Table of Contents
Forecasting the Future Environment ................................................................. 4
  Population Growth and the Economy .............................................................. 4
  Demographics ................................................................................................. 4
  Technology ....................................................................................................... 5
  Epidemiological Trends................................................................................... 5
Responding to the Future Environment ............................................................... 7
  Government’s Plan for the Future of Continuing Care ........................................ 7
  Seniors’ Services, Primary and Community Care in the Future .......................... 7
  The Future of Acute and Professionals’ services: Alberta Health Services Plan .......... 9
  The Future of Primary Health Care in Alberta .................................................. 9
  Workforce Response to the Future Environment ................................................. 10
  Opportunities in Home Care, Community Care and Nurse Entrepreneurship .......... 10
  Educating Tomorrow’s Leaders ....................................................................... 11
The Impact on LPNs: Educator, LPN and Employer Perspectives ....................... 12
  An Educator’s Perspective ............................................................................... 12
  An LPN’s Perspective ....................................................................................... 12
  An Employer’s Perspective ............................................................................. 13
Implications for LPNs Going Forward ............................................................... 14
Conclusion and Next Steps ................................................................................ 16
Appendix One: Resources ................................................................................ 17
Appendix Two: Collaborative Practice Model Diagram ..................................... 19
Planning for the Future Think Tank

Advancements in technology, changing demographics, epidemiological shifts and changing expectations are impacting the health workplace and how the work of health care is organized. The College of Licensed Practical Nurses of Alberta (CLPNA) brought together thought leaders in the health system to explore the issues around the future of ‘care’ in health care and what they mean for the system and Licensed Practical Nurses (LPNs). Approximately 80 people from across the province were in attendance at the Planning for the Future Think Tank on December 5, 2013. Stephen Lewis, health care economist, facilitated the day’s discussions.

The day was organized around three themes:

- Forecasting the future environment
- Responding to the future environment
- The Impact on LPNs: Perspectives of an educator, an LPN and an employer

The consensus was that population growth, an increasingly diverse cultural mix, more people age 65 and older, and a greater burden of chronic disease, mental illness and dementia are all going to drive changes in the health system and how and by whom services are provided. Seniors are going to demand more choice in the marketplace and overwhelming want to live at home or a home like environment as long as possible. This is going to require more and more care delivered in the home and the community. This drive to providing care in the community and home care is supported by new models of care and delivery including primary health care and family care clinic models, information technology, new and better ways of monitoring conditions, and a more informed patient.

Alberta’s continuing care model is evolving to meet the challenges of today and prepare for the future. People will be living independently longer with the help of services that are accessed in the community, and people will be living with chronic health conditions for which they will need support.

The future shape of services is being built on a reorganization and reclassification of health service environments within Alberta that include independent living environments supported by home care; a supportive living environment and model of health services delivery that responds to people’s needs as they change, and long term care. Currently, about 3000 new home care clients are being added each year. Other changes are being brought about by more people discharged from acute care that will be supported by home services; the addition of about 1000 new continuing care spaces every year – the majority in supportive living; and the provision of home care 24/7 in retirement homes and lodges.

Skills shortages in health related occupations are going to be a big challenge. AHS is planning for a future where the demand for healthcare services is going to increase, chronic disease rates and the need for mental health services continue to rise, where people may be less healthy and care and the
environments for care evolve. Key strategies are being put in place around productivity, effective utilization, delivering more services in the community to reduce demand for acute care, being innovative about attracting and retaining people, and increasing the supply of health workers.

The key or underlying premise to having the needed clinical workforce is inter-professional collaboration and collaborative practice. AHS is working to ensure that ‘the right provider for the right care, at the right time’ is there for patients. Achieving that requires health care providers understanding and working to their full scope of practice and understanding the scope of practice of other health care providers.

Other impacts on the future workforce will be using technology to support the use of evidence in practice, patient led care – nothing about me without me, using robots as partners in providing care, and understanding and incorporating artificial technology and metabolic devices into care.

