



## It's time to start talking about our Healthcare Model.

It isn't working as it is now.

Despite the hard work and dedication of all of our local healthcare professionals, the current model isn't working.

It is time to start community conversations about what we need for healthcare in our community.

Physiotherapist  
Licensed Practical Nurse  
Urgent Care Mental Health Workers  
Emergency Care Specialist  
Laboratory and X-ray Services Doctor  
Registered Nurse Nurse Practitioner  
Social Workers

*The Community Vaccination clinics were held in Clinton and Ashcroft over the past few weeks.*



*Each clinic was a great success in moving us closer to herd immunity and protecting the people of our communities.*

### In This Issue

- COVID 19 Vaccine Clinic(s)
- 24/7 emergency services
- Transportation
- Better At Home
- Do we need more assisted living units?
- Dedicated palliative bed in community?
- What have we learned from this Pandemic?

Healthcare is a complex discussion, and it is an important one. Some examples of the services to be considered are:

More physicians for more days and more hours

More Nurses including a variety of practices and skills (RN, LPN, NP) for more days and more hours

Physiotherapy—onsite and virtual

Specialist Access—virtual and onsite visits

Telehealth and varieties of methods of healthcare delivery

Diabetic Education

COPD care and management

7 days a week, extended hours , consistent and sustainable

Laboratory and Xray services

Blood Pressure Clinics

Women's health, breast health

Men's health, prostate health

Mental Health Adult and Youth

Drug and alcohol abuse help

Urgent Care—what does that look like compared to Emergency Care

Pharmacists—medication reviews

Community Health Care expanded to meet the demand supporting

- Hospital discharges
- Staying at home safely with services
- End of life support in the home

There is so much more we can make use of, if we use the NDP government promise of 24/7 Emergency services funding to fund expansion of all services in our community, it might be of more help. Rather than paying a doctor to wait for us to enter the ER—have them to see to our healthcare needs by more appointments and access, more doctors more nurses, more allied healthcare professionals.

**TIME FOR A ROBUST DISCUSSION**

If you move past the simple question of do we need 24/7 emergency services, and start asking what do we need, the conversation is a long and deep one.

**24/7 emergency services was eliminated here around 2008.**

This happened because our 3 doctors left the community and closed the medical clinic downtown.

Interior Health rushed to create and open a medical clinic while trying to recruit doctors to our community.

There were no physicians to work in the Emergency Department.

**Since that time—we have never had enough physicians to reopen 24/7.**

The situation for recruiting physicians has not improved.

Meanwhile the nursing staff have slowly eroded to only providing ER services on weekends, and that is a struggle as we see ER closures happening.

**Palliative Care**—there is only one bed in our community, and often it is being used for respite.

**Respite** is a much needed program in our community that lets caregivers take care of their needs or just have a rest, so that they can carry on taking care of their loved ones who require lots of care. Most often these visits can be scheduled.

Palliative Care—can't be planned, and unfortunately, when it is needed, must happen right away.

The bed use should be dedicated. We need one bed for respite and one for palliative. At a minimum.

**Transportation**—healthcare in our geographic catchment area means transportation is needed for many things.

We do have a bus that moves between Clinton, 100 Mile, Cache Creek, Ashcroft and Kamloops.

**Community Resources Society (CRS)** is working on a project that will supplement that transportation, by helping people get home when they visit a health site often by ambulance, with no way home. Watch for details coming.

Our communities need more opportunities for people to age in place (see Better at Home) and also more living arrangements suitable for independent living and more living arrangements for supportive living and assisted living.

**Thompson View Manor Society**—is the group that manages the existing independent living and assisted living and are looking at the needs of the community to determine if additional units should be pursued.

**Better at Home** supports seniors to age in place with dignity, stay socially connected and prevents social isolation, especially among seniors who are most vulnerable. The program recognizes that seniors are an important and growing part of communities and helps them with simple day-to-day tasks.

Under the Better at Home program, seniors have access to a range of non-medical home support services such as housekeeping, grocery shopping, home repair, friendly visiting, snow shovelling, yard work and transportation to appointments. Services are delivered through local non-profit organizations by volunteers and paid workers. Seniors are charged a fee for services on a sliding scale based on income.

I hope to learn how many people are reading this newsletter. If you read this, email me at [info@ahawc.ca](mailto:info@ahawc.ca) and your name will be entered for a prize. Sheila Corneillie Draw on May 15th, 2021

## What have we learned during this Pandemic about healthcare?

Virtual Care—by telephone, or by computer with your doctor( s).

### Pros

- \* we like not having to sit in a clinic and wait for long periods of time to get our turn.
- \* We like not having to travel to appointments
- \* Prescriptions are send straight to the pharmacy—in come cases shipped directly to us.
- \* You can literally be anywhere as long as you have your phone.

### Cons

- \* No personalized conversation
- \* Feel unheard, including bad signals, language barriers, hearing challenged
- \* No examinations, check ups, no bp checks, no hands on
- \* Hard to make contact
- \* Clinic is closed

### Mental Health gaps

Isolation has been hard on many people without any mental health support. Even Mental Health appointments are virtual which can be challenged by technology.

INTERNET ACCESS IN RURAL AREAS ISN'T ADEQUATE AND NOT AVAILABLE TO ALL PEOPLE.

We can learn from this and improve our healthcare delivery by using and improving some of the things we like and would do differently to provide better healthcare in the future.