



## Poster Board 2:

# The Chippewas of Kettle & Stony Point REACH Quality Improvement Journey

### Presenters:

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### Description:

In 2021, the Chippewas of Kettle & Stony Point First Nation initiated the REACH Quality Improvement (QI) Program, a 24-month virtual series of activities led by a community QI Team. Areas for improvement are identified and prioritized, ideas for change are generated, and Plan-Do-Study-Act (PDSA) cycles test the ideas.

### Poster Board objectives and learning outcomes:

The objective of the session is to share the process and impact of the REACH QI Program in Kettle & Stony Point First Nation. Attendees will learn about Kettle & Stony Point and the REACH quality improvement processes, and hear how the program was received by the community and about its impact.

## Full description:

### **Introduction:**

In 2021, health leaders at Chippewas of Kettle & Stony Point First Nation were approached by Dr. Stewart Harris' Diabetes Alliance team at Western University to determine our interest in a collaborative partnership for the REACH Quality Improvement (QI) Program. Seeing a need to improve diabetes management and learn more about quality improvement, especially after COVID-19, we agreed. Kettle Point, also known as Wiikwedong, is part of the Anishinabek Nation. Kettle Point is an unceded territory located in southwestern Ontario along the south shore of Lake Huron. We are officially known as the Chippewas of Kettle and Stony Point. Stony Point is known as Aazhoodena. Our land base consists of approximately 1,096 hectares which accommodates an on-reserve population of 2,108 persons. REACH, a series of activities over 24 months, is a tested strategy led by a community QI Team. Areas for improvement are identified and prioritized, ideas for change are generated, and Plan-Do-Study-Act (PDSA) cycles to test the ideas are implemented. Online QI training modules provide orientation to the QI team who also complete the Improving Diabetes Care Questionnaire and receive a report highlighting areas ripe for change. Three virtual workshops are hosted every 4 months providing dedicated time to discuss and refine PDSA initiatives. Action periods, the time between QI workshops, provide time to perform the PDSAs. The REACH program also includes ongoing coaching, communication and sustainability planning, evaluation, a final report, and support to share the experience.

### **Action:**

We included members of the North Lambton Community Health Centre (NLCHC) when assembling our QI team. The NLCHC provides primary health care, health promotion, and community development services to Lambton

County and one site is located in Kettle & Stony Point. Our QI Team met every two weeks with meetings focused on PDSA reviews, project updates, and discussions about evolving needs. Collaborative opportunities were often identified when discussing future programs and PDSAs. We planned several PDSA initiatives: a Meet and Greet, Crock Pot Cooking sessions, Yoga sessions and Medicines Among Us.

**Impact:**

To understand our REACH experience we interviewed QI team members and hosted Sharing Circles for PDSA participants. Our PDSA efforts increased community awareness of diabetes services available from the Meet & Greet; increased community knowledge, skills and capacity to prepare healthy meals from Crock Pot Cooking program; and increased community experience with yoga and traditional medicines from those programs. The overall impact of the REACH QI program was increased capacity of quality improvement knowledge, a greater understanding of the community perspective and needs on diabetes information and management from PDSAs and Sharing Circles, and, significantly, strengthening and sustaining the partnership between Kettle & Stony Point Health and the North Lambton Community Health Centre.

**Trajectory:**

We have already made efforts to spread QI knowledge to other staff and our QI team continues to meet quarterly with the next challenge to address is childhood obesity.