Virtual visit clinician best practice guide
Clinician resource

Virtual care can improve patient-centered care by offering timely, convenient, and accessible services. This guide outlines key points to help determine if virtual care is suitable at a specific time in a patient's care journey. This is not a complete list—programs can adjust or add to these considerations as needed.

Patient considerations

Receptivity: Is the patient open to using virtual care? Do they prefer using it?

Ability to participate: Is the patient experiencing any cognitive, physical, psychological or other challenges that may get in the way of their virtual visit?

Language: For language services support, please contact Provincial Language Services.

Technology: Does the patient understand how to use the technology? Does the patient have technical support available to them if needed?

Travel: would it be physically, emotionally or financially challenging for a patient to have an in-person visit?

Access to care: Does virtual care help the patient get care more quickly or easily?

Involving others: Can virtual care include family or caregivers who are in different places?

Clinical considerations

Standard of care: Will the clinician get enough information to provide the same quality of care virtually as in person?

Patient condition: Is the patient's condition suitable for virtual care? Are they experiencing symptoms that require an in-person or physical assessment?

Relationship with patient: Can a strong, supportive relationship be built or maintained through virtual care? Is there already a relationship to build on?

Clinician readiness: Is the clinician trained and supported to confidently use virtual health?

Safety: Are there any safety concerns that require in-person follow-up? Does the patient have a private and safe space for a virtual visit? Can care be delivered in a culturally safe way?
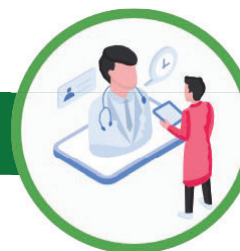
Patient safety

If there are concerns about a patient's safety during a virtual visit, consider creating a plan with the patient.
This plan can include:
- Explaining what virtual care can and cannot do
- Instructions about what the patient should do if they require immediate in-person care
- Awareness of where the patient is located, and what emergency services, contacts and primary care clinics are nearby

When using virtual care there are two types of consent to consider:

Consent to health care

Even when care is provided virtually, the same rules for getting consent apply as they do for in-person care.
Staff must follow:

- PHSA's Consent to Health Care Policy (2020)
- Relevant professional standards
- Program-specific consent guidelines

This ensures patients understand and agree to the care they receive, no matter how it is delivered.

Consent to virtual health

Patients must be given enough information to decide if they want to receive care through virtual health.
The consent process should include:

Discussing Benefits and Risks
Talk with the patient (or legal representative) about:

- Possible risks of virtual care
- What the patient needs (e.g., device, email, internet, private space)
- What the process will look like and what support is available
- What to expect during virtual care

Privacy and Information Collection
When possible, let the patient know:

- Their personal information will be collected to provide care
- This is done under sections 26(c) and 26(e) of the Freedom of Information and Protection of Privacy Act
- They can contact **PHSA Information Access & Privacy Services** with questions

Verbal Consent

- Get the patient's verbal consent to use virtual care
- Document this consent in the patient's record, following your team's procedures to ensure all care providers are aware of consent

Patient Choice and Rights

- Patients can agree to some types of virtual care but not others
- Patients can withdraw their consent at any time
- Consent should be renewed if: a year has passed since the last consent, the patient didn't fully understand the risks or the virtual care platform has changed.

Documenting virtual care

When providing virtual care, follow the same professional and organizational documentation standards as for in-person care. You may also include the following details in the patient's record, when appropriate:

- The patient's location during the visit, and anyone else who was present
- The type of virtual care used (e.g., video, phone or messaging)
- The provider's location, if they were outside a health authority network

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All existing privacy and confidentiality policies still apply when using virtual care. Staff should review Privacy and Security 101 training on the Learning Hub to stay current with their responsibilities.

