

*Background Document for the Discussion
of Continuing Care in the Regional
Municipality of Wood Buffalo:
For Today and Tomorrow*

March 2011



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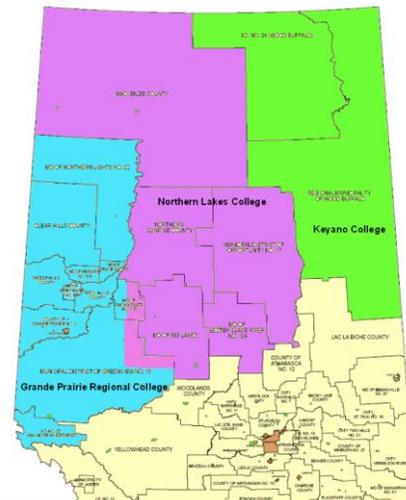
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Purpose of the Project

The Institute for Continuing Care Education and Research (ICCER), and the Alberta Centre for Sustainable Rural Communities (ACSRC) are working with three northern colleges (Keyano College, Northern Lakes College, and Grande Prairie Regional College) to examine continuing care issues in Northern Alberta and how education and research can help address them. The following diagram shows that this is a very large and remote area of Alberta.

Diagram 1 – Catchment Areas of Keyano College, Northern Lakes College, and Grande Prairie Regional College



Representatives from the communities within each college region are being invited to meet with the project team in May 2011 and discuss their thoughts on continuing care at an informal networking event.

The primary purpose of the networking events is to identify, discuss and assess the continuing care issues. The discussion will focus on six questions:

1. What continuing care services are available in the region?
2. Who are the providers of continuing care? What are the roles and responsibilities of each provider group?
3. What is working well for continuing care in the region—and why?
4. What are the gaps, issues, barriers and realities for continuing care in the region – and why?
5. How can the post-secondary institutions contribute to enhancing continuing care services?
6. What research or innovative initiatives could support best practices in continuing care and contribute to improved outcomes?

Purpose of the Document

This document is meant to provide background information for people invited to the networking sessions on May 10th and 11th 2011 to discuss Continuing Care in the Regional Municipality of Wood Buffalo. Many other reports are referenced in this document. These reports can be found at www.iccer.ca/keyanocontinuingcarereports

What is Continuing Care?

Continuing care is an integrated range of services supporting the health and wellbeing of individuals living in their own home or in a supportive living or long-term care setting. Continuing care clients are not defined by age, diagnosis or the length of time they may require service, but by their need for care.

Alberta's Continuing Care System¹

Alberta's continuing care system provides Albertans with the health, personal care and accommodation services they need to support their independence and quality of life.

Continuing care services are provided in three streams which can provide clients with a broad range of health and personal care, accommodation and hospitality services:

- **Home Living** is for people who live in their own home, apartment, condominium or in another independent living option. They are responsible for arranging any home care and support services they require.
- **Supportive Living** combines accommodation services with other supports and care. It meets the needs of a wide-range of people, but not those with highly complex and serious health care needs.
- **Facility Living** includes long-term care facilities like nursing homes and auxiliary hospitals. Care is provided for people with complex health needs who are unable to remain at home or in a supportive living facility.

Based on their needs, Albertans may enter the continuing care system to receive:

- **Health Services in Their Own Homes** - Home care can provide in-home professional support services such as nursing and rehabilitation, and personal support services like homemaking, bathing or grooming assistance. Home care services are publicly-funded and provided through Alberta Health Services.
- **Accommodation and Health Services in Supportive Living** - In addition to providing a place to live, accommodation services in supportive living accommodations can include meals, housekeeping and social activities. Supportive living residents can also receive professional and personal support services through home care.
Residents pay an accommodation fee to cover the costs of providing accommodations and services like meals, housekeeping and building maintenance.
- **Accommodations and Health Services in Facility Living** - Long-term care settings provide both accommodation and health services in facilities like nursing homes and auxiliary hospitals.
Residents pay an accommodation fee to cover the costs of providing accommodations and services like meals, housekeeping and building maintenance. Health services in long-term care are publicly-funded and provided through Alberta Health Services.

In December of 2008 the Alberta Government released the *Continuing Care Strategy – Aging in the Right Place*. The report identifies a strategy 'intended to provide new ways of delivering services, offering more choice to Albertans in their homes and communities.'² The emphasis of the strategy is to provide more services in the home and the community and to decrease emphasis on facility-based programming.

¹ <http://www.seniors.alberta.ca/ContinuingCare/system/> accessed 1 November 2010

² Government of Alberta. *Continuing Care Strategy – Aging in the Right Place*. December 2008. p 2.

Profile of People in Continuing Care in Alberta

Continuing care is not just about seniors. It also includes disabled non-seniors who require health care and personal care services on an on-going basis. Approximately 8% of the continuing care clients are less than 65 years of age.

