

**Summary of the Discussion of 'Continuing Care in the Lac La Biche Area:
For Today and Tomorrow'**

held on April 27, 2016

Lac La Biche, Alberta

May 2016



UNIVERSITY OF ALBERTA
ALBERTA CENTRE FOR SUSTAINABLE
RURAL COMMUNITIES



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Background

On April 27, 2016, a community consultation event was held in Lac La Biche, Alberta at the Lac La Biche Provincial Building. The event was hosted by the Institute for Continuing Care Education and Research (ICCER), the Alberta Centre for Sustainable Rural Communities (ACSRC), and Alberta Health Services (AHS), and brought together residents of Lac La Biche, Smoky Lake, Vilna, Athabasca, Boyle, and neighbouring 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 with 2 representatives from ICCER, 1 from ACSRC, and 4 from AHS in February 2016. The date of the event was established for April 27, 2016.

▪ Participant Selection

At the initial meeting, the planning committee established that residents of Lac La Biche, Smoky Lake, Vilna, Athabasca, Boyle, and neighbouring communities would be invited to the event, including nearby First Nations reserves and Métis settlements. The invitation list included representatives from provider and community organizations, post-secondary institutions, First Nations reserves, Métis settlements, and interested citizens.

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

▪ Invitations

In March 2016, approximately 48 invitations were sent via email to the contact list 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.

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/laclabiche/BackgroundDoc_LaclaBiche_23Mar16.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 (ICCER), Lars Hallstrom (ACSRC), and Emily Dymchuk (ICCER). The key points were recorded 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
Terri Woytkiw	Alberta Health Services
Cathy Fagnan	Alberta Health Services
Diane Verville	Alberta Health Services

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Name	Organization
Genevra Beck	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
Cathy Fagnan	Alberta Health Services
Craig Hart	NorQuest College
Vincella Thompson	Keyano College
Diane Verville	Alberta Health Services
Terri Woytkiw	Alberta Health Services

Participants:

Organization	Number of Participants
Alberta Health, Continuing Care Branch	1
Alberta Health Services (not including the table hosts)	1
Athabasca County	1
Athabasca Healthcare Centre Auxiliary Association	2
Boyle Senior Citizens Lodge (Greater North Foundation)	1
Connecting Care	1
Continuing Care Unit, Lac La Biche Hospital	1
FCSS	1
Lac La Biche County	5
LacAlta Lodge (Greater North Foundation)	1
One Health	1
Pleasant Valley Lodge (Greater North Foundation)	1
Portage College	1

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Organization	Number of Participants
Smoky Lake Foundation	1
Other	5
Village of Vilna	2

Analysis

The current programs and provider options in these communities can be categorized as social programs, facility programs, home care programs, and health care availability. The participants from Lac La Biche and surrounding areas identified strengths in their communities, including Home Care and Lodges; however, there are also limitations associated with living in rural areas. Participants identified the lack of staff, beds, and portable services as major challenges in their communities.

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

Social Programs	Facility Programs	Home Care Programs	Health Care Availability
Walking programs	<u>Lac La Biche:</u> <ul style="list-style-type: none"> • LacAlta Lodge (Greater North Foundation) • Long-term care (LTC) 	Home Care available in: <ul style="list-style-type: none"> • Lac La Biche • Kikino Métis Settlement • Vilna • Beaver Lake 	Hospital in Lac La Biche - acute care beds used for those waiting placement in LTC.
Meals on Wheels			
Senior's advocacy groups			
AB Senior's Benefit Program	<u>Vilna:</u> <ul style="list-style-type: none"> • Lodge (Smoky Lake Foundation) 	Self-Contained Apartments for Seniors (Greater North Foundation): <ul style="list-style-type: none"> • Athabasca (3) • Lac La Biche (2) • Boyle (3) • Plamondon (2) 	Pharmacy delivers to lodge in Lac La Biche.
FCSS	<u>Smoky Lake:</u> <ul style="list-style-type: none"> • Supportive Living (Smoky Lake Foundation) 		Reliance on family members to provide care.
Snow Angels			
Health Link, Dementia Link 8-11; Palliative Care Line	<u>Boyle:</u> <ul style="list-style-type: none"> • Wildrose Villa (Supportive Living – GNF) 	Blood draws	Athabasca Healthcare Centre
Senior's Drop In Centre	<u>Athabasca:</u> <ul style="list-style-type: none"> • Extendicare (LTC) • Pleasant Valley Lodge (GNF) 		Allied Health
Heritage Centre	<ul style="list-style-type: none"> • Greater North 		

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Social Programs	Facility Programs	Home Care Programs	Health Care Availability
Church programs	Foundation <ul style="list-style-type: none"> • Smoky Lake Foundation 		
Paratransit for day trips	Respite beds are available in Lac La Biche and Athabasca.		
Blue Heron Support Services Association	Some recreation programs offered to residents.		
Lions Club Athabasca	OTs, PTs, Dieticians available in facilities.		
Group homes for those with disabilities.			

