

## Geriatric Rapid Assessment Clinic (Geri-RAC) Referral

We are not crisis or emergency services. If your patient needs immediate help, please direct them to the nearest emergency department or call 911

### Referral Date:

\_\_\_\_\_ (dd/mm/yyyy)

Fax to: 905-358-4972

Telephone: 905-358-4944

St. Catharines Site  
4th Floor of the Walker Centre  
1200 Fourth Avenue  
St. Catharines, ON L2S 0A9

**TUESDAY ONLY**

Niagara Falls Site  
Allied Health Building, Rm 143  
5672 North Street Niagara  
Falls, ON L2G 1J4

**FRIDAY ONLY**

### Appointment Date:

\_\_\_\_\_  
For appointment location,  
please check one site, noting  
days of operation

### Patient Information (Affix Sticker if available)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: (dd/mm/yyyy) \_\_\_\_\_ Gender:  M  F  Other

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Card No/Version: \_\_\_\_\_ Phone: \_\_\_\_\_

### Contact Person (NOK / SDM / POA) Patient consents for Geri-RAC to contact person named below

Name (First and Last) \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Phone Number \_\_\_\_\_

### Reason for Referral

- Rapid cognitive and/or functional decline (less than or equal to 3 months)
- Behavioural or psychological symptoms of dementia not well managed
- Frequent falls leading to multiple ED visits (less than or equal to 3 months)
- Frequent ED visits or hospitalizations

Exclusion criteria:  
Acute delirium  
Acute stroke  
Active psychiatric issue  
Long-term care patient  
Capacity assessment

What are the clinical questions to be answered? What has changed? Are there risk/safety issues?

Please include relevant past medical and psychiatric history, medications, other specialist consultations, and discharge summaries. The following investigations are required to expedite the referral: **CBC, electrolytes, TSH, B12, calcium, ECG, CT Brain** (recommended).

### CONSENT

By signing this form, I acknowledge that the Patient/Substitute Decision Maker (SDM) is aware of the role of Geri-RAC's collection, use and disclosure of your personal health information (PHI) with health service providers to assist with the care of the referred patient. Patient/SDM understands that Geri-RAC will assess the need of the referred patient and may direct referrals to a different service than requested based on the information gathered. Patient/SDM understands that they can withdraw consent at any time with all or a subset of service providers with no penalty. The withdrawal of consent does not have retroactive effect, nor does it affect the uses and disclosures of PHI collected by Niagara Health as permitted or required by law without consent.

### Referrer Information Referral Source: ED GEM-NP Hospital GIMRAC

Primary Care Provider: \_\_\_\_\_ Billing # \_\_\_\_\_

Address, Phone and Fax #: \_\_\_\_\_

Referring Practitioner: \_\_\_\_\_ Billing # \_\_\_\_\_

Address, Phone and Fax #: \_\_\_\_\_

Referring Practitioner Signature: \_\_\_\_\_

**Geriatric Rapid Assessment Clinic (Geri-RAC) will contact patient/next of kin directly for an appointment date and location. Thank you.**



REF50

## Geriatric Rapid Assessment Clinic Appointment

Please share this page with patient after booking the appointment and faxing referral form to 905-358-4972.

**Locations:** (Please check one \*\*note clinic operating days)

**St. Catharines Site**  
4th Floor of the Walker Centre  
1200 Fourth Avenue, St. Catharines, ON  
**TUESDAYS ONLY**

**Niagara Falls Site**  
Allied Health Building, Room 143  
5672 North Street, Niagara Falls, ON  
**FRIDAYS ONLY**

**Appointment:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

### What is the Geriatric Rapid Assessment Clinic?

The Geriatric Rapid Assessment Clinic is where you will see a doctor and nurse who care for older adults. This is for people who have visited the Emergency Department but did not need to be admitted. We will help with medical care, memory problems, falls, walking issues, and other age-related problems. Our goal is to help prevent further visits to the hospital.

### You must bring:

- **All** your medications (prescription, over-the-counter, vitamins) with you to your appointment.
- Your health card.
- ONE other family member or caregiver of your choice to the appointment.

### Other Important Information:

- The appointment will last approximately 1.5 hours.
- At the entrance, our staff will ask you to give them your appointment information.

**If you have any questions or concerns:  
Please call the Geriatric Assessment Program  
at 905-358-4944**

The following instructions are for the Ward Clerk in the ED to book the clinic appointment BEFORE THE PATIENT LEAVES THE ED.

