

Ontario Dementia Network

Meeting, April 8th, 2010, 1000-1600 hrs.

Alzheimer of Ontario, Boardroom, Toronto.

Minutes:

1. Welcome and introductions: Attendance list attached. All members were welcomed by Kathy Wright. Each member was asked to give a brief overview of how their networks are currently functioning and how the work load is accomplished.
2. A) AKE website overview: www.akeresourcecentre.org The AKE website is not password protected and is open for all to view. Karen Parrage and Karen Gill provided the members with an overview of the AKE website and specific information as to how and where the dementia network resources are now available on the website. Any dementia network that wishes to have their minutes posted on the website can forward them to Karen Gill. Members were pleased to see the variety of resources that are now available for their use on the site. Any other networks that have resources that they would like to see posted are able to do so by forwarding them to Karen Gill.
B) Driving and Dementia: this is for information only to let members know that in the near future there will be a Driving and Dementia module available on the site for family physicians.
3. Physician Education:
 - Champlain DN: Dr. Dalziel reported that the Champlain Physician Education Committee has successfully been providing physician education to 500-600 physicians over the last 8 years. They also have a physician newsletter that goes out via fax 3 times per year. They have also tried a number of short term projects: with pharmacists the utilization of the dementia quick screen tool with follow up letters to GPs, screening in retirement homes etc.
 - Hamilton DN: Dr. Gagnon reported that they too have a subcommittee/ working group that is for Physician Education. Much education is also provided through RGP but it is not being captured. Currently the elderly in the ER is their focus. They have funding to conduct a survey of ER physicians to determine their learning needs and what type of presentation would work best for them. Their Service Delivery Group wants a link to short concise information on behavioural issues, work up, meds and community referral options. They are going to be presenting to all ER Chiefs in Ontario eventually. How can they best help the care of dementia patients in ER? There is a huge push in Hamilton hospitals re ALC beds. The most recent scan in LHIN 4 shows 75% of these patients have dementia.
 - Group discussion: FIT training for Memory Clinics through OCFP- there is money available for training in these modules; OMA and MOH looking at various

funding options in care of dementia clients. RGP program training is more attentive to dementia in the primary care settings.

- How can ODN help? Should we work on new initiatives or in modification of older ones?
- Discussion around the CDN Physician newsletter and the possible benefit of having it as an ODN Physician Newsletter. All felt it would be wonderful to have this resource available throughout the province (also on the AKE Resource Centre website).

ACTION ITEM: Bill Dalziel will seek permission from Champlain Physician Education Committee to allow the CDN Physician Newsletter to become the ODN Physician Newsletter. If permission from CPEC granted Bill will convene a working group to assist.

- It will be proposed that CPEC take the leadership role in the organization of this provincial endeavour. Currently it is produced three times per year. It will be modified in some aspect to allow for local input. It was agreed it would be sent electronically where possible. It would be sent out to Regional Dementia Networks for distribution in their local areas. It will continue to have bilingual production. Hope to be set for a fall distribution. **The development of the ODN Physician Newsletter will be discussed further at the June ODN meeting.**
 - Other options for Physician education were discussed. The PEER Presenter Program is slow in being revitalized. This was an especially useful program in those areas where access to a specialist is limited. David Harvey made reference to the fact that there is a small amount of money remaining with the OCFP which will probably be used for a couple of PEER Presenter Programs in rural areas. The option of providing webinars through AKE for education of GPs is not seen as an easy or practical thing for ODN to try and implement.
 - It was agreed that we could focus on Family Health Teams (FHT) and Community Health Centres (CHC) and get them on board through issues of dementia care in primary health care. This would be a multi disciplinary focus not simply physicians. Rising Tide and QIIP Initiative (a quality improvement initiative for FHTs, one of the current focuses is chronic disease management of diabetes) could provide opportunities to build on. Andrea Moser is going to find out about FHT meeting days. Mary Burnett will approach in the Hamilton area Dr. Carrie McAiney and Terry McCarty from FHT there. **We will bring ideas back to the June meeting to further develop an education focus.**
4. A) & B) Request from Champlain Dementia Network: handouts for this discussion were included with agenda. Barbara Schulman Planner for the Champlain Dementia Network led this discussion. The Education Committee of the CDN in January 2005 published a position paper on dementia education in certificate undergrad programs.

Education is seen as a provincial responsibility, therefore the Education Committee of CDN would request that ODN take the recommendations as presented in the report and develop actions to move them forward.

Champlain Education committee has done some work over last five years in Champlain area but feel they have had little impact in changing the curriculum of students. There followed a lively discussion on the magnitude of this task when looking across all certificate programs in Ontario. Discussion took place about many aspects of dementia education and hiring practices followed and how best to have a positive impact for dementia clients.

The ASO Core Competencies work of five years ago has not moved forward and will require some further.

It is agreed that PSWs are the largest group working with clients who have a diagnosis of dementia. By changing PSW education we could have a very large impact on dementia care.

David Harvey reported that Ontario Community Services Association (OCSA) is sponsoring an initiative to create a PSW Association. Service Employees International Union (SEIU) is also advancing PSWs in Ontario; they are establishing a registry of PSWs.

