

Appendix A:

SGS Intake

Report & Recommendations

August 29, 2016 (FINAL)

ACKNOWLEDGEMENTS

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“The aging population is not a tsunami . . . it’s an iceberg. The only way you get hit by an iceberg is if you don’t get out of the way in time”.

Michael Rachlis

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INTRODUCTION

In June 2016 the NSM Local Health Integration Network (LHIN) and Waypoint Centre for Mental Health Care, the lead agency for the NSM Specialized Geriatric Services (SGS) Program, established a SGS Intake Working Group. The mandate of the Working Group was to develop a final report and recommendations for a SGS Intake model to support the *Clinical Design Report & Recommendations* (2016). The final report was to include key components and resources required to support intake for frail seniors and their caregivers at both the local/sub-geographic and the central/regional level.

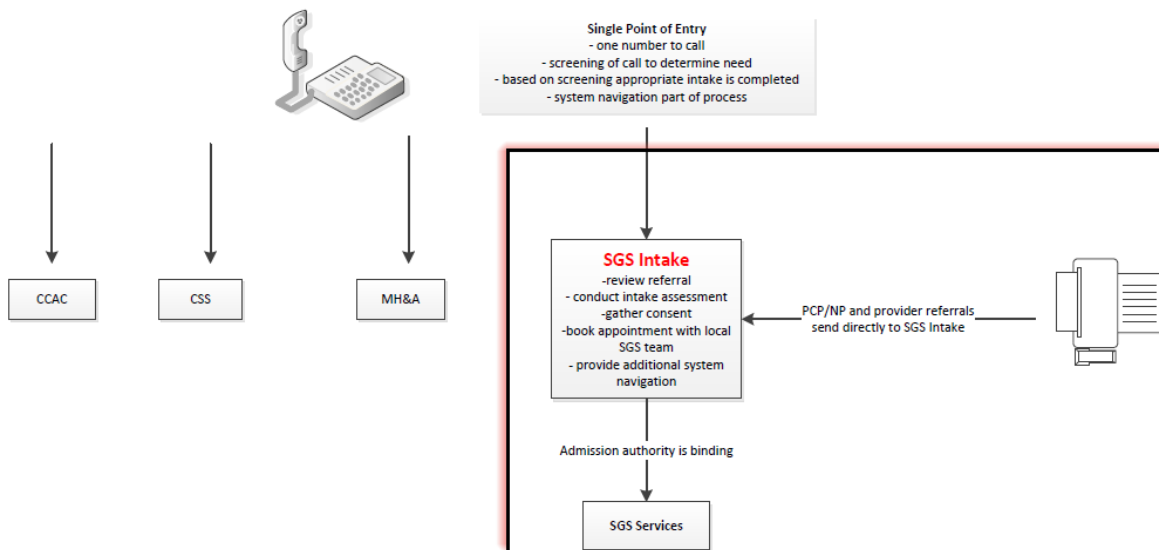
Between June 9, 2016 and July 4, 2016 the SGS Intake Working Group provided input into model considerations for the intake and referral to the Local SGS Services and the Central SGS Services. This report provides an overview of the desired clinical design for SGS Intake and includes recommendations for future action.

A SYSTEM LEVEL MODEL FOR CENTRAL ACCESS IN NSM LHIN

Although the focus of the Working Group was to develop recommendations to support a central intake model for SGS, it was identified early on in the discussions that many programs across the LHIN are looking at establishing their own centralized intake model. From a patient perspective, knowing who to call to access the right service continues to be confusing and challenging. In the future, if individuals were able to call one number, as identified in the literature as a best practice approach, and through a screening process be triaged to the most appropriate program intake, the potential outcome would be a more positive and streamlined experience for the individual.

We know that individuals do not access the healthcare system with one need and are looking for easy access to healthcare overall. The concept of a single number to call and then be navigated to various supports in the system in a streamlined manner is what individuals are asking for. Having to make several calls to navigate the system is confusing; particularly to the frail or medically complex senior.

The diagram below reflects the discussion by the SGS Intake working group for future consideration. The vision starts with one number to call. This number will need to be simple and marketed in a way that seniors and their caregivers understand what calling this number will provide for them. Establishing the criteria of what this number provides as well as what this number does not provide will be critical so as not to cause confusion. The target audience for this number would be seniors and their caregivers.



The initial phone contact will provide access to a live person who will conduct an initial screening to help identify the callers' needs and provide initial information. Based on the initial screening, the caller would be directed to the intake point (i.e. SGS Intake) that is determined to meet their greatest need.

In this vision we also see health service providers wanting to make a direct referral to the SGS clinical service for their clients. This would be done by accessing a standard referral form which would be faxed or securely emailed directly to SGS Intake thereby bypassing the initial single point of entry number and associated screening process. Screening information would be included on the standard referral form

RECOMMENDATIONS: System Level Central Access

- Establish a LHIN-wide single entry point of access to defined regional services, with SGS Intake as a first "intake point" in this model:
 - Leverage an existing system where a screening process is already in place for one number to call.
 - Develop or recommend a Screening Tool/Triage Tool to support the triage of patients to appropriate intake points in the NSM central access system.

KEY PLANNING CONSIDERATIONS FOR SGS INTAKE

Foundational Work

In July 2014, the *Strategy for a Specialized Geriatric Services Program in North Simcoe Muskoka* document was endorsed by the NSM LHIN Leadership Council. Within the

document the clinical service was identified as the heart of the NSM SGS Program and Central Intake was highlighted as a key component of the clinical service.

