



**Northern Ontario Home and  
Community Care  
Virtual Conference  
2020  
Building the Network: Stronger  
Together  
Final Report**

Respectfully Submitted By:

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## Summary

On November 9 & 10, 2020 the Northern Ontario Home and Community Care Network hosted their first ever virtual conference. The conference was originally scheduled as an in-person event in March 2020. Due to COVID 19, the in-person event was postponed, and a virtual conference was held instead. The theme of the conference was ***Building the Network: Stronger Together***.

The training was intended to build capacity and provide participants with knowledge, understanding and takeaway tools to better meet the Home and Community Care needs in communities. Another goal was to network and build relationships among HCC workers. This training was open to Home and Community Care Workers in Northern Ontario.

Stan Wesley was contracted as Master of Ceremonies for the conference. He was full of energy and participants appeared to appreciate what he brought to the conference.

The firm of Kari Chiappetta Consulting was hired to coordinate the conference.

The firm of Maverick AV provided technology support for the conference.

In total, 128 people registered to attend the training. 52 different First Nation Communities and organizations were represented at the conference.

*For a full conference delegate listing, see Appendix A*

## Training Agenda

Over the course of the 2 days of training, the session breakdown was as follows:

- 3 plenary sessions
- 2 networking sessions
- 12 workshops

Participants were given the opportunity to participate in 4 of the 12 workshops and sessions, which included:

### Concurrent Workshops:

- Palliative Bedside Care
- Cancer Screening
- Maintaining Elders Skin Health: What Caregivers Need to Know
- Buoyant Resiliency: Staying Afloat During Turbulent Times
- Foot Care-Competencies and Updates Human Resources Considerations
- First Nations and Inuit Health Home and Community Care 101
- Mobility and Accessibility Equipment Training with Motions
- Using Traditional Medicines to Treat Chronic Disease
- Understanding Arthritis and Self-Management Strategies
- SE Health First Nations, Inuit and Métis Program – Education Opportunities
- Palliative Care Case Management
- Inspiring Hope in Diabetes Self-Management: Building a Bridge to a New Future

Throughout the conference there were various opportunities for delegates to connect and get to know each other. There were 2 networking sessions where delegates were split into various groups including:

- Funders/ Health Directors/ Nurse Managers/ Nurse Directors
- Care Managers/ Discharge Planners/ HCCP Coordinators

- HCCP Workers (PSW, HSP, HMK, PA)
- HCCP Workers (PSW, HSP, HMK, PA)
- HCCP Nurses
- HCCP Nurses
- Organizations

They were asked to consider the following questions during their group time:

- How has COVID affected your practice?
- Supports needed
- Strengths or Struggles
- Is your program back in regular schedule, if not how are you adapting ?
- Examples of good leadership practices you have noticed during COVID times in your community, organization, country or world

Group report back responses are noted below.

### **Group 1**

- Now working from home can be a positive
- Some health services had to shut doors
- Dealing with staff shortages
- Staff being redirected to other areas
- Nursing Director stepping in to be a PSW
- OT and connectivity not very good
- Not being able to see clients
- Virtual care has been positive for workers

### **Group 2**

- Main issue is disruption in client services
- Communities in lockdown
- Not having access to foot care, mental health or even transportation services
- Access to special services shut down, workers not able to get answers
- Decrease in digital health access for workers
- Training needed for Zoom or MS Teams
- Disconnect in communication
- Mental health needed for front line workers
- Need for resources and available updated addresses and emails for health care workers to access
- A positive is the increase in virtual care
- A positive is some health care workers were able to work with new care partners, forming new relationships

### **Group 3**

- The decrease of services
- In the north-some communities have not seen nurses since March
- Staff decrease -fear about working

- Challenges around working from home-feeling alone, work loads increase, harder to get answers, the learning curve with tech challenges
- Positive leadership in communities, getting information out to community members
- Positive surrounding COVID education in communities
- Communities taking a leadership role surrounding community safety
- Some communities have not stopped their services

#### **Group 4**

- The tech change, jobs not the same
- New ways of learning and adapting
- Leadership has helped to find new ways to adapt, as well as, Chief and Council
- Scaled back to essential services only

#### **Group 5**

- Working harder then in pre COVID
- Challenges when staff are deployed elsewhere
- Visitation restrictions very difficult on staff and patients and families
- Loss of sharing circles (the face to face)

#### **Group 6**

- Issues with travel restrictions
- More travel protocols make it hard
- Hard to get supplies, due to only having 1 flight a week
- Some communities decrease in service
- Mental health an issue for workers in self isolation
- Positive-seeing the leadership step up with community events and supplies for families
- Communities who have completed pandemic plans

