

# Out of Sight But Not Out of Mind:

Identifying, Reaching and Addressing Health Care Needs of Vulnerable Patients during Pandemic

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## Background

Covid-19 pandemic was unexpected and the sudden lockdown resulting from it, meant reduced access to primary health care for many vulnerable patient populations. Existing data suggested loneliness, social isolation, and other risk factors related to the social determinants of health may be associated with poorer health outcomes. However, there was limited data around large scale processes or methods to identify and address these risk factors in the context of a pandemic. Recognizing that health for vulnerable patients may be adversely affected by this lockdown with further isolation, in April 2020, the Sunnybrook Academic Family Health Team, created an At-Risk COVID Initiative.

## Aim Statement

To identify and provide outreach to more vulnerable patients who were at risk for health deterioration due to COVID-19 pandemic widespread lockdown.

## Project Objectives

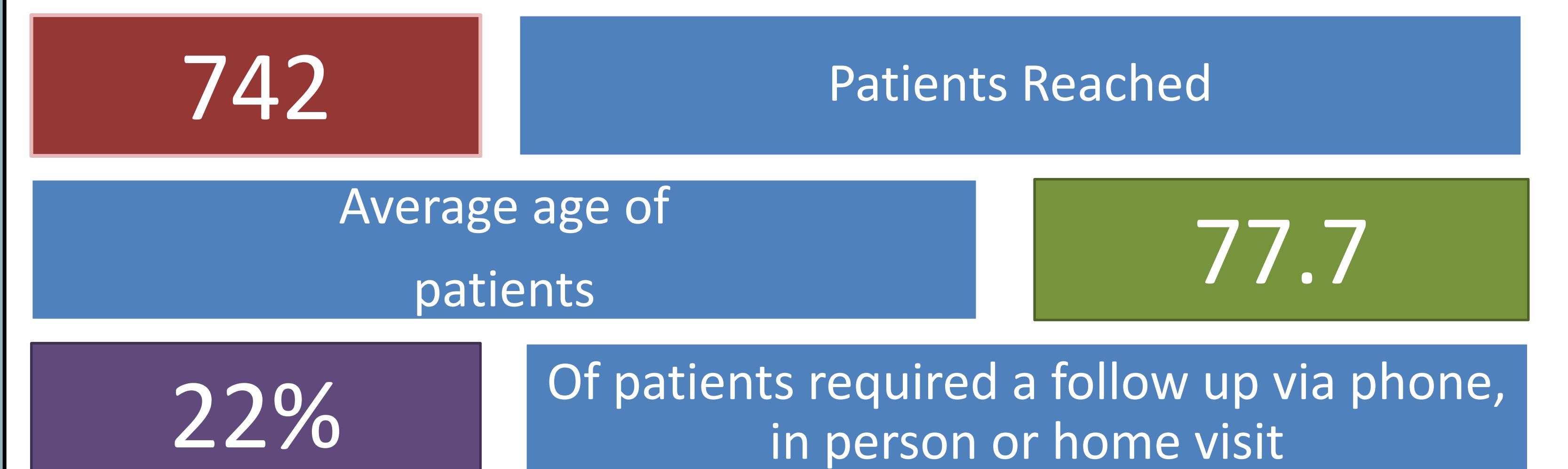
1. Identify risk factors for health deterioration due to social isolation.
2. Develop a structured approach to patient outreach initiatives within a team.
3. Recognize ways to utilize skills and resources of various team members to optimize health of more vulnerable patients.
4. Determine early interventions that can prevent health decline during a pandemic .

## Key Stakeholders

Teams consisting of physicians, residents, nurses and either a care navigator, a nurse practitioner, a social worker or an occupational therapist made personal telephone contacts with all identified patients.

