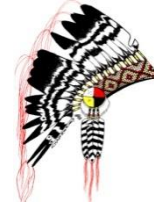




Winnipeg Regional Health Authority  
**Indigenous Health**



**Indigenous Health - Patient Services  
(formerly Aboriginal Health Program)  
&  
Assembly of Manitoba Chiefs  
- Patient Advocate Unit  
March 2019**



Winnipeg Regional Health Authority  
*Caring for Health*

Office régional de la santé de Winnipeg  
*À l'écoute de notre santé*

# What is Indigenous Health (IH)

- IH is a WRHA program that provides culturally appropriate support, services, resources and education. There are 3 streams:
  - Patient Services
  - Workforce Development
  - Education & Cultural Initiatives
- IH – Patient Services helps to reduce gaps often experienced in the provision of healthcare services due to barriers related to language, culture, jurisdiction, and communication.
- IH – Patient Services provides information and support to patients/families and the multidisciplinary team.
- IH – Patient Services supports all Indigenous people in WRHA facilities/programs.

# Indigenous Health - Patient Services (IH-PS)

- Serves First Nation, Metis, Inuit, non-status, including Northwestern Ontario.
  - 2 Discharge Planners
  - 2 Site Coordinators
  - 16 Interpreter/Resource Workers
  - 1 Regional Patient Advocate
  - 3 Spiritual/Cultural Care Providers
  - 2 Intake Coordinators
  - 1 Director



# External Collaboration

Assembly of Manitoba Chiefs-Patient Advocate Unit (AMC-PAU) is a joint collaboration between the AMC & WRHA in recognition of identified gaps that were coming forward from First Nation individuals & families about a need for cultural awareness and joint representation in the health care setting. A position was created in 2007 and expanded in 2009.



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# Assembly of Manitoba Chiefs – Patient Advocate Unit (AMC–PAU)

- Consists of 3 Navigators and 1 Program Assistant.
- Provides resources to First Nations patients and families and assists them in navigating systems external to WRHA.



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# Service Delivery Areas

- IH-PS primarily provides services to clients in/recently discharged from a WRHA facility, but may extend to community programs. Examples:
  - Interpreters to assist with OT assessments in the home.
  - Information on resources for Indigenous people.
- AMC-PAU primarily provides services to clients in the community. Examples:
  - Navigation and advocacy (e.g. NIHB, housing, EIA, ID cards...).
  - Information on resources for Indigenous people.



# IH Interpreter Resource Workers (IRWs)

- Provide are mobile at all sites:
  - Mon-Fri 8:30 am - 11:00 pm and Sat/Sun 11:00 am - 7:00 pm
  - Offices at HSC, SBH, SOGH, GGH & CGH
  - Often first point of contact for patients
  - Completes screening assessment and identifies need for other IH-PS roles
  - Assists patients to access FNIHB or community resources, and IH-PS family rooms at HSC, SBH, CGH and SOGH



# IH Interpreter Resource Workers (IRWs)

- IRWs provide interpretation in Cree, Ojibway & Oji-Cree. Inuit patients are connected to Kivalliq Centre.
- IH-PS IRWs receive Regional Language Access training (ethics, professional boundaries, medical terminology).
- Future policy will require staff to inform patients of availability of interpretation, to identify & document if Full or Partial Language Barrier, and to arrange interpretation if needed.



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# IH Indigenous Discharge Planning Coordinator (RDPC)

- A Regional Discharge Planning Coordinator works in collaboration with the multidisciplinary team, federal, provincial and regional programs to coordinate a safe and appropriate discharge plan.
- IH-PS, AMC-PAU, FNIHB, First Nation offices, RHAs and extended family may be involved in coordinating housing, transportation, medication, equipment, health services and other supports. Tele/video-conferencing is used to promote collective decision-making, when appropriate.
- Provides advocacy, guidance and support to the patient and family.

# IH Indigenous Discharge Planning Coordinator (RDPC)

- A detailed care plan is essential.
  - Indigenous Discharge Planners can help develop the plan and ensure it is sent to nursing station/health centre/home care.
- Need for communication is greater.
  - The extended family needs to be engaged earlier because decisions affect them directly.
  - Indigenous political, health & social service representatives can identify resources.
  - Patients/family may be more open with Indigenous Staff.

# The need for Indigenous Discharge Planning Coordinators

- Patients living in Indigenous communities who have complex/high care needs are often faced with multiple challenges/barriers.
  - Availability of resources is different from Indigenous community to community (i.e. may be no visiting nurses or HCA respite; may be short of staffing, OT might only visit every 2 months, or not at all, etc.).
  - Gaps in coverage (i.e. NIHB does not cover ramps, therapeutic mattresses, slider sheets, etc.).
  - NIHB has many rules about coverage; awareness is varied.
- The logistics of discharge to a remote community are very complex.
- Medical relocation requires handoff to an AMC-PAU Navigator.

