Providing Geriatric Virtual Care across the South West:

Guidance Document for Health Care and Community Support Services Providers

SOUTH WEST FRAIL SENIOR STRATEGY

VERSION 1
NOVEMBER 2020

Guidance Document for Health Care and Community Support Services Providers on Providing Geriatric Virtual Care Across the South West

In collaboration with the South West Frail Senior Strategy's (SWFSS) Regional Patient and Family Advisory Group and the SWFSS Regional Working Group on Virtual Care, the SWFSS team has created this guidance document to support health care and community support services providers in the provision of virtual care with older adults and caregivers throughout the COVID-19 pandemic and beyond.

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Introduction

Throughout the COVID-19 pandemic, the need to optimize virtual care strategies has emerged as a priority among those who provide health care and community support services to older adults and caregivers in the South West. Behavioural response teams, ambulatory and outreach specialized geriatric services, community support services and provincial partners are all grappling with how to best care for older adults and their caregivers during this changing and uncertain time.

The Ontario Ministry of Health has recommended health care providers to reduce in-person visits (where appropriate, possible and safe to do so). Given the second wave of COVID-19, and a desire not to lose the positive gains associated with virtual care (e.g., improved/timely access), there was a pressing need to collate emerging evidence and learning to inform how to leverage virtual care strategies to best support older adults and caregivers, both now and in the future.

The South West Frail Senior Strategy (SWFSS) team worked with older adults, caregivers, health care and community support services providers across the region in the development of this guidance document. A cross sector regional working group was formed in August 2020 and this document was identified as a priority need.

Older adults and caregivers involved in this work cite many practical and meaningful benefits associated with virtual care. They appreciate the convenience, time and money saved and reduced anxiety and stress for both the older adult and caregiver. Travel and attending appointments with older adults living with frailty can be taxing. Navigating a change in routine, mobility aids, getting in and out of vehicles, parking, wayfinding and waiting for providers can be physically and mentally exhausting.   One caregiver stated "virtual care is being seen as a very positive improvement in care and we all need to take advantage of this opportunity to transform the system."

DEFINITION OF VIRTUAL CARE

For purposes of this document, virtual care is defined as telephone and/or video visits with patients/caregivers.

GUIDING PRINCIPLES

Key to the development of this guidance document are the following guiding principles:
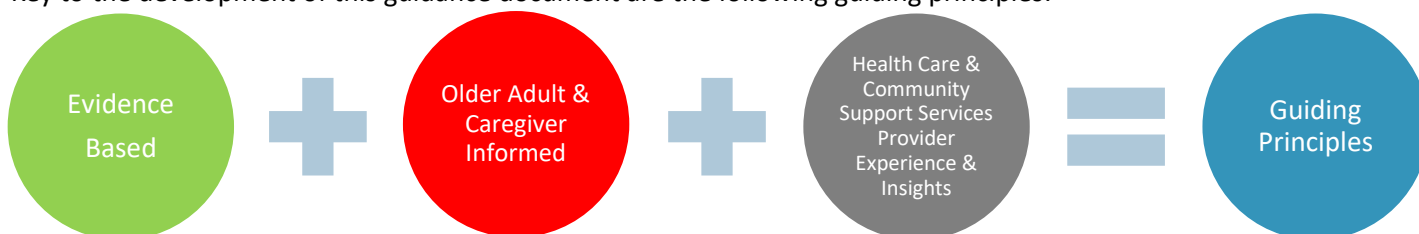
The SWFSS conducted a rapid scan of national and international literature, recommendations from professional colleges and associations, and learning from across Ontario.   In addition, lived experience, insights and input

were incorporated in this document from our experts in the SWFSS Patient and Family Advisory Group and the Regional Working Group. To complement the latter, a survey was distributed to health care and community support services providers from across the region.

INTENDED USERS

In alignment with government recommendations, best available evidence and emerging learning, this document is intended for use by specialized geriatric health care providers and community support services providers in the provision of virtual care with older adults and caregivers in the South West.

HOW TO USE THIS DOCUMENT

Operationalization of virtual care will necessarily look different within different programs and organizations. Some topics may be more relevant in different settings. ***Thus, each topic in this document is meant to be a stand-alone resource for use as appropriate to the health care or community support services provider.***

CONTENTS

This guidance document addresses the following topics:

- Virtual First Geriatric Model of Care
  - Components to Delivering the Right Care, at the Right Time, in the Right Place
  - Step 1: Determining Feasibility of Virtual Care with a Patient
  - Step 2: Matching Patient's Needs with Visit Modality and Clinical Circumstance
- Obtaining Informed Consent from Older Adults for Virtual Care: Tips for Geriatric Care Providers
- Creating a Senior Friendly Virtual Care Environment
- Hybrid Approach (Telephone/Video + In-person)
- Cognitive Screening of Older Adults in the setting of COVID-19: Why, What and How?
- Virtual Recreational Programming for Older Adults Living with Dementia and their Caregivers
- Equitable Access to Care: Considerations for Geriatric Care Providers
- Virtual Care: Lessons Learned in the Provision of Geriatric Care during COVID-19

TERMINOLOGY

The term "patient" is used for the sake of consistency throughout this document, but is also meant to include "clients" and "long term care residents."
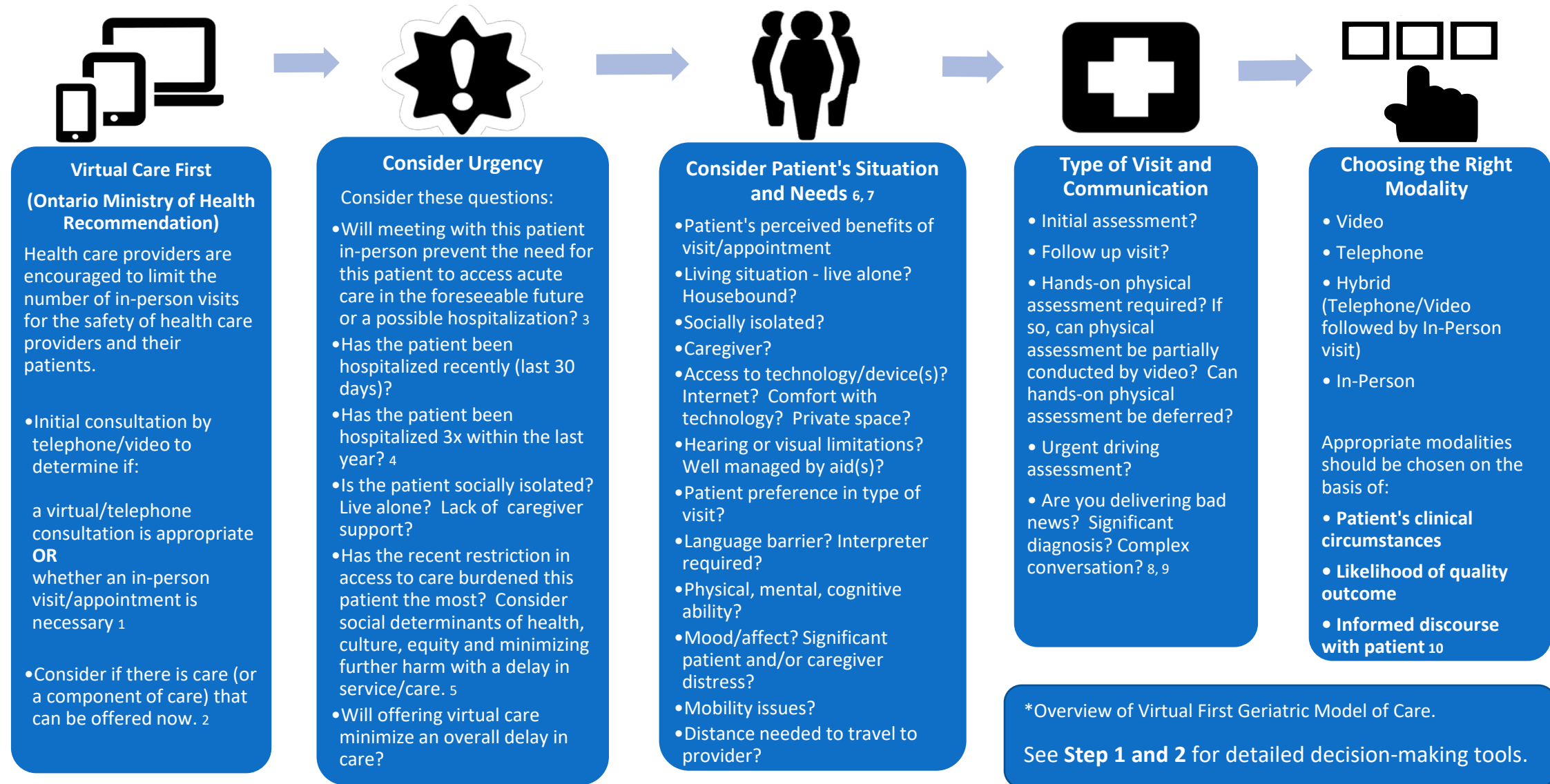
ACKNOWLEDGEMENTS

The development of this guidance document was made possible from the shared personal and professional experiences of older adults, caregivers, health care and community support services providers across the South West. We would like to express our appreciation to members of the SWFSS Regional Patient & Family Advisory Group and members of the SWFSS Regional Working Group on Virtual Care for their time, interest and invaluable contributions which directly shaped this work.

