

REPORT OF PUBLIC POLICY COMMITTEE TO LHIN4DN DECEMBER 9, 2009

Committee Members: Mary Burnett, Debora Saville, Deb Bryson

The LHIN4 DN Public Policy Committee has met and identified 4 initial areas of concern and focus:

Long Term Care Facilities:

The committee identified several examples of policy disconnects in the care of Persons with dementia (PWD) in LTC homes, related to dining, shared accommodation, bathing and activation, as well as staff training. The committee is currently reviewing the new draft regulations for the LTC Homes Act 2007, in order to identify any dementia care concerns further to the ASO response, and will be looking at ways to consult with Compliance/MOHLTC. The co-chairs of the LHIN4 DN will be requesting a meeting with the Compliance branch to discuss ways of encouraging dementia-friendly experiences in LTC. In addition, Debora Saville has arranged for us to speak to the LHIN-wide LTC Network group in January 2010.

Rising Tide Report:

New report by ASC is set to be released January 2010, with data on dementia projections and predicted costs to the health care system over the next 30 years. The report will include recommendations for policy changes, and new approaches to improving the quality of life for persons with dementia and their care partners. Press conferences will be held, including one at the Scottish Rite on January 5, 12:30-1:30 pm.

Crisis Prevention/PWDs and the Emergency Departments:

When challenging behaviours related to a dementia diagnosis occur, especially in the community but also in LTC, there is no quick or consistent response for the care partner. The committee will be examining how public institutions and current resources help, and fail to help, this population.

Focusing on one aspect of this issue, the committee will review the current state of emergency department (acute medical and psychiatric) management of the needs of PWDs. There is considerable anecdotal evidence of the failure of emergency departments to respond in a sensitive, elder-friendly and dementia-competent way to PWDs and their care partners. We will be exploring current practices, including screening protocols, looking for any consistent program response. Our approach may take the form of a survey of Emergency Departments regarding their existing protocols, practices, and staff training. The committee is also reviewing the Waterloo Wellington Integrated Seniors Services approach as a model we could promote within our LHIN. Other models/initiatives to be reviewed include the Hospital Elder Life Program (HELP) at HHSc, a new ER initiative at Jo Brant to provide a quiet waiting area for admitting older adults,

and the Burnaby Hospital ER program that saved 1,170 patient days in 4 months and reduced the average hospital stay of older adults by 4 days, through a combination of staff education and the use of a geriatric emergency nurse clinician.

Home First and the CCAC:

The committee plans to review the philosophy and process of implementation of this initiative, to ensure that the approach is dementia-friendly. The media impression of this approach has thus far been negative, emphasizing that PWDs are rushed out of hospital, their care partners given little emotional or practical support, and the process involving a great deal of stress for our client population. The stated philosophy behind this initiative is potentially positive for PWDs and their care partners, i.e. not forcing persons to make important decisions about placement in response to the exigencies of hospital discharge. We will investigate the reality of this process for PWDs and their care partners, and how the Home First initiative is being rolled out across LHIN4.