

# Canadian Collaborative Mental Health Care Conference

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**Geriatric Psychiatry Community  
Services of Ottawa**

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# Analysis of Collaboration between Emergency Departments and a Geriatric Psychiatry Community Clinic:



Are we making a difference?

# Objectives

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- ❑ To understand the role of Geriatric Emergency Managers and Geriatric Psychiatry Community Services of Ottawa
- ❑ To be familiar with the characteristics of seniors referred to a community psychiatry clinic from the emergency room
- ❑ To stimulate discussion about collaborative care in relation to senior mental health

# Disclosure Statement

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- No funding was received for this project

# Background

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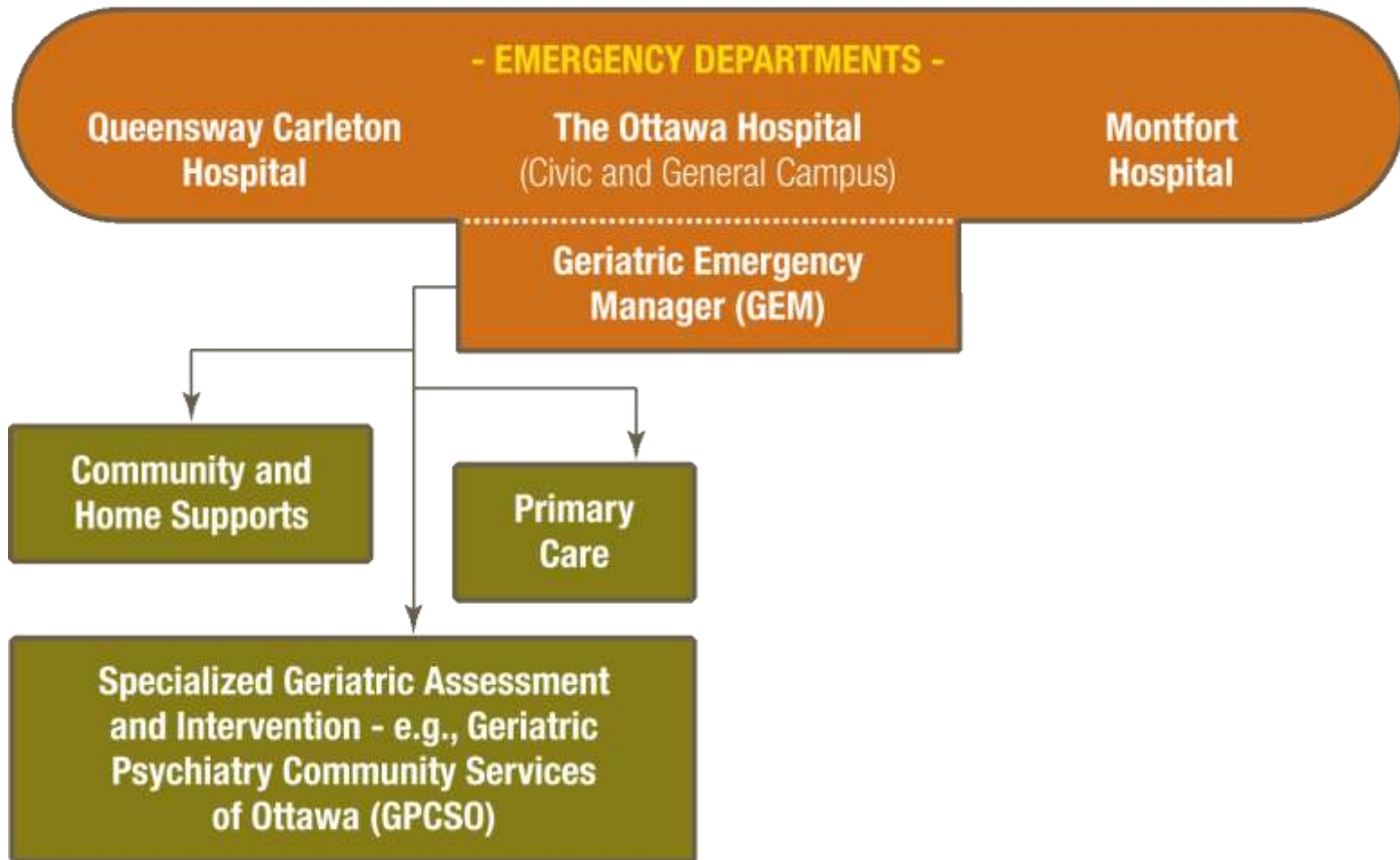
- The Regional Geriatric and community Intervention Program (RGIP) in the Champlain Local Health Integration Network (LHIN) of Ontario aims to optimize the safety and independence of seniors while preventing hospitalizations.

