maintaining transparency throughout this journey.

We are excited to share the incredible work being done across various departments in response to the Calls to Action. Each department has embraced the challenge of integrating these principles into operations, resulting in innovative programs and initiatives that enhance the healthcare experience for Indigenous Peoples. From tailored cultural competency training to partnerships with local Indigenous groups, these efforts reflect our commitment to fostering a culturally safe environment for all. This year, we are particularly focused on Call to Action #24, ensuring that all professional staff complete cultural safety training, thereby deepening our understanding and respect for Indigenous culture. Over the past year, we have made significant progress in our broader initiative to enhance the healthcare experience for Indigenous Peoples.

One highlight is the integration of the Wake the Giant Indigenous Culture and Inclusivity Training for professional staff, which was first launched in the Emergency Medicine Department and Hospitalist program. The training will continue to improve staff understanding of anti-Indigenous racism and build awareness of Indigenous culture, history, and traditions. Ensuring cultural safety enables us to deliver healthcare that is respectful, responsive, and equitable for all patients. Our commitment guides our mission to provide compassionate, inclusive healthcare to every patient and community member we serve, as outlined in our [Strategic Plan 2026](#).

As we look to the next year, we are committed to building on our successes, enhancing service delivery, and ensuring that cultural safety and inclusion remain at the forefront of our mission. I am proud that our staff, leaders, and board members have met the targets on completion for cultural safety training to further their understanding of the experiences of Indigenous Peoples and that care reflects the values and rights of all individuals.

We look forward to communicating further progress on our efforts to strengthen relationships with Indigenous communities and work towards improved health outcomes; creating a more inclusive healthcare system for all. Our commitment to ongoing learning and improvement is unwavering, and we remain dedicated to enhancing our cultural safety initiatives.

Together, we will continue to strengthen our partnerships with Indigenous communities and remain steadfast in our pursuit of improved health outcomes through a culturally responsive health care system.

Dr. Rhonda Crocker Ellacott
HBSN, M.A., Ed.D
President and CEO, Thunder Bay Regional Health Sciences Centre
CEO, Thunder Bay Regional Health Research Institute

Dr. Miranda Lesperance



Boozhoo, hello,

Miranda Lesperance
nindizhinikaaz,
Ojichaaagobishinkwe
nindigoo, mukwa nindoodem,
Opwaaganisiniing nindoonjiibaa,
Neebing nindaa. Aligning with First Nations protocol, I introduced myself in my language, Anishinaabemowin. To translate into English: I gave my legal name and spirit name, stated that I belong to the bear clan, and shared that I come from the "land with the pipestone" and currently live in Neebing, ON. I was born in Thunder Bay and raised in my community of Lake Helen Reserve, home to the Red Rock Indian Band. My mother is Connie Lesperance, of the Morrisseau and Wawia families of Lake Helen, and my father is Conway Lesperance, of the Potan family of Lake Helen and the Lesperance family from Biinjitiwaabik Zaaging Anishinaabek (Rocky Bay First

Nation). My grandparents are Dolores (Dil) and Richard Morrisseau, and Shirley and Albert (Buggs) Lesperance. I am a mother to Nodin and Waseya.

As the Vice President of Indigenous Collaboration, Equity, and Inclusion at the Thunder Bay Regional Health Sciences Centre, I am pleased to highlight the continued work not only of the Miskwaa Biidaaban department, but of all departments within TBRHSC that have made significant strides to address the Truth and Reconciliation Commission's Calls to Action over the past year. I am inspired and humbled by the collaborative work that has strengthened our shared commitment to these Calls to Action. Together, we have deepened our cultural safety training, expanded spiritual and healing practices, and supported the voices of Indigenous-led initiatives across Northwestern Ontario.

In our inaugural report last year, we introduced the Miskwaa Biidaaban department, its services and programs, as well as our seven projects within Strategic Plan 2026. In that report, we committed to specifically addressing TRC Call to Action #24 as our next step. Therefore, this year's report

places a significant focus on Call to Action #24, including an update on our goal to ensure that professional staff have the opportunity to complete cultural training. We also highlight several other cultural training initiatives, such as updates on our Wake the Giant Culture and Inclusivity Training and the Repairing the Sacred Circle Education Primer, along with other key responses to additional Calls to Action.

Looking ahead to 2026, we will build on this momentum through enhanced service delivery, community spaces grounded in cultural safety, and a renewed focus on Indigenous recruitment, education, and retention to address Call to Action #23.

Mii i'iw. Miigwech to all – Elders, Knowledge Keepers, community partners, staff, professional staff, learners, and volunteers. Reconciliation continues not just with words, but through your sustained, respectful action.

