



ALBERTA ASSOCIATION ON GERONTOLOGY

Futures Policy Forum

*Transforming Healthy Aging and Quality of Life
for Older Albertans*

IMPLEMENTING AND MEASURING CULTURAL CHANGE

TO ACHIEVE QUALITY OF LIFE FOR OLDER ADULTS



A FREE Zoom Webinar, Wednesday, Sept 7th, 2022

12:00 PM - 1:30 PM

Summary Report for Stakeholder Collaborative Committee, October 12th, 2022: Webinar Overview, Reach, Participant Experience, What Matters to Participants, Summary Observations

1.0 WEBINAR 4 OVERVIEW

1.1 Objectives

- To create awareness of how older people define quality of life in the community and in the continuing care settings
- To provide examples of cultural changes and practices that evidence shows can lead to enhanced quality of life, particularly for people living with dementia
- To share recent research on measures of quality of life and how data could be publicly reported
- To engage with the public, older Albertans, family caregivers and care providers on ideas for culture changes in seniors' services to optimize quality of life

1.2 Presenters and Themes (NOTE: Information is based on video recordings & slides; speaker consents in place supporting use of information by AAG)

- ❖ **Webinar Chair, Lynne Mansell, introduced the Webinar**, underscoring its importance given the overarching vision of Alberta's transformation plan to enhance healthy aging and quality of life for Older Albertans.
- ❖ **What Quality of Life Means to Me: Five important factors**, based on lived experiences: Jim Mann (a dementia advocate), Lisa Poole (family care partner) and Jim Dolph (individual living in assisted living):
 - ***Having purpose in life***
 - as one ages, regardless of healthy concerns or personal circumstances
 - with opportunities for continued involvement in activities, for service to others, for learning new skills
 - being able to contribute lived experiences for program development and policy change
 - ***Having individual preferences and understood and accepted***
 - one-size does not fit all
 - ***Being able to develop relationships with program and care providers***
 - the basis for developing trust and understanding of needs and preferences to be able to be considered an Individual
 - consistent carers are key, as are staff with skills and knowledge to do their jobs
 - ***Feeling good; important to quality of life***
 - quality of care (eg pain management), diet/good food, opportunities to go outside & taking walks
 - ***Having choice***
 - ease of access to services matters; spectrum of options important
- ❖ **Speakers shared their research knowledge and experiences to promote quality of life in services and systems for older adults:**
 - **Dr. Tetyanna Schippee:**
 - ***Quality of life underpins quality: important to measure person-reported quality.***
Experience in Minnesota with their Quality-of-Life Survey:
 - a. Multiple domains important, considering difference resident characteristics and care centre attributes
 - b. Need to be sensitive to persistent disparities for different ethnic groups or race
 - c. Partnerships are important: at care centre to increase options for residents and families

- **Dr. Mattias Hoben**
 - ***Quality of life is highly individual; major question is how to NOTICE quality of life: it is more than the absence of negative indicators of care***
--DEMQOL : overall cognitive impairment is not a negative factor: BUT significant changing in cognitive impairment is evidence of decreasing quality of life

- **Dr. Caspar**
 - ***Central belief: improving relationship-focused care is core to quality of life***
 - a. education interventions on their own are largely ineffective; need to look at enabling & reinforcing practice
 - b. Quality of workplace relationships have a direct & meaningful impact on quality of life
 - c. Presence of leaders who demonstrate respect is key
 - d. Successful culture change is best achieved by developing mutually agreed care
 - e. When galvanize a care team, including family, can accomplish anything
 - ***Aspiration: focus on quality of life across continuum of care***
 - a. From language of care (e.g. RAI) To language @ Quality of life experiences
 - b. From giving information To Collaborating in using information
 - c. From Task Focus To Personal Focus to improve quality of life for residents and quality of work like for staff
 - d. From Focus on LTC To same focus on quality of life focus and resources for aging in community (e.g. role of recreation therapy & improved team work across the continuum)

- **Speakers were asked where to start to increase focus on quality of life**
 - Start by measuring quality of life from resident perspective; look for incentives to encourage shifts
 - Do something with the data you collect: Measurement for feedback creates change
 - Solutions development has to be at the workplace/team level, inclusive of residents and families. CAN'T be TOP DOWN
 - Look through lens of quality of life from perspective of residents and families and staff
 - Need bite-sized chunks: need to address stigma of dementia