#### **Group 7**

- Travel restrictions difficult
- Not allowed in community
- Supplies being delayed
- Clients not able to get together-leading to depression
- Hold on the PSW program in Red Lake
- Clients in isolation-workers cant see them
- Positive-programs and community working together
- PSW program in Red Lake virtual now and up and running
- KO PSW's are now making video resources and sharing them to provide added training



## Northern Ontario Home and Community Care Network

### Virtual Conference 2020

#### *Building the Network: Stronger Together*

***Time listed below are in EST***

Monday November 9, 2020		
10:00 am – 10:15 am	Welcome, Opening Prayer, Opening Remarks	
10:15 am – 10:30 am	Networking Activity	
10:30 am – 11:15 am	<b>History of Home and Community Care</b> <i>Presenters: Julia Jardine and Cynthia Magiskan</i>	
11:15 am – 11:30 am	Break	
11:30 am – 12:00 pm	NOHCCN Virtual Care Pilot Project <i>Presenter Philina Sky</i>	
12:00 pm – 1:00 pm	Lunch	
1:00pm – 2:00 pm	Concurrent Workshops	
	<b>Palliative Bedside Care</b> <i>Sherri Henderson</i> <i>Regional Palliative Care Program</i>	<b>Cancer Screening</b> <i>Presenter: Usman Aslam, Cancer Care Ontario</i>
		<b>Maintaining elders skin health: what care givers need to know</b> <i>Presenter: Dr. Kim Leblanc</i> <i>The NSWOCC Wound, Ostomy and Continence Institute</i>
2:00 pm – 2:15 pm	Break	
2:15 pm -2:30 pm	<b>Self Care with Stan Wesley</b>	
2:30 pm – 3:30 pm	Concurrent Workshops	
	<b>Buoyant Resiliency: <i>Staying Afloat During Turbulent Times</i></b> <i>Presenter: Paul Hyman, Brain Fitness</i>	<b>Foot Care- Competencies and Updates</b> <b>Human Resources Considerations</b> <i>Presenter: Philina Sky, RN CDE FCNEd</i> <i>Minowaywin Mishkikii Qwe Nursing Services &amp; Consulting</i>
		<b>First Nations and Inuit Health Home and Community Care 101</b> <i>Presenter: Cynthia Magiskan</i> <i>First Nations and Inuit Health</i>
3:30 pm – 4:00 pm	Wrap up of Day 1	

Tuesday November 10, 2020	
10:00 am – 10:15 am	Welcome, housekeeping and review of Day 1

10:15 am – 10:45 am	<b>Building the Network</b> <i>Plenary Networking Session facilitated by Stan Wesley</i>		
10:45 am – 11:00 am	Break		
11:00 am – 12:00 pm	Concurrent Workshops		
	<b>Mobility and Accessibility Equipment Training with Motions</b> <i>Presenters: Kristen Maunula</i>	<b>Using Traditional Medicines to Treat Chronic Disease</b> <i>Elder Gerry Martin</i>	<b>Understanding Arthritis and Self-Management Strategies</b> <i>Presenter: Lauren Macgillivray, OT Reg. (Ont.)</i>
12:00 pm – 1:00 pm	Lunch		
1:00 pm – 2:00 pm	Concurrent Workshops		
	<b>SE Health First Nations, Inuit and Métis Program – Education Opportunities</b> <i>Presenter: Suzanne Stephenson SE Health First Nations, Inuit and Métis (FNIM) Program</i>	<b>Palliative Care Case Management</b> <i>Dr. Kevin Bezanson &amp; Sherri Henderson Regional Palliative Care Program</i>	<b>Inspiring Hope in Diabetes Self-Management: Building a Bridge to a New Future</b> <i>Presenter: Barbara MacDonald</i>
2:00 pm – 2:15 pm	Break		
2:15 pm – 3:30 pm	<b>Navigating Home and Community Care During COVID</b> <i>Facilitated by Stan Wesley</i>		
3:30 pm – 3:45 pm	<b>Benefits of the Network and Next Steps</b>		
3:45 pm – 4:00 pm	Evaluation and Closing		

## Workshop Summaries and Evaluation Results

For full evaluation results, see Appendix B

### Full Conference Evaluation

The conference evaluation was sent out as an electronic link after the conference. Of the 128 people registered for the conference, 33 completed the evaluation for a completion rate of 26%.

100% of those who attended found the topics covered in this year's conference to be very relevant and 88% felt the conference offered meaningful opportunities to meet and talk with other people involved in this work.

There were technical difficulties throughout the conference with some participants not able to sign in and others not able to hear. There was also confusion over the breakout sessions.

