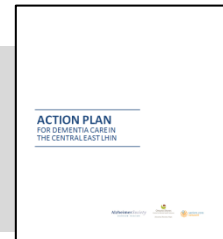


# Action Plan for Dementia Care In the Central East Region – Phase II



## Prioritizing The Action Plan Recommendations

### 1. Background:

On June 1, 2016, the Alzheimer Society of Durham Region, Ontario Shores Centre for Mental Health Sciences and the Seniors Care Network submitted the 'Action Plan for Dementia Care in the Central East LHIN' (Action Plan) and presented to the Central East LHIN Board on June 22, 2016.

### 2. Results of the Action Plan Submitted:

The Board instructed Central East LHIN Staff to review this Action Plan for Dementia Care in the Central East LHIN and provide recommendations regarding the next steps that arise from this review and timelines at the next Board Meeting. The Motion requests that the Steering Committee:

*“With this motion, Central East LHIN staff are directed by the Board to review this Action Plan for Dementia Care in the Central East LHIN and provide recommendations regarding next steps that arise from this review and timelines at the next Board Meeting”.*

Central East LHIN Staff re-engaged the project team and requested that they complete a simple classification for the Action Items that describes

- 1) impact (high/low) and effort required (high/low); and
- 2) classification of each action item as short, medium or long term

### 3. Methodology

Representatives from the co-lead organizations reviewed and rated each recommendation within the Action Plan using a Priority Matrix tool and assigned each recommendation as a short term (ST), mid-term (MT) or long term (LT) objective using their subject matter expertise and best judgment. ST, MT and LT were classified based on the definitions used by Public Health Ontario<sup>1</sup>:

- short-term objectives is 2 months to 1 year
- medium-term objectives is usually 1–5 years
- long-term objectives is usually over 5 years

Reviewers agreed to focus on those recommendations identified as high-impact, as they were perceived to be of greatest importance to people living with dementia and their caregivers. The final lists of recommendations were then grouped into common themes (i.e. Transportation).

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<sup>1</sup><https://www.publichealthontario.ca/en/ServicesAndTools/ohpp/LearningCentre/PlanningWorkbookOnline/Step3/Pages/What-is-this-step-about.aspx>

## 4. Final list of priorities derived from the Action Plan

This section describes the nine resulting priorities, distilled from the Action Plan, and includes several sample activities relevant to each priority. It is expected that full implementation plans will be developed for each priority that is to be implemented and that additional insights from the original action plan will inform any future implementation.

### **PRIORITY 1: Implement a cross-sectorial dementia-specific transportation plan**

**Timeframe:** MT

*High-Impact/High Effort*

*Sample Activities:*

- *Work with transportation providers to identify new strategies and options for the transportation needs of people living with dementia (MT)*

### **PRIORITY 2: Create and implement a dementia navigation system that includes coordinated access, clear pathways and navigation support**

**Timeframe:** MT for both development and implementation

*High-Impact/Low Effort*

*Sample Activities:*

- *Develop a prevention/preparation package, drawing on existing work done by the Alzheimer Society and others to support individuals to come to terms with eventual driving cessation. (MT)*

*High-Impact/High Effort*

*Sample Activities:*

- *Provide access to post diagnostic support, including psychological and navigation support, for the first 12 months. (MT)*
- *Prioritize the implementation of a shared digital record, including advancing appropriate infrastructure for all involved service provider organizations, to support people and information sharing throughout their life with dementia. (MT)*
- *Provide diagnosis, assessment & supports that respond to the cultural and linguistic needs of the individuals accessing them (e.g. French language services, First Nations, other cultural groups). (MT)*

### **PRIORITY 3: Create and implement a regional education and public awareness plan that builds upon existing education and public awareness programs**

**Timeframe:** ST to create the plan and MT to implement

*High-Impact/Low-Effort*

*Sample Activities:*

- *Provide targeted public awareness messaging and education to cultural groups where there is particular stigma associated with mental health problems and dementia. (ST)*
- *Provide education about dementia friendly services (e.g. Dementia Friendly Community Initiative) to public services (e.g. police) and businesses (e.g. banks) who may encounter people who are living with dementia and accessing their businesses. (ST)*

*High-Impact/High-Effort*

- *Partner with research and academia to leverage more innovative and sustainable health care system for people living with dementia and all of their caregivers (MT)*

### **PRIORITY 4: Create and implement a regional dementia volunteer strategy**

**Timeframe:** ST to create the strategy and MT to implement

*High-Impact/High-Effort*

*Sample Activities:*

- *Required, easily accessible, dementia-specific core training for all volunteers in any organization working with people who have a dementia, regardless of organization (e.g. a standardized 'Train-the-Trainer' model). (MT)*

### **PRIORITY 5: Develop a dementia-specific housing strategy that addresses the full continuum of the progression of dementia**

**Timeframe:** LT

High-Impact/High-Effort

Sample Activities:

- Increasing the number and variety of housing options for people living with dementia and their caregivers (e.g. LTC beds, congregate living options, publicly funded retirement living options). (LT)

**PRIORITY 6: Designate and equip primary care as the point of first contact for persons experiencing cognitive changes and dementia related health concerns**

**Timeframe:** MT

High-Impact/High Effort

Sample Activities:

- Engage Family medicine clinical teaching units to provide residency-based training related to psychosocial aspects of dementia. (MT)

**PRIORITY 7: Design and Implement a framework for comprehensive caregiver support**

**Timeframe:** ST to Design and MT to implement

High-Impact/Low Effort

Sample Activities:

- Support the recreational and social components of life as a determinant of health for individuals with a dementia diagnosis through dedicated and secure funding.

High-Impact/High Effort

- Expanded employment standards legislation to allow flexibility for family or other caregivers to take paid time or receive compensation for care of family members with dementia. (MT)

**PRIORITY 8: Create and implement a regional, coordinated and flexible funding and service delivery model that responds to the unique needs of the person living with dementia and his/her caregivers**

**Timeframe:** MT to create and LT to implement

High-Impact/Low Effort

Sample Activities:

- Expand the provision of dementia-related support groups ensuring the needs of caregivers with varying schedules (e.g. evening, weekend, and proximity) are met. (ST)
- Increase the respite flexibility to allocate within existing allowances to better match the needs of people living with dementia and their families (e.g. 2 days of 7 hours versus 2 hours per day for 7 days). (MT)

High-Impact/High Effort

- Identify and reduce legislative barriers that inhibit the timely transitions of people living with dementia into LTC from other settings (e.g. ALC). (MT)

**PRIORITY 9: Create dementia-friendly communities leveraging municipal and regional age-friendly initiatives**

**Timeframe:** LT

High-Impact/High Effort

Sample Activities:

- Support municipal Age-Friendly Community efforts that will address the unique and individual needs of people who are living with dementia across multiple dimensions (LT)

*This report has been prepared and submitted by the Central East LHIN Dementia Strategy Project Team*