Pandemic impact and response: examples of organizational, program and service highlights

Contents

*Note: this document is not exhaustive. It only provides examples from some of the organizations, programs and services in Kahnawà:ke.

Environmental Health Services (KSCS)

The pandemic impacted the EHS program and team in various ways. Residential bacterial water sampling, basic chemical analysis and on-site indoor air quality investigations had to be suspended for periods of time due to isolation precautions. Physical access to homes was also limited due to social distancing concerns; therefore, water sampling was performed from outside taps. Air quality inspections had to sometimes rely on photos and/or videos from people, which presented challenges in interpretation/assessment, as well as the implementation of required corrective measures.

Furthermore, the pandemic limited the ability to perform essential training, especially with new employees. Much of the training was virtual, rather than in-session practical training, which is essential in this line of work. Staffing shortages were also experienced during the pandemic, particularly in the

second year, as staff went on leave or retired. At one point, the manager was the only technician available to do all the work.

Kahnawá:ke Youth Center (KYC)

Teenage participation in KYC activities were (and remain) severely impacted by the pandemic, and teens are perceived to have been "largely lost" to most organizations in the community. Teens are largely isolated, and are not participating much in social, community or fitness events. KYC is working hard to re-engage with the teens, by visiting the schools this year.

Elders' physical and mental health declined due to the effects of isolation and psychosocial stressors; therefore, KYC has designed and implemented precautions for the elderly population (e.g. online booking system, dedicated spaces, routine cleaning and sanitization).

Family & Wellness Center – Parenting Services

The program rapidly adapted to continue service delivery during the pandemic, leveraging virtual technology to create virtual sessions. Videos were created and posted on social media, such as Facebook Live sessions, which were very well received by the community, as indicated by the significant number of views.

Jordan's Principle

The continuity of Jordan's Principle's services during the pandemic was a primary objective, and was achieved. The promotion of Jordan's Principle to families, the community and service providers occurred through social media, websites and online meetings with school staff, daycare staff, and health and social services workers. A poster for Jordan's Principle created specifically for Kahnawake families is displayed throughout the community.

Given that Jordan's Principle was well promoted the previous fiscal year, families, schools, and community organizations were familiar with the process to access the services and continued to apply. Unfortunately, due to the shutdown of services beginning in mid-March 2020 due to the pandemic, many approved services were put on hold.

KSCS Child And Youth Wellness

The pandemic heightened existing psychosocial issues and problems, particularly for vulnerable and marginalized clients and families. This exacerbated and/or added further problems and challenges to already complex situations, heightening risks to children and youth.

The team had to quickly and creatively adapt, to continue delivering services 24/7 and to meet the increased needs. The team provided information packages, art and activity packages, laptops and iPads for children in care, created an online Zoom support group for Tsi Ionteksa'tanonhnha parents and continued to provide Case Aide services for supervised visits and transportation, to maintain the connection for children and their natural parents as much as possible. Although the pandemic forced

the shut down of Case Aide services for two months, the team used the opportunity to develop safety processes and protocols, secure a location for supervised visits, and install safety equipment — such as plexiglass — for vehicles and buildings.

KSCS Mental Wellness and Addictions

The COVID-19 pandemic was associated with an increased workload on the mental health counselling, psychological services and secondary prevention teams. Requests for services indicated that COVID-19 was a significant contributing factor to psychological distress.

In response to the pandemic, the teams transitioned services to telehealth. The program adapted to serving clients remotely, and had to address issues and client frustrations related to technological issues such as varying internet signal strength and random disconnections from video conferencing platforms.

However, the program was cognizant that remote-counselling is not necessarily effective or feasible for particular clients and families (particularly those who are highly complex, elderly and/or marginalized). Therefore, the program accommodated community members who required in-person sessions. Counselling rooms were modified and equipped with the necessary infection prevention and control (IPAC) measures.

The teams also provided updates and relevant mental health information within the context of the pandemic, notably through the Kahnawà:ke 911 Facebook Live broadcasts. Kahnawa:ke 911 is a collaboration between the Public Safety Division of the Mohawk Council of Kahnawà:ke, Kahnawà:ke Mohawk Peacekeepers and Kahnawà:ke Fire Brigade.

The pandemic also severely impacted clients and families dealing with substance abuse. The Addictions Response Services (ARS) team was concerned about how clients would manage the isolation measures put in place early in the pandemic and strategized on the best way to connect clients with the appropriate resources and continue to meet the requests for services. The team worked closely with the ARS and Prevention workers to create a dedicated Facebook page called Ensa'nikonhriióhake (your mind will be good/well) to share timely information about the services offered by ARS, harm reduction, recovery tips, and prevention initiatives.

