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CEAN Fall Forum 2015

Setting Priorities for Vancouver Coastal Health

**This word cloud was created by forum participants*

Community Engagement Advisory Network Forum
Saturday November 7th, 2015
SFU Wosk Centre for Dialogue, Vancouver
Report prepared by: VCH Community Engagement

Introduction

In 2014, the Ministry of Health released Setting Priorities for the B.C. Health System that sets out the broad strategy and future direction of the BC health care system. The strategy acknowledges that the B.C. system can and must build on its success but also make improvements to meet the short and long term needs of the population, while delivering care that is truly patient/client and family centered.

From this strategy, the ministry has developed a series of policy papers focused on several key health care priorities that will help government health authorities and health care providers reshape the health care system to better meet the needs of the patients the system serves. Click here to access the policy papers.

At VCH work has begun related to the policy papers. The CEAN Fall Forum offered leadership the opportunity to dialogue with CEAN members on specific projects in order to gain valuable feedback from the patient/public perspective. The Community Engagement team worked with the program leads to determine key questions to gather feedback on and inform work in the following areas:

- Mental Health & Addictions,
- Rural & Remote Services,
- Primary and Community Care/Seniors,
- Surgical Services, and
- Residential Care.

One Word

We asked forum attendees to write down one word they would like to hear more around patient/client and family centered care and the word cloud to the right was created with people's contributions. Many of the words focused on shared responsibility, patient empowerment and the patient working as a team along with their family members and different healthcare providers for a more all-encompassing type of care.

Setting Priorities for VCH – Presentation by Mary Ackenhusen, President and CEO, Vancouver Coastal Health

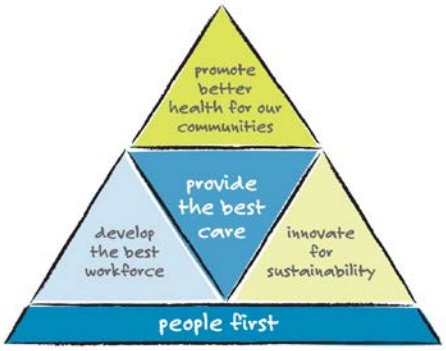
CEO Mary Ackenhusen presenting at the forum

CEO Mary Ackenhusen opened the forum by thanking CEAN members for their ongoing support in helping to keep VCH "honest and remind us of what is important to you". Mary's presentation focused on the transformation and modernization of our healthcare system – something that is needed in order to match the world we live in – a world where patients and consumers have increasing expectations around patient friendly care. She spoke of other organizations that are much better at providing a convenient affordable product such as Amazon retail while also explaining the budget and resource challenges in our healthcare system.

So how do we change the system so it serves patients and consumers better, while still working within a limited budget?

Mary spoke about designing an individualized plan wrapped around the patient to ensure that they are getting what they need when they need it. This will include making information more accessible, working outside of regular business hours, and using technology in a different and more effective way. Mary stated that the time frame to make these changes was about 5 years before the system would start to break down. As we all know, 5 years is not a lot of time when it comes to healthcare system improvement, which further reinforces the challenges in creating a better system. Mary also mentioned that the Ministry of Health and our government also sees the need to move aggressively and is supporting health authorities in this task.

Mary then spoke about some of VCH's priorities and some of the work we have started to help build a better system. A project this past summer looked at redesigning programs for frail seniors with chronic diseases – how do we reduce acute care usage and make sure they can stay at home to thrive as long as possible? We have also already started work on how to reduce surgical wait times, and standardization of practice to provide the best care and increase our capacity to do more surgeries. Another priority is to look at the care we provide in our rural and remote communities – how do we make our systems of care in those areas more robust? In order to meet these challenges and priorities, VCH will be moving money into the community and also into the one acute area of surgery.



VCH's True North Goals

Ultimately, Mary's goal as the leader of VCH has been to build an improved and sustainable system. This goal is aligned with VCH's True North Goals as well as the Ministry of Health's goals. To close her presentation, Mary again thanked CEANs for their enthusiasm and willingness to give input into the system and being part of the bigger picture of change for our healthcare system. The change will be a challenge, but she has no doubt that we can do it because it's something worth doing.

After Mary's presentation, CEANs were able to ask questions and which were answered by Mary as well as members of senior leadership and a representative from the Ministry of Health. On our forum evaluation, there were several comments about how meaningful it was for attendees to hear about VCH's strategic vision from Mary, and also to be able to hear from other members of senior leadership. CEAN members found this part very helpful as they continue their work as patient/public advisors with VCH.

