

**Summary of the 'Discussion of Continuing Care in the Bonnyville Area:
For Today and Tomorrow'**

held on May 6, 2015

Bonnyville, Alberta

June 2015



UNIVERSITY OF ALBERTA
ALBERTA CENTRE FOR SUSTAINABLE
RURAL COMMUNITIES



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Background

On May 6, 2015, a community consultation event was held in Bonnyville, Alberta at the Bonnyville and District Centennial Centre. The event was hosted by the Institute for Continuing Care Education and Research (IC CER), the Alberta Centre for Sustainable Rural Communities (ACSRC), and Alberta Health Services (AHS), and brought together members of the Bonnyville, Cold Lake, Elk Point, Glendon, and St. Paul communities to discuss issues related to continuing care in the area. The conversations also included discussion of how post-secondary institutions can contribute to continuing care through innovative programs and research.

The following document provides a summary of the day.

Methodology

A planning committee was formed after an initial meeting with representatives from IC CER, ACSRC, AHS, and Portage College in August 2014. Shortly after the first meeting, Portage College had to withdraw from the committee. Moving forward, the planning committee then consisted of 2 representatives from IC CER, 1 from ACSRC, and 3 from AHS. The date of the event was established for May 6, 2015.

▪ Participant Selection

At the initial meeting, the planning committee established that members of the Bonnyville, Cold Lake, Elk Point, Glendon, and St. Paul communities would be invited to the event, including nearby First Nations reserves and Metis settlements. The invitation list included representatives from provider and community organizations, post-secondary institutions, First Nations reserves, Metis settlements, and interested citizens.

The AHS planning committee members developed the distribution list based on their own contacts and knowledge of local community organizations and citizens. IC CER contacted its members from the University of Alberta, Keyano College and NorQuest College.

▪ Invitations

In March 2015, approximately 47 invitations were sent via email to those established by the planning committee. Additional invitees were added to the distribution list by the committee following the initial invitation. Reminder emails were also sent to the participants before the event.

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In the weeks leading up to the event, members of the planning committee contacted those who had not yet registered by telephone and email to confirm whether or not they would be attending.

▪ **Background Materials**

Prior to the event, participants were given access to a background document that included a list of relevant documents on continuing care to help with the discussion (http://iccer.ca/pdf/bonnyville/BackgroundDoc_Bonnyville_Feb15.pdf). The document list can be found in Appendix A.

▪ **Consultations**

Using a café conversation technique, the discussion focused on six questions grouped into four rounds:

Round 1 – a) What continuing care (CC) is available here? What services, programs, and supports are people receiving here currently?

Round 2 – b) Who is providing CC? Who is doing what?
c) What is working now for CC here – and why?

Round 3 – d) What are the gaps, issues, barriers, and realities for CC in our region?

Round 4 – e) How can the post-secondary institutions contribute to enhancing CC?
f) What research or innovative initiatives could support best practices in CC?

The participants were randomly seated at one of five tables for the first round. Each table had an assigned table host who remained static. After each round of discussion, participants were asked to move to a new table to converse with a different group of people. Each round lasted about 45 minutes, followed by a short group discussion facilitated by Sandra Woodhead Lyons (ICER) and Lars Hallstrom (ACSRC). Emily Dymchuk (ICER) recorded the key points during each group discussion.

▪ **Participants**

Planning Committee:

Name	Organization
Lars Hallstrom	Alberta Centre for Sustainable Rural Communities
Sandra Woodhead Lyons	Institute for Continuing Care Education and Research
Emily Dymchuk	Institute for Continuing Care Education and Research
Tracy Smith	Alberta Health Services

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Name	Organization
Anne Tucker	Alberta Health Services
Terri Woytkiw	Alberta Health Services

Facilitators:

Name	Organization
Lars Hallstrom	Alberta Centre for Sustainable Rural Communities
Sandra Woodhead Lyons	Institute for Continuing Care Education and Research
Emily Dymchuk	Institute for Continuing Care Education and Research

Table Hosts:

Name	Organization
Janet Mayhew	Institute for Continuing Care Education and Research
Vincella Thompson	Keyano College
Tracy Smith	Alberta Health Services
Anne Tucker	Alberta Health Services
Terri Woytkiw	Alberta Health Services

Participants:

Organization	Number of Participants
Cold Lake & District FCSS	1
Bonnyville & District FCSS	1
Bonnyville Health Centre (Covenant Health)	1
Alberta Health Services (not including the table hosts)	7
Elk Point Home Care	1
Bonnyville Senior Citizens Society	1
Town of Elk Point	1
Ben-Lu Farms	1
City of Cold Lake	2
Cold Lake Seniors' Advocacy	1
Bonnyville Community Health Services	2
Lakeland Lodge & Housing Foundation	1

