

**FIRST LEVEL SOCIO-GERIATRIC EVALUATION
FOR PERIODS OF SOCIAL DISTANCING
ESOGER1©**

**HOSPITAL IMPLEMENTATION GUIDE
QUEBEC VERSION**

V3 – April 16th, 2020

FOREWORD

The [Centre of Excellence on Longevity at the McGill RUISSS](#) designs and develops autonomy and human longevity tools to assist elderly persons, their caregivers, medical-social care professionals and communities. We have designed, tested and are now making available a socio-geriatric tool for tracking elderly persons during the current isolation period, named ESOGER1.

ESOGER1 makes it possible to globally and remotely evaluate the socio-geriatric situation of an elderly person, by 1) ascertaining whether or not his or her basic needs are met whilst in isolation and if there exists any risk of disruption in the coverage of his or her needs which may lead to complications; and 2) recommending which interventions must take place in order to prevent said disruption of coverage with regard to basic needs and/or associated complications.

ESOGER1 enables health care and social/administrative professionals to rank elderly persons within their communities by risk level, and therefore to prioritize interventions in critical, overloaded times.

In a crisis such as COVID-19, it is crucial to identify the most at-risk elderly persons in a timely fashion, so that we may put in place the correct interventions which will prevent both complications and the overcrowding of health and social care channels.

DESCRIPTION OF ESOGER1[©]

ESOGER1 IS: A socio-geriatric tracking tool, highlighting situations where there exists a risk of disruption in the coverage of a specific community-dwelling elderly person or family caregiver's basic needs, and of related complications. It is a short and easy evaluation, meant to be administered not only by medical-social care personnel, but also non-medically trained persons.

ESOGER1 IS NOT: A medical act or remote consultation. It is also not a scientific research tool.

ESOGER1 was conceived of by renowned physicians and researchers, based upon several existing, scientifically validated surveys:

- ER2 Survey
- Zarit 4-items
- CESAM

ESOGER1 asks the right questions and generates a result which can be immediately interpreted by all medical-social care professionals.

ESOGER1 is essentially a "risk level score" which proposes to trigger specific interventions in response to certain results, such as communicating with a social centre or nurse, or requesting medical intervention...

WHERE IS ESOGER1[©] FOUND?

ESOGER1 is freely available in French and in English on the secure [Centre of Excellence on Longevity](http://www.ceexo.ca) Internet platform (<http://www.ceexo.ca>).

Access to ESOGER1 and its use are both free and anonymous.

As required by applicable ethical and confidentiality regulations, none of the entered data will be saved by the platform. You may complete ESOGER1 online and save the results on your computer (PDF) or in print.

AFTER ESOGER1[©]

ESOGER1 facilitates the tracking of isolated elderly persons who require help or intervention. As a first level evaluation, ESOGER1's purpose is one of tracking; it may not, should any doubt arise, replace REQUESTING ADVICE FROM A HEALTH OR SOCIAL CARE PROFESSIONAL.