PART ONE

The Roundtable Discussions

Project Leads from each priority area gave a brief background presentation and presented their question to the participants. This is a summary of the main themes discussed. The comprehensive notes can be found in the appendix. (Appendix A)

Mental Health & Addictions

Presenter: Tarnjit McCauley, Regional Leader, Mental Health and Addictions

QUESTION: A major goal of providing supervised withdrawal management (i.e. detox) services in the community is to allow individuals to receive treatment in familiar and safe surroundings, with potentially greater social supports from family and friends, while minimizing disruptions to their daily lives as much as possible.

A. *How do you feel about individuals receiving supervised detox services in their own homes?*
   - This is a positive direction to break down the stigma of addiction
   - Allows individuals who may not get treatment to opt in because of the convenience and ease of access.
   - This is a good service. There should be education and resources provided for patients/clients and their families so they are aware of this option and the trajectory of withdrawal treatment.
   - May need to assess housing conditions and location to ensure this is viable.
   - Supports patients to be motivated to change be more of a driver for recovery.
   - Need to consider confidentiality if other people living in the home.
   - Community conflict– may prevent people from wanting to seek treatment in their communities.

B. *How would you like to get involved in reducing stigma around mental health & substance use services in your own communities, and what resources/supports already exist in your communities that VCH could build upon?*
   - Elizabeth Fry Society provides venues for awareness and advocacy
   - Schools are a good place to focus on education and awareness
   - Provide presentations to business forums to address stigma and need for change
   - Focus on workplace campaigns
   - Celebrate the successes around mental health screening and treatment

Rural & Remote

Presenter: Mike Nader, COO, Coastal Community of Care

QUESTION: Without being specific to your own community, what do you feel should be the top 2-3 priorities for rural healthcare?

- Enhance Virtual Health/Telehealth
- Use technology to support healthcare in rural communities
- Keep care in the community – enable healthcare providers to train within their own community, or to return to their communities once they are trained
- Use data to identify the specific needs of that community to plan for care provision
- Maximize resources – for certain roles – leverage training capacity of other professionals e.g. train a paramedic or first responder to fulfill other roles in addition to their own
- Mobile/Travelling heath care service provision
- Incentivize staff to practice in rural and remote communities
- Provide training for policing to better support mental health and substance use clients

Primary & Community Care/Seniors

Presenter: Carol Park, Director, Primary Health Integration

QUESTION: How do we successfully convey the message to seniors and their families that they are generally better off receiving care in the community versus the hospital? **(Carol's presentation is attached as Appendix B)**

- **Educate the public on the role of the hospital (i.e. – not where you go to die) and convey the message that "healthcare is more than just hospitals."**
- **Access and educate seniors by going to places where seniors gather (e.g. Bingo halls, pharmacies)**
- **Focus on accessing hard to reach seniors populations and those that don't have networks/families (e.g. access and support seniors through financial institutions)**
- **Peer mentorship in the community – "seniors helping other seniors" to share new perspective**
- **Home care needs to be more accessible and "un-siloed" from current budgets; for those that pay for private care, there should be government regulation on how much private companies can charge**
- **Reduce stigma around seniors centres or seniors programs - make them more welcoming to new members**
- **Promote resources like 211, 811, Office of the Seniors Advocate and make them understandable and interpretable**
- **More community resources and services to support seniors and their families to stay in their homes; maximize resources in community i.e. retired healthcare professionals to provide voluntary supports**
- **Support families with respite care - provide more respite than we currently offer**
- **Advance Care Planning should be delivered to better support decision making for seniors and their families**

Surgical Services

Presenter: Barb Lawrie, VP Professional Practice and Chief Information Officer

QUESTION: Given the surgical paper focuses on accessibility to services, if required to distribute funding; how do we decide which surgical procedures should be increased?

- **Consider new approaches, such as stem cell therapy**
- **There needs to be a shift in decision pathways (i.e. surgery as last resort vs first resort)**
- **Conduct interdisciplinary and team based assessments as early as possible**
- **Patient needs to know how long before surgery - develop a comprehensive care plan**
- **Patient needs to be involved and take responsibility for their care – educate patients on how to do this**
- **Focus on enhancing and developing Specialty Centers – focus on doing one or two things really well as opposed to trying to do everything**
- **Use Technology to communicate with clients (e.g. apps to communicate care, instructions, etc.)**

- **Maximizing performance of OR Teams – available HR with right expertise, presence in rural communities, avoid procedures with unnecessary expense and stress for patients (e.g. MRIs)**
- **Equal Access to services – should be based on need vs. finance; consider what can be done in day clinic vs procedures in hospital – look to other international models that work**
- **Innovation – invest in mobile procedures and telehealth to remote areas**

Residential Care

Presenter: Natalie McCarthy, Director, Richmond Mental Health & Addictions/Residential Care

QUESTION: What can we do to support individuals and caregivers in community to proactively address cognitive decline and dementia progression in order to keep people living in their homes and not having to move to residential care?

