

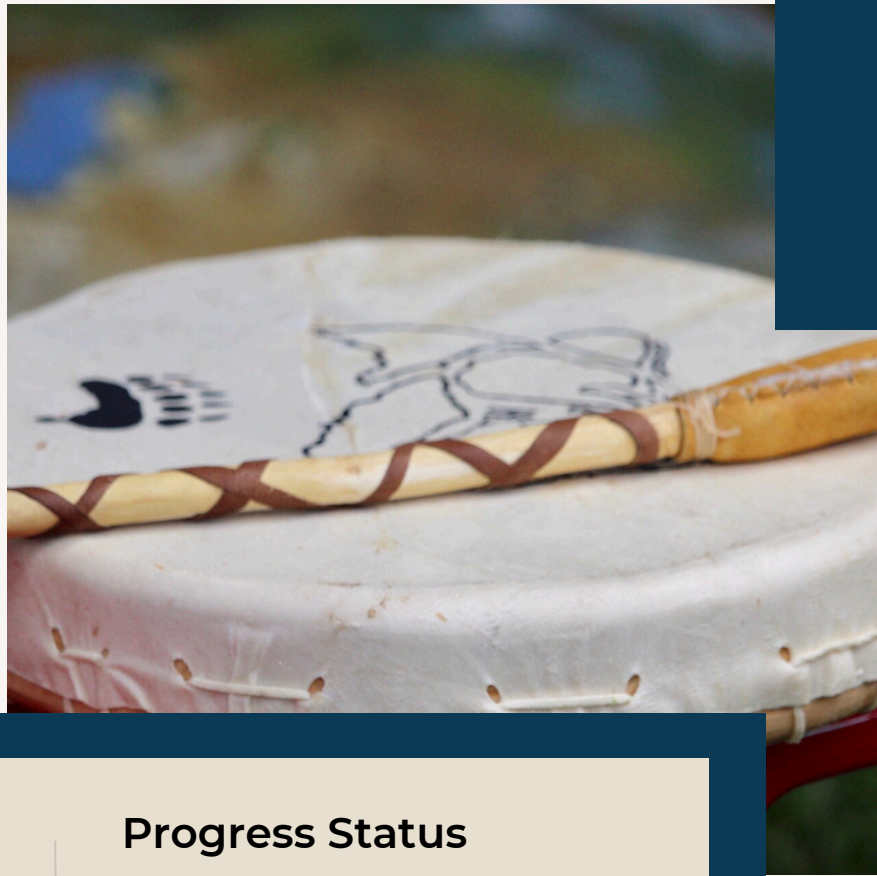


CONSTANCE LAKE
FIRST NATION



**Hôpital
Notre-Dame
Hospital**
HEARST

Coroner's Inquest Recommendations Report



Project Overview

Hôpital Notre-Dame Hospital and Constance Lake First Nation are working together to advance the recommendations from the Coroner's Inquest into blastomycosis. This shared effort focuses on strengthening cultural safety, improving patient experiences, and building a more responsive and accountable local health system.

Progress Status



Challenges & Actions



Governance: Some items depend on formal approvals



Funding Pressure: Requests submitted and awaiting funding confirmation.

Next Steps

- Quarterly meeting (June 11, 2026)
- Letter of implementation (July 2026)
- Finalize land acknowledgement, smudge policy & commitment to truth and reconciliation (August 2026)



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Notre-Dame
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HEARST

Rapport sur les recommandations de l'enquête du coroner



Aperçu du projet

L'Hôpital Notre-Dame Hospital (HNDH) et la Première Nation de Constance Lake travaillent ensemble pour faire progresser les recommandations issues de l'enquête du coroner sur la blastomycose. Cet effort conjoint vise à renforcer la sécurité culturelle, à améliorer l'expérience des patients et à bâtir un système de santé local plus réactif et plus transparent.

