Summary of the Continuing Care Community Networking Event held on 17 May 2011

Grande Prairie

June 2011

Financial support from the Alberta Rural Development Network

Contents

Background 1
Methodology 1
Participant Selection 1
Invitations 1
Background Materials 1
Consultations 2
Participants 2
Analysis 3
Round 1 – What CC is available in or near your community? What services, programs, and supports are people receiving in or near your community currently? 4
Round 2 – What's working now for continuing care in the region – and why? 7
Round 3 - What are the gaps, issues, barriers and realities for continuing care in our region? 8
Round 4 - How the post-secondary institutions contribute to enhancing continuing care? What research or innovative initiatives could support best practices in continuing care? 10
Summary 11
Appendix A – Background Materials 12
Appendix B – Copies of the Original Flip Charts 13

Background

On 17 May 2011 a community networking event was held at Grande Prairie Regional College (GPRC). The networking event brought GPRC, the Institute of Continuing Care Education and Research (ICCER) and its affiliated organizations (including the University of Alberta, NorQuest College and Alberta Health Services [AHS]), and the Alberta Centre for Sustainable Rural Communities (ACSRC) together to discuss issues related to continuing care with local community groups. This provided an opportunity to identify local gaps in continuing care programming and resources, and whether there are issues that the post-secondary institutions (PSIs) can address through training & education programs for students and/or practitioners, and through research. PSIs have an important role to play in the sustainability of rural communities through their role in 'home growing' health practitioners of the future and reducing out-migration.

This document provides a summary of the highlights of the day.

Methodology

Once the ARDN grant was approved, a working group was set up with representatives from ICCER, ACSRC, GPRC, AHS, and Grande Prairie County Family and Community Support Services (GPC FCSS).

Participant Selection

After initial discussion, the proposed initiation list was broken into three groups: i) organizational & community representatives; ii) private citizens and front line staff; and iii) observers or non-local participants. Once the types of people/organizations to be invited were agreed upon, the local representatives developed a list of 29 organizational/community representatives and 10 observers/non-local participants. This last category also included the planning community.

The local representatives filled out the list by contacting the organizations for names and contact information. They also checked their own contacts to get names of front line staff and interested citizens to invite. ICCER added names to the observer/non-local participant list.

Observer/non-local participants included representatives from: University of Alberta, NorQuest College, University of Calgary, Alberta Health & Wellness, Alberta Seniors & Community Supports, Alberta Advanced Education & Technology, and Health Canada.

Invitations

A total of 50 invitations were mailed by GPRC, excluding the planning committee members.

A letter signed by Susan Bansgrove, VP Academic, GPRC, was sent to all invitees except for the observer/non-local category. Sandra Woodhead Lyons, ICCER, invited these individuals by telephone calls, email, and mail.

Invitees were asked to RSVP by May 3rd. On May 4th, representatives from GPRC and GPC FCSS got together and reviewed the responses. They called everyone who had not replied, and if people were unable to attend, asked for alternative names. Alternatives were contacted by phone and followed up by mail or email.

Background Materials

To facilitate discussion, participants were given access to a background document (www.iccer.ca/gprccontinuingcarereports) and a range of strategic, policy and issue-specific documents. A list of these materials is included in Appendix A.

Consultations

The consultations were done using a café conversation technique. All participants were randomly assigned to a table for the first round. Each table had an assigned table host.

The discussions were broken into four rounds. People were given 20-30 minutes for discussion, and then there was a group discussion for another 20-30 minutes. After each round, individuals were asked to move tables and sit with a different group of people. Table hosts remained at the same table for each round.

The group discussions were facilitated by Cheryl King, GPRC, Sandra Woodhead Lyons, ICCER, and Lars Hallstrom, ACSRC.