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Contents

Virtual First Geriatric Model of Care: Components to Delivering the Right Care, at the Right Time, in the Right Place

Virtual Care First (Ontario Ministry of Health Recommendation)

Health care providers are encouraged to limit the number of in-person visits for the safety of health care providers and their patients.

- Initial consultation by telephone/video to determine if:

  a virtual/telephone consultation is appropriate **OR** whether an in-person visit/appointment is necessary [1]

- Consider if there is care (or a component of care) that can be offered now. [2]

Consider Urgency

Consider these questions:

- Will meeting with this patient in-person prevent the need for this patient to access acute care in the foreseeable future or a possible hospitalization? [3]
- Has the patient been hospitalized recently (last 30 days)?
- Has the patient been hospitalized 3x within the last year? [4]
- Is the patient socially isolated? Live alone? Lack of caregiver support?
- Has the recent restriction in access to care burdened this patient the most? Consider social determinants of health, culture, equity and minimizing further harm with a delay in service/care. [5]
- Will offering virtual care minimize an overall delay in care?

Consider Patient's Situation and Needs [6,7]

- Patient's perceived benefits of visit/appointment
- Living situation - live alone? Housebound?
- Socially isolated?
- Caregiver?
- Access to technology/device(s)? Internet? Comfort with technology? Private space?
- Hearing or visual limitations? Well managed by aid(s)?
- Patient preference in type of visit?
- Language barrier? Interpreter required?
- Physical, mental, cognitive ability?
- Mood/affect? Significant patient and/or caregiver distress?
- Mobility issues?
- Distance needed to travel to provider?

Type of Visit and Communication

- Initial assessment?
- Follow up visit?
- Hands-on physical assessment required? If so, can physical assessment be partially conducted by video? Can hands-on physical assessment be deferred?
- Urgent driving assessment?
- Are you delivering bad news? Significant diagnosis? Complex conversation? [8,9]

Choosing the Right Modality

- Video
- Telephone
- Hybrid (Telephone/Video followed by In-Person visit)
- In-Person

Appropriate modalities should be chosen on the basis of:

- **Patient's clinical circumstances**
- **Likelihood of quality outcome**
- **Informed discourse with patient** [10]

*Overview of Virtual First Geriatric Model of Care.

See **Step 1 and 2** for detailed decision-making tools.

1 Ontario Ministry of Health. (2020, June 15). COVID-19 Operational Requirements: Health Sector Restart. Accessed: http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf

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3 College of Physicians and Surgeons of Ontario. (2020, October 19). COVID-19 FAQS for Physicians, Accessed: https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians

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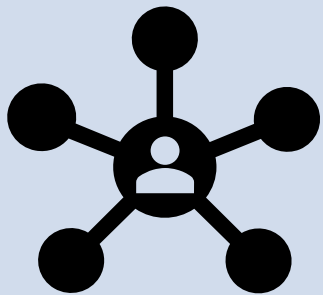
7 Ontario Health Quality. (2020, March 12). Adopting and Integrating Virtual Visits into Care: Draft Clinical Guidance (For Health Care Providers in Ontario).

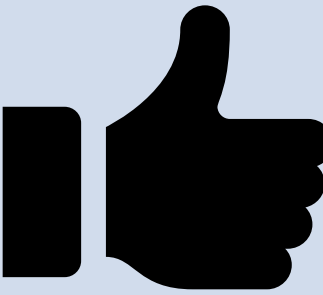8 South West Frail Senior Strategy Regional Patient and Family Advisory Group. Focus Group - September 28, 2020.

9 Ontario Health Quality. (2020, March 12). Adopting and Integrating Virtual Visits into Care: Draft Clinical Guidance (For Health Care Providers in Ontario.

10 Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, February). Virtual Care Recommendations for Scaling Up Virtual Medical Services Report of the Virtual Care Task Force.

Frail Senior SOUTH WEST STRATEGY

The Ontario Ministry of Health recommends maximizing virtual care services that reduce in-person visits, **where it is possible, appropriate and safe to do so**. [1] Specifically, "health care providers should conduct an initial consultation over the phone, video or secure messaging to determine if a virtual/telephone consultation is appropriate or whether an in-person appointment is necessary." [2] With this in mind, it is important to consider a patient's situation and needs first and then decide upon a visit modality (*virtual*: telephone or video visit; *in-person visit*; *hybrid visit* (telephone/video + in-person) accordingly.

Step 1.   The first step in determining IF virtual care is feasible with a patient/caregiver is to consider the following:

1. Patient Ability

Does the patient have the cognitive and physical capacity to participate in a virtual visit? [3] If they have any hearing or visual limitations, are they managed well by aids?

Do they have the ability to hear, see and understand you? [4]

If not, does the patient have a caregiver who could assist them?

2. Patient's Access to Device/Technology and Private Space

Does the patient have access to a telephone or device (with camera and microphone) and internet to make a virtual visit feasible?

If not, does the patient have access to a caregiver, trusted friend or another health care provider who does? Are there options for loaning a device/technology? Other options?

Does the patient have access to a private space to have a confidential conversation? Do they have earphones/headphones?

3. Caregiver

Does the patient have a caregiver involved in their life?

Is a caregiver or other health care provider needed to facilitate a virtual visit? Are they available to assist with a scheduled virtual visit with the patient?

4. Patient Consent

In obtaining informed consent from a patient, it is important that the Virtual First government recommendation is explained.

Components to review:

• benefits, risks and limitations of virtual care (e.g., privacy, security, confidentiality considerations; virtual care versus impact of delayed care; in-person follow up care may be needed in some clinical situations; virtual care can address some health concerns alone, but not others, not to be used for emergency situations, etc.). [5]

Other Patient Considerations

Mobility issues?

Language barrier? Interpreter required? Cultural considerations?

How far would the patient need to travel?

Significant patient/caregiver Distress [6]

Social Isolation

Financial Circumstances

1 College of Physicians and Surgeons of Ontario. (2020, Oct. 19). COVID-19 FAQs for Physicians. Accessed: https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians
2 Ontario Ministry of Health. (2020, June 15). COVID-19 Operational Requirements: Health Sector Restart. Accessed: http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
3 Regional Geriatric Program of Toronto. (2020, October). Virtual First SGS Model of Care. Accessed: https://www.rgptoronto.ca/wp-content/uploads/2020/10/Virtual-Care-Algorithm.pdf
4 Regional Geriatric Program of Toronto. (2020, March 6). Telehealth Webinar Mini-Series, Part Two: Practical Use of OTN with Frail Older Adults. Accessed: https://www.youtube.com/watch?v=Zs02Z5ZvOvQ&feature=emb_title
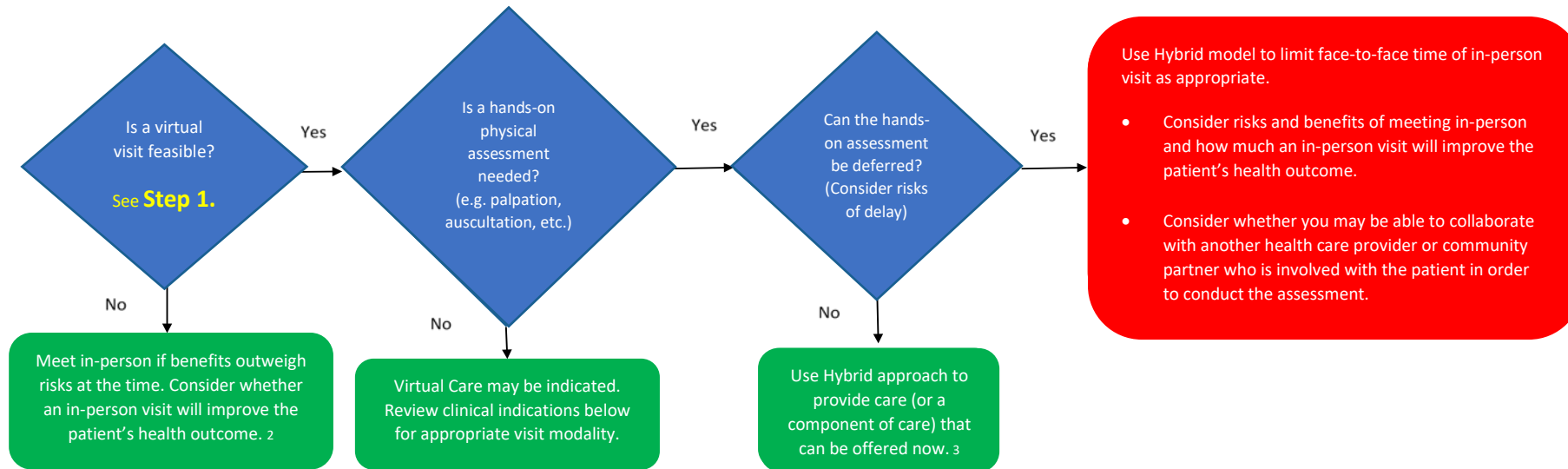5 Canadian Medical Association. (2020, March). Virtual Care Playbook. Accessed: https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf
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Virtual First Geriatric Model of Care: Matching Patient's Needs with Visit Modality and Clinical Circumstance

Appropriate visit modalities should be chosen on the basis of a patient's clinical circumstances, likelihood of a quality outcome and informed discourse with a patient. [1]

Step 2. The second step is to consider visit modality and clinical circumstance of the patient.