Suivi de l'avancement



Défis et mesures prises



Gouvernance: Certains éléments dépendent d'approbations officielles.



Pression financière: Les demandes ont été soumises et sont en attentes de confirmation de financement.

Prochaines étapes

- Rencontre trimestrielle (11 juin 2026)
- Lettre d'implémentation (juillet 2026)
- Finaliser la reconnaissance territoriale, la politique de smudging et l'engagement envers la vérité et la réconciliation (août 2026)

Introduction

The recommendations from the Coroner’s Inquest provide a long-term roadmap for strengthening the relationship between Hôpital Notre Dame Hospital (HNDH) and Constance Lake First Nation (CLFN), improving safety and quality of care, and embedding cultural safety across the organization. To support clarity, accountability, and ongoing collaboration, HNDH has organized the recommendations into five themes: governance, culturally safe care, education and training, relationship-building, and clinical quality and emergency transport.

This structure allows the hospital and the community to track progress in a clear and consistent way. It also serves as a working document that will continue to evolve as actions advance. A public update will be published on the HNDH website every six months to ensure transparency and keep the community informed.

Les recommandations issues de l’enquête du coroner offrent une feuille de route à long terme pour renforcer la relation entre l’Hôpital Notre Dame Hospital (HNDH) et la Première Nation de Constance Lake (CLFN), améliorer la sécurité et la qualité des soins, et intégrer la sécurité culturelle dans l’ensemble de l’organisation. Pour assurer clarté, transparence et responsabilité partagée, HNDH a regroupé les recommandations en cinq thèmes : gouvernance, soins culturellement sécuritaires, formation, relations communautaires et qualité clinique/transports d’urgence.

Cette structure permet de suivre l’avancement des travaux de façon claire et cohérente. Elle sert également de document de travail évolutif, appelé à s’adapter au fur et à mesure que les actions progressent. Une mise à jour publique sera publiée sur le site web de HNDH tous les six mois afin d’assurer une communication continue avec la communauté.

Governance & Shared Accountability | *Gouvernance et responsabilité partagée*

This theme includes structural changes to embed shared leadership, transparency, and long-term accountability between HNDH and CLFN.

Ce thème comprend les changements structurels visant à intégrer un leadership partagé, la transparence et une responsabilité à long terme entre le HNDH et la CLFN.

REC.	RECOMMENDATION	ORGANIZATION’S RESPONSE
1	Hôpital Notre-Dame (and more) should commit to Joyce’s Principle, which aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health, including the recognition and respect of Indigenous people’s tradition and living knowledge in all aspects of health.	HNDH has reviewed its commitment to Joyce’s Principle with the Indigenous Patient Navigator and the Blastomycosis Committee, and is now awaiting final approval from the Public Relations Committee before publishing it. <i>Le HNDH a examiné son engagement envers le Principe de Joyce avec le navigateur des patients autochtones et le comité sur la blastomycose, et attend maintenant l’approbation finale du comité des relations publiques avant de le publier.</i>
4	NDH (and others) should create and publish on their websites, within six months of this verdict, a plan to implement the Truth and Reconciliation Commission Calls to Action 22 and 23 as applicable.	The implementation plan for TRC Calls to Action 22 and 23 has been completed and is currently awaiting approval from the Public Relations Committee.