# IH Spiritual Cultural Care Providers (SCCP)

- Mon-Fri 10:00 am - 8:00 pm and  
Sat/Sun 12:00 pm - 8:00 pm
- May perform ceremonies and prayers
- Seasonal ceremonies – all welcome
- Provides access to Sacred Tobaccos  
and teachings; rooms for smudging
- Serves hospitals and PCHs
- Traditional Wellness Clinic operates  
two days a month at HSC from 9-3pm



# IH Indigenous Patient Advocate (RPA)

- Works towards resolving complaints/concerns about care received at all WRHA facilities, 3 PCHs, and community programs.
- Works in partnership with Patient Relations Officers and staff from WRHA facilities.
- Collaborates with WRHA and external programs to influence policy and program development.
- Provides education to WRHA staff on issues affecting clients re: culturally safe practice, health equity, etc.
- Provides information to patients, families and WRHA staff re: resources for Indigenous people.
- Patients/family may be more open with Indigenous Staff.

# The need for an Indigenous Advocate

- Volume of Indigenous patients is high
- Under-reporting: minorities and people with low socio-economic status are less likely to make formal complaints <sup>1</sup>
- Systemic Distrust

<sup>1</sup>(Care Quality Commission, 2013)



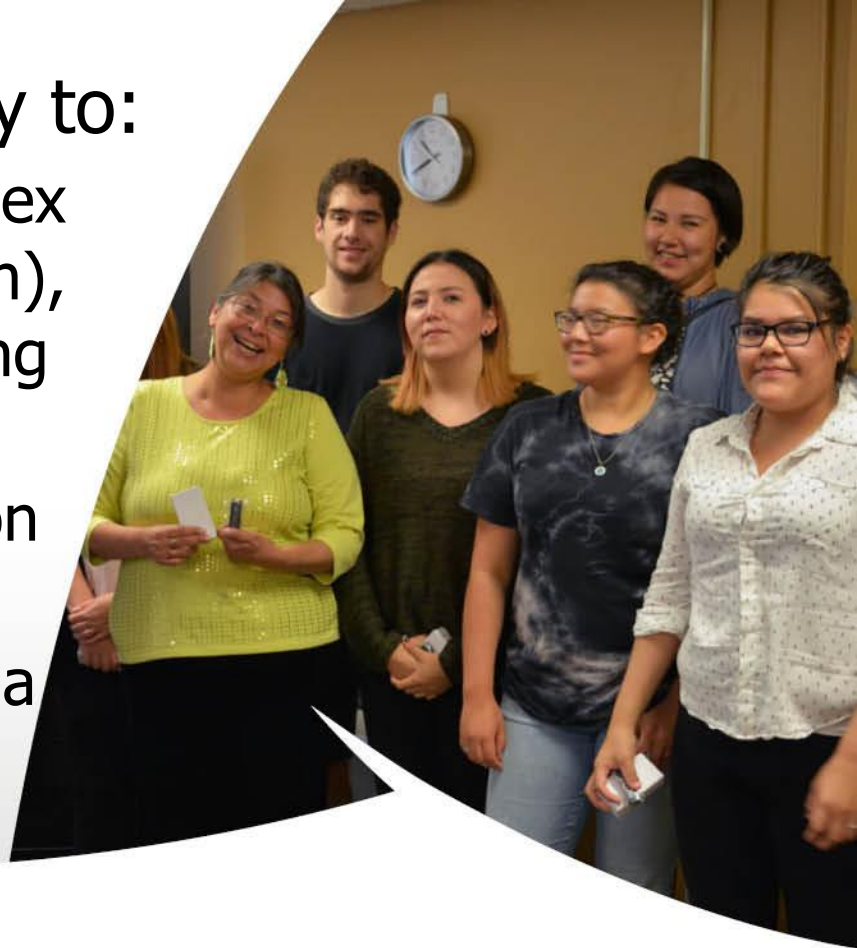
# Collaboration

The combined teams of IH-PS and AMC PAU meet regularly to review case files that are directly related to the issues being faced by First Nation patients and families. The teams also address systemic issues such as barriers to service provision and areas of identified need.



# AMC-PAU & IH-PS work closely to:

- Address patient concerns, complex concerns (e.g: medical relocation), jurisdictional matters & navigating health systems.
- Provide services to all First Nation people regardless of residency.
- Provide First Nation people with a direct link to WRHA & other agencies.





