



# Memory assessment services- the national viewpoint

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Dr. Suzanne Timmons  
on behalf of the National Dementia Office  
May 30<sup>th</sup> 2019

# National Dementia Strategy

**Timely diagnosis and intervention-** one of the 6 priority areas within the strategy.

→ *2 action points in the implementation plan*

“The HSE will develop a **National and Local Dementia Care Pathway** to describe and clearly signpost the optimal journey through the system from initial presentation with worrying symptoms, through to diagnosis, including levels of intervention appropriate to need at any given time”.

“The HSE will **review existing service arrangements so as to maximise the access** that GPs and acute hospital clinicians have to **specialist assessment and diagnosis** of dementia, including Old Age Psychiatry, intellectual disability services, geriatric medicine, neurology services and memory clinics”.



# Dementia Diagnostic Pathway Project

**Aim 1:** To develop an integrated diagnostic pathway and model of diagnostic service delivery for dementia care.

**Aim 2:** To establish Specialist Memory Clinics nationally, to assess and diagnose complex cases, and to support clinicians in primary and secondary care.

**Aim 3:** To support healthcare professionals in primary and secondary to ensure a standardised approach to the assessment and diagnosis of dementia.

- Mapping project of memory clinics Feb 2017
- Multidisciplinary steering group - commenced in October 2017
- Literature review performed by UCC- launched Sept 2018
- Review of generic geriatric/POA/neurology clinics 2018-2019
- Funding application for MAS in Estimates 2019 → none allocated.
- Dormant account funding for national ID diagnostic service pilot (2 years)

# Dementia Post-Diagnostic Pathway Project

Commenced June 2017 - National Multi-disciplinary Steering Group established

Literature review - performed by CESRD

Needs analysis- people with dementia

Information review: will be available on Dementia Pathways website

Post-diagnostic support grants for 2019: 2 per CHO → need to secure ongoing funds

Cognitive Rehabilitation masterclasses in 2018

Memory Technology Resource Rooms 2018/19 – €600K - one per CHO



# Diagnostic-post diagnostic framework project

- Diagnosis (including MCI and sub-typing)
- Disclosure
- Holistic needs assessment
- Immediate post-diagnostic support (within 24 months of diagnosis).
  - information provision
  - therapeutic interventions
  - planning for the future
  - community engagement/involvement.



# Context

- About 4000 people with dementia in Ireland develop dementia each year
- Currently, less than 40% with dementia have a diagnosis

If 50% of people seen at memory services have dementia, we need 8000 assessments per year = 160 per week = **16 clinics seeing 10 new patients per week.**

Mapping exercise 2017:

Currently about 25 'memory clinics' in Ireland

One is 5 days/week (500 pts/year); some are monthly

One third are in and around Dublin;

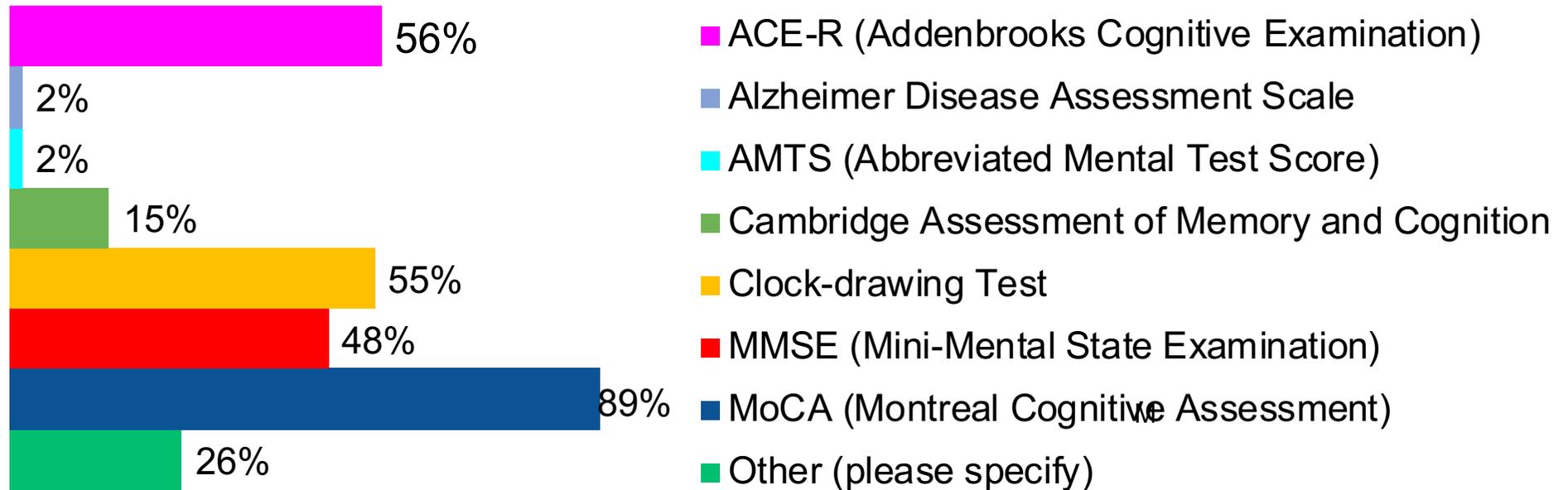
50% of counties have none

Waiting times 60 – 420 days





# What cognitive tests do we use?



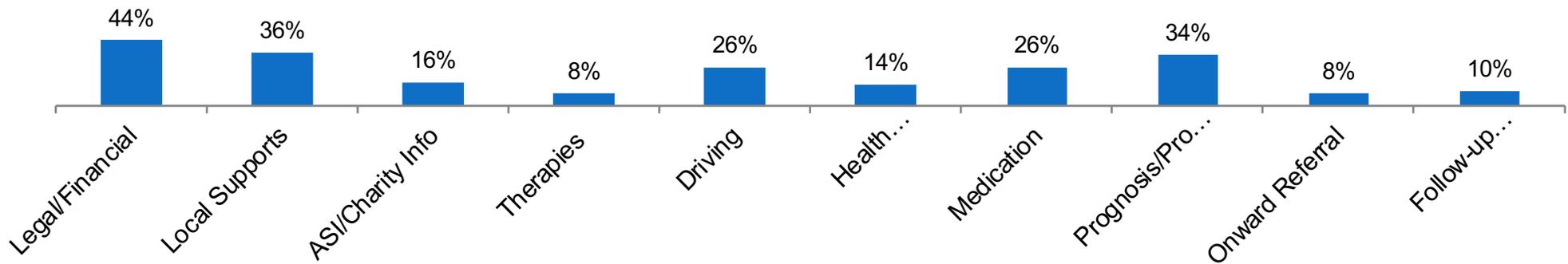
No-one is routinely checking Apoe-E status

70% doing routine MRI; 17% doing functional imaging

48% regularly use CSF analysis to aid diagnosis (versus 'rarely or never'): when person is <65; atypical presentation; rapidly progressive; differential diagnosis



# What information do we give at time of disclosure?



*“Healthy living advice, legal advice, driving and dementia information, accessing community supports, information on ASI. **Information pack is put together depending on the stage of dementia. Patient given typed summary of their assessment and recommendations**, also told about living with dementia group and memory strategy group that we run and memory technology room in (locality)”*

*“progression, carers burden and management”*

*“The diagnosis and prognosis - it will get worse but pills can help to some extent”*

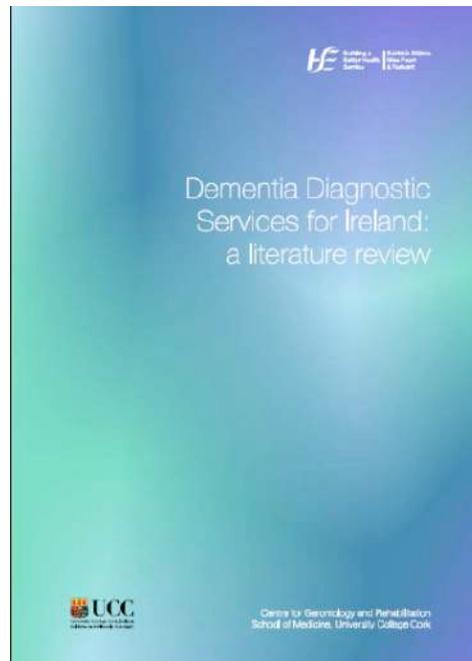
12% of respondents provide written information to the person.

# What do we need for a good service?

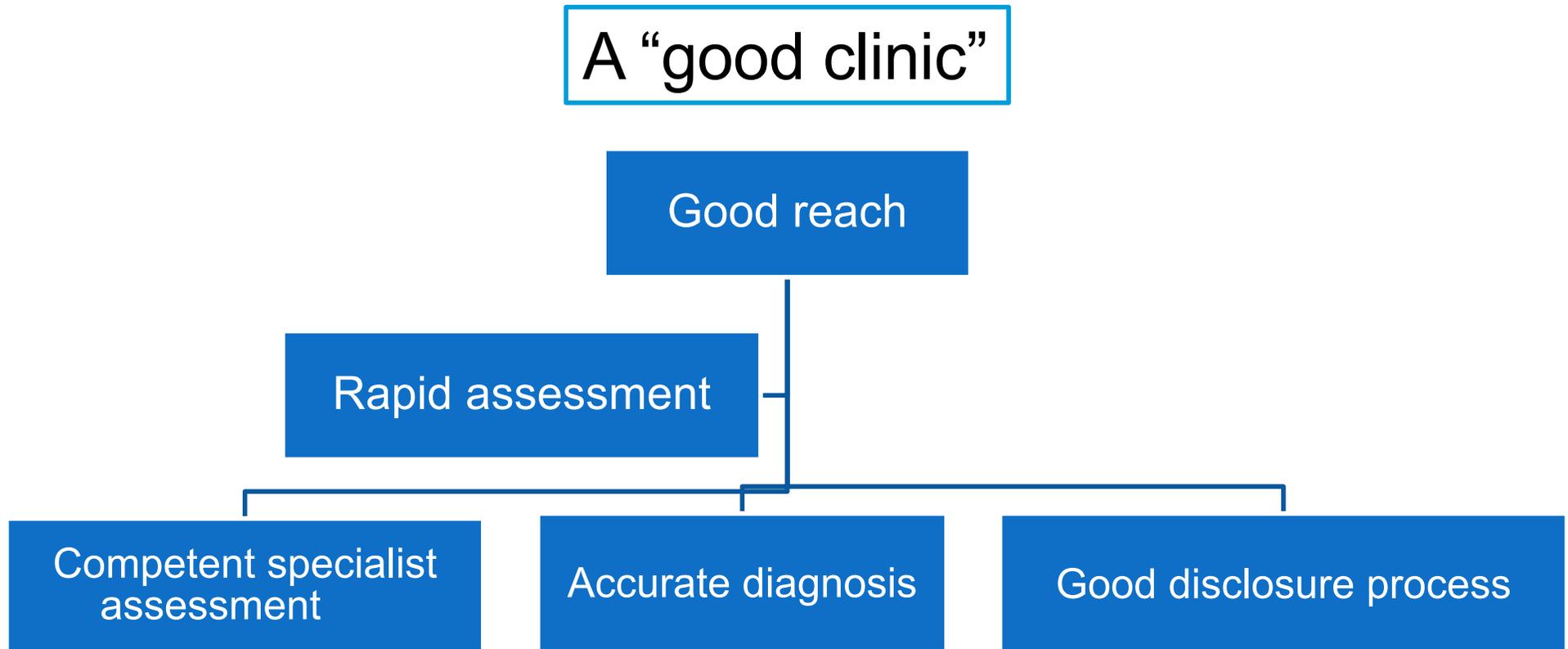
- Rapid and early access to assessment
- Clear pathways of referral, including between Geriatrics, POA and Neurology
- Direct pathways to post-diagnostic supports for GPs
- Skilled, multidisciplinary team
- Validated assessment tools, easy access to bloods, imaging, radiology and CSF analysis
- Adequate space and time
- Good system for diagnosis disclosure
- Links with adequate post-diagnostic supports and services in community
- Continuity of care - interdisciplinary 'service' rather than just a diagnostic clinic.



# Literature review for Dementia Diagnostic Services



# Memory Clinics



UK: Memory Services National Accreditation Programme (MSNAP)

# Evaluation of Memory Clinics

Mellis 2009 review: lack of RCT evidence; available evidence focuses on individual components, not whole service – “no conclusion possible”

Recent study: 80 random UK memory clinics from a national audit database

→ Looked at the structural and process characteristics and outcome

(i.e. skill mix, workload, volume of patients seen, provision of clinical assessments and psychosocial support, waiting times, length and number of appointments, meds prescribed, use of psychosocial interventions)

Presence of AHPs ← → higher patient and carer health related quality of life score (not in the subset of people diagnosed with dementia)



# Comparisons of Models of Memory clinics

UK: Minghella 2013 review, commissioned by NHS: Overall review plus in-depth audit, interviews and focus groups of 5 memory services:

- Two services operating from a secondary care setting (nurse led)
  - Two services operating from a primary care setting
  - A service operating from a tertiary care setting.
- Median 30 day wait
  - All have pros and cons
  - Overall high satisfaction for all
  - Overall 60% 'inadequate' referral rate → delays and burden to services

**No one model was superior to the others,  
with all of them having benefits and drawbacks.**



# The Cost of Memory Diagnostic Services

UK: NHS dementia report:

- Primary care service with specialist outreach £396 pp;
- Specialist service with primary care input ANP duty workers; dx by specialist of GP w special interest £771pp
- Specialised service (Doncaster): £433 pp

Discrepancies in cost are due to age and health status



# Are Memory Diagnostic Services cost effective?

Banerjee 2009 UK:

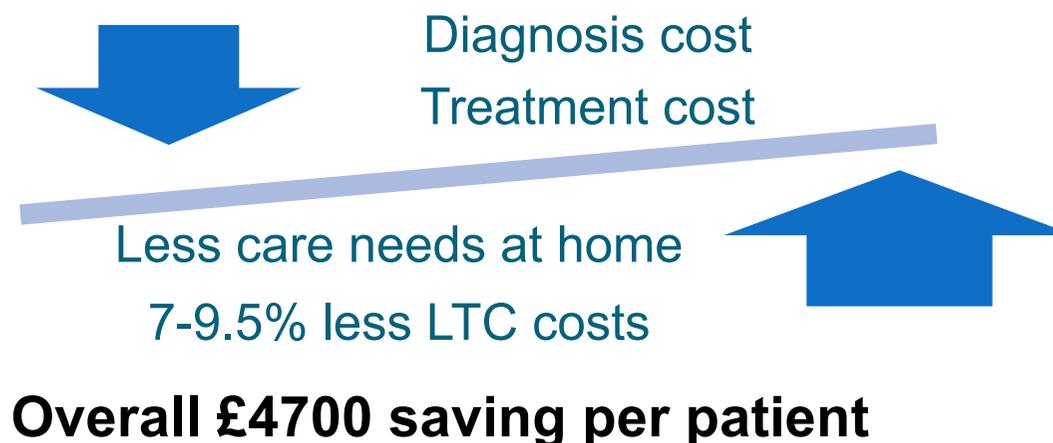
**Modelling analysis** based on Croydon service (home visit by POA team):

New service: would cost £220 million per year extra for whole country

- If 10% less LTC: saves £120m government and £125m informal costs
- If 20% less LTC: six years to break even

Getsios, UK, 2012:

**Modelling analysis** based on the reported benefit of donepezil, and the known rates of non-diagnosis and delayed diagnosis → modelled the benefit (patient and cost) of early diagnosis and treatment



# Potential “good practice”

Lecouturier 2008: To identify a comprehensive list of **disclosure behaviours** to inform a planned intervention:

Literature review - 220 behaviours, with 109 over-lapping

Interviewed PWD (n=4) and carers (n=6), and consensus process involving HCPs (n=8) → 27 more behaviours identified. High level of agreement between sources



# A national structure for Memory Assessment Services?

Dr Sean Kennelly

# Where we're starting from....

But is this even accurate?



