

The Rural LTC Workshop – Impact Report

February 15th, 2017

Lethbridge, AB



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EXECUTIVE SUMMARY

This report provides an overview of the Albertans Sharing Knowledge about Rural Long-Term Care (ASK Rural LTC) Workshop held on February 15, 2017 at the Coast Hotel and Conference Centre in Lethbridge. The purpose of the workshop was to gather with stakeholders, share knowledge and experiences regarding LTC in rural Alberta, and receive feedback about research priorities. This event served as a foundational activity in Dr. Julia Brassolotto's Alberta Innovates-funded research program and the first of an annual knowledge-sharing event for those interested in rural LTC. In total, 15 stakeholders and 6 research team members participated in the workshop. The research team members included Julia Brassolotto, Shannon Spenceley, Sienna Caspar, Peter Kellett, Carly-Ann Haney, and Holly Wright. Participants represented a variety of stakeholder perspectives, including: unit managers of rural LTC facilities, a member of a rural non-profit community organization, and representatives from the Alzheimer Society, Seniors Health Strategic Clinical Network, Alberta Health Services, the Institute for Continuing Care Education and Research, the Alberta Rural Development Network, the University of Lethbridge, the University of Alberta, and Alberta Health. The workshop was facilitated by Lars Hallstrom, Director for the Centre of Sustainable Rural Communities at the University of Alberta.

The workshop began with introductions and an overview of *the Intersections in Rural Long-Term Care* research project. This project explores the living and working conditions for LTC in rural Alberta. The project also examines multiple intersections in rural Alberta's LTC sector: intersections of formal and informal labour, public and private lives, home and health care facilities, expectations and lived experiences, and multiple intersections of identities. In order to explore these phenomena, the primary areas of focus are: 1) the organization of care work in rural Alberta's long-term care facilities (Who does what? With what resources? With what implications?), and 2) the role(s) of these facilities and their workers in rural communities. The project involves a qualitative case study of several facilities providing LTC in rural Alberta.

We invited participants to discuss how their work intersected with this research. In small groups facilitated by research team members, participants shared how their work involved seniors in residential care, related policy, rural contexts, and community engagement. This provided valuable insight into related activities that are underway across the province. In the afternoon, participants discussed challenges associated with rural LTC provision, as well as promising practices or success stories. To conclude the workshop, participants were asked, "What would need to happen in order for this research project to fail?" and, subsequently, "What can be done to avoid these challenges and ensure success?"

This report outlines the participants' feedback about rural LTC and about the workshop itself. The following pages summarize the small and large group discussion content, the exit survey data, the impact of the event, and the ways in which the knowledge shared in this event will inform the research moving forward.

ASK RURAL LTC WORKSHOP AGENDA

9:00-9:30am: Registration, coffee, and light refreshments

9:30-10:00am: Welcome, introduction of research program, and introduction of research team - Dr. Julia Brassoletto

10:00-10:30am: Participatory mini panels - Discussions regarding how your work intersects with rural long-term care

10:30-10:45am: Bio-break/coffee and refreshments

10:45am-12:00pm: Participatory mini panels continued –Sharing with larger group

12:00-1:00pm: Lunch buffet (door prize announcement)

1:00-2:00pm: Small group discussions: Rural LTC success stories and challenges

2:00-2:15pm: Bio break/coffee and refreshments

2:15-3:00pm: Small group discussions continued

3:00-4:00pm: Wrap up, closing comments, and exit survey



Rural Long-Term Care Challenges

This section outlines the feedback from the small group discussions in the afternoon. We asked participants to discuss challenges associated with long-term care in rural Alberta that they have experienced, seen, or heard about. The challenges identified reflect *macro* level policy issues, *meso* level health services issues, and *micro* level individual experiences. Some responses had to do with the Continuing Care system more broadly and were not specific to rural regions. These broader challenges include: low staffing levels, high costs associated with specialist care, insufficient time to provide relational care, poor public perception of long-term care, high cost of medications, competing priorities within Continuing Care and the health sector, organizational challenges, and difficulties with reporting structures.

Key Rural Challenges:

- Recruiting qualified LTC employees
- High staff turnover – rural work seen as a gateway to urban opportunities
- Having to move residents to facilities outside of their communities
- Insufficient resources and supports within the community
- Urban policies applied in rural areas without consideration of regional context
- No programs for early onset Alzheimer's in rural settings
- Difficulty maintaining confidentiality in smaller communities
- Perilous weather and challenges with transportation

Participants also noted LTC challenges specific to rural Alberta. These challenges are highlighted in the box to the left. These challenges generally relate to staffing, the availability of various services and resources in the rural locale, geographic limitations, and the application of urban policies to rural jurisdictions.

