



Covenant  
Health

MISSION, ETHICS  
AND SPIRITUALITY



Covenant Health Ethics Centre  
**Summary of Activities**  
**2024-25**



We acknowledge that lands upon which Covenant Health facilities are situated is the traditional ancestral territory of a diversity of Indigenous peoples and home to Treaty 4, 6, 7, and 8.

We honor the Blackfoot Confederacy – Kainai, Piikani, and Siksika, the Cree, Dene, Saulteaux, Nakota Sioux, Stoney Nakoda, the Tsuu T'ina Nation and the Métis People of Alberta.

This includes the six Métis Settlements and the twenty-two Districts of the Otipemisiwak government within the Métis Nation of Alberta, that reside within the historical Northwest Métis Homeland.

We recognize and give thanks to the many First Nations, Métis and Inuit who have lived in and cared for these lands for generations, all who continue to grace these lands, and all future generations.

We are grateful for the traditional Knowledge Keepers, Matriarchs and Elders who are still with us today and those who have gone before us.

We make this acknowledgement as an act of reconciliation and gratitude to those whose territory we reside on or are visiting.





# Covenant Health Ethics Centre **Summary of Activities** **2024-25**

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# From the Chief Mission and Ethics Officer



I am pleased to present the Annual Report for the 2024-2025 year on behalf of the Covenant Health Ethics and Discernment Centre. The report demonstrates the Centre's responsibilities to advance Covenant's strategic plan by outlining the activities that deepen our mission and ethics integration and demonstrates our commitment to excellence.

The Ethics and Discernment Centre has created a workplan that focuses on equipping, engaging and empowering the Covenant family to support mission driven, value-based decision making from the point of care to the leadership teams. The Centre recognizes these are times of rapid change in a sometimes-challenging environment and the ethics consultation requests reflect this. It is evident that our teams are deeply engaged in the questions of what we ought to do in alignment with who we say we are and committed to be faithful to serve with compassion and the highest quality. I hope you can find time to look through the report and I am confident you will find inspiration and hope in the Centre's activities.

Beyond the ethics consultation facts and figures you will find a summary and links to the report prepared by Amber Ruben, Consultant for Indigenous Health Equity and Reconciliation titled Truth and Reconciliation: Current State and Needs Assessment within the Covenant Family. You will read about the many points of engagement and learning through seminars, workshops, site visits and the work of the urban and rural ethics committees.

As Alberta engages in a significant redesign of the health system, Covenant has an important role to engage and advise as a partner in transformative thinking. The Ethics and Discernment Centre provides a foundation for ethical discernment regarding system changes that promote reflection on how we engage in alignment with our core mission, values and opportunities to make the greatest difference for those we serve.

I am grateful for the dedication and energy the staff of the Ethics and Discernment Centre and I am proud of their accomplishments over the last year.

**Bonnie Tejada**  
*Chief Mission and Ethics Officer*



## In Focus

**This year, our new consultant for Indigenous Health and Equity joined the team. The following is a reflection from Amber Ruben on the first year of her work.**

In my role as Consultant, Indigenous Health Equity and Reconciliation for Covenant Health, I completed a [Truth and Reconciliation: Current State and Needs Assessment](#) within the Covenant Family. The final report summarized the work that has been done with recommendations for the organization to move this essential work forward. Both the final report and the executive summary are attached. Over the past year, I have led small group work developing land acknowledgements with teams. The creation of a personalized team land acknowledgement is only the final piece, being a lot of individual reflective work completed with a focus on the colonial history of Canada, which is outlined as one of the Calls to Action. Working within this role has allowed for small group work that creates a safe environment to discuss the heavy topics of the colonial history and current state of Canada and the resulting inequities for Indigenous Peoples.

I have also organized one land-based learning event for eighteen Covenant staff in the Edmonton area. This was a way to integrate Indigenous ways of knowing, being out on the land, into learning about Indigenous worldview and some of the history and sights in the Edmonton area. Three Indigenous

Health Education Days were also hosted in Edmonton with an anti-Indigenous racism SIM, teachings about the Cree perspective of Treaty, Indigenous Games, and Traditional Medicine. The final session of the day encouraged participants to share how they envision making healthcare more equitable for Indigenous patients and this was captured in a graphic recording and a final piece of art will combine all the ideas. Approximately 200 employees were able to participate, creating the largest Indigenous Health education event this organization has ever hosted. Providing learning opportunities in this way promotes integrating Indigenous ways of being and learning into our organization, which is also important in working towards decolonizing our systems.

I worked collaboratively with the Communications Department to develop and implement a plan to bring attention to the National Day for Truth and Reconciliation and to promote the events planned through the month. This included building a new webpage to educate, collaborating with other teams to have a Métis speaker to share her story, promoting events such as the round dance held at two of our sites, supporting the purchase

of two Survivor's flags for display, participating in the Survivors' ceremony, and discussing how to increase participation next year.

Working collaboratively with my Ethics team, created opportunities to provide rural sites with presentations to staff about the First Nation treaty right to health and initial engagements with Indigenous Peoples. Staff who participated in the presentations engaged with excellent questions and discussion. As learning styles are different and we have such varied locations across the province, I am also leading a cohort of employees in small group discussions monthly, as we work through the University of Alberta Indigenous Canada course.

I am also the Co-chair of the Indigenous Advisory Body and co-chairing the Equity, Diversity & Inclusion (EDI) Learning and Behaviour Change group. Our task is to implement trauma-informed care teaching over the next year. Over the past few months, I have also been involved in creating the Indigenous Health Strategic Plan for Covenant, which is a new strategy. I have also advised on policies, participated in job interviews, and provided advice when asked.

## Honing Our Strategic Focus

**"Ethics is in everything we do, from the bedside to the boardroom." This quote – now 20 years old – reflects not only our team's, but our organization's commitment to values-based decision making and ethical discernment. But when 'ethics is in everything', how does an ethics centre team decide where to direct its energies and attention?**

Our focus is honed by undergirding principles and the consideration of initiatives that will deepen our collective understanding of Mission and those that will aid us in living our values. We also ask, "with whom can we join to integrate ethical reflection in the 'every day' aspects of clinical, administrative and leadership decision-making?" And "How might we invest, today, to ensure a strong foundation upon which future ethical challenges can effectively be addressed?"

In addition, the EDC's current and future-orientated work is aligned with formal expectations (Accreditation Canada Standards, Stewardship Accountabilities, organizational strategy), identified needs (clinical and organizational ethics trends), and opportunities for service (interdepartmental collaboration and integration).