- **Home care is the 'best approach' – support clients and caregivers to stay at home longer and maintain a sense of independence.**
- **Ensure staff are trained and equipped to care for clients with dementia**
- **ALL residential care sites should have consistent standards of care and practice – aware of rules/regulations**
- **Reduce over-medication, conduct meaningful medication reviews (e.g. Hugs not Drugs model)**
- **Start interventions early – identification and prevention; develop early indicators and a customized plan for clients and their families/caregivers**
- **Look to international models – early interventions for dementia (e.g. memory rehab programs)**
- **Create more public awareness to reduce stigma associated dementia**
- **Consider social and environmental fixes at home and residential care sites (e.g. covers on fire alarms, labels to stick on products at home)**
- **Consider facility design and how to create "dementia-friendly" sites; look to international models on 'Dementia Villages'**
- **Educate on resources available to families/caregivers; support caregivers and families in order to keep people at home longer (longer adult day center hours, access to flexible respite beds)**
- **Maintain a sense of independence as long as possible – support clients to "stay professional" with dementia (e.g. visiting art galleries, music therapy)**
- **Improved coordination between all agencies (e.g. phoning ONE number for help)**
- **Individualized care that's wrapped around the patient – ensure patient and family is involved in planning; increase awareness of advance care planning resources available to patients/families**
- **More gerontologists needed and more physicians needed for aging population**

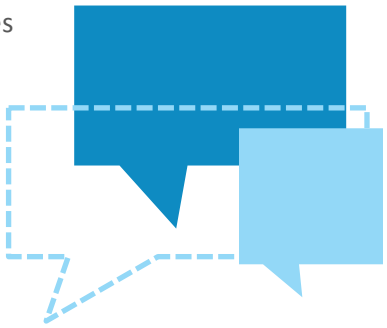
All feedback will be shared with the project teams to inform their planning. Thank you for all your valuable input!

PART TWO

CEAN Website

The CE Team has been working on developing a website for existing and potential CEAN members, over the past several months. We are hoping to provide CEANs with an easy to access, easy to use site that will help them in their roles as members of the network. Additionally, we hope to be able to provide people who are seeking information on CEAN or patient engagement at VCH with info on what CEAN does and how to get involved. We are looking forward to getting feedback from CEANs along the way as we develop the site, and the CEAN forum was a good opportunity to ask ***"What are the 3 top things you would want for the CEAN Website?"*** Here's what we heard:

- Being able to change font size and color for visual deficiencies
- Public forum/online discussions
- Ability to send private messages
- Being able to share URLs or upload files to share
- Sharing about follow-up/reporting of previous CEAN/health related activities
- Search function for previous topics/questions/discussions
- Not too much information on 1 page
- Separate topics clearly
- Site map visible
- E-mail notifications of new web content with links
- Adding the web link to your e-mail signature in other communications
- Link it back to the VCH site
- Claim processing? (for reimbursement)
- Blog function – linked with VCH website blog?
- Using it to create 2-way dialogue – ideal generation, on-line engagement
- Mobile compatible
- Being able to check your registration status or notification when you register
- Approx. 50/50 split on comfort level with Facebook



Thanks for your input! We hope to have the site ready soon and will look forward to further work with CEANs to ensure the website suits all of our needs.

CEAN Evaluation

We also took the opportunity to ask CEANs a couple of basic questions about their participation in CEAN. The CE Team is always evaluating our work in order to make improvements.
We asked CEANs:

What do you value the most about participating in CEAN?

- Refreshed opportunity to connect with senior leadership
- Staff team
- Great opportunities
- Hearing presentations from senior leadership
- Opportunity to share my voice
- Connected to a group to support patient voices and influence policy
- Opportunity to connect with decision makers

What can we do to support you better as a CEAN member?

- More budget to CE to support CEAN
- Forums should be longer, more decision makers involved, or more frequent forums but keep time at ½ a day
- Would be nice to see end results of forums/engagements – more closing of the loop
- Could CEAN be more involved in the accreditation process? Could CEAN members meet the surveyors?
- Briefing notes for CEAN members to bring back to their community
- Look at City Hall models and how they seek feedback (e.g. public hearings)
- Communicate/highlight accomplishments to CEAN members
- Diversify CEAN – more First Nations presence, more CEANs from rural and remote areas

Forum Evaluation

Forum attendees completed an evaluation which indicated an overall high level of satisfaction for the event. The opportunities to hear and speak with the CEO and other Senior Leaders at the table dialogue, as well as hearing about the future direction of VCH were opportunities participants highly valued. Participants also gained value through networking with other CEANs throughout the day.

When asked what they liked about the workshop, respondents stated:

"Relevant, topical, clear objectives. Great organization for the event."

