ALBERTA ASSOCIATION ON GERONTOLOGY
Futures Policy Forum
Transforming Healthy Aging and Quality of Life for Older Albertans

Transforming Continuing Care to a Culture of Healthy Living and Quality of Life

A FREE Zoom Webinar, Wednesday, April 6th, 2022
12:00 PM - 1:30 PM

Summary Report to Stakeholder Collaborative Committee June 8, 2022: Webinar Overview, Reach, Participant Experience, What Matters to Participants, Summary Observations

1.0 WEBINAR 1 OVERVIEW

1.1 Objectives

- To ground the Futures Policy Forum Initiative with drivers for change from the perspectives of older adults, their caregivers and care service providers (webinars 1 & 2 together create foundational information for change)
- To outline proposed changes by the MNP report and identify important features and opportunities
- To discuss and recommend important steps for the change, including governments' response
- To identify the desired outcomes for the change.

1.2 Presenters and Themes

- **Webinar Chair**: Marlene Raasok. AAG Board Member
  - Introduced the webinar as the first of two webinars focused on setting the stage for Alberta's transformation journey toward a vision of healthy aging & quality of life for older adults.
- **Vivien Lai**, **Consultant, Long-Term Care Expert of the MNP consulting team for the Continuing Care Facility-Based Review Report**, **and Chair of AAG Futures Policy Forum Initiative**
  - Outlined drivers for change, rationale, and vision for the MNP report recommendations.
  - Described the goals of the AAG Futures Policy Forum and its intent to involve Albertans in the dialogue of future cultural changes.
- **Dr. Carole Estabrooks**, **Canada Research Chair, Professor Faculty of Nursing, University of Alberta, Principal Investigator of TREC, and member of the Expert Review Panel for the Continuing Care Facility-Based Review Report (MNP report)**
  - Addressed continuing care reform and improvement from the perspective as a researcher with specialized knowledge on quality of life (QoL) for long-term care (LTC) residents and quality of work life for LTC health workers.
  - Provided advice on important features and priorities of the transformation, particularly the significant concerns related to workforce sustainability
- **Evan Romanow**, **ADM, Health Service Delivery, Alberta Health**
  - Described government's plan for continuing care reform and timeline for implementation and the opportunities to build on the environment of collaboration across organizations & ownerships in Alberta
  - Described Alberta 2022 Throne Speech and Budget Speech and transformation agenda the next 3 years in the Alberta Health's Business Plan.
  - Recognized the collaborative environment for change in Alberta with provider organizations across ownerships and associations providing advice and opportunities for sharing of information and co-creating the way forward.

2.0 WEBINAR REACH

2.1 Webinar Registration and Attendance

- **181 people attended the webinar (**out of 262 registered**)**
  - 69% attendance rate (normal attendance rate is 30-45%) reflects interest in topic and increase in access
  - *Reason for No Show: Webinar* Delivery: Date/time was inconvenient (4%); Technical issues connecting to the webinar (1%) Personal Issues: Scheduling conflict (4%); Priority site need did not permit attendance
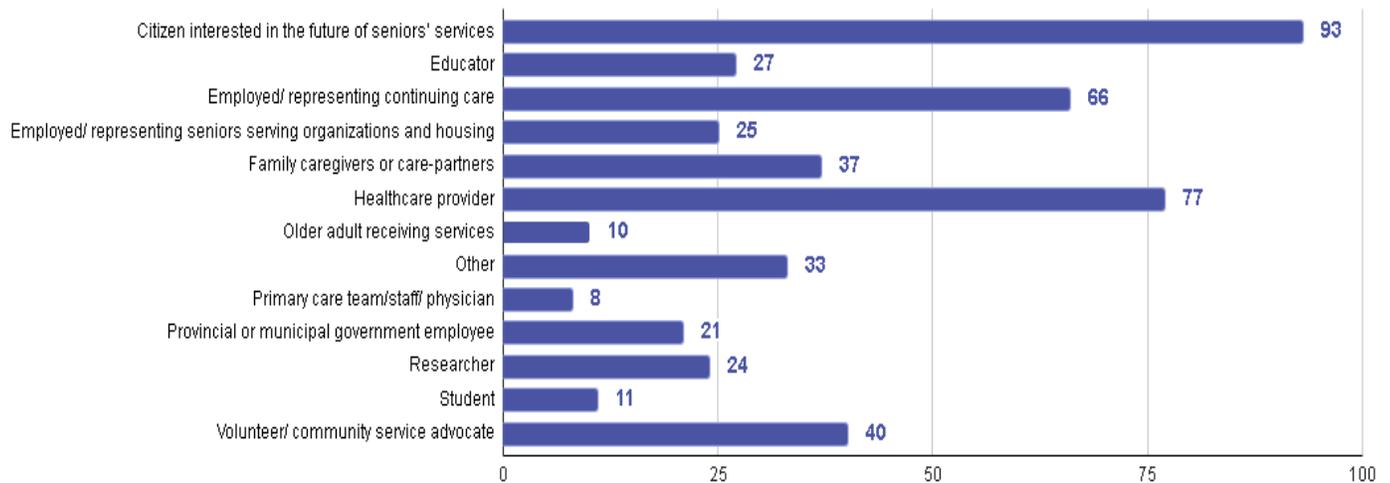
2.2 Geographic Coverage

