

CANCER PROJECT UPDATE to Sept 10, 2014

A partnership between the CBHSSJB with Nunavik Regional Board of Health and Social Services, our RUIS partners, the Direction québécoise de cancerologie at the Ministry of Health, and the Canadian Partnership Against Cancer's First Nations, Inuit and Métis Strategy	
<ul style="list-style-type: none"> • To improve the cancer journey for patients • To focus on improving how individual patients and their families interact with the care system from early screening and detection of cancer to end-of-life 	<p>In the spring of 2013, the Executive Director of the CBHSSJB received the offer of a funding competition from the Canadian Partnership Against Cancer (CPAC). Improving the cancer journey is part of the CBHSSJB's strategic plan. With encouragement from the Ministère de la santé, the Inuit Region had already agreed to apply to the competition. As Phase 1 of the project, we agreed to collaborate with the Inuit Region. CPAC accepted our application and jointly awarded us \$100,000 for Phase 2 to develop a joint, 3-year proposal by November 15, 2013, followed by a state of the situation report by early February 2014. Our proposal was accepted by CPAC, a 3-year contract was signed and we are working with the Inuit Region in four main areas. (see 'cancer' at www.creehealth.org)</p>
<ol style="list-style-type: none"> 1. HEARING AND DOCUMENTING WHAT PATIENTS HAVE TO SAY 2. CULTURAL COMPETENCY OF THE HEALTH CARE SYSTEM 3. IMPROVING THE LINKAGES BETWEEN LEVELS OF SERVICES 4. IMPROVING SERVICES OFFERED WITHIN THE CBHSSJB. 	
<p>What has happened since January:</p>	
<p>HEARING AND DOCUMENTING WHAT PATIENTS HAVE TO SAY</p>	<p>During the development of the proposal and state of situation report, we carried out more than 100 interviews in the two regions, including some with current and former patients. At present, we are writing up the interviews with patients and, with their permission, we will share these on the website in ways to not identify anyone. In the present Phase 3, we are also helping several patients to document their cancer journeys.</p> <p>And, beginning this fall, we are hoping to involve some former patients in some areas of the planning for improved services.</p>
<p>CULTURAL COMPETENCY OF THE HEALTH CARE SYSTEM</p>	<p>Culturally competent organisation The long-term goal is to make the CBHSSJB a culturally competent organisation. We will develop a comprehensive discussion paper on this before the December meeting of the Board so everyone in the organisation can appreciate that cultural competency (which includes patient safety) is not only a language issue.</p> <p>Developing Cree language tools in general We have teamed up with Carlton University's Algonquin language specialists, notably Prof. Marie-Odile Junker and Mimmie Neacappo, who used to work for the CBHSSJB in Chisasibi and is now at Carlton, with support from Prof. Marguerite McKenzie. Prof. Junker has two funded projects we have been able to link to: "On-line resources for living languages" and "A digital infrastructure for Algonquin languages". While our focus is on language tools for helping patients along their cancer journey, this has already led to a separate specific focus on language tools for rehabilitation work in Eeyou Istchee.</p> <p>Survey of interpreter use and needs Since February, 2014 one focus has been on developing language tools for Eeyouch who perform interpreting services for the CBHSSJB, as well as for non-Cree speakers working within the system. Ann Marie Awashish surveyed HCW on their use of interpreter services, or their experience as interpreters within the CBHSSJB. This provided the basis for understanding the areas of need in terms of language resources.</p> <p>A smartphone Cree app for non-Cree speakers To address the needs of non-Cree speaking HCW, an existing Cree conversation manual for non-Cree speakers was adapted to an app for a smartphone. Recently, the draft app was reviewed by people in public health and it is now being revised and finalized. As this manual was not focused on the needs of HCW, once the current project has been completed by early fall 2014, we hope that HCW in different areas of the CBHSSJB will become involved in working to expand the manual to areas which would also help them in specific work situations.</p> <p>Specialised Cree language cancer tools for interpreters A parallel project is working to develop specialised Cree language cancer tools for Eeyou interpreters. In the</p>