Approx. 4,000 new diagnosis of dementia annually.. But what about MCI and SMC etc...

# What is a “Service”- assessment AND support?

- Clinical Leadership
- Accessibility: All ages and ID
- Relationship to local GPs and regional hospitals
- Volume and Complexity of caseload
- Team Resource: Nursing; OT; SLT; Neuropsychology (MSW, Physio, Nutrition)
- Interdisciplinary support- Old age Psychiatry, Neurology, Geriatric Medicine, Radiology
- Diagnostic supports: Standard and enhanced Imaging, biomarkers
- Brain health Promotion
- Post Diagnostic links: Dementia advisor; Carer Education and Support, Palliative care
- Research

# How would you organise services nationally?

- Geographically?
- Needs based: Population numbers?
- Should there be national sub-specialty diagnostic and support services- FTD COE, ID dementia COE, etc.?

Stroke, Cancer care or New hub and spoke model?

Use of Telehealth technology?

# What a National Structure provides

- Standardisation of care: Audit against consensus goals and standards
- Equity of access nationally
- Equity of access for younger people, those with ID/DS and other minority groups
- Network of clinical and research partnerships

So what are the barriers, challenges, and opportunities for a national structure?

Is it feasible?

# Discussion topic:

## National structure for diagnostic services?

- Should there be a national structure for memory assessment services in primary, secondary and tertiary care?
- Should each diagnostic level have a set minimum of staff/skill mix within it? If so what.
- Should each diagnostic level have a fixed suite of assessment tools/scales etc? If so, what.
- When should brain imaging and CSF biomarkers be required?

# Disclosing the Diagnosis of Dementia

Best Practise ?

# Diagnosis

- Only 30-50% receive a diagnosis
- Only 50 % have documentation of diagnosis in medical records
- Symptoms to diagnosis 1- 3 years
- Absence of national guidelines on diagnosis and disclosure

# Why not to disclose

- Concern re misdiagnosis
  - Diagnostic uncertainty
    - Access to Memory clinics
    - Access to Neuropsychological testing ?
- Diagnostic uncertainty (MCI)
- Lack of effective treatments
- Stigma of diagnosis
  - Adverse psychological reaction to diagnosis
- Inability to understand diagnosis

# Why Disclose ?

- Open a dialogue
- “Gateway to Care”
- Access to community resources
  - HSE and Voluntary
  - Support cafes and day centers
- “Uncertainty” to “Adaptation”
  - Driving
  - Financial planning
  - Legal issues ( EPA, wills)
  - Advance health care directives

# Best practise ?

- Patient Autonomy
  - The right to know
  - The right to be in control of your diagnosis
- Patients overwhelmingly want to know
  - 80-100% international research
- Relatives/carer may disagree with disclosure

# Best practise : Theory

- Not When But How ?
- Patient Choice
  - Do you want to know the diagnosis?
- Benefits of the Diagnosis
  - Education and informing patients
- Longitudinal process of disclosure
  - GP surgery or Memory clinic
  - Gradual disclosure over time ( progressive disclosure)
  - Bring everybody on the journey
  - Follow up and support (patient and carer)

# Patient Choice : In Practise

- Consultation with Patient only
- Patient's understanding of Situation
  - GP surgery / memory clinic
  - Why are you here?
  - Knowledge and personal experience of dementia
- Patient's preferences re Diagnosis
- Disclosure : Alone or with relatives

# Individual approach

- Severity of patient's cognitive status
  - Insight into impairment
- Psychological Status
  - Comorbid medical and psychiatric conditions
- Educational / socioeconomic / Cultural considerations
- Empathy and Hope

# Discussion topic: Delivering a diagnosis of dementia

- Should memory assessment services adopt a 'best practice' model for disclosing a diagnosis of dementia?
- What might that look like?

Consider:

- Who attends
- How is it organised
- What language used
- Format (written, verbal?)

# Post-diagnostic supports and brain health promotion

- Do memory assessment services have a responsibility to provide PDS?
- Should there be an automatic follow-up (phone call, visit etc.)?
- What PDS information should be given at point of diagnosis? e.g. driving, epa etc.
- Some PDS is cost neutral (e.g. signposting). What more could you do if you had funding?

# A National Dementia Registry for Ireland

Dr Louise Hopper  
School of Nursing and Human Sciences  
Centre for eIntegrated Care  
May 30<sup>th</sup> 2019

# Presentation Outline

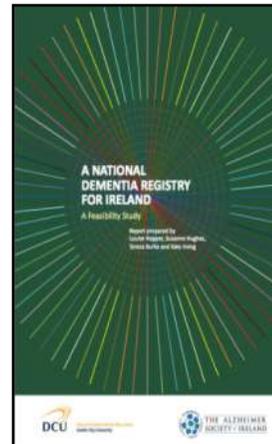
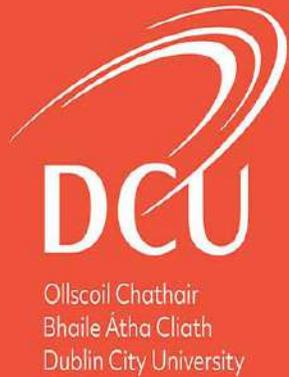
- Background to the National Dementia Registry project
  - Aims, objectives and work plan
  - Stakeholder engagement
  - Why is a dementia registry important?
  - The international perspective
- Outcomes and Data relating to Dementia
- Upcoming Outcomes and Data workshop

# The National Dementia Registry Project

Funded by the National Dementia Office, HSE and the Department of Health (Dormant Accounts)

Follows on from a Feasibility Study carried out in 2016

Commenced May 1<sup>st</sup> 2018; 18 months duration



Available on the Alzheimer Society of Ireland and DCU web sites

National Dementia Office  
Leadership, Integration and Innovation

# Project Aim

*“The development of an appropriate **model** for a registry or national database that will support the roll-out of the National Dementia Strategy and has the potential to **improve dementia care management** and **inform and improve clinical outcomes** for individuals living with the condition”*

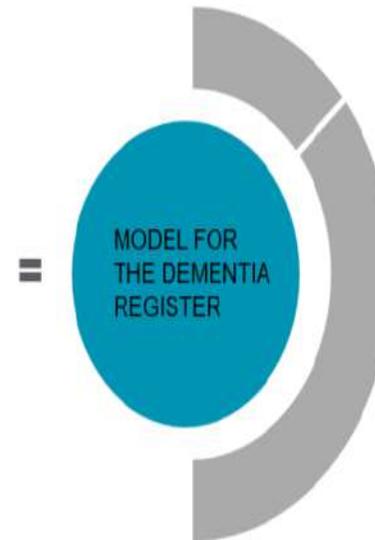
Need acknowledged in the **National Dementia Strategy** (2014, p33)



Ollscoil Chathair  
Bhaile Átha Cliath  
Dublin City University

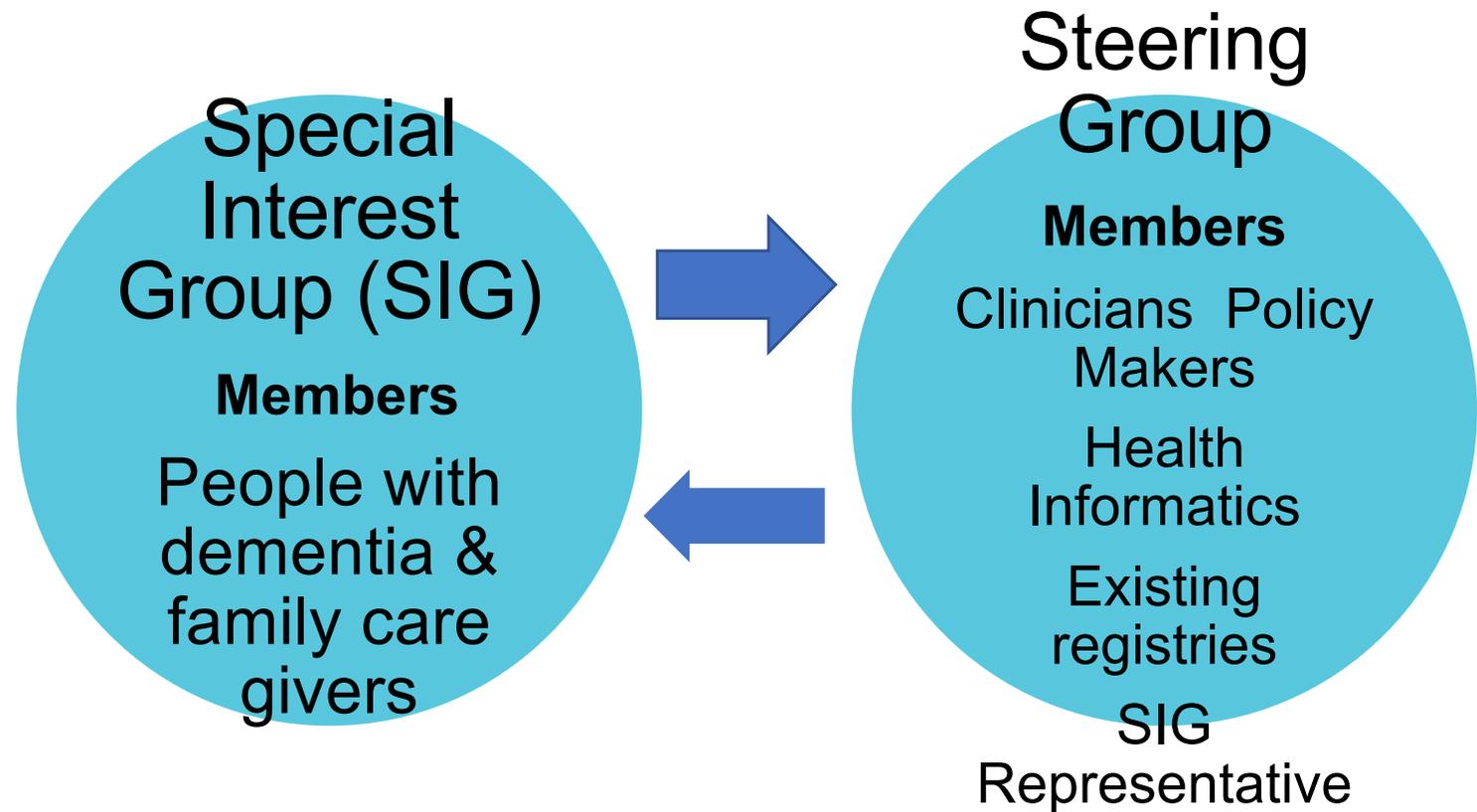
National  
**Dementia**  
Office Leadership, Integration  
and Innovation

# Broad Scope

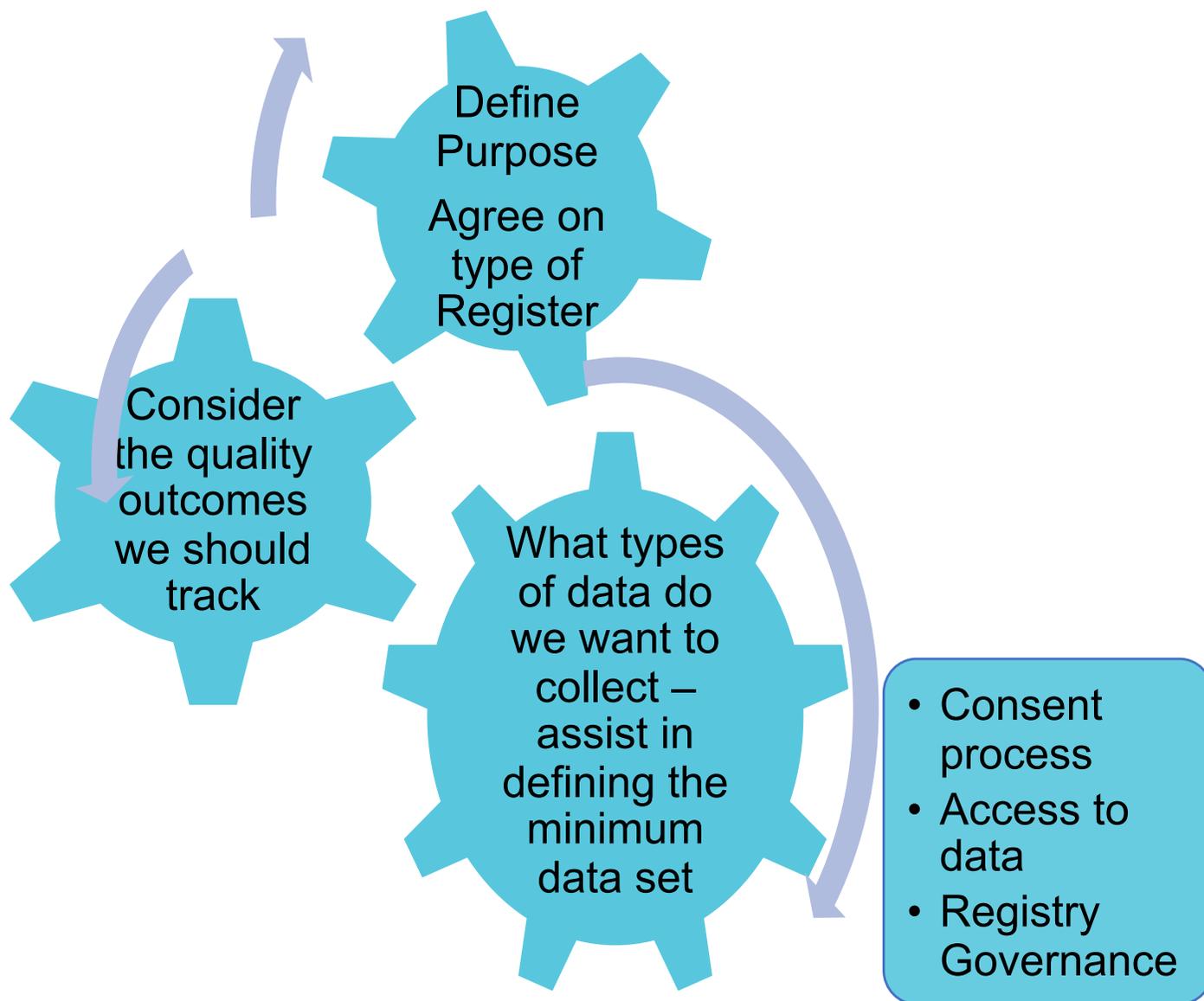


# Project Work Plan

# Two working groups are providing direction and guidance to this project



# Discuss and provide direction on key registry project decisions



DCU

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Dublin City University

National  
**Dementia**  
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# Why a Register might be a good idea?

