

Summary of the Continuing Care Community Networking Event

Fort McMurray

10 and 11 May 2011



Financial support from the Alberta Rural Development Network

Table of Contents

Background.....	1
Methodology	1
Participant Selection.....	1
Invitations	1
Consultations	1
Participants	2
Analysis	3
10 May 2011 – Remote communities	3
Round 1 – What Continuing care is available in or near your community? What services, programs, and supports are people receiving in or near your community currently?	3
Round 2 – Who is providing continuing care? Who is doing what? What's working now for continuing care in the region – and why?	4
Round 3 - What are the gaps, issues, barriers and realities for continuing care in our region?	5
Round 4 - How the post-secondary institutions contribute to enhancing continuing care? What research or innovative initiatives could support best practices in continuing care?.....	7
11May 2011 – Fort McMurray	8
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?	8
Round 2 – What's working now for continuing care in the region – and why?	10
Round 3 - What are the gaps, issues, barriers and realities for continuing care in our region?	11
Round 4 - How the post-secondary institutions contribute to enhancing continuing care? What research or innovative initiatives could support best practices in continuing care?.....	13
Summary	14

Background

On May 10th and 11th 2011 two community networking events were held at Keyano College. The networking event brought Keyano College, 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 in the Regional Municipality of Wood Buffalo. This provided opportunities to identify what continuing care needs are not being met locally, 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.

The session on May 10th focused on the outlying communities of Fort Chipewyan, Fort McKay, Gregoire Lake, Janvier, Anzac, and Conklin. The focus of May 11th was on the city Fort McMurray.

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

Methodology

Once the ARDN grant was approved, a working group was set up with representatives from ICCER, ACSRC, Keyano College, and AHS.

Participant Selection

At the first planning meeting the group decided, based on previous experiences and knowledge of the area, that the needs of the outlying communities (which are primarily First Nations communities) and those of Fort McMurray are quite distinct and that separate networking sessions should be held. The planning team then brain stormed organizations and individuals to be invited to each session. Some organizations were included on both lists.

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 36 community representatives were invited by Keyano College for the May 10th event; a total of 31 local representatives were invited for May 11th. Some of the individuals were invited to both sessions. A letter signed by Guy Harmer, Dean, Academic & Career Programs, was sent to most invitees. The five Chiefs received letters extending the invitation to themselves, their Band Health Director, and four additional individuals. The observer/non-local individuals were invited by Sandra Woodhead Lyons, ICCER, through telephone calls, email, and mail.

Invitees were asked to RSVP by April 27th. The Executive Assistant to the Dean 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. Unfortunately she was unable to speak to anyone at two of the Band offices, even after repeated phone calls.

Consultations

On both days the consultations were done using a café conversation technique. Participants were asked to seat themselves at 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

**Summary of the Continuing Care Community Networking Event
Fort McMurray 10 & 11 May 2011**

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 Sandra Woodhead Lyons, ICCER, and Lars Hallstrom, ACSRC. On May 10th the fourth round was conducted as an open group discussion rather than a table discussion.

Participants

Planning Committee

Name	Organization
Lars Hallstrom	Alberta Centre for Sustainable Rural Communities
Sandra Woodhead Lyons	Institute for Continuing Care Education and Research
Guy Harmer	Keyano College
Donna Tessier	Keyano College
Darline Reid	Alberta Health Services

Facilitators:

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

Table Hosts:

Name	Organization
Guy Harmer	Keyano College
Darline Reid	Alberta Health Services (Day 2 only)
Arlene Wolkowycki	NorQuest College
Bev Maron	Keyano College

Participants:

10 May 2011

Organizations	Number of Participants
Athabasca Tribal Council	2
Wood Buffalo Primary Care Network	2
Nunee Health Region	1
Fort McMurray #468 First Nations	2
Metis Association Local 1935	1
Fort McMurray Public Health Centre	1
Alberta Seniors and Community Services	1
Alberta Health & Wellness	1

11 May 2011

Organizations	Number of Participants
Regional Municipality of Wood Buffalo	3
High Tech Mobility	1
Keyano College	2
Fort McMurray Public Health Centre	1
Alberta Health Services	7
Wood Buffalo Primary Care Network	2
Citizen at large	2
Alberta Seniors and Community Services	1
Alberta Advanced Education and Technology	1

Analysis

10 May 2011 – Remote communities

SUMMARY: Continuing care is minimally available in the outlying communities of the Regional Municipality of Wood Buffalo. Family care givers play a major role in these communities. There tends to be a lack of awareness of what supports and services are available elsewhere in the region (i.e. in Fort McMurray), but at the same time, providers and organizations in Fort McMurray have a lack of awareness about what is needed by the First Nations communities. 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:

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

Round 1 – What Continuing care 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	Home-Care Programs
Some services from FCSS (“home making”) Need training Uncertainty re: roles and response (FCSS)		Health care in available as needed only	Weekends = family (also post 5pm)
		Respite Bed (7/12)	