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	<p>spring and summer, Ann Marie Awashish and Mimmie Neacappo worked with a list of cancer terms developed by and shared with us by the Pauktuutit, the Inuit Women's Association. With help from some HCW who provide interpreter services for Cree Patient Services, the list was pared down to terms considered essential in working with Eeyou patients. Then Mimmie sorted the list according to terms which already existed in the Cree dictionary and those which did not.</p>
	<p>Expanding the Cree dictionary with cancer terms In the early fall of 2014, Ann Marie will coordinate work to bring together linguists, CBHSSJB interpreters, former patients, the nurse who supports Eeyou cancer patients in Montréal, and hopefully an oncologist to begin to expand the Cree dictionary for the missing cancer-related terms. The group will begin to explore the language used when the diagnosis of cancer is given to and received by patients, as well as other types of language terms commonly used between the doctors and patients.</p>
	<p>HCW training in cultural competency Another project which has been ongoing from February and will continue for several years is to develop training for new HCW in cultural competency. This began from February with an evaluated training given to each class of nurses being trained for the 'expanded role' of nursing in CBH clinics, and, this fall, a training is planned for the Awash nurses. The session planned for the nurses training in November has unfortunately been 'bumped'.</p> <p>The project has been reviewing training programmes from elsewhere. The comprehensive, 8 hour training developed by the Aboriginal Health Unit of the Provincial Health Services Authority in BC has been reviewed in detail, along with its adaptation to the Ontario context. Intensive discussions are taking place about how this training might be adapted to Eeyou Istchee. The plan is to make recommendations to the Human Resources Department and the Executive by the end of the year about a plan for the CBHSSJB. A report has been prepared.</p>
<p>IMPROVING THE LINKAGE BETWEEN LEVELS OF SERVICES</p>	<p>The CBHSSJB has agreed to improve linkages between levels of services by the following actions :</p> <ul style="list-style-type: none"> - Clarifying who is responsible for what file, linkage or activity within the CBHSSJB, and between the CBHSSJB and the Ministry and other regions like Regions 17 (Inuit), 10 (Chibougamau, 08 (Abitibi), as well as the Montreal hospitals; - Clarifying how these people responsible for cancer files link together in an efficient way so these linkages persist with changes of personnel; - In collaboration with Region 17 and 2nd and 3rd line services : <ul style="list-style-type: none"> o Assessing the role and hiring conditions of the cancer nurse for Cree and Inuit patients in Montréal o Developing a single window access for northern patients to southern services o Formalising and standardising the medical information that must follow patients at various levels o Establishing a formal system for how medical information flows between levels of care o Defining telemedicine services for oncology and developing an implementation plan where possible. <p>Although this work is targeted to be in place by 2017, the planning discussions around these complex files are beginning now and will evolve over the coming years.</p>
<p>IMPROVING SERVICES OFFERED WITHIN THE CBHSSJB</p>	<p>In this area, the CBHSSJB said it will do the following :</p> <ul style="list-style-type: none"> - Prepare a regional cancer plan, although we do not currently have any resources to do this - Expand on the initial list prepared in February 2014 of psychosocial supports and services available to patients and their families in each community whether through the local CMC or through the local community organisations - Propose an integrated women's cancer screening programme for 2016 <p>In 2013, the CBHSSJB hired its Director of Planning and Programming who, as a result, became responsible for developing the regional cancer plan. However, she has no staff yet as there currently is a serious housing shortage. Over the next year, we will find ways to address this.</p> <p>In terms of better documenting psychosocial supports for patients, our Cancer State of Situation report contains an initial scan of resources by community. Now, the Director of Allied Health is documenting how some patients perceive psychosocial support services available in the clinics and communities. Her report should be ready early next year. Our project plans to develop ways to share this information with patients.</p>
	<p>The current discussion regarding the needs for palliative care are not formally part of the Cancer Project but the topic is being documented as it arises in the work of the project. Recently, a draft palliative care protocol was developed for CE-CLE patients. We hope that this will be the first of other types of palliative care protocols to be developed for specific needs within the CBHSSJB.</p>

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