The team offered virtual recovery support groups and worked closely with partners at the Centre hospitalier de l'Université de Montréal, Centre intégré de santé et de services sociaux (CISSSMO) de la Montérégie-Ouest, and the Kateri Memorial Hospital Centre in the critical area of opioid overdose prevention and awareness. A major challenge was related to the provision of support for clients needing to enter residential treatment, as the network of Indigenous addiction treatment centers were largely closed during pandemic.

Assisted Living Services (ALS)

The pandemic had both a direct medical impact, as well as a psychosocial impact, particularly on mental health for both residents and staff. It created a sense of isolation for a population that is already isolated and marginalized. The staff were on the receiving end of the frustrations of the residents of the ILC, which they took in good stride due to their understanding of the situation, and the justified feelings of

frustration and distress. Staff had to be strong, to sustain the needs of clients and families and to provide reassurance and support.

The limited physical space is not optimal for social distancing, therefore presenting challenges in relation to designing a safe working environment.

With the declaration of the COVID-19 state of emergency, regular programming was brought to a sudden and swift halt and staff were immediately called upon to regroup and refocus efforts to maintain essential services in accordance with the health directives. Workload increased significantly, with the team having to work alternating hours, manage COVID-19, while also being reassigned to support other programs (e.g. meals on wheels, food basket, community-wide reassignments).

Every client, family and/or caregiver received an individual call from staff every other day to do a mental health check to determine if additional support was needed. Experience and creativity were put to the test and the staff of ALS quickly mobilized and moved as many activities as possible into the virtual realm, using programs like Zoom to keep the clients and residents of ILC as active and connected to one another as possible. For the TSC and YAP, online activities have included exercise classes, art classes and cooking classes. Supplies for these online activities were delivered by staff to each home the morning of the activity so all participants were ready to go at the start of each session.

Staff also led educational presentations on the mind, body, and environment, as well as cultural activities tied to our traditional festivals. On the recreational end, staff held remote holiday parties for Halloween, Christmas and Valentine's Day with remote pumpkin carving contests and Christmas stocking decorating contests, just to name a few.

Connecting Horizons

The pandemic had a particularly severe impact on populations with special needs, that already were isolated pre-pandemic. Furthermore, access to vital and essential services was limited, having devastating impacts on the health and well-being of special needs populations and their respective caregivers and families (e.g. the impact on the long-term development of children with special needs). The impact and needs of these populations, in light of the pandemic, need to urgently be assessed and addressed.

Home and Community Care

The HCC team did an excellent job protecting clients from COVID-19 (it was 18 months before any staff/clients contracted the virus). Staff adhered to protocols, keeping the Elders and team safe. The team worked together to implement public health directives and protocols.

The team participated in IPAC (infection prevention and control) training at various intervals during the pandemic, with topics ranging from COVID-19 vaccination, testing, and the use of PPE (personal protective equipment, such as N-95 masks).

Many Elders were isolated, and families were not visiting due to fear or social distancing considerations. Elders were not able to participate in community events, or even perform essential functions like groceries, and required support. The Home and Community Care team implemented personal care and

domestic services simultaneously, Home Health Aides assisted with groceries, and Meals on Wheels was an essential program ensuring that clients had access to nutritious meals. This program was also expanded to be called “Prepared Meals”, addressing food insecurity by serving anyone who needed it, without requiring an OMEC assessment. The Activity Program Nurse and Activity Workers were essential, and the other front line staff acted as sounding boards for the residents who were experiencing isolation and frustration.

Management remained proactive, routinely calling patients directly to discuss care needs, to inform them of the status of the service, and to explain difficult situations such as short-staffing. Home Health Aides also started working closely with the Home Care Nursing, which was a very positive development. Home Health Aides saw the clients often, and have an excellent pulse on clients’ needs and wellbeing status. Email threads started to take on a truly multi-disciplinary character, incorporating both KSCS and KMHC team members. MYLE EMR and Penelope case management systems were excellent supports, enabling the team and managers to view patient files offsite, and to identify gaps in care.

The KSCS and KMHC HCC teams have a very good relationship; however, the pandemic exacerbated existing challenges, and also brought new ones to light. For example, telehealth had serious limitations, as it does not enable high quality and comprehensive care in the long-term for home care clients with complex biopsychosocial needs. Assessments had to be conducted over the phone, which was challenging. Face to face interactions and observations of the home context and relationships are essential.

