Psychosocial Spiritual Alberta Community of Practice: Culturally Safer Care

Facilitators:

Juliet Foster, RN, Indigenous Early Palliative Cancer Patient Navigator, Cross Cancer Institute

Sheila Killoran, Education Lead, Covenant Health Palliative Institute

Date:

December 19th, 2024

Project ECHO Palliative Care - Canada BY Pallium Canada

Covenant Health Palliative Institute

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a five-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

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Disclosures

The Palliative Care Public Awareness project is funded by the Government of Alberta. The views expressed herein do not necessarily represent the views of the Government of Alberta.

Reminders

- This session is being recorded.
- Please do not disclose any personal health information during the session.
- Your microphones are muted. When we invite participation, please unmute yourself if you'd like to speak at that time.
- If you experience technical difficulties, please let us know in the chat.

Learning Objectives

By the end of the session, participants will be able to:

Learn about the KPIs addressing SDOH and palliative considerations that were collected

Learn about the case study we have developed and what pathways have been developed that remain after the project.

Learn about our knowledge translation products and action items moving forward for sustainability and growth of the program.

CULTIVATING PATHWAYS TO WISE PRACTICE

INDIGENOUS PALLIATIVE CARE NURSE NAVIGATION

LAND ACKNOWLEDGEMENT

THE JOURNEY SO FAR

Join the team
Environmental scan
Navigation Touchpoints
Case Study
Developing Pathways
Way Forward



JOINING THE TEAM
STRENGTH IN NUMBERS

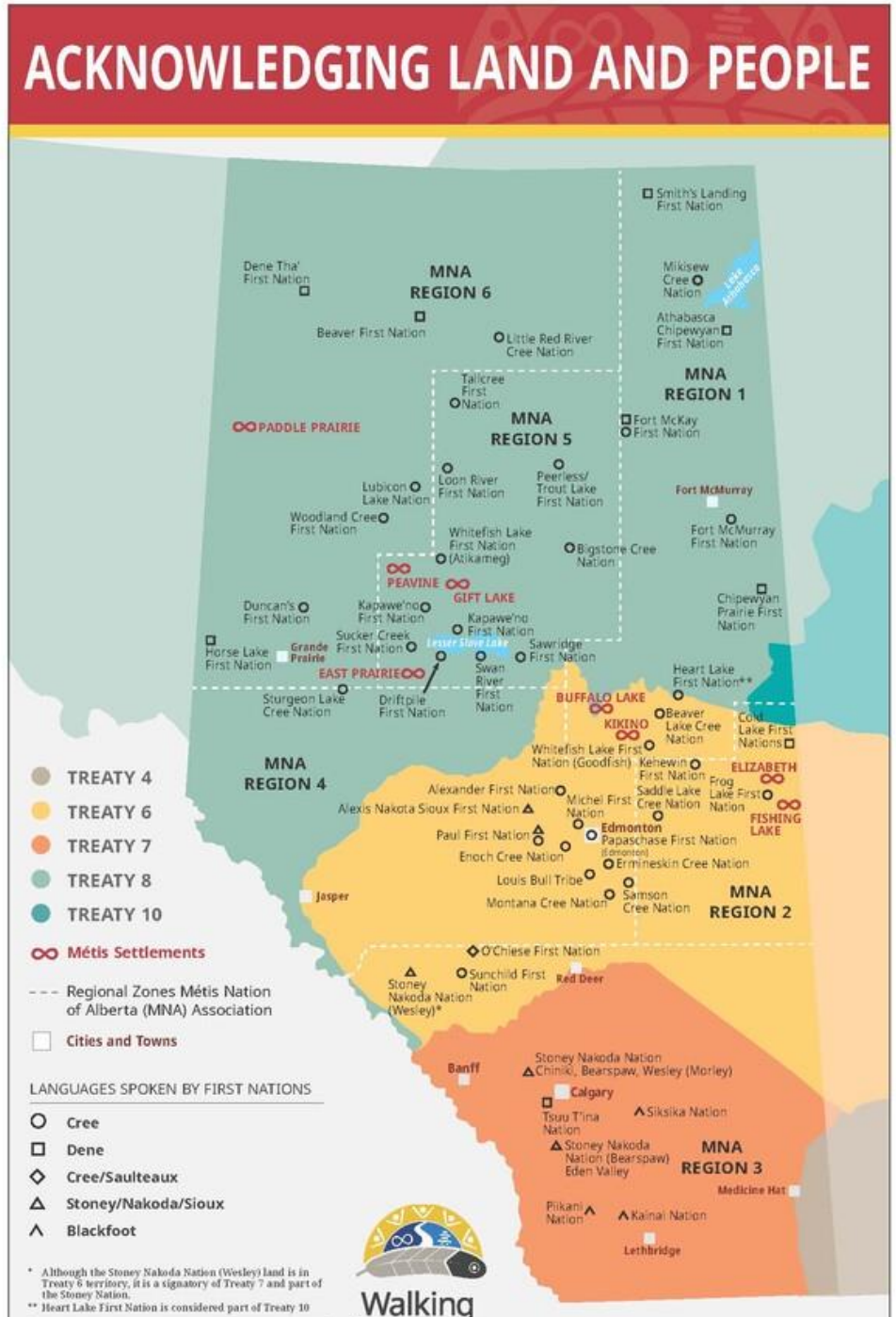
- PCOAT- Dr. Cara Bablitz, Iain McInnis
- Indigenous Wellness Clinic
- George's House- George Spady Society
- Urban Palliative Home Care, Home Care
- Zone Palliative Resource nurses and NPs
- Indigenous Community Healthcare Centers
- Hope Mission
- Niginan Housing Ventures
- Cancer Care Alberta

