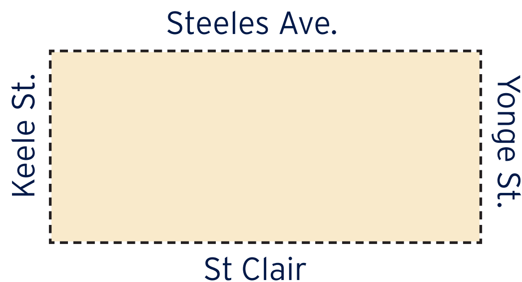
Who is Eligible?

- Persons 65 years and older
- Medically complex
- Homebound with major home safety concerns
- Within our catchment area

Making a Referral

Referrals are made by contacting the secretary. Referral form link: http://www.baycrest.org/wp-content/uploads/community_assessment_treatment_referral.pdf
Fax number: 416-785-2409

Area Served

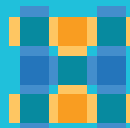


How to Contact the ICCT

For more information on the **ICCT** please contact us at 416-785-2488

The Integrated Community Care Team (ICCT)

Baycrest



NORTH YORK GENERAL

Making a World of Difference

RGP REGIONAL GERIATRIC PROGRAM OF TORONTO

Our Purpose

To provide a comprehensive geriatric assessment and treatment plan for people over 65 years of age who live in their homes and who are medically complex.

Three streams are available for our clients:

- Shared Care: **ICCT** will share the primary care with a medically complex patients' family physician
- Primary Care: **ICCT** will assume primary care for homebound people who do not have a family doctor
- Consultation: **ICCT** will conduct a comprehensive assessment for medically complex patients and provide recommendations to the referring provider

When to Consider a Referral

- Frequent use of the health care system
- Increasing number of visits to the family physician
- Multiple hospital admissions
- Multiple visits to emergency department
- Escalating home care needs
- Recent or unexplained changes in physical, mental, or functional abilities
- Recent worsening of falls, mobility, incontinence, or dementia

The ICCT Team

Our team is made up of many professionals including:

- Geriatricians
- Physicians with focused practice in care of the elderly
- Nurse Practitioner
- Registered Nurses
- Occupational Therapist
- Physiotherapist
- Social Worker
- CCAC intensive case manager
- CCAC pharmacist
- Administrative assistant
- Manager

The Integrated Community Care Team **(ICCT)** provides a model of integrated, inter-professional care. We focus on using existing neighbourhood resources that can improve the quality of care to ensure that primary care providers are supported in caring for their homebound older adult patients with complex needs.

ICCT brings together existing primary, community, speciality and acute care resources into one team to care for the most complex clients.