

Supporting Older Persons at Home: Learning and Collaboration during the COVID-19 Pandemic and Beyond

Kelly Kay, PhD(c)

Executive Director

Adam Morrison, MSc

Director, Policy & Planning

March 25, 2021

Dr. Kevin Young

Medical Director - Geriatric
Medicine



Provincial
**Geriatrics
Leadership**
Ontario



Disclosure

Kelly Kay

Other: Employee of Provincial Geriatrics Leadership Ontario (Ministry of Health funded)

Adam Morrison

Other: Employee of Provincial Geriatrics Leadership Ontario (Ministry of Health funded)

Kevin Young

Speakers Bureau/Honoraria: CHEP+

Other: Employee of Waypoint Centre for Mental Health Care



Learning Objectives

By the end of this session, participants will:

Learn about Provincial Geriatrics Leadership Ontario and regional partners to AFHTO members

Share experiences in the care of community-dwelling older adults living with complex health concerns during the COVID-19 pandemic

Identify resources helpful to the care of community-dwelling older adults



Agenda

1. Overview: PGLO and Specialized Geriatric Services
2. Integrated Care: Concepts and Models
3. Case Studies: SGS and Primary Care Collaborations
4. Emerging Clinical Issue: Cognitive Assessment
5. PGLO Resources



Overview: PGLO and Specialized Geriatric Services



Overview of PGLO

- Provincial Geriatrics Leadership Ontario (PGLO) is the provincial infrastructure for clinical geriatrics care and is funded by the Ministry of Health.
- PGLO focuses on coordinating perspectives across clinical geriatric services (Care of the Elderly, Geriatric Medicine, Geriatric Psychiatry/Seniors Mental Health and Interprofessional Geriatric Teams) in order to improve the care for older adults across the continuum of care.
- Our structure is based on the Framework for Collective Impact (i.e. provides backbone support to achieve a common vision for older adult health services).
- PGLO is focused on driving clinical excellence, building capacity across the system and advancing seniors health policy.