"Policies are often written by and created for those in urban areas and are applied to rural areas without consideration of their practicality and applicability."

popular rural health discourse in which urban/rural differences are most often acknowledged when it comes to rural deficits. While there were many comments made that challenged this deficit model, the conversation highlighted a need to research, identify, and promote rural strengths and opportunities in this sector.

"Staff retention is very difficult rurally. Most of the applicants are external and once they are hired and trained I find they can go to another job within AHS because they are now internal."

The discussion of challenges was more detailed than the discussion of success stories. There were more distinctly rural elements identified in the challenges than there were in the success stories. This is consistent with much of the

After discussing the challenges associated with rural LTC, we asked participants how they communicate these challenges to others. In other words, when something goes wrong, do you tell anyone? If so, whom do you tell? We asked this in order to get a better sense of the communication network across rural Alberta.

Surprisingly, participants had less to say about sharing challenges than they did about sharing success stories. With respect to how they communicated their challenges to others, some participants mentioned the variety of reporting structures in AHS zones, discussions with supervisors/HR/other managers, and the use of the ICCER and ASCR community consultations. Many participants said that they do not share their challenges with others

and one participant said that they do not even know whom they would tell. Those who do report challenges tend to do so through formal or organizational structures.

Rural Long-Term Care Success Stories

After having discussed the challenges associated with rural LTC, we asked participants to think about and discuss related success stories or promising practices. In other words, what is working well and what are the enablers for success? Some participants responded with broad facility-level successes such as a reductions in falls, decreases in the use of anti-psychotics, increases in the amount of social and recreational opportunities, and effective use of person-centered care techniques. On a leadership level, participants cited exemplary peer relationships, effective learning networks, a high level of trust between colleagues, and ethics consultation. While participants provided several examples, most comments were focused on general LTC, rather than rural in particular. However, one participant provided a specific example of a rural success story related to a LTC resident. This story is shared in the blue box below.

Key Rural Strengths or Successes:

- True focus on person-centred care
- Good physician engagement in the appropriate use of anti-psychotics (AUA) work in rural zones
- Strong and active family-resident council
- Smaller facility enables successful integration of best practices
- Networking amongst LTC managers
- Creative use of limited space

“One of our health care aides provided a new rural resident with an activity. She was aware of his previous job as a mechanic, so the site arranged for a transmission to be provided for the resident to work on. This worked out incredibly well.”

When asked how they share success stories and promising practices, some participants cited specific events such as management meetings, provincial meetings, scientific meetings, and professional association gatherings. Others cited academic publications, YouTube videos, practice notes, and conferences. Many people also cited informal or personal means of communicating success stories such as telephone calls, newsletters, e-mail, and word of mouth. One participant noted that they might not be able to share success stories with those in larger centres because these successes result from “ruralizing” related policies.

“Our best strategy is our rural resource team model, all of our continuing care managers, rehab, pharmacy and program specialists meet nine times per year. We do collective policy development, CCHSS, QI< education, ethics consults, and information sharing. We get to share all of our challenges, best practices, incidents, audit results, RAI data. There is a high level of trust. We try to relieve managers of the need to develop every tool at the site level so they can focus on patient-centered care.”

Lastly, participants discussed with whom they share LTC success stories. Frequently cited groups include colleagues, managers, directors, students, the Alzheimer Society, the provincial government, academics, personal contacts within the Continuing Care sector, and “anyone who will listen!”

Ensuring research success

The last questions posed to participants were “What would it take for this research project to fail?” and “What needs to happen in order to enable success? Highlights from their responses are provided in the boxes below.

Recipe for failure:

- Not leveraging existing networks and organizations
- Duplication of other work being done across the province
- No “member-checking” or corroborating findings with participants and stakeholders
- No clarity of purpose or too broad a focus
- Not keeping up with changes in the policy environment
- Academic publishing taking precedence over keeping sites informed about results
- Not engaging with sites after visit or maintaining ongoing relationships
- Participating staff not understanding their contribution
- Having too limited a sample of rural sites
- The findings not translating into any meaningful change or having any impact
- Not sharing findings with the LTC community – especially milestones along the way

Ways to enable success:

- Good communication with participants and stakeholders
- Take precautions to protect confidentiality and anonymity
- Share findings (in a variety of ways and to a variety of stakeholders)
- Be respectful, inclusive, sensitive to rural context, ask rural people for the context in synthesizing findings
- Start each site visit with a buy-in event, bring muffins and coffee, be approachable
- Be creative when sharing knowledge to all levels of health organizations and government
- Ensure clear and doable next steps are identified and shared with rural LTC caregivers and ensure the resources are available to implement the changes
- Leverage connections to health services and policy administrators
- Pay attention to working collaboratively with LTC sites so that they feel like invested partners



2016 WORKSHOP EVALUATION

At the end of the workshop, participants completed a survey addressing their satisfaction with the event. Below are the survey questions and a sample of the responses.

What has this workshop provided you with that you have not gotten elsewhere?

