



DEMENTIA CARE NETWORK ALGOMA STEERING COMMITTEE

Wednesday, September 17, 2008
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
Cynthia Farquhar (via teleconference)
Sharon Swain
Brenda Paat (guest)
Chantal Evans
Arlene Gear
Carolyn Cybulski

1. The group welcomed guest Brenda Paat, GEM Nurse Practitioner at SAH, and new member Chantal Evans, Nurse Case Manager at the North Shore Tribal Council.
2. Brenda Paat provided an update on the Geriatric Emergency Management (GEM) Program at SAH. There are over 30 GEM programs throughout Ontario but the role of each varies. Brenda's role is to see seniors at risk, 75 years of age or older, primarily those without a family doctor, who present in ER or the walk-in clinic, with the goal of preventing hospital admissions. She will do follow-up with orphan patients. The ISAR (Identification of Seniors at Risk) tool is not currently being used. Agencies may call Brenda through the walk-in clinic if there is someone they want her to see.
3. Chantal Evans provided an overview of the Nurse Case Manager role at the North Shore Tribal Council (NSTC). The NSTC covers 7 First Nations communities along the Sudbury to SSM corridor. Chantal is responsible for the west end of the NSTC territory, including Batchewana, Garden River, and Thessalon First Nations, as well as the urban aboriginal/Metis population in the city of SSM. Another Case Manager, Elaine Johnson, covers the east end of the catchment area, from Blind River to Sudbury, but only First Nations communities (not urban areas). The program is intended to serve those over 55 years of age who have been admitted to hospital, with the goal of preventing re-admissions. Chantal visits clients while they are in hospital and works directly with hospital case managers to assist in organizing home support services; she then follows them after discharge. A current challenge is identifying admitted patients as aboriginal/Metis, and there will soon be a requirement that all patients are asked to identify their aboriginal/Metis status upon admission. Chantal's office is on the Rankin reserve but she works out of the case managers' house at SAH. Agencies may contact Chantal if they

have aboriginal/Metis clients that they currently work with who are admitted to hospital.

4. Cynthia discussed the “What’s Right For Me” booklet, formerly produced by the MOHLTC. The group agreed that it is an excellent tool for clients who are struggling to navigate the system, especially those who are new to the system. Cynthia has learned that these books are not currently available and there are no immediate plans to reprint them. The group decided to first write a letter to the MOHLTC advocating for a reprint of the booklet. If the response is negative, the DN will look into the possibility of producing a similar document locally. Carolyn will call the toll-free number to find out to whom the letter should be directed, and then send the letter. This item will be carried over to the next meeting.
5. Carolyn reviewed the DN website stats. It was noted that the number of page views for the physician newsletter is minimal compared to the number of page views for other areas of the website. Some suggestions made by the group include:
 - \$ Find out if there are other websites that physicians access on a regular basis and see if it’s possible to put a link to the physician newsletter on those websites.
 - \$ Ask local agencies to put the link to the newsletter on their websites.
 - \$ With each new edition of the physician newsletter, send an email blast to all contacts informing them of the newsletter with the hyperlink. (Members felt that we may never find physicians accessing the newsletter, but there is a lot of good information in the newsletter that other practitioners would also find helpful.)
6. Arlene reviewed the results of the North East Dementia Network Coalition (NEDNC) education survey. The top 5 topics as chosen by DNs across the North East are (not listed in order of priority):
 - \$ Treatment of anxiety in older adults
 - \$ Differing mild cognitive impairment (MCI) from normal aging and dementia
 - \$ Therapeutic diversion strategies for individuals with dementia
 - \$ Enhancing team dynamics, partnerships, and linkages
 - \$ Frontal lobe dementia management strategiesThe preferred method of education delivery has been identified as on-line webcast. The NEDNC’s consultant will be organizing these sessions over the next year and members will be notified about them.
7. Future meetings for the DN were discussed. Group members indicated that they found the meetings valuable and were content with education and information sharing, as well as advocacy and project-related activities when the need arises. Members stated that they were content with the frequency of meetings at four times per year. It was suggested that the “first” meeting of the year should be held in October rather than in September due to the number of committees that resume meeting in September. It was noted that meeting attendance was very low today, and that some members attend very infrequently. Members requested that Carolyn contact members who attend infrequently to determine their wishes regarding ongoing membership in the committee. It was also suggested that Carolyn use the Outlook meeting planner to make it easier for people to accept or decline meeting attendance. Arlene suggested that the next meeting be an educational “lunch and learn” session organized and paid for by Pfizer Canada. Lisa from Pfizer is willing

to coordinate an educational session for Steering Committee and Education Committee members, possibly delivered by herself or Dr. Ianni. Arlene will work with Pfizer to coordinate this and will send out possible dates to members. The probable time frame will be early to mid November.

8. Round table reports:
 - \$ Duane talked about a men's breakfast club in Hamilton that provides support for male caregivers. It is facilitated by two retired MDs.
 - \$ Sharon reported that Red Cross is working on a supportive housing program.
 - \$ Cynthia reported that Huron Lodge is currently increasing their supportive housing program by offering the program at 66 Warsaw, 100 Warsaw, and 27 Mississauga.
 - \$ Carolyn reported that the Alzheimer Society has submitted a funding proposal to the LHIN for First Link services primarily in North and East Algoma.
 - \$ Arlene is continuing with many educational initiatives and will be speaking with agencies about upcoming GPA training.
9. Next meeting: Arlene will send out further communication regarding the next meeting which will be the lunch and learn session hosted by Pfizer.