Kanesatake Health Center Inc

The Aboriginal Health Transition Fund Project Team Presents

Addressing the Gaps in Health Services in the Community of Kanesatake

A Summary of the Implementation Plan

Based on the Recommendations outlined in the Gaps Assessment Report September 2010
(download at www.kanesatakehealthcenter.ca/ahtf)

October 2010

Goal	**That the liaison mechanism between the community of Kanesatake and the CSSS du Lac-des-Deux-Montagnes be formalized.**
Strategy	The AHTF project contributed to creating or reigniting links between staff in Kanesatake and staff in the CSSS. In order for the links generated over the past 15 months to continue long after the end of the project, March 31, 2011, then these links must be formalized through the creation of a contact list not only by name, but by function. Each member of the Steering Committee will distribute this list through out their respective networks and will encourage bi-annual (more frequent when necessary) meetings between similar departments. In addition, links made on the Steering Committee and others such as the First-Line Services Committee will persevere long after March 31, 2011.
Responsibilities and Partnerships	*TBD KHC Employee* • Keeps abreast of trainings and information from the CSSS by regularly checking their website and reading *Quoi de Neuf?* • Distributes information pertaining to each department through email or at staff meetings. • Maintains ties with Communication Officer at CSSS. • Contributes articles about new developments in Kanesatake to *Quoi de Neuf?* • Attends Steering Committee meetings to ensure ongoing communication between Kanesatake and province. *Rola Helou, AHTF Project Manager, KHC* • Creates formal contact list and informs all parties of their responsibilities. • Assists TBD KHC employee with implementation of this strategy until March 31, 2011. • Assists TBD KHC employee with the planning of first year of meetings for departments. • Writes communication MOU to ensure that link between province and territory is formalized. *AHTF Steering Committee* • Continues to meet each quarter to maintain ongoing communication. • Shares pertinent information with TBD KHC Employee. • Encourages cultural training in each of its departments and includes, wherever possible, website address for training in orientation package for new employees.
Training	✓ Language training in French may be necessary.

Required and Timeline	
Measurable Outcomes	✓ Ongoing communication between province and territory. ✓ Continued enhancement of services as links become stronger. ✓ Opportunity for KHC to remain abreast of trainings and relevant changes to health system through partnership with province. ✓ Opportunity for province to continue growth in understanding of Mohawk culture through ongoing communication.
Budget	• No additional costs to implementing this recommendation.

Goal	**That a healthy communities advocacy committee (HCAC) be formed.**
Strategy	The World Health Organization Healthy Communities Initiative allows communities to define what a healthy community looks like and decide upon an action plan to implement in the community. The Kanesatake HCAC, a volunteer committee, will be given the tools necessary to create an action plan and implement this plan. They will receive training by Villes et Villages en Santé (VVS). The HCAC will act as an advocacy group for the health of Kanehsatakehro:non. If deemed appropriate by the HCAC, the HCAC will ensure the implementation of AHTF recommendations after March 31, 2011.
Responsibilities and Partnerships	*TBD, Community Liaison, KHC* • Acts as liaison between HCAC and CLSC JOC *ressources communautaires.* • Organizes regular meeting of HCAC. • Organizes regular meetings with community to ensure that community voice is heard. • Acts as liaison between HCAC and Julie from Villes et Villages en santé. • Liaises with other community services to ensure HCAC has access to necessary resources to implement action plan and delegates tasks as necessary. • Acts as liaison with AHTF Steering Committee. *Rola Helou, AHTF Project Manager, KHC* • Initiates liaison with Julie Levêque from Villes et Villages en Santé. • Coordinates implementation of strategy until March, 2011. • Initiates liaison with CLSC JOC *ressources communautaires.* • Organizes training for HCAC. • Assists HCAC with action plan and implementation until March 31, 2011. *Agente en ressources communautaires, CLSC JOC* • Maintains links with HCAC by attending meetings. • Offers support to HCAC wherever possible. *Julie Levêque, Villes et Villages en Santé* • Informs community about Healthy Communities Initiative. • Offers training to HCAC. • Offers support to HCAC. *AHTF Steering Committee* • Remains informed through HCAC community liaison. • Offers support to HCAC wherever possible.