Primary care is evolving in the province to a primary healthcare approach that emphasizes team based care and integration with community and social supports and services. This can be seen in the family care clinic initiative underway, where communities are identifying their needs and developing proposals for teams of providers and a range of services. One of the community priorities being identified around the province is an unmet need for nursing care, a role that LPNs are suited to filling given their skills in patient care and coordination.

Given new opportunities and a changing provider environment, LPNs will be increasingly asked to take on a leadership role on the health care team. Qualities underlying this leadership role emotional intelligence, critical thinking, and a collaborative practice approach. Demand will increase for people with skills in case management, care coordination, palliative care, dementia care, primary care and home care.

These changes need to be supported by an education system that is willing to expand inter-professional education and ensure that graduates of today and tomorrow have the intellectual, emotional, technological and communication skills to be the leaders within a collaborative, community-focused health care system. The emerging health workforce plan needs to encourage a holistic approach to ensuring Alberta has people with the skills, resilience and personal qualities necessary to continue to learn, adapt and remain patient-focused in the future. All professions, government, employers and unions need to ensure that they’re working together to address the challenges of preparing for the future and meeting the changing demands already required by the system.

Alberta’s health care landscape is adapting to the impact of changing technology, population growth, increasing numbers of seniors, a shift to patient centered care delivered more and more in community settings. As it evolves, those looking into the future see an evolving and increasingly central role for LPNs as leaders and skilled providers able to provide added value to the health care landscape.

The new generation of LPNs are well educated, socially adept, and ready to work in collaborative practice environments. Reaching that place will call for further breaking down of health care silos and replacing a hierarchical culture of professional protectionism with one of respect and trust. There is no shortage of demand for nursing care and more than enough demand for everyone’s skills. Individual LPNs can’t bring a collaborative environment by themselves – employers and their professional association have to work with them to effect change. Planning for the needed changes is within the
grasp of the profession and doing so will ensure the ongoing effectiveness of licensed practical nursing as a profession.

Forecasting the Future Environment
Presentations were made by Mark Parsons, Deputy Chief Economist, Government of Alberta; Vivien Lai, consultant on aging; Cheryl Knight, Executive Director, Seniors Health, Alberta Health Services; and Dr. Duncan Robertson, Senior Medical Director, Seniors Health Strategic Clinical Networks, Alberta Health Services.

- Population growth and the economy
- Demographics
- Technology
- Epidemiological trends and impact on service delivery

Population Growth and the Economy
The economic outlook for Alberta is positive, given tremendous growth in the energy sector, strength in manufacturing and a growing population that is fueling the service sector. Alberta’s population is growing at 3.5% annual, well above the 1% growth being experienced in the rest of Canada. After hitting a population of 4 million in 2013, it’s expected that Alberta will grow to 6 million by 2041, about the same time that baby boomers will hit their 70s and 80s. While in-migration is helping to make Alberta one of the youngest provinces in the country, Alberta’s population is aging along with the rest of Canada’s. This is going to have an effect on workforce participation – there will be fewer people working.

At the same time, Alberta also is experiencing a growing birth rate and a population that is culturally and ethnically diverse. Its aboriginal population is younger than average and growing in number. Diverse populations are the norm with an influx of people from around the world, both as immigrants and temporary foreign workers.

Demographics
An aging population will also impact all aspects of the health system and in the future, care for the elderly is not going to mean working in continuing care. All parts of the health system will be dominated by caring for older Albertans; currently, people over 65 years of age use 45% of hospital patient days, 94% of LTC facility care days and make up 72% of home care clients and while the proportions may vary in the future, the trends are clear.

Older Albertans in the next few decades are going to have different characteristics than many of the today’s elderly, who were born after World War I and are the population of nursing homes today. Baby boomers are going to want to age in their homes, are more independent and value quality of life. Overall, they are better educated, have been in the workforce longer and will only be institutionalized in the last year of their life. They will demand to be partners in their care and

“People-Centred” – before individuals become patients they need to be empowered in taking care of their health and own care through established collaborative relationships of shared leadership.” WHO 2007
involved in decisions about where and how they live. It’s estimated that the new generation of elderly will spend only the last year of life in institutional care.

