UBC Faculty of Pharmaceutical Sciences

Building Community-based Medication Practices for a Self-Governing Remote Indigenous Community

Idaylia Swanson[1], Larry Leung[2], Jason Min[2]

1 UBC PharmD Candidate 2023

2 Assistant Professor of Teaching

Background

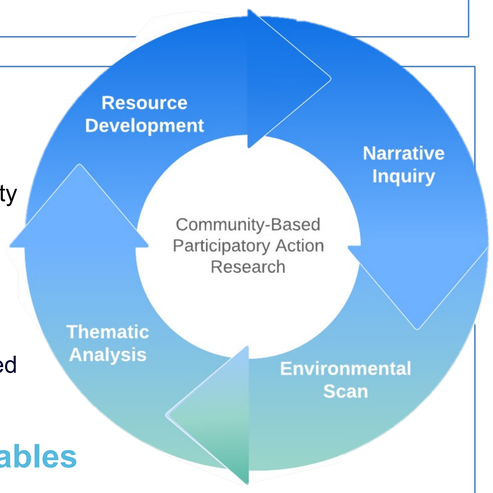
The *United Nations Declaration on the Rights of Indigenous Peoples* states that all Indigenous peoples have the right to self-determination and self-governance, including authority over healthcare and medication practices (e.g., ordering, dispensing, and disposal). Within the community we collaborated with, the health centre is run by registered nurses and medication practices are based on various nursing legislation and westernized policies. This poses both challenges and opportunities, as these practices need to be tailored to suit the needs of the specific Nation.

Purpose

The purpose of this study was to collaborate with one remote Indigenous community to: 1) identify existing challenges for medication practices in the community health center, and 2) build a tangible medication policies manual (i.e., resource) for both nurses and community use. The policies manual blends both western provincial legislative policies around medications, and self-governing Indigenous practices that occur within the community. This action research represented an exciting opportunity to support self-governance within a community.

Results

A total of 16 individuals took part in interviews within the community (an estimated population of 300). Four of the interview participants (2 Indigenous; 2 non-Indigenous) worked in the community health centre, with 3 of the 4 living in the community full-time. Each of these healthcare workers had been practicing in the community for >5 years. All 12 of the town hall participants live in the community and are Indigenous, with 9 members being female and 3 being male. Major themes were extracted from the following interview topics: medication ordering, medication dispensing, and medication disposal. Listed below are three main sections of the manual, the two major themes that were extracted from each section, and actionable deliverables that were implemented into the policies manual and accompanying resources.



Section	Theme	Deliverables
Medication Ordering	• Need for a medication ordering procedure due to an existing lengthy, complicated process. • Minimum quantities of medications the health center must order are large, resulting in increased cost, safety concerns, and wastage.	• Simplified nursing ordering procedure with a step-by-step process. • Written advocacy letter for the community to support central buying and lower purchasing quantities.
Medication Dispensing	• Need for a comprehensive medication dispensing procedure due to nurses following various treatment codes, decision-support tools and physician orders. • Need for further expansion of remote nursing scope of practice to better support patients in remote communities.	• Dispensing algorithm and step-by-step dispensing procedures for various medication types. • Consolidated nursing prescribing algorithm. • Prescription request forms for select medications.
Medication Disposal	• High cost of proper medication disposal, such as controlled, and un-controlled substances. • Improper medication disposal leading to increased environmental concerns in the community.	• Community education tools and information. • Consolidated cost-effective disposal protocol for controlled substances, regular prescriptions and patient returns.

Methods

The community has requested to remain anonymous, and to honour First Nations Principles of Ownership, Control, Access, and Possession, all results were anonymized or de-identified. Utilizing a Community-Based Participatory Action Research (CBPAR) approach, we engaged community members and healthcare workers in all aspects of the research process. Through this approach we employed 4 phases:

1. Narrative Inquiry

This method was employed using one-on-one in-person and virtual semi-structured interviews, and one in-person community town hall to identify opportunities and challenges with current medication ordering, dispensing, and disposal practices. This created a safe space for the voices of participating community members to be heard in order to inform on the development of the policies manual.

2. Environmental Scan

Existing literature, such as provincial and federal policies and procedures on medication practices, were analyzed against current community practices.

3. Thematic analysis

Thematic analysis was utilized to qualitatively examine information gathered from semi-structured interviews and the community town-hall. This aided in systematically identifying themes within the data set. This resulted in three main sections and accompanying themes: 1) Medication ordering, 2) Medication dispensing, and 3) Medication disposal.

4. Resource Development

A comprehensive 65-page policies manual (i.e., resource) was developed for use by nurses in the community, containing sections for workflow algorithms, educational tools, and various appendices. The manual has also been made available for community use. This action research was cyclical in nature, allowing for iterative improvements to be made over a 2-year period.

Discussion

- There are many provincial and federal legislative practices suggested for use in healthcare settings. While these legislative procedures help various westernized institutions, they are not as easily applicable to self-governing communities; with aspects such as remoteness, expenses and complexity making them difficult to implement.
- These various sources can also be conflicting in nature, causing increased drawbacks in the promotion of their use within the community. Registered Nursing guidelines, the College of Pharmacists, and various provincial legislation all communicate differing information, each with varying degrees of detail, causing confusion in which to follow.
- With the complexity of legislative medication policies and procedures, the self-governing community had to create unique ways to follow these sources which further impacted the efficiency and effectiveness of their health center.
- Although such challenges exist, this study highlights the immense strength and resiliency of the self-governing community as it continues to function autonomously without the use of westernized legislative policies.
- Future research could apply the CBPAR approach and implement similar comprehensive medication policy manuals to various other self-governing communities in British Columbia, creating unique manuals for each community's needs.

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