Since completion of the Strategy document, additional work has been done to support and advance planning related to the concept of SGS Intake, including the *Clinical Design Report*. While the *Clinical Design Report* highlights the desired clinical design for the Local and Central SGS Services and served as a starting point for the SGS Intake discussion, two other documents are key to consider in SGS Intake planning: the Seniors Health Program Review and the Best Practice Review of Central Intake & Triage.

Seniors Health Program Review

In alignment with the recommendations of the *Strategy* document, thirteen targeted seniors programs in NSM were reviewed, both as individual programs and as part of an integrated system. Through this review strengths were identified as well as opportunities for efficiencies. A variety of recommendations were brought forward – specifically related to access. These recommendations included the establishment of a central intake process for the clinical service, inclusive of responsive behaviours as well as a standardized system level assessment and care authorization process.

The Seniors Health Program Review identified that the majority of the programs reviewed had an isolated intake system and recommended an integrated electronic system and a single entry system to support overall system integration.

Best Practices Review of Central Intake and Triage

As part of the *Strategy* document work, a Best Practices Review of Central Intake & Triage was completed. Overall, most research is in agreement that centralized intake is an effective and efficient way to link families and individuals to appropriate services.¹ Most of the research highlights different centralized intake models and the need for customizing it to reflect the community and target population.

The frail senior population will need supports that may be deemed more traditional, with a lower technology component. While the growth of seniors on the web is steadily growing, we do know that not all seniors access technology. However, many of their caregivers are technology savvy and can be supported through on line tools.

The benefits of centralized intake include:

- Increased awareness to direct patients to their program and building links with community providers;
- Ensures patients are referred to the appropriate service in a timely manner;

¹ Ontario Centre of Excellence for Child and Youth Mental Health, Central Intake: Best practices in child and youth mental health, July 2011

- Facilitates access and navigation for referring physicians, Nurse Practitioners and other services;
- Allows for collation of all available data;
- Opportunity to perform an early triage and risk assessment using a standardized risk assessment and risk prioritization;
- Prioritizes care so that those requiring urgent care are identified;
- Wait-list Management - Expedite access, including identifying slots for more urgent cases. Supports additional navigation when there are waitlists; and,
- Supports sharing of information, maximizing resource efficiency and creating efficiencies.

The benefits of a centralized model differ for clients, providers and the system. For clients and their families a centralized access model provides them with information and referral, eligibility screening and assessment. For the provider a centralized model supports more efficient use of resources, consistency in practices and better utilization of the resources. For the system benefits include data collection for planning at a system level as well as information to support resource allocation.

Intake Authority

Findings from the Best Practice Review suggest that the type of authority given to the centralized intake process needs to be determined at an early stage of development. The authority given will directly influence the model created. The authority given to the Central Intake process will be informed by the role identified for Central Intake. The authority will also inform the knowledge and skill required to staff Central Intake.

The types of authority are²:

- **Centralized Information and Referral Only** - Central point for information and referral but no authority to commit services
- **First-level Screening** - Centralized intake program performs initial screening and service matching, while receiving program conducts further screening, assessment, verification and makes final admissions decision
- **Admissions Authority** - Centralized intake program conducts first level screening and makes admissions decisions that are binding on the receiving program
- **Mixed Authority** - Centralized intake program has admissions authority over some services and not others

The concepts presented in this Best Practice Review informed the discussion and direction that has resulted in the model and recommendations.

² U.S. Department of Housing and Urban development, Centralized Intake for Helping Homeless People: Overview, Community Profiles, and Resources

SGS INTAKE

What is the Problem we are Trying to Solve?

Based on the literature as well as the experience of the Working Group the problems that we need to address are as follows:

- Patients are confused with services offered in the community and have difficulty navigating the system.
- Programs have multiple entry points which may not be clear to patients.
- Patients may be asked to provide the same information multiple times throughout the intake process creating duplication and frustration.
- Information may not be shared in a timely manner.
- Teams report receiving incomplete patient referrals resulting in additional assessments.
- There is limited care coordination and fractured transitions between sectors.

These challenges are not limited to one area but rather reflect what is heard time and again by patients trying to access the healthcare system. We have an opportunity to develop a system that addresses the current gaps faced by frail seniors and prepare us for an aging population.

During the development of the *Strategy* document broad community engagement occurred. Through the engagement the following statements were made:

"I called the falls program and they connected me to so many great things. It was nice having one number to call and be connected..."

"The need is for a single source of information and a clear map of services."

"I am a physician who knows the system, but I don't know what's out there or who to refer to."

*"A **single source of information** and services for seniors ... like **a map.**"*

*"**Easily accessed and packaged information** on available programs and services."*

*"**Make it simple...**Call this number for help ... Model after the Kids Helpline ... **a single portal of information.**"*

Additionally we have heard that providers do not always know what services are available and often multiple providers are supporting a patient unaware of who is involved in the patient's care.

One other consideration that must be attended to is the development of an Intake model that can support individuals needing to receive culturally and linguistically adapted care. This includes the need to offer the language of preference to the caller

as well as understand the caller's mother tongue. Research has shown that, with aging, seniors have a tendency to revert back to their mother tongue.

