

Toronto Dementia Network

**Minutes of the Fifteenth Meeting of the Steering Committee
October 25, 2005 at 9:30 a.m.
at the offices of Borden Ladner Gervais LLP
Scotia Plaza, Toronto**

Present:

Françoise Hébert (Co-chair)	Alzheimer Society of Toronto
Dr. Barbara Liu (Co-chair)	Regional Geriatric Program of Toronto
Janice Buchanan	Ontario Ministry of Health and Long Term Care
Dr. Carole Cohen	Dementia LINC, Sunnybrook and Women's
Terry Collins	Ontario Long Term Care Association
Stacey Daub	Toronto Community Care Access Centre
Amanda Falotico	Providence Healthcare
Catherine Kohm	Baycrest Centre for Geriatric Care
Marta Krywonis	Community Care Access Centres
Vija Mallia	Castleview Wychwood Home for the Aged (OANHSS)
Penelope Minor	Baycrest Centre for Geriatric Care
Kari Quinn-Humphrey	Public Education Coordinator, Alzheimer Society of Toronto
Dr. David Ryan	Psychogeriatric Resource Consultant Program
Judith Wahl	Advocacy Centre for the Elderly (ACE)
Angela Mendes (staff)	Coordinator, Toronto Dementia Network

Regrets:

Pam Goldsilver	COTA Health
Rhona Phillips	Ontario Ministry of Health and Long Term Care
Lena Salach	Ontario College of Physicians

Guests:

Hindy Ross	Ontario Ministry of Health and Long Term Care
Sandi Pelly	Ontario Ministry of Health and Long Term Care

1. Welcome and opening remarks

Dr. Liu welcomed everyone. Members of the Steering Committee introduced themselves.

2. Approval of the agenda

The agenda was approved as distributed.

3. Approval of Minutes of June 7, 2005

The minutes were approved as distributed.

4. Membership on the Steering Committee

Several new members have joined the Steering Committee: Janice Buchanan, Stacey Daub, Penelope Minor and Lena Salach. The Website Committee has only 3 members, Françoise Hébert, Rhona Phillips and Angela Mendes, and needs outside representation. Jeyasingh David, Manager of the Tamil Caregiver Project at Providence Healthcare, was suggested.

5. Dementia Toronto website

Françoise Hébert provided statistics on the number and type of visits to the web site over the last two years and explained how the 'email blast' service works. She reminded members of the steering committee that they can list educational events on the events pages, and advertise them through the 800 + names 'e-mail blast' service.

The Toronto Dementia Network database/website has become a model for other dementia networks. To date, we have provided support to the Dementia Networks in Sault Ste Marie, Peel, Halton, York and the three Dementia Networks of the Champlain Region in Eastern Ontario. Whether or not they have actually built a website/database, these Dementia Networks have all requested advice and electronic files to use as a starting point in developing their own projects.

Stacey Daub suggested working in close cooperation with the Toronto CCAC. Marta Krywonis suggested a presentation of the web site and database to CCAC staff.

6. Geriatric Emergency Nurses

Vija Mallia requested information about Geriatric Emergency Nurses, such as how many there are in Toronto and how their position has evolved.

David Ryan explained that the Geriatric Emergency Management Program is a team of eight clinical nurse specialists and advanced practice nurses, funded by the MOHLTC. GEM services are located in Toronto at St. Michael's Hospital, Rouge Valley Hospitals, York Central Hospital, Credit Valley Hospital and Humber River Hospital and in London, Kingston and Hamilton. Coordination of the development and evaluation of this GEM program is the responsibility of the Regional Geriatric Programs of Ontario. Dr. Ryan chairs the liaison committee for the program. The program focuses on the needs of seniors over 75 years of age for whom an emergency department visit can be a sentinel event for loss of independence. The goal of the program is to identify patients at risk, conduct targeted assessment, divert inappropriate admissions, manage appropriate admissions, and build capacity in the ED and across the sectors of care. These 8 nurses are also joined informally to other existing GEM nurses in other hospitals (e.g. Sunnybrook, North York, Markham Stouffville, and St. Joseph's Health Centre). Dr. Ryan described the programs goal to avoid unnecessary redundancy in program development while preserving the diversity required by the GEM program's eight very distinct communities. A progress report on the program will be posted on the RGP website www.rgp.toronto.on.ca

Stacey Daub added that the Toronto CCAC and the Toronto General Hospital Emergency Department have been working in collaboration and integrating information. Electronic referrals are being made to the Toronto CCAC. This project will likely be extended to other hospitals including St. Michael's and Sunnybrook.

