



NEWSLETTER

Transformation of Indigenous Primary Healthcare Delivery (FORGE AHEAD):

Community-driven Innovations and Scale-up Toolkits

ISSUE 8, JULY 2016

MAKING STRIDES IN QI AND KNOWLEDGE TRANSLATION

Wave 1 Community Partners have wrapped up their QI activities and are moving ahead in sharing some preliminary results and learning within their communities. Ebb and Flow First Nation and Tsuut'ina Nation organized local educational activities about FORGE AHEAD that were integrated with their community Health Fairs and they had good attendance. They adapted a FORGE AHEAD brochure, a slide presentation, and 'report card' with highlights of baseline diabetes information that were of interest to their community members. Health leaders in Maskwacis, Kahnawake Mohawk Territory and Waskaganish First Nation are planning local educational events later in the year.

The Western Team has worked closely with key health leaders throughout the recruitment, preparation and implementation stages of FORGE AHEAD and the efforts of the Community Facilitators and Community Data Coordinators have been critical in moving the program forward. Since the Wave 1 QI journeys started in 2014, a number of people in these roles have taken the lead in their health centres and communities to improve diabetes prevention and management. Thank you for your commitment and skilled work!

Wave 2 Community Partners are progressing with their QI activities since their first Community and Clinical QI Workshop held in London in November 2015, the second QI Workshop by tele/video-conference in March 2016 and two Action Periods. The Western Team continues to provide regular support/mentoring and timely training as needed as there have been a number of transitions with Community Facilitators and Community Data Coordinators. Our resources available on the FORGE AHEAD website and the distance, self-directed training modules developed in 2014/15 continue to be used extensively. Most communities are participating in the diabetes registry and surveillance component and several are using this information to inform their diabetes QI initiatives.

The second QI Workshops on March 23/24 were an opportunity to network, hear about other communities' QI successes and challenges, and continue learning about priority topics on diabetes management (insulin and self-care management, prevention of diabetes-related complications, risk management, and mental wellness and diabetes) presented by Stewart Harris. We are looking forward to the final QI Workshops to be held on July 20/21 when the Community and Clinical Teams will have an opportunity to meet with Roger Boyer II, a respected leader in quality improvement in Canada, and currently the Primary Health Care



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Manager at N'Mninoeyaa Aboriginal Health Access Centre (AHAC). Other guest presenters will share their knowledge on priority topics selected by the Team members, such as ulcers foot exams, colonialism in the clinical context, and the impact of colonialism on chronic disease.



Wave 2 Workshop #2 Tele/Video Conference

FORGE AHEAD IMPLEMENTATION IS ON TARGET!

