





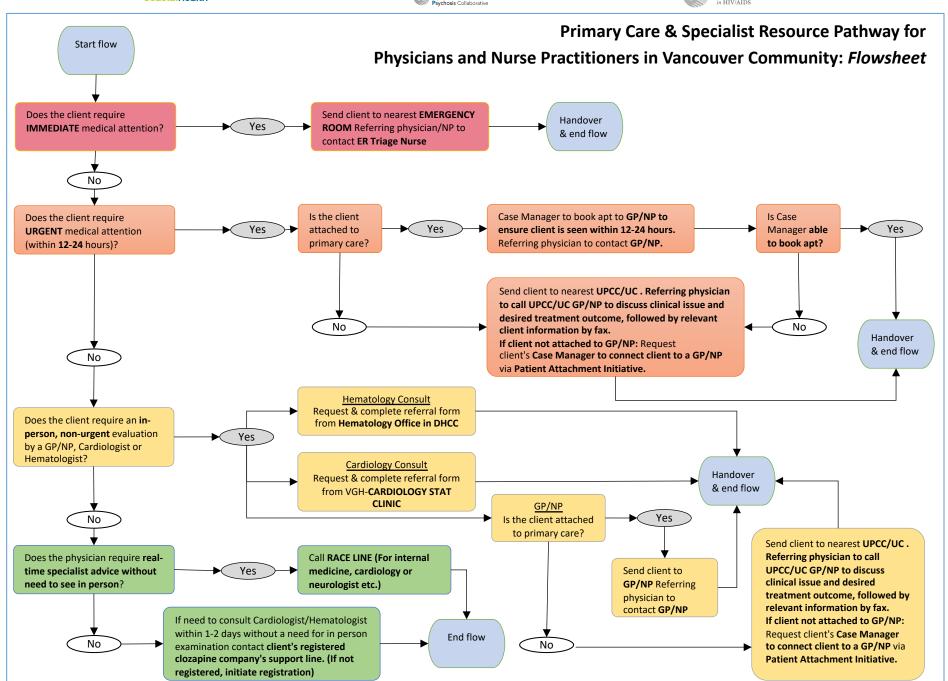
Primary Care & Specialist Resource Pathway for Physicians & Nurse Practitioners in Vancouver Community

A resource tool for health clinicians caring for clients optimizing psychosis treatment in the Vancouver Community.

Available on TOP Website: www.TOPCollaborative.ca (Clinical Resources Tab)













Primary Care & Specialist Resource Pathway for Physicians and Nurse Practitioners in Vancouver Community: Contacts

Specialist Consultations

Hours: Monday to Friday 0800-1700

Local Calls: <u>604-696-2131</u> Toll Free: <u>1-877-696-2131</u> www.raceconnect.ca

Canadian Clozapine Companies

AAspire

RACE Line

Tel: 1-877-276-2569 Fax: 1-866-836-6778

Email: aaspire@aapharma.ca
Website: www.aaspire.ca

CSAN

Tel: 1-800-267-2726

Fax: 604-689-1262 (BC only)

1-800-465-1312

Email: CSAN@hlstherapeutics.com

Website: www.clozaril.ca

GENCAN

Tel: 1-866-501-3338 Fax: 1-800-497-9592 Website: www.gencan.ca

Emergency Care

Useful Links:

To find an Emergency Care Department:

https://www.healthlinkbc.ca/services-and-resources/find-services

To find out wait times:

http://www.edwaittimes.ca/WaitTimes.aspx

Mount Saint Joseph Hospital-Emergency Department

3080 Prince Edward St, Vancouver BC V5T 3N4

Main telephone: 604-874-1141

St. Paul's Hospital-Emergency Department 1081 Burrard St, Vancouver BC V6Z 1Y6

Main telephone: 604-682-2344

Vancouver General Hospital Emergency Department

920 W 10th Ave, Vancouver BC V5Z 1M9

Main telephone: 604-875-4111

Primary Care Attachment

Primary Care

Division of Family Practice:
Patient Attachment Initiative

Patient Attachment Facilitator:

604-440-7208 Fax: 604-428-6969

Urgent and Primary Care Centres

Useful links:

To find an Urgent and Primary Care Centre:

https://www.healthlinkbc.ca/services-and-

resources/upcc

To find out wait times:

http://www.edwaittimes.ca/WaitTimes.aspx

City Center Urgent and Primary Care Centre

1290 Hornby Street Vancouver, BC V6Z 1W2

Phone: 604-416-1811 Fax: 236-521-3626

Website: www.citycentreupcc.ca/

Northeast Urgent and Primary Care Centre

102-2788 East Hastings Street Vancouver, BC V5K

1Z9

Phone: 604-675-2599 Fax: 604-254-0111

REACH Urgent and Primary Care Centre

1145 Commercial Drive Vancouver, BC V5L 3X3

Phone: 604-216-3138 Fax: 604-216-3139

Southeast Urgent & Primary Care Centre 5888 Victoria Drive, Vancouver, BC V5P 3X1

Phone: 604-675-3210 Fax: 604-372-0098

URGENT CARE CENTRE

Please note: This site does not function as a primary care clinic and provides URGENT CARE only.

