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AN ENVIRONMENTAL SCAN TO ASSESS NEEDS OF GERIATRIC DAY HOSPITAL PATIENTS AND PLAN SERVICE DELIVERY DURING THE COVID-19 PANDEMIC

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Abstract

Background: The Elisabeth Bruyère Geriatric Day Hospital (GDH) offices have been closed since early March 2020 due to the COVID-19 pandemic. In order to help plan virtual-based service delivery, an environmental scan was undertaken to determine the needs of GDH patients during the pandemic.

Methods: Current literature regarding COVID-19 and virtual-based care was reviewed, and semi-structured interviews were held with key stakeholders in the GDH and older adult care. Interview results were reviewed to identify key issues facing older adults during the pandemic and to plan virtual care delivery.

Results: Social isolation was highlighted by all groups as the most concerning issue facing older adults during the pandemic. Deconditioning resulting from isolation was reported by health professionals. Virtual-based care was noted to require increased administrative support, with difficulty reported in addressing certain aspects of typical GDH admissions, such as cognition and mobility.

Conclusion: Changes in GDH service delivery should be made to address key issues facing older adults during the pandemic, including social isolation and deconditioning. Consideration should be made for initial in-person assessments for GDH patients, particularly those deemed high-risk for decompensation, to allow for the appropriate evaluation and addressing of issues.

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Background

The Bruyère Geriatric Day Hospital (GDH) typically employs an 8-10 week program, which patients attend twice weekly, receiving care from a multi-disciplinary team during their visits (Table 1). The program also offers routine and social connection to patients as they participate in the program with their peers.

Early on in the pandemic, the physical GDH closed, and patients referred to the GDH were followed, largely via phone, by GDH physicians, and in certain cases the pharmacist. Many members of the allied health team were redeployed by the host hospital to inpatient areas. Certain aspects of typical GDH admissions, such as medication deprescribing, were maintained virtually; however, elements requiring intensive follow up or interprofessional care such as falls assessment and prevention, cognitive assessment and treatment, and future planning, were lost. It was recognized that the needs of older adults for assessment, treatment, and support remained, if not heightened, during the pandemic, with many seniors experiencing diminished access to support services, caregivers, medical care, and basic necessities such as food and social interaction1,2.

Bruyère remains committed to this vulnerable population during the pandemic and it was recognized that a shift in GDH program delivery, and likely program content, was required to address their needs. The GDH aimed to quickly implement these programming changes to continue to provide comprehensive care to seniors in the community.

The goal of the GDH environmental scan was to provide an accurate picture of the needs of older adults during the COVID-19 pandemic in order to rapidly design and implement modified GDH programming to address the needs of the community served by the GDH.

Methods

Current literature and policies regarding COVID-19, senior health, and virtual care were reviewed with sources including Health Canada, the Ontario Ministry of Health, the Canadian Geriatrics Society, and the College of Family Physicians of Canada. A review of policies for the provision of virtual care was completed through sources such as the College of Physicians and Surgeons of Ontario (CPSO). Recommendations from planning committees for GDHs and rehabilitation alliances were reviewed. Literature was reviewed until mid-May 2020.

Interviews were sought out from a variety of groups including key stakeholders from the GDH, those providing community-based care and support to older adults, and other specialized geriatric services (SGS) (Table 2). A number of these groups, particularly other SGS, were already providing virtual care, and provided details of their experiences.

A total of 24 semi-structured phone interviews were held with the above stakeholders, with topics including the health of seniors during the pandemic, and how the GDH could address any unmet needs. Notes were taken by the interviewer (ED) as a memory aid and deleted once the review was completed; interviews were not recorded or transcribed.

Once completed, the scan of the literature and interviews were reviewed by ED to identify key issues facing older adults during the pandemic, and needs that GDH programming could address. This information was used to help develop alternative methods of service delivery during the pandemic.

An exemption from Research Ethics Board (REB) review was granted by the Bruyère REB given the quality improvement nature of this project.

