

## Pandemic Planning (COVID-19) Older Adults Living With Complex Health Concerns

### ONTARIO

Emerging Practices (webpage)

Updated: March 19, 2020

### INTRODUCTION

This information has been compiled to support the continued delivery of care to older adults living with complex health conditions (e.g. frailty), during the current COVID-19 pandemic. At this time, it is important to maintain and in many cases to enhance care to this population, as older adults with complex health conditions are uniquely susceptible to adverse outcomes resulting from gaps in care and reduction in essential services. This can lead to long-term morbidity and premature institutionalization of individuals. The prioritization of home care for these individuals is necessary, even if human health resources become stretched.

#### For Health Professionals

(jump to [For the Public](#))

**Note: please refer to specific public health advice and information at:**

<https://www.ontario.ca/page/2019-novel-coronavirus>

<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

#### Home visiting guidance

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_home\\_community\\_care\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_home_community_care_guidance.pdf)

#### Physician services

For physician billing information

<http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4745.aspx>

For Ontario Telemedicine Network

- <https://dropbox.otn.ca/pcvc-help/otn-evisitv-guest-invite-qr.pdf>
- Information about video appointments for patients is found here <https://otn.ca/video-visit-help/Content/Home.htm>

#### Clinical Activity

The following information is a synopsis of activity occurring in geriatric services, with examples. The inclusion of content is on the basis of self-report and examples have not been evaluated by RGPO.

We encourage you to send contributions from your region (ideas, stories, examples, things to avoid) to [info@rgpo.ca](mailto:info@rgpo.ca).

#### *Community Based Specialized Geriatric Services*

### **General approaches from the field**

- Cancellation of routine in-person clinic or home visits
- Telephone triage to determine risk of hospitalization/deterioration/isolation
- Active reach-out to family and friend caregivers to provide support to patients who will not be receiving usual care (e.g. support for technology based assessment, direct support for groceries, personal care etc.)
- E-consults, video or telephone based screening for risk of hospitalization/deterioration/isolation, as required
- Targeted assessment (focused assessment on specific areas of concern) using appropriate means (video, telephone or in home) as feasible
- Home visits, only as required based on necessity. If conducting in-home visits please consult [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_home\\_community\\_care\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_home_community_care_guidance.pdf)

### **Reports/Ideas from the field (specific initiatives):**

The following are provided as examples that are reported to be working well by contributors. The intent is to share early successes and elicit additional learning throughout this experience. We encourage you to send contributions from your region (ideas, stories, examples, things to avoid) to [info@rgpo.ca](mailto:info@rgpo.ca).

#### **GeriMedRisk**

Source: GeriMedRisk Clinical Program - [www.gerimedrisk.com](http://www.gerimedrisk.com)

Contact: Danielle Yantha, Manager, GeriMedRisk, [danielle.yantha@gerimedrisk.com](mailto:danielle.yantha@gerimedrisk.com)

#### ***Description***

GeriMedRisk is a telemedicine consultation and education service connecting primary care providers (physicians, nurse practitioners, and pharmacists) to an interdisciplinary team of geriatric specialists (geriatric medicine, geriatric psychiatry, geriatric pharmacy, and clinical pharmacology). GeriMedRisk focuses on medication, physical, and mental health optimization for older adults. GeriMedRisk's clinical service is available across Ontario to clinicians by eConsult (select "GeriMedRisk" on OTN or Champlain BASE), phone (1-855-261-0508), or fax (519-279-2959).

#### **Community Paramedicine/SGS Partnership**

Source: North East Specialized Geriatric Services (NESGC)

Contact: Valerie Scarfone, Executive Director, NESGC, [vscarfone@hsnsudbury.ca](mailto:vscarfone@hsnsudbury.ca)

#### ***Description***

Support for our community para medicine team who will be offering in home COVID-19 testing for individuals who screen positive and are house bound. For seniors with frailty and comorbidities, our Geriatricians and Care of the Elderly physicians are available to the community para medicine team via videoconferencing for home visit consultation if needed for assistance with assessment. In select cases of high risk homebound seniors, ongoing virtual follow up and monitoring will be arranged with the supporting physician and NESGC team member.

#### **Geriatric Assessment and Intervention Network (GAIN)**

Source: Community Care City of Kawartha Lakes GAIN Team

Contacts: Marsha Watts [mwatts@ccckl.ca](mailto:mwatts@ccckl.ca) or Margo Fitzpatrick [mfitzpatrick@ccckl.ca](mailto:mfitzpatrick@ccckl.ca)

### **Description**

Proactive identification of those clients who live alone and are describes as “Senior Orphans” with no family, no friends and no support. Staff are calling each of those clients to do a check in. If needed, staff will go to the grocery or drug store to pick up and deliver any needed supplies. Seniors are discouraged from going out themselves and staff are offering to shop for them instead. The GAIN team is integrated within a community care centre, which is mounting an overall organizational response for community based seniors care.