Decision Tool

Is a virtual visit feasible?

See **Step 1.**

Yes →

Is a hands-on physical assessment needed? (e.g. palpation, auscultation, etc.)

Yes →

Can the hands-on assessment be deferred? (Consider risks of delay)

Yes →

Use Hybrid model to limit face-to-face time of in-person visit as appropriate.

- Consider risks and benefits of meeting in-person and how much an in-person visit will improve the patient's health outcome.
- Consider whether you may be able to collaborate with another health care provider or community partner who is involved with the patient in order to conduct the assessment.

No ↓

Meet in-person if benefits outweigh risks at the time. Consider whether an in-person visit will improve the patient's health outcome. [2]

No ↓

Virtual Care may be indicated. Review clinical indications below for appropriate visit modality.

No ↓

Use Hybrid approach to provide care (or a component of care) that can be offered now. [3]

Telephone Visit
Consider the following:

- Will information obtained by telephone suffice? [4]
- What is the likelihood of a quality outcome? [5]
- Telephone visits are effective for gathering collateral information; gather as much information as possible in advance.

Video Visit

Consider the following:

Can an accurate assessment of your patient's problem/situation be performed virtually (do you have access to the patient's medications and allergies) [6,7,8,9]

- Follow up visits
- Hands-on-physical assessments which can be deferred
- Patients who have mobility challenges
- Patients who have financial limitations
- Patients who live in congregate settings who have assistance from staff or caregiver.

- Patients who have been seen before (established relationship with provider)
- Patients with lack of transportation
- Patients who need to travel a far distance to the provider

Hybrid Visit
(Virtual care by telephone/video delivered first, followed by in-person visit)

Consider the following:

- How much information can you gather (either by telephone or video) prior to meeting in-person?
  Process for In-Person Visit:
  Hands-on physical assessment - limit face to face time as appropriate. You may wish to divide this visit (if applicable) by:
  o Video or telephone when patient is in a separate room from care provider
  o Video or phone when patient is at home
  o Caregiver or another health care provider is with patient in-person and facilitates video visit.

In-Person Visit

Consider the following:

- Are you sharing bad news? A significant diagnosis? [10]
- Is there significant patient/caregiver distress? [11]
- Does the patient live alone with no caregiver support and is socially isolated? Hearing impaired? [12]

- Are you assessing for a language disorder? [13]
- Is this a hands-on physical assessment which cannot be deferred?
- Is a driving assessment urgently required?
- Would a video visit agitate or confuse the patient?
- Does the patient have a private space at home and/or has concerns re: privacy and/or elder abuse? [14]

What Problems can be Safely Assessed and Treated using Virtual Care:

Virtual Care <u>can</u> be used to:

- Assess and treat mental health issues
- Assess and treat many skin problems
- Assess and treat urinary, sinus and minor skin infections
- Review lab, imaging and specialist reports
- Conduct any other assessments that do not require palpation or auscultation

The problems that are <u>NOT</u> amenable to virtual care include **any new and significant emergency symptoms** such as chest pain, shortness of breath and loss of neurologic function. They also include ear pain, cough, abdominal/gastrointestinal symptoms, musculoskeletal injuries or conditions, most neurological symptoms and congestive heart failure.

Source: Canadian Medical Association (2020, March). Virtual Care Playbook. Accessed: https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

In general, professional regulatory colleges expect that the same standard of practice that would apply to in-person visits with patients/caregivers also applies to virtual care visits and that appropriateness of providing care in this way must be considered by the professional in each instance.[15]

1 Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, February). Virtual Care Recommendations for Scaling Up Virtual Medical Services Report of the Virtual Care Task Force.

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4 Alberta Medical Association & Accelerating Change Transformation Team. Determining the Appropriate Appointment Modality (Virtual or In-Person): Patient Scheduling Tool. Accessed: https://actt.albertadoctors.org/file/Patient-Scheduling-Tool.pdf#search=determining%20the%20appropriate%20appointment%20modality

5 Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, February). Virtual Care Recommendations for Scaling Up Virtual Medical Services Report of the Virtual Care Task Force

6 Canadian Medical Protective Association. (2020, October). COVID-19 Hub: Advice, Support and Medical-Legal Information. "Telehealth and Virtual Care." Accessed: https://cmpa.ca1.qualtrics.com/jfe/form/SV_4OS2DoHNUoGnPE1

7 South West Frail Senior Strategy Regional Working Group on Virtual Care. September 2020.

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9 Health Standards Organization and Accreditation Canada. (2019). Telemedicine/Virtual Health. Version 4. Accessed: https://store.accreditation.ca/products/virtual-health-standard

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Obtaining Informed Consent from Older Adults for Virtual Care: Tips for Geriatric Care Providers

In the setting of the COVID-19 pandemic and public health emergency, the provision of geriatric care has transitioned to an increased use of virtual care (telephone and video visits) across the province and country. This has been necessary to optimize the safety of older adults, caregivers, health care and community support services providers. The Ontario Ministry of Health has recommended health care providers reduce in-person visits, as well as to:

> "conduct an initial consultation over the phone, video or secure messaging to determine if a virtual/telephone consultation is appropriate or whether an in-person appointment is necessary."[1]

A Virtual First approach needs to be taken. Informed consent is a requirement for virtual visits. [2]

Obtaining informed consent from patients involves the following components: [3]

1. Explaining the **appropriateness, benefits, limitations, privacy and risk considerations** related to electronically communicating with patients.

2. Explaining **steps they can take** to help protect their personal health information (e.g., private space for confidential conversation, using own personal device with headphones/earphones, Wi-Fi vs. public/guest Wi-Fi, etc.).

3. Discussing that **care provided through video or audio cannot replace the need for physical examination or an in-person visit for some medical situations or urgent problems.** Alternative arrangements may need to be made.

4. Confirming that **the patient understands virtual care is not a substitute for the need to seek urgent care in an Emergency Department or Urgent Care Centre as necessary.**

5. **Document** this discussion, including these components in the patient's medical record.

> "Informed consent consists of reviewing service information with the patient, family or substitute decision maker; informing the patient about available options and providing time for reflection and questions before asking for consent; respecting the patient's rights, cultures and values including the right to refuse consent at any time and recording the patient's decision in the patient record." [4]

Considerations:

- Ensure the language used to communicate informed consent to older adults and caregivers is **adapted to meet their diverse needs** such as language, culture, level of education, lifestyle and physical or mental disability. [5] Use this as an opportunity to co-design and engage these materials with patient and caregiver representatives.

- Providers must make patients aware of **their right to opt out** of virtual care at any time. [6] Providers can assist patients in choosing an alternative care plan that fits their needs and clinical circumstance. As there may be risks associated to this decision, it is essential to discuss these with patients. See Step 2: Decision Tool for different clinical circumstances. "If the organization is unable to meet the patient's needs, the rationale is explained and access to other services is facilitated."[7]

1 Ontario Ministry of Health. (2020, June 15). COVID-19 Operational Requirements: Health Sector Restart. Accessed: http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
2 Ontario Health Quality. (2020, March 12). Adapting and Integrating Virtual Visits into Care: Draft Clinical Guidance.
3 Doctors Technology Office, Doctors of B.C. (2020, June 1). Virtual Care Toolkit. Accessed: https://www.doctorsofbc.ca/sites/default/files/dto-virtual-care-toolkit_id_321934.pdf
4 Health Standards Organization and Accreditation Canada. (2019). Telemedicine/Virtual Health. Version 4. Accessed: https://store.accreditation.ca/products/virtual-health-standard
5 Ibid
6 Ibid
7 Ibid

Example 1

"Just like online shopping or email, virtual care has some inherent privacy and security risks that your health information may be intercepted or unintentionally disclosed. We want to make sure you understand this before we proceed. In order to improve privacy and confidentiality, you should also take steps to participate in this virtual care encounter in a private setting and should not use an {employer's] or anyone else's computer/device as they may be able to access your information.

If you want more information, please check the link on our [website/confirmation email, etc.]. If it is determined that you require a physical exam you may still need to be assessed in person. You should also understand that virtual care is not a substitute for attending the emergency department if urgent care is needed.

Are you okay to continue?"

Source: Doctors Nova Scotia. (2020, May). Getting Started with Virtual Care. Accessed: https://doctorsns.com/sites/default/files/2020-06/toolkit-virtual-care-v2.pdf (Approved by Canadian Medical Protective Association and Ontario MD).

Example 2

"Your privacy is very important to us. Like any in-person visit, we do our best to make sure any information you give to us during a virtual care appointment is private and secure.

Electronic communication, including virtual care appointments and email, may have an increased risk that your health information is intercepted by third parties through malware, phishing scams or other unauthorized access.

St. Joseph's is not responsible for the security of patients' internet service providers, email domains, personal devices or personal computer.