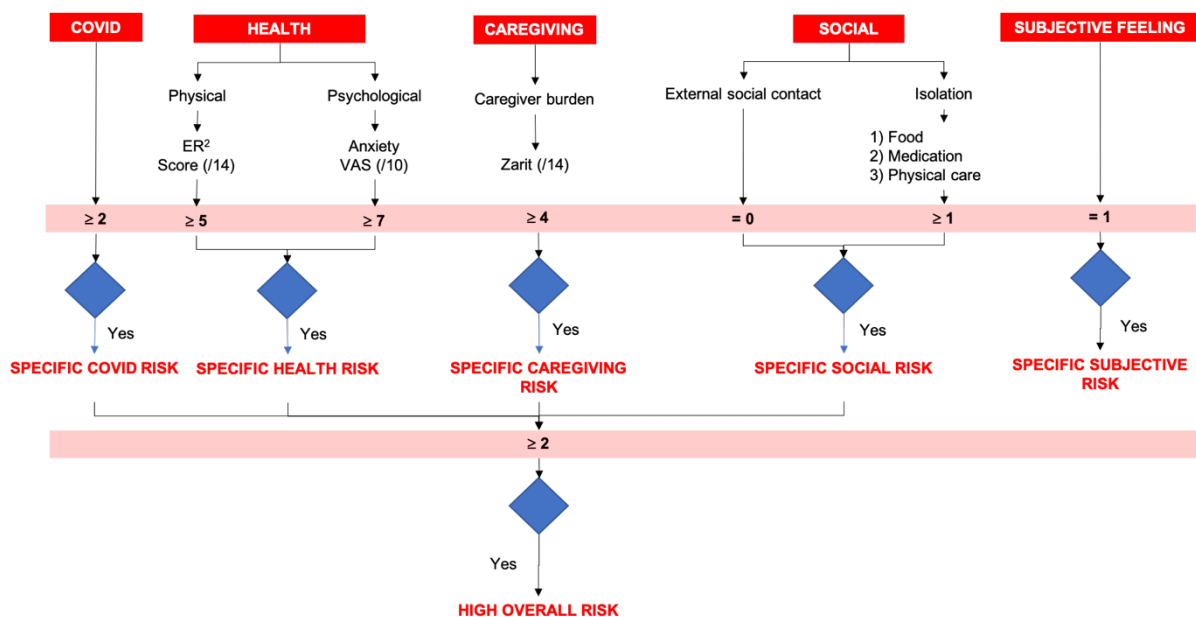
SCORES – RISKS

The ESOGER1 survey can help highlight different facets pertaining to the health condition of the surveyed elderly person:

- COVID-19 symptoms
- Social condition
- Physical health condition
- Psychological health condition
- Caregiver burden (if applicable)

A score is given to each of these factors, which is then translated into one of two specific risk categories: low vs high.

Furthermore, the relationship between these specific risks will fit into one of two overall risk levels: low vs high.



Nota Bene: If you are reaching out to seniors who are already the subject of medical follow-up (by a family medicine group or hospital) ==> you will be addressing 1) **elderly patient.s** or their 2) **family caregiver.s** (who may, for example, be an elderly spouse or child),

If you are reaching out to seniors within the community who are not the subject of medical follow-up ==> you will be addressing 3) **elderly person.s** or their 2) **family caregiver.s** (who may, for example, be an elderly spouse or child),

For ease of understanding, after you have correctly identified the person you will be addressing, we will refer to him or her as **THE RESPONDENT**.

CALLING CELLS

Human Resources and Tasks

Each cell is made up of 3 profiles.

1/ Callers: Medical students, nurses, medical secretaries

2/ Supervisor: Profile is identical to the callers. One supervisor must be assigned per group of 10 callers.

3/ Medical advisers: 1 physician and 1 nurse

The tasks assigned to each profile are:

Personnel	Tasks
Callers	<ul style="list-style-type: none"> – To execute calls – To transmit recommendations to the respondent – To generate the PDF report – To save the PDF report on a secure platform – To send reports to the supervisor – To subjectively evaluate the need for medical follow-up independently of scores – To execute non-medical follow-up, as needed
Supervisor	<ul style="list-style-type: none"> – To train callers – To plan the call and work schedules – To supervise calls – To act as first line of response regarding issues arising during telephone calls – To track the number of calls – To execute daily follow-up of placed calls and number of files per category – To liaise with the medical team and forward PDF reports for any calls requiring medical follow-up with an adviser – To liaise with the technical team at the Centre of Excellence on Longevity, as needed
Medical advisers	<ul style="list-style-type: none"> – To decide which respondents require following-up – To execute a follow-up call if ESOGER score highlights a high-risk situation – To ensure responsibility of care is entrusted to the correct resource

ESOGER1 training is available online through the [Centre of Excellence on Longevity](#) Internet platform. This training is mandatory for all members of the call cell.

Daily Organization

During periods of isolation, the ESOGER1 survey may be administered by callers from their home.

Communication between callers and their supervisor is necessary, and may take place through group discussion on platforms such as WhatsApp for normal exchanges, and Zoom, Skype or others for team meetings. We recommend at least one meeting a day.

>> At the beginning of the day

The supervisor organizes a team meeting, over the course of which he or she will communicate to the callers:

- The schedule of calls for the day;
- A reminder of the guidelines;
- Answers to any questions asked the preceding day;
- The list of calls to be made (by secure email or Keybase-type platform).