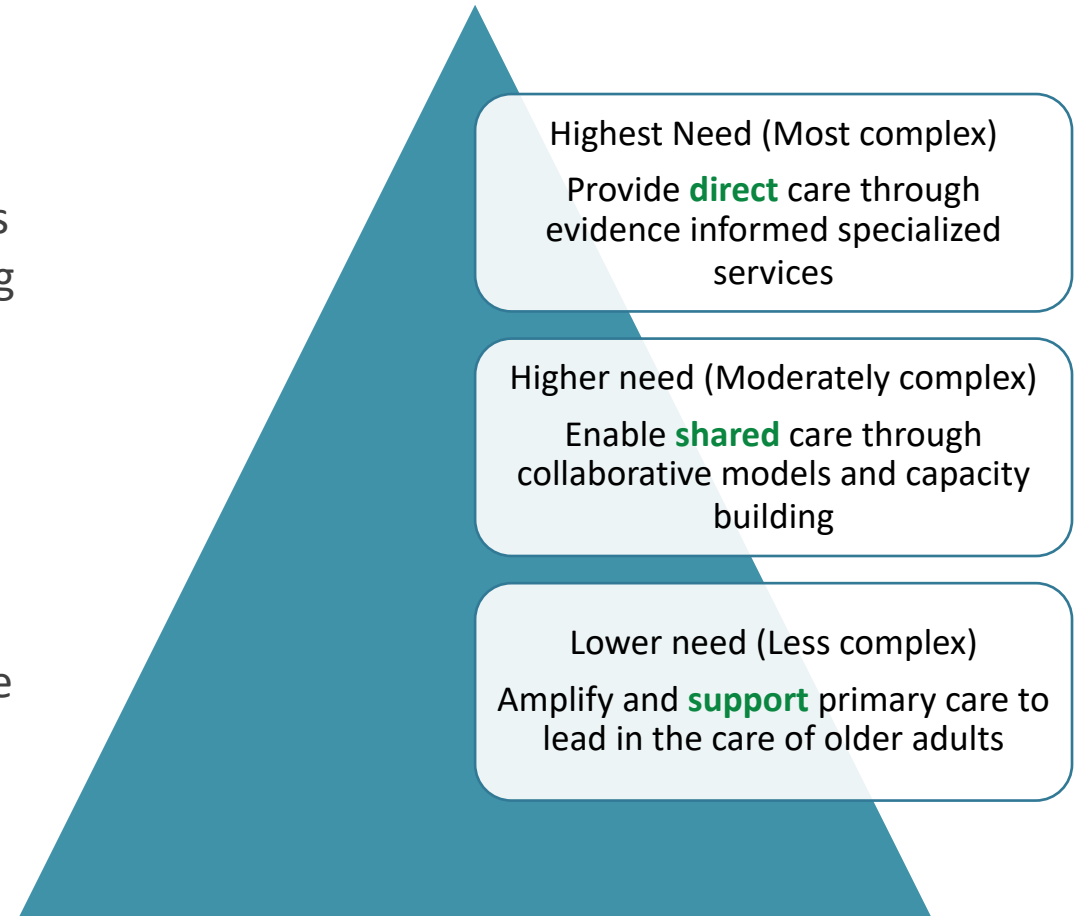


Ontario's Provincial and Regional Geriatrics Infrastructure

Across Ontario there are approximately 2,500 health professionals working in approximately 450 programs and services specifically focused on older adults living with complex health concerns, called specialized geriatric services (SGS)

The role of regional SGS programs and services

- may be organized locally or regionally
- provide direct, shared or supported care for the physical, mental, social and spiritual aspect of care that older adults require to live well
- work to build system-wide capacity through collaborative planning and education to influence the care of all older adults





A Network of Supports and Experience in Older Person's Care

Provincial
(Macro)



- Planning and capacity building
- Clinical model development
- Performance measurement and evaluation
- Knowledge creation and evidence dissemination
- Policy development

Regional
(Meso) – Look for your local partners!



Regional Seniors Mental Health Services



WW Specialized Geriatric Services

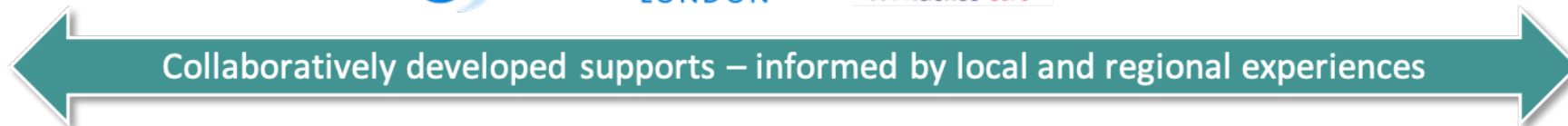
Local
(Micro)



Providing direct care to Individuals & Family/Friend Caregivers Working with Primary Care