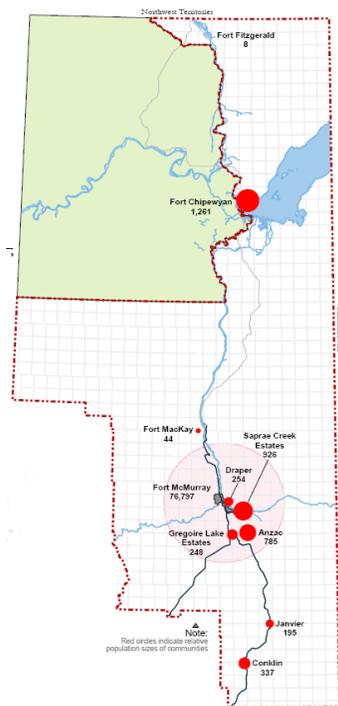
In 2008 there were 14,500 seniors and persons with disabilities in Alberta living in long-term care facilities at any one time.³ Additionally, there were more patients in hospital beds awaiting transfer to long-term care beds. This number varied throughout the province.⁴

Seniors (aged 65+) do make up the majority of the continuing care system and both the number of seniors and the percentage of seniors in the population are increasing. In 2009 there were 385,241 seniors in Alberta; in 2036 it is expected that there will be than a million seniors in Alberta. Seniors as a percentage of the population will increase from 10% to 21.6% during this time period. As the population ages, there will be greater need for continuing care services.

In September of 2010 the Government of Alberta released *A Profile of Alberta Seniors*. This document highlights some additional demographic characteristics of seniors in Alberta.

Regional Data - Regional Municipality of Wood Buffalo

Diagram 1 – Regional Municipality of Wood Buffalo⁵



The Regional Municipality of Wood Buffalo includes Fort McMurray, Anzac, Conklin and the communities of five First Nations.

In 2010 there was a population of 104,338 in the Regional Municipality of Wood Buffalo, according to local census⁶. This includes a temporary population of 23, 325, leaving a permanent population of approximately 81,000. The majority of the population lives in Fort McMurray. Table 1 shows the population in the First Nations communities within the Regional Municipality.

Less than 2% of the total population is aged 65 and over, however this percentage will increase over the next 20 years. There are no statistics available on the number of people under the age of 65 in the region requiring continuing care.

³ Ibid.

⁴ Alberta Health Performance Service Report September 2009. See Appendix 1.

⁵ Regional Municipality of Wood Buffalo. Municipal census 2010. P5.

⁶ Ibid.

Table 1 - Population of First Nations Communities in the Regional Municipality of Wood Buffalo⁷

Community	Population
Fort Chipewyan (Mikisew Cree and Athabaskan Chipewyan First Nations)	1200
Fort McKay (Fort McKay First Nation)	614
Gregoire Lakes area (Fort McMurray No. 468 First Nation)	597
Janvier Chipewyan Prairie First Nation)	682

Outside of Fort McMurray few health services are provided on a regular basis.

In terms of continuing care, Alberta Health Services and the Wood Buffalo Primary Care Network provide home care services to the population of Fort McMurray. There are no long term care facilities in the region at this time. The acute care hospital provides 30 beds for long term care use. There is approval to build a facility in Fort McMurray but is it not yet started. Table 2 shows the number of beds, by accommodation type, available in the region.

Table 2 - Number of Beds Available by Accommodation Type⁸

Keyano College Catchment Area

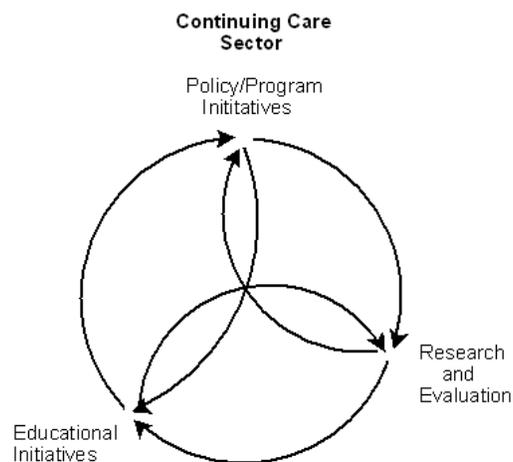
Accommodation Municipality	Accommodation Type	Accommodation Sub Type	Accommodation Name	Maximum Occupancy
Fort McMurray	Long Term Care Accommodation		Northern Lights Regional Health Centre	30
Fort McMurray	Supportive Living Accommodation	Group Home	The Salvation Army Start Program - Willow Square Project	4
Fort McMurray	Supportive Living Accommodation	Lodge	Rotary House	42

⁷ Population figures provided by First Nations & Inuit Health. 3 Apr 07. Ft. Chipewyan figure updated Apr 08 by Nunee Health Authority.

