THE EDMONTON WELFARE COUNCIL

convened

a

SPECIAL CONFERENCE

on the

REPORT OF THE CUSTODIAL CARE COMMITTEE

of the

ALBERTA DEPARTMENT OF PUBLIC HEALTH

on

Wednesday, November 20, 1963 -- 9:30 a.m. to 4:00 p.m.

in the Union Centre Building

The Conference was attended by staff, board members of organizations, and government departments most intimately concerned with or involved in "custodial" or "nursing home" care. Registration at the Conference totalled one hundred and twenty.

PROGRAMME

9:30 a.m. - Registration - Coffee

10:00 - Welcome and introduction to the Conference - Mrs. F.W. Hewes, President, Edmonton Welfare Council

10:15 - Presentation of "Custodial Care" Report - Mr. J.D. Campbell, Chairman of the Alberta Government Committee

10:00 - Panel of Enquiry: Moderator - Dr. Walter Gainer, Chairman, Meetings and Education Committee, Edmonton Welfare Council.

Panel Members:

Mrs. Murray Davis	Miss E. McKerlie
Mr. R. Holmes	Mr. G. Steinbring
Mrs. A. Lamb	Dr. D. Wallace

11:45 - Questions from the floor

12 noon - Buffet Lunch

1:00 p.m. - Discussion Groups:

1. Nature of "Custodial Care": Assessment, Treatment, General Rehabilitation.
2. The Institutional Setting: Nursing Homes, Auxiliary Hospitals
   - Location, Size, Standards, and Licensing.
3. Operation, Ownership and Financing of Custodial Care Services.
4. Ancillary Resources in the Community
   - Home Care, Visiting Nurses, Homemakers, Continuing Education and Recreation.

2:15 - Report Back

2:45 - Coffee

3:15 - Reaction Panel: Morning panel with Mr. J.D. Campbell and others from Custodial Care Committee.

3:45 - Recommendation and Next Steps.

4:00 - Adjournment.

MORNING SESSION

Chairman: Mr. W.D. Gainer, Meetings and Education Committee, Edmonton Welfare Council, welcomed those present and explained the purpose in calling such a conference . . . . to further explore the report of the Custodial Care Committee.

Greetings from the Edmonton Welfare Council were expressed by the President, Mrs. F.W. Hewes.

Presentation of "Custodial Care" Report - Mr. J.D. Campbell, Chairman of the Custodial Care Study Committee, Hospitals Division, Dept. of Public Health.

Mr. Campbell:

In considering the development of a programme of nursing home care for the Province of Alberta, the committee considered first of all the "areas" or "kinds" of care required.

1) Domiciliary Care, i.e. The Senior Citizens Homes.

2) "Personal" or "Custodial" Care (domiciliary care plus personal care)

3) Professional Hospital Care

   a) Active treatment hospital care.

   b) Auxiliary hospital care.

   All hospitals provide combination of domiciliary, personal and professional care.

The survey undertaken by the committee indicated that, by separation of facilities for those requiring custodial care, a more effective development of service would be possible than any combination, i.e. Senior Citizens Homes and personal care. It has been estimated, from information gathered in the survey, that approximately 1/2 a bed per 1,000 population would be required to relieve the present situation in the general and auxiliary hospitals and Senior Citizens Homes. As well, it will be necessary to provide care and/or financial assistance for persons in various nursing homes while the extent of assistance required by persons living at home in each case will have to be determined by individual assessment as the programme is carried out.

Eligibility: Persons eligible for care must have characteristics needing #1 and #2 and residency, on the basis of having spent one year in Alberta out of the preceding two years prior to admission. Persons covered by the Department of Veterans Affairs or the Workmen's Compensation Board may apply for admission to a nursing home but would be the responsibility of the respective body concerned. Rates per day established for non-residents shall be at the discretion of the owners of the nursing home unit.

Administration: The administration of the nursing home programme will be carried out under a separate Nursing Home Act under the Hospitals' Division of the Department of Public Health. During the organizational period under auxiliary hospital districts with responsibility for administration resting at the local level.

