THE DISCUSSION OF CONTINUING CARE IN THE EDSON AREA

MAY 2016

PURPOSE OF THE PROJECT

The Institute for Continuing Care Education and Research (ICCER), and the Alberta Centre for Sustainable Rural Communities (ACSRC) are working with Alberta Health Services to examine continuing care issues in the Edson region and how education and research can help address these issues.

The primary purpose of the networking event is to identify, discuss, and assess continuing care issues. The discussion will focus on six questions:

1. What continuing care services are available in the area?

2. Who are the providers of continuing care? What are the roles and responsibilities of each provider group?

3. What is working well for continuing care in the region– and why?

4. What are the gaps, issues, barriers, and realities for continuing care in the region—and why?

5. How can post-secondary institutions contribute to enhancing continuing care services?

6. What research or initiatives could support best practices in continuing care and contribute to improved outcomes?

PURPOSE OF THE DOCUMENT

This document is meant to provide background information for people invited to the networking session to discuss Continuing Care in Edson and surrounding areas.

WHAT IS CONTINUING CARE?

Continuing care is an integrated range of services that support the health and well-being of individuals living in their own home, in supportive living, or in a long-term care setting. Continuing care clients are not defined by age, diagnosis, or length of time they may require service, but by their need for care.[1]

ALBERTA'S CONTINUING CARE SYSTEM[2]

Alberta's continuing care system provides Albertans with the health, personal care, and accommodation services they need to support their independence and quality of life.

Continuing care services are provided in three streams which can provide clients with a broad range of health and personal care, accommodations, and hospitality services:

- *Home Living* is for people who live in their own home, or in another independent living option. They are responsible for arranging any home care and support services they may require.

- *Supportive Living* combines accommodation services with other supports and care. It meets the needs of a wide range of people, but not those with highly complex and serious health care needs.

- *Facility Living* includes long-term care facilities like nursing homes and auxiliary hospitals. Care is provided for people with complex health needs who are unable to remain at home or in a supportive living facility.

Based on their needs, Albertans may enter the continuing care system to receive:

- *Health Services in Their Own Homes*—Home care can provide in-home professional support services, such as nursing and rehabilitation, and personal support services, including bathing, or grooming assistance. Home Care does not provide all services a client may need, but can help arrange other supports provided in your community. Home care services are publicly funded and provided through Alberta Health Services.

- *Accommodation and Health Services in Supportive Living*—In addition to providing a place to live, accommodation services in supportive living can include meals, housekeeping, and social activities. Supportive living residents can also receive professional and personal support services through home care. Residents pay an accommodation fee to cover the costs of providing accommodations and services like meals, housekeeping, and building maintenance.

- *Accommodations and Health Services in Facility Living*—Long-term care settings provide both accommodations and health services in facilities like nursing homes and auxiliary hospitals. Residents pay an accommodation fee to cover the costs of providing accommodations and services like meals, housekeeping, and building maintenance. Health services in long-term care are publicly funded and provided through Alberta Health Services.

In December 2008, the Alberta Government released the *Continuing Care Strategy—Aging in the Right Place.* The report identifies a strategy "intended to provide new ways of delivering services, offering more choice to Albertans in their homes and communities."[3] The emphasis of the strategy is to provide more services in the home and community and to decrease emphasis on facility-based programming.

[1]Alberta Health Services. Continuing Care Quality Management Framework. June 2014. p 4.

[2]http://www.seniors.alberta.ca/ContinuingCare/system/ accessed 16 July 2014

[3]Government of Alberta. Continuing Care Strategy – Aging in the Right Place. December 2008. p 2.

THE EDSON AREA

We are going to be discussing continuing care in the Edson area, including Jasper, Hinton, Grande Cache, Whitecourt, Fox Creek, Drayton Valley, and neighbouring communities.

Here are some statistics on what is available in the area. The number of beds only includes long-term care and designated supportive living beds (funded through AHS). It does not include independent or non-designated supportive living beds.