>> At midday

Callers must forward all Red or Violet level files to their supervisor (PDF reports must be sent through secure email or Keybase-type platform).

The supervisor will subsequently be charged with forwarding these reports to the relevant medical advisers.

>> At the end of the day

Callers must forward any Red or Violet level files compiled during the afternoon to their supervisor, as well as all of the other files compiled during the day (PDF reports must be sent through secure email or Keybase-type platform).

Callers must forward a list of all the respondents who could not be reached to their supervisor.

The supervisor's responsibilities are:

- The organization of an end-of-day meeting, where caller questions can be answered and issues addressed;
- The compilation of a follow-up chart for various non-completed files and phone calls;
- The scheduling of the next day's actions, and forwarding of files to relevant persons;
- Any communication with CEEXLO's technical services, as needed, if issues arise.

Call Walk-through

The first step is the actual phone call.

This phone call is to track at-risk elderly persons living at home, and is not a remote consultation.

The phone call may be realized by medical professionals, but also by social care and voluntary personnel, and does not require any specific medical knowledge.

After accessing CEEXLO's online platform, which hosts ESOGER1, the first task is to enter the respondent's details.

If the call is not answered:

- The elderly person must be contacted again within 24h.
- If the elderly person does not answer the second call, the file is now Orange level and must be forwarded to the supervisor with the "Unreachable" label. If so, medical advisers must try to contact the person by other means.

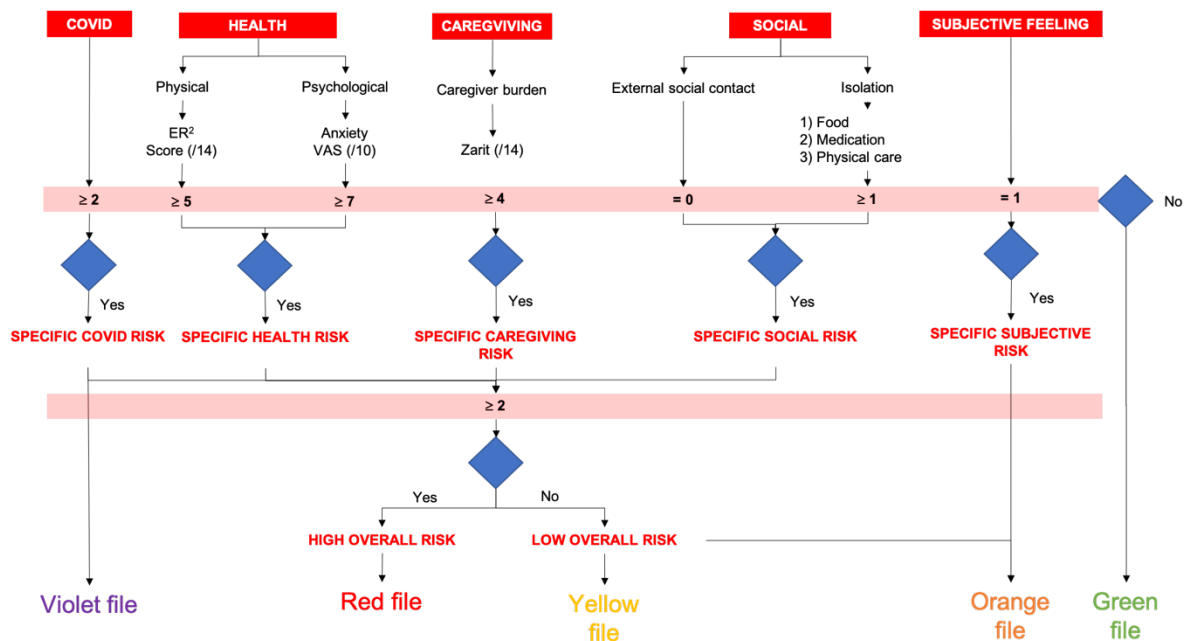
If the call is answered:

- If the respondent refuses to take the survey.
 - The contact is assigned the Orange level and must be forwarded to the supervisor with the "Refuses to answer" label.
- The call script will appear on the platform if the respondent accepts to take the survey.
- The caller will continue to read off the call script, which begins with the verbal consent text. After having requested the respondent's verbal consent, the caller must click Yes or No to confirm their response.
- The caller may then expand the survey.
- Depending on which answers are given, the caller will offer various relevant ESOGER1 recommendations.
- After the survey is completed, the caller will generate a PDF report.
- The caller will subsequently rank the file according to the decision algorithm described in the following chapter.
- The caller will forward the file to his or her supervisor according to its final type, through a secure platform.
- At the end of the day, after having forwarded all files to his or her supervisor and received confirmation of delivery, the caller will delete PDF files from any non-secure platform.