Dr. Miranda Lesperance, Ph.D.
Vice President, Indigenous Collaboration, Equity and Inclusion, Thunder Bay Regional Health Sciences Centre



Dr. Bradley Jacobson



I am pleased to share an important update regarding our commitment to the Truth and Reconciliation's Calls to Action within our organization. As part of our commitment to fostering an inclusive and culturally safe environment at TBRHSC, we are pleased to inform you about our Indigenous cultural training initiatives.

Medical Affairs has extended Indigenous cultural training to all associate and active professional staff by embedding it into the

onboarding process and re-appointment cycle. At TBRHSC, there are several approved Indigenous courses, with the most commonly completed by professional staff being Wake The Giant. Additionally, many professional staff have completed the San'yas Anti-Racism Indigenous Cultural Safety Training Program, Repairing the Sacred Circle, and the University of Alberta's Indigenous Canada course.

The Credentialing Office is monitoring progress to ensure full participation and compliance. Our pilot departments, Hospitalist, Emergency Medicine, Paediatrics, and Psychiatry, have completed the training, with courses having been rolled out to all remaining departments in September 2025. The goal is to have training completed by the majority of professional staff

by the end of 2025 and achieve 100% completion by the end of 2026.

I want to thank our dedicated professional staff for their continued commitment to this important work. Together, we can create a more culturally safe environment and support the well-being of our diverse communities.

Sincerely,



Dr. Bradley Jacobson, MD, CCFP(EM), FCFP, MHA

Chief of Staff,
Thunder Bay Regional Health Sciences Centre

Assistant Professor -
NOSM University

Executive Summary

This second annual report highlights the ongoing dedication of the Thunder Bay Regional Health Sciences Centre (TBRHSC) to the principles outlined in the Truth and Reconciliation Commission's (TRC) Calls to Action. The report highlights the ongoing efforts of the Miskwaa Biidaaban department, in conjunction with the broader organizational commitment to integrating these principles into daily practices that foster a culturally safe and inclusive environment for Indigenous patients, families and staff. Key initiatives undertaken this year specifically target TRC Call to Action #24, which requires healthcare professionals to undergo essential cultural safety training. Our commitment to reconciliation extends beyond training. Throughout the year, TBRHSC has developed innovative programs and strengthened partnerships with

Indigenous organizations to address disparities in health care access and foster a community-oriented approach to wellness. This is not just about promoting inclusivity; it's about embedding these critical understandings into the fabric of our patient care approach, ultimately enhancing healthcare interactions and experiences for Indigenous patients. TBRHSC acknowledges the importance of maintaining transparency and open communication throughout our journey. We continuously solicit feedback from Indigenous communities and incorporate their perspectives into our efforts. Notable events during the year included the unveiling of the Robinson Superior Treaty plaque, symbolizing our commitment to recognizing and honoring treaty relationships. Such symbolic gestures are critical to building trust and reinforcing our dedication

to meaningful reconciliation. We recognize that evaluation and adaptation are crucial, and we are dedicated to utilizing data and community feedback to inform our decisions and strategies. The ongoing implementation of recommendations from the TRC's Calls to Action continues to serve as our guiding principle, ensuring that cultural safety and inclusivity remain at the forefront of all our initiatives. Together, we are dedicated to achieving reconciliation through respectful action and fostering genuine relationships with Indigenous Peoples. Our collective work is directed towards striving for a more equitable healthcare system for all, with the understanding that this journey requires commitment, humility, and a readiness to learn and grow alongside the communities we serve.

Miskwaa Biidaaban Department Overview

Matawa Health Co-Operative Indigenous Care Coordinator

On August 15, 2025, Matawa Health Co-Operative and TBRHSC signed a Service Agreement for an additional Indigenous Care Coordination (ICC) dedicated to support First Nation community members from the nine Matawa First Nations: Constance Lake, Eabametoong (Fort Hope), Long Lake 58, Ginoogamang, Marten Falls, Neskantaga (Lansdowne House), Webequie, Nibinamik (Summer Beaver), and Aroland.