Long-term care and designated supported living beds in the Edson area as of March 31, 2015[4]				
Name of Facility	LTC	SL4D	SL4	SL3
Edson Healthcare Centre	50 (76 in FALL)			
Edson Parkland Lodge				10
Grande Cache Whispering Pines				
Hinton Mtn View Centre		15	37	
Jasper Alpine Summit Lodge			15	
Whitecourt Spruce View Lodge				15
Evansburg Pembina Village	30			

Number of Home Care Clients in the Edson area as of December 31, 2015	
Office	Total clients
Edson	160
Hinton	167
Whitecourt	~200

Note Home care numbers will be updated as more information becomes available

[4]Alberta Health Services. March 2016.

[5]Ibid

PROFILE OF PEOPLE IN CONTINUING CARE IN ALBERTA

Seniors (aged 65+) make up the majority of the continuing care system and both the number of seniors and the percentage of seniors in the population are increasing. It is projected that the number of seniors within Alberta will increase from 413,100 in 2011 to 642,100 by 2021; This is an increase "from 11% to 15% of the total population."[6] In 2006, there were 7,130 Aboriginal seniors in the province, an increase of 39% from 2001.[7] As the population continues to age, there will be a greater need for continuing care services.

Continuing care is not just about seniors, however. It also includes disabled non-seniors who require health care and personal care services on an ongoing basis. Approximately 20% of the continuing care clients are less than 65 years of age[8].

In 2008, there were 14,500 seniors and persons with disabilities in Alberta living in long-term care facilities at any one time[9]. Additionally, there were more patients in hospital beds awaiting transfer to long-term care beds. This number varied throughout the province[10].

In September 2010, the Government of Alberta released *A Profile of Alberta Seniors*. This document highlights some additional demographic characteristics of seniors in Alberta.

THE IMPORTANCE OF RESEARCH & EDUCATIONAL INITIATIVES IN RELATION TO NEW INITIATIVES

In the past several years a number of important policy directions have been identified by the Alberta Government as well as recommendations made by other organizations, such as the Canadian Patient Safety Institute. There are important areas of research and education needed in all aspects of continuing care as these initiatives are implemented in Alberta. These reports are listed at the end of this document.

Research and education are closely linked. As new initiatives are developed in health care and in continuing care, the results can lead to the development of new educational programming, the enhancement of existing programming, or the inclusion of innovations, such as technology integration. As the educational programs adapt, there is a need for additional research to see if the programs are addressing the original needs[11].

It is important to look at how research and innovations in education can be used to enhance continuing care in the Lac La Biche area.

Research in continuing care can be categorized into nine broad areas of inquiry[12]:

- **Appropriateness**: including assessment/measurement tools (RAI)

- **Caregivers:** including informal caregivers/family involvement, education, family-staff relations, & knowledge about aging and disease
- **Economic impact:** including costs to informal caregivers/family; moves to LTC (wait lists)
- **Education:** involving formal caregivers/staff
- **Knowledge transfer**: including knowledge transfer, translation, & brokering

- **Patient outcomes** including:
  - ♦ Functioning - dementia/cognition, food intake/swallowing, incontinence, mobility/pain, & co-morbidities;
  - ♦ Homelike environment - bedrooms & dining area;
  - ♦ Moves to LTC - relocation stress; transition in care;
  - ♦ Satisfaction with care

[6] Government of Alberta. A Profile of Alberta Seniors. September 2010. p. 5.

[7] Government of Alberta. A Profile of Alberta Seniors. September 2010. p. 24.

[8] Alberta Health Services Finance. Continuing care client service utilization survey [Data file]. Alberta; Alberta Health Services; September 2010.

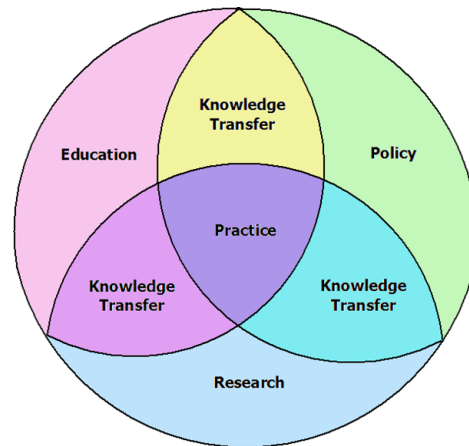[9] Government of Alberta. Continuing Care Strategy – Aging in the Right Place. December 2008. p 2.

[10] Alberta Health Performance Service Report September 2009.

