KnowledgeBITE

PSYCHOGERIATRIC NEWS AND INFORMATION FOR PRIMARY CARE PRACTITIONERS

Editor's remarks: *This is the third issue of the Psychogeriatric Resource Consultant for Primary Care (PRC-PC) Newsletter providing quick tips and useful information to fit your fast-paced work environment and to help you in the care of patients with dementia. This issue focuses on managing care in the home in light of a patient's poor insight into their condition and capacity related concerns.*

GOOD TO KNOW ABOUT

For patients that are socially isolated and living alone agencies and caller reassurance program (416-439-0744) can provided services such as: safety checks and medication reminders as well as linkage to services and emotional support. Most agencies also provide friendly visiting.

TIP OF THE MONTH

When your patient is transitioning to a long term care facility and there is a concern about their adjustment/transition you can ask the CCAC case coordinator and the home to involve the nursing home Psychogeriatric Resource Consultant to support the development of a transition plan.

WORKSHOPS, CONFERENCES AND ARTICLES OF INTEREST:

- Capacity 1,2,3, - June 19, 2013 12:00-1:00pm. 1 out of 3 online sessions for primary care practitioners to get information and advice from an expert panel regarding capacity related issues of older adult patients with dementia and to learn about available community services. Participation is free of charge. See attached for details or contact prc-pc@mtsinai.on.ca

- Clinical and Ethical Issues in Geriatric & LTC – Baycrest – June 7, 2013 ($200) Link.

- **The Future of Primary care: Enabling RNs to Full Scope of Practice** – June 15th, 2013 – St. Michael's Hospital and FHT, Link.

- **Through The Looking Glass- Alice's adventures Continues Across the Continuum of Care**, Mount Sinai Geriatric Institute – June 27. 2013 Link.

STORIES FROM THE PRC-PC CONSULT LINE

CAPACITY VS FUNCTIONAL DECLINE

Situation: *A family practice Social Worker (SW) and physician (FP) called to consult regarding a patient. The patient is an elderly woman living alone. In the past year there has been a decline in short term memory causing challenges with medication intake.*

Background: *The patient's relatives have a POA for both health care and financial decisions. They have turned to the physician as they are concerned about the patients' safety and would like to apply their POA to transition her to a Long Term Care (LTC) Facility against her will*. **The questions of the FP and SW are as follows:**

1. Under what conditions can a POA be activated?
2. What other care options and resources may be considered to increase safety at home?

Assessment: **Things to consider**:

1. There is a difference between functional inability and incapacity for decision making. The patient may understand the need to take her medications but may lack the functional ability to follow her medication regimen. In that case an instrumental assistance with medication intake is needed rather than the use of Substitute Decision Making (SDM). The family practitioner needs to determine first if the patient is in fact, incapable of making these decisions by considering the following: Insight to her condition; Judgment; Cognitive ability; Functional ability. According to that, assess her ability to understand and ability to appreciate the information and implications of her decisions and indecisions.

An OT home assessment through CCAC may be used to provide information regarding cognitive function and home safety to help inform the clinician on the decision. If the patient is found incapable by the physician then a POA activation/SDM is appropriate. If not, then the physician's role would be to support the patient in making informed decisions regarding her care by offering care options.

Recommendations: In order for a care plan to work it is important to incorporate patient's goals and preferences in the care plan. If the patient's goal is to stay at home, consider the following options:

- Home help through CCAC (if applicable) or through CNAP agencies. Services such as: Personal Support Worker, Nursing visits, friendly visiting, safety checks/medication reminders.
- Using the Caller Assurance Program for phone reminders & safety checks 416-439-0744.
- Installing a Stove Guard device to prevent fire during cooking (Link 1, Link 2)
- Medication dosset pack from the pharmacy and electronic reminders by using an alarm.

Plan: PRC-PC will provide brochures and information about the services.

The family physician together with the social worker will:

Invite the patient to discuss her condition, concerns and care goals. An in home OT assessment will be ordered through CCAC to support evaluation. The FP and SW will suggest a family meeting to introduce the care options and services to the patient and her relatives and enable them to come to an informed decision.

For additional information, support, resources or case based consultation please contact your PRC-PC at: 416-585-4800 ext. 5251 or prc-pc@mtsinai.on.ca

Baycrest INNOVATIONS IN AGING

Ontario Toronto Central Local Health Integration Network

PRCP psychogeriatric resource consultation program of toronto

MOUNT SINAI HOSPITAL Joseph and Wolf Lebovic Health Complex

The Cyril & Dorothy, Joel & Jill Reitman Centre for Alzheimer's Support and Training

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