Participants

Planning Committee

Name	Organization
Lars Hallstrom	Alberta Centre for Sustainable Rural Communities
Sandra Woodhead Lyons	Institute for Continuing Care Education and Research
Cheryl King	GPRC
Sheila Elliot	GPRC
Kathleen Turner	GP County FCSS
Marie Johnson	Alberta Health Services

Facilitators:

Name	Organization
Lars Hallstrom	Alberta Centre for Sustainable Rural Communities
Sandra Woodhead Lyons	Institute for Continuing Care Education and Research
Cheryl King	GPRC

Table Hosts:

Name	Organization
Kathleen Turner	GPC FCSS
Sheila Elliot	GPRC
Arlene Wolkowycki	NorQuest College
Al Cook	University of Alberta
Yvonne Dickson	Citizen
Janet Longmate	Citizen

Participants:

Organizations	Number of Participants
City of Grande Prairie - Council	1
City of Grande Prairie – Home Support	4
County of Grande Prairie – Home Support	1

Organizations	Number of Participants
County of GP – FCSS	1
Grande Cache – FCSS	1
Sexsmith – FCSS	1
Immigrant Settlement Services	1
Elder Caring Shelter	1
Grande Spirit Foundation	1
Town of Beaverlodge	1
AB Council on Aging	1
Hythe and District Pioneer Homes	2
AB Seniors and Community Supports - Persons with Developmental Disabilities (GP)	1
GP Care Centre	1
Alberta Health Services	1
North Peace Housing Foundation	1
Citizens at large	3
Alberta First Nations Working Group on Continuing Care	1
Alberta Seniors and Community Supports	1
Alberta Health & Wellness	1
Alberta Advanced Education & Technology	1

Analysis

SUMMARY: Continuing care is available to varying degrees within the broader catchment area of Grande Prairie. Supports and services vary by community, and there is a difference between the levels/availability of services between rural and "urban" (i.e., Grande Prairie-based) communities. There are multiple active and potential stakeholders involved in both the use and delivery of continuing care in this area, and some programs are in flux. The combination of a significant variety of services, variations in language and naming of programs, and differentiation of services/resources between rural and Grande Prairie-based locations can lead to confusion and uncertainty, and there is a perception (and perhaps reality) of uncertainty regarding the availability of reliable data regarding resources, usage and efficacy of programs. FCSS is an important, if not critical, resource in the provision of continuing care in this region.

THEMES: Continuing care in this region can be divided into 4 broad categories, and further differentiated in terms of the rural/urban split. The categories of delivery identified by participants are:

- Social programming
- Facility-based programming
- Health care availability
- Homecare programming

Round 1 – What CC is available in or near your community? What services, programs, and supports are people receiving in or near your community currently?

Social Programs	Facility Programs	Health Care Availability	Homecare Programs
Grande Prairie			
FCSS Support Services Supports vary by community There is no income criteria for home support but the fee is based on income, housekeeping, driving, companionship, respite • Senior Living • Senior Centre • Community Needs • Forms • Info/Referral – depends on the community • FCSS differs between rural and urban – is a BIG rural player	Group homes (for PDD etc.)	Full complement of health care professionals – some contracted out	Home living is supported by home care services and by families providing care.
Adult Day Program	Children with development disabilities	Psycho-geriatrician, but no regular geriatricians.	Home Care Home Support
Seniors Outreach • Help to navigate the system and helps people to fill out forms • Provides information on what is available • In the G.P area, a seniors outreach employee goes around to communities and provides "senior's community support"	Elders Caring Shelter	AHS foot clinics	Families providing care
Immigrant services – provides adult care nannies	Facility Living Senior Building	60 more spaces in LTC	Home Support Services • Housekeeping • Meal Prep • Driving • Companioning