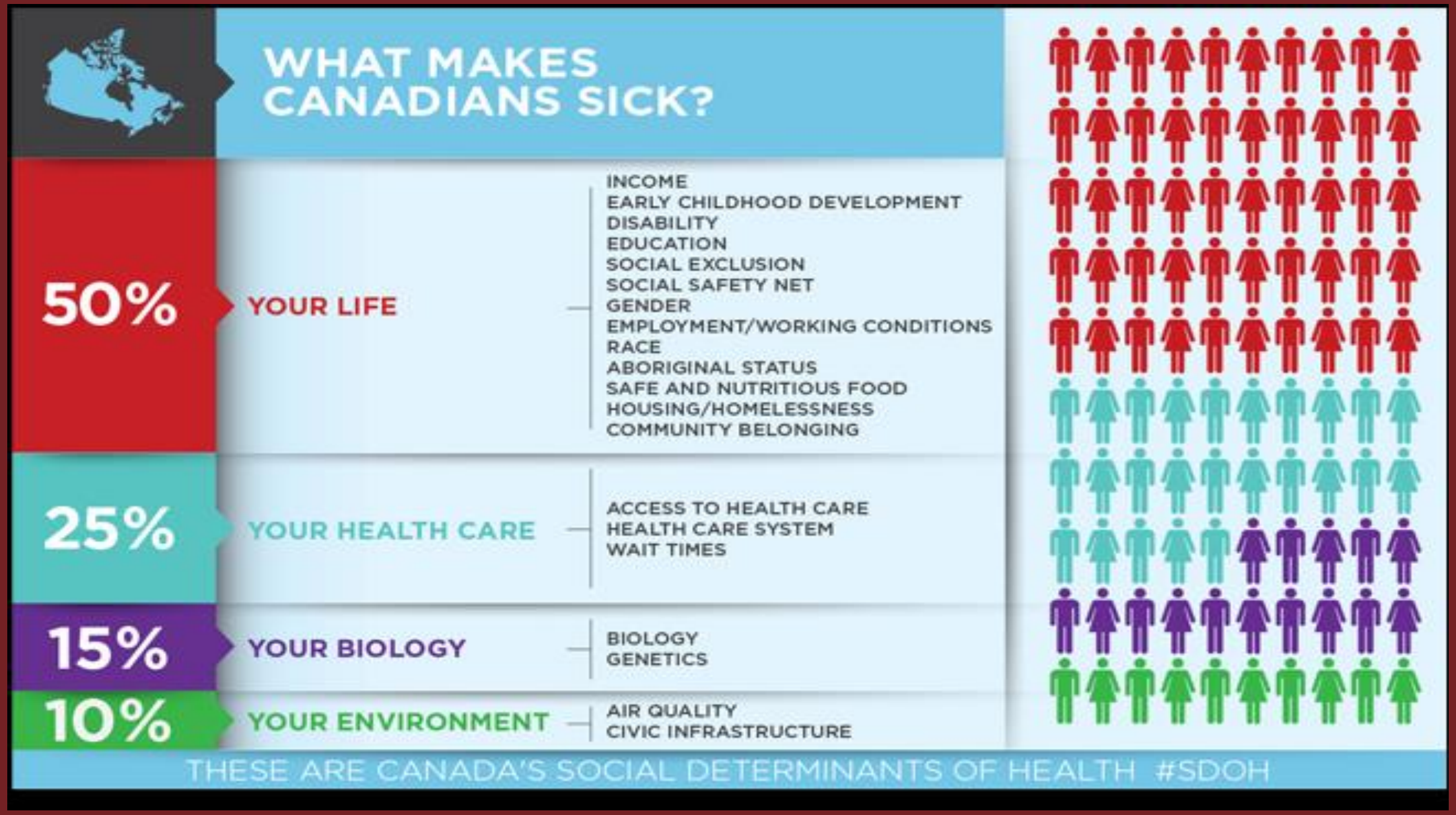
SAFE SPACE

ENVIRONMENTAL SCAN

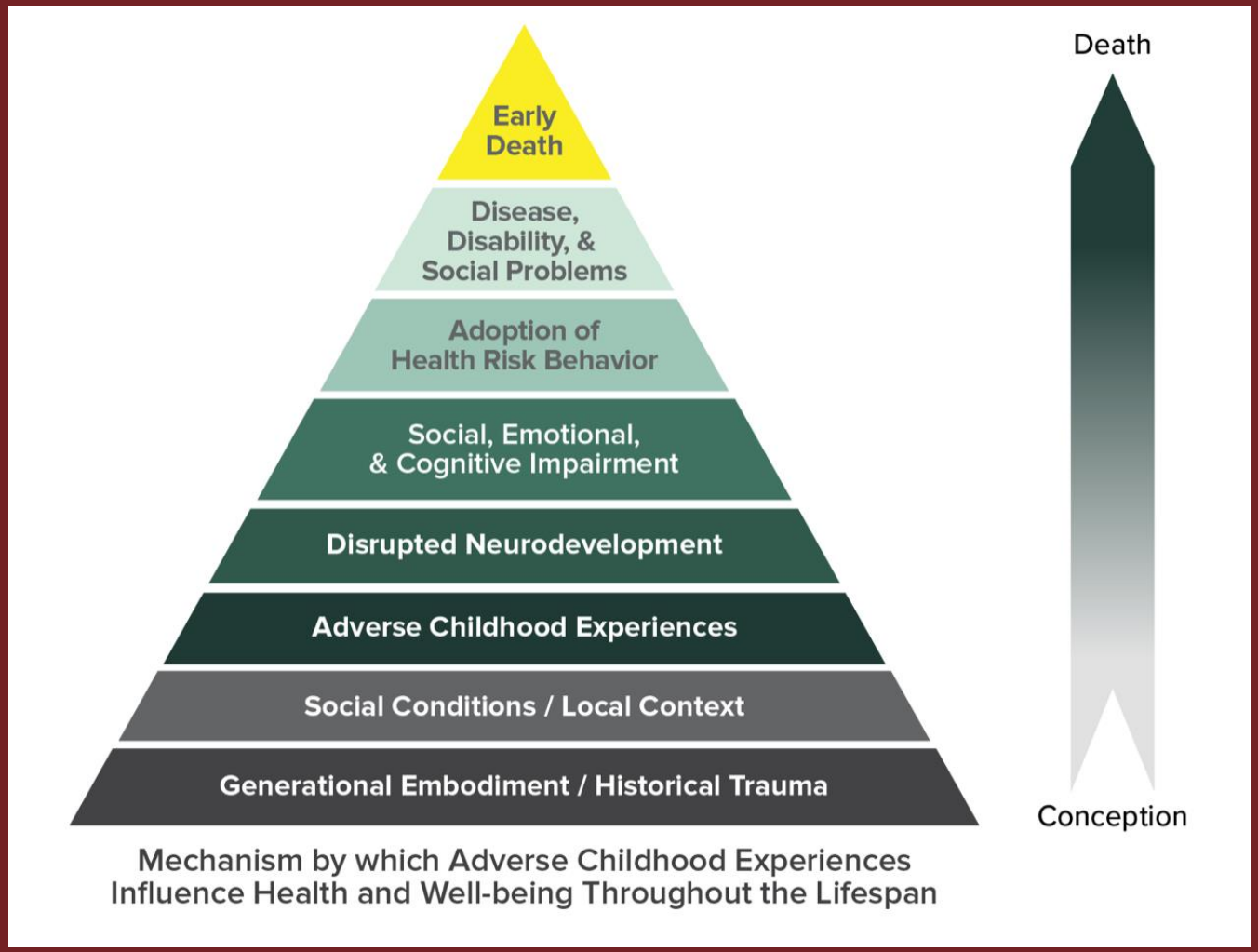
46 First Nation communities and 8 Metis Settlements.

