Post-hospitalization outpatient follow-up procedure for the Elderly

AIM

Define the follow-up of elderly patients with a positive test for COVID-19 following their discharge from the hospital.

CONTEXT

Elderly patients leaving the hospital are at risk of deconditioning, frailty and lack of appropriate care and resources. These patients must benefit from a special follow-up in order to be well taken care of and to ensure self-isolation and quarantine measures when needed.

PREPARING FOR DISCHARGE

During the patient's hospital stay in one of the COVID-19 specialized units, the attending physician is responsible of the following:

- Inform the patient of their post-hospital follow-up which will start the day after discharge

- Give an information sheet specifying the contact methods available

- Check the contact details of the patient and of the primary care physician

- Specify if the primary care physician is available for follow-up

- Determine on the basis of the algorithm the intensity of the monitoring required according to two categories:

    o Home Healthcare providers present (Call at D1 and D7)

    o No Home Healthcare providers present (Call 1x / day from D1 to D7)

- Reinforce self-isolation measures for patients and quarantine instructions for close contacts (close contacts = people living under the same roof + intimate relationships)

- Communicate this information to the primary care doctor and the home healthcare provider

- For patients without a primary care doctor, follow-up can be organized with a pool of volunteer doctors or by the Community Geriatrics Unit (a unit specializing in geriatrics in our ambulatory care center).

FOLLOW-UP PROCEDURE

A follow-up phone call is provided from D1 post discharge from the hospital by the primary care doctor.

    o Home Healthcare providers present (Call at D1 and D7)

    o No Home Healthcare providers present (Call 1x / day from D1 to D7)

Most elderly frail patients leaving the hospital need home healthcare, especially during this COVID-19 period, and close collaboration with home healthcare providers is preferred.

Check the following items with each call:

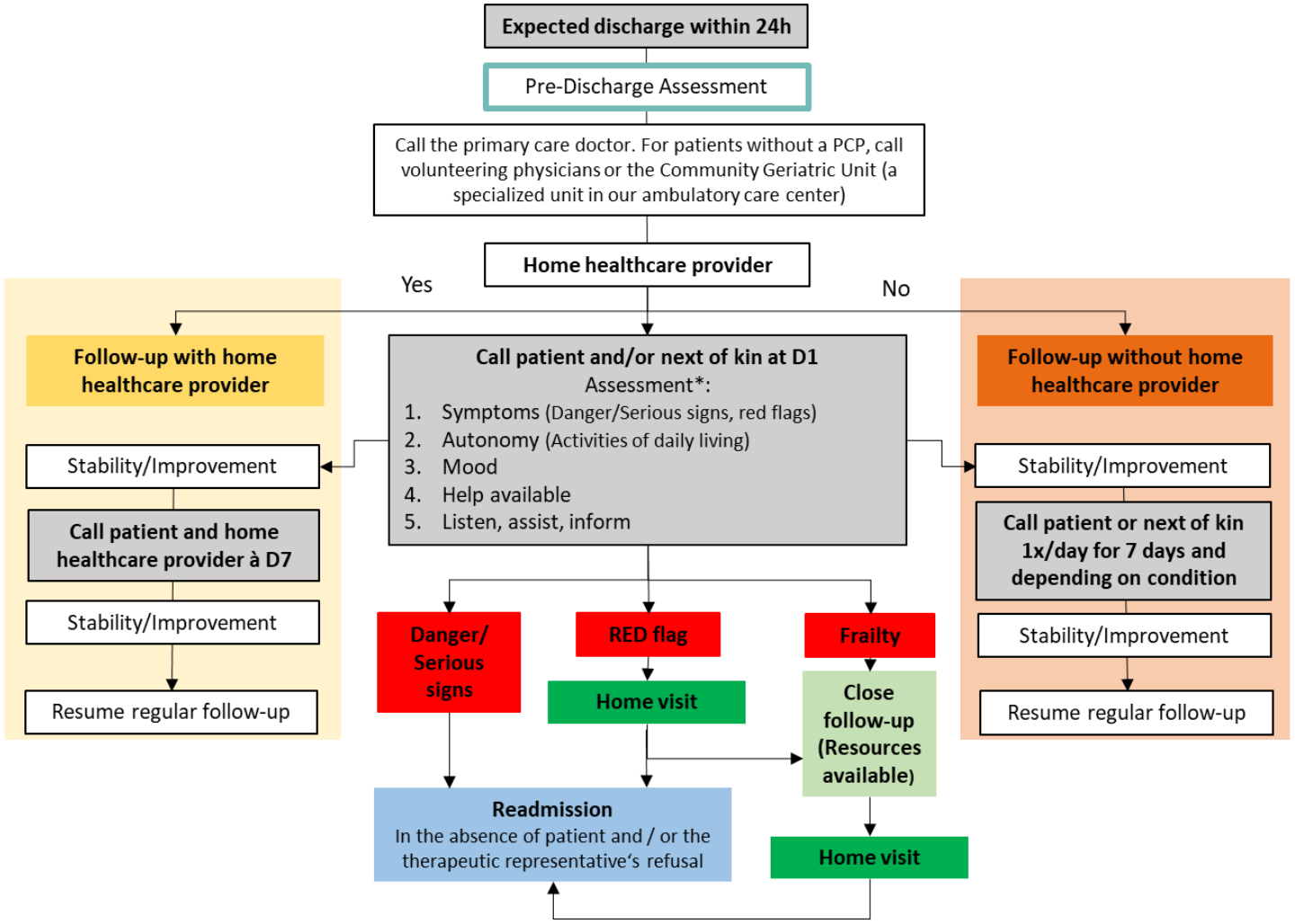
- Self-isolation and quarantine measures

