

Dementia Care Excellence Oversight Committee Meeting Notes
Overseeing Implementing of San Francisco's Strategy for Excellence in Dementia Care

Thursday, September 22nd, 2016

Present: Ruth Gay (chair), Brooke Hollister (phone), Elizabeth Edgerly (phone), Cindy Kauffman (phone), Marcy Adelman, Edie Yau, Cathy Spensley, Andrea Korsunsky, Adrienne Bousian

DAAS Staff: Valerie Coleman

AGENDA

Welcome and Introductions

Presentation: Age-and Disability-Friendly Plan Taskforce (Valerie Coleman)

- An overview on the direction, goal and next steps that the Age and Disability Friendly Task Force is taking

Update: Palliative Care project (Elizabeth Edgerly)

Overview: providing end of life care for folks living with dementia, in SF and Alameda County – Alzheimer's Association is looking at what services are provided.

- Joining and participating with existing Palliative Care workgroup – will need to do an SF needs assessment and from that, develop recommendations
- Federally, folks are working on Pal Care but often really late stage – very little benefit at that point (financially or quality of life)
- Significant discrimination towards folks admitted to ER that have dementia
- Challenges: what is it like to qualify for pal care when there's no end date for your illness?
 - The whole reimbursement piece is missing

Recap: SF General's ACE Program Visit (Andrea Korsunsky & Ruth Gay)

Overview: Andrea and Ruth toured SFGH's Acute Care for the Elderly (ACE) unit June 6th

- Dr. Edgar Pierluissi was very candid about what is working and what is not
- ACE is a separate unit, designated for acute care for the elderly
- Obstacle: person still has to go thru ER, so intake staff needs to recognize that the patient is over the age of 60, may have cognitive impairment or multiple conditions and therefore, need to be formally admitted to ACE.
- Doesn't necessarily address the issue of dementia discrimination in ER admittance.
- All rooms are private, all physicians or nurses have experience/training in geriatrics, such as medication and relevant best practices; staff do a cognitive screening on ALL patients, and provide one on one staffing ("companion" for reassurance, support, etc.).
- Almost never full – problem is getting people (in ER and main hospital) to refer up
- Currently has 30 beds and what typically triggers a referral upstairs is noticing delirium, which is most times linked to pain or medication issues.
- All of the services are brought to patients so that seniors don't have to leave the floor. For example, occupational and physical therapists will come upstairs to work with patients.
- Communal dining room that helps with socialization and beautiful outdoor rooftop garden/terrace.
- Average stay is longer than typical, generally because delirium takes a bit to recover from.

- Also incorporate transitional planning over time, making sure that there are resources for patients when they do go home.

Next steps: How can this group support this work?

- Suggestion to partner with Pal Care workgroup and use the ACE unit as a model, best practice, or to raise awareness.
- Invite Dr. Pierluissi to come to a meeting

Update: LGBT & Dementia Contract (Edit Yau)

Overview: Edie (Alzheimer's Association) in partnership with OpenHouse and Family Caregiver Alliance, are creating a curriculum that will intersect dementia with cultural humility piece, which is a 2 year grant and will be available for service providers across SF.

- The goal is to have the training roll out in Jan and available to a wide spectrum of providers, including: nonprofits, RCFE's, City staff and courses will offer CEU's.
- Press release was picked up by KQED
- Suggestion: Reach out to GWEP, may be ways to partner or potential overlap

Recap: Transportation Training (Ruth Gay)

Overview: Event was hosted in collaboration with Alzheimer's Association, public health, and Easter Seals. Intent was to bring people together, identify where the gaps are for folks and offer tangible solutions on how to make transportation more friendly for folks with dementia, especially for the early stages of dementia.

- The group primarily focused on public transportation and how to make the various agencies more responsive to this issue/concern.
- Example of existing discussions/efforts: Lyft has made a priority that half of their drivers be women; and are looking at how drivers address medical visits or support for clients and caregivers; and potentially subsidized payment for Medicaid appointments.
- Paratransit is losing their contract in Santa Clara County, going for bid again which offers an opportunity for an innovative approach.

Next Steps: How can we initiate conversations within this area?

Update: Peer Transportation program (Cathy Spensley)

- Program focused on afternoons, as that's when most issues occur – peer escorts meet clients where they're at (generally during last part of programming), peers are assigned to a client and ride with them home, to make sure they get door to door safely.
- Felton leveraged existing resources by partnering with their Senior Companion program, which also provides a small stipend for participants.
- Challenges: primarily has been a recruitment issue (finding volunteers willing to do this), as many people don't want to ride around in the vans all day.
- More popular for men to volunteer as peer riders than women, with 9 out of 10 of the volunteers being men. Staff think that this opportunity brings in volunteers who may not be inclined to volunteer for a more personal mentoring/caregiving type position.
- Received gap funding from DAAS, but in the long-term, funded by SFMTA for 3 years.
- **Next Steps:** Going to start conducting focus groups with peer escorts and bus drivers, to see how satisfied they are with this arrangement. Previously there had been considerable turn over with Paratransit drivers, many expressing frustration at not being able to help clients or seeing issues they couldn't address.

Next Steps: The LTCCC & Workgroup Structure (Valerie Coleman, Cindy Kauffman & Ruth Gay)

Overview: LTCCC has asked all workgroups to fill out specific information, aimed at creating a more cohesive policy and budget process, increase communication and effectiveness of existing

workgroups and determine whether the current workgroups best address the needs and challenges within SF's long term care realm.

- Ruth Gay will do first draft and share with members.

Next Meeting: TBD