2021


# Import Subzone Community Engagement: What we Heard Summary

EDMONTON ZONE HEALTHCARE PLANNING

25 AUGUST 2021


# Edmonton Zone healthcare planning: Import Subzone

August 25, 2021

Edmonton Zone provides healthcare services to the 1.3 million Albertans that live in Edmonton and surrounding areas, in addition to those from other parts of Alberta who travel to Edmonton to receive care. As our region and our province grows and ages, and as needs and demands on the healthcare system change, we need to ensure we are planning and preparing for the future.

**28** Community members participated

**3** AHS leaders listened

The import subzone represents Albertans who reside outside of the Edmonton Zone and travel to the zone for healthcare services.

In partnership with providers and users of Alberta's healthcare system, we are creating a roadmap to the future where Albertans are healthy and well. We want to ensure the right services are in the right place when healthcare is needed, and to improve efficiencies so we can sustain our system for generations to come. Thank you for joining the conversation.

This "What We Heard Report" represents input gathered during the community engagement session on August 25, 2021. It is not a commitment or promise on behalf of AHS to implement recommendations made by the participants during the session.


Alberta Health Services

## What we heard from participants

### How do we best support individuals who live outside of Edmonton when they are accessing services within Edmonton Zone?

**Transportation**

- Transportation could be coordinated with towns to send lots of folks on the same day. The region lost Greyhound Bus.
- Care for the elderly who choose to live at home, summer villages, many of these older folks are no longer able to drive to appointments in the city. This is more of a challenge as we age in place.
- Patients released from hospital: Providers need to ensure patients have a way to get home (i.e. some of those who arrive by ambulance cannot get home [no $, no family] AHS should ensure patients could get home).

**Logistics**

- Concerns about so many layers to get through when trying to reach out to AHS.
- It is challenging finding a place to stay near the hospital, even when knowing where resources are. It also gets expensive for long term treatments. Information needed re: accommodation, parking, and best routes.
- Navigating the city is challenging, especially with construction, parking nightmares.
- Expense of travel, accommodation, parking.
- Time off work, transportation challenges.
- It is challenging financially, logistically, physically and mentally to have to travel to Edmonton.
- When appointments are made, it can be a challenge to get clear direction on how to locate the clinics – (i.e. new mom taking your baby to city).

**Coordination of Care**

- It would help if they can condense the treatment. Multiple tests should be same day as much as possible.
- Take tests like blood work in home town, why travel to city to access appointments?
- Communication is challenging – changing appointments is often a problem.
- 1 patient schedule coordinated among multiple providers, so you can go and get everything done in 1 trip vs having to go again and again.
- Appointments on multiple days (i.e. pre-op then days later for actual procedure).
- Occasionally have to go to Edmonton Zone for a 10 minute consult – have tests, other provider visits grouped into 1 day.

**Virtual Health**

- Have specialties use video or some type of telehealth when at all possible/sensible.
- Virtual/zoom appointments, maximizing use of virtual appointments works well.

**Primary Care Supports**

- Access to family doctors in local communities very challenging.

**Mental Health Access**

- Homeless, mental health struggles, can't read/write, no access to internet, some no phone or resources.
- Access challenges, many clients illiterate or computer illiterate, poverty, can't access – so many structural barriers.
- More support for mental health, many live outside the zone. Individuals cannot get to the bigger areas, or their supports cannot accompany them. Communication for these individuals quickly gets lost and people often shipped back with no supports.