Evidence suggests registry data can assist and result in:

**IMPROVEMENTS  
IN PATIENT**

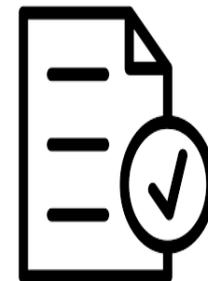


**AND  
SERVICES**

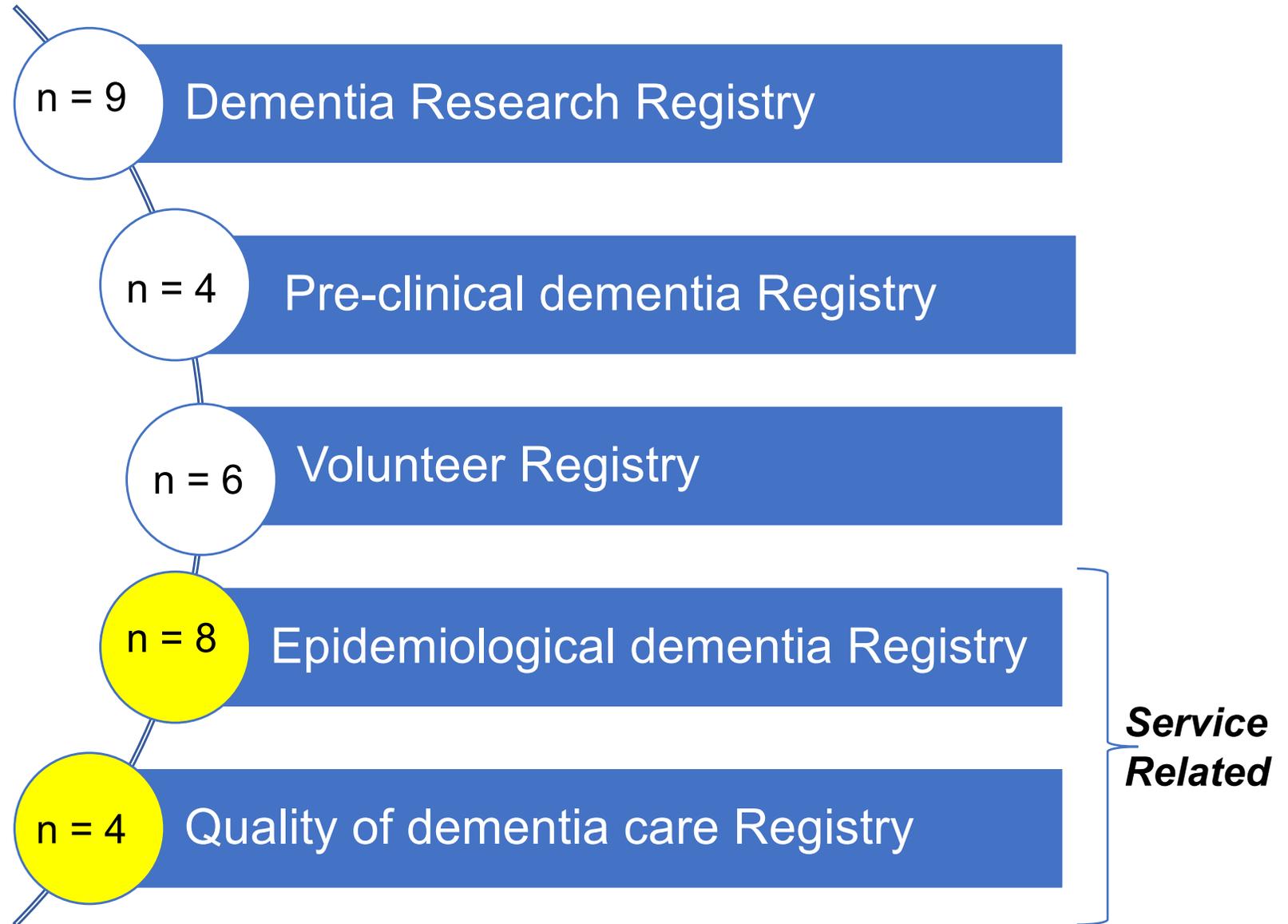
**BETTER  
POLICIES  
RELATING TO  
DEMENTIA**



**ACCURATE  
AND  
RELIABLE  
ESTIMATES  
FOR  
PLANNING**



# c30 dementia registries have been established internationally



# Questions an Epidemiological register tries to answer?

**How many people have dementia?**

**Where can we find them?**

- **Important to have complete coverage**
- **Capture everyone**
- **All care settings**
- **Mandatory data collection**
- **Gaps will still remain where dementia is undiagnosed**





Ollscoil Chathair  
Bhaile Átha Cliath  
Dublin City University

# Questions a Quality Register tries to answer?

## Are we following best practice?

## Are we monitoring set outcome reporting on quality of care?



- **Identify variation in ‘best practice’ provide feedback on performance effort to stimulate quality improvement processes to motivate change.**
- **Follow patient over time**
- **Phased approach – aiming for broad coverage representative of the population**

National  
**Dementia**  
Office leadership, integration  
and innovation

# Quality registers

Differ in that they look beyond the numbers and consider two classes of outcomes:

## Process Indicator

Tracking performance against predefined criteria for example whether:

- a patient has been evaluated within 90days (target 80%)
- a certain evaluation has happened (e.g. MMSE/MRI) – note that the result is not recorded.

## Outcome measures

### PROMS/PREMS

- Quality of Life
- Patient Satisfaction
- Functional Status
- Health status
- Service Use

# Other important outcomes

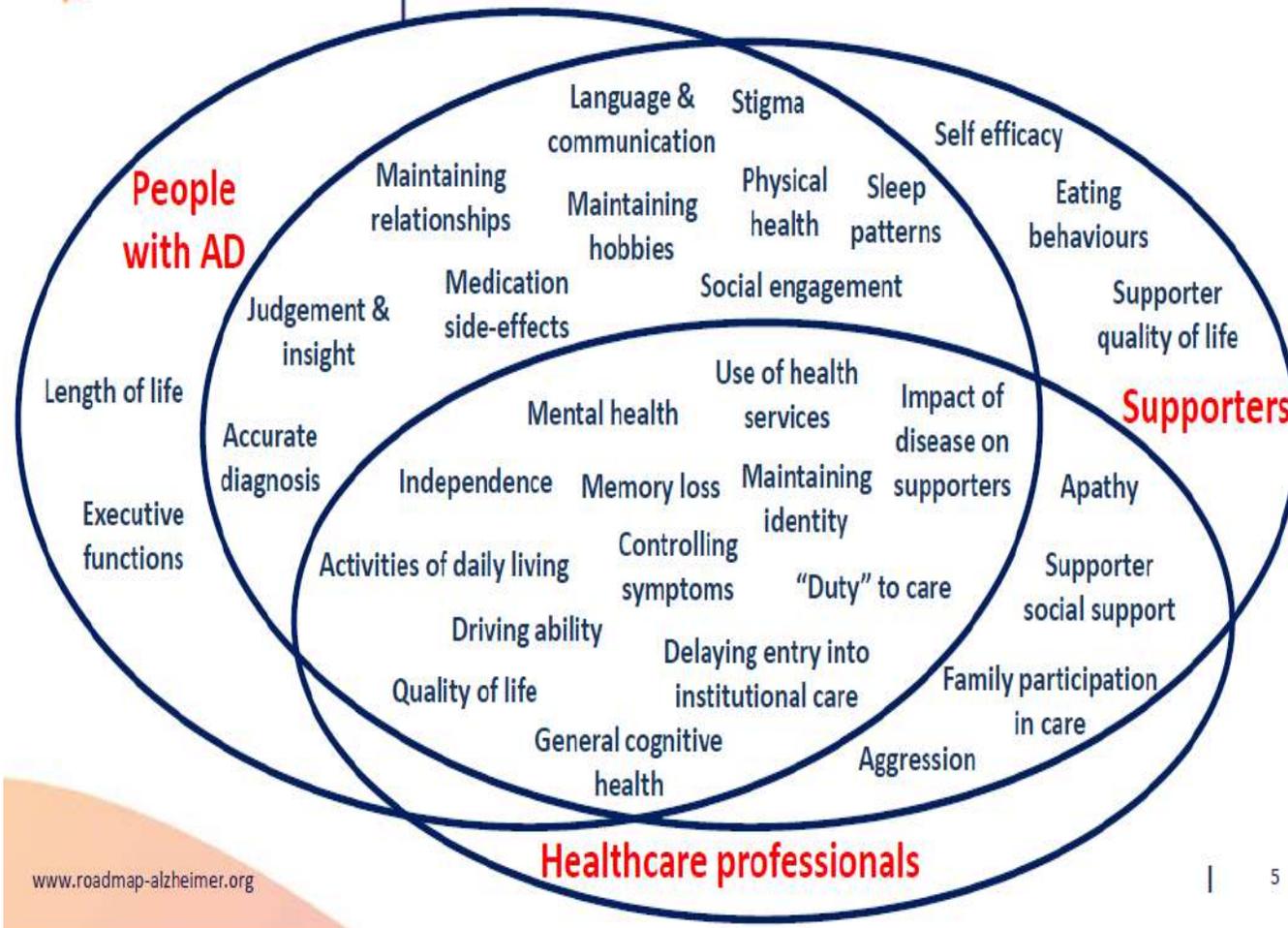


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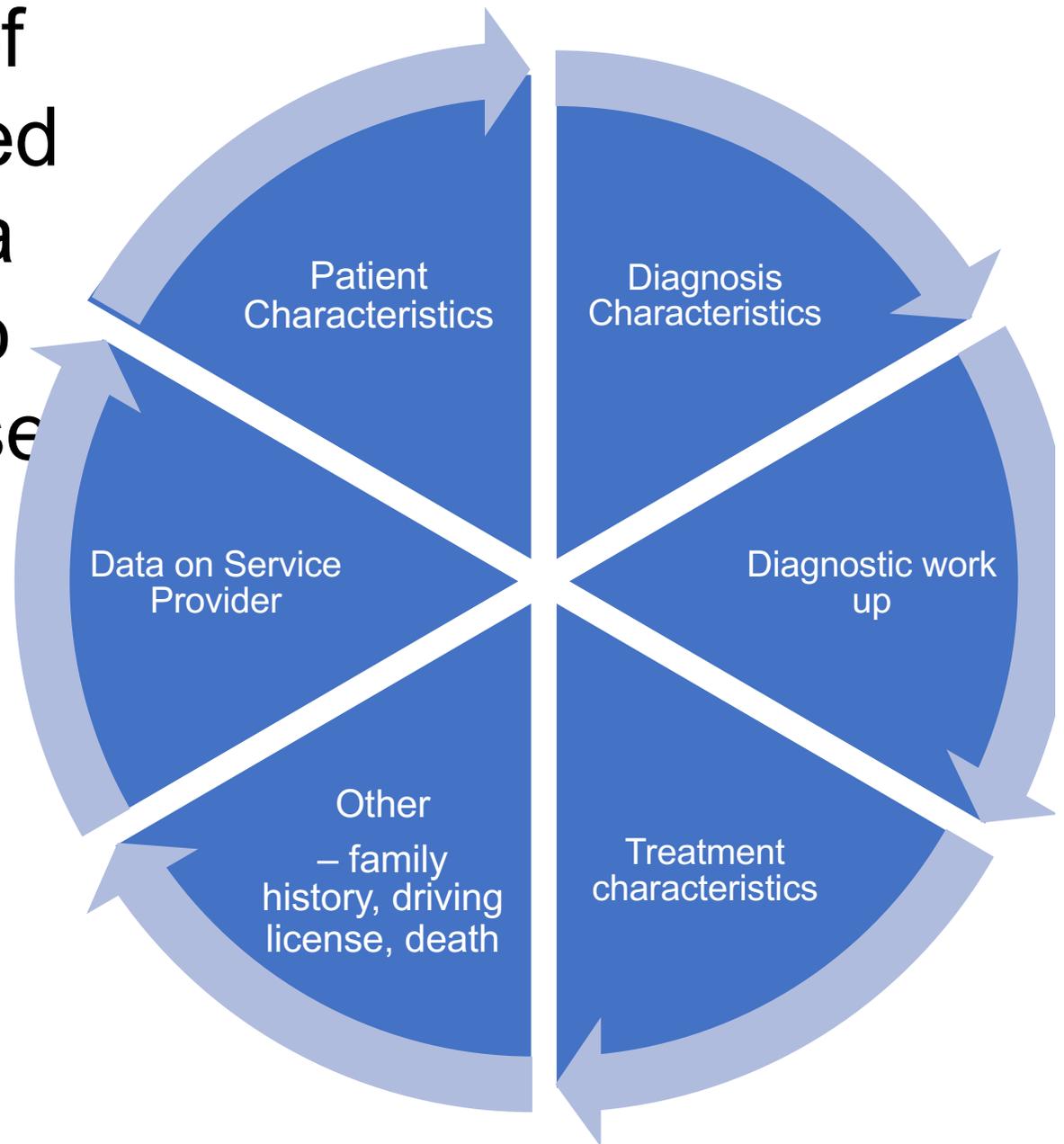
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Outcomes from systematic review evidence



