

Case Study:
**Culturally Safe Team-based Care at
the Snuneymuxw Health Centre**

Submitted to:

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EXECUTIVE SUMMARY

The Snuneymuxw First Nation

The population of the First Nation is 1,812 with 1,225 living off reserve and 587 on First Nations land. The Snuneymuxw are a vital First Nation of the Coast Salish People, located in the centre of Coast Salish territory on the eastern coast of Vancouver Island.

The Patient Medical Home (PMH) Work – Introducing FPs to the Snuneymuxw Wellness Centre

Physicians work with the existing Snuneymuxw Wellness Centre staff (nursing, home care, adult & youth counsellors, and maternity services, etc.) to provide primary care, but clients are attached to the clinic rather than a specific provider. Currently FNHA funds 3 sessions per week, and Island Health funds 1 session, which translates to two full days of family physician coverage a week at the centre – Monday and Thursday.

Philosophy of the Health Centre: One Canoe model of care

The foundation of the model of care at the Centre is “One Canoe.” Based on the rules of tribal journeys, the One Canoe model grounds all providers in the clear message of what leads to good work. At its core the One Canoe model specifies that every member of the team is essential to achieve the goal of health but the patients are the skippers. And, it is they who decide the direction of the canoe according to their personal health goals.

Key Impacts of the Snuneymuxw Health Centre Model of Care:

- Better Access to Care:
 - Approximately 60% of the community members were unattached to a physician. Some community members had never seen a doctor.
 - Previously patients were not able to obtain referrals to other necessary services-- specialists, detox services, pediatricians, x-rays, tests or any other services that require a referral from a physician.
- Increased Continuity of Care:
 - Patients are now receiving longitudinal care rather than accessing drop in physician services.
 - As trust develops patients are more likely to seek help from a physician in the future.
 - Physicians are able to follow up with medications.
- Culturally Safe Care:
 - The availability of physicians for home care provides the opportunity for the patient’s family to perform sacred ceremonies for healing and for palliative care.
- Better Coordination of Care:
 - The Community Health Nurse is now informed of a patient’s discharge and able to follow through with home care.
- More Comprehensive Care:
 - With the providers working as a team, patients have a full contingent of practitioners and wrap-around services.
 - The Community Health Nurses no longer have to “chase down a community physician” to get requisition forms signed to access necessary equipment.

Key Lessons on Implementing Culturally Safe Care

The Health Centre is unique in that culturally safe “One Canoe” model of person-centred care was well-established as a “way of being” before the physicians and other non-First Nations staff joined the team. While other centres established by health institutions struggle to introduce and incorporate cultural safety and create safe spaces for First Nations patients this was the reverse situation. The Centre created a safe space for the non-First Nations providers to learn cultural protocols. As one of the counsellors described it: *“Then the physicians assimilated with us inside of the other way around. But for me the most important thing was that they assimilated and they knew that in order for them to be here they had to take the minority seat –they had to take the place of deference and they did that very well.”*

Preparation for working with First Nations providers and community members:

- Be prepared to make a long term commitment. Snuneymuxw Health Centre staff ask potential applicants: *“Why do you want to work here and how long do you plan to stay?”*
- Attend cultural events and learn about the culture.
- Learn about trauma based care.
- Build team relationships organically and strategically by distributing information about providers to the community (posters, announcements), having new staff spend time in the Centre’s programs.
- Develop collaborations among the Division of Family Practice and the Chief and Council members.
- Collaborate with Community Health Nurses to liaise with the hospital, family members, other services, and, to be mentored on cultural practices particularly for home visits.

To contribute to cultural safety-providers should:

- Attend cultural events.
- Be prepared that trust must be earned and is built slowly.
- Approach with an attitude of deference and humility.
- Learn and adopt the values of your local Indigenous communities as principles of care – such as the “One Canoe” model at Snuneymuxw Health Centre.
- Ask for guidance on protocols.
- Ask questions of patients gently to discover what can or cannot be talked about.
- Be seen at community events outside of office hours.

Team approach—how team work is facilitated:

- The dual Community Health Nurse model:
 - One nurse bridges health services and the Infant and Child Development Program enhancing prevention and health promotion;
 - One nurse liaises with physicians and accompanies them to home care visits, mentoring them on cultural practices.
- Everyone at the Centre is seen as part of the team, including office and maintenance staff.
- A poster with all of the physicians’ pictures and a little bio was hung in the reception area.
- The team commits to the same values of care: the One Canoe model and person-centred care.
- Reciprocity: team members share knowledge and all knowledge is of the same currency.
- Staff spend time in each other’s programs to get to know the work and to allow staff to get to know a new team member.
- Mentoring of new staff and debriefing particular patient issues.
- The approach is patient-centred rather than disease centric.