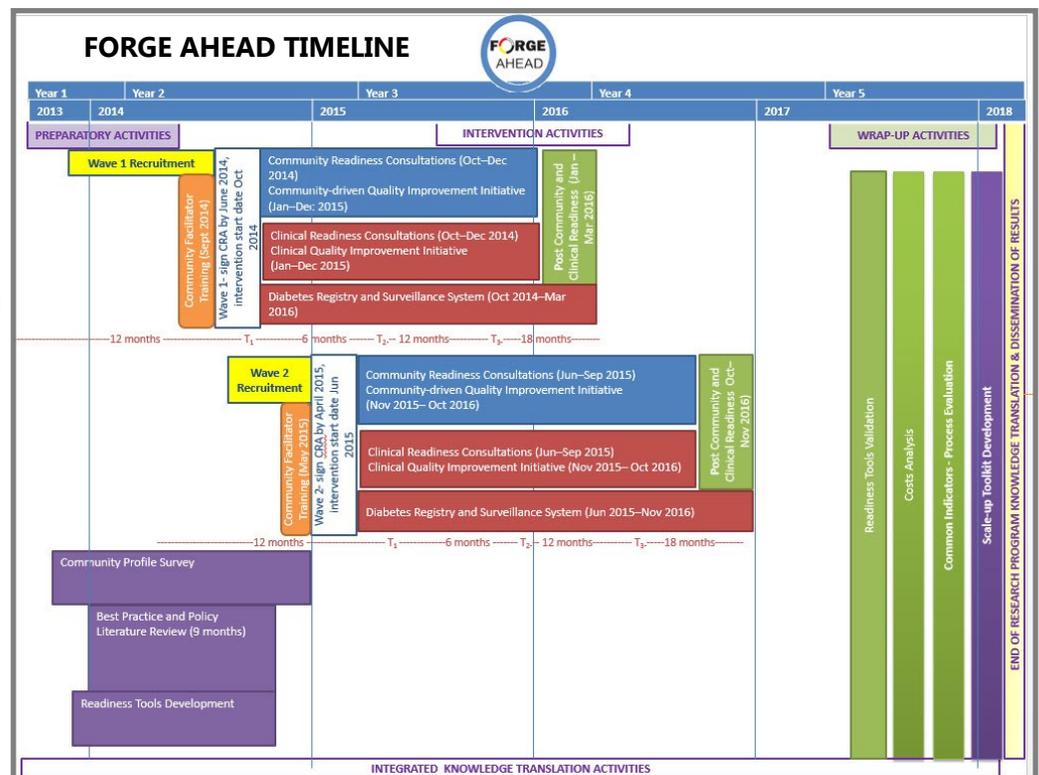
Snapshot of Year 4 of Implementation (April 2016 – March 2017): Wave 2 Community Partners will complete their diabetes QI initiatives. Wrap-up activities will include local knowledge exchange activities in their communities, and post-period data collection (questionnaires and diabetes registry data input) will be completed in early 2017. The FA Program Team will finalize the FORGE AHEAD Logic Model and Data Analysis Plan and use them to guide the overall data analysis, triangulation, and interpretation of the results.

The FA Program Team will also be developing a review process for the interpretation, synthesis, and analysis of findings that include the involvement of Community Partners. Each community has ownership, control, access and possession guided by OCAP® principles of their community-level data. For the overall FORGE AHEAD data analysis process, representatives from the five Wave 1 communities, co-investigators, collaborators and policy and knowledge-users will come together in early 2017 to review the data and interpret results and contribute to knowledge translation planning and implementation.

It's an exciting phase as we'll bring together stakeholders as we progress with the data analysis and seek out strategic opportunities for knowledge translation/exchange.

In Year 5, the FORGE AHEAD Program Team will continue to progress with overall data analysis, triangulation of results,

and interpretation of the findings. We plan to do a cost analysis of the diabetes QI intervention and pull together best practices and lessons learned since the start of FORGE AHEAD in April 2013. We will continue to work closely with Community Partners to support meaningful knowledge translation/exchange opportunities at local, regional, national and international meetings/conferences, through the website, presentation and publications.



DIABETES REGISTRY & SURVEILLANCE SYSTEM - A QI TOOL

Developing or updating each Community Partner’s diabetes registry was the first step in the FORGE AHEAD registry and surveillance activity. The registry, listing all adult individuals (aged 18 years and older) diagnosed with type 2 diabetes was housed in each community’s portal in the FNDSS system. The registry captures patient names, year of birth, year of diagnosis with diabetes, health card number and gender.

ID	Name	HCN	Type	DiagYr	Sx	Mod
Test1_1452	Mary Smith - M1 A1		T1D	1980	F	14-Sep-04
Test1_1453	Mary Smith - Jennifer	234567	T1Ped	1975	F	14-Sep-04
Test1_1454	Tom Jones	345678	T2D	1960	M	14-Sep-02
Test1_14973						13-Dec-09
Test1_15112	Test Network Disruption		T2D	1950	M	14-Mar-18
Test1_15127	John Mellor - Graham		T2D	1977	F	14-Apr-24
Test1_15353			T1Ped			14-Mar-18
Test1_15370						14-Jul-04
Test1_15371						14-Jul-04
Test1_2219	Frank Zappa	123AB456	T2D	1999	M	13-Apr-18
Test1_2225	Fred Sanford		T2D	1995	M	13-Apr-18

Chart auditing for surveillance information was started after the registry was developed in each community clinic by the Community Data Coordinator (CDC). The FNDSS surveillance tabs are designed to capture clinical data including lab results, vitals, medications, routine screening, and diabetes-related complications.