Invisible Boundaries

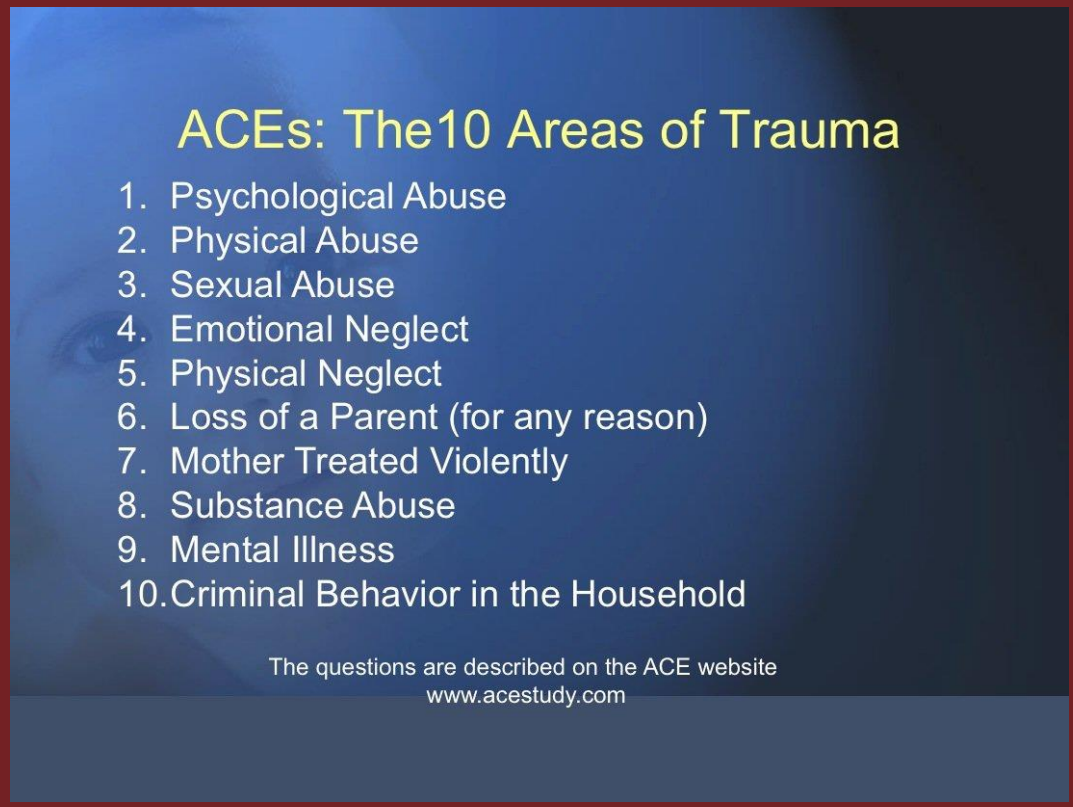



WHAT MAKES CANADIANS SICK?
50%
YOUR LIFE
INCOME
EARLY CHILDHOOD DEVELOPMENT
DISABILITY
EDUCATION
SOCIAL EXCLUSION
SOCIAL SAFETY NET
GENDER
EMPLOYMENT/WORKING CONDITIONS
RACE
ABORIGINAL STATUS
SAFE AND NUTRITIOUS FOOD
HOUSING/HOMELESSNESS
COMMUNITY BELONGING
25%
YOUR HEALTH CARE
ACCESS TO HEALTH CARE
HEALTH CARE SYSTEM
WAIT TIMES
15%
YOUR BIOLOGY
BIOLOGY
GENETICS
10%
YOUR ENVIRONMENT
AIR QUALITY
CIVIC INFRASTRUCTURE
THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