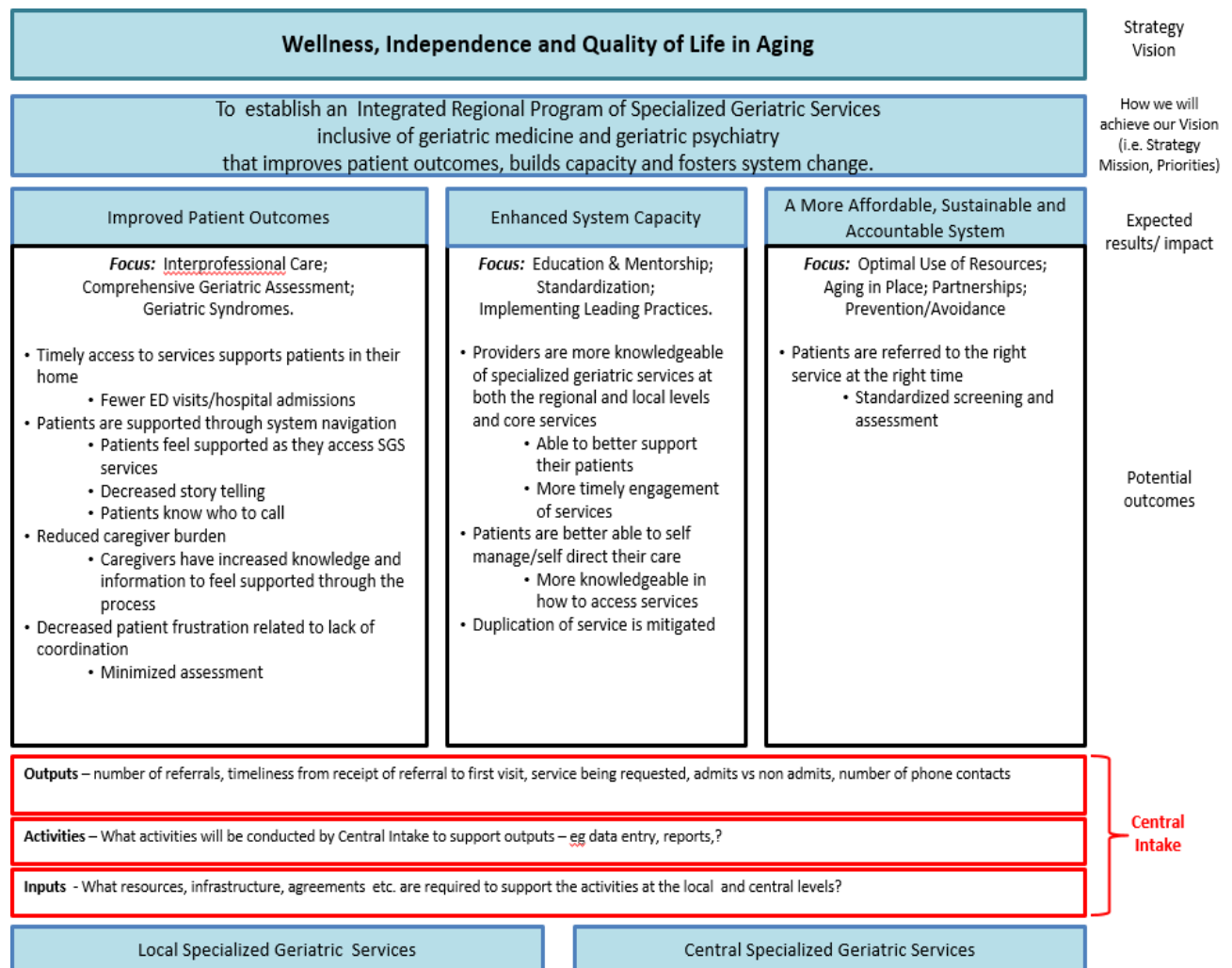
Reflecting on these issues as we move forward in building an SGS Intake model will ensure an approach that will meet the needs of the frail senior and support access to the health system.

RECOMMENDATIONS: Service Knowledge

- Develop key resources and education to increase awareness of SGS services including eligibility criteria.

Outcomes

Leveraging the logic model approach used by the Clinical Design Working Group, the outcomes highlighted below will be targeted for the SGS Intake evaluation



RECOMMENDATIONS: *Outcomes*

- Develop and finalize a Performance Monitoring & Evaluation Framework for SGS Intake. Indicators need to:
 - Align with the Performance Monitoring and Evaluation Framework for the SGS Clinical Service;
 - Be Specific, Measurable, Attainable, Relevant and Trackable (SMART); and,
 - Include outcome measures reflective of the impact of the service on seniors and their caregivers.

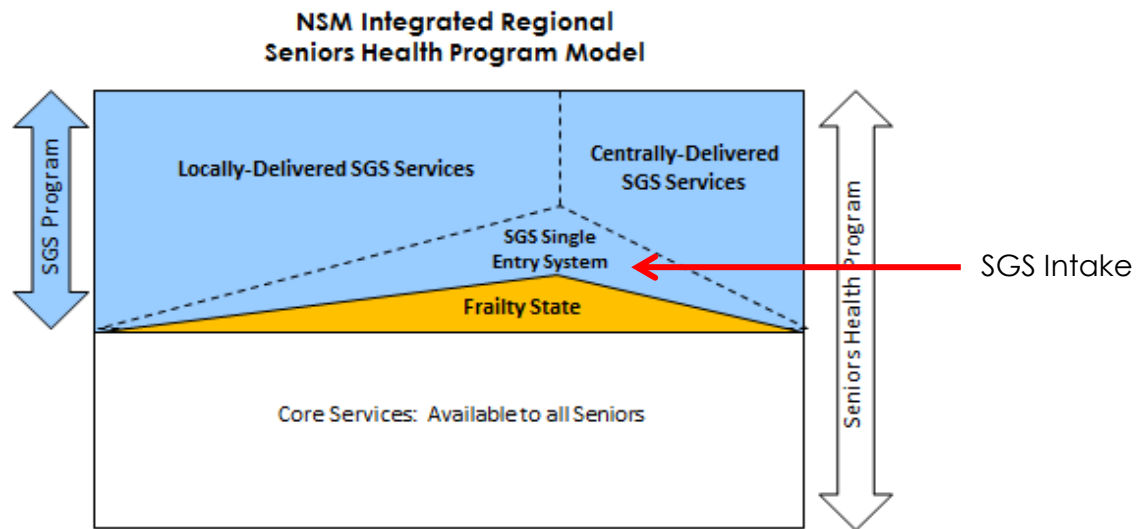
Principles Guiding SGS Intake Recommendations

