

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

Patients will be booked at next available appointment. Please only select specific site if patient has transportation restrictions.

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

Greater Niagara General Site
Allied Health Building
5672 North Street
Niagara Falls, ON L2G 1J4

Referral Date:

(dd/mm/yyyy)

Fax to: 905-358-4972
Telephone: 905-358-4944

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 _____ (See ED chart for info)

Reason for Referral *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Rapid cognitive decline (3 – 6 months) | Exclusion criteria:
<input type="checkbox"/> Acute delirium
<input type="checkbox"/> Acute stroke
<input type="checkbox"/> Active psychiatric issue
<input type="checkbox"/> Long-term care patient |
| <input type="checkbox"/> Behavioural or psychological symptoms not well managed | |
| <input type="checkbox"/> Rapid functional decline | |
| <input type="checkbox"/> Frequent falls | |
| <input type="checkbox"/> Frequent ED visits or hospitalizations | |
| <input type="checkbox"/> Caregiver stress | |
| <input type="checkbox"/> Safety concerns (eg. abuse, driving, living alone with cognitive impairment) | |
| <input type="checkbox"/> Other: | |

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.**

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: _____

Geri-RAC will contact patient/next of kin directly for an appointment date and location. Thank you.



REF50

Appointment Date: _____ Time: _____

Location:

St. Catharines Hospital

4th Floor of the Walker Centre (Pain Clinic)

1200 Fourth Ave, St. Catharines, ON

Greater Niagara General

Allied Health Building, Room 143

5672 North Street, Niagara Falls, ON

What is the Urgent Geriatric Clinic?

The Urgent Geriatric 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 farther 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.

The hospital is safe. To maintain safety, we ask that you:

1. Arrive for your appointment 10 minutes before your scheduled time. To support physical distancing, please do not come any earlier.
2. Everyone entering the hospital must go through screening. You will be asked about:
 - a. If you have symptoms related to COVID-19, including fever or new cough or shortness of breath, as well as your travel history and the travel history of those you've had contact with.
 - b. If you have any of these symptoms before your visit, please call us ahead of time so that we can assess the situation.
3. You must wear a mask at all times throughout the hospital.

**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:
FGRACKLN 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.

Process Resource Schedule

Resource |

Sun	Mon	Tue	Wed	Thu	Fri	Sat
April 2021						
25	26	27	28	29	30	
May 2021						
						01
02	03	04	05	06	07	08
09	10	11	12	13	14	15
16	17	18	19	20	21	22

Thursday April 29, 2021

From	Thru	Book	Avail	Avail For

Scheduling Main Menu - SCGH

Select |

- 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. xForms reprint Wrist/Labels
- 99. Custom Reports

User: RHOKAT *LIVE*

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.

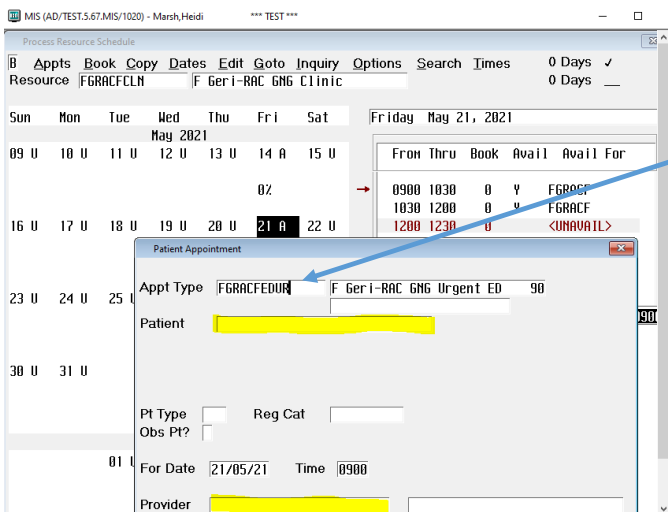
To see times that are available, press 'T' and 'Enter'. Use arrow keys to scroll through the day and choose a time that you would like to book.

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)

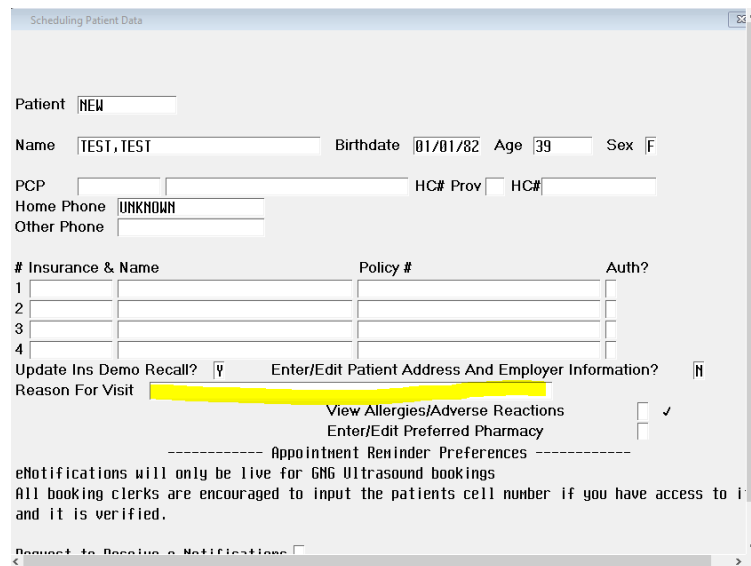


*FGRACFEDUR
or
FGRACKEDUR
are the only appointments
available for
ED Clerks at
this time

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:

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: FGRACFCLN F Ger i-RAC GNG Clinic Phone:

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**