		<i>Le plan d'implantation des appels à l'action 22 et 23 de la CVR est complété et attend présentement l'approbation du comité des relations publiques.</i>
7	NDH should collaborate with CLFN community members, Chief and Council and JMHC to prepare within three months of this verdict, an updated First Nations, Inuit, Métis and Urban Indigenous Health Workplan, that was prepared as required by the NDH Hospital Service Accountability Agreement for 2024-25 with Ontario Health. The updated Health Workplan will include concrete strategies to improve outcomes for CLFN members, and creating culturally safe access to health care services, programs to foster Indigenous engagement, and relationship building to improve Indigenous health. A copy of the Workplan will be provided to CLFN community, Chief and Council and the JMHC.	<p>The updated Indigenous Health Workplan was shared with CLFN leadership and community members in January 2026, and will be revised again to incorporate recommendations 8 and 9.</p> <p><i>Le plan de santé autochtone mis à jour a été partagé avec la CLFN en janvier 2026, et sera révisé de nouveau pour intégrer les recommandations 8 et 9.</i></p>
29	<p>NDH will create two permanent positions on its Board of Directors exclusively for members of CLFN, or individuals designated by CLFN. To promote and enable full CLFN participation in NDH governance, the hospital will take steps to:</p> <p>a) Make amendments to its Board by-laws as necessary.</p> <p>b) Change the list of qualifications on its website to remove that one of the qualifications for the CLFN Board Member is that the person be bilingual.</p> <p>c) Consult with CLFN about holding some of the NDH Board meetings at Constance Lake First Nation.</p>	<p>Work related to Board representation, governance changes, and outreach to CLFN is being led directly by the Board of Directors.</p> <p><i>Le travail lié à la représentation au conseil, aux changements de gouvernance et à la mobilisation auprès de la CLFN est dirigé directement par le conseil d'administration.</i></p>
30	<p>Within two months of this verdict, the NDH Board to expand the portfolios of one or two current board members to include engagement and relationship building with CLFN. This expanded portfolio will include areas such as:</p> <p>a) Engaging with CLFN Chief and Council about the implementation of the two board positions for CLFN members on the NDH Board of Directors. If agreeable to Chief and Council, this engagement may be done in part through attending and presenting on this board membership opportunity at the next possible Chief and Council meeting.</p> <p>b) Support recruitment of CLFN members to the NDH Board of Directors through circulating postings for the position and engaging with community members interested in applying for the role.</p> <p>c) Ensuring Chief and Council is updated about job positions at NDH to promote within their membership, attending CLFN in person to present on job opportunities, and offering support to community members interested in applying for such positions.</p>	<p>Work related to Board representation, governance changes, and outreach to CLFN is being led directly by the Board of Directors.</p> <p><i>Le travail lié à la représentation au conseil, aux changements de gouvernance et à la mobilisation auprès de la CLFN est dirigé directement par le conseil d'administration.</i></p>

31	<p>NDH and NEPH to explore ways to encourage and support Indigenous membership on their boards and advisory committees, including outreach opportunities with First Nation communities and urban Indigenous partners, coordinating with committee chairs or other people who are responsible for the appointment of members, and identifying and addressing existing or potential barriers to participation by First Nation communities.</p>	<p>Work related to Board representation, governance changes, and outreach to CLFN is being led directly by the Board of Directors.</p> <p><i>Le travail lié à la représentation au conseil, aux changements de gouvernance et à la mobilisation auprès de la CLFN est dirigé directement par le conseil d'administration.</i></p>
65	<p>NDH should collaborate with CLFN and JMHC to create an accessible and trackable process for concerns/complaints, whether written or verbal, to be raised by CLFN members.</p>	<p>HNDH leadership and the JMHC Indigenous Patient Navigator have established a shared process to document, track, and resolve verbal and written concerns raised by CLFN members.</p> <p><i>La direction du HNDH et le navigateur des patients autochtones du JMHC ont établi un processus commun pour documenter, suivre et résoudre les préoccupations verbales ou écrites soulevées par les membres de la communauté de CLFN.</i></p>
76	<p>NDH and CLFN will establish the Blastomycosis Inquest Implementation Committee to provide mutual accountability, exchange of knowledge, and to support both NDH and CLFN in implementing recommendations from this inquest.</p> <p>a) The Blastomycosis Inquest Implementation Committee should include representatives of NDH executive leadership, the CLFN Chief or a Council member, the JMHC IPN(s) and, if they wish to participate, family members of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor.</p> <p>b) The NDH CEO will report on the work of the Blastomycosis Inquest Implementation Committee in their monthly reports to the NDH Board.</p> <p>c) The Blastomycosis Inquest Implementation Committee will provide public updates every six months, commencing May 15, 2026, on the status of implementation of each recommendation. NDH will publish the update on its website, and CLFN will publish the update on its website and the community's Facebook page.</p> <p>d) NDH will explore opportunities to provide support to the Blastomycosis Inquest Implementation Committee, including access to internal resources for project management and communications.</p>	<p>The Blastomycosis Inquest Implementation Committee held its first meeting in January 2026, and quarterly meetings are now scheduled. Public updates will begin in May 2026 on the HNDH website.</p> <p><i>Le comité d'implantation de l'enquête sur la blastomycose a tenu sa première rencontre en janvier 2026, et des rencontres trimestrielles sont maintenant prévues. Les mises à jour publiques débuteront en mai 2026 sur le site Web du HNDH.</i></p>
77	<p>Within 12 months of this verdict, NEPH, PHO and ISC will each prepare a status report on recommendations specific to public health matters addressed to them</p>	<p>HNDH is currently awaiting the status reports on public health-related recommendations from NEPH, PHO, and ISC.</p>

