House Calls: Home Based Geriatric Primary Care

Delivering Exceptional Care to Homebound Seniors During a Pandemic

Leslie Coulter

Dr. Christa Sinclair Mills

June 2020

www.seniorshousecalls.ca

- Home
- About Us
- Our Services
- Eligibility & Referring
- Frequently Asked Questions
- Catchment Area
- Media
- Donate
- Testimonials
- Contact Us

HouseCalls

Interdisciplinary healthcare for homebound seniors

Agenda

1. Brief introduction to House Calls
2. Delivering safe and appropriate care
3. Keeping team members equipped and protected
4. Virtual care
5. Barriers to care
6. Ongoing plan

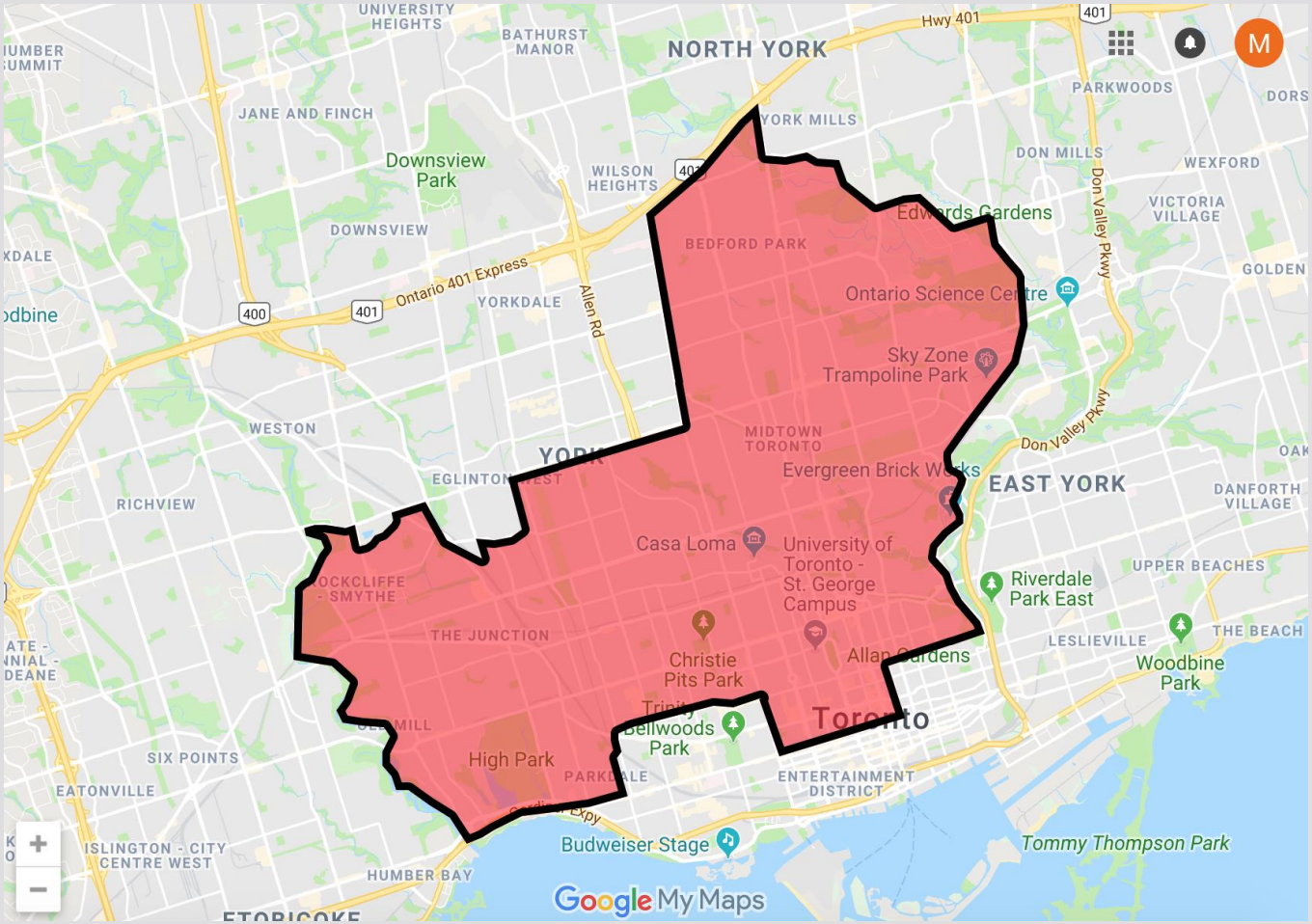
House Calls

- Pilot project in 2007, Ageing at Home Strategy funding from TC-LHIN 2009, increased base-funding in 2018

