WATERLOO - WELLINGTON
SPECIALIZED
GERIATRIC
SERVICES

Waterloo Wellington Specialized Geriatric Services

A Day In Psychiatry

Grand River Hospital Department of Psychiatry

Wednesday November 9, 2016

Bingeman's Conference Centre

Who is Specialized Geriatric Services?

Waterloo Wellington Specialized Geriatric Service is a community based integrated network of interdisciplinary teams.

Operational Leadership

The *Executive Operational Leadership* is provided by St. Joseph's Health Centre Guelph (SJHCG) in collaboration and through an integrated model of service with the Canadian Mental Health Association Waterloo Wellington (CMHAWW)

Who…

The programs and services provided by SGS are accessed through the Waterloo Wellington SGS Clinical Intake; a partnership with SJHCG; CMHAWW and WWCCAC

The SGS programs are hosted and supported by the:

- Cambridge Memorial Hospital (CMH)
- Canadian Mental Health Association Waterloo Wellington Dufferin (CMHAWWD)
- Grand River Hospital- Freeport Site (GRH)
- St. Joseph's Health Centre Guelph (SJHCG)
- St. Mary's General Hospital (SMGH)
- The Waterloo Wellington SGS is affiliated with the Regional Geriatric Programs of Ontario (RGPs of Ontario). The regional affiliation is the RGP Central, based at St. Peter's Hospital Hamilton.
- The WWCCAC has a partnership with SGS; GRH, SJHCG and CMH – Care Coordinator Medical Assessor

Services

Specialized Geriatric Services are provided in the community by the Waterloo Wellington SGS host sites utilizing an integrated person centered approach to care.

Who are the teams that make up SGS in Waterloo Wellington?

The SGS teams provide an integrated approach to service delivery that is continually developing and improving the health care experience for the elderly.

The Teams include:

- Clinical Intake
- Geriatric Medicine; Geriatricians, Nurses and Nurse Practitioners
- Geriatric Mental Health; Geriatric Psychiatrists, Mental Health Clinicians
- Geriatric Emergency Management Nurses
- Intensive Geriatric Service Workers
- Community Responsive Behavior Supports
- Psychogeriatric Resource Consultants
- A collaborative integrated partnership with the Adult Day Programs

Specialty Partnerships Beyond WWLHIN

- St. Joseph's Healthcare Hamilton -OTN
    - Geriatric Psychiatry: CMHAWWD; FHT's – Wellington
    - Clinical Consultation and Knowledge Transfer -Weekly
- St. Joseph's Health Centre Toronto -
    - Geriatric Addictions Medicine as scheduled
- Centre for Addictions and Mental Health
    - Geriatric Addictions – Medicine: Clinical Consultation and Knowledge Transfer –Monthly
- McMaster University and Hamilton Health Sciences
    - Hoarding –Psychological Clinical Consultation and Knowledge Transfer - Monthly

What does SGS provide?

The teams provide a comprehensive geriatric assessment, clinical consultation, ongoing assessment, treatment, follow-up, follow-through, monitoring, support, education, quality improvement, evaluation and research.

What does SGS provide continued…

- The teams provide a holistic person centered approach to care by engaging the person, their family, friends and identified significant people in their community to develop an integrated goal focused health care plan.

- Commencing at clinical intake and throughout all the services the SGS considers the person's:
    - medical history, mental health and/or addictions history, present health conditions, ED and acute care visits.
    - past illnesses as well as the 'geriatric syndromes' recognized as health concerns experienced by the senior with frailty, such as; incontinence, cognition problems, mood concerns, falling, chronic pain, nutrition issues and multiple medications.
    - A diversity lens is considered at each transition