At the same time, the impact on the health system of young families and immigrants moving to Alberta also needs to be factored in to health care planning, along with a growing aboriginal population.

**Technology**

Technology is the driving force for change in society and can be faster, safer, more efficient and better at tasks than people alone. This can be seen in the use of robots in providing care such as robot assisted lifts, the use of recording devices to chart and share information, and applications and devices that put monitoring and care in the hands of patients.

Health informatics – the use of information and information technology to support the delivery of health care – is contributing to the growth of knowledge about patient needs and supporting safer and more efficient health care through electronic health records and other information systems. Through the ability to gather and use information in new ways and put it in the hands of a wider range of health professionals, attention is becoming focused on the person receiving care, rather than a discipline or service. Technology is already making a difference in emergency rooms by giving providers access to people’s health information when they can’t give it, supporting teams and patients in managing chronic disease, and shortening wait times by giving the system access to better information on supply and demand for services.

**Epidemiological Trends**

In 1967, half of Canada’s population was under age 25. By 2020, seniors will make up 14.6% of the population in Alberta. As people survive into the 70s, 80s, and 90s, people develop conditions that impact their ability to care for themselves. Major clinical issues in future elder care include cognitive impairment (dementia), frailty, multiple concurrent chronic illnesses and mental health issues including depression. As well, frail elderly often lose function and cannot return home after being in hospital, despite recovering from the health concern for which they were hospitalized. This is driving changes in the way that the frail elderly are being looked after, in order to ensure that they can maintain their ability to manage in their own home. It’s also reinforcing the need for an integrated system of care that emphasizes the prevention of conditions that lead to a loss of independence in the elderly. CIHI (2007) reported that frailty in the elderly – individuals of advanced age who display a pattern of declined over time, including neurological decline – is the cause of death for almost one-third of death at the end of life in Western Canada.

The Canadian Medical Association’s 2013 Health Care Report Card reported that half of Canadians think health care services will get worse and 93% feel that Canada should have a national strategy on health care for seniors. There is also overwhelming support for keeping elderly patients living at home for as long as possible and improving care in the community, including end of life care. Guidelines for patient-centered care for older adults with multiple chronic conditions include incorporating the patient’s preference into medical decision-making, recognizing that there is often little evidence around best practices, taking into account the context of risks and benefits of treatment options, and considering the feasibility of different options.
Alberta Health Services (AHS) has launched a strategic clinical network for seniors’ health aimed at improving health care services and practices so that Alberta’s seniors experience optimized health, well-being and independence. For further information, go to [http://www.albertahealthservices.ca/7702.asp](http://www.albertahealthservices.ca/7702.asp)

**Integrated Service Delivery**

The health innovation of tomorrow needs to balance the art of delivering an interpersonal intimate relationship and the science of using technology and knowledge. This is the point where the two circles meet; innovative practice will put those the art of care and technology together into integrated service delivery.
Responding to the Future Environment

Presentations were made by Lorraine McKay, Assistant Deputy Minister, Seniors’ Services and Continuing Care Division, Alberta Health; David O’Brien, Senior Vice President, Primary & Community Care, AHS; Deb Gordon, Senior Vice President and Chief Health Professions Officer; Bernard Anderson, Executive Director, Alberta Health; Dr. Kim Fraser, Professor, Faculty of Nursing, University of Alberta; and Trudy Harbridge, Senior Director, Seniors’ Health, Alberta Health Services.

- Government’s plan for the future of continuing care
- Seniors’ services, primary and community care in the Future
- The future of acute and professionals’ services: Alberta Health Services Plan
- The future of primary health care in Alberta
- Workforce response to the future environment
- Opportunities in home care, community care and nurse entrepreneurship
- Training tomorrow’s leaders

Government’s Plan for the Future of Continuing Care

Alberta Health is updating continuing care standards to make them more reflective of best practice. As well, work is being done with AHS to incorporate resident/client feedback into performance measures that matter to Albertans. The intent is to enhance the range and quality of services, supports and accommodation choices available to people and ensure that the system is less complex to navigate: Transitions along the aging continuum should be nearly seamless for clients and caregivers.