Traditional Wellness Coordinator

We are pleased to announce that position of Cultural Safety Educator has evolved from Cultural to Traditional Wellness Coordinator. In this expanded position, the Traditional Wellness Coordinator will continue to perform her previous responsibilities, including developing and delivering cultural safety education and supporting Indigenous Spiritual Care. Additionally the role is responsible for:

- Collaborating with Elders and Knowledge Keepers to provide Traditional Ceremonies and spiritual care.
- Creating and implementing cultural safety education for staff, volunteers, and communities.
- Honouring and maintaining Indigenous customs, laws, and spiritual practices.
- Organizes and plan Indigenous cultural and spiritual support services within the hospital.
- Serving as a bridge for community connections, building trust and relationships with Indigenous partners.
- Supporting patients and families in their healing and spiritual practices, including end-of-life ceremonies

Cory Hoogsteen, Spiritual Care Coordinator, Dr. Miranda Lesperance, VP, Leona Kakepetum, Director, Jillian Larabee, Indigenous Care Coordinator (ICC), Desiree Towedo, ICC, Martina White, ICC, Delaney Necan, ICC, Elke Cullis, Executive Assistant, Paula Vangel, Manager, Annette Klement, Traditional Wellness Coordinator, Dayna Foulds, ICC, Savanna Boucher, ICC. Missing from photo: Gloria Boshkaykin, ICC; Mona Neekan, ICC; and Rae-Anne Robinson, EDI Coordinator



Truth and Reconciliation Commission's Calls to Action to Highlight

Call to Action #10: We call on the federal government to draft new Aboriginal education legislation with the full participation and informed consent of Aboriginal peoples. The new legislation would include a commitment to sufficient funding and would incorporate the following principles: i. Providing sufficient funding to close identified educational achievement gaps within one generation. ii. Improving education attainment levels and success rates. iii. Developing culturally appropriate curricula. iv. Protecting the right to Aboriginal languages, including the teaching of Aboriginal languages as credit courses. v. Enabling parental and community responsibility, control, and accountability, similar to what parents enjoy in public school systems. vi. Enabling parents to fully participate in the education of their children. vii. Respecting and honouring Treaty relationship

Call to Action #19: We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would

focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Call to Action #23: We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health care providers in Aboriginal communities. iii. Provide cultural competency training for all health care professionals.- next step

Call to Action #24: We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Call to Action #83: We call upon the Canada Council for the Arts to establish, as a funding priority, a strategy for Indigenous and non-Indigenous artists to undertake collaborative projects and produce works that contribute to the reconciliation process.



Thunder Bay Regional Health Sciences Centre

Department Initiatives

Renal

Renal care within FN communities (Call to Action #19)

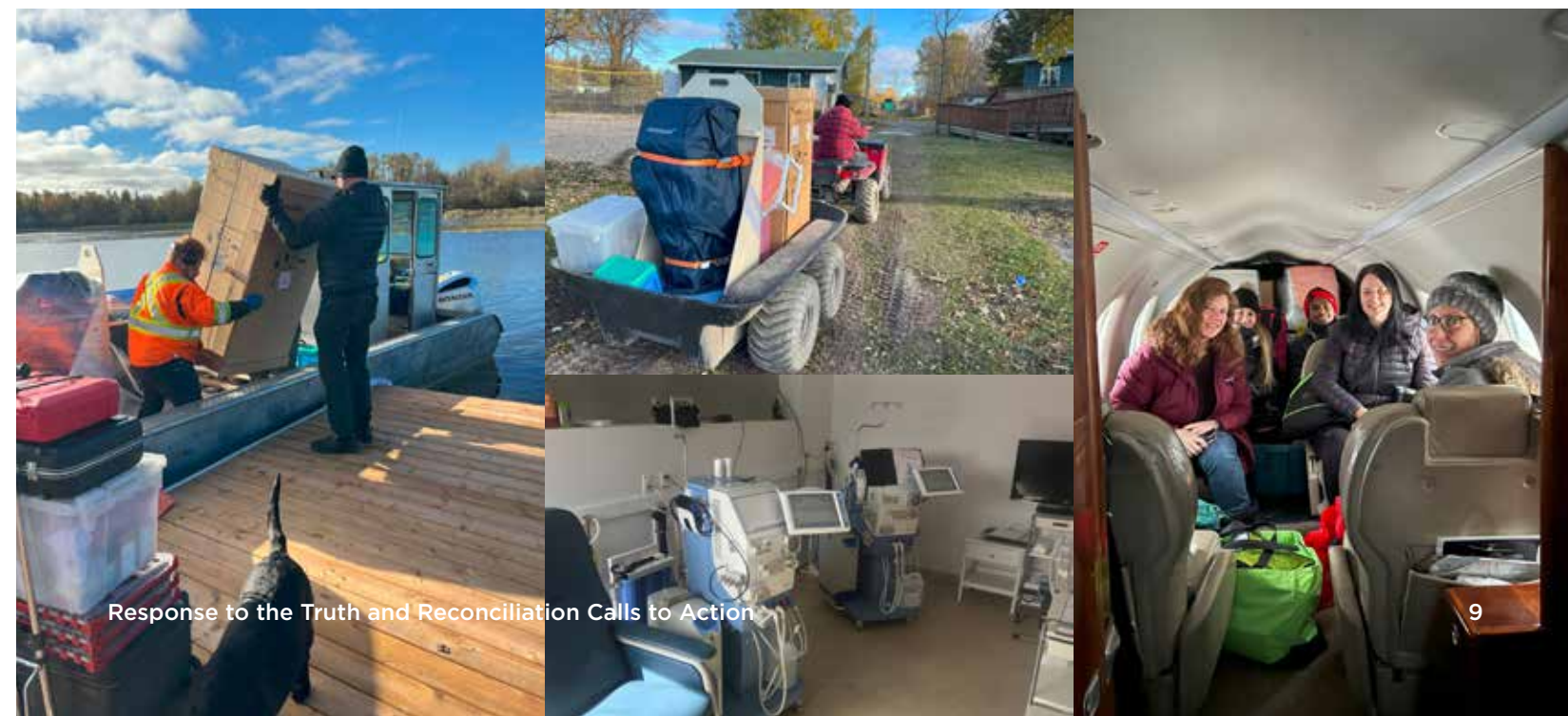
The Home Hemodialysis (HHD) program in Northwestern Ontario addresses the critical needs of kidney failure patients who rely on hemodialysis. This lifesaving therapy is essential for maintaining health; however, patients in communities such as Fort Frances, Sioux Lookout, and Kenora often face significant emotional and logistical challenges. Many must leave behind their families, friends, careers, and homes to access treatment, as local dialysis units may be full or have long waitlists. Patients are left with limited options, including a temporary stay in Thunder Bay or permanent relocation to receive the necessary care. To alleviate these challenges, the HHD initiative aims to enable hemodialysis to be conducted within the patients' homes, allowing them to stay connected to their communities and loved ones. This program requires patients to undergo dialysis sessions three to four times a week, each lasting approximately four hours. Success in home-based treatment hinges on active patient engagement and

