

# DIVERT-CARE Script

Hello Mr. / Mrs. \_\_\_\_\_

This is your Care Coordinator/Case Manager \_\_\_\_\_. I assessed you last on \_\_\_\_\_. The assessment that I completed at that time shows that sometimes, you have experienced symptoms related to your health conditions (**such as SOB, chest pain, irregular heartbeat or dizziness**).

We know these symptoms can result in you going to the ED unexpectedly for treatment. We are working with our health care providers to help you improve your health (at home) so that you can stay out of the hospital.

Can I ask you a few questions about how you are doing?

1. **SYMPTOMS:** Have you been experiencing any shortness of breath, chest pain, irregular heartbeat or dizziness?

IF ANSWER is **NO:** - **This is NOT a DIVERT candidate.** (Proceed with usual care)

If ANSWER is **YES:** - **Proceed with question #2**

2. **ED VISITS:** Have you had any hospital visits in the past 3 months (90 days)?

IF THE ANSWER is **> than 2 visits:** **This is NOT a DIVERT candidate.** proceed with usual follow up assessment as per CCM (telephone or HV).

IF THE ANSWER is **1 or none:** confirm DIVERT status.....**AND**

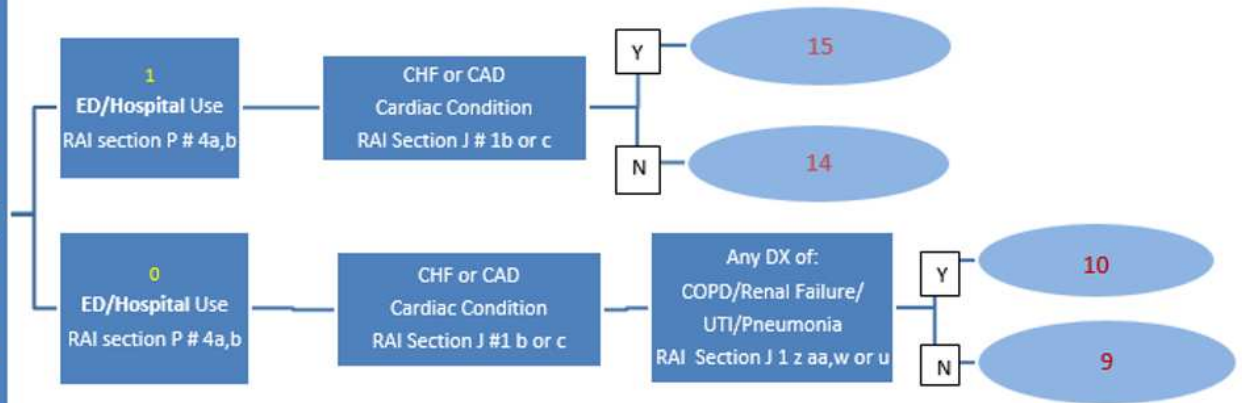
**Offer Cardio-Respiratory Management Model Interventions (Clinical Self-Management Supports) along with usual care**

**Complete PAM questionnaire**

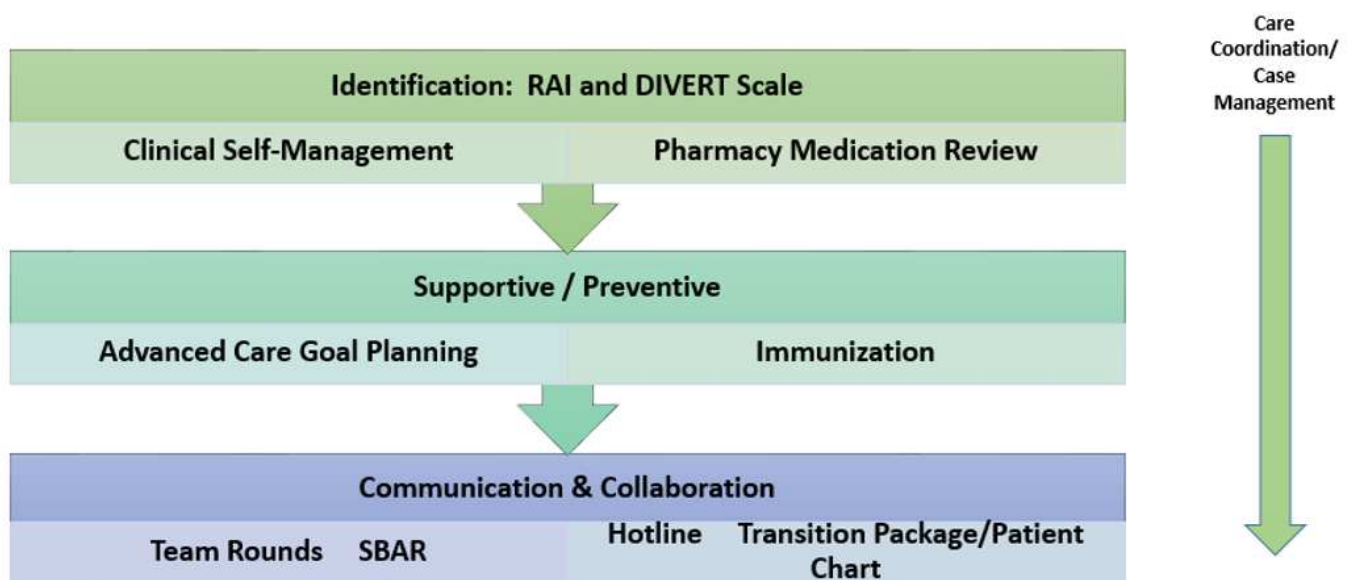
**For confirmed DIVERT PATIENTS your conversation could go something like this:**

I noticed that you have some questions regarding your medications, condition, what to do when your condition changes...I would like to provide you with the following additional supports.

Any Cardio Resp Symptoms "D-I-S-C"  
 Dizziness-Irregular Pulse-SOB-Chest Pain  
 (RAI Section K #3 A,C,E and Section J #1e)



## DIVERT-CARE Cardio-Respiratory Model



<b>DIVERT Group</b>	<b>Goals</b>	<b>Interventions</b>
9, 10, 14, 15	Ensuring best possible drug therapy and promoting healthier outcomes	Link to MEDS CHECK /Provincial Medication Review Program for consultation
	Support you in gaining confidence and skills managing your health, To prevent progression of disease and relieve symptoms	Clinical Self-Management referral to assess/treat/educate chronic disease self-management (15 wk)
	Ensure that your values and wishes are respected when it comes to your health and personal care	Referral to support clinician/ Advanced Care Planning
	Improved communication and collaboration with care partners/PCP/Cardiologist/Respirology	Team case rounds, SBAR Communication, ED Transition Package

## **DIVERT-CARE INTERVENTION: Cardio-Respiratory Management Model**

1. Scheduled clinical self-management support (based on a training program, and toolkit) (with NP support)
2. Client hotline (to on-call clinical team member)
3. Vaccines offered (pneumonia and flu)
4. Advanced care and goal planning
5. Clinical pharmacist medication reconciliation
6. Team case rounds
7. SBAR communication protocol with primary care
8. Standardized ED transition package.