

Quality of Care in the Emergency Department for First Nations Members in Alberta







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Ethics ID: Pro00082440



Partners























Team



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Lea Bill (AFNIGC)

Cheryl Barnabe (University of Calgary)

Tessy Big Plume (Stoney Nakoda Tsuut'ina Tribal Council)

Anne Bird (Yellowhead Tribal Council)

Amy Colquhoun (Alberta Health)

Bonnie Healy (Blackfoot Confederacy)

Brian Holroyd (University of Alberta, AHS)

Kris Janvier (Treaty 8 Organization)

Eunice Louis (Maskwacis Health Services)

Katherine Rittenbach (Alberta Health Services)

Rhonda Rosychuk (University of Alberta)

Val Austen-Wiebe (Alberta Health Services)

Kienan Williams (Alberta Health Services)

Leslee Mackey (Project Coordinator)

Elder Advisory:

Leonard Bastien (AFNIGC)

Helen Bull (Maskwacis Health Services)

Mary Crawler (Big Horn)

Tina Jacobs (SNTTC)

Lena Firth (O'Chiese)

Dustin Twin (Treaty 8 Organization)

Three Year Project



Exploring

- Health Services Data for First Nations and Non-First Nations Emergency Department Visits
- Experiences of seeking and receiving care, racism and reconciliation, and healing, from First Nation patient and clinician perspectives.
- First Nations definitions of quality of care in the Emergency Department.

Canadian Institutes

of Health Research



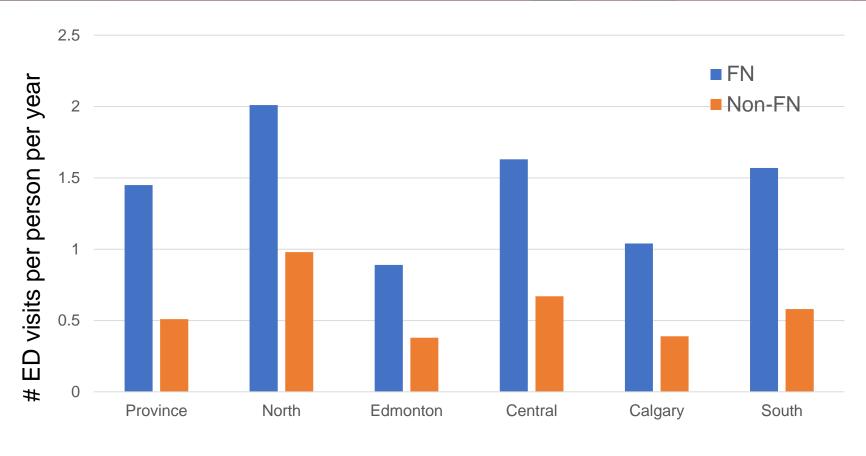
2012-2017 data for 111 facilities.

Over 11 million emergency care visits by about 3 million unique persons.

First Nations people make up 4% of provincial population but 4.8% of unique emergency patients and 9.4% of emergency care visits (Ministry of Health, Alberta Data).



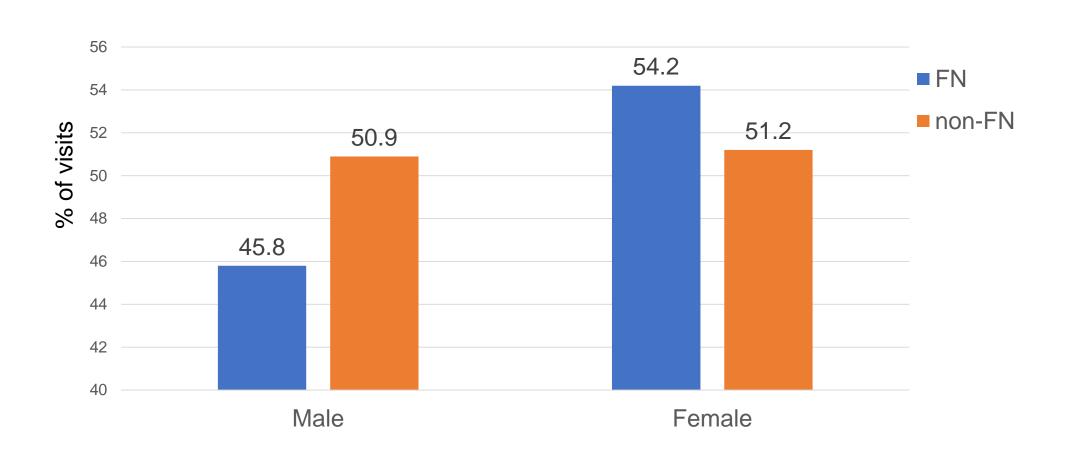




Age and sex standardized emergency care visit rates per person for 2016/2017 (by zone)

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- More First Nations visits end in leaving before completing treatment, compared to non-First Nations visits. (6.7% v. 3.6%).
- FN persons live further from emergency facilities than their non-FN counterparts.