- We will support the patient to navigate the system
 - Includes SGS services and information/linkages with core services
- We recognize the value of empowering the individual
- Easy to use
 - Phone, fax, electronic, text
 - Hours of operation aligned with clinical service
 - Simple, comprehensive referral process
- We recognize people need to receive culturally and linguistically adapted support
 - Active offer of French-language services
- No wrong door
 - Coordinated and collaborative approach among all providers
- SGS Intake will not be a barrier to service
- Timeliness
 - Expectations are determined up front and communicated
 - Patients know who they will be connected to and what the wait times are
- Callers are supported through warm transfers
 - Facilitate person to person transfer as required
 - Support appointment booking for call backs
- Callers will be directed to the services that are available in their local area



Core Concepts

In the *Strategy* document, a working model was proposed for an integrated regional Seniors Health Program. Within the model, the NSM SGS Program is depicted as one component (and the first building block) of the broader Seniors Health Program.



The SGS Intake model needs to support seniors along the health continuum recognizing that frailty is dynamic. Seniors and their caregivers may require information at the pre-frailty stages as well as when frailty is present and when it is resolved. SGS Intake will need to provide information on many of the systems impacting senior's care, including community and social services. Measures are also required to increase health professionals' awareness of available resources.

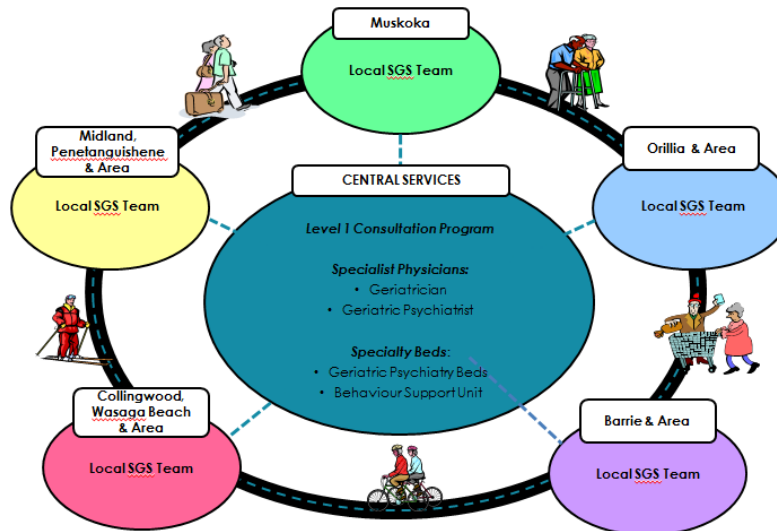
Definition

SGS Intake is defined as the intake point for patients and providers to access Specialized Geriatric Services in an equitable manner at the right time, by the right person in the right place.

Overall Goal of SGS Intake

To create an intake model for Local and Central SGS Services whereby:

- Frail seniors are able to access the right service at the right time and are provided with the appropriate knowledge and information to make informed decisions.
- A system navigation role is created so seniors can move through the health system with ease.
- Providers are able to obtain information and referral to the clinical service for their frail elderly patients.
- Central Intake aligns and supports the clinical service's hub and spoke model.



SGS Intake Scope

The literature identifies that Intake is a combination of the following services:

- Information
 - Gathering and providing facts about services
- Referral
 - involves referrals being sent by intake to programs with no obligation on the receiving program to accept the referral
- Screening
 - involves first level eligibility decisions related to a program/service
 - screening can determine next step in the intake process
- Intake
 - referral received for a program and service, it is reviewed and a decision is made to forward onto to the requested program
- Decision
 - well established criteria are used by the team to make referral decisions
- Registration
 - process of recording data
 - process of registering the client into a program
 - supports the collection of information for sharing and reporting
 - in the absence of integrated technology, Central Access may be the service to support data collection for reporting purposes

The Working Group recommends that the SGS Intake support all services as described above. This will ensure a patient-centered approach that is easy for seniors, caregivers and health service providers and ensure timely access to the right service at the right time.

SGS Intake will support access to both SGS services as well as other core services through **information and referral**. This service will support the foundation of system navigation and ensure patients are able to find their way to services in a timely manner based on need. With knowledge about the clinical service, core services as well as other community based and home care services, SGS Intake can provide information and navigate seniors to services that best meet their needs. Information and referral will also support health service providers navigate the system for their frail older patients.

Screening, intake and decisions will be completed by the SGS Intake team. The screening needs to include but not be limited to:

- Level of need;
- Other services engaged;
- Eligibility criteria;
- Risk;
- Priority level; and,
- Medication review.

Once a referral is received by SGS Intake, a screening will be completed. The intake team will leverage a standardized screening tool that has been tested for validity and reliability to support decisions based on the need of the senior. It is recommended that appointments are directly booked by Intake with the Local SGS Team. This supports a more coordinated approach to transitions between care settings.

With the absence of an integrated technology system, SGS Intake can support the collection of data through the **registration** function. By collecting basic information (e.g. demographics, referral source, overall needs, referral destination, time specific information, etc.), reports can be generated for NSM SGS Program to support future planning. A technology system will need to be implemented that supports the collection of patient information that can be shared with providers as well as reporting for program planning and evaluation.

Communication at every transition point is critical to ensure a smooth process. One of the key intake processes is that of a feedback communication process back to the initial referral source. Whether the referral was initiated by a health service provider, including primary care, or someone else in the patient's circle of care it is essential that SGS Intake have a process that loops back to the referral source with the outcome of the referral. This can include a fax back communication form, email or telephone call.