For future virtual events, it is recommended that a tutorial be sent out to delegates prior to the event so they can familiarize themselves with the system being used. It is also recommended to use a different virtual platform than the one used this year.

### Workshop Summaries

**Palliative Bedside Workshop;** Sherri Henderson RN, Palliative Care Telemedicine Nurse Consultant

The Palliative Bedside Care workshop gave participants the opportunity to learn hands on practical skills to support people in Community with end-of-life care needs. Demonstrations included positioning, bathing, skin care, mouth care, continence management. This workshop discussed the signs and symptoms of end of life and provided strategies to overcome common challenges that may emerge in the home. The workshop presented practical bedside resources that can be in the home for someone with end of life care needs.

## **Cancer Screening:**

Usman Aslam

Cancer Care Ontario has worked closely with the Sioux Lookout Regional Health Authority (SLFNHA), physicians, and nurses to develop and implement a cancer screening participation tool that incorporates OCAP® principles in use and disclosure of the reports to physicians and nurses. This project demonstrates how a health care institution can successfully incorporate OCAP® principles into their current privacy practices as well as support local health care providers understand and improve cancer screening participation.

## **Maintaining Elders Skin Health: What caregivers need to know...**

The skin is the largest organ of the body and it needs to be healthy and intact in order to protect the body and reduce the risk of infection. When a person ages, there are changes within the structures of the skin as well as the function which can make an elder more prone to incontinent associated dermatitis ( IAD) Skin Tears, Medical adhesive-related **skin** injuries (MARSI) and the development pressure injuries. It is important that healthcare professionals are aware of preventative strategies and also know what to do when one of these skin issues is recognized.

This presentation included current information on the four mentioned skin problems incontinent associated dermatitis ( IAD) Skin Tears, Medical adhesive-related **skin** injuries (**MARSI**) and pressure injuries and how you can make a difference in caring for elders who may be prone to skin issues.

## **Buoyant Resiliency: *Staying Afloat During Turbulent Times***

*Presenter: Paul Hyman*

We are in a world-wide tsunami doing our best to navigate COVID-19. In such uncertain times the challenges may have exceeded our capacity to cope. Mental health experts have seen an unprecedented rise in mental stress, trauma, anxiety, depression, suicide, substance abuse, domestic violence & conflicts. Participants will gain tools and strategies to assist them to stay afloat during turbulent times. The best advice on becoming more resilient is to be aware of when your “surge capacity” is depleted. Understanding the dynamics to bounce back and build buoyant resiliency are life-skills that provides a lifetime of benefits. This webinar is equally valuable to staff and their clients. “Make a Great Day Every Day” “Good Today – Better Tomorrow”. Resilience is like a cork in water; you try and put it down but it’s always going to rise to the top. CORK – Connected, Optimistic, Resilient, Knowledgeable.

## **Foot Care – Updates, Competencies & Human Resources Considerations**

*Presenter: Philina Sky, RN CDE FCNEd, Minowaywin Mishkikii Qwe Nursing Services & Consulting*

- Diabetes Canada Practice Guidelines for Diabetes & Foot Care
- Overview of CAFCN Competencies & Provincial Updates
- Recruitment, Selection Criteria & Hiring Aspects of the Foot Care Nurse / Worker
- Foot Care Education & Training Strategy Concept Activity



## **First Nations and Inuit Health Home and Community Care 101**

*Presenter: Cynthia Magiskan*

In this session, Cynthia covered the following material:

- reporting requirements,
- reviewing the 9 essential services and service delivery plan,
- reviewing the ESDRT

## **Mobility and Accessibility Equipment Training with Motions**

*Presenters: Kristen Maunula*

Motion is Canada's leading mobility and accessibility solutions provider, since 1985, our compassion and knowledge has set us apart. With kindness and expertise, we support individuals living the experience as well as their circle of care by delivering the correct comprehensive solutions that empower and fulfill us all.

Obtain a comprehensive understanding of the many aids of daily living and personal care products; these products support daily tasks by providing safety and independence as well as support improvements in health. Products include lift chairs, home care beds, and bath safety. See the variety of dressing, grooming, positioning and eating aids to help make life accessible and a little easier. Acquire the basics of maneuvering a manual and power wheelchair and see different components of seating.

## **Using Traditional Medicines to Treat Chronic Disease**

Elder Gerry Martin shared teachings on the use of traditional medicines to treat various chronic diseases. This session was interactive and had much opportunity for questions and answers.

