

# **Dementia Care Excellence Oversight Committee**

***Overseeing Implementing of San Francisco's Strategy for Excellence in Dementia Care***

Department of Aging and Adult Services  
1650 Mission Street, 5<sup>th</sup> Floor, Golden Gate Room

**Monday, August 21<sup>st</sup> 1-2:30pm**

**Present:** Ruth Gay, Cindy Kauffman, Benson Nadell, Jennifer Shannon, Zack Smith, Marcy Adelman, Andrea Korsunsky, Melissa McGee, Jill Nielson, Alison Domicone, Alicia Neumann, Carla Perissinotto

**Phone:** Jason Flatt, Austin Ord, Amie Haltman-Carson, Edie Yau, Claire Day, Susan Duong, Wendy Zachary

**DAAS Staff:** Valerie Coleman

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## **AGENDA**

**Welcome.** Members introduced, Cindy Kauffman will be supporting the workgroup efforts by joining as co-chair.

### **Updates:**

- **Jennifer Shannon gave an update on the Live Alone Project** – gave an overview of the project (see handout). Gave final attendee numbers and demographics, shared tools that resulted from evaluation and will have a lessons learned and complete report at the next meeting. Also shared California wide tool kit (attached with minutes) and will develop a San Francisco specific one.
- **Also provided update on ADI-SSS grant** – have a quick overview (see handout). As the first year, the projects are ramping up and developing tools but the challenge is actually receiving referrals. Out of 17 presentations to 190 staff, supervisors, and residents, have only received 9 referrals. Handed out a flyer and was member feedback.
- **Edie Yau gave an update on the LGBT Dementia Care Project** - in partnership with OpenHouse and Family Caregiver Alliance, just wrapped up and hit all the goals for year one, including 24 trainings, number of participants, and outreach. Have revised trainings and the goal is to target home healthcare agencies and residential care facilities (RCFE's), with the idea that these are the agencies that people with dementia will work with or utilize. June 6<sup>th</sup>, 2018 there will be a summit at the state building here in San Francisco with Supervisor Scott Weiner and the goal is to provide an overview of what we learned.
- **Alicia Neumann gave an update on the Optimizing Aging Collaborative** – (ask handout) in the 2<sup>nd</sup> year of a 3 year grant, primary thing they're working on is bridging the healthcare services and social services and gave an update on specifically what they're working on with regards to dementia which includes: early dementia screenings to be released later this year, a flyer for to be shared with Homebridge clients and workers, assess Homebridge training, partnering and sharing advanced care planning tools, and

have trained over 250 people on cognition issues, along with follow up assessments. (ask Alicia about dementia training in part of police training)

- **Ruth gave an update on the Peer Escort program, on behalf of Cathy Spensley from Felton Institute** – program is now in its second year, with funding from a state transportation grant funding. Working with MTA, Felton will conduct a series of focus groups with all program participants (dives, SFMTA staff, peer escorts & host sites) to better evaluate the program. More details to come.

**Shared** article “Quality Improvement in Neurology: Inpatient and Emergency Care Quality Measure Set” by Dr. Josephson.

### **Discussion & Next Steps:** Hospitals and Dementia Care Transitions

Discussion that the crisis mobile emergency response project was a challenging – trying to tackle too much. Originally there were two completely different suggestions: a mobile crisis unit that aims to prevent ER/ED visits or working with patients admitted to emergency departments, and ensuring that there is a safe transition home specifically for people with dementia. Austin talked about it at the Post-Acute Care work group, they’ve come up with a similar idea and might be good partners moving forward. What direction should the group focus on moving forward?

### **Member Discussion:**

Realization that there may be times when there’s no medical reason to admit them, but often times just the admittance can have an impact on clients – what if there was a care transitions team to get people back into their homes.

There are some preventative models in Canada that obviously works better with a single payer health insurance model. UCSF also has developed an internal age friendly model that involves screening and the use of house calls to address possible issues and provides preventive care and support. Wendy talked about running the only California HELP program, mentioned in above article and it’s a fantastic model.

There was a suggestion that it would be better to send clinicians on the road as a way to prevent unnecessary admittance, similar to the mobile unit or house call models. Another suggestion included having a dementia advice hotline where someone is trained to triage and prevent hospitalization or support caregivers and/or people with dementia out in the community.

Another possibility might be of supporting IHSS social workers being trained in cognitive impairment, and utilizing them as a resource. It was also discussed that individuals may be readmitted to small RCFE’s, possibly without being treated. Different types of people being admitted where dementia may be a minor aspect, may be other comorbidities that patient is dealing with.

Jason mentioned a project that involved dementia care specialists around care coordination and involves different levels of training and offers tools – referring to the Medi-Medi population grant. Challenge is that dementia is not recognized in primary care so working on training primary care physicians. Next goal is to train IHSS workers around dementia

**Take-away** – are we tackling the back-end (emergency room admittance and transition back to community) or starting at the front end (identifying preventative opportunities)? Decision to focus on addressing patients with dementia that end up in ER/ED rooms and ensuring a safe transition back to home.

### **Next Steps:**

- Have a core group of people that come together and work on next steps: set up a meeting to discuss some of the ideas shared and what next steps would look like. Members include: Wendy, Benson, Cindy, Marcy, Jason, Carla, Susan, Alicia – ideally the group could come up with some sort of a proposal about what the deliverable might be.

**Announcements.**

None.

**Next Meeting:** Monday, November 13<sup>th</sup> 10-11:30am