

Keeping Seniors Well Richmond Community Engagement Summary

January 26th and February 4th , 2016

BACKGROUND

Sometimes seniors, with difficult health conditions, may end up going to an emergency department for health care because they are unable to get the care in their home community that meets their needs. We know that for seniors, home is often the best place to manage health conditions, recover from illness, and live out their final days. Vancouver Coastal Health (VCH) is committed to delivering quality health care services in the most appropriate care settings.

Health Authorities in partnership with the Divisions of Family Practice have been asked by the Ministry of Health to develop a better approach to providing care for seniors with difficult health conditions. The goal is to develop better ways to keep seniors well in their home and community. We want people to experience a better quality of life. In order to do this VCH needs to hear from patients, their families and their caregivers in order to inform a new model of care.

COMMUNITY ENGAGEMENT PROCESS

We wanted to hear about seniors' experience and what their needs are. With the support of VCH Community Engagement (CE), a series of forums were planned in order to have a conversation with seniors, their families and those in the community that provide care and support to them. The goal was to understand what their care currently looks like, and hear what is needed to provide better care. With this input, VCH will develop a new model of care that will better meet the needs of seniors.

A forum was held in Richmond on Tuesday, January 26th. Eighty-five people attended with a mix of seniors, their family members, community agency representatives, physicians and health care providers. The forum was facilitated in three languages, English, Cantonese and Mandarin, in order to reflect the diversity of the community.

On Thursday, February 4th another forum was held with Cantonese and Mandarin speaking seniors and their families who are not currently receiving any home health services from VCH. There were 44 attendees.

The forum began with participants being asked to identify their current needs in order to stay safe and healthy in their homes and not need to seek care in the emergency department. The needs expressed were then themed into topics of discussion. These topics were the basis for small group discussions in which participants were asked to define what better care could be for seniors and their families. Each participant had the opportunity to discuss at least three topics during the forum.

CE was also able to meet with 18 participants in the Minoru Centre Wellness Connections program who participated in English, Cantonese and Mandarin. As well clients, patients and family caregivers that could not attend the forum were invited to share their stories and care needs via one on one discussion either by phone or in person. Thirty clients and caregivers, living in Richmond, participated and shared their feedback through this option.

SUMMARY of DISCUSSION

Participants were asked to identify issues in relation to staying healthy in their homes and not needing to seek care in the emergency department. The issues or needs expressed by the participants were themed into 6 main topics. In addition, under each of the key topics, participants were asked to offer ideas that, if implemented, could define better care for seniors. Below is a summary of the discussions and feedback.

COMMUNITY AND HEALTH-BASED RESOURCES

Issues/Needs

Navigation and Awareness of Resources

- Chinese speaking seniors need interpreters to navigate the system; there is availability of services but it is difficult to obtain language friendly services.
- Need to know what resources are available and how to access.

“The information is not available until you absolutely need it. Don’t know how to connect to services and resources in advance to be prepared.”

- From the Community based services perspective – we may provide a variety of services, but people don’t know about them and as a result there is low participation.

Access to Health Care Resources

- Limited access to family physicians with doctors moving offices or communities.
- Important to maintain connection to family doctor despite moving to a residential facility.
- The waiting lists are too long for client’s preferred facility so one is forced to take a bed at another available residency.

“My dad is Catholic and a Catholic facility would have been a best match but it’s all about cost and that takes precedence. He is of an Italian background and has worked here for a very long time but feels comfortable in his own culture – it’s difficult for him to communicate with others in a different environment.”

- Long wait lists for mental health programs and difficult to gain access.

“If I don’t go to the hospital, then I won’t encounter a social worker and sometimes I need to have support from a social worker.”

- Dental care for seniors is needed.
- Foot care for seniors is needed.

“Cutting toe nails is very difficult, can that be included as part of home care service? The home support workers refer to other services, but transportation is very difficult. You have to get approval for toe nail cutting services at adult day care center. There’s also private business but you have to pay money and pre-book one month in advance.”

Access to Community Based Resources

- Access for seniors to exercise; sedentary lifestyle can cause weight gain.
- A place where Chinese seniors can go to be together to socialize and participate in activities like drawing, calligraphy, table tennis, singing, dancing, mah jong.
“Would like to be informed of resources and services before the need arises. I don’t want to wait until I’m 80 years old and then trying to find resources when I really needs them.”
- Need to move more services to the community.
- Support to go grocery shopping.
- Need a program that has animals visiting with seniors to support their care and happiness.

Advocacy

- Seniors housing is not adequate to support older adults.
- There are services but there are not enough.
- Lack of resources; more demand than supply.
- Not enough financial support to pay for costs related to long term chronic conditions (e.g. diabetes, COPD).

