

VIRTUAL FIRST SGS MODEL OF CARE



1. VERIFY REFERRAL IS NEEDED: Connect with referral source to ensure referral is still required. Pre-review in Connecting Ontario. Steps 1-3 can be completed by administrative personnel or clinician. Include a **COVID screen**.

2. DETERMINE URGENCY: Determine urgency based on the following criteria:

Are any of the following present?

- Lives alone / no family or friend support
- Acute decline in cognition/ function/mental health
- Multiple ED visits / recent ED or hospital discharge
- Significant or disabling distress (patient, caregivers)

YES →

Stream to be seen within 2 weeks

NO →

Stream to wait list

See below for waitlist mitigation ideas

3. DETERMINE MODE OF INITIAL ASSESSMENT: Begin steps to book first assessment appointment based on urgency determination.

A. Does the patient have access to the appropriate technology to connect by video, and are they comfortable using that technology? If not, is there an organizational technology kit that could be delivered to the patient?

YES →

Book video appointment

NO →

See Step B

B. Are any of the following individuals available to attend the appointment with the patient, who have access to and know how to use the technology?

- Family / friend / caregiver
- Other health care provider

YES →

Book video appointment

NO →

See Step C

C. Does the patient have the ability (e.g. cognitive capacity) to do an initial assessment by phone? Does the patient have a phone plan that makes this type of visit economically feasible?

YES →

Book phone appointment

NO →

See Steps for In-Person appointment

WAITLIST MITIGATION: Lengthy waitlists may be detrimental to the health of a patient and/or their caregiver. Using community connections and partnerships, provide alternative linkages and/or supports such as the following, based on the most pressing referral issues:

- Community services, primary health care provider, OHT partners, or Care of the Elderly physician
- Provision of instructions on who best to contact if there is a change in the patient's status (beyond an emergency situation)
- Connect with primary care provider/referral source to offer advice on management, navigation for patient, facilitate needed supports

The initial assessment can be performed by most members of the interprofessional team. The initial assessment includes: the core elements of the CGA, initial recommendations, and streams the patient to the most appropriate next step, which may include the following services:

Geriatric Clinic

- Complex issue(s) requiring in-person specialist assessment

Day Hospital

- medically stable who require intervention to improve function

Outreach

- home-bound - require home assessment

Geriatric Psychiatry

- main concerns involve psychiatric, cognitive or behaviour issues