Please make sure the appointment is booked and the above instructions are given to the patient/family with the date and time of the appointment.

Make sure the referral and face sheet are faxed to the clinic.

Thank you

## HOW TO BOOK IN COMMUNITY WIDE SCHEDULING – Geri-RAC

MEDITECH > SCHEDULING  
11 – PROCESS RESOURCE SCHEDULES

Resource:  
Type in the mnemonic for the clinic:  
**FGRACKLNUR for SCS**  
**FGRACFLNUR for GNG**  
\*can also do an F9 lookup

This will bring up the clinic schedule you would like to book. You may book into the GNG or the SCS clinic based on urgency or location preference.

The screenshot shows the Meditech Scheduling Main Menu with the following options:

- 0. Exit
- 10. Process Resource Schedules - Book View
- 11. Process Resource Schedules
- 12. Process Resource Group Schedules
- 13. Process Resource Schedules - Week View
- 14. Process Resource Group Schedules - Book View
- 21. Process Patient Appointments
- 22. Process Department Appointments
- 23. Process Reservations/Meetings
- 24. Process Waitlisted Appointments
- 26. Search for Appointment
- 30. Reports, Letters & Forms Menu
- 31. Appointment Lists Menu
- 32. xEforms reprint Wrist/Labels
- 99. Custom Reports

Below the menu, the 'Process Resource Schedule' window is visible, showing a calendar for April 2021. The date '29' is highlighted. The calendar shows the following dates:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			28	29	30	
						01
02	03	04	05	06	07	08
09	10	11	12	13	14	15
16	17	18	19	20	21	22

The interface also shows the user 'RHOKAT' and the status '\*LIVE\*'. A table for booking is visible on the right side of the calendar window.

To change the day that you are working on, press 'D' and 'Enter'. Use arrow keys to scroll to the day you would like to book.

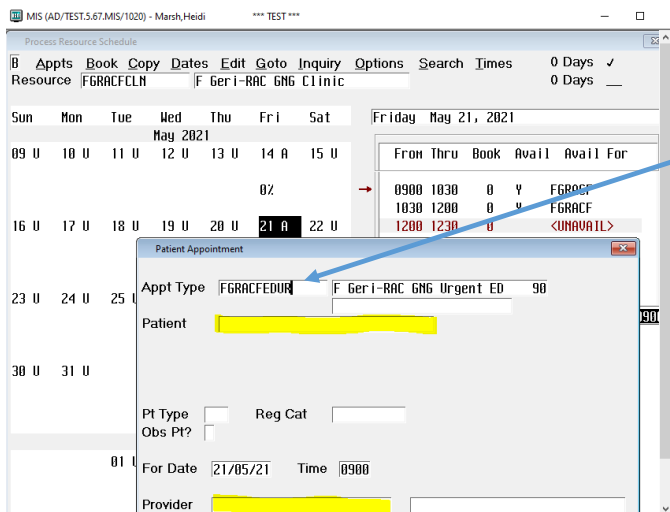
To see times that are available, press 'T' and 'Enter'. Use arrow keys to scroll through the day and choose a time that you would like to book.

When you are on the date and time you would like to book, press 'B' and then press 'Enter'.  
Appt Choice: 1 – Patient Appointment

This will bring up the first page of the booking screen, press 'Enter' and you will be at the first prompt 'Patient:' Enter health card number of the patient (eg #123456789)

"Is this a new visit?" will prompt. Select **YES**

Enter through to fill in the 'Provider' (Enter "U" for unknown unless you know which geriatrician is scheduled to run the clinic that day)

