Summary of the Continuing Care Community Networking Event held on 3 April 2012

Slave Lake

April 2012

Financial support from the Alberta Rural Development Network

Contents

Background

On 3 April 2012, a community networking event was held at Northern Lakes College (NLC). The networking event brought NLC, 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 and 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, NLC, and AHS. The session was originally planned for May 25, 2011 but was postponed due to the forest fire that swept through the area. In late 2011, planning for a session in 2012 was started. The date, May 3, 2012 was selected. The invitation list and background document were updated.

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. The final list in 2012 included 39 organizational/community representatives and 14 observers/non-local participants. This last category also included the planning committee.

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 the University of Alberta, NorQuest College, Northern Lakes College, Alberta Health & Wellness, Alberta Seniors, and Health Canada.

Invitations

About 45 invitations were mailed by NLC, excluding the planning committee members.

A letter signed by Julia Melnyk, Dean of Health Careers and Program Development, NLC, was sent to all invitees except for some of the observer/non-local category. Sandra Woodhead Lyons, ICCER, invited these individuals by telephone calls and email.

In 2012, invitees were asked to RSVP by March 20th. On March 21st, representatives from NLC 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/nlccontinuingcarereports) 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 Julia Melnyk, NLC, 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
Julia Melnyk	Northern Lakes College
Allyson Goyette	Northern Lakes College
Bonnie Porat	Northern Lakes College
Donna Dube	Northern Lakes College
Patricia Bacon (2012)	Alberta Health Services
Cindy Harmata (2011)	Alberta Health Services

Facilitators:

Name	Organization
Lars Hallstrom	Alberta Centre for Sustainable Rural Communities
Sandra Woodhead Lyons	Institute for Continuing Care Education and Research
Julia Melnyk	Northern Lakes College

Table Hosts:

Name	Organization
Arlene Wolkowycki	NorQuest College
Al Cook	University of Alberta
Julia Melnyk	Northern Lakes College
Kyle Whitfield	University of Alberta
Allyson Goyette	Northern Lakes College

Participants:

Organizations	Number of Participants
Heart River Housing	1
Northern Lakes College (not including those listed above)	1

Organizations	Number of Participants
Mackenzie Housing	1
Extendicare Athabasca	3
Alberta Health Services	5
Vanderwell Lodge	1
Manoir du Lac	1
FCSS - Town of Slave Lake	1
FCSS - MD of Big Lakes	1
Bigstone Health Commission	1
Peavine	1
Swan River	1
Health Canada - First Nations and Inuit Health	2
Alberta Health & Wellness	1
Alberta Advanced Education & Technology	1

Analysis

SUMMARY: Continuing care is available to varying degrees within the broader catchment area of Northern Lakes College. Supports and services vary by community, and there is a difference between the levels/availability of services between rural and "more-rural" communities (i.e. isolated First Nations reserves and Metis settlements). 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 locations can lead to confusion and uncertainty. There is a recognition that jurisdictional issues are at play (between players such as Health Canada, First Nations communities, AHS, educational providers, and other organizations). There are also cultural and language issues.

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
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 Individual communities decide how to spend FCSS funds	Athabasca - 50 acute/extended care beds - 23 LTC beds - Lodge program, home care visits but no supportive living - 13 bed dementia unit	Metis settlements do not access CC programs and cannot access federal programs	Home care services widely available for both rural and urban clients
More supportive services in urban areas than rural communities	Slave Lake - 20 LTC beds - Lodge program - Supportive living	Basic care available all over, specialized care patchy, mostly in major centres	Home support and personal care available
Transportation available in some areas (many settlements do not have transportation)	Manor du Lac - Provides all levels of continuing care	Physician shortages, access limited	In some areas, includes yard- and house-work, meals, socialization (for isolated clients)
Ongoing learning programs provided to communities (eg. dietary & diabetes education)	Mayerthorpe - 50 extended care beds	Pharmacists managing drugs such as anticoagulants	
Healthlink	St. Paul - 76 extended care beds		
Rural communities have patchwork of programs - gaps and cracks in coverage	Bonneville - 50 extended care beds		
Meals on Wheels limited to towns, have strict boundaries in which they can operate	La Crete - 80 bed lodge w/ assisted living - 10 bed dementia unit		
	High Prairie - 37 LTC beds		