Focus Groups and Interviews



- We want to hear your stories of emergency department care to understand your experiences.
- We will not report your names when reporting project results.
- Please treat the stories you hear from others as confidential.

Focus Groups and Interviews



Audio recordings will be made of interviews and focus group discussion.

All participants will fill out signed consent forms.

We are also asking you to fill out demographic questionnaires.

OCAP® Compliance





- AFNIGC is qualitative research data custodian.
- Communities own qualitative data.
- Co-interpretation of project data, co-production of results.
- There are no plans to destroy the data, but it will be retained for at least five years.

Indigenous Knowledge & Research



Role of Ceremony & Cultural Practices in Research

Ethical accountability
Creates sense of safety
Supports power balancing
Promotes healing and reconciliation



Benefits and Compensation



There may be some personal emotional benefit to you from sharing your stories of ED care.

The study may contribute to improving care for First Nations members in Alberta.

You will receive a gift to acknowledge your contribution.

Risks



Potential harms within this study are minimal risk: Participants may speak to traumatic events, illnesses or injuries when recounting emergency department care.

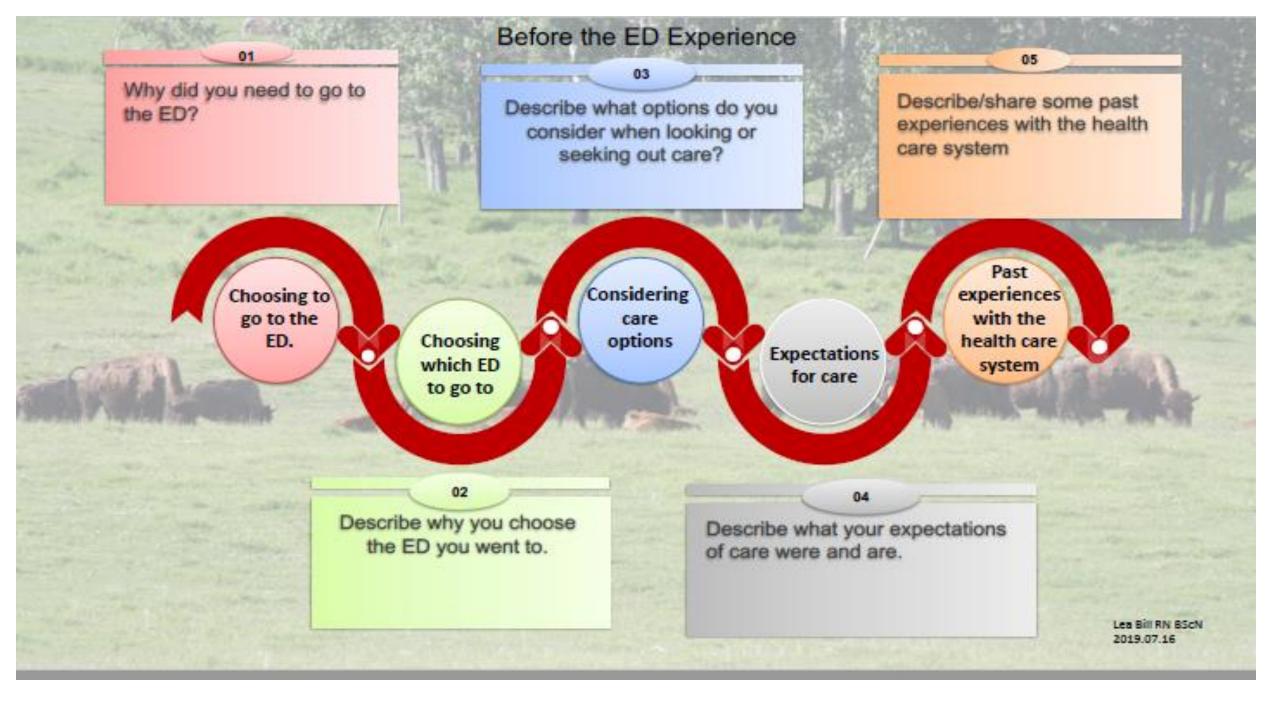
You might feel psychologically or emotionally stressed.

