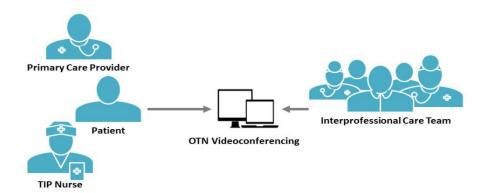


# Telemedicine IMPACT Plus (TIP)

Interprofessional Clinic for Patients with Complex Care Needs



#### What is TIP?

**TIP (T**elemedicine **IMPACT Plus)** provides rapid access to a virtual team of professionals to enable proactive health and social care for patients with complex conditions, and their family caregivers.

Telemedicine IMPACT Plus is an OHIP-Billable Service that supports coordinated care planning and derives new solutions for addressing the patient's chronic conditions.

The Primary Care Provider, patient, and their family caregivers benefit from the support of a dedicated nurse who coordinates the patient's circle of care. The TIP consultation clinic empowers the patient and their caregivers to manage complex health conditions.

TIP consulting teams have a core membership (as required) of a:

- Home and Community Care Coordinator
- Internist
- Pharmacist
- Psychiatrist
- Social Worker

Some of our teams offer specialty consults in:

- Diabetes
- Endocrinology
- Geriatric Medicine
- Geriatric Psychiatry
- Intellectual and Developmental Disabilities
- Nutrition
- Pain Management

## Which patients do I refer?

- Patients with multiple chronic conditions and medications.
- Frequently hospitalized patients in need of access to psychiatric, mental health or social supports.
- Patients who could benefit from coordinated care planning.

### Why should I refer to TIP?

- Access psychiatric and internist consultation within weeks or sooner.
- Develop a Coordinated Care Plan.
- Navigate health and community resources with a dedicated nurse.
- Build and foster resiliency by enhancing access to local resources.
- Gain supports to help manage the patients who "keep you up at night".

#### For more information, please contact:

Mid-West Toronto Sub-Region Team

Phone: 416-603-5800 x4015

Email: TIPteam@uhn.ca

To refer a patient, please complete the attached referral form



# Telemedicine IMPACT Plus (TIP) Referral Form

Interprofessional Clinic for Patients with Complex Care Needs

Referral Source:		
Date of Referral (mm/dd/yy):		
Poforral Cource Name:		
Phone №:		
Primary Care Provider Name:		
Street Address:		
Postal Code:	Phone №:	Fax Nº:
	Email:	
OHIP Billing №:		
Patient Demographics:		
Patient Last Name:		Patient First Name:
OHIP Nº:	VC:	DOB (mm/dd/yy):
Gender:		Telephone №:
Address:		
Postal Code: Major Intersection:		
Can we leave messages at this number	r? Yes 🗆 No 🗆	
f applicable, name of Substitute Decis	ion Maker (SDM):	
SDM Relationship:		Telephone №:
Referral Checklist:		
1. Yes □ No □ Unknown □	Patient/SDM conse	ents to narticinate in TIP
2. Yes \( \text{No} \( \text{No} \) \( \text{Unknown} \)		
3. Yes \( \sigma \) No \( \sigma \) Unknown \( \sigma \)		
4. Yes □ No □ Unknown □	·	
	nknown   Care is difficult to manage due to complications of co-existing conditions	
	Unknown ☐ Cognitive impairment concerns	
7. Yes □ No □ Unknown □		
	Unknown  Frequent hospital/emergency department visits	
	nknown  Patient has been diagnosed with diabetes	
	nknown  Patient receives services from Home and Community Care	
11. Yes □ No □ Unknown □	nown  Patient receives end of life care	
Are you aware of any pressutions sta	ff chauld take when	visiting the nationt's home? Vos No Unknown
Are you aware of any precautions staff should take when visiting the patient's home? Yes $\square$ No $\square$ Unknown $\square$ if yes, please describe:		
Tryes, piedse describe.		
Priority issues—List concerns you would like addressed and attach any relevant documents (if available)		