- **Webinar Participant questions to the panel call for action:**
 - Need attention by government regarding the calls for action; need many voices at many levels contributing to required changes
 - Family care partners are key; they are the backbone to continuing care both in care centres and in community; need to be involved in decision-making; need to be supported locally, provincially, nationally
 - Need wholistic view of carers, including recreationists in the community and seniors helping seniors

2.0 WEBINAR REACH

2.1 Webinar Registration and Attendance

- **152 people attended the webinar**
 - **Attendance remains high, with this 4th Webinar maintaining consistent attendance @ 150**
 - Reasons for No Show were primarily related to personal scheduling challenges
 - NOTE: Registrants who are unable to attend have access to speaker slides & the video recording within days of the event for their own use according to their schedule (numbers accessing resources to come).

2.2 Geographic Coverage

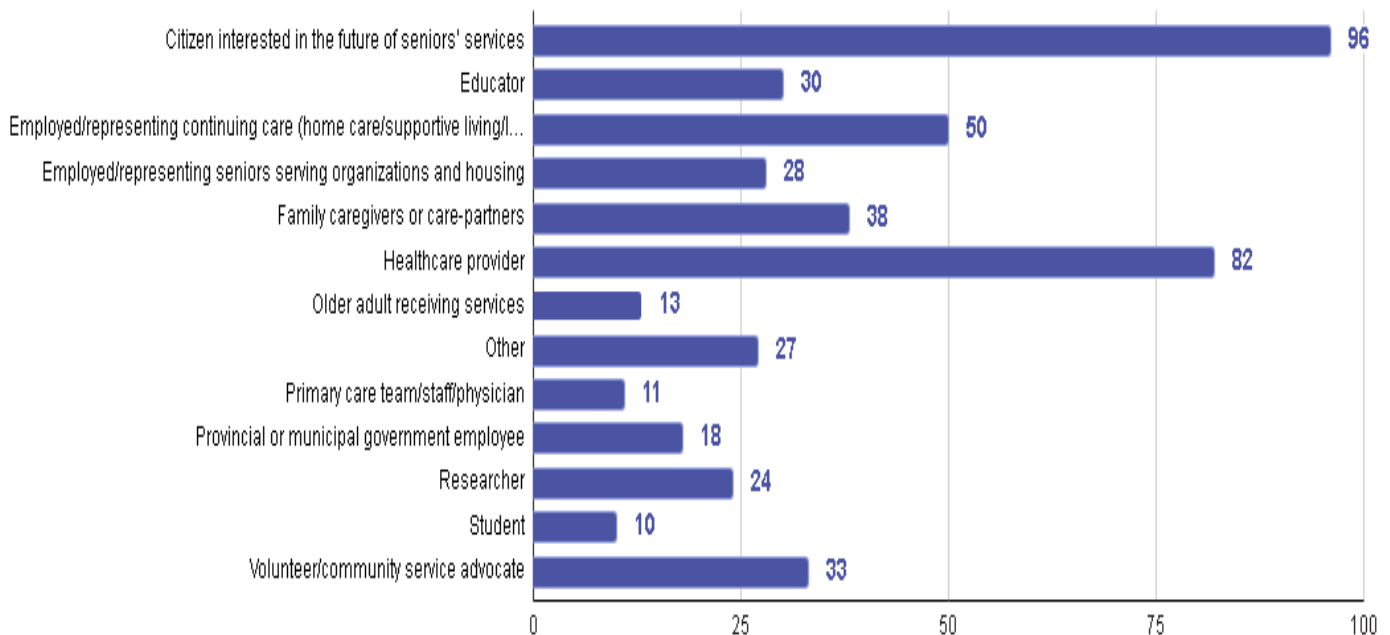
- Most participants were from Calgary (41%) and Edmonton (31%) followed by Sherwood Park, Lethbridge, St. Albert, Red Deer, High River, Medicine Hat—in keeping with population distribution in the province
- Attendance includes individuals from across the province

2.3 Affiliation of Attendees

- **It is encouraging to see great diversity of attendance**, with high percentage of citizens interested in the future of seniors' services and family caregivers as well as health care providers and staff .

Which of the following best describes you?