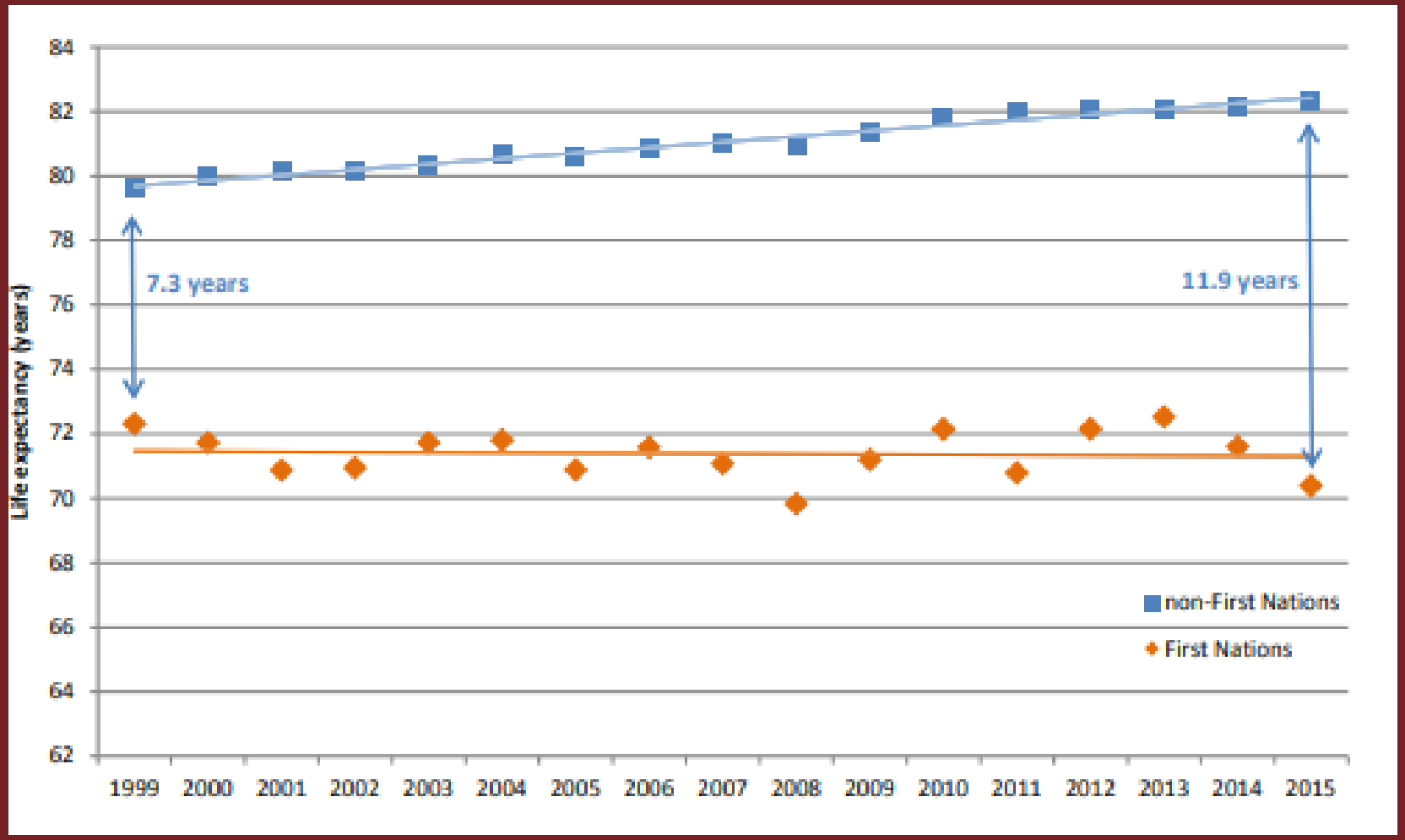
ADVERSE CHILDHOOD EXPERIENCES (ACES) ARE INCREASING IN INDIGENOUS POPULATIONS IN CANADA: NOW WHAT?
TOOMBS, E., LUND, J., & MUSHQUASH, C. J. (2022)



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



TRENDS IN LIFE EXPECTANCY OF FIRST NATIONS MEN IN ALBERTA



18.22 Years

2021

Alberta Health, Health System Accountability and Performance, Surveillance and Assessment Branch
Find more information on health indicators on the Interactive Health Data Application (IHDA) website

Email: Health.Surveillance@gov.ab.ca
www.ahw.gov.ab.ca/IHDA_Retrieval/

IDENTIFIED CHALLENGES

- Navigation of Invisible boundaries and jurisdictional challenges
- Lack of awareness and compassion by health care practitioners, racism and judgement within the system.
- Relationship building is key to success within Indigenous health, lack of time due to grant funding.
- Different needs of community members: urban, rural and remote.
- Lack of access to services (no PCP, no cell service, no transportation, lack of knowledge of health care system)
- Lack of trust with the healthcare system and providers.

STRENGTHS AND RESILIENCY

- Culture, tradition and ceremony
- Acceptance of death and dying as continuation of the spiritual journey
- Connection to the land, family, spirit and culture
- Community, relationships and social support
- Holistic approaches to health and healing
- Resourcefulness