"Updated on direction of VCH and what active patients can contribute to see actual improvements."

"Nice to see familiar faces and contribute personal stories to inform decision makers and work towards good patient-centered solutions."

"Senior Executive and Ministry of Health representatives present"

We also asked participants to let us know what could have improved the event. Here's what we heard:

- More time for discussions needed - possibly shaving down the table discussions to two per attendee.
- It would have been nice to have more diverse participants (socio economic, race, geography & culture) and discussion about outreach to marginalized populations
- More time to speak with CEO and executives

The full evaluation summary is attached to the end of this report. (Appendix C). Thank you one again to those of you who contributed to make this event a success! Here is one final quote from a participant that we'd like to leave you with:

"The CEAN Forum always leaves me with a sense of hope for the future of healthcare."

See you next year!
The CE Team
Nancy, Belinda, Breann & Saori






Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Appendix A - CEAN Fall Forum 2015 Table Discussion Notes

Mental Health & Addictions

QUESTION: A major goal of providing supervised withdrawal management (i.e. detox) services in the community is to allow individuals to receive treatment in familiar and safe surroundings, with potentially greater social supports from family and friends, while minimizing disruptions to their daily lives as much as possible.

A. How do you feel about individuals receiving supervised detox services in their own homes?

- Feel good – need resources and education for patients and caregivers to be aware of the options
- Confidentiality? What about letting the family know
- Throwing people with severe mental health together with addictions is creating more addictions for people that do not have addictions – let's figure out how/why it is linked and how to prevent it (co-concurrent issues)
- SRO's – what if people don't have a home? Are SRO's safe setting to provide detox
- Trying to keep people in safe settings after detox (many services are in the DTES where there is increased access/temptation with drugs)
- Educating family and support givers about stages of withdrawal
- Caregivers – feedback, evaluation, confidentiality and consideration (who else lives in the home and how that's considered)
- Helping to repair relationships
- Make information open between families
- Communicate
- More professional education around BC Mental Health Act
- Need mandatory or increased motivation for programs
- Depends on the housing assessment
- Breaks down stigma
- Might get people to do treatment that they might otherwise not get
- Provide education for teachers to help recognize and refer
- Education needed for public (broader) and extra education/support for caregivers
- Patient needs to be willing & recognize they have a problem – help moving patient to the readiness to change
- Not enough push/motivation to get better if people come to your home (vs. going to treatment)
- Community conflict – (e.g. violence against women & LGBTQ) May prevent people from seeking treatment in the community.

B. How would you like to get involved in reducing stigma around mental health & substance use services in your own communities, and what resources/supports already exist in your communities that VCH could build upon?

- Elizabeth Fry Society – people say "those women" (with mental health and addictions and interaction with criminal justice) – providing venues for awareness and advocacy
- Education about mental illness, dialogue – community groups
- Starting at the elementary school, emotional literacy, mental wellness

- Giving presentation at businesses (stigma comes from older generation)
- No sign on treatment centre for mental illness
- Health care environment has to speak out and break the stigma cycle
- Mental health literacy is low, being able to help and refer friends and family
- Recognize there are other reasons than stigma why people don't get treatment (biological reasons – they don't recognize they need help)
- Don't need "star-based" campaigns that might give people false hope
- Celebrate the successes around mental health screening and treatment
- Mis-diagnosis
- Stigma – discrimination (in the workplace)
- Focusing awareness/education about mental health outside the health care system
- Counseling (free) for early signs of mental health through medical referral
- Seeing the image of mental health & illness in the DTES doesn't help reduce stigma

Rural & Remote

QUESTION: Without being specific to your own community, what do you feel should be the top 2 – 3 priorities for rural healthcare?

- Invite community members to a session where this question will be posed
- Enhance virtual health
- Telehealth
- Heart monitoring – Provincial with Telus
- Technology
- Mobile responsive team
- Counseling – face to face skype in partnership with not for profit service providers to deliver services – peer support and professional services
- Weather limits access
- No broadband internet cannot support skype
- Combine local case management and broadband service
- Transport of staff into remote communities
- Imposed service/incentivized service to rural and remote areas to get staff to practice in those areas
- Training individuals who reside in those communities to take on professional roles and provide health services
- How do we support individuals to train when that means leaving their home communities?
- Can we look at models that build capacity in the community without removing people
- For some roles – supporting profession training is reasonable to bring in but for more complex roles the requirement is more demanding
- Have professionals take on multiple-roles-service-provision and training/education of others
- How to balance risk opposed to access and care
- Culturally appropriate – Aboriginal e.g. birth in your community
- Leverage training capacity of other professionals:
- Paramedics
- Fire rescue (volunteer)
- First responders
- Consider training already trained first responders to take on the additional health care roles