(Check all that apply)



2.4 Summary re Reach

- **Webinar #4 demonstrates the power of this medium in reaching a broad audience.**
- The diversity of attendance is encouraging given the topic and the importance of developing new language, new perspectives and new behaviours and practices to move to a future focused on healthy aging and quality of life for older Albertans

3.0 WEBINAR EXPERIENCE, PER POST-SURVEY QUESTIONS

.. 29 responses as of October 4th (20% of attendees)

3.1 Value of the Webinar

- **Participation in Webinar**
 - Most attendees viewed the webinar on their own.
- **Value of Information**—in order of importance
 - >>I am motivated to move forward with initiatives that focus on culture changes for quality of life (75%)
 - >>I plan to share the information that I learned with colleagues (75%)
 - >>I learned new information about government systems that use and publish quality of life measures (33%)

3.2 Motivation for Attending this Webinar

- ***The above-noted motivation to move forward with initiatives focused on culture changes for quality of life is supported by the following survey responses.***
- ***Developing momentum for change from the perspectives of what people want to see for their futures is an important driver for systemic change.***

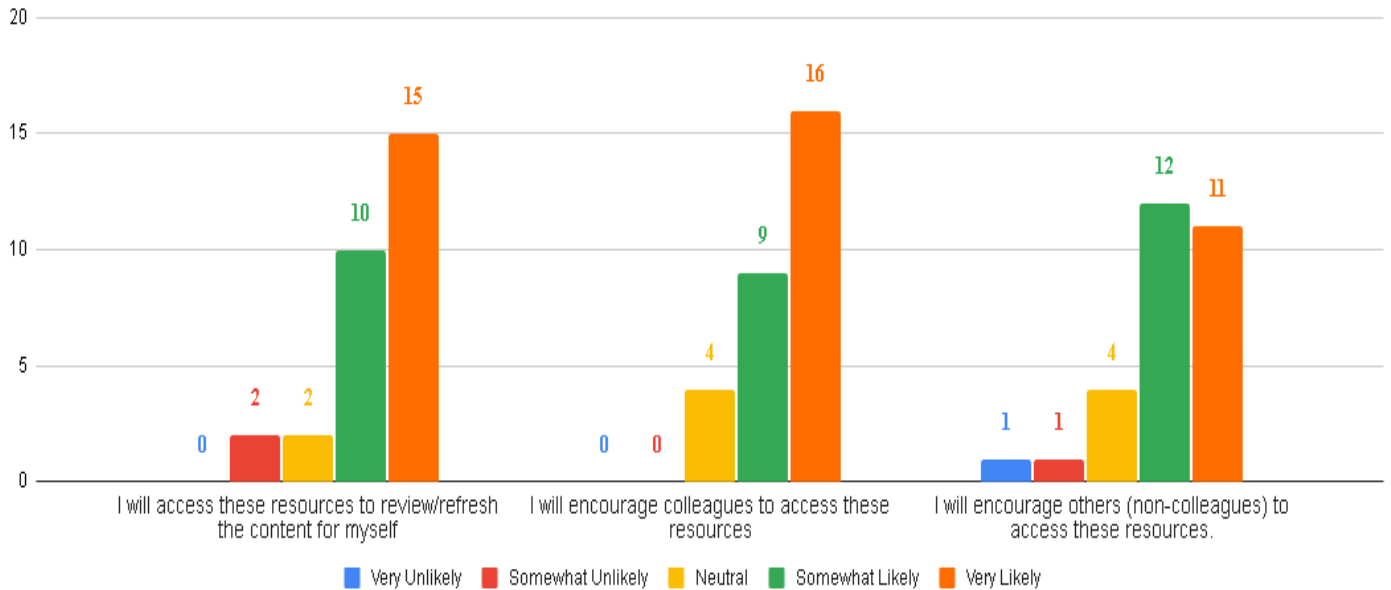
Which of the following describes your motivation for attending this webinar? (Mark ALL that apply:)



3.3 Expanding Capacity /Networks for Change

- **Most respondents see value in accessing speaker slides & video recordings. ...the intent to share these materials was significantly higher than in previous webinars**

As mentioned during the webinar, speaker slides and the webinar recording will be available on AAG's website; the recording will be available on AAG's YouTube channel. We would like to know how webinar attendees might make use of these recordings.