	and provide a copy of this report to the Office of the Chief Coroner and to all parties with standing before the Inquest, and to NDH and CLFN to the attention of the Blastomycosis Inquest Implementation Committee.	<i>Le HNDH est actuellement en attente des rapports d'étape liés aux recommandations en santé publique provenant du NEPH, du PHO et de l'ISC.</i>
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Culturally Safe Care & Indigenous Wellness Spaces | Soins culturellement sécuritaires & espaces de mieux-être autochtones

This theme focuses on creating culturally grounded spaces, supporting traditional healing, and ensuring Indigenous patients feel safe and respected.

Ce thème vise à créer des espaces ancrés dans la culture autochtone, soutenir les pratiques traditionnelles et assurer un environnement sécuritaire et respectueux.

2	NDH will collaborate with CLFN to determine how NDH's commitment to following and implementing Joyce's principle will be displayed and expressed to NDH patients, visitors, staff, volunteers, service providers, and anyone else entering the hospital (e.g. posters, signage).	Initial discussions have taken place with CLFN and JMHC partners regarding how HNDH's commitment to Joyce's Principle should be displayed throughout the hospital. <i>Des discussions initiales ont eu lieu avec les partenaires de la communauté de CLFN et du JMHC concernant la façon d'afficher l'engagement du HNDH envers le Principe de Joyce dans l'hôpital.</i>
13	NDH to allocate and maintain funding for at least one Indigenous Patient Navigator who will work at NDH. This position should be filled by a person who is Indigenous and has knowledge of and/or connections to the history and culture of CLFN. The job description and responsibilities for the Indigenous Patient Navigator role at NDH will be co-developed with CLFN Chief and Council or JMHC (as determined by CLFN).	A funding request for the Indigenous Patient Navigator position was submitted to the Ministry in December 2025. <i>Une demande de financement pour le poste de navigateur des patients autochtones a été soumise au ministère en décembre 2025.</i>
14	NDH should make an existing multipurpose room at the hospital a traditional healing room for Indigenous patients and families. The space will be designed to facilitate the use of Indigenous medicines, including smudging, and accessing support from Elders and Traditional Indigenous Healers. The space should be designed with the CLFN community and be dedicated to the memory of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor.	HNDH has begun collaborating with CLFN and JMHC on the development of a Traditional Healing Room, and is awaiting confirmation of funding to proceed. <i>Le HNDH a amorcé une collaboration avec la CLFN et le JMHC pour la création d'une salle de guérison traditionnelle, et attend la confirmation du financement pour aller de l'avant.</i>
15	NDH to create a policy stating that smudging is permitted at NDH and how requests to smudge are to be facilitated. The policy will be communicated to all staff, including part-time and contract staff (e.g., locum physicians and agency nurses), and to patients. To communicate this policy to patients, NDH to post clear signs in English, French, Cree, Ojibwe and Oji-Cree stating that smudging is permitted at NDH. This should be clearly stated on NDH's website as well. Posters will also be provided to the JMHC.	The smudging policy has been drafted and is awaiting final approval from the Policies & Procedures Committee before being communicated broadly. <i>La politique de smudging a été rédigée et attend l'approbation finale du comité Politiques et procédures avant d'être diffusée.</i>