Participant responses generally fell into three categories:

- **increased or improved understanding** (of related rural issues, of the research project, of the activities underway in other disciplines and zones, of systemic challenges and managerial perspectives)
- **opportunities to network and connect** (with provincial leaders and other local leaders, with those who have “knowledge that will be helpful to use in the future”, with other researchers, with individuals who share common interests but have varied experiences, with resources in southern Alberta)
- **format of the workshop** (nice mix of attendees, very interactive and participatory, focus on rural context)

“Rural LTC is not typically discussed on its own, this focus was incredibly helpful”.

Overall, how do you feel the cost to your organization (in terms of your time away to participate) has been returned in terms of knowledge shared or gained?

Of the 11 participants who responded to this question, 4 said “excellent”, 5 said “good” or equivalent, and 2 said that it is hard to say at this point.

Elements of the workshop I liked best:

Responses to this question included: the level of interaction, the clarity of purpose, learning more about rural experiences, thinking about rural in a more diverse way, the “small, diverse, but expert group in attendance”, rotating tables and opportunity to speak with all participants, depth of information, openness of discussions, the mix of small and large group discussions.

“It has been very encouraging to know there is interest in intersection in LTC rural facilities. Rural often feels less valued than their urban counterparts”.

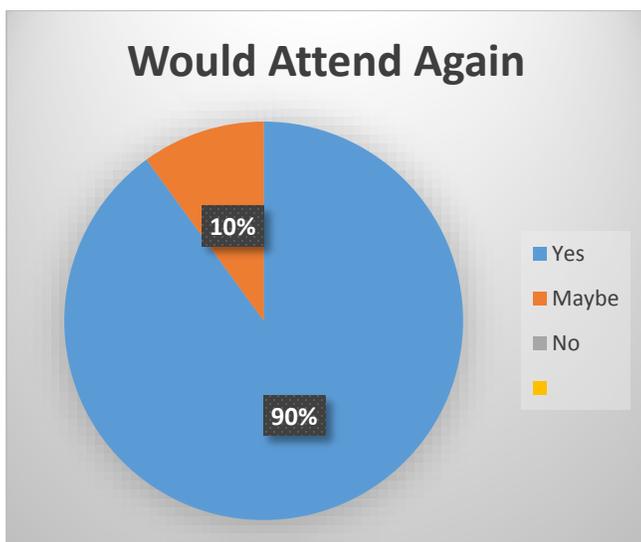
Elements of the workshop that could be improved:

Suggestions for future improvements included: not meeting in February, as that can be a difficult time to travel, inviting non-AHS partners who provide LTC services, distributing contact information for attendees, and more background information prior to the workshop.

How would you rate your satisfaction with today's workshop?



Would you attend next year's workshop?



CONCLUSION

The 2017 ASK Rural LTC Workshop allowed us to identify shared priorities amongst rural LTC stakeholders. These priorities include: the importance of focusing on rural health services issues, understanding the implications of provincial policies in the rural context, ensuring clarity of purpose for the research program, focusing on knowledge translation, and maintaining relationships with research partners.

Participants' feedback has informed our research trajectory in the following ways:

- We have prepared this report to summarize the workshop discussions and will distribute it to participants.
- We will invite more participants to the next ASK Rural LTC Workshop and share contact information amongst the group. As this year's participants noted, it will be valuable to include voices from outside of Alberta Health Services and represent the diversity of rural Alberta.
- At the next workshop, we will include our research updates/milestones and invite community partners to present on their recent work as well. This will increase the reciprocity of the knowledge sharing at this event.
- We will continue to leverage our existing networks and organizations to ensure our involvement in the Long-Term Care community. In an effort to support this, we will create an e-mail list serv for those interested in Continuing Care in Alberta. Unlike other distribution lists, this list serv will be accessible to all interested parties – no membership or affiliation necessary. The Continuing Care list serv will enable us to communicate with stakeholders and share the work of those doing complementary work. It will also be useful for reaching multiple audiences when we share our research findings. The workshop discussions about the channels through which challenges and successes are shared will help to inform our research dissemination strategies as well.
- At our pilot site visit, we incorporated the “buy-in” event that our workshop participants had suggested. A table with coffee, cookies, and information about the study served as an excellent introduction to the research project and was well received by participants at the site. We will be doing this at the remaining site visits as well.
- As recommended by stakeholders, we will use diverse methods of knowledge translation to reach multiple audiences. In addition, by participating in networks such as ICCER and the Seniors Health Strategic Clinical Network, we will avoid duplicating similar work being done across the province.

By incorporating stakeholders' feedback and insights, we aim to conduct research that is purposeful, mindful, impactful, and respectful of those who live and work in LTC in rural Alberta. In sum, the first ASK Rural LTC Workshop was an important milestone in the research program and a valuable event for our team.