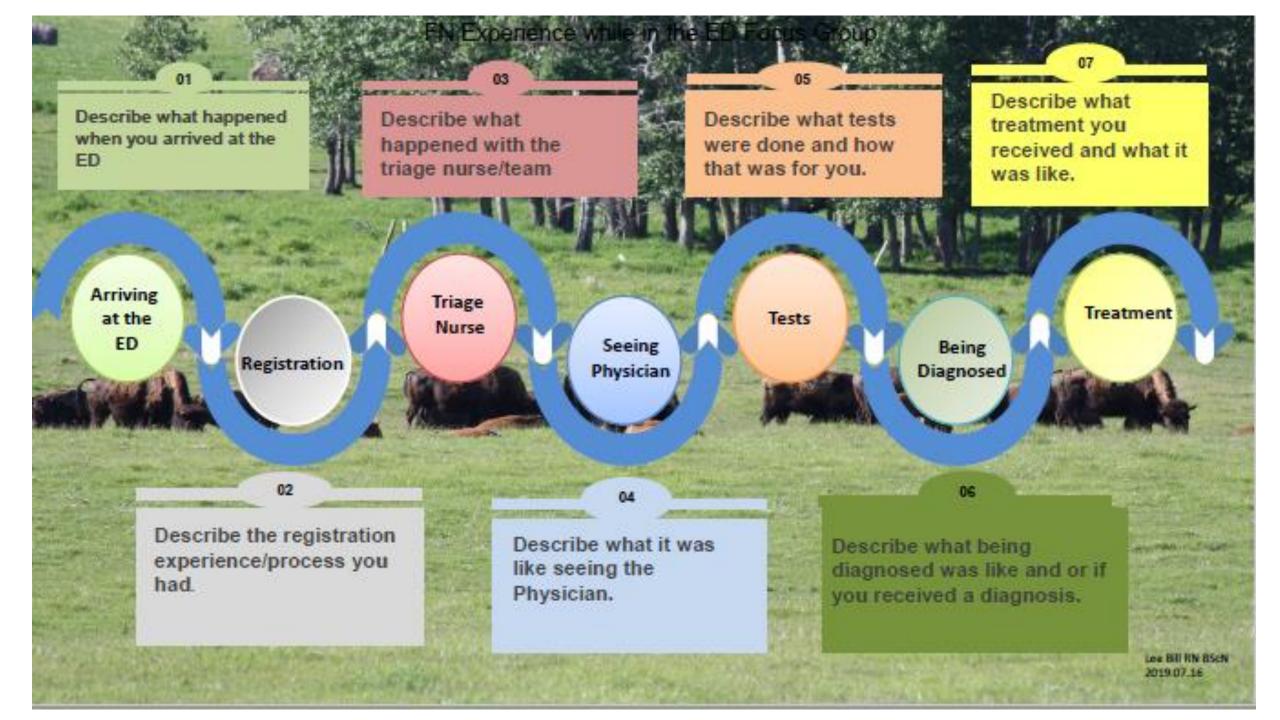
You can stop speaking or change what you are speaking about at any time. You are free to leave the meeting and return if you choose.