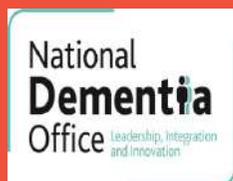
Broad  
categories of  
data collected  
by Dementia  
Registries to  
support these  
outcomes



# Sample Data set from Dementia Registries



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Dublin City University

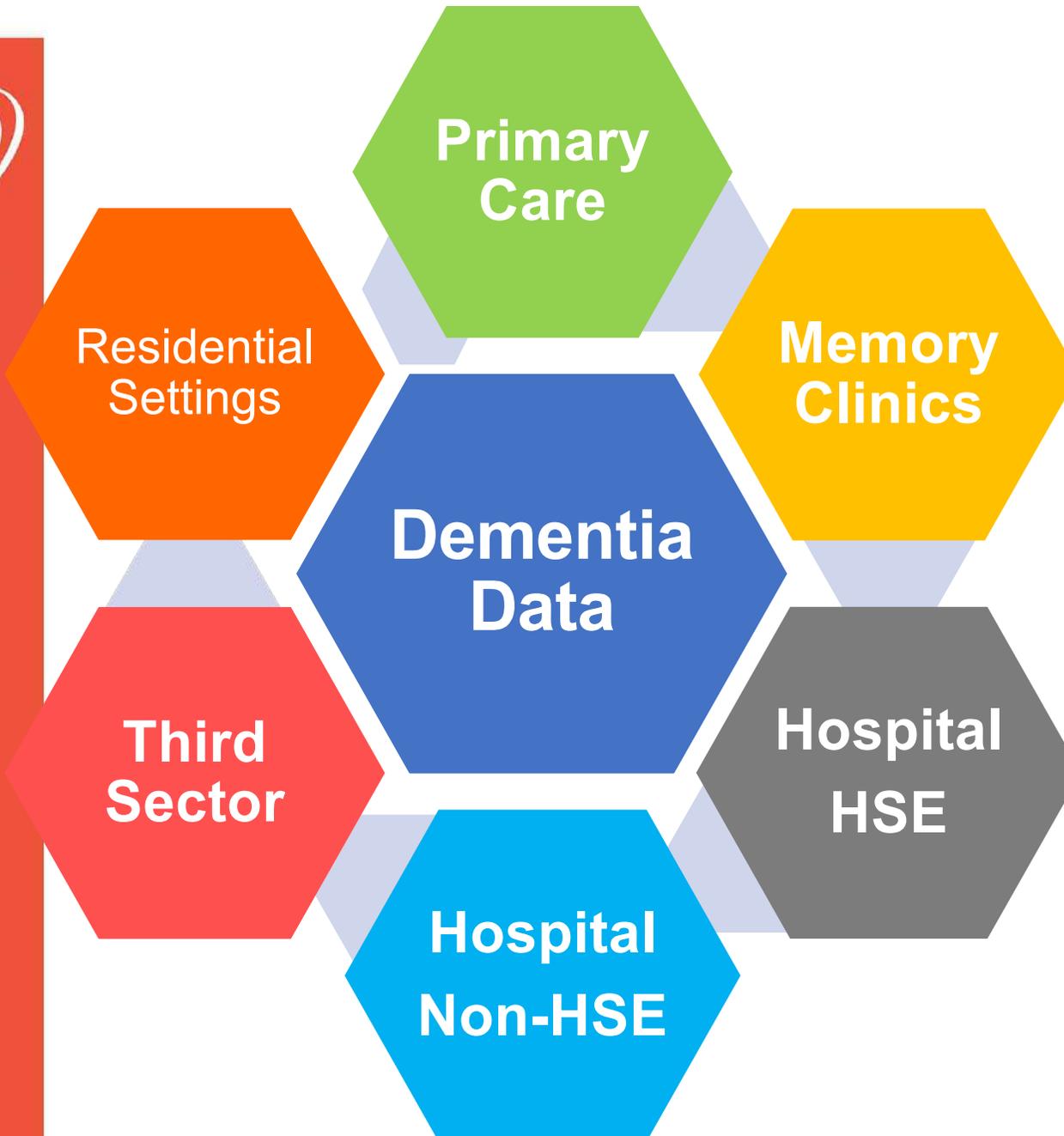


	The Danish Dementia Registry	SveDem	The French National Database
Data on Service Provider	Type of evaluation Date for first visit Date for information visit Is the patient discharged at this visit?	Date of Registration	Date of procedure Type of procedure Procedure Protocol New Patient Patient referred by
Patient Characteristics Socio-demographics patient	Central Person Registry Number (CPR) Informant present Living condition (lives with someone, lives alone, nursing home setting)	Social Security Number Sex Age Living Condition Day Care Home Care, BMI (Height/Weight)	Name DOB Place of birth and code for place of birth Sex Present Lifestyle Geographical location Educational Level APA/ALD (Personal Autonomy allowance/long term illness)
Diagnosis characteristics	Dementia (general cognitive status) Demented, Mild cognitive impairment, Not demented) Diagnosis: Alzheimers dementia Dementia with lewy bodies, Parkinson disease dementia, Vascular dementia, Mixed dementia, Frontotemporal dementia	Time needed for diagnosis  Type of Dementia EOAD/LOAD/Mixed AD/Vascular AD/DLB/FTD/PDD/US D/Others	Diagnosis Level 1 (presence absence of dementia cognitive impairment)  Diagnosis Level 2 (ICD10)

# Sample Data set from Dementia Registries



	The Danish Dementia Registry SveDem	The French National Database
Functional measure	MMSE done?	Diagnostic Work up -Yes No
Cognitive measure	MMSE score	Don't Know
Diagnostic work up	IADL FAQ done?	(Blood test clock test, CT, MRI, LP, PET/SPECT, EEG, Advance cognitive testing, Assessment by occupational therapist, assessment by physiotherapist, assessment by speech therapist)
	IADL FAQ score	Total No of Tests
	Blood test	MMSE Score
	CT brain scan	
	MRI brain scan	
	If no brain scan (reason not ordered/not done	
	Contraindication, not clinically releveant, patient cannot cooperate	
Treatment characteristics	Dementia Medication (option buttons) Donepezil, Rivastigmine, Galantamine, Memantine, Project medication	Medication (ChEI, NMDA-Antagonist, Antidepressants, Antipsychotics, Anxiolytics, Hypnotics, Cardiovascular drugs) Yes No Don't Know
	Anti depressant treatment Y/N	Pharmacological treatment
	Anti psychotic treatment Y/N	Serious adverse event
Other		Psychosocial intervention and rehabilitation
		Family history of dementia
		Possession of a driving license
		Possession of a weapon license
		Follow up status
		Date of entry into residential care



Where is  
our  
dementia  
data?

# Our Data Challenges

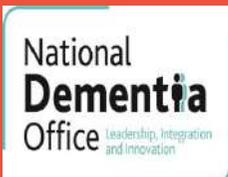


## - Data sources

- Multiple sources (primary care, secondary care, HSE, Non-HSE)
- Poor levels of electronic data (Electronic Health Records, EHRs)
- Data matching and unique (individual) health identifiers

## - Logistics/Process of data collection

- Long-term goal must be automated data collections (EHRs)
  - Automate data collection as much as possible in the short-term
- Buy-in from data providers
  - Ideal: point of care collection BUT burden on frontline staff without EHRs
  - Some manual data entry likely in the short-term (Skilled registry staff)
- No national ethical approval process; difficulties sharing data



# Current activities

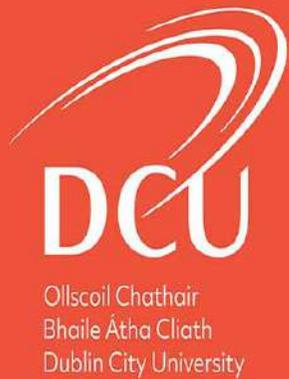
## 1. Outcomes (Top-down)

- Examining types of outcomes captured by existing dementia registries
- Examining the guidelines that exist (or are in progress) relating to dementia in Ireland today

## 2. Data (Bottom-up)

- Minimum data set to achieve registry objectives
- Potential data sources

**WORKSHOP: DCU 19<sup>th</sup> June 2019**



**INVITATION**

**National Dementia Registry Model**

You are invited to attend a **briefing and workshop** to assist in defining the minimum data set and outcome measures as part of the development of a model for the National Dementia Register.

The flyer features a photograph of a modern DCU building under a blue sky with clouds. To the right of the photo is the DCU logo and name in Irish and English. The main text is centered on a yellow background, and the invitation details are on a dark blue background.

**Date:** Wednesday 19 June 2019

**Venue:** DCU, Glasnevin Campus, Dublin 9

**Meeting Room:** Stokes Building SA105

**Registration:** 9.00am

**Running Time:** 9.30am-1pm

**RSVP:** To register please go to [www.Eventbrite.ie](http://www.Eventbrite.ie) then Search events 'Minimum Data set and Outcome measures' click then on the green Register button

The bottom of the flyer contains four logos: the National Dementia Office logo, the dementia logo with the tagline 'understand together', the HE logo with the tagline 'Endorsement as a Service User Health Service Executive', and the CeIC logo.

Flyers available – a registration link can be sent if you add your email to our Memory Clinic Contact List (circulating)

# Contact details



Dr Louise Hopper

Principal Investigator

[Louise.hopper@dcu.ie](mailto:Louise.hopper@dcu.ie)

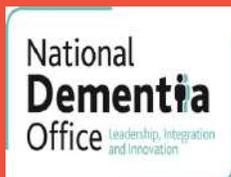
[Christina.bowen@dcu.ie](mailto:Christina.bowen@dcu.ie)

(01) 700-8540

Christina Bowen

Project Manager

(01) 700-6917



**St Patrick's Hospital, Cashel,  
Co Tipperary**

**Memory Clinic**

**Elaine Wilkinson**

**Advanced Nurse Practitioner**

**30<sup>th</sup> May 2019**

# ANP Assessment

- Clinical assessment is completed on each person's initial appointment to the Memory Clinic (not previously diagnosed).
- Referrals are also received from GPs or Consultants whose patients have already been diagnosed with dementia.
- They may no longer be attending that Doctor and there is a need to link the person with dementia with local support services in Tipperary.
- ANP appointment is offered...education & information is given following discussion of their needs...case is discussed with the Consultant Geriatrician & referrals are made to the appropriate support services.
- Gap in follow up care..

# Post Diagnostic Supports

- Following assessment at the Memory Clinic; if a person receives a diagnosis of dementia they receive a Memory Clinic pack.
- This pack contains a substantial amount of information for both the person that has been diagnosed and their families.
- Families can appear overwhelmed by the amount of information they receive at the point of diagnosis.
- Some families expect to be offered a review appointment over the coming months.
- Telephone calls from families three to six months to years later..

# Memory Clinic Pack

- Living Well with Dementia Programme
- Tips for a Healthy Brain
- Memory Technology Library (MTL)
- Enduring Power of Attorney (EPA)
- Memory Loss and Driving
- Dementia Adviser Service
- Le Cairde Day Centre, Clonmel, Co Tipperary
- Living Life to the full with Dementia

# Living life to the Full with Dementia

- Defines Dementia
- Dementia Progression
- Memory Aids
- Medication – treatment & dispensing – for example PillPacPlus
- Calendar
- Diary keeping
- Daily Routines

# Referrals are sent requesting support services from

- The Public Health Liaison Nurse
- Referral indicates which services are required - home help, respite care, day care or the Alzheimer's Society
- Living Well with Dementia Programme – requesting further information/support, Memory Technology Library, Dementia Nurse Specialist & Dementia Support Worker.

# Memory Rehabilitation Programme

- Designed for people who experience memory difficulties in their everyday life.
- Programme 1 is for people newly diagnosed with mild dementia. It includes an initial home visit, followed by a group programme in the MTL & a follow up home visit within 6 weeks
- Programme 2 is for people with mild to moderate dementia

# Contact numbers

- Memory Technology Library, South Tipperary  
Tel: 052 6177080
- Living Well with Dementia, South Tipperary  
Tel: 087 0550050
- St Patrick's Hospital, Cashel, Tipperary  
Memory Clinic, Tel: 062 70325

# South Tipperary Dementia Services

Living well with Dementia South  
Tipperary

**South Tipp one of the original Genio sites –  
Atlantic Philanthropies/HSE funding**

Developed;

- Information & support service
- Memory Technology Library
- Dementia Support Service

**Post Diagnostic Supports**

**2017/2018 Memory Rehab Programme**

**2019 Funding from NDO for:**

**Memory Rehab Programme**

**Psychosocial Education Programme**

**Referrals - GP/PHN; Memory Clinic; Psychiatry  
Old Age; South Tipperary General Hospital**

## **Benefits**

**2 different programmes allow for more appropriate grouping**

**Multidisciplinary**

**Practical Information & strategies**

**Addresses identified issues – personal input**

**Covers relevant information - stage appropriate**

**Meeting others in a similar position**

**Can help person come to terms with diagnosis**

**Point of contact**

## **Disadvantages**

**Group setting not for everyone**

**If client/family member not 'fully motivated'  
practical strategies less likely to be successful**

**Can be overwhelming if struggling to come to  
terms with diagnosis**

**Some participants miss contact when  
programme finished**

# Lets Talk: Tipperary Memory Support Group

- New Support Group
- Based on group already established in Kilkenny
- Launched May 10<sup>th</sup>
- Runs every Wednesday Place 4 U Café, Clonmel
- Informal but with monthly organised talks
- Facilitate connection within the group & create community connections
- Fundraising to facilitate therapies

# Contact numbers

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Tel: 052 6177080
- Living Well with Dementia Programme, South Tipperary. Tel: 087 0550050
- Memory Clinic, St Patrick's Hospital, Cashel, Co Tipperary. Tel: 062 70325

# Post Diagnostic Supports Kilkenny Memory Clinic

Joan McDonald

Mary Hickey

- 
- KMC set up 2013
  - Diagnosis only
  - PHN and respite available
  
  - People diagnosed early : no supports available
  - Developed out of identified need from the clinic.