- Training for policing to better support mental health needs
- How far is too far to travel for health care?
- Staff competency is not able to be maintained unless a critical mass is attained
- Does training need to evolve to expand the roles of GPs – delivery in difficult circumstances
- Can physicians participate in a community of practice to keep their skills up and maintain competency
- Individuals trained in situ maintain stability of service in that community
- Identify high prevalence of certain conditions and train staff and resource to be responsive to those needs
- Some communities have satellite colleges – can they be delivering medical training?
- Cross ministry collaboration is needed
- Removing people from communities can have other health impacts – mental Health Shared Services BC Transportation is an issue – challenges of seeking services outside of home community
- Accommodation is expensive
- What would healthcare service in each community look like – what is on offer that both meets the needs within the limitations of the system and resources
- Floating barge of services
- Partner with First Nations related to Traditional Health Services
- Wrap around care that is community responsive related to specific conditions e.g. diabetes
- How can we better collaborate with community partners such as RCMP to upskill them to better support them to provide appropriate service
- Concerns about privacy in a small community
- Travelling services – semi-health care
- Private funding for transportation and accommodation – create partnerships to maximize uses – Foundations
- For all needs related to quarternary services – connect with Foundations to get donations to fund travel and accommodations
- Negotiating with Pacific Coastal Airways, BC Ferries for travel incentives and better prices
- Seek donations to fund specifically to support travel and accommodations for patients and familiees
- Model of Health at Home (Medical home) for Rural and Remote communities

Primary & Community Care / Seniors

QUESTION: How do we successfully convey the message to seniors and their families that they are generally better off receiving care in the community versus the hospital?

- Hospitals = “place to die” (past perspective)
- Lack of resources currently in the community makes this hard to believe especially when the ED is most accessible 24/7
- Need to convey the message “that healthcare is more than just hospitals”
- Make a list: hospitals DO this ____ DON’T DO this _____
- Reach every senior in the community through their unique networks and EDUCATE them e.g. – Bingo hall, Pharmacy etc.
- Utilize family networks where possible, and scrutinize how we can help those who don’t have networks/families

- Can we access and support seniors through financial institutions(who are regularly in front of seniors)
- Use the ACP workshops/audience – in fact, there's a wonderful shared principle with empowering
- Caregivers at home also need support so they don't burn out (and could potentially even thrive)
- Big risk that we shift the cost to the patient, especially if they are isolated in the community
- Could VCH explore working with retired healthcare professionals to provide voluntary supports or ad hoc resources?
- Virtual technology leveraged
- Central phone # as 1-stop shop for resource listings
- "Health Days" community centre programs work well
- It's also up to the individual to get involved and be responsible to find resources and supports
- "I've never met a senior who was convinced they would be better in hospital, versus being in their own home"
- 2 "markets": seniors 75+ who view hospital as a place to die; versus others thinking of other healthcare resources. To change the patterns of the former group, perhaps involve the other groups to educate/mentor/share the newer perspective
- Alternate approach: the 2 groups aren't age based, but perhaps more so socio-economic based instead
- Perhaps one of the issues is to be aiming for the "gathering place" of seniors. Many are diffused out throughout the community
- "Senior's Centre" or "seniors programs" can have a stigma, or they can be very 'cliquey'. Make them more welcoming to new members.
- If there is a kitchen then it is a gathering place
- "Tell people that there is care in the community, and then tell them what it is." And, what is available at 2am?
- The specific services we need, eg. Convalescent care or rehab care for frail seniors, are not available
- Frail elders & housing crisis for those with mental health and/or those with disabilities = opportunity to address. E.g. offer weekly housekeeping help
- Home care needs to be more accessible
- Budgets need to be "unsiloed" e.g. to make homecare more accessible from current budgets
- If someone wants to pay for private care there should be some government regulation on what those companies can charge. E.g. $800/night to cover home care help?! – or support via non-profits, respites, regulated volunteer support programs
- Take a good look at current repositories of info…and make them understandable and interpretable. Also, have places where peole can physically go to get info and supports and resources
- Repositories of info? 211, 811, office of the seniors advocate, etc. The issue is to promote these resources. And break down silos for producing info.
- Education needs knowledge transfer partnerships, yes. But also give patients the opportunity to connect with other patient peers for info, emotional supports.
- Outreach is a challenge. Youth volunteers try to simplify VCH materials but it's not always easy.
- Social determinants of health
- If the community team really worked together and shared info, my father would have had the best and most appropriate care that would meet his expressed wishes. E.g. one healthcare worker really understood him, so she should have been the care team lead

- "When we're doing team-based care, I am the leader of the team"
- CSIL – "the mysterious program" – nobody knows about it. We should talk about it.
- VCH offered respite (good) but it was for 3 hours (very short). Can we improve?

