



TELEMEDICINE PROTOCOL FOR THE NORTH EAST SPECIALIZED GERIATRIC SERVICES (NESGS)

October 6, 2010 - for Dr. Jo-Anne Clarke, Geriatrician

Patients may be referred for assessment for one of the following conditions:

- Behavioral difficulties
- Cognitive Decline
- Dementia
- Medication review
- Memory loss

1.0 Inclusion criteria

- Referral from Physician.
- Patients aged 55 and older with exceptions made for younger patients with sudden and significant changes in memory at the discretion of Geriatrician
- Patients willing to be assessed via Telemedicine in a remote community
- May be independent or living in an assisted situation
- Must have prior nursing assessment, including determination of suitability for participation in videoconferencing.
- Must attend with a competent caregiver to provide collateral history and with a translator if required
- Vision and hearing, comprehension and functional level must be adequate to participate in a videoconference.

2.0 Exclusion criteria

- Patients refusing to be assessed via Telemedicine
- Patients who themselves or family member cannot provide a suitable history or participate in consultation
- Patients whose primary presentation is psychiatric in nature
- Patients younger than 55 years of age
- Patients requiring acute inpatient care
- Patients requiring capacity assessments
- Driving assessments



3.0 Referral and Scheduling Process

NESGS will accept referrals from family medicine practitioners for consultation from Northeastern Ontario communities in the following districts: Algoma, Nipissing/North Bay, Cochrane/Timmins, Temiskaming, Muskoka/Parry Sound.

The NESGS Referral Form is completed and faxed to NESGS. The Referral Form is available by contacting Tara Maguire (705) 675-4455 ext 3217 or Toll Free at 1-866-551-6501.

1. The NESGS Office Coordinator (Telemedicine Coordinator) will review the referral information and will follow up with the referring source regarding any missing documentation.
2. NESGS Telemedicine Coordinator will forward the Referral Form and any attachments (i.e., lab work, diagnostics, history, cognitive screening test results) to the NESGS team for review (triage). Attempts will be made to “triage” referrals and follow-up appointments and book appointments based on priority need when demand is high.
3. NESGS Telemedicine Coordinator will complete the information necessary on the OTN referral form and fax to OTN scheduling at 1-888-879-2807 for the purpose of scheduling the appointment.
4. Cognitive screening test results are required prior to the appointment. The referring source will be asked to complete the following:
 - Comprehensive Geriatric Assessment –Nursing assessment
 - Folstein Mini-Mental State Exam (MMSE) or Montreal Cognitive Assessment (MOCA)
 - Clock draw test – **instructions:**

Provide the patient with a blank piece of paper. Ask the patient: "On this piece of paper please draw a clock face. Please put in all the numbers and set the time to 10 minutes past 11.

- Driving questionnaire if appropriate
- Behavioral tracking record if referral for behavioral difficulties



- Results of diagnostic tests:
 - i. Albumin, B12, CBC, calcium, Creatinine, electrolytes, glucose, HGBA1C-if diabetic, TSH. All must be done in the previous 3 months.
 - ii. All related consult notes, CT's, X-rays, MRI, ECG, ECHO
- 5. OTN scheduling will coordinate with the Telemedicine Coordinator at remote location and patient to schedule the appointment.
- 6. OTN scheduling will confirm appointment booking via fax with both site Telemedicine Coordinators.
- 7. Appointments will be 60 minutes in length for initial consultations and 30 minutes for follow-up appointments. (until further notice)
- 8. Patients will be asked to arrive 30 minutes prior to the appointment to allow time for intake and cognitive testing if necessary or a different time as indicated by the referring site.

4. Changes/Cancellations

4.1 Changes initiated by OTN scheduling

- A fax must be sent to the office of the Geriatrician/ NE-SGS notifying of change or cancellation in appointment and requesting a new appointment date and time.
The Telemedicine Coordinator will confirm availability of their studio for new date and time.

4.2 Changes initiated by Geriatrician or Telemedicine Coordinator

- OTN scheduling will contact the patient and coordinate a new appointment date and time.

5.0 Consultation Process

MANDATORY

- Telemedicine Coordinator (connecting site) will complete and fax the following to the Geriatrician's office (1-705-688-7720) prior to connecting for the consultation:
 - a) BP, pulse, weight, and height and any predominant concerns indicated by family or patient on arrival (fax sheet is attached to this protocol)



b) updates to medication list

c) any new or repeat cognitive testing

- Dial-in will be initiated by Geriatrician
- Occasionally there is a request for time to be allowed for family and/or patient to speak with Geriatrician alone. This can be discussed and arranged at the onset of the session.
- Telemedicine Coordinator will answer any questions and explain to patient/family what might be expected throughout the consultation.
- Once the connection is established, introductions will be initiated by the Telemedicine Coordinator.
- Telemedicine Coordinator may be asked to facilitate some of the screening tests.
- Telemedicine Coordinator will have a list of local pharmacies with their phone and fax numbers available if requested.
- Following the appointment, written material may be provided to patient/family for education and support. This information can be obtained from local Alzheimer Society or the NESGS office. Many patients find it helpful to receive a diary in which they can record any changes noted on a weekly basis in ADL's, cognition and behavior once starting any new medication. This is helpful on follow-up.
- Community resource information should be made available if necessary (i.e. Genetic counseling, Alzheimer Society day programs and Support Groups, psychiatric resources, neurology clinics, CCAC).
- Geriatrician will indicate at the end of the consultation whether a follow-up appointment is felt to be necessary. This will be noted in dictation as well, notification will be sent to OTN scheduling.
- Written report will be sent to referring physician.



Indications for use of Standard Assessment Protocols:

Tool	Indication	Other
SMMSE	<ul style="list-style-type: none">- referral for dementia- concern re: dementia- monitor dementia progression	May be preceded by Screen of 3 item 5 minute recall, clock and date
CLOCK	<ul style="list-style-type: none">- see MMSE- MCI and driving	
Depression Screen	- referral for memory or mood	"Do you often feel sad or blue?"
GDS	- depression screen positive	
MOCA	- MMSE >24	
Cornell Depression Scale	- if MMSE <= 20	
Trails B	- concern re: driving	
Frontal Lobe Inventory	- Concern re: frontal lobe	
UP and GO	- mobility concern	
Hearing Handicapped Screen	- to eliminate/improve modifiable cause of communication impairment	
Visual Acuity	- to eliminate/improve modifiable cause of communication impairment	

Sources:

1. British Columbia Guidelines and Protocols Advisory Committee, Cognitive impairment in the Elderly – Recognition, Diagnosis and Management, July 15, 2007



North East-Specialized Geriatric Services
Services gériatriques spécialisés du Nord-Est
North East Centre of Excellence for Seniors Health
Centre d'excellence sur la santé des personnes âgées du Nord-Est

960 D Notre Dame Ave
Sudbury ON P3A 2T4
Phone: (705) 688-3970
1-866-551-6501
Fax: (705) 688-7720

2.. 3rd Canadian consensus Conference on the recognition and Treatment of Dementia ,
Montreal, March 9- 11, 2006

3. Nasreddine Z, Phillips N, Bedirian V, et al. The Montreal Cognitive Assessment, MoCA: A brief
screening tool for mild cognitive impairment. Journal of the American Geriatrics Society 2005