3.4 Participant Comments—from Q & A content

- **Webinar Value**
 - The forums are well structured and informative. Good work
 - This has been a phenomenal presentation. Thank you.
 - Hopefully, every senior group will find the presentations and they can be heard at all levels.
- **Observations re the Way Forward**
 - Very interested to see how all the great learning from the webinars translates to the action required to shift cultures of practice and systems for service delivery>>OUR COLLECTIVE CHALLENGE!

3.5 Summary: Value of Webinar for Learning & Engagement (Aim 1 for the webinar series)

- **Attendees valued the opportunity to learn from speakers, with their very relevant content. There is broad reach and momentum to move forward.**
- The importance of this topic was underscored by participant comments and the high indication of intent to share materials from the Webinar with colleagues.

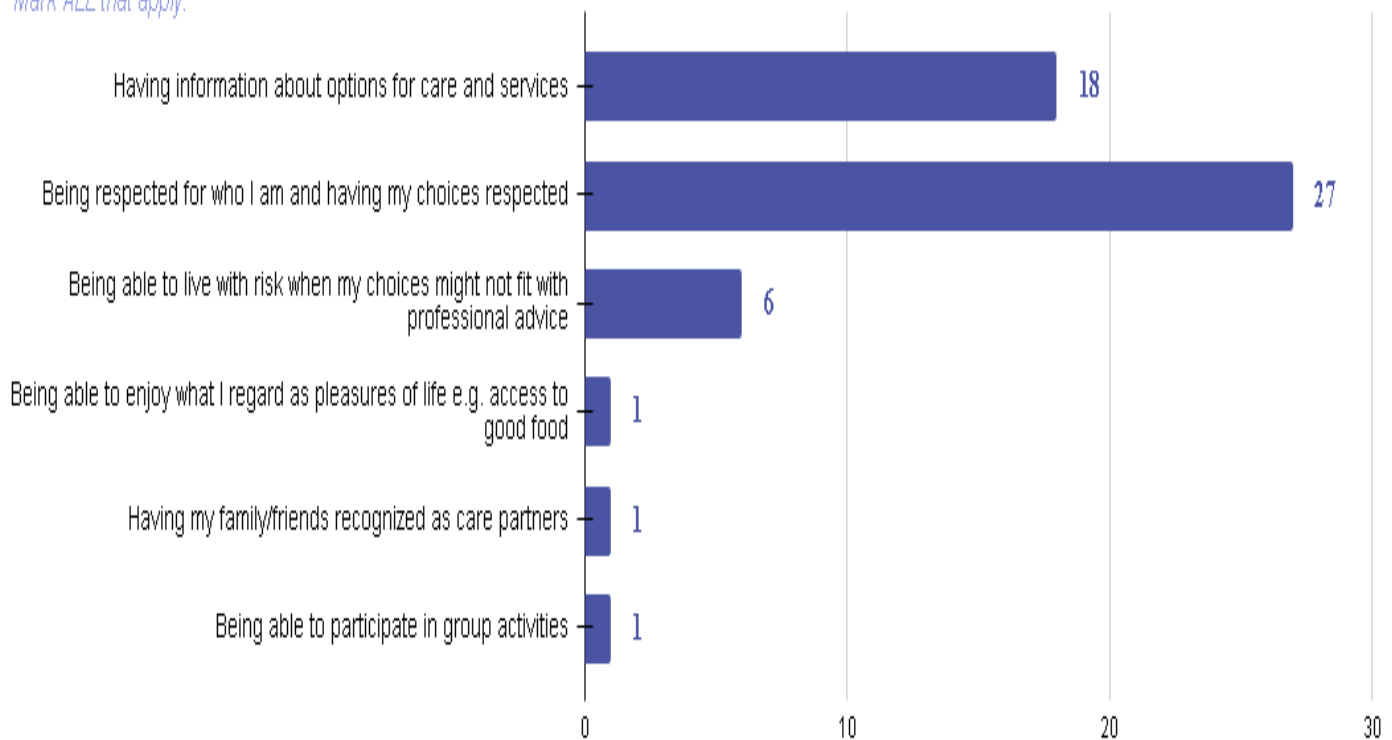
4.0 WHAT MATTERS TO PARTICIPANTS

4.1 Reflections: What Does Quality of Life Mean to You?

- Respondent input echo themes from presenters, with a all for action to be respected as an individual and having my choices respected, including living with risk.
- The desire to have information about options for care and services takes on added importance and an added challenge to present this information in a manner that is easily accessible and understandable to a broad range of individuals

What does quality of life mean to you?