# Medical Relocation – Unique Considerations

- **FNIHB:** policy allows for the provision of temporary accommodations, food and in-city medical transportation for 3 months in order to relocate to Winnipeg. If the process takes longer (which it always does), then a health professional must advocate with FNIHB on a monthly basis to have the supports extended. IH/PAU have a close working relationship with FNIHB Managers.
- **Income Assistance:** most First Nations continue their provision of income assistance for 3 months (and some will provide longer). Once this is discontinued, the individual has no access to personal allowance for hygiene items or laundry, etc, necessitating the need for EIA application prior to housing being secured. IH/PAU is currently working with EIA to streamline the intake process for clients that meet a specific criteria.



# When to Refer?

- Complex discharge (means any combo of): high care needs, multiple chronic diseases, 2+ admissions in year, coming from or going to a First Nation/rural community, involving multiple jurisdictions
- Interpretation
- Medical relocation
- Palliative (from First Nation or returning to First Nation)
- Homeless or at risk of homelessness
- Cultural considerations influencing decision making
- NIHB challenges re: travel, equipment/supplies
- Patient relations (complaints/conflict) &/or advocacy in WRHA
- Navigation & advocacy outside WRHA



# Personal Health Information Act (PHIA)

- Allows individuals to access their personal health information, with limited exceptions.
- Requires us to keep personal health information private, safe and secure.
- Consents to collect, use or disclose must clearly state the purpose and be given voluntarily.
- Consent can be written or verbal, however all verbal consents **MUST** be well documented in the individual's health record.
- All IH-PS & AMC-PAU staff are PHIA certified.



# Facilitating Access to Ceremony & Traditional Medicines

- Access to Indigenous Ceremonies Policy 80.00.050 protects the right, and outlines the process to request access to smudging/burning of sacred tobacco/medicines in hospital.
- Smoke Free Policy 10.00.010 outlines the need to respect the use of sacred tobacco/medicines in community work-places/homes.
- Patients may use request to use traditional medicines – call IH for advice.
- Be aware that there may be different practices re: retention of body parts, so they can be returned to “mother earth.” See WRHA policy on Pathology Specimens – Acute Care, 110.220.070.

# Facilitating Access to Ceremony & Traditional Medicines

- Smudging: involves burning of sacred medicines such as tobacco, sage, cedar and sweetgrass for purification of the mind, body, and spirit.
- See Insite for Info Sheet with SAFT instructions.



# Facilitating Access to Ceremony & Traditional Medicines

- Sacred Objects: may be carried by a person to use for healing and should not be touched by staff (i.e. a medicine bundle, pipe, smudge bowl, feather). One way to ensure respectful practice may involve posting a sign in the room to inform staff about the items.



# Resources

- Patients may call IH to request access to the family rooms at HSC, SBH, CGH & SOGH.
- IH has several print resources for patients and families. For copies call:  
204-940-8881, or on-line at:

[www.wrha.mb.ca/Indigenoushealth/education/services/resources](http://www.wrha.mb.ca/Indigenoushealth/education/services/resources)



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# Resources

- Guide to Health & Social Services for Indigenous People in Manitoba
- IH-PS Patient Handbook
- IH-PS Brochure
- IH-PS Posters
- IH-PS Business Cards
- Culture of Well-Being Mental Health Guide
- AMC pamphlets



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# Education for Staff

- The IH Health Education team facilitates workshops and educational opportunities for staff working in the Winnipeg Health Region.
- Workshops provide vital information about Indigenous cultures in Manitoba and support health-care staff to better understand and care for Indigenous patients.



# Education for WRHA Staff

- Manitoba Indigenous Cultural Safety Training (MICST)
  - 8 week webinar; the \$225 fee will be covered by WRHA if staff complete in full. See LMS for Participant Approval form.
- Grand Rounds in Indigenous Health (lunch lectures)
- Workshops:
  - Indigenous Cultures Awareness Workshop
  - Traditional Teachings Workshop & Sweat Lodge Workshop
  - Indigenous Health Policy\*
  - Indigenous Retention for Managers\*
  - Culture of Safety for Mental Health Providers\*
  - Palliative Care: Indigenous Perspectives on End of Life

# IH Contact Info

- See [www.wrha.mb.ca](http://www.wrha.mb.ca), Indigenous Health
- To refer to IH or AMC-PAU, call Centralized Support at 204-940-8880 or 1-877-940-8880, Fax 204-943-1728
- Referral form located on [WRHA Insite > Corporate Services > Indigenous Health](#)
- Sign up for e-news by emailing [connectme@wrha.mb.ca](mailto:connectme@wrha.mb.ca)
- Beatrice Campbell, Regional Patient Advocate at 204-794-6454



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# AMC-PAU Contact Info

- [www.manitobachiefs.com](http://www.manitobachiefs.com)
- 200-275 Portage Ave.
- 204-987-4120
- Send referrals through IH-PS  
204-940-8880 or 1-877-940-8880



# Questions?



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