Cost of Operation: Operating costs of providing nursing home care was explored by looking at the cost experiences in related fields, i.e. auxiliary hospital care, senior citizen homes and contract nursing homes. This resulted in a per diem rate of approximately $6.00 per day for a fifty bed unit at 90% occupancy. Negotiations will have to take place between the Provincial Government and Municipalities regarding municipal participation, ceiling on capital requirements, etc. Having regard to location and type of construction it is estimated that building and furnishing providing nursing home care could be provided for $6,000.00 to $6,500.00 per bed, which taking into account interest and replacement of capital would result in a capital charge of approximately $480.00 per bed per year or on a patient day basis of $1.30 per patient day. As well, it may be necessary to explore the possibility of using existing space where available in general hospitals, keeping in mind that the care given under this programme must fall between the senior citizen and auxiliary hospital areas.

Size and Location: The size of unit may be dependent on local requirements. It has been estimated by the committee that 3 beds per 1000 would be required. However, High River as one community had asked for a larger ratio. It should be kept in mind that not all those, now being cared for in private homes, would move into nursing homes should they be established.

It would appear that it would be desirable and more economical to think of a 50-75 bed unit. Special features, such as wider corridors, and doors to accommodate wheelchairs, etc., would undoubtedly affect construction costs and this has been taken into account. Having regard to location and type of construction it is estimated that building and furnishing providing nursing home care could be supplied for $6,000.00 to $6,500.00 per bed, taking into account interest and replacement of capital.

Mr. Campbell emphasized that the foregoing was a brief summary of the Custodial Care Committee report and referred the delegates to the full report for additional information.

Further points still to be examined:

- problem of the individual unable to meet financial responsibility for required care and yet does not qualify for welfare assistance (means test);
- participation of present nursing homes;
- admissions: assessment on admission? - medical referral only? ..... review at periodic intervals? These points require further study.
- Standards still to be set related to licensing, contracts, treatment services such as occupational or physiotherapy, group activities for the patients.

Mr. Campbell was joined on the platform by the members of the Custodial Care Committee - Mr. Bert Foster, Mr. Merv Hunchak, Mr. J.A. Hogan, Mr. A. McLean, Mr. E. Mathew, Mr. M. Nykolyn and Mr. L.H. Protti; and Panel Members - Mrs. Murray Davis, Mr. R. Holmes, Mrs. A. Lamb, Miss E. McKerlie, Mr. G. Steinbring, Dr. D. Wallace.

Discussion from the floor:

Dr. Carpendale: Concerned about present survey - previous report prepared indicating need. Other valuable reports available from other centres. This information should be used in any planning. Special consideration should be given to Home Care. Present program of Polio Home Care showing real value - why not extend this aspect of "custodial care".

Mr. Campbell: Once nursing care programme is established this may be considered; possibly a pilot project.

From the floor: Real need to establish assessment committee. This should be stressed to make the best possible placement keeping in mind the patients' needs ..... and if the patients' need can be met by a home care service - what then?

Mr. Campbell: At present no provision for subsidizing home care patients - surveys indicate that patients would be better served in units. To the question of private rooms - or luxury homes - where practical or possible - again under the decision of the local municipality.

AFTERNOON SESSION: I. REPORTS FROM DISCUSSION GROUPS

GROUP #1-A: Nature of "Custodial Care": Assessment, Treatment, General Rehabilitation. Discussion Leader, Recorder: Mrs. P. Løbsinger

1. Concern for construction standards - should be kept at present structural standards at least.

2. "Maintenance rehabilitation" - should be kept at the Nursing Home level and should include occupational and physio-therapy.

3. Concern expressed about the "moving" of patients from place to place. Granted that the degree of care required will dictate where the patient should be sent, still it is important to emphasize the emotional attachment which the patient develops for his environment even though it is institutional in character.

4. The separation of nursing homes, auxiliary hospitals, etc. from present hospitals poses the danger of further diluting staff services (physio-therapy, etc.) which are already very 'thin'.

5. A desire to eliminate the term "custodial"; emphasize "nursing" instead.

6. The problem of the present cancellation of Department of Health subsidy (as of Sept. 1, 1963) - suggest the advisability of carrying on under the old arrangement until new regulations or programmes are in force.

7. Need to make special provisions for immigrants - need for trained personnel to handle such special problems at all levels of care.

8. Home care - Should the government programme provide only for institutional programmes, would this not have the effect of discouraging individuals from maintaining their independence in their own home setting. Present situation of lack of Home Care - Home Help programmes means that some folk have to "give up" and enter institutional programmes - need for greater flexibility.

Recommendations from Group 1-A:

1. Centralized assessment - establish assessment committees locally which include a broad representation of the "helping professions" - social workers as well as medical staff. (Larger centres might have several smaller committees to deal with specific areas.)