- Most participants were from Edmonton (98) and Calgary (86), followed by Sherwood Park, St. Albert, Lethbridge, Cochrane, Victoria, Airdrie, Camrose, Red Deer, Canmore, and Spruce Grove.
- 27 registrants were from other cities including rural and remote areas
- Analysis of postal codes shows the following breakdown of attendance:
  - Urban (the large cities) 71%
  - Sub Urban (around major centers): 18%
  - Rural -6% (note: 17/5 of the population of Alberta is Rural)

2.3 Affiliation of Attendees

Which of the following best describes you?
(Check all that apply)

Affiliation	Count
Citizen interested in the future of seniors' services	93
Educator	27
Employed/ representing continuing care	66
Employed/ representing seniors serving organizations and housing	25
Family caregivers or care-partners	37
Healthcare provider	77
Older adult receiving services	10
Other	33
Primary care team/staff/ physician	8
Provincial or municipal government employee	21
Researcher	24
Student	11
Volunteer/ community service advocate	40

2.4 Summary re Reach

o Webinar #1 has established a good based for engagement –with geographic representation aligned with major population and service areas, with diverse representation across affiliations.

- AAG may consider encouraging collaboration through marketing and advertising of students from urban, rural, and remote areas as well as older adults receiving services and family caregivers/care-partners residing in rural and remote areas. These voices will help provide policy change initiatives for the SCC, learnings from the FPF surveys, and broaden the reach and accessibility

3.0 WEBINAR EXPERIENCE, PER POST-SURVEY QUESTIONS
--based on 65 replies (36% of attendees)

3.1 Preference for Delivery

o Most participants find the 12:00 noon until 1:30PM webinar time of day convenient (77%)
o The 1.5 hours duration of the webinar an appropriate length (71%)., although a number leave at 1 pm after the speakers.
o Most participants viewed the webinar alone (94%) than together as a group.

3.2 Value of the Webinar

o **Value of Information—**in order of importance

- Appreciated hearing from Alberta Health that action is beginning (68%)
- Felt more knowledgeable about plans for transformation of systems and services for seniors in Alberta (62%)
- Encouraged after hearing about examples of changes in other places that have been successful (59%)
- Did not find value participating in this webinar with an explanation why -1 person

o **Expanding Capacity/ Networks for Change: Close to 2/3 of respondents see value in accessing speaker slides & video recordings (request to access speaker slides was a question at the webinar & was acted upon immediately)**

	Somewhat Likely (#)	Very Likely (#
I will access these resources to review/refresh the Content for myself	25	34
I will encourage colleagues to access these resources	28	46
I will encourage others (non-colleagues) to access these resources	29	32

3.3 Participant Comments

- o Overall, participants demonstrated their interactive participation during the live webinar as evidenced by their broad range of questions asked in the Q&A function (36) – ranging from asking how to be change champions; care aid standards and how to create an integrated system; and flagging issues for the Ministry of Health asking government about recruitment, retention, and wages for allied health care professionals to funding, standards, and accreditation for CC.
- o Participants stated that their experience ranged from very good to excellent. Participants stated that the speaker choice was great, and the information provided was relevant and useful
- o Participants appreciated the opportunity to ask questions and said to keep up the advocacy work as the results may lead to actions which provided the participants with hope.

3.4 Summary: Value of Webinar for Learning & Engagement (Aim 1)

- o Almost all the participants were enabled to have the opportunity to co-create change.
- o Recommendations:
  - Keep the webinar topics of high interest, timely, and accessible in format for delivery which is virtual and recorded. Keep the same time of day since there were only 8 people who would like alternative times.
  - Continue to schedule Government officials who have a plan of action and can show the government accomplishment of committed deliverables.
  - Capture the voices of those most impacted by the policy changes (clients receiving services) and highlight system transformation outcomes.