### **Geriatric Assessment Outreach Team (Ottawa)**

Source: Regional Geriatric Program of Eastern Ontario (RGPEO)

Contact: Kelly Milne, Administrative Director, [kmilne@toh.ca](mailto:kmilne@toh.ca)

### **Description**

GAOT is proceeding with the following:

1. Home Visits for those considered urgent (i.e. high likelihood of needing ER in the next month if not seen) with our current infection control protocols in place (screening self and screening client and those in the home, hand hygiene before, during and post visit and disinfection after each client of equipment brought into the home).
2. Telephone assessments for those who are semi-urgent and non-urgent.
3. Rescheduling non-urgent appointments to July

### **Acute Care Based Geriatric Services**

#### **General approaches from the field**

- Cancellation of routine in-person clinic visits
- Telephone triage to determine risk of hospitalization/deterioration/isolation
- E-consults, video or telephone based comprehensive assessment, as required
- Home visits, as required (depending on urgency) – see above
- In limited situations, in person clinical appointments, as allowed by organizational policy with appropriate safeguards
- Proactive identification of non-hospital locations (e.g. primary care) for necessary in-clinic visits, if feasible
- Liaison with local emergency rooms to support

#### **Reports/Ideas from the field (specific initiatives):**

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### **Geriatric Emergency Management (GEM)**

Source: multiple organizations, see <https://www.rgps.on.ca/initiatives/gem/>

Contact: 416-480-5881, [kerri.fisher@sunnybrook.ca](mailto:kerri.fisher@sunnybrook.ca)

### **Description**

The Geriatric Emergency Management nursing network represents a service providing specialized frailty focused nursing services in many of the province’s emergency departments (ED). It comprises 123 nurses in 56 emergency departments across Ontario, lending their expertise to achieve better health outcomes to frail seniors or those at risk of frailty. Geriatric

Emergency Management nurses carry out targeted assessments in the ED and will do follow-up telephone assessment for older frail patients who are discharged from emergency department.

#### Resources:

The following have not been formally endorsed by the RGPO, but appear in the literature:

##### Telephone Based Screening Tools

<https://www.frontiersin.org/articles/10.3389/fnagi.2014.00016/full>

<https://journals.sagepub.com/doi/abs/10.1258/jtt.2010.100209>

\*more to be added

##### Video Based Screening

<https://www.sciencedirect.com/science/article/pii/S2352396416303504>

other examples

\*more to be added

**Integrated care for older people (ICOPE)** - Guidance on person-centred assessment in primary care (World Health Organization, 2019)

<https://apps.who.int/iris/bitstream/handle/10665/326843/WHO-FWC-ALC-19.1-eng.pdf;jsessionid=E4680E2BE32E94C23CFB9242A99E40D?sequence=17>

#### For the Public

Self Assessment Tool:

<https://www.ontario.ca/page/2019-novel-coronavirus-covid-19-self-assessment>

Below is text from a joint statement issued by community partners in the geriatric field.

1. **Use technology.** Acute care hospitals and many primary care organizations may be limiting in-person access but options for telephone calls and/or computer visits are quickly being established. Where possible, people are making efforts to ensure vulnerable populations have access to technology (like iPads) for ‘virtual visits’, and that they understand how to use it. Caregivers and families can help to ensure vulnerable elderly have devices and good access to the internet to connect to care providers and potentially avoid hospitals or offices, without sacrificing care. Similarly, family and friends may limit in person contact but could be more available for phone or video visits. Where available, online ordering for food or medication may also make it easier to avoid long lines.
2. **Make sure you have enough, but don’t stockpile medications.** We all need to ensure we have a sufficient supply of medications to reduce the need to make trips to the pharmacy. Many pharmacies will also deliver, so those at increased risk may wish to consider this as an alternative. However, according to the Canadian Pharmacists Association “unnecessary stockpiling of medication can create unintended shortages and puts other patients’ health at risk.”
3. **Know your resources and seek support.** Familiarize yourself with support agencies in your community and how to reach them. Many organizations, including Heart & Stroke, Alzheimer’s Society, ALS Foundation, Parkinson’s Canada, Regional Geriatric Programs (all website references

below) have advice for managing in these times. 211 Ontario can also connect people to the right information and services. Check with your local chapters for details.

4. **Be a Good Neighbour.** If you know someone in your community who may be vulnerable right now, such as people living with an NDD or stroke, check in on them by phone, by email, or in person. Make sure they have what they need in this time of social distancing. Check in on care partners to ensure they have enough support. Your thoughtful acts will be greatly appreciated and will help to ensure that social distancing does not result in social isolation.

Ontario Neurodegenerative Research Initiative [www.Ondri.ca](http://www.Ondri.ca)

Ontario Brain Institute [www.braininstitute.ca](http://www.braininstitute.ca)

Alzheimer Society Ontario [www.alzheimer.ca/en/on](http://www.alzheimer.ca/en/on)

Parkinson's Canada [www.parkinson.ca](http://www.parkinson.ca)

ALS/SLA Canada [www.als.ca](http://www.als.ca)

Heart & Stroke of Ontario [www.heartandstroke.ca](http://www.heartandstroke.ca)

Regional Geriatric Programs of Ontario <https://www.rgps.on.ca>

[www.211ontario.ca](http://www.211ontario.ca)