Welcome

The RGP of Toronto network webinar will begin in just a few moments

RGP

For assistance with technical difficulties, please email **sarah.mak@sunnybrook.ca**
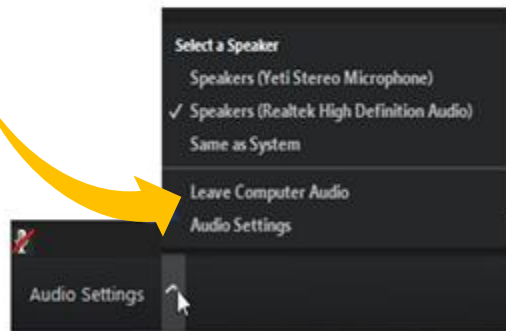
Welcome

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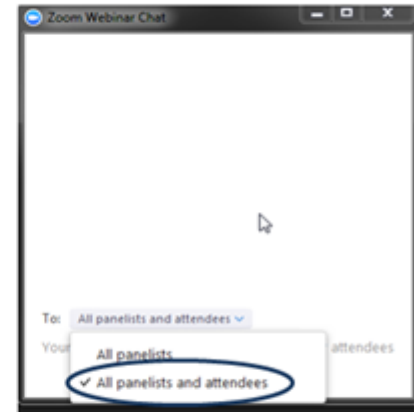# RGP of Toronto Network Webinar

Quick Set Up Tips

I can't hear well
If computer audio is inadequate, click "Leave Computer Audio" and **dial in by phone** using the number provided in your email or calendar invitation

Select a Speaker
Speakers (Yeti Stereo Microphone)
✓ Speakers (Realtek High Definition Audio)
Same as System

Leave Computer Audio
Audio Settings

Audio Settings

Chat

I would like to participate in the discussion
Click on the "Chat" window.
Set to "All panelists and attendees", and type your comments.

Zoom Webinar Chat

To: All panelists and attendees ⌄

Your   attendees

All panelists
✓ All panelists and attendees

Chat   Raise Hand   Leave Meeting

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Today's Topic

sfCare™

Virtual Care Webinar Series

Part 1: Introduction to Senior Friendly Virtual Care

Alekhya Johnson, MPH

Janice Baker, MA, PhD

Dr. Barbara Liu, M.D., FRCP(C), FRCP (Edin)

Caitlin Brandon, MSc

Today's Topic

Disclosures & Conflicts of Interest

We receive funding from a variety of sources including the Toronto Region and Central Region of Ontario Health, and the Canadian Frailty Network.

Dr. Barbara Liu has received an honorarium from Saint Elizabeth Health

sf Care™

Today's Topic

Learning Objectives

Part 1: Introduction to Senior Friendly Virtual Care

At the end of this webinar, you will be able to do the following:

- Describe key recommendations for senior friendly virtual care.
- Describe a 5 step algorithm for how to triage seniors for virtual care.
- Use user-friendly digital tools for virtual cognitive assessments.

sfCare™

Senior Friendly Virtual Care Recommendations

The lived experience of older adults

Janice Baker &
Alekhya Johnson

Virtual First Algorithm

Caitlin Brandon

Virtual First SGS Model of Care

This model outlines the steps to determine when and how a patient referred to Specialized Geriatric Services (SGS) can be seen for an initial assessment by a member of the interprofessional team.

- Opportunity for a collaborative 'one-team' approach between available ambulatory services
- Decision-making process for seeing patients preferably by virtual means
- Virtual-first has been necessitated by COVID-19, but will continue to play a key role in care long after the pandemic

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
- 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

Virtual First SGS Model of Care

sfCare™ — Senior Friendly Care | **RGP** — REGIONAL GERIATRIC PROGRAM OF TORONTO

STEPS:

1. VERIFY REFERRAL IS NEEDED: Connect with referral source to ensure referral is still required. Pre-review in Connecting Ontario. 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/ functional/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