Surgical Services

QUESTION: Given the surgical paper focuses on accessibility to services, if required to distribute funding; how do we decide which surgical procedures should be increased?

New approaches e.g. stem cell
Other options – e.g. injections, decision pathway

- Surgery as a last resort vs. first resort – is available when you need it. Evidence for quality of life if no surgery (pros vs. cons)
- Service – ortho, Quality – mobility
- Recommendations can fluctuate between practitioners – no clear standards
- How long does the patient wait to try a different approach before surgery is decided as the right option?
- Team Based Assessment
    - Interdisciplinary interventions – is this available? Who has access – how do we give patients this? Does it always have to be the doctor? Can it be a physiotherapist or nurse practitioner?
    - Early and occurs in a timely fashion
    - Patient needs to know how long before surgery
        - Develop a plan: comprehensive d/c plan
        - Appropriate follow up
        - "Teach me how to manage my pre & post care
- Early Care – how early? When there is pain? How much pain?
- Patient responsibility and involvement – education to enable patients on how to do this
- Challenge: patients relying on medical professions instead of owning it – patients to be more curious
- Specialty Centre – e.g. hips, knees, cancer, cataracts. Focus on one or two things really well and decrease procedure time while increasing quality/expertise
- Using Technology
    - Have a choice – text messages, phone call, device-based
    - Apps to communicate care
    - Education materials
    - Clear instructions
    - Demystifying myths that seniors don't know how to use tech
- Performance of OR Teams
    - Available HR with right expertise
    - Presence in rural communities
    - Having a full slate of work in the rural areas
    - Health Accord
    - How do we as citizens use our health services?
    - Waitlist
    - Unnecessary expense and stress for patients e.g. MRI
    - Having alternatives to go elsewhere for after care – but maintain continuity and connectivity of their medical record

- e.g. cancer – follow up on patients who need revisions is a long wait after primary surgery has been done

- Equal Access
  - Based on need vs. finance – right patient, right surgery at the right time
  - Two tiered system – what are the different models besides U.S. that can work
  - What can be done in a day clinic vs. procedures in hospital
  - Quality of care is the same no matter where you go
  - Challenge of having access to GP only – based on social determinant (don't have $ to access physiotherapist, specialist, other practitioners
- Innovation
  - Mobile procedure units to remote areas
  - Telehealth – connect to expert surgeon

Residential Care

QUESTION: What can we do to support individuals and caregivers in community to proactively address cognitive decline and dementia progression in order to keep people living in their homes and not having to move to residential care?

- Implement easy inexpensive techniques/interventions (e.g. hydrating with water, hand washing)
- All agencies need to be on the same page – aware of rules/regulations for residential care
- Home care is 'best approach'
- Logistics is a major barrier – e.g. transportation
- Is training of HPs/residential care staff appropriate for dealing with dementia clients?
- Maintain sense of independence as much as possible
- Accessing late night care a challenge
- Reduce overuse of medications in residential care, including anti-psychotics
- Meaningful medication reviews are not happening
- Research starting to show that overuse of medication may contribute to dementia
- Not coordinating what happens in hospital
- Need to start at the beginning – identification and prevention
- Wandering behaviours – forced out of certain sites, need to really advocate/argue to get people off meds
- Deltaview "hugs not drugs" model
- Not one size fits all
- UBC Alzheimer's Clinic – great- whole team wrapped around patient
- Need more gerontologists
- UBC Pharmacist clinic – can do meaningful medical reviews – can do self-referral
- How do people get medical reviews in the community?
- "Home is where people love me"
- Mind body and soul care so important
- Bodyworks at UBC – students teamed up and volunteer/interact with residential care clients
- Look at international model – early interventions for dementia (e.g. memory rehab programs)
- Public awareness – take stigma away from dementia
- Huge fear about dementia – education/prevention key
- Strong focus on caregiver support – keep people at home