Results

Older adults were reported to be coping with pandemic-related changes to various degrees. In general, older adults who relied on services were less functionally independent at baseline, or had fewer caregiver supports available, experienced more difficulty during the pandemic. The majority of older adults were reported to be

following social distancing recommendations, for some to the point of not leaving their homes whatsoever.

Patient Experiences During COVID-19

Interviewees discussed changes experienced by GDH patients during the pandemic. Suggestions for how to meet patient needs were discussed by interviewees, and recommendations were also found on literature review. Key findings are documented in Table 3.

SGS Experiences During COVID-19

In order to plan GDH program delivery, the experiences of other SGS were sought out.

SGS were asking patients additional questions on intake assessments regarding ability to access urgent needs such as food and prescription medications. Some SGS outreach teams who typically did one-time assessments were scheduling follow-up appointments, connecting patients with community services, and contacting family physicians on behalf of patients if there was trouble reaching the family physician's office.

Other SGS were completing an in-depth phone or videoconference assessment, with the plan for a brief in-person assessment once regular programming returns. The in-person assessment will entail cognitive testing and a physical exam before discussing the treatment plan proposed during the virtual appointment.

Home or in-person assessments were not routinely occurring and represented approximately 5-10% of all assessments for other SGS. Reasons for in-person assessments during the pandemic included significant concerns about acute medical issues or ability to function in their current home environment.

Recommendations for GDH Programming

GDH staff were asked about their recommendations for developing virtual-based programing.

It was felt that the roles of GDH staff would need to be redefined as virtual care was introduced, since patients would not have the same opportunity to routinely meet with team members in-person at the GDH. A larger case-coordination role was discussed for nursing staff to troubleshoot patient issues and direct concerns to the appropriate team member.

GDH staff felt that the majority of virtual-based patients did require an in-person initial assessment, particularly with the physiotherapist and the physician, in order to properly identify and address issues such as mobility and medical concerns. A one-time in-person assessment was suggested to allow for GDH staff to provide patients with videoconference technology and instructions for use, allowing for virtual follow up going forward. GDH staff would be open to conducting home visits if appropriate personal protective equipment were available.

GDH staff members reported it would be beneficial to continue virtual programming for select patients following the pandemic. The need for in-person attendance has previously limited the participation of patients who may have difficulty travelling to the GDH twice weekly. Virtual programming would allow for these patients to access the GDH despite limitations on travel.

Considerations for Virtual-Based Care

While the CPSO does not restrict any platforms in the use of virtual care[5,6], the Privacy office of the host hospital recommended the use of Microsoft Teams, Zoom Health or Ontario Telemedicine Network (OTN) due to their heightened security measures compared to platforms such as Zoom or FaceTime.

Significant administrative support is required for virtual care, with the need to call patients for an appointment time, email them the videoconference link, and in some cases test the videoconference technology prior to the virtual appointment.

It was recommended the patient's identity be confirmed by asking their birth date and OHIP information. An initial conversation surrounding the provision of virtual care and risks/benefits should be held, ensuring the patient's consent to proceed. This discussion and patient consent should be documented in the clinical note. It is suggested to request the patient participate from a quiet, private room, using headphones if possible for videoconferencing[5,6].

Current GDH Structure

The results from the environmental scan were used to plan GDH service delivery during the pandemic. It was recognized that for many patients referred to the GDH, in-person assessment was required to accurately assess issues and develop an appropriate management plan. GDH staff worked closely with hospital operations to develop a safe plan for in-person assessments, acceptable to all involved.

Currently, referrals are reviewed by nursing staff and the physician to determine whether an in-person assessment is needed. If so, patients connect with the physician over the phone for an intake assessment, followed by a visit to the GDH where the indicated physical exam, cognitive assessment, etc., is conducted. Physiotherapy may also attend the in-person appointment to assess issues such as gait and strength.

The GDH is currently working towards a hybrid in-person/virtual model of care, where patients are screened for need for an in-person assessment, as well as what team member(s) they need to see in person. The majority of programming will be held virtually, with intermittent in-person follow-up as indicated.