Goal (recommendation #2)	**The health and social programs with the community of Kanesatake will be reorganized into a single organizational structure that will include: KHC, Riverside, the Assisted Living Program, and, eventually, first line prevention services. The new structure will be based on Mohawk cultural values and customs.**
Strategy	➢ Collaboration and partnership between KHC, Riverside and Mohawk Band Council is essential for this goal to be successful. There will need to be a Band Council Resolution from the Band Council to transfer management of Riverside Elder's home to the Kanesatake Health Center. ➢ Collaboration and partnership will also need to take place between the Language and Cultural Center. ➢ First Line Services, which are presently with CJ, and not yet fully developed, are also involved in this goal. ➢ Recognizing that this goal is not achievable before March 2011 but the process will be initiated and there will be key people designated to continue the process after March 2011. ➢ The reorganization will begin with the Assisted Living Program joining forces with the Home and Community Care program at the Kanesatake Health Center.
Responsibilities and Partnerships	*Barbara Webster, AHTF Nurse Consultants, KHC* • Meet with the various people involved to discuss strategies/methods that could be used to implement this goal. • Research how other organizations are designed (Provincial partners). • Provide suggestions as to how this restructuring could be designed. • Provide suggestions as to what the roles would involve for new positions and restructured positions *Rola Helou, AHTF Project Manager* • Participate with Barbara in the process of discussing strategies with key stakeholders. • Participate with Barbara in providing written documentation related to the design, roles etc. • Organizes a meeting to bring all partners involved around a table to discuss. *Joyce Bonspiel- Nelson Director, Kanesatake Health Center(KHC)* • Provide support to the process of restructuring • Provide support to the process of restructuring.

	• Hires personnel as needed to ensure the proper functioning of new structure. • Redefines roles of KHC personnel to better fit into new structure. • Ensures that training needs for personnel are met. *Mohawk Council of Kanesatake* • Approves, through Band Council Resolution, that a new, integrated Health and Social Services model be developed. • Provides political support to the process of restructuring. • Ensures that all funding agencies provide the maximum dollars necessary for the success of this goal. Specifically, it is imperative that INAC not cap the funding for the Assisted Living Program if this is no longer operated through CJL. • Designates a committee to oversee the implementation of this recommendation. *Kanesatake Cultural Center* • Liaison with the people involved in providing suggestions to how the restructuring will be designed. *Linda Simon, Consultant for First line services* • Participate in the process of discussing strategies with key stakeholders. *TBD, Coordinator of First Line Services*

Training Required and Timeline	• Works in collaboration with committee to integrate first line services into new structure. • Training needs to be determined as new structure is designed and implemented.
Measurable Outcomes	✓ Mohawk Band Council will agree to the restructuring. ✓ Required documentation will be completed to allow this goal to move forward ✓ Key stakeholders have agreed to the goal in principle. ✓ Initial documentation related to the restructuring process will be in place ✓ Kanesatake Cultural Center is actively involved in ensuring Mohawk values and customs are being represented/included.
Budget	• Budget will be estimated once a new structure is designed and positions are created or changed to meet the needs of the new structure.

