Sturgeon Lake First Nation: Co-Created Case Management in Primary Care with Individuals who have Chronic Diseases and require Complex Care

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Context

- Case management (a dynamic process that assesses, plans, implements, coordinates, monitors, and evaluates care of individuals with individuals to improve outcomes and experiences) is evidence-informed and effective in improving care in and with individuals with chronic conditions and complex care.
- Few studies have documented how case management works, for whom and in what contexts.
- As a result, there is potential to co-create an intervention grounded in the culture and framed within the context of the community which in this case is Plains Cree.

Setting/Context:

- Sturgeon Lake First Nation was established as a community after the signing of Treaty 6 with the Crown in 1876.
- It is located in northern Saskatchewan, Canada.
- Sturgeon Lake First Nation is “transferred” and therefore is responsible for First Level Health Services.

Objectives

- To improve chronic disease management with individuals, families and the community, grounded in culture.
- To engage Elders/Traditional Healers/mentors/role models, community members and health care providers in the co-creation of a program that supports using case management in and with the community.

Methods

Design: Co-creation, a form of participatory innovation, was undertaken with Sturgeon Lake Health Centre (SLHC) to reflect upon and implement case management into primary healthcare.

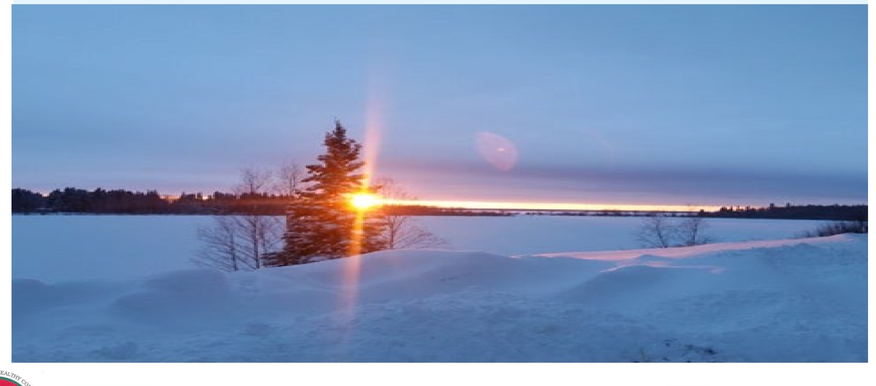
Setting/Population: A nurse-run primary healthcare clinic at Sturgeon Lake First Nation where 30 participants with at least one complex chronic condition were invited to participate.

Ethical Approval: Approval from Sturgeon Lake First Nation and a Certificate of Approval from the University of Saskatchewan’s Behavioural Research Ethics Board were received prior to proceeding with this community-led project.

Participants: Twenty-nine participants 18 years of age and older with at least one complex chronic condition agreed to participate.

Intervention: Case management is being used by all nurses facilitating care at the SLHC. The program includes four culturally grounded components:

1. Assessment.
2. Co-created care planning which has the potential to result in improved self-care.
3. Harmonizing Western and Traditional holistic care.
4. Support for individuals, families and the community.



Results

Outcome Measures: The questionnaire used to capture outcomes (care integration, case management and self-care strategies used and quality of life) was reviewed and re-framed building on the harmonization of Western and Traditional holistic care; made easy-to-read prior to being implemented by the community.

Results (Baseline):

- Of the participants, 59% (17/29) were women and 41% (12/29) were men.
- The median number of conditions per participant was four (ranged from 1 to 11). The most common were: diabetes (53%); vision conditions (47%); hypertension (40%); and back pain (40%); within each of the conditions, >40% reported at least moderate limitations.
- Greater income adequacy corresponded to fewer conditions.
- Of 26 participants, 20 (77%) indicated that their health needs and expectations were usually/always met, and 23 (89%) usually/always were involved in the management of their care.
- Half reported always receiving culturally appropriate services.

Conclusions

- This intervention has the potential to generate new ways of knowing and understanding integrated care grounded in the culture and co-created with the community.
- This intervention has been integrated into all clinical encounters.

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