Discussion

The pandemic has brought about new issues for older adults, and heightened previous difficulties.

Patients who were quite independent previously may be relying on family and delivery services to access groceries and medications as they follow social distancing recommendations, contributing to social isolation and loss of independence. Social isolation was the most commonly identified issue facing older adults in the environmental scan. It was felt that an admission to the GDH, with regular contact with GDH staff, could help to mitigate these effects. A number of community volunteer programs were also available to maintain social connection, which could be explored particularly for those patients being discharged from the GDH.

Common geriatric issues, such as mobility impairments, were felt to be likely to worsen as patients cancelled in-home services and avoided exercising outdoors for fear of viral spread. While patients were not able to attend the physical GDH, initial assessments with physiotherapy (video-conference vs. in-person) were felt to allow for a basic functional and gait aid assessment, and provision of a safe home exercise program. Patients could also be screened for appropriateness to participate in exercise classes streamed through community television partners as a larger population-based approach to maintaining mobility.

A need for patient education/awareness was identified in several domains of care. Patients and community care providers noted a lack of awareness of how to access services such as food or medication delivery, which could lead to older adults taking unnecessary risks when travelling to the grocery store or pharmacy. A common fear amongst older adults was the need to present to the emergency department for care. While it is important to avoid acute care if possible, it was felt patients needed to be encouraged to seek care for emergent issues, preventing the avoidable morbidity and mortality that comes with delayed ED presentations.

The concept of risk mitigation was brought up several times throughout this scan. While in-person assessments, whether at home or in the GDH, increases risk of viral spread, a one-time in-person assessment for patients at risk of decompensation was felt to allow for acute medical issues to be addressed and home supports to be arranged, preventing an ED visit or hospital admission where risks of contracting COVID-19 may be significantly higher.

Based on the results of the environmental scan, the GDH arranged for in-person assessments of high-risk patients with facility support. The GDH team hopes to further develop a robust telehealth program. Discussion with other geriatric programs highlighted the need for strong administrative support and preliminary information gathering by allied health, which the GDH is working to implement.

Limitations of this scan include the depth of review conducted. The need for rapid development of virtual GDH programming limited the time in which the environmental scan could be completed; however, it is felt that the wide variety of information sources used in this scan does contribute towards an accurate picture of how GDH patients are currently coping, and the issues they are facing.

This environmental scan was completed for GDH patients at Bruyère, and admission criteria for Bruyère's GDH may differ from those of other SGS. Results from this scan in Ottawa, a diverse metropolitan area that generally has a good network of community supports, may not be applicable to other areas of the province or country. This scan represents the status of GDH operations at one point in time during the pandemic (from March to September 2020); patient needs and GDH programming have continued to evolve since. This environmental scan can represent a 'jumping off' point from which services and service delivery can be tailored to meet the needs of GDH patients going forward.

Conclusion

This environmental scan highlighted the variety of issues older adults are facing during the pandemic. The key findings of the scan and recommendations for the GDH are as follows:

COVID-19 has impacted all older adults, particularly those who relied on services and were less functionally independent at baseline.
Common issues facing GDH patients include social isolation, deconditioning, and lack of awareness of how to access supports/services. Changes to GDH programming should aim to address these issues.
Implementing virtual-based care will require enhanced administrative support and provision of technology for GDH staff/patients, along with education on how to use the technology.
The risks of in-person assessments at the GDH to appropriately address concerns will need to be balanced against the risk of accessing emergency services for those at risk of decompensation. The decision to assess patients' in-person should be made together with patients and their families.
Continuing virtual GDH programming post-pandemic for those unable to travel may allow for a broader range of patients to access GDH services going forward.

For more information on Geriatric Day Hospital adaptation during the Covid-19 pandemic please see https://canadiangeriatrics.ca/wp-content/uploads/2020/09/Geriatric-Day-Hospital-Ambulatory-Care-in-Canada-FORMATTED-final.pdf.