Dementia Care Partnerships

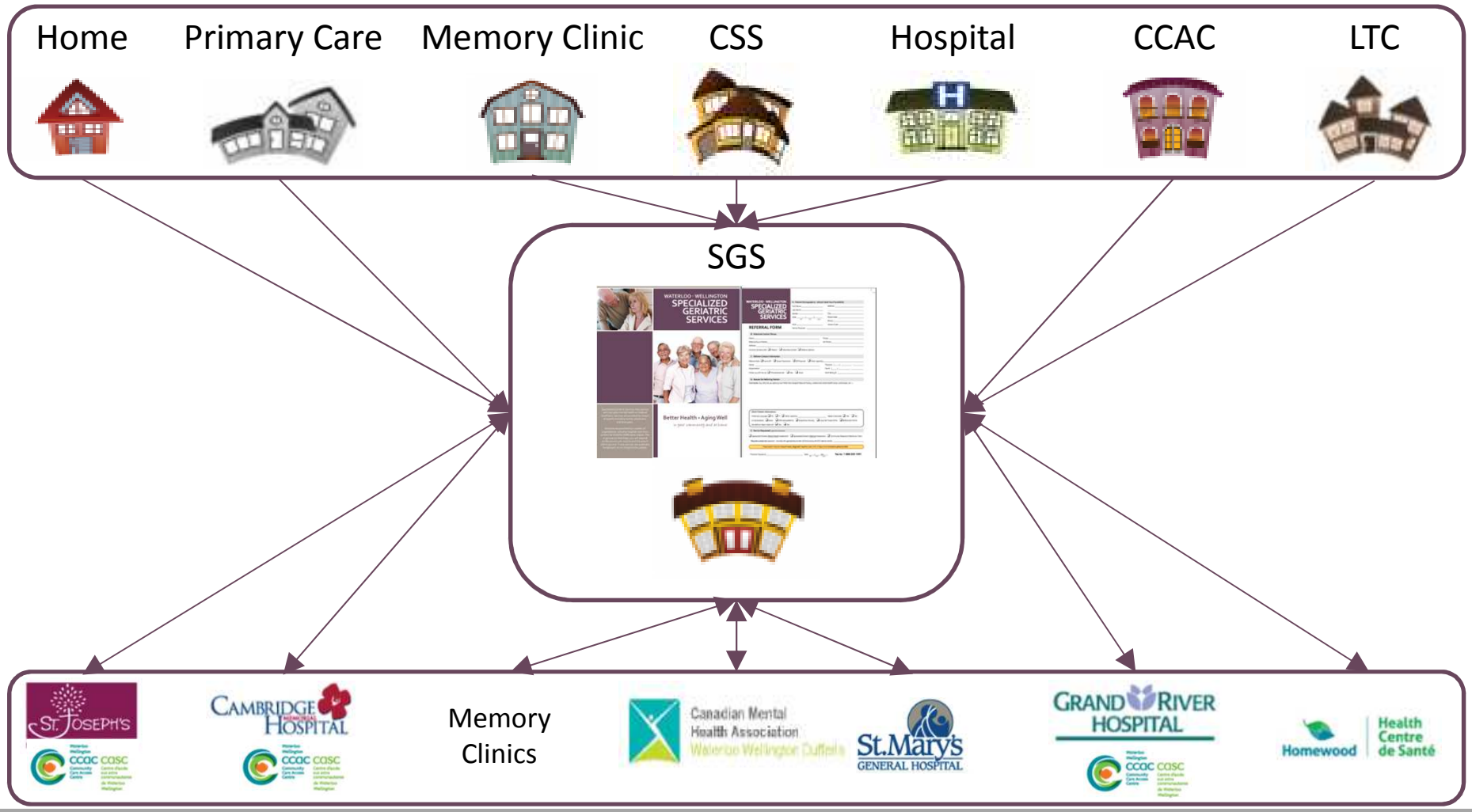
SGS Team members are integrated into Memory Clinics; Presently work is being completed to identify the role of the Specialists;

Geriatric Medicine with Memory Clinics

Ongoing Partnerships:

- Waterloo Wellington Alzheimer Society;
- Adult Day Programs
- Respite Care
- Primary Care
- Community Support Services
- Community Care Access Centre
- Acute Care
- Long Term Care

SGS Clinical Intake



CaseWORKS

Client Identification Number (CID)

Indicates if person received services at CMHA WWD in the past

- **87T**000456 **87G**000456
- **14W**045671

Clinically relevant to be aware of entry year to services

Access:

