Manitoulin Health Centre

Maamwewziwining – Moving forward together Improving patient experiences and cultural safety at Manitoulin Health Centre

Executive Summary

Consulting Resource: Mariette Sutherland McGregor
Maamwewziwining Working Group

January 2023

Table of Contents

Acknowledgements 3
The Maamwewziwining community engagement project 4
Introduction 4
Information Gathering Activities 6
MHC Employee Survey 6
Patient & Caregiver Focus Groups 6
Community / Partner Interviews 7
Professional Medical Staff Focus Groups 8
Findings 8
Patient and Caregiver Focus Groups – Key Themes 8
Partner Interviews– Key Themes 9
Professional Medical Staff Focus Groups – Key Themes 9
MHC Employee Survey 11
Conclusions 12

Acknowledgements

Maamwewziwining – Moving forward together, improving patient experiences and cultural safety at Manitoulin Health Centre (MHC) was guided by a Working Group (WG) comprised of hospital staff and community leaders including Rosella Kinoshameg and Geraldine Ense-McGregor. Rosella and Geraldine together bring unique perspectives based on their many years of clinical, community and cultural experience and practice. The WG and MHC are incredibly grateful for their insight, guidance and support of this project.

We also wish to acknowledge community leaders and health staff at each of the First Nation communities for their support in booking meeting venues, organizing catering and promoting the engagement sessions to community members.

Throughout this process there were many patients & caregivers who shared difficult and deeply personal stories about their experiences at both sites. MHC wishes to express their heartfelt appreciation for their openness, their vulnerability, and their willingness to speak for those who cannot.

Their voices add immeasurably to understanding the patient and caregiver experience and perspectives as well as what must be done to improve their experience. We are grateful to all who came forward and commit to ensuring their privacy is protected so that they continue to feel safe in sharing their story.

Finally, MHC is profoundly grateful to all who took part in this effort to understand and improve patient experiences and cultural safety. A commitment to reconciliation and action as a result of these findings is the strongest signal of acknowledgement and understanding. We look forward to developing and sharing this action plan in collaboration with our board, First Nation communities and our health service partners.

The Maamwewziwining community engagement project

"Maamwewziwining – Moving forward together"

Introduction

Beginning in the summer of 2021, Manitoulin Health Centre (MHC) began work on a comprehensive engagement project to identify ways of improving the patient experience and act on their 2019-2024 strategic vision of "*Putting patients first as we lead and collaborate with our partners*".

More specifically, MHC has expressed a strategic goal – "*Reflect First Nations culture within our care practices*". Within this goal, MHC is seeking to: "*Strengthen cultural awareness, competence and safety*" as a way of improving the patient experience for Indigenous community members.

> *Indigenous cultural safety is an organizational climate where the unique history of Indigenous peoples is recognized and respected in order to provide appropriate care and services in an equitable and safe way, without discrimination[1].*

MHC had established a Cultural Competency Committee in 2017. The Committee 's work plan included a preliminary staff survey, the development of policies permitting smudging and other observances, implementation of Anti-racism Indigenous Cultural Safety training through San'yas Core Health Program and development of wayfinding signage in Anishnaabemowin, a project supported with translations and guidance from Kenjgewin Teg Educational Institute. In addition, the Committee spearheaded consultation in collaboration with Noojmowin Teg via a formal Memorandum of Understanding (MOU) concerning the palliative suites, access to traditional supports, access to and provisioning of traditional medicines. Cultural Support Providers and community resource people including Rosella Kinoshameg, Barbara Recollet and Geraldine Ense-McGregor have been instrumental in these initiatives.

The work of the committee builds on the foundational efforts of the Mekwaatawgsajig Council established in 2001. Formed through the visionary leadership of Ron Wakegijig-baa and Dr. Jack Bailey-baa, the Mekwaatawgsajig Council sought to facilitate a holistic integration of traditional and western medicine at MHC to advance culturally appropriate care. The Council was comprised of advisory members from First Nations communities, hospital administrators as well as Ron Wakegijig-baa and Dr. Bailey-baa. Some of the accomplishments of the Council included the establishment of a Spiritual Room at the Little Current site, smudging and cedar baths, protocols for inclusion of traditional medicines in care plans, information brochures in Anishnaabemowin and cultural competency for staff.

