Continuing Care Networking Event – Grande Prairie

Alberta Centre for Sustainable Rural Communities

ACSRC Report Series #04-11
Continuing Care Networking Event – Grande Prairie

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Authors
Alberta Centre for Sustainable Rural Communities

Acknowledgements
These notes were created by the staff of the Alberta Centre for Sustainable Rural Communities, University of Alberta – Augustana Campus. The creation of this report would not have been possible without the input of participants at the ‘Continuing Care Networking Event – Grande Prairie’ networking event. A special thank you to the Institute for Continuing Care Education and Research, and Grande Prairie Regional College. No particular observation or comment should be attributed to and specific individual, unless otherwise specified. Any errors in description or interpretation are those of the author.

Research funding for this project was provided in part by Alberta Rural Development Network (ARDN).
Abstract

This networking event brought Grande Prairie Regional College (GPRC), the Institute of Continuing Care Education & Research (ICCER) and its affiliated organizations (including the University of Alberta and NorQuest College), 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 what continuing care needs are not being met locally and whether there are issues that the post-secondary institutes (PSIs) can address through training and education programs for students and/or practitioners, and research.
Continuing Care Networking Event – Grande Prairie
Executive Summary

This event took place on May 17, 2011 at Grande Prairie Regional Conference. The networking event brought Grand Prairie Regional College, the institute of Continuing Care Education and Research (ICCER) and its affiliated organizations (including the University of Alberta and NorQuest College), 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 what continuing care needs are not being met locally, and whether there are issues that the 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.

The networking event provided both ICCER and the ACSRC with an opportunity to reach out to rural communities. ICCER's vision is to "be a partnership of practitioners, researchers, educators and learners collaborating to provide the best care and quality of life for those served by the continuing care system.” Its mission is to enhance the quality of life for those served in the continuing care system by creating a continuum of learning and research, and by ensuring excellence in education for students. It assisted ICCER in reaching out to the larger community and helped to identify gaps in the rural regions and to link the rural communities and PSIs with researchers and educators from elsewhere. The networking also gave the ACSRC the opportunity to extend its mandate, which includes research, education, knowledge transfer and collaboration with rural communities, on the ground in northern Alberta, and to foster collaboration of faculty from both the University of Alberta and NorQuest College within the broader principals and contexts of social justice, community engagement, deliberative and evidence-based decision making and practice, the social determinants of health and integrated public policy and programming that contributes to the sustainability, resilience and quality of life in rural Albertan communities.

This event brought together a range of stakeholders who were able to articulate not only their concerns and assessments of continuing care in the region, but also their various issues and strengths in terms of capacity, programming, resources and networking. As a result, service providers, users and the post-secondary community were able to discuss not only the gaps in the region, but also the possibility of different strategies and options to address those gaps.
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
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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/gprccontinuincarereports) 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lars Hallstrom</td>
<td>Alberta Centre for Sustainable Rural Communities</td>
</tr>
<tr>
<td>Sandra Woodhead Lyons</td>
<td>Institute for Continuing Care Education and Research</td>
</tr>
<tr>
<td>Cheryl King</td>
<td>GPRC</td>
</tr>
<tr>
<td>Sheila Elliot</td>
<td>GPRC</td>
</tr>
<tr>
<td>Kathleen Turner</td>
<td>GP County FCSS</td>
</tr>
<tr>
<td>Marie Johnson</td>
<td>Alberta Health Services</td>
</tr>
</tbody>
</table>

Facilitators:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lars Hallstrom</td>
<td>Alberta Centre for Sustainable Rural Communities</td>
</tr>
<tr>
<td>Sandra Woodhead Lyons</td>
<td>Institute for Continuing Care Education and Research</td>
</tr>
<tr>
<td>Cheryl King</td>
<td>GPRC</td>
</tr>
</tbody>
</table>

Table Hosts:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Turner</td>
<td>GPC FCSS</td>
</tr>
<tr>
<td>Sheila Elliot</td>
<td>GPRC</td>
</tr>
<tr>
<td>Arlene Wolkowycki</td>
<td>NorQuest College</td>
</tr>
<tr>
<td>Al Cook</td>
<td>University of Alberta</td>
</tr>
<tr>
<td>Yvonne Dickson</td>
<td>Citizen</td>
</tr>
<tr>
<td>Janet Longmate</td>
<td>Citizen</td>
</tr>
</tbody>
</table>

Participants:

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Grande Prairie - Council</td>
<td>1</td>
</tr>
<tr>
<td>City of Grande Prairie – Home Support</td>
<td>4</td>
</tr>
<tr>
<td>County of Grande Prairie – Home Support</td>
<td>1</td>
</tr>
</tbody>
</table>
## 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?