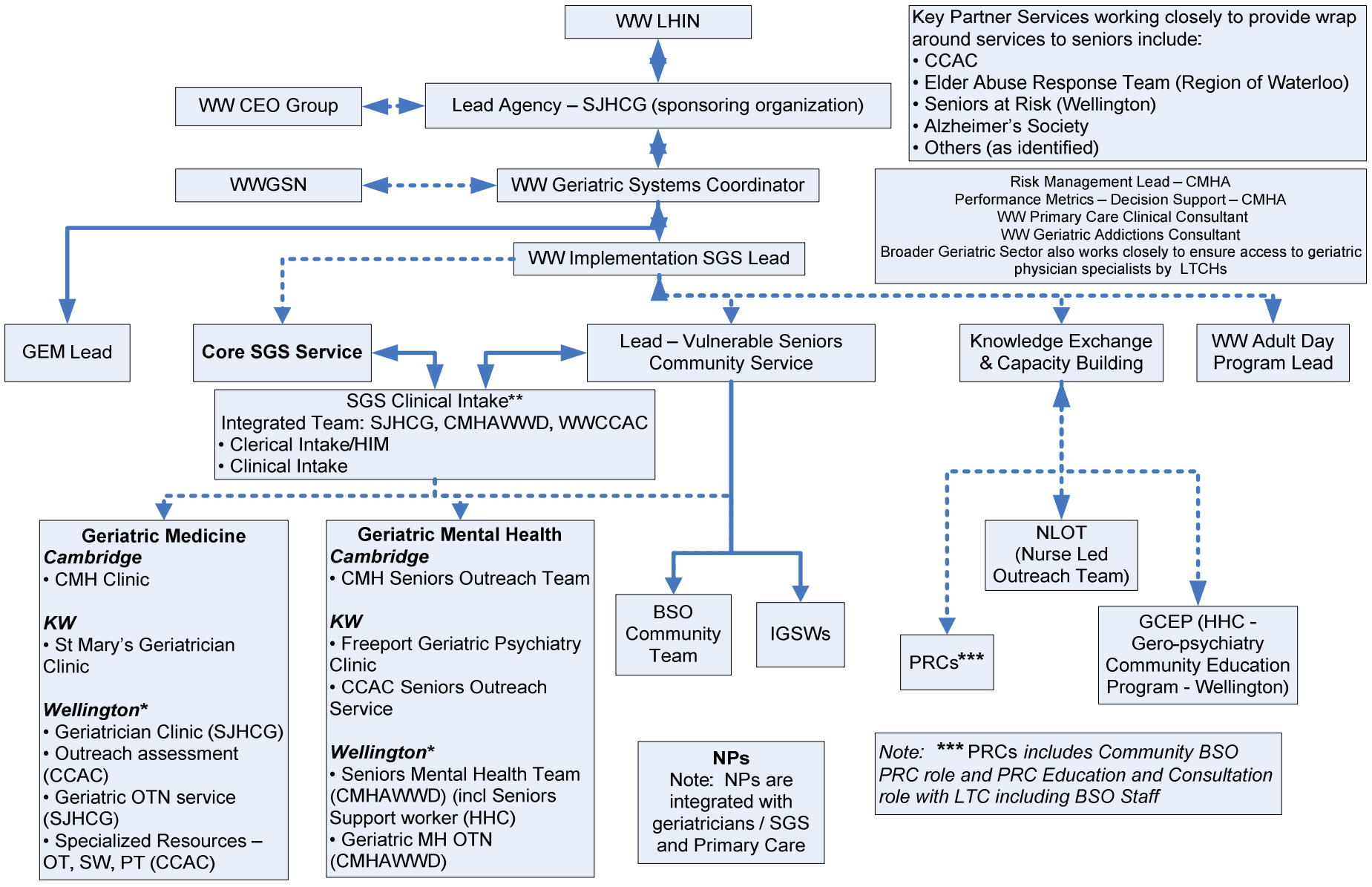
- Clinical Connect
- CaseWorks
- CHRIS
- Integrated Assessment (Viewer0 Record (IAR)
- OSCAR
- Primary Care Notes – Transferred*
- Memory Clinic Notes- Transferred*
- GEM Nurses Notes (except GRH) –Transferred*

*= uploaded into CaseWorks for Access by SGS including Geriatricians and Geriatric Psychiatry

Accessing the Services:

- *A physician referral is required to access; SGS- Medicine and SGS- Mental Health*
- *A Comprehensive Geriatric Assessment with identified goals (SMART Goals) is required to access the Intensive Geriatric Service*
- *It is highly recommended for best practices that an SGS assessment be completed prior to a referral for the CRBT*
- *All other programs within SGS can be accessed directly by the senior and/or family/friends/informal supports; primary care; community partners.*