Mark ALL that apply:



4.2 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.

Rankings are provided in the table that follows, with input focused on two strategies for change:

1. Moving Forward for a SYSTEM focused on Quality of Life for Older Adults
2. Enhancing PRACTICE, for enhanced quality of life for clients and quality of work life for employees

The priority for action is clear—no respondents used the choices of Unsure or Not Important.

OPPORTUNITIES FOR CHANGE	IMPORTANCE—1 st 2 columns (unsure; Not Important) deleted since not used by respondents			
	Lesser Importance	Important	Very Important	Very Important & Urgent

1. Moving Forward for a SYSTEM Focused on Quality of Life for Older Adults

Alberta Health making expectations for quality of life explicit in new Continuing Care Regulations & Standards	4	12	13	0
Incentives are provided to enable quality of life such as adequate staffing	1	10	17	1
Developing outcome measures for quality of life and using them for accountability and public reporting	5	11	11	2
Implementing new service delivery models to meet differing client	7	5	15	1
Ensuring inspection systems align with focus on quality of life	4	7	17	0

2. Enabling PRACTICE Enhanced Quality of Life for Clients—and Quality of Work Life for Employees

Increasing staffing and worked hours in facility-based continuing care	3	6	18	2
Removing service and system design barriers to teamwork and consistency of staffing	3	9	15	2
Enabling & learning from new approaches by service providers /employers to create momentum f for culture change	5	12	12	
Managers working with care teams, families & clients to plan and deliver services and programs that optimize quality of life	3	9	16	1
Thinking creatively about how family care partners can be involved as partners with staff and care recipients	1	10	16	1
Thinking creatively about how individual professionals can work with more flexibility to better serve client needs	1	10	16	1
Acknowledging the importance of non-profit community-based organizations & volunteers who provide many supports for well being	3	13	12	1

- o **Rankings are skewed to Very Important and Very important and Urgent, indicating the importance of this subject and urgency for action. The TOP 5 PRIORITIES ARE:**

#1: Adequate staffing to provide quality of life.

* This is necessary to support required changes from task to relationship focused care both in long term care and for community -base care and to reduce staff distress when they are caught between expectations for change in practice (and what they want to do) and their ability to get the work done with current staffing.

** The priority to increase care hours for facility-based care continues—a top priority in all webinars to date.*

#2: System changes to support new models of service delivery and remove barriers to teamwork and consistency of staffing.

**This priority echoes priorities from past webinars re the need for change in funding models for both facility-based continuing care and community-based services (home care and the full range of community supports).*

**The need to change the current division of care team leadership within DSL 4 (AHS and Care Home) was identified again by respondents as a system design that needs to change. This change would be inline with the inclusive language of “care homes” in the new Continuing Care Act.*

#3: Moving forward with a system and services focused on quality of life and quality of work means requires thinking creatively about:

- a. involving family care partners and
- b. how individual professionals can work with more flexibility to better serve client needs

**These comments underscore themes from previous webinars and support priorities related to the workforce (with the Think Tank) and a future webinar related to Caregivers.*

#4. Managers working with care teams, families & clients to plan and deliver services and programs that optimize quality of life is fundamental to change,

**Based on speaker comments, this underpins shifts to support a culture where quality of life measures that encompass experiences of residents and staff are used with strategies for change developed by these individuals working together in teams*

#5: Changing System practices for Inspections (language, expectations and processes) is seen as important enablers

**Alberta Health has an opportunity to advance this priority with upcoming changes related to consolidating responsibility for inspection processes within Alberta Health.*

- **General Feedback—Survey Respondents**

- ❖ **Calls to Action: ALL**

- Quality of life is very important & needs to be a top priority for older adults
 - Checked urgent since we are in a crisis with the aging population, facing challenges new experienced by prior generations
 - Many seniors are able to help with companionship, support to other seniors especially as the number of retirees increase. Community leagues, seniors' organizations, educators, providers need to find ways to work together
 - Need to find more inclusive language, rather than terms like "clients".