SGS Intake Authority

As described earlier, the level of authority given to an intake system must be considered in model development. For SGS Intake, the Working Group recommends a level of

authority that extends to authorizing admission to the Local SGS Team.

To support this level of authority, SGS Intake will be staffed by clinicians. Strategies will need to be established to build relationships and trust between intake staff and Local SGS Teams. This will include establishing strong communication processes, ensuring the education of all team members, and developing clear admission, exclusion and discharge criteria. It will also include providing opportunities for team building. Referrals to the Local SGS Teams from SGS Intake will be binding (i.e. the frail senior will be considered admitted to the clinical service). Initial recommendations around possible Local SGS Team resources will be made based on the screening information available. Upon admission, the Local SGS Teams will complete an initial assessment and consider the recommendations in the assignment of local SGS Team resources to the case.

SGS Intake Referral Process

Referrals will be received from frail seniors and their caregivers and health service providers, including primary care, Paramedic Services, hospitals, LTC and Health Links. The key goal around the referral process is that referrals are complete so that clinical resources are optimally utilized and frail seniors are served efficiently and successfully. SGS Intake will review all referrals received for completeness or in the case of a self-referral, gather all the necessary information to inform the most appropriate referral destination. It will be important to ensure that there is a feedback loop to ensure the senior's primary care provider is aware that a referral has been made to the clinical service.

A standard referral form is recommended to streamline the process and ensure collection of necessary information. Ideally the referral form will be simple, straightforward and no more than 1-2 pages. This will minimize the time required to complete the referral by the referring health service provider. Additional information can be attached by the referral source as well as being gathered as required by the intake team.

Upon receipt of a referral from a referral source, the patient will be contacted within 2 business days to review the referral, complete the screening, provide appropriate navigation and follow up with the Local SGS Team. At this point in the process consent will be collected. The recommendation is for one consent form that will cover the full clinical service and is shared with providers in the circle of care.

All referrals to the Local SGS teams from SGS Intake will be done through an appointment booking process and the frail senior will be provided with the time that the contact will be made by the Local SGS team. All referrals will be followed up with a call back to the referral source with an update and next steps.

SGS Intake Eligibility

To be eligible for the clinical service, the individual must:

1. Be a Senior.

*Characterized as presenting with age-related conditions and issues.
A specific "senior" age range is not defined as some individuals will present with age-related conditions and issues before age 65 because of their life circumstances.*

2. Reside in the NSM LHIN Region

AND Be Able to Receive Service in the NSM LHIN Region.

In cases where an out-of-region referral is received, a case-by-case review will occur.

AND

3. Meet Any of the Following Eligibility Categories:

A.	B.	C.
<p>* Comprehensive Geriatric Assessment</p> <ul style="list-style-type: none"> • Meet the characteristics of stages 4, 5 or 6 on the Clinical Frailty Scale; • Have the potential to improve and/or maintain their current health state; • Require a comprehensive geriatric assessment by two or more members of the available interprofessional team; • Present with multi-morbidity and complexity including: <ul style="list-style-type: none"> ○ The presence of geriatric syndromes³ that require assessment, diagnosis and/or treatment; AND ○ The loss or high risk for loss of Activities of Daily Living (ADLs)⁴ and/or Instrumental Activities of Daily Living (IADLs)⁵ 	<p>*Responsive Behaviours</p> <ul style="list-style-type: none"> • Have cognitive impairment and an associated responsive behaviour(s); • Require a behaviour assessment and/or support in the development of a behaviour plan of care; • Present with a change in behavior(s) to a degree that caregivers require support to manage the behaviour(s). 	<p>* Nurse Practitioner Support in LTC</p> <ul style="list-style-type: none"> • Be a LTC resident; • Have the potential to benefit from the care of a Nurse Practitioner; • Present with one or more of the following: <ul style="list-style-type: none"> ○ Geriatric syndromes¹⁰ that require assessment, diagnosis and/or treatment; OR ○ An acute event that could be addressed within the LTC home to avoid an Emergency Department visit or hospital admission; OR ○ The need for support in the transition from hospital back to the LTC home.

³ Geriatric Syndromes - Dementia, delirium, depression, falls, polypharmacy, pain, malnutrition, urinary incontinence, constipation, elder abuse, functional decline





⁴ ADLs –bathing/ grooming, dressing, transferring, toileting, self-feeding



⁵ IADLs – housekeeping, meal preparation, medication management, managing money or finances, shopping, use of telephone or other form of communication, transportation within the community

These eligibility criteria will support the intake team in decision-making regarding appropriateness for referral to the clinical service, recognizing that some of the Central SGS Services may have additional criteria that the intake team will need to consider. It will be important that programs define specific criteria and that appropriate training and information is available to the intake team to avoid confusion or inappropriate referrals. This will also be critical in establishing trust between programs and the intake team. For those individuals found ineligible for the clinical service, the SGS Intake team will incorporate a system navigation function to ensure way-finding support is available to seniors in need.

RECOMMENDATIONS: *SGS Intake Service*

- Develop a simple standard Referral Form to be used by health service providers to make referrals to the SGS Program.
- Develop a standardized high level assessment tool inclusive of screening to support appropriate admission to the SGS Program.
- Develop a care authorization tool/ algorithm AND a triage/priority protocol to determine eligibility for admission and support the triage and prioritization of referrals to the local and central services.
- Develop a single consent form for the SGS Program. As appropriate, working within the boundaries imposed by legislation and policy, incorporate other partner services within the circle of care in this consent form.
- Incorporate a system navigation role to ensure way-finding support for individuals found ineligible for the clinical service.
- Identify a technology that supports the registration function, booking of appointments, client notes and care plan (including documentation and communication) for sharing.
- Develop a communication process from Intake back to the person who initiated the referral as well as to the senior's primary care provider.
- Recognizing the diverse NSM population, develop strategies to promote access to the SGS Intake service. This could include, for example, recruitment of French-language service provider(s), developing a partnership with the Aboriginal System Coordinator and securing systems to support deaf/deafened/hard of hearing clients.