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

Social Programs	Facility Programs	Health Care Availability / Providers	Homecare Programs
Home support services (FCSS)	Home care and lodges are meeting needs	Standardized audits helping to improve CC quality in this region	Very strong home care teams
Community Access for People in Continuing Care (CAPCC) is provided through AHS but is underutilized	Long term care facilities working well for those who can get in (severe shortage of openings)	Distance education programs help keep service providers in the community	New era in homecare shifting to better service model - teams now trained to say 'yes', rather than to say 'no' to stretch resources
Northern Alberta Brain Injury Society (NABIS) (works but relies heavily on aging volunteer population, trouble recruiting younger volunteers)	Alberta Stroke Strategy improving care as patients move through facilities	Positive change in the attitude of providers who choose to work in CC	Home care providers moving beyond scheduled care
Engagement through Community Rural Action Planning		Increased collaboration between service provider	Increased use of technology improving care, receiving acceptance from community
Supportive living		La Crete and area – full scope of assisted living services	
Trial of telephone monitors to provide remote care in community			

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 Northern Lakes College 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.

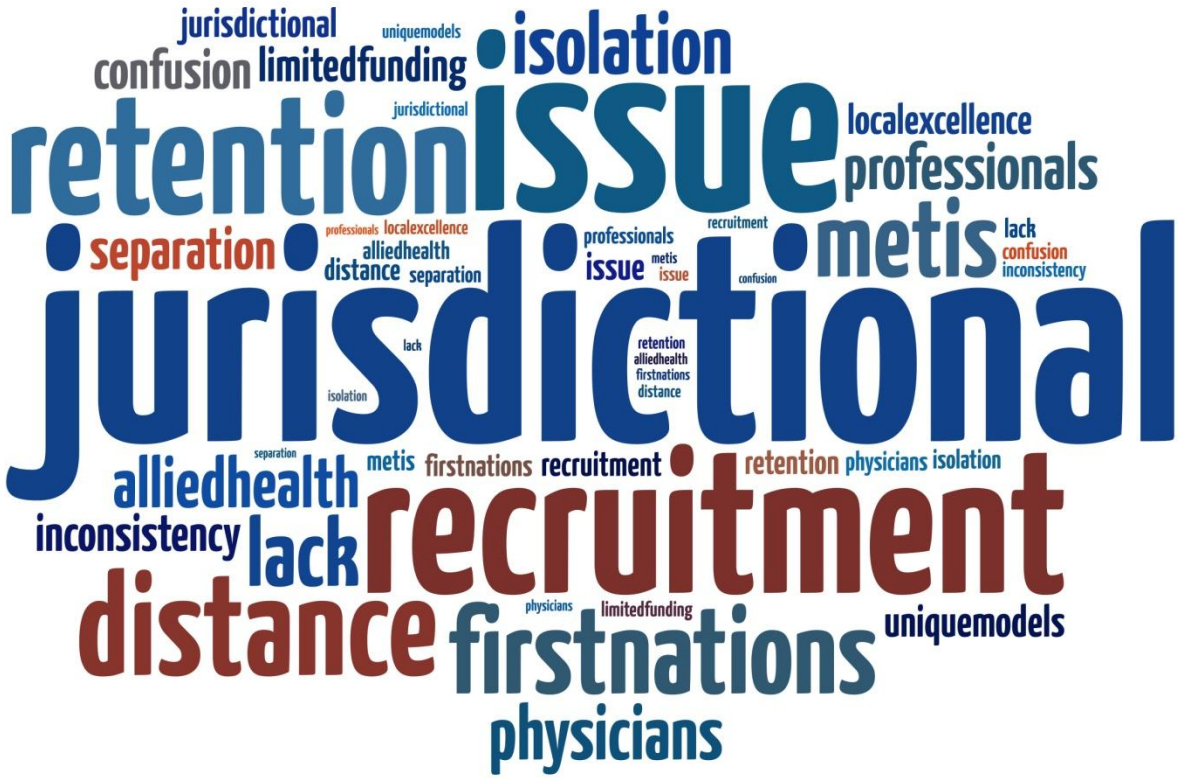
THEMES: Gaps and issues can be identified in two different ways: (1) by the 'location' of the issue/gap; and (2) by the type or cause of that issue/gap. Specifically, gaps may exist within the user community