Change management was also a significant challenge, particularly when the team was presented with conflicting guidance and directives, from different organizations. There were also disagreements between and within the team regarding the crisis response, organizational priorities, the suspension of some services (e.g. the Elder’s Service Counsellor for Wills), and the redirecting of essential staff to other services (e.g. Emergency Food Services).

The KSCS and KMHC teams had different policies and approaches to remote work, resulting in confusion and frustration. Staffing shortages and the lack of coordination negatively impacted very important services, such as end of life and palliative care. Collaborative care planning and ISP meetings were also disrupted during the pandemic, which impacted communication, collaboration and coordination of care. Roles and responsibilities, particularly within the context of the pandemic response, were unclear. It is too complicated to run an amalgamated program without concrete plans and contingencies in place. Structures, roles and responsibilities need to be made explicitly clear, as well as accountabilities and which directives/protocols will be used. Short-staffing was a significant issue, and workload was extremely high over prolonged periods of time.

All of these factors resulted in a highly stressful environment, with many team members experiencing various forms of trauma over the prolonged pandemic.

Turtle Bay Elders Lodge (TBEL)

Residents were restricted to their rooms for several months and experienced severe isolation, which traumatized both the residents and the staff. The staff implemented scheduled walking, but residents could only walk alone in the hallway, and not together. Residents already had problems with function,

ambulation as well as cognitive issues. The isolation and restrictions wore them down further – physically, emotionally, mentally and cognitively.

Staff had to quickly adapt and learn new and expanded roles, doing everything for the residents - becoming the family, the ears, the psychologist, the social worker, the friend. Without support, staff had to assume the role of counselors, which they were not equipped or trained for.

Uncertainty was high. Change was constant and rapid, and change management caused burnout. Directives continuously changed, and came from different directions and organizations, sometimes conflicting, and often with a lack of clarity on what to follow, and how they were to be implemented. Many times, the directives conflicted with personal values, but the team had to follow orders. The team recognized that damage was done through the pandemic response, but they often had little or no choice. It was a toll that weighed heavily on the team.

The management team was often caught in the middle, and were mandated to implement directives, regardless of whether they agreed. Often, they had to be the bearers of bad news, such as cancelling programs, events, visitations and announcing new restrictions. Many times, there was limited information to give out, heightening the sense of uncertainty.

Workload increased magnitudes of order, and work hours were lonely, long and intense. Palliative care took a major hit, and families were not allowed to visit dying loved ones, which was traumatizing for everyone. Staff burned out, and some went on stress leave. Everyone was negatively affected, but there were positives and learnings that also emerged:

- The value of talking circles for residents and staff, for dialogue and healing.
- The agile, creative and self-organizing team that developed.
- Elders learned how to leverage new tools and technologies.
- The importance to celebrate successes, and to recognize the dedication, resilience and value of the team.

Tehsakotitsén:tha Short Term Care (KMHC)

During the pandemic, the STC team developed plans and protocols to safely resume services. A COVID unit was set up, and was equipped with the supplies and equipment needed to fully operate. Staff were designated to work on the COVID unit and a schedule was put in place, a contingency plan was developed and training was provided to other disciplines in the following areas: Infection Prevention and Control (IPAC), hygiene care and safe feeding. In preparation for the potential of having COVID-19 positive patients a plan was put in place, and mock transfers took place with the assistance of the IPAC Nurse, maintenance, housekeeping, RNs, PABs and ward clerks.

A major challenge has been training, which has been exacerbated due to the pandemic. The team did use Zoom for palliative care training and CPR recertification. Further training is required, so the unit is able to expand its scope of services and provide care to a broader clientele.

The pandemic caused staffing issues, particularly in relation to staff getting ill, or being in contact with positive cases. This caused short-staffing, which was hard to predict and manage. To address these issues, resources had to be pulled from the outpatient department, or the team had to use agency

nurses. Staff who worked in two CHSLD establishments had to choose between remaining at KMHC or working at their other establishment. There was an increase in staff members being off work on medical leaves.

Directives from the Ministry for CHSLDs were changing frequently, making it a challenge to keep on top of updating policy and procedures, informing the staff members, clients and families of the changes. The pandemic increased the workload for all staff (e.g. the workload of the nurses, by having to add Covid assessments to their daily/weekly assignments depending on each clients' condition).