SGS Intake for SGS Services	
The Idea in Brief: A single entry point for access to SGS services across the LHIN comprised of a clinical team (supported by administrative staff) with the knowledge, skill and judgment to effectively assess and triage frail seniors.	
	<ul style="list-style-type: none"> SGS Intake model can be integrated into future central intake models at the system level. Supports access to both Local and Central SGS Services. Hours of operation will be aligned with clinical services hours of operation. The SGS Intake supports system navigation to SGS as well as core services for seniors and other community based services. <p>Scope</p> <ul style="list-style-type: none"> Intake will provide information, referral, screening, assessment, decision, registration. <p>Authority</p> <ul style="list-style-type: none"> Intake has admission authority to the Local SGS Team. <p>Referral Process</p> <ul style="list-style-type: none"> A standardized referral form will be developed and sent to the SGS Intake to start the process. Providers and primary care including Health Links will have access to fax or email for sending referrals through to the SGS Intake. Patients will be contacted within 2 business days of receipt of the referral. A standard assessment will be completed by Intake. If eligible for SGS, an appointment will be booked for the patient with the Local SGS Team. Loopback to referral source and primary care will be part of the process. <p>Eligibility</p> <ul style="list-style-type: none"> Overall eligibility has been defined in the <i>Clinical Design Report</i>. Additional eligibility that is program specific will be applied by Intake as required.
	<ul style="list-style-type: none"> Frail seniors meeting the clinical service's eligibility criteria Seniors and their caregivers. Health service providers including primary care, Paramedic Services, hospitals, LTC homes, Health Links, etc.
	<ul style="list-style-type: none"> One office <ul style="list-style-type: none"> Consideration for an already established access point in the system Staff may be virtually located across the LHIN to leverage existing resources
	<p>Based on 300 referrals/month</p> <ul style="list-style-type: none"> SGS Intake start with 3.5 FTE (as a proxy, CCAC completes 85 referrals/FTE) <ul style="list-style-type: none"> 2 staff on at all times Initial intake hours M-F 8am – 6pm <ul style="list-style-type: none"> 1 FTE RN 0730-1530 1 FTE RN 1000-1800 0.5 FTE SW 1200-1600

	<ul style="list-style-type: none"> • For every increase of 85 referrals, will need to add another FTE • Non registered support staff <ul style="list-style-type: none"> ○ 1 Admin Assistant 0830-1630 • Support for active offer of French-language services • Technology – a clinical management system to support patient registration and collection of assessment information and documentation that can be shared among care team <ul style="list-style-type: none"> ○ Identified as a critical enabler to the Intake function ○ Leverage systems that currently exist – for example: <ul style="list-style-type: none"> ▪ IRFP uses OSMH EMR ▪ CCAC - CHRIS
	<ul style="list-style-type: none"> • Patients will be supported to navigate the system by experienced knowledgeable staff. • Providers will have support in accessing services most appropriate for their patients. • Improved exchange of information related to the outcome of the referral made by primary care or providers. • Primary care will feel better supported to be able to support their frail patients • Intake will be aware of service availability. • Overall better integration of care leading to improved communication, timely access to service and improved transitions.
	<p>In 15/16</p> <ul style="list-style-type: none"> • SASOT - 487 referrals • IRFP - 3,865 • NLOT – 1200 <ul style="list-style-type: none"> ○ RVH NLOT - 600 ○ Assume OSMH has the same number of NLOT referrals <p>Total annual referrals - 5,552 or 462/month</p> <ul style="list-style-type: none"> • Not all referrals require SGS services

SGS Intake for Central SGS Services

The clinical service has three Central SGS Services with unique eligibility criteria. SGS Intake will need to consider these differences and manage each in a different way.

Level 1 Consultation Program

This program will support defined health service providers in gaining access to clinical specialists (Clinical Manager/Clinical Nurse Specialist, Behaviour Support System Manager, Geriatrician, Geriatric Psychiatrist) where advice or guidance is needed regarding the care of a frail senior. Using the referral form, health service providers can request this service. SGS Intake will facilitate appointment booking based on a predetermined schedule for each of the specialists. The criteria differ for the nursing leaders and the physicians so please refer to the Clinical Design Report.

Specialist Physicians

The Geriatric Specialist Physicians will provide a short term targeted consultative service that will support the Local SGS Teams in the assessment, diagnosis and treatment of complex frail seniors. Referrals for Specialist Physicians (Geriatrician and Geriatric Psychiatrist) will be sent to SGS Intake where they will be processed and forwarded to the Specialist. The Intake team will work closely with the specialists and will be able to move toward booking appointments to further streamline the process.

The SGS Local Team will refer to the Specialist Physicians directly for frail seniors admitted to the clinical service. Referrals to specialists from the Local SGS Teams are seen as part of the overall care plan and therefore do not need to come through Intake. However, a mechanism for tracking these referrals will provide the NSM SGS Program with additional information to support data tracking and reporting.

Specialty Beds

The Behavior Support Unit (BSU) is located in LTC where a team of behaviour specialists, under the leadership of geriatric psychiatry and with access to geriatric medicine, provide specialized services to older adults with cognitive impairment and responsive behaviours. Referrals to the BSU will be made by the physician and sent to SGS Intake. These referrals will be processed in accordance with the legislation for placement into LTC Homes.

