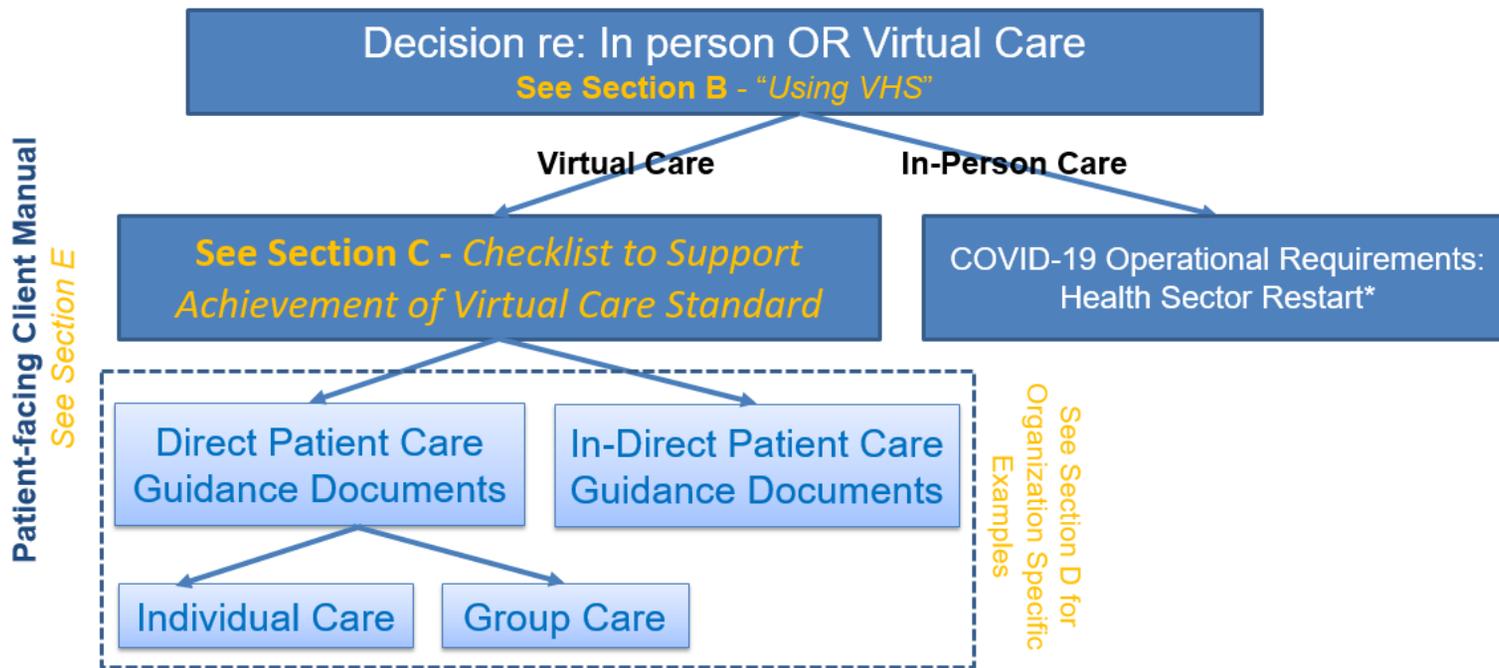Guelph & Area
Ontario Health Team

This document has been created to support a standard of virtual care in Guelph and Area OHT. It is intended to guide clinical decision-making.

*http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf

Section A - In an effort to support a standard of virtual care amongst Guelph & Area OHT partners, the following principles should be used to guide decisions regarding Virtual vs. In-person Care[1]:

1. **How does the patient/client prefer to receive care in this instance?** While this need not be the deciding factor, ask yourself if the encounter is more likely to net better health outcomes if the care is delivered in accordance with patient/client preference.
2. **Do we have the capacity to deliver this service in person?** This includes considerations regarding space to incorporate required distancing, enough staff who are ready, willing and able to support this care, an adequate supply of PPE to meet this need, environmental protective measures (physical barriers), etc.
3. **Does the anticipated benefit of in-person care, outweigh the risks for the patient?** Think about patients/clients that have not been physically seen for a longer period of time than you are comfortable with as appraised risk increases with length of time. Are there alternative strategies, other than in-person care, that may be utilized to mitigate risk or does the person's needs require in-person contact in order to manage risk.
4. **Does the patient/client's lived experience make the mode of care I am considering more difficult to access?** While in-person care may be seen as beneficial, if the person is unable to get to the clinic, a virtual appointment may contribute to an improved outcome. If I am considering virtual care, does the patient/client have access to adequate technology, ie. adequate internet, a device with both audio and visual capabilities, privacy for the consult, the cognitive or intellectual capacity to use all of the above?
5. **Does this patient/client have complex needs?** Is the current climate creating additional barriers to care which further disadvantage this already vulnerable patient/client? Are there other providers that I should be involving, to mitigate these risks?