UBC Hospital-Urgent Care Centre (Koerner Pavilion)

2211 Wesbrook Mall, Vancouver BC V6T 2B5

Phone: 604-822-7121

Cardiology & Hematology

Cardiology STAT Clinic

VGH- Gordan and Leslie Diamond Health Care Centre

2775 Laurel Street Vancouver, BC V5Z 1M9 Phone: 604-875-4800 Fax: 604-875-5827

<u>Referral form:</u> https://www.ubccardio.com/specialty-clinics/general-cardiology-staturgent-care-cardiology-clinic-at-vancouver-general-hospital/

General Hematology Referrals

VGH-Gordon and Leslie Diamond Health Care Centre

2775 Laurel St, Vancouver, BC V5Z 1M9 Phone: 604-875-4863 Fax: 604-675-3883

For referral, fax following information: letter of referral, client history & demographics, relevant clinical notes, imaging/other diagnostic reports







Primary Care & Specialist Resource Pathway for Physicians and Nurse Practitioners in Vancouver Community: Resources

Canadian Clozapine Companies: AASPIRE/CSAN/GENCAN Variety of specialist services via phone; includes cardiologist, hematologist and nurse. Client must be registered to respective clozapine company to seek their help.

Example for use: Physician has questions about their client's clinical status or how to manage clozapine, esp. related to hematology or cardiology. They usually respond within a day. Common questions include: "does my client have BEN?", "how do I manage clozapine when my client has repeated yellow flags?", "can we have altered parameters?", "can my client restart clozapine after they had past history of neutropenia?", and "how can I manage a client's past history of possible myocarditis and can we retrial clozapine?", etc. Please note: specialists cannot do physical exam.

RACE Line

Innovative model of shared care: primary care providers or specialists call and choose from a selection of specialty servicers for real-time telephone advice. In the Rapid Access to Consultative Expertise model, calls are routed directly to specialists for "just in time" advice. Specialists include cardiologists, internists and neurologists.

Example for use: When a physician or a nurse practitioner is with a client in the office and needs real-time advice on how to treat a condition. For example, managing constipation when the client did not respond to a laxative, or how to manage an abnormal lab result but do not feel your client needs a physical examination and you are not sure what tests to order, etc.

Hospital Emergency Care

For <u>immediate medical attention</u>, call 911 or go to nearest emergency department. Please call emergency department and inform ER Triage Nurse of your referral and what you want to be assessed or treated. Example for use: When you suspect a serious condition like myocarditis, agranulocytosis or paralytic ileus and they might need urgent assessment by specialist and or inpatient admission.

Cardiology & Hematology

Appointment waits vary, it may take a few days to several weeks. Calling directly to ask for an earlier appointment for specific reasons may speed up a referral. Your client may need to be accompanied by family, friend, peer support worker or case manager. Call to request for referral form.

Cardiology STAT Clinic Referrals

General cardiology referrals are accepted for clients requiring expedited consultation at the referring physician's discretion. Referring physicians are urged to identify such referrals carefully as capacity is limited. The aim is to see clients within 2 to 4 weeks. Fax & complete referral form.

Example for use: A physician or a nurse practitioner needs a cardiologist to examine, review labs and give advice. Common reasons for referral include: "my client has a heart condition and I'd like to know if they might still be suitable to start clozapine?" or "my client had a cardiac event while on clozapine, for example, an arrhythmia on ECG, with abnormal CRP or Hs Troponin and physical complaints—I feel the client will benefit from a cardiology review."

General Hematology Referrals

Referring physicians should fax the following referral information to the triage physician:

- A letter of referral
- All relevant clinical notes
- Patient's history and demographics
- Diagnostic imaging reports
- Any other diagnostic reports
- Patient's pathology report

Example for use: A physician or nurse practitioner needs a hematologist to examine, review labs and give advice. Reasons for referral include: To assess if the client has BEN, diurnal variation, pre-existing conditions like thalassemia, eosinophilia or developed new blood disorder.

UBC Urgent Care

Provides non-emergency health care services for common illness and injuries such as cuts that need stitches, the flu, sprains, broken bones, allergies, skin infections, fever, and minor burns. Diagnostic services and blood testing is also available. No appointment is necessary. Example for use: refer to UPCC "example for use" section.

Division of Family Practice-Patient Attachment Initiative (PAI)

The PAI attaches clients to primary care (PC) providers on an individual basis and considers medical and social care needs when determining optimal attachment. Referring clinician calls to request for referral form then faxes client referral with accompanying client collateral summarizing current healthcare needs and relevant history. PAI clinical staff complete an intake assessment with the client to confirm the faxed information and educate client on importance of PC as needed. PAI staff facilitate handover of collateral to new PC provider when attachment made. Faxed referrals are preferred for clients with more complex healthcare needs and/or where access to technology is a barrier. Example for use: When a client needs to be attached to primary care before commencing clozapine treatment.

Urgent and Primary Care Clinics (UPCCs)

UPCCs provide access to same-day, urgent, non-emergency healthcare. Actual hours vary by clinic. UPCCs provide an alternative to visiting an emergency department for non-emergency issues. For example, clients who require medical attention within 12 to 24 hours. For life-threatening illnesses or injuries: call 911 or go to your nearest emergency room right away. Please note: not all UPCCs have imaging, labwork, electrocardiogram (ECG), or Intravenous (IV) therapy. Referring physician to call UPCC GP/NP to discuss clinical issue/reason for referral and desired treatment outcomes, followed by relevant client information by

Example for use: Your client needs to be examined by a family physician or nurse practitioner but does not have a potential life-threatening event like myocarditis or neutropenia, and their regular GP/NP is unable to see within 12-24 hours. However, if your client does not need a physical examination and you can manage the problem with the advice of a specialist call, use the RACE Line instead. In case of r/o myocarditis or agranulocytosis or other serious conditions you are advised to send your client to nearest Emergency department instead. UPCC's are similar to walk-in clinics and accessible to everyone.