## **Understanding Arthritis and Self-Management Strategies**

This workshop covered multiple objectives to help increase your knowledge of arthritis and how to get help with managing arthritis. The focus was on highlighting the differences between inflammatory and degenerative arthritis, as well as identifying signs and symptoms to distinguish between osteoarthritis and rheumatoid arthritis. Participants also learned how to get help if you suspect that you or someone you know may have arthritis as well as learning about the different treatments that are available to manage arthritis, and why they are important. Another focus of this workshop was learning about self-management strategies for arthritis. These are tools or ways of doing things that can be used in someone's day-to-day life to help them take control of their arthritis symptoms and accomplish all the things that they need to do or want to do. Lastly, the role of the Home and Community Care Worker in arthritis care was highlighted.

## **SE Health First Nations, Inuit and Métis Program – Education Opportunities**

In this interactive session, participants learned about education opportunities available through the SE Health First Nations, Inuit and Métis Program, including a demonstration of courses available at no cost on the Program's online learning platform @YourSide Colleague, as well as information on webinars, custom in-person learning opportunities, and blended learning options.

**Palliative Care Case Management;** Sherri Henderson RN, Palliative Care Telemedicine Nurse Consultant

Kevin Bezanson MD, CCFP(PC), Palliative Care Physician and NW Ontario Regional Clinical CO-Lead

Using a case-based approach, participants learned how care needs change and are managed as a chronic conditions/disease change over time. Participants were introduced to the Palliative Performance Scale (PPS), and other tools that measure changes in functional status, and indicate changes/decline in condition. Participants also discussed how the care plan evolves to address the changes and anticipates needs to ensure a timely response in community. Specific guidance around goals of care, advanced care planning, and decision making for patients in remote communities was addressed.

### **Inspiring Hope in Diabetes Self-Management: Building a Bridge to a New Future**

*Presenter: Barbara MacDonald*

This concurrent session is designed to inspire you to be hopeful about your role in supporting diabetes self-management at the community level. You play an important role in supporting people with diabetes to keep blood flowing, now and several generations from now. Together we will explore the possibilities for a bright new future for the best outcomes for all people with diabetes, by touching upon physiology, treatment options and approaches for respectful, healthy relationships.

# Appendices

## Appendix A- Delegate List

First Name:	Last Name:	Company:
Rhodora	Taan	Attawapiskat HCC
Melodie	Touchette	Biigtigong Mno-zhi-yaawgaming
Tashia	Smith Ennis	Bingwi Neyaashi Anishinaabek
Janice	Kelly	CE Regional Cancer
Nelson	Rozon	Community Health Care Professional
Claudia	Moore	Dilico Anishinabek Family Care
Shari	Gilligan	Dilico Anishinabek Family Care
Sharin	Gilligan	Dilico Anishinabek Family Care
Ashtyn	Figliomeni	Dilico Anishinabek Family Care
Yvonne	Banning	Dilico Anishinabek Family Care
Bethany	Cain	Dilico Anishinabek Family Care
Sophie	Cousineau	Dilico Anishinabek Family Care
Michelle	Elliott	Dilico Anishinabek Family Care
Nikolas	Pizzi	Dilico Anishinabek Family Care
Agnes	Rissanen	Dilico Anishinabek Family Care
Whitney	Sandberg	Dilico Anishinabek Family Care
Barb	Singleton	Dilico Anishinabek Family Care
Avery	Figliomeni	Dilico Anishinabek Family Care
Taryn	St. Louis	Dilico Anishinabek Family Care
Stacy	Fiddler	Dilico Anishinabek Family Care
Charlene	Restoule	Dokis Health Centre
Bette Jean	Clarke	Eabametoong and Weagamow Lake
Nancy	Keeskitay	Eabametoong Home and Community Care
Hilary	Tuesday-Archie	FFTAHS
Cynthia	Magiskan	FNIHCC Ontario Regio
Sara	Roach	Fort Frances Tribal Area Health
Laura	McCormick	Fort Frances Tribal Area Health
Leeann	JohnsonMainville	Fort Frances Tribal Area Health
Ashlee	Grimard	Fort Frances Tribal Area Health Services
Carol	Fobister	Grassy Narrows FN
Nancy	Chapman	HCC Program
Susan	Deschamps	HCC Sagamok Anishnawbek
Jesse	Lavoie-Owen	Home and Community Care
Linda	Kanate	Home and Community Care
Rachel	McKay	Home and Community Care
Kaitlyn	Sakakeep	Home and Community Care
Nicole	Corbiere	Home and Community Care Regional Office, ISC
Alicia	Topp	Indigenous Cancer Care Unit
Danica	Pavelic	Indigenous Services Canada