# Edmonton Zone healthcare planning: Import subzone - community session

## When thinking about healthcare, what matters to you or to the people your organization serves?

### Timely Access

- Waiting for knee surgery for years. Pain management aspect. Shorter wait lists. More people on surgeons' tables.
- Accessibility – GPs, Psychologists, Physios, Social Workers (Fort Mac).
  - Practical approach of achieving this (i.e. allowing NPs to practice independently of doctors and bill AH directly, NPs to coordinate virtual treatment with specialists in cities – need their privileges to be expanded).
- Meaningful appointments – what's it for? Recent example, a friend had day procedure, she had to go multiple times for the doctor to walk in the room, looked at her leg, leave, and then say "come back in a couple of weeks" – it could have been a video appointment. I can share lots of examples. Those aren't meaningful, in-person appointments. COVID proved we don't have to attend in-person.
- Accessible care when needed – we do not have access to many health services and wait times are too long for the one we get to access. We do not have specialists, individuals have hard times making connections and have continuity within the healthcare system. We should not be limited to say what is ailing us one appointment at a time, because sometimes the rest cannot wait. It is frustrating. We should be allowed to tell our story. What matters is the ability to access a doctor when needed and be able to express our concerns and get help or help coordinated.
- Many indigenous seniors have trouble seeing a doctor and wait times are so long. We need care to be more accessible for everyone.
- Having access to services in your local community and not having to travel for those services. I also want to say I've worked with the chronic disease program and receive a lot of patient calls where they want to see a patient the next day and don't realize the distance. Peace River is 5 hours away and they can't just show up for an appointment the next day. The scheduling staff should be educated about the logistics of travel and distances.
- Dialysis – limited centers for dialysis. Rural residents are in care units in Edmonton because they can't access treatment from home. Stuck away from family because they can't access dialysis locally.
- Cancer care in local facilities – without local access, people wouldn't get treatment. Seems to be erosion of rural services, rather than maintaining and increasing.
- Have specialists visit rural. Time, coordination, but saves expense to residents. 2-3 hours commute for 10 minute test or visit. Fund travelling doctors and equipment.
- Attraction and retention of staff – doctors, technicians, nurses, etc. are challenging and very important!
- Physicians in rural communities – we have facilities in the North Zone and there are no physicians.
- Wait lists to get a physician ~3 years long (Peace River).
- Staffing – Need nurses trained in specialty (i.e. Chemotherapy). Facilities are great, but need trained people to staff. Always hard to recruit to staff to NZ. Experience level of staff may be lower than urban centers.
- Way to access specialist without referral. Some people don't have family physicians to refer them.
- Prioritize/triage appointments when booking. Help those who need immediate treatment to get it, rather than going to ED.
- Solve the problem of access -- Walk in clinics are M-F, 10-3. Not accessible to someone who is working.

### Coordination of Care

- To be heard and allowed to raise all concerns in one appointment: most physician offices only allow patients to raise just one or two concerns at a time per an appointment. This is a great concern for people traveling from outside Edmonton. People should be seen as a whole person and allowed to express concerns and at the time it hurts and convenient for the patient and families.
- Stating one problem or two problems at a time is not the way to go. We should have the opportunity to make a list of concerns and the doctor or provider should make the determination if they are separate issues.
- Continuity of care especially for seniors – continuity of care for seniors is critical; we need continuity in the community where people live, especially after discharge from a hospital located out of the community.
- Healthcare feels piece meal in rural areas, people could fall through cracks.
- Focus on having as much as possible of healthcare needs met locally in regions.

**Health Literacy**

- What is important to me is health literacy, providers need to speak at a level that patients understand – correct level for each patient, including on how to take medications.
- Interpretation – nobody helps with translation with language especially for older indigenous seniors. Many of them do not understand many things said by the healthcare providers and they get confused. They get confused about medications and appointments.

**Transportation**

- From Edmonton to/from home can be horrific. Pain levels. Suggest support system if they don't have family support. Home care can be limited in scope.
- Need people in Edmonton to realize that it's possibly inconvenient to juggle things when you're in the city or close to it but when I'm on my 5-hour journey to Edmonton and get a call "we've had a hiccup and need to reschedule your appointment three days from now" and I'm ¾ of the way to the city; I have to turn around and try to rearrange all the logistics for three days later. Tracking your out-of-town people is complicated and difficult but would certainly make their life a lot easier if they didn't get last minute roadblocks thrown in their way.
- Cost for seniors. Can't afford to travel to Edmonton. Lower cost options, or have specialists come into community. Like mammogram or MRI travel to community frequently.
- Emergency response – vehicles get tied up when traveling to cities and do not return right away, not to be dedicated to rural communities.
- The need to feel cared for. People feel uncared for. There is some disconnect between expressing concerns and finding someone who cares. This includes finding someone to talk to and to help patients and families find their way around the city. It is critical to have accessible information about transportation as well. We need a place to go to be cared for and not having to worry so much about things like parking.
- Loss of dignity – post-treatment; potentially ill. Travel is an issue.
- Its cost outlay – fuel, hotel room, food, travel back again, time.
- Making arrangements to take time off work, not everyone has sick time they can access.
- Arranging childcare or other things when you need to be away.
- From Cold Lake area, what I've heard is from people who don't have means to drive, transportation is a number one issue. You rely on family or friends. Not having a medical transport system is problematic. Some people will do it for $300+; for a lot of seniors that's a lot of money. Transportation is a big issue for people in rural Alberta.