2. That monies be made available in the Department of Public Health for professionally trained social workers on a ratio of one worker per one hundred patients.

3. That subsidized assistance programmes for Home Care be made available on the recommendation of central assessment committees.

GROUP 1-B: Nature of "Custodial Care": Assessment, Treatment, General Rehabilitation. Discussion Leader: J. Smith; Recorder: Dr. J.D. Newton.

1. The need for an Assessment Committee - which should include more than just medical, social work or administrative staff. (Mr. Frey indicated Calgary has such a committee). It was indicated that two-thirds of the applications received at the Auxiliary Hospital level really required Nursing Home care. It is important to have information and to make wise decisions, for in each case the decision may effect the patient for the rest of his life.

2. Present difficulties re free flow of patients is due to the present high rate of admissions to auxiliary hospitals and lack of custodial care institutions.

3. Special needs for special patients, paraplegic, confused patients, etc.

4. Need for good relationship with the family and their involvement, or keeping them informed as to the reasons for placement in a particular type of institution.

5. Need for assessment committee - with full knowledge of local resources and programmes and in particular know "which" homes can do "what" for certain types of patients.

6. Nursing Home operators feel the need for more information to be available on each person at the time of admission. If Assessment Committees are established then their report as to the special needs of each patient could be forwarded to the administrator of the home.

7. A facility and period for assessment (e.g. 7 days) would be useful in providing time and place for examination and assessment before placement.

8. Consideration should be given to the flexibility of a nursing home programme in order to take into account the changing condition of the patient and to reduce the element of moving him from one place to another.

9. Social Workers need not necessarily be on the staff of auxiliary hospitals. Use should be made of other agencies, e.g. welfare departments, health units, etc. voluntary agencies, etc.

GROUP 2: The Institutional Setting: Nursing Homes, Auxiliary Hospitals - Location, Size, Standards, and Licensing. Discussion Leader: Miss A. Marchand. Recorder: Pierre Gariepy.

The needs for detailed programme of what type of patient would be in an Auxiliary Hospital, or a Nursing Home.

Location - Auxiliary Hospitals should be located near Active Treatment Hospitals.

- Nursing Homes should be in or near centres of population, medical centres, health units, etc.

Size - A minimum of thirty beds and a maximum of one hundred beds (not an unanimous decision) - local municipalities should have the right to decide where the Home should be located.

Standards

- Adequate professional care - at least one R.N. per eight-hour shift.
- Tender loving care - dedicated staff.
- Decor should be attractive - avoid "the institutional look".
- Heating, ventilation, etc. should be of the best.
- The wheelchair should be used as the basis for design with all aspects of construction to allow full use being made by the wheelchair patient.
- Occupational therapy and recreational and social needs be adequately planned for both in space required and staff available. It was thought that the 100 bed unit would be more able to "afford" these requirements.

GROUP 3: Operation, Ownership and Financing of Custodial Care Services.
Discussion Leader: J. Farry. Recorder: Nursing Home Operator.

- Individual appraisal of each Home required and per capita costs arrived.
- Present bed costs are too low, and should be structured. Also that the square footage required per person be standardized at approximately 400 ft. for all necessary services.
- Will the Government be in a position to limit the number of Nursing Homes?
- Will individual boards be set up to administer Nursing Homes - will they establish policy on a local basis or will they operate under government policy only?
- What about present Nursing Homes - will they meet standards?
- What about luxury Homes - are these needed, who will set regulations and standards?

- Home Care Programmes - when developed, what will happen to constructed Institutions? Would the situation arise whereby the Nursing Home would only have 60% occupancy?
- Who will set regulations, standards and provide inspection?

  (Later indicated this would be carried out by Hospitals' Division)

- There appears to be too much emphasis on the "Medical" needs and not enough emphasis on the "social" needs of the Nursing Home patients.
- Areas of concern re responsibility of payments for care - certain agencies, D.V.A., Dept. of Welfare, have clear lines of responsibility - others not clear. Should the municipality accept responsibility for deficits incurred by the Nursing Home Operator? If not, should this be the responsibility of the Provincial Government?

