HouseCalls

Interdisciplinary healthcare for homebound seniors

Please see the eligibility criteria/intake process below and on the next page if you would like to become a House Calls client.

House Calls provides physician-led interdisciplinary care for frail, homebound seniors or those at risk of becoming homebound. This team provides seniors with comprehensive ongoing primary care, as well as chronic and acute disease management, medication administration, in-home interdisciplinary assessments, ongoing case management, and system navigation. The House Calls program aims to keep people who are medically complex at home. The goal is to prevent ER and hospital admissions and optimize people's safety and ability to remain at home.
The team consists of physicians, social workers, occupational therapists, physiotherapists and nurse practitioners, all of whom are supported by team coordinators.

Eligible clients must:

1. Be 65 years of age or older.

2. Have difficulty accessing a family physician because of physical, cognitive, or social frailty.

3. Have a valid OHIP card.

4. Transfer their primary care from their current family physician or nurse practitioner to the House Calls physician or nurse practitioner.

5. Live in the House Calls catchment area—i.e., have a postal code that begins with one of the following combinations of letters and digits: M4G, M4K, M4N, M4P, M4R, M4S, M4W, M4T, M4V, M4X, M4Y, M5B, M5G, M5M, M5N, M5P, M5R, M5S, M5T, M6E, M6H, M6C, M6G, M6N, M6P, M6R, or M6S.

6. Not live in a retirement residence or long-term care facility. If staying at a reintegration unit, please consider a referral at discharge.

7. Not actively need palliative care at the time of enrollment.

8. Not actively need Complex Continuing Care at home. Must not be actively using mechanical ventilation, tracheostomies, feeding tubes, long-term IV fluids, etc.

9. Not have a current physician/nurse practitioner that makes home visits or is willing to make home visits.

10. Provide consent to participating in our intake process (see next page).

A referral to House Calls does not guarantee acceptance. Please refer to the acceptance process on this page and Page 2.

House Calls Intake Process

Referral

Fax referral form: 416-481-2590 or mail to: House Calls, 130 Merton St., Suite 600,Toronto, ON, M4S 1A4. House Calls referrals are reviewed every Wednesday. All referrals received by Tuesday at 4 p.m. will be reviewed by the House Calls team on Wednesday.

Preliminary Assessment

If a client appears eligible, they will be contacted by a team member to schedule a preliminary assessment. This preliminary assessment typically takes 30 minutes and will be completed by either an occupational therapist, physiotherapist, or a social worker. The purpose of this visit is to determine the client's eligibility.

Initial Assessment

Following the preliminary assessment, the entire House Calls team will review the details of the assessment to determine eligibility. If accepted to the team, the same team member who completed the preliminary assessment will visit to complete an initial assessment. This assessment takes approximately one hour.

First physician/nurse practitioner visit

Once complete, the physician or nurse practitioner assigned will review the assessment and the patient will be contacted with their initial scheduled visit. You can expect a visit from your new family doctor/nurse practitioner approximately 4-6 weeks from the time of the preliminary assessment. Note: you can continue to receive care from your previous primary care practitioner until the intake process is complete.

For office use only:

HOUSE CALLS REFERRAL FORM

Questions? Call 416-481-5099

HouseCalls

Interdisciplinary healthcare for homebound seniors

This form can be faxed or mailed:

MAIL:
House Calls
130 Merton Street, Suite 600
Toronto, ON M4S 1A4

FAX:
416-481-2590

Please complete this form and ensure that all information is filled out completely and correctly. Missing information or errors may result in a delayed assessment process. Thank you.

1. Check mark the referral's level of urgency:

☐ Routine ☐ Urgent

Date of referral:

What is the reason you are making this referral? If urgency has been identified, please explain.

House Calls will review the reason for urgency and triage the referral appropriately

2. Provide client's contact information:

First name:

Last name:

Preferred name:

Date of Birth: *Month* *Day* *Year*

Gender:

Address:

City:

Province:

Postal Code:

Phone number:

OHIP Number and Version Code:

OHIP Card Expiry Date:

Continued on next page

3. Provide information about the person completing this form:

Name: _____ Contact number: _____

Email: _____ Fax: _____

☐ Self ☐ LHIN/Ontario Health atHome

☐ Family physician or nurse practitioner ☐ Community support service agency

☐ Family/caregiver/friend ☐ Hospital Dept: _____

Please attach recent consults and/or discharge summaries, if available.

4. Client Eligibility:

Has the client been informed about their referral to House Calls?	☐ Yes	☐ No
Does the client understand that if accepted to House Calls, they will need to transfer their primary care from their current family physician or nurse practitioner?	☐ Yes	☐ No
Does the client consent to transfer their care to House Calls?	☐ Yes	☐ No
Is the client 65 years of age or older?	☐ Yes	☐ No
Does the client live in the catchment area M4G, M4N, M4P, M4R, M4S, M4W, M4T, M4V, M4X, M4Y, M5B, M5G, M5M, M5N, M5P, M5R, M5S, M5T, M6E, M6H, M6C, M6G, M6N, M6P, M6R or M6S?	☐ Yes	☐ No

Please identify the closest intersection to the client's home: _____

What is the client's primary diagnosis? Please provide a brief medical history:

Does the client have difficulty accessing a family physician or nurse practitioner because of physical, cognitive and psychiatric impairments? ☐ Yes ☐ No

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If you answered “yes” to the previous question, check mark the impairments that apply and explain:

☐ Physical

☐ Cognitive/ Psychiatric

☐ Social

Safety risks (eg. Pets, bedbugs, communicable diseases, physical aggression, smoking, clutter, building hazards).

Where patient care needs exceed the scope of home-based primary care, complex continuing care may be a more appropriate care option. The House Calls team does not accept patients that are actively using mechanical ventilation, tracheotomies, feeding tubes, long-term IV fluids, etc. We do not accept patients that are actively in need of palliative care at the time of enrollment.

5. Client Information:

Has the client visited the hospital (ED or other) in the previous 3 months? ☐ Yes ☐ No

Has the client fallen within the previous 3 months? ☐ Yes ☐ No

Does the client have a family physician or nurse practitioner? ☐ Yes ☐ No

If yes above, does this physician or nurse practitioner provide house calls? ☐ Yes ☐ No

If the client has a family physician or nurse practitioner, please provide their information:

Name: Phone number:

Has the client visited their family physician/nurse practitioner within the last 3 months? ☐ Yes ☐ No

6. Social Information:

Marital status: Languages spoken:

Continued on next page

Does the client live alone? ☐ Yes ☐ No

Details:

Does the client use assistive devices such as a walker, wheelchair, etc.? ☐ Yes ☐ No

Details:

7. Is the Ontario Health atHome (formally HCCSS, LHIN, CCAC, Home Care) involved in the client's care? ☐ Yes ☐ No

If you check marked "Yes" above, please provide further information:

Name of Care Coordinator: Phone number:

Provide details on LHIN services that the client is currently receiving, including number of hours/visits per week:

8. Can we contact the client directly? ☐ Yes ☐ No

If you check marked No, above, please provide information about the client's contact person:

Name: Phone number:

Relationship to client:

PLEASE COMPLETE THIS FORM AND FAX IT TO 416-481-2590 OR MAIL IT TO: HOUSE CALLS, 130 MERTON ST., SUITE 600, TORONTO, ON, M4S 1A4

SPRINT Senior Care Ontario Health VHA Home HealthCare Creating More Independence

A referral to House Calls does not guarantee acceptance. Please refer to the first and second pages of this form for the acceptance process.