## When thinking about healthcare, what do you hope to see in the next 10 to 20 years?

**Care Closer to Home**

- Diverse mental health care options in rural communities – enhance mental health outside Edmonton and Grand Prairie – create decentralized mental health care. People from rural communities, most of the time, cannot get there (to Edmonton and Grand Prairie), and if they do, they have no family to provide the support they need. Family support is important for mental health.
- NPs – in more communities and be part of care.
- Maintain specialty units in rural (like Cancer Care in Peace River).
- Doctors maximize access to existing community agents and services, such as food security. Friendly visits, not clinical. Supports available but not accessed.
- Rural sees things leaving, not things coming back. Rural have to fight to keep services. No medi-clinic in rural, just ED. Not right place to be.
- Increased MH services in NZ. Meet people where they're at in their own community. Where's the best place for the client; not for the profession. Support system is important.
- Committees we sit on are looking to identify the missing links for the communities. If we can do that and find a way to approach the community / city. The load here is more than the population but people from the work camps (demographics of the community doesn't represent the need – lots of transitory).
- When we've talked to senior bureaucrats of AHS and try to get more specialized treatment – told not enough patients for the physician to keep up to speed on their credentials. We have that issue. We've been trying to get an MRI in Cold Lake, but AHS won't buy into it. We can fundraise but they have to come up with the staffing for that

service. On this side of the province, we're 3 hours from the city, there isn't a Grande Prairie or Fort McMurray on this side of the province (no mid-size city), it's a no-man's land and no specialized services. The hope is sometime, AHS will build a big hospital in this area and take a different approach. An MRI would save money in sending people by ambulance.

- People tend to get into ruts. They're too busy to look elsewhere or don't want to; it would be neat if we had a program where specialists could travel once or twice a year and schedule far enough in advance, rural hospital could make sure: we have a heart specialist so bring in patients that need to see that specialist at the same time – make it a loop for them. I'm just wondering if once they wander out of the city and see other parts of the province, they'll say "that's not so bad or it's really nice there" and might be a way to get people to look elsewhere. Maybe willing to take one day a month to go out there – maybe it's one way to get specialists to get out of their comfort zone.
- I spent 3 ½ years in Nunavut and we had visiting specialists and we also rotated patients into Ottawa and other major areas. Some physicians who came up actually stayed because of what they saw and experienced; getting them there is probably a first step.
- High Level had patients from Edmonton and Grande Prairie regularly through relationship with PCN and funded by PCN so there are different ways to look at it and maybe collaborate with PCN, AHS and municipalities. Have had a lot of locum physicians who have stayed permanently once they've gotten to know the community.
- A holistic approach/view of rural areas: i.e. how to work together across local towns/municipalities in keeping services local and coordinated.
- More diagnostic tests (MRIs, x-rays, blood work) in rural areas, doctors to have quick access to results.
- Upgraded hospital: upgrade our hospital (Slave Lake), it is old and is not seniors friendly. We need a new hospital within the next 10-20 years. What we have has outlived its limits.

**Continuity and Coordination of Care**

- Coordinated and integrated process on how care is accessed: streamlined process would be important; it now feels like jumping from one thing to another, it is a system in silos. Also, figure out how to ensure continuity of care. This will take care of lots of issues that people accessing care struggle with. Continuity will help people not feel lost in the system. And it will reduce frustration.
- Go to one place and have my issue dealt with in one place – whether virtual or in person (one-stop-shop).
- Discharge planning – people need to have supports in place when going home i.e. people coming back home with a limb removed and no place to live or any occupational therapy available is not good.
- Discharge/transition coordination: Patients are released from hospitals to nothings – it is like healthcare providers release you and say - my job is done, you are on your own. That is not a continuity of care. People should be sent to the next level of care, and supported through the transition.
- AHS Trial – Pap tests with mammogram test this year. Keep it up!

