

# Clinic Grants Program 2024-2025

## List of Program Descriptions and Outcomes - "Pick Your Own Project" Focus Area



In their End of Project Reports, many clinics expressed a strong interest in learning about the projects completed by other clinics. Below is a comprehensive list of "Pick Your Own" project descriptions and outcomes, as reported by the clinics.

*References to specific names of clinics or individuals have been removed for privacy.*

### Reviewing Emergency Protocols & Disaster Response

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#### Description

We assessed our emergency protocols and the way that we review them as a team. We decided we would refresh our skills for office emergencies more regularly, every 6 months, via a dedicated meeting. We have not been regularly checking in and reviewing protocols for the most common office emergencies such as anaphylaxis and cardiac chest pain/cardiac arrest. Our emergency kit has been maintained by an RN at our clinic, and every component within the emergency kit has been reviewed and teaching was done so everyone was aware of its contents. We reviewed and printed protocols for anaphylaxis and cardiac emergencies.

Many clinicians have not reviewed CPR in some time, so we plan to do an Inservice in our clinic to refresh those skills. We are also going to do a review of our AED. We additionally reviewed non-medical emergencies, such as how to use a fire extinguisher, earthquake protocols. We have more work to do but have done significant groundwork to establish better practices around our emergency preparedness. This work was lead by our office manager, our RN, and myself. Cost associated was for time in preparation of protocols and facilitating training. We additionally got some basic equipment to practice CPR.

#### Outcomes Achieved

1. Established a regularly scheduled Inservice to improve on emergency preparedness skills for the team (meeting every 6 months).
2. Reviewed anaphylaxis and fire safety at our first meeting 2. reviewed emergency kit and its contents.

3. Plan to review CPR and cardiac emergencies at next Inservice, after realizing the time required to do this, and the resources, it is not something that can be accomplished in entirety in 3 months. This work was a good team building exercise and some of our weakness in this area was identified. I think this project will be sustained, and I hope to improve delegation of various responsibilities and a chain of command in the future.

## Culture as medicine: sharing with indigenous youth

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### Description

(a) The [project] aimed to teach our youth about indigenous cultural wellness practices that can be incorporated into their personal wellness goals to provide a holistic approach to their overall health. We wanted our youth to know that culture is medicine and that takes many forms as well as looks differently from person to person. Our clinic put on 2 workshops for our youth to choose from: Drum Making and Prayer Tie Making. Our elders made a point to educate the youth during the workshops as to how these practices can relate to their health as well as how these practices are historically culturally relevant. While the workshops are educational, we also wanted to foster a sense of community with the youth that attended as this is also a part of the cultural wellness aspect of the project too.

(b) The primary costs associated with this project were the supplies required for the workshops. We wanted to ensure that our youth did not have to bear the cost of these supplies – which can be quite expensive – just to participate in culturally relevant activities.

### Outcomes Achieved

1. Making our indigenous medicine and traditions accessible to our youth: In the past, many of our youth have noted that there are financial barriers to participating in cultural wellness practices. There can be a large cost associated with making prayer ties as well as building drums. We were able to successfully eliminate this barrier with this grant so the youth could participate by us already having all the supplies they need.

2. Ensuring our youth are confident in the process of practicing as well as sharing these traditions: Our elders hosting these workshops made a point to share the history behind drum-making and prayer ties as well as the cultural significance behind each. Youth were encouraged to ask questions to ensure they understood the principles behind what they were creating. This not only fostered a great unexpected dialogue with those in

attendance but also we got see attendees support one another throughout the workshops which indicated they were learning what our elders were sharing with them.

3. Fostering a community of like-minded youth/Creating an inclusive, welcoming, and safe space for all of our youth interested in participating: We saw a large range of youth from different ages and background attend our workshops. There was a lot of friendly conversations between youth that were new to one another as well as youth who attended with friends. As stated above, we saw a lot of youth sharing their knowledge with one another and assisting each other in the workshops regardless of age difference. Everyone was encouraged to be themselves and we saw that really shine through during the workshops.

## Taxi Voucher Program

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### Description

Taxi voucher program, ensuring the safety and well-being of our MOAs as they travel home after their shifts. By addressing this critical need, we aim to support staff mental health and enhance their ability to focus on providing quality care.

### Outcomes Achieved

Having access to a taxi was very valuable and we are very grateful for being granted this money. We have a team of MOA's, outreach workers and nurses that need to stay late and needed to get home during the darkest months and this was particularly important as there has been an increase in violent incidents and our staff has been feeling unsafe. All staff having the option of a taxi home when transit wasn't readily available increased safety, well being, and ultimately job satisfaction.

## Patient Education Materials on Myofascial Concerns

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### Description

We aimed to improve patient education through the development of visual learning tools focused on myofascial concerns. This grant was to support the creation of high-quality, engaging educational slides featuring detailed diagrams that helped patients understand the anatomy of muscles and fascia involved in their condition. Additionally we planned to create Illustrated guides for exercises that patients could perform independently to support ongoing care and recovery. These resources were to be displayed in-clinic and made accessible to patients via email, offering them flexible options for learning at their

own pace. Patients were to gain a better understanding of their condition and treatment, leading to informed, proactive healthcare choices.

## Outcomes Achieved

We failed to meet our original goals due to inflated costs quoted by a graphic designer and difficulties in finding non-copyrighted medical images. Furthermore the intended “exercise models” for our intended home exercise manuals did not follow through. To adapt to these shortcomings, we amended our project by utilizing medical text book imagery, instead of creating PowerPoint slide presentations. These images were used during direct patient interactions to educate patients on trigger point injections and their myofascial concerns, which they appreciated. The funding was utilized to cover staff training, ensuring they could provide the necessary patient education following patient clinical encounters. The home exercise aspect of our intended goal is not complete as we plan to create our own photographs/video content using staff as models.