- ❖ **Calls to Action: Government**

- Wide variability in care settings & populations requires more flexibility in how needs are met
 - People in LTC have very complex care needs and over 80% have dementia. Need a shift in quality of Life which is measured along with the previously identified increases in staffing and change in system design.
 - No funding model currently adequately addresses all the different populations, needs & preferences. Allowing more flexibility is important, provided there are robust ways to measure outcomes, is critical to person-centered care.
 - Data and financial reporting are not creating quality of life outcomes but reducing quality of life given the time commitments to reporting by staff at all levels. If we focus on quality-of-life outcomes rather than the tasks, overall satisfaction of recipients, caregivers and staff will improve & lower overall costs.
 - Urgently move to social prescribing versus medical prescribing approaches. Increase care hours in FBCC as fundamental to change.

4.3 Summary—What Matters to Participants (Aim 2 for the webinar series)

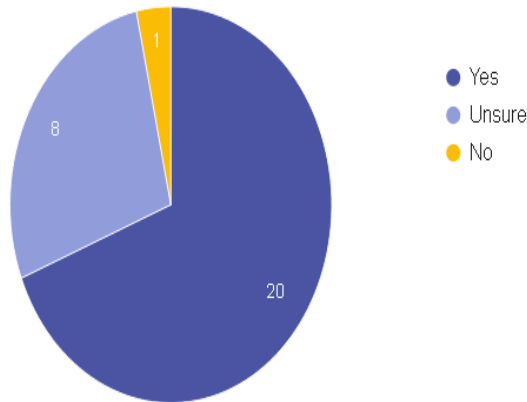
- **Participant responses underscore need for action—by all parties for systemic and practice change.**
- **As a summary question, survey respondents were asked to provide feedback on the following macro policy question: *Would you support a shift FROM financial accountability with line by line accountability for use of public funding according to predefined staffing /programming TO accountability for quality of life outcomes with more flexibility in using funding to meet client needs in new ways.***

Responses in the diagram that follows on the next pages below indicate support for change.

Respondent comments also indicate important considerations in moving forward:

- Quality of life is extremely important, but I also think we still need to have standards for care
- Appreciate the importance of quality of life and attempts to address it BUT worry about how this can be managed across ownership groups
- Need to acknowledge the complexity of quality of life/care decision making. As an example, there are media reports that MAID is already being abused in Canada and I wonder how the emphasis on quality of life could also be abused in the future.

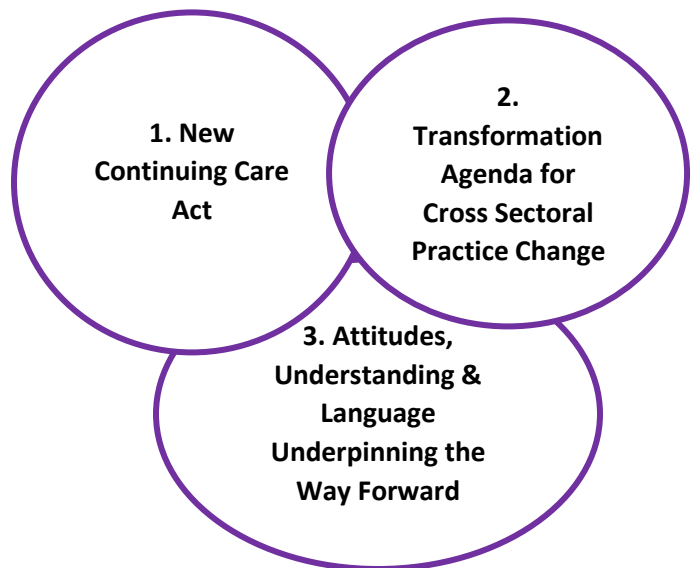
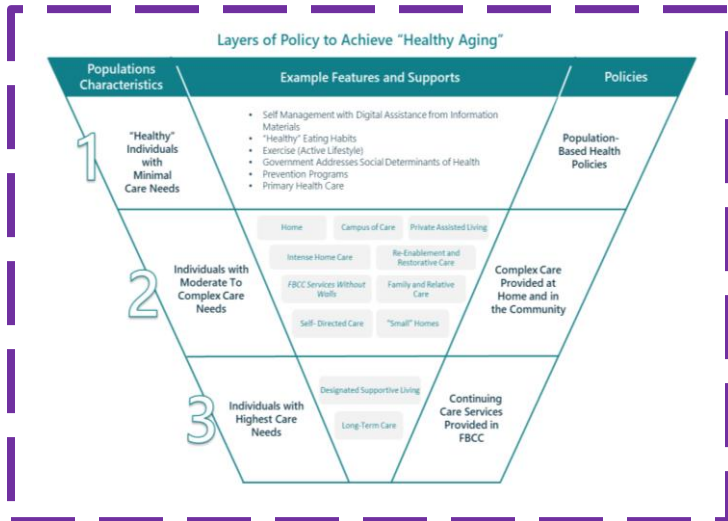
Would you support a shift FROM financial accountability with line by line accountability for use of public funding according to predefined staffing /programming TO accountability for quality of life outcomes with more flexibility in using funding to meet client needs in new ways?