Virtual First SGS Model of Care

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
>
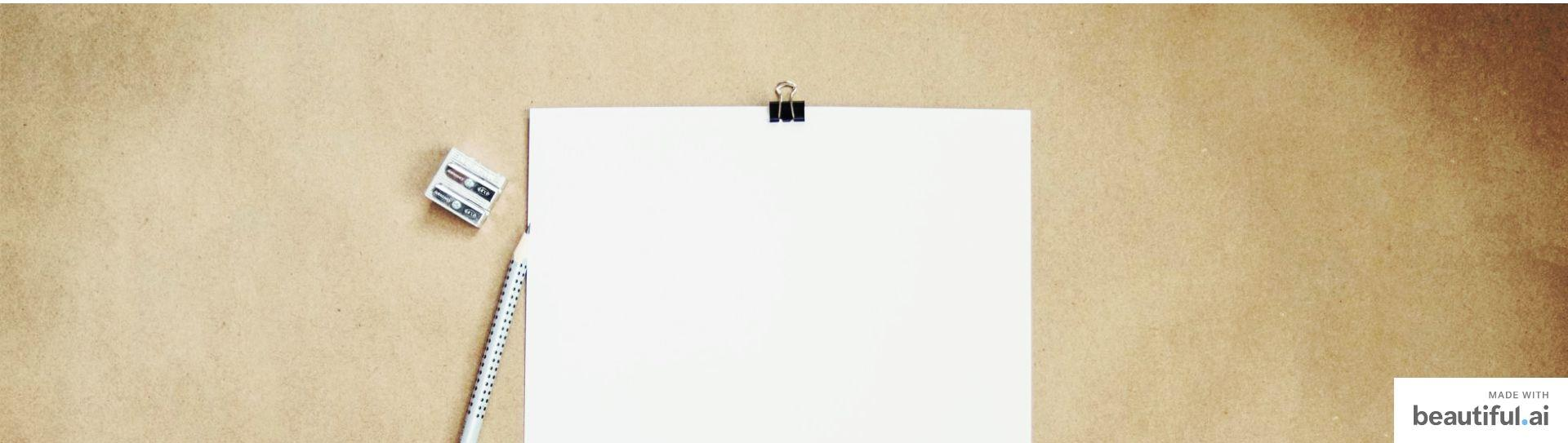> **NO** → Book in-Person appointment
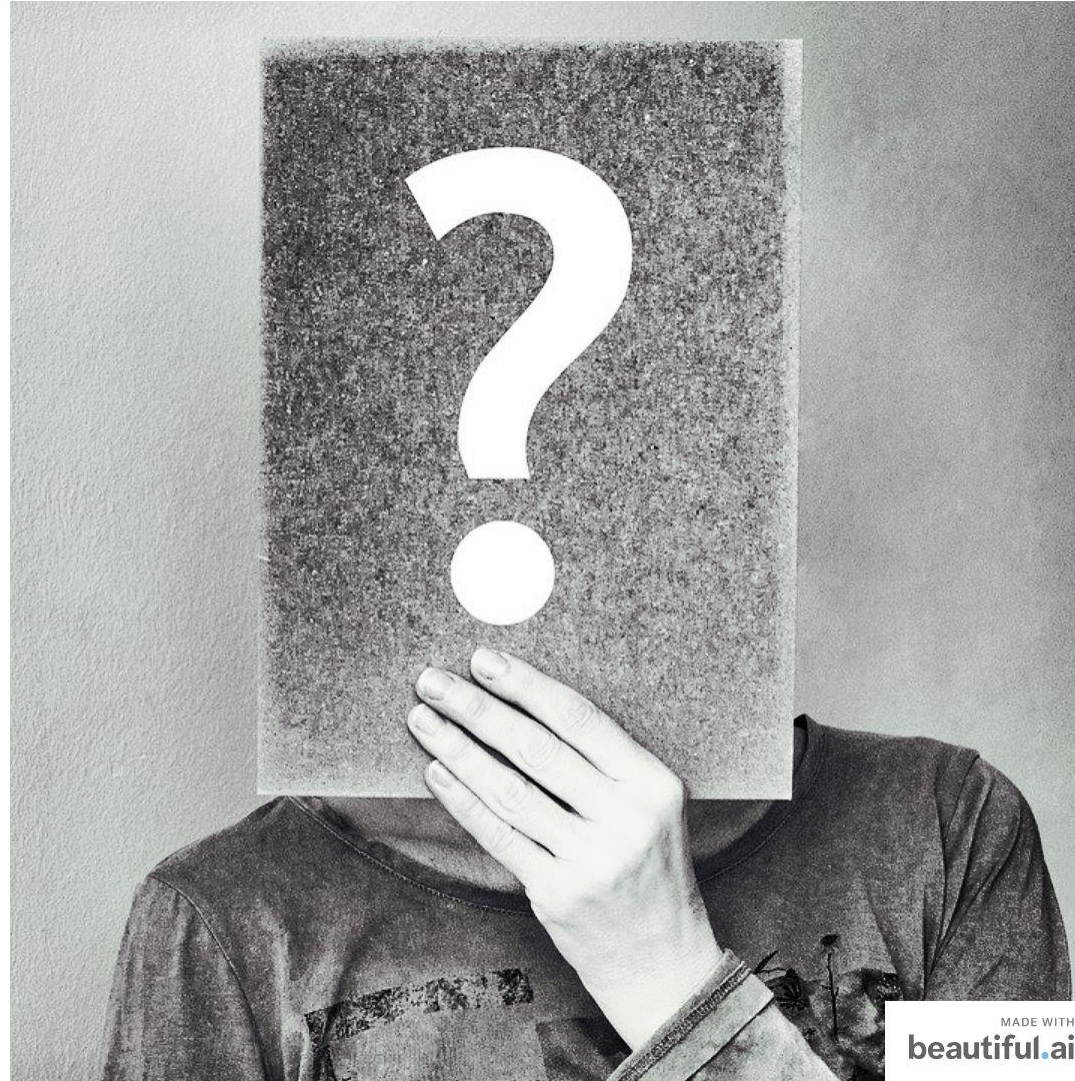
Virtual First SGS Model of Care