Section B - Using VHS for Direct Patient Care

Generally, regulatory colleges recommend that members use their professional judgment to determine whether virtual care is appropriate and whether it will enable the provider (whether in primary care, community care, etc.) to meet the standard of care.

Process/Scope:	Considerations for Alternate Care:	When it works well:

• Necessary equipment (phone, email, internet, computer) to conduct virtual health visit
• Confirm safe/adequate patient and provider privacy for clinical encounter
• Verbal and documented consent:
  ◦ Aware of alternative care options
  ◦ Aware of risks and liability of virtual health service
	• Expressed patient concerns with risks and liabilities with virtual health service delivery
	• Expressed discomfort with technology
	• Visual Impairment
	• Hearing Impairment
	• Cognitive Impairment
	• Low literacy level
		• Options for care delivery reviewed
		  ◦ Patient autonomy to choose
		• Initial or follow up appointments
		• Transportation challenges

---

[1] Principles 2-5 are derived from Appendix A of the Ministry of Health Directive #2 (May 26, 2020) as principles to support fair, inclusive and transparent processes and decisions regarding restarting services.

○   Aware and agreeable to patient responsibilities in virtual health care participation
    ○   Aware of access to health information
    ○   Aware of process to report concerns with virtual health service
• Scheduling, set up and expectations of virtual health visit education provided
Assess & Treat:
- Mental health issues
- Skin problems (photo to support)
- Urinary, sinus, minor skin infections
- Conditions monitored with home devices / lab results
- Other that do not require palpation or auscultation
 	
Provide:
- Sexual health care including screening and treatment for sexually transitioned infections and hormonal contraception
- Travel medicine
Review:
- Lab, imaging and specialist reports
	• Significant language barrier with limited access to interpretation services
	• Limited privacy or safe space to conduct visit
	• Demonstrates low reliability for self-reported information necessary for diagnosis and treatment
	
	Presenting Problem:
	• New and significant emergency symptoms (chest pain, shortness of breath and loss of neurological function).
	• Ear pain
	• Cough
	• Abdominal/ gastrointestinal symptoms
	• Musculoskeletal injuries or conditions
	• Most neurological symptoms
	• Congestive Heart Failure
	• Mental Health crisis
	• Need for physical assessment or procedure*
		• Mobility concerns
		• Demanding schedules
		• Patient/client anxiety about contamination risk of in-person visit
		• Acute or chronic disease visits
		• Integration with circle of care – other agencies, providers, and support persons – with expressed patient consent.

Normal requirement for physical examination can be waived if doing so is truly in the patients best interested, such as during contagious disease outbreaks or when the patient has temporarily limited mobility or lack of transportation.

(Ontario Health 2020; Virtual Play Book, 2020)

Section C - Checklist to Support Achievement of Virtual Care Standard

Setting up your Virtual Care Service (VCS)

☐ Is there a governance structure in place that defines VCS in your organization?

☐ Is the VCS integrated into your delivery of care model?

☐ Is the VCS integrated within your organization's operational plan?

☐ Is the VCS optimizing service delivery in the context of maintaining essential health services during a pandemic?

☐ Are there guiding principles for the development and procurement of digital technology (i.e. hardware, software, audio and visual, secure USB) to promote safe and reliable care in a virtual setting?

☐ Is there a secure documentation management system for Personal Health Information (PHI) and any other relevant clinical information (i.e. uploads of documents, clinical encounter notes, etc.)?

☐ Are you considering triage protocol to determine which clients take priority for your VCS?

SELECTING PATIENTS FOR VIRTUAL VISIT: Questions to consider

➢ Are there any language barriers that could negatively impact the virtual visit? If so, does the patient have adequate support to participate?

➢ How far is the patient travelling to see me? Do they have mobility issues? Would a virtual visit be more patient centered?

➢ How tech savvy is the patient? Do they use an internet-enabled computer or smartphone and have email? If required, is assistance available?

➢ Is the patient's device compatible with the virtual visit solution?

➢ Is this an established patient-provider relationship?

➢ What is the patient's cognitive capacity? If required, do they have a caregiver that can support?

➢ Would a virtual visit avoid the need for patients to take time off work?

➢ Would a virtual visit help avoid the cost of parking for my patients?

☐ Does the VCE ensure continuity of care (i.e. timely inpatient encounter when clinically indicated in appropriate care environment, follow-ups, labs)?