**Virtual Health**

- Virtual Health – NOT a replacement of local providers. Support them. Still need local professional/clinician in room with patient.
- Virtual care – opportunity for that is great.
- Grande Cache, near us, has worst internet connection in the world. It's so intrusive to things. It's not just virtual care, it's integrated or supported virtual care. Reach out and be creative to find places and spaces – where do seniors connect, where do homeless connect, where do newcomers to Canada connect – extend the virtual care to those spaces too; making it accessible to people who don't necessarily know how to access it.
- Use of technology – we've learnt how to do meetings and schooling, this need to be in place for healthcare too as soon as possible – quick prescription renewals, follow-up assessments, diagnostic tests (supervised by nurse)
- DON'T WANT – erosion of rural health care. Need incentives to attract to rural centers.
- Virtual doesn't replace in-person care in local communities.

**Staffing/ Physicians**

- Stable physician resources in rural communities: we have not had a doctor recruited and retained in our community for a long time. Seeing a different doctor every now and then does not provide continuity of care plan. We have locums who come and go, and have to start over every time a new physician comes to town for another short term.

- Incentive packages to bring physicians and all health professionals to NZ and keep them longer.
- NPs – in more communities and be part of care.
- Up in Fort McMurray, we have a nice hospital with operating theatres, great resources, it's been modernized but we are lacking in specialists. I'm sure there's enough need for a specialist. We have 2 orthopedic surgeons, 3 general surgeons but there's ENT (Ear, Nose and Throat), even some of the cardiology work could be done up here (i.e. pacemaker).
- How do we incentivize that – compelling specialists to go? What initiatives are you familiar with or have you heard of that have worked?
- Lots of family physicians and great PCN. They're working very well together but it's at the specialist level we have a concern.
- Patient-centred, not just business and physician-centred, care: there should be a shift in perspectives, physicians are not patient-centred; they have business model approach to providing care – it is all about making money and staff are not welcoming; many are not that interested in what matters to patients and families. It gives a perception that they are not listening. Physicians are supposed to be part of a collective health system, but their practices are siloes and financially oriented.
- Specialists to rotate to rural areas on a cyclical basis need to be encouraged.

**Transportation**

- More accessible and faster transit and air support (more landing pads) to access urban centers. People need to be rushed back and forth as there will never be a business case to provide specialist services in these rural communities!
- Transportation after people are discharged in Edmonton but don't live in the city (northern sunrise county).

**System Navigation**

- Equality across all people groups, some groups are marginalized like homeless, mental health, completion of forms (people need to pay for this and it's expensive).
- We need a system that is easy to navigate, one that enables patients to be their own advocates, helps them understand their care plan, and not having to wait for directions from the provider all the time. Streamline things so providers can be much better informed and advocate for their patients. Help people understand what options are there in their communities and in Edmonton.
- Enhanced Healthlink: 811 is a great system when it works as intended. It is supposed to be a way to reduce hospital visits, but every time patients are told to go to the emergency department. It needs to be well resourced and versatile to help patients, divert use of emergency and unnecessary travel, and wait in care facilities.
- Systems that talk to one another: there is currently a huge gap in our health and support services. Individuals that need some type of care struggle, because systems do not talk to one another. We need systems that can talk to one another and to better support people as a whole.

## How can technology like phone/video be used to improve your healthcare?

**Educate people about benefits of using technology**

- Seniors do not understand technology, they are not technology literate, and they prefer to see someone face to face. It is a challenge that providers and patients experience now. There is a need for more education to make it more accepted.
- Reduce travel for people from rural areas: enhancing use of technology is important because it will minimize travel and costs associated with it.
- Ongoing with cardiac rehab, lots of education classes – some of that exists for diabetes education; could we expand on that through telehealth visits? Cancer Care Alberta seems to have the best set up in place – with navigation. CDM – diabetes and stroke education are well set up; North Zone coordinator who is set up and works with the Edmonton program.
- Virtual care is a huge and a positive addition. Growing it will help the healthcare system and the patients. It saves travel time and money. It is however understandably limited to certain things such as doctor's notes and doctor's advice.
- If technology there and access in the community, it would be a major improvement. You can do a lot of lab work with handheld units, portable ultrasounds, and telehealth.

