This speech was given by Kelsey Garside, Registered Nurse with the Saanich First Nations Adult Care Society to an audience of South Island Division physicians and MOAs; Tsartlip Nation community members; and other guests with an interest in health care for First Nations patients.

Navigation, Case Management, and Advocacy: How do I help my clients?

Good evening and thank you to the Tsartlip First Nation for allowing us to be here tonight. My name is Kelsey Garside, and I am the Registered Nurse with the Saanich First Nations Adult Care Society. I have bene asked to speak tonight about my role as a community nurse with Adult Care. For those of you who have not heard of us, Adult Care is a non-profit society started in 1995 by Audrey Sampson. We serve the four bands of the Saanich Peninsula: Tsartlip, Tsawout, Pauquachin, and Tseycum. Although 1995 was really not that long ago, you may be surprised to learn that when our society first started, the CRD's Home and Community Care and Community Health Nurses would not even go onto reserves. Although this has since changed, the role of Adult Care remains an irreplaceable service to the First Nations people in the South Island.

What do I do in my role with Adult Care?

Adult care employs one RN, two LPNs, and five Registered Care Aids. We provide in-home nursing care to elders and disabled individuals living on reserve. The largest part of my role is Case Management, assisting patients in navigating the health care system. My goals in this role are to increase access to health care for our client, to access health care in a timely manner, to work to decrease barriers to health care, and to increase preventative health care and health promotion in our communities.

My partner, Michelle, and I work very closely with all providers of health care, including physicians; our Nurse Practitioner, Bryan; Band RNs; Case Managers and Home and Community Care nurses from the Peninsula Health Unit; Aboriginal Liaison Nurses from the hospital; and the local pharmacies. I often feel like the 'go between' between all these different team members, working to 'glue' the many pieces of patient care together into a cohesive package. I spend a great deal of time talking to each of these disciplines, working to make sure my clients have all their health care needs met.

I truly believe that, because of the multidisciplinary approach we use, we have seen great successes in our patients' lives. An impressive fact that demonstrates the success of this approach is that within all four bands on the Saanich Peninsula, we have only one Elder in Long Term Care. This demonstrates the success we have had in managing patients at home.

Michelle and I spend many hours a week sending off referrals to central intake for occupational therapy assessments, equipment needs, as well as writing letters to physicians, advocating for health care needs of patients, such as medication refills or requisitions.

In order to be an effective case manager for this population, I believe it is crucial to first understand some of the barriers Aboriginal people face in receiving appropriate and equitable treatment and health care, and some examples of how I work to overcome these barriers.

The most prominent barriers to health care I observe in First Nations communities include many key determinants of health, including economic, social, geographic, language, and cultural barriers. Without seeing it first hand, many health care professionals do not realize how conspicuous these barriers are. If

often speak to them during my hospital shifts with other staff, and I cannot tell you how surprised staff are to realize these barriers are so engrained and abundant in our communities.

Housing conditions provide many barriers to one's health. On-reserve housing conditions create a huge barrier to health care, and are issues I struggle to navigate daily. We all may be aware of the prominent mould issue, and primary use of wood-burning stoves as a heat source, as well as the implications that these have on heath, but did you also know that most two-story homes on reserves have only the top floor finished, while the bottom floor is studs? This is of particular importance when considering the mobility of a patient, especially with the large population of First Nations patients with osteo- and Rheumatoid Arthritis. Many are housebound, confined to the top floor of the home and unable to leave the home for medical care or treatments. These people depend on home visits by nurses and NPs to meet their health care needs. I often act as the 'go-between' for these patients, passing on assessments and communicating health care needs to physicians, our NP, occupational therapist, dieticians, and various other health care professionals.

Another large part of my job with Adult Care involves hospital discharge planning. We attend many discharge planning meetings, and try to address all the barriers I foresee that may become an issue upon discharge. While a hospital discharge may look on paper like everything is in order, let me tell you, this is not the case! Often times, a patient is sent home with home supports through Beacon Community Service, and it is only a matter of days after discharge that things falls apart. Many housing issues, such as animals in the home, mould, or structural danger come to light when support workers go into the home, and not long after, services are cancelled. Addressing these issues prior to discharge allows for a more secure outcome post-discharge.