# Background

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- As part of this program a Geriatric Emergency Manager (GEM) nurse was hired at each acute care hospital in Ottawa.
- As a partner organization, Geriatric Psychiatry Community Services of Ottawa (GPCSO) was provided with additional resources to support GEM referrals.

# Overview



# Geriatric Emergency Manager (GEM)

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- Seniors in the Emergency Department are screened using a two stage process to identify those who are at risk and would benefit from a targeted geriatric assessment. This program aims to bridge the gap between acute care and community-based care.



# GEM

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- The GEM nurses can refer / recommend patients for further specialized geriatric assessment and intervention, community and home supports and linkage with primary care.

# Geriatric Psychiatry Community Services of Ottawa (GPCSO)

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- A community based bilingual geriatric psychiatry outreach program that uses an interdisciplinary approach to enhance the mental health and well being of the elderly in their own environment.
- Geriatric psychiatrists provide consultations and treatment.
- Case managers (OTs, RNs, SWs) assess, treat, and monitor clients in their own home.

# Purpose of Study

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- Characterize the patients referred from GEM to GPCSO
- To evaluate the effectiveness of the collaborative program between GEM and GPCSO

# Purpose of the Study

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- To determine if the program delayed placement into a long term care home or prevented hospitalization during the period of our involvement
- Assist in future planning

# Methodology

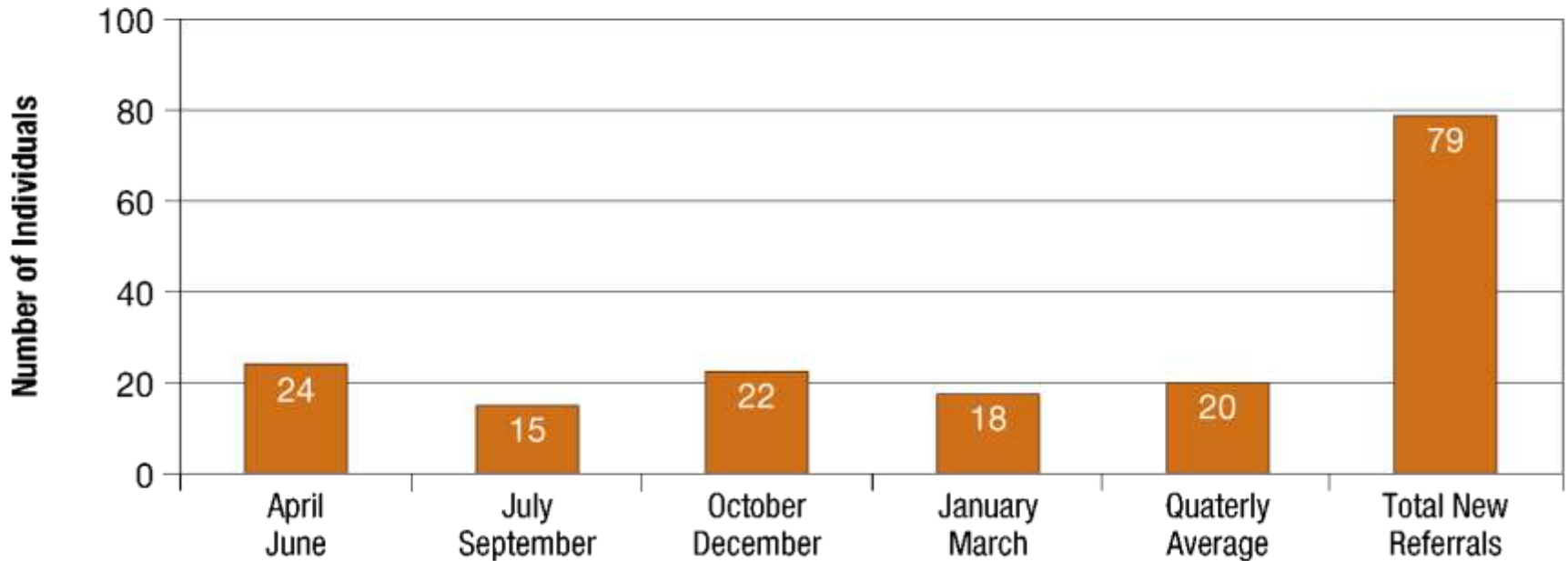
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- Reviewed the literature on the use of the emergency department by the elderly specifically examining referrals to geriatric psychiatry services
- Completed a retrospective chart review to examine the profile of patients that were on our active caseload or referred from the GEM program during a one year period between April 1, 2010 to March 31, 2011.

