

PRACTICAL DETAILS OF SERVICE DELIVERY

The Wellington Geriatric Psychiatry telemedicine service is dedicated to the provision of geriatric psychiatry consultation and follow-up services to older persons associated with the Waterloo-Wellington LHIN 3 Region.

Patients may be referred for assessment of the following conditions (65+ and/or age-related concerns e.g. Cognitive impairment):

1. Behavioural difficulties
2. Cognitive decline / Memory loss / Dementia
3. Mood disorder, anxiety, psychosis
4. Psychiatric Medication review
5. Substance misuse

*exceptions to be discussed with *

Patient Inclusion Criteria:

1. May be independent or living in an assisted situation.
2. Must have prior health care provider assessment, including determination of suitability for participation in videoconferencing.
3. If possible, attend with one caregiver to provide collateral history and with a translator if required.
4. Vision and hearing, comprehension and functional level must be adequate to participate in a videoconference.

Patient Exclusion Criteria:

1. Referral specifically for capacity assessments
2. Referral specifically for driving assessments
3. Acute physical illness, including delirium (non-medication-based)

Referral and Scheduling Procedure:

All patients are referred by noon the Wednesday of clinic week. Referrals are faxed to CMHA (519-821-6139). FHT leads will follow up with an email/phone call to ensure all documentation is received.

- The FHT will contact the patient and schedule appointment.
- The FHT will schedule camera's in OTN scheduling software Ncompass as an Auto initiate session.

In the event that a telemedicine session is terminated due to patient issues that limit use of videoconference equipment, re-schedule if appropriate.

Required Documents:

- Referral form – see attached
- Patient's current OHIP number

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- Mini Mental Status Exam (MMSE), Montreal Cognitive Assessment (MoCA) – actual form preferred
- Geriatric Depression Scale (GDS) and/or Cornell Scale for Depression for mood/psychotic challenges
- Frontal Behavioural Inventory (FBI) – for follow up sessions (at the request of)
- Behavioral tracking record if referral for behavioral difficulties (e.g. Cohen Mansfield)
- Medication list and nursing notes for the past month if patient residing in a Retirement or Nursing Home
- Results of diagnostic tests :
 1. albumin, BUN, folate, urine R&M/C&S, bilirubin, B12, CBC, calcium, creatinine, electrolytes, glucose, phosphate, HbA1C – if diabetic, TSH, LFTs (AST, ALT, ALP, GGT), Magnesium (if available), ECG. All must be done in the previous 3 months or since behaviour / condition started / deteriorated.
 2. If available, CT or MRI results.

Note: PIECES assessment – can be used as a checklist

If patient does not have updated medication list, ensure patient brings current medications to consult

Appointment Day:

Appointments are scheduled from 9 am-12 pm with time extension as needed. Appointments will be approximately 60mins in length (for a new patient) and 30 mins in length (for a follow up appointment) with a 30 minute (new patient) or 15 minute (follow up) buffer between appointments.

Trainees, may be included as part of session at the discretion of patient, and FHT lead.

Patient Consultation:

Referring Site:

1. Register the patient according to organization policy.
2. Explain to the patient how the system works and review how their personal health information will be protected. Obtain informed consent for participating in a telemedicine consultation.
3. Ensure the patient and one (1) caregiver, are seated in front of the camera.
4. Introduce everyone in the room to .

Consultant Site:

1. Call will Auto Initiate
2. introduces himself and anyone else in the room to the patient

Post Consultation:

Referring Site:

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1. Arrange diagnostic tests/ follow up as directed by .
2. Ensure hand written 24 hour summary note is received (if trainee involved), or 's typed note.
3. Ensure patient and caregiver are aware of follow up or testing requirements.

Consultant Site:

1. Write a hand written summary note to Family Physician (only if trainee involved) otherwise to type note; CMHA OTN lead to fax this to the appropriate FHT contacts.
2. Dictate a full letter using the CMHA telephone dictating service (only if trainee involved); OTN lead to mail this to appropriate FHT contacts (see appendix).

Return Appointments:

Return Appointments will be arranged at the end of the telemedicine session. These may be conducted via telemedicine or by a Healthcare Provider assessment and report to .

Inclement Weather:

Notify:

Last minute/urgent referral

Deadline for referrals: Wednesday prior to clinic by noon. This will enable to book his time accordingly.

System Navigation

To facilitate timely access to care for patients:

1. is available for consultation with physicians by phone:
905-522-1155 ext 36359 (if non-urgent) or by cell: 905-531-6751 (if requiring more immediate follow up)

2. Group confirmed that FHT patients are seen at their own FHT, unless:

A) A pre-planned referral, where FHT leads have agreed patient will be seen at another FHT

B) Inclement weather

These would be exceptional circumstances and would require the following to be fulfilled by the FHTs:

- FHT leads to arrange in consultation with each other
- Privacy issues discussed with patient, including how information will be shared to facilitate access to care
- Both FHT leads to be involved by camera if possible
- Confidentiality oaths signed by each FHT

Referral package to indicate with whom to forward dictation