MHC's committee continues to build upon these efforts. In 2017 a dedicated space for spiritual and traditional services came to fruition at the Mindemoya site with the guidance of Geraldine Ense-

[1] San'yas Indigenous Cultural Safety Training Program, Provincial Health Services Authority of British Columbia

McGregor. The Committee has since evolved to be referred to as the Cultural Safety, Inclusion and Engagement Committee, reflecting an understanding of the need for cultural safety more so than cultural competency. The efforts of the Committee are in keeping with Truth and Reconciliation Commission (TRC) Calls to Action in health, the United Nations Declaration on the Rights of Indigenous Peoples, and other key federal and provincial policies. Ontario's Human Rights Code, for example, asserts that healthcare organizations have a duty to accommodate an Indigenous person's spiritual practices by:

- Offering appropriate space for ceremonies like smudging
- Recognizing that spiritual expression may extend to non-ceremonial activities related to food, dress, and appearance
- Ensuring access to sacred objects such as traditional medicines for example in a hospital setting
- Providing access to cultural supports such as Elders or healers for example
- Providing time off for Indigenous people to participate in seasonal or cultural celebrations and observances

In order to effectively support the delivery of such measures, a culturally safe environment is critical. Although a number of these elements are already in place or form part of the work plan of the committee, there have been clear calls to strengthen culturally safety in care practices. Developing and implementing actions to improve the patient experience and culturally safe care is an organizational imperative on the part of Manitoulin Health Centre.

In order to advance this work and to learn how to further strengthen efforts in this area in alignment with MHC's Strategic Plan, comprehensive dialogue with staff, partners, providers, patients and caregivers was undertaken.

This report describes key findings emerging from a rigorous process of engagement in communities with partners, patients, their caregivers, professional medical staff and MHC employees who use and are a part of Manitoulin Health Centre in both Little Current and Mindemoya.

Working Group

With the oversight of a Working Group, a number of information gathering and engagement activities were undertaken to seek input into these goals and identify an action plan for MHC.

Working Group members included:

- Paula Fields
- Tim Vine
- Melanie Stephens
- Laurel Leconte
- Dr. Simone Meikleham
- Debbie Graham
- Paula Ferguson
- Samantha Smockum

- And ***community representatives***:
- Rosella Kinoshameg
- Geraldine Ense-McGregor

Global Covid 19 Pandemic

Much of the community consultation and engagement took place during the 2nd year of the global COVID 19 pandemic. In addition to impacting the overall approach and methods, the pandemic substantially impacted the feedback and advice received in focus groups and interviews. Many responses reflected frustration corresponding to Public Health and Ministry of Health (MOH) directives, restrictive hospital visiting, vaccination, and patient flow policies that people were experiencing as a result of the COVID pandemic. Nonetheless, very valuable insights emerged from each line of evidence.

Information Gathering Activities

A total of 148 respondents including employees, professional medical staff, patients, caregivers and community partners shared their insights via the various information gathering mechanisms as follows:

MHC Employee Survey

A survey containing 7 key questions was sent to 196 staff and 15 physicians and closed on November 22, 2021. A total of 42 responses were received. This represents a response rate of 20%.

Patient & Caregiver Focus Groups

One of the most important voices integral to the information gathering were the voices of patients and their caregivers. The following table depicts the patient and care giver focus groups which were held in each community the number of participants at each session.

Table 1. Patient and Caregiver Focus Sessions by First Nation Community

Community	Session held	Number of participants
M'Chigeeng	November 9th	11
Aundeck Omni Kaning	November 23rd	9
Wiikwemkoong	May 4th May 5th	7 2 (+3 interviews)

	June 1st & June 30th – (Chief and Council, staff, Health and Wellbeing Committee)	24 (June 1 and 30)
Whitefish River	May 25th	1 & 1 follow up interview
Sheshegwaning	June 7th	5
Sheguiandah	July 18th	4
Zhiibaahaasing	August 18th	10 (survey respondents)
Total for all 7 First Nations		77

Topics discussed included:

- Patient/caregiver experiences at MHC hospital sites
- Experiences where the care was provided in a respectful way
- Recognition of the patient's Indigenous background, history and values
- Awareness and access of cultural supports and services at MHC
- Encouragement for the use of local Anishinabek cultural practices
- Inclusion of extended family and relations if that was important to the patient
- Perceptions about how self-identification as an Indigenous person may impact care

Community / Partner Interviews

Another key set of perspectives sought was through community leader and partner interviews. Twelve (12) interviews were conducted. Respondents included 3 Chiefs, 2 Councillors[2], 2 senior leaders from health service partners, 4 health staff who work closely with the MHC in their duties, 2 Working Group members and 1 elder/former Mekwaatawgsajig member.

The topics touched on in these interviews included:

- What is being done well with respect to the patient experience and cultural safety
- Areas in which improvements are needed
- Culturally safe are transitions between care and ways to improve this
- Supports available in community/agency to support patients transitioning to and from hospital
- Suggestions to ensure patient self-identification question is culturally safe
- Opportunities for further collaboration
- Ongoing communications process/format

[2] NB – Some respondents were individuals who serve on First Nations council as well as served in other capacities and were able to provide responses from multiple perspectives e.g. as a former board member, or committee member.