Social Programs	Facility Programs	Health Care Availability	Homecare Programs
			• Respite • *Some communities do not have home support services*
Home sharing programs – just cancelled	GP has 60 LTC beds and 60 DAL. The numbers are expanding.		• Lot of family care providers
Rural/Surrounding Area (including, Beaverlodge, Hythe, Sexsmith, Grande Cache)			
FCSS Support Services Supports vary by community There are no income criteria for home support – everyone pays a fee. However the fee is different for each services such as, housekeeping, driving, companionship, respite FCSS differs between rural and urban – is a BIG rural player FCSS Home support In the county: • Respite • Meal • Manor Home Cleaning • HS Worker: • First Aid • MH Certificate • SP “assist” Grande Cache FCSS “big player”	Beaverlodge Is a seniors retirement community Has seniors retirement and supportive living	Grande Cache Few seniors Four LTC in health centre and lodge	County has lots of family care providers but no concrete info re: the #’s/ needs
Hythe – full range of health services	Grande Cache Lodge	Mental Health services for seniors	Home care =personal care (AHS PCHS) Home support = home, house cleaning, FCSS, etc. (These two are often confused)
Meals on Wheels			Immigrant services →

Social Programs	Facility Programs	Health Care Availability	Homecare Programs
Varies by community Delivery			nanny/support services, "Live in Caregivers"
Disabled transportation to G.P			Home Support Services • Housekeeping • Meal Prep • Driving • Companioning • Respite *Some communities do not have home support services*
Adult Day Program Beaverlodge Hythe			
Seniors Outreach • Info/forms • Help with navigating the system • "Passed away" • What is available • G.P area funded position goes around to communities and provides "senior's community support"			
Partnership transportation and City of GP and MDS			
A willingness to provide resources and connect people – sharing info – "Champion of the Cause" community members A willingness of people to help out and volunteer info and services (e.g. health food store would like more concrete volunteers and donations)			

Round 2 – What's working now for continuing care in the region – and why?

Social Programs	Facility Programs	Health Care Availability	Homecare Programs
Home support through FCSS	Supportive living through lodges (especially for lower income; w/o health would deteriorate faster) – moderate income	Doctor in Sexsmith – makes house calls	Home care services/nurses • People stay in homes longer
Seniors Outreach – "1 stop" • Knows everything GP/Calgary/MH re: seniors • Great service and info • Evolution '82 is interested – Council on Aging 1982 – 8 divisions, provincial $$, now little $	Grande Spirit Facility – "Very pleased"	GPRC – nursing/social work program	People living in independent situations • "Buddy Systems" • Sense of community • People checking/watching
Seniors Transportation • To GP, to doctor, to events, socials, church, etc. ** Supportive Living Communities have buses – working in some communities		Red cross – equipment for STELP type	AHS home care • Has made post acute recovery much better/faster • "Gets you to the next stage"
Support $$ from municipalities – "Champions of the Cause" – keeps the programs going		Aboriginal health liaison worker – consistent care	
Meals on Wheels		"Lifeline" call system • Standard feature in supported living • In independent living need to go to an independent provider	
Food banks			
Hythe Adult day program – socialization for seniors			

Social Programs	Facility Programs	Health Care Availability	Homecare Programs
Service groups/churches/volunteers – "informal caregiver"			
Seniors outreach in G.P started interagency monthly meetings • Seniors interagency F2F meetings • Connect/support/exchange • Support flow of seniors within the community			
FCSS has provincial meetings – facilitated flow of information and cooperation			

Round 3 - What are the gaps, issues, barriers and realities for continuing care in our region?

SUMMARY: Participants identified numerous gaps, issues, and barriers in the provision of continuing care in the Grande Prairie region. These covered a range of issues and perspectives that reflected not only the different driving or causal factors understood to lie behind the difficulties of providing continuing care (such as demographic change and economic factors that are often external to a community), but also the different "forms" or types of gaps/issues that can exist. In other words, not only do they exist in the provision of continuing care, but there are also different causes, different types, and different areas or strategies where "bridging" of these gaps/issues can take place.

THEMES: Gaps and issues can be identified in two different ways: (1) by the 'location' of the issue/gap; and (2) by the type or cause of that issue/gap. Specifically, gaps may exist within the user community itself at the individual level, within and across the continuum of the provision of services, or at a population or community level. These categories are not mutually exclusive.