Home | Reports | Patient_Registry | Settings | Welcome Test | Log Out

Clinical Medications Screening Complications Chronic Utilization Site Fields

Visit Date: 2010-Jan-02
 Visit Type: Base Line Follow Up

Clinic Visits
 Clinic:
 Date:
 Add Clinic Visit

Clinical Indicators

Indicator	Value	Date
Smoking Status	<input type="radio"/> Current <input type="radio"/> Previous <input checked="" type="radio"/> Never <input type="radio"/> N/A	
Cigarettes/Week	<input type="text"/>	<input type="text"/>
Alcohol Consumption	<input type="radio"/> Yes <input checked="" type="radio"/> No	
BMI Chart	<input checked="" type="radio"/> Yes <input type="radio"/> No	35.60 2010-Feb-25
Waist Circumference	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/> In <input type="text"/> cm
Weight	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Lbs <input type="text"/> 2007-Jul-09 <input type="text"/> kg
Height	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/> In <input type="text"/> 2010-Feb-02 <input type="text"/> Ft <input type="text"/> In <input type="text"/> cm

The FNDSS system has built-in reporting features that allow users without technical knowledge to generate a wide range of pre-built graphs and reports of real-time information in their choice of formats directly from the system. These can be viewed as patient-level graphical and tabular summary reports or as community-level aggregated reports.



The system also gives communities the ability to create their own graphs and tables using their local information. Furthermore, community diabetes data can be exported as an Excel file to generate custom graphs for use in annual reports and community presentations. This in-built flexibility allows for the data to be used within the FNDSS system and with external applications with a great degree of ease.

We are pleased to report that Wave 1 Community Partners have finished registry building and entering lab results and diabetes-related medical information. Four Wave 1 Community Partners built their registries from a combination of existing paper and electronic charts. One of the Community Partners participated in the FNDSS pilot, so they were able to update their existing registry and continue entering surveillance data. The fifth Wave 1 Community Partner extracted their data from an existing electronic system and then imported it into FNDSS. Wave 2 registry building and data entry is currently ongoing. Two Wave 2 Community Partners built their registries from a combination of existing paper and electronic charts. A third Community Partner had their data extracted from an existing system and then imported into FNDSS.

Lab results and medical information of all diabetes clinic visits from Oct 1 2014 to March 31, 2016 (Wave 1 Community Partners) and from June 1, 2015 to November 30, 2016 (Wave 2 Community Partners) will be captured in FNDSS. The information will be used to evaluate the impact of the FORGE AHEAD intervention on diabetes care in the community. In addition, this surveillance data can be used to continuously support the QI activities in the communities by learning more about quality of care, identifying care gaps, informing action planning, and assisting in the development of innovations to improve diabetes care in each community. Even though FORGE AHEAD activities will be wrapping up in the near future, the FNDSS will still be available to all communities for a longer period of time.

As an example of how the surveillance data can be used for QI purposes, the following scenario was presented in the first Workshop.

FORGE AHEAD Scenario 2 (Outcome Measure)

- Dr. Pink wants to know if the changes his team has made over the last action period has improved A1Cs of patients with poor control (A1c > 8.5%) in his community
- This is a time-sensitive graph, so Dr. Pink would want to see the changes overtime

Schulich Western

FORGE AHEAD Goal Setting

Let's say your team's goal was to see a reduction in your patients with an A1c>8.5% by 20% by April

Percentage of Patients with A1c>8.5%

Goal: 27%

↓

22%

Schulich Western

FORGE AHEAD Link to Goal Setting and PDSA

What does this graph tell you?

