Benchmarks of Case Management: Ingenuity, Creativity, and Tenacity—Stories From the British Columbia Interior, Canada

An old African proverb once said it takes a village to raise a child, but it also takes a village to care for our elders says Elisabeth Antifeau, Community Care Practice Lead for Interior Health in British Columbia. Antifeau has collected a trunk full of stories and memories over the past 17 years from working both as, and with many caring care managers from British Columbia’s Interior. Her stories demonstrate the ingenuity, creativity, and tenacity required of the case management team; a particular case comes to her mind. In a remote area of the Kootenays live many elderly folks, mostly self-sufficient, but one couple in their 80s with no immediate family were experiencing serious incontinence issues that were fast becoming dangerously unhealthy. With the mounting volume of bedding and personal items that required laundering, the lack of a washing machine, or even a local laundromat was a setback. Sending home support workers on long laundry runs to Nelson was costly and time prohibitive. Although mulling over the issue and seeking community options, the case manager approached the owner of the Blue Moon Inn, only to discover a children’s daycare center occupied the rented basement space below several days a week. The piece de resistance was a washer and dryer. She approached them to ask if a home support worker could use the laundry facilities on the alternate days and the problem was solved! “This is a wonderful story of how ingenuity, tenacity, and creative thinking saved the day, community-based solutions are the key. Rural communities are often viewed as disadvantaged due to lack of resources, but living and working in small towns pushes us to think outside the box. Finding alternate solutions often happens because it’s a small community. Small can be beautiful and caring,” says Antifeau.

Another local lady with dementia who lived alone in a rural area was often found wandering the main highway, which raised many safety concerns. “I chatted with her neighbors who then kept an eye on her, often inviting her over for a visit if she was heading out of the yard, or, if she made it to the highway, someone from the area would usually recognize her, pick her up and take her home ensuring she had something to eat. It is the “global” village caring for our elders: monitoring, watching, and supporting them,” explained Antifeau.

Antifeau also spoke of another client with dementia whose favorite restaurant in Nelson was getting shortchanged because she would often forget to pay the bill. “I approached her son who lived away, who then set up an account with the restaurant owner so she never had to concern herself with it. In fact she delighted in hearing the owner say, “don’t worry, it’s all taken care of,” which supported her independence to enjoy a meal in a familiar setting without social embarrassment.” In another mental-health related case, a new client was very distrustful of strangers and would not allow Antifeau access into her house, hiding behind a locked screen door. When neighbors mentioned the lady frequented a local coffee shop, Antifeau enjoyed a cup elbow-to-elbow with her over a few days, engaging her in friendly conversation in this public space. When she reapproached her at home the next week, the client recognized her, and welcomed her into her home. Future visits went smoothly.

Jackie Kennedy Onassis, a wise woman, once said that if you bungle raising your children, whatever else you do matters very little. When it comes to caring for our elders, Antifeau subscribes to the same creed.

The National Case Management Network is a federally incorporated nonprofit membership-based association dedicated to the advancement of excellence and professionalism among Case Management providers in Canada. To become a member, visit www.ncmn.ca. If you have questions, e-mail NCMN President Joan Park, RN, MScN jpark@ncmn.ca.

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