Issues can also be placed within a simple typology that characterizes them as:

- a result of distance and density (two primary characteristics of rural communities);
- gaps in the knowledge base;
- lack of collaboration
  - between service providers, communities and inter-jurisdictional entities
- gaps in capacity
  - Capacity to make decisions and to self-determine
  - Capacity to implement decisions

The following word cloud graphically depicts the major gaps, issues, barriers and realities identified.

Theme	User	Provider	Community
Distance/ Density	Separation of couples		Separation of couples
			Depopulation o f rural areas
		Aging infrastructure with no tax base to support new infrastructure	Aging infrastructure with no tax base to support new infrastructure
	Discharge from hospital to 1^{St} Nations communities is an issue because of distance, lack of resources on reserve		Discharge from hospital to 1^{St} Nations communities is an issue because of distance, lack of resources on reserve
Knowledge	Incomplete or inaccurate information re standards of care and who does what (for e.g. there is a perceived lack of appropriate training of health care workers in private facilities that may not reflect actual practice)		
	Lack of information and consistent definitions when dealing with continuing care (e.g. assisted living/supportive living)		
		Need to plan ahead for facilities and services for the future	Need to plan ahead for facilities and services for the future
	Financial planning advice/assistance should		

Theme	User	Provider	Community
	be provided to help people plan for their retirement and how they should spend their money		
	More discussion and knowledge needed about mental health issues. Seen as taboo to discuss.	More discussion and knowledge needed about mental health issues. Seen as taboo to discuss and many health care workers lack knowledge of mental health issues.	More discussion and knowledge needed about mental health issues. Seen as taboo to discuss.
Collaboration	Jurisdictional issues for aboriginal communities prevent collaboration	Jurisdictional issues for aboriginal communities prevent collaboration	Jurisdictional issues for aboriginal communities prevent collaboration
		Increased collaboration/ partnership between organizations is needed however there are time constraints and in some cases feelings of insecurity over sharing	
Capacity	Change in expectations of demand	Changing standards for facilities	
		Difficulty recruiting and retaining trained health care workers of all types	Difficulty recruiting and retaining trained health care workers of all types
	Informal caregivers need support and guidance, as well as additional services such as granny nannies, private nursing agencies, etc.		

Round 4 - How the post-secondary institutions contribute to enhancing continuing care? What research or innovative initiatives could support best practices in continuing care?

SUMMARY: There are multiple opportunities and venues in which PSIs can, and should, interact with continuing care. These include the more traditional venues of education and the training of practitioners, as well as research to support practice and programming. However, it was also identified that there are new areas where PSIs can support continuing care. These including serving as a “broker” and facilitator for communications and information-sharing, as well as participating in, and supporting, collaboration between the many stakeholders engaged in continuing care.

Although this round was focused on potential research and innovation from PSIs, several other suggestions, not related to PSIs, were raised and are included here.

Research
Informal caregivers – more research on informal/family care giving is needed. Rural recruitment and retention – more research is needed into how to attract and retain health care workers in northern communities. Technology and how it can be effective – e.g. simple memory aids, monitoring.
Education
Health care aides – with the new provincial initiative there is potential for PSIs, such as GPRC, to help train health care aides locally. Just in time learning – There is a need for the PSIs to develop and deliver more 'just in time learning' to the community, in relation to continuing care issues. Technology and how it can be effective – e.g. alternative delivery methods for education such as mobile technologies (i.e. smart phone, cell phone, pad computers). Mechanism needed for PSIs to react and provide timely courses.
Community
People falling between the cracks – need improved communication between provider groups and to the general population.
Collaborative
Better collaboration in needed between 1st Nations colleges and other colleges.
The general population needs better understanding of continuing care and the terminology used (e.g. assisted living). AHS and GPRC could work together to provide this.
Knowledge brokering – PSIs can collaboratively identify things that have been tried and what has worked.
Visioning and policy making – PSIs need to be involved with government and community so that they can contribute to the future direction of continuing care, and be able to react quickly to changes.