The pandemic had a negative impact on staff mental health and wellbeing. The team tried to address this using staff appreciation events and gifts, as well as supports from the ministry. The workload, constant and fast pace of change management, along with the changing directives had a negative impact. The change management and high levels of uncertainty burned out the management and the staff. Management had to be on call during weekends and evenings, to address changes in status and directives.

The pandemic also forced the STC program to change processes for family meetings and discharge planning. The Occupational therapist (OT) was unable to do home visits to ensure the client was discharged to a safe environment. To overcome this obstacle, the program reached out to families and homecare nurses to assist, by asking them to do a virtual tour of the home using a cellphone in order for the OT to see the home and make recommendations, if risks were identified.
To continue to have family meetings, discharge meetings, and to keep clients and families actively involved, the program reached out to families to participate in the meetings via zoom, FaceTime or telephone conferences. If clients were followed by a homecare nurse, the STC team reached out to the nurse to also be part of the meetings.

For about a year, admissions were not being accepted during the pandemic. Therefore, other hospitals and facilities that were overwhelmed could not discharge anyone to KMHC STC. One of the challenges was the directive from the Ministry that stated there was to be no admissions to CHSLDs. Once STC was able to admit, another challenge was that patients who were on the waiting list refused admissions when offered because either the patient and/or family did not want to be admitted due to the protocols on visitation. Many palliative patients opted to stay at home with support from families and homecare services vs being admitted and not seeing family.

Tehsakotitsén:tha Long-Term Care (KMHC)

The LTC program performed well in relation to protecting residents and staff from COVID-19. However, the pandemic limited the ability to hold annual Individualized Care Planning (ICP) meetings in conjunction with families/caregivers. Therefore, the team reached out regularly to the families to provide updates and answer questions or concerns, to keep the door open to communication. Families were, however, often upset due to limited or no access to the residents. LTC also developed procedures for palliative care, so residents did not die alone, without a loved one with them.

When COVID-19 was declared a pandemic in March 2020, management hours went to organizing, communicating and planning for a potential outbreak in LTC. This halted many plans (e.g. regular team

meetings, having open door days for staff to meet with management, and opening up the final 10 LTC beds).

Due to staff shortages, LTC relied on support from the Red Cross, as well as nursing staff from the Outpatient department and from the Community Health Unit (CHU). The program created extra positions for PAB aides, to support nurses and PABs on functions that could be delegated.
Despite this, the LTC program was often short-staffed, and experienced increases in sick calls due to burnout and fatigue, as well as contacts with COVID-19. The ministry and KMHC did put in mechanisms and incentives to promote staff resiliency and motivation, such as pandemic days and staff appreciation initiatives.

Tehsakotitsén:tha Outpatient Clinic Services (KMHC)

Due to the pandemic, the clinic was mostly operating by telemedicine (i.e. phone consultations). Patients continue to come in for treatments by the nurses (i.e. dressings, injection, IVs, etc). Most assessments were by phone consultation, with some patients sending pictures as needed via cell phone. This experience has shown the need for MYLE EMR and proper virtual care options.

The number of people in the clinic also had to be limited. Appointments had to be booked for blood tests, and patients were booked 10 minutes apart to assure that the nurse could disinfect the chair and all the equipment between patients.

Staff experienced burnout, felt neglected and isolated, and some went off on stress leave. Many staff were reassigned to other programs and services, or were performing double duties (e.g. also doing testing, contact tracing and vaccinations). It was very challenging to maintain regular services in the fast-changing environment of the pandemic.

The manager of the Outpatient Clinic has an extremely large portfolio, but is supported by a professional and largely self-directed team with high levels of autonomy. Nevertheless, it is challenging for the manager to perform administrative, operational and clinical functions. This negatively impacts key functions, as prioritization must be assigned. Key functions such as performance appraisals, hiring, evaluation and equipment logistics are affected.

Tekanonhkwatsherané:kKen: Two Medicines Working Side By Side, Tehsakotitsén:tha Traditional Medicine (KMHC)

It is important to note that the pandemic presented many limitations that prevented the program from optimally functioning, including reassignments and other duties at times that took priority due to the needs of the pandemic.

Despite the pandemic, Tekanonhkwatsherané:ken was available to support any KMHC staff who may be experiencing a lack of harmony and balance within their, mind, body or spirit during this stressful and difficult time. Educational presentations were geared to support and offer tools to take care of self, specifically to maintain or improve one's mental/emotional/spiritual wellness.