16	<p>NDH should collaborate with CLFN to explore the potential availability of having a tipi and sacred fire on the grounds of the hospital and ways to incorporate traditional teachings at the site.</p>	<p>Initial discussions have taken place with CLFN and JMHC regarding the possibility of establishing a tipi and sacred fire on hospital grounds.</p> <p><i>Des discussions initiales ont eu lieu avec la CLFN et le JMHC concernant la possibilité d'installer un tipi et un feu sacré sur les terrains de l'hôpital.</i></p>
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Education, Training & Anti-Racism Capacity | *Formation et renforcement des capacités antiracistes*

This theme includes mandatory Indigenous Cultural Safety training, trauma-informed care, and enhanced clinical readiness.

Ce thème comprend la formation obligatoire en sécurité culturelle autochtone, les soins tenant compte des traumatismes et le renforcement des compétences cliniques.

8	<p>NDH, Ornge, PHO, NEPH, and ISC will, to the extent that it is not already being provided, ensure applicable personnel are receiving Indigenous Cultural Safety Training and training on trauma-informed care within 12 months of this verdict.</p> <p>a) This training will include but not be limited to board members, senior leadership and management staff, health care providers, and allied health professionals. Frontline staff should have priority when implementing this training.</p> <p>b) This training will include teaching on the history and culture of the First Nations and Indigenous communities to whom these agencies provide services and the contemporary experiences of those communities in the health care system, and cover topics such as anti-Indigenous racism, managing implicit bias, understanding how emotional prejudice impacts decision making, and mitigating the harmful impact of stereotyping on health outcomes.</p> <p>c) This training should be mandatory and opportunities for ongoing learning on these topics should be provided on an annual basis or more frequently.</p>	<p>Initial discussions have begun with CLFN and JMHC to identify appropriate providers and content for Indigenous Cultural Safety and trauma-informed care training.</p> <p><i>Des discussions initiales ont eu lieu entre la communauté de CLFN et le JMHC pour identifier les formateurs et le contenu appropriés pour la formation en sécurité culturelle autochtone et en soins tenant compte des traumatismes.</i></p>
9a	<p>With respect to Indigenous Cultural Safety Training, NDH will:</p> <p>a) Collaborate with CLFN and JMHC so that members of CLFN can be involved in the planning and delivery of Indigenous Cultural Safety Training and trauma-informed health care training.</p>	<p>CLFN and JMHC have provided a list of topics and Elders or Knowledge Keepers who can support the delivery of Cultural Safety and trauma-informed care training.</p> <p><i>La CLFN et le JMHC ont fourni une liste de sujets ainsi que des Aînés ou gardiens du savoir pouvant contribuer à la prestation de la formation en sécurité culturelle et en soins tenant compte des traumatismes.</i></p>