Concrete examples of some research opportunities were given. For example, in terms of effective recruitment and retention, the ARDN had a grant application process in place to help fund successful strategies of health professional.

Summary

The networking session was a good opportunity for representatives of various organizations and communities to share thoughts and discuss issues related to continuing care in the region. Although no definite activities or future plans were immediately apparent, there are some potential activities that could be encouraged:

1. GPRC and AHS could work together to offer information sessions about continuing care addressing issues such as:
   a. the language related to continuing care – AHS is working towards standardizing terminology for the continuing care sector. There needs to be a mechanism for getting these definitions to the general public.
   b. services available in the region and how to access them. This may involve compiling a resource book of all continuing care related services in the area.

   Information sessions could provide valuable information and reduce the confusion and uncertainty that was expressed during the community networking session.

2. GPRC can collaborate with other PSIs to increase their role as knowledge brokers and to transfer new learnings into curriculum.

Appendix A – Background Materials

Discussion document:

Background Document for the Discussion of Continuing Care in the Grande Prairie Region

Appendix 2 - Research and educational opportunities in continuing care based on major policy directions

Background reports:

Canadian Patient Safety Institute. The Safety Competencies: Enhancing Patient Safety Across the Health Professions. Ottawa. 2008.

Canadian Patient Safety Institute, Capital Health (Edmonton), CapitalCare (Edmonton). Safety in Long-term Care Settings: Broadening the Patient Safety Agenda to Include Long-Term Care Services. 2008.

Canadian Patient Safety Institute, Victorian Order of Nurses of Canada, Capital Health (Edmonton). Safety in Home Care: Broadening the Patient Safety Agenda to Include Home Care Services. 2006.

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

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

Government of Alberta. Alberta Pharmaceutical Strategy. December 2008,

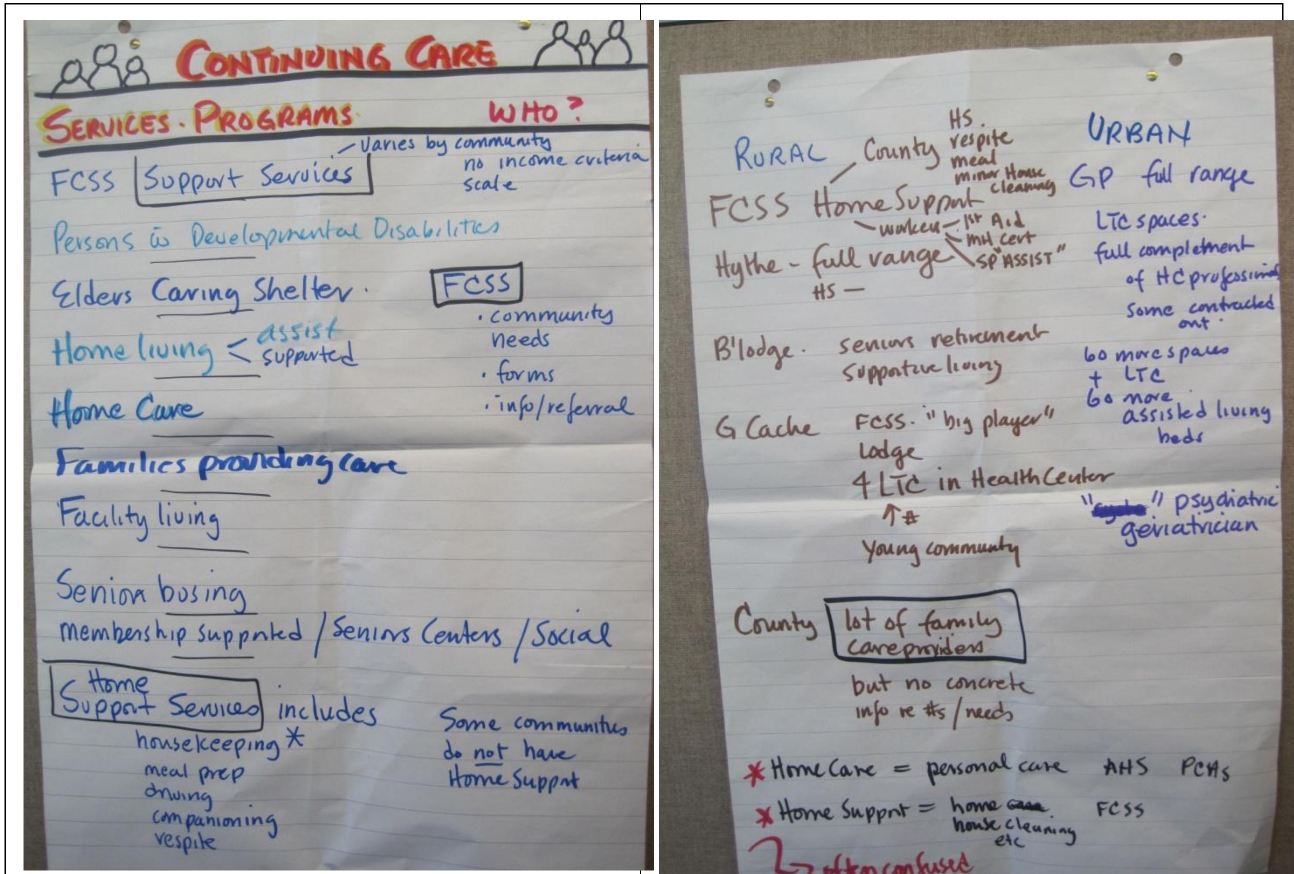
Government of Alberta. Becoming the Best: Alberta's 5-Year Health Action Plan 2010-2015. November 2010.

