# Joint STAT Centre & MSJ One South Referral Form

Please select one:

☐ Short Term Assessment and Treatment (STAT) Centre Inpatient Unit Please fax referral to: *604-827-0995*

☐ One South Geriatric Psychiatry Unit Please fax referral to: *604-877-8157*

Please see Appendix 1 for program descriptions, goals of care, inclusion/exclusion criteria

| **GENERAL INFORMATION** | | |
|---|---|---|
| Client Name: | DOB (D/M/Y): | ☐ Male<br>☐ Female<br>☐ Other Gender Identity |
| Home Address: | | Postal Code: |
| Care Facility (if applicable): | | |
| Client Height: | Client Weight: | |
| Home/Facility Telephone: | PHN: | |
| Does the client identify as Indigenous? □ Yes □ No | MSP Active □ Yes □ No | |
| Referring Clinician: | Phone: | |
| Referring Physician/Psychiatrist: | Phone: | |
| Family Physician: | Phone: | Fax: |
| Primary Family Contact:<br><br>Relationship: | Phone: | |
| Is the Client, Family or Physician/Psychiatrist aware of the Referral? ☐Yes ☐No<br>If NO, please explain: | | |
| Community health services involved in care<br>(level of home supports, caregivers):<br><br>Is client known to:<br>Home Health ☐Yes ☐No Contact:_____<br>Continuing Care ☐Yes ☐No Contact:_____<br>Mental Health Team ☐Yes ☐No Contact:_____<br>Name of Team:_____ | What is the anticipated disposition?<br>☐ Home alone<br>☐ Home with family/caregivers<br>☐ Home with home supports<br>☐ Assisted Living<br>☐ Long Term Care<br>☐ Other:_____ | |
| **DISPOSITION AGREEMENT** | | |
| Is this person able to return to their home/facility in which they currently reside? ☐Yes ☐No ☐Unknown<br>If NO, please explain:<br><br>Who has been involved in this decision? | | |
| **REFERRAL CHECKLIST** | | |
| Please provide:<br>☐ Previous psychiatric and medical consultations and recent assessments<br>☐ Most recent Medication Administration Record<br>☐ Most recent Medication Allergies Record<br>☐ All legal Documents for Financial and/or Health Care decision making | ☐Recent relevant investigations<br>☐Level of Intervention (if known)<br>☐Any pertinent Mental Health Act forms<br>☐SIN (if known): | |

## PSYCHIATRIC STATUS/GOALS OF REFERRAL

***Note: For STAT Centre Referrals, please indicate N/A if applicable***

Reason for referral:

Cognitive Impairment: ☐ Mild ☐ Moderate ☐ Severe

| Cognitive Screenings: Name of Screener | Date Performed | Test Result |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Psychiatric Diagnosis and History: *(Please elaborate on recent psychiatric & behavioural history – including rating scales)*

Is substance use an active issue?

Please identify as specifically as possible the PSYCHIATRIC GOALS OF ADMISSION:

## RISK

☐ Wandering
☐ Elopement
☐ Falls
☐ Fire
☐ Verbal Aggression
☐ Physical Aggression
☐ Intrusive Sexual Behaviour
☐ Homicidal Ideation
☐ Suicidal Ideation
☐ Self-Harm
☐ Self Neglect

## CURRENT FUNCTIONAL STATUS

**Bathing**
☐ Independent ☐ Supervision ☐ Assistance # of assistants: _____ Comments: _____

**Dressing**
☐ Independent ☐ Supervision ☐ Assistance # of assistants: _____ Comments: _____

**Eating**
☐ Independent ☐ Supervision ☐ Assistance # of assistants: _____ Comments: _____

**Continence-Bladder**
☐ Independent ☐ Supervision ☐ Assistance # of assistants: _____ Comments: _____

**Continence-Bowel**
☐ Independent ☐ Supervision ☐ Assistance # of assistants: _____ Comments: _____

**Medication Management**
☐ Independent ☐ Supervision ☐ Assistance # of assistants: _____ Comments: _____

**Transfers**
☐ Independent ☐ Supervision ☐ Assistance # of assistants: _____ Comments: _____
Lift: _____

**Mobility**
☐ Independent ☐ Supervision ☐ Assistance # of assistants: _____ Comments: _____
Describe aid: _____

**Communication (i.e. Vision, hearing)** Assisted devices: _____

**Language Barrier:** ☐Yes ☐No If yes, language spoken: _____

**Sleep Patterns:**
☐ Sleeps all/most of the night without medications
☐ Sleeps all/most of the night with medications
☐ Disrupted

## MEDICAL & FUNCTIONAL GOALS OF REFERRAL

Medical/Surgical Diagnoses and History:

Precautions: ☐MRSA ☐VRE ☐HEP B ☐HEP C ☐TB ☐HIV

Please identify as specifically as possible the MEDICAL GOALS OF ADMISSION (when applicable):

Please identify as specifically as possible the FUNCTIONAL GOALS OF ADMISSION:

## PSYCHOSOCIAL INFORMATION

Please identify any family issues or pertinent social history:

Please list any other community supports *(i.e. Spiritual care, church, support groups, activities, etc.)*:

Please identify any known or suspected AGA issues:

Finances:
☐ Independent ☐ Capable ☐ Not Capable ☐ Needs further Assessment

☐ Committee ☐ Statutory Property Guardianship ☐ POA ☐ Rep 7 ☐ Pension Trusteeship ☐ Banking POA/Joint Bank Acct
☐ Informal Management

Name: _____ Relationship: _____ Contact Details: _____

Health Care Decision Making:
☐ Independent ☐ Temporary SDM ☐ Rep 9 ☐ Committee ☐ Needs further Assessment

