



The Power of Collaboration Maternal, Child and Family Health

Gathering Wisdom for a Shared Journey VI Oct. 23, 2013





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Collaborative Activity

GROUP JUGGLE



Maternal, Child and Family Health Strategy Area Reflections:

Opportunities and benefits of collaborative work

- Working towards consistent and shared priorities
- Increasing First Nations and Aboriginal community input
- Pooling of staff, time and resources
- Building of positive, long-term relationships across organizations
- Bringing together of a variety of expertise areas
- Increased awareness of partner initiatives





Maternal Child and Family Health Strategy Area

(Formed in 2008)

Membership:

- First Nations Health Authority
- ➤ BC Ministry of Health
- Health Director & Health Centre representation
- BC Association of Aboriginal Friendship Centres
- Metis Nation BC
- Regional Health Authorities
- PHSA Agencies: Child Health BC & Perinatal Services BC

Tripartite First Nations Health Plan (2007)

Maternal Child Health Actions Items:

- # 10 "Aboriginal children under six (on and off reserve) will receive hearing, dental and vision screening"
- # 11 Follow up and address the results of the BC Coroners Service Child Death Review Report
- # 21 Improve access to maternity services for Aboriginal women, bringing birth "closer to home and back into the hands of women"



Expanded Aims of Collaborative Work to Date:



- To improve access to all relevant health services
- To increase quality and safety of care
- To ensure services are culturally appropriate and safe
- To promote health and prevent disease and injury with a holistic and wellness-centered approach
- To improve the continuity and coordination of care
- To increase First Nations driven and delivered health services.

(Source: http://www.fnhc.ca/index.php/health_actions/maternal_and_child/)



Returning Home Demonstration Project

The goal of the project is the improve the discharge planning process for Aboriginal children with complex health care needs from the **central and north Vancouver Island**. Leaving the hospital with a child who has complex health care needs can be stressful. Island Health's new Returning Home – a demonstration project – supports Aboriginal families and helps coordinate the child's care needs in their home community. **The project development began in January 2013 and has been accepting patients since July 2013.** Returning Home supports families by:

- I. Identifying a Team Lead
- 2. Coordinating the discharge planning process
- 3. Providing transition support
- 4. On-going care



Demonstration Project Model

From Discharge, to Transition, to Continuing Care

Hospital
Specialist &
Treatment
Process

Child, Family & community

Aboriginal Liaison

Other Hospital Staff/Suppo rt Teams Hospital
Discharge
Planning
process

-Coordinates Documentation of Medical Discharge Plan

- Identify Primary Care Provider in Community

-Nurse Practitioner at closest hospital

-Most Responsible Physician or GP (MRP) Project Coordinator

Identifies and works with the Team Lead

Coordinates the discharge/transition/on-going care plan

Oversees the follow-up

Communicates the plan to the following people



Community
Health
Director/Nurse

Homecare Medical Services Provider/Nurse

First Nations Health Benefits

Nanaimo Ambulatory/Outr each Clinics

24/7 Support Line Emergency Plan

Nursing Support Services/At Home program/etc.

Most Responsible Primary Care Provider **Social Support**

Home Nursing Services

Medical
Supplies &
Equipment/Pati
ent Travel/etc

Assess Child Needs with Caregivers/Famil

Contact Team as Required

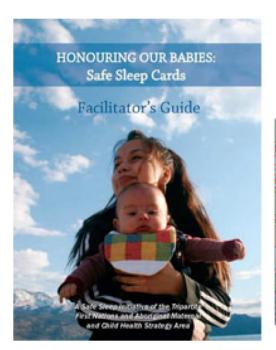
Family support or Respite if eligible

Continuing Care Treatment/ Referral

-Community Pediatrics -VIP-Emergency Flagging -Subspecialist



Honouring Our Babies: Aboriginal Safe Sleep Discussion Cards and Guide















Tripartite Working Group: Promising Practices in Maternal and Child Health

Date: Wednesday, October 23, 2013

Time: 11:15 to 11:45 am (5 minutes)

Presenter: Joan Geber, Executive Director

Healthy Development and Women's Health Branch,

Ministry of Health























- To explore maternal child health programs available in First Nations and Aboriginal communities and gather key recommendations for providing effective, culturally safe maternal child health programs.
- Through collaboration and consultation, help determine the need, feasibility, and acceptability for the Nurse-Family Partnership Program with first-time expectant, low income, young mothers living in First Nations communities to inform the BC Healthy Connections Project.



Promising Practices Project

Activities

- √ Working group struck
- ✓ Knowledge exchange
- √ Stakeholder consultation
- √ Literature search
- ✓ Interviews: BC & USA
- √ Report development



Nuggets Learned: MCH Programs

- Building relationships is at the heart of the work
- Requires respect, patience, and takes time
- Meet women where they are at in their own process
- Focus on the positive / focus on strengths
- Take a harm reduction approach
- Celebrate every step along the way
- Need good training and support
- Need tools, common language



How Promising Practices Project Demonstrates Collaborative Practice

- Participation of multidisciplinary team members
 - Health team (CHN, MCH Coordinators)
 - Inclusive of practitioners/leaders/researchers/policy makers
- Passionate about working with families and believe/trust that women are the experts on their own lives
- Good training and support important
- Good tools, common language, and holistic approach
- Culturally respectful/safe approach
- Flexibility/willingness to change the scope of the project
- Building relationships is key



Thank you! Questions

(Please visit the Maternal, Child and Family Health Booth for more information and resources!)