Journey mapping to create a palliative care pathway for clients in Naotkamegwanning First Nation

Koski, J.C.[1], Crow, M.[1,2], Sletmoen, W.[1], Kelley, M.L.[1,3], & Prince, H.[1]

1. Lakehead University, Centre for Education and Research on Aging & Health; 2. Naotkamegwanning Home and Community Care Program; 3. Northern Ontario School of Medicine

Background

This initiative is part of a five-year participatory action research project (2010-15) entitled "Improving End-of-Life Care in First Nations (EOLFN) Communities: Generating a Theory to Guide Program Policy and Development."

The overall goal is to develop and evaluate strategies to improve access and quality of palliative care in First Nations communities. For information see: www.eolfn.lakeheadu.ca

Based on the results of their community needs assessment, Naotkamegwanning First Nation leadership team prioritized engagement of stakeholders in a series of four journey mapping workshops to create the palliative care pathway for community members (August 2013 – October 2014). The goal was to provide an option to receive palliative care at home rather than in the hospital. Currently, there is no formalized palliative home care program.

The palliative care journey map is a process flowchart accompanied by a narrative that illustrates a typical client's progression through the health care system. The map encompasses medical and psychosocial supports and highlights care options in various settings such as home, hospital and long term care. It illustrates the "current state" interaction with services and providers and the desired "future state" of care.

Partnerships

Key partners were the Naotkamegwanning Home & Community Care Program and leadership team, Lake of the Woods District Hospital, Northwest Community Care Access Centre (CCAC), Community Health Care Professionals (HCC nursing), Waasegiizhig Nanaandawe'iyewigamig Health Access Centre (WNHAC), St. Joseph's Care Group Telemedicine, First Nation's Inuit Health Branch and the EOLFN research team.

Palliative Care Journey Mapping Timeline

August 2013 – Half day workshop
Naotkamegwanning First Nation Health Centre

- Initial engagement of stakeholder partners
- Presented the results of the community needs assessment and identified current gaps and barriers to palliative care at home
- Announced the new palliative care program name: Wiisokotaatiwin "taking care of each other."
- Established commitment from the stakeholders to move the care path intervention forward

August 2013 – January 2014

Leadership team began creation of the Wiisokotaatiwin program guidelines; developed the mission, vision and terms of reference for the leadership and clinical teams

February 2014 – Two day workshop; Best Western Lakeside Inn, Kenora

- Employed a six sigma black belt consultant to facilitate the workshop; Introduced lean concepts and value stream mapping
- Lean terminology was not culturally appropriate and was abandoned; shifted to an open discussion that utilized a two-eyed seeing approach
- Discussed in detail the gaps and barriers in establishing the palliative care pathway; identified communication breakdowns and strategies for improvement
- Identified a list of service providers involved in the future state, discussed their roles, and the need for after hours care and back-up plans
- Report and recommended next steps were composed and provided to the stakeholders

February 2014 – July 2014

The leadership team identified nine steps in the palliative care pathway

August 2014 – Half day workshop
23 health care providers from Naotkamegwanning, Kenora and Thunder Bay on site and in Thunder Bay via Ontario Telemedicine Network

- Introduced the nine steps in the palliative care pathway
- Worked through steps 1-5 building upon what was identified in previous workshops
- Identified the outstanding gaps , barriers and challenges in implementing the care pathway
- Created an action plan and agreed upon next steps