GROUP 4: Ancillary Resources in the Community - Home Care, Visiting Nurses, Homemakers, Continuing Education and Recreation. Discussion Leader: Mrs. N. Oliva; Recorder: Stewart Neil

- Definite need exists for custodial or personal care but projected need for institutional settings could be reduced by broad Home Care programmes.
- Monies should be channelled into Home Care programmes as well as into some institutional settings.
- Present plans call for institutions and the group feels that it is the desire of many individuals to remain in their homes. They are unable to do so without some supportive services of a Home Care programme.
- Many surveys are available indicating the savings in dollars and cents in a well organized Home Care Programme as against an Institutional programme only. Let us use this available information.

Recommendation:

That the Custodial Care Committee recommend to the Legislature, that Home Care programmes, including visiting nurses, homemakers, etc. be developed along with the present plans for additional institutions. The group wishes to go on record as underlining the fact that Home Care services are an integral part of any new Custodial Care program.

II. DISCUSSION FROM THE FLOOR AND PANEL

A. Lamb:- Adequate homes are needed for young adults who need supervisory care.

J.D. Campbell:- Boys Town etc., are the answer for domicilary care. The Edmonton Welfare Council should be looking at this question. The Government is only concerned with those needing Nursing Care.

Dr. Wallace:- Concerned about higher costs for some kinds of care. For instance,

a Town Council might be approached to sell land for a luxury-type Nursing Home. If we keep to three beds per 1,000 would any other Nursing Homes be allowed to build in the same community?

J.D. Campbell:- This is a problem, particularly if you are an operator, As far as the Provincial Government is concerned, if the local Board consider the Home necessary or more than one type of Home necessary - they take the responsibility and make the decision.

Dr. Stewart:- From my experience as a councillor on a Town Council - Councils are concerned only with Tax Revenue and cannot sort out the problems of standards of service.

George Steinbring:- There is some difference of thought as to who appoints the "Admitting Committee" - the Operators or the Hospital Division or who?

A Member of the Government Committee:- If you accept the premise that the local authority is the responsible body - they will be the group to set up the committee.

J.D. Campbell:- Anybody, who has a contract must accept the patient who presents himself.

Dr. Easton:- Will the Government force the operators to accept certain cases requiring extensive nursing care - if a home has too many of these they would go broke.

J.D. Campbell:- Initially there may be a shortage of beds but the community has had some facilities and these will be continued along with the new facilities.

A Member of the Government Committee:- Referring to Group 2 - discussion on the size of the Nursing Home - only two members of the committee wanted units of 150-200 beds - the balance wished 30 - 100 beds.

Dr. Jiminez: We have understood from the Government the level of medical care required by the Nursing Home patients but there has been very little emphasis on physiotherapy or occupational therapy.

Dr. Easton:- For these additional programmes it would not be economical to operate under anything less than a 150-bed structure.

Dr. Carpendale:- I would take issue with Dr. Easton - a survey has indicated that a fifty-bed unit could provide personal care and services.

Mr. Protti:- My personal opinion is that fifty beds would be a sounder basis for operation than a 30-bed unit.

A Calgary Operator:- We are talking about Nursing Homes - H O M E S not institutions. When you get past 75 beds that is an institution - not the personal attention of a Home.

Mr. Kuzak:- We have to talk about minimum professional care when we talk about Nursing Home Care - and to do this - thinking of dietary services, recreational facilities, etc. - we need to think of a 100-bed unit or more.

Mr. Blake:- Major problems are still to be answered - geographic location, categorization of patients. Suggest that we look at the geographic location and insist that Nursing Homes are located close to facilities in larger communities.

Mrs. Pigeon:- The size of the Home is paramount - we cannot consider all the therapy programmes under 100-bed units - and by the way, remember that at least 30 patients will be senile and will want to remain in bed. These folk will not be interested in any kind of rehabilitation. However, the next greatest need is staff - "nursing staff" - people who care and who will be dedicated to this kind of work. We can do much with the patient if we have the staff!!

Mr. Buitenbos:- Why can't we arrange for programmes to allow the patient to remain at home. It has been proven that many individuals can stay at home for $3.60 per day through a Home Care programme, including V.O.N. or Orderly Service.

Mr. J.D. Campbell:- In closing, we have indicated that we want to hear from you - if you want more said about Home Care - this is up to you and you may bring your concerns to our attention.

Mrs. P. Lobsinger:- Our Committee wished to go on record as appreciating the opportunity of meeting with Mr. J.D. Campbell and the Committee to discuss the Custodial Care Report and we would like to offer a word of thanks on behalf of all those attending this conference.