To help us keep your information secure, we ask you do the following:

- *Use your personal smartphone.*

- *Use a secure internet connection at home. Do not use an internet connection in a public area, such as an airport, store, restaurant or library.*

- *Use your personal email; not a work email address.*

- *Some care areas may send you a follow-up survey by email after your appointment. This will help us improve the quality of care we deliver. If you receive an email and survey link and aren't sure if it's coming from your health care team at St. Joseph's, call your provider to confirm before clicking on any links.*

By agreeing to participate in a virtual appointment, you're agreeing to let your health care provider collect, use or disclose your personal health information through audio or video communications to provide you with care. Electronic (or virtual) communication may include email, videoconferencing (OTN, Webex Meetings), text messaging or a website.

Only the people providing care to you will be present during your appointment. The discussion during the virtual appointment is documented in your health record, just like an in-person appointment would be.

We suggest you take similar steps to protect your own privacy. This means being aware of your surroundings and who may be able to overhear your virtual appointment."

Source: St. Joseph's Health Care London Accessed: https://www.sjhc.london.on.ca/patients-and-visitors/patient-information/virtual-care

Example 3

"Our clinic is starting to offer virtual care. This means that we will be using video and audio technologies for some patient visits rather than asking all patients to come into our office. Some of these technologies are provided by the province or territory. Others have been provided by vendors like Google or Apple to help make discussions with your care provider as easy as possible during these difficult times. Some health concerns can be addressed with virtual care alone, but in some cases your doctor may ask you to visit a hospital or other health care facility if necessary, for a physical examination.

We do our best to make sure that any information you give to us during virtual care visits is private and secure, but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to third parties when using video or audio communication tools.

To help us keep your information safe and secure, you can do the following:

- *Understand that emails, calls or texts you receive are not secure in the same way as a private appointment in an exam room.*
- *Use a private computer/device (i.e., not an employer's or third party's computer/device, secure accounts and a secure Internet connection. For example, using a personal and encrypted email account is more secure than using an unencrypted email account, and your access to the Internet on your home network will generally be more secure than an open guest Wi-Fi connection.*

You should also understand that electronic communication is not a substitute for in-person communication or clinical examinations, where appropriate, or for attending the emergency department when needed (including for any urgent care that may be required).

If you are concerned about using video or audio tools for virtual care, you can ask our office to arrange for you to visit a different health care provider or another health care centre where you can be seen in person. However, please note that visiting a health care provider in person comes with a higher risk of coming into contact with COVID-19 and the possibility of spreading the virus."

Source: Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, March). [Virtual Care Playbook](https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf). Accessed: https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

***These examples are provided as samples from which providers can adapt to their specific patient's needs.**

Ontario Health Quality has organized [Virtual Care guidelines and policies](#) of professional colleges and associations in the province. Please refer to your specific college or association for further reference. Professionals must maintain regulatory standards of care. [1]

Important to deciding to provide virtual care is:

- o whether an accurate assessment of the patient's problem can be performed
  and
- o whether the patient's medical history and information about medications and allergies is accessible. [2]

1 Ontario Health Quality. (2020, March 12. [Adopting and Integrating Virtual Visits into Care: Draft Clinical Guidance](#).

2 Canadian Medical Protective Association. (2020, October). COVID-19 Hub: Advice, Support and Medical-Legal Information. "Telehealth and Virtual Care." Accessed: https://cmpa.ca1.qualtrics.com/jfe/form/SV_4OS2DoHNUoGnPE1

1. Before the consent discussion

- If appropriate for your patient population, mail or email material regarding the option of virtual care services in advance (i.e., a caseload of patients) so patients have time to consider the idea of virtual care. Alternatively, discuss this option individually with a patient by telephone. The key is to take time to explain and encourage older adults and caregivers to ask questions.

2. During the consent discussion

- Use the Teach Back method *throughout* your discussion to confirm your patient's understanding of the information you have provided. You may wish to state: "It's my job to explain things clearly. To make sure I'm doing a good job, I ask every patient to tell me what you understand" or "Could you tell me in your own words what may happen to you if you don't want a virtual visit?"

3. Before asking patients if they agree to a virtual visit

- Avoid asking questions which will elicit yes and no answers, such as "Do you have any questions?" or "Do you understand?" You may wish to say, "We covered a lot of information, I'm sure you have questions. What would you like to hear more about?"

4. After the consent discussion, document it

- Document the discussion including the four components of consent and the ability of the patient to teach the information back correctly. If patients do or do not consent to virtual care, note it in their medical record accordingly.

Source: Adapted from Agency for Healthcare Research and Quality. (2020, September). How to Obtain Consent for Telehealth. Accessed: https://www.ahrq.gov/health-literacy/improve/informed-consent/obtain.html

> "It is acceptable to use verbal consent and document in the patient's chart as long as it covers the details (of consent)."
>
> Source: Doctors Technology Office (2020, October 20). Virtual Care Toolkit.
> Accessed: https://www.doctorsofbc.ca/sites/default/files/dto-virtual-care-toolkit_id_321934.pdf
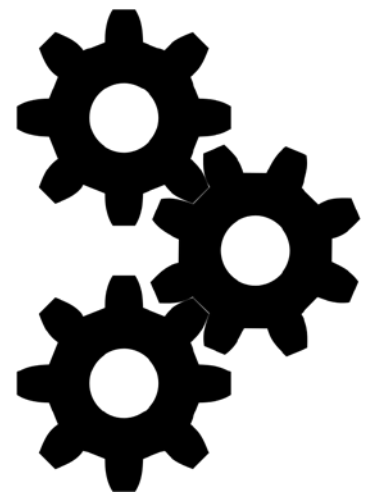
Example of Recording Verbal Consent in a patient's medical record:

"Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in-person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary."

Source: Doctors Technology Office (2020, October 20). Virtual Care Toolkit. Accessed: https://www.doctorsofbc.ca/sites/default/files/dto-virtual-care-toolkit_id_321934.pdf

Creating a Senior Friendly Virtual Care Environment

Use this checklist to intentionally create a virtual care environment that is welcoming and supportive of older adults and caregivers. These considerations will set you up for a successful video visit.

Considerations for Geriatric Care Providers

In scheduling the video visit, did you...

☐ **review with your patient/caregiver what will be needed** for a successful video visit?

- o Private environment where they cannot be overheard by others
- o Communication aids: hearing aids, glasses, etc.
- o Patient's health card
- o List of medications; have medications available at time of video visit
- o Pen and paper; list of questions they have for the provider
- o Reminder to eat snack prior to video visit; water/drink within reach
- o Reminder to visit washroom prior to video visit
- o Name of provider who will be conducting the video visit
- o Contact phone number for provider should technology fail during visit
- o Plan if provider is running late for scheduled visit

☐ inform your patient/caregiver of the **purpose of the video visit and the expected duration**?

☐ inquire about your patient/caregiver's **preference for timing** of the video visit? This may be a very important consideration for your patient/caregiver and demonstrates empathy, flexibility and respect for their needs and preferences.

☐ inquire if your **patient has a caregiver? Is a caregiver available (especially if your patient has cognitive impairment)** for the video visit?[1]

☐ confirm if your patient/caregiver has **access to a device and technology**; if not, problem solve together (e.g., is there a device lending program in your organization/partner organization? Does the patient have access to a trusted caregiver/friend's device? Is the patient involved with services/agencies that make home visits?). If your patient does not have access to technology, and you have exhausted all options, offer to meet the patient in-person for a hybrid office visit.

☐ **offer a practice video visit** ahead of the scheduled video visit with the provider? This may be helpful for those patients/caregivers who feel less confident with technology and will help to maximize the effectiveness of the scheduled video visit.

☐ **confirm a safety plan for responding to emergency situations** should they arise during video visits with patients/caregivers?

Before the video visit, did you...

☐ ensure your environment is **private and confidential** (e.g., no other patient material is in sightline of camera)?

☐ ensure the setting is **quiet** (so you can hear and be heard) and well lit (so you can see and be easily seen)?[2]

Other tips for success

1. Request your patient/caregiver to email you during time of scheduling the video visit so an accurate email address is collected. This helps to ensure privacy and security.

2. Consider wearing earphones or headphones when you are conducting a video visit with an older adult and caregiver. This can entrust additional privacy.

3. Consider using dual screens if available. This allows the provider to refer to a patient's medical record or other information simultaneously.

4. Some older adults and caregivers may not be confident in managing technology so demonstrating patience and compassion is essential to a positive virtual care experience.

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[1] Regional Geriatric Program of Toronto. (2020, September 29). Recommendations for Senior Friendly Virtual Care.
Accessed: https://www.rgptoronto.ca/wp-content/uploads/2020/10/Senior-Friendly-Virtual-Care-Recommendations-2020-09-29.pdf
[2] Health Standards Organization and Accreditation Canada. (2020, May 8). COVID-19 Toolkit. Virtual Care V:2.0.
Accessed: https://store.accreditation.ca/search?q=virtual+ca

Frail Senior

Considerations for Geriatric Care Providers

Other tips for success

Before the video visit, did you...

☐ **turn off all notifications** from your computer/device? This can be distracting and interpreted by your patient/caregiver as disrespectful.[3] You may wish to turn off self-view on your computer/device as you may be distracted as well.

☐ make sure the **camera is at eye level**?

☐ make sure you are **wearing your identification** so you can confirm who you are to your patient/caregiver? This helps to establish trust.

☐ **charge your device(s)**?   If technology should fail at any time during the visit, it is important to verify/ask for your **patient/caregiver's phone number (where they are located at the time of the visit)** in case this or any other emergency occurs.