- *House Calls* provides full-time ongoing interdisciplinary home-based primary care to house-bound seniors ***who would not otherwise have access to primary care***

- Embedded in a Community Support Services Agency (SPRINT Senior Care), allowing a comprehensive basket of services to be integrated with primary care delivery

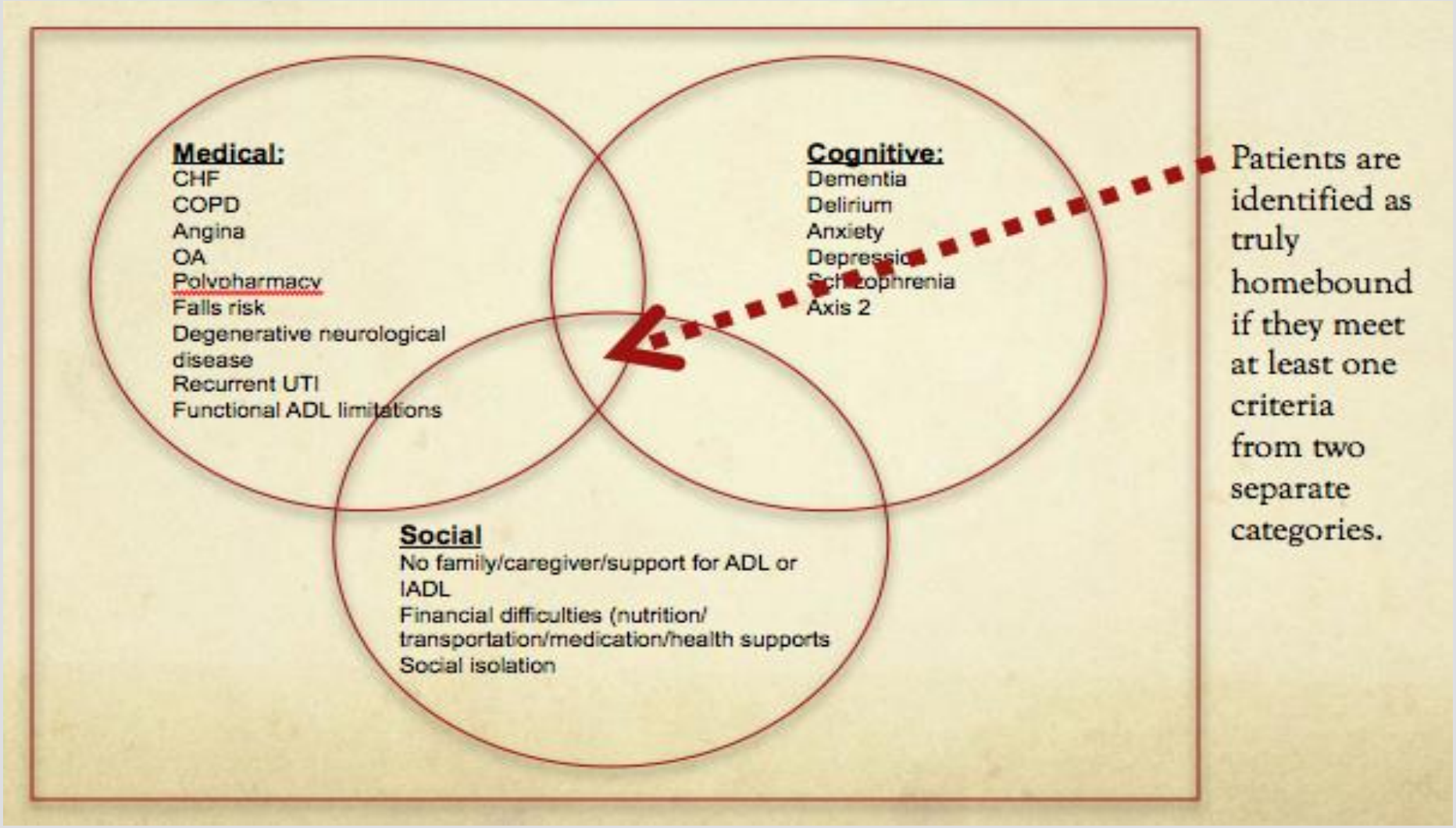
House Calls catchment area 2019



House Calls team

- 7 Family Physicians
- 2 Nurse Practitioners
- 2 Social Workers
- 3 Occupational Therapists
- 1 Physiotherapist
- 2 Team Coordinators
- TC LHIN H&CC liaison coordinator attends weekly team rounds
- Geriatrician, Geriatric Psychiatrist consults