Could we work with the Ministries to establish curriculum and have only one accredited program for PSWs. Currently PSWs take a variety of course/modules after graduation to provide them with training and skills in dementia care. LTC settings need to be encouraged to change their hiring practices to hire only PSWs who have completed dementia certification programs. All agreed there is great merit in working towards change in PSW education.

It was agreed that the ODN will adopt the following Public Policy Initiative: to work towards standardization of PSW education in Ontario.

Action item ODN to contact OCSA with regards to next steps.

5. ODN Funding: Kathy Wright has been unable to make contact with the Trillium representative to discuss the possibility of ODN submitting a grant application. She will try to have information for the June meeting. Discussion followed on what other types of grants might be available to support the work of the ODN.

ODN as a CoP through AKE has \$5000 as of April 1st to support the work and there is \$3000 to support an annual meeting.

Mary Burnett informed the group of the possibility of submitting a New Horizons Grant (due date April 15th) as we can be seen as improving the lives of seniors in our communities. This opportunity was declined at this time due to the short time frame.

Bill asked the group about how they felt about working with pharmas and asking for monies to support projects. All felt this was acceptable as long as all pharmas are approached. They then could also be invited to become members of ODN.

If ODN was successful in receiving grant monies it could filter down to support the work of Regional Dementia Networks.

The Novartis donation of \$9000 in conjunction with the OCFP is to support the PEER Presenter program, which is currently not moving forward.

Action Item: David agreed that he would explore with Novartis the opportunity to utilize this money to support the ODN. Bill will approach the other pharma companies. David and Bill will collaborate on the specifics of the requests.

David announced the Alzheimer International Conference being held in Toronto on March 26-29, 2011 www.adi2011.org to register for conference updates. Save the date in your calendars now. There will be an invite for poster presentations.

6. Public Policy: Rising Tide 10/20 update from David Harvey. The report was launched very successfully on March 24th. In the lead up to the election in October 2011 ASO is trying to get political parties to adopt it for their platforms over the next few months. ASO website has been experiencing increased traffic since the launch. A more detailed document will shortly be following that will show financial estimate to enact the changes proposed. Andrea Moser commented that she raises the issue frequently that AD is a disease that requires chronic disease management. On the ASO website www.alzheimerontario.org there is the capacity for individuals to email to their specific MPPs an advocacy piece. A new power point presentation will soon be available on the website for all to use in their presentations.

ACTION ITEM: Regional and Local DNs are being asked to write letters of support to their MPPs. All members are asked to encourage their various partners to support this initiative as well

David also informed the members about a recently released interim report from the Select Committee on Mental Health and Addictions (copy attached with minutes) that has a section on seniors and dementia care.

ACTION ITEM: RDNs are asked to write letters of endorsement to the committee and make some suggestions of solutions such as First Link, Adult Day Care expansion and Specialized Behavioural Units.

Behavioural Support Systems Project Phase 1. David explained that this is a system of support for clients with behavioural challenges across the continuum of care. Project

was launched in February 2010 and is underway in Ontario. There is a slide deck on the AKE web site. David talked about the desire to reach out to family caregivers that have lived the experience of great challenging behaviours and the ability to bring 6 -7 family caregivers together in a focus group to seek information on what for them were their greatest challenges, what were their barriers to better service and what were the three top changes that would have benefited them the most. As well the project is gathering an inventory of existing programs in Ontario that make a positive impact on behavioural issues. Website for the project is www.bssproject.ca. You are able to add your information to the inventory online.

ACTION ITEM: Each RDN is asked to contact David Harvey by April 30th if they are able to assist with these caregiver focus groups.

Other policy issues discussed were:

- Funding of LTC homes especially those that do provide dementia centred care- CMI and MDS do not properly rate behavioural issues. Behavioural issues often require greater staffing but receive less funding than physical care needs.
- CCAC also does not recognize the needs of families facing behavioural issues in their homes and subsequently families receive less hours of support.
- Care that supports a chronic disease management approach inclusive of dementia care
- First Link Program is not a funded province wide program. Care that supports the importance of early diagnosis and interventions as part of the continuum of care is seen as positive.
- Lack of a province wide planning framework for LHINs on dementia care.

ODN Public Policy Initiatives:

- Pursue PSW education standardization project.
 - Focus on a provincial strategy that comes from the Rising Tide document.
7. A) Ontario Neurological Strategy: David reported that 18 months ago 17 neurologic charities in ON came together to begin a strategic planning process with the MOH. A report has been presented that calls for a Brain Strategy for Ontario. Some of the areas of interest for those involved in dementia care would be how do we reconcile an AD strategy with a neurological brain strategy. The AD numbers are helpful in building a case for driving the ASO message forward. Dementia is a disease that will overwhelm society as we age.

National Neurological Health Charities: federal government does not want disease specific approach. They have awarded a\$15 million grant to conduct prevalence study across all neurological diseases.

B) Ontario Caregiver Coalition: work is focused on dementia. The MOH is very pleased with this work to date.

8. Other Business: Andrea Moser reported on a very recent submission to OMA about primary care dementia strategy. Andrea will provide a copy of submission to members for their information.

Next meeting via conference call on June 15th, 2010, 0830-1000 hrs