



DEMENTIA CARE NETWORK ALGOMA STEERING COMMITTEE

Tuesday, December 6, 2005
10:00 a.m. to 12:00 noon

Alzheimer Society of Sault Ste. Marie and Algoma District
633 Albert St. E.
Sault Ste. Marie, ON

MEETING SUMMARY

Present: Duane Buchanan
Barb Forest – Seniors Mental Health, Sault Area Hospital
Hazel Yakich – VON Algoma
Sharon Swain - Red Cross Health Services
Cynthia Farquhar – Huron Lodge
Arlene Gear – Psychogeriatric Resource Consultant, NEMHC
Carolyn Cybulski – Alzheimer Society
Jim Dalglish - CCAC
Linda Walsh – F. J. Davey Home
Andrea Kramer – Sault College Nursing Student
David Murray – CEO, Northeast LHIN

1. Arlene welcomed everyone including guest Dave Murray. Introductions made.
2. Dave provided background on the current status of the Northeast LHIN:
 - Legislation has been tabled that gives the LHINs their mandate and authority. Currently in second reading. Hoping it will be passed in early spring.
 - CCACs will collapse into 14 areas to coincide with LHIN boundaries.
 - LHINs will do planning, funding, and quality assurance functions only; will not be providing direct service.
 - LHIN will initially be doing planning; by 2007 fiscal year, will be funding hospitals, long term care homes, community support services, and CCACs. (Funding authority will be passed to the LHIN board to approve service plans once legislation is final).
 - Not covered by LHINs: independent physicians, family health teams, public health units, labs (will continue to be financed provincially). 70% of the existing system will fall under the LHIN.
 - Community engagement activities will be undertaken to assist in planning.
 - LHIN office in North Bay is staffing up to approx. 25-30 employees who will primarily be doing planning, accounting, and analysis. Back office functions (e.g., HR, IT) will be done provincially.
 - Types of LHIN planning activities:

- Providing information.
- Encouraging planning together with stakeholders.
- Providing professional planning, analysis, and tools.
- “LHIN within a LHIN”: Northeast LHIN will probably be broken down into smaller planning areas. Planners will be linked to specific communities so that they get to know them.
- Current LHIN boundaries are “soft” and open to change if they are not working.
- LHIN Board – Order in Council appointments; takes a regional view; oversees CEO and the planning team; advocates for the LHIN area at a provincial level; accountable to minister and communities within the LHIN area.
- LHINs can’t force an agency to merge or take away service; only the minister can make those decisions.
- Dave’s email address: david.murray@LHINs.on.ca

Jim discussed the changes to CCAC structure:

- Hoping for new CCACs to be up by April 1 but may not be realistic – will be driven by legislation.
- There will be new board appointments (likely from existing board members).
- There will still be a local spokesperson at each site. There will be no impact on front line staff, but management staff will be affected. Headquarters will probably be in Sudbury or North Bay, but not all positions have to be based out of headquarters. Back office functions will be consolidated.
- \$70 million budget for the new Northeast CCAC.
- Hoping for overlap of new EDs with existing ones to minimize impact of changes.
- Looking at specialized services in the future, and use of common assessment tools.

3. Dementia Network Presentation: Arlene and Carolyn gave an overview of Dementia Network activities, as well as issues and concerns related to dementia care in Algoma District. Jim noted that there may come available 20 additional interim long-term care beds in addition to the 45 which currently exist.
4. Carolyn summarized website activity over the past 3 months.
5. Duane reviewed the main activities of the education committee since its inception:
 - Care map
 - Physician newsletter
 - PSW newsletter
 - Website.
6. Carolyn reviewed correspondence that came from the Transit Sub-committee, which stated that:

- Attendant fees will be waived for persons requiring attendants on regular transit and para bus transit providing the necessary documentation is provided (forms available at Transit Office on Huron St.).
- In addition to physicians, other regulated health professionals may now provide the necessary documentation to obtain a card.

The group decided that these changes may be sufficient to meet the needs of people with dementia who use transit services.

7. Jim reviewed the CCAC policy on respite care. After reviewing the legislation as well as CCAC's policy, he advised the group that there is no requirement that clients must have a personal care need in order to access respite services.
8. Round table reports: (additional information provided for the benefit of Dave Murray)
 - Seniors Mental Health Services
 - 3.5 FTE + full time secretary
 - Catchment area = Thessalon to Wawa including SSM
 - 150 – 170 clients on caseload at any given time
 - 25 – 40 referrals per month; try to keep wait list low
 - Provide psychiatric assessments for people over 65, consulting and referrals
 - Access to geriatric psychiatrist through U of T program
 - Lack of GPs creates difficulties for this program.
 - Huron Lodge
 - Approximately 20 FTE
 - Provide a variety of support services
 - Moving forward with supportive housing projects; working with private landlords sometimes an issue; therefore Huron Lodge is trying to acquire their own building.
 - Red Cross Health Services
 - Homemaking contract with CCAC
 - Approx. 580 clients across Algoma from Hornepayne to Spanish
 - Approx. 90 Community Support Workers (most are PSWs)
 - Also services Sudbury – 380 clients and 65 workers; includes a small supportive housing program in Azilda and Chelmsford with 44 clients (frail elderly)
 - More supportive housing units are needed for SSM
 - Recruitment of PSWs is a major issue – program has been extended to one year; Red Cross has obtained funding for a PA+2 course in Sudbury to address this problem.
 - VON Algoma
 - 4 full time and 2 part time staff
 - Visiting hospice program: 20 – 25 volunteers
 - Adult day program: 13 clients – some attending once per week; others 3 days per week
 - Pain and symptom management and palliative care initiatives
 - Fundraising initiatives.
 - Alzheimer Society
 - 6.4 FTE

- Ministry funding of approx. \$112,000 to provide support and education services and volunteer visiting program.
- Other non-ministry funded services include in-home recreation therapy program and wandering person registry.
- Recently opened an East Algoma satellite office in partnership with Huron Lodge.
- Psychogeriatric Resource Consultant (PRC) – NEMHC
 - 3 PRCs cover the entire northeast to provide dementia education to ministry-funded agencies; lots of travel involved.
 - Moving from general education to case-based education.

9. Next meeting: Tuesday, March 28, 2006 at 10:00.

10. Adjournment: 12:05 p.m.