Decision Algorithm and Warning Processing

All of the reports generated by the callers will be forwarded to the cell supervisor, who will assign one of 5 different categories:

- 1/ **Green File**: No overall risk and no subjective feeling that a medical follow-up call is necessary
- 2/ **Yellow File**: No overall risk BUT specific risk is present WITHOUT subjective feeling that a medical follow-up call is necessary
- 3/ **Orange File**: No overall risk BUT specific risk is present WITH subjective feeling that a medical follow-up call is necessary
- 4/ **Red File**: Overall risk with or without subjective feeling that a medical follow-up call is necessary
- 5/ **Violet File**: COVID suspicion, independent of risk determined by answers to ESOGER1



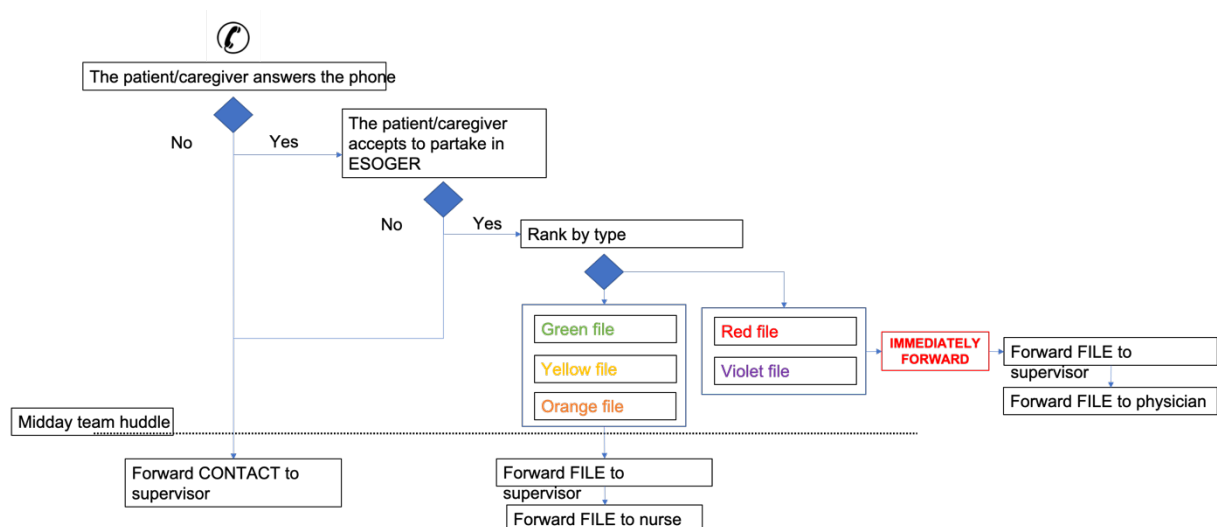
Callers will forward nonurgent files to their supervisor at midday and at the end of the day.

- **Green Files** are forwarded to medical secretaries, to be archived in patient medical files.
- **Yellow Files** and **Orange files** are forwarded to the advising nurse.

Callers will forward urgent files in real time.

- **Red Files** are forwarded to the advising physician.
- **Violet Files** are forwarded to the physician, and one copy is forwarded to the caller, so that a second call may take place the next day to confirm that patient has been in contact with the governmental COVID helpline.

A list of the day's unreachable patients must be forwarded to the supervisor at the end of the day, so that these may be integrated to the next day's schedule.



After the ESOGER survey is filled out and PDF generated, we recommend that the forwarding of information to the supervisor and medical advisers be done through a secure encrypted platform, such as Keybase, to preserve data confidentiality.

