

# Toronto Dementia Network

Minutes of the Seventeenth Meeting of the Steering Committee, October 17, 2006 at 9:00 a.m.  
COTA Health Office in Lawrence Square, 700 Lawrence Ave West, Toronto

## Present:

Dr. Barbara Liu (Co-chair)	Regional Geriatric Program of Toronto
Stacey Daub	Toronto Community Care Access Centre
Amanda Falotico	Providence Healthcare
Marilyn Grunier	COTA Health
Eric Hong	Yee Hong Centre for Geriatric Care
Rhona Phillips	Ontario Ministry of Health and Long Term Care
Dr David Ryan	Psychogeriatric Resource Consultation Program
Lily Spanjevic	Toronto Rehabilitation Institute
Anne Stephens	St Michael's Hospital
Judith Thompson	Baycrest Centre for Geriatric Care

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## Regrets:

Françoise Hébert (Co-chair)	Alzheimer Society 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
Vija Mallia	Castleview Wychwood Towers Home for the Aged (OANHSS)
Penelope Minor	Baycrest Centre for Geriatric Care
Kari Quinn-Humphrey	Public Education Coordinator, Alzheimer Society of Toronto
Lena Salach	Ontario College of Physicians
Judith Wahl	Advocacy Centre for the Elderly (ACE)

## Guests:

Margaret Cameron (rapporteur)	Alzheimer Society of Toronto
Judy Murray	CDM Master Trainer, North York General Hospital
Scott MacPherson	Alzheimer Strategy Transition Project, Manager

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### 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 27, 2005** The minutes were approved as distributed.

4. **Presentation – Journey into Well-Being. The Path to Positive Self Management of Chronic Disease**  
by Judy Murray, CDM Master Trainer, North York General Hospital

#### Background Information

- traditional role of health care has been in the field of acute disease
- new reality more care is being provided in the area of chronic disease
- average person over 65 has 2.2 chronic diseases
- clients need to change lifestyle to cope more effectively with chronic disease
- with traditional education models, minimal behaviour change occurs, often negative self management leads to client discontinuing activities
- with self management education, client becomes personally involved in care and maximal behaviour change occurs

### **Self Management Tasks**

- understanding the medical condition
- managing changes to life roles
- dealing with the associated emotions

### **Self Management Skills**

- problem solving
- decision making
- resource utilization
- building relationships with doctor and other health care providers
- achieving meaningful goals

### **Benefits of Self Management**

- healthier lifestyle
- improved health status
- reduced demand on health care system
- increased self confidence of client (Self Efficacy Theory)

### **Chronic Disease Self Management Program**

- based on Stanford model
- Master trainers go to Stanford for 4 ½ day training, must lead group with year of receiving training, can train individuals to lead groups locally (which run for 4 days – 24 hrs in total)
- yearly license involved to provide program
- programs run for 6 weeks with 2.5 hrs/wk, buddy system between members in program, may continue to meet after program ends, structured sessions run by 1 health care professional & 1 lay person
- North York General has provided training so far to Carefirst & Yee Hong (now also have Master trainers too)

### **Self Management & Dementia – discussion after presentation**

- certain cognitive skills required to self manage
- dementia is not typically considered a chronic disease
- may be of use to clients in the early stage of dementia (see article listed below)
- caregivers of persons with dementia often have chronic diseases of their own
- can help caregivers manage their own lives better so that they can help those they care for more effectively
- good program for health care professionals to participate in to better understand their clients, and be able to determine which clients would benefit from the program and those who would not
- useful tool as part of whole framework for chronic disease management
- LIHNs seem to be viewing this program favourably

### **Resources mentioned in talk:**

- Self Management for People with Early Dementia. *Dementia* vol 5 iss 3 (emailed to members Oct 17)
- Stanford Patient Education Research Center <http://patienteducation.stanford.edu/programs/>
- Ontario Patient Self-Management Network <http://www.ontpsm.net/>

## **5. Presentation – Dementia Care in Ontario: Past, Present, Future**

by Scott MacPherson

- Alzheimer Strategy Transition Project (ASTP) is scheduled to wrap up – March 2007
- currently working on local reports with Dementia Networks for each LHIN – drafts by November 2006
- AKE will provide separate “rooms” online space for the working documents for each district
- general summary for whole province will then be completed – early 2007
- ASTP is currently working to bring together the various Dementia Networks that coexist in each of the LIHNs, \$20,000 will be provided to each LIHN in the coming months to fund projects that will facilitate this process (final approval pending)

### **Action:**

- teleconference will be set up to discuss the request for proposals for use of the funds
- work will begin on report once documentation posted on AKE

- Scott will have teleconference with TDN co-chairs to perform environmental scan

## 6. Member Updates

Stacey Daub: The CCACs are undergoing major restructuring to parallel the LINH regions, with the new offices, board and staff in place by January 2007.

Dr David Ryan: A new training program has been started for the PECs, PRCs and POPs on what to do when bad things happen – work safety for staff when clients become aggressive. Program is currently being tested in Scarborough.

Eric Hong: Some concerns are being expressed in long term care community over terms of the new Long Term Care Homes Act currently under discussion in the provincial legislature, final reading due in December 2006.

Yee Hong is in the process of developing a new “Memory Program” , its goals include the development of assessment tools that are more culturally sensitive to clients whose first language is not English.