Tekanonhkwatsherané:ken continued to offer the community services, focusing on taking care of body, mind and spirit; utilizing cultural teachings, rituals and what is meaningful in life; along with good sleep, nutrition, exercise, meditation, self-compassion, gratitude, and connection.

There were ongoing changes to the COVID-19 guidelines; therefore, the program adapted as needed to continue to service individuals and groups. Eventually, the program was able to meet with individuals in person, but the group work remained via Zoom, including the "Re-Awakening the Body, Mind and Spirit" workshop series. Zoom was great to gather people safely for talking circles and teachings, and it actually allowed the program to include other community members who presently live in different parts of Turtle Island. As grateful, as the team was to have zoom, the program was limited in comparison to what normally could be offered. Unfortunately, the program could not hold medicine walks and certain ceremonies and activities, due to the safety issues and restrictions.

Kahnawa:ke Fire Brigade & Ambulance (KFB)

The pandemic had a significant impact on the service and team, particularly in relation to putting significant stress on logistics (e.g. arranging childcare for staff, scheduling, testing, PPE), planning, training, service delivery and the team's overall mental wellbeing due to isolation and stress. Essential training was severely disrupted (fire and medical training), as much of it could not be conducted virtually. Some staff had to go on medical leave, leaving the service short-staffed, resulting in some triple-shifting (it was not unusual to be doing 80-90hrs/week).

The service quickly adapted to meet the community's needs as they arose. For example, the team ensured to arrange a responsive medical transport service for clients with medical appointments, and supported essential community functions for vulnerable clients, such as emergency meal delivery.

Peacekeepers

The pandemic was associated with increased stress on the workloads and mental wellbeing of the Officers, who exhibited high levels of resilience and dedication to continue providing essential services, to meet the increasing needs of community.

The community's psychosocial needs dramatically increased due to the pandemic. This emphasizes the importance of close collaboration with educational, health and social services, to ensure that partners collaborate to design and provide efficient and effective services, with a focus on prevention, social determinants of health, and psychosocial wellbeing.

Tsi Niionkwarihò:ten (Our Ways, KSCS)

Both Tsi Niionkwarihò:ten Coordinators were reassigned to Emergency Food Basket coordination from March 18, 2020 to September 2021. The Food Service offered a food basket to about 200 Kahnawà:ke households throughout the year. A lot of time was spent working on this emergency service, and the team did their best to continue to provide staff with events to further the objective of "Encouraging Kanien'kehá:ka tsi niionkwarihò:ten in our daily work."

Although the pandemic caused the cancellation or delay of many planned events, the Tsi Niionkwarihò:ten Coordinators were able to offer a variety of events, respond to requests and to participate with community partners.

The program coordinators maintained vital connections with the KSCS Tsi Niionkwarihò:ten Committee and community networks such as the Tewaharà:tat Tsi Niionkwarihò:ten Language and Culture Network. The positive aspect of the being forced to slow down a bit was the opportunity to focus on program development.

The Tsi Niionkwarihò:ten Onboarding presentation was developed into a completely online version that staff could complete on their own schedule. In response to a request from Psychological Services, the Tsi Niionkwarihò:ten Onboarding presentation was also revamped for use with the external service providers that KSCS refers clients to. This presentation covers an overview of Kanien'kehá:ka, Kahnawá:ke's cultural and historical context, the Tsi Niionkwarihò:ten program & committee at KSCS, the role of Kanien'kehá:ka ways, language and culture within our strategic plan and an introduction to cultural safety.

The program also offered the community Traditional Wellness Video viewing via cable television of past wellness events. KSCS staff were also presented with a Virtual Traditional Wellness Forum, Kanien'kéha sessions, Midwinter Information session and Traditional Teachings on Addictions and Violence.

The highlight of 2021-2022 was the connection we made with the new Staff Wellness Activities Team (SWAT) at KSCS. Considering the emphasis on recovery from the effects of the pandemic and all the disconnection it created for people, the program was encouraged by the manager to look at staff wellness as a top priority. Research has shown a well-established link between language and culture as a mediator of wellness and a significant healing force for Onkwehón:we. The program coordinators met with SWAT to plan several culturally based wellness activities for staff. Over the course of this year, the program collaborated with SWAT on land-based learning events, staff sharing circles, moon ceremonies and an outdoor winter exercise club. Reviewing the feedback from these activities, it was clear that Tsi Niionkwarihò:ten can provide much needed healing in tough times.