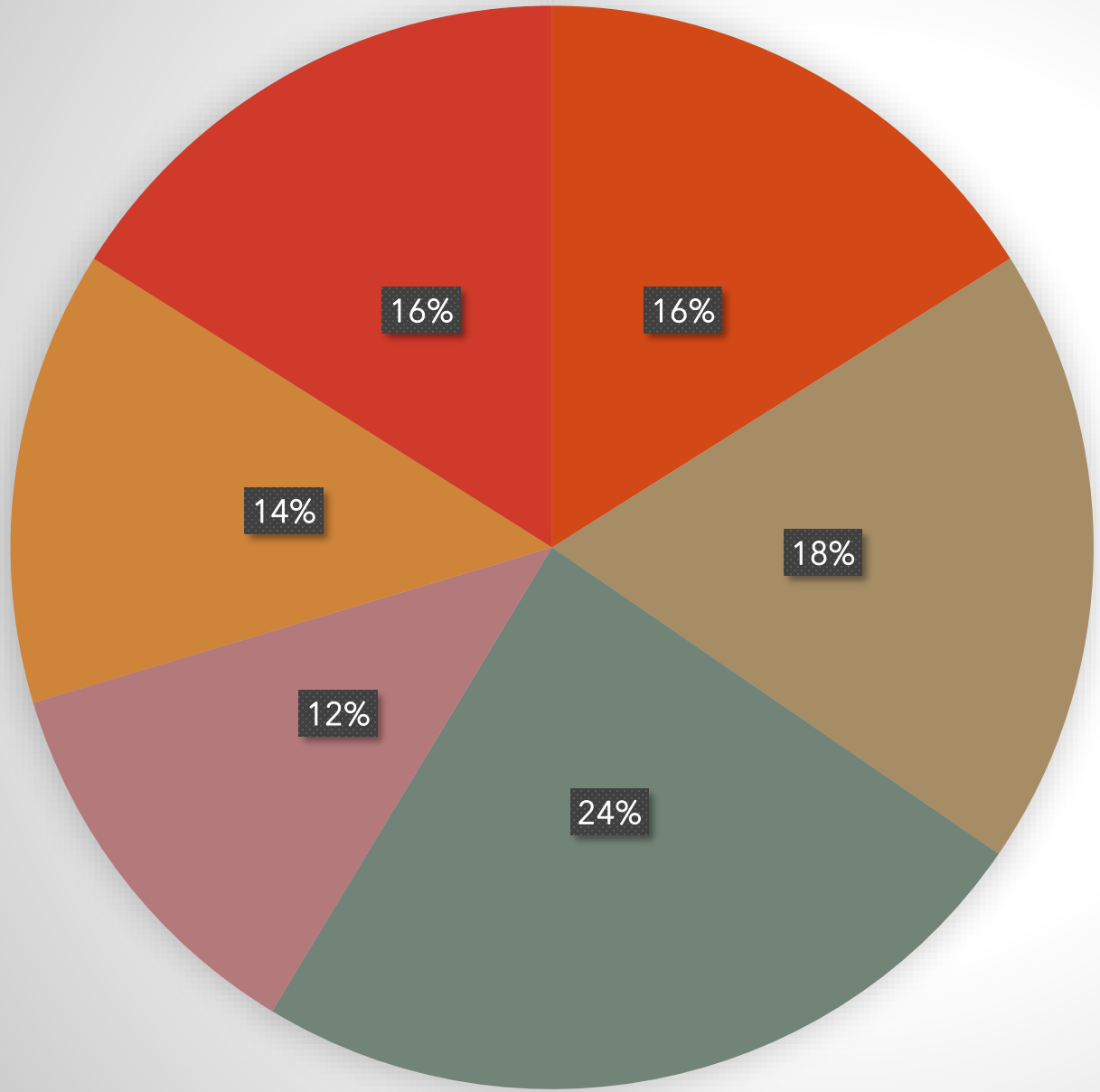
Community Strength by Simone Mcleod

NAVIGATION TOUCHPOINTS

164 Referrals in 22 months
Tracking KPIs

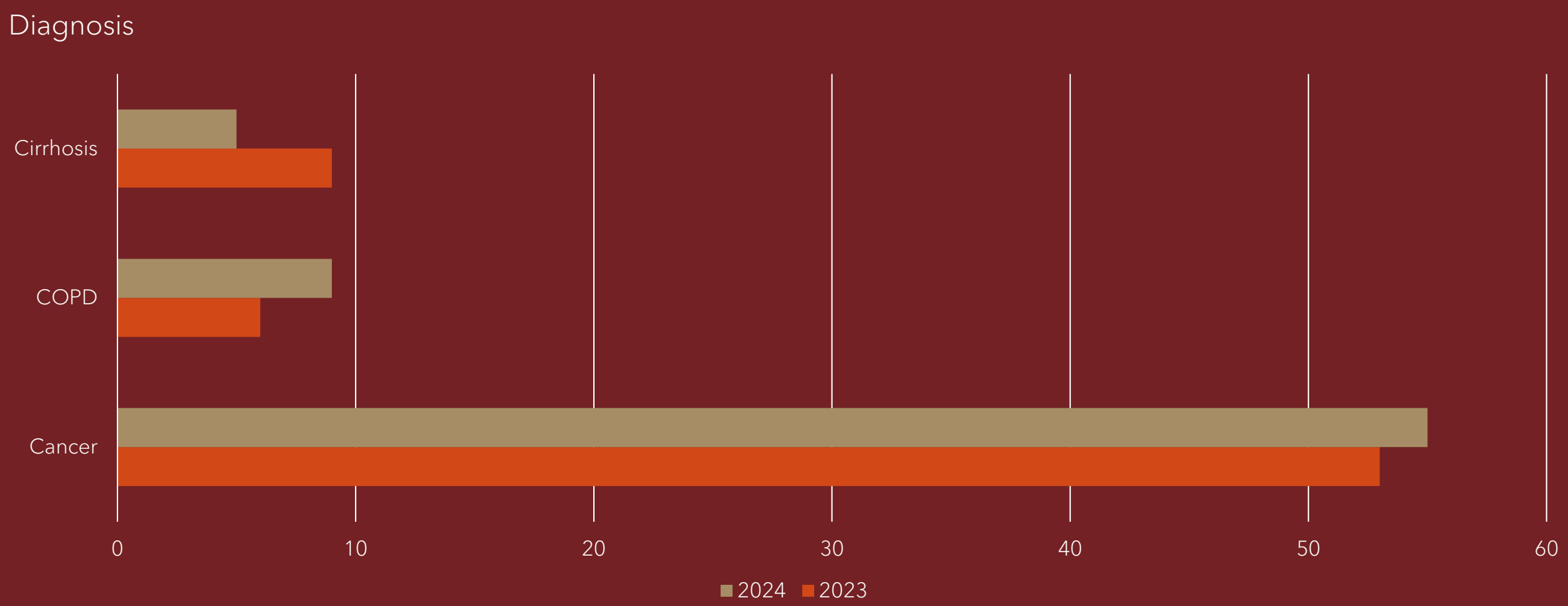
Tranquility by William Montague

Source of Referral



- Indigenous Cancer Patient Navigators
- Community Agencies
- Edmonton Zone Palliative team
- Indigenous Communities
- PCOAT
- Other