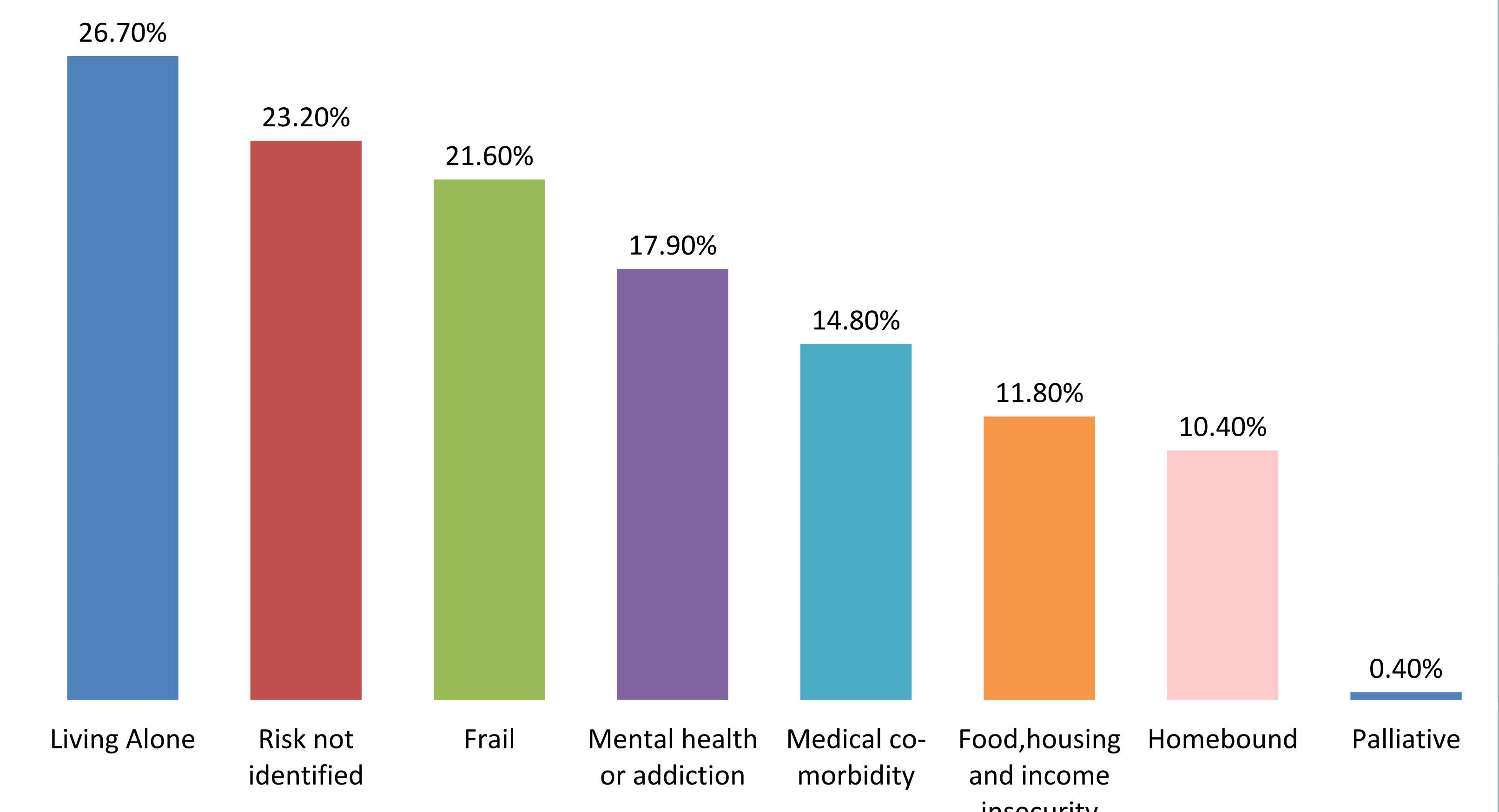


## Intervention

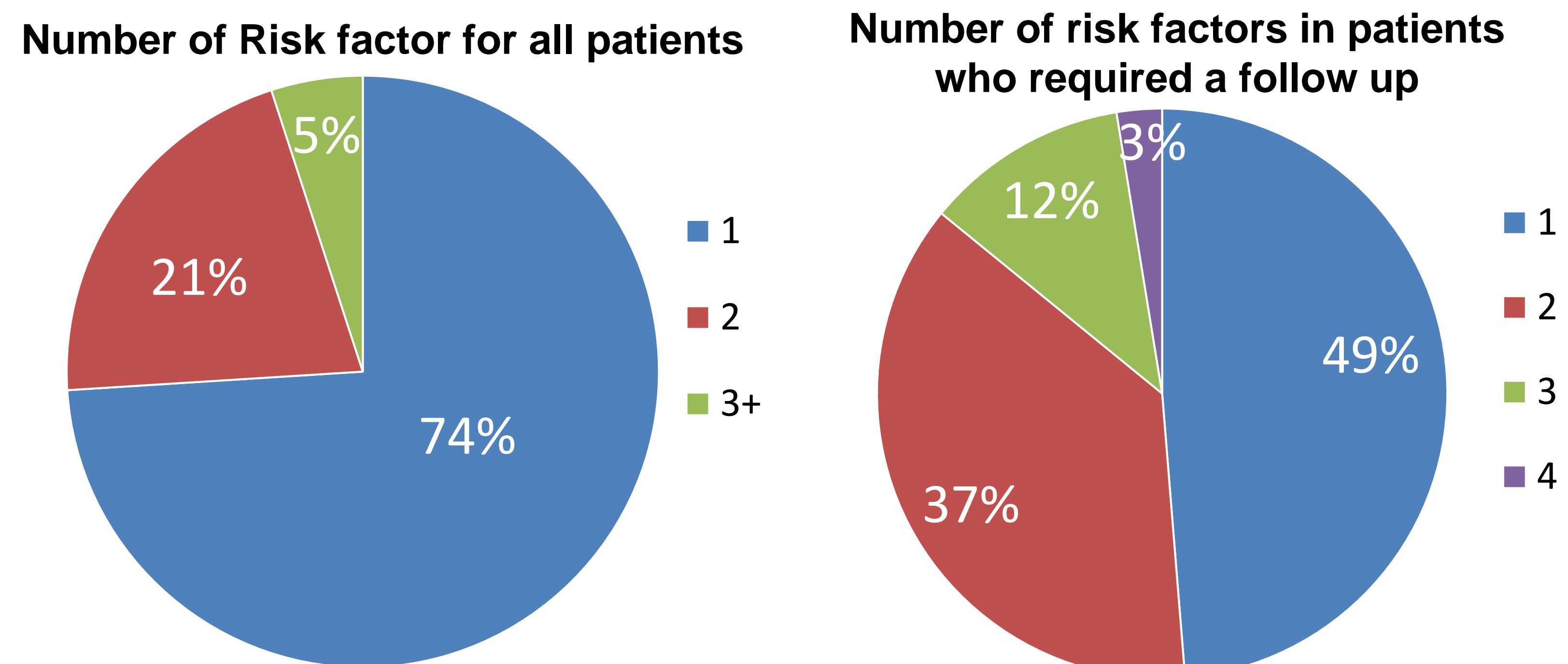


- Telephone encounters were documented in an electronically created template to ensure comprehensiveness, consistency and appropriate follow ups were in place.
- Team members assessed the need for interventions such as food, medical supplies, or medications, liaised with family members as appropriate, provided up to date information on COVID-19, liaised with other health care team members in patient's circle of care to provide updates, ensured visiting health service providers self-screened and use appropriate personal protective equipment and identified new or emerging risks that may require home or office visit.
- Follow ups were scheduled as required either via phone, in person or home visits while ensuring continuity of care.

## Identified Risk Factors



## Percentage of Patients with Identified Risk Factors



## Lessons Learned

**Collaboration** – Developed a coordinated team-based effort that enabled a prompt, systematic, and fulsome outreach protocol to identify risk factors and support our most vulnerable patient population.

**Early Intervention and Prevention of Health Deterioration** – Proactive outreach identified important issues and risk factors in a significant portion of our vulnerable population in an earlier stage of the pandemic and provided appropriate care/interventions/support as needed.

**Provider and Patient Satisfaction** – Patients expressed profound appreciation for our outreach and providers were reassured about their vulnerable patients.

**Future considerations** - Using this framework during non-pandemic times to organize regular (perhaps q4-6mth) telephone outreach to those identified as most at-risk to systematically and pro-actively touch base on a regular basis and provided support as needed.

## References

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