KnowledgeBITE

PSYCHOGERIATRIC NEWS AND INFORMATION FOR PRIMARY CARE PRACTITIONERS

Editor's remarks: *This is the 14th issue of the 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 will be our last before we break for summer. Early detection of dementia has been a long standing challenge with only 50% of dementia cases diagnosed mostly in the moderate to severe stage of the disease (OCFP & PIECES Canada ,2009) .The implication is that patients with dementia (PWD) and their families access services and support at a later stage of the disease than is optimal. In this issue we consider the contributions of receptionists and other administrative staff in helping to detect signs of cognitive issues in the waiting room. Receptionists and administrators can play a crucial role in helping primary care providers detect early signs of dementia as well as signs of delirium in the waiting room. There are many behaviours and conversations that happen in the waiting room that family physician may not be aware of such as: showing up on the wrong day or missing an appointment, agitation and distraction due to the noises, chatting with the receptionist while waiting about challenges at home or a car accident they were just involved in. All of these can potentially be red flags that something is wrong and can cue us to investigate further (Einat Danieli – OT.Reg. Ont; PRC-PC).*

GOOD TO KNOW ABOUT

We are offering training for receptionists and administrative staff on how to detect signs of cognitive decline and how to respond more effectively to responsive behaviours in the waiting room. This training is free of charge. Contact the PRC-PC at: edanieli@mtsinai.on.ca or 416-586-4800 ext. 5251 to register.

TIP OF THE MONTH

10 Behavioural flags to look for in the waiting-room:

1. Frequent phone calls.
2. Poor history retrieval, vague/ appears 'off'.
3. Poor compliance/confusion with medications /instructions.
4. Neglected appearance.
5. Changes in mood or personality.
6. Word finding difficulty.
7. Missing appointments /coming on the wrong day.
8. Confusion post illness, surgery or hospitalization
9. Driving accidents, tickets, getting lost.
10. Head turning to caregiver for answers.

(BPSD, A handbook for Family Physicians, OCFP and PIECES Canada, 2009)

OUR DEMENTIA 'TOOLBOX'

Visit our toolkit for resources regarding Ax' and management of Delirium -Link

WORKSHOPS, CONFERENCES:

- UNFROZEN – Unlocking the Path for Older Patients Across the Continuum of Care - Geriatric Institute Day, MSH June 25 – info; Registration
- For other events please visit our calendar

STORIES FROM THE PRC-PC CONSULT SERVICE

Situation: *A patient arrived unexpectedly at his family doctor's office looking disheveled and confused. He told the receptionist that he came to see the doctor but wasn't sure why. The receptionist noticed that the patient had feces in his pants and did not want to keep him waiting in this condition in a packed waiting room. She therefore offered booking an appointment for the following morning. The patient did not show up for the visit.*

Background: *The patient is an elderly patient in his 80's who lives alone. He did not see his family physician in the past year and was known to be generally healthy.*

Hearing about the incident the following morning the family physician (FP) was worried that the patient might be experiencing a delirium. The patient was not answering his phone and the physician was concerned about his wellbeing and safety and called the PRC-PC.

This story demonstrates well the important role of the receptionist and at the same time the need for more education and training for receptionists in dementia. Had the receptionist known more about dementia and delirium she would have kept the patient in the clinic and alerted the doctor immediately to the situation.

Knowledge To Practice Assessment: ***Things to consider and suggestions***:

- Due to the potential imminent risk of delirium the first priority would be to locate the patient and screen for any acute physical cause.
- Consider connecting with the Senior Crisis Service at **416-640-1459** to send a team and try to locate the patient at his home.
- Consider using the Confusion Ax' Method tool to screen for delirium.
- After ruling out physical cause consider a cognitive screen such as GP-COG/MOCA.
- Offer for the patient to connect with personal response services (i.e. Life Line) and a local agency through CNAP to increase safety and expand social network.
- Consider referring to CCAC to assess functional level and care needs.

Outcome

The patient was located at his home by the crisis team a few days later and did not remember visiting the doctor. No acute physical cause was detected but the FP noticed general deconditioning due to cognitive impairment interfering with function. It is thought that he may have suffered from delirium due to dehydration and poor nutrition. PRC-PC helped FP in locating relevant resources and provided tools and information to support cognitive assessment and diagnosis. The patient was diagnosed with Alzheimer's disease Patient is now connected to CCAC and receives PSW support at home.

For additional information, support, resources or case-based consultation, please contact your PRC-PC directly at: 416-586-4800 ext. 5251 or edanieli@mtsinai.on.ca or visit our website at www.mountsinai.ca/reitman/prc-pc

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

20130636