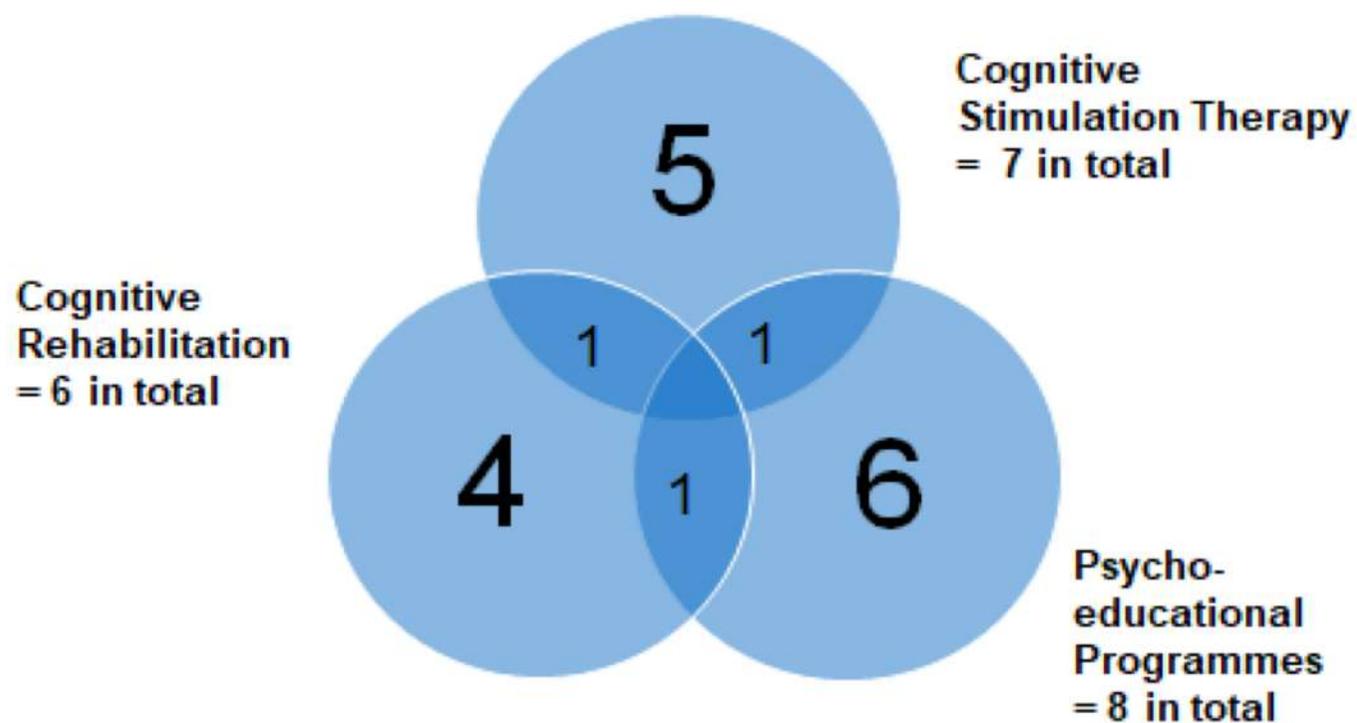
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- Kilkeny Memory Support aka DREAM Nov 2014
  - Telephone follow ups June 2015.
  - Point of contact,( NICE Guidelines 2018) prevention of crisis, education and advice, reduced waiting lists for clinic.
  - In 500 calls in 4 years ,only 5 people have looked for an appt.
  - Phone calls both ways now.

- 
- Links built with relevant groups. ASI / men's sheds etc. Available in the area.
  - Finding specific local services for people.
  - Community services contacts increased integration between services. Not duplication. eg ASI run carer education
  - Kilkenny Memory Supporters formed February 2019. ASI support group was no longer running.

- 
- Involved with National Dementia Office to implement National Dementia Strategy.
  - Understand Together involvement with poster, radio ads, TV ads, social media
  - National Guidelines on the use of psychotropic drugs.
  - Community awareness work
  - Assistive tech library on site that can accommodate people at clinics.(Memory cottage)

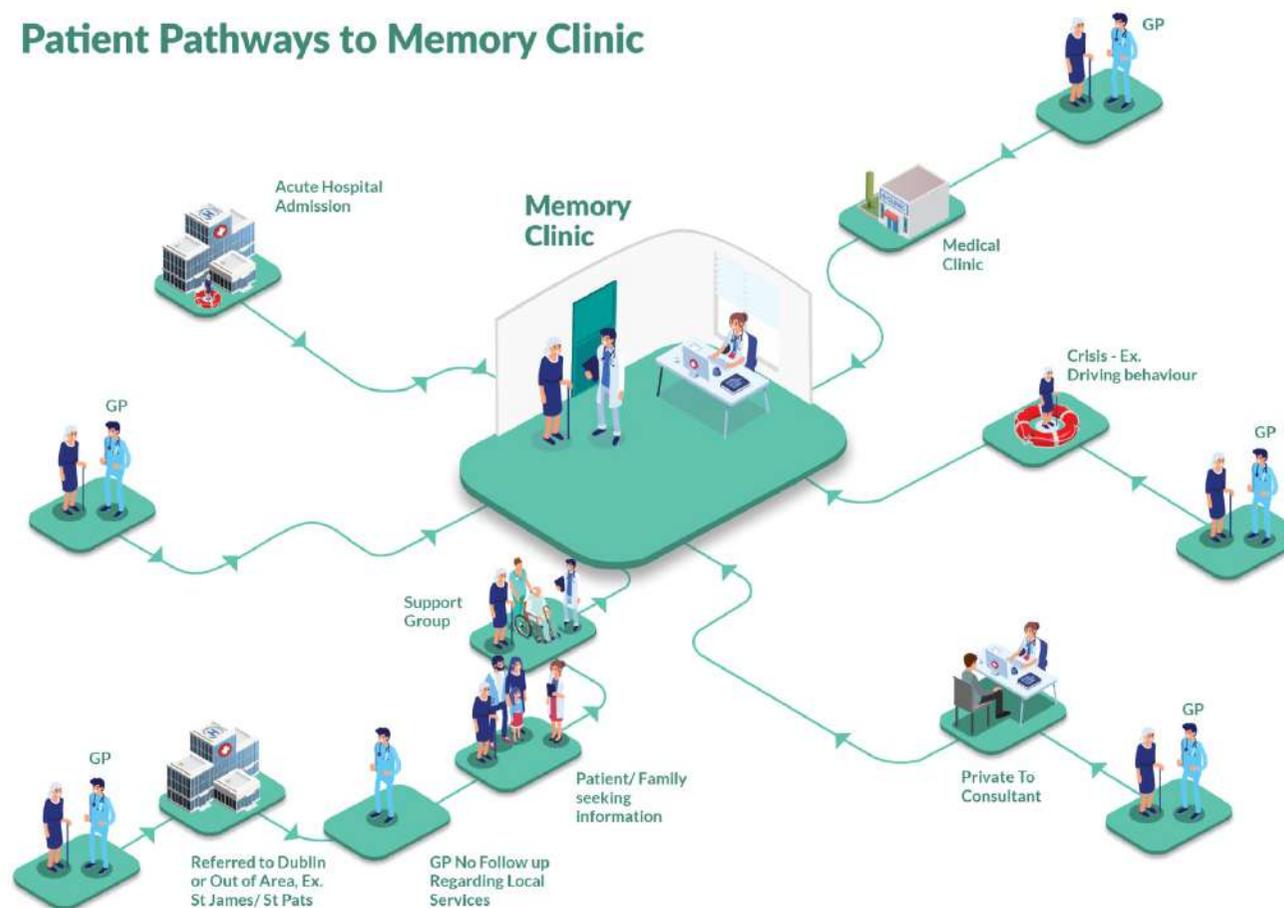
- 
- NDO post diagnostic Supports grant
  - The funding came from Dormant Accounts and is being evaluated by Dr. Maria Pierce, Prof. Eamon O'Shea and Dr. Fiona Keogh (the two latter from the Centre for Economic and Social Research on Dementia in NUI Galway). Evidence from the evaluation should be available towards the end of this year.
  - The purpose of the grant scheme was to build evidence on the effectiveness of these interventions, to explore if they fill the identified care gap following a diagnosis and to build capacity within the system to deliver these interventions. (Post diagnostic supports for people with dementia and their carers .2018.O'Shea, Keogh and Henieghan)

## Intervention and Programme Areas



- 
- Kilkeny Memory Clinic offering Cognitive Stimulation Therapy. 50 people diagnosed will have attended in the year via memory clinic and other consultants referrals.
  - Pathways to KMC (picture) identified the need for psychosocial education. Now provided in a nurse support clinic.
  - Networking with other Post Diagnostic Services.

## Patient Pathways to Memory Clinic



- 
- Going forward : we would like to see all people diagnosed referred back to their local area support service.
  - Early contact, build relationships, layer supports.

# A discussion on young onset dementia

Dr Siobhan Hutchinson



# YOUNG ONSET DEMENTIA: HOW DO YOU SEE IT?

---

Siobhan Hutchinson, Neurologist  
Cognitive Clinic, St. James's Hospital

# YOD: A Different Approach?

- Different disorders needing different assessment?
  - Prevalence less frequent: 98 to 168 per 100,000
  - More complex – more atypical AD, FTD, atypical PD, MND
  - Diagnostic assessment – longer and more investigations
- Different experience having YOD?
  - Different Impact
    - working and supporting dependents
    - otherwise healthy, active and mobile
  - Less support
    - to publicly funded services and to personal income
    - uncertain pathway to care and poor engagement: isolation
  - Burden on more than person w YOD: partner and children

# YOD: How do you see it?

- Do we need different pathways for diagnosis?
  - Are you happy assessing YOD?
  - Who should be involved? MedIEI; PsychIEI; Neurology; Psych; GP
  - Access to neuropsychology, allied-health and investigations?
- Do we need different post-diagnostic care?
  - By whom and where should it be provided?
  - What are the missing elements of post dx care in YOD?
  - How should it be funded?

# Update on the National Memory Clinic e-referral

Dr Chris Soraghan



# Update on National Memory Clinic eReferral

Dr Chris Soraghan  
*-Senior Clinical Engineer-*

*Medical Physics and  
Bioengineering Dept.  
St. James's Hospital, Dublin*

30<sup>th</sup> May  
2019



# Overview

## ***“Update” on status of National Memory Clinic eReferral – piloting summer 2019***

- Background – why?
- Current Memory Clinic eReferral Form
- Demonstration
  - What the GP does
  - What the Memory Clinic does
- Current Status & Next Steps

**BACKGROUND**  
**– WHO AND WHY**



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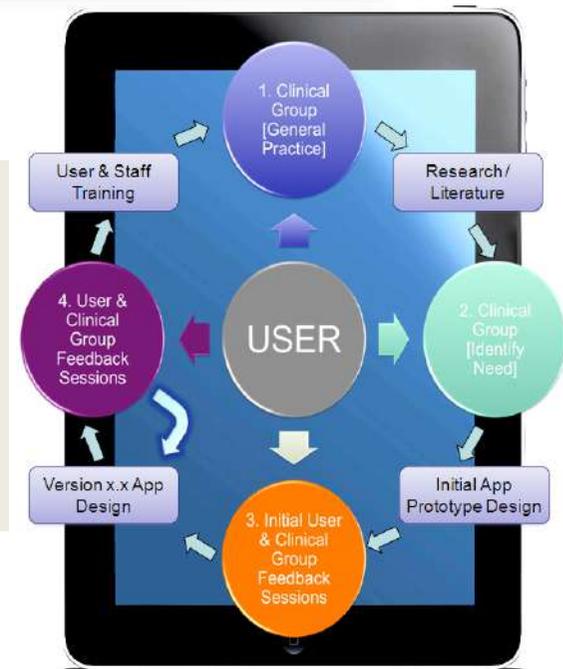
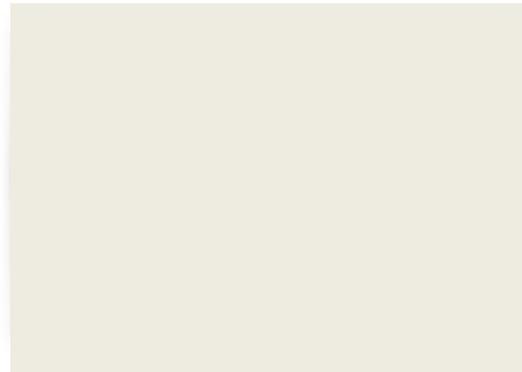
# • Technology + Older People



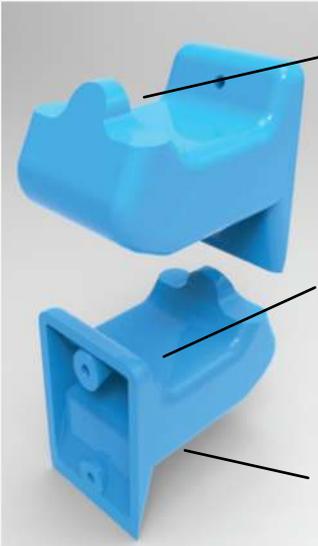
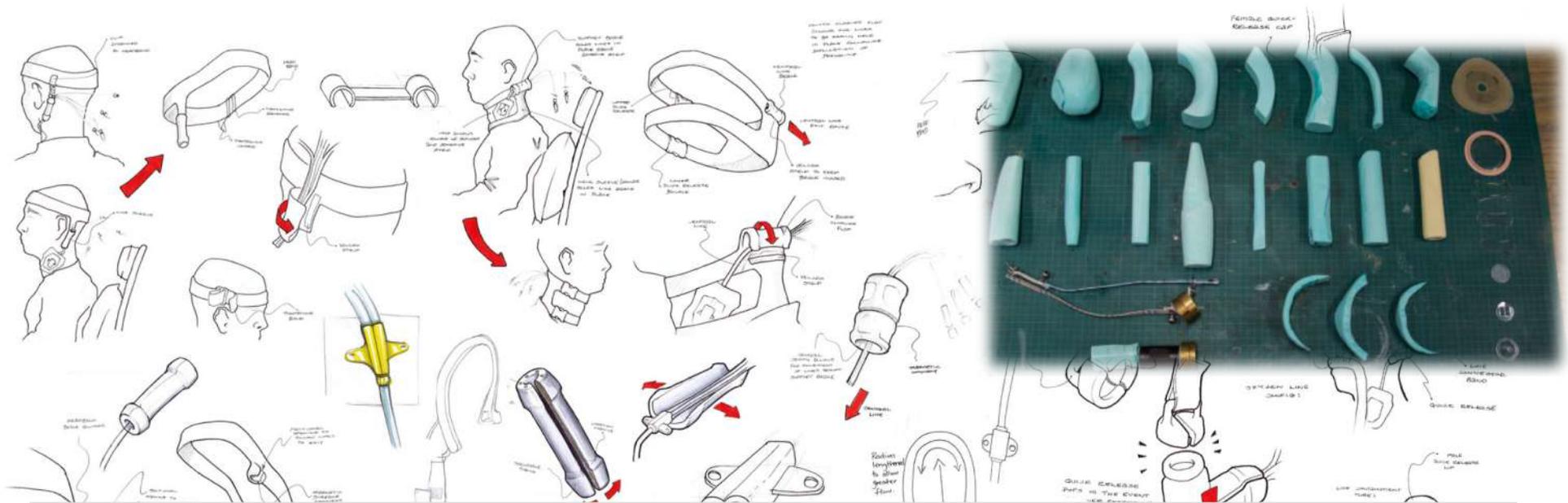
<http://totalformfitness.com/>