Goal	**That the Kanesatake Health Center (KHC) formalize its commitment to breastfeeding by becoming the first Aboriginal Baby Friendly Center in North America.**
Strategy	Implement steps 1 through 10 of the KHC Baby Friendly work plan (see attached appendix) and obtain Baby-Friendly accreditation. Collaboration with the families from the Moms, Dads and Tots group is essential for the success of this Initiative and will be included throughout the process. The AHTF MCH nurse consultant can support the coordination of these activities until the end of the project mandate, March 2011. To ensure continuation beyond this time, we propose that KHC identifies a staff member or hires a person who is committed to this initiative. This Liaison person will be trained by the lactation consultant and will be responsible for completing the final steps that will prepare KHC for the accreditation process. This would be approximately a 2 year commitment.
Responsibilities and Partnerships	*Karen MacInnes, Community Health Nurse, Maternal Child Health, KHC* • Acts as contact person representing KHC throughout the process. • Works collaboratively with AHTF Nurse Consultant, Lactation Consultant and Direction de la santé publique throughout the process. • Reports to the Executive Director of KHC. *Suzanne Dumais, AHTF Nurse Consultant, KHC* • Coordinates implementation of strategy until March, 2011. *Isabelle Côté, Lactation Consultant (LC),* • Trains a designated KHC staff member that will continue to implement the remaining steps of the Baby Friendly process until the accreditation is completed. • Offers the WHO 1 day English breastfeeding training to parents, grandparents, KHC child care workers and future home visitors. • Supports KHC staff as required. *Nicole Lapointe, Agente de planification, de programmation et de recherche, direction de santé publique à l'Agence de la santé et des services sociaux des Laurentides* • Offer the WHO 20-hour breastfeeding training for health professionals to the KHC MCH nurse. • Support the staff at KHC by providing information and advice as needed. *Baby-Firendly Liaison, To be identified, staff member, KHC* • This would average out to 4 hours/week. • Alternatively, if funds are limited, the LC could be hired to complete the remaining work required to obtain accreditation. *Other Breastfeeding Supports and Resources* • Parents and Tots group at Kanesatake • Hôpital St. Eustache • CSSS du Lac-des-Deux-Montagnes

	• NouriSource, La Leche League

Goal	**That a model for pre-hospital, in-hospital and post-hospital care be developed.**
Strategy	Consultations with the community will continue as the AHTF projects come to a close. These consultations will revolve around the role of KHC in the continuum of care before, during and following a stay at St-Eustache hospital.
Responsibilities and Partnerships	*Dan David, AHTF Consultant* • Discusses with Elders group. • Discusses with hospital liaison staff. • Assists in drafting model. *Healthy Communities Committee* • Offers insights into what model should look like. *Rola Helou, AHTF Project Manager* • Organizes meetings with hospital staff. • Drafts model. • Presents model to community and Steering Committee. *AHTF Steering Committee* • Approves model. • Forwards model to government agencies and Board of Directors.
Training Required and Timeline	➢ Health center staff will be trained on model before March 2011. ➢ Hospital liaison staff will be trained on model before March 2011.
Measurable Outcomes	✓ Community members will be aware of model. ✓ KHC and hospital staff will be aware of, and promote model. ✓ Kanehsatakehro:non will benefit from services during their hospital stay and follow up upon their return home. ✓ Increased liaising with hospital and CSSS. ✓ Government agencies will be aware of model.
Budget	✓ Consultant: 25 days @ $500 = **$12,500** ✓ Community meeting to inform of model = **$2,200** ✓ Hospital meetings to inform of model = **$1,000** ✓ **Total estimated cost = $15,700**