<table>
<thead>
<tr>
<th>Social Programs</th>
<th>Facility Programs</th>
<th>Health Care Availability</th>
<th>Homecare Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grande Prairie</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCSS Support Services</td>
<td>Group homes (for PDD etc.)</td>
<td>Full complement of health care professionals – some contracted out</td>
<td>Home living is supported by home care services and by families providing care.</td>
</tr>
<tr>
<td>Supports vary by community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is no income criteria for home support but the fee is based on income, housekeeping, driving, companionship, respite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Senior Living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Senior Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Community Needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Info/Referral – depends on the community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• FCSS differs between rural and urban – is a BIG rural player</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Adult Day Program               | Children with development disabilities | Psycho-geriatrician, but no regular geriatricians. | Home Care  
Home Support |
| Seniors Outreach                | Elders Caring Shelter | AHS foot clinics | Families providing care |
| • 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” |                  |                                          |                                                  |
| Immigrant services – provides adult care nannies | Facility Living  
Senior Building | 60 more spaces in LTC | Home Support Services  
• Housekeeping  
• Meal Prep  
• Driving  
• Companioning |

June 2011
### Summary of the Continuing Care Community Networking Event
#### Grande Prairie, 17 May 2011

<table>
<thead>
<tr>
<th>Social Programs</th>
<th>Facility Programs</th>
<th>Health Care Availability</th>
<th>Homecare Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Respite</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Some communities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>do not have home</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>support services</td>
</tr>
<tr>
<td>Home sharing programs – just cancelled</td>
<td>GP has 60 LTC beds and 60 DAL. The numbers are expanding.</td>
<td></td>
<td>• Lot of family care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>providers</td>
</tr>
</tbody>
</table>

#### 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 →**
<table>
<thead>
<tr>
<th>Social Programs</th>
<th>Facility Programs</th>
<th>Health Care Availability</th>
<th>Homecare Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varies by community Delivery</td>
<td></td>
<td></td>
<td>nanny/support services, “Live in Caregivers”</td>
</tr>
<tr>
<td>Disabled transportation to G.P</td>
<td></td>
<td></td>
<td>Home Support Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Housekeeping</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Meal Prep</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Driving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Companioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Some communities do not have home support services</td>
</tr>
<tr>
<td>Adult Day Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beaverlodge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hythe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seniors Outreach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Info/forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Help with navigating the system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- “Passed away”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What is available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- G.P area funded position goes around to communities and provides “senior’s community support”</td>
<td></td>
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</tr>
<tr>
<td>Partnership transportation and City of GP and MDS</td>
<td></td>
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</tr>
<tr>
<td>A willingness to provide resources and connect people – sharing info – “Champion of the Cause” community members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A willingness of people to help out and volunteer info and services (e.g. health food store would like more concrete volunteers and donations)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## Round 2 – What’s working now for continuing care in the region – and why?