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Organization	Number of Participants
Cold Lake Community Health Services (AHS)	1
Bonnylodge	1
St. Paul Healthcare Centre (AHS)	1
Bonnyville Friendship Centre	1
Unknown	4

Analysis

There are a variety of programs and provider options available to those living in the area. These options can be categorized as social programs, facility programs, homecare programs and health care availability. The participants from Bonnyville and surrounding areas were very appreciative of what is offered in their communities, however these options are limited and differ in each community. As the stakeholders involved in offering continuing care services vary, residents find themselves travelling between communities to access services, as well as going to Edmonton for medical appointments. Living in rural Alberta furthers the burden of travelling on those who need to access continuing care services. This, along with lack of facilities and staff, are the main challenges facing these communities.

- **Round 1 - a) What CC is available here? What services, programs, and supports are people receiving here currently?**

Social Programs	Facility Programs	Homecare Programs	Health Care Availability
Alberta Aids to Daily Living (AADL)	Exercise programs offered at the lodge.	Private Homecare companies	Pharmacists provide information and support to clients, diabetic monitoring, and order products (i.e. walkers).
Veterans Affairs	Bonnylodge is expanding.	Occupational Therapy, Physical Therapy and Social Work services are provided in St. Paul.	Dialysis Unit in St. Paul
Easter Seals			
Seniors Drop-In Centres	<u>Bonnyville:</u> <ul style="list-style-type: none"> • Homecare • Extencicare • Lodge • Group homes (2 WJS) 	Loan equipment	Continuing care provided in hospitals.
Seniors Advocacy Groups			Telehealth clinical services
FCSS	<u>St. Paul:</u>	Bathing, grooming,	Primary Care Network

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Social Programs	Facility Programs	Homecare Programs	Health Care Availability
	<ul style="list-style-type: none"> • Supportive Living • Extencare (10 beds) 	blood pressure check and medication review	clinics
St. Paul Abilities Network (SPAN)	<ul style="list-style-type: none"> • LTC (30 beds) • Homecare 	Personal support – Health Care Aide	Private foot care clinic in Cold Lake
Residential Access Modification Program (RAMP)			VitalAire and Lakeland Respiratory Foundation
Knights of Columbus	<u>Elk Point:</u> <ul style="list-style-type: none"> • LTC (30 beds) • Lodge • Homecare 	Day Programs in St. Paul	Alberta Centre for Brain Injury has minimal space.
Meals on Wheels provide frozen meals to rural residents.			
Snow Angels	<u>Cold Lake:</u> <ul style="list-style-type: none"> • LTC (30 beds) • Supportive Living 	Post-surgery care	Elk Point and Cold Lake have lodges in First Nations settlements.
Haying in the 30's – Cancer Support Society			
Catholic Women's League of Canada (CWL)	<u>Glendon:</u> <ul style="list-style-type: none"> • 18 independent living 		Rely heavily on family support for recreation and off-site activities, as well as feeding and bathing when needed.
Palliative Care groups	Respite services offered at lodge in Cold Lake.		
Alberta Council on Aging	Minimal Recreation Therapy offered at lodge.		
Health Link			
Lifeline			
Hearts for Health Care	Bonnyville and Cold Lake have facilities with dementia care (about 10 beds in each), but have long wait lists.		Palliative Care consultant in St. Paul
Community Care Access Line & Continuing Care Access Line			
MD Council of Bonnyville provides transport for medical appointments or recreation, as well as provides financial assistance.	Falls prevention program PT, OT, Doctor and Nutritionist available		Mental Health services; St. Paul has a Psychiatric Unit.
Volunteer Income Tax program	Hairdressers on-site and manicurists brought into facilities		
Food Bank			
Spiritual support (Ministers, Priests)			

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▪ **Round 2 – b) Who is providing CC? Who is doing what?**

