**Beaver Valley Age Friendly – Coffee with Vickie; Dec 11, 2017**

**Guest Speakers: Jane Power, Bryan Henry & Sandi McCreight**

**Jane Power is Manager of Home & Community Health Care**

**(phone:1-250-551-4239)**

Jane manages programs and services for Trail and Castlegar

* + Home Health/Home Care Nursing/Case Management
	+ Home Support
	+ Goldcare Scheduling
	+ Bridges; Adult Day Service Castlegar
	+ Assisted Living & Hospice Contracts.
* The new community paramedics in Fruitvale and Rossland are also part this group.
* Responsible to provide service to the elderly in Trail & Castlegar areas
* Transition liaisons – 2 positions in KBRH are responsible to manage the hospital to home transition. These positions are now part of Home Health.
* Jane is also chair of the advisory board for the Selkirk College Community Health Care Assistant Program.

Question Responses:

* One person commented there were 25 workers in 45 days; then asked why the same workers don’t return to the home.
	+ Jane – the schedulers in Trail try their best to do permanent assignments. The Community Care workers are unionized and have a collective agreement that needs to be followed. The service is growing due to an unlimited demand – they can’t say “no, we are not providing”. There is an unlimited request of limited supply and they hire casuals to meet demand.
	+ They are planning to revamp schedule and Jane’s hope is to reduce the number of care workers going thru the home.
* Question regarding service when leaving hospital
	+ Jane – when leaving the hospital, you may need help and be eligible for two weeks of home support. Before that time is up, there should be a meeting, by phone and/or by visit, with Case Manager to see if (and what) further help is required.
* How does a person get Home Support, where to call…?
	+ Jane says anyone can refer a person to Home Health – neighbour, pastor, friend or family…. Home Health will contact and go to talk to person if they welcome a visit. **Call 250.364.6224**
	+ Jane feels that there is a much better knowledge of Acute Care and what it does than Home Health. Many times, people don’t call until they are exhausted.

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What does Home Support do?

* + Jane – service is based on need – usually a medical need. It can be help with medications, dressing, private issues that you need; not stand-alone housekeeping, but will do tasks such as some of the dishes, laundry and make bed as required. Provide showers and other personal care. For meals – provide light meal, warm meals but don’t cook raw meat.
* How are requirements or services defined?
	+ Jane – a Case Manger (Registered Nurse) comes into the home, interviews and constructs a care plan. This is filed in a binder and normally left on fridge. The Care workers review the tasks in the binder and follow it. The family can check the binder – it should always be on site. There is a comment section for workers, but the comments are done by exception. (If day to day process is the same – notes are not normally made.)
	+ Maximum service is 4 hours per day; service can be provided 4 times/day. Respite blocks may be added if needed. There is a set cost for all services – once it is determined, you pay the same price for each day.
* What is cost?
	+ Jane - Cost is financed based – maximum is $36.30/day. “Believe me – Home Support is not a revenue generating service”. There are monthly caps and all can be discussed with the Home Health RN.
* What happens re two week care after hospital stay – does RN check?
	+ Jane – RN will follow up by phone and/or by visit.
* Story shared re Silver City – person lying on floor for 17 hours. Why don’t they check up?
	+ Jane – If you have Home Support, they knock and if you don’t answer, they report, check it out and call for help. Without Home Support, suggested setting up a buddy system and check with each other. Also, suggested Lifeline – they are available with fall alert and will send notice to service centre.
	+ Discussion regarding lifeline services – Silver City Gardens and Mountainside are the type of alarm that requires pressing the button. They are not the type that alarm due to a fall.
	+ Check to see if there is someone there 24 hours or not – Silver City Gardens not staffed 24 hours, but a Security Service answers the alarm.
	+ Jane stressed to look for and pull services to you. Talk to Intake nurse.
	+ Sandi McCreight described her two workshops – Gatekeeper and It’s Not Right – they help learn the signs that a person is neglected, abused and symptoms of problems/issues. The workshops are offered free of charge.

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* How does bathing service work?
	+ Jane – it is actually a showering service. There is a hazard/risk assessment done before they provide service to make sure all requirements needed for safety are met – bars, bath bench…. Care workers are taught that “no one planned to have help for a shower” and to try to build rapport and offer as much support as wanted. They work to set up with person to what they need – examples: someone there to help in/out – worker will help in, then wait outside until called; maybe back washed… client defines.
	+ 1 shower/week is given
* Question on cost?
	+ This is determined by the financials that are done with the Client and the RN. (Costs may be different for people as it is a percentage based on your personal income.)