DIAGNOSIS AT REFERRAL

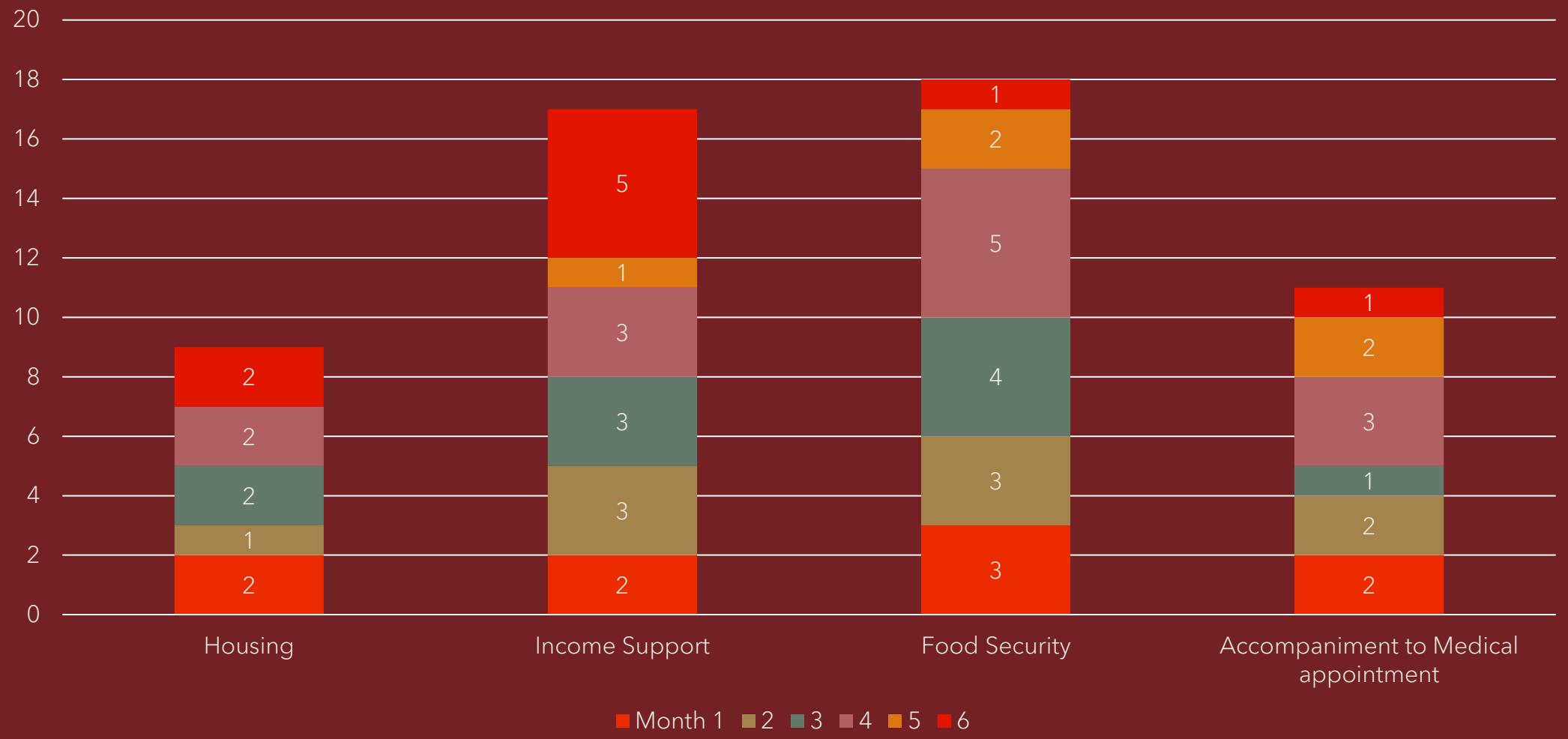


INDIGENOUS PALLIATIVE CARE NURSE NAVIGATOR TOUCHPOINTS

Tracked 11 KPI categories over 6 months

- Housing
- Income + Related Support
- Food Security
- Referrals and Coordination
- Accompanied to medical appointment
- Access to interdisciplinary team
- Counselling and psychosocial support
- Capacity building and Partnership development
- Health care
- Administrative navigation
- Patient Outreach and Advocacy