The Alberta Government (GOA) is working from the premise that Albertans should have the supports and the right information to plan ahead and make informed decisions. Work is also being done to encourage Age Friendly Communities and work in population health within communities for all Albertans.

LPNs have a vital role in supporting seniors, a role that is understood, valued and not underestimated by the Government of Alberta. LPNs and everyone in the system will need to work together and have the knowledge they need and a caring, committed and cooperative attitude.

Seniors’ Services, Primary and Community Care in the Future

There are different projections regarding population predictions, but no disagreement that the population is aging, that people will be living independently longer with the help of services that are accessed in the community, and that people will be living with health conditions for which they will need support.
Seniors want to avoid long term care and are relying ever more on informal support systems for up to 80–90% of their care. One of the challenges for society is ensuring that supports are in place to help those who provide informal care – families, spouses and neighbors. This needs to be viewed as a societal asset worth billions of dollars and actions taken to acknowledge and protect that asset.

Not everyone will be ready to make the choices they will need or believe that their future may be one of infirmity or poverty, and people will demand more of a say in what happens to them as they face the realities of aging. The health system will need to adopt a less paternalistic attitude regarding the journey people take as they age; aging baby boomers will expect no less.

The future shape of services is being built on a reorganization and reclassification of health service environments within Alberta. These include:

- Independent living environments supported by home care
- Housing and hospitality supported by home care
- Supportive living, which is “a living environment and model of health services delivery combined to recognize and respond to person-driven needs and decision making while providing the structure of congregate environment and a standardized basket of health services” (adapted from Yee-Melichar, Boyle & Flores, 2011).

Supportive living in Alberta is either independently managed where the choice of living environment is made by the person and family, with supports coming from the provider or Designated Supportive Living (DSL). DSL is where AHS has sole access to the space – meaning the decision related to who moves in is influenced by the person, family, provider and made by AHS. In Alberta, there are three DSL categories:

- Support for unscheduled personal care needs (DSL 3)
  - AHS manages and coordinates services
  - Personal care, direction, daily living support, mobility support or medication assistance is available on site 24/7
  - Clinical and team leadership is from an LPN
- Support for unscheduled health treatment or oversight (DSL 4)
  - AHS manages and coordinates services as in DSL 3, but residents may have complex but predictable health needs and require ongoing assessment and response to changes in their health status
  - May need assistance to participate in daily living, personal care and social activities and may require an LPN for medication and health treatments
  - Depending on the residents’ status, may be overseen by an RN or LPN
- Support for people living with dementia (DSL 4 Dementia)
  - Programs and services are provided by people educated in working with people with dementia and the environment is designed with their needs in mind – usually smaller numbers of people and a secured space

Chronic diseases leading to a need for care in Alberta include hypertension, diabetes, dementia, obesity, cardiovascular disease, addiction and mental health issues.
CLPNA Planning for the Future Think Tank: What We Heard

• Long term care providing support for people with medically complex needs
  o An RN is on staff 24/7, supported by a health care team that includes LPNs and health care aides.
  o On average, each resident receives an average of 3.6 hours of paid care per day.

Expectations for the future include the addition of about 3000 new home care clients each year; more people discharged from acute care that will be supported by home services; the addition of about 1000 new continuing care spaces every year – the majority in supportive living; and the provision of home care 24/7 in retirement homes and lodges.

The Future of Acute and Professionals’ services: Alberta Health Services Plan
Given the impact of a growing and aging population, skills shortages in health related occupations are going to be a big challenge. AHS is planning for a future where the demand for healthcare services is going to increase, chronic disease rates and the need for mental health services continue to rise, where people may be less healthy and care and the environments for care evolve. AHS’ Clinical Workforce Strategic Plan (2011 – 2016) is planned around the goal of a sustainable, effective and efficient workforce. Key strategies are being put in place around productivity, effective utilization, delivering more services in the community to reduce demand for acute care, and being innovative about attracting and retaining people. Increasing the supply of health workers is another strategy, but the other factors need to be addressed - more workers is not an answer in and of itself.