Supporting the work of Local Ontario Health Teams





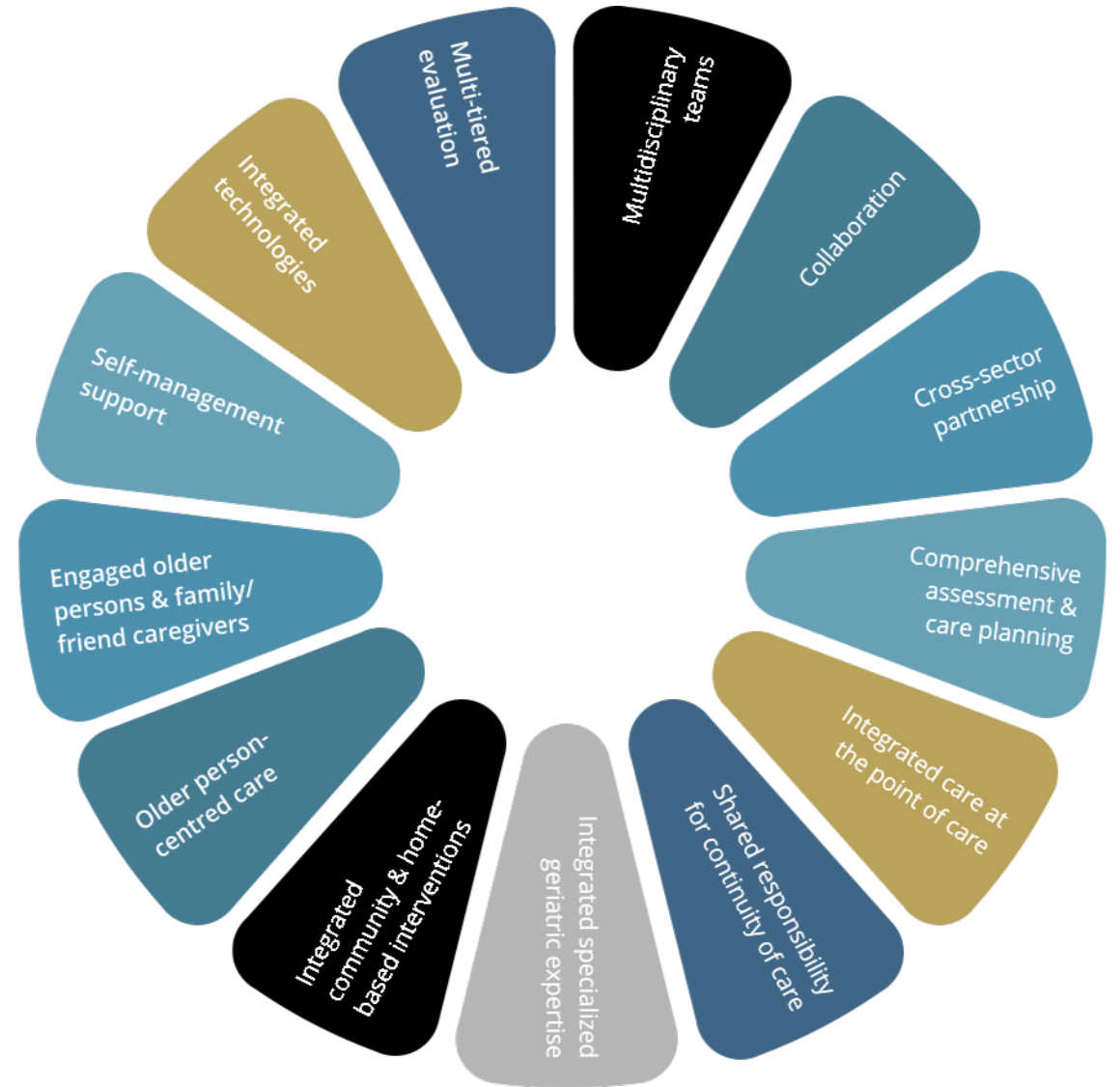
Integrated Care: Concepts and Current Models



Older Adult Integrated Care

Scoping review on the 13 design elements of integrated care for older persons living with complex and chronic health needs.

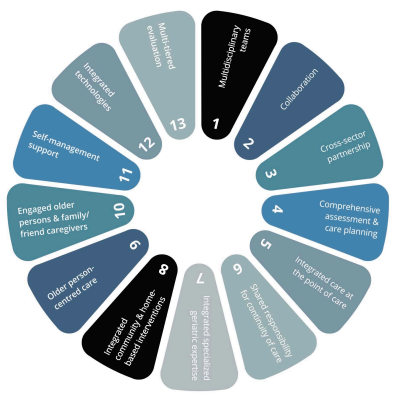
Part of an overall project to develop indicators specifically relevant to older adult care. We invite participation in indicator selection from Primary Care





Design Supports for Programs & Services in Older Persons' Care

Desired System Attributes (Macro/Meso)



Design Elements for Integrated Care for Older Adults Living with Complex & Chronic Health Conditions

Guidance and Support for Processes of Care (Meso/Micro)



Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

BSO DOS
Personhood Tool Guidelines
Person-Centred Language initiative



GERIMEDRISK

An interdisciplinary telemedicine consultation & education service for clinicians in Ontario.

