

POSTER ABSTRACT

A novel application of a self-report comprehensive assessment: Where do telephone assessments fit in home care practice?

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Introduction: In Canada, long-stay home care patients are a prevalent group of frail older adults living in the community. Home care patients have a high emergency department visit rate compared to those living independently without formal home care services. In March 2020, concerted efforts were put into place to reduce COVID-19 transmission and spread in health sectors, including older adult home care populations.

Description: The interRAI home care (HC) assessment is the practice standard for face-to-face comprehensive assessments in home care. The interRAI Check Up is a comprehensive self-report assessment that can be completed in-person, by video call or telephone. Check Up assessment items are consistent with the content items of interRAI HC. During pandemic mandated restrictions, care coordinators used the Check Up to assess new and existing patients over the phone or by video call to ensure continuity of care. Feasibility and utility of the Check Up was evaluated through a staff survey and focus groups in two distinct regions of Ontario.

Discussion: A total of 48 care coordinators completed the survey, of which 7 consented to provide feedback in the focus groups. Care coordinators found the Check Up easy to pivot to during the pandemic, citing familiarity with questions and risk algorithms. The Check Up results were helpful in gaining an understanding of the patient's medical issues, functional status, mood, and informal supports, while telephone and video assessments saved travel time. According to the care coordinators, patients and informal care givers were comfortable answering the questions over the phone and appreciative of interaction with a health professional. Although care coordinators were accustomed to telephone check ins, language barriers, hearing impairment, and inability to see the home environment were limitations. Care coordinators found telephone assessments, using the Check Up, most beneficial in the absence of cognitive impairment and with patients previously known and assessed by the care coordinator.

Conclusion: The interRAI Check Up was an efficient method of completing a comprehensive assessment over the phone. Care coordinators found the Check Up to be best suited for reassessments and as a new assessment with stable, cognitively intact patients. Our findings support use of the interRAI Check Up as a promising and feasible addition to the suite of tools for home care coordination.