- Need 'early indicators' to develop a customized plan – would be really helpful for families/caregivers
- Medication reviews!
- Social interactions change with dementia – loss of dignity – social stress
- Dementia can over shadow other illnesses and may not get the medical care they need.
- Easy changes at home – environmental fixes (e.g. cover on fire alarms)
- Getting in and out of car a challenge – use car cane, swivel chair
- Education re: resources for families
- Community needs to change "dementia friendly"
- Need a more integrated approach for assessing
- Come up with a plan – patient and family need to be involved in planning
- Advance Care Planning – should be structured in communicating with someone with dementia – need more awareness about these resources
- Access to flexible respite beds
- Adult day care/evening care
- Phone ONE number for help – finding the right people to talk to
- Need Ombudsperson for Dementia
- "Dementia Villages" - need to move towards this
- Portable ultrasounds – connect with electrical engineers
- 'Dementia hacks' – program with loved ones voice for daily tasks
- Stick on to products in home
- Technical interventions/innovations cold be really helpful
- Differentiating diagnosis is missing
- Need more physicians for aging population
- Adult day centers – more than 1 – 2 hours – one on the Northshore for 4 – 5 hours
- "Stay professional with Dementia" – e.g. listening to Mozart, visit galleries
- Person-centered, individualized – look to non-profits to provide some of these services (e.g. Parkgate CC)
- Raise awareness about early warning signs of Dementia – Alzheimer's Society as a resource
- Safety considerations – fear/stigma
- Promotion of health living – think holistically about it
- Memory rehab
- Music therapy
- Facility-design "Dementia Village" – physical environments, peaceful settings
- Revolving door of caregivers is a challenge
- What does evidence show about effective therapies – strength-based
- More education for caregivers
- Memory programming – e.g. memory games, activities – not organized by Alzheimer's – normalize it
- Protection from fraud – prevent isolation

Appendix B

Primary & Community Care for Seniors

CEAN Forum

November 7, 2015

Providence HEALTH CARE How you want to be treated. | Vancouver CoastalHealth Promoting wellness. Ensuring care.

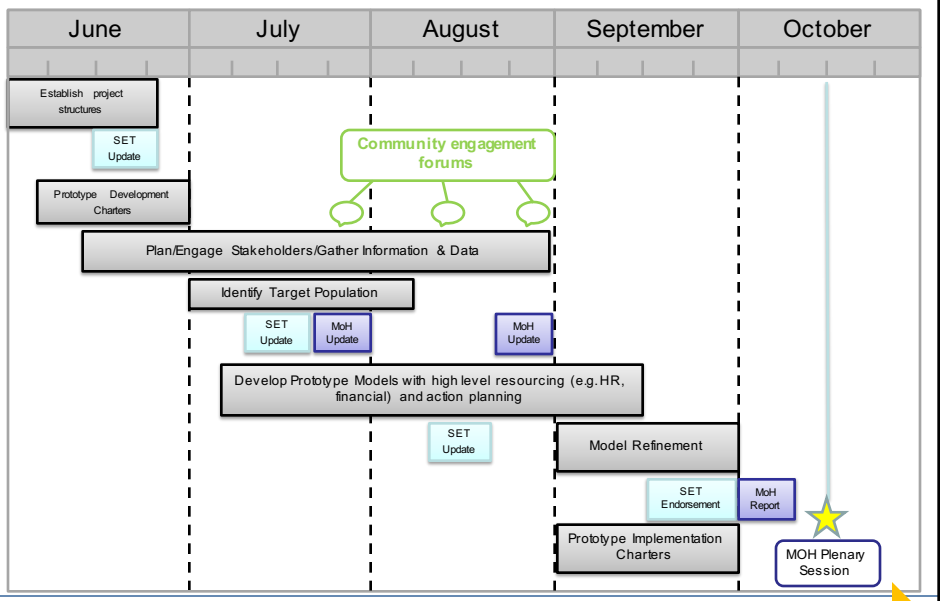
PRIMARY AND COMMUNITY CARE IN BC:
A STRATEGIC POLICY FRAMEWORK

CROSS SECTOR POLICY DISCUSSION PAPER
2015

BRITISH COLUMBIA | Ministry of Health

Providence HEALTH CARE How you want to be treated. | Vancouver CoastalHealth Promoting wellness. Ensuring care.

Community Prototype Timeline



Providence HEALTH CARE How you want to be treated.

Vancouver CoastalHealth Promoting wellness. Ensuring care.

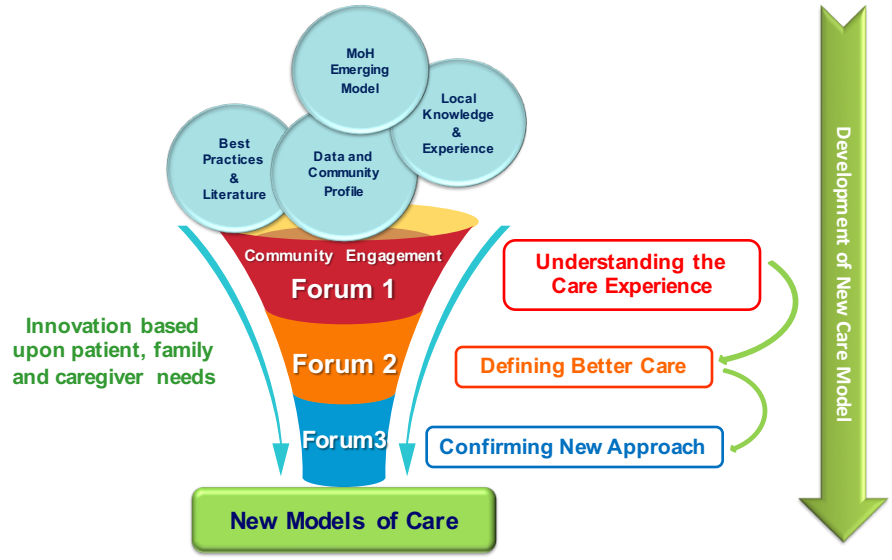
Fall/Winter Implementation

Community Engagement Forums

Providence HEALTH CARE How you want to be treated.