Summary of the Continuing Care Community Networking Event
Fort McMurray 10 & 11 May 2011

Social Programs	Facility Programs	Health-Care Availability	Home-Care Programs
		Medical Transportation – ATC	
		Conklin – 1 public bus trip per week	
		PCN does see post heart attack/stroke (to hospital) Respite Bed – an example of how there are seniors in town that aren't known in remote communities	
Gregoire Lake			
		CHR support HC nurse No TT/OT Medical transportation available	Family paid by band
Fort Chipewyan			
		Treatment Centre /nursing centre	20% family members
		Pharmacy	80% health care aides
		No long-term care/support	Home homemaking services

Round 2 – Who is providing continuing care? Who is doing what? What's working now for continuing care in the region – and why?

Social Programs	Facility Programs	Health-Care Availability	Home-Care Programs
Band support is working		Having a nurse on site with schedule	Family/friends
No mandate to communicate – comes from personal initiative		Physician 'direct' support (general, not C.C specific)	
		Need more CHRs Gerontology Nutrition Diabetes Home care education	

Summary of the Continuing Care Community Networking Event
Fort McMurray 10 & 11 May 2011

Social Programs	Facility Programs	Health-Care Availability	Home-Care Programs
		Providing transportation for some (Fort Chip, Gregoire, Auzac)	
		PCNS – resource some out of Ft. Mac to give care presentation, open houses to create awareness Will go to outlying areas to give some presentations Invite only Don't have resources to go to communities regularly	
		AHS – not sure	
		Quick improvement – use telehealth	
		Scope of practice in rural communities	
		Dr. Griffins – Ft. Chip (PCN provides some resources to this)	
		Dr. T. Wits – she does geriatric care in Ft. Mac Once/6 weeks - chronic dementia management	
		PCN has no systematic approach to provide support to the communities	

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 to the outlying communities of the Regional Municipality of Wood Buffalo. 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
	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
	Transportation barriers to get to Fort McMurray	Would have to travel to the remote communities in order to provide many types of services	
		Not economically viable for health professionals to move to the outlying communities.	

**Summary of the Continuing Care Community Networking Event
Fort McMurray 10 & 11 May 2011**

Theme	User	Provider	Community
Knowledge	Lack of information on what health services/facilities are available within the region	Lack of information on what is needed in the remote communities	
			Require ongoing technical support before options such as telehealth are viable in most communities
		Lack of knowledge of traditional options for the communities	
	Lack of knowledge on elder abuse		Lack of knowledge on elder abuse
	Cultural issues, language barriers	Cultural issues, language barriers	Cultural issues, language barriers
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		Difficulty recruiting and retaining trained health care workers of all types	Difficulty recruiting and retaining trained health care workers of all types

Round 4 - How the post-secondary institutions contribute to enhancing continuing care? What research or innovative initiatives could support best practices 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
Research needs to practical and applied
Education
Investigate more opportunities for 'laddering' of education programs. Keyano to explore more opportunities to have students do practicums in the outlying communities. Keyano and Health Canada have talked about provision of a Community Health Representative course

Community
The community college is a focal point and a catalyst for social movement. Keyano can explore how to become more integrated in the outlying communities
Collaborative
Address technology issues in the outlying communities that can affect distance learning
Keyano and AHS to partner in developing and nurturing a family caregivers support group. This could potentially lead to the development of courses related to caregiving.

Concrete examples of some research opportunities were given. For example, in terms of effective recruitment and retention, the ARDN has a grant application for successful strategies of health professional.

Alberta Health & Wellness announced that they were looking to increase the number of health care aides in the province and hoped to have 700 new positions by Fall 2011. This has direct implications for PSIs because the health care aides need training.

11May 2011 – Fort McMurray

SUMMARY: Continuing care is minimally available in the outlying communities of the Regional Municipality of Wood Buffalo. Family care givers play a major role in these communities. There tends to be a lack of awareness of what supports and services are available elsewhere in the region (i.e. in Fort McMurray), but at the same time, providers and organizations in Fort McMurray have a lack of awareness about what is needed by the First Nations communities. 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:

- 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	Home-Care Programs
NABI Network – may be a support group – yes up to 10hrs/week (Northern Alberta Brain Injury Society – support network and WKNS)	Rotary House – lodge with 42 beds Offers a nurse 24/7 RT, PT, OT – on referral Hospital staff do assessments MH services	Foot Care – home care nurses do foot care at senior centre	Informal caregiver supports - home