Name: _____ Relationship: _____ Contact Details: _____

| Please comment on URGENCY & requested admission period? | Do you anticipate certification under the Mental Health Act?<br>☐ Yes ☐ No<br>Is the patient being referred under Extended Leave?<br>☐ Yes ☐ No Date expiry of Form: _____ |
|---|---|

## INTERVENTIONS

Pharmacological and non-pharmacological interventions attempted

**Current Safety Interventions:**

| Safety Interventions | Date Last Used | Frequency | Details |
|---|---|---|---|
| Seclusion | | | |
| Security | | | |
| Restraints | | | |
| Wander guard | | | |
| Constant Care | | | |
| Other Alarms | | | |

Comments:

## FOR TEAM DISPOSITION ONLY

☐ Date Referral Reviewed by CNL and/or Team: _____
☐ Complete Referral ☐ Incomplete Referral Date Referral source notified: _____

☐ Referral Meets Criteria & Placed on Waitlist: Date: _____
☐ Referral Does Not Meet Criteria (Declined) : Date: _____

Other Notes:

# Appendix 1. Infographic of Older Adult* Specialty Inpatient MHSU Care

**Primarily people over age 65; those under the age of 65 years are reviewed on case by case basis*

| Program | Goals of Care | Inclusion Criteria | Exclusion Criteria |
|---|---|---|---|
| | | *Geriatric Unit* | |
| Short Term Assessment and Treatment (STAT) Centre<br><br>***LOS: 4-8 weeks***<br><br>*Location: UBC Hospital, Purdy Pavilion*<br><br>*Beds: 21* | Community bed-based program, **providing specialized assessment and treatment to older adults** (generally aged 65 years and older), **with physical and/ or mental health concerns that co-exist with a combination of age-related psychological, cognitive, functional, and social needs**.<br><br>Through interdisciplinary, person-centered care, we work to enhance each individual's capacity to return to their optimal level of functioning and well-being, and to support safe and sustainable transitions. | Vancouver residents generally aged 65 years or older:<br>• With complex physical and/or mental health concerns that co-exist with a combination of age-related psychological, cognitive, functional and social needs.<br>And<br>• A need for specialized older adult assessment and treatment in a structured bed-based setting to provide diagnostic clarification and/or initiate, monitor and adjust treatment.<br>• Has potential for stabilization and improved function with specialized older adult care.<br>• Requires a multidisciplinary approach to optimize physical, mental, psychological, cognitive, functional, and social health. | We do not serve individuals:<br>• With acute medical or psychiatric care needs, and with chronic pain as a singular presenting concern<br>• Whose health and mental health conditions are not expected to improve with additional assessment and treatment.<br>• Whose primary issue is disposition planning<br>• Who have cognitive impairment, and behavioral and/or psychological symptoms specifically related to a non-progressive neurocognitive disorder, such as that associated with acquired brain injuries |
| | | ***Acute** Geriatric Psychiatry Unit* | |
| One South Geriatric Psychiatry Unit<br><br>***LOS: 1-6 weeks***<br><br>*Location: Mount St Joseph Hospital, One South*<br><br>*Beds: 16* | **To assess, treat and stabilize Acute Geri Psych patients** before discharging them to community (home, LTC) or referring to Tertiary Older Adult Mental Health | Older adults with:<br>A) Late onset mood, psychotic and/or severe anxiety disorders<br>B) A history of serious mental illness complicated by age-related medical frailty<br>C) Moderate to severe major neurocognitive impairment such as behavioural and psychological symptoms associated with dementia (BPSD)<br>D) Serious risk of harm to themselves or others in their current environment and requiring 24/7 care (as assessed by their community care providers/geriatric services)<br><br>*Residency Requirement: Vancouver CoC* | Older adults with:<br>A) A primary medical diagnosis, traumatic brain injury or substance use disorder<br>B) A cognitive impairment or psychiatric disorder that is stable, whose primary issue is disposition planning<br>C) An ALC designation awaiting placement in community, LTC or tertiary mental health |
| | | ***Tertiary** Geriatric Psychiatry Assessment & Stabilization Units*<br>**For Tertiary referrals, please complete online CAD form:** https://one.vch.ca/dept-project/Regional-MHSU/Documents/TMHA-Older_Adult.pdf | |
| Willow Tertiary Mental Health Older Adult Assessment and Treatment Unit<br><br>***LOS: 3-6 months***<br><br>*Location: Willow Pavilion, 5th Floor*<br><br>*Beds: 19*<br><br>Parkview Tertiary Mental Health Older Adult Intensive Support<br><br>***LOS: 6-8 months***<br>*Location: Parkview at Youville Residence*<br><br>*Beds: 32* | Willow<br>To provide comprehensive assessment, diagnostic clarification, treatment and rehabilitation.<br><br>Parkview<br>To provide comprehensive treatment and stabilization<br><br>Willow & Parkview<br>To create individualized care plans that can be implemented in alternate levels of care to optimize functioning and quality of life | Willow<br>Older adults with:<br>Serious mental illness complicated by age-related medical frailty<br>***OR***<br>Severe behavioural and psychological symptoms of dementia who require a secure treatment setting **& on-site security**<br><br>Parkview<br>Older adults with severe behavioural and psychological symptoms of dementia who require a secure, longer-term treatment setting.<br><br>Willow & Parkview<br>May have comorbid chronic medical conditions<br><br>*Residency Requirement: Regional VCH catchment area (Vancouver, Coastal & Richmond CoC's* | Willow & Parkview<br>Older adults with:<br>A) Acute medical needs typically treated in an acute care setting<br>B) A primary medical diagnosis, traumatic brain injury or substance use disorder<br>C) A cognitive impairment or psychiatric disorder that is stable, whose primary issue is disposition planning<br>D) An ALC designation awaiting placement in community including LTC |