Algonquins of Pikwakanagan

Choose Your Journey

First Nation Communities

What is the needs of the community now and in the future.

- population and growth.
- health needs
- community's health priorities
- aging needs etc

What is the trends in Health Care

- provincial
- regional issues
- local tables
- community

Background

- First Nation peoples supported each other.
- Used ceremony throughout a persons life from childbirth to end of life.
- End of life services was always provided in the community.
- Aftercare was provided within the community.

The “D” Words

Death and Dying

Death and Dying, the “D” words need to be discussed and individuals supported according to the persons choices including services, comfort level, and meeting all their needs; physical, spiritual, emotional, and mental well-being.

Raise your Hands

1

2

3

4

Our Community

- Algonquins of Pikwakanagan is a First Nation Community that is in a rural setting and is located in south-eastern Ontario in the Champlain region.
- The nearest hospital is 30 min away from the community.
- Minopimadiz-i Gamik Health Services - primary care.
- A Memorandum of Understanding (2003)was created to support the relationship and services provided by Champlain Local Health Integration Network Home and Community Care (formerly called CCAC) and the Algonquins of Pikwakanagan.

- Regional approach to palliative care.

- A pilot project was completed initially as to provide evidence based information for funding sources.
  - Community Needs Assessment
  - Journey Mapping

- Identification of “Better Practices” in a First Nation providing end of life care.

- Provide a continuum of services and enhancement of resources available for end of life care.

- Indigenous Health Circle Forum is an advisory forum to the LHIN.
- First Nation is situated in the Champlain Western Sub Region.
- Health Services provided the nursing leadership to support aging and senior needs for the community.

What is:

Palliative Care

End of Life Care (~~PPS scale~~)

- Palliative care and end of life care respects a person's choice of their life's journey.
- Service providers strive to meet the needs of the client, caregivers, family and at times extended family.

What is the difference of end of life care for:

- malignancies
- non malignancies (end stage chronic disease)

Lets talk about:

- Cancer Survivorship
- Transitions in Care

The cost of Palliative Care - $ and suffering

Palliative Care Team

Community Care Services Providers

- Team Lead – Senior/Client Services Supervisor Home and Community Care
- Registered Nurses, Registered Practical Nurses
- Personal Support Workers
- other community supports: varies

Other Health Services Providers

- Primary Care
- Palliative Care Consultation Specialists
- Pain and Symptom Management
- LHIN Home and Community Care (PPS)
  - Occupational Therapists, Physiotherapists, Dietician, Speech Therapist and other.