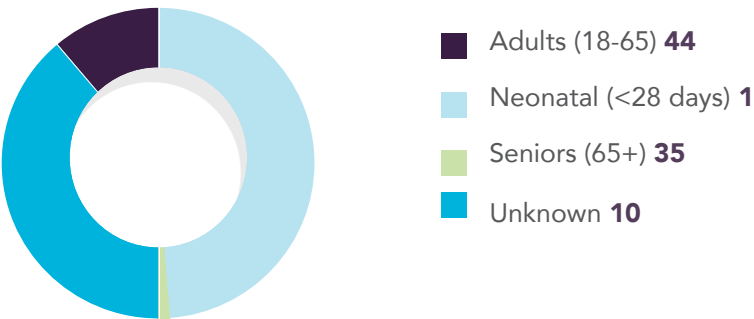
The content of this year's Summary of Activities reflects several of the many initiatives that comprise our work focus—including highlights such as our Rural Ethics Capacity Development project, our virtual Workshop and Seminar series, and launching our ethics consultation evaluation tool. We look forward to enhancing our reporting and information-sharing tools and reconfiguring our general approach to ethics capacity development within the organization.

# Ethics Consultation

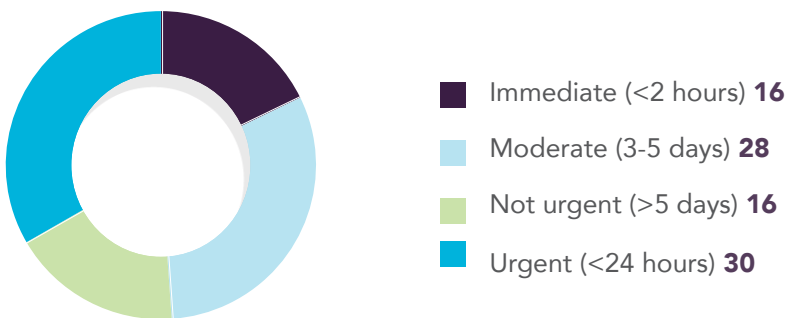
Ethics consultation service is one of the core services that the Centre offers the organization. Through this service, physicians, staff, patients, residents and families have been supported in making decisions that aided the resolution of their ethical concerns. We continue to see an increase in consultation request rates and in this fiscal year, initiated a quarterly report to senior leadership detailing trends in ethics consults.

One theme that continued to develop over the 2024/2025 period was related to Medical Utility & Futility. Moral distress and conflicts in values arise in clinical settings when patients, families and assigned health care providers are in apparent disagreement over the efficacy of medical interventions, including life-sustaining interventions such as CPR and admission to ICU. How far is too far? How long do we maintain treatment? Who decides what interventions are useful and beneficial? These and many other questions are at the centre of a number of clinical ethics consultation requests the EDC received in the past year.

## Consultation requests by population

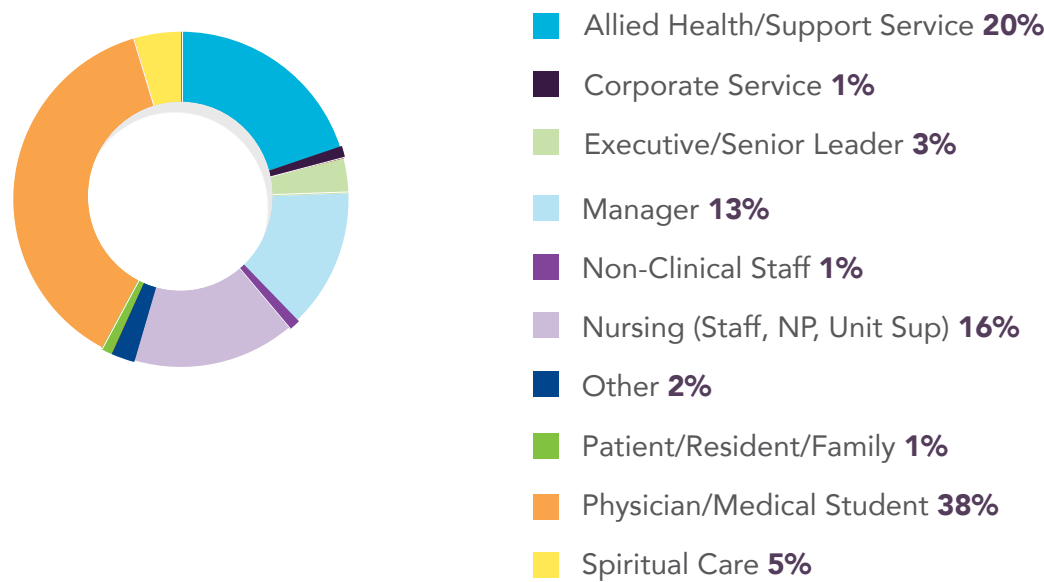


## Consultation requests by urgency

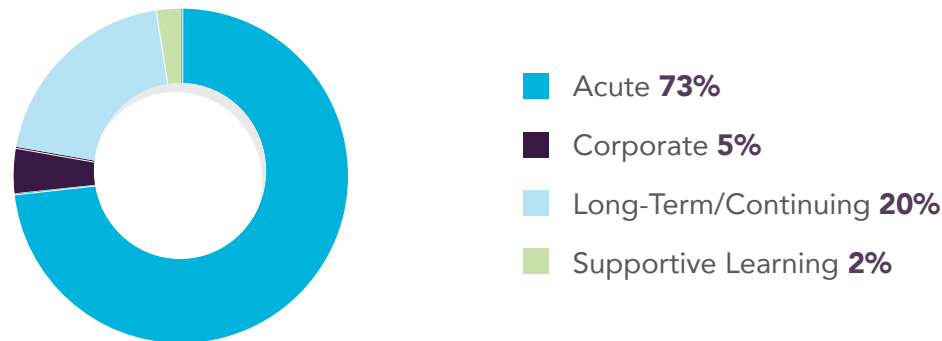


**90**  
Consultation requests were made in this fiscal year

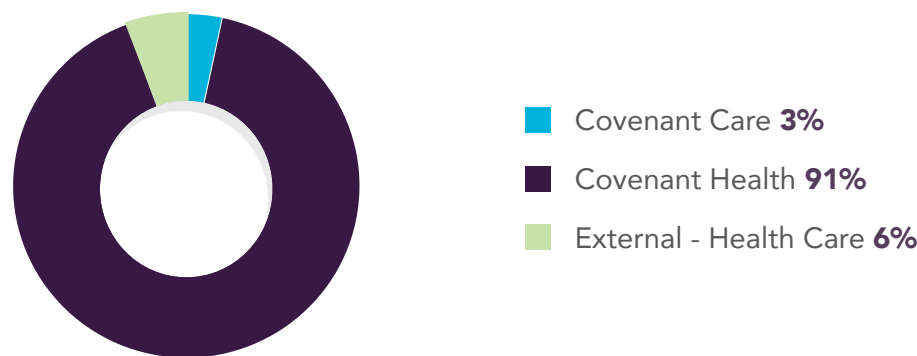
Consultation requests by requestor's job role of position