* At what point is client beyond Home Support and goes to facility?
	+ Jane – when you start being a danger to yourself or others.
	+ Some couples are able to provide support to each other to enable longer time at home – even clients with a form of dementia.
* Does Home Care worker make recommendations?
	+ RN Case Manager – comes with Home Support
	+ Sandi commented that sometimes, adult children call re their parents needs without even discussing it with parents first. Everyone, including parents have a right to live at risk if they want. Can contact doctor or health care provider – ask them to talk to them. Everyone has the right to say “I need/I want”.
* Does 4 hrs/day include travel time?
	+ Jane - Goal for the scheduler is that the vast majority of time is spent in the home – in our area, the #1 driver of costs is GEOGRAPHY! They try to cluster clients by area for worker. The Care worker doesn’t get paid for first trip so they try to make the first client close to their home, then work away, and then back again. There is usually a 10 minute travel time but it depends on where the Client lives. Care workers sometimes run late – usually can do the care plan within time allowed, but sometimes they need more time – laundry done, clean-ups… Very similar situation as family doctor – sometimes late due to person requiring extra service.
* Lifeline, someone had lifeline, people asked about it but couldn’t afford the service.
	+ Jane – suggested using buddy system; keep cell phone in your pocket. Theresa suggested possibility of asking service club (Lions, Rotary, Kiwanis… for financial assistance).
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Lifeline (Con’t)

* + Sandi – suggested asking Mountainside to update alarms to fall alert type. (Theresa Buchner thinks Golden Life central office would need to be approached.)
	+ BV Age Friendly is looking into a program for lifeline. It is not there yet, so update needs to wait.
	+ Some lifelines also have GPS locators – can be lifesaving for wanderers!
* Discussion regarding services available and how to find them. Home Health/Home Support work in concert with other supports.

* Who do you contact? What are numbers and can’t find in phone book.
	+ Jane suggested calling Kiro Wellness Center and they will transfer you to Home Support. Call 250.364.6224
	+ Discussion - Vickie suggested a letter to the Fruitvale paper, contacting doctor or clinic for phone numbers.
* Jane also talked about Winter Surge phenomenon – a person gets sick in the winter (cold or flu), keeps thinking they will get better soon, but ends up in Emergency. There is now a “Quick Response Nurse” employed from January to March 31st who may come to see you in your home if you are wondering if you should go to emergency. **Call 250.364.6224**
* Stay active in your life as much as possible.

**Sandi McCreight, CRN Castlegar Call: 1-250-444- 4747 (IRIS)**

* Stressed that it is not a privilege to have services, it is your right. You have the right to say “I need this”.
* Sandi talked about “Buddy system” – live in same complex; doesn’t really work between 9 at night – 5 am. Having protection device is very important. Another example of buddy system was where people could see into center space – if blinds didn’t go up, a check was made.
* Prime package
	+ Fill out form, put in tube and into fridge. Recommendation to ask pharmacist for printout of medications and add that separately. Easy to update in case of changes. Place a sticker on your fridge so they know it is there.
	+ Kaslo Emergency personnel requested an extra sticker in the package so it could be put on the outside door of the home.
	+ Can also include DNR/representation agreement or end of life planning information.

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* + Discussions that paramedics may take tube and information with them – they are in a hurry and need info –want to proceed, not stop and read. If you are concerned about having to re-write information, keep an extra copy in a file.

**Bryan Henry – Community Paramedic**

* Our population is aging and the government doesn’t have space for everyone.
* Mobilization is important – if you are home and can function at home – that is best. His job is to help and also identify when that isn’t possible anymore.
* Most problems seen as paramedic are in the bathroom.
* Routines – yours – make you healthy and make you tick. If your routine is messed up, advise him.
* Paramedics assisting senior population go to visit people at risk. If he brings someone home from the hospital, will stop by to check. “Buddy system” – security of knowing if you don’t answer, something is wrong.
* If a person calls in with a concern, the community paramedic is sent for a visit.
* Lock Boxes – in the midst of getting a monitoring system for lock boxes and how to manage cost of system.
* Paramedic role – make sure people have shots; visit you in home. See how you are doing, make sure you have meds. Point you to services available. They are advised when people return from hospital, might even visit you in the hospital so you recognize him when they visit at home. Another cog in the wheel to help you stay in your home. May help with palliative care.
* Put a requisition to doctor or community nurse – they will come to visit you. Community Paramedic is a pilot program and they are busy adding new protocols.
* Job is to complement RN services.

Notes were taken by Theresa Buchner; revised with assistance from Jane Power and Sandi McCreight.

They will also be posted on the website for Protection and Care of Seniors

(spcstrail.weebly.com)