

PATIENT ADVOCATES ANNUAL REPORT

DCI Number/Fiscal Year:

HC-P140 (2023-2024)

Purpose:

This report should be completed by funding recipients in order to provide Indigenous patients supports and recourse to safely navigate the provincial, territorial and professional regulatory complaints processes and work to resolve issues within existing ombudsperson/complaint resolution frameworks.

Reporting Period:

The report should be used for reporting information for previous fiscal year and should be submitted annually, within 90 days of the end of the Fiscal Year

Due Date:

July 29, 2024

Field Definitions:

Field	Definition
Identification	
Recipient Name	The name of organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Recipient Number	The number assigned by Indigenous Services Canada / Crown-Indigenous Relations and Northern Affairs Canada to organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Region	Select the region in the drop-down menu from which the recipient is reporting.
Contact	
Given Name Family Name Title/Position Mailing Address (Number/Street/Apartment/P.O. Box) City/Town Province/Territory Postal Code Telephone Number Extension	The name and contact information of the responsible official to verify the content and information contained in this report. A valid postal code is in the upper case in the format 'A#A#A#'. A valid telephone number includes the 3 digit area code in the format '###-###-####'. A valid email address may be in upper or lower case in the format 'a@a.a'.

Field	Definition
Email Address	
Reporting Period	Indicate the reporting period from and to dates from the drop-down calendar. Dates are in the format of 'Year-Month-Day'.
Advocacy Case Information	
Total number of: Cases Opened Cases Resolved Cases Closed	<p>Indicate the 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.</p> <p>Indicate the total number of Cases Resolved: A case should be considered "resolved" if the results are to the satisfaction of the patient.</p> <p>Indicate the 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.</p>
Indigenous Identity	<p>Indicate the total number of cases opened/resolved/closed by indigenous identities:</p> <ul style="list-style-type: none"> - First Nations Status - First Nations Non-Status - Inuit - Métis - Unknown
Age (years)	<p>Indicate the total number of cases opened/resolved/closed by age:</p> <ul style="list-style-type: none"> - 0-18 - 19-30 - 31-55 - 55+
Gender	<p>Indicate the total number of cases opened/resolved/closed by gender:</p> <ul style="list-style-type: none"> - Male - Female - Non-Binary - Other - Unknown <p>Note: 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.</p>

Field	Definition
Comments	Provide additional comment(s) if applicable.
Individual Case Information	
Case Date (YYYYMMDD) - From - To	Indicate the opening/closing dates of the case from the drop-down calendar. Dates are in the format of 'Year-Month-Day'.
Case Description	Provide a brief description of the case. This may also include the nature of the complaint and may involve but is not limited to racism, mistreatment, negligence. Note: DO NOT include any identifiable factors such as name, address, age, gender etc.
Who was the complaint against	Provide the occupation of the individual who has allegedly mistreated the patient (i.e., doctor, nurse, etc.)
Other necessary details	Provide other necessary details such as challenges related to ability to provide service, etc.
Additional Details (Optional)	Provide any additional information if necessary.
Supporting Documents (if applicable)	This table allows you to identify the supporting document(s) being submitted and the method of submission.
Title	Enter the name of the supporting document.
Submission Method	From the drop-down list, select the method by which additional documents will be submitted. The options include: <ul style="list-style-type: none"> - Attachment - Email - Facsimile - Mail - By Hand/Courier If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the 'Attach File' button changes to 'Remove File'. To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.
Declaration	
Given Name Family Name Title/Position Date (YYYYMMDD)	The given name, family name and title/position of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year Month Day'.