9b	b) In recognition that cultural safety is a core clinical skill, take steps to explore that the completion of this training be a condition for credentialing of locum physicians working at the hospital. This should include consulting with the Ministry of Health about the requirements for physicians involved in the Emergency Department Locum Program (“EDLP”). NDH to provide updates about steps taken to explore adding Indigenous Cultural Safety Training as a condition for credentialing of locum physicians to the Blastomycosis Inquest Implementation Committee.	<p>HNDH supports this recommendation; however, adding a training requirement for locum physicians falls under the authority of the Ministry of Health and the EDLP program.</p> <p><i>Le HNDH appuie cette recommandation, mais l’ajout d’une exigence de formation pour les médecins suppléants dépend du ministère et du programme EDLP.</i></p>
53	NDH to incorporate education on blastomycosis in the hospital’s orientation booklet for locum physicians working shifts at NDH. NDH and CLFN to collaborate in the preparation of a description of CLFN to be included in the hospital’s orientation booklet for locum physicians.	<p>Work is underway to incorporate information on blastomycosis and CLFN into the orientation booklet for locum physicians.</p> <p><i>Le travail est en cours pour intégrer des renseignements sur la blastomyose et la CLFN dans le guide d’orientation des médecins suppléants.</i></p>

Relationship-Building & Community Engagement | *Relations communautaires et mobilisation*

This theme focuses on rebuilding trust, strengthening communication, and supporting youth and community engagement.

Ce thème vise à rebâtir la confiance, renforcer la communication et soutenir l’engagement communautaire et jeunesse.

17	NDH and CLFN should explore more avenues for communication and relationship-building, including regular meetings and circles. A collaborative approach will be taken to determine Terms of Reference for meetings (if any), who will participate, frequency and location of meetings, and whether minutes will be kept. Informal opportunities for relationship building will also be explored.	<p>Monthly meetings held with the Indigenous Patient Navigator and key community members to ensure direct communication; ongoing exploration of additional dialogue and relationship-building opportunities.</p> <p><i>Rencontres mensuelles tenues avec le navigateur des patients autochtones et des membres clés des communautés pour assurer une communication directe; exploration continue d’autres moyens de dialogue et de rapprochement.</i></p>
18	NDH should take steps to share information with CLFN members about the emergency room triage system. The information to be shared and the ways it can be shared will be developed in partnership with the JMHC.	<p>Executive Leader of Emergency, Surgical, MDRD and Specialist Clinic is working with third party to develop short info videos on the emergency room triage system. When project is complete, videos will be shared with all relevant parties.</p> <p><i>Le leader exécutif des services d’urgence, de chirurgie, du SDRM et de la clinique des spécialistes travaille avec un tiers pour développer de courts vidéos d’information sur le système de triage à l’urgence. Une fois le projet terminé, les vidéos seront partagées avec toutes les parties concernées.</i></p>

32	NDH and CLFN collaborate to arrange for in person community visits where youth and adults who are interested in working in hospital administration or the health care field can connect with hospital/health care professionals to learn about their work. NDH to also explore co-op placement, volunteer, and job shadowing opportunities for students from CLFN.	<p>The HNDH Director of Human Resources will coordinate the organization of community visits to support ongoing communication and direct engagement with community members.</p> <p><i>La direction des ressources humaines du HNDH coordonnera l'organisation de visites communautaires afin de soutenir une communication continue et un engagement direct avec les membres de la communauté.</i></p>
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Clinical Quality, Safety & Emergency Transport | Qualité Clinique, sécurité et transports d'urgence

This theme includes debriefing practices, mental health supports, critical care training, and system-level improvements to emergency transfers.

Ce thème comprend les pratiques de rétroaction, le soutien en santé mentale, la formation en soins critiques et les améliorations systémiques aux transferts d'urgence.