<http://www.aaos.org/news/aaosnow/feb08/clinical6.asp>



# Technology & Design



**Hook**

Hang coats and bags

**Grip**

Concave lock site for crutch

**Infection Control**

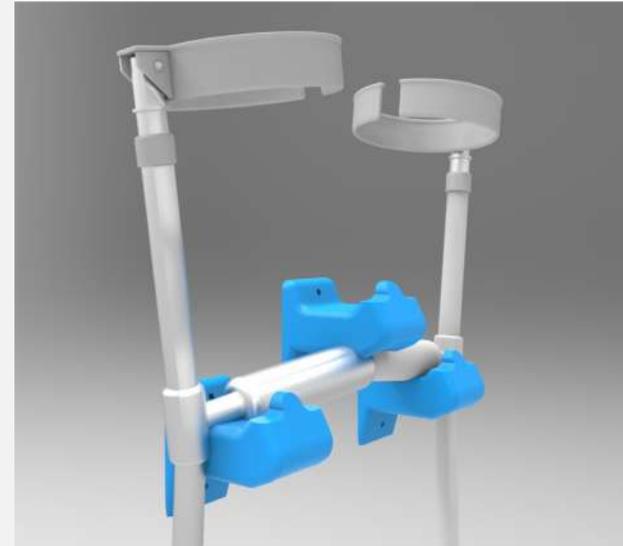
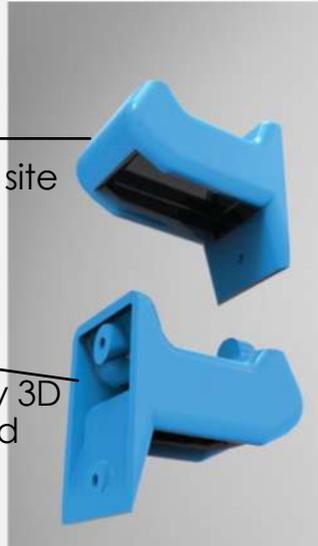
Organic shape, easy to clean

**Manufacturing**

Easily and cheaply 3D printed or moulded

**Modular**

Can be arranged in any number of multiples



# Memory Clinic



MERCER'S INSTITUTE  
FOR SUCCESSFUL AGEING



# Hand-written Referrals



Painting by William Hoare

<http://virtualmuseumofbath.com/virtual-museum-of-bath-2012/hoare-painting-the-mineral-hospital-bath-senior-surgeon-jeremiah-peirce-physician-dr-william-oliver-three-patients/>

# Issues



Quality varies

**M S S I N G**

Missing information



Time/Resources



Errors\$&!£

# Demographics

## Dementia

- 2006: ~38k
- 2036: ~100k



Painting by Paul Wright

<http://www.mymodernmet.com/profiles/blogs/powerfully-moving-brush-strokes>

# Solution – Electronic Referrals

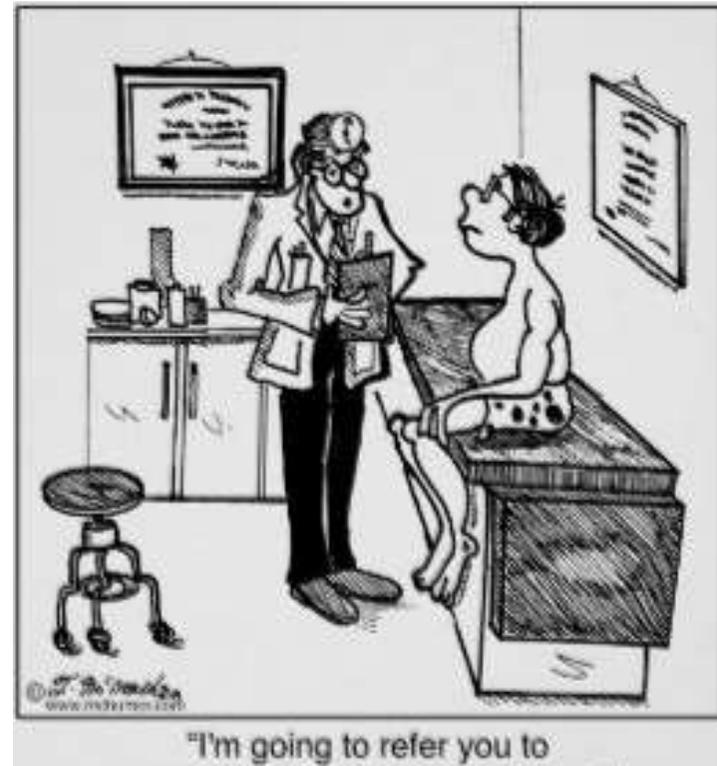
- Make it **like an email**

(With some extra features)



# e-Referrals

- “...enable the seamless transfer of patient information from a PRIMARY to a SECONDARY treating practitioner’s client management system”



# Benefits

## GPs

- ↑ GP practice productivity
  - Faster referral of patient
- ↑ Documentation quality
- ↓ Use of administration resources
- Faster response time from MCs
- More transparency
- Indirect contribution to training re: memory disorders

## Memory Clinics

- ↑ MC practice productivity
- ↑ Documentation quality
- More clinically complete referral
- ↓ Use of administration resources
- More appropriate referrals
- More accurate processing of referrals
- Less time spend by consultants
  - Screening (digital process)
  - More appropriate patients

# Benefits

## Patients

- No unnecessary duplicate tests
- Better follow-up care coordination
- Enhanced medical decisions
- Faster response rate
- Patient data privacy
- Awareness of potential drug interactions
- ↓ waiting lists
- ↑ Appointments per year available
- ↑ data accuracy
- ↓ errors (medications, etc)
- More prompt diagnosis

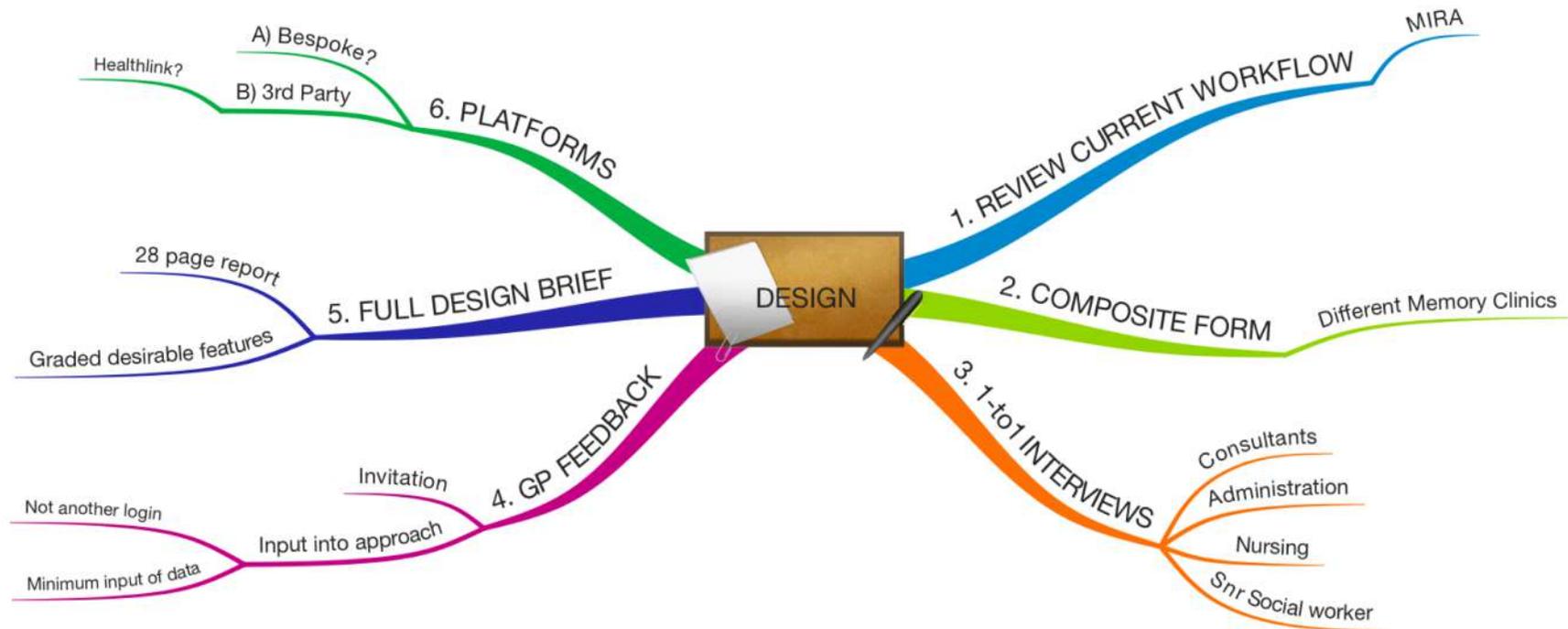
## Health Service

- Standardised information transfer (HL7)
- HSE e-Strategy - referrals
- Reduced errors
- Less waste

eReferrals

# **INITIAL DESIGN & WORKFLOW**

# Design of Referral System



# Main considerations for Design

- Not another login for GPs
- Minimise Data input effort (by referree's/GPs)
- Security of Data
- Alerts for Referrals – digital support
- Storage
- Synergy with Workflow

REFERRAL FORM  
SUBMITTED BY GP

CLOSE

**For Clinical Decision: (enter comments, and select ACCEPT or REJECT buttons)**

*Healthlink Messenger*

MESSAGES / COMMUNICATIONS WINDOW

*GP - 05.05.2012 12.03pm*  
Patient has come back to me since I referred ...now with abdominal pain and is on additional meds. Do you need these?

*MemoryClinic - 05.05.2012 14.07pm*  
Thanks for the msg - yes just reopen the form in your referrals and enter them into it. You could leave any other comments in the "additional info" free-text field if you wish. Thanks for letting us know - Patrick.

*GP - 05.06.2012 16.58pm*  
Ok thanx

*GP - 19.06.2012 10.08am*  
Thanks for the assessment. I might give Dr X a quick call to discuss an issue about the patient coming back to me and what materials/resources to give for her specific case as her carer didn't mention to you that he is illiterate. They came back to the clinic today so I just want to get something to them. Thank

*MemoryClinic - 19.05.2012 11.09pm*  
Tomoro at 3.30? call on 01-xxxxxxx?

Attach File Send

**REFERRAL COMMENTS:**

Patient has clear signs of cognitive decline and will be seen by MIRA. Thanks. Prof Lawlor.

ACCEPT FOR REFERRAL  
APPOINTMENT (FLAG)

REJECT REFERRAL  
(TO GP)

---

**For Administrator (make appointment)**

Patient Appointment Date:  /  /  /   YYYY

CONFIRM  
APPOINTMENT

---

**Final Report & Archive Referral**

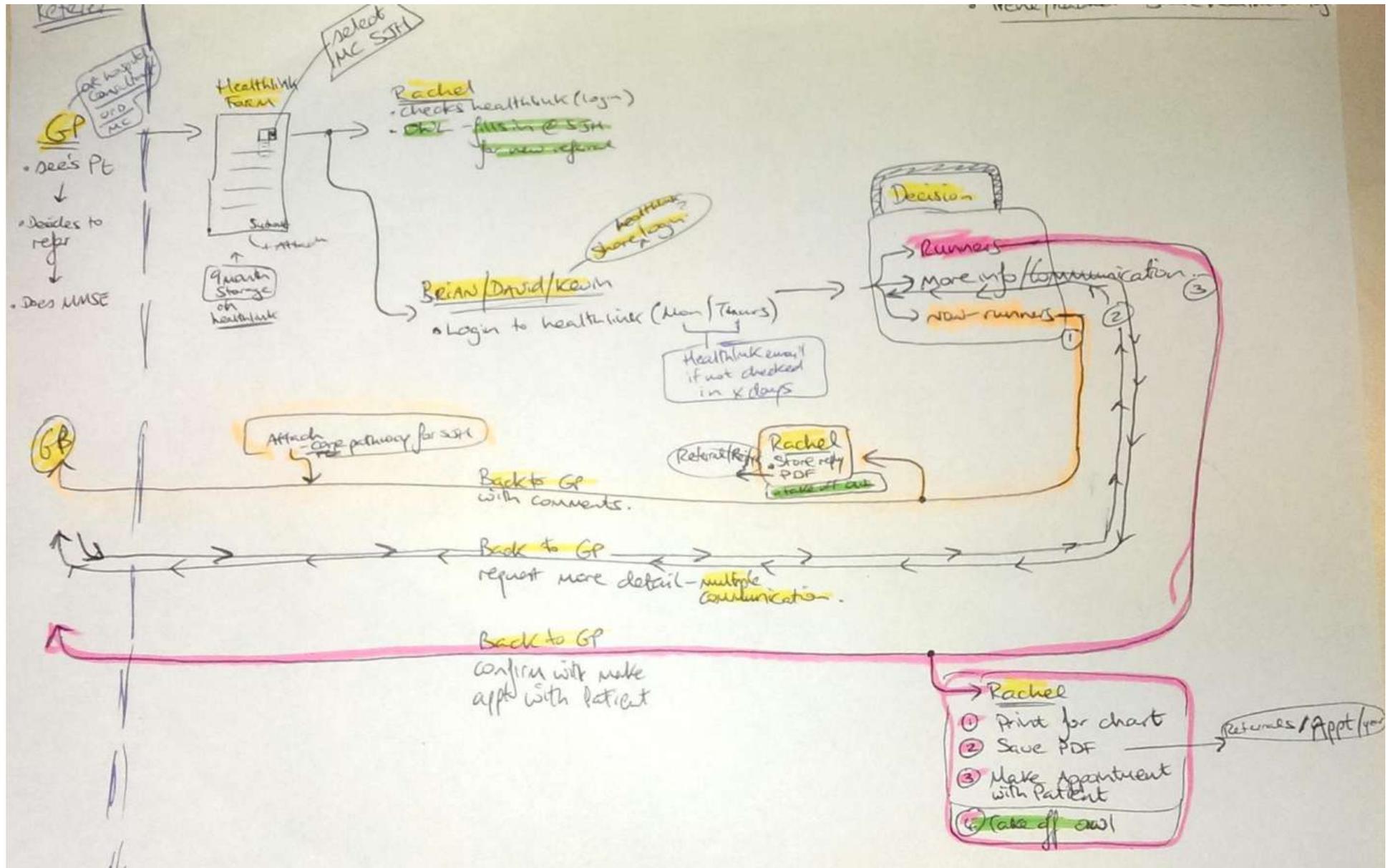
ATTACH  
FINAL REPORT

SUBMIT FINAL  
REPORT

ARCHIVE Referral  
(consult complete)

Early Concept  
Bespoke Design  
(based on feedback – not in  
final design)

# Proposed Referral Workflow (draft concept example)



.....???