Waterloo Wellington Specialized Geriatric Services



* Note: Wellington SGS team operates as a virtual team with the CMHAWWD Seniors Team Manager as operational lead
** Note: Core SGS Service responsible for SGS Clinical Intake 2015-2016

Last updated April 22, 2015 (living document)

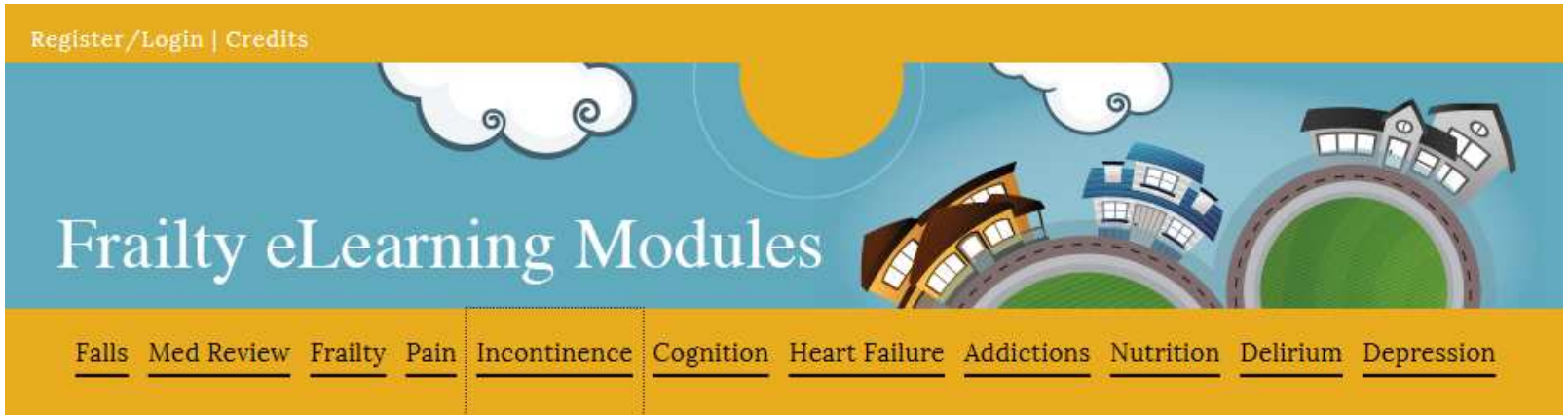
AIM – Link to The 3 Pillars

- **Pillar 1:** System Coordination: Creating effective system management processes to provide reliable and equitable delivery of care
- **Pillar 2:** Interdisciplinary Service Delivery: Ensuring intersectoral service delivery to enable system efficiency and equitable access to comprehensive, safe services
- **Pillar 3:** Knowledge Care Team and Capacity Building: Increasing capacity and creating knowledgeable care teams

Education: Knowledge Transfer

- *The aim is to have all team members/partners across the continuum of care develop core competencies that will provide preventive strategies and a self- directed approach to care for the senior and their family in order to improve the capacity of the system to successfully address complex care.*

Knowledge Transfer



E-Frailty Module Link

- 20 minutes
- Interactive

- http://www.regionalhealthprogramsww.com/frailtymodules/

Quality Improvement, Evaluation and/or Research

- *As part of the quality research community, SGS continues to developed partnerships with the:*
  - *Faculty of Health Sciences and the Interdisciplinary Health and Aging Program at McMaster University*
  - *Regional Geriatric Program Central*
  - *St. Joseph's Health Centre Guelph, Research and Evaluation*
  - *University of Guelph*
  - *Waterloo University*
  - *Research Institute for Aging*

Collaboration

It is imperative that the **voice of the senior** is identified, heard and responded to…

We recognize productive working relationships help produce successful outcomes that are:

- Transparent and have evidence of trust and respect
- Sustainable as a result of stakeholder feedback and "buy in" including the **'voice of the senior'**
- Supported in the community; across and within the continuum of care
- Enriched through respectful discussion and planning at all stages and all levels of system governance and service
- Recognize the interdependency of system components in the delivery of care