Consultation requests by care category

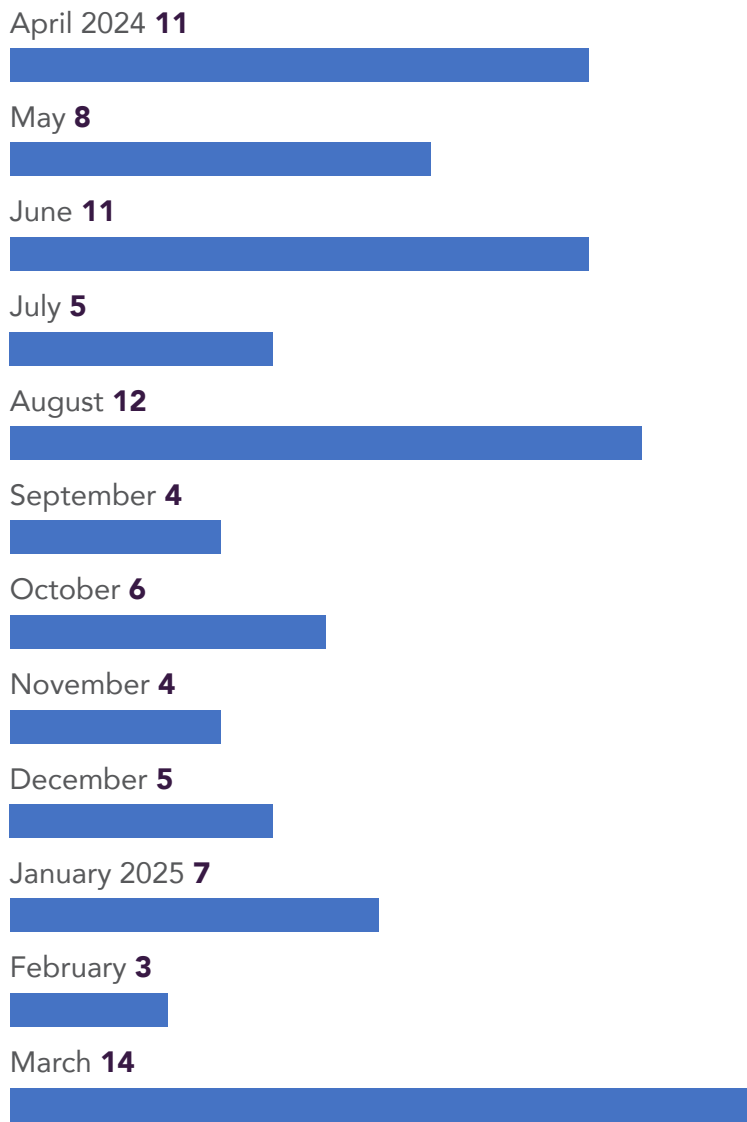


Consultation requests by organization

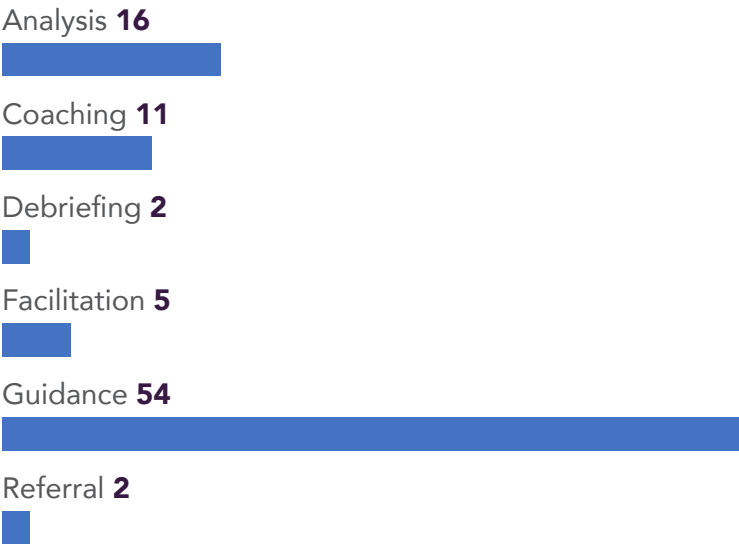




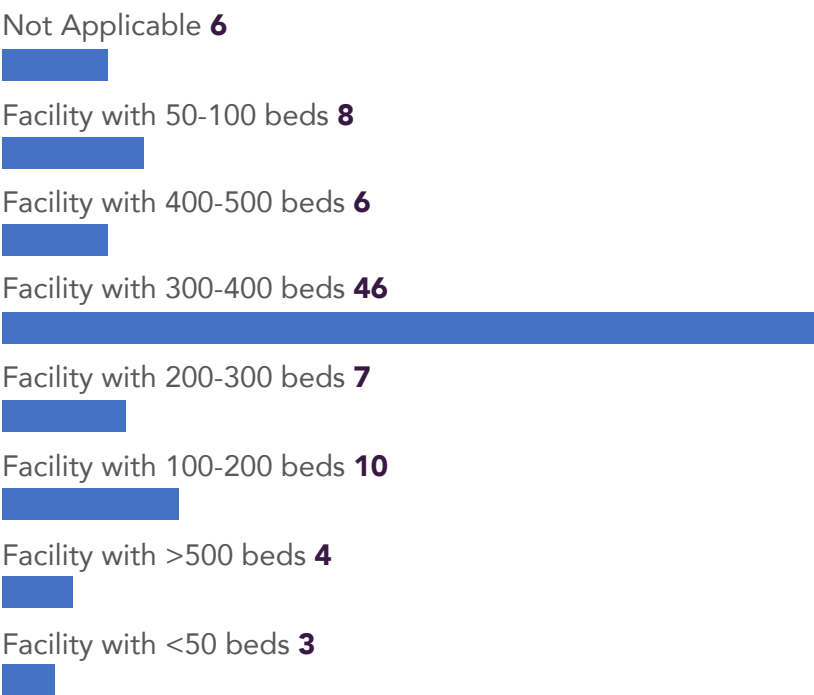
Consultation requests by month



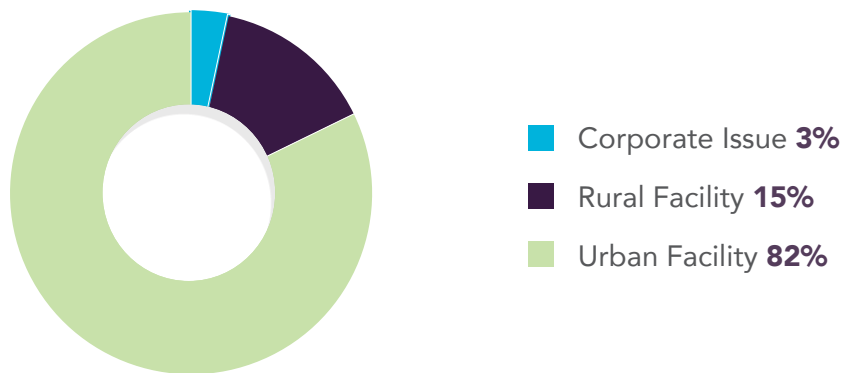
### Consultation request by type of support provided