Ontario Palliative Care Network

Palliative Care Health Services Delivery Framework



Rehabilitative Care Alliance

Frail Seniors Rehabilitative Care Best Practice Framework
Direct Access Priority Process Framework
Post Fall Pathways



Ontario Health

- Quality Standards
- Delirium (2021)
 - Heart Failure (2019)
 - Palliative Care (2018)
 - Osteoarthritis (2018)
 - COPD (2018)
 - Dementia (2018)
 - Hip Fracture (2017)
 - Pressure Injuries (2017)
 - Behavioural Symptoms in Dementia (2016)

ALC Leading Practices



Case Studies: SGS and Primary Care Collaborations



Case Study: Haliburton County Community Paramedic Service

- A collaborative effort between Haliburton County Paramedic Services and Haliburton Highlands Health Services – Geriatric Assessment and Intervention Network (GAIN) Team.
- Has grown to include two paramedics, one recently funded through the High Intensity Supports at Home (HISH) funding.
- HC Community Paramedic receives referrals from GAIN and the broader community; participates in case reviews; contributes to and actions the care plan.
- Caseload approximately 60 active clients (rural community) approximately 5 to 6 in-home visits per day.
- Ideal paramedic has significant experience, with well-developed assessment skills, patience, willingness to take the time to talk, and an ability to see the whole picture when in the home (e.g. fire hazards, food insecurity, etc.).



COVID-19 News Sports Opinion Classifieds and Obituaries Our Products Subsc

Home » News » Community paramedicine bringing care into homes



The community paramedicine program kicked off at the end of 2017 and is assisting patients through the GAIN program for frail seniors in Haliburton County. From left Haliburton County Paramedic Service chief Tim Waite HHHS VP community programs Stephanie MacLaren; GAIN team nurse practitioner Rehana Rahaman and community paramedic Chris Parish make up part of the group that runs the community paramedicine program. /JENN WATT Staff

