
Geriatric Assessment Outreach Teams



A Resource for successful aging

www.rgpeo.com

Our Purpose

To provide a comprehensive multidimensional screening assessment for people over 65 years of age in their homes.

To work with other health services and community agencies in referring individuals for further assessment, information, or health and social services in order to:

- Improve quality of life
- Promote functional independence and autonomy
- Prevent or delay institutionalization, unless appropriate

When to consider a referral to Outreach Teams

- Recent sudden changes in physical, mental, or functional abilities; falls, accidents, incontinence, impaired mobility, decreased ability for self-care, dementia, delirium.

- Major changes in support needs – caregiver stress, institutional placement being considered.

- Safety concerns – physical, psychological, social, environmental.

- Frequent use of the health care system (ie. In the last 6 months):
- increasing number of visits to the family physician
- multiple hospital admissions
- multiple visits to Emergency Department
- Escalating home care needs

Referrals Process

Referrals to the Outreach Team will be accepted from:

- Prospective clients
- care workers
- Health members
- Family physicians

The Outreach Teams are committed to working with the family physician and community service agencies. The family physician must be contacted before a referral will be accepted by the Outreach Team.

Referrals are made by contacting the secretary of the appropriate team so that intake information can be obtained and an appointment scheduled.

Intake Information Requested:

- Clients' knowledge of referral
- Family Physician's knowledge of referral
- Demographic data
- source
- Referral diagnoses
- Present problem(s)
- Reason for referral
- Contact person
- Professional services involved

What to expect

The Geriatric Assessor (nurse, occupational therapist, physiotherapist, social worker) completes an initial multidimensional screening assessment incorporating aspects of physical, cognitive and psychosocial status, functional abilities, and environmental factors.

The average visit may last 1½ to 2 ½ hours. Collaboration with the elderly client (and family/caregiver where applicable) helps to identify needs and determine appropriate action.

Based on consultation with the geriatrician and other team members, further action may consist of:

- More in-depth assessment/ treatment at one of the components of the Regional Geriatric Program.
- Referral to other health agencies or community resources for further assessment, treatment, rehabilitation or other services.

The assessment summary and recommendations will be forwarded (with the client's consent) to the family physician and health care professionals / agencies involved.

Areas served

The teams cover the Ottawa region.

West region: West of Bronson Ave. and the Rideau River in the South end.

East region: East of Bronson Ave. and the Rideau River in the South end.

How to Reach Us

East Team:

Phone: 613 562 6362

Fax: 613 562 6373

West Team:

Phone: 613 721 0041

Fax: 613 820 6659

Referrals may be made by telephone, mail or fax Monday to Friday from 08:00 – 16.00