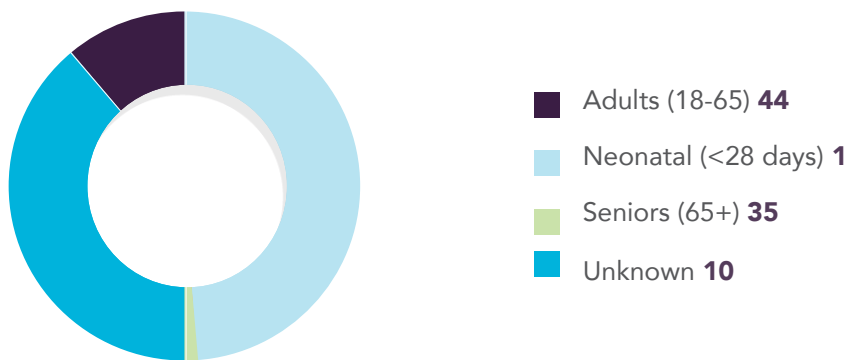
### Consultation requests by site/facility demographics



## Consultation requests by care setting

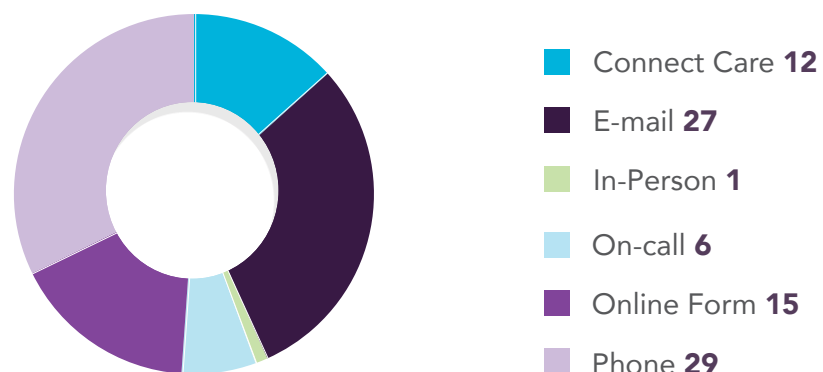


## Consultation requests by population

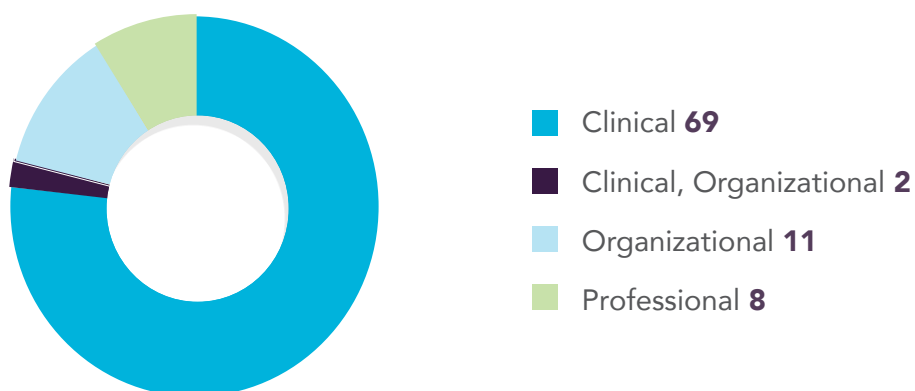




## Consultation requests by method of request



## Consultation requests by consult category



# Consultations by primary theme



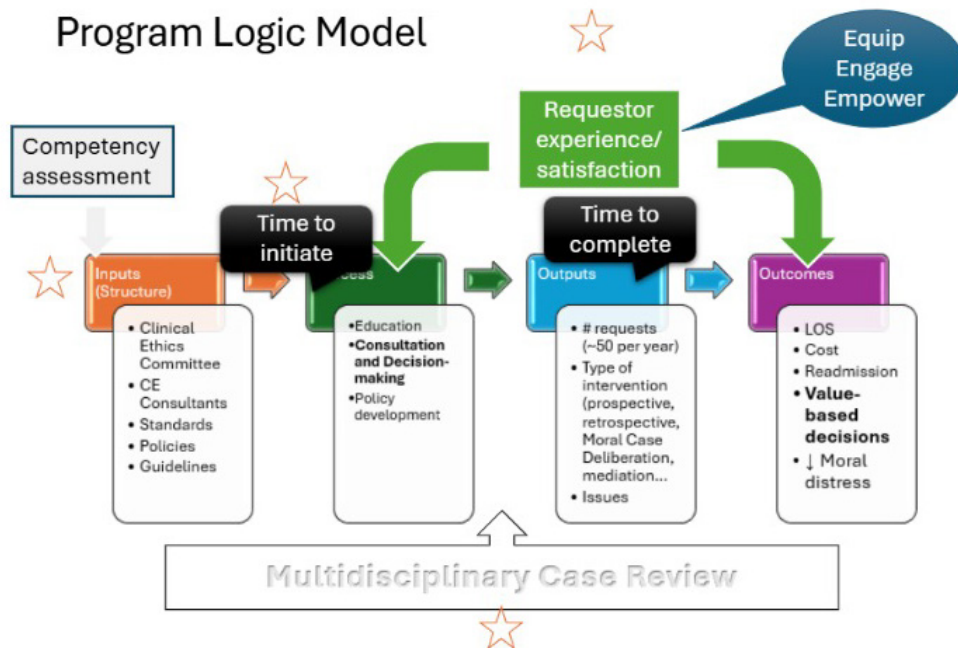
Alternative/complementary interventions <b>1</b>	Goals of care <b>1</b>	Policy/process/organizational issues <b>10</b>
Capacity/consent/informed decision-making <b>11</b>	Health care provider communication <b>4</b>	Privacy & Confidentiality <b>3</b>
Complex discharge/transfer/placement <b>11</b>	Living at risk/unsafe behaviours <b>8</b>	Professional ethics <b>5</b>
Conflict between advocate/patient/care team <b>14</b>	MAID Medical Assistance in Dying <b>1</b>	Resource allocation <b>4</b>
Difficult interactions with family <b>7</b>	Patient behaviour challenges (abusive) <b>3</b>	Withholding/withdrawing/refusing interventions <b>7</b>

# Consultations by secondary theme



Alternative/complementary interventions <b>1</b>	Goals of care <b>3</b>	Privacy & confidentiality <b>4</b>
Capacity/consent/informed decision-making <b>20</b>	Health care provider communication <b>2</b>	Professional ethics <b>9</b>
Complex discharge/transfer/placement <b>3</b>	Living at risk/unsafe behaviours <b>10</b>	Resource allocation <b>7</b>
Conflict between advocate/patient/care team <b>6</b>	Patient behaviour challenges (abusive) <b>2</b>	Withholding/withdrawing/refusing interventions <b>4</b>
Difficult interactions with family <b>7</b>	Policy/process/organizational issues <b>12</b>	

# Highlights



## Engage

The Ethics and Discernment Centre team uses several tools to improve awareness of and ease of access to Ethics & Discernment Centre resources for COV Care staff, physicians and leaders. With the downstream aim of ensuring high quality decision-making and reflection on everyday ethical issues, our search for effective communication and engagement tools is always active. Two 'engagement' tools worth highlighting are corporate orientation and the monthly newsletter.