- History (1997) / Established referral system
- Security
- Standardised
- Alerts
- Integrated with GP system – no foreign login
- Autopopulation/Autofill many fields in form



HSE Funded

eReferrals

# **THE FORM**

# Healthlink (Specialist Referral Form)

General Form

+

5 New

- General Referral Form (~44 pieces of data) – HIQA standard
- 5 Memory Clinic Specific questions

# General Form (auto-populated)

National GP Referral Form		
<b>Referral Details</b>		
Hospital:		
Specialty / Service:		
Preferred consultant / Healthcare Provider:		
Has the Patient previously attended the Hospital:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Priority (GP):	<input type="checkbox"/> Urgent <input type="checkbox"/> Routine	
Date of referral:		
<b>Patient Details</b>		
Surname:		
First Name:		
Address:		
Date of Birth:		
Gender:		
Next of Kin:		
Mobile Number:		
Telephone (day):		
Telephone (evening):		
Hospital Number:		
First Language:		
Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wheelchair Assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Referrer details</b>		
Name:		
Address:		
Telephone:		
Fax:		
Mobile:		
Signature of Referrer:		
Medical Council Registration Number:		
<b>Patient's usual GP (if different from Referrer details above)</b>		
Name:		
Address:		
<b>Clinical information</b>		
Reason for referral / Anticipated outcome:		
Symptoms (including history of presenting complaints and interventions to date):		
Examination findings:		
Relevant tests / investigations: <input type="checkbox"/> Attached <input type="checkbox"/> Not applicable		
Past Medical history:		
Current medication:		
Allergies / Adverse medication events:		
Relevant Family History:		
Relevant Social History:		
Additional Relevant information (including special needs, disabilities, clinical warnings):		
<b>For Hospital use (referral management and outcome)</b>		
Date referral Received:	Triage outcome (priority)	<input type="checkbox"/> urgent <input type="checkbox"/> soon <input type="checkbox"/> routine
Date sent for triage:	Date of new attendance:	
Date returned from triage:	Consultant clinic:	

**Manual  
Typing/Selection**

**+**

**5  
Memory Clinic  
Questions**

# Memory Clinic Section (5 Questions)

## 1. Cognitive Assessment Test

## 2. Risk Factors

## 3. Functional Ability & Physical Maintenance

## 4. Behaviour

## 5. Referral status

**Q1 Cognitive Assessment \***: This must be completed for all referrals. Please choose **one** of the following cognitive assessment tools and enter the resulting patient score and the date it was carried out:

- MMSE Score \_\_\_\_\_ Date \_\_\_\_\_
- (S)MMSE Score \_\_\_\_\_ Date \_\_\_\_\_
- MOCA Score \_\_\_\_\_ Date \_\_\_\_\_
- GPCOG Score \_\_\_\_\_ Date \_\_\_\_\_
- 6CIT Score \_\_\_\_\_ Date \_\_\_\_\_
- MiniCog Score \_\_\_\_\_ Date \_\_\_\_\_
- Other (please specify) Tool Name \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

**Q2 Risk Factors \***: Please tick all the appropriate boxes:

- Education Primary  Secondary  Third Level  Don't Know
- Living alone Y  N  Don't Know
- Sedentary lifestyle Y  N  Don't Know
- Family hx of dementia Y  N  Don't Know
- Psychiatric history Y  N  Don't Know  Under Current review
- Occupation (or previous) Professional/ Managerial  Non-manual/Skilled   
Semi-skilled/manual  Other  Don't Know

**Q3 Functional Ability and Physical Maintenance \***:

- a) Is the person able to manage **ALL** of the following (shopping, food preparation, keep house, use the phone, manage medications, manage finances)?  
Y  N  Don't Know
- b) Can the person perform **ALL** of the following tasks (toilet/dress/feed/bathe independently, maintain personal appearance)?  
Y  N  Don't Know
- c) Are there any concerns regarding ability to drive safely?  
Y  N  n/a  Don't Know
- If Yes has s/he been referred for an on-road driving assessment?  
Y  N  n/a  Don't Know

**Q4 Behavioural - does the person have any of the following \*** - (anxiety, depression, sleep disturbance, paranoia, hallucinations, agitation, aggression)?

Y  N  Don't Know  Comment (optional): \_\_\_\_\_

**Q5 Referral \***:

- a) Is the person aware that they are being referred to a Memory Clinic?  
Y  N
- b) Has the person previously been referred to any of the following (Neurology, Psychiatry, Geriatrics)?  
Y  N  Comment (optional): \_\_\_\_\_

# QUESTION 1

**Q1 Cognitive Assessment \***: This must be completed for all referrals. Please choose **one** of the following cognitive assessment tools and enter the resulting patient score and the date it was carried out:

- MMSE            Score \_\_\_\_\_ Date \_\_\_\_\_
- (S)MMSE        Score \_\_\_\_\_ Date \_\_\_\_\_
- MOCA            Score \_\_\_\_\_ Date \_\_\_\_\_
- GPCOG            Score \_\_\_\_\_ Date \_\_\_\_\_
- 6CIT             Score \_\_\_\_\_ Date \_\_\_\_\_
- MiniCog         Score \_\_\_\_\_ Date \_\_\_\_\_
- Other (please specify): *Name of Assessment Tool* \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

## QUESTION 2

**Q2 Risk Factors** \*: Please tick all the appropriate boxes:

- |                          |   |   |                                      |   |
|--------------------------|---|---|--------------------------------------|---|
| Education                | Primary <input type="checkbox"/>                  | Secondary <input type="checkbox"/>          | Third Level <input type="checkbox"/> | Don't Know <input type="checkbox"/>           |
| Living alone             | Y <input type="checkbox"/>                        | N <input type="checkbox"/>                  | Don't Know <input type="checkbox"/>  |   |
| Sedentary lifestyle      | Y <input type="checkbox"/>                        | N <input type="checkbox"/>                  | Don't Know <input type="checkbox"/>  |   |
| Family hx of dementia    | Y <input type="checkbox"/>                        | N <input type="checkbox"/>                  | Don't Know <input type="checkbox"/>  |   |
| Psychiatric history      | Y <input type="checkbox"/>                        | N <input type="checkbox"/>                  | Don't Know <input type="checkbox"/>  | Under Current review <input type="checkbox"/> |
| Occupation (or previous) | Professional/ Managerial <input type="checkbox"/> | Non-manual/Skilled <input type="checkbox"/> |                                      |   |
|                          | Semi-skilled/manual <input type="checkbox"/>      | Other <input type="checkbox"/>              | Don't Know <input type="checkbox"/>  |   |

# QUESTION 3

## Q3 Functional Ability and Physical Maintenance -- \*:

a) Is the person able to manage **ALL** of the following (shopping, food preparation, keep house, use the phone, manage medications, manage finances)?

Y  N  Don't Know

b) Can the person perform **ALL** of the following tasks (toilet/dress/feed/bathe independently, maintain personal appearance)?

Y  N  Don't Know

c) Are there any concerns regarding ability to drive safely?

Y  N  n/a  Don't Know

If **Yes** has s/he been referred for an on-road driving assessment?

Y  N  n/a  Don't Know

## QUESTION 4

**Q4 Behavioural - does the person have any of the following - \***(anxiety, depression, sleep disturbance, paranoia, hallucinations, agitation, aggression)?

Y     N     Don't Know

Comment (optional) \_\_\_\_\_

# QUESTION 5

## Q5 Referral \*

a) Is the person aware that they are being referred to a Memory Clinic?

Y  N

b) Has the person previously been referred to any of the following (Neurology, Psychiatry, Geriatrics)?

Y  N

Comment (optional) \_\_\_\_\_

# Memory Clinic Section (5 Questions)

## 1. Cognitive Assessment Test

## 2. Risk Factors

## 3. Functional Ability & Physical Maintenance

## 4. Behaviour

## 5. Referral status

**Q1 Cognitive Assessment \***: This must be completed for all referrals. Please choose **one** of the following cognitive assessment tools and enter the resulting patient score and the date it was carried out:

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- MOCA Score \_\_\_\_\_ Date \_\_\_\_\_
- GPCOG Score \_\_\_\_\_ Date \_\_\_\_\_
- 6CIT Score \_\_\_\_\_ Date \_\_\_\_\_
- MiniCog Score \_\_\_\_\_ Date \_\_\_\_\_
- Other (please specify) Tool Name \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

**Q2 Risk Factors \***: Please tick all the appropriate boxes:

- Education Primary  Secondary  Third Level  Don't Know
- Living alone Y  N  Don't Know
- Sedentary lifestyle Y  N  Don't Know
- Family hx of dementia Y  N  Don't Know
- Psychiatric history Y  N  Don't Know  Under Current review
- Occupation (or previous) Professional/ Managerial  Non-manual/Skilled   
Semi-skilled/manual  Other  Don't Know

**Q3 Functional Ability and Physical Maintenance \***:

- a) Is the person able to manage **ALL** of the following (shopping, food preparation, keep house, use the phone, manage medications, manage finances)?  
Y  N  Don't Know
- b) Can the person perform **ALL** of the following tasks (toilet/dress/feed/bathe independently, maintain personal appearance)?  
Y  N  Don't Know
- c) Are there any concerns regarding ability to drive safely?  
Y  N  n/a  Don't Know
- If Yes has s/he been referred for an on-road driving assessment?  
Y  N  n/a  Don't Know

**Q4 Behavioural - does the person have any of the following \*** - (anxiety, depression, sleep disturbance, paranoia, hallucinations, agitation, aggression)?

- Y  N  Don't Know  Comment (optional): \_\_\_\_\_

**Q5 Referral \***:

- a) Is the person aware that they are being referred to a Memory Clinic?  
Y  N
- b) Has the person previously been referred to any of the following (Neurology, Psychiatry, Geriatrics)?  
Y  N  Comment (optional): \_\_\_\_\_

# Public Memory Clinics for eReferral

#	Memory Clinic	Location
1	Sacred Heart Hospital Memory Clinic, Carlow	CARLOW
2	Old Age Psychiatry Memory Clinic, St Finbarr's Hospital, Cork	CORK
3	Mater Hospital Memory Clinic, Dublin	DUBLIN
4	MIRA Memory Clinic, St. James's Hospital, Dublin	DUBLIN
5	St. Vincent's University Hospital Memory Clinic, Dublin	DUBLIN
6	Tallaght Hospital Memory Clinic, Dublin	DUBLIN
7	Thomastown Memory Clinic, St. Columba's, Kilkenny	KILKENNY
8	St. Ita's Memory Clinic, Newcastle West, Limerick	LIMERICK
9	Cognitive Disorders Service, Louth	LOUTH
10	Midland Regional Hospital Memory Clinic, Mullingar	MULLINGAR
11	Cognitive Disorders Service, Navan	NAVAN
12	Cognitive Assessment Service, Laois/Offaly Mental Health Services, St Fintan's Hospital, Portlaoise	PORTLAOISE
13	St Patrick's Hospital Memory Clinic, Tipperary	TIPPERARY
14	Wexford General Hospital Memory Clinic	WEXFORD

Healthlink

# **DEMONSTRATION: WHAT THE GP SEES & USES**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# NATIONAL GENERAL REFERRAL FORM

**Patient Name:** test test **Hospital:** St. Vincent's University Hosp  
**Date of Birth:** 10/08/1990 (Age: 24 years) **Clinic:** Urology  
**Gender:** Female  
**Pregnancy Status:**

**Referral Priority:\*** Urgent   
**Preferred Consultant:** Family Name:  First Name:   
**Reason for referral / Anticipated outcome: \***

**General History:** Previous Hospital Attendance:    
History of Presenting Complaints:   
History of Past Illness:   
History of Surgical Procedures:   
Allergies/Adverse Medication Events:   
Relevant Family History:

**Pulse:**  bpm **BP Systolic/Diastolic:**  /  mm/hg  
**Body Height:**  metres **Weight:**  Kg  
**Body Mass Index:**  Kg/M<sup>2</sup>  
**Clinical Exam:**

## NATIONAL GENERAL REFERRAL FORM *Continued...*

Lab Investigation:



Rad Investigation:



File Attachment:

Select Files

Browse...

Upload

Social History:

Drinker:

No



Smoker:

Ex smoker



Number of Cigarettes:

10

per day, Years of Smoking:

10

Next of Kin:

Mrs Test,0860000000, Wife

(name, contact no. & relationship)

Current Medication:

Patient on Anticoagulants

No



Current Medication:

none



Additional Relevant Information:

please see patient



<< Back

Next >>



Healthlink

**DEMONSTRATION:**  
**WHAT THE MEMORY CLINICS SEE**

# Example of Workflow for eReferrals

1. **GP submits** eReferral via Practice Software
  2. **Memory Clinic (MC) receives eReferral** into online Healthlink Inbox (login on healthlink.ie)
  3. **MC eReferral Triage** – respond to GP via Healthlink response form
    - Possibly request additional information via “Other comments” section
    - Possibly reject referral and give reason
  4. **Save** GP referral AND MC Response to **PDF to local MC server** (only 3 months on Healthlink)
  5. **Local Administrator organises appointment**
- **If MC doesn't reply to a GP referral within 7 days**, automatic email sent to a pre-determined email address to follow up.