Professional Medical Staff Focus Groups

Two focus groups were convened: one for Mindemoya professional medical staff on December 8th, 2021 and a second on January 18th 2022 for professional medical staff in Little Current. These sessions were conducted in the evening (7 pm to 8:30 pm) by Zoom and recorded for note taking purposes.

After a brief overview of the project and introductions, discussion centred on the following topics:

- Barriers and facilitators for patient centered care
- Training in unconscious and implicit bias
- Importance of culturally safe and trauma informed care
- Perceptions regarding patient experience
- Ways to learn and gain understanding about Indigenous values and beliefs
- Ways to encourage compassionate care

Table 2. Professional Medical Staff Focus Groups

Session	Date	Number of participants
Mindemoya	December 8, 2021	8
Little Current	January 18, 2022	8

Findings

Patient and Caregiver Focus Groups – Key Themes

Throughout the seven focus groups involving patients and caregivers from the area First Nations, several important themes were consistently illuminated. These themes include:

- Positive patient experiences
- Perception of culturally unsafe care
- Perception of being sent home without adequate assessment and care
- Distinction between two sites in terms of respectful and attentive care
- Emergency room wait times
- Need for language speakers and patient advocate
- Need for advocacy and improved care for elders
- Need for broader awareness of cultural supports
- Need for cultural sensitivity training
- Hesitancy concerning self-identification

To respond to some of these concerns, please note suggestions in four key areas.

Patient and caregiver focus group respondents described clear needs in the following areas:

1. Indigenous staff and supports such as patient advocates and navigators
2. Anishinaabemowin language speakers, interpretation/translation, and training for staff
3. Cultural sensitivity training that is experiential, mandatory, and ongoing
4. Defined roles for Indigenous people in decision making and planning tables

Partner Interviews– Key Themes

Partners who were interviewed spoke about numerous ways in which they have strong working relationships with MHC but also acknowledged that there were areas in which the patient experience and cultural safety could be strengthened.

Recommended areas for action – advice from partners:

1. Work together with Mnaamodzawin, Noojmowin Teg, Wikwemikong and M'Chigeeng Health services to strengthen discharge planning.
2. Engage with communities to determine priority areas for collaborative planning and collective advocacy to improve the hospital and local health care system.
3. Ensure local First Nation representation on boards, planning committees and other leadership tables.
4. Ensure ongoing cultural safety training is provided for the workforce which has been developed and delivered in partnership with communities.
5. Embed Anishinaabe Aadiziwin in policy through community engaged planning.
6. Ensure language and other cultural supports are maintained and enhanced e.g. sacred fire area, cedar trees, inclusion of traditional foods in menu. Ensure this is lead by a traditional coordinator & via a traditional program established at MHC.
7. Revisit and revise family visiting policies as COVID restrictions lift.
8. Prepare for self-identification through a planned awareness/education campaign involving communities.
9. Receive preliminary findings from survey, provider focus groups and community engagement activities

Professional Medical Staff Focus Groups – Key Themes

Strengths or enablers for patient centred care

Professional medical staff in both sites described a number of strengths upon which to build culturally safe care and positive patient experiences. These include:

- Training provided in recent years around Indigenous cultural safety (San'yas training)
- Signage in Anishinaabemowin which is a visible and tangible sign of the organization's efforts in this area

- Spiritual room and access to sacred medicines and resource people to provide smudging and ceremony
- Interdisciplinary rounds which help to increase understanding and coordination of care
- EMR Practice Solutions enables information sharing across a number of providers and milieus

Physical and or structural barriers to patient centred and culturally safe care

Participants noted that patient centred, culturally safe care for First Nations individuals who present at the Manitoulin Health Centre has been inhibited by a number of factors.

- Lack of awareness of cultural and other supports available to First Nations people
- Lack of Anishinaabemowin language interpretation especially for elders as well as other communications barriers
- Lack of patient awareness and education as to emergency department triage procedures
- Lack of time for listening and engaging in patient centred care owing to staffing constraints
- The impact of COVID restrictions such as screening, isolation, limiting visitors and restricting the number companions/support persons.
- Lack of private consultative areas in busy emergency departments
- Lack of secure stabilization space for those presenting with acute mental health concerns and/or lack of mental health counselling or other supports to refer patients to
- Lack of opportunities to coordinate follow up and after care; lack of transportation to access medical appointments

It is recognised that some of the barriers described above represent broader and / or longer standing issues within health care in general. Nonetheless they were consistently mentioned as significantly affecting care and the patient experience.

