

### **INTERPRET WITH CAUTION:**

The results of British Columbia's sector surveys provide a snapshot of patients' assessments of their care experiences in British Columbia. Results from those who self-identify as Indigenous are presented using distinctions-based reporting to acknowledge the distinct rights and title, interests and priorities of each First Nations, Métis and Inuit respondent who selected a single Indigenous identity (e.g., First Nations; Métis; Inuit, where respondent size permits) or multiple ethnic identities.

Readers of BCPCM reports must interpret the results presented with caution. All data collected using surveys are subject to sampling bias. Sampling bias is the difference between results based on a sample of a target population and the results if all people who received care had been surveyed. In addition, results may be influenced by other factors, such as whether the questions sufficiently reflect the perspectives of individual patients (i.e., what matters to them), whether patients who responded were comfortable and able to provide honest feedback, and whether they had the technology and health literacy to do so. As such, although the 95% confidence interval of the average is expected to contain the true result 19 times out of 20, these and other factors are not captured in this metric. In addition, the British Columbia Patient-Centred Measurement Indigenous Advisory Committee (IAC) has framed the following expectations for the readers of BCPCM reports to reflect upon in advance of reviewing the scores presented to ensure the reader is prepared to contemplate the results presented in the appropriate context:

- i. While informed by culturally safe practice, the methodologies for data collection for the surveys conducted by the BC Office of Patient-Centred Measurement remain predominantly a conventional, westernized and colonial process;
- ii. Question and indicator development informed by the BCPCM Indigenous Advisory Committee (IAC) is an improvement in working towards zero tolerance of the harms associated with care that is not culturally safe. However, when presented as aggregate scores, these indicators are only one measure of cultural safety and, as such, do not reflect the experiences of individual people with full ownership of their health care experience who alone can determine if their interaction achieved 'cultural safety' as per the FNHA Policy Statement on Cultural Safety and Humility.' (#itstartswithme);
- iii. The IAC provided a voice and perspective to this work; however, the IAC does not claim to be fully representative of the diverse First Nation and Métis belief systems and ways of knowing in BC;
- iv. The IAC continues to work toward the development of Indigenous Patient-Centred Measurement methodologies grounded in Indigenous people's worldviews that will improve accuracy of cultural safety measurement and interpretation and presentation of results and that will ensure appropriate ownership of the experiences and stories represented in health care.

The IAC is in favour of BCPCM reports being shared with healthcare partners to inform quality care and safety decisions in alignment with the expectations outlined above.