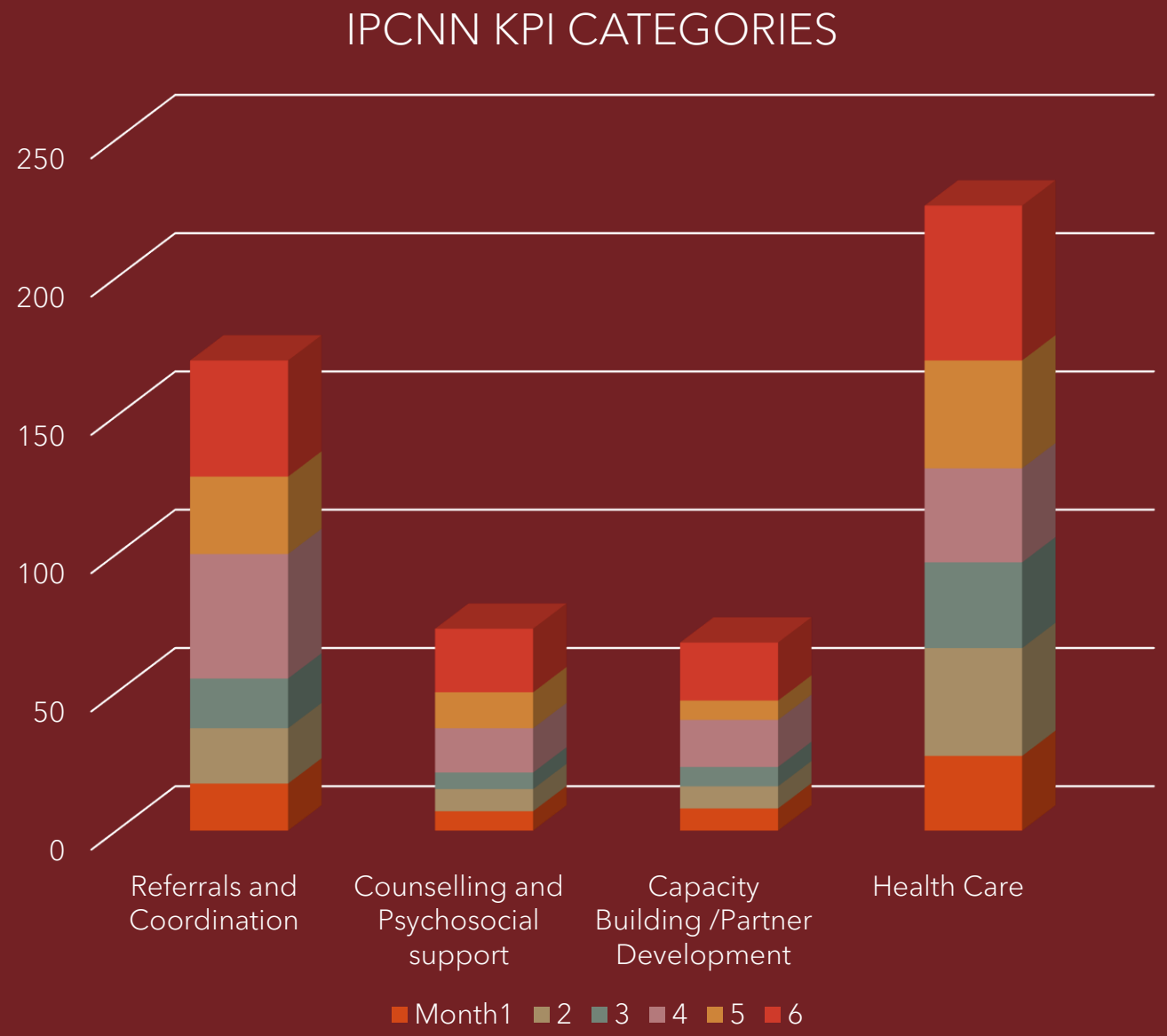
INDIGENOUS PALLIATIVE CARE NAVIGATION KPI CATEGORIES



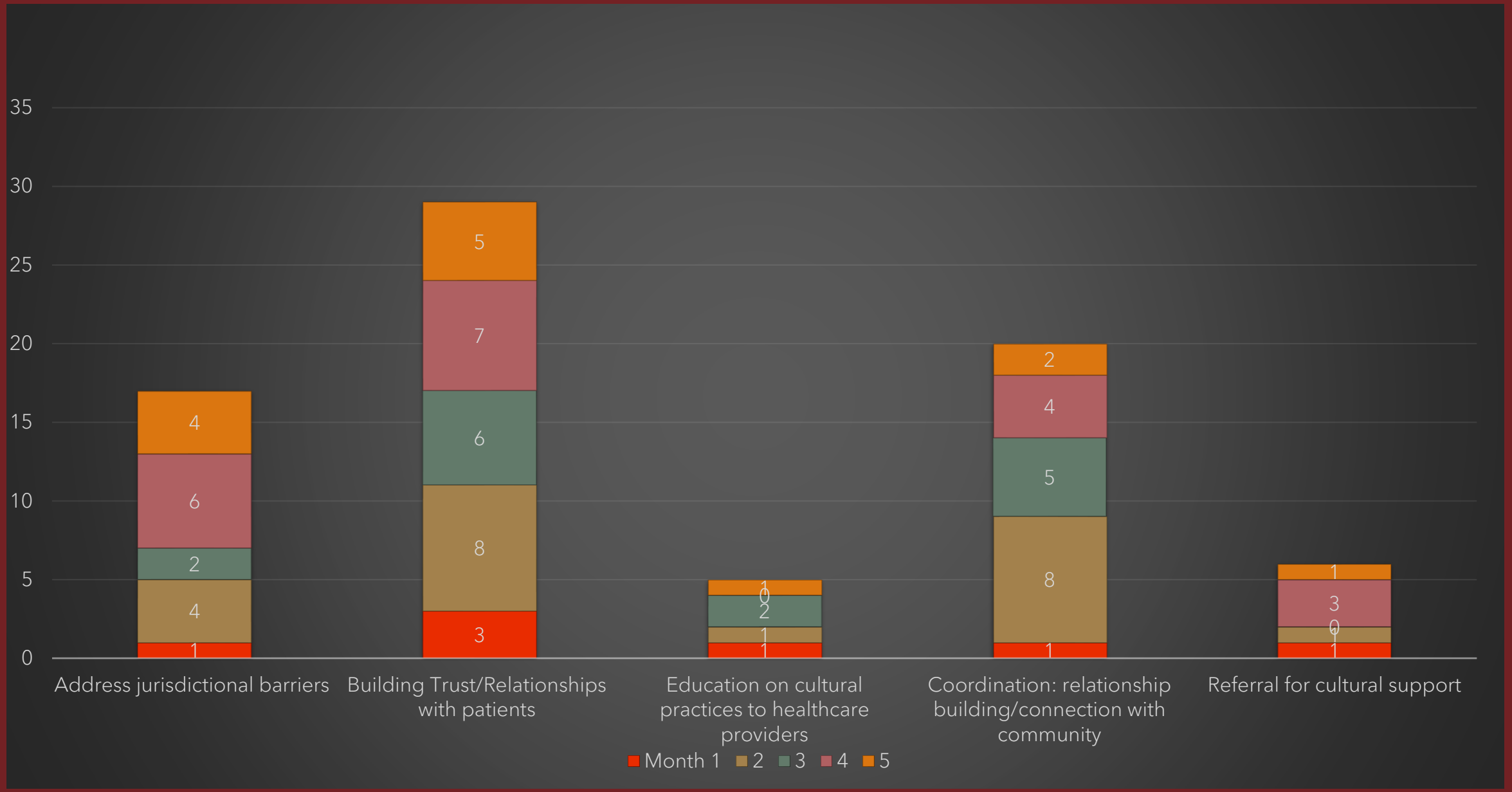
HIGHER FREQUENCY KPI CATEGORIES

Other Three Categories

- Administrative Navigation
- Patient Outreach and Advocacy
- Access to Interdisciplinary care



INDIGENOUS SPECIFIC KPIs



CASE STUDY

RACHEL

Rachel is a 40-year-old structurally vulnerable Indigenous woman with metastatic cervical cancer.

She is unhoused and engages in substance use. She has exhausted the supports in her hometown in rural Alberta.

Rachel is a sister and a mother to three children.

She takes morphine for pain and has bilateral nephrotomy tubes.

RACHEL'S EARLY NAVIGATION NEEDS

Structurally vulnerable- Call community shelter spaces to advocate to find Rachel a place to sleep. Refer to housing support.

Harm reduction approach- Support Rachel getting her medications including pain control. Multiple outreach calls to her pharmacy.

Trauma informed approach- Express understanding when addressing her needs with empathy and sensitivity.

Financial- Coordinate AISH application.

Medication coverage- Submit Palliative Blue Cross to supplement her NIHB coverage.

Food Insecurity- Give Rachel snacks and food whenever she comes to clinic.

Nephrostomy care- Change her dressings in clinic so she doesn't have to go through ED.

Rachel

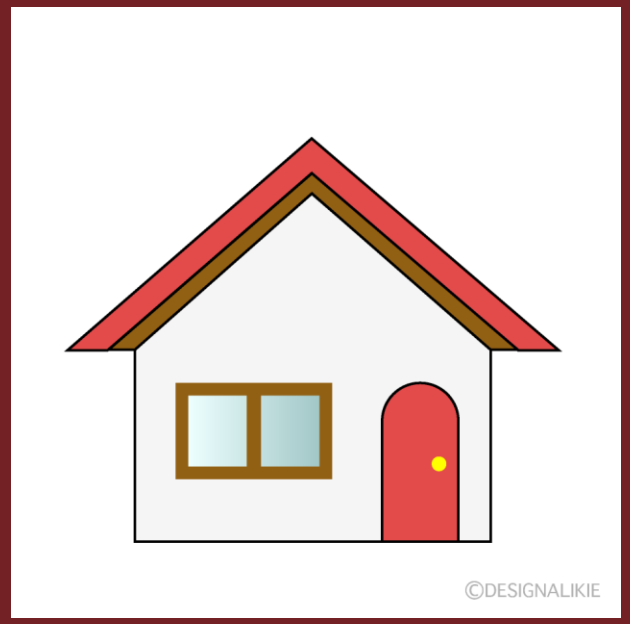
- Rachel travels back to her hometown to visit and presents to ED. She struggles to deal with the healthcare staff, is disruptive and is discharged without pain management due to a history of "morphine abuse". She presents again to ED and charting reflects that Rachel is "attention seeking and deliberately pulling out her tubes". She is discharged again with no pain control. Her nephrostomy tubes are freezing in the cold because she is living in a tent or standing in line at the shelters.