# STEP #1: Memory Clinic Person Login to Healthlink



- Home
- Services
- News
- Achievements
- Privacy Policy

## Welcome to Healthlink Online Test

<b>Username</b> Enter your username in lowercase	<input type="text"/>
<b>Password</b> Enter your 7 to 12 character password (Show)	<input type="password"/>
<b>PIN</b> Enter your 8-digit PIN in the format 01/01/2006	<input type="text"/>
<b>Practice ID</b> If empty it reads from the certificate	<input type="text"/>
<b>Role</b> If empty it reads from the certificate	<input type="text"/>

[Forgot password?](#)

Login

[+] Click to show debug information ...



### Service Information

### Support

**Contact Details**  
Mon-Fri 9am-5pm  
Phone: 01 8287115

**Remote Support**  
Click [here](#) to begin a session.

# STEP #2: Review Memory Clinic eReferral Inbox

[Support](#)
[View Unprocessed Messages](#)
[Search](#)
[Report an Issue](#)
[Profile](#)
[Password Reset](#)
[Notifications](#)
[Audit Portal](#)

Welcome: Memory Clinic User

1 2 3

Status	Select	Patient Name	Sender	DOB	Patient MRN	Recipient	Msg Type	Date
	<input type="checkbox"/>	Zzwhite, Zzsnow	doctor test	15/05/1978	UNKNOWN	Mater Public Hospital Memory Clinic Referral	27/05/2019 10:06:00	
	<input type="checkbox"/>	test, craig	Hlink, Doctor	06/06/1990	UNKNOWN	Mater Public Hospital Memory Clinic Referral	14/05/2019 09:40:00	
	<input type="checkbox"/>	test, referral	Hlink, Doctor	01/01/1991	UNKNOWN	Mater Public Hospital Memory Clinic Referral	08/05/2019 15:36:00	
	<input type="checkbox"/>	Test, Healthlink	Hlink, Doctor	01/01/1950	UNKNOWN	Mater Public Hospital Memory Clinic Referral	05/03/2019 15:58:00	
	<input type="checkbox"/>	Test, Automated	UAT, GP	01/01/2000	UNKNOWN	Mater Public Hospital Memory Clinic Referral	05/03/2019 13:31:00	
	<input type="checkbox"/>	Shonukan, Ala'Aldin Jim Test		09/10/1938	UNKNOWN	Mater Public Hospital Memory Clinic Referral	30/01/2019 10:43:00	
	<input type="checkbox"/>	Doe, Jane	Dr Smythe,Anne	14/02/2016	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 16:12:00	
	<input type="checkbox"/>	Test, Emer	Admin, Admin	19/01/1979	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 16:10:00	
	<input type="checkbox"/>	Test, Craig	Healthlink, Doctor	01/01/1990	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 16:07:00	
	<input type="checkbox"/>	Test, Patient	PM Test	01/01/1990	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 16:02:00	
	<input type="checkbox"/>	Doe, Jane	Dr Smythe,Anne	14/02/2016	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 16:01:00	
	<input type="checkbox"/>	Test, Patient	PM Test	01/01/1990	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 15:41:00	
	<input type="checkbox"/>	Test, Craig	Healthlink, Doctor	01/01/1990	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 15:34:00	
	<input type="checkbox"/>	Test, Emer	Admin, Admin	19/01/1979	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 15:26:00	
	<input type="checkbox"/>	Test, Patient	PM Test	01/01/1990	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 12:56:00	
	<input type="checkbox"/>	Test, Healthlink	Healthlink, Doctor	01/01/1950	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 12:55:00	
	<input type="checkbox"/>	test, mary	Hlink, Doctor	01/01/1950	UNKNOWN	Mater Public Hospital Memory Clinic Referral	28/01/2019 12:54:00	
	<input type="checkbox"/>	Surname, Firstname Dr Smith,David		01/01/1990	UNKNOWN	Mater Public Hospital Memory Clinic Referral	25/01/2019 16:53:00	
	<input type="checkbox"/>	Surname, Firstname Dr Smith,David		01/01/1990	UNKNOWN	Mater Public Hospital Memory Clinic Referral	25/01/2019 16:49:00	
	<input type="checkbox"/>	Test, Patient	PM Test	01/01/1990	UNKNOWN	Mater Public Hospital Memory Clinic Referral	25/01/2019 16:43:00	

1 2 3

Total Count: 51

# STEP #3: Open a referral to respond to



## Memory Clinic Referral Form

**Patient Summary:** craig test (06/06/1990 - 28 yrs - M), NEW, TEST, 01234667  
**Referring Clinician:** Hlink, Doctor, 01 8825606

---

**Referral Priority:** Routine  
**Reason for Referral:** test

---

**Cognitive Assessment:** MiniCog  
**Score:** 20  
**Date:** 01/01/2019

**Risk Factors:** Family History of Dementia: Yes  
 Living Alone: No  
 Sedentary Lifestyle: No  
 Psychiatric History: No  
 Education: Primary  
 Occupation: Professional/Managerial

**Functional Ability and Physical Maintenance:** Person is able to manage ALL of the following: shopping, food preparation, keep house, use the phone, manage medications, manage finances No  
 The person can perform ALL of the following tasks: Toilet/dress/feed/bathe independently, maintain personal appearance No  
 Concerns regarding ability to drive safely No  
 Has he/she been referred for an on road driving assessment

**Behavioural:** Does the person have any of the following: Anxiety, depression, sleep disturbance, paranoia, hallucinations, agitation, aggression No  
**Referral:** Aware of Memory Clinic Referral Unknown  
**Referral:** Previous Referral to Neurology, Psychiatry or Geriatrics No

---

**General History:** History of presenting complaints: test

---

**Social History:** Physical mobility impairment: No  
 Drinker: No

---

**Current Medication:** Anticoagulant Use: No

Patient Demographics	
<b>Patient Name:</b>	craig test
<b>Date of Birth:</b>	06/06/1990 (Age: 28 years)
<b>Gender:</b>	Male
<b>Address:</b>	NEW TEST
<b>Phone:</b>	01234667
<b>First Language:</b>	English
<b>Interpreter Required:</b>	No
<b>HLID:</b>	Unknown

General Practitioner Details:	
<b>Hospital:</b>	Mater Public Hospital
<b>Referring GP:</b>	Hlink, Doctor
<b>Medical Council Number:</b>	012121
<b>Address:</b>	58 Eccles St Dublin 7 Eire
<b>Phone:</b>	01 8825606
<b>Phone (Emergency):</b>	123456725
<b>Referral Sent:</b>	14/05/2019 09:40
<b>Message ID:</b>	REF20190514094004012121

[Click here to Respond to Referral](#)

# STEP #4: Respond to the GP – fill in info, click NEXT

Welcome: Memory Clinic User

 <p>Health Service Executive</p>	<h2>Memory Clinic Referral Response Form</h2>
Patient Name:	craig test
Date of Birth:	06/06/1990 (Age: 28 years)
Gender:	Male
Triage Category:	<input type="text" value="Urgent"/>
Triaging Clinician:	First Name: <input type="text" value="Dr David"/> Family Name: <input type="text" value="Robinson"/>
Arrange OPD:*	<input type="text" value="Yes"/>
Clinic:	<input type="text" value="Memory Clinic"/>
Date:	<input type="text"/> (DD/MM/YYYY)
Time:	<input type="text"/> (HH:MM)
Suggested Action for GP:	
Suggested Therapy:	<input type="text"/>
Radiology:	<input type="text"/>
Laboratory:	<input type="text"/>
Suggested Action by Consultant:	
Suggested Therapy:	<input type="text"/>
Radiology:	<input type="text"/>
Laboratory:	<input type="text"/>
Other comments:	<input type="text" value="Please fax copy of MMSE test to 01-4567898"/>
<b>Important:</b>	Please ensure the patient brings their medication details, along with relevant x-rays, scans and radiology reports, with them to their appointment.
<input type="button" value="Next &gt;&gt;"/>	

## Memory Clinic Referral Response Form

Patient Name:	craig test		
Date of Birth:	06/06/1990 (Age: 28 years)		
Gender:	Male		
Triage Category:	Urgent		
Triaging Clinician:	First Name: Dr David	Family Name: Robinson	
Arrange OPD:*	Yes		
Clinic:	Memory Clinic		
Date:			
Time:			
Suggested Action for GP:			
Suggested Therapy:			
Radiology:			
Laboratory:			
Suggested Action by Consultant:			
Suggested Therapy:			
Radiology:			
Laboratory:			
Other comments:	Please fax copy of MMSE test to 01-4567898		
<b>Important:</b>	Please ensure the patient brings their medication details, along with relevant x-rays, scans and radiology reports, with them to their appointment.		
<< Back	Submit		

# ...SUBMIT

- Support
- View Unprocessed Messages
- Search
- Report an Issue
- Profile
- Password Reset
- Notifications
- Audit Portal

Welcome: Memory Clinic User

### Form Submittal

The form has been successfully submitted to Healthlink.

To print submitted form [click here](#).

To print submitted form to PDF [click here](#).

Welcome: Memory Clinic User

1 2 3 4

Status	Select	Patient Name	Sender	Sender User	DOB	Recipient	Msg Type	Date
	<input checked="" type="checkbox"/>	test, craig	Mater Public Hospital		06/06/1990	Hlink, Doctor	Memory Clinic Referral Response	29/05/2019 16:28:00
	<input type="checkbox"/>	Zzwhite, Zzsnw	doctor test	TEST, HPM	15/05/1978	Mater Public Hospital	Memory Clinic Referral	27/05/2019 10:06:00
	<input type="checkbox"/>	Dunne, Tom	Mater Public Hospital		06/05/1970	Test Memory, GP	Memory Clinic Referral Response	14/05/2019 15:59:00
	<input type="checkbox"/>	Dunne, Tom	Test Memory, GP	Test Memory, GP	06/05/1970	Mater Public Hospital	Memory Clinic Referral	14/05/2019 15:49:00
	<input checked="" type="checkbox"/>	test, craig	Hlink, Doctor	Hlink, Doctor	06/06/1990	Mater Public Hospital	Memory Clinic Referral	14/05/2019 09:40:00
	<input type="checkbox"/>	test, referral	Hlink, Doctor	Hlink, Doctor	01/01/1991	Mater Public Hospital	Memory Clinic Referral	08/05/2019 16:36:00
	<input type="checkbox"/>	Robinson, David	Mater Public Hospital		28/02/1973	Test Memory, GP	Memory Clinic Referral Response	13/03/2019 11:10:00
	<input type="checkbox"/>	Robinson, David	Test Memory, GP	Test Memory, GP	28/02/1973	Mater Public Hospital	Memory Clinic Referral	13/03/2019 11:16:00
	<input type="checkbox"/>	Test, Healthlink	Hlink, Doctor	Hlink, Doctor	01/01/1950	Mater Public Hospital	Memory Clinic Referral	05/03/2019 15:58:00
	<input type="checkbox"/>	Test, Automated	UAT, GP	UAT, GP	01/01/2000	Mater Public Hospital	Memory Clinic Referral	05/03/2019 13:31:00
	<input type="checkbox"/>	Bloggs, Joe	Mater Public Hospital		06/02/1981	Test Memory, GP	Memory Clinic Referral Response	20/02/2019 13:34:00
	<input type="checkbox"/>	Jones, Tom	Mater Public Hospital		02/02/1955	Test Memory, GP	Memory Clinic Referral Response	20/02/2019 13:32:00
	<input type="checkbox"/>	Jones, Tom	Test Memory, GP	Test Memory, GP	02/02/1955	Mater Public Hospital	Memory Clinic Referral	20/02/2019 13:26:00
	<input type="checkbox"/>	Bloggs, Joe	Test Memory, GP	Test Memory, GP	06/02/1981	Mater Public Hospital	Memory Clinic Referral	08/02/2019 15:42:00
	<input type="checkbox"/>	Shonukan, Ala'Aldin Jim Test		Test, HPM	09/10/1938	Mater Public Hospital	Memory Clinic Referral	30/01/2019 10:43:00
	<input type="checkbox"/>	Doe, Jane	Dr Smythe,Anne	Test, CompleteGP	14/02/2016	Mater Public Hospital	Memory Clinic Referral	28/01/2019 16:11:00
	<input type="checkbox"/>	Test, Emer	Admin, Admin	HealthOne, Test	19/01/1979	Mater Public Hospital	Memory Clinic Referral	28/01/2019 16:11:00
	<input type="checkbox"/>	Test, Craig	Healthlink, Doctor	Test, Socrates	01/01/1990	Mater Public Hospital	Memory Clinic Referral	28/01/2019 16:07:00
	<input type="checkbox"/>	Test, Patient	PM Test	Test, HPM	01/01/1990	Mater Public Hospital	Memory Clinic Referral	28/01/2019 16:02:00
	<input type="checkbox"/>	Doe, Jane	Dr Smythe,Anne	Test, CompleteGP	14/02/2016	Mater Public Hospital	Memory Clinic Referral	28/01/2019 16:01:00

1 2 3 4

Total Count: 76

Check All

- ➔ Modify Search Criteria
- ➔ Export Selection
- ➔ Print Selection
- ➔ Print To PDF

**Step #5: To store Record... select both 'referral' and 'response' - then 'PRINT TO PDF'**

## **Step #6: Last Step: Arrange Appointment**

- Finally, if the MC accepts the referral, arrange an appointment for the patient to attend the Memory Clinic

**CURRENT STATUS (UPDATE)**

# Stages

- ✓ National Form
- ✓ Clinical Lead for Older People Approval & National Dementia Office
- ✓ ICGP Approval
- ✓ Healthlink Approval & Scheduling
- ✓ Healthlink IT Development
- Testing (currently)
- Pilot – Summer 2019
  
- Healthlink to incorporate into GP Vendor Software Systems
- National roll-out

*GP awareness: Healthlink can “Push” message onto GP computer screen - that “MC referral is now available” or similar msg*

# Acknowledgements

- Public Memory Clinic Leads – feedback
- ICGP; Clinical Lead Older People (Dr Diarmuid O'Shea); National Dementia Office (Dr Suzanne Timmons) & NCPOP CAG; Dr Tony Foley (GP Cork) & additional GPs
- Healthlink
  - Marie Lalor / Orla Farrell / Karen Wynne
- MIRA Memory Clinic staff
  - Matthew Gibb / Irene Bruce / Rachel Farley / Prof Brian Lawlor / Dr David Robinson / Dr Robert Coen
- Medical Physics & Bioengineering Dept SJH
  - Dr Gerard Boyle