5.0 SUMMARY OBSERVATIONS: WEBINAR 4 UNDERSCORES IMPORTANCE AND OPPORTUNITIES FOR IMPLEMENTING AND MEASURING CULTURAL CHANGE TO ACHIEVE QUALITY OF LIFE FOR OLDER ADULTS

Alberta’s opportunity for change (MNP report) is underpinned by a focus on quality of life as we age—with 3 domains for action that reflect unique opportunities for forward movement in Alberta:

ALBERTA’S OPPORTUNITY: VISION *Albertans are supported to be healthy and active in their community, with an improved quality of life, and they are engaged, empowered, and enabled to live in inclusive communities with social connectedness and healthcare access.*



Learning in Webinar 4 and participant responses underscore the importance of working toward this future. The calls for action within each domain—and unique opportunities in Alberta-- are equally clear:

1. Capitalizing on action to implement expectations related to Alberta’s new Continuing Care Act with its focus on enhancing quality of life.

--with opportunities in Alberta Health’s multi-year plan for legislative reform to:

- articulate expectations for Quality of life in Regulations, Standards & new Inspection processes
- build on learning related to quality-of-life measurement in future methods for service accountabilities

- c. address system design issues that are not aligned with new directions (eg DSL4/LTC design):
- d. develop user-friendly methods to share information about service options across sectors which are required to support quality of life as individuals age in community.

2. Mobilizing system transformation through policy and practice change to enable desired shifts for quality of life in practice to occur

--The following priorities for action have been identified, reinforcing calls for action from previous webinars

- #1: *Adequate staffing to provide quality of life—for facility-based continuing care and community-supports for living with quality of life as one ages in community.*
- #2: *System changes to support new models of service delivery (and related financial accountability mechanisms and remove barriers to teamwork and consistency of staffing—across both health and community sectors*
- #3: *Thinking creatively about:*
 - a. *involving family care partners and*
 - b. *how individual professionals can work with more flexibility to better serve client needs*
- #4: *Supporting Managers to work with quality-of-life data together with clients, care teams & families to plan and deliver services and programs that optimize quality of life*

3. Webinar 4 learning calls attention to the third domain that underpins action related to the above domains: Attitudes, Understanding & Language

There is beginning learning regarding what a *future with quality of life could mean for older adults:*

- *Having purpose in life*
- *Having individual preferences and understood and accepted*
- *Being able to develop relationships with program and care providers*
- *Feeling good (eg without pain) is important to quality of life*
- *Having choice*

AAG's Future Policy Forum Initiative will build on findings from Webinar 4 with the following initiatives:

1. To support Domain 2 and the Transformation Agenda:

- **Upcoming Webinars:** innovation in Community -Based services (October 18th); Valuing Caregivers (January 18th); Innovation in Technology for Healthy Aging (February 22nd), and Innovation in Community-Based Housing (March)
- **Workforce Think Tank** –Dec 2022

2. To support Domain 3 with opportunities to broaden shared understanding or values, language, practices with engagement of citizens and service providers across sectors, with engagement initiatives:

- In Winter/Spring 2023 regarding cross sectoral development of concepts and principles for healthy aging
 - In Fall 2023 with learning and reflection regarding attitudes, values and implications for healthy aging with an aging demographic and increasing diversity.
- the latter initiative will provide an opportunity to reflect on Webinar 4 learning about the implications on quality of life for diverse populations.