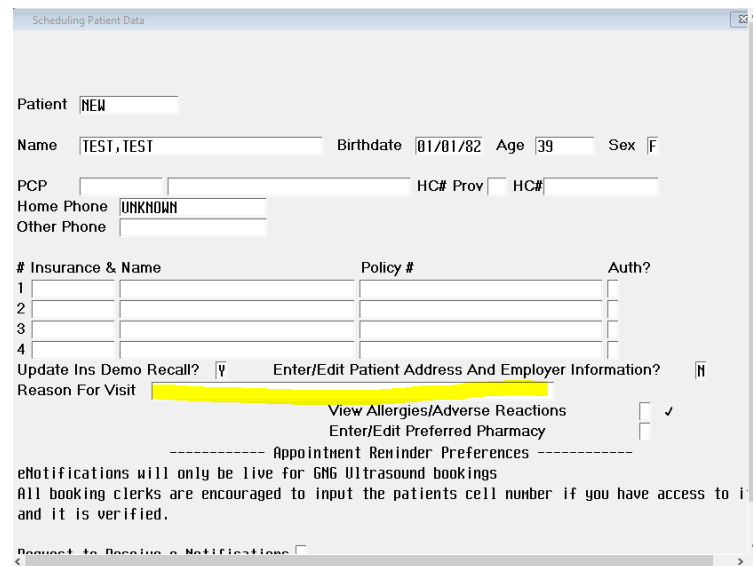


\*FGRACFEDUR  
or  
FGRACKEDUR  
are the only  
appointments  
available for  
ED Clerks at  
this time

Enter through, next prompt will say 'Book Appointment?' select **YES**

The next page will be the Patient Data screen.

Enter through this screen \*information can be updated if you have it, if not it will be updated at time of registration.



Type in the Reason for visit.

ENTER THROUGH > Will ask to confirm your booking, 'OK?' select **YES**

#### EDITING AN APPOINTMENT

Scheduling

21 – Process Patient Appointments

Search patient by their Health Card Number (#1234567890), OR telephone number if you do not have health card ( T#9056825555 ) OR Name/birthday of the patient.

Once you have selected the patient and see their appointment, ensure that you have selected it (it will be highlighted black)

Select 'E' for Edit screen

Enter through to **NEW DATE** and **NEW TIME** at bottom of screen. It will also need you to enter a REASON. Press F9 key and select appropriate reason from list (pg down key for more options). Press F12 key to file.

To edit patient information or reason for visit: on the Edit Screen at the top left of the page there is an option to EDIT PT?, type 'Y' and press enter. Edit any information and press F12 key to file.

MIS (AD/TEST.5.67.MIS/1020) - Marsh,Heidi \*\*\* TEST \*\*\*

**Edit Appointment**

Patient: SCHTEST,AVERY ANNE MARIE DAWN Sex: F Age: 42 Unit #: D0000068  
 Account: F0000089/21 FB100121

Type: FGRACFEDUR F Ger i-RAC GNG Urgent ED 90 Review Instructions & Queries?  
 Edit Pt?

Resource Group	Start	Dur	Use Resource	I/E/G/L
1 FGRACF F Ger i-RAC -Niagara Falls	0	90	FGRACFCLN	
2				
3				

Duration: 90 Location: FGRACF Patient Type: CLI Reg Cat: FOPCLS  
 Facility: GNG Based On: Obs Pt?

Provider: OTHER OTHER.DO NOT USE  
 Date: 14/05/21 New Date: [redacted] Status: BOOKED  
 Time: 0900 New Time: [redacted]  
 Reschd Reason: [redacted]

Waitlist Priority: Short Notice:   
 Scheduler Notes:

**CANCELLING AN APPOINTMENT**

Select appointment you wish to cancel.

Press 'C' for Change status.

Appt Status: F9 key for options OR type 'C' for Cancelled

Cancel Reason: F9 key for options and select appropriate.

Cancel comment: does not need to fill out but any additional information can go here.

Enter. 'Update Appointment?' select **YES**

MIS (AD/TEST.5.67.MIS/1020) - Marsh,Heidi \*\*\* TEST \*\*\*

**Process Department Appointments**

Department: FGRACF Geriatric Rapid Assess Cli GNG 0 of 1

Date	Time	Type	Status	Pt St	Name
14/05/21	0900	FGRACFEUR	BOOKED	SCH CLI	SCHTEST,AVERY ANNE MARIE

Find Quick  
 Pt Appts  
 Chg Status  
 Display  
 Edit Appt  
 Modules  
 Options  
 Reg/Edit  
 Times  
 View

**Enter Status**

Appt Status: [redacted]  
 Cancel Reason: [redacted]  
 Cancel Comment:

Pt Sex/Age: F/42 Hlth Care #: 1212121212 Primary Ins: OHIP  
 Appt Location: FGRACF Prior Locn: Home Phone: 905-555-9999  
 Appt Duration: 90 Inpt Rm/Bed: Other Phone: 905-555-1234  
 Acct#: F0000089/21

Appt Resources: Phone  
 FGRACFCLN F Ger i-RAC GNG Clinic