### Corporate orientation – Internal Engagement

To 'get them early', our team participates in the organization's monthly new-employee virtual synchronous corporate orientation. Our participation in this process provides the opportunity to introduce ourselves, connect with dozens of new employees in non-crisis moments, and generate awareness of the services they may one day seek out. In the breakout room sessions of corporate orientation, new employees are invited to ask questions and receive new information about our services and offerings.

### Monthly Newsletter – External Engagement

We initiated the redevelopment of our monthly newsletter. This tool aims to support health care-provider and leader awareness of current and emerging health care ethics issues with actual and anticipated impacts for the communities Covenant Health serves. We are excited to be doing this redevelopment with a multi-disciplinary work group. Our monthly Ethics and Discernment Centre Newsletter contains a round-up of news articles that links events in the public domain to ethics in health care. The newsletter has wide readership with a total of 202 subscribers.



## Ethics and Discernment Centre Seminar Series

Since 2021, the Ethics and Discernment Centre seminars have addressed trust, knowledge, power, responsibility, rights, stigma, and vulnerability. Each seminar provides participants with a deeper understanding of the foundational concepts we refer to in our ethics work, the Health Ethics Guide, and, more generally, in Catholic health care and social services.

The seminar format includes two presentations on the topic in the first hour, followed by small group discussions addressing guiding questions in the second hour with an open discussion at the conclusion.

Each seminar begins with the question, “what do we mean by the word X?” For example, the question raised by the term “vulnerable” often used to describe patients/residents was: “what does it mean to be vulnerable, and, furthermore, aren’t we all vulnerable?”

In the 2023-2024 season, our seminar topics were chosen to align with specific ideas from the Health Ethics Guide. To this end, we offered: Vulnerability (April 2024), Dignity (October 2024), and Compassion (March 2025). Video recordings of the seminar series are found at the Ethics & Discernment Centre [website](#).

## Ethics Book club/ CHAUSA Book club

It is well-recognized in medical humanities that literary sources are accessible routes to imaging the world of others and our common humanity. To this end, the Ethics Book Club offers the opportunity to cultivate virtues such as compassion and to strengthen moral sensitivity.

Together with staff from around Covenant Health, we read: Being Mortal: medicine and what really matters in the end by Atul Gawande, Code Dependent: living in the shadow of AI by Madhumita Murgia, Soldier, Sailor by Claire Kilroy, and All Things Consolled by Elizabeth Hay.

Additionally, our clinical ethicists joined with their colleagues in the Catholic Health Association of the United States (CHAUSA) 's Ethics Book Club where they discussed: Making All Things New: Catholicity, Cosmology, and Consciousness by Sr. Ilia Delio, Reading the Signs of Our Times, Together: the healing power of human connection in a sometimes lonely world by Vivek H. Murthy and Subversive Habits: Black Catholic Nuns in the Long African American Freedom Struggle by Shannen Dee Williams.

## Ethics Committees

The Ethics and Discernment Centre receives valuable input from our ethics committee members across Covenant Health. It is a genuine pleasure to work with caring professionals and community members who share an interest in building and sustaining the ethical culture in Covenant Health. We rely on our members to update us on local conditions and tensions, as well as innovative solutions to meeting the ethical challenges we face in turbulent times.

**The Edmonton and Area Ethics Committee** continues to thrive with new members adding fresh perspectives. This year, the committee, chaired by Sandy Ayre, O.T. TPCU Grey Nuns, delved more deeply into topics such as: Clinical In-Service Goals of Care, MAiD, Risk in Ethics in Long-Term care, Risky Business, Sustaining your Emotional Well-Being by Ritualizing daily Routines, What have you attended lately and what have you learned?, and; Reflective equilibrium. As always, the discussions that followed were multifaceted, generating new insights for all.

**Banff Mineral Springs Hospital** continues its strong showing in ethics with keen members and great leadership from Richard Kline, Spiritual Care, and Margie Smith, Senior Operating Officer (SOO). This committee also engaged in deep learning and uniquely chose to extend discussions from the Ethics Quarterly Seminars to their meetings and to discuss selected non-fiction books related to ethics and society. In May each year, the hospital participates in Banff Mental Health and Addiction Week with an invited presentation from the Ethics and Discernment Centre. In May 2024, our clinical ethicist spoke to the Banff community audience on the topic of stigma.

**The Rural Ethics Committee** met 4 times in 2024. Topics of education were Goals of Care, AI in Healthcare, and Responding to Mental Health Issues in Rural Communities. The review of ethics consults during the meetings is always followed by robust value-based conversation and often provides an opportunity for members to discuss other issues that are ethically challenging. Membership continued to change throughout the year. Staffing recruitment and retention along with the limited resources rural communities experience were challenges the sites courageously managed through the year. The commitment and dedication of the Rural Sites to the people they service is outstanding and reflected in innovative ways they find solutions for complex care situations. We are thankful for the staff who attended the Rural Ethics Committee meetings and willingly engaged in the learning opportunities and in the sometimes-challenging honest conversations that true ethical reflection requires. We look forward to continuing regular committee meetings this year and to the upcoming site visits.

**Engaging other Covenant departments:**

Ethics & Discernment Centre staff engage with other Covenant departments by bringing an ethical perspective as well as diversity and inclusion perspective to the work of other committees and councils including:

- Palliative End of life Quality Council
- Patient Safety Advisory Council
- Monthly Learning and Governance Committee
- Site Management Meetings
- Stewardship Accountabilities Committee
- Diversity and Inclusion Council
- Black, Indigenous, & LGBTQ2S+ Advisory Bodies
- Alberta Palliative Care Competencies and Education
- Advance Care Planning Alberta Project Psychological Health & Wellness Advisory Committee
- Patient Relations Advisory Committee
- Enterprise Risk Management Committee
- Mission Inspired Culture Collaborative
- Exceptional Situations Protocol Committee
- Environmental Sustainability Committee

# Ethics Rounding

In the virtual world of today, we have found innovative ways to connect learning, planning and information sharing, and even some of our ethics consultation work is now done online. However, we know from rounding/visiting the sites and connecting face to face with people there is a sense of relationship and trust that is built and staff report feeling more comfortable to call for ethics assistance because of the familiarity with the Ethics & Discernment Centre team members.

Dr. Eleanor Stewart and Cecilia Marion attend the Grey Nuns and Misericordia Site Management meeting to stay in touch with what is happening at the sites and to share the Ethic & Discernment Centre news.

Time was spent at the Misericordia Community Hospital in April with the Pharmacy team from across Covenant, revisiting the ethical principles we use to discern consults and support the team to understand the values and biases they bring to situations.

Visits to Camrose happened in May, and work was started to revive the Camrose Ethics Committee.

We were invited in June to be part of the education day for the Clinical Nursing group from Surgery. We worked collaboratively with Spiritual Care to debrief challenging scenarios that the nurses have encountered. The partnering with Ethics and Spiritual Care was very successful. The presentation and guidance given to the nurses was holistic in nature as the two areas of Ethics and Spiritual Care complement each other in the work they do.

