Appendix C: Community Cohort Conversation Cue Card COVID-19

Canadian Indigenous history is marked by colonization, marginalization, and oppression that continue to affect the health and wellness of large proportions of Indigenous peoples (Browne, 2005). Significant health disparities continueto exist between First Nations and non-First Nations Canadians; the underlying factors that affect these healthdisparities and hinder the ability to address them are multifaceted (National Collaborating Centre for Aboriginal Health [NCCAH], 2013).

Equitable access and transport for rural/remote communities:
Rural remote populations historically struggle with equitable access to care, and in particular, access to transport. Nowhere is this more evident than in indigenous communities. The purpose of a community cohort process is to offer a choice to *all* rural/remote British Columbians if they wish to be closer to an intensive care unit (ICU) when diagnosed withCOVID-19.

Cultural safety and humility:
It is essential that this is an informed consent process and that conversations are had in a culturally safe, culturally sensitive and culturally competent way (each having a distinct difference in relation to the provision of health care services). The embodiment of cultural safety is characterized by care that is nonjudgmental, trusting, acknowledges diversity, develops partnerships, and extends to basic human kindness. There are many reasons to expect that suggesting people leave their home community when unwell can cause great distress, particularly for indigenous people where removal from community and family has a particularly devastating historical context. A key component of best practice includes the provision of culturally safe care that respects individual customs, values, and beliefs of the First Nations peoples and communities served by the First Nations Health Authority (FNHA, 2013a).

Purpose of Cue Card-Support early transport with trauma-informed, patient-centred conversation:
This card is designed to help guide the conversation when offering transfer to a Community Cohort Centre for indigenous and non-indigenous people, so that a person with currently mild symptoms has closer (timely) access to ICU care if they deteriorate.

In order to best support this conversation in all patients and in particular with indigenous people, it is essential that this should be a “trauma informed” conversation, taking full account of the historical and cultural context in which people live. A key component of best practice includes the provision of culturally safe care that respects individual customs, values, and beliefs of the First Nations peoples and communities served by the FNHA (FNHA, 2013a).

1. **Initiate the discussion**:
   Key concepts: offer of early transport, patient centred, trauma lens, cultural safety

Explain that the patient has symptoms that could be consistent with COVID-19 and that it would be good speak about access to care and early transport.

We want to work together to best support you to make your own choices around receiving care through the lens of cultural safety and humility as we partner together during this challenging time.

- Who would you like to be part of this discussion? (i.e. family, close friends, person you trust, nurse, physician, NP, etc.)

- Do you have any questions for me at this point? Is there anything you’re concerned about/past experiences you want to share?

- Have you thought about what level of care you would like? (i.e. use the MOST levels as reference, but this might not be the time to complete the MOST form)

Identify the transport issues from the community (i.e. air only, long drive, etc.) along with the fact that the provincial patient transport system will probably be over-stretched during the busy phase of the pandemic. Identify that some people with COVID-19 can deteriorate to needing ICU care, from being very mildly unwell, within a few hours. Identify that moving a person who is this sick is complicated and carries risk for the patient regarding the level of intervention needed en-route and whether they will be able to be in an ICU in the time frame that might save their life.

2. **Support patient in determining care and transport choices, including:**

- “I want to go out now, while I am a little sick, so that I can be closer to a hospital if I become sicker. This also helps keep our transport system available for everyone else in my community who may be sicker than I am.”
    - Explain the cohort system, where they will be staying, that someone can go with them if necessary, that they can socially isolate at the facility, that food etc, will be looked after, and that there will be connectivity. Explain that they will be connected to a health team who can help monitor them and that their primary care provider can stay in touch with them via phone or virtual care

- “I don’t feel comfortable going out now. I am going to stay in my community, with close observation from my local team. I understand that if I become sicker, my local clinic or hospital may not have the equipment to take care of me. I know planning a medivac on short notice is really difficult, and is not always possible, but staying home is more important to me as well as being closer to my supports.”

- “I want to stay in my community with the plan that if I become really sick, I do not want to be transferred out under any circumstances. I want to work closely with my local team to plan for this.” See link: https://theconversationproject.org/wp-content/uploads/2017/01/ConversationProjectConvoStarterKit-English.pdf

Revisit that this is optional and be clear that not wanting early transport might leave the person out of reach of an ICU in a timeline needed to save their life. Be clear that these decisions depend on personal values, beliefs, customs and that the person will be supported and will receive all care that can be provided locally if they choose to remain home.

References:

- Browne, A. J. (200). Discourses influencing nurses' perceptions of first nation’s patients. The Canadian Journal of Nursing Research, 37(4), 62-87
- First Nations Health Authority. (2013a). A path forward: BC First Nations and Aboriginal people's mental wellness and substance use -10 year plan: A provincial approach to facilitate regional and local planning and action. Retrieved fromhttp://www.fnha.ca/Documents/FNHA_MWSU.pdf
- National Collaborating Centre for Aboriginal Health. (2013). Setting the context: An overview of Aboriginal health in Canada. Retrieved from http://www.nccahccnsa.ca/Publications/Lists/Publications/Attachments/101/abororiginal_health_web.