The key or underlying premise to having the needed clinical workforce is inter-professional collaboration and collaborative practice. While team based practice and collaborative practice has been discussed in the health system for decades, it remains a target, rather than a reality, despite advances that have been made. AHS is working to ensure that ‘the right provider for the right care, at the right time’ is there for patients. Achieving that requires health care providers understanding and working to their full scope of practice and being knowledgeable about the scope of practice of other health care providers. That needs to be grounded in a belief that other providers will carry out their responsibilities in a professional, effective and safe manner.

Other impacts on the future workforce will be using technology to support the use of evidence in practice, patient led care – nothing about me without me, using robots as partners in providing care, and understanding and incorporating artificial technology and metabolic devices into care.

The Future of Primary Health Care in Alberta
The GOA is focused on shifting from primary care to primary health care. Primary Health Care includes primary care services as well as a focus on health promotion and prevention, wellness and addressing the social determinants of health. Health resources will be linked with social services to better serve vulnerable populations. The goal is to improve access to needed services for people that focuses on removing bottlenecks and providing better and more direct access to a range of services and teams of providers. The family care clinic model is driving this shift to primary health care. Early results from three
pilot sites indicate that health providers and patients are satisfied and at one site, 70% of providers said they were working to their full scope of practice. All sites are seeing improvements in same day appointments and increases in numbers of visits per week. In Slave Lake, where it’s easier to observe the impact, visits to the emergency department is down.

Within each FCC, it’s up to the community to determine the composition of the team which will meet the community’s needs. There is a huge opportunity for LPNs and others to work to their full scope of practice – in many ways, what communities are finding is that the nursing profession is what’s missing in the necessary range of services needed to meet local needs.

**Workforce Response to the Future Environment**
Alberta Health is launching the development of a health care workforce framework with the goal of having the right provider and team providing the right care in the right setting, on time, every time. The process will be iterative with input being sought from the professions and health system at every stage. To date, six pillars of the framework have been developed as a starting point and input is being sought on them. The pillars include:

- Patient/family centered care
- Collaborative practice and education, where two or more professional groups learn and work together
- Quality health care in quality work places, focusing on the six dimensions of quality developed by the Health Quality Council
- Comprehensive, practical, useable, open and transparent health workforce planning
- Health Human Resource (HHR) sustainability built upon innovations and improvements in workforce productivity, utilization, cost-effectiveness, and health outcomes.
- Shared responsibility for health.

**Opportunities in Home Care, Community Care and Nurse Entrepreneurship**
Home care is an increasingly diverse field. In the future, it won’t just be about seeing people in their homes – the demand will grow for care delivered in community settings such as day cares, community centres, worksites and churches. Care in the community care will also be about delivering services to groups of people. Nor is home care just about seniors. Children and youth are 15% of the client base and more programs are being delivered to aboriginal and Inuit populations.

In addition to publicly funded home and community care, there will be an increasing demand for private care – the next generation of seniors will include many who will have the resources to access the care they want and need. With fewer people in the workplace, there will be a shortage of people to hire and LPNs will be in demand to both provide care and to organize and manage teams of providers on behalf of clients.
Entrepreneurship is about determining a need and figuring out how it can be met. The need is there for nursing care. Developing businesses that meet that need will require skills in nursing teamed up with skills in finance, business skills, marketing, ethics, conflict management and leadership. It also takes a lot of planning, support and leadership that understands and can manage risk.

Educating Tomorrow’s Leaders
Becoming patient centered. Embracing collaborative practice. Meeting needs in new settings and using entrepreneurial approaches. Tapping into the potential of health informatics, robotics and medical devices to transform the care experience and deliver better care. Moving from being good nurses to great nursing leaders means having the technical skills, integrity and emotional intelligence to help transform the system: the healthcare system will need interconnected, motivational leaders and a shared model that involves patients, providers and family members.

