

**DEMENTIA CARE NETWORK ALGOMA  
STEERING COMMITTEE**

Tuesday, June 29, 2004  
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 Buchanen  
Barb Del Paggio  
Phyllis Youmans  
Barb Forest  
Carolyn Cybulski  
Hazel Yakich (left early)

1. Committee members were welcomed to meeting.
2. Barb Del Paggio provided an overview of the CCAC's referral process. There is no need for a physician to make to referral – anyone can refer. Clients are classified into either long-stay or short-stay (acute). Long-stay clients must be seen within 14 days due to complex needs. Short-stay clients must be seen within 60 days. Long assessment form is used across Ontario for consistency. A new referral form is being piloted over the summer (pilot began June 11). The form will be forwarded to the referring agency any time a Care Coordinator informs a client about a service of the agency. If the Care Coordinator notifies someone who is not a CCAC client about the agency, the form will be forwarded to the agency minus the identifying data (due to privacy concerns). In this way, agencies will be able to track the number of referrals the CCAC makes to their services.

Barb also described the CCAC Appeals Process. Clients have the right to appeal decisions about eligibility for services. Clients start the process by notifying anyone at the CCAC that they would like to appeal the decision (client can even just tell the receptionist). The information is passed on to Barb, who arranges for a reassessment by another Care Coordinator within one week of receiving the request. When the reassessment is completed, the Care Coordinators and managers meet to review the assessment and decide on eligibility. If the client is still unhappy with the decision, the appeal will be forwarded to the Appeals Committee. All clients receive information about the Appeals process, but this notification may not be happening consistently with people who have not been admitted to service.

3. Carolyn reported on the meeting between CCAC and 3 members of the Dementia Care Network (Carolyn, Barb F., Susan) regarding the list of priorities which was sent to the Ministry of Health. Issues addressed included: referrals to Adult Day Programs, in-home respite, counselling, and CCAC case management services. Discussion ensued regarding roles and responsibilities related to

referrals/admissions to Adult Day Programs. Barb D. reported on a new CCAC initiative that allows end-stage palliative care clients to have a maximum of 104 hours of care per month.

4. Carolyn reviewed the draft letter to the Accessibility Committee regarding eligibility for ParaBus services. Committee members approved the letter, which will now be sent to the chair of the Accessibility Committee. Phyllis indicated that HandiLift services may not be meeting the needs in Elliot Lake – this topic to be explored further at next meeting.
5. Carolyn reported that she has tried speaking with the contact from the Physician Recruitment Committee re: need for increased geriatric psychiatry services, but has received no clear direction on who should be lobbied (ie the Physician Recruitment Committee or the MOHLTC). Barb F. will speak with her Manager to get more information. Barb F. also indicated that Dr. Andrews (visiting geriatric psychiatrist) has expressed interest in increasing the use of telemedicine for this client population.
6. Samples of Dementia Network logos were reviewed. Suggestions will be forwarded to the graphic designer who is working on the project *pro bono*.
7. Next meeting: Monday, September 20, 2004 at 10:00 a.m. Meeting adjourned at 12 noon.