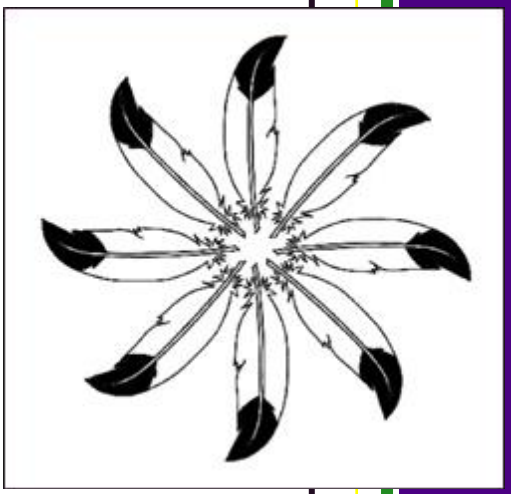
Detailing the Evolution of Palliative Care in Six Nations of the Grand River Territory: Creating a Timeline



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Historical Provision of Palliative Care

The Six Nations Home and Community Care Program was initiated in 1999. Prior to this, end of life care was provided by the Brant Home Care Program which was the for runner for the present day CCAC. As part of the First Nations Nursing service, privately owned by Sheila Green, was the acute nursing provider for end of life care on Six Nations. The Six Nations Homemakers program and therapy services were also under the umbrella of the Brant Home Care Program at that time. There was a case manager assigned to the Six Nations reserve who managed all of the clients. At that point in time they could access a palliative bed in the surrounding hospitals such as Brantford General and the Paris Willlett Hospital. The funding for these programs came from the Ontario Ministry of Health. All those involved at that time were the reserve case manager through the Brant Home Care Program, the First Nations Nursing service under Sheila Green, and then Carol Sky, the supervisor for the Six Nations Homemakers Program, and then the therapy services under the Brant Home Care Program. The families were also asked to participate in the care giving and they would have been invited to the client case conferences.

The key people who helped develop palliative care and end of life care in the community began with developing the position of a health director for Six Nations who was Ruby Jacobs. Ruby Jacobs went on to hire Lori Monture as the manager of the Long Term Care/Home and Community Care Program. Together Lori and Ruby worked closely with the Brant Home Care Program and they took over the Six Nations Homemakers Program. From that point on they worked closely with the case manager from the reserve which began the memo of understanding and the two began to work together. This began the development of the palliative care committee within the LTC/HCC program. Through this committee Lori Monture worked to have palliative care to be included as one of the essentials in the Home and Community Care Program. Lori sat on various committees which now include the LHIN wide palliative care advisory committee and then the Aboriginal ad-hoc committee came from there.

The Home and Community Care Program developed as an initiative through the federal government to catch the Aboriginal client who was falling through the cracks of services in the provincial program it was not meant to duplicate the services of the provincial home care program. The Home Care Program was initiated by the First Nations and Inuit Health Branch of the federal government. The services that were provided were nursing, homemaking, community support services, dietician, speech therapy, and then health care advocacy officer.

Partnerships were established when the Home and Community Care program began working alongside the provincial home care program. The two would liaison in regard to services provision with the clients of Six Nations. Problems were identified and from this a memo of understanding was developed. The director of health at that time, Ruby Jacobs, set up various programs under health that complimented the provision of service. She also sat on the district health council at that time and promoted the program to our outside program like the surrounding hospitals.

Agencies that became involved in the early 80's were the provincially funded home care programs and then late 1999 the home and community care program was developed and then they became involved in the Six Nations Home and Community Care program. Through all of this First Nations Nursing Services was the acute nursing provider. And all home making was provided by Indigenous PSW's to Six Nations Clients. This process was initiated by the Brant District Health council which oversaw the Brant Home Care Program. The initiation of the Home and Community Care Program at Six Nations was from Ontario branch of First Nations Inuit Health Branch (FNIHB).

Current Status of Palliative Care in the Community

The palliative care services in Six Nations are delivered by a collaboration of the Brant CCAC and the Six Nations LTC/HCC Program. The acute nursing service which is contracted through the CCAC is called First Nations/Care Partners. They provide acute nursing service to every palliative client. This includes pain and symptom control, pronouncement of death and expected death. As well Six Nations has access to three residential hospices in the surrounding areas. Six Nations Home and Community Care program provides service which includes personal care and respite for caregivers. Both the CCAC and community are program collaborate on equipment and assure the client has the equipment they need. All therapies which include nutrition, physiotherapy, occupational therapy, social work, and speech, these are negotiated between Brant CCAC and Six Nation Long Term Care.