Goal (Recommendation #4)	**A professional, holistic multidisciplinary team approach to client care, under the direction of the professional clinical supervisor, will be developed and implemented, with appropriate consent forms, reporting, charting, policies and procedures.**
Strategy	There is the assumption that the AHTF recommendation #2 will be implemented: reorganization of health and social programs under the direction of a professional clinical supervisor (PCS). Collaboration and partnership both internally (KHC employees) and externally (other health related programs and departments in the community of Kanesatake) is essential for the success of this initiative and will be included throughout the process. Directors of the various health establishments (JHC, Riverside, CJL, daycare) as well as Band Chiefs with health related portfolios and School Principals will also need to provide their support. The AHTF nurse consultants can support the coordination of the team activities until the end of the project mandate, March 2011. The professional clinical supervisor, once this person is hired, will take over the role of coordinating the activities and ensuring that this approach to client care is maintained. If by March 2011 the PCS has not been identified then to ensure continuation beyond this time, we propose that KHC assign a staff member (RN, Dr or Social Worker) who can take on the role temporarily.
Responsibilities and Partnerships	Suzanne Dumais & Barbara Webster, AHTF Nurse Consultants, KHC • Develop a program to initiate a collaborative, multidisciplinary team approach to client care: pilot a home visitor training program with current KHC staff. (see #14 for more info on the home visitors program) • Develop a set of "Roberts Rules" for the team meetings (part of P & P) • Review consent forms used by other agencies • Develop a consent form to be used by all participants of the team • Develop written information on subject content and structure for the meetings (apart from the pilot project content). (?part of P & P) • Review methods of reporting/communication/charting used by other Multidisciplinary teams • Develop a reporting/charting system for this team • Develop policies and procedures • Coordinate the overall implementation of this strategy until March, 2011 or until a Clinical Supervisor is present. • Develop an evaluation tool for staff feedback on the team meetings

	• Present results of staff evaluations Joyce Bonspiel- Nelson Director, Kanesatake Health Center. • Provide support to the process of developing a multidisciplinary team approach. • Support the idea of compulsory the meetings • Initiate the process by sending the first memo to KHC staff explaining the team meetings and that attendance is compulsory. • Participate in the pilot project: see appendix KHC staff • Attend meetings • Participate in pilot project: see Appendix • Provide input on the development of consent form, policy and procedures for the multidisciplinary team, • Assist in determining content and structure for the meetings (apart from the pilot project content) • Participate in projects, topic follow up, etc as per the team discussions of situations, events, (eg: team identifies an issue, a need, a situation that needs to be followed up, sorted out, addressed). • Complete their evaluation form (evaluation of the meetings, etc)

Appendix 1

Pilot project for home visitor program

1. Topics that could be covered (some could be combined):

- intro to home visiting
- communication skills
- safety when going into homes (ours and theirs)
- time management
- conducting a home visit (assessment etc)
- relationships / boundaries / roles, etc
- problem solving
- goal setting
- team approach / who to report to / who is responsible for what / supervision, etc
- conflict resolution
- dealing with difficult situations / hard to reach families
- paperwork and documentation
- confidentiality
- Home safety (assessing it: elderly, children etc)
- basic nutrition (Lila could present info on healthy eating from a Diabetes perspective)

- Social issues /family violence /abuse
- Basic info on diseases (affects HV seeing the elderly)
- Basic growth and development for children
- transportation and non insured health benefits (Shelly explain things so everyone clear and on the same page)
- community resources
- Dealing with stress

(at this point I am using some of the titles from invest in kids. some from my own head !!!! Some topics could be combined, More topics here than we have time for !!!)

2. Manuals from Invest in Kids, VON, Health Canada would be used as the basis for information. Each resource has templates for teaching topics /content that should be covered.

3. Person(s) responsible for the topic would:
    - take the templates and combine them / use them to develop the topic that would fit the needs of the Kanesatake community (Suzanne/Barb to provide info)
    - Use the template developed for this project to format the info. (Suzanne/Barb to develop)
    - Meet with Barb/Suzanne as needed for their assistance etc (our role is to develop the training program in collaboration with staff)
    - Method of presentation could be: video/DVD, a case study to discus topic, written information for staff to discuss, interactive activity, etc. Idea is to use everyone's expertise to develop the information that will be used to teach home visitors.
    - After presentation, in collaboration with Barb/Suzanne make recommended changes, add/delete to template and topic info sheets.