Social Programs	Facilities /Programs	Homecare Programs	Health Care Availability
Northern Alberta Brain Injury Society	Lakeland Lodges/Housing Foundation	Housekeeping services	Audiologist in St. Paul
Canadian Psychological Association	<ul style="list-style-type: none"> • Lodges • DSL • Points West Living • Extendicare • Covenant Health 	Social Workers	First Nations reserves have RNs and LPNs.
Friendship Centres		Private Homecare in Cold Lake	
St. Paul Abilities Network (SPAN)	RNs, LPNs, HCAs, and Dietary Aides provide care in facilities.	Occupational Therapist, Physical Therapist, Speech Language Pathologist available for Homecare.	Family provide 24 hour care (bathing, feeding), medication reminders, emotional support, and drive residents to appointments.
WJS	Recreation Therapists provide recreation services to residents.		
Provincial, municipal government			
Dove Centre in Bonnyville	Respiratory Therapists		
FCSS provide support to a range of users and can ensure people take advantage of what's available to them and how to access benefits.	Practicum students		
Alberta Aides to Daily Living provide financial assistance to buy medical equipment for those at home or in lodges.		Hospitals provide care (Physicians, Nurse Practitioners).	
Senior's benefits (income dependent)		The distance to travel to the city for appointments is expensive.	
Legion helps with house renovations.		Pharmacists available	
Public transportation, Handibus available for travel.		Psychogeriatric Nurse	
Disability Benefit (underused)		Allied Health	
		AHS staff physicians	

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▪ **Round 2 – c) What is working for CC here – and why?**

Social Programs	Facilities /Programs	Homecare Programs	Health Care Availability
Coordination of services (i.e. Meals on Wheels and Handibus)	Residents enjoy and appreciate recreation therapy.	Homecare works well in Bonnyville.	Time efficiency of care clinics.
Senior Centres are allied in all communities.	Equipment and beds are upgraded and working.	St. Paul Adult Day Program works well.	Pharmacies
Advocacy Committee is good.	Communication between nurses and relationships moving through levels of care	Respite is limited, but what is present is excellent. Respite is available for palliative and homecare.	Mental Health services in Cold Lake
Help Line			
Bonnyville has many volunteers for social activities.	Annual Care Conferences with families and staff (OT, PT, RN)	Increases in self-managed care; people are taking greater responsibility for their health.	AHS Needs Assessment services
Indoor walking track is free for seniors.	Staff are well-trained and educated; the services that are provided are done well.	Home access to CC in all communities	Telehealth works well for consultations.
Alberta Seniors Benefit provides some support.	Quality of food in facilities		
Liaison working well with Senior Portfolio.	Multidisciplinary teams		
Community is engaged with University of Alberta (re: walkability).	Interagency/interdisciplinary meetings twice a year are good for networking and relationships.		
Community Care Access team – single point of access.	Continuing Care Standard maintains the quality of care.		
LifeCall partnered with Good Sam			

▪ **Round 3 – d) What are the gaps, issues, barriers and realities for CC in our region?**

The gaps, issues, barriers and realities for continuing care in the participating communities can be categorized based on four different themes. First, the distance/density of living in rural Alberta impacts continuing care in these communities, specifically transportation and lack of space, staff, and portable services. A greater awareness and understanding of the

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Theme	User	Provider	Community
			care (i.e. dental, hearing, eye exams).
			Lack of affordable housing.
Knowledge	Dissemination of information regarding services available is needed.	Need for more educated and well-trained assistants working in continuing care.	Need to introduce continuing care early in schools to capture those who are interested in the field.
	Lack of awareness of Community Care Access. The CCA hub needs to be expanded.		There has been a decrease in health promotion initiatives.
	Need to meet the needs of those not currently accessing services.		Negative public image of continuing care.
	The different types of brain injury (PDD, ABI) need to be addressed and their needs understood.		Follow through on Rural Review needed.
Collaboration		Issues with inconsistencies in scope of care across facilities; need for a more universal design.	Need for interagency meeting across facilities and services in the community.
		Disconnect of face-to-face communication between teams, with a heavy reliance on technology.	
		Need for cross-ministry work.	Greater inclusion of First Nations communities needed.
			Disconnect between the provincial and federal government.
			Issues of political interference and the political cycle.
			Policymakers undervalue continuing care when compared to other areas of health.
Capacity	Patients are being kept in acute care who should be in continuing care facilities.	Very limited space in acute care.	Need for more wheelchair accessible communities.
	No beds for those with	Issue of recruitment and	Aging infrastructure and

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Theme	User	Provider	Community
	alternative level of care needs.	retention of staff.	lack of capital funds.
	Lack of appropriate types of beds for those with dementia, brain injury.	Lack of funding for alternative levels of care.	Need for more family/caregiver support (families cannot afford to stay home with the high costs of caring).
	There are no lodges available for those with special needs under the age of 65.	Gap in transitional units from acute care to long-term care.	
	Need for bariatric services.	No support for staff in caring for those with challenging/responsive behaviours.	Funding differences between communities.
	Gaps in Mental Health Services and psychogeriatrics available.		
	Residents in Supportive Living have increasing complex care needs that used to be serviced by long-term care.	Recreation services are underfunded in all facilities, with no recreation during evenings or weekends.	Family caregivers need greater access to respite care.
	Lack of support for those with challenging/responsive behaviours.	Rehab (OT, PT, SLP) is underfunded.	Liability issues for volunteers.
	Need more day programs and spaces available.	Need increases in Home Care funding.	
		Lack of facility-based respite care.	
	Housekeeping services for Home Care clients are no longer being offered.	Need for multiuse buildings as demographics change.	
	Seniors believe equipment should be available for free; those seniors above the income threshold cannot get funding.		

