

"I am the hotel doctor"

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The COVID-19 pandemic has forced us to define new care models in order to ensure continuity of care, facing new individual and public health needs. Medicalized Hotel Facility for self-sufficient COVID patients (COVID Hotel) is a new care model introduced in many countries to face the spread of contagions and the consequent need to implement effective isolation strategies. In our experience the Hotel has given hospitality to people from the most disparate territorial settings and with a great variety of health care needs (physical, psychological, social and spiritual). Although COVID is in most cases a self-limiting acute viral disease, in a pandemic context, comprehensive geriatric assessment has proven to be particularly appropriate for the management of the COVID Hotel, also in the approach to younger patients.

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In recent months "I am the hotel doctor" was my response to colleagues who, not seeing me in the hospital, asked me about my current occupation. When I enrolled in medical school, I never imagined that one day I would find myself in a hotel, neither for a congress nor a business trip, but working as a coordinating physician of a new model of continuity of care, in which the wards would be hotel rooms and my patients would be my guests.

The COVID-19 pandemic has forced us to define new care models in order to ensure continuity of care, facing new individual and public health needs. Italy was one of the most affected countries especially in the first wave, and to face the spread of contagions and the consequent need to implement effective isolation strategies, a new care model was quickly introduced: the Medicalized Hotel Facility for self-sufficient COVID patients.

This model soon proved to be extremely useful to the healthcare system, as it allowed a better stratification of care, adding an additional intermediate level between hospital and home. The effect of this additional level was to allow a faster and safer hospital discharge and a greater availability of hospital beds for unstable patients at higher risk of complications. The Hotel has hosted a wide variety of people from two main settings: hospital (inpatient wards and Emergency Departments), as part of a protected discharge pathway, and community.

After clinical stabilization, patients were transferred from hospitals when criteria for ending isolation were not yet satisfied and logistical living conditions did not allow for a safe return home. This pathway also allowed careful monitoring of clinical conditions during the COVID convalescence phase, especially for more fragile patients such as the elderly, avoiding unnecessary returns to the hospital and ensuring a smoother return to normality.

In addition, the COVID hotel has given hospitality to people from the most disparate territorial settings (home, religious communities, cruise ship

crew, nomadic camps, military camps, companies, etc.), giving a safe and comfortable home to homeless people suffering from SARS-CoV-2 and who really had no idea where to go to isolate themselves.

We would have many stories to tell. All guests had their own personal story, in which COVID suddenly broke out, generating a variety of responses, experiences and pain. As the hotel's referring physician, my team and I had to deal with suffering in its totality-physical, psychological, social and spiritual.

In order to promote the physical health of our guests, in addition to 24-hour nursing care and the presence of a physician in the hotel, a remote monitoring system of vital signs has been implemented (mainly oxygen saturation). In addition, Policlinico Gemelli, the hotel's referral hospital, has made available its laboratory for reading molecular swabs and any laboratory analysis. Medical care was mostly provided remotely, reserving in-person visits for urgent cases.

The psychological suffering was very significant, perhaps even more than the physical one, mainly related to the fear of this invisible and (still, in most aspects,) unknown enemy.

Suffering was also due to the obligation to remain for a not well-defined time in isolation, far from their loved ones and their usual activities. Paradoxically, even the moment of breaking the isolation and leaving the hotel was not always easy to face, due to the fear of still being contagious or of losing the health support that had protected them during their stay. A psychological support service 6 days a week greatly facilitated the management of this type of distress.

Many guests brought their social sufferings to the hotel. Lonely people, without any points of reference or even without a roof to sleep under, found in the hotel someone who has took care of their fragility. Sometimes the support of a social worker has been crucial to prepare the return to the community of guests with social problems. In this sense, for some guests, the hotel isolation was also an opportunity to regain control of a life that was getting out of hand, sometimes leading to real reversals between before and after hotel.

I dare say that each of the guests, believers or not, brought with them a deep spiritual suffering, that makes to ask the meaning of what you are experiencing, if you did something wrong to cause all this to happen to you or, moreover, if there will be a future time in which you will see the loved ones and friends who died while you, and perhaps they too, were locked in a room, isolated from everything and everyone. For a few months, before he was infected by the virus too, we had the

precious support of a friar who went around the hotel rooms every Sunday to give spiritual support, and also giving the possibility, to those who desired it, to receive the Eucharist. In addition, during Ramadan, as well as during Christian Lent, we took care to adapt the food to the requests of our guests, without considering this as secondary to other needs.

In caring for the global dimension of a patient's health, we have experienced many nuances of being a doctor. Doctor of bodies, doctor of minds, doctor of relationships, doctor of souls. All of this would be impossible without sharing the patient care relationship with a team, in which everyone brings their expertise and experiences. It would also be impossible to take care of the complexity of the human being without a network that embraces one's own team but also other realities, more or less nearby. That's why the management of the hotel has been entrusted to the Continuity of Care Center, a Unit of the Policlinico Gemelli, which was created precisely with the aim of guaranteeing continuity and globality of care to patients in their health journey, from admission to discharge, made up of ups and downs.

Why did you choose a professional figure like me to manage this complexity? I am a Geriatric physician, an expert in frailty, complexity and comprehensive assessment of my patients. These skills have proven to be particularly appropriate for the management of the COVID Hotel, also in the approach to younger patients than those I am used to. Although COVID is in most cases a self-limiting acute viral disease, in a pandemic context, it impacts on multiple dimensions of human health, consequently requiring a multidimensional approach. The management of patients in a COVID Hotel, although relatively young, has posed a number of challenges requiring the introduction of new models and professional profiles, including the hotel doctor, in which the geriatrician has found bread and butter.

Ethical consideration

No ethical approval required.

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Conflict of interest

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