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

Social Programs	Facilities/ Programs	Home Care Programs	Health Care Availability
FCSS	<ul style="list-style-type: none"> • Extendicare • Lodges • Smoky Lake Foundation 	Private caregivers	Alberta Health Services
AB Senior's Benefit Program	<ul style="list-style-type: none"> • Greater North Foundation 	Home Care available in lodges	Doctor in Vilna Lodge
Meals on Wheels delivers meals in some communities.	Recreation Therapists, OTs, PTs, Dieticians in facilities.	Blood draws in Home Care	Pharmacists
Paratransit available for travel.	RNs, LPNs, HCAs provide care in facilities.		Family members provide care.
			Allied Health

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

Social Programs	Facilities/ Programs	Home Care Programs	Health Care Availability
Ladies Auxiliary provides a large volunteer pool.	Dedicated and supportive staff in facilities.	Home Care allows seniors to stay home longer.	Supportive Pathways training
Symposium for senior services in the area.	Respite beds are available in Lac La Biche and Athabasca.		AUA
Volunteer services	SL levels 1, 2, 4 & 5 are well covered.		Pharmacies
Advocates in the community - FCSS	Points West Living Lac La Biche opening		

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Theme	User	Provider	Community
	Residents do not want to relocate to new community for medical needs.	Lack of staff in facilities because there are no incentives to live and work in rural communities.	Services are too widely spread throughout rural communities; residents missing appointments.
	Private vehicles are not compensated for mileage when travelling for medical needs.	New grads do not want to work in rural settings.	Long wait times for services in the community and out of region.
	Acceptance into Lodge is income-dependent.	No Home Care in Smoky Lake; No LTC in Vilna or Boyle.	Need for diagnostic equipment/lab services in rural communities.
Knowledge	Technology barrier for seniors looking for services in their communities.	Gaps in education and training for staff in rural communities.	Lack of knowledge in the community on what is available; need for a comprehensive guide for seniors' services.
	Many are not aware of the Community Care Access Line.	Language barriers between staff and residents.	Lack of prevention programs in communities (ex: Fall prevention).
Collaboration		The health boards across communities do not communicate regularly.	Decisions influenced by urban centers do not work for rural areas.
			Generational gaps in the community.
			Greater inclusion of First Nations and Métis communities needed.
Capacity	Patients are being kept in acute care beds who should be in continuing care facilities.	High rates of staff turnover; facilities are short staffed.	Empty Health Centre in Vilna not being utilized; empty units in Plamondon not being used.
	Lack of support for patients when discharged from hospital.	OT and PT staff not readily available.	Aging infrastructure
	Lack of Mental Health services.	Reliance on casual staff because of lack of part-time and full-time staff.	Need for greater family/caregiver support; need for greater access to respite care across communities.
	Lack of specialized services.	Need for more recreation services in LTC facilities.	
	Need for adult day programs.	Need for more transitional units for	Differences in services offered between

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Theme	User	Provider	Community
		those moving from acute care to long-term care.	communities.
	Absence of hospice care.	Need for increases in Home Care funding.	Facilities feel “hospital-like” rather than like a home.

- **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. A major theme identified by the group was the incorporation of rural practicum placement for students in post-secondary education. Participants spoke about the eligibility of rural placement as well as incentives to attract students to their communities, including housing. Increasing rural education opportunities for staff and family caregivers was also identified. In terms of research initiatives, the group recommended more research be done in connection with rural communities and the continuing care facilities in these areas.

Post-secondary Institutions/Education
Offer training and education for caregivers locally; improvements to online resources.
Incorporate a capstone project on continuing care for students in post-secondary institutions.
Provide incentives (ex: housing) and opportunities for students to have rural practicums.
Establish partnerships between rural institutions and the University.
Include rural practice in curriculum.
Shift the perception of the continuing care service setting to be more positive.
Collaboration to enhance transferability across health programs.
Offer non-credit courses in the healthcare field.
Improve understanding of the different roles in continuing care/interprofessional collaboration.
Engaging First Nations and Métis communities in education.
Work on improvements in student orientation before working on the floor.
Incorporate “real-world” scenarios in course work.

Research/Initiatives
Conduct more research in rural communities/facilities.
Research the needs of family caregivers in rural communities.

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Research/Initiatives
Study housing as an incentive for staff in rural settings.
Explore the use of intergenerational programs/reverse mentoring (ex: tech use).
Research on transportation as a factor in continuing care.
Greater engagement of First Nations and Métis communities in research.
Research the role of traveling diagnostics in care.
Research on how continuing care policy impacts rural areas.
A study on continuing care staff workload.

Summary

This community consultation event provided an opportunity for members of Lac La Biche, Smoky Lake, Vilna, Athabasca, Boyle, and neighbouring communities to discuss continuing care in their area and how it can be improved. At the end of the session, the group discussed their next steps using the new information and connections they made. In addition to the recommendations below, some members of the group exchanged contact information in order to work together towards putting these next steps into place. The participants also asked ICCER and ACSRC to potentially facilitate a follow-up session to help ensure they take the next steps in their communities.

▪ Recommendations for moving forward:

- a) Promote and advocate for improved continuing care, including dementia care, in these communities;
- b) Improve the awareness of the Community Care Access Line and the Dementia Line;
- c) Work with the management of Community Care Access Line to identify what is available within these communities;
- d) Bring information and concerns forward to the Minister.
- e) Further discussion with PSIs on the need for rural practicums for students.

Appendix A – Background Materials

Background Document:

Background Document prepared for the Discussion of Continuing Care in the Lac La Biche Area: For Today and Tomorrow

http://iccer.ca/pdf/laclabiche/BackgroundDoc_LaclaBiche_23Mar16.pdf

Additional Reading:

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

Alberta Health Services. Understanding Continuing Care.

<http://www.albertahealthservices.ca/cc/Page13154.aspx>

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

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. December 2014. Supportive Living Guide.

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