

# DEMENTIA SPECIALTY TEAM



## WHAT IS THE DEMENTIA SPECIALTY TEAM?

The Dementia Specialty Team (DST) is a multidisciplinary resource for the province to support persons living with dementia (PLWD) and their Care Partners.

The DST is housed within the Provincial Geriatric Program, and currently consists of a Geriatrician, OT Lead, and PT Lead.

Providing a consultative service, the DST promotes evidence-based best practices in dementia care and associated resources to healthcare providers, healthcare and community programs, and other stakeholders to ensure PLWD have the best quality of life possible.

## ELIGIBILITY CRITERIA FOR CONSULTATIONS

### INCLUSION CRITERIA:

- Resident of PEI with a valid PEI Health Card (or in the process of obtaining a PEI Health Card).
- Diagnosis of mild cognitive impairment (MCI) or dementia.

### EXCLUSION:

- Clients experiencing acute medical issues will be excluded until acute issues are resolved.

- Impaired functioning secondary to behavioural and psychological symptoms of dementia which cannot be met by existing resources (i.e. frequent searching/exploring/getting lost, physical and verbal expressions of risk, sexual expressions of risk/or potential risk, agitation, anxiety, etc.), whose needs cannot be met by another service.
- Referred by a Physician or Nurse Practitioner with responsibility for care coordination.

## WHAT SERVICES DOES THE DST PROVIDE?

- Mobile Behavioural Support Outreach - complex behavioural support assessments and behavioural support care planning for clients in Community, Acute Care, and Long-Term Care.
- Virtual behavioural consultations between the DST team and other healthcare providers (collaborate with Virtual Care Program within Home-Based Care).
- Transitional supports for complex discharge planning.
- Create a plan of care with the individual, family care partners and clinical team regarding implementation of recommendations.
- Contribute to development and implementation of Dementia Care Pathway.
- Other referral requests to be considered on a case-by-case basis by the program manager.
- Recommendations and implementation of programs aimed at reducing risk for PLWD.
- Education to health care providers re: psychosocial, environmental and relational approaches/strategies that address contributing factors of BPSD.

## HOW TO SEND A REFERRAL

**Requests for consultation will be triaged through the Provincial Geriatric Program via the existing referral process.**

**Referrals may be completed by a practitioner who has deemed intervention necessary.**

\*Requests for education, presentations or knowledge sharing will be made through the Provincial Geriatric Program office at 902-432-2860 or via email at [geriatricinfo@ihis.org](mailto:geriatricinfo@ihis.org).

Incoming requests will be managed by the admin attached to the Dementia Specialty Team.

**Contact the Provincial Geriatric Program for more information about the Dementia Specialty Team**