At the beginning of the video visit, did you...

☐ ensure you are **on time?** This demonstrates respect for your patient/caregiver's valuable time?[4]

☐ **introduce yourself, look into the camera and show your identification**? Video visits may be new to you as a provider and/or your patient/caregiver. This also helps to allay any mistrust or fear.

☐ **confirm with your patient/caregiver that they are in a private, confidential space?**

☐ **introduce anyone else** who may be in the setting with you?[5] It is important for your patient/caregiver to know who else will be participating or listening to your conversation and for you to know who is present with the patient/caregiver.

☐ **thank your patient/caregiver for welcoming you into their home**? This is a new way to interact with your patients/caregivers and acknowledgement helps to build rapport and reinforce sincerity.

☐ **confirm with your patient/caregiver their current location/address and telephone number** should an emergency arise during the time of your video visit?

☐ **let your patient/caregiver know if you are carrying a pager or other device** that may make an audible sound during your video visit? Acknowledging these realities up front will convey respect. You may wish to ask your patient/caregiver to do the same.

☐ **acknowledge the times** we are in and **ask about its impact** on them? We are in a new reality and have been affected by the pandemic in all areas of our lives. Checking in and inquiring about how they are doing helps to build rapport and may uncover unmet needs. Is your patient/caregiver socially isolated?

☐ assure your patient/caregiver that the **video visit will not be recorded**?

☐ start with asking, "**what matters to you?**" and what their goals are for the visit.

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5. Consider partnering with volunteers, designating a support person/service ("Virtual Coach") in your agency/service/team or connecting older adults and caregivers to services which focus on digital literacy skills and technology support (e.g. Connected Canadians).

6. For those patients/caregivers who do not have technology/devices, consider collaborating and coordinating care with other agencies/services involved with your patient. We're all in this together and it is especially important for patients living with frailty, that continuity of care is maintained.

7. Don't forget to continuously evaluate the experience of virtual care with older adults and caregivers. Co-design improvements together.

3 Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, March). Virtual Care Playbook. Accessed: https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf
4 Health Standards Organization and Accreditation Canada. (2020, May 8). COVID-19 Toolkit. Virtual Care V:2.0. Accessed: https://store.accreditation.ca/search?q=virtual+care
5 Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, June). Virtual Care Guide for Patients. Accessed: https://www.cma.ca/sites/default/files/pdf/Patient-Virtual-Care-Guide-E.pdf

Considerations for Geriatric Care Providers

During the visit, did you...

☐ **avoid the use of jargon and speak simply and clearly**? There may be audio delays so it is important to remain patient. This is particularly relevant for persons living with dementia as they increasingly lose the ability to communicate verbally.[6]

☐ **remember to look into the camera** instead of the screen? By looking into the camera, the patient/caregiver will know you are attending to them which helps to establish trust - especially if this is a new patient/caregiver relationship.[7]

☐ **address the patient/caregiver directly**? It is important to address the patient as much as possible, and to include the caregiver as appropriate.

☐ **narrate your actions** with the patient/caregiver (e.g., if you are taking notes and looking down, looking at another screen for their information, etc.)?[8]

☐ remember **a sense of humour**? When things don't go as expected, it is important to convey our humanity.

☐ pay attention to **non-verbal cues and body language**? Respectfully inquiring may yield important information (e.g. possibility of elder abuse, anxiety, etc.). If elder abuse is suspected, it is important to meet with the patient individually in-person.

At the end of the video visit, did you...

☐ ask your **patient/caregiver how they would prefer to receive any educational or follow-up material** (if appropriate)? Email? Hard copy? Visual material? This helps the patient/caregiver to remember the care plan and act upon it accordingly.

☐ ask your patient/caregiver if they have any **follow-up questions**? Do they know **what to expect next**? Checking a **patient/caregiver's understanding of the meeting** and next steps are essential so you can confirm how well they understood and can self-manage their care plan. You might say, "We covered a lot today and I want to make sure I explained things clearly. Can you tell me in your own words your understanding of …?" Clarify any misunderstandings.[9]

☐ **check with the patient/caregiver, how the virtual care experience was** for them? Just-in-time information can help to facilitate ongoing improvements.

☐ **thank your patient/caregiver** for their time? This signals the end of the video visit in a positive, respectful manner.

Other tips for success

8. Consistency of staffing is an important factor identified by older adults and caregivers. If you are conducting video visits, ensure, as much as possible, that the same providers are conducting them.

* This list is not exhaustive, but rather some key considerations for health care and community support services providers to use in scheduling and conducting video visits with older adults and caregivers.

[6] Schogl Mathias and Jones Christopher A. (2020, May). Maintaining our Humanity Through The Mask: Mindful Communication During COVID-19. Journal of the American Geriatrics Society, 68(5): E12-E13. Accessed: https://doi.org/10.1111/jgs.16488

[7] Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, March). Virtual Care Playbook. Accessed: https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

[8] American Medical Association. (2020, April). "Telehealth Implementation Playbook." .

[9] Beauchamp A. (2020, October 2). "Understanding Teach Back Presentation." Teach-back [Internet]. Sydney, NSW: South Eastern Sydney Local Health District, Deakin University and University of Melbourne. Available from: http://teachback.org/.

VIRTUAL FIRST MODEL OF CARE: HYBRID APPROACH (TELEPHONE/VIDEO & IN-PERSON)

There are clinical and individual patient circumstances where an in-person visit is necessary. Given government recommendations to limit the number of in-person visits where possible, providers are encouraged to conduct **an initial consultation with a patient/caregiver by telephone or video.** 1 Using a Hybrid approach *(virtual care by telephone or video delivered first, followed by in-person visit)* will enable health care and community support services providers to mitigate risk of COVID-19 infection, appropriately reduce face-to-face time with patients and caregivers, and uphold access, safety and high quality care. **Collecting as much information as possible in advance of an in-person visit is central to this approach**.
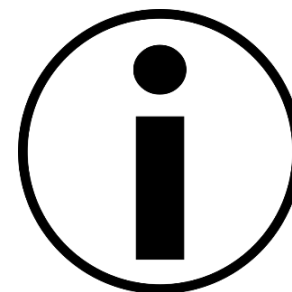
VIRTUAL CARE FIRST: COLLECTING DETAILED PATIENT INFORMATION

☐ **Obtaining detailed information about recent changes in a patient's daily functioning is essential, especially given restrictions and changes in care delivery as a result of COVID-19**. 2 Older adults, particularly those living with frailty, have been at increased serious risk for worsening health outcomes, increased social isolation and progressive functional decline. 3

☐ Use the 5Ms Geriatric Framework of inquiring about **M**ind, **M**obility, **M**edications, **M**ulti-complexity and **M**atters Most with the patient/caregiver in the initial consultation. Take the opportunity to **discuss what matters most to the patient/caregiver at this time, as well as inquire about their expectations, what to do if a problem arises, and provide education and resources when appropriate and possible**. 4

☐ **Gathering collateral information is an important component of a comprehensive geriatric assessment** (CGA). 5 Telephone visits continue to be an effective, familiar and reliable way to obtain this information. In addition, another means of collecting information is by using a pre-assessment questionnaire, such as the "New Patient Questionnaire." 6 This allows geriatric care providers to maximize the effectiveness of the in-person visit and reduce the length of face-to-face visits appropriately.

☐ Detailed information from referral sources, patients, caregivers and other collateral sources will help to obtain a **comprehensive picture of the patient** which will help to facilitate effective, high quality care. It will also assist with **triaging** in regard to how urgently an in-person visit may be required. 7

COLLABORATIVE RELATIONSHIPS AND INTEGRATED CARE

☐ Now more than ever, health care and community partners "**need to work together to ensure delivery of services that support patients' full continuum of care."** 8 The pandemic has highlighted the power of partners working together, including co-designing processes with patients and caregivers. 9 The Hybrid approach is an example of transforming the way geriatric care is delivered to older adults and caregivers now and in the future.

1 Ontario Ministry of Health. (2020, June 15). COVID-19 Operational Requirements: Health Sector Restart. Accessed: http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
2 van Ineveld Cornelia A. et al. (2020, September). The Impact of COVID-19 Pandemic Restrictions on Geriatric Day Hospitals and Geriatric Ambulatory Care in Canada: Adapting for Future Waves and Beyond. Canadian Geriatrics Society Journal of CME. 10(1): 1-7. Accessed: https://canadiangeriatrics.ca/2020/09/the-impact-of-covid-9-pandemic-restrictions-on-geriatric-day-hospitals-and-geriatric-ambulatory-care-in-canada-adapting-for-future-waves-and-beyond/
3 Ibid
4 Ontario Health. (2020, June 8). Recommendations for Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care. Accessed: https://www.ontariohealth.ca/sites/ontariohealth/files/2020-06/Recommendations%20for%20Regional%20Health%20Care%20Delivery%20During%20the%20COVID-19%20Pandemic%20-%20Outpatient%20Care%2C%20Primary%20Care%2C%20and%20Home%20and%20Com.pdf
5 Clark K. and St. John P. (2020, May). Virtual Approaches to Cognitive Screening During Pandemics. Canadian Geriatrics Society Journal of CME, Vol. 10 (1): 1-10.
6 Sinha S. (2020). New Patient Questionnaire. Accessed: https://cgatoolkit.ca/19/cognition/
7 van Ineveld Cornelia A. et al. (2020, September). The Impact of COVID-19 Pandemic Restrictions on Geriatric Day Hospitals and Geriatric Ambulatory Care in Canada: Adapting for Future Waves and Beyond. Canadian Geriatrics Society Journal of CME. 10(1): 1-7. Accessed: https://canadiangeriatrics.ca/2020/09/the-impact-of-covid-9-pandemic-restrictions-on-geriatric-day-hospitals-and-geriatric-ambulatory-care-in-canada-adapting-for-future-waves-and-beyond/
8 Ontario Health. (2020, June 8). Recommendations for Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care.
9 Ibid

Cognitive Screening of Older Adults in the setting of COVID-19: Why, What and How?