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

**Grande Prairie, 17 May 2011**

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

**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.
<table>
<thead>
<tr>
<th>Theme</th>
<th>User</th>
<th>Provider</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance/Density</td>
<td>Separation of couples</td>
<td>Separation of couples</td>
<td>Depopulation of rural areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aging infrastructure with no tax base to support new infrastructure</td>
<td>Aging infrastructure with no tax base to support new infrastructure</td>
</tr>
<tr>
<td></td>
<td>Discharge from hospital to 1\textsuperscript{st} Nations communities is an issue because of distance, lack of resources on reserve</td>
<td></td>
<td>Discharge from hospital to 1\textsuperscript{st} Nations communities is an issue because of distance, lack of resources on reserve</td>
</tr>
<tr>
<td>Knowledge</td>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of information and consistent definitions when dealing with continuing care (e.g. assisted living/supportive living)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Need to plan ahead for facilities and services for the future</td>
<td>Need to plan ahead for facilities and services for the future</td>
<td></td>
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<tr>
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<td>Financial planning advice/assistance should</td>
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<td>Theme</td>
<td>User</td>
<td>Provider</td>
<td>Community</td>
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<td>be provided to help people plan for their retirement and how they should spend their money</td>
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<td>More discussion and knowledge needed about mental health issues. Seen as taboo to discuss.</td>
<td>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.</td>
<td>More discussion and knowledge needed about mental health issues. Seen as taboo to discuss.</td>
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<tr>
<td>Collaboration</td>
<td>Jurisdictional issues for aboriginal communities prevent collaboration</td>
<td>Jurisdictional issues for aboriginal communities prevent collaboration</td>
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<td></td>
<td>Increased collaboration/ partnership between organizations is needed however there are time constraints and in some cases feelings of insecurity over sharing</td>
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<td>Capacity</td>
<td>Change in expectations of demand</td>
<td>Changing standards for facilities</td>
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<td></td>
<td>Difficulty recruiting and retaining trained health care workers of all types</td>
<td>Difficulty recruiting and retaining trained health care workers of all types</td>
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<td></td>
<td>Informal caregivers need support and guidance, as well as additional services such as granny nannies, private nursing agencies, etc.</td>
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**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 is 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, Capital Health (Edmonton), CapitalCare (Edmonton). Safety in Long-term Care Settings: Broadening the Patient Safety Agenda to Include Long-Term Care Services. 2008.
Appendix B – Copies of the Original Flip Charts
Summary of the Continuing Care Community Networking Event
Grande Prairie, 17 May 2011

Meals on wheels
- served by community
- delivery
- POP
- Group Home

Disabled Transportation GP

MH Services for Seniors

Adult Day Program

ISS = nursing/support services

“live in caregivers”

Seniors Outreach:
- info/forms
- help w/ navigating the system
- “passed away”
- what’s available

GP/area funded position
- open around to communities
- would be
- “Seniors Can Support”

Dr in Sexsmith - house calls

Meals on wheels

Food banks

GPRC Nursing Social Work

Red Cross equipment

Community support, volunteers, donations

People living in independent situations
- 25 “buddy systems”
- 25 people checking/watching

Communication between Edm hospital, “sometimes” & home care here

Hythe Adult Day Program

Socialization & Seniors

Aboriginal Health Liaison Workers

Consisted care

Service groups, volunteers, etc.

What’s Working?

- home support through FASS
- home care services/nurses
  - 2 people stay in homes long term

- support services

- “I know EVERYTHING GP + info

- Seniors outreach to Great Service MK

- Health care staff

- “Champions of the Cause”

Partnership transport + City of GP + MO

Supportive living through lodges
- esp for inner core
- “health and determine risk

a willingness to provide resources to connect people sharing info “champion of the cause”

Community members

Dr in Sexsmith - house calls

Meals on wheels

Food banks

GPRC Nursing Social Work

Red Cross equipment

Community support, volunteers, donations

People living in independent situations
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Consisted care

Service groups, volunteers, etc.

Life line

2 standard features in supported living

- need to go to an independent provider

- “better quality of life

- “gets you to next stage”

- “very pleased”

Grande Prairie Faculty

Senior management Efforts

- Support Exchange

- Support exchange of senior with community

- “Things work differently in different places”

June 2011
Summary of the Continuing Care Community Networking Event
Grande Prairie, 17 May 2011

Gaps, Issues, Barriers & Realities

- Separation of couples - different communities
- Older population of rural areas: small town base
  - Big, small, more
  - Larger
  - Smaller community
  - Aging infrastructure/education
- Changing facility standards/expectations
- Rent control vs. private facilities
- Public vs. private.
- Lack of training/numbers in private facilities
- Fed/prov jurisdiction vs. Aboriginal community
- Lack of collective community will
- Lack of community/continuing care literacy

People who fall ‘through the cracks’