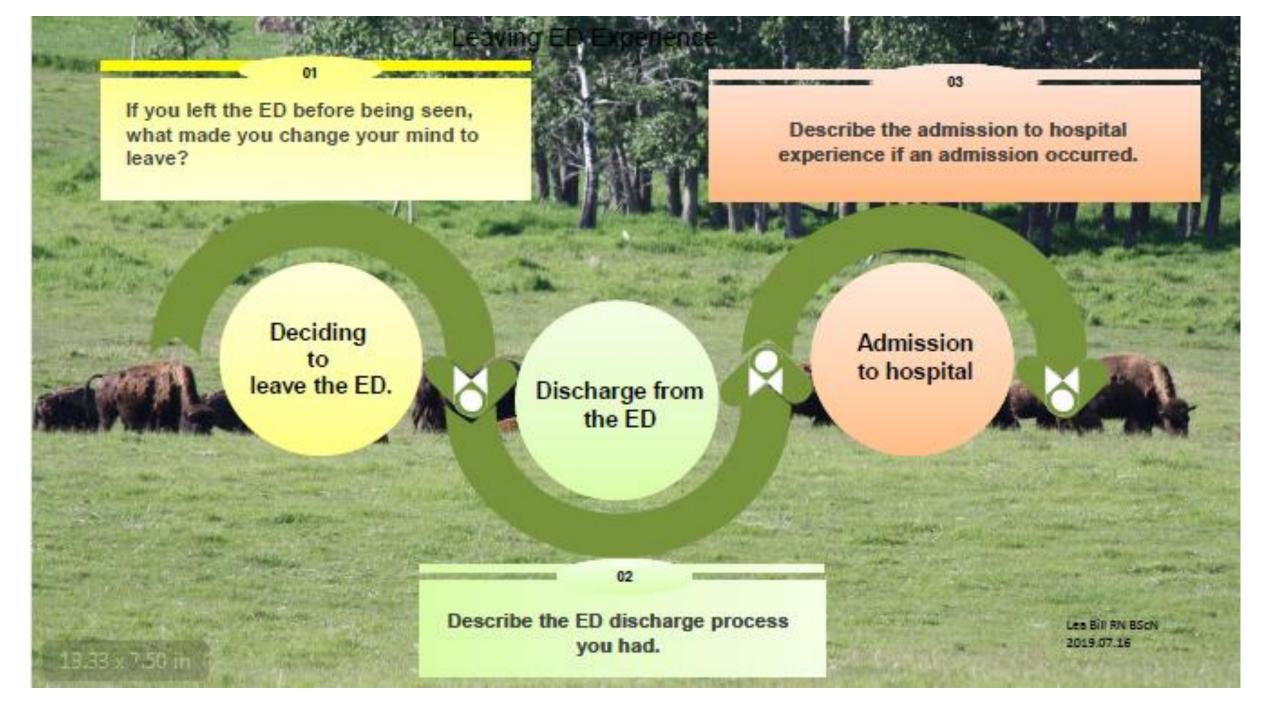
Withdrawal

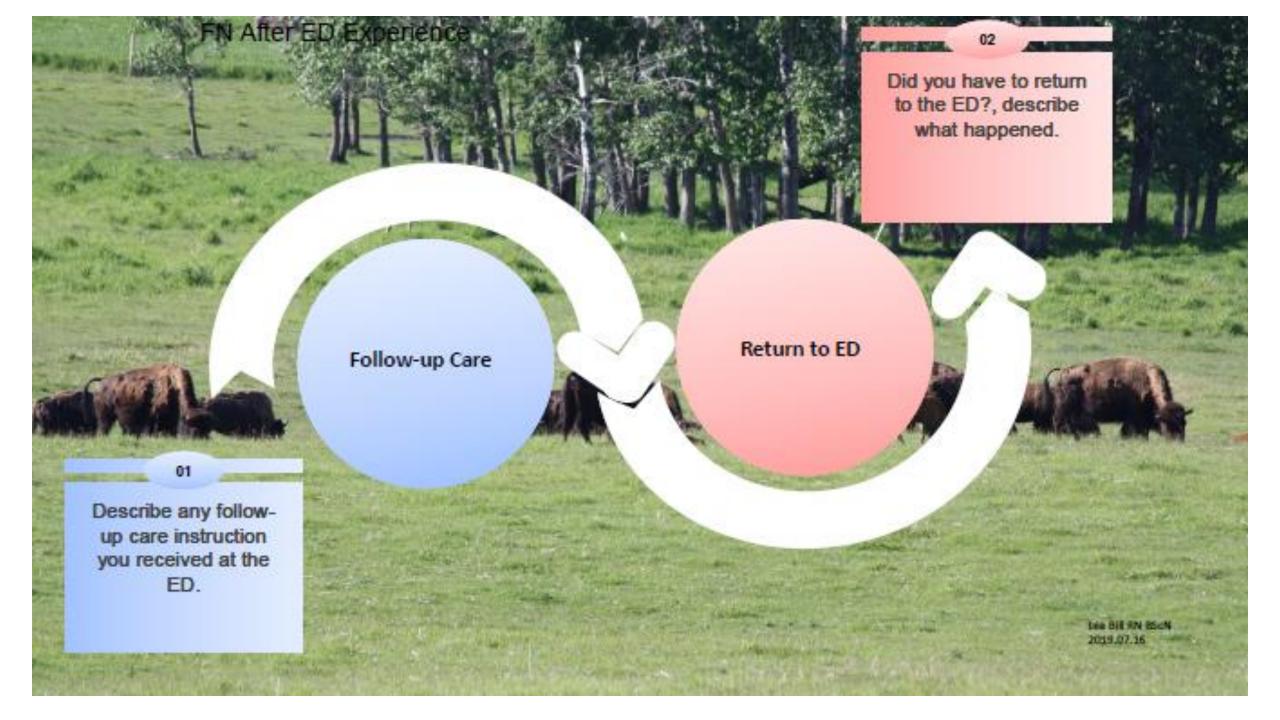


If you decide you do not want to be part of the study or don't want us to include something you shared, please let us know. We can remove your data before data analysis.









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