

# Virtual health handbook

For PHSA staff



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## Background

This handbook helps support Provincial Health Services Authority (PHSA) staff use virtual health in their clinical practice. Virtual health is a patient-centred care model focused on connecting patients, families and providers using technology to optimize wellness, specialty care and outcomes. It allows the provision of health services remotely or when the patient and provider are in different locations. Virtual health can include the use of many different solutions and modalities such as virtual health visits, remote patient monitoring, clinical digital messaging and even includes providing clinical care and services over the telephone.

This handbook provides information and references that consider professional standards, current legislation and feedback from PHSA subject matter