- **Round 4 – e) How can the post-secondary institutions contribute to enhancing CC?**
- **f) What research or innovative initiatives could support best practices in CC?**

In the final round of discussion, participants were asked to identify the ways in which post-secondary institutions (PSIs) can contribute to improving continuing care, as well as the types of research or initiatives that could help the field. Improving student programs and

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training was a major theme discussed by the group as a way PSIs can enhance continuing care through education. Courses with a rural focus were also suggested. In terms of research, different topics were identified, but participants stressed the importance of the dissemination of research findings to front-line staff. The group also recommended that researchers partner with CC providers when conducting continuing care-based research.

Post-secondary Institutions/Education
Offer multidisciplinary team education/training for students who are interested in the CC field.
Incorporate more simulations/scenarios in class for students.
Include gerontology in acute care education for students.
Initiate more rural placements and rural nursing programs for students.
Offer incentives, such as scholarships or travel bursaries, to students to attract them to rural placements.
Implement late preceptorships for students in geriatrics.
Enhance communication between institutions and preceptor sites.
Establish practicums for OT and PT students.
Create additional gerontology classes and geriatric programs/specialties.
Increase training on empathy and soft skills in professional degrees.
Offer Supportive Pathways training for LPNS before their practicums in long-term care.
Engage more staff in mentoring and training students during their preceptorships.
Encourage a culture of professional responsibility among students.

Research
Research the differences in continuing care in rural vs. urban settings.
Investigate the various models of care.
Improve dissemination of evidence-based research.
Create a better image of continuing care to the public through research.
Translate and adapt international research findings to the Canadian context.
Establish partnerships with provider organizations to bring relevant research questions forward.
Study the outcomes of recreation therapy programs for residents in homecare.
Explore best practices in preparing students for preceptorships and for the workforce after graduation.
Research on specialized training.
Greater incorporation of First Nations communities in research.

Summary

This community networking event was a great opportunity for members of the Bonnyville, Cold Lake, Elk Point, Glendon and St. Paul communities to come together and discuss the state of continuing care in their area and how it can be improved. The knowledge and positive attitudes of those who participated provides a foundation for these communities to participate in and seek out health research opportunities and educational collaborations in the future. At the end of the day, the group discussed how they would move forward with the knowledge and connections gained.

▪ **Recommendations for moving forward:**

- a) Increase awareness of continuing care issues in the participating communities;
- b) Speak with council members in meetings;
- c) Talk to seniors in these communities and include their input on these issues;
- d) Improve the awareness of the Community Care Access line in the area;
- e) Encourage staff and community members to participate in learning sessions sponsored by ACSRC, ICCER, and other organizations; and
- f) Work with researchers and academics to encourage more research in rural communities that will help improve continuing care.

Appendix A – Background Materials

Background Document:

Background Document on Continuing Care for the Discussion of Continuing Care in the Bonnyville Area: For Today and Tomorrow

http://iccer.ca/pdf/bonnyville/BackgroundDoc_Bonnyville_Feb15.pdf

Additional Reading:

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

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

http://www.alzheimer.ca/~ /media/Files/national/Advocacy/ASC_Rising_Tide_Full_Report_e.pdf

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

<http://www.chpca.net/media/319547/norms-of-practice-eng-web.pdf>

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

http://www.nurses.ab.ca/content/dam/carna/pdfs/Interpretive%20Docs/Older_Adults_Policy_Pillar.pdf

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

<http://www.seniors.alberta.ca/documents/Seniors-Profile-2010.pdf>

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

<http://www.seniors.alberta.ca/documents/Aging-Population-Framework-2010.pdf>

Government of Alberta. April 2012. Building Age-Friendly Communities: A Guide for Local Action. <http://www.seniors.alberta.ca/documents/AgeFriendly-Guide-2012.pdf>

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Government of Alberta. April 2012. Building Age-Friendly Communities: Creating an Age-Friendly Business in Alberta. <http://www.seniors.alberta.ca/documents/AgeFriendly-Business-2012.pdf>

Government of Alberta. August 2014. Supportive Living Guide.

<http://www.health.alberta.ca/documents/CC-Supportive-Living-Guide-2014.pdf>