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	Unable to age in place		Many families have moved away, nobody to care for seniors
		Can't find staff for part-time jobs	Can't find staff for part-time jobs
		No money to build new facilities	No money to build new facilities
	Isolation and distance are compounded by difficulties arranging transportation	Cannot find staff willing to travel to remote communities	Require satellite facilities to provide services in remote communities (existed prior to consolidation of regions)

Theme	User	Provider	Community
	Gaps in levels of care based on location		Gaps in level of care based on location
Knowledge	Health information for promotion of prevention not always available		Health information for promotion of prevention not always available
	Confusion arising from inconsistencies in geographic divisions (where you live, who funds your care, hierarchies of care, etc…)		
		Greater awareness needed by administrators (Research/evidence not being used to direct strategies at provider level) (Management promotion based on seniority rather than capacity)	Greater awareness needed by administrators (care available to communities based on reactive planning rather than long-term consideration of needs)
		Government changes happen too often, no time to change/adapt to new policies	
	Language issues (translation/culture, definitions, acronyms)	Language issues (translation/culture, definitions, acronyms)	
Collaboration	Inconsistencies between hierarchies of care cause issues (i.e. stroke strategy does not flow through to LTC)	Inconsistencies between hierarchies of care cause issues (i.e. stroke strategy does not flow through to LTC)	
	Jurisdictional issues for aboriginal communities prevent collaboration	Jurisdictional issues for aboriginal communities prevent collaboration	Jurisdictional issues for aboriginal communities prevent collaboration
		Communication issues between levels of government and organizations, lack of meaningful partnerships between organizations	Communication issues between levels of government and organizations, lack of meaningful partnerships between organizations
			Supercouncil is a failure, local boards/councils more responsive to needs
Capacity		Aging workforce	Aging workforce
		Difficulty recruiting and retaining trained health care workers of all types	Difficulty recruiting and retaining trained health care workers of all types

Theme	User	Provider	Community
		Different expectations of work/life balance in younger generation workers	
	Inadequate facilities result in inappropriate placements of younger CC clients		

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
Partner with institutions such as UofA to bring technology into homecare.
Study better ways to recruit and retain health care professionals in rural regions.
Research better ways to structure care (current model has basic needs on Maslow's Hierarchy being unmet).
Obtain more grant funding for pilot projects to study delivery of rural care.
Education
Use blend of technology and hands-on training for health care aides.
Ensure curricula are better suited to prepare practitioners for rural practice.
Expand use of e-learning and webinars to deliver continuing education to workers in rural centres.
Remove barriers to adult learning.
PSIs need to offer more just-in-time learning to care providers.
Community
Need better communication between providers and general community to ensure awareness of services and that people are able to seek the care they need.
Collaborative
Better collaboration in needed among rural PSIs, and between rural PSIs and major universities (UofA, etc…)

PSIs need to work with care centres to expand the number of practical placements available for HCA students.
Work better with Senior's Care within Alberta Health Services to develop better standards for quality of care and outcome measures.

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. The session was seen as such a positive opportunity to discuss issues, meet people within the region, and share information across relevant sectors that a recommendation was made to hold annual networking sessions.

Appendix A – Background Materials

Discussion document:

Background Document for the Discussion of Continuing Care in the Northern Lakes 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.