



0441-P

# FORGE AHEAD Program: Assessing Clinical Readiness for Chronic Disease Care Mobilization in Canadian First Nations

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## BACKGROUND

- First Nations people in Canada are experiencing epidemic rates of diabetes and associated complications<sup>1</sup>
- Factors that influence this include social determinants of health, lifestyle, genetic susceptibility, historic-political and psycho-social factors, fragmented healthcare, poor chronic disease management, healthcare staff turnover, and limited or non-existent surveillance<sup>2,3</sup>

### FORGE AHEAD

- The TransFORmation of IndiGENous PrimARy HEALThcare Delivery (FORGE AHEAD) Program is a national intervention aimed at improving the care of Indigenous peoples diagnosed with T2DM
- Founded in community-based participatory action research principles and honoring OCAP® principles
- Partnering with 11 First Nations communities across Canada to:
  - **Develop and evaluate community driven quality improvement (QI) initiatives** to enhance chronic disease prevention and management

### Quality Improvement

- Clinical teams of 3 to 5 people in each community design, develop, implement and evaluate PDSAs aimed to improve diabetes care
- Teams attend three QI workshops separated by 3-month actions periods

### Clinical Readiness

- Readiness is the degree to which a community is willing and prepared to take action on an issue. Matching QI to the level of readiness is essential for success and sustainability<sup>4</sup>
- A clinical readiness tool that identifies key factors in the Canadian context that influences the mobilization of clinical teams to address chronic disease care does not exist

## AIM

- To develop and test a Clinical Readiness Consultation Tool that can be applied using existing community resources in on-reserve First Nations communities in Canada

## METHODS

### Literature review

- Systems Assessment Tool (SAT)<sup>5</sup> developed in Australia to evaluate clinical care in Indigenous primary health care services (Table 1)
- Each component is comprised of several sub-component elements designed to assess the readiness of the clinic

Table 1: Components

Delivery System Design: the physical layout of the health centre; staffing roles and responsibilities; and client flow and care support processes
Information Systems and Decision Support: clinical and other information structures (including structures to support clinical decision-making)
Self-management Support: refers to health centre structure and processes that support clients and their families to play a major role in maintaining their health, and managing their health problems
Linkages with Community Resources and Other Health Services: the appropriateness of population health programs and activities
Organizational Influence and Integration: use of organizational leadership to create a positive workplace culture; support organizational structures and process that promote safe, high quality care; and ensure all the system components contribute to integrated care across the health centre.

- Components are scored from 0 -11
  - 0-2 limited support/not working; 3-5 basic support/ working okay; 6-8 good support/working could improve; 9-11 fully developed support/working well

## METHODS

### Adaptation for Canadian Context

- Initially adapted by FORGE AHEAD investigator working group then reviewed by First Nations community representatives
- Overall 80% agreement on clarity, language, and relevance
- Adaptations made:
  - Expanded item descriptions and examples to improve clarity
  - Qualitative section added to provide opportunity for explanation of scores,
  - 1 question added on cultural competence and 2 questions removed regarding registries

### FORGE AHEAD Tool Administration

- Tool to be administered to each team member to complete individually before the first workshop, after second workshop and after the final workshop
- Western team compiled individual responses into team-level scores in a summary report
- Teams discussed scores and adjusted scores based on team consensus

## RESULTS

- 31 program participants from six First Nations communities completed the readiness tool
- 4/6 communities altered an average of 59.5% of their scores (M=12.5/21 scores) during the consultative process

## DISCUSSION

- A clinical readiness tool designed for First Nations in Canada that assesses the readiness of clinical teams working on-reserve to participate in QI to enhance chronic disease care is the **first of its kind**
- Need for team consultation in addition to independent/individual completion to merge the varied perspectives of the diverse health professionals working in First Nations communities
- The linkages with community's QI activities to align with a clinic's degree of readiness, thereby increasing the likelihood of improving First Nations chronic disease care

## NEXT STEPS

- Validation of the Clinical Readiness Consultation Tool
- Further testing of the Clinical Readiness Consultation tool with clinical teams in the FORGE AHEAD research program
- Incorporation of the tool into FORGE AHEAD program scale-up activities

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### References:

1. Harris et al. 2011; 2. Gracey and King, 2009; 3. Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2013; 4. Kelly et al. 2003; 5. (www.one21seventy.org.au)



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