**Summary of the Continuing Care Community Networking Event
Fort McMurray 10 & 11 May 2011**

Social Programs	Facility Programs	Health-Care Availability	Home-Care Programs
	discontinued Has suppers Has support – RN ,LPN, etc.		
PCN adult day program – limits because of space 8 weeks, 1 day/week, 3 times/year	Two self-contained senior apartments by seniors centre	MD who deals with geriatrics	Telehomecare – Ft. McMurray, Anzac
RCMP have a dementia registry – dementia abuse via Alzheimer society		Pharmacy Support	PCS home visits (diabetes)
Meals on Wheels		Lifeline	
Golden Age Society – well seniors – “Golden Years” – foot care		Public health education – nutrition, immunization	
Fitness Centre MacDonald Island – free senior passes		Respite Bed	
Snow Angels –city sponsor – shoveling, etc.		Crisis intervention nurse	
Salvation Army support/start program		School aides	
FCSS		Elder care in the hospital	
Soup kitchen			
Northern Lights now has speech language support			
Senior’s services social resources website			
Elder care in the community			
Specialized transportation – Handivan/Wheel Chair taxis			

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

“Everything is working because everything is needed” – because they are in need, they are made to work well - Little duplication of services, Info sharing

Social Programs	Facility Programs	Health-Care Availability	Home-Care Programs
Coffee Programs	Supported living	Respite Bed	Home care – commitment of staff
Meals on Wheels	Rotary House – flexibility A good example of how they morph to meet the need – morph from lodge to supportive living as a result of collaboration between AHS and Wood Buffalo association	Keyano College – nursing program	Potential support group with facilitators for caregivers
Recreational therapies/coordinators		Alberta Aides to daily living	Human desire to stay at home
Specialized transportation		CCU and 3 rd floor	Arlene- Home care ID meetings
Volunteers		Collaboration is invaluable – PCN gets support from hospital/ MOU with fitness centre support weight loss program	
Golden Years Program – clinic and education resources – every member 3 hours of private consultation with HCM		Golden Years clinics- monthly private consults with HC nurse	
Community of advocacy – people bringing their parents to live in Ft. Mac – more people intend because of limited resources in the rural area		Private clinics receive \$ from those without 3 rd party insurance	
FCSS			
Seniors advisory council			
Cross disciplinary discussions			

**Summary of the Continuing Care Community Networking Event
Fort McMurray 10 & 11 May 2011**

Theme	User	Provider	Community
Distance/ Density		Transient population - hard to hire health professionals	Transient population - hard to hire health professionals
		Homeless population hard to care for	Homeless population hard to care for
	Not reliable transportation for outlying communities		Not reliable transportation for outlying communities
	Lack of wheel chair accessibility		Lack of wheel chair accessibility
	Heavy reliance on family caregivers		Heavy reliance on family caregivers
Knowledge	Need public education - what is aging in place? what are the implications?		Need public education - what is aging in place? what are the implications?
		Disjointed care - staff not always trained to deal with geriatrics	
	Cultural issues, language barriers	Cultural issues, language barriers	Cultural issues, language barriers
	Many seniors don't have computer skills or use the internet, therefore can't access resources	Many seniors don't have computer skills or use the internet, therefore can't access resources	Many seniors don't have computer skills or use the internet, therefore can't access resources
	Lack of education on subjects like personal directives, elder abuse		
Collaboration	Need better coordination between all levels of government	Need better coordination between all levels of government	Need better coordination between all levels of government
			Gap in flow of information from government down to community
Capacity			Space for the present and future needs is lacking
		Lack of human resources means long shifts	
	Issue of keeping people at home vs patient safety	Issue of keeping people at home vs patient safety	Issue of keeping people at home vs patient safety
	Lack of space in facilities - not just beds but size of room. Lack of storage for personal possessions		
		Lack of staff, funding, and space for staff	

Theme	User	Provider	Community
	Lack of respite beds in the region	Lack of respite beds in the region	Lack of respite beds in the region

Round 4 - How the post-secondary institutions contribute to enhancing continuing care? What research or innovative initiatives could support best practices 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
Potential for UofA researchers to work with Keyano on caregiver issues
Keyano and Health Canada have talked about provision of a Community Health Representative course
Need research into why 'growing your own staff' (keeping people in rural and remote communities) isn't successful
Nursing department is trying to expand their research capacity
Education
More rehabilitation staff is needed in the region - could Keyano provide or broker training?
Keyano College could offer workshops, seminars, etc. on new concepts of care
Look at the broader scope of practice for clinical placements, not just use hospital placements.
Community
The community college is a focal point and a catalyst for social movement. Keyano can support the local community as it develops support groups for seniors and caregivers.
Collaborative
Keyano College and AHS to look into job shadowing for case management and care provision to encourage students to go into continuing care.
Keyano College can look for partners in continuing care - e.g. Keyano and the WBPCN partner around the fitness centre.
Keyano College and AHS could collaborate on identifying best practices and getting them into the various curriculums and into practice.
Keyano College students to research and develop a resource manual for continuing care services in the region. This will be updated annually. AHS to work with the students to help identify available resources.
Keyano College will support the development of a community caregivers support group.

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 Regional Municipality of Wood Buffalo. Some fairly definite next steps were identified, as well as a number of other 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.

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