Do you need more PDSAs or should you implement the changes you made at a large scale?

Schulich Western

PUBLICATIONS

First FORGE AHEAD article to be published – The Best Practices Review article was published (open-access) in the Canadian Journal of Diabetes in June 2016. Rice, K., Te Hiwi, B., Zwarenstein, M., Lavallee, B., Barre, D.E., Harris, S.B. on behalf of the FORGE AHEAD Program Team. Best Practices for the Prevention and Management of Diabetes and Obesity-Related Chronic Disease among Indigenous Peoples in Canada: A Review. *Canadian Journal of Diabetes*. 40 (3): 216-225, 2016.

Also, the FORGE AHEAD Program Protocol article has been accepted for publication in the open-access journal - BMC Health Research Policy and Systems

Naqshbandi Hayward, M., Paquette-Warren, J., Harris, S.B. on behalf of the FORGE AHEAD Program Team. Developing Community-driven Quality Improvement Initiatives to Enhance Chronic Disease Care in Indigenous Communities in Canada: The FORGE AHEAD Program Protocol. *BMC Health Research Policy and Systems* (Accepted, June 2016)

HIGHLIGHTS OF KEY PRESENTATIONS:

FORGE AHEAD at the 2015 IDF World Diabetes Congress. In early December, Stewart Harris, the Principal Investigator, was invited to present a symposium – *Developing community-driven quality improvement initiatives to enhance chronic disease care in First Nations: The FORGE AHEAD Program*. An estimated 50 people attended, including several of our FA Program Team members. In addition, Sonja Reichert on behalf of the FORGE AHEAD Program Team presented our 2 posters which were well-received: 1) FORGE AHEAD Program: Assessing clinical readiness for chronic disease care mobilization in First Nation Communities; 2) Development of a Chronic Disease Community Readiness Consultation Tool: FORGE AHEAD Program.

2016 CDA Conference. Two abstracts were submitted: 1) Community Readiness for Improvement to Chronic Disease Management: Baseline Data from the FORGE AHEAD Chronic Disease Community Readiness Consultation Tool; and 2) Assessing Clinical Readiness for Chronic Disease Management in Canada's First Nations: Baseline Data from FORGE AHEAD Clinical Readiness Consultation Tool.

Post-doctoral Fellow and Student presentations: Braden Te Hiwi, provided a brief update on FORGE AHEAD at The Lawson Foundation Annual meeting on April 15 in Toronto, ON. He joined researchers from other organizations receiving diabetes specific funding from the Foundation to network and learn about other research initiatives.

Helene Baldwin, a MD candidate (2017), presented a poster on preliminary findings on team functioning in QI initiatives in FORGE AHEAD at two events: London Health Research Day on March 29 in London, ON and a poster at The Trillium Primary Health Care Research Day on June 1 in Toronto, ON. Helene valued the speakers' presentations and networking opportunities with diverse researchers and primary health care professionals.

Rachel Simmons, one of our Masters' students, presented highlights from her thesis research on the community readiness consultations at the 2016 National Gathering of Graduate Students (NGGS) in Ottawa on June 12 – 14.