Robin	Cani	ISC-FNIHB
Michelle	Kakegamic	Keewaytinook Okimakanak
Priscilla	Sky	Keewaytinook Okimakanak
Erin	Houthuis	Keewaytinook Okimakanak
Elizabeth	Hughes	Keewaytinook Okimakanak
Stephanie	McIntyre	Keewaytinook Okimakanak
Annie	Aysanabee	Keewaytinook Okimakanak
Atayafie	Campbell	Keewaytinook Okimakanak
Deborah	Day	Keewaytinook Okimakanak
Clarissa	Harper	Keewaytinook Okimakanak
April	McKay	Keewaytinook Okimakanak
Angeline	Meekis	Keewaytinook Okimakanak
Caroline	Meekis	Keewaytinook Okimakanak
Carrie	Meekis	Keewaytinook Okimakanak
Dina	Moose	Keewaytinook Okimakanak
Barbie	Suggashie	Keewaytinook Okimakanak
Karyn	Meekis	Keewaytinook Okimakanak First Nation
Malena	Ledger	Kejick Bay Clinic
Beatrice	Charlton	Lac des Mille Lacs FN
Shelley	Fugere	Lac des Mille Lacs FN
Marcia	Pedri	Lac des Mille Lacs FN
Rita	Angeconeb	Lac Seul First Nation Health Centre
Bernice	Southwind	Lac Seul Home and Community Care
Louise	Chisel	Lac Seul Home and Community Care
Rachelle	Nyman	Maamwesying
Cynthia	Debassige	M'Chigeeng Health Services
Philina	Sky	Minowaywin Mishkikii Qwe
Lee	Turley	Mnaamodzawin Health Services Inc
Donna	Corston	Moose Cree First Nation
Sue	Palfrey	MSIFN
Maxine	Crow	Netaawgonehiik Health Services
Mary	McGinnis	Nigigoonsiminikaaning First Nation
Megan	Ross	Nigigoonsiminikaaning First Nation
Miranda	Carey	Nipissing First Nation
Donna	Tuulos	Nipissing First Nation
Rhoda	Miller	North Caribou FN
Maria	Spade	North Caribou FN
Rose	Pitawanakwat	North East Cancer Centre
Jill	Marcella	Northwest Regional Palliative Care
Alessia	Borgo	Ontario Health
Nicole	Carnochan	Ontario Health- Cancer Care Ontario
Mary	Patrick	Peawanuk
Natalie	Iserhoff	Pikangikum Home and Community Care
Julia	Jardine	Pikangikum Home and Community Care Program

Sonya	Strang	Pikangikum Home and Community Care Program
Gwendy	Fiddler	Sandy Lake
JillBee S	Goodman	Sandy Lake
Roberta	Kakegamic	Sandy Lake
Charlotte	Linka Fiddler	Sandy Lake
Peirce	Meekis	Sandy Lake
Ellie	Henry	Scugog First Nation
Michelle	Monkman	SE Health
Lucas	De Faria	Shibogama
Ola	Udensi	Shibogama
Stephanie	Cowell	Shibogama
Hilary	Leversidge	Shibogama
Shannon	Mamawka	Shibogama Health
Virgina	Childforever	Shibogama Health
Heidi	Manitowabi	Shkagamik Kwe Health Centre
Isabel	Mandamin	Shoal Lake
Beryl	Southall	Sioux Lookout First Nation Health Authority
Stacy	Loon	Slate Falls FN
Sherri	Henderson	St. Joseph's Care Group
Carla	Shawayhamaish	St. Joseph's Care Group
Hillary	Mettam	St. Joseph's Care Group
Bonnie	Lindberg	TBRHSC
Susan	Bale	Thunder Bay Regional Health Sciences Centre
Crisna	Alutaya	Waasegiizhig Nanaandawe'iyewigamig
Lorraine	Johnson	Waasegiizhig Nanaandawe'iyewigamig
Ann Marie	Tuusa	Wab Shki Binay Seek Memorial Health Centre
Angie	Collins	Wahgoshig First Nation
Patricia	Hansen	Wahgoshig First Nation
Pochelle	Tyson	Wahnapitae
Heather	Roy	Wahnapitae First Nation
Wendy	Tyson	Wahnapitae First Nation
Randy	Sinclair	Washagamig Bay FN
Esther	Hunter	Weenusk First Nation
Barbara	Eshkawogon	Wiwewikong Health Centre
Patty	Everson	Windigo First Nations Council
Barb	Shakakeesic	Windigo First Nations Council
Cynthia	Makooop	Windigo First Nations Council
Martina	McKooop	Windigo First Nations Council
Rose	Gray	Windigo First Nations Council
Lydia	McKay	Windigo First Nations Council
Sarah	Tait	Windigo First Nations Council
Miriam	Cook	Windigo FN Council
Tillya	Bunting	Windigo FN Council- Cat Lake HCC
Gladys	Nayanookeesic	Windigo Homecare