I cannot express in words the essential role the Aboriginal Liaison Nurse plays in my job, and in safe discharge planning. At SPJ, we are lucky enough to work with Jane Fox. When I bring or send in a First Nations patient to SPH, I call Jane immediately, and she is usually waiting at the ER entrance. From the time of admission to the time of discharge, Jane and I are in constant communication, which I believe not only makes a better discharge, but also makes a better admission, as I am able to inform her about living situations, medication compliance, care plans in place in the home, etc. On discharge, Jane is able to fill me in completely on the post-hospital discharge plan, which allows me to make sure blister packs are filled, follow-up bloodwork is done, follow-up appointments are met, and home care continues as it should. I truly believe that the relationships we have built between Adult Care and the ALNs have prevented hospital readmissions, and have perhaps even created shorter hospital stays.

Once a patient is sent home, we go in and do follow-up visits, making sure home supports are truly in place, checking and monitoring blister packs are correct and meds are being taking, monitoring things such as vital signs and blood sugars, doing dressing changes, administering injections, ensuring follow-up blood work or appointment are being made, and working to ensure any other gap that may arise is filled.

Another team member with whom I work very closely is Bryan Schultz, Nurse Practitioner for the Wscana First Nations. How things have changed with the addition of an NP to our team! As you are aware, many of our patients are unattached, having no GP, and it is not unusual to come across someone who has not seen a doctor in over a decade! It is more than helpful to have an NP, either to take on the unattached patients, or to have him call for simple scripts or simple diagnostic tests to be ordered like urine specs.

Socio-economic barriers pose obvious blockages to adequate health care. For the majority of patients we care for, lack of transportation, and therefore access to health services, poses a phenomenal obstacle. Many simply cannot get to and from physicians' appointments, are unable to pick up prescriptions, or are unable to follow treatment regimens such as dialysis, outpatient physiotherapy, or support group meetings. A primary piece of my job is to increase access to services, whether it is advocating for bus passes, registering patients with Handi-Dart, or even driving them to appointments myself.

Poverty levels play an integral role in medication access and compliance as well. Many of you may be aware of the Non-Insured Health Benefits (NIHB) Program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada, which provides coverage of medically necessary goods and services to eligible Frist Nations, such as coverage of prescription medications, dental care, and various health supplies. A key role in my job is navigating NIHB coverage. Many medications and supplies are not covered by NIHB. What I most often find is that, if it is not covered, it is not filled. Poverty levels do not allow for costly medications, and many go without proper scripts or medical aids if it is not a covered expense. Recently, I noted many post-op patients coming home in a great deal of pain, and sometimes ending back in emergency with pain. After some investigating, I learned that the prescribed medication of choice for post-op pain control had moved from T3s to Tramacet, which happens to not be covered by NIHB. A simple email to Saanich Peninsula's Chief of Staff Dr. Ambrose Marsh, and the problem was solved.

Lastly, a great deal of time is spent taking some of our more complex, elderly patients to their physician appointments. The effects of Residential Schools and Colonization are still present within our communities. Many of our patients are Residential School survivors, and have a distrust and fear of not only our medical system, but of those in a power position, such as health care professionals. Many feel unsafe and unwelcome in our current medical system. Working closely with the community members has allowed the nurses at Adult Care to form a trusting relationship with our patients, and they often ask us to accompany them to medical appointments. Sometimes this is because of fear or insecurities, and sometimes it is a lack of understanding of the medical jargon we are all familiar with. Often we will sit with the patient after an appointment and debrief what was spoken of, put it in the simplest of terms, and try to answer any questions they may have been too shy to ask.

In conclusion, I want to thank you for your time and for listening. I hope I have shed a little light on the role of Adult Care, and how we are working in the communities to increase access to health care and decrease barriers. I hope that we can continue to build on our interdisciplinary approach, and continue to build well-structured partnerships, decreasing disparities in our First Nations communities.