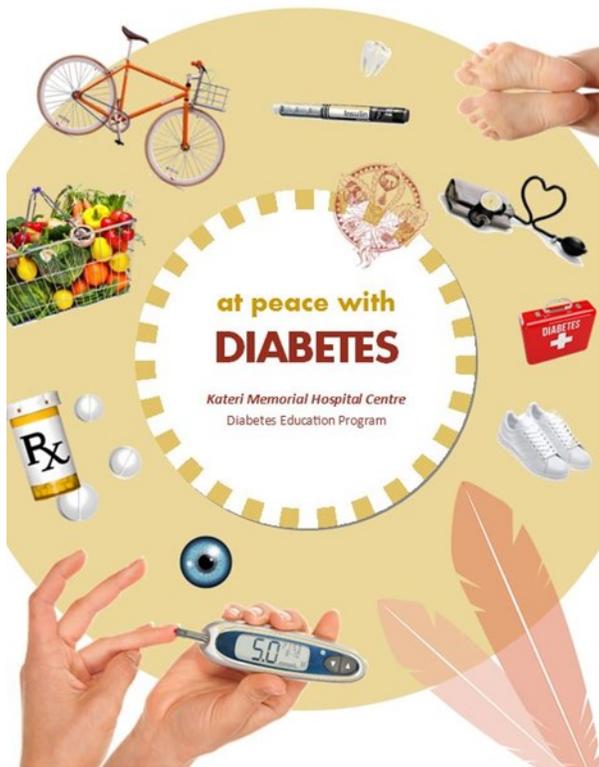
SOME WAVE 1 COMMUNITY ACTIVITY HIGHLIGHTS

Ebb and Flow First Nation



Amber Houle – FORGE AHEAD Community Facilitator. She is holding the FORGE AHEAD Diabetes Report Card for Ebb and Flow First Nation. Behind her is the display board of the report card for the community.

Kahnawake Mohawk Territory



Cover of the new Welcome Kit for Diabetes Patients

Shé : kon
 Welcome to Kateri Memorial Hospital Centre Diabetes Education Program

First learning you have diabetes may be scary. It can even be hard to believe. Because after all, you probably don't feel sick, or any different than you felt before you were told you have diabetes. You might be worried that you won't be able to do things the way you used to or eat the foods you like. But neither of those things is true. What is true is that you are being given a new responsibility : Learning how to take good care of yourself.

For many Kahnawákeró:non, learning about their diabetes was the first step towards living in balance !

You are at the heart of your care plan !

 A circular diagram with 'me' at the center, surrounded by various healthcare providers and family/friends. The central circle is labeled 'me' and '24 hours / day'. Surrounding it are several circles representing different roles:

- Foot Care Nurse: As needed
- Doctor: 2-4 visits / yr
- Eye Doctor: 1 visit / yr
- Dentist: 1 visit / yr
- Diabetes Nurse Ed.: 1-4 visits / mo
- Specialists Doctors: As needed
- Dietitian: 1-2 visits / mo
- Family & Friends

Tsuut'ina Nation



Disseminating information about FORGE AHEAD at the diabetes screening booth at the Annual Health Fair.

NOTE: Due to FORGE AHEAD's updated media and consent policy, we are currently unable to share some pictures that we received from other Community Partners. We look forward to sharing more from our Wave 1 Community Partners in the next FORGE AHEAD newsletter.

DIABETES QI CHAMPIONS WHO ARE MAKING A DIFFERENCE!

All Wave 1 Key Contacts, Community Facilitators and Community Data Coordinators who served their communities in FORGE AHEAD – thank you for your leadership, skilled work and collaborative spirit as together we transition from the diabetes QI journey to the next evaluation phase of FORGE AHEAD:

WAVE 1: KEY CONTACTS, COMMUNITY FACILITATORS & COMMUNITY DATA COORDINATORS

Ebb and Flow First Nation: Lillian Houle, Amber Houle, Sonya Houle

Kahnawake Mohawk Territory: Dawn Montour-Lazare, Joelle Emond, Jessica Jacobs

Maskwacis: Randy Littlechild, Bonny Graham, Tina Littlechild

Tsuut'ina Nation: Devon Guy, Chalsea Onespot

Waskaganish First Nation: Ivan McComb, Emilie Dufour, Charlene Diamond

WAVE 2 KEY CONTACTS, COMMUNITY FACILITATORS & COMMUNITY DATA COORDINATORS

Cowichan Tribes: Jennifer Jones, Danna Hadden, April DeYaeger

Miawpukek First Nation: Theresa O'Keefe, Cynthia Benoit, Maggie Organ

Opaskwayak Cree Nation: Shelley Kirkness, Marie Jebb

Saugeen First Nation: Lisa Tabobundung, Rennie Nawash

Seabird Island Band: Heather McDonald, Patricia Bobb

The FORGE AHEAD network will continue to grow over the next years. Some Wave 1 Community Partners shared links to their community or hospital/health centre websites:

