# Holding Space: Building Resilience at End-of-Life - Logic Model

#### SITUATION

• Terminally ill patients and caregivers in Fraser Valley face existential and emotional distress, with limited access to non-pharmacologic al, culturally safe supports.

- Emotional and spiritual distres
- Culturally safe care for Indigenous participants
- Support for family caregivers
- System

   navigation at end
   of-life

## INPUT

- Shared Care Funding
- Project team and facilitators
- Indigenous Elders and cultural advisors
- Clinical and cultural curriculum
- Host sites and partner organizations
- Evaluation Team
- MSP billing structure
- Administrative support
- Patient and caregiver advisors

#### OUTPUT

## **ACTIVITIES**

- Develop and deliver 6-week therapeutic group programs
- Integrate Indigenous teachings and traumainformed approaches
- Provide training to group facilitators
- Collaborate with partners (e.g., hospice, Divisions of Family Practice)
- Conduct outreach and education

## **PARTICIPATION**

- # terminally ill patients who completed the 6week group program
- # family caregivers who participated in sessions
- # Indigenous participants reached through culturally adapted sessions
- # providers trained or engaged (e.g., facilitators)
- # partner organizations actively involved (e.g., Divisions, hospice, Indigenous advisors)

#### OUTCOME

# SHORT-TERM

- Increased emotional awareness and self-reflection
- Improved knowledge of end-of-life options and resources
- Strengthened sense of connection and cultural safety

# MEDIUM-TERM

- Increased ability to manage distress and communicate needs
- Enhanced caregiver confidence
- Improved integration of psychosocial supports in EOL care
- Increased provider confidence in delivering culturally sensitive group care

# LONG-TERM

- Sustainable, billable model of culturally safe, non-pharmacological end-of-life support
- Improved patient and caregiver experience navigating the end-of-life process
- Strengthened partnerships between health and community sectors

# **Quintuple Aim**

Improved Patient Outcomes

Quintuple Aim Improved Patient Outcomes

Quintuple Aim Improved Patient Caperience Impr

## ASSUMPTIONS

- Patients and caregivers will engage in group-based programming when it is accessible and culturally relevant
- Group models are a scalable alternative to individual counselling in palliative contexts

# EXTERNAL FACTORS

- Availability of skilled facilitators and Indigenous cultural advisors
- Health system changes or pressures affecting partner capacity