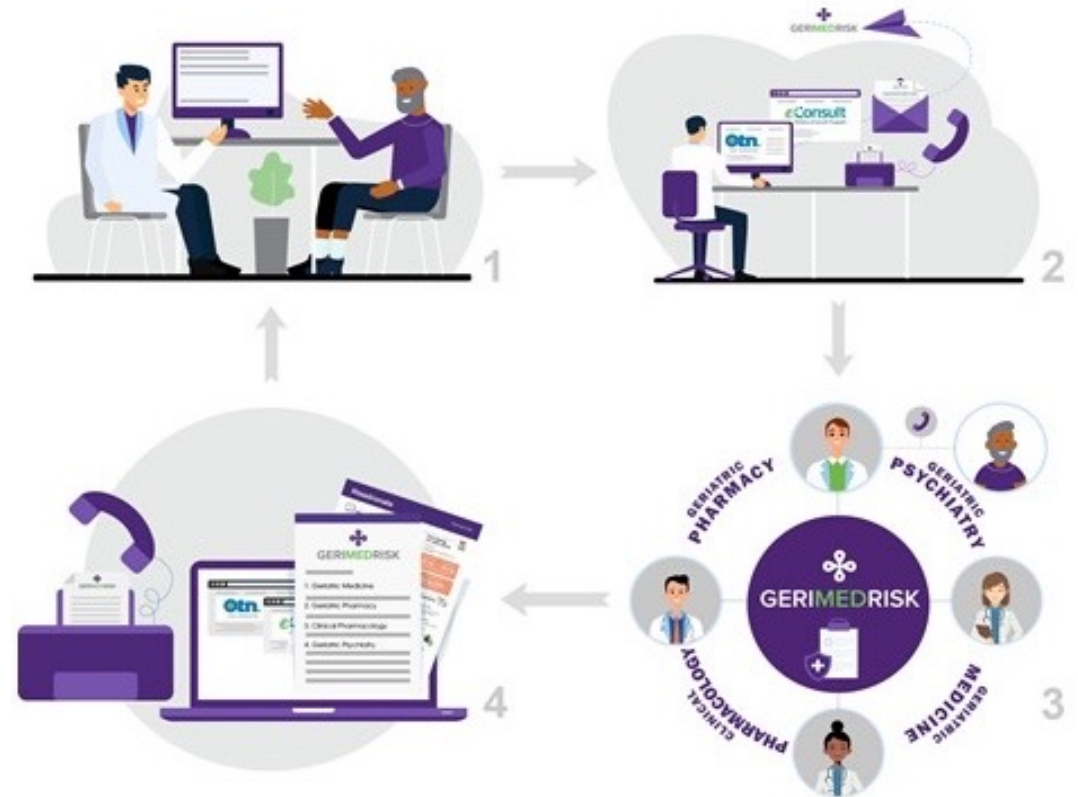


Case Study: GeriMedRisk

- Prescriber (doctor, nurse practitioner, specialist) or allied health care professional* identifies medication, mental health or physical concern in their patient.
- Consult is made to GeriMedRisk via central intake referral, eConsult, phone, or fax.
- GeriMedRisk team reviews consult question, medical records, and conducts a best possible medication history with patient/caregiver.
- A single, integrated consult note and relevant educational materials are sent back to the primary care provider.

Funded by MOH

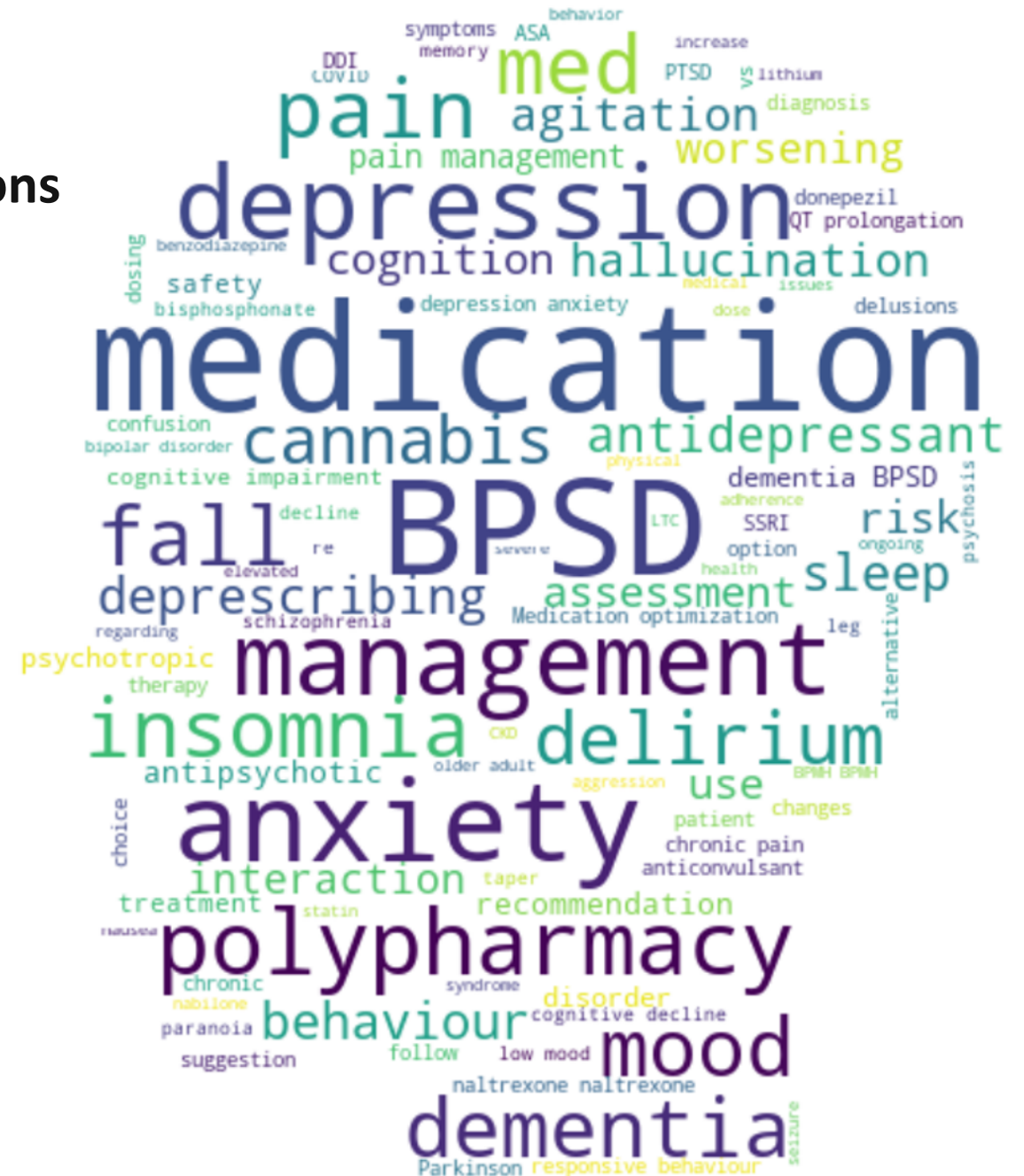
*Includes Pharmacists, Nurses, Physician Assistants or other clinicians in partnership and with consent of the prescriber