Barbara	Lacalamita	Windigo Tribal Council
Faith	Collins	

## Appendix B- Full Evaluation Results

### NOHCCN Gathering 2020 Evaluation Results

**33 surveys completed**

#### 1. For the following statements, click the number that most applies to you.

Top number is the count of respondents selecting the option.  
Bottom % is percent of the total respondents selecting the option.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I found the topics covered in this year's conference to be very relevant	0 0%	0 0%	20 61%	13 39%
The conference offered meaningful opportunities to meet and talk with other people involved in this work	0 0%	4 12%	22 67%	7 21%
This year's conference encouraged my participation	0 0%	2 6%	20 61%	11 33%
I feel more knowledgeable about the topics presented at this year's conference	0 0%	2 6%	20 61%	11 33%
This year's conference met my expectations	0 0%	2 6%	26 79%	5 15%
The technology used was easy to navigate	2 6%	9 27%	19 58%	3 9%
The technology worked and I was able to see and hear all sessions	5 15%	8 24%	19 58%	1 3%

#### 21 Comment(s)

- a lot of the times it was hard to hear people speaking and sometimes my screen just went black and I couldn't see or hear anybody or it would kick me out and I had to log back in. but other than some technical difficulties it was very well done. Stan Wesley was great to watch, I enjoyed his vibrant personality.
- My screen glitched quite a bit, and lost hearing, but it was resolved quickly thank you
- I enjoyed the parts of the conference I was able to attend.
- Very good job
- I did have a few problems, but it was at my end. Hopefully it will be resolved before we do this again.
- I missed a lot from tech difficulties
- Some technical difficulties and I was not aware I had changed screens which was probably a good thing. I like the fact you did not have to do anything, and it automatically moved you, but it would have been nice to know.
- I look forward for next NOHCCN virtual conference.
- There were lots of technical difficulties. The speaker and video didn't work many times. The host was always blurry to see. It made it a little frustrating
- One comment from the technician threw me off as we would be kicked off!
- We are not technicians by any means.
- We are only clicking because we may be having difficulty hearing or clicking icons to turn them on or off.
- Some workshops were presented very well, thorough and informative ie: Maintaining Elders Skin Health and Inspiring Hope in Diabetes Self-Management. Whereas the information presented on Using Traditional Medicine to Treat Chronic Disease, I found, did not achieve any purpose for me. It was poorly done and did not cover much on medicine at all.
- There needs to be more time built into the agenda for putting people into their breakout sessions - I waited 20 minutes to get into one so missed out on the start of the presentation. It also seemed like presenters were rushed as they thought they had an hour to present but were delayed by 10-15 minutes waiting to get started.

- Actual training should have occurred prior to conference in navigation with Virtual conferencing. Was difficult if your first time. Not very helpful to JUST provide links & expected to figure it out!!
- I am sure this would have been excellent if I was able to hear the participants. I am not too technically challenged and felt very frustrated. The only time I could see the presenters was during break when they showed tips for psw's.
- The technology was not easy to use. As presenters I thought the moderator role was not well understood. For example, who was fielding questions from the chat box, introduction of presenters the five-minute warning that the session would end etc. The sessions also ended abruptly and I think more time should have been allotted for sessions to end so that people were cut off in the middle of a sentence and the time needed to get all participants into the room didn't seem factored in.
- sometimes it was a but tough connecting in the breakout rooms due to connection issues  
I would have liked more breakout time with others
- slight video glitches but for most part, worked well
- The first day there were a few glitches. Some of the slide shows were "black screen" or chat box was not available. The second day however went very smoothly.
- unable to hear all participants
- There were some technical difficulties, I was not present for the first half of the presentation because there were some issues logging on. Otherwise, it was all very wonderful and informational
- Technology being what it is hard it's glitches however they were handled with grace and humour, so all is good