Summary of Referral Process for Local and Central SGS Services

SGS Service	Referral Process	Intake Role
Local SGS Services		
Local SGS Team	Anyone can refer (patient, family, providers, physicians, Paramedic Services, Health Links, etc.): <ul style="list-style-type: none"> Standardized referral form to be completed Referrals sent to SGS Intake 	<ul style="list-style-type: none"> Reviews and process the referral Conducts an intake assessment Provides additional system navigation Obtains consent Books appointment with the Local Team All referrals to local team are binding
Central SGS Services		
Level 1 Consultation	Referrals for consultation will come from Local SGS Teams and/or PCP/NP and providers (differs for nurse leaders and physician specialists): <ul style="list-style-type: none"> Referral Form or call 	<ul style="list-style-type: none"> Intake will book appointment for call back by clinical specialists
Specialist Physicians	Referral from Local SGS team physicians or Nurse	Intake will receive and process referral – send to

	<p>Practitioners</p> <ul style="list-style-type: none"> • Standard referral form <p>Referral from Local Team for an SGS patient</p> <ul style="list-style-type: none"> • Local SGS team refers directly to Specialist 	<p>Physician</p> <ul style="list-style-type: none"> • Move to appointment booking with experience <p>Does not go through Intake</p> <ul style="list-style-type: none"> • Will need a process to measure wait times
Specialty Beds (BSU)	<p>Referral from Geriatric Psychiatrist directly to beds</p>	<ul style="list-style-type: none"> • Intake will process in accordance to legislation for placement into LTC

KEY ENABLERS

As identified earlier in this report, the goal of SGS Intake is to create model for specialized geriatric services whereby

- Frail seniors are able to access the right service at the right time and are provided with the appropriate knowledge and information to make informed decisions.
- A system navigation role is created so seniors can move through the health system with ease.
- Providers are able to obtain information and referral to the clinical service for their frail elderly patients.
- Central Intake aligns and supports the clinical service's hub and spoke model.

The following key enablers will assist in meeting these goals: health human resources; financial resources; technology resources; partnerships; and, communication.

Health Human Resources

A skilled and knowledgeable workforce will be essential to the success of SGS Intake. The staff will need the appropriate information, skills and support to confidently support patients to navigate the system. The ability to build trusting relationships and work collaboratively with many partners will mean that there is a robust training and education strategy to support skillset development. Leadership will need to be available and present to provide oversight, direction and overall leadership as this service grows and evolves. A strong recruitment and retention strategy that highlights the value that this service brings to the NSM SGS Program and to the frail seniors looking for support is required to build this strong team. As noted above, recruitment strategies should include an element regarding bilingual human resources. They are the first point of contact and set the stage for the patient related to what to expect from the clinical service.

RECOMMENDATIONS: Health Human Resources

To support a positive work environment:

- Develop a formalized orientation program and ongoing education strategy for SGS Intake staff that emphasizes:
 - Customer service;
 - Cultural safety and competence;
 - System navigation, including an understanding and appreciation of core services for seniors in the NSM region;
 - An in-depth understanding of the teams and services within the SGS Program; and,
 - Ongoing development of clinical knowledge and skills.
- Design roles that maximize the skillset and scope of practice of the staff.
- Within the parameters of their roles, leverage the unique knowledge and skill of staff so that they do what they love and love what they do.

Financial Resources

Although there will be some financial implications, the population being supported is already in the system and there are providers with formal intake processes that have been identified. So, as a first step in the development of an Intake model, redesigning and leveraging what is already in the system is critical to support the implementation. This will include establishing strong partnerships and working together to support this redesign.

Through partnerships, the SGS Intake team can be created using the existing clinical resources. Additionally, reviewing and leveraging a current technology platform (e.g. CHRIS, OSMH EMR, Wendat EHRware) for functionality that supports the Intake recommendations will reduce the financial impact for the start up. Business Intelligence to support reporting will also be required – this resource exists within the system.

Technology Resources

Technology is a key enabler of the SGS Intake model as well as providing the necessary information to the Local and Central SGS Services. To ensure a patient-centered approach, information sharing, appointment booking and data collection will minimize duplication and the need for repeated story telling. This results in a streamlined process, reduces frustration as well as increases the timeliness of information moving across transition points. Currently, there is technology that seniors programs are using that could be considered initially in the redesign. Ensuring that healthcare partners in the SGS program have access to medical and clinical information is a key enabler for the providers and the patient.

Technology will also support the collection of important data to inform reports and ongoing planning for the SGS program. With a centralized intake model, there is an opportunity to gather all the necessary data in one location thereby reducing the time spent on each organization having to gather SGS specific information.

RECOMMENDATIONS: *Technology Resources*

- Establish a team to investigate possible solutions to support the intake function, where possible leveraging existing systems:
 - Data collection
 - Patient registration
 - Appointment booking
 - Documentation and communication
 - Reporting

Partnerships

Within the NSM LHIN there currently exists intake functions through the various health service providers. The intake function ranges from informal with no dedicated intake staff to formal where staff are identified and dedicated to the role of intake. Also, the intake service varies among the various providers. The common denominator in this is a mix of resources and expertise in the intake function throughout the LHIN who will be key enablers in the redesign of the SGS Intake Model. Through the development and maintenance of strong partnerships, we have significant opportunity to work together to achieve the efficiencies and leverage the resources and expertise that already exists. Examples of current health service providers with a formal intake service include Wendat Psychogeriatric Service, Waypoint, Integrated Regional Falls Program (including the SMART Program and Enhanced SMART), Nurse-Led Outreach Teams and the NSM CCAC.