In the setting of the COVID-19 pandemic and public health emergency, cognitive screening of older adults has transitioned to an increased use of virtual care (telephone and video visits). This has been necessary to optimize the safety of older adults, caregivers and health care providers. The Ontario Ministry of Health has recommended health care providers to reduce in-person visits, as well as to:

> "conduct an initial consultation over the phone, video or secure messaging to determine if a virtual/telephone consultation is appropriate or whether an in-person appointment is necessary."[1]

A Virtual First approach needs to be taken. While meeting in-person to conduct a detailed Comprehensive Geriatric Assessment is the gold standard in specialized geriatric services, *a cognitive screening score is but one of many factors that supplement this data*. [2]

> "The impact of cognitive loss, rather than the level of cognitive decline, is the most relevant issue facing the client and caregiver." [3]

Clinical judgment, experience and knowledge of the older adult and their function is what is fundamental. [4, 5]

WHY

- In the context of COVID-19 and the need to reduce in-person visits, it is important to question, "why is cognitive screening needed at present?" and "is this need based on patient-centred factors?"

- Will a cognitive screening score:
    1. change the current care plan?
    2. assist in providing a diagnosis?
    3. change an older adult's medications?

Considerations:

- Is a formal cognitive test needed at this time? Has this patient been assessed in the past? Was the assessment thorough? A formal cognitive test may not be needed "if the patient has been recently assessed, and there is an adequate history obtained." [6]

- Can the cognitive screening be delayed until an in-person assessment can be done? This depends on the older adult's presenting symptoms, urgency of the clinical issues and the expected length of delay. [7]

- Does the older adult live rurally and has limited health care access? Some form of cognitive assessment may be beneficial compared to none and help to support them and their caregiver. [8]

> "*Screening* answers the question 'is a potential problem present?' *Diagnosis* answers the question 'what is the cause/etiology of the problem if it is present?" [9]

1 Ontario Ministry of Health. (2020, June 15). COVID-19 Operational Requirements: Health Sector Restart. Accessed: http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf
2 Molnar F and Frank C. (2020, January). Cognitive Screening of Older Patients. Canadian Family Physician, Vol. 66: 40. Accessed: https://www.cfp.ca/content/cfp/66/1/40.full.pdf
3 Clark K and St. John P. (2020, May). Virtual Approaches to Cognitive Screening During Pandemics. Canadian Geriatrics Society, Volume 10(1): 1-10. Accessed: https://canadiangeriatrics.ca/wp-content/uploads/2020/05/Virtual-Approaches-to-Cognitive-Screening-During-Pandemics_FINAL.pdf
4 Molnar F and Frank C. (2020, January). Cognitive Screening of Older Patients. Canadian Family Physician, Vol. 66: 40. Accessed: https://www.cfp.ca/content/cfp/66/1/40.full.pdf
5 Molnar, F et al. (2020, October). One Size Does Not Fit All: Choosing Practical Cognitive Screening Tools for Your Practice. Journal of the American Geriatrics Society, (68)10: 2207-2013
6 Clark K and St. John P. (2020, May). Virtual Approaches to Cognitive Screening During Pandemics. Canadian Geriatrics Society, Volume 10(1): 1-10. Accessed: https://canadiangeriatrics.ca/wp-content/uploads/2020/05/Virtual-Approaches-to-Cognitive-Screening-During-Pandemics_FINAL.pdf
7 Clark K and St. John P. (2020, May). Virtual Approaches to Cognitive Screening During Pandemics. Canadian Geriatrics Society, Volume 10(1): 1-10. Accessed: https://canadiangeriatrics.ca/wp-content/uploads/2020/05/Virtual-Approaches-to-Cognitive-Screening-During-Pandemics_FINAL.pdf
8 Constanzo MC et al. (2019, January). Diagnostic and Interventional Implications of Telemedicine in Alzheimer's Disease and Mild Cognitive Impairment: A Literature Review. International Journal of Geriatric Psychiatry. DOI: 10.1002/gps.5219
9 Molnar, F et al. (2020, October). One Size Does Not Fit All: Choosing Practical Cognitive Screening Tools for Your Practice. Journal of the American Geriatrics Society, (68)10: 2207-2013

WHAT

The suggested depth of data to collect currently are: [1,2,3]

- symptoms of cognitive impairment
- baseline level of functioning; current functional impairments
- trajectory of cognitive impairment over time
- challenging behaviours and/or safety issues related to cognitive loss
- impact of cognitive loss on both the older adult and caregiver
- current medications, medical conditions and history of delirium
- consideration of possible remediable factors

This information, once synthesized and analyzed, should **be interpreted within the context of an older adult's level of education, hearing and vision, and be corroborated with a caregiver, if possible**. [4, 5]

"The result of a screening test alone is insufficient to make the diagnosis of dementia and, conversely, one can make a diagnosis of dementia without a screening test, based on history and clinical examination." [6]

HOW

The Regional Geriatric Program of Toronto has developed a Cognitive Assessment Information Package which contains the following: [7]

- Tips for conducting a virtual Mini Mental Status Exam (MMSE)

- Tips for conducting a virtual Montreal Cognitive Assessment Test (MoCA):
  Telephone Based – MoCA Test Blind
  Video Visit Based

USEFUL LINKS:

1. Expert Provincial Task Group Recommends Alternative Tools for Use in Screening for Cognitive Impairment
2. Virtual Approaches to Cognitive Screening During Pandemics

Considerations:

- Conduct virtual cognitive screening at a time that is optimal for the patient and caregiver.

- Respectfully request the caregiver not to assist the patient during cognitive screening over the telephone/video.

- At this time, there is a need to interpret cognitive screening scores cautiously and this interpretation will depend upon clinical data. [8]

- Using virtual care as a means to complete cognitive screening and continuing to deliver care to older adults and caregivers provides an opportunity to innovate and transform geriatric practice.

"Face-to-face and virtual assessments should complement each other, with initial assessment done in office (or part virtual and part in-person) and some follow-up done virtually when appropriate and feasible."[9]

1 Clark K an St. John P. (2020, May). Virtual Approaches to Cognitive Screening During Pandemics. Canadian Geriatrics Society, Volume 10(1): 1-10. Accessed: https://canadiangeriatrics.ca/wp-content/uploads/2020/05/Virtual-Approaches-to-Cognitive-Screening-During-Pandemics_FINAL.pdf
2 Molnar F and Frank C. (2020, January). Cognitive Screening of Older Patients. Canadian Family Physician, Vol. 66(1): 40. Accessed: https://www.cfp.ca/content/cfp/66/1/40.full.pdf
3 Frank C, St. John P and Frank Molnar. (2020, July). Screening Tools for Virtual Assessment of Cognition. Canadian Family Physician, 66(7): 502-503.
4 Kay, K et al. (2017). A Competency Framework for Interprofessional Comprehensive Geriatric Assessment. Regional Geriatric Programs of Ontario. Accessed: https://www.rgptoronto.ca/wp-content/uploads/2017/12/CGA_Competencies_Framework.pdf
5 Frank C, St. John P and Frank Molnar. (2020, July). Screening Tools for Virtual Assessment of Cognition. Canadian Family Physician, 66(7): 502-503.
6 Molnar, F et al. (2020, October). One Size Does Not Fit All: Choosing Practical Cognitive Screening Tools for Your Practice. Journal of the American Geriatrics Society, (68)10: 2207-2013
7 Regional Geriatric Program of Toronto. (2020, October 2). Virtual Cognitive Assessment Clinician Tip Sheet. Accessed: https://www.rgptoronto.ca/resources/covid-19/
8 Clark K an St. John P. (2020, May). Virtual Approaches to Cognitive Screening During Pandemics. Canadian Geriatrics Society, Volume 10(1): 1-10. Accessed: https://canadiangeriatrics.ca/wp-content/uploads/2020/05/Virtual-Approaches-to-Cognitive-Screening-During-Pandemics_FINAL.pdf
9 Frank C, St. John P and Frank Molnar. (2020, July). Screening Tools for Virtual Assessment of Cognition. Canadian Family Physician, 66(7): 502-503.

Virtual Recreational Programming for older adults living with dementia and their caregivers

Prior to the COVID-19 pandemic, McCormick Dementia Services offered an in-person day program for clients living with dementia, seven days/week. The program provided a range of stimulating activities for clients, while also providing respite for caregivers. When these day programs could no longer welcome clients on-site during the pandemic, McCormick quickly moved to an online model. More than 70 clients have accessed McCormick's extensive virtual programming during the pandemic. An evaluation of these efforts has provided practical experience-based data to inform the development of virtual recreational programs for older adults living with dementia.