REFERENCE LIST

While completing the ESOGER1 survey, recommendations destined to the respondents will appear in response to certain answers. Specific recommendations are offered in response to specific risks, but within one same group of questions, it may occur that certain recommendations require additional detail.

This table will determine which specific resources to recommend:

TYPE OF RISK	SUB-RISK	WHO TO RECOMMEND?	ACTION
COVID symptoms		COVID governmental helpline	Instruct respondent to contact 1-877-644-4545 Follow-up with the respondent within 24h
Social	Food	211	Tell the respondent: <i>"If you no longer have any food and cannot get any help with groceries, call 211."</i>
	Medication	Usual pharmacist 811	Tell the respondent: <i>"If you have any questions or trouble obtaining your medication, your pharmacist can advise you or deliver to your home, otherwise call 811 and they will help you find a solution."</i>
	Care	CLSC, 811, family physician	Tell the respondent: <i>"If you have trouble receiving your usual care, do not wait, communicate with your family physician, CLSC or even 811, which can offer you psychosocial support as well as health care advice."</i>
	Social contact	211	Tell the respondent: <i>"If you feel lonely or require any other sort of routine help (legal questions, disability, household services...), call 211."</i>
Health	Physical	Family physician, pharmacist, 811	Tell the respondent: <i>"If you are concerned for your health, suffer from anxiety or insomnia, have questions with regard to symptoms or medication; do not wait, communicate with your family physician, your pharmacist or even 811, which can offer you psychosocial support as well as health care advice."</i>
	Psychological	Tel-Aînés	Tell the respondent: "You can call the Tel-Aînés helpline; they offer several free and confidential help and support services to help break isolation and allow you to express the feelings you are currently struggling with. Don't hesitate to call them at 1-877-353-2460."



Caregiver burden		Info-Aidant	<p>If the report suggests putting the respondent in touch with APPUI, tell the caregiver: <i>"We will contact APPUI on your behalf after this phone call. They will be in touch very soon."</i></p> <p>Fill in the downloadable Info-Aidant form (within the report) and forward it by email to Info-Aidant.</p> <p>If the report does not specifically recommend putting the respondent in touch with APPUI, but you feel that the caregiver would benefit from it, tell them: <i>"As a family caregiver, you may contact the Info-Aidant helpline to guide and help you, as well as answer any question you may have. If you are ever worried, you can call APPUI's Info-Aidant helpline at 1-855-852-7784."</i></p>
Other non-health related issues		211	<p>Tell the respondent: <i>"If you feel lonely or require any other sort of routine help (legal questions, disability, household services...), call 211."</i></p>
Other urgent medical issues		911	<p>Tell the respondent: <i>"Whether or not you are ill with COVID-19, for any urgent medical issue, such as untreated wounds or infections, bouts of uneasiness (loss of consciousness, fall...), respiratory distress (breathing difficulties, single-word enunciation...), strong chest pains... call 911."</i></p>
Abuse			<p>FOR THE CALLER</p> <p>Are you suspicious or witness to a difficult situation, where you have cause to believe that abuse may be taking place? The Aide Abus Aînés helpline is a professional and confidential service which can intervene in case of elder abuse by a relative, neighbour or even within the health and social services system. Don't hesitate to call them at 1-888-489-2287.</p>

FORUM

A support forum was created for ESOGER1 users.

You will find it here: <https://ceexlo.ca/esoger1-urgence-aines-isoles/>.

After signing up, you will be able to search for your specific problem or question amongst existing forum subjects, and potentially find the answer you are looking for.

If you cannot find the issue you are specifically dealing with, you may ask about it directly after choosing which category it belongs to:

- Technical issues
- Social difficulties
- Physical health
- Psychological health
- Family caregiving
- Human resource information

Make sure to choose the most relevant category so that your question can be answered as quickly as possible.

Each category is moderated by a relevant professional, but other users may also step in and help.

Furthermore, you will also be able to answer questions asked by other users directly within the forum, should you wish to.

CONTACT AND INFORMATION

If you have a technical question, please contact your cell supervisor, who will get in touch with:

Mr. Kévin Galéry

kevin.galery@mail.mcgill.ca

(Quebec, Canada - UTC-05:00)

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