Government of Alberta. Continuing Care Strategy – Aging in the Right Place. December 2008.

Government of Alberta. Provincial Services Optimization Review: Final Report. 2008.

Government of Alberta. Vision 2020. December 2008.

Appendix B – Copies of the Original Flip Charts



Meals on wheels
- varies by community
- delivery ...

PDD
- Group Homes

Disabled Transportation GP

Children with Disabilities

MH Services for Seniors

Home Sharing program.

Adult Day Program GP B'lodge Hythe

AHS foot clinics etc

ISS => nanny / support services "live in caregivers"

Seniors Outreach: info / forms
help w navigate the system
"passed away"
whats available
GP/area funded position
goes around to communities
+ provides
"Seniors Com. Support"

WHAT'S WORKING? & why?

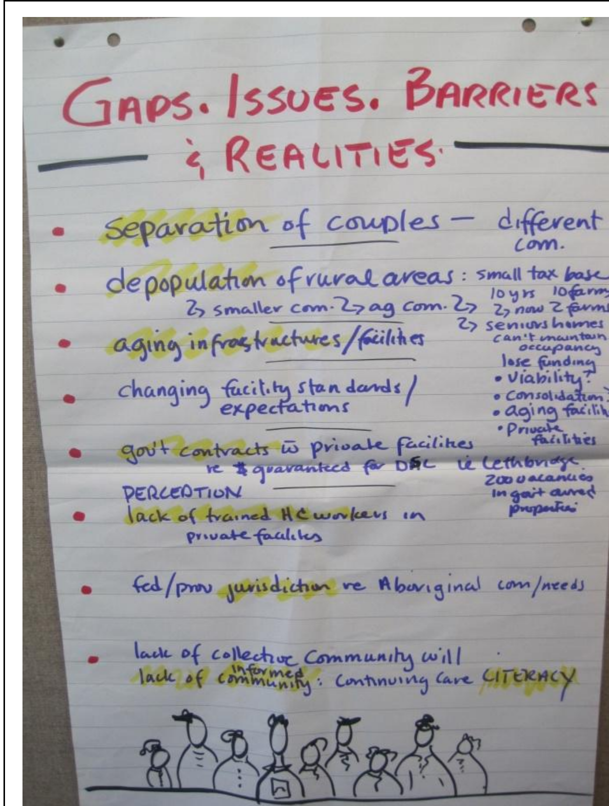
- ★ home support thru FCSS
- ★ home care services / nurses
  - ↳ people stay in homes longer
- ★ Seniors outreach "1 stop"
  - ↳ know EVERYTHING GP re seniors Calgary MH
  - ↳ great service + info
  - ↳ evolution '52 8 divisions prov $$. New.
- ★ Seniors transport
  - ↳ to GP, to Drs, to events, socials church, etc
- * Supportive living communities have buses – working in some communities
- ★ Support $ from municipalities "Champions of the Cause"
- ★ Partnership transport + City of GP + MDs
- ★ Supportive living through Lodges esp. for lower income w/o health would deteriorate faster
- ★ a willingness to provide resources + connect people. Sharing info "Champion the Cause" community members