GerimedRisk cont'd: Clinical Questions

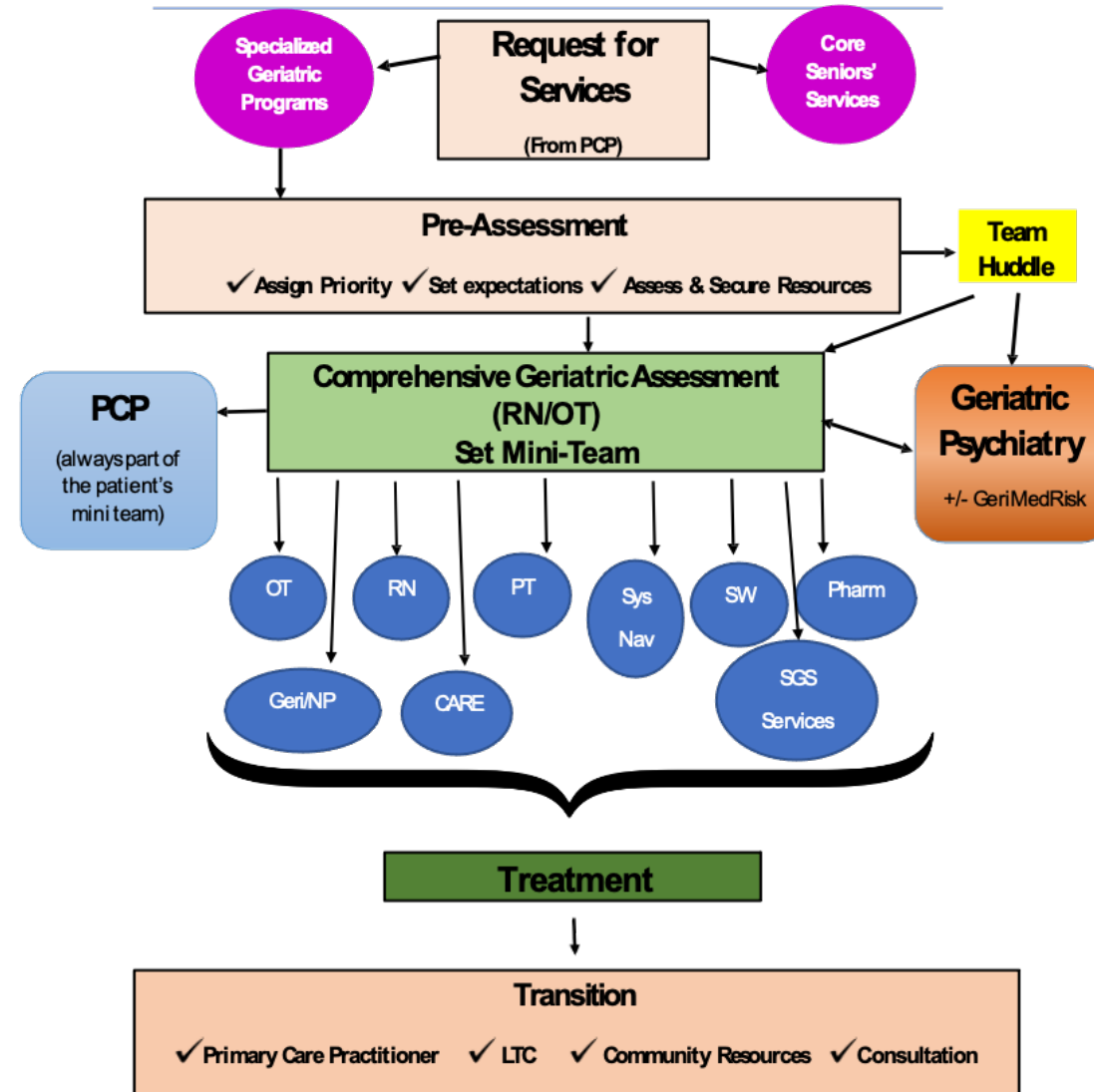
Most common consult themes received by GerimedRisk from primary care:





Case Study: Couchiching FHT/ NSM SGS Joint Assessment Model

Specialized Geriatric Clinic Flow Chart





NSM cont'd: Seniors Wellness Program

- A collaboration between Couchiching Family Health Team (CFHT), Couchiching Family Health Organization (CFHO), Orillia Family Health Organization, Orillia Soldiers' Memorial Hospital collaborated with North Simcoe Muskoka Specialized Geriatric Services (NSM SGS):
 - Seniors attending the COVID-19 Assessment Centre received follow-up wellness calls from CFHT or NSM SGS clinicians at days 4 and 10 post-COVID-19 test.
 - Comprehensive wellness check form was created by NSM SGS to assess risks such as isolation, lack of resources, caregiver stress, and acute medical concerns.
 - Where needs were identified, seniors were connected with local resources.
 - Primary care providers were contacted for seniors living with complex needs (and seniors without a primary care provider were rostered to a CFHO physician).
 - In three months, 149 wellness checks were conducted, with approximately one-third of seniors referred for follow-up and connection to supportive resources.
- CFHT continues to make wellness calls and routine meetings between the collaborating services has ensured issues with process are managed in a timely manner.

Lesson learned: vulnerable populations can be identified and served through a COVID-19 assessment centre.



Emerging Clinical Issue: Cognitive Assessment



Supports for Clinicians – Responding to Emerging Clinical Issues

SPECIAL ARTICLE

One Size Does Not Fit All: Choosing Practical Cognitive Screening Tools for Your Practice

Frank J. Molnar, MSc, MDCM,^{†‡§} Sophiya Benjamin, MBBS, MD,^{¶||}
Stacey A. Hawkins, BA, MA, CPG, PhD Student,*^{††} Melanie Briscoe, OT,^{‡‡} and
Sabeen Ehsan, MBBS, MD, MHI*^{††}*

Publication of clinical advice related to freely available cognitive screening resources, in light of the monetization of a commonly used tool.

<https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.16713>



American Geriatric Society Mobile Toolkit

Short Informant Questionnaire on Cognitive Decline in the Elderly (Short IQCODE)

- Administration**
 - Time: 3-10 minutes
 - Test recipient: proxy informant
 - Mode: paper and pencil in which the informant completes
 - Scoring:
 - Compares patient's present performance to 10 years prior
 - Comparable to other screening tools in accuracy
- Functional Proxy for Cognitive Domains**
 - Short-term memory
 - Executive function
 - The IQCODE is moderately effective for assessing the severity of cognitive impairment in patients with AD
- Other Considerations**
 - Multiple items for each response can be more challenging without visualizing tool (typically in face-to-face)
- Validated in**
 - Primary care settings

LAUNCH TOOL

Executive Function	Time	Executive Function	Time	Executive Function	Time
FALSE	≤ 10 MIN	FALSE	≤ 10 MIN	TRUE	≤ 10 MIN

Functional Activities Questionnaire (FAQ)	AD8	Lawton IADL
Scoring Challenge: Short-term Memory	Scoring Challenge: Short-term Memory	Scoring Challenge: Short-term Memory



PGLO Resources



PGLO COVID-19 Response

- Within days, developed and disseminated a clinical screening tool to assist with rapid shift to telephone-based care for older adults
- Position paper on family presence in long-term care, co-created with PGLO and clinicians across Canada.
- Developed a virtual care decision tool to help with decision-making about which older adults might require in-person care.
- Suite of resources for clinicians to support older adults who may have questions or be hesitant about COVID-19 vaccination.