motivation, which are crucial for achieving positive health outcomes. The implementation of HHD involves considerable logistical efforts, including the transport of 600 pounds of necessary equipment and supplies to remote communities. The HHD team collaborates closely with the local Chief and Council, as well as patients and their families, to arrange appropriate transportation. The team utilizes various modes of travel, including planes, trains, trucks, ATVs, boats, and snowmobiles, to bring care directly into the homes of patients. Once a patient's home is evaluated and deemed suitable for HHD, training can commence at the HHD unit, typically spanning about eight weeks. Ultimately, the program significantly impacts the independence and quality of life for patients in Northwestern Ontario by allowing them to receive treatment while remaining engaged in their personal lives and communities.

Members of TBRHSC's Home Modalities Program visited the remote First Nation community

of Pikangikum, where they conducted face-to-face assessments and education for six Peritoneal Dialysis patients. This visit marked a significant milestone with the introduction of the first-ever Home Hemodialysis patient in Pikangikum, facilitated by the successful delivery and setup of two Hemodialysis machines in the new elder's complex, thanks to the efforts of the Biomedical Engineering technologist.

Additionally, the Renal program's Indigenous education videos were developed in response to the significant need for Indigenous representation in the educational materials we provide to patients. At the time, there was a noticeable lack of chronic kidney disease, renal, and dialysis education that reflected Indigenous perspectives and experiences. This gap highlighted the importance of creating resources that are culturally relevant and accessible, ensuring that all patients receive education that resonates with their backgrounds and needs.



Response to the Truth and Reconciliation Calls to Action



Cancer Care

Indigenous Communities Cancer Screening (Call to Action #19)

The Northwest Regional Cancer Program continues to explore new ways to reduce barriers to care and bring cancer screening services closer to home through partnerships with Indigenous communities, local health centres, and community leaders.

The Screen for Life Coach (Coach), a mobile cancer screening bus providing breast, cervical, and colon cancer screening to rural and remote communities, is on track to visit 17 road access Indigenous communities across Northwestern Ontario for the 2025 travel season. When road access for the Coach isn't available, eligible individuals are brought into accessible communities to receive screening.

By working closely with Indigenous partners, the Coach coordinates screening days that fit each community's unique needs, support timely care, and encourage meaningful conversation about the importance of regular cancer screening.

Access to colon cancer screening in Indigenous communities is also expanding through the ColonCancerCheck program's FIT Kits-on-Hand initiative. Building on its success in the Sioux Lookout area, the initiative launched in Grand Council Treaty #3 in July 2025 through a partnership between Grand Council Treaty #3, Ontario Health, and the Northwest Regional Cancer Program.