Emotional intelligence (EI) is about self-awareness, self-management, social awareness and relationship management. A leader with EI leads oneself, engages and supports others, achieves results, develop coalitions and system transformation. EI is the ability, capacity and skill to identify, assess and control the emotions of oneself, of others and of groups. This quality plays an important role in nursing success whether nurses are working in management or at the bed side.

As recognized leaders in the health system, all health professionals need to become exemplary employees. Organizations need to invest in their employees building social and emotional skills as collaborative practice, health coaching, relationship building and deep listening.
The Impact on LPNs: Educator, LPN and Employer Perspectives

Presentations were made by Linda Moore Martin, Dean, Division of Science, Health, Sport & Education, Red Deer College; Michele Carew, Building Manager and Director of Care, Lifestyle Options; and Sheli Murphy, VP Operations, Rural Health Services & Executive Lead for Professional Practice & Research, Covenant Health.

- Educator perspective
- LPN Perspective
- Employers’ perspective

An Educator’s Perspective

Health care education needs to address the demands of collaborative team practice in a technologically enhanced environment. That involves addressing culture in the workplace and culture within educational institutions. LPN competencies will need to become more supportive rather than prescriptive. The education process needs to embed critical thinking in order to manage risk, leadership that involves the development of emotional intelligence, and entrepreneurial skills that help LPNs anticipate and respond to a changing health care landscape.

This change will mean learning to teach in ways that support the way that people will continue to learn within the workplace. Technological capacity and information seeking skills need to be built into the programs. Course work has to include social media, blogs need to replace journal assignments and opportunities sought to use tools from the fields of gaming and simulation in order to enhance the learning experience.

Education needs to do more to tackle the challenge of collaborative practice. More core courses need to be taught to a range of students from different health care faculties. This has to be done in conjunction and collaboration with workplaces — educating people to work collaboratively and having them find themselves in workplaces that are not collaborative is counterproductive. Workplaces need to welcome LPN students in a wide range of settings so that students can see the possibilities available to LPNs. LPNs also need to be encouraged to look at teaching; educational institutions need to support them in developing their teaching skills. Other important roles include preceptorships and mentoring opportunities to bring new LPNs quickly up to speed and integrated into the workplace.

An LPN’s Perspective

LPNs are poised to take increasingly important leadership roles within health care settings. Reduced hospital stays and fewer visits to emergency departments have translated into an increased workload and complexity of care for LPNs in continuing care settings. At the same time, changes to education and scope of practice paved the way for LPNs to respond to the changing demands in health care.

LPNs need to understand the system broadly – patients and families are increasingly turning to them for information and to explain what is happening. Their communication and coordination skills are also needed for coordinating care and tying in other professions to ensure quality of care for patients. In the future LPNs will need to be able to access resources and work within a mobile, efficient, multi-user
point-of-care system. LPNs are a financially practical solution to the needs within the system. They’re also respected by their peers and the community. Where before, community coordinating committees might have had senior administrators on them, now LPNs are at the table helping coordinate care between facilities and planning for the future.

**An Employer’s Perspective**

In many ways, the future is here: technology is already changing the face of health care and many new technologies are on the horizon. The sector needs to grasp the future and bring the benefits it offers into practice. This will require change management – change happens in small increments and needs to be supported by organizations, yet not many organizations do it well. People need to be helped through the change process and need help in getting to the point where they want to change. Once they are at that point, they then need to be provided the knowledge and opportunities to practice the change and see its benefit every day. This requires being less risk averse.

All health professions need to get ready for their role to change from what it is today; in the near future, everyone will be working to their full scope of practice and bringing the range of their skills and abilities to play. There is significant skill overlap between professions and the right provider will look different in different settings. Trust is critical – providers need to trust that another provider who has the education and experience can be trusted to provide the right care, regardless of their title - it’s competency that matters.