The essential services are the acute nursing service as they provide acute service such as pain relief measures, hydration, wound management, and pronouncement. Also, the personal support workers are essential to provide caregiver relief and respite as well as personal care. All these therapies stated are essential based on the staging on the client's disease process. The medical equipment loan coverage is essential to safely manage the client at home.

In determining eligibility for palliative care ask two questions: 1: is this client expected to die within the year, and 2: is there pain and symptom issues related to end of life. The home and community care program receives all referrals for Six Nations clients and if families are requiring emotional support consultation with a traditional wellness coordinator who work together to compliment the CCAC service.

A client can access services from the hospital, doctor's office, and anyone who calls in will be assessed and admitted to the PC program based on the two questions stated above. The Long Term Care case management can refer to the CCAC palliative case manager when acute service is required.
On Six Nations Territory we have a traditional wellness coordinator who assists in advance care planning for a traditional client. She also helps to arrange feasts and ceremonies. The traditional wellness worker also works with the traditional consultant to develop resources.

All clients on Six Nations who are expected to die within the year, which have pain, and symptom issues related to end of life conditions qualify for PC services.

Since the inception of the services and program development the community awareness has increased in knowledge of palliative care. The people understand the meaning of palliative care and they know where to go for service. The need for bereavement has been identified as a large gap. There have been a series of educational workshops for service providers and the seniors groups since the first strategic planning session in 2010.

Individuals access palliative care information through the long-term care program. People can be referred by their doctors, the hospitals, and through our community partners, specifically CCAC.
The long-term care staff has had an active palliative in house team since 2005 and then several of the PSW's have taken the fundamentals course and LEAP training offered by the HNHB Hospice palliative care. Approximately six PSW's have taken the fundamental course and then two case managers have taken the LEAP training, Cindy Martin, the traditional wellness coordinator has worked with a consultant to document traditional practices. These were then taught to the homemakers and PSW's.
In the community those who have received palliative care training have been the service providers of the LTC program and the staff at Iroquois Lodge. As mentioned, what has been available is the fundamentals course and learning essentials in palliative care.

The current palliative care program that is in effect in Six Nations is managed by LTC/HCC in conjunction with CCAC. All activities are documented in our electronic medical record with health services. Six Nations provides palliative care with no direct funding but is advocating for palliative care to become the ninth mandatory requirement in the home and community care guidelines.

Everything is documented through the case management assessment, PSW charting, and through rounds with CCAC which is also documented through electronic medical records. Statistics are accumulating through admissions and through the number of visits, discharges, and liaising with CCAC. Six Nations is currently partnered with Brant CCAC through the HNHB LHIN and the Juvinski Cancer Clinic Aboriginal Navigator Program.

2. PRTNR-With the CCAC the home and community care case manager liaises with the CCAC palliative case manager at regular monthly rounds to make decisions on mutual clients.

These relationship have developed through the two partners coming together to develop a memo of understanding for provision of acute care through CCAC and the home and community car mandate. The CCAC has a process for requests for proposal for acute nursing provider contracts and this is how the acute nursing agency First Nations/Care Partners has become the acute care provider.
Six Nations has administered its own home care program based on a mandate by the federal government to operate the home and community care program to fill in the gaps left by the ministry CCAC program. This is a list of the resources accessed by our partners:

1. Palliative Outreach Team
2. Residential and Day Program

3. Brantford General Hospice Palliative beds
4. The Cancer Clinic Aboriginal Navigator
5. Acute Nursing equipment and supplies

The Future of Palliative Care

The goals for Six Nations are to promote palliative care and document uniqueness of Aboriginal palliative care and to be able to access more resources for the provision of this care. This will be able to give Six Nation residents the opportunity of completing their lifecycle on their ancestral territory.

In five years, Six Nations would have its own functioning share care outreach team with its own Aboriginal palliative care physician. In ten years, Six Nations would have its own Aboriginal Hospice.