PGLO COVID-19 Response (cont'd)

- International Town Hall on lessons learned support LTC during the COVID-19 pandemic.
- Curated repository of more than 100 COVID-19 resources for clinicians that focus on care for the older adult population.
- Chronic Disease Management in LTC webinar series, including diabetes and heart failure.



Direct Support for Caregivers

Caregiving Strategies Handbook

An online resource for caregivers designed by older adults and health care experts. The Handbook can support resilience, encourage independence, and enhance quality of life for caregivers who support older adults living with complex health and social care needs.

This resource is available in:

- Cantonese, English, French, and Mandarin.

Caregiving Strategies Course

Online course and website with topics including:

- Caring for the caregiver;
- Staying active;
- Bladder health;
- Changes to thinking and behaviour;
- Social engagement;
- And more.



Capacity Building Supports for Older Adult Care

Competency Framework

Support for interprofessional teams conducting the Comprehensive Geriatric Assessment.

Mobile Compendium

Educational offerings and skills development for interprofessional geriatric education, organized in a mobile-friendly website.



Question & Answer

Please share your experiences with older persons' care during the pandemic:

1. What worked well?
2. What was problematic?
3. What changes have you made that you would keep?

We are seeking your input via survey:

- To better understand the scope of services that may be required by older adults living with complex health conditions in the community,
- To inform health and social service planning and activities locally (e.g. OHTs), regionally and provincially.



Our Team



Medical Director
Dr. Sophiya Benjamin



Executive Director
Kelly Kay



Director, Policy & Planning
Adam Morrison



Medical Director
Dr. Kevin Young

To contact any member of the PGLO team, email info@rgpo.ca



Appendices



GerimedRisk Consult Example: Working Together During COVID-19

- 71-year-old lady with schizophrenia, diabetes and multiple other comorbidities
 - Active auditory hallucinations
 - On many medications- sleeping 21 hours a day, incontinent
 - At risk of losing home care services
 - Not eligible for surgery to correct aortic aneurysm
- ✓ Referring clinician shared consult with all community partners
 - ✓ Prevented mental health related hospitalization
 - ✓ Improved cognition, decreased hallucinations
 - ✓ No longer incontinent
 - ✓ Retained home care services
 - ✓ Had surgery
 - ✓ Good post-op recovery

Virtual Care for Mental Health & Addictions During the COVID-19 Pandemic

Accessible Directly by Patients

iCBT



Internet-based cognitive behavioral therapy (iCBT) to address symptoms of mild to moderate anxiety and depression. Available for frontline health care workers and the public.

Registration – Free for Ontarians

[AbilitiCBT](#)

[MindBeacon](#)

For Youth 16+ and Adults – English and French

Ontario Virtual Care Clinic

Free online service that provides access to a family doctor for non-COVID-19 related issues during the crisis.

Intended for people who don't have a physician or cannot access their own.

Covered by OHIP

[SeeTheDoctor.ca](#)

Available in English and French

Referral from Provider Required

Clinical MH&A Consults



Providers registered on the OTNhub can offer virtual MH&A services directly to patients or refer them to someone who can help.

Health Care Organization Registration

[Sign-Up Link](#)

Can be Used by English and French Organizations

Child and Youth TeleMental Health



Telepsychiatry by allied health providers for children, youth, and their families, in remote and rural communities using PCVC OTNInvite.

Accessing TeleMental Health

[Referral Form](#)

Available in English and French

Additional Resources



[Kids Help Phone](#)



Mental Health and Substance Use Support

[Ontario MH&A Support](#)

All Available in English and French

Virtual Care for Substance Use Disorder (also accessible directly by patients)

Solutions that assist with early intervention, prevention, and rehab, using electronic behavior management.



[FeelingBetterNow](#)



[Learn More](#)

For Youth 16+ and Adults – English and French