21	NDH to continue to offer debriefing and provide mental health support services to all NDH staff, including those under contract i.e. locum physicians, agency nurses	<p>HNDH continues to offer debriefing and provide mental health support services to all NDH staff, including those under contract.</p> <p><i>HNDH continue d'offrir des services de soutien en santé mentale et du debriefing à l'ensemble du personnel, incluant les employés contractuels.</i></p>
22	In appropriate circumstances, regarding the death of a patient, NDH will take steps to facilitate a debrief among individuals at NDH and other organizations involved in the clinical care of the deceased. The purpose of the debrief is to have an opportunity to discuss and identify any potential lessons learned.	<p>In appropriate circumstances, HNDH continues to facilitate opportunities for debriefing among individuals involved in the clinical care of a patient that died in the hospital.</p> <p><i>Dans les circonstances appropriées, HNDH continue de faciliter des occasions de debriefing pour les personnes impliquées dans les soins cliniques d'un patient décédé à l'hôpital.</i></p>
23	NDH to review and update training provided to frontline health care providers to ensure that any health care providers who may be required to care for critical care patients can provide the best care possible if the patient cannot be transferred to a hospital with a higher level of care. This should include taking steps to arrange, wherever possible, for nurses employed by NDH to be registered for the C3 Concepts in Critical Care simulation course offered by Health Sciences North within one year of this verdict. The Ministry of Health should provide funding to NDH to permit such training.	<p>HNDH continues to review and update training for frontline staff, and nurses are participating in C3 critical care training when possible. Additional in-house training and refresher sessions are being provided by HSN, the Executive Leader of Professional Practice and the HNDH Respiratory Therapist.</p> <p><i>Le HNDH poursuit la révision et la mise à jour de la formation pour le personnel de première ligne, et les infirmières participent à la formation C3 en soins critiques lorsque possible. Une formation interne supplémentaire et des séances de mise à jour sont offertes par le HSN, la chef générale de la pratique professionnelle et le thérapeute respiratoire du HNDH.</i></p>

55	<p>The Town of Hearst should engage with CLFN, Ornge, and NDH to explore opportunities for joint advocacy for the purpose of attempting to secure public funding for the Hearst René Fontaine Municipal Airport (the “Hearst Aerodrome”), which may include funding for the following:</p> <ul style="list-style-type: none"> a) Runway improvements, such as a runway extension and/or the construction of an additional runway; b) Upgraded runway lighting; and c) Enhanced on-site weather observation capability at the Hearst Aerodrome. 	<p>Initiative led by the Town of Hearst, in collaboration with the relevant partners.</p> <p><i>Initiative menée par la Ville de Hearst, en collaboration avec les partenaires concernés.</i></p>
59	<p>The Town of Hearst should continue applying communication protocols with NDH for the purpose of promoting timely patient transfers through the Hearst Aerodrome.</p>	<p>Initiative led by the Town of Hearst, in collaboration with the relevant partners.</p> <p><i>Initiative menée par la Ville de Hearst, en collaboration avec les partenaires concernés.</i></p>
60	<p>The Town of Hearst should continue with initiatives to collect anonymized statistics from NDH regarding patient transfers from the Hearst Aerodrome for the purpose of supporting the Town of Hearst’s ongoing efforts to secure public funding for the Hearst Aerodrome.</p>	<p>Initiative led by the Town of Hearst, in collaboration with the relevant partners.</p> <p><i>Initiative menée par la Ville de Hearst, en collaboration avec les partenaires concernés.</i></p>
61	<p>The Town of Hearst should engage with CLFN, NAN, Ornge, and NDH to discuss best practices regarding operations at the Hearst Aerodrome to promote safe and timely medical transfers. Engagement will commence with a meeting between these parties within 90 days of the close of the Inquest, at which meeting the parties will discuss and attempt to agree on the appropriate mode and frequency of future engagement.</p>	<p>Initiative led by the Town of Hearst, in collaboration with the relevant partners.</p> <p><i>Initiative menée par la Ville de Hearst, en collaboration avec les partenaires concernés.</i></p>

Current Status Summary | *Résumé de l'état d'avancement*

HNDH has made meaningful progress across all five areas, with several recommendations implemented and others underway in collaboration with CLFN, JMHC, and regional partners.

Le HNDH a réalisé des progrès importants dans les cinq domaines, avec plusieurs recommandations déjà mises en œuvre et d'autres en cours en collaboration avec la Première Nation de CLFN, le JMHC et les partenaires régionaux.