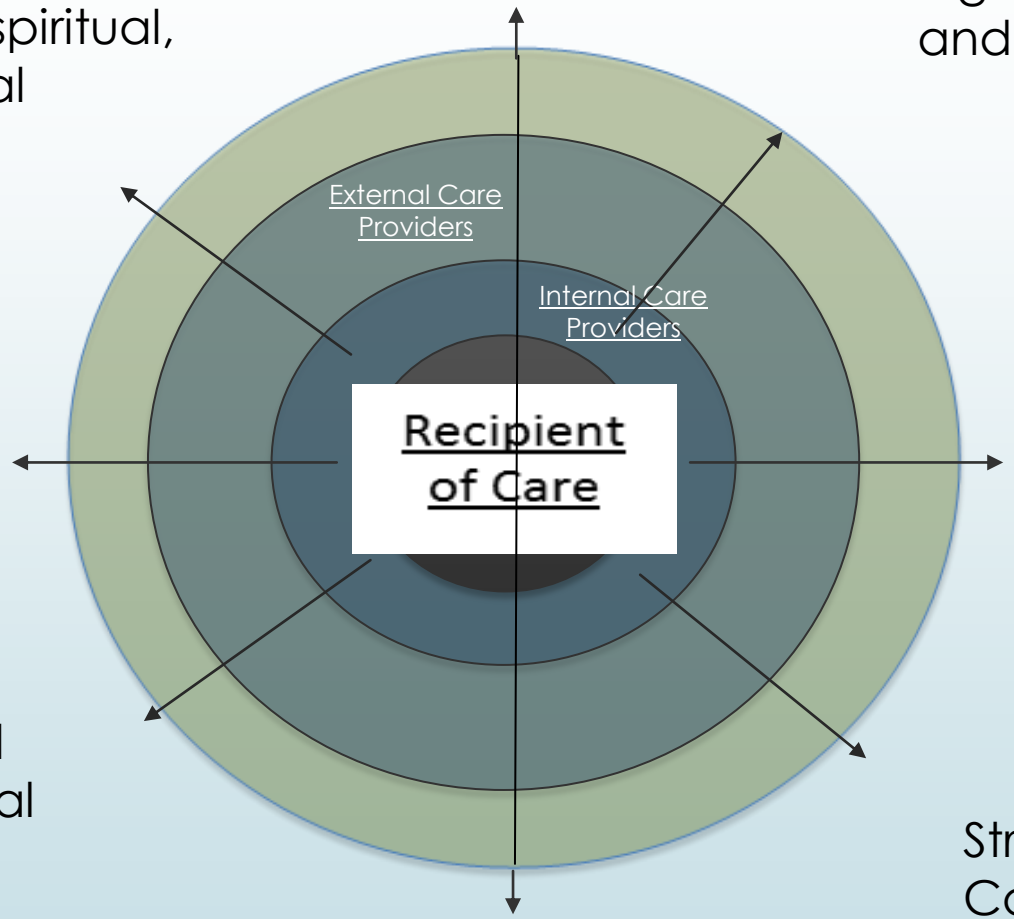
CARE CONTINUUM

Wholistic client centered care – physical, spiritual, emotional mental

Caregiver is a recipient of care

Extended Family supports are integrated

Culturally safe services (ceremonies and traditional/cultural supports)