# Referrals

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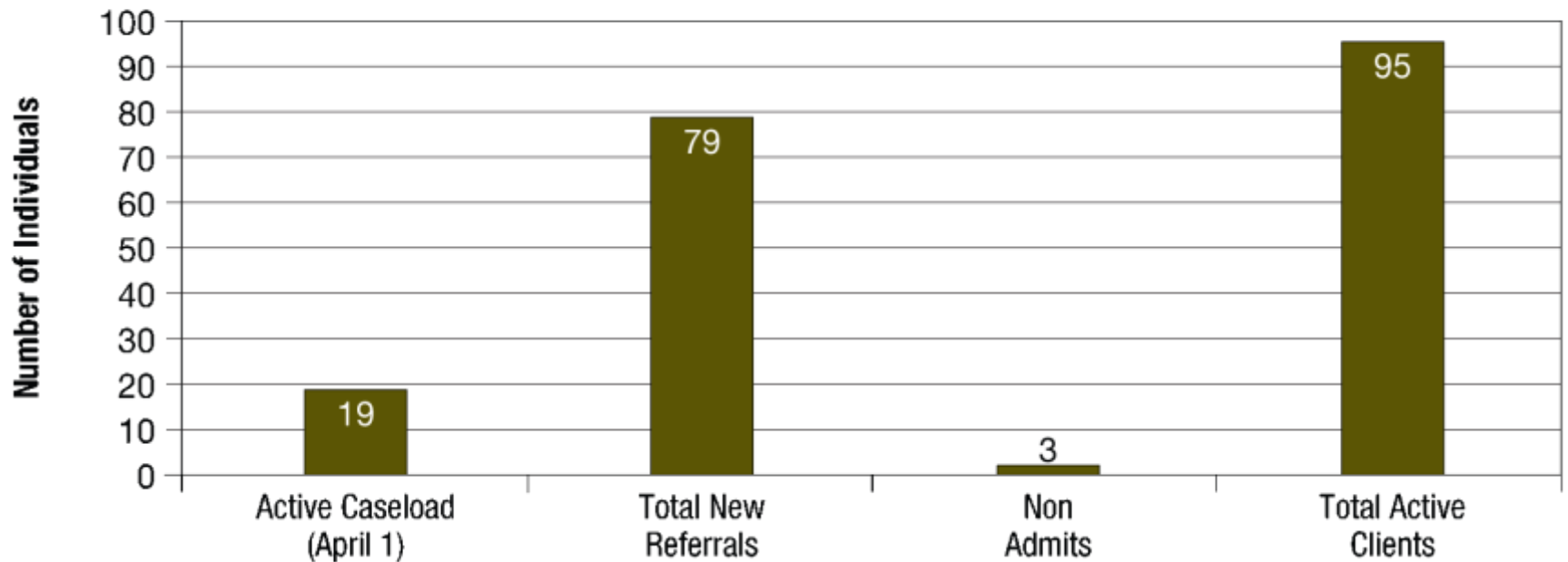
**New Referrals from GEM to GPCSO 2010-2011**