“Plug in oxygen has increased my hydro bill”

Defining Better Care

Health

“My suggestion would be to please somehow let the family physician continue to take care of the client in the facility setting. It’s a big loss to the client and is very difficult to establish the same relationship with another FP in the facility at that age.”

- Match facility of client’s preference in a timely manner. Do an anticipatory assessment for clients for placement, especially with certain progressive diseases and list the name on the waiting list earlier, to be able to secure a bed in time for a suitable facility (closer to home).
- Help with decision making around staying at home or going into a facility.
- Have community based pharmacist involved in medication administration for consistency and safety.
- Pharmacy administered medications to mitigate hoarding of pills.
- More pharmacies delivering prescription to residents and providing medication reconciliation in home.
- Integrated care model, access to multidisciplinary team in one place, Family Doctor, Nurse Practitioner, Occupational Therapist, Social Worker, Dietitian, etc.
- Home-bound clients – more health professional visits in home e.g. Home care nurses to come to the home for injection of needles as a service.
- Access to a place other than ED.
- Support that is provided earlier in disease/life; resources with a prevention and wellness focus.
- Educate health care professionals for those clients with dementia.
- Improve standards of care for geriatrics.
- Health care professionals involved in a person's care should speak to each other and involve the family in meetings to plan the care of the seniors and provide information on how the family can best assist their loved one.

“I need to be included by the mental health team in planning for my mother's care.”

- Better preparation by health care professionals before coming to a client's home.
- Better monitoring of mental health especially following a loss such as the death of a spouse.
- Nurse with specialization in geriatrics.

Community

- Strive to create a dementia friendly community.
- Community Centres should provide more programs for seniors e.g. yoga, hot tubs, maybe a movie or cookies offered from time to time.
- Stronger community support is very important for seniors.
- Exercise programs for seniors.

"I would like to get out more and to walk more often. It would be helpful to have a walking partner to help motivate me."

- Alternate health and wellness programs such as light therapy and aromatherapy available.
- Health care and community based services to act in partnership; link and work together for the health of the seniors.
- Approved & vetted list of reputable professional services (vendors who speak the needed language) that operate locally in the community.

Coordination and Transitions

"Health care services seem very fragmented services with no apparent coordination."

- Have a care plan that supports each stage of a seniors care.
- A care plan that takes different scenarios into consideration and allows for pre-planning to prepare for changes and transitions.
- Patient/Caregiver needs better explanation of the discharge plan from the hospital.

Technology

- More access to phone and internet consults.
- Training on technology for clients and family members.

HOME SUPPORT

Issues/ Needs

Consistency and Continuity

- Inconsistent care providers--there are too many and the time of service is never the same.
- The attitudes and work ethic of home workers has a lot of variability, not standard

"My wife receives a new worker almost every day and I have to provide orientation to them regularly. Any change in hours or change in worker is not communicated to me in a timely fashion by the agency. I am expected to accommodate them all the time and that means I have to wait for the worker to arrive and at times they just don't show up at all. This is frustrating and no one is listening to my concerns. I have been stating this issue for over a year to the agency but nothing has changed."

- More consistency in quality of home care support workers; be more professional in their conduct, receive better training (some workers don't know how to even feed pills, some lose pills and do not mention anything).

"The worker who came to the house did not seem to know anything about my Mom before she came & did not seem to have read any info and this did not inspire trust"

Cultural and Language Barriers

- Inability of health care workers to communicate with client due to language barrier is a challenge.

"My wife receives am and pm home support service but the workers who come do not speak Punjabi and are unable to communicate. Part of the time is for the respite, so that I can get out for groceries or walks. During the time I am out of the house there is hardly any communication happening between the worker and my wife which concerns me. My wife has a history of depression, she tends to cry easily and she has no worker that can communicate with her which makes me feel worried and sad."

- Quality of service is good but not enough staff who speak the language for Chinese population.

"I need to find a Cantonese speaking home support worker or at the very least the same person each day not a different one every day. I can't leave my Mom with the worker because I have to interpret."

"My mother is 93 and speaks only Cantonese. It is hard to find a Cantonese speaking worker and we get a different person every day."

"When I am out grocery shopping, the home support worker does not understand what my mom wants"

Lack of client centred care

"We needed the service instantly not weeks down the road."

- Too much of a focus on task instead of client needs.

"Staff are not very caring towards seniors, treat it as just as a job, there is lack of professionalism."

- Hope that responsibilities of the workers can broaden and service time can increase
- Cleaning and laundry is needed but not provided.
- Need basic cleaning tasks (e.g. sweeping the floor).
- Help with medication and injections.
- Seniors need support to mitigate hoarding – 4 hours a day is not enough.
- Increase frequency of taking a bath.
- For male clients there are a lack of male home support workers
- Every day it is 9:30am breakfast and 11:30am lunch. Consider the client's situation, instead of sticking to the specified breakfast and lunch times.
- Workers too busy to talk with seniors to understand what they need.