Eligible individuals living in the Treaty #3 area can now get Ontario's recommended colon cancer screening test, the Fecal Immunochemical Test (FIT), from their local nursing station during a regular appointment rather than wait for one to arrive by mail. Not only is this convenient for patients, but reducing wait time means screening can be completed sooner and colon cancer could be caught earlier when treatment is most effective.

FIT Kits-on-Hand also launched on the Screen for Life Coach as part of its routine services, providing another way for people to access colon cancer screening when the Coach visits their community.

Together, these efforts honour Indigenous values of community wellness while helping more people receive cancer screening closer to home.



PETT team identifier was designed by Jessica Mamakeesick from Keewaywin First Nation, former TBRHSC staff member meaning behind it: The Eagle represents love, courage and strength. He is the connection to the Creator, carrying our thoughts and prayers. The people and bundled babies within the eagle represent the transport team taking care of the little ones in need of help



Women and Children's Program

Paediatric Emergency Transport Team (Call to Action #19)

The Paediatric Emergency Transport Team (PETT) at Thunder Bay Regional Health Sciences Centre (TBRHSC) is a specialized team dedicated to the transport of acutely ill newborns and paediatric patients across Northwestern Ontario.

The team, comprised of a registered respiratory therapist, a registered nurse, and

paediatrician play a crucial role in serving remote and Indigenous communities, ensuring timely and equitable access to emergency care.

As part of the development of the Paediatric Emergency Transport Team, mini medicine bundles were lovingly assembled by team members to accompany children during transport.

Each bundle includes Sacred Medicines.

Some of these medicines were gifted by Elder Ma-Nee Chacaby during a special ceremony in which the team was given the name Oski Abinochi Akizi Miikoonek.

Emergency Department

Student Safety Pilot

The Emergency Department is actively engaged in initiatives aimed at enhancing the safety of students both in the hospital and its environment. This year, key initiatives include a consent process involving Matawa students attending the ED and bi-weekly touchpoint meetings with Matawa representatives. Additionally,

there is a collaborative effort to paint the pediatric room with the help of Matawa students. These initiatives have emerged through a partnership between Indigenous community organizations and the Hospital, reflecting a shared commitment to improving support for Indigenous youth seeking care in the Emergency Department.

Together, these programs underscores TBRHSC's dedication to ensuring the safety and well-being of their students as they pursue their education in Thunder Bay.





Human Resources

(Call to Action #23)

Indigenous Career Experience

In the face of ongoing challenges in recruiting for positions within health care, TBRHSC has created a promising initiative: ICE. In its fourth year, ICE aims to engage Indigenous youth by offering valuable insights into various career paths in health care and fostering a connection with TBRHSC. A key component involves reaching out to high school students before they finalize their post-secondary career choices. By offering students the opportunity to be involved in hands-on learning, the program provides an opportunity for students to get excited about a future career in health care. It also facilitates the recruitment of Indigenous staff within the health care sector. ICE introduces Indigenous youth to hospital operations and encourages them to consider

volunteering opportunities. Volunteering not only allows students to satisfy their mandatory community service hours but also equips them with essential career experience and encourages networking. Over 60 students from school boards across Thunder Bay were on-site at TBRHSC to explore many different health care career and volunteer options. As part of the program, students experienced a day filled with tours, presentations, and hands-on activities designed to provide them with an authentic feel of various health care roles. Students have the opportunity to interact with managers and staff, ask questions, and learn about the educational pathways required for various positions. Throughout the day participants had the

opportunity to visit departments that included the Miskwaa Biidaaban (Indigenous Health Hub), Laboratory Services and Medical Device Reprocessing as well as participate in a clinical simulation and try different tools used in the Operating Room.

As the ICE Program continues to evolve, it serves as a vital platform for inspiring and informing Indigenous youth about the diverse and rewarding career paths available in the health care field. These young individuals can embark on journeys that allow their passion for helping others to flourish. Through ongoing support and engagement, the program plays a crucial role in shaping the health care workforce of the future, one step at a time.

Repairing the Sacred Circle in Orientation

TBRHSC is dedicated to promoting cultural safety in health care, especially for Indigenous Peoples, by incorporating cultural safety training into employee orientation.

This training, which includes nine mandatory learning modules, is designed to provide new hires with essential knowledge on cultural humility, respect, and reconciliation.

As part of its 2025 initiative, TBRHSC aims for 15% of employees to complete this training by March 31, 2026.

A key component of this effort

is the “Repairing the Sacred Circle” program, which offers insights into Indigenous culture, historical trauma, and strategies for providing culturally safe care.

