

Promoting Health Equity for Indigenous and non-Indigenous People in Emergency Departments in Canada



Mr. Brian Sinclair died after waiting 34 hours in a Winnipeg ED without being seen. Photo by Maurice Bruneau, used with permission of Mr. Sinclair's family

Emergency Departments (EDs) in Canada often operate over-capacity and are under significant pressures. In this environment, particular groups of people experience inadequate and inequitable treatment in EDs. These groups include Indigenous people, racialized newcomers, people with mental illnesses, those living in unstable housing or facing homelessness, experiencing interpersonal violence or using substances, and people involved in sex work.

Stigma and discrimination in health care deter people from accessing care, interfere with effective care delivery, increase reliance on EDs, and increase human and financial costs.

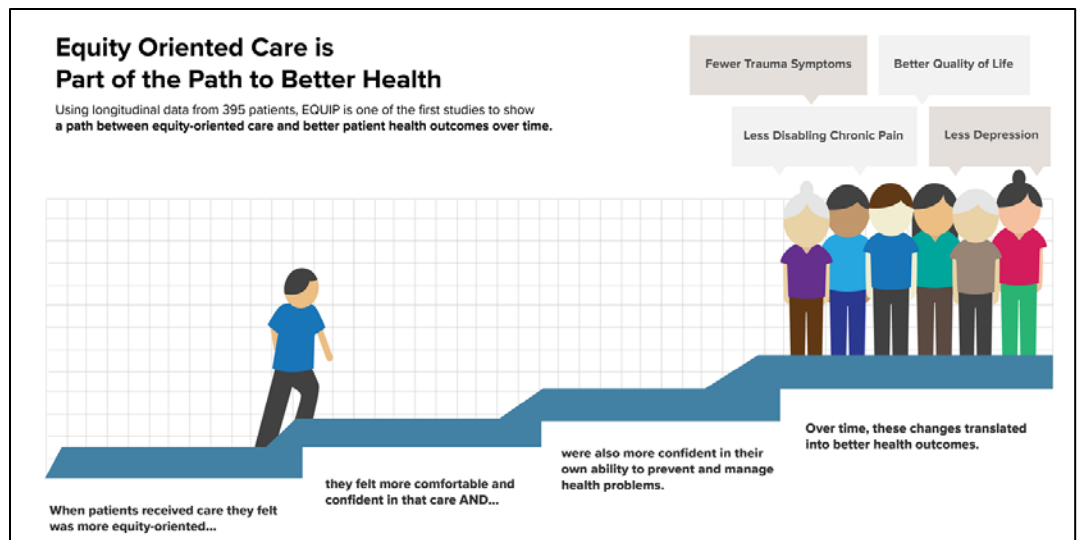
Examining the Impacts of an Organizational-level Health Equity Intervention in Emergency Departments

This project examines the feasibility, process, and impact of implementing an evidence-informed framework for interventions to improve the capacity of Emergency Departments to provide high quality care to people at greatest risk of experiencing health and health care inequities. Through collaboration among Indigenous leaders, ED staff and leaders, and researchers, the project aims to improve care, safety, access, and decrease adverse events for patients and staff.

Rationale: EDs have the potential to reduce health inequities and facilitate appropriate care for people with complex health conditions. However, practices of discrimination in EDs contribute to misdiagnoses and under-treatment, deter timely care, and increase conflict within and between members of the health care team, patients and families. These dynamics increase costs and contribute to missed opportunities for enhancing the continuity of care that ultimately increase potential for poor health outcomes.

Approach:

We are adapting the Equity-Promoting Care (EPC) intervention we previously developed for primary health care (PHC) clinics. Our research showed EPC predicts better patient outcomes over time, including health and quality of life.



Ford-Gilboe, M., Wathen, C. N., Varcoe, C., Herbert, C., Jackson, B., . . . Browne, A. J. (2018). How Equity-Oriented Health Care Affects Health: Key Mechanisms and Implications for Primary Health Care Practice and Policy. *Millbank Quarterly*.

Goal

Implement, test and refine an equity-enhancing framework, including analyzing diverse contexts, integrating health equity initiatives tailored to each ED, setting outcome targets, and monitoring.

Key Features

Tripartite Leadership Model: At each level (the overall study, at each site and at each ED) we will engage ED leadership and staff with Indigenous and community leadership and researchers.

Front Line Ownership: Staff lead the development of equity-promoting strategies.

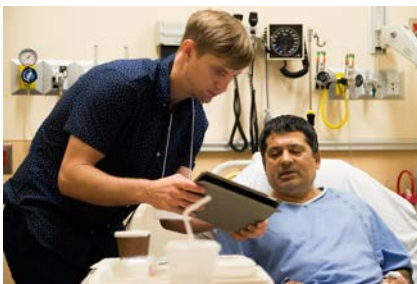
Equity Promoting Care: Includes the principles and practices of Trauma and Violence Informed Care, Cultural Safety and Harm Reduction.

Partners

Three emergency departments in British Columbia are partnering in this project:



Time Line



Step 1: Collect Patient Baseline Data (2017 –2018)

At each site, we asked 200-400 consecutive patients about their experiences of care during that visit.

Step 2: Collect Staff Baseline Data (beginning September 2018)

We are surveying all staff (admitting clerks, nurses, physicians, cleaning staff, security) about their confidence providing EPC, and their opinions about their work.

Step 3: Engage staff in Working Group (Beginning October 2018)

- Identify interested direct-care staff
- Orient those staff to EPC and the processes and tools available (<https://equiphealthcare.ca/toolkit/>)
- Present site-specific baseline data to staff
- Support staff to conduct a SWOT (strengths, weaknesses, opportunities, and threats) of their unit.

Step 4: Staff-driven initiatives (Beginning November 2018)

- Staff working group sets priorities, develops and implements strategies, including deciding how to use a \$10,000 grant
- Staff identify sustainability strategies



Step 5: Measure impacts (ongoing)

Study Leads

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