⁸ Data provided by Alberta Seniors and Community Supports, November 2010

The Importance of Research and Educational Initiatives in Relation to New Initiatives

Research and education are closely linked. As new initiatives are developed in health care and in continuing care, the results can lead to the development of new educational programming, the enhancement of existing educational programming, or the inclusion of innovations such as technology integration. As the educational programs adapt, there is a need for additional research to see if the programs are addressing the original needs.



Therefore, recognizing that northern Alberta presents challenges to providing health care of all types, it is critical to look at how research and innovations in education can be used to enhance continuing care in northern Alberta.

There are important areas of research needed in all aspects of continuing care as these initiatives are implemented in Alberta. The following matrix highlights some of the areas based on the issues/recommendations from recent reports related to Continuing Care. There are common themes identified in the reports.

Research in continuing care can be categorized into nine broad areas of inquiry:

Appropriateness: including assessment/measurement tools (RAI; others)

Caregivers: including informal caregivers/family (education; family-staff relations; family involvement; knowledge about aging and disease)

Economic impact: including informal caregivers/family (costs/expenses); moves to LTC (wait lists)

Education: including formal caregivers/staff (education)

Knowledge transfer: including knowledge transfer/translation/brokering

Patient outcomes: including client/resident functioning (dementia/cognition; eating/food intake/swallowing; incontinence; mobility pain; co-morbidities); environment (bedrooms; dining area; homelike); moves to long term care (relocation stress; transitions in care); satisfaction with care

Patient safety: including care practices (feeding; medications; palliative care; restraint use; patient safety; recreation; quality of care); client/resident functioning (falls)

Technology: including use of technology to provide or improve patient care (electronic patient records; telehealth)

Workforce: including formal caregivers/staff (work organizational context).

Educational opportunities extend beyond the 'typical' areas of health workforce. Educational opportunities related to the continuing care field can be categorized using the same heading as research and can be broken into three types of programming:

- Development of new programs,
- Expansion of existing programs, and
- Innovative educational programming such as technology integration.

For each of the important continuing care policy reports identified above, research and educational opportunities have been identified based on the issues/recommendations from recent reports related to Continuing Care. There are common themes identified in the reports and can be found in Appendix 2 – Research and educational opportunities in continuing care based on major policy directions.

Additional Reading

All reports are available from www.iccer.ca/keyanocontinuingcarereports

Canadian Patient Safety Institute. The Safety Competencies: Enhancing Patient Safety Across the Health Professions. Ottawa. 2008.

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.

Canadian Patient Safety Institute, Victorian Order of Nurses of Canada, Capital Health (Edmonton). Safety in Home Care: Broadening the Patient Safety Agenda to Include Home Care Services. 2006.

Government of Alberta. A Profile of Alberta Seniors. September 2010.

Government of Alberta. Aging Population Policy Framework. November 2010.

Government of Alberta. Alberta Pharmaceutical Strategy. December 2008,

Government of Alberta. Becoming the Best: Alberta's 5-Year Health Action Plan 2010-2015. November 2010.

Government of Alberta. Continuing Care Strategy – Aging in the Right Place. December 2008.

Government of Alberta. Provincial Services Optimization Review: Final Report. 2008.

Government of Alberta. Vision 2020. December 2008.

Appendix 1

Patients Waiting in Acute Care for Continuing Care by Zone: Fiscal Year 2008/09 to Quarter 1 2009/10

Zone	Quarter 1 2008/09 (Apr. 1 to Jun. 30, 2008)	Quarter 2 2008/09 (Jul. 1 to Sep. 30, 2008)	Quarter 3 2008/09 (Oct. 1 to Dec. 31 2008)	Quarter 4 2008/09 (Jan. 1 to Mar. 31, 2009)	Average of quarterly "snapshots" 2008/09 Fiscal Year	Quarter 1 2009/10 (Apr. 1 to Jun. 30, 2009)
South	26	64	30	47	42	34
Calgary	237	241	274	231	246	276
Central	67	79	83	79	77	72
Edmonton	230	269	255	182	234	198
North	105	89	108	117	105	135
Provincial Total	665	742	750	656	703	715

Alberta Health Services is working with Alberta Health & Wellness and Alberta Seniors and Community Support with a goal to providing Albertans with the right care in the right place.

This table reflects individual patients who have been assessed and approved and are waiting in acute or sub-acute facilities for continuing care placement. This includes people waiting for long term care and supportive living levels 3 and 4. The numbers provide end-of-quarter "snapshots".

The data regarding patients waiting in acute care for continuing care are currently compiled separately in the nine former health regions. The data reported here include adjustments received from former health regions that were made in light of calculation discrepancies uncovered during the compilation of this report.

Adjustments for the former Northern Lights Region still need to be fully validated.

SOURCE: Alberta Health and Wellness "Snapshots" of the Wait List at the end of the Quarter

<http://www.albertahealthservices.ca/files/pr-performance-report.pdf> accessed 1 Nov 10

Alberta Health Performance Service Report September 2009