To help protect patient information during virtual visits, staff should:

- Use a private space for all virtual visits
- Position their screens so others cannot see any information on display
- Adjust volume settings to protect privacy - use a headset if sharing a space

Using approved technology

- **Provincial Virtual Health (PVH)**, **IMITS**, and **PHSA Information Access & Privacy** ensure that approved virtual platforms meet safety and privacy standards.
- Staff must use only approved virtual health tools.
- A list of endorsed platforms is available on the **Provincial Virtual Health (PVH)** website, or by contacting: provincialvirtualhealth@phsa.ca.
- It is recommended to use PHSA password-protected devices and remote login for virtual care. These devices are managed by IMITS and meet PHSA's network security standards.
- If a PHSA device is not available, staff or contractors must follow the requirements in IMITs Standard #19 to ensure secure use of virtual health tools.
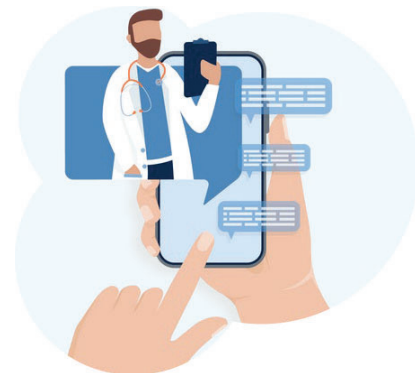
Reducing identity errors

There is a higher risk of identity errors when using non-visual virtual care methods like email, text, or phone. To help reduce this risk, ask the patient to send the first message (email or text) before sharing any personal health information. This helps confirm the patient's identity and protects their privacy. If a patient wishes to record or take pictures of their virtual health visit please refer to the PHSA Policy and Procedures for Audio, Video and Photographic Records for more information.

References

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Derner, M. (2020, March). Virtual Care Playbook. Retrieved from https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf

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Webside manner
Practical guide for a respectful and culturally safe virtual visit

By intentionally making simple adjustments to your communication techniques, you can ensure that your patient, and their wellbeing, is the focus of the visit. As a clinician, you are already practicing good bedside manner. In the virtual content, it is *essential* to amplify those expressions, empathy, and engagement effort in order to achieve the same effect as in person care.

Here are some ways we recommend engaging your patient virtually in order to support safe, appropriate and effective virtual care:

Use your voice

- Welcome the patient warmly to the virtual health visit
- Set an agenda collaboratively
- Invite questions and concerns, including technical concerns
- Let the patient know if you need to look at another screen for documentation or other purposes while still paying attention to them
- If you cannot interpret facial expressions, inquire about how the patient is feeling about the discussion
- Present information using simple language, being mindful of your cadence and how much information you share at a time
- If using an interpreter or accessibility feature ensure you know how to use and trouble shoot it

Use your body

- Focus on the patient and look into the camera with a warm, comfortable gaze to simulate eye contact
- Sit upright, face the computer, leaning slightly forward to convey engagement
- Be mindful of how you move: quick or distracting movements, like tapping or fidgeting, can be picked up by the camera or microphone and can distract the patient
- As the patient speaks, nod to convey understanding

> In our commitment to address historical systemic racism in our organizations, PVH encourages staff to apply trauma awareness, cultural humility and harm reduction in virtual health practice. For more information, please see the PVH Virtual Health Competency Framework, particularly competencies 3a and 4b.

Create a space of comfort and collaboration

- Encourage patient to find a comfortable, private space where they are able to speak freely but recognize that this is not always possible
- Employ cultural safety and humility practices, be respectful that you may be accessing the patient's home virtually
- Use open-ended questions to understand the patient's concern
- Actively listen to responses paying attention to emotional cues in the patient's speech or body language
- Summarize what the client said and seek confirmation of accuracy to ensure nothing got lost through technology
- Share screen when appropriate (e.g. when reviewing lab results or displaying an explanatory image)
- Let the patient know when the visit is close to ending, this could be a great time to ask them if they have any remaining questions for you before you wrap up
- Explain next steps, review treatment plan, and explicitly invite questions once again (e.g. remind them of any expected email and online communication

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