We visited Bonnyville in July and assisted with a consultation on site and got a good understanding of the advocacy and collaborative work the site does to meet the needs of not only Bonnyville but the surrounding area which includes 5 different indigenous communities.

Early Fall was spent working collaboratively with Banff and Camrose to plan for the Rural Ethics Education days. Banff's education days were held on November 19-21 and Camrose's education days were held on December 4 and 5, 2024. We will be in Lethbridge and Medicine Hat in April 2025 and Bonnyville in May 2025. This education roadshow was made possible by the Sisters Legacy Grant.

Staff reported the face-to-face contact, information provided, and heartfelt support was appreciated, and they would be more likely to call for ethics support because of the relationship they had fostered.

## Equip

### Transforming Ethics Workshop series

This workshop series explored a renewed vision of healing by addressing the people, places and practices of health care from an ethical perspective.

Healing is sought by all people at some time during life's journey. Yet, in health care, the focus on measurable outcomes as the means to define the system's success results in a drift away from the traditional and contemporary sources of healing and a holistic vision of health. In the tension, we see that both patients' and health care providers' humanity is diminished, and the healing potential of human encounter is lost. Can we revive a more fulsome healing in the deeply personal encounters that are the hallmark of quality health care even when success is measured in empirical terms?



The thoughtful application and practice of ethical reflections offers a chance for modern health care to look beyond a reductionistic focus and to instead renew its vision to include the very human desire for healing and wholeness, even amid physical and mental crises.

The Ethics Centre was inspired by the interest in the Transforming Ethics Workshop Series. We hosted 6 workshops from January to June. Speakers were from across Canada and internal to our own organization, including Andrea Frolic, Marika Sandrelli, Randell Bell, Ben Bantum, Cheryl Whiskeyjack and Vera Atkinson. Topics ranged from Trauma Informed Care, Indigenous Health Complexities, Ecology and Compassionate Care, to Traditional Healing and Wellbeing through Daily Rituals. The workshops were all very well attended with between 40 to 60 people from different sites, organizations, occupations, and provinces. We look forward to the 2025 workshop series in support of healing and wholeness.

## Policy Updates

The Ethics & Discernment Centre provided leadership and guidance to Covenant Health in relation to ongoing policy development and review. Examples of EDC involvement in 2024 include:

- Development of a policy addressing Intimacy & Sexuality in Residential Care Environments
- Development of our new Languages in the Workplace policy
- Initial review of the Use of Medical Cannabis by Patients and Residents While in Care guidelines, with ongoing work in 2025 to modify these guidelines to address current realities
- Animals in Healthcare Facilities
- Use of Electronic Monitoring, Recording Devices, and Cameras by Patients, Residents, and Alternate Decision Makers
- Palliative and End of Life Care

This past year there were many opportunities for the Ethics Centre to be involved in policy conversations as demonstrated by the higher numbers of consults related to organizational policy/process issues. In some cases, the discussion led to further policy development and in others it was decided a process/procedure document to guide behavior was better. One example of this was the work Scott Stewart completed on the Kirpan.

The Languages in the Workplace Policy was approved through the Policy and Governance committee, Scott Stewart completed the supporting process and education documents, and the policy will be implemented in 2025.

Reviews were completed on the Electronic Monitoring Policy and on the Medical Use of Cannabis. The Policy on Intimacy and Sexuality in Long Term Care was approved by the Policy Governance Committee and will proceed in next steps.

The Ethics & Discernment Centre is currently determining a consistent schedule of policy review as required to meet accreditation standards.

## Medical Assistance in Dying (MAiD)

As described in our 2023-2024 Summary, the temporary exclusion of eligibility to receive MAiD in circumstances where a person's sole underlying medical condition is a mental illness continues through March 2027. This time is not idle waiting for governance groups nor health care provider organizations. Covenant continues to respond to people in our care who request medically assisted death. Teams seek to understand the nature of the person's request while appropriately addressing their pain and symptom management needs.

Ten years on, the learning about and with patients seeking MAiD continues for Covenant, along with the rest of the health system. While the implications for the provision of MAiD to those whose sole underlying condition is mental illness continue to be examined, Covenant remains committed to excellence in care and meeting the psycho-social-spiritual needs of all our patients and residents.

In keeping with that commitment, in October Covenant's chaplains, ethicists, volunteer services leadership, and Indigenous care staff gathered for learning about MAiD, facilitated by Dr. Mary Heilman. Dr. Heilman led our teams in a close examination of Medical Assistance in Dying and ethical concepts undergirding physician assisted death, voluntary euthanasia and withholding burdensome life-prolonging interventions at end-of-life.

## Empower

### Provincial On-call Team (POET)

Launched in April 2020, the Provincial On-Call Ethics Team (POET) sought to preserve ethics consultation service and on-going skills development amid the COVID-19 pandemic. This small team, comprised of ethics committee members and EDC staff, provided ethics consultation service and support to the organization during a crucial time in Covenant's journey. However, with shifting COVID-19 needs and more recent restructuring process of Alberta's health care system, we recognized that the changes in context required changes in our processes as well. In response to evolving needs, we made the decision to close the POET program. The EDC is immensely grateful for the service, connection, and learning shared by the POET members for the past 4 ½ years. While we will miss working so closely with the members, we are excited to pursue new opportunities to equip our ethics committee members and support leaders throughout the organization.

## Mission Discernment

### Artificial Intelligence (AI) Mission Discernment

We recognize that Artificial Intelligence in service of health care has many potential benefits and, perhaps, some unforeseen or less desirable effects. No doubt, AI will bring a sea change to how we accumulate knowledge, deploy interventions, and interact with one another. For this reason, a Mission Discernment has been undertaken to explore relevant health care AI applications and to seek guiding principles that align with our Mission, Vision and Values as a Catholic health care system. Representatives from across COV portfolios are meeting to this end. The COV Mission Discernment Tool provides the framework for thoughtful and reflective work. (insert tool here)

## Program review and evaluation

“Most people use statistics the way a drunkard uses a lamp post, more for support than illumination” [Mark Twain]

The largest part of the service the Ethics and Discernment Centre offers are the ethics consultations, and we are committed to having the resources available to respond in a timely manner and to provide services that are meeting the needs of the requesters, whether they are staff, physicians, patients, residents or family members. We often receive informal feedback after the consult is complete that the consult was helpful and there is appreciation for the support. However, this feedback is not comprehensive enough to determine how we might improve on the service and thus we began our journey to create an evaluation of the ethics consultations services.

We are grateful to Mark Lazurko, Corporate Lead, Strategic Analytics and Ashley Clelland, Program Assistant, who provided their expertise, experience, and knowledge to taken us through the process of determining how best to evaluate the ethics consultation services.

Mark and Ashley completed an extensive literature review, developed a logic model for the services, provided examples of existing evaluations being used, and asked all the right questions to focus our thoughts and determine what exactly what we wanted to evaluate. We concluded the focus of the evaluation will be on the quality of the process of the ethics consult and whether we are fostering value-based decision-making skills in the people who participate in ethics consultations.

