

PATIENT ADVOCATES ANNUAL REPORT

DCI Number/Fiscal Year: HC-P140 (2022-2023)

NOTE: This document is a representation of the reporting requirements for DCI HC-P140. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

Program Reporting Requirements:

Contribution Agreement Recipients shall submit to the Minister a completed **Patient Advocates Annual Report**. This will include aggregate data gathered from Indigenous patient advocates assisting patients in seeking access to recourse for experiences of racism and mistreatment in health systems. Data collected will remain anonymous and be used to inform program design and delivery. Please consult your First Nations and Inuit Health Branch representative (national or regional office) for more information.

The report shall include the following information:

a) Name of Recipient (e.g., Nation, Organization, etc.):

b) Please complete the table below. This information will collect aggregate level data on the number of cases by Indigenous identity, Age, and Gender.

	Total number of Cases Opened (A case should be considered “open” when an advocate has determined that a complaint brought forward by an Indigenous patient will be pursued by the Advocacy office. Any preliminary discussion and/or initial referrals should not be counted as an opened case)	Total number of Cases Resolved (A case should be considered “resolved” if the results are to the satisfaction of the patient.)	Total number of Cases Closed (A case should be considered “closed” when there is no further advocacy work to be completed on the case by the advocate. If a case was opened, but then was subsequently transferred to another office, it should be considered closed.)	Other comments
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Indigenous Identity

First Nations Status				
First Nations Non-Status				
Inuit				
Metis				
Unknown				

Age (years)

0-18				
19-30				
31-55				
55+				

Gender (gender refers to the current gender, which may be different from sex assigned at birth and may be different from what is indicated on legal documents)

Male				
Female				
Non-Binary				
Other				
Unknown				

c) Please complete the table below, identifying individual case information

Date case was opened (DD/MM/YYYY)	Description of case (this may also include the nature of the complaint and may involve but is not limited to racism, mistreatment, negligence). Please DO NOT include any identifiable factors such as name, address, age, gender etc..)	Who was the complaint against (i.e. doctor, nurse, etc..)	Date case was closed (DD/MM/YYYY)	Other necessary details (e.g., challenges related to ability to provide service)

ADDITIONAL DETAILS

d) Please provide any additional information (OPTIONAL)