4.0 WHAT MATTERS TO PARTICIPANTS

4.1 Priorities for Change

Survey respondents placed a check mark in the box that best described their view of the priority for each of the change topics being discussed in Alberta and **ranked their priorities for action and opportunities for change** .

OPPORTUNITIES FOR CHANGE	IMPORTANCE OF CHANGE (WITH # OF RESPONDENTS)					
	Unsure	Not Import-ant	Less Import-ant	Import-ant	Very Import-ant	Very Important & Urgent
Ensuring there are sufficient staff to provide care	1			3	7	53
Improving supports for care givers/care partners	1		1	4	27	35
Developing new models for home care a. for consistent carers	2			6	31	25
b. with more choices of supports	4			6	25	29
Providing more options for community-based Housing with care	1		1	11	24	27
Improving facility-based continuing care a. Care hours	2			9	16	35
b. Teamwork for quality of life	3		1	8	29	32
c. Home like environments for living	2			12	20	27

Improving connections among community-based seniors services	2		2	16	21	24
Improving connections between my physician and community services	2		2	18	24	18
Moving from a Culture of "I know best as a health professional " to team work with "a focus on the person needing care & his/her situation"	3			6	17	38
Addressing issues of stigma & vulnerabilities as one ages & inclusion across diverse populations	4		4	12	20	24
Thinking creatively about how services will be funded by government &/or paid for by users	4		2	8	20	30

- **None** of the 66 respondents ranked any of the 13 priorities as **not a priority**

- **Responses regarding priorities for action were skewed to Very Important and Important illustrating the need for action. There are clusters of priority rankings related to improving Facility-Based Care and improving Home Care delivery and service options.**

- **As identified below, there is an urgent need to address improvements in** *care centres as equally important to increasing options for community-based services.* **Very important and urgent Highest-ranked priorities**, in consecutive order, are:
    1. Sufficient staff to provide care
    2. Moving from a Culture of "I know best as a health professional "to teamwork with "a focus on the person needing care & his/her situation"
    3. Improving facility-based continuing care, care hours
    4. Improving facility-based continuing care, teamwork for quality of life
    5. Improving supports for care givers/care partners
    6. Thinking creatively about how services will be funded by government &/or paid for by users
    7. Developing new models for home care, with more choices of supports
    8. Developing new models for home care, for consistent carers
    9. Improving facility-based continuing care, home like environments for living
    10. Providing more options for community-based Housing with care
    11. Improving connections among community-based seniors services
    12. Addressing issues of stigma & vulnerabilities as one ages & inclusion across diverse populations
    13. Improving connections between my physician and community services

- **Strengthening the full continuum of continuing care services and improving supports for caregivers/care partners is supported by the top 3 ranked priorities as Very important:** in consecutive order:
    1. Developing new models for home care, with consistent carers
    2. Improving supports for care givers/care partners
    3. Providing more options for community-based Housing with care

4.2 General Feedback

Are there concerns or suggestions for action that you would like to share with us regarding Alberta's journey for change toward a vision of healthy aging and quality of life for older adults?

A. The following areas were identified as implications for INDIVIDUALS with the proposed changes:

- **Capturing Stakeholder perspectives:** 1) I'm concerned that older people experiencing homelessness (oftentimes with serious mental illness, poverty and for some, substance use challenges) with complex physical health issues as well, have no voice, and fall through the cracks of our current aged care system as they experience premature onset of geriatric conditions and are not typically included in stakeholder dialogues. I do not believe that the voices of the patients are being valued. 2) The wrap-around services need to be available as people age and their ability to pay should not be a factor.
- **Staffing:** 1) Differences in rural and urban recruitment of healthcare staffing; 2) Policies overlook the reality that a rural community often has a harder time staffing, getting services, and providing services. **Healthcare provider training -** A. Ensure all health care providers and person's "touching" the resident are educated regarding care of Seniors and persons with Dementia. B. Work with staff to enhance the quality of care for residents
- **Caregivers:** 1) Supports for unpaid, family caregivers are urgently required. 2) Loneliness with health issues make the older adults more stressed. Provide more considerations for people with Dementia and their Caregivers; ensure family caregivers are embraced as part of the care team!". Provide caregivers free training so that older adults maintain a positive attitude and feel good without stress

