

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

Thursday, December 18, 2014, 12noon – 1:30pm
Department of Aging and Adult Services
1650 Mission Street, 4th floor, Mission room

Ruth Gay, Policy Director, Alzheimer's Association of No. California and No. Nevada, CHAIR
Cindy Kauffman, Chief Operating Officer, Institute on Aging
Wendy Zachary, MD, Hospitalist, Internal Medicine & Geriatrics, CPMC
Joanne Handy, President and CEO, Aging Services of California
Anne Hinton, Executive Director, Department of Aging and Adult Services
Betty Fung, Director of Programs and Administrator, Self Help for the Elderly
Brooke Hollister, PhD, Assistant Professor, Institute for Health and Aging, UCSF
Elizabeth Edgerly, PhD, Education and Training, Chair
Cathy Spensley, Age and Disability Friendly San Francisco Workgroup, Chair
Michelle Venegas, Family Caregiver Alliance
Kate Toran, Transportation Workgroup, Chair
Sherrie Matza, Community Representative
Mivic Hirose, Executive Administrator, Laguna Honda Hospital
Joanne Robinson-Teran, Alzheimer's Association
Marcy Adelman, PhD, Consultant

1. Welcome and Introductions

All attendees introduced. Minutes from last meeting approved.

Additional item -- Discussion on issues related to prescribing inappropriate medications for persons w/ dementia. There is high use of psychotropic medications by folks with dementia; Ruth Gay and the Alzheimer's Association is tracking medication usage. If you have information to share, please send to Ruth.

2. Discussion of Addendum to 2020 Foresight: SF Strategy for Excellence in Dementia Care

Community conversation meetings were held to present, review, discuss and change / add to the recommendations of the original plan. After a series of meetings, the addendum was produced.

Rec #1 -- Discussion of this recommendation as a heavy lift as a public awareness campaign; good aspirational goal; needs to be well-targeted in initial action steps to make doable.

Many items have multiple levels in how we would do it, let's talk about the "whats;" the goals, and workgroups can discuss the "hows."

Can do some things in partnerships that may make them more doable.

Physician outreach in SF and how can we add to it to meet this recommendation.

What is the information you want people to have? Goal to focus on earlier detection and diagnosis; how to get the warning signs out. The objective is written for the broader community. This is a never ending goal, but something we need to do. Need a workgroup for this; bring back to larger group.

Rec#2 -- Objective is to better serve people who live alone; >40% live alone. Determine how to identify people who live alone. Education and physician outreach – these folks may interact with their MD most. But MD's don't have the information – this moves into social service mode and MD's are looking with a clinical / medical eye. Change to develop an effective response rather than series of proposals which indicate RFP process and funding.

Rec#3 – good

Rec#4 – good

Rec#5 – Remove as recommendation.

Rec#6 – Brooke will rewrite objectives 4 and 6.

Rec#7 – is actually actonalz.org; this objective should precede rec #5

Rec#8 – Put #8 under rec#7 as a bullet; and remove rec.

Rec#9 – Combine with rec#10; bullet under 10. This is general crisis response, so use a broader title and include recs # 8, 9, 10, 11 as bullets under the recommendation.

Rec # 12 – Keep.

Ruth and Melissa will meet to amend addendum, and send to group for approval prior to the next meeting.

Oversight committee will set up workgroups; let Melissa know of workgroup interest and other individuals who should be involved.

3. Solicitation of training recommendations to be included in DAAS training plan

Jill Nielsen, Program Director for APS, and Megan Elliott, Program Director for IHSS, explained their goal is that our programs at DAAS are dementia competent.

Want to make sure throughout DAAS all our staff are proficient in excellent dementia care.

What changes do we need to make in DAAS to meet this goal?

On their review, it appears rec #7, related to detection and capturing information, seems a focus for them. It involves how to standardized procedures for DAAS staff.

The challenge is that at DAAS they are dealing with departments with different roles and staff with different backgrounds in terms of education and experience. Goal would be to develop protocols that can be used with a variety of different programs.

Can do a screening but then need to know how to follow-up with the information gathered.

How could we track the data? – For example, staff have smartphones; maybe an app that has the mini-cognitive screening on it to be used in the field.

Elizabeth will look at apps out there that may serve this purpose.

With an app, DAAS would have a standard approach / protocol for staff.

Concern is follow-up piece, which presents a significant obstacle.

First phase is data collection. And can collect information of folks who are living alone. APS is using geriatric depression scale currently. IOA uses a brief gating screen, which starts the pathway for follow-up. Cindy will send.

Build on current tools. Maybe all projects come together; screening folks using the same tools and how we work together.

4. Update from Transportation workgroup

The peer escort project grant request was approved, focusing on the need for escorts in the afternoons. Peer companions would be the escorts. Pilot program will start in April. The pilot will begin with at least 10 senior companions. SF Paratransit has a list of those who need it most, and this will be the first group.

5. Update from LGBT workgroup

The LGBT workgroup is working with the Alzheimer's Association on the live alone grant. Also, the group is developing a pre- and post-survey in the LGBT community of warning signs for dementia.

6. Update on Alzheimer's Association "Live Alone" grant

Live alone project – Mandy Thomas from Alzheimer's Association is leading the project. The pilot will start with 20 individuals who live alone. Will have to determine other factors; i.e., have money or have friends or truly alone. This may result in different pathways.

Feel this could be a long term fundable initiative; start w/ pilot and then fund.

Need to start immediately with workgroup. This is a 3 year project. By end of first year, goal is to have group identified and established.

Let Ruth know if you are interested in this workgroup, and she will send to Mandy.