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

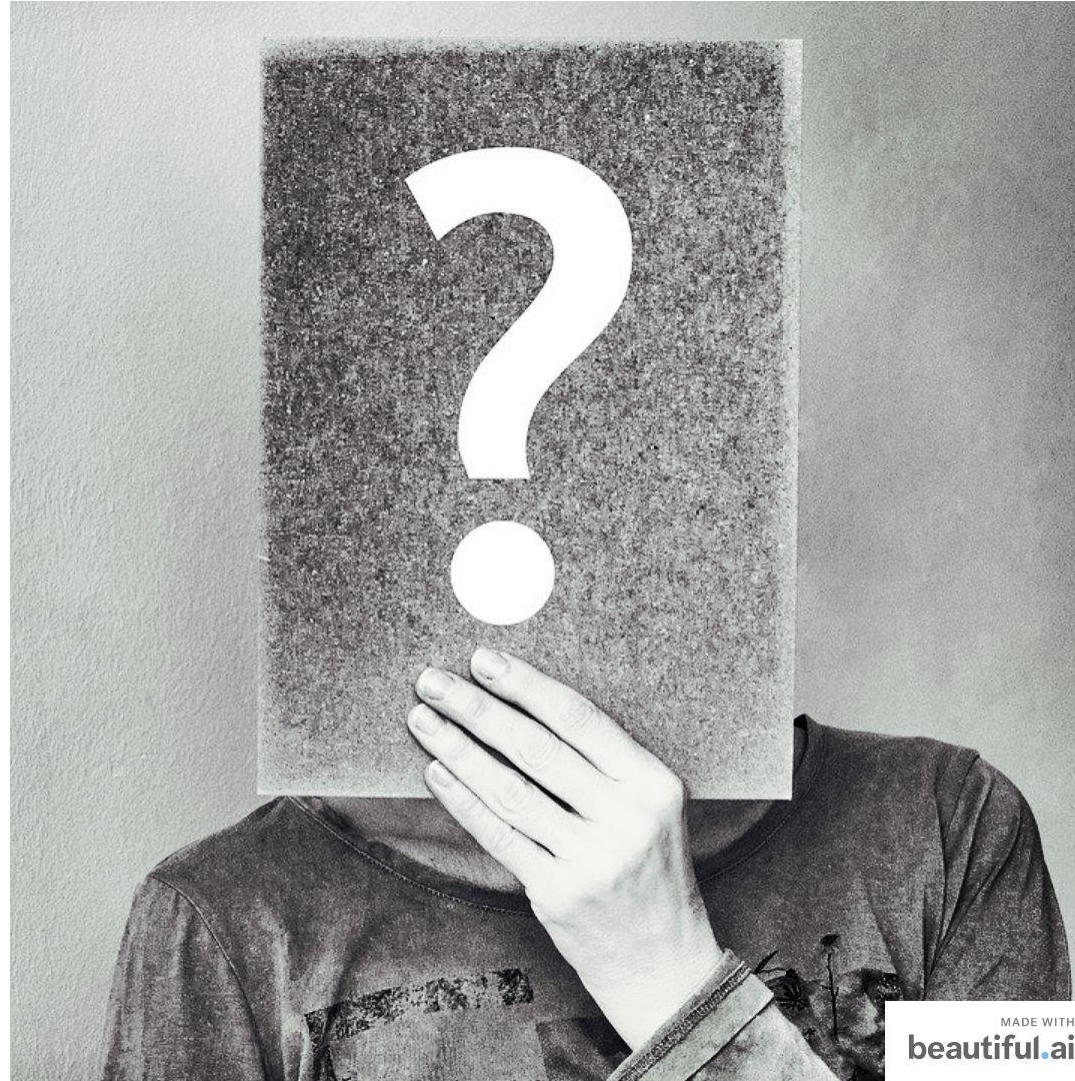# Cognitive Assessment Digital Download Package

Virtual Care Q&A

Questions from the chatbox?

Keep an eye out for our feedback survey!

RGP

Mark your calendar for our next webinar!

RGP Virtual Care Webinar Series Part 2
November 6th, 2020

RGP Virtual Care Webinar Series Part 3
December 4th, 2020

Topics will include:
- **How to build trust in a virtual care setting**
- **How to set up and execute an effective virtual visit**
- **How to gather and pre-package data from Connecting Ontario**

For questions, please email sarah.mak@sunnybrook.ca