Research shows that in-person training enhances engagement and fosters meaningful discussions, particularly on complex topics like cultural safety and reconciliation. Integrating RSC into orientation ensures higher participation rates, with evidence supporting the normalization of cultural safety training as a core organizational value. Collaborating with Indigenous facilitators ensures authenticity

and respect for Indigenous knowledge, which is crucial for building trust and achieving genuine reconciliation.

By embedding this training in the onboarding process, TBRHSC aims to foster a more inclusive environment, enhance patient care, and reinforce its commitment to reconciliation.

This approach not only promotes inclusivity but also enhances patient care by fostering a commitment to reconciliation and understanding Indigenous culture and historical context right from the beginning of their tenure.



Response to the Truth and Reconciliation Calls to Action

Capital & Facilities

Relocation of Indigenous Care Coordinator Office

The Indigenous Care Coordinators' office have been relocated to the 2nd floor next to Volunteer Services in response to public feedback highlighting the need for greater visibility and accessibility within the Hospital. This new

location not only enhances wayfinding for patients and their families but also fosters a more supportive environment by placing the coordinators in a patient-facing area. By being closer to Volunteer Services, the Indigenous Care Coordinators

will be better equipped to collaborate and connect with vital resources, ultimately enriching the care experience for Indigenous patients and ensuring their needs are met with increased ease and accessibility.

Unveiling of Robinson Superior Treaty Plaque

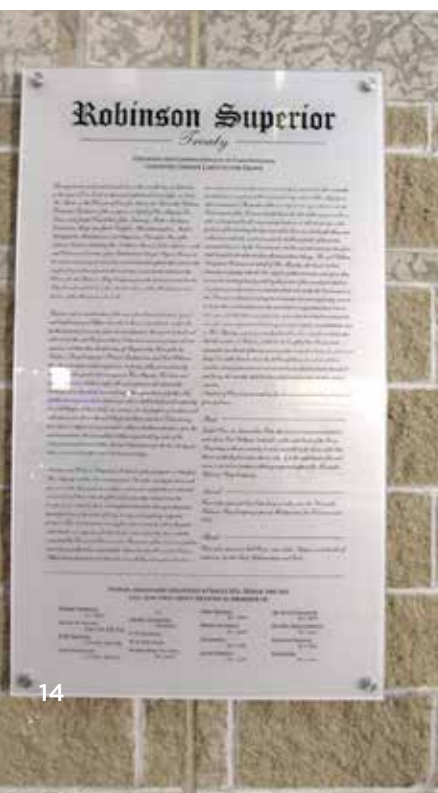
To honour Treaty Recognition Week 2024, the Robinson Superior Treaty of 1850 plaque was proudly unveiled at the Thunder Bay Regional Health Sciences Centre (TBRHSC). This permanent plaque honored the ancestral lands of Fort William First Nation and the First Nation communities within this Treaty, reaffirming a commitment to Truth and Reconciliation. It stood as a powerful symbol of respect for Treaty relationships and dedication to Call to Action #10 (vii), marking an important step toward a more collaborative future.

The event was attended and supported by Fort William

First Nation Chief Solomon and Elder Sheila DeCorte. Together, attendees reflected on the past, enhanced their understanding, and envisioned a future where continued education and dialogue would strengthen relationships for all who accessed the services. This plaque served as a reminder of the importance of Treaties, raising awareness, educating the community, and helping to debunk common misconceptions about the rights and responsibilities they represent. It was acknowledged that reconciliation must begin with recognizing the history and ongoing presence of Indigenous Peoples in Canada.

The organizers expressed deep gratitude to Fort William First Nation Chief Michele Solomon and Councillor Bess Legarde, Red Rock Indian Band Chief Allan Odawa Jr. and Corey Fowler, Pays Plat First Nation Chief Mushquash, and Animbiigoo Zaagi'igan Anishinaabek Chief Yvette Metansinine, all of whom attended the event.

Members of the public are encouraged to visit the Robinson Superior Treaty of 1850 plaque, located on the second level across from the Seasons Gift Shop, to reflect on this important Treaty and the shared journey toward reconciliation.



Thunder Bay Regional Health Sciences Centre

Thunder Bay Regional Health Research Institute

Fundamentals of OCAP® Training for Research Ethics Board

"The First Nations principles of OCAP® are a set of standards establishing how First Nations data should be collected, protected, used and shared. Standing for Ownership, Control, Access, and Possession, OCAP® asserts that First Nations have control over data collection processes in their communities, and that they own and control how this information can be used. It also reflects a First Nations commitment to use information in a way that brings benefit to the community while minimizing possible harm. OCAP® means that First Nations control data collection processes in their communities, and that they own, protect, and control how their information is used. Access to First Nations data is important, and First Nations

determine—under appropriate mandates and protocols—how access to external researchers is facilitated. OCAP® is not a doctrine or a prescription: it respects a community to make its own decisions regarding why, how, and by whom information is collected, used, or shared." (First Nations Information Governance Centre)

In the Canadian research landscape, it is becoming the industry standard for committees who review research involving Indigenous populations to complete this training and familiarize themselves with the OCAP® framework when assessing research proposals. The course material has been discussed at forums such as the Canadian Association

of Research Ethics Boards (CAREB) Annual Conference and is widely regarded as a beneficial training option for Research Ethics Boards (REBs) who review research proposals that impact Indigenous communities and their data.