Chairman:- In closing I would like to second Mrs. Lobsinger's motion on behalf of the participants at this conference and of the Edmonton Welfare Council.

The meeting is adjourned.

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December 23/63.

EDMONTON WELFARE COUNCIL

CUSTODIAL CARE CONFERENCE November 20, 1963.

DESCRIPTION OF TERMS

1. Active Treatment - the hub of the wheel, the centre of modern medical care. Most patients are expected to remain only a few days - at most a few weeks.

2. Auxiliary Hospital -

a) For the treatment of chronic illnesses, diseases or infirmities. By chronic illness is meant "all impairments or deviations from normal which have one or more of the following characteristics: is permanent; leaves residual disability; is caused by non-reversible pathological alterations; requires special training of the patient for rehabilitation; may be expected to require a long period of supervision, observation or care". (Commission on Chronic Illness)

b) To return the disabled person to as self-supporting a state as possible. It has been proven many times that it costs considerably less to rehabilitate a person than it does to maintain him on social assistance or in a setting of chronic care.

3. Nursing Homes - a facility in which the chronic illness patient receives long-term skilled nursing care under medical supervision, along with related personal care and services. The illness is of such a nature that hospitalization is not required." (Niagara County Study of Chronic and Long-Term Illness, 1960, publ. Council of Social Agencies, Niagara Falls, N.Y.)

4. Home Care - A home care program is an organized and centralized effort to coordinate and integrate on behalf of patients in their own homes the care which will provide at least the minimum of medical, nursing and social services, essential drugs and supplies.

5. Homemaker Service - is a community service that employs personnel to assist in the home where there are children, old people, convalescent patients, those acutely or chronically ill, or disabled persons. Its primary function is the maintenance of household routine and wholesome family living in times of stress. Because homemaker services should be offered on the basis of a social diagnosis and often a medical diagnosis as well, professional persons should evaluate the type of service needed and the length of time for which it should be provided.

6. Home Help Service - like "Homemaker Service" is a community service to help families and individuals in time of need. The emphasis is on providing parttime assistance with housekeeping, preparation of meals and elementary sick care. Social contact is also important part of "home help service". For many older homebound persons the chance to chat and exchange views with an outsider is as important as helping with household work. As a rule, less skilled staff is required than for a "homemaker service". In the selection of staff, consideration should be given not only to work capabilities but also to temperament, tact, and ability to get along with people.

7. Home Helpers - are for the most part married women or widows, 50-70 years of age who may give a few hours a day or more to work outside their own homes.

8. Meals Service - is a community service that delivers planned, nourishing meals to the homebound, usually referred to as a "Meals on Wheels" program. "Meals Service" may also mean a "Luncheon Club" service that provides meals for ambulatory elderly persons either through the "Club's" own kitchen facilities or the facilities of a community centre such as a church. "Meals Services" are considered an important adjunct of "Homemaker" and "Home Help Services".