The evaluation tools have been developed and trialed and the database for the results has been created. We look forward to implementing the evaluation very soon and seeing what insight we can gain from the feedback.

The Ethics and Discernment Centre team also presented the Ethical Decision-Making Framework to the Patient, Resident and Family Advisory Committee. The team took the committee through a mock ethical scenario and used the framework to gain feedback for the process from a patient, resident, and family perspective. The committee found the process very interesting. Feedback provided focused on the need for cultural humility and sensitivity to the consequences of decisions made and to take time to observe and ask questions and not make assumptions during ethical decision making.

# Ethics & Discernment Centre Team

## EDC Staff Changes

This year we welcomed two new staff to the Ethics Centre. We seconded Scott Stewart, MSW, RSW, to provide temporary, part-time team support in the Fall. Scott has been with Covenant Health for over 20 years and is a long serving member of our Edmonton Area Ethics Committee program and POET. He has 'worn many hats' while supporting patients during his tenure as a Social Worker in both acute and continuing care environments. Scott has a keen interest in clinical ethics consultation and has brought a wealth of experience and new competencies to our team.

We were also very grateful to welcome Amber Ruben to the Ethics and Discernment Centre team. Like Scott, Amber has been serving patients and families within Covenant Health for many years. Until recently, Amber's primary work home was with the Misericordia Hospital pharmacy department. For the past year, Amber has been supporting the organization to advance the work of Truth and Reconciliation and health equity within the Covenant Family on a temporary, part-time basis.

We are delighted to work closely with Scott and Amber, and we are doing all we can to keep them with the EDC team long-term!

## A Day In the Life

With some degree of regularity, we are asked "so what does a typical day look like working with the Ethics and Discernment Centre?". Simply, the work can vary significantly from day to day. However, to honour the curiosity of those who ask, each of us has shared a personal highlight from the past 12 months.

### Ogechukwu Ezeh

"It is very rewarding, the feeling that I get when a consult is closed, a patient, family or staff is supported through our consultation service, and they find answers to their ethical dilemmas. That feeling of knowing you helped someone achieve something or make a load lighter for them gives me the utmost satisfaction. The various ethics seminars and workshop offerings, the interactions with colleagues and the feedback from their learnings is evidence that Ethics truly supports our people in their decision making. I am so privileged to work with a team that makes all these things happen and it is a great place to be at."



**Dr. Eleanor  
Stewart**

"Having served as a clinical ethicist for Covenant Health for more than 10 years, I never cease to be amazed by the thoughtful, dedicated and morally sensitive people who work here. I particularly appreciate that I work in an environment that encourages my ongoing learning. Not only do I have the privilege of deepening my knowledge of ethics in a theoretical sense through our education initiatives, but I also see the values and mission of Catholic health lived out in daily interactions. Not just ideas or words, but substantive actions."

**Cecilia  
Marion**

"Each day may seem in one way to be filled with regular meetings, tasks and issues and in another way each day is not regular at all. The uniqueness of each day comes from human interaction and conversation. This is the highlight of my work at the Ethics and Discernment Centre. I am humbled and energized by these conversations. I learn so much from the different perspectives of the participants and how the values of our organization are front and centre in their thought processes. I am amazed at the dedication to providing excellent care to everyone even when resources and energy are low. How could I not feel drawn to do what I can to support these precious people?"

**Scott  
Stewart**

"From September 2024 to January 2025, I had the privilege of assisting the Covenant Health Clinical Ethics & Discernment Centre as a clinical ethics consultant. During my temporary, part-time work with the Centre, I had the opportunity to:

- Conduct frontline clinical ethics consultations, including the preparation of consultation reports;
- Lead policy updates and reviews; and
- Contribute to EDI initiatives (including the EDI working group for removing systemic barriers)

As I continue my MHSc studies in Bioethics, I look forward to providing continued support and to receiving mentorship from the team members of the Clinical Ethics & Discernment Centre."

**Amber  
Ruben**

"Planning and hosting Covenant's first-ever Indigenous Health Education Days has been a highlight over the past few months. It was wonderful to hear such positive responses from employees learning from an Indigenous health and well-being perspective. Hearing everyone share how to meet Indigenous patient and family needs within our organization gave me hope, and it was humbling to see how freely sharing occurred within our anti-Indigenous racism simulation."

**Jon  
Gilchrist**

"A highlight—at any point in my day, week, or month—is the opportunity to think strategically about our work and influence as a team within the organization. Coupling this with 'clearing the path' for my team members to do what they do best, I don't think I could have a better day at work. I'm very fortunate to work alongside such a great group of people, who challenge and inspire us all to serve well. This year, we were also joined by two new temporary team members—Scott Stewart and Amber Ruben—who brought new insights and broadened our perspectives on the work of Ethics and Diversity."

## Diversity and Inclusion

The Centre's response to our increasingly diverse community (and staff) needs, as well as our attentiveness to fostering psychologically and culturally safe care environments arises from the three fundamental calls undergirding Catholic Health Care in Canada: the call to respect human dignity; the call to foster trust in care; and the call to promote justice. This year, we were honoured to lead or contribute to numerous initiatives in keeping with these exhortations.

**Education** - In collaboration with internal partners and external service providers, we were able to offer a range of formative learning experiences to staff and physicians. Knowledge and comprehension of content areas such as microaggressions, unconscious bias, gender affirming care, trauma informed care, Indigenous cultural and sensitivity training, and working with language interpreters is essential for providing safe, competent care. It is also fundamental to a healthy work environment, and we are pleased to have offered education throughout the year to meet the growing care and learning needs.

**Support Networks** - This work would not be possible without the relationships and network of passionate staff and community members who have stepped up to promote social justice and foster equity for those under Covenant's care. Covenant continues to benefit from three staff-based Advisory Bodies (Black, Indigenous, LGBTQ2S+) and, two newly formed working groups tasked with implementing prioritized recommendations for learning and addressing systemic barriers to equitable care.

**Structure** – Collective organizational efforts to integrate principles of diversity and inclusion over the past two and a half years are bearing fruit. Essential to ensuring more inclusive and equitable work are structures that recognize the diversity of needs and unique contributions by all who embrace the call of caring for others. In addition to the many and varied forms of learning that have been offered this year, Covenant is examining and bolstering structural aspects that support safer, more equitable care environments. A few pieces of this work that we are pleased to contribute to include facilitating interpretive and translations services, establishing two Equity, Diversity, and Inclusion working groups, Covenant's statement of commitment to LGBTQ2S+ patients and staff, [supportive policy](#) and job aids.