In January 2024, the TBRHRI Research Executive Leadership Council approved the purchase of the "Fundamentals of OCAP®" course for select members of the TBRHSC REB. To date, eight individuals from the TBRHSC REB as well as staff from Clinical Research Services Department have completed the training. It our hope that that the training eventually becomes a requisite component of the onboarding process for the Hospital's REB members.

Grand Rounds

Grand Rounds has resumed in October 2024 after a four-year hiatus due to COVID-19, bringing renewed enthusiasm for a year filled with engaging presentations tailored for an audience that includes physicians, medical students, residents, hospital staff, and various health professions. The reimaged format features in-person sessions lasting one hour, dedicating 25% of the time to interactive discussions, including Q&A segments. Each session will highlight a scenario or case that exemplifies team collaboration in achieving positive patient outcomes, incorporating insights from both a learner and a representative from another health profession, such as nursing, dietetics, or physical therapy. Invitations have been extended for staff participation in the presentations to enhance the collaborative approach.

"Navigating the Continuum of Care: Understanding Health

System Challenges and Solutions through a First Nations Patient's Journey to Thunder Bay Regional Health Sciences Centre" aims to shed light on the multifaceted challenges faced by First Nations patients in accessing healthcare, particularly those from remote communities. Through a specific example related to renal health, participants will gain an understanding of the cultural,

geographical, and systemic factors that shape the healthcare experiences of Indigenous patients and their families. Additionally, the session will highlight strategies to enhance healthcare delivery and improve patient outcomes for Indigenous Peoples, emphasizing the critical roles of cultural safety, collaboration, and community engagement.



Response to the Truth and Reconciliation Calls to Action



Manitou Gitigaan Spirit Garden

A refresh of the Manitou Gitigaan Spirit Garden was completed in the summer of 2025.

This special space is home to Sacred Medicines, each of which holds deep cultural and spiritual significance for many Indigenous Peoples.

These plants are not merely decorative; they are integral to important traditional medicine and ceremonial practices that have been passed down through generations. The Manitou Gitigaan is a sacred space for reflection and healing. Their presence in the Manitou Gitigaan

is intentional and meaningful, and we ask all staff to treat this space on the north side of the garden with the utmost respect and care.

Each of these plants plays a vital role in spiritual wellness and traditional medicine practices. Their presence in the Manitou Gitigaan is not ornamental, it is ceremonial and deeply rooted in Indigenous knowledge systems.

By respecting the Manitou Gitigaan, we are upholding a commitment to **cultural respect, reconciliation, and Indigenous land-based practices.**

Overview of Community Partnerships

Indigenous Partners Steering Committee

The Indigenous Partners Steering Committee continues to meet quarterly. It is comprised of representatives from Indigenous organizations and departments within non Indigenous organizations in which we partner under formal

agreements. This Committee, guided by Elders, allows the Miskwaa Biidaaban team to work in alignment with our service and partner agreements, and to provide best practice guidance on any existing and current initiatives for Indigenous

patients, families, and staff. This group also provides valuable feedback on the Indigenous and EDI initiatives under Strategic Plan 2026, as part of our community engagement commitment.

Darlene Paypompee, Grand Council Treaty #3, Sarah Wright, Regional Indigenous Partnerships, Natalie Paavola, Dilico Anishinabek Family Care, Dr. Miranda Lesperance, TBRHSC, Leona Kakepetum, TBRHSC, Kendra Walt, Anishnawbe Mushkiki, Missing from photo: Dr. James Leblanc, NOSMU; Paul Francis, SJCG; Richard Sherlock, Nishnawbe Aski Nation; James Cutfeet, Kitchenuhmaykoosib Inninuwug Dibenjikewin Onaakonikewin; Monica Hemeon, Sioux Lookout First Nations Health Authority; Crystal Bell, Matawa Health Co-op; and Stephanie Ritch, Matawa Education and Care Centre.