Vancouver CoastalHealth Promoting wellness. Ensuring care.

Model Development



Question:

How do we successfully convey the message to seniors and their families that they are generally better off receiving care in the community versus the hospital?

Appendix C – Evaluation Summary CEAN Fall Forum 2015

Number of attendees: 51
Total number of evaluations handed in: 24

Member of CEAN	33
VCH Staff	16
VCH Board	1
Other (MoH)	1
Total	**51**

Please indicate your level of satisfaction with the following:

Very low ----------No opinion----------Very High

Level of Satisfaction	1	2	3	4	5	N/A
Topic Discussed				**9**	**15**	
Facilitation			**2**	**6**	**16**	
Information Provided				**11**	**13**	
Opportunity for discussion		**2**	**2**	**8**	**12**	
Length of Event		**2**	**2**	**8**	**11**	**1**
My views were respected and listened to				**9**	**15**	

What did you like about this event?

- The topic – because it's big and broad
- The VCH leaders being here & the conversations at the small tables
- Info provided by CEO and senior staff and opportunity to discuss VCH priorities
- Networking – so energizing!
- Relevant, topical, clear objectives. Great organization for event.
- Senior Executive and Ministry of Health representatives present
- Decision makers are present. Good inflow of future policy
- To hear from Mary about the general directions in the delivery of health care – opportunities to insert wishes e.g. a survey of family caregivers for people living with severe mental illnesses – I've heard for several years this is going to happen
- Networking and meeting other CEANs
- Opportunity to discuss issues and share
- Networking. Sense of hope. Hearing from Mary

- Hearing from CEO and the direction for VCH
- Very well organized and focused
- Participation with decision makers
- News that Richmond gets an ACT team finally!
- To find out the direction VCH is going toward
- Everything! Very well organized
- Opportunity to provide input into VCH planning, policies and services
- Length of forum good – hard to sit and absorb everything if forum was any longer
- It was well organized and proceeded well
- The focus groups were very informative and there was good discussion
- Topics covered, opportunity to have voice, opportunity to network
- The breakout groups
- Discussions
- Updated on direction of VCH and what active patients can contribute to see actual improvements
- The ice-breaker with the pennies was great!
- Nice to see familiar faces and contribute personal stories to inform decision makers and work towards good patient centered solutions
- The address from Mary and other VCH administrators – I really appreciate the time these individuals give on a weekends/evenings on top of their very busy schedules
- Respectful, effective engagement that provides opportunity and excellent information to VCH
- The table discussions of important issues were very lively with sharing of great ideas from a patient perspective

What are one or two things that would have improved this event?

- Host in one of our facilities and showcase it – eg new Hope Centre
- Timing needed to be sharper – time got away from the facilitator
- Warmer food – instead of cold food
- Starting on time
- Cannot think of anything
- More frequent events addressing fewer topics at a time
- It went well, well organized
- More time in round tables
- None! Very nicely organized
- It was well intended but maybe more people from remote areas
- Perhaps in future could schedule longer time for CEO to speak and respond to questions
- As time was limited, perhaps have participants just sit at two table discussions rather than three
- There could be more time for the focus groups
- Longer time
- More diverse participants (socio-economic, race, geography & culture)
- More discussion about how CEAN members can do outreach to marginalized communities
- Full day 8 hours
- A little more time for discussions – maybe meeting 2 times a year or more
- All good
- Always excellent
- Nanaimo bars

Do you have any additional suggestions or comments?

- Huge thanks!
- Longer periods of time for discussion tables
- More question and answer time with CEO and Executives

- I'd like to know how to effectively advocate for improved public mental illness literacy programs
- Thank you for this day – very informative
- Summary on "briefing notes" in lay terms to bring back to community
- Keep up the engagement and good work!
- Ensure that certain people don't dominate the conversation – rules of order may be appropriate
- Great idea re: website
- Very enjoyable
- There could be a blog where people could comment on these discussions of healthcare
- Wonderful job!
- The policy papers do not always contain discussions of outreach to people living and/or working in rural communities, low-income non-English speaking members of our communities
- Focus and follow up
- Thanks for a well-organized event
- Thankyou for allowing me to be a part of this! P.S. Good food and variety very organized event
- More time needed for discussions
- Excellent facilitation