Table 1. Characteristics of Bruyère GDH patients and staff

Patient Admission Criteria for GDH	GDH Team Members
1. 65 years of age and older	Physician
2. Referred by a physician	Nursing Staff (RN/RPN)
3. Community dwelling 4. At least two or more issues that can be addressed by the GDH team, such as: -mobility concerns/falls -polypharmacy -cognitive change -IADL/ADL impairment -caregiver stress -future planning issues	Pharmacist Physiotherapy Occupational Therapy Recreation Therapy Social Work Neuropsychologist Porter/Care Aide

Table 2. Groups interviewed for Geriatric Day Hospital environmental scan

Group	Individuals interviewed
GDH stakeholders	GDH staff (see Table 1), GDH patients and their caregivers, GDH program manager
Community care providers	Family physicians, community social workers, community support services (i.e., ready-made meal delivery)
Specialized Geriatric Services	Geriatric Emergency Management staff, Geriatric Assessment Outreach Team staff, staff from other Geriatric Day Hospitals

Table 3. Experiences of Geriatric Day Hospital patients during COVID-19, patient needs, and potential solutions in various areas

	Social Isolation	**Mobility**
Changes during COVID	• consistently reported as biggest issue facing older adults • social gatherings, support groups, etc. cancelled early on in pandemic due to risk of viral spread • lack of widespread technology use; limited ability to connect virtually	• major concern for healthcare providers; less so for patients • patients hesitant to leave dwellings for walks due fear of viral transmission • home physiotherapy being frequently declined by patients due to risks of viral spread • increasing falls/injuries secondary to deconditioning
Needs	• human connection; support; interaction with peers	• home-based exercise programs
Solutions/ Recommendations	• routine check-ins by service providers • provide technology and education on its use to older adults • connecting high-school students with older adults for social phone calls as part of volunteer requirements for school or friendly visiting programs	• connect with television providers to broadcast older-adult friendly exercise classes • develop individualized exercise programs that can be done in the home (i.e., chair exercises, soup cans as weights, etc.)
	Food Security	**Medications**
Changes during COVID	• many older adults using grocery delivery/family members assisting • increase in referrals to food delivery programs (i.e., Meals on Wheels) • programs developed to provide box of shelf-stable food to older adults (i.e., Operation Ramzieh3)	• some patients switching to pharmacies that deliver medications without physicians being aware; prescriptions being sent to wrong pharmacy • fewer medication changes are made at GDH due to lack of in-person follow-up (difficult to alter antidepressants, etc.) • medication counselling difficult over the phone
Needs	• some older adults do not know how to access grocery delivery services	• some patients not aware that pharmacies deliver medication or that medications can be renewed by a fax from their physician's office

	Food Security	Medications
Solutions/ Recommendations	• education/support on setting up food/grocery delivery services	• education/support on setting up medication delivery
	Mood	**Cognition**
Changes during COVID	• anxiety surrounding COVID-19 and how long restrictions will last • increased reliance on others for groceries, medication delivery etc. has led to feelings of low self-worth	• no significant changes reported • some patients with impairment find it difficult to recall safety instructions • difficult to assess virtually
Needs	• regular support and monitoring of mood	• phone/virtual-based cognitive assessments
Solutions/ Recommendations	• establish daily routine • limiting time spent watching news/COVID-19 updates • connecting with family/friends regularly	• continue to support patients/caregivers with cognitive impairment • various screening tools that can be administered virtually have been suggested; none clearly superior[4] • consider delaying cognitive testing until in-person assessment completed
	Healthcare Access	
Changes during COVID	• physicians mainly providing care over the phone • older adults less comfortable/familiar with technology for video-based appointments • family physicians hesitant to perform routine home visits due to fear of viral spread • patients hesitant to attend laboratory/imaging tests • delayed Emergency Department presentations for conditions like myocardial infarctions, limiting ability to administer gold-standard treatments	
Needs	• continued care for both acute and chronic medical issues	
Solutions/ Recommendations	• education of patients to continue to connect regularly with family physician • encouraging patients to not delay Emergency Department presentations for emergent issues	

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