Our Patients



House Calls Overview

- **caseload 400 +**
- **annualized caseload 700-800**
- 40% referred from hospital, 40% from home care
- average age: 88
- multiple comorbidities
- **5,000+ medical home visits/year**
- 8,000 – 10,000 total home visits/year

Delivering Safe and Appropriate Care

- The Key Ingredients:
  - Early Pandemic Planning Group
  - Developed team guidelines and protocols (frequent re-evaluation and revision)
  - Identified most vulnerable
  - COVID outreach safety calls (access to medication, medical supplies, groceries, essentials, wellness check)
  - Changed referral criteria temporarily

HouseCalls

Interdisciplinary healthcare for homebound seniors

SPRINT House Calls COVID-19 Home Visit Guidelines

Developed by the SPRINT House Calls Pandemic Preparedness Team, current as of June 1, 2020

CONTENTS:

Delivering Safe and Appropriate Care

- The Key Ingredients:
  - Early Pandemic Planning Group
  - Developed team guidelines and protocols (frequent re-evaluation and revision)
  - Identified most vulnerable
  - COVID outreach safety calls (access to medication, medical supplies, groceries, essentials, wellness check)
  - Changed referral criteria temporarily

Delivering Safe and Appropriate Care

- Objectives:
  - Prevent hospitalizations
  - Preserve team and system capacity
  - Provide safety net
  - Protect team members and patients
  - Preserve PPE

Delivering Safe and Appropriate Care

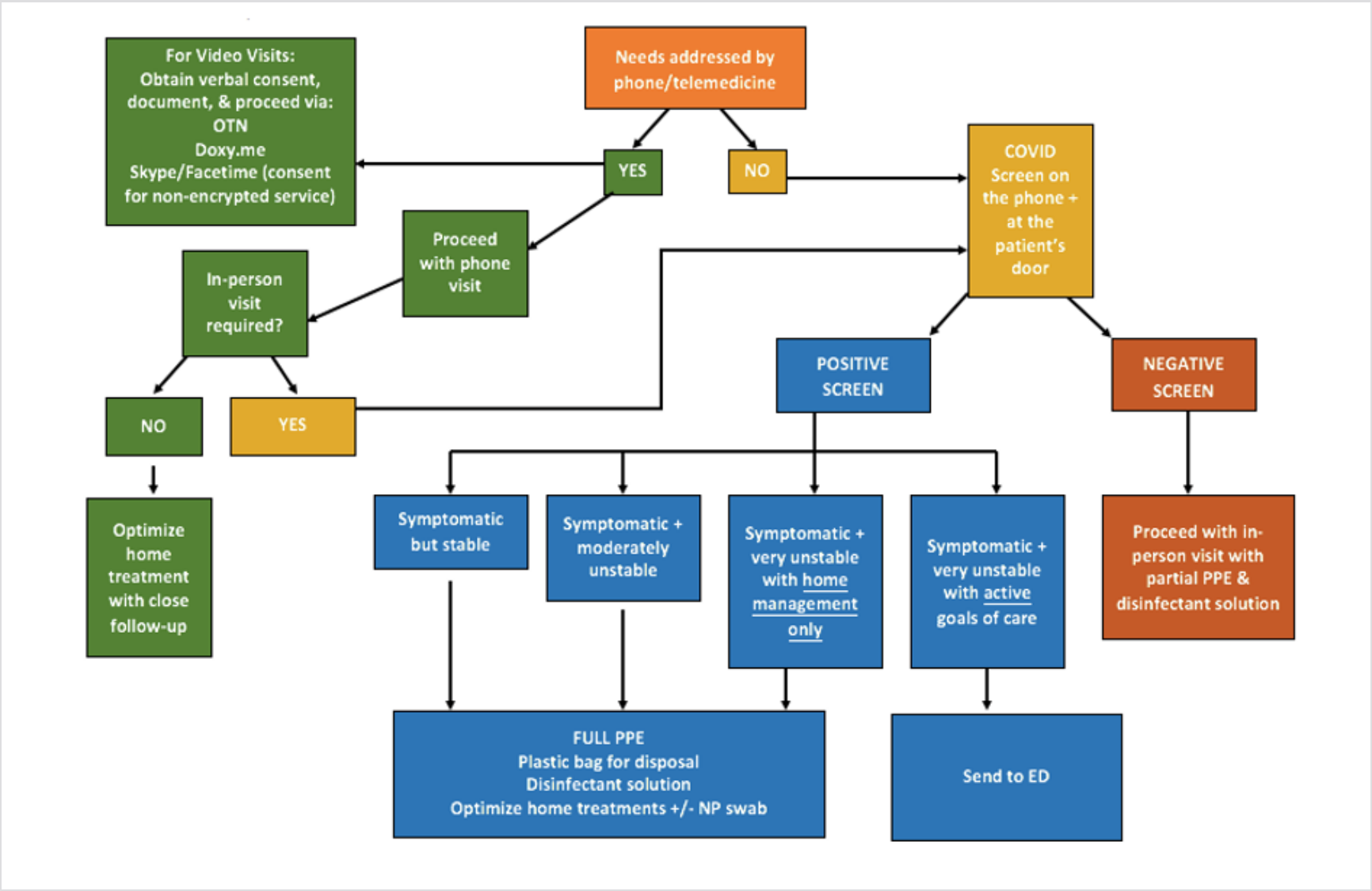
- Three key steps:
  - Identify who gets an in-person visit
  - Identify who is most vulnerable
  - Reconnect, Reevaluate, Revise