- Hoping Connect Care will help with coordination – seems like people have to go over and over their health history; nothing worse than having to go through that especially if you're the patient and you're not well at the time of the appointment.
- Public confused with private vs for-profit organizations using virtual (i.e. Telus virtual healthcare).
- 811 – Very helpful! Can take a while to get to someone with answers. Trusted information.
- There needs to be an online option for booking care. This would prevent lots of frustration for everyone. Covid proved that technology is useful and possible.
- Speech and language therapy, psychology, consults – not necessarily all virtual but a combination would be good.
- What about quick blood pressure tests when people turn on their computers in the morning?
- We can use more technology options on the preventative and educational side.
- Appointment reminders by text message or email rather than phone. Easier than phone tag.

**Technology as a supplement to face-to-face care**

- Physician pay model that is not a limiting factor: money may be a factor for why providers, especially those paid on fee per service, do not promote virtual appointments. They do not promote or are not willing to promote it and educate patients.
- Need guidelines for support when news/diagnosis is shared.
- What's permitted for who is with patient during virtual appointment? Privacy questions.
- Technology has limitations; it may work if the physician only needs to see you and does not have to touch you. It needs to be seen as something that supplements in-person model in most parts, and add versatility in the system.
- Personal interaction also important – need to diversify in what type of services and with what professionals can these services be provided i.e. NPs to work in coordination with specialists in cities.
- We were talking about accessibility for those people who don't have good internet or phones; if AHS is looking forward, would it be worth having a virtual library in physician offices supported by AHS. A lot of people, especially older, prefer to see someone in person but if they went to see their own doctor and the local doctor could link them to the specialist so they're not trying to struggle with trying to find the specialist – that might be just enough help that they then feel comfortable with the virtual meeting and if they don't understand, their local physician is right beside them to answer their questions. (Facilitated virtual care) It wouldn't have to be a doctor but someone with the tech and medical savvy to act as interpreter and liaison for the patient.
- As patients sit across from their doctor/nurse, the local care provider gets a better sense of comfort level and understanding; worry that virtual removes that piece. One thing I find with virtual, many of our rural residents do not have internet or have very little cell service. The resource centre where they can schedule appointments (facilitated virtual) would be helpful. (Virtual care hubs).
- NP in room with patient during a virtual appt. If there was a diagnosis, or any MH aspects, need someone else there.
- Patients can't evaluate themselves – need clinician to do hands on evaluation/tests and share with virtual consult.
- Nurse navigators are a god-send. Encrypted messages slow down communication.

**Providers should always ask patients if technology is a suitable option for them**

- Patients know what they need and should be asked to choose the option that can best serve them. The patient knows best in many cases.
- Good if people have connectivity/band width. Not all communities do. Many rural don't have access. Boosters are $$$. Creates have and have nots.
- Provide reliable internet access to rural residents – people do not have sufficient internet access to make technology a reality in rural communities. Applicable infrastructure would be important and an enabler.
- Access to technology – rural need access to high speed services, huge infrastructure deficit, a good back bone need to be in place, no leadership in this area in the province.
- Technology is not as accessible in most rural parts of the province. We need appropriate infrastructure in place in the rural areas.
- Setup virtual care access points for rural patients – set up technology equipment in the offices, or other central locations, for patients without internet and equipment to access care they need that is far away. Such a setup has been helpful for vulnerable people, seniors and Indigenous people who need interpreters they trust in Slave Lake. It also helps prevent travel cost that many people do not have.

- Sometimes virtual health works but sometime getting a doctor to sign paperwork after virtual consultation ends up taking time and challenging.
- AHS facility telehealth capacity not fully utilized, and if/how they work?
- Provide stations in rural areas for people to go to these in cases where they are computer illiterate or do not have access to technology at all.