"My Mother was showing signs of severe depression and was able to hoard pills and then used these to attempt suicide."

- Lack of trust with home support workers. Want to set up cameras to monitor workers while providing care but workers say this is a breach of their privacy

"How can clients give feedback? Caretakers are worried about giving negative feedback because they are scared and worried that when the same nurse or worker comes back, they will treat the client poorly because they reported their bad behavior."

- Elders are worried about strangers. A different person every other day causes stress. Trust is an issue.

Defining Better Care

“Flexible home supports that can stay with my husband so I can get out and have a friend come with me as a companion to talk to”.

- Ideally keep the same rotation of workers, which allows for more communication, consistency between care taker and client that leads to more trust.
- Workers who speak the same language as the client and can communicate effectively.
- Staff that are proficient, speak clearly, can be understood by those with hearing, visual and cognitive challenges.
- Consistent caregiver and consistent schedule.
- Need timely service based on the patient, not based on the service. It can be part-time but available as needed.
- People are willing to be trained for home support jobs. Local resources aren't being tapped. Understaffing can be addressed by using local workforce.
- Previously home care had provided laundry, cooking, cleaning etc. Some wish that these services would return – need to review.
- Previous home care workers were not sensitive particularly to the needs of the patient. Imposing dietary requirements on the patients that cause animosity or distrust. The senior will then default back to their children and not want home support. Also to some extent, language/communication may cause misunderstandings.
- Flexibility for provider to decide what needs to be done that day (e.g. can only wash 4 plates per day). More options need to be offered and provided.
- Improve home support; service should be meaningful to the clients' and caregivers' needs - being able to communicate with the client is very important to clients' needs. The service should not just be to complete tasks –one should be able to converse with the client to know needs, especially when caregiver is out of the house and client is with the worker.
- Home support should include walks with senior or phone calls to check in and spend time talking with the senior.
- Better training for workers as seniors are very frail and workers should not be rough in handling seniors care.
- When workers come in daily then they should provide a daily assessment of client needs.
- More frequent showering than once per week.
- More options provided if you don't qualify.
- Training of workers in cultural sensitivity is the key.

“Providing person centered and flexible care goes a long way.”

- A way to provide anonymous feedback to inform supervisor regarding home support workers performance.
- Provide a way of letting supervisor know worker's poor performance without worrying about workers providing bad service again next time.
- A performance review for the home care support workers allows for clear documentation and transparency so family members are not reluctant or hesitant to consult manager to request appropriate new or different service.

Issues/ Needs

For Clients and Families

- Advertising can be expensive so need to look at other options.
- We need to understand how people go about finding information.
- Directory of resources.
- Don't know where to go for info.
- Services provided in a language of need.
- Info session for friends and other family members.

"I want to know about workshops or education that will help me manage my chronic conditions."

- Improved standards of dementia care in acute care and residential care.

For the Public

- There is a fear of dementia and illness; we need to educate the public.

"My husband's friends have disappeared. His friends don't know how to deal with his dementia."

Defining Better Care

- A resource booklet to inform families of the types of resources and information available.
- Consistent messaging from VCH staff; staff need to give out same information about services and access.
- Easy access, one number to call, centralized point (e.g. phone line/location where people can ask questions).
- A guide through the system, support family through the process to understand different options.
- Someone to call, to obtain more information in Chinese and English.
- Mail-outs are good to reach people. Flyers are good. Seniors like to read newspapers (Chinese papers)
- Radio or websites.
- Information – emphasis on more accessible information. Kiosks, booths located in shopping centres where they are staffed by volunteers.
- Information for prevention & support (e.g. certain symptoms and how to address).
- Education re: Alzheimer's/dementia and professional development for all care providers, including frail elderly care.
- Clear messaging from all team members – professional development, good info, workers have the right info and knowledgeable of services.
- Need to take good care of equipment (e.g. walkers), educate clients about expense of this equipment.
- Website for caregivers support.

Issues/ Needs

Options

- Option to choose to pay privately for consistent care is a choice that we should have.
- Assistance at home to mobilize seniors.
- Support for caregivers through improved access to adult day care spaces

"Due to dementia, my Mother wakes up at night and I have to be up with her. Her condition generally deteriorates after 6pm and there is no one except me."

Information and Support

- Caregiver support to be able to care for their loved ones.

"Culturally, children of Chinese seniors will make an effort to care for their parents at home and not put them in residential care. This puts a burden on the children."

- Planned care and support for caregivers to build their capacity to care for their loved ones.
- A support system for caregivers; caregivers are very isolated, there should be a program catering to the caregivers needs.

"Need more support to mobilize my husband and get out on my own."

Defining Better Care

"Have a care plan that supports each stage of my loved one's care."