7. AKE, PAG, Round Table

Judith Wahl reported that the Alzheimer Round Table is a diverse group of 40, including nurses, police, caregivers, physicians, persons with dementia, politicians, and others. The group has discussed a framework for long and short term care and is focusing on the practical aspect of how things work and how to make them work better.

Barbara Liu reported that the Provincial Alzheimer's Group is composed of some 30 members. Two subgroups she has been assigned to are discussing the roles of PRCs, PECs and Dementia Networks.

Françoise Hébert reported that the Alzheimer Knowledge Exchange has hired Katherine MacDonald as Coordinator, to implement a framework for collaboration among PRCs, PECs and Dementia Networks. An electronic copy of the Alzheimer Knowledge Exchange newsletter will be sent to steering committee members.

8. Primary Health Care Models - presented by guests Hindy Ross and Sandi Pelly

The Government of Ontario is developing models to transform primary health care.

- **Family Health Networks** - physicians are paid a capitated amount based on their roster. There is a small component of fee-for-service payment plus bonuses and incentives for providing comprehensive care.
- **Family Health Groups** - as in the FHN, physicians share after hour services and on call coverage to the telephone health advisory service where patients have 24 hour access to a nurse who will direct their call to a physician if necessary. However, in all other respects,

the physicians do not work together (unlike the FHN). This is a fee-for-service model with some bonuses and incentives for comprehensive care.

- **Family Health Teams** - interdisciplinary teams. Most Family Health Teams will consist of doctors, nurses, nurse practitioners and other health care professionals, who work collaboratively. Objectives are best care when you need it, as close to home as possible. More information about Family Health Teams is available online at the Ontario Ministry of Health and Long-Term Care website (http://www.health.gov.on.ca/transformation/fht/fht_mn.html).

9. Dementia LINC

Dr. Carole Cohen reported that the *Dementia Local Integration Network in the Community* (Dementia LINC) was established at Sunnybrook in 1998 as a community of partners. Partnering organizations include the Community Psychiatric Services for the Elderly at Sunnybrook, the Alzheimer Society of Toronto, Baycrest Centre for Geriatric Care, SPRINT, COTA, North York CCAC, and others. The LINC group discusses issues in dementia care, encourage information sharing among partners, prevent overlap and better coordinate services provided to persons with dementia and to their caregivers. Issues raised at meetings can lead to further research. The Dementia LINC also provides advice for the Toronto research group of the NET (New Emerging Team) grant "Transitions in Dementia Care" funded by CIHR.

10. Psychogeriatric Resource Consultants (PRCs) and Public Education Coordinators (PECs): Goals and Activities

PECs:

Kari Quinn-Humphrey made a presentation on the role of Public Education Coordinators (PECs) as mandated by the Ministry of Health and Long-Term Care. Ontario currently has 40 PECs who work as full time employees in the local chapters of the Alzheimer Society, providing education to different segments of the community.

Judith Wahl suggested that ACE would like to work in collaboration with the PECs to provide training sessions to bank staff. The idea of team teaching was reinforced by Dr. Cohen.

PRCs:

- Toronto has 11 PRCs who provide educational services to staff in long-term care homes, community service agencies and community care access centres. The program is coordinated by the RGP. The current program bulletin *Psychogeriatric Resource Consultation Program of Toronto – Bulletin October 2005* was distributed.

Dr. David Ryan reviewed the work that the PRCs have done for the Toronto Dementia Network community consultation process and distributed two working documents on this project.

- *Common misunderstanding, frequently asked questions and situations we most need to avoid: The results of an intersectoral focus group with dementia care professionals.*
- *A compilation of available materials providing some answers to the common misunderstandings, frequently asked questions and situations we most need to avoid.*

In the next phase of this project, steered by Dr. Ryan, Rhona Phillips and Amanda Falotico, the materials will be reviewed for gaps and inconsistencies and user friendliness, in part through consultation with lay and family caregivers.

Judith Wahl recommended the publication *Long-Term Care Facilities in Ontario: The Advocate's Manual*.

11. Adjournment

The meeting adjourned at 12.00 p.m.