## What healthcare services would you like to see more of in your community, close to your home?

### Empower patients and local providers

- To maximize their resources i.e. allow patients to make appointments online, educate them on self-care and make the system work across geographies.
- Telehealth and other technology options are great ways to bring care closer to home in the rural areas. However, providers – especially physicians may want patients to visit them in person, possible, because of the model they are paid.
- Need more resources for aging in place i.e. in supporting people at home and for people to provide services to them. This would reduce the strain on the entire system.
- Discharge planning – NPs can help with follow-up in rural areas.
- One thing I experienced, a bone and joint clinic I go to and very good at what they do. All the tests, xrays were done just next door to the clinic but after the care, sent home to Fort Mac – bumpy ride, fresh hip surgery – lots of fun. The post-operative care was left to me and a couple of home care visits. That's another thing that concerns me – not having access to other physiotherapy services (wrap-around services).
- Allowance to assist with cost recoup for travel expenses. Exists to a point with seniors now, but not others.
- Map of Northern Alberta in offices so patients can point out where they're from!
- Access to lab services – keep open! Supplies good level of service to communities.
- Scheduling series of appointments to allow for travel. Cross Cancer does a great job.
- Patient navigators – could use for areas beyond cancer care. Patients coming in for stents, orthopedic surgery.
- Transport patients back to facility. Currently one-way rides and up to family to get patients home, regardless of weather and empty planes going back to origin.

### Ensure versatility in the system

- There needs to be more versatility with how care is provided. This is important because it is realistically going to be challenging to get adequate staffing for some services in the north.
- Mental health and addiction practitioners are needed, train people to listen and have conversations so that people can unload their burdens i.e. assistant mental health practitioners – this can take the strain of the system, trial this in a few spots.
- Another perspective - what if local municipalities charge more taxes and provide the services at the local level
- We can't expect to have the specialists to do the treatments all over the place, but I don't see why the pre-op and post-op couldn't be dealt with somewhere else.
- Staff are currently overworked – vacancies. Staff at wit's end. Will lose more if we can't fill vacancies. Feels that they've being short-shifted for patient load.
- Acute care beds inhabited by patients waiting for LTC bed. Better patient flow into LTC.
- Long term acute care stay without recreations/activities cause decline.
- How to age in place. Supports to help them stay at home.
- Keep people in home community. Moving senior to facility out of community causes family to drive long distances.
- Recognition that EZ is supporting more than EZ, and the entire north. Staff adequately.
- Use lessons learned from Grande Prairie Regional Hospital, so other new facilities don't take same length of time to build/open.

**Ensure access equity**

- There is an issue with how services are dispersed – some places report not having enough patients and others cannot get patients in. This is unacceptable; these healthcare resources need to be dispersed or made accessible from anywhere in the province.
- Need professional people in rural areas, Covid has exacerbated this issue (~9 hour waits in ERs is not good).
- Transport – downloading on local municipalities needs to stop – cannot take everything on that AHS can't do!
- In my work world, mental health. Access to psychiatrists. In my personal world, heart specialists. (Cardiac services are a major reason for people to come into Edmonton for services).
- Another one is orthopedics as well – that's a big one – spine, hips, shoulders, and the whole gamut.
- Most homeless clients are 55+, many have those hips, knees, elbows, etc.
- Maternity care? I have a lot of fears – cut if from Jasper, Grande Cache so lots come to Hinton. Where are people going? For any of us who have had babies, you can't plan necessarily.
- One of the things I've noticed, especially from our general area, the rehab support following surgery or heart attack/stroke recovery. If people could do it closer to home, it would make more sense, but a lot of rural areas don't have equipment or trained personal; so not just a doctor shortage, it's your speech language, occupational therapists, physiotherapist. That's why you see so much traffic to the Glenrose. We need some of those back up supports for after the surgery or other treatment.

**Make coming to the north attractive to healthcare providers**

- There is so much the north can offer, just like the cities if the providers are well supported and incentivized.
- Encourage municipalities to come together and source together to attract professionals to remote communities. Can AHS provide more leadership in this area?
- When nurses don't feel respected it becomes very difficult to attract them – especially to rural areas.
- Space in community for visiting physicians – more reliance on county/municipalities to cover those costs / fundraising for hospital and to retain and attract physicians ($20-$100K to attract/retain physicians annually).
- Geography drives business in North Zone.

## Resources shared at the session

Dr. Yiu discussing zone healthcare planning
Edmonton Zone healthcare planning overview
Patient concerns and feedback

## Other resources

AHS data, statistics and reports
AHS performance review
AHS Advisory Councils

### Continue the Conversation

To keep informed of this important work visit the Edmonton Zone Healthcare Planning project page. And please share this survey with others who live or receive care in Edmonton and surrounding areas.

Subscribe to our weekly e-newsletter, *Together4Health Headlines*, to receive up-to-date information about public health and how you can engage with AHS by emailing community.engagement@ahs.ca

Alberta Health Services