By the Numbers Outcomes from the Implementation

Number of patients self-identified as Indigenous

23,397

Completion of Repairing the Sacred Circle Training

100% Senior Leadership Council

79% Managers | 17% Staff

Completion of for Wake the Giant Cultural Safety Training

90.4% 3,145 Staff

76 Repairing the Sacred Circle Sessions

130 Staff education across departments and events*

741 Patients received Traditional Services coordinated by Traditional Wellness Coordinator*

*This information is from 2024/2025 fiscal year and April 1, 2025 – August 29, 2025

3,319

Patients supported by ICCs
April 1, 2024- March 31, 2025

External engagement done by ICCs

Date*	Event	Location	Audience Size/ Participants At Booth
Apr. 29	ONWA		10
May 1	Noojmawing Sookatagaing Gathering		600
May 6	Nursing Booth	TBRHSC	20
July 24	Matawa NIHB Gathering	Thunder Bay	30
Sep. 24	NAN Jordan's Principle Gathering	Toronto	150
Oct. 24	Noojmawing Sookatagaing Gathering	Thunder Bay (Superior Inn)	900
Dec. 6	Indigenous Partners Steering Committee	Thunder Bay	15
Jan. 17	DFC - First Year Student Orientation	Thunder Bay	40
	ONWA		10
Jan. 21 & 22	NOHCCN Gathering	Thunder Bay (Valhalla Inn)	50
Jan. 28	Sault Area Hospital	WebEx	5
Feb. 18	Switchboard	TBRHSC	15
Feb. 19	Hospice Northwest	SJCG	12
Feb. 27	Chiefs of Ontario Health Forum	Toronto	20
Feb. 28	Wake the Giant Career Fair	CLE Heritage Building	60

1,937

*From April 1, 2025 – March 31, 2025. Unless otherwise noted

Truth and Reconciliation Commission TRC Timeline



2021

Indigenous Care Coordinator program launched in partnership with Anishnawbe Mushkiki and Grand Council Treaty #3



2022

Dr. Miranda Lesperance hired as the Vice President, Indigenous Collaboration, Equity & Inclusion



2024

Launch of Repairing the Sacred Circle

2020

Results of Indigenous Engagement Survey for Strategic Plan 2020 were unveiled (this SP did not happen due to the COVID-19 pandemic)



2021

TBRHSC adopts a self-identification process to better serve Indigenous patients.



2023

Launch of Wake the Giant Cultural Training



2024- 2025



Robinson Superior Treaty Plaque

This permanent plaque honors the ancestral lands of Fort William First Nation and the First Nation communities within this Treaty to reaffirm our commitment to Truth and Reconciliation. It stands as a powerful symbol of our respect for Treaty relationships and our dedication to Call to Action #10 (vii), marking an important step toward a more collaborative future.



Matawa ICC position

Matawa Health Co-Operative and TBRHSC signed a Service Agreement for an additional Indigenous Care Coordination (ICC) dedicated to support First Nation community members from the nine Matawa First Nations: Constance Lake, Eabametoong (Fort Hope), Long Lake 58, Ginoogamang, Marten Falls, Neskantaga (Lansdowne House), Webequie, Nibinamik (Summer Beaver), and Aroland.



Intensive Care Unit (ICU) Artwork Collaboration with Dennis Franklin Cromarty High School

To enhance Patient and Family Centred Care (PFCC), TBRHSC revamped the ICU waiting room, creating a welcoming and comfortable space. This initiative included new furniture, vibrant paint, and the integration of student artwork from Dennis Franklin Cromarty High School, reflecting community values and creativity. By fostering an inviting environment, TBRHSC aims to support families during challenging times and highlight student talent, with plans to update the artwork annually or semi-annually.

Emergency Department Indigenous Care Coordinator (ICC) Position

Implementation of an ICC specifically in the Emergency Department to provide culturally safe care to improve health delivery and equity outcomes for Indigenous Peoples within the organization.



Repairing the Sacred Circle Orientation

TBRHSC has integrated cultural safety training into the employee orientation process to ensure that all new hires develop a foundational understanding of cultural humility and respect from the start of their career journey at TBRHSC.





Next Steps

Call to Action #23:

We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health care providers in Aboriginal communities. iii. Provide cultural competency training for all health care professionals:

We will work to increase the number of Indigenous professionals at our Hospital, ensuring their retention, and providing comprehensive cultural competency training for all health care professionals. This will allow us to take significant strides towards equitable and culturally informed health care. These next steps are essential

not only for improving health outcomes but also for fostering trust and understanding between health care providers and Aboriginal populations. We make a commitment to these actions and will continue to work towards a more inclusive and effective health care system.



Thunder Bay Regional
Health Sciences
Centre

Exceptional care for every patient, every time.