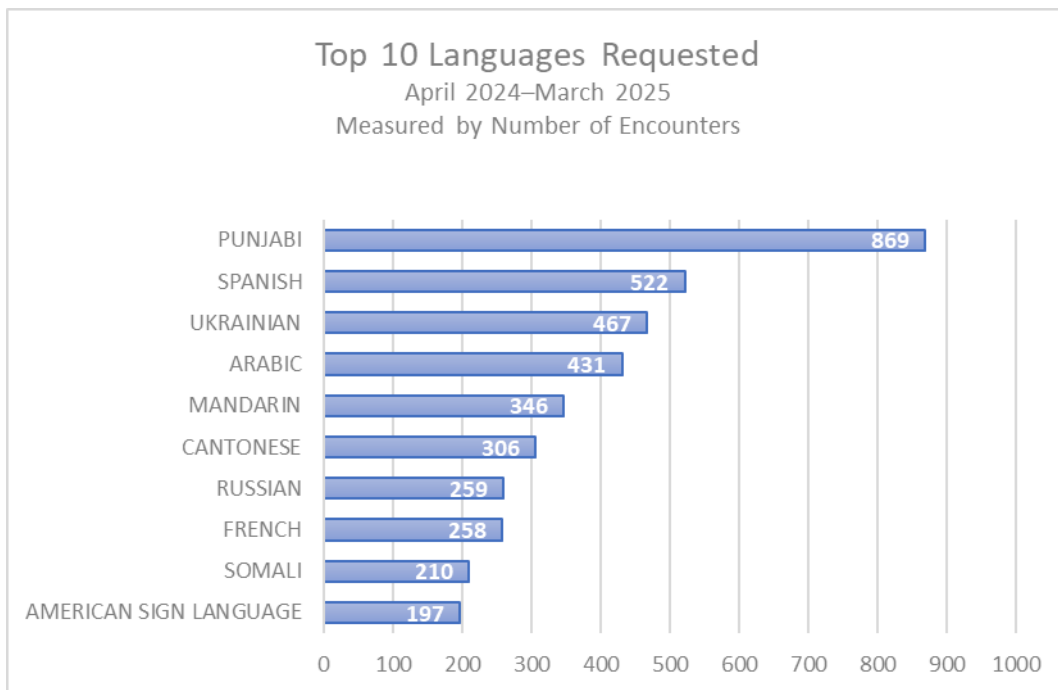
## Interpreter Services Summary

Covenant Health remains dedicated to delivering high-quality healthcare by ensuring effective communication for all patients and residents. Over the past year, 5,782 interpreter service requests were fulfilled, including 4,379 phone interpretations, 1,362 video remote interpretations (VRI), and 41 in-person requests. Services were provided in 67 different languages, reflecting our commitment to accessibility and inclusion.

This year, all Covenant Health computers and laptops were equipped with the LanguageLine app, streamlining access to interpretation services. Healthcare providers simply need to register for login credentials, and 260 devices, including 20 Interpreter on Wheels, have been set up for seamless use in patient and resident care.

The Interpretive Services program also supports the translation of frequently used patient education materials into multiple languages, enhancing patient and resident experiences, improving safety, and facilitating timely discharge. This year, seven translation requests were received for the translation of educational and assessment documents from various units and departments.

Looking ahead, progress has been made in updating the language preference field in Connect Care, with a more accurate list of approved languages set to roll out soon. However, integrating the LanguageLine app into Connect Care remains a challenge due to technological limitations with Workstations on Wheels (WOWs). Efforts are ongoing to find a viable solution that will enable healthcare providers to access interpreter services directly from patient records.



### Convenant Health Interpreter Services by Modality

April 2024 - March 2025  
Measured by Encounters







## EDI Projects

Covenant Health remains committed to creating and sustaining supportive healthcare environments for all Albertans – patients, residents, families, community members and staff. Two recent projects demonstrate how the Clinical Ethics & Discernment Centre contributed to this strategic goal in 2024.

In response to consultation requests to the Clinical Ethics & Discernment Centre, a job aid was created to assist Covenant Health management and staff to better support members of the Sikh community when they are wearing an important object of faith known as the kirpan. Development of this job aid included: review of current literature and approaches from other providers and jurisdictions; and consultation with Covenant Health Legal staff and members of the Sikh community (including a physician).

Additionally, the EDI Working Group for Removing Systemic Barriers was created in 2024 to address identified concerns related to serving the diverse peoples and communities of Alberta. The membership of this group is committed to developing practical solutions, with measurable outcomes, in fulfillment of its 2025 mandate.



# Acknowledgments

We were honoured this year, once again, by the many hours and efforts contributed to the work of the Centre by dozens of volunteers. Our report is, if nothing else, an acknowledgment of the commitment and support of both Covenant Health's staff and physicians as well as our gracious, dedicated community. We acknowledged the significant contributions to the Ethics and Discernment Centre of the following groups and individuals:

## **Banff Mineral Springs Hospital Ethics Committee Members**

Dr. Eleanor Stewart  
Brenda Poole  
Margie Smith  
Mike Sibbald  
Brian Kusisto  
Sarah Lonz  
Kristin Lenarduzzi  
Jane MacDonald  
Glenn Mathews  
Minnie Holloway  
Jocelyn Robertson  
Lori Thorburn  
Richard Kline  
Sandy Penrose  
Max Marlow  
Margarette Moar-Bell

## **Covenant Health Rural Ethics Network Members**

Lora Maygard  
Sherry Irwin  
Sherry Lucas  
Anita Layh  
Nicholas Wasylowich  
Thomas Metlin  
Stacey Lynn-Brewster  
Brenda Poole  
Dwayne Buhler  
Kaylee Kothke  
Lindsay Rypien  
Shelley Franklin  
Carol Lajoie  
Michelle Hart

## **Edmonton Area Ethics Committee Members**

Arthur Peterson  
Ben Olsen  
Bonnie Tejada  
Cecilia Marion  
Charlotte Oostveen  
Claire Johnson  
Danean Millard  
David Cheung  
Dr. Eleanor Stewart  
Gregor Cantz  
Hadrian Jiang  
Joby Scaria  
Jon Gilchrist  
Josh Stachniak  
Larry MacKay  
Marjorie Charest  
Melissa Baker  
Meghan Richardson  
Natalie Houseman  
Ogechukwu Ezech  
Sandy Ayre  
Scott Stewart  
Karen Hansen  
Jacqueline Hills  
Jacqueline Thompson  
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Anita Layh  
Bonnie Tejada  
Cecilia Marion  
Dr. Eleanor Stewart  
Jon Gilchrist  
Nicholas Wasylowich  
Ogechukwu Ezech  
Sandy Ayre  
Scott Stewart

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Cecilia Marion  
Joby Scaria  
Dr. Eleanor Stewart  
Scott Stewart  
Jon Gilchrist  
Racheal Charles  
Linda Chow-Turner

## **Rural Roadshow Planning Committee**

### ***Banff: Mineral Springs Hospital***

Amber Ruben  
Cecilia Marion  
Dr. Eleanor Stewart  
Jane MacDonald  
Lori Thorburn  
Margarette Moar-Bell  
Oge Ezech  
Rick Kline

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Elizabeth Moon  
Laura Sheplaw  
Oge Ezeh  
Shelly Franklin  
Scott Stewart

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Brenda Poole  
Coreen Coombs  
Cecilia Marion  
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Karen Burton  
Ken Winder  
Lisa Garnett  
Stacey-Lynn Brewster  
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