CUSTODIAL CARE CONFERENCE

NAME	ORGANIZATION	ADDRESS
Mrs. M.E. Archibald	Jasper Place Welfare Department	15625 Stony Plain Road
Mr. Charles Blais	Architect	13107 - 123 Avenue
I. Bond	Royal Alexandra Hospital	102 St. & 111 Avenue
Mrs. F.S. Brockie	Victorian Order of Nurses	11745 Jasper Avenue
Mrs. John Birzgalis	Venta Nursing Home	10926 - 93 Street
P.D. Belland	Edmonton & District Labour Council	10319 - 106 Avenue
John Buitenbos	Orderly House Service	13860 - 110A Avenue
John Bean	Calgary Nursing Home Association	Calgary, Alberta
Mrs. E.M. Bergh	Bethany Home & Auxiliary Hospital	Camrose
Mr. E.J. Bailey	Willow Creek - Claresholm Auxiliary Hospital	Claresholm, Alberta
Miss W. Broderick	Indian Affairs Branch	Federal Building
K. Becker	Calgary Nursing Homes Association	Calgary, Alberta
J.D. Campbell	Hospital Division, Department of Health	Administration Bldg.
Dr. M. Carpendale	Director of Rehabilitation	University Hospital
Miss Imelda Chenard	Social Service Department	University Hospital
G.E. Carlson	Assn. Hospitals of Alberta	c/o 10025-108 Street
Ollie Coyes	Sturgeon Health Unit	14 Piron St., St. Albert
Dr. S.J. Cornish	Willow Creek-Claresholm Auxiliary Hospital	Claresholm, Alberta
Mrs. S. Campbell	Study Group on Welfare Problems	c/o 11519 University Ave.
Dr. E.F. Donald	Dept. of Veterans Affairs	501 Medical Arts Bldg.
Mrs. Mary Davis	Col. Mewburn Pavilion	University Hospital
Mrs. D. Dawson	Jubilee Lodge	10748 - 103 Street
Warre Dahl	National Health & Welfare	4th flr. Federal Bldg.
Dr. D.R. Easton	Norwood Auxiliary Hospital	111 Ave. & 102 Street
Mrs. R. Elliot	Sherbrooke Nursing Home	12425 - 129 Street
Mr. Peter Fry	Cross Bar Auxiliary Hospitals, District #7	Centre Ave. & 10 St. N.E. Calgary
Bert H. Foster	Department of Health	Administration Bldg.
Ron T. Fath	Canadian Paraplegic Association	10996 - 124 St.
Al Ferenz	Glamorgan Nursing Home	310 Westwood Dr., Calgary
John Farry	Royal Alexandra Hospital	102 St. & 111 Avenue
Miss F. Ferguson	Department of Public Welfare	Administration Bldg.
Mr. Pierre Gariepy	Canadian Paraplegic Association	10996 - 124 Street
Dr. Walter Gainer	Dept. Political Economy (EWC)	University of Alberta
Miss M. Greene	Auxiliary Hospital District #7	Centre Ave. & 10 St. NE Calgary, Alberta.
M. Groves	Calgary Nursing Homes Association	Calgary, Alberta
Mrs. O. Havorsen	Eventide Home	9310 - 82 Avenue
Brig. O. Havorsen	Eventide Home	9310 - 82 Avenue
Mr. Hentel	Mt. Royal Nursing Home	2459 - 22 St. N.W. Calgary
Roy Hamilton	Old Age Security Pensions	Administration Bldg.
Merv Hunchak	Custodial Care Committee=	311 - 10629-108 St.
J.A. Hogan	Department of Public Health, Hospitals' Division	Administration Bldg.
Arnold Hoveland	Bethany Home & Auxiliary Hospital	Camrose, Alberta
Dr. R.M. Hall	Glenrose Hospital	102 St. & 111 Ave.
Rev. Wm. Irwin	Catholic Charities	212 - 11523-100 Ave.
Dr. Jose Jimenez	Department of Rehabilitation	University Hospital
Mrs. Joan Jakes	Edmonton Welfare Council	7623 - 119 Street
Mr. Oscar Jasman	Bethany Home & Auxiliary Hospital	Camrose, Alberta
Mrs. Julia Kiniski	Alderman	11108 - 113 Street