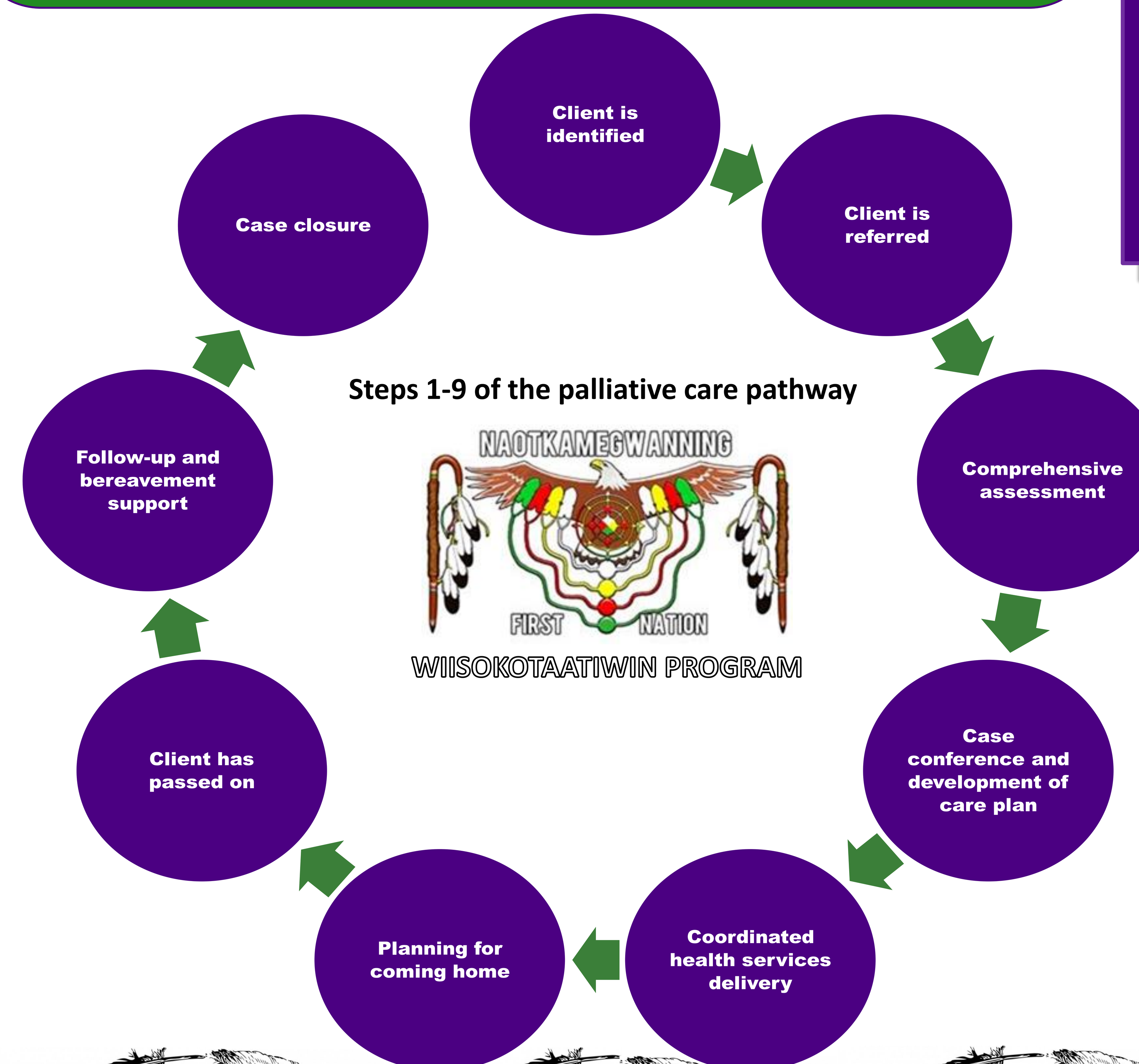
August 2014 – September 2014

- Community submits "Health System Improvement Proposal" (H-SIP) to the Northwest Local Health Integration Network (NW LHIN) and receives funding for a pilot project to address the gaps in service delivery, equipment and education to implement the Wiisokotaatiwin Program.

October 2014 – Two day Noatkamegwanning leadership team meeting
WNHAC Offices, Kenora

- Worked through steps 6-9 which were internal to the community and culturally focused, dealing with the time before and following death
- Discussed LHIN funding and ideas for implementing the palliative care pathway
- Created the care pathway "circle" diagram and labeled it the "Wiisokotaatiwin Program Palliative Care Pathway"
- Identified next steps for the leadership team in moving the care pathway forward to implementation

Naotkamegwanning Leadership Team



Next Steps

Continue to engage stakeholders to implement the care pathway, action plans and solidify new communication strategies.

Evaluate how effective the journey mapping process was to create a new integrated palliative home care pathway for Naotkamegwanning community members.

Create a toolkit as a resource to guide palliative care journey mapping in other First Nations communities.

Implement the care pathway with five clients and evaluate outcomes (November 1, 2014 – March 31, 2015).

Acknowledgements

Funding for this research has been provided by the Canadian Institutes of Health Research (#105885).

Funding for implementing the care pathway has been provided by the NW LHIN.

Contact Information

Holly Prince
Co-investigator and Project Manager
Phone (807) 766-7274
Email: hprince@lakeheadu.ca