## 2. What learning or information will you most use from this year's conference?

### 30 Response(s)

- all of it, I really enjoyed learning about using traditional medicines to treat chronic diseases
- The learning I would use most is the teaching about diabetes for type 1 and 2. I know where to get resources I can use to help educate PSW's in the northern communities.
- palliative care case management was informative and helpful. Resources list would be helpful. they may be in the notes also in this email.
- All was great
- Going through the resiliency papers and working on my resiliency.
- Elder Gerry Martin's teachings
- diabetes info and cultural(palliative)
- Information on Arthritis
- Cancer screening should be talked about. Arthritis clients should be referred to other supports. Inspiring people with diabetes to manage their diabetes.
- I think i will look into the part of having nurse on virtual conference Our community is so remote it is hard to get a nurse who is able to travel especially during this time
- Foot care competencies and updates and Palliative care management.
- Palliative care and networking contacts
- There's a lot to choose from, mainly how to maintain injuries? sores, etc.
- The arthritis society information was really great on a personal level. Palliative care is always an interest to learn
- Resources, available if needed, where to go and so many people encouraging each other.
- I think we need to feel connected to feel better about ourselves or our work.
- How to reach out to the NOHCCN executive to learn more about the projects they're working on and how I can be a part of them.
- I really had fun! Enjoyed it.
- I will be able to use the information I gained from the workshops I was able to participate in, unfortunate I missed half of the first day due to technical difficulties and/or connection.
- I really liked the tracking tool and would find this very useful.
- FNIHB 101
- Learned more about the Northern Home and Community Care Network and the team and I'm hoping to stay in touch and connect others to this group
- Who were key people in positions over NWO
- That we r not alone and can still manage to get together

- power points are good resources to have as unfortunately was unable to attend Day 2 to unforeseen work commitments
- Probably the arthritis care.
- I enjoyed the Maintaining Elders Skin Health.
- How to assess the skin and what to avoid when transferring a client.
- IT WAS NICE TO MAKE NEW CONTACTS AND TO FIND OUT MORE ABOUT THIS ORGANIZATION
- info on palliation
- the diabetes education
- Maintaining elders skin health
- Using Traditional Medicines to treat Chronic Disease

### 3. My favourite part of the conference was...

#### 32 Response(s)

- the workshops
- My favourite part of the conference was the networking being able to share my thoughts and feelings during Covid 19, and a little about who I am and what strengths I bring to the communities. I also liked that Stan kept us engaged by asking us questions on that separate website.
- The networking.
- The workshops were very informative
- I enjoyed it all. Good way to contact
- Seeing everyone on camera or participating in the chat box, the training videos, hearing about the virtual care project, listening to the Elders open and close, Beatrice songs will stay with me.
- the group discussion
- the group discussion day 2
- Trying to Network
- The slide and all the information it provided
- I missed the first few minutes but i liked the mobility and equipment demonstrations.
- Foot care competencies and updates
- Traditional medicine and palliative care
- Medicine conference
- I really enjoyed the mentimeter option to engage via cell phone. Will look into this option for my current position.
- Participating in the scenario about possible discharges that may be encountered when sending a patient home. This was the palliative care with Sherri and the team.
- Also, the voting of the logo, the anticipating was intense but, overall, the one I voted for won.
- The presentations of Maintaining Elders Skin Health and Inspiring Hope in Diabetes Self-Management. Excellent presentation with relevant material.
- Seeing and hearing from people working in home & community care across the North. Nice checking in with people and "meeting" new people!
- I really enjoyed the conference with the way we did this way. Techy way. We have to learn and know how to use the computers and be able to adapt to it. We need to use it for us to use in our everyday life in our clinical settings as well.
- Being able to actually connect!! Don't like virtual meetings but at the same time I know this is the present reality. Thanks to the Conference Coordinator, Maverick & Network for making it all possible.
- of course, Stan Wesley is always a hoot.
- Stan was a great MC!!
- minto exercise with Stan and the choosing of the logo
- Resilience Presentation
- Like the man's hats
- Stan's great positive energy emcee skills
- Option of various workshop choices
- Talking to people through video/audio during group break outs.
- Some of the fun stuff Stan Wesley did during the break



- learning MORE ABOUT TRADITIONAL MEDICINES, ALTHOUGH I THINK THERE IS A LOT MORE TO LEARN
- Stan!!!!
- PSW videos.
- The ladies rocked it.
- diabetes and medication learning
- Learning how to do the "Virtual Conference" technology plus the fun activities that Stan did to "poll" us with different questions.

