DOC Geriatric Patient with Cognitive Impairment Workflow

Patient with documented cognitive impairment based on MOCA and/or Mini-Cog

Obtain collateral information from family +/- PCP
- Assessment of current resources
- Main areas of functional impairment

Further Work Up and Treatment
- Consider UA, TSH, B12, depression screen, substance abuse screen, imaging
- Review medications
- Thorough neurologic exam
- Consider GET Clinic or ICT referral, Pharmacy referral, Neuropsychiatric testing

Document in EPIC
- Add Cognitive impairment to problem list
- Document MOCA score under problem
- Alert LCSW so that she can add patient to Maestro DOC Dementia Patient List

Counsel patient and family on diagnosis
- Provide dementia folder and/or ask LCSW (Jan) or BHC (Ashley or Joy) to meet with family
- Engage family support system
- Asses for caregiver strain

Able to stay at home?

Complete FL2/PASSR and place Social Work Referral to consider:
- Assessment for level of assistance needed (Independent Living, Assisted Living Facility, Skilled Nursing Facility)
- Advanced directive planning/Guardianship
- Eldercare lawyer
- DSS (Adult Protective Services)
- Durham County Social Services Referral

Complete Face-to-Face in EPIC and place Social Work Referral to consider:
- Home health PT/OT/ST/RN
- Home aid
- Home safety evaluation (steps, guns, etc.)
- Food assistance (Meals on Wheels)
- Senior Center
- Silver Sneakers
- Adult day programs (PACE)
- Transportation assistance
- Pharmacy visit at DOC or Senior PharmAssist
- Driving evaluation
- Medical ID bracelets(trackers)
- Check-in calls
- Care management referral (DukeWELL, NPCC)
- CAP (Financial resources)
- Advanced directive planning/guardianship
- Geriatric psychiatry referral
- DSS (Adult Protective Services)
- Engage family support system

No, but not initially willing to consider placement

No, and willing to consider placement

Yes

Patient checks out and is scheduled for follow up in 3-6 weeks