BUILDING RELATIONSHIP AND TRUST

IPCNN connected with Rachel's pharmacy in her hometown and prescriptions were sent for symptom control. Messages left with pharmacist as Rachel has no phone.

Rachel returned to Edmonton and IPCNN provided supportive visit in ED.

RELATIONSHIP BUILDING AND TRUST



IWC team coordinates:

- housing with local housing society advocating for patient. She moves into her apartment, third party billing arranged with AISH. Ongoing relationship between IPCNN and landlord for support.
- Furniture coordinated and delivered after multiple failed attempts and reorganizing.
- Letters of advocacy sent to AISH for transportation costs and specialized diet.
- Toiletries and clothes provided by IPCNN at clinic visits.
- Symptom and medication management ongoing

RELATIONSHIP BUILDING AND TRUST

- Christmas gifts for Rachel's children and Christmas food hamper coordinated with Sacred Heart church.
- Advocacy to the food bank to reinstate Rachel’s account.
- IPCNN begins Open Door Policy for Rachel’s appointments as she struggles to arrive at set times. Tuesday or Wednesday 9-4. This eliminates any “no Show” appointments.

RACHEL

Rachel's younger brother moved in with her after being incarcerated. Rachel is admitted to hospital multiple times with infection. She is declining and needs more care. Her younger brother is supporting her at home. Her older brother suddenly dies; his death was suspicious. Due to safety concerns Palliative Home Care cannot go into Rachel's home. Rachel becomes increasingly unwell over time. She continues to have her nephrotomy dressings changed at IWC and stays connected with the IPCNN.

INDIGENOUS PALLIATIVE NAVIGATION

- Grief supports offered.
- Transportation coordinated for Rachel to travel back home for her brother's funeral.
- Cultural support and connection to ceremony offered.
- Advocacy with Rachel's landlord for rental arrears and to delay eviction. Coordination with Rachel.
- Ongoing advocacy for Rachel to access UPHC. Collaboration between care providers and leadership lead to home care supporting Rachel in her home. Initial visit was a collective visit with UPHC and IPCNN.

RACHEL

Rachels' landlord reached out to the IPCNN. Rachel is reported to be bedbound and is facing eviction in a few days. IPCNN conducts home visit for assessment. Rachel is pale, weak and struggling to manage at home. Goals of care and advanced care planning discussed emphasizing hospice or hospital care. Rachel's inability to cope and care for herself was discussed including medication management concerns. Rachel's brother is included in all discussions.

Referral sent to the Palliative Consult team and as Rachel's behaviour needs were high she was moved to TPCU. Members of Rachels' health care team were present when she was moved from her home into care by EMS support.

RACHEL'S CHALLENGES

- Substance user
- High risk behaviours
- Non-compliance with care
- Leaves AMA

- Poverty
- Life limiting illness
- Poor health literacy
- Stigma

RACHEL'S STRENGTHS

This Painting is a Mirror by Christi Belcourt

- Resiliency
- Resourcefulness with symptom control
- Family support and connections with friends
- Prioritized her needs
- Humour
- Reconnected with her children

RACHEL'S JOURNEY

Rachel and her sister decided to go back to their hometown. She remained admitted to hospital and was palliated there. Family came to visit for weeks. She was comfortable and passed with her family at bedside.

Sisters by Betty Albert

DEVELOPING PATHWAYS

Relationship Building

Collaboration

Building Trust

Knowledge Exchange

Connection

Respect

CLINICAL PATHWAYS

Meeting clients where they are at.

Creating safe space

Open door policy

Increased access to specialized care

Trauma informed psychosocial support

Indigenous Palliative Care Nurse Navigator

INDIGENOUS EARLY PALLIATIVE CANCER PATIENT NAVIGATION AT CCA

Sharing Bioethics
by Lisa Boivin

THE WAY FORWARD

Continue collaboration between partners.

Education about Indigenous ways of knowing and traditional beliefs for palliative care.

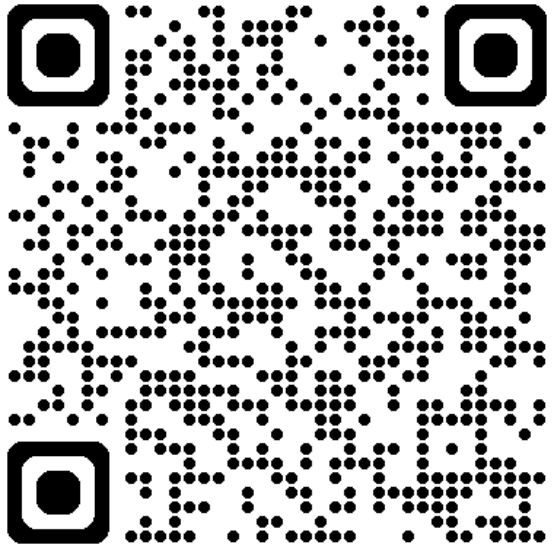
Ongoing investment in health equity for Indigenous Albertans.

Project development with CCA.

BREAK OUT ROOMS

Based on what you've heard today, how can you incorporate an Indigenous lens into your work?

Evaluation



https://redcap.link/psecho19dec

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Upcoming Session

Mindful Self-Compassion
Date: Jan. 16, 2025
Presenter: Dr. Charlie Chen, MD, Med, CCFP(PC), FCFP

Please join Dr. Charlie Chen, MD, Med, CCFP(PC), FCFP to explore and discover the wonders of mindful self-compassion (MSC). MSC combines the skills of mindfulness with the emotional practice of self-compassion. You will hear about the theoretical framework and learn about some the research behind this practice. The session will involve a 12-minute guided MSC meditation followed by small and large group discussions about your experience.

Stay Connected

- Visit Compassionate Alberta (covenanthealth.ca) to access all our tools and resources.
- Please subscribe to our newsletter: Palliative Institute | Compassionate Alberta newsletter
- Contact us at: Palliative.Institute@covenanthealth.ca

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Thank You!

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Health Canada Santé Canada

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