#### 4. If I could change one thing about the conference, I would change...

##### 30 Response(s)

- the technical difficulties
- I would make the conference 3 days instead of 2 so we can hear more from presenters.
- No COVID-19 so we could meet in person.
- Being in person! But I completely understand with COVID
- Not sure
- That we could meet face to face because COVID-19 is gone!! Otherwise, more opportunity in the breakouts if possible, to have a three-day event.
- make Covid go away so we can do in person
- it was great
- Make it in person
- Of course, virtual was best case scenario for now I understand
- It would be nice to see and hear from more of the participants if possible. I realize there were many.
- it was okay
- Change the platform used for the virtual conference.
- for it be in person.
- More excitement with the speakers.
- The technical issues of course.
- There must be a better way to set conferences than what we had.
- I found the Facilitator to be corny and unprofessional. I guess he was trying to 'break the ice' and to be humorous.
- More time on the agenda to allow for technology issues i.e. moving into breakout sessions. More time at the end of presentations for questions & discussion / not getting cut off at the end of sessions when the presenters run over time.
- It would be nice if we had one more day, there were conferences I wanted to do on those other days I couldn't do. :(
- Conference too rushed, expectation was flawless delivery of content to participants (unrealistic).
- I would have loved to feel a part of the conference.
- I do have a very large screen and magnification because of my vision. If the technical difficulties where fixed it would have been very enjoyable.
- How the chat box could be used more effectively
- More breakout rooms
- Would have been great to meet in person
- None
- The date. It was right during flu shot clinics, very busy time for me.
- I would like it to be in person. Hopefully it will be that way next year. I enjoy the atmosphere of having everyone in the same room networking. Hopefully COVID is no longer a health threat next time the conference happens.
- SOME OF THE TEHNICAL ISSUES THAT SOME PEOPLE WERE EXPERIENCING
- technology.... I know this is an impossible thing with Northern communities
- I would make have it so there is more interactive material. the first day was a little dry but the second day was amazing
- 1. Need to have clear voices and images plus material ahead of time to print off to review and then have available during the conference to follow along

## 5. Please provide any other feedback, comments, suggestions that you may have about the conference.

### 26 Response(s)

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- very well done, everyone was great!
- I think the conference was great, it was informative and helped build everyone's confidence to sharing information. It will deff be knowledge I will carry out with the frontline staff.
- I'm sure you are aware that the tech troubles impacted some sessions (I attended).
- Nothing at this time.
- Wonderful job!!
- great start good job!
- a great start in these COVID-19\_\_\_0 times!
- Breaks were nice and the you tube videos you played were awesome.
- no concerns
- Hopefully next time it will improve the audio and videos quality.
- It was engaging and fun.
- the conference was good for a virtual conference. I tried to be present most of the time.
- I have attended virtual conferences where each speaker had their own link to join which was very simple to connect. Maybe look at a different stream to host the conference. CERAH had this summit last month that was very smooth in connecting all that needed to participate.
- The glitches when people were on, the picture is fuzzy. No clear picture at all.
- During the participation in groups. Some people weren't finishes and we were redirected to the main screen. There is no warning or announcement.
- More interactive components like the networking session and the polls that Stan Wesley was having us do.
- Snacks!
- I think I've covered what I want to say above & below questions.
- I miss getting together face to face with everyone, but times have changed, and we need to make do with what we have and carry on the best we can.
- This is a start and will iron out the technical problems for the next time
- It was interesting
- It was very good considering it was the first virtual conference. Break times were good. Activities were good.
- it was a little frustrating when the technology didn't work but all in all it was a good first conference
- IT WAS SUPPOSED TO BE A 3 DAY IN PERSON CONFERENCE, I WONDER WHAT WE MISSED OUT ON
- appreciate the hard work of the committee
- Loved it learnt a lot so great to be a part of something so evolving
- I did expect that during the "Using Traditional Medicines to treat chronic pain" would have actual plants to see and/or how to prepare remedies?

## 6. Please provide any suggestions you have for future workshop topics.

### 20 Response(s)

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- In future workshops I would like the topic of mental health be brought up as I feel it's an important topic.
- Streams for front line community providers and stream for nursing and or other professionals
- Self-care during turbulent times for clients, their families and workers.
- Good or Innovative practices implemented during COVID-19
- Include something for the mental health of the participants
- Breakout debriefing sessions
- more actual demonstrations and less slides
- Discuss role and scope of practice for Home care nurse and home care PSW.
- Traditional practices that can be incorporated in homecare.
- Cancer Patients in the communities, supports for them.
- Less technical issues, clearer connections with main presenters.
- How to make a self-care plan for yourself / How to stay healthy & energized when doing this challenging work.

- Leadership - how to motivate staff, support your staff, create a healthy workplace.
- Hopefully the next planned conference will be face-to-face with the inclusion of more group work, practical, taking into consideration the realistic challenges & barriers faced by remote communities; ensuring all HCC staff/communities are actually reached.
- None I can think of right now
- Mental Health care for clients
- Mental Health changes in the Elderly, such as Dementia, Alzheimer's etc.
- WHAT EVER IS DEEMED NECESSARY
- communicating with family members
- how to stress what is really important in their family members care
- Future workshops I suggest, adding a bit more variety, and more involve with some of the workshops. Like the Cancer screening could have been more enticing. It wasn't bad just was very dry.
- Hands on training done "Virtually"