Opportunities to improve culturally safe care and positive patient experiences

Focus group participants spoke of the need for:

- More Indigenous staff
- A patient navigator, Indigenous staff/patient advocates
- Additional signage in the language
- Having an Anishinaabemowin language interpreter who is fluent in the language
- Increasing awareness and “active offer” of cultural supports; respecting that some First Nations may not be interested in this and others may be skeptical fearing they may receive worse care if self-identifying as Indigenous

Additional and ongoing training

Participants noted that they found cultural safety training offered at MHC such as San’yas as a helpful starting point. Many had wide ranging experiences in other training, learning, continuing education and professional medical education including conferences, webinars, community-based placements and self-

directed learning (books etc.). It is important however that training be offered in onboarding and on an ongoing regular basis to ensure that all are operating from the same base of knowledge.

Towards this end they recommended that training for professional medical staff consider inclusion of the following:

- Experiential, practical or practice-based learning, home visits if possible
- Access to knowledge keepers, elders, mentors who can support learning about Indigenous belief systems, values, teachings
- Case based learning encompassing stories, narratives, locally tailored examples work best
- Community based learning opportunities and invitations or organized opportunities to participate in community or cultural events
- Informal land-based learning – out in the bush, by the fire etc.
- Asynchronous online training helpful for busy schedules
- Peer to peer learning and sharing with Indigenous staff from local organizations as resources
- Partnership with local community health organizations for shared training
- Ensure the social determinants of health and Indigenous determinants of health are explored within training

Other recommendations

Finally, professional medical staff shared a few other recommendations to improve care:

- A process to streamline access to palliative room be explored
- Improve communication with external providers such as counsellors, physiotherapists, and local community health staff (to communicate about medications for example)
- Offer alternative way for patients to communicate with staff e.g. a patient interface on the EMR; Zoom appointments; visits to First Nations

MHC Employee Survey

The staff survey was deployed in November 2021 to MHC employees with an overall response rate of 20%. Of the forty-two (42) respondents, over half (57%) work in patient care and (40%) work in administration. Respondents work in Little Current (21%), in Mindemoya (26%) or in both locations (52%).

Questions contained in the survey asked what is being done well to support cultural safety and a positive patient experience, whether staff felt supported in this effort, what barriers exist to improving in this area and staff's experiences with respect to training in cultural safety.

Staff described the following as helpful to improving cultural safety and a positive patient experience:

- Signage in Anishnaabemowin
- Cultural safety training
- Spiritual rooms
- Smudging

- Recognition of Indigenous Peoples Day and National Day of Truth and Reconciliation
- Partnership with communities, engagement
- The establishment of the committee on cultural safety and inclusion
- First Nation Home Care Referrals, Aboriginal Navigator

Specific barriers described by respondents included:

- COVID infection control procedures
- Lack of or not enough First Nation or Indigenous staff
- Lack of staff with Anishnaabemowin language fluency
- Differing communication styles/miscommunication
- Time constraints, lack of adequate staff
- Lack of awareness or understanding amongst new staff especially with regard to Indigenous determinants of health
- Inaccessible spiritual room, constraints with respect to smudging, lack of traditional foods

Staff have been able to build their cultural competence or awareness through:

- Indigenous cultural safety training (San'yas)
- Partner sponsored learning opportunities, community, and cultural events
- Self-directed learning/reading, language courses, online sources, and webinars
- Personal connections and getting to know individuals, families, and communities
- Participating in the Cultural Safety and Inclusion Committee

Though San'yas training is a good starting point for cultural safety in the workforce, respondents noted that changing beliefs and approach to cultural safety is a long- term endeavour. There is a need for ongoing training to uncover and address unconscious bias and to provide skills and build competencies to support practice or behaviour change. MHC should continue to support cultural safety in the workforce by:

- Offering training periodically as this is a continual learning journey
- Providing access to more in-depth courses
- Scheduling culturally relevant events for staff and community to learn, share and experience together
- Incorporate cultural safety in patient care by incorporating traditional foods

Other specific measures or practices that MHC might think about implementing include addressing interior and exterior design features, providing Indigenous foods and medicines as well as associated teachings, and offering online training modules and "lunch and learns".

Conclusions

Overarching themes echo consistently across the recommendations and responses from all reference groups. These include:

1. An organizational statement of commitment to this effort infused across board resolution, policy statements and practice guidelines inclusive of long-term work force planning and inclusion of Indigenous voices in all governance and planning/decision making tables
2. Bolstering and embedding a significant cultural footprint – including offering language translation, Indigenous staff in all functional areas, patient advocacy and peer support etc.
3. Co-development of an Anishinaabe Aadiziwin program to systematically organize cultural safety planning including process for self-identification, capacity building and long-term training and the design and active promotion of cultural supports and program elements
4. Strengthening cultural safety in the workforce and professional medical staff through a variety of community partnered mechanisms.
5. Strengthening partnerships to improve care through collaborative planning, policy/ decision making and broader advocacy.