- Issues & behavior
  - Not acut
  - Don’t fit MT
  - Don’t fit POP
  - Financial planning
    - Hard to predict
  - Raised cost of living
    - Death of spouse = 50% cut
    - Can’t plan in future
    - Long-term investment loss in past few years

Additional comments:

- Reality that many in lodges are not happy
- Reality: people want to stay at home
  - Only consider support/assisted living if health issues
- Planning for facilities/services need to start
  - Caring for one another
  - We can plan for how we want to live
  - But we are also resistant to planning for our need/reader
- Most PDD are getting “quite good care” in
  - Group home
  - Group homes
  - More awareness & action on these areas
  - PCHT has stated training of personal care staff is not enough
  - Staff required to keep up on current practices
  - What would it take to change that?
  - Buy longer term training for personal care staff?
  - Buy learning opportunities for PCHT?

People who fall ‘through the cracks’

- Issues & behavior
  - Not acut
  - Don’t fit MT
  - Don’t fit POP
  - Financial planning
    - Hard to predict
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- Informal/family caregiver input
  - More information on specific issues
  - More support
  - Access to awareness
    - “Families need a: 1-step guide”
    - Family members need more training to handle crises

- Respite + Respite system/access
  - Some beds available
  - Do we know how many, where, when, how to access?

- Home support workers
  - More info on agencies, programs, services
  - Provide this specific info to clients
  - Lots of people call FESS for info

- “We don’t pay attention to what we don’t need. Now.”

- AB supports Hotline + Website
  - Consultative info on programs/services & vulnerable populations
Summary of the Continuing Care Community Networking Event
Grande Prairie, 17 May 2011

- **Seniors & computers**
  - great variability
  - knowledge/use/comfort
  - access/functionality

- **Discharge planning**
  - for FN communities
  - no service/available after hours? cons. level
  - also happens in lodges
  - no care plan/assessment until Monday

- **Post surgical/post care**
  - by rural HC
  - lack of trained HC
  - Prof to provide many services

- **Home Support does not cover all required needs is snow**

- **Directly avilable in this community**

- **Allowing a senior to live at risk**
  - if they so choose

- **Partnerships in sports/looks to quality to play in provincio**

- **More work in visioning + more planning**
  - what services?
  - what plans?

- **Colleges/Universities?**
  - Research & Innovation/Best Practices?
  - education, training, research

- **Health Care Aides**
  - 4800 HCP in AB
  - capacity in training
  - 700 split by fall

- **Informal caregivers/family**
  - Wendy Dugdale
  - AB Caregiver Association
  - Supports for family caregivers
  - in fund to research Atlantic Punks.
  - OPP for specific to help with their research
  - work & research focus groups
Summary of the Continuing Care Community Networking Event
Grande Prairie, 17 May 2011

**Direction of P3s**
- not enough discussion with public/community
- P3s moving care away from public at expense of rural
- P3 review required prior to approval/action

ge: Mackenzie Place moving to a P3/private provider

**Visioning & Policy Direction**
- who provides this? MLW?
- mechanisms for PI to provide timely programs/services

Gone a need to "connect" govt info & public audiences

- what's local? self-determining
- what will be?
- people creating vision are not P3s, not using the facilities/services

Go an ongoing evaluation of expectation & continued review

**Gov't Docs**
- lots of them? awareness?
- summary/synthesis?

Appendix docs to this event
- summary key pt

- lack of financial planning
- void of awareness
- strategies to training for seniors
- research? resources? issue?
- training N/credit causes for financial planning
- inc, Seniors' Continuum

- Impact of financial planning
- that is not biased... not telling something

- a "bag culture" shift
- perhaps start by talking to younger groups... it/it's on us?

- "Just in time" information & learning
- "Science, things"

- app for College/Mini book:
- shift in PI learning culture... not theory/generally

**FN Colleges**
- also app for "just in time" learning
- be a part of "two discussion"

- need for more collaboration & integration

- how to work together more?

- models/examples

- P3s as knowledge brokers

- how others are doing opportunities

- how to use to meet need

- telehealth research
- quality of care, care
- research

- Universal design

- Applied research: practical questions

- research, policy, action, evaluation, local level