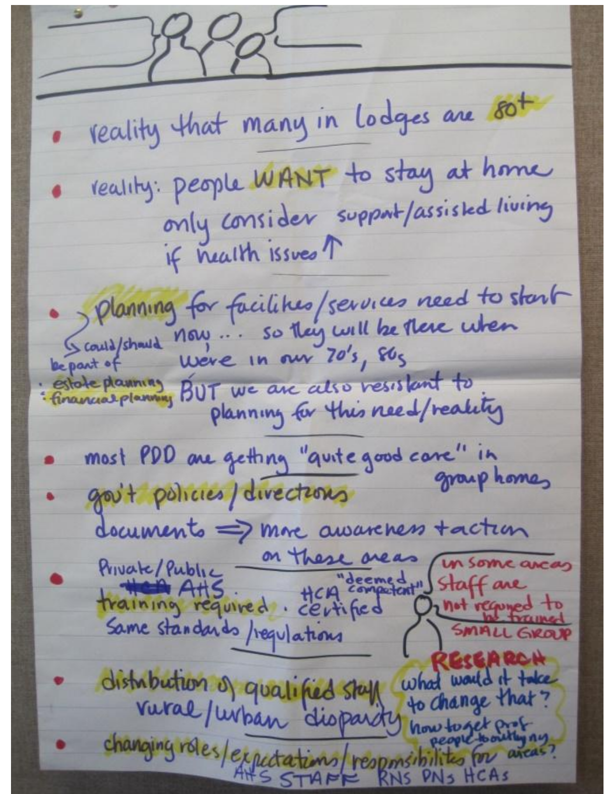
---

- ★ Dr in Sexsmith House calls
- ★ Meals on wheels
- ★ Food banks
- ★ GPRC Nursing Social Work
- ★ Red Cross equipment
- ★ Community supports Volunteers & Donations
- ★ People living in independent situations
  - ↳ "buddy systems"
  - ↳ people checking / watching
- ★ Communication between Edm Hospital "sometimes" & Home Care here
- ★ Hythe Adult Day Program. Socialization for Seniors
- ★ Aboriginal Health Liaison Worker consistent care
- ★ Service groups / churches / volunteers "informal care giving"

- ★ life line
  - ↳ standard feature in supported living
  - in independent living need to go to an independent provider
- ★ AHS Home Care has made post acute recovery much better / faster "gets you to the next stage"
- ★ Grande Spirit Facility "very pleased"
- ★ Seniors interagency f2f mtgs connect. support. exchange supports flow of services w/in community

terrain "things work differently in different places"





people who fall 'through the cracks"
don't fit MH
don't fit PDD
not acut.
Issues $
behavior
life skills

$ in some cases person doesn't understand use/allocation of $
"think they don't have enough $ to provide for themself"
AISH · smokes ⇒ can't afford to live in a LODGE
a mentality of "not spending on oneself..."
saving $ to pass on legacy to kids

financial planning ... raised cost of living
is HARD to predict
death of spouse = 50% cut in $
can not plan inflation ... length of life....
investment loss in past few years.
↓ value.

informal/family caregivers need
• more info re specific issues/options
• more support
ACCESS TO / AWARENESS of
"families need a 1. stop for info"
family members need more training to handle cc/issues.