4. Presentation is to be 1hr.
5. Background information:
6. AHTF has many recommendations to complete in the next few months. Two of these include the home visitor program and the multidisciplinary team for KHC. The home visitor program training plan involves training community support workers (to be identified) in doing home visits with the goal to provide support to families. The clients and families who would be assisted by this program would be from the home care and maternal child programs, both using a multidisciplinary approach to meet the needs of their clients.
7. The support offered by a home visitor could be informational, emotional, etc. It is an ongoing type of support to promote healthy families. It is similar to but not the same as a homemaker (HM) who goes into the home to do a specific job such as house cleaning, buying groceries etc. A home care aid (HCA) is also similar but the home care aid provides specific physical type care like assisting with a bath, assisting with dressing, eating etc. However, both the HM and the HCA are home visitors because they conduct their work in the home.
8.
9. Training Strategy for HV:

10. The AHTF team will be gone at the end of March 2011; it is therefore important to work collaboratively with KHC to sustain the activities that were initiated. All the staff at KHC has been instrumental in providing us with information and expertise. We feel they could also provide expertise and validate the content of *A Resource Manual for Home Visitors in Kanesatake* through Training of Trainers Weekly Workshop Series. This would be lead by a core group of four trainers (MCH nurse, CJL intervenante social, 2 AHTF nurses). Each workshop participant would partner with the core trainer and be responsible for delivering one of the sessions. This allows for the materials to be piloted and made relevant to the needs of the community and local staff. Approximately 20 sessions will be given (to be determined). In addition, other more extensive training needs should be considered:
11. • First Aid/CPR
12. • Breastfeeding (20 hr. WHO course)
13. • Elder Abuse
14. • Child Abuse
15. • Nutrition/Cooking Classes
16. • Parenting Classes
17.
18. Invest in Kids has a training program specifically for HV; however, it is not specific to Native populations or the needs of this community. VON has a framework for developing and implementing home visitors program. Their framework was developed specifically for First Nations populations across Canada. INAC has also developed a program and manual for a home visitors program specifically for Maternal Child. Using sections of these 3 documents we feel we can develop a program that specifically meets the needs of Kanesatake. What we would like to propose is that each weekly workshop we review one of the modules from the training book. Staff members would sign up for facilitating the module and work together with Suzanne or Barbara to plan the activities. The idea is to take the content and complement it, add or delete things so that it is relevant to Kanesatake. For example, a case study could be presented focusing on a situation we would see in the community. Another example would be to add cultural material to the topic. It could also be a video (or part of one) that you think is relevant that would complement the topic. There are templates for how to set up an activity. We feel everyone has something to offer and many of the staff have participated in training that would also assist in developing these modules. Time allotted for this would be 1-2 hours to plan the activity. However, there are many staff so everyone would only need to present maybe 1-2 times (unless interested in doing more!). The meetings will be 75min to 90 min.
19.
20. We feel it should be compulsory for all staff. Not only are we using this as a method to develop content for HV orientation but also it will act as a refresher, reminder “continuing education” for all staff. One of the most critical things that has come out of all the meetings AHTF conducted is the need to communicate, share ideas, collaborate. This will be one way to promote this. It also ensures

that everyone is on the same track regarding the type of information being given out, methods to deal with situations etc.

21.

22. Once ongoing funding is secured for implementing the HV program, KHC staff would be well positioned to provide the orientation and core training to the Home Visitors. This is also a great way for the new HV staff to meet and learn from their colleagues. The modules will be divided into core training and ongoing training that could be provided as part of the weekly multidisciplinary team meetings that would offer ongoing continuing education.

23.

24. Timeline:

25. Once the strategy is approved we would like to have our first workshop meeting beginning the week of October 4, 2010. We could survey the staff to determine which day is best for everyone. Ideally 10 workshops would be given in 2010 and 10 in early 2011. A final draft of the *A Resource Manual for Home Visitors in Kanesatake* will be completed during the workshop would completed for March 11, 2011. Perhaps the team will come up with a new title!

26.

27. Finally, once the core competencies are integrated into a home visitors program, it is quite feasible that KHC could identify a group of trainers among their staff and become a training center for HV, or offer consultant services to assist other communities with the launch of their HV program.