IMPACT – *Positive impacts of virtual programming, as reported by older adults living with dementia and their caregivers*

Routine & Structure	Socialization	Respite	Access	Mood

Virtual programming provided clients and caregivers with routine & structure in their day and mental stimulation.

Caregivers also reported a sense of purpose & accomplishment

Clients enjoyed being able to see staff and peers and reported that it provided a sense of belonging.

50% of clients report the programming made them feel less alone

Virtual programming provided some respite for caregivers.

52% of caregivers reported that the programming provided enough of a break to allow them to continue on with care-giving

Clients who would otherwise be waitlisted were able to join.

Virtual may be more accessible for some.

(virtual) would be our first choice … home is a quieter, less stressful environment

Virtual programming had a positive effect on both client and caregiver mood.

As per caregiver report:
- *65% of clients seemed happier & calmer following programs*
- *71% of caregivers felt happier & calmer themselves*

ACTIVITIES – *Virtual Recreation Activities conducive to virtual programming and enjoyed by clients*

Art	Bingo	Exercise	Topics: Travel	Jeopardy
Topics: Sports	Music	Trivia	Crossword	Topics: History

TIMING – *Ideal Timing for Virtual Recreation Programming*

- The ideal time for scheduling virtual recreation programming is between 10:30 am – 2:30 pm.
- Offering the same program in both morning and afternoon maximize accessibility – morning routines can prevent some clients from attending morning sessions while afternoon naps and sun-downing can prevent others from attending afternoon sessions.

SOUTH WEST
Frail Senior
STRATEGY

PLANNING & FACILITATION – Client & Caregiver Experience Informed Strategies for delivering virtual programming

Group clients and provide content tailored to cognitive ability	Use smaller groups for highly interactive activities	Have a mix of women and men facilitating the sessions	Provide differing difficulty levels for exercise sessions	Incorporate personal interests of participants
Employ active moderation by facilitators to encourage participation		Provide sessions of varying lengths	Offer caregiver support programs in addition to recreation programs	

TIPS for SUCCESS

- It can be frustrating and difficult for clients to hear when two or three people talk at once. Develop strategies to facilitate participants to take turns and mute participants when needed to reduce the impact of side-conversations.
- If possible, provide a private space for session facilitators to reduce background noise and eliminate the need for the facilitators to wear a mask or face shield.
- Utilize consistent facilitators/leaders when possible.
- Provide a set-up call, as well as send out simple step-by-step instructions with pictures on how to join the virtual platform.
- Provide participants with useful tips about the virtual platform (e.g., the box around the person lights up when they are speaking).

BENEFITS – *Intended and Unintended Benefits of Virtual Recreation Programming*

The virtual recreation programming offered by McCormick Dementia Services had many of the intended benefits…

I like having something to do

(Client) enjoys program, looks forward to it

If he's happier, then I'm happier

I feel better because I can see her doing something she likes

I get a few minutes to myself

I enjoy participating too

It's tiring coming up with my own activities, so this is helpful

Clients and caregivers also experienced some secondary benefits from participating in virtual programming. Some clients and caregivers reported that use of the virtual platform improved their ability to connect virtually with other friends and families, as well as their ability to connect with:

- **Book clubs**
- **Workplaces**
- **Alzheimer Societies**
- **Physician visits**
- **Churches**

SOUTH WEST **Frail Senior** STRATEGY

EQUITABLE ACCESS TO CARE: CONSIDERATIONS FOR GERIATRIC CARE PROVIDERS

While expanded access to care can be a benefit of virtual care for patients and caregivers, the COVID-19 pandemic has acutely highlighted that there can also be associated equity challenges. Older adults and caregivers who have lower incomes may not be able to afford devices/technology. Others who may not speak English, have fewer years of education or live in rural/remote areas cannot easily access this form of care. [1] It is important to remember that while virtual care increases ease of access for some, it also has the "potential to exacerbate inequalities in access to care, both in terms of geography and socioeconomic status." [2] Health equity is a critical concern.

> "Quality of care, which ensures that care is person-centred, safe, timely, effective, and efficient, is also care that is equitable." [3]

CONSIDERATIONS IN DELIVERING CARE

☐ When determining how care is delivered to patients and caregivers, it is essential to *actively consider* their diverse needs, unique circumstances and social determinants of health. In the context of COVID-19 and recent restrictions in access to care/services, always consider the following:

- intended and unintended consequences of delays in accessing care
- how burdened a patient may be due to recent restrictions
- which approach to care will minimize harm and prioritizing mitigating the greatest risk of harm with a delay in care/service. [4]

☐ As a Virtual First approach is recommended by the government to reduce the number of in-person visits, a hybrid visit (telephone/video + in-person) may be an appropriate mode of visit for patients who have socioeconomic limitations. A provider can collect as much information as possible by telephone with the older adult/caregiver, thereby limiting face-to-face time when an in-person visit follows. This will maximize everyone's safety, while maintaining continuity of care for the older adult/caregiver. "Telephone and face-to-face options will remain important for certain groups." [5]

IMPORTANCE OF ADVOCACY AND COLLABORATIVE CARE

☐ Intentionally collaborate with community partners/organizations to provide access to devices/technology for those patients/caregivers who have socioeconomic limitations. Be creative together in addressing and mitigating these barriers. Loan device programs and advocacy for reduction in rates for broadband internet have been examples of local solutions to these barriers.

☐ Be mindful of pairing access to devices/technology with digital literacy skills training. While loaning device programs (tablets, cell phones, etc.) are a great resource, patients/caregivers may also require assistance and simplified instruction to use this technology. Promoting digital health literacy is essential. [6] Connected Canadians is an example of a non-profit organization that provides older adults with technology training and support. Consider designating a member of your staff/team to dedicate their time to assist patients and caregivers to access virtual care so that they can access care easily and experience it positively.

☐ Given the recent need to transition to virtual care, now is an opportune time to reach out to older adults and caregivers, especially those with diverse needs, to co-design ongoing innovations, processes and implementation. [7]

1 The American Journal of Psychiatry. (2020, Nov. 1). Telehealth during COVID-19: Does Everyone Have Equal Access? Accessed: https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.20060867

2 Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, February). Virtual Care: Recommendations for Scaling Up Virtual Medical Services. Accessed: https://www.cma.ca/sites/default/files/pdf/virtual-care/ReportoftheVirtualCareTaskForce.pdf

3 Crawford A. et al. (2020, June 2). Digital Health Equity and COVID-19: The Innovation Curve Cannot Reinforce the Social Gradient of Health. Journal of Medical Internet Research, 22(6): 1-8.

4 College of Physicians and Surgeons of Ontario. (2020,October 19).. COVID-19 FAQS For Physicians. Accessed: https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians

5 Ontario Health. (2020, Feb. 6). Quality Rounds Ontario: The Promise of Virtual Care. Accessed: https://www.youtube.com/watch?v=JeHoBbdF3JY&feature=youtu.be

6 Canadian Medical Association. (2019). Virtual Care in Canada: Discussion Paper. Accessed: https://www.cma.ca/sites/default/files/pdf/News/Virtual_Care_discussionpaper_v2EN.pdf

7 Crawford A. et al. (2020, June 2). Digital Health Equity and COVID-19: The Innovation Curve Cannot Reinforce the Social Gradient of Health. Journal of Medical Internet Research, 22(6): 1-8.

SOUTH WEST Frail Senior STRATEGY

Virtual Care: Lessons Learned in the Provision of Geriatric Care During COVID-19

Health care and community support services providers across the South West have shared their lessons learned during COVID-19 in providing geriatric care virtually to older adults and caregivers.

Tips for Success

1. Assign a "Digital/Virtual Coach" amongst staff/team to assist patients and caregivers with set-up for virtual visits.

☐ Assigning a member of the staff/team to exclusively assist patients/caregivers in preparing for virtual video visits has been helpful. Ensuring patients have the up-to-date technology maximizes the effectiveness of the virtual video visit and facilitates a positive experience. Consistency in staffing has been identified as an important factor by patients and caregivers, as well as demonstrating patience and compassion.[1]

☐ Building in time for a "test" video visit in advance helps to increase confidence of patients and caregivers. Whether this occurs in-person or over the telephone, this time spent up front will assist and equip patients and caregivers for future virtual visits with your service.

☐ It is helpful for the "Digital/Virtual Coach" to request the patient/caregiver to email them while on the initial telephone call so that an accurate email address is obtained to schedule the future virtual video visit. This also serves to lessen any anxiety that the patient/caregiver may have in receiving emails from unknown sources as they will be interacting with the digital coach in real time.

2. Collaborate with community partners in expanding access to virtual care for patients/caregivers who do not have devices/technology. Be creative in addressing these barriers!

☐ For those patients/caregivers who do not have access to devices/technology to benefit from virtual care, providers may wish to reach out to community partners to address these barriers. Providers across the region have shared that they have connected with different companies and services which have been able to offer cell phones and tablets for loan, reduced rates for internet for patients/caregivers and volunteer services to assist older adults/caregivers with digital literacy skills and technological support (i.e., Connected Canadians). Advocacy is essential so that access to care is enhanced and not limited to segments of the population. [2]

☐ When possible, collaborate with other providers who are involved with a patient/caregiver to coordinate care. [3] You may be able to offer care when that provider is already providing an in-person visit with the patient/caregiver. It is important for older adults, particularly those who are living with frailty, that continuity of care is maintained. [4]

Opportunities and Experiences

1. Offering virtual care as another care delivery option has expanded reach to caregivers who were previously unable to participate in health care appointments and/or community support services' programming.