Partnerships to support Intake include:

Key partners – Local and Central SGS Services, Primary Care, Paramedic Services, LTC, Hospitals, Health Links

Regular Partners – these partners include the health service providers delivering the core services and other supports across the LHIN that provide ongoing support to seniors. Includes but not limited to: Community Support Sector, Adult Day Program, Retirement Homes, Assisted Living, Aboriginal partners, Entite 4

RECOMMENDATIONS: *Partnerships*

- Build relationships with key partners and regular partners to support information sharing, referrals between partners to ensure seamless support to frail seniors
- Build relationships that support the unique and diverse needs of our population.

Communication

Communication and building of relationships will strengthen the role of Intake and the trust between providers of SGS services and the SGS Intake Team. Strategies will be put in place to address the following relationships:

- Communication between the Local SGS teams and the SGS Intake Team.
- Communication between the Central SGS Services and the SGS Intake team.
- Communication between the SGS Intake Team and the patients.
- Communication between external stakeholders (PCP, other supporting programs, LHIN etc.).

RISKS/ IMPLICATIONS & MITIGATION STRATEGIES

Risk	Impact	Mitigation Strategy
Target: Clinical Frailty Scale 4-6	<ul style="list-style-type: none"> ▪ Loss of service to individuals in stages 1, 2, 3 and 7 	<ul style="list-style-type: none"> ▪ Provide system navigation, information and referral through the single point of access ▪ Build partnerships with other sectors (CSS, MH&A, CCAC) to support all frail seniors
Admission Authority	<ul style="list-style-type: none"> • Lack of trust/confidence among healthcare partners to hand over admission authority • System level discussions underway at the LHIN 	<ul style="list-style-type: none"> ▪ Strong communication strategies ▪ Appropriate referrals by Intake to the SGS Local Team ▪ Ongoing education/inservicing with Intake and Clinical Services
Technology	<ul style="list-style-type: none"> ▪ Lack of funding to support a technology platform ▪ Time it takes to secure technology could impact efficiency of intake 	<ul style="list-style-type: none"> ▪ Leverage existing platforms that meets the needs of Intake
Referrals bypassing SGS Intake	<ul style="list-style-type: none"> ▪ Inequitable access to service ▪ Inappropriate referrals ▪ Unable to register and track ▪ Patient experience negatively impacted 	<ul style="list-style-type: none"> ▪ Strong communication between all partners ▪ Education and training with all partners

RECOMMENDATIONS SUMMARY

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">System Level Central Access</p>	<ul style="list-style-type: none"> • Establish a LHIN-wide single entry point of access to defined regional services, with SGS Intake as a first “intake point” in this model: <ul style="list-style-type: none"> ○ Leverage an existing system where a screening process is already in place for one number to call. ○ Develop or recommend a Screening Tool/Triage Tool to support the triage of patients to appropriate intake points in the NSM central access system.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Service Knowledge</p>	<ul style="list-style-type: none"> • Develop key resources and education to increase awareness of SGS services including eligibility criteria.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Outcomes</p>	<ul style="list-style-type: none"> • Develop and finalize a Performance Monitoring & Evaluation Framework for SGS Intake. Indicators need to: <ul style="list-style-type: none"> ○ Align with the Performance Monitoring and Evaluation Framework for the SGS Clinical Service; ○ Be Specific, Measurable, Attainable, Relevant and Trackable (SMART); and, ○ Include outcome measures reflective of the impact of the service on seniors and their caregivers.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SGS Intake Service</p>	<ul style="list-style-type: none"> • Develop a simple standard Referral Form to be used by health service providers to make referrals to the SGS Program. • Develop a standardized high level assessment tool inclusive of screening to support appropriate admission to the SGS Program. • Develop a care authorization tool/ algorithm AND a triage/priority protocol to determine eligibility for admission and support the triage and prioritization of referrals to the local and central services. • Develop a single consent form for the SGS Program. As appropriate, working within the boundaries imposed by legislation and policy, incorporate other partner services within the circle of care in this consent form. • Incorporate a system navigation role to ensure way-finding support for individuals found ineligible for the clinical service. • Identify a technology that supports the registration function, booking of appointments, client notes and care plan (including documentation and communication) for sharing. • Develop a communication process from Intake back to the person who initiated the referral as well as to the senior's primary care provider.

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SGS Intake Service</p>	<ul style="list-style-type: none"> • Recognizing the diverse NSM population, develop strategies to promote access to the SGS Intake service. This could include, for example, recruitment of French-language service provider(s), developing a partnership with the Aboriginal System Coordinator and securing systems to support deaf/deafened/hard of hearing clients.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Health Human Resources</p>	<p>To support a positive work environment:</p> <ul style="list-style-type: none"> • Develop a formalized orientation program and ongoing education strategy for SGS Intake staff that emphasizes: <ul style="list-style-type: none"> ○ Customer service; ○ Cultural safety and competence; ○ System navigation, including an understanding and appreciation of core services for seniors in the NSM region; ○ An in-depth understanding of the teams and services within the SGS Program; and, ○ Ongoing development of clinical knowledge and skills. • Design roles that maximize the skillset and scope of practice of the staff. • Within the parameters of their roles, leverage the unique knowledge and skill of staff so that they do what they love and love what they do.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Technology Resources</p>	<ul style="list-style-type: none"> • Establish a team to investigate possible solutions to support the intake function, where possible leveraging existing systems: <ul style="list-style-type: none"> ○ Data collection ○ Patient registration ○ Appointment booking ○ Documentation and communication ○ Reporting
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Partnerships</p>	<ul style="list-style-type: none"> • Build relationships with key partners and regular partners to support information sharing, referrals between partners to ensure seamless support to frail seniors • Build relationships that support the unique and diverse needs of our population.