B. The Following areas identified as implications for ORGANIZATIONS reinforce the need to move forward in new ways:

- **LTC Issues:** 1) Lack of Emotional Intelligence and person-centredness in the care culture that has neither the resources or the training to understand the importance of 'being with' people in LTC or living with dementia. 2) Work environment of distanced IPC 'can't touch or be near you' diminished the quality of life. 3). "I'd rather die than live like this." 4) Participants are concerned about the health and safety of our elderly.
- **LTC facilities: Audits:** 1) LTC facilities must be randomly and often visited by an investigator that speaks to residents, family, and staff. 2) All the auditors that come to long term care should have worked in this environment at some point in time. We need positive input to solve concerns instead of an answer such as "I don't know". These facilities are our residents' homes. **Regulated health professional mobile services:** 1) Ensure all seniors living in long-term care require daily mouth care and weekly professional oral health care as a universal government subsidized dental benefit because dependent residents living in LTC have the most complex medical, behavioral, and dental challenges by the time they end up living in LTC. We need to determine the basket of services that are required to meet the complex needs of these residents and the appropriate frequency and duration of service provision by dental hygienists as an essential part of the interdisciplinary health care and social services and community health and public health team. 2) Need for OT and RT to keep seniors mobile. In LTC it is too easy to put residents in Broda or wheelchairs for convenience and perceived safety (reduced liability?). **Seniors Perspective:** "I do not work with seniors, as I am a senior. I am not sure that I was supposed to attend the webinar, but I'm glad that I did. It sounds much more hopeful for people in long term care if some of the changes discussed are followed through. I think that having **private rooms is essential**. I have seen many things while visiting friends in care home that are not pleasant to see or to talk about. I'm happy to hear that some improvements might be on their way." **Facility type:** Absolutely no for-profit facilities.
- **Community services:** 1) Seniors' access to services: Involve seniors accessing services to be front and center for providing input and catalyst for change. 2) Connect to current seniors in the community to maintain physical/mental wellness.
- **Change Champions:** Aging is often not on younger (<50yr) people's agendas until they are older or have a loved one who needs increased care. How are you engaging younger people to become Change Champions? Are post secondary institutions developing/enhancing academic streams for aging/gerontology/elder care to increase the workforce in elder care? Is the need for health professionals with expertise in elder care being promoted to high school/post secondary students?

- **Public Education:** 1) You need to talk more about community supports to all seniors. 2) Focus on preparation for senior years with a focus on financial preparation, appropriate housing, anything that promotes healthy independent living.
- **Work environment:** Emphasize hiring more Personal Care Aides. Encourage Personal Care Aides to have shifts at same facility. Seniors want familiar staff, and they feel uncomfortable with high turnover staff changes.
- **Healthy aging:** The shift towards health aging for all should contribute to quality of life.
- **Digital health records:** Ensure CC facilities are part of the Digital health records.
- Break down addressing ageism, institutional problems to **smaller targets** that AAG could facilitate.
- **Prioritize** what is achievable and can be implemented within the first year, and then go down the list.
- **Society's humanity:** Providing high quality care for all aspects of the person including body, spirit, soul, and mind, each and every day, is best understood as an investment in society's humanity and NOT a cost to our healthcare system. The language we use, our perspective, and the way we understand why we do, what we do, must shift from "the bottom line" and how much will it cost to one of respect and care for the person, valuing

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C. The Following areas identified as implications for GOVERNMENT reinforce the need for action and the importance of moving forward with concrete change (not more of the same)

- **Reduce Red Tape:** Utilize private supportive living homes as part of the solution to transforming Healthy Living and Quality of life for our seniors.
- **Models of care:** 1) Move medical model of care to relationship social model of care that focuses on quality of life and living life with meaning and purpose; 2) Look at the European models; 3) Provide more non-institutional options; 4) Looking at this from a public health lens and using upstream approaches, it behooves us to keep the population healthy so people can age in place and help prevent the need to go into institutionalized care. I would like to see more emphasis on models that work Elsmere and how they can be adapted here.
- **Include a wide variety of voices:** 1) Older people experiencing homelessness (oftentimes with serious mental illness, poverty and for some, substance use challenges) with complex physical health issues; 2) Public interest Alberta's Seniors Task Force; 3) Representatives from the care and nursing organizations [including the Unions; 4) The users and potential users of the system and 5) patients who need wrap-around services available as they age and their ability to pay.
- **Funding:** 1) Patients who need wrap-around services available as they age and their ability to pay should not be a factor 2) Ensure public funds and services are not compromised.
- **Concern:** *How to ensure the political will to invest in improvements for seniors in continuing care*
- **Provide options (Choice):** 1) Provide options to ensure quality care can be provided (not one size fits all). Ensure the change puts older adults/clients at the center of conversations. 2) Allow people to live close to a familiar community, not first available bed. 3) More attention to the uniqueness of each older adult.
- **Evidence-based decision making in policy and practice:** Use the evidence base to develop policy and practices. Ensure there is excellent evaluation of impacts (quality of life) and financial effectiveness not just outputs (number of people entering the doors).