☐ Is the VCS being used appropriately to provide safe and reliable virtual care encounters (i.e. screen size, video and audio components, secure USB)?

☐ Does the VCS strive for interoperability between digital platforms to support continuity of care?

☐ If you are using remote vital sign monitoring, how is it being documented?

☐ Do patients have access to their PHI through the digital system?

Privacy, Safety and Confidentiality

☐ Ensure compliance with organizational policy re: provision of virtual care to minors

☐ Does the VCS meet all relevant safety, security, privacy and confidentiality legislation within your jurisdiction as well as professional regulatory bodies?

☐ Are your digital and care teams aware of compliance requirements for privacy and confidentiality of patient information, and following your applicable provincial, territorial or federal legislation?

Guelph & Area
Ontario Health Team

Examples of administrative, technical, and physical safeguards to protect digital personal health information	
Type	**Safeguards**
Administrative	• Do not include patient information in emails • Ensure that there is a clear privacy breach protocol within your organizations that complies with the Information and Privacy Commissioner of Ontario (IPC) • Leverage OntarioMD Privacy and Security Training and resources to support understanding and compliance with privacy and security requirements • Limit access to personal health information to only those requiring access and have them review and sign confidentiality agreements

Technical	• Enable your device to automatically lock when idle for a period of time (e.g., after 15 min)
	• Keep your device up to date with the latest security updates and anti-virus software
	• Only use equipment and apps that are approved by your organization
	• Keep your firewall turned on
	• Encrypt any device containing confidential information. Do not export confidential information onto unencrypted portable storage such as USB flash keys, recordable CDs/DVDs, or external hard drives.
	• Ensure your device is password protected and follow these best practices around password use:
	   o Change passwords with access to confidential information regularly (e.g., every six months)
	   o Do not share your credentials (i.e., User ID and password) with anyone, including trusted colleagues, family members, and support technicians
	   o Do not store your password where it where it is easy to find
	   o Do not use the same password for all applications
	• Do not use the "Remember Me" function on a login page. Clear your username and password when you sign out

Physical	• Have a security system in place (e.g., security cameras) to monitor physical electronic systems • Restrict access to computer servers to authorized users

☐ Are there procedures in place for all users, including patients, to report on privacy, security and safety breaches?
☐ Are there procedures in place for all users to manage privacy, security and safety breaches?

Examples of privacy and security risks associated with virtual visits Modality	Privacy and Security Risks
Video Visits	• Appointment confirmation or reminder emails inadvertently including unauthorized access to personal health information • Insufficient audit logging to investigate and manage incidents • Providers or staff given unauthorized access to a video visit or to the virtual visit platform • Video launches from an unsecure location • Video visit is recorded without authorization

	• Wrong patient or provider is invited to, or attends, a video visit • Unauthorized providers or staff are within earshot of a video visit
Secure Messaging	• Messages sent with personal health information for the wrong patient • Emails forwarded to unauthorized providers or patients • Insufficient audit logging to investigate and manage incidents • Unauthorized providers copied on a message sent to a patient • Unauthorized providers reviewing patient requests and messages without their consent

☐ Is the VCS ensuring that confidentiality and privacy requirements regarding PHI are respected throughout the continuum of care; both in rest (in platform) and in transit (between platforms)?

EXAMPLES OF PRIVACY AND SECURITY SERVICES: For service agreements with third-party providers
• Timely notifications provided when data is accessed without prior authorization • Provision of processes for the destruction of data at the end of the services agreement • Up to date privacy impact assessment of the virtual visit solution • Up to date security threat risk assessment of the virtual visit solution • Administrative, technical, and physical safeguards relating to the confidentiality and security of patient and other information

Overall Privacy Considerations When Using Virtual Care Solutions
• All PHIPA/CMHA WW Privacy/Security policies and procedures apply regardless of the virtual care medium being used. • **Consent Directive**: Before inviting a community partner, family member, etc. you must check the client's record to ensure that a PHIPA Consent Directive has been applied. • **Incapable Adults/Seniors** – The same rules re: current, Substitute Decision Maker discussions via face-to-face and/or telephone contact with their family and/or SDM apply to virtual care. • **Mature Minor** – when conducting family sessions, it is important to ensure you have taken into account the youth's age and ability to appreciate the risks and benefits of discussing personal health information with the minor's family and/or significant others. • **Risk Trumps Privacy** – It is permissible in a virtual care environment to have virtual sessions with community partners and/or family/significant others without consent **because of risk to self/others**, if we have documented facts that defend why we did this.