Delivering Safe and Appropriate Care

- Step One: Who gets an in-person visit?
  - Defined ‘Essential Visit Criteria’ for each discipline
  - Use of Virtual Care when in-person deemed risky or unnecessary

Delivering Safe and Appropriate Care

- Functional decline or sudden decline in client condition
- Palliative/end of life care
- Urgent lift and transfer assessment to avoid injury to client, or caregiver
- Home safety, or mobility risk
- Food insecurity


Needs addressed by phone/telemedicine
For Video Visits:
Obtain verbal consent, document, & proceed via:
OTN
Doxy.me
Skype/Facetime (consent for non-encrypted service)
YES
NO
Proceed with phone visit
In-person visit required?
NO
YES
COVID Screen on the phone + at the patient's door
POSITIVE SCREEN
NEGATIVE SCREEN
Optimize home treatment with close follow-up
Symptomatic but stable
Symptomatic + moderately unstable
Symptomatic + very unstable with home management only
Symptomatic + very unstable with active goals of care
Proceed with in-person visit with partial PPE & disinfectant solution
FULL PPE
Plastic bag for disposal
Disinfectant solution
Optimize home treatments +/- NP swab
Send to ED

Delivering Safe and Appropriate Care

Step 2: Who is Most Vulnerable?

- Centralized spreadsheet identifying vulnerable patients
- Identified frequency and means of contact, and focus of check-in
- Divided amongst SW/OT/PT

Delivering Safe and Appropriate Care

Step 3: Reconnect, Revaluate, and Revise

Delivering Safe and Appropriate Care

- Weekly huddle to stay connected
- Immediate virtual rounds

Keeping team members Equipped and Protected

- PPE supply management:
  - Tracking telephone, virtual, drop-off and in-person visits
  - Working with community partners to secure PPE and NP swabs
- Frequent review and updating of PPE guidelines (Pandemic Planning Team)
- Use of virtual care when appropriate

Virtual Care

- Helpful for triage, follow-up, joint visits and to minimize time in the home
- Telephone > In-person > *Microsoft Teams/OTN/doxy.me/Physitrack*
- Difficulties due to sensory impairments and access to technology

Virtual Care

- Helpful for triage, follow-up, joint visits and to minimize time in the home
  - Pt encounters March 17-June 17 2019: 1765
  - Pt encounters March 17-June 17 2020: **1823**
- Telephone > In-person > *Microsoft Teams/OTN/doxy.me/Physitrack*
- Difficulties due to sensory impairments and access to technology

Barriers to Care

- PPE donning and doffing

Barriers to Care

- No office for charting
- No washroom
- No air conditioning

Barriers to Care

- No anonymity for the patient
- PPE when working with individuals with cognitive or hearing impairments
- Limitations to telephone care

Barriers to Care

- Early in Pandemic – easier to determine whether a patient required in person assessment
- Later in Pandemic – less certainty about home situation, level of function – necessitates a visit

Ongoing Plan

- Prioritize visits that reduce hospitalizations and complications
- Ensure patients know we are available when they need us
- Strategies for assessing chronically ill but stable patients
- Continue to be proactive, creative and flexible – what we in the community do best!

Questions???

- Please also feel free to email:

  lcoulter@vha.ca

  csinclairmills@vha.ca