4.3 SUMMARY—WHAT MATTERS TO PARTICIPANTS (AIM 2)

o **Based on respondent priorities and general input, the top three opportunities for action to change and sustain continuing care services are**:
- Addressing issues in Care Centres is "JOB 1", with comprehensive change (hours of care, new service delivery & accountability models in support of person-centered care, environments for living). The importance of this focus is increased with the new Continuing Care Act and its focus on Quality of Life as its overarching outcome.
- Concurrently expanding options for community-based services—done differently for improved choices & flexibility to meet needs.
- Develop strategies for near term and long -term workforce sustainability to support the above changes.

- o **Thinking and acting to improve the environment for change and the range of stakeholders involved underpins success with service change. These actions include:**
  - Including caregivers as partners in supporting their family member in care centres and increasing supports for caregivers for their well being in the community.
  - Addressing system /administrative issues in the system that make it difficulty for individuals to know what is available and to navigate in connecting with the services best for their situation. increasing flexibility in system policy/practice to respond to expectations for more choice and flexibility in meeting client needs, (as opposed to "one size fits all"),
  - Learning more about the perspectives and needs of individuals across diverse population groups and work to create inclusive practices and environments for care and wellbeing.
- o **AND using each change strategy, to think creatively about innovation in relation to "who pays for what"**— balancing the challenges and real concerns related to the appropriate mx of government & non-government financial responsibility.

These priorities are well aligned with action plans/action underway; the key will be government investment in change

PRIORITIES FOR ACTION	Govt & System Partners	Change Champions
*Care Centres: Comprehensive plan for change --staffing/funding, service delivery & funding models, environments for living	AH --with AHS	ACCA, CHAA, ASCHA
*Expanding Community -Based Options --Home Care redesign, addressing staffing and service issues --New models of Housing, with supports & independent living	 AH—with AHS AH, ASH	
*Enhancing Caregiver Supports –integrated into the above	As above; FCSS	Caregivers Alberta

Along with the above:
  a. **Cross-sectoral & multi-stakeholder action is required to address immediate and longer term needs for workforce sustainability.**
  b. **Work is required to streamline service information/navigation processes (e.g. as is beginning with "Home to Hospital to Home" work and service/system mapping by Healthy Aging Alberta)**

5.0 SUMMARY OBSERVATIONS: WEBINAR 1 CONTRIBUTIONS TO DEVELOPING A COMMUNITY AND CULTURE OF CHANGE

- o **System-Wide Learning is Occurring and is Valued (System Change Aim 1)**
  - Current webinar structure is supported by feedback. There is significant reach across the province
  - Participants report value in Webinar information & ability to access speaker slides & the video recording for sharing with colleagues.

- o **The Journey is Beginning (input to inform the way forward—Aim 2)**
  - **Identified priorities align with government action plans**.
  - **Action will be key**. Changes that address continuing care centre concerns are required to restore confidence in this important service and create trust among government, providers, and users/potential users.
  - **Design of service delivery and funding/accountability requirements is contributing to workforce challenges** for both care centres and home care. New models need to be part of discussions related to near term workforce sustainability.

- o **AAG/FPF Initiatives Builds on Webinar 1 Input:**
    - **AAG Marketing** will be reviewed to see if there are opportunities to increase reach to under served areas (focus of webinar 3 given timeframes for change)
    - **Future Policy Forum Initiatives:**
      a. **Workforce Sustainability** will be focus of Webinar 3 and a Think Tank in Fall 2022
      b. **Future Webinars and Thought Leadership initiatives will expand discussions that address areas identified as priorities in the Webinar:**
        - Webinar 4--Models for Quality of Life in Continuing Care (service approaches, system accountability)
        - Webinars 5 & 6 --Strategies for a Strong Community-based Service System and Innovation in Housing
        - Webinar 7-- Strategies for Caregiver Support
        - Webinar 8—Innovation in Technology with a possible think tank re optimizing technology across services and by individuals themselves.
- o **AAG/FPF Stakeholder Collaborative Committee discussions in April and May have been focused on Quality of Life in Continuing Care as input to the changes required to underpin expectations in the new Continuing Care Act.**