Kahnawake Mohawk Territory: [Tehsakotitsén: The Kateri Memorial Hospital Centre](#)

[Maskwacis Health Services](#)

[Tsuut'ina Nation](#)

[Waskaganish First Nation](#)

FORGE AHEAD PROGRAM TEAM NEWS

In Memory of Dr. Jo-Anne Episkenew.

One of our Co-Investigators, Jo-Ann began her spirit journey in February 2016 and she is sadly missed by her many colleagues and friends in FORGE AHEAD. Jo-Anne as the Director of the Indigenous Peoples' Health Research Centre in Regina, Saskatchewan, contributed substantially to the conceptualization, planning and implementation of FORGE AHEAD. We respectfully honour her and dedicate the FORGE AHEAD Program Protocol article accepted for publication this year to our respected colleague.

Highlights!

On May 13, Dr. Stewart Harris received the Order of Canada at a ceremony at Rideau Hall in Ottawa for his contributions to the development of strategies to manage and reduce diabetes in Indigenous Communities and other high-risk populations.

On June 22, Braden Te Hiwi received his PhD in Kinesiology at Western University. His dissertation is titled – *Physical Culture as Citizenship Education at Pelican Lake Indian Residential School, 1926-1970*. Braden continues to provide coaching/support for Wave 2 Community Facilitators.

In November 2015, Dr. Jon Salsberg, one of our Co-investigators, received his PhD in Kinesiology and Health Studies (health Promotion) at Queen's University in Kingston. His dissertation is titled – *A Social Network Perspective on Ownership and Self-Determination in Participatory Research*.

As of June 1, Harsh Zaran is the Lead Program Coordinator for FORGE AHEAD, transitioning from Susan Webster-Bogaert who provided leadership on the program since December 2015. Mariam Naqshbandi Hayward is on maternity leave until early 2017 as Mariam and her husband welcomed their son, Nathan. We thank Jann Paquette-Warren for her leadership in FORGE AHEAD 2013/14. Jann has taken up a new position at the Bone and Joint Institute at Western University.

Meghan Fournie, a Masters student, is working collaboratively with the Western Team to support the development of the Pathways for Health Equity proposal and progress with her thesis development. Emily Nguyen, an undergraduate student, has completed her Scholars Elective at Western University, and she took the initiative to find a summer job with Frontier College to work in Summer Literacy Camps in First Nations communities in Northern Ontario. Alex Chirila, an undergraduate student, contributed to FORGE AHEAD through a Study Work Placement.

UPCOMING EVENTS AND DATES

September 7: FORGE AHEAD Program Team members are invited to our Annual Steering Committee Meeting (teleconference) from 11:00 AM – 2:00 PM (EDT). A progress update on Year 3 and dedicated time for planning using the Logic Model to discuss next steps in the mixed-methods data analysis plan and knowledge translation/exchange in Years 4 and 5.

October 26 - 29: Canadian Diabetes Association (CDA) [Conference & Annual Meetings](#) in Ottawa, ON. In April, 2 abstracts were submitted to share preliminary findings from both the Clinical and Community Readiness Consultations in FORGE AHEAD.

November 12 - 16: North American Primary Care Research Group (NAPCRG) [Conference](#) in Colorado Springs, Colorado, USA.

November 14 – 18: Canadian Society for International Health 4th Global [Symposium](#) on Health Systems Research 2016 in Vancouver, BC. Stewart Harris is invited to present FORGE AHEAD in a CIHR – IHSR (Institute of Health Services and Policy Research) panel discussion.

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