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

- 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

- No funding was received for this project
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

- 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

- Emergency Departments -
  - Queensway Carleton Hospital
  - The Ottawa Hospital (Civic and General Campus)
  - Montfort Hospital

Geriatric Emergency Manager (GEM)

- Community and Home Supports
- Primary Care

Specialized Geriatric Assessment and Intervention - e.g., Geriatric Psychiatry Community Services of Ottawa (GPCSO)
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.
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)

- 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

- Characterize the patients referred from GEM to GPCS0
- To evaluate the effectiveness of the collaborative program between GEM and GPCS0
Purpose of the Study

- 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

- 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

New Referrals from GEM to GPCS 2010-2011

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>April-June</td>
<td>24</td>
</tr>
<tr>
<td>July-September</td>
<td>15</td>
</tr>
<tr>
<td>October-December</td>
<td>22</td>
</tr>
<tr>
<td>January-March</td>
<td>18</td>
</tr>
<tr>
<td>Quaterly Average</td>
<td>20</td>
</tr>
<tr>
<td>Total New Referrals</td>
<td>79</td>
</tr>
</tbody>
</table>
Total GEM Cases

![Graph showing total GEM cases](image)
Priority

- Active Caseload (April 1): 10
- April: 15
- September: 11
- October: 16
- March: 10
- Total Active Clients: 62

**Legend:**
- Orange: No Priority
- Green: Priority
Priority

- 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

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-75</td>
<td>12</td>
<td>8</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>76-85</td>
<td>22</td>
<td>12</td>
<td>34</td>
<td>35</td>
</tr>
<tr>
<td>&gt; 85</td>
<td>32</td>
<td>12</td>
<td>44</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>32</td>
<td>98</td>
<td>100</td>
</tr>
<tr>
<td>%</td>
<td>67</td>
<td>33</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>
Main Reason for Referral

- Previous Diagnosis of Dementia +/- Behavioural and Psychological Symptoms of Dementia (BPSD) (27%)
- Cognitive Complaints + BPSD (52%)
- Mood Symptoms (14%)
- Psychotic Symptoms
- Substance Abuse/Misuse
GPCSO Primary Diagnosis

- Dementia +/- BPSD: 52%
- Depression / Anxiety Disorders: 28%
- Psychotic Disorders: 6%
- Grief: 3%
- Mild Cognitive Impairment: 3%
- No Psychiatric Diagnosis: 8%
## Interventions

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Psychiatrist Only</th>
<th>Case Manager Only</th>
<th>Psychiatrist and Case Manager</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Individuals</td>
<td>7</td>
<td>43</td>
<td>22</td>
<td>72</td>
</tr>
<tr>
<td>Number of Visits</td>
<td>11</td>
<td>95</td>
<td>156</td>
<td>262</td>
</tr>
</tbody>
</table>
Interventions

- 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

- 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

<table>
<thead>
<tr>
<th>Discharge Reasons</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals attained</td>
<td>14</td>
</tr>
<tr>
<td>Long-term care home placement</td>
<td>7</td>
</tr>
<tr>
<td>Death</td>
<td>8</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>3</td>
</tr>
<tr>
<td>Declined</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
</tr>
</tbody>
</table>
Discharge Reasons

- 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

- There is very little Canadian data on the use of psychiatric services by the elderly through the emergency departments.

- 97% of GEM referrals to GPCS0 were appropriate.

- 76% individuals referred accepted psychiatric assessment and treatment.
Conclusions

- 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

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