NAME	ORGANIZATION	ADDRESS
Aage Kisner	Calgary Nursing Home Association	Bowness Nursing Home, Cal.
R.A.J. Krizanc	Catholic Charities	8709 - 97 Ave.
Mrs. S. Kettleson	Norwood Auxiliary Hospital	111 Ave. & 102 St.
Mr. Henry Kobe	International Railway Brotherhood	9929 - 116 Street
Dr. E.G. Kidd	University Hospital	14712 - 91 Avenue.
Mrs. A. Lamb	Edmonton Rehabilitation Soceity	10002 - 102 Street
Mrs. P. Lobsinger	Edmonton Welfare Council	9908 - 90 Avenue
Mrs. Edna LaForge	Multiple Sclerosis	#1206 - 9999 - 111 St.
Mr. George Lee	Youville Home	St. Albert, Alberta
Ken Landvatter	Cerebral Palsy Association	11916 - 129 Avenue
Mrs. O. Might	Victorian Order of Nurses	Calgary, Alberta
Mr. Lucien Maynard	Youville Home	St. Albert, Alberta
Miss K. Macalister	Allen Gray Auxiliary Hospital	7510 - 89 Street
Dr. G.P. Mores		609 - 11005-98 Avenue
Mrs. John McGuckin	Local Council of Women	14008 - 90 Avenue
A. McLean	Hospitals' Division, Dept. of Health	Administration Bldg.
Miss A. Marchand	City Welfare Department	710 City Hall
Mr. Edward Mathew	Department of Health	Administration Bldg.
Miss C. MacLean	Department of Health	Administration Bldg.
Dr. M. Matas	Charles Camsell Hospital	11412 - 128 Street
Miss Edith McKerlie	Victorian Order of Nurses	11745 Jasper Avenue
Mrs. J. Miller	Good Samaritan Hospital	9666 - 70 Avenue
R. C. McIntyre	Youville Home	St. Albert, Alberta
Miss M. Morrison	Victorian Order of Nurses	11745 Jasper Avenue
Mrs. Clara Mintz	Jewish Family Service	205 Mercantile Building
Miss E. MacDougall	Victorian Order of Nurses	Calgary, Alberta
Miss Jessie Morrison	Veterans' Home	Government House
Dr. J. Newton	Leduc Strathcona Health Unit	10426 - 81 Avenue
Miss McDonald	Sturgeon Health Unit	14 Piron St., St. Albert
Stewart Neil	Edmonton & Dist. Labour Council	7204 - 114 Street
Mrs. L.A. Nichols	Family Service Bureau	400 Tower Bldg.
Miss I.F. Newman	Willow Creek Auxiliary Hospital	Claresholm
Mr. A. Nykolyn	Custodial Care Study Committee	
Mrs. Norma Oliva	Canadian Mental Health Assn.	3rd flr. Tower Bldg.
A.O. Pigeon	Sherbrooke Home	12425 - 129 Street
Mr. J. Paskuski	Lethbridge Nursing Home	Lethbridge, Alberta
Mrs. Mabel Pigeon	Sherbrooke Nursing Home	12425 - 129 St.
Miss Mabel Patrick	Gray House Hospital	7510 - 89 Street
Mrs. M.R. Patrick	Emergency Homemaker Service	400 Tower Building
L.H. Protti	Hospital Division, Dept. of Health	Administration Bldg.
Mrs. P.A. Rooney	Victorian Order of Nurses	11230 - 55 Street
Miss E. Ryan	Good Samaritan Hospital	9666 - 70 Avenue
Dr. F.G. Ramsay	Col. Mewburn Pavilion	University Hospital
Dr. P.B. Rose	Medical Services. Dept. of Health	Administration Bldg.
K. Skeen	Calgary Nursing Home Association	Calgary, Alberta
Mr. & Mrs. A. Sparks	Calgary Nursing Home Association	Calgary, Alberta
Mr. & Mrs. J. Steutel	Mt. Royal Nursing Home, Calgary	2459 - 22A Street, N.W.
Dr. D. Stewart	Charles Camsell Hospital	11412 - 128 Street
A.J. Senft	Calgary Nursing Home Association	Calgary, Alberta
Rev. F.A. Schultz	Bethany Home and Hospital	Camrose, Alberta
Sister Alphones Joseph	Lacombe Home	Midnapore, Alberta
Sister Minnie Carlson	Lutheran Homes for Aged	Wetaskiwin, Alberta

NAME	ORGANIZATION	ADDRESS
J.R. Smith	Department of Public Welfare	Administration Bldg.
Mrs. A. Scheppat	Hardisty Nursing Home	6204 - 101 Avenue
Mrs. Marion Steeves	Calgary Auxiliary Hospital District	Calgary, Alberta
Sister Laura Marie	Provincial House	Midnapore, Alberta
Sister Gilberta Tetrault	Youville Home (Grey Nuns)	St. Albert, Alberta
George Steinbring	Good Samaritan Hospital	9666 - 70 Avenue
Sister Jeanne Laporte	Youville Home (Grey Nuns)	St. Albert, Alberta
Sister Anna Trottier	Youville Home (Grey Nuns)	St. Albert, Alberta
Mrs. K. Shagry	West Haven Nursing Home	16349 Stony Plain Road
Sister Prieur	Hospital for the Aged	Whitelaw, Alberta
Wm. Sykes	Department of Public Welfare	Administration Bldg.
Mr. W. Thompson	Allen Gray Auxiliary Hospital	7510 - 89 Street
Miss D. Wild	Nursing Services Director	Misericordia Hospital
J.H. Woodward	International Railway Brotherhood	10319 - 106 Avenue
S. Wrigglesworth	Allen Gray Auxiliary Hospital	7510 - 89 Street
Dr. C.D. Wallace	Executive Director	University Hospital
D.K. Wass	City Welfare Department	710 City Hall
Mrs. C. Warr	Central Volunteer Bureau	306 Tower Building
Mrs. Janet Zrudlo	Wynn Nursing Home	9915 - 84 Avenue

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