- Skills development for caregivers to support them to deal with emotions and reduce stress.
- Offer training to care for their loved ones (e.g. how to turn, clean and get patient up).
- Planning for the trajectory of care (i.e. what can I expect and how can I plan and prepare for it?).
- Increase options for respite and overnight care.
- Social support for caregivers and education for self-care (e.g. dealing with stress, use of technology to connect with other families).
- Reduce waiting time for support.
- Make the process less complicated.
- Provide financial support and/or tax credit.
- A central point of contact, one key person that the family could connect with.

"I would like to be able to call someone, a person, when I need help or advice. I call 811 but they just tell me to take her to the ED."

- Website for caregivers support.
- Support for family member if the caregiver has a medical emergency to be able to request hospital admission.
- Provide help early on – not when patient/caregiver in crisis.
- Help with decision making around staying at home or going into a facility.

Issues/ Needs

Safety

- Safe transportation for seniors is needed.
- Better transport options for seniors with mobility or cognitive challenges.
- Some patients are compelled to arrange private transportation (concern of safety and legal implications of non-registered services).

"I am afraid to go out of house due to risk of falls so I just stay home."

Access

- Need to find consistent transportation to medical appointments.
- Financial support to help with the purchase of wheelchairs, scooters, and other equipment.
- Not enough or timely transportation.
- The size of the travelling oxygen tank is cumbersome and makes it hard to get around.
- HandyDart services are needed in Cantonese so that the seniors can book the service by themselves, instead of their children having to do it, and having confusion. This would be more efficient.

"Transportation is our biggest challenge."

Defining Better Care

- Everyone is thankful to have Translink, HandyDart, taxi savers and volunteer drivers but we need to have more of them. Increase and improve. Simplify access to existing services.
- Training and sensitivity for Translink drivers, they need more time to allow seniors to get on bus
- Giving Cantonese and Mandarin speaking seniors a card with destination to communicate to English speaking drivers
- Translink has a taxi saver program; many people unaware of this program, how to obtain and how to use.
- Taxi savers require doctor's referral – simplify for self-referral.
- HandyDart – work towards shorter wait times for pickup.
- Transportation services that are more affordable – low cost or no-cost or even a sliding scale.
- Developing partnerships with City of Richmond related to transport for seniors.
- Expand shopping bus service – more buildings, more days offered.
- Scooters and wheelchairs that are more affordable.
- More small neighbourhood buses to connect with main lines (e.g. more east to west service).
- More wheelchair and walker accessible taxis. Need step or better access for passengers to get into taxi.
- Education of taxi drivers re: strapping in wheelchairs.
- Free driver assessment of patients by trained professional to ensure they are still safe to drive.

Issues/ Needs

Options

- Long term overnight respite care in Richmond.
- Culturally appropriate services and day care that is timely and appropriate for seniors and families.

“Could there be someone I can approach anytime when I need? I do call the nurse line but they tell me to go to emergency.”

- Respite care or programs that offer a range of activities for varying needs.

“I am 94 years old and legally blind. I live alone and prepare all my own meals. I would just like someone to check up on me on a regular basis and maybe take me out for walks.”

- Services are not keeping pace with population growth.

Safety

- Safety is a concern as seniors worry they might fall; need more volunteers to take care of senior
- Instead of 1:1, split up the volunteers to take care of smaller groups of seniors
- Accountability: Have a coordinator to follow-up with their clients that attend the daycare program and then do not show up one day; they need to be followed up on to find out if they are ok.

Access

- More access to day programs for people with dementia
- Mixed messaging - from VCH staff/health care regarding the regionalization of programs has created challenges

“My Mother's mental illness is progressing and during a hospitalization I was told I have to take her out of hospital or be charged \$1500 per day. I placed in her housing but she is not safe. The MH team tells me I need to move her to Assisted Living but the case manager says she is not eligible. I am very confused.”

Defining Better Care

- Increase amount of drop-in centres as well as decrease wait times and access
- Providing in-home respite for caregivers, so that clients can stay in their home and get 24-hour care in home for extended periods of time.
- Day Programs that would be flexible and be directed to a wide variety of needs of clients e.g. higher functioning dementia through to later stages of dementia e.g. multiple activity stations to choose from (like at school). Flexibility in time and activities. Instead of calligraphy, to give them some interesting activities to do.
- Staff who work in these centres to be educated and supported to address the needs of a wider range of clients.
- Provide transitional beds in other venues; not in acute care
- Provide more respite beds in Richmond and plan for population growth
- Keep family members in their own community – not across the bridge

- Create access to services on emergency basis
- Create access to a day hospital or place that a senior can go to during the day and then come home in the evening
- Newsletter for caregivers on what is available; online and hard copies

NEXT STEPS

This feedback will be used to support discussion at the next forum on the topic of ***Confirming a New Approach to Care***. This forum will be the next step to working towards better care for seniors living in Richmond. The next forum will take place February 9th.