- Symptoms with danger/serious signs, clinical red flags and criteria for frailty

- Resources available

COVICARE

ALGORITHM



Danger/Serious signs
Audible breathing difficulty
Hemodynamic instability, chest pain
Increase in O2 needs or O2 Saturation <93%
Confusion / Agitation or GCS <15

Red flags
Difficulty breathing limiting ADL's
Fever, Unusual cough, hemoptysis, cognitive impairment
Decrease in general condition
Gastrointestinal disorder
Pain or falls
Inability to stay at home

Frailty criteria
Psychiatric disorders
Specific psychosocial environment (isolation, refusal of assistance, lack of supervision, etc.)
Need for help: shopping / activities of daily living or others

Resources available
Telephone / video / face-to-face consultation
Social and psychiatric resources (Palliative care, psychiatric care, social network)
Social / psychological counseling

***First home assessment at D1 post discharge can be conducted by the home healthcare provider in coordination with the primary care physician. For patients not requiring a home healthcare provider, an assessment can be done by phone by the primary care doctor or during a home visit if new patient.**

ORIENTATION

❑ Presence of serious/danger signs
- Emergency medical services for urgent assessment

❑ Patient without serious/danger signs but presence of red flag:
- Teleconsultation and according to the red flags, orientation towards the emergency medical services, a home visit, a visit to the ambulatory care center for further investigation or close monitoring (24 hours after the teleconsultation)

❑ Patient without serious/danger signs but suspected of pneumonia:
- Investigations are necessary in the event of suspected pneumonia. These investigations may take place at home or in the ambulatory care center, depending on the resources available.
  - Laboratory with complete blood count, Na / K urea, creatinine, CRP. Urinary Ag, ECG, liver test new consultation in the presence at 24 hours or by teleconsultation
  - Chest x-ray
- Follow-up consultation within 24 hours (at ambulatory care center or by telemedicine)

❑ Patient without serious/danger signs, without red flags but presence of frailty criteria:
- Closer follow up in person or by teleconsultation, with psychiatric and social resources available

❑ Patient stable or improving, without serious/danger signs, without red flags and without frailty criteria
- Regular follow-up.