Work needs to be done to better connect rural and remote areas with technology; Telehealth and SuperNet need to become more robust and available. In the longer term – out many years – collaborative care and technology can be expected to lead to the elimination of acute care. All care will come to the patient and people will have the skills and tools to ensure their own health. Expect significant change to occur incrementally as this ultimately occurs. As it does, technology will free up caregivers to provide more high touch interpersonal care; this is the human advantage.
Implications for LPNs Going Forward

Alberta’s health care landscape is adapting to the impact of changing technology, population growth, increasing numbers of seniors, a shift to patient centered care delivered more and more in community settings. As it evolves, those looking into the future see an evolving and increasingly central role for LPNs as leaders and skilled providers able to provide added value to the health care landscape.

The new generation of LPNs are well educated, socially adept, and ready to work in the collaborative practice environment being called for. Reaching that place will call for further breaking down of health care silos and replacing a hierarchical culture of professional protectionism with one of respect and trust. There is no shortage of demand for nursing care and more than enough demand for everyone’s skills. Individual LPNs can’t bring a collaborative environment by themselves – employers and their professional association have to work with them to effect change.

Courage is another key factor in order to bring about necessary change. It takes courage to keep working through the issues until resolution is reached, despite setbacks along the way. Professions, employers, government and employees need to be able to withstand the criticisms that are inevitable as change occurs. While the noise that is created is difficult and often unwelcome, dealing with it and tolerating it is required in order to achieve the goal of collaborative care. The system needs to stop beating itself up about failures and instead have the courage to keep going. There has to be a willingness to tolerate the sometimes uncomfortable discussions if collaborative care is to be achieved.

Over the next few decades, there will be an increased demand within health care for people with skills in case management, care coordination, palliative care, dementia care, primary care and home care. The number of long term care beds isn’t expected to grow significantly. Instead, more care is going to be delivered in the community and delivered in new ways and in new locations. Expect to see more primary health care, a greater number and role for family care clinics, home care, cancer care, and support for people living with chronic diseases. LPNs are capable to moving into these areas and further developing the specialized skills required.

More LPNs are going to be required in supportive living, home care and seniors’ services. LPNs will be part of primary health care teams and will need competencies in assessment, case management, self-care and wellness strategies, chronic disease management, palliative care and treating acute and episodic illness. Continuing care will emphasize supportive housing and home/community care – expect to see a substantial increase of LPNs in dementia care and supportive living. At the same time, the demand in home care will also grow: LPNs will be needed to provide care planning and supervision services for health care aides.

Alberta Health Services
Geriatric care isn’t a big part of professional curriculums, leaving the professional workforce poorly prepared overall for the changes in the health needs of Albertans. LPNs are well prepared to deal with the needs of an aging population and will be in demand. As well, an aging population also means fewer people in the workforce, including the health workforce, making shortages a reality and increasing the demand for the skills LPNs have in managing teams of providers, including other professionals and health care aides.

There will be opportunities for LPNs to develop businesses in private home care – about 30% of home care is delivered privately now and that will likely increase – baby boomers have more wealth and will use it to meet their health care needs. The LPN of the future will increasingly take on a leadership role within the health system.

LPNs will continue to play an important role on care teams within acute care. However, as more care is delivered in the community, the kinds of services delivered in acute care will demand different skills. LPNs will need new competencies and require ongoing education in order to continue meeting the challenges of an evolving acute care system.

LPNs will need to be able to use computers and web-based information systems to record and monitor information, teach patients about caring for themselves and keeping informed about new treatments and research. The LPN of tomorrow is going to interacting with technologically-savvy patients armed with information monitoring their conditions and looking to LPNs as a partner and advisor. LPNs will need to deal with issues around privacy and social isolation, but the mandate for safe, quality patient care and being flexible in adopting new practices will remain.