Right time, Right Place, and by the Right person

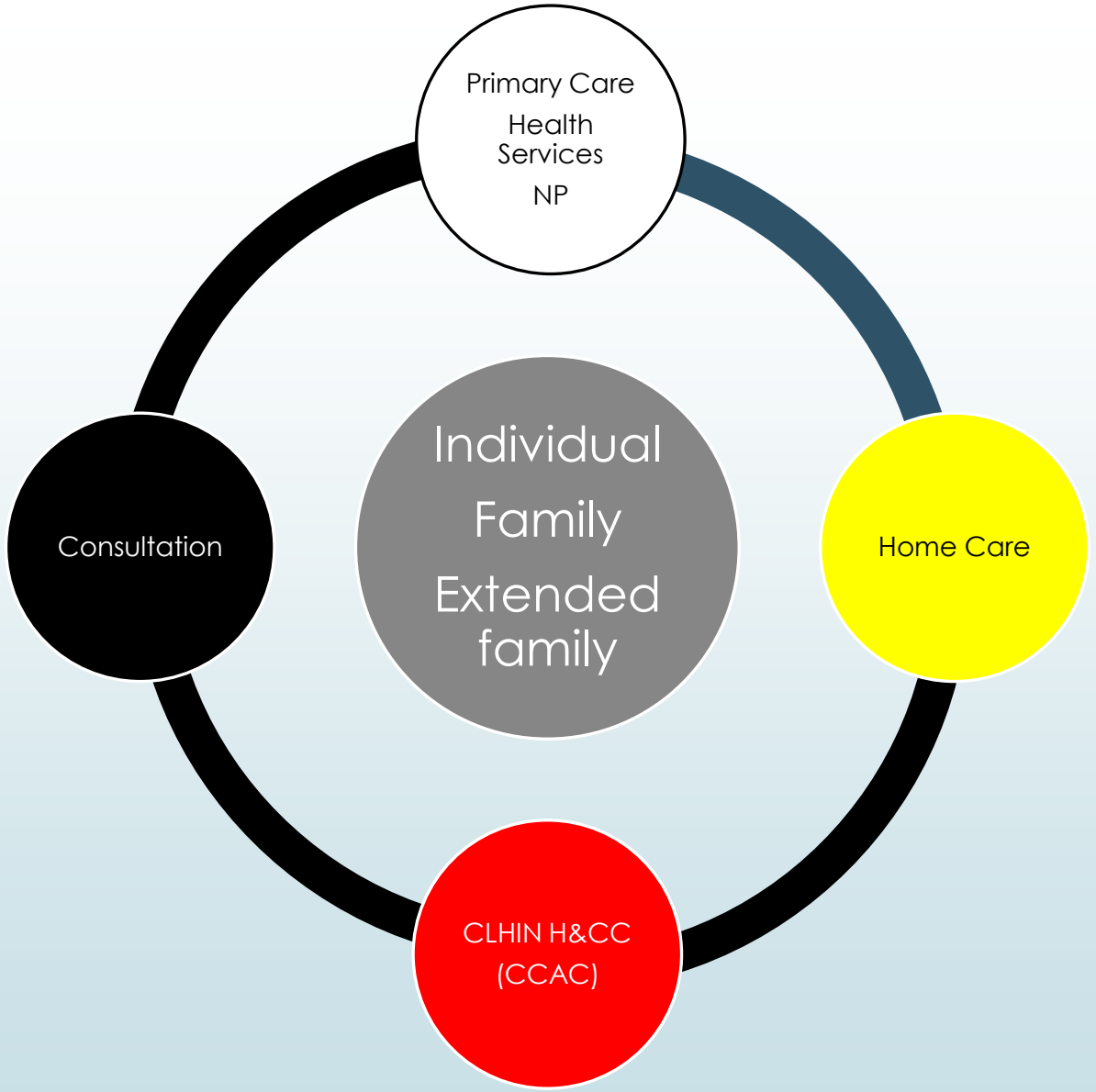
Clients preferences

Community capacity

Circle of Care

Partnerships

Strength based – Community Service Plans



Circle of Care

Bereavement Care
Spiritual support

Case Scenario

Client Mr. Daniel 55 yr. old man with end stage liver cancer with metastasis to the bone affecting hips and back.

Complex care issues - not trusting of services and disease progressing very fast. (treatment plan, to several months to weeks and to days).

He has strong cultural beliefs and wants his daughters to be able to spend time with him.

Plan was to transfer to large hospice center in Ottawa.

Discussed his choice for service by attending case conference.

Client Mr. Daniel

Initial Services client and family support related to cancer.

Information of services provided to the family.

Circle of care -case conference at hospital.

Family spoke with the client and discussed his needs.

Grieving process for Mr. Daniel not taken into consideration by physicians but considered by community service providers.

Mr. Daniel decided he wanted to come home and wanted to be active in his care.

Non urgent transportation including NIHB.

Home set up including access into home.

End of life care set up and services.

Staff set up and coordination 24/7. Primary care and pain and symptom management.

Other challenges such as family needs, communication and information of death and dying.

Other family dynamics.

Mr. Daniel had a large family gathering with numerous family and friends, drumming, ceremonies and feasts. Children by his side and legacy work was shared.

Family assisted with his care.

Had 12 days at home and was able to express his appreciation for services along with his family.

Remained active in his care till last few hours.

Debriefing and quality improvements:

- grieving process (mental, spiritual and emotional care)
- transition of care
- NIHB non urgent transportation
- scheduling for service providers

Letter sent to Hospital staff and shared with Regional Cancer Care

The Algonquins of Pikwàkanagàn First Nation -Inàdizowin program (home hospice), Mr.. Daniel himself and family want to extend our sincerest gratitude for the services provided.

The emphasis though is on his "Journey"– home hospice allowed for 12 days that included ceremony, drumming, feasts, traditional medicines and the fact that his home was filled by his closest family and friends. He was active in his care till his death that was uneventful and peaceful. His aftercare included ceremony of a cedar bath, drumming and other traditional care provided by family and friends.

Home hospice included an integrated and coordinated care services. Services included primary care, Champlain LHIN Home and Community Care services, PSW services, pain and symptom management support and many more services.

Mr.. Daniels' request to return home to have home hospice and have wholistic care met all his needs. Please share with all that was involved in his care as you were all part of his "journey". He is now in the spirit world.

Peggy Dick R.N.,
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