Getting Ready for Virtual Care Encounter

☐ Have you considered what clinical conditions can be safely assessed and treated (scope of practice) through a VCE?

☐ Do you have access to the appropriate clinical information needed for assessment and treatment during the VCE?

☐ Is relevant patient information gathered prior to and during the VCE and documented in a secure way?

☐ Are you monitoring virtual care services for timely responses to ensure essential services are respected (i.e. visits, Dx, consults, etc.)?

☐ Are you adopting virtual etiquette in your services? Examples include camera at eye level, confidential environments, badges visible to patient, removing visual distractions behind clinicians, and being punctual for appointments with patient.

☐ Do you have procedures in place to communicate planned/unplanned downtime to all relevant stakeholders (patients, health professionals, clinical support staff)?

☐ Are the appropriate resources and training in place to facilitate the orientation of patients, health professionals, clinical support staff to the VCS?

☐ Are all users trained on the use of the technology?

☐ Are all users trained on the privacy and security of the technology?

☐ Are all users trained on the requirement to obtain verbal express consent?

☐ Are you communicating the new modes of access for the VCE to your patients (i.e. phones, websites, social media, portal messages, etc.) with specific details such as program scope, costs (if any), who has access to patient information, who is monitoring patient information, what safeguards are in place to protect patient information, how patient information is used, who owns patient information, considerations of how data may be used in the future, partner organizations involved in the VCS, how virtual care encounters are conducted, what patients should expect, and other services available to address the patient's needs?

Client Privacy and Security Rights
The following are prompts we should provide before our clients agree to virtual care options:
- The client or participant(s) in the virtual care session should be aware that, although the organization has taken thorough steps to ensure reasonable privacy and security standards have been applied to virtual care, the following recommendations are advised:
  - The client or participant should also take steps when participating in virtual care encounters to do so in a **private setting** and **should not use an employer's or someone else's computer/device** as there may be opportunities to access their information
  - **Use a secure internet connection** – for example, using a personal computer or tablet is more secure than using someone else's computer. The client's access to internet on a home network will generally be more secure than an open guest wi-fi connection.
  - **Individual Video Session** – ensure the client knows they have option to blur their background if they do not want the therapy group and/or individual clinician to see more than is needed to participate in the virtual session.
  - **Group Video Sessions** – ensure the client knows that it is important during group therapy sessions that their family, friends, and other people who may be in the client's setting do not purposely or inadvertently hear the session, and in particular other group members' conversations.

During Virtual Care Encounter (VCE)

☐ Is the video setting private and secure?

☐ Are at least two person-specific identifiers used to confirm the client's identity to ensure they receive the service or procedure intended for them?

☐ Are you obtaining and documenting the patient's informed consent at the initiation of each VCE?

☐ Have you obtained consent for virtual visits?

☐ Are you providing patients and families information on their rights and responsibilities regarding VCE?

☐ During the VCE, are the appropriate resources and information provided to patients to promote and enable self-management?

☐ Are you answering final questions and clarifying instructions before closing the session?

☐ Are you documenting the clinical encounter?

After Virtual Care Encounter

☐ In the event of a transition of care after the VCE, has all relevant clinical information been communicated to the patient and receiving clinical team in a timely way?

Service Design Review/ Evaluation

☐ Virtual health service design should include:
   o Mechanisms for ongoing input on design, delivery and implementation from patients/caregivers, clinicians/staff and other users.
   o Quality management to define and monitor the required quality characteristics and outcomes.
   o Plans to review the service and make changes based on patient feedback and outcomes/needs.
☐ Evaluation to ensure the service as designed is meeting population need and not contributing to unintended health consequences

Section D: Organization-Specific Sample Documents – Refer to Section D in Appendix

i. General Guidance Documents

ii. Direct Patient Care - Guidance Documents
   a. Individual
   b. Group

iii. In- Direct Patient Care Guidance Documents

Section E: Patient Facing Manuals – Refer to Section E in Appendix

i. Checklist for Supporting Patients" (HSO)
ii. "Preparing for your upcoming VHS"

References

Ontario Health Teams: Digital Health Playbook. Ministry of Health (August 2019)

Adopting and Integrating Virtual Visits into Care: Draft Clinical Guidance. Ontario Health (2020)

COVID-19 Operational Requirements: Health Sector Restart. Version 2. Ministry of Health (June 2020)

Health Standards Organization (2020). COVID-19 Toolkit: Virtual Care v2.0 Health Standards Ontario & Accreditation Canada (2020)

Virtual Care Playbook. Canadian Medical Association, The College of Family Physicians of Canada, Royal College (March 2020)

Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care. Ontario Health (June 2020)