Wayne Gretzky said, “I skate to where the puck is going to be, not where it has been.” The LPN corollary is to prepare for working where the need is going to be, not where it has been.
Conclusion and Next Steps

The CLPNA organized the one day think tank, Planning for the Future, on December 5, 2013, in order to gather the perspectives of economists, employers, educators and policy makers around the future of health care and implications for LPNs. At the conclusion of the presentations, the group broke into clusters of employers and policy makers, educators and LPNs to talk about what they had heard and the opportunities for LPNs and what needs to be done in order to prepare for the future. Out of those discussions came a preliminary list of themes and actions. These included:

- The need for a positive work culture that enables learning within the worksite and collaborative care
- Ensuring that LPNs and potential LPNs understand the breadth of opportunities available to them
- Marketing the benefits and value of LPNs to employers, patients, other professions and policy makers, including information about their contributions now and in the future
- Ensuring that LPNs have opportunities to further develop skills in leadership and emotional intelligence, critical thinking and interdisciplinary care, as well as specialized education in care, assessment, case management, self-care and wellness strategies, chronic disease management, dementia, mental illness, palliative care and treating acute and episodic illness

Change may be incremental and difficulty, but persistence and the ability to reflect on what is occurring within the profession and bring insights into the health care mix will serve LPNs, the profession and the system well. The CLPNA is committed to taking the insights gained, the connections that were strengthened and the wisdom that was shared into its strategic planning process and develop a course of action to truly plan for the future.
Appendix One: Resources

The following are links and references from presentations made during the Think Tank.

Population Growth and the Economy


Technology

- *Bringing Best Evidence to the Point of Care through eHealth*. Registered Nurses’ Association of Ontario. [www.rnao.org/elearning](http://rnao.org/elearning)
- *Ward of the 21st Century*. [www.w21c.org](http://www.w21c.org)
- Videos on the future of robotics in health care:
  - [https://www.youtube.com/watch?v=NtD2vwV61feature=player_detailpage](https://www.youtube.com/watch?v=NtD2vwV61feature=player_detailpage)
  - [https://www.youtube.com/watch?feature=player_detailpage&v=8zP7yP8hdLE](https://www.youtube.com/watch?feature=player_detailpage&v=8zP7yP8hdLE)
  - [https://www.youtube.com/watch?v=XBMNEeyvvtY&feature=player_detailpage](https://www.youtube.com/watch?v=XBMNEeyvvtY&feature=player_detailpage)
  - [https://www.youtube.com/watch?v=dx0zxr3D_zU&feature=player_detailpage](https://www.youtube.com/watch?v=dx0zxr3D_zU&feature=player_detailpage)
  - [https://www.youtube.com/watch?v=BB2ot5AFeUM&feature=player_detailpage](https://www.youtube.com/watch?v=BB2ot5AFeUM&feature=player_detailpage)

Opportunities in Home Care, Community Care and Nurse Entrepreneurship

- **CMA Call for Seniors’ Care Strategy**
- Canadian Home Care Association
  - [http://www.cdnhomecare.ca/](http://www.cdnhomecare.ca/)
- Alberta’s Continuing Care Strategy: Aging in Place
- Home and Community care in Canada: An Economic Footprint
  - [http://www.conferenceboard.ca/cashc/research/2012/homecommunitycare.aspx](http://www.conferenceboard.ca/cashc/research/2012/homecommunitycare.aspx)
- Conference Board of Canada
  - [http://www.conferenceboard.ca/cashc/research/2012/homecommunitycare.aspx](http://www.conferenceboard.ca/cashc/research/2012/homecommunitycare.aspx)
- CIHI
CLPNA Planning for the Future Think Tank: What We Heard

- From the Margins to the Mainstream
- Vision 2020
- A Foundation for Alberta’s health Care System: A New Legislative Framework for Health
- Putting People First

An Employer’s Perspective

- CLPNA (2013)
- CMA (2007)
- CMPA (n.d.)
  - http://www cmpa-acpm.ca/cmpapd04/docs/submissions_papers/com_collaborative_care-e.cfm
Appendix Two: Collaborative Practice Model Diagram

Goal: Interprofessional Collaboration

A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

- Role Clarification
  Learners/practitioners seek out, integrate and value, as a partner, the input and the engagement of patient/client/family/community in designing and implementing care/services.

- Interprofessional Conflict Resolution
  Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with interprofessional conflict.

- Collaborative Leadership
  Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.

- Contextual Issues

- Interprofessional Communication
  Learners/practitioners from varying professions communicate with each other in a collaborative, responsive and responsible manner.

- Simple

- Quality Improvement

- Complex

Source: Alberta Health Services