2. Community Support Services have had positive feedback from patients and caregivers about their virtual cooking programs. These programs allow both patients and caregivers to participate in an activity together. Some couples have reported an improvement in their relationship as a result.

3. Patients and caregivers have enjoyed the smaller, virtual care group sizes. They have reported it feels "more intimate" and "less anxiety provoking" than larger in-person groups.

1 South West Frail Senior Strategy Regional Patient and Family Caregiver Advisory Group. Focus Group: September 28, 2020.
2 Bashshur R et al. (2020, May 6). Telemedicine and the COVID-19 Pandemic, Lessons for the Future. Telemedicine and e-Health, 26(5): 1-3.
3 Ontario Health. ((2020, June 8). Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care.
4 Murphy, Robert P. et al. (2020, November). Virtual Geriatric Clinics and the COVID-19 Catalyst: A Rapid Review. Age and Ageing. 49(6): 917-914.

Tips for Success

3. Until a provider feels comfortable, virtual care works best with two staff initially.

☐ Teams have reported that virtual care works best when one staff can interact with the patient/caregiver and another staff can assist with technology. This is especially true when facilitating groups.

☐ "While virtual care is new to most…the learning curve to gain competence is short and gradual." [1]

4. It is important to continuously evaluate the experience of virtual care with patients and caregivers. Co-design improvements together.

☐ Not only is it good practice to check in with patients and caregivers about their experiences with virtual care in real time, it is also important to evaluate health outcomes and value to patients/caregivers, and co-design improvements together. [2] We do not want virtual care to potentially exacerbate inequalities in access to care, both in terms of geography and socioeconomic status. [3]

☐ "Patients should expect the same quality of care to be provided regardless of the type of appointment." [4]

5. Telephone calls to patients/caregivers continue to be an effective way to obtain collateral information in advance of virtual video visits and/or in-person visits.

☐ A virtual tool in and of itself, telephone calls to patients/caregivers are effective in collecting information to facilitate triaging, deciphering which components of care may be offered now and in the future, and identifying those conditions that require in-person assessments/visits. [5,6] Detailed functional and baseline information about a patient, including any recent changes, are essential given restrictions and changes in care delivery as a result of COVID-19. [7]

☐ Pre-assessment questionnaires, such as the "New Patient Questionnaire," are another useful strategy to collect information in advance of virtual video visits and/or in-person visits to obtain a comprehensive clinical picture of the patient. [8]

6. Patients who are hearing impaired may benefit more from virtual care visits than in-person visits currently.

☐ Given masking requirements, it is difficult/impossible for older adults with hearing impairments to participate in in-person visits as they are not able to lip-read. [9] If participating in a virtual video visit with a provider from the comfort of their own home, patients do not need to wear a mask, and neither does the provider if situated in a private office/setting. Offering virtual visits may be a way to partially overcome this communication barrier.

Opportunities and Experiences

4. Some patients and caregivers have reported "virtual fatigue." It is likely that your patient and caregiver may be involved with other providers who are delivering care virtually. Multiple platforms are being used, such as Zoom, WebEx, and OTN. Patients and caregivers are having to learn and maintain a lot of information. Acknowledging this reality may be beneficial in establishing and maintaining good rapport with patients and caregivers.

5. When offering virtual care to residents in Long Term Care settings, space in which to conduct a virtual care appointment may be challenging. This is an important consideration to inquire about in advance.

1 Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, March). Virtual Care Playbook. Accessed: https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

2 Health Standards Organization and Accreditation Canada. (2019, July). Telemedicine/Virtual Health. Version 4. Accessed: https://store.accreditation.ca/products/virtual-health-standard

3 Ontario Health. (2020, June 8). Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care and Home and Community Care.

4 Health Standards Organization and Accreditation Canada. (2019, July). Telemedicine/Virtual Health. Version 4. Accessed: https://store.accreditation.ca/products/virtual-health-standard

5 van Ineveld Cornelia A. et al. (2020, September). The Impact of COVID-19 Pandemic Restrictions on Geriatric Day Hospitals and Geriatric Ambulatory Care in Canada: Adapting for Future Waves and Beyond. Canadian Geriatrics Society Journal of CME. 10(1): 1-7. Accessed: https://canadiangeriatrics.ca/2020/09/the-impact-of-covid-9-pandemic-restrictions-on-geriatric-day-hospitals-and-geriatric-ambulatory-care-in-canada-adapting-for-future-waves-and-beyond/

6 Alberta Medical Association & Accelerating Change Transformation Team. Meeting Patient's Needs Algorithm for Today's Primary & Specialty Care Teams. Accessed: https://actt.albertadoctors.org/file/Clinical-Management-Algorithm-Primary-Specialty-Care- Teams.pdf

7 van Ineveld Cornelia A. et al. (2020, September). The Impact of COVID-19 Pandemic Restrictions on Geriatric Day Hospitals and Geriatric Ambulatory Care in Canada: Adapting for Future Waves and Beyond. Canadian Geriatrics Society Journal of CME. 10(1): 1-7. Accessed: https://canadiangeriatrics.ca/2020/09/the-impact-of-covid-9-pandemic-restrictions-on-geriatric-day-hospitals-and-geriatric-ambulatory-care-in-canada-adapting-for-future-waves-and-beyond/

8 Sinha, S. (2020). New Patient Questionnaire. Accessed: https://cgatoolkit.ca/19/Cognition/

9 Schogl Mathias and Jones Christopher A. (2020, May). Maintaining our Humanity Through the Mask: Mindful Communication During COVID-19. Journal of the American Geriatrics Society, 68(5): E12-E13. Accessed: https://doi.org/10.1111/jgs.16488

Tips for Success	Opportunities and Experiences

7. By experiencing virtual care, patients and caregivers have reported that use of this technology has assisted them to expand and maintain their social connections with others.

☐ For those patients and caregivers who were previously unfamiliar with virtual care and have since experienced it with providers, they report it has enabled them to connect virtually with new friends and loved ones. This is a positive finding as social isolation has been a consequence of COVID-19, especially for vulnerable older adults.

8. Continuing to collaborate amongst health care organizations, providers and patients/caregivers is very valuable and effective.

☐ Working together as a *system of care* and strengthening partnerships has been and continues to be key in delivering care and services to older adults and caregivers across our region and across the full continuum of care. [1,2] The pandemic has highlighted the power of partners working together, including co-designing with patients and caregivers. [3]

☐ Co-ordinating care amongst providers can be effective in continuing to provide access to care, especially during the pandemic. Working together can help remove these barriers. For example, opportunities to provide virtual care to patients who are limited by socioeconomic circumstances, may be facilitated by coordinating a video visit with another provider who is providing in-person care/intervention/services. Consider if the recent restriction in access to care has burdened your patient the most in your assessment of urgency. [4]

9. Acknowledging our shared humanity is important when engaging with patients and caregivers.

☐ Inquiring about how COVID-19 has impacted patients and caregivers when interacting with them not only acknowledges that we are in this together and helps to build rapport and trust, but more importantly can uncover any unmet needs. Older adults living with frailty can decondition quickly and are susceptible to delirium.[5]

10. Despite initial challenging circumstances with a rapid transition to virtual care, it is another valuable tool to promote patient centred care.

☐ Virtual care has an important role to play in the delivery of geriatric care to older adults and caregivers both now and in the future. Overall, the response to virtual care has been positive from providers, patients and caregivers. While adopting new technology and skills can be challenging, virtual care, when it is possible, appropriate and safe to use for patient needs and clinical circumstances, is another valuable tool to promote patient centred care.

Opportunities and Experiences

6. For residents who live in congregate care settings, coordinating care with caregivers (with proper consent) and/or staff can help to facilitate access to geriatric care (e.g., specialized geriatric services).

1 Ontario Health. (2020, June 8). Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care and Home and Community Care

2 Murphy Robert P. et al. (2020). Virtual Geriatric Clinics and the COVID-19 Catalyst: A Rapid Review. Age and Ageing.49:907-914. doi: 10.1093/ageing/afaa191

3 Ibid

4 College of Physicians and Surgeons of Ontario. (2020, October 19). COVID-19 FAQS for Physicians. Accessed: https://www.cpso.on.ca/Physicians/your-practice/physician-advisory-services/COVID-19-FAQs-for-physicians#Responsibilities-when-screening-patients-and-or-self-isolating

5 Battisti, Nicolo Matteo Luca et al. (2020. Adapting Care for Older Cancer Patients During the COVID-19 Pandemic: Recommendations from the International Society of Geriatric Oncology.

SOUTH WEST
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Additional Resources to Support the Delivery of Virtual Care for Older Adults

Virtual Care Resources for Long Term Care

Virtual Care Resources from the Regional Geriatric Program of Toronto

Transforming geriatric care with virtual tools

Evidence brief: Virtual and remote mental health care for older adults

The Keys to Effective Telemedicine for Older Adults

Facilitators and Barriers to the Adoption of Telehealth in Older Adults