[11] Research Opportunities Related to Continuing Care in Alberta. ICCER. January 2009.

[12] Ibid

THE IMPORTANCE OF RESEARCH & EDUCATIONAL INITIATIVES IN RELATION TO NEW INITIATIVES CONT.

- **Patient safety** including:
  - ♦ Care practices - feeding, medications, palliative care, restraint use, recreation, & quality of care;
  - ♦ Client/resident functioning (falls)
- **Technology**: including the use of technology to provide or improve patient care (electronic patient records; telehealth)
- **Workforce**: work organizational context, including formal caregivers/ staff

Educational opportunities extend beyond the 'typical' areas of the health workforce. Educational opportunities related to the continuing care field can be categorized using the same heading as research and can be broken into three types of programming:

- Development of new programs
- Expansion of existing programs
- Innovative educational programming such as technology integration

COMMUNITY NEEDS DRIVEN RESEARCH NETWORK (CNDRN) FOR CONTINUING CARE IN ALBERTA

In 2012, the Institute for Continuing Care Education and Research (ICCER) utilized qualitative research methods to conduct consultations across Alberta. The purpose of the consultations were to identify the top issues for research related to continuing care (CC), as identified by front-line workers in the CC sector. The top issues were used to guide research aimed at improving practice and care.

Two groups, a Needs Reference Group and a Research Reference group, were created to work collaboratively to develop research questions and identify

potential research projects. The Needs Reference Group's role was to identify issues, challenges, practices with insufficient evidence, and areas that need information to inform practice in continuing care. The Research Reference Group was to evaluate the issues identified by the Needs Reference Group to develop research questions and coordinate the conduct of the related research.

Seven focus groups and three interviews with front-line staff were used to collect data across five cities in central and southern Alberta (Calgary,

Edmonton, Lethbridge, Medicine Hat, and Red Deer). A total of 69 diverse front-line workers from 9 cities/towns participated in the process, representing private, not-for-profit, and Alberta Health Services provider organizations.

In addition, the results from previous community networking events held by ICCER (in Grande Prairie, Slave Lake, and the Regional Municipality of Wood Buffalo) were analyzed separately. The topics included gaps and issues in continuing care, as well as how research could improve practice and care.

COMMUNITY NEEDS DRIVEN RESEARCH NETWORK (CNDRN) FOR CONTINUING CARE IN ALBERTA CONT.

Ten main themes emerged from the consultation process and community networking event results, as well as four additional themes that were significant in certain areas of Alberta.

The top ten themes identified were:

- Mental Health related issues
- Education related issues
- System Navigation and Transition of care
- Technology for adult learning and point of care
- Role definition within the CC sector
- Staff retention and recruitment
- Working with families
- Caregiving
- Intercultural issues
- Need for Recreation and Rehabilitation staff

The four location-dependent themes included:

- Palliative care, end of life, and hospice (Edmonton)
- RAI research (Calgary and Edmonton)
- AHS policy inconsistencies (Southern Alberta)
- First Nations issues (Northern Alberta)

ICCER is involved in many research initiatives and networking events as a result of the CNDRN project findings. To read the final CNDRN report, visit http://www.iccer.ca/cndrn_results.html

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ADDITIONAL READING

Alberta Health. June 2012. Moving Continuing Care Centres Forward: A Concept Paper.

Alberta Health Services. Understanding Continuing Care http://www.albertahealthservices.ca/cc/Page13154.aspx

Alzheimer Society of Canada. 2010. Rising Tide: The Impact of Dementia on Canadian Society.

Canadian Hospice Palliative Care Association. 2013. A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice.

College and Association of Registered Nurses of Alberta. November 2013. Older Adults Policy Pillar: Taking Action.

Government of Alberta. September 2010. A Profile of Alberta Seniors.

Government of Alberta. November 2010. Aging Population Policy Framework.

Government of Alberta. April 2012. Building Age-Friendly Communities: A Guide for Local Action.

Government of Alberta. April 2012. Building Age-Friendly Communities: Accompanying Materials.

Government of Alberta. April 2012. Building Age-Friendly Communities: Creating an Age-Friendly Business in Alberta.

Government of Alberta. December 2014. Supportive Living Guide.