RESPITE + RESPITE SYSTEM/ACCESS
some beds available
* do we know how many, where, when, how to access?

Home Support workers BINDER
info re agencies, programs, services
they provide this specific info to clients
lots of people call FCSS for info

"We don't pay attention to what we don't need NOW"

AB SUPPORTS HOTLINE + WEBSITE
consolidate info re program/services for vulnerable populations

- Seniors & computers
  great variability
  - knowledge/use/comfort
  - access/functionality
- Discharge planning for FN communities
  - no service/available after hours @ com. level
  - Fridays – Monday

  also happens in lodges
  no care plan/assessment until Monday

  Post surgical/hosp. care
  → rural HC centre
  lack of trained HC prof. to provide many services
- Home Support does not cover all required needs ie snow yard.
- DIRECTORY of what's available in THIS COMMUNITY
- allowing a senior to live at risk if they so choose
- ↑ partnerships & collaboration twin Sports/org ie go to Edm to qualify to play in Fairview

---

- confusing names, terms, acronyms
  hard to understand
- normalizing conversations around MH
  how to surface, talk about, deal c̄ this
  they're scared . . . .
- private care / "gap"
  for those who need more than HS
  "granny nanny"
  24hr live in service 24/7 either short or long term
- transportation for seniors in rural/remote areas
  acess. rural areas
  Isolation/transportation
  they hesitate to drive . . . to make Dr. appts
  don't want to drive in town
- NAVIGATING through gov't services + forms . . . lots of paper. bureaucracy
  Strategic spending – research/best practice prior to investment in staff etc

---

- more work in VISIONING
  + more planning
  - what services?
  - what plans?

Colleges/Universities?
Research & Innovation/Best Practices?

education, training, research

- Health Care Aides
  ↑ 4800 HCA in AB
  ↑ capacity in training
  700 spots by fall
- informal caregivers/family
  Wendy Duggleby
  AB Caregivers Association
  supports for family caregivers
  no funds to research Northern AB.
  opp for GPRC to help c̄ their research
  → work c̄ researchers/focus groups

ISSUE Direction of P3s
not enough discussion w/in public/community
P3s moving care away from public at expense of rural
P3 review required prior to approval/action
ie MacKenzie Place moving to a P3/private provider

- VISIONING & POLICY DIRECTION
  - * who provides this? AHW?
  - * mechanisms for PSI to provide timely programs/services
  - GPRC? a need to "connect" gov't info + public awareness
  - * what's local? self determining
    what will we do?
  - * people creating vision are not the ones using the facilities & services
    → an ongoing evolution of expectation
    × continuous review

- Gov'T Docs
  lots of them? awareness?
  summary/synthesis?
  Appendix docs to this event
  → summary
  key pts.
  ie lack of financial planning
  Strategies: * how to build awareness training for seniors
  - research? resources? links?
  - training N/Credit courses for financial planning? re Seniors/Continuing Care
  - * imp. of financial planning that is not biased... not selling something
- a "big culture" shift
  → perhaps start by talking to younger groups... HS/CMCM? ConEd?
- "Just in time" information + learning
  ie "science shops"
  → opp for Colleges
  → shift in PSI learning culture
  more problem/reality specific
  not theory/generic

- FN colleges
  → also opp for 'just in time' learning & be a part of this discussion
  * need for more collaboration & integration
  * ? how to work together more?
  × models/examples (PSI as knowledge brokers)
  - how other areas are doing things
  - opportunities?
  avoid 're-inventing the wheel'
- technology: how to use to meet need
  ie simple memory aids
  monitoring
  w/o taking the 'human' out of the process
  (? telehealth research ? quality of care exp of care receiver)
- Universal design
  multiple modalities
  ie Home alarm. read speak
- Applied research: practical questions
  local info
  action/evaluation @ local level
  current rfp re rural HC research June 1
  (regional research apply concepts locally)