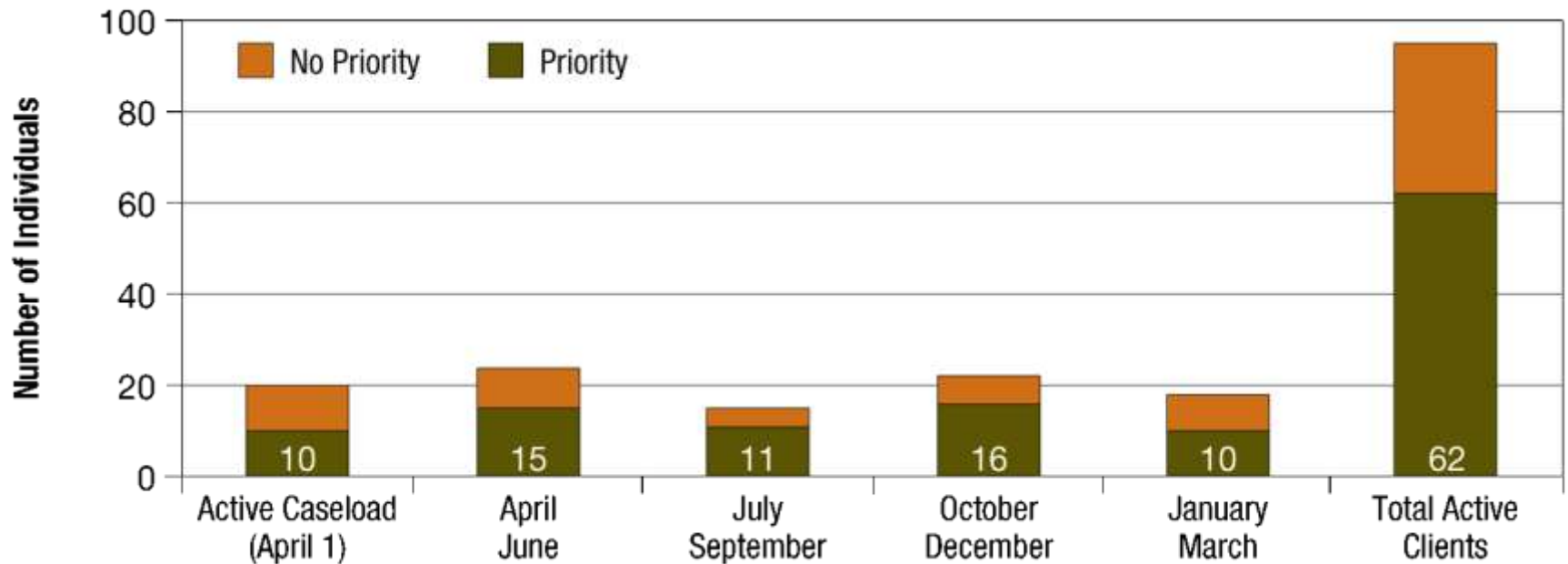
# Total GEM Cases

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**Total GEM Cases**



# Priority





# Priority

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- All referrals are screened by the clinical coordinator
- 63% of GEM referrals were given a priority designation based on the information received, e.g. moderate to high suicide risk, significant behaviour problems, self neglect etc.
- 11 of the 79 new referrals were previously known to our services

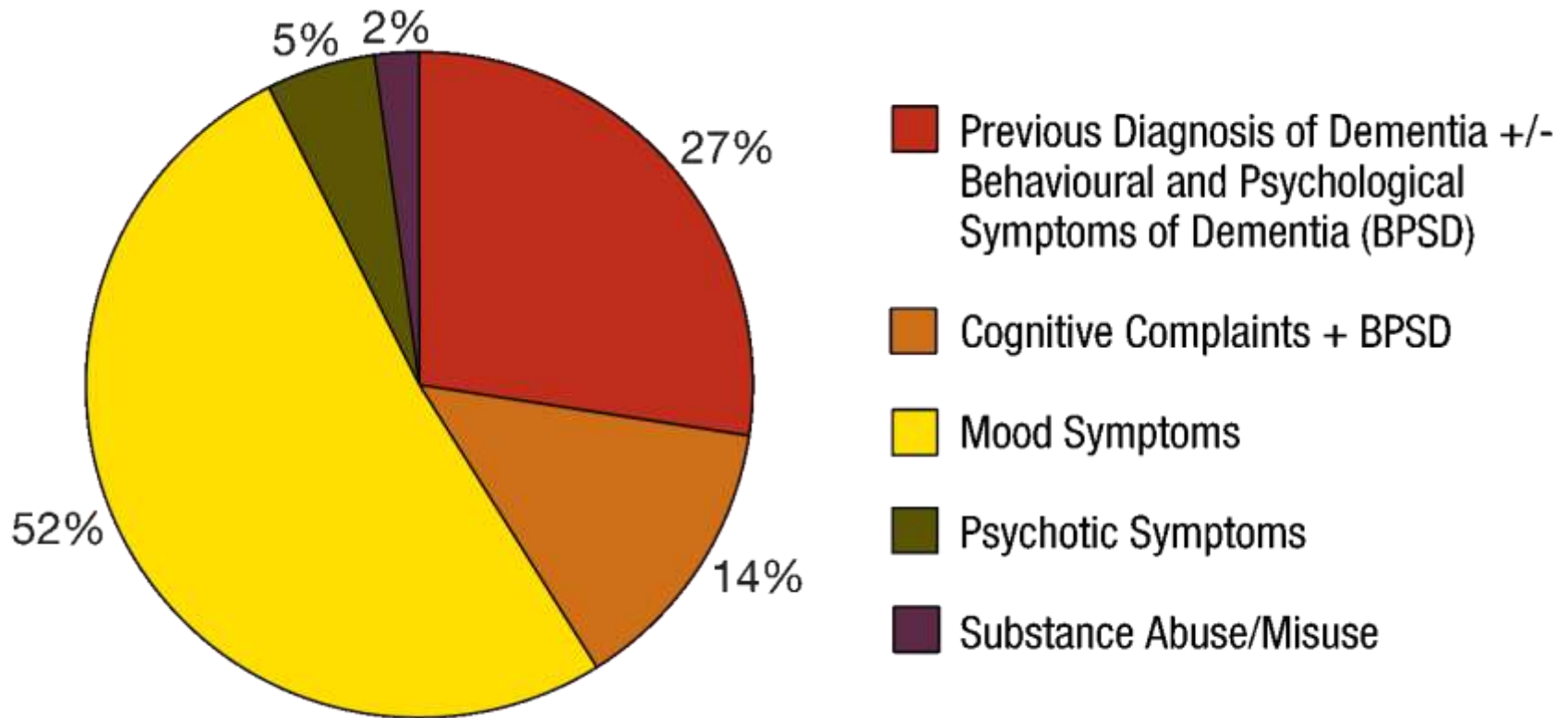
# Profile of the GEM cases

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Age	Female	Male	Total	%
65-75	12	8	20	20
76-85	22	12	34	35
> 85	32	12	44	45
<b>Total</b>	66	32	<b>98</b>	<b>100</b>
%	67	33	100	

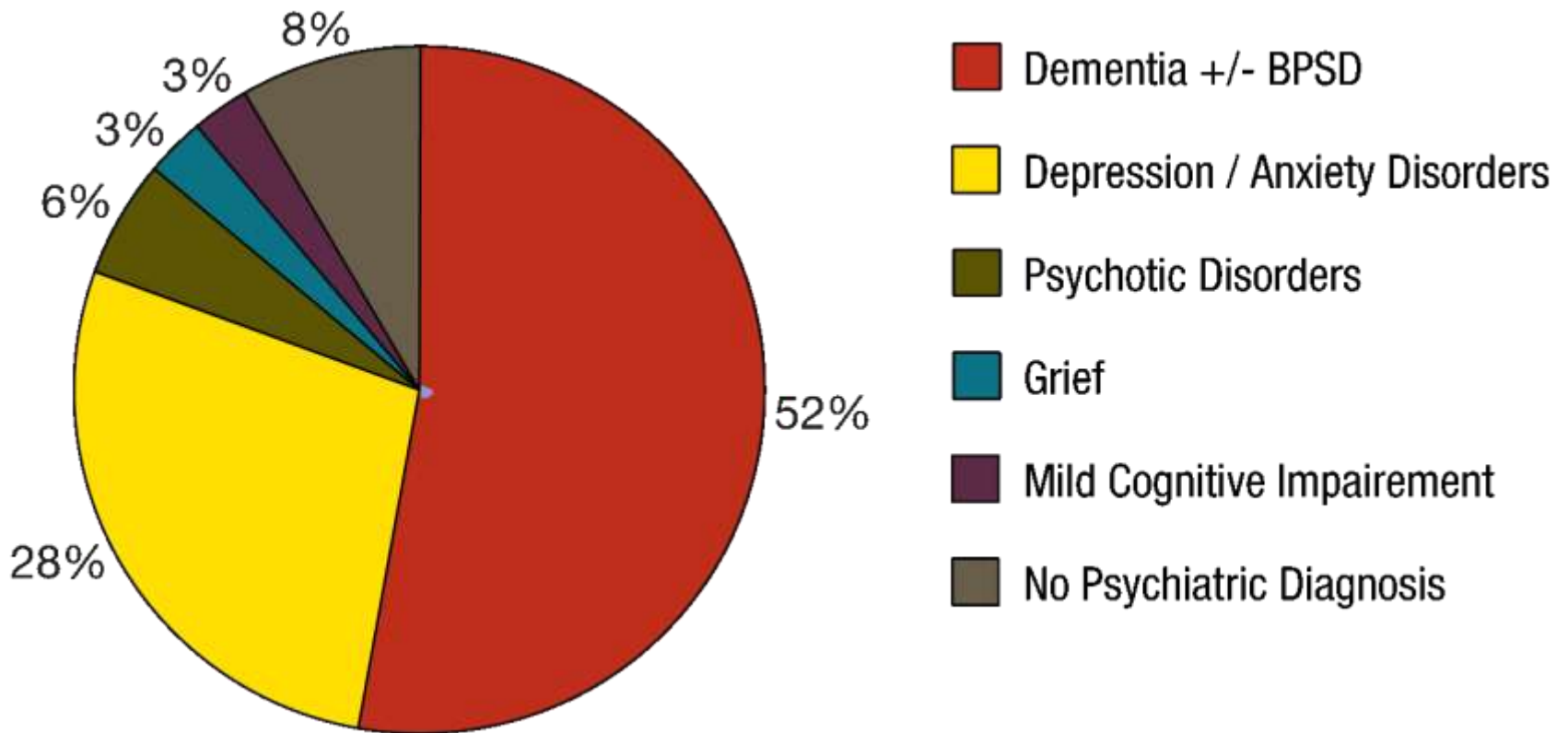
# Main Reason for Referral

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# GPCSO Primary Diagnosis

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# Interventions

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<b>Interventions</b>	<b>Psychiatrist Only</b>	<b>Case Manager Only</b>	<b>Psychiatrist and Case Manager</b>	<b>Total</b>
Number of Individuals	7	43	22	<b>72</b>
Number of Visits	11	95	156	<b>262</b>

# Interventions

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- Average wait time: 18 days
- Average length of stay: 174 days (6 months)
- GPCSO provided treatment to 72 individuals who received a total of 262 interventions over a one year period

# Interventions

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- On average a GEM individual received 4 interventions during their stay in the program (6 months)
- 8 individuals had not been seen by GPCSO as of March 31, 2011

# Discharge

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<b>Discharge Reasons</b>	
Goals attained	14
Long-term care home placement	7
Death	8
Hospitalized	3
Declined	15
<b>Total</b>	<b>47</b>



# Discharge Reasons

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- 15 individuals or 16% declined services – in the majority of these cases the reason for referral was depression
- The individuals who were placed in a long term care home were in our program for an average of 184 days
- Most of individuals were not placed or hospitalized during their stay in our program

# Conclusions

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- There is very little Canadian data on the use of psychiatric services by the elderly through the emergency departments
- 97% of GEM referrals to GPCSO were appropriate
- 76% individuals referred accepted psychiatric assessment and treatment

# Conclusions

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- 89% of GEM referrals are new patients and receive services within an average of 18 days
- We have an effective working relationship with the Gem program and through our collaboration we are delaying placement to long term care homes

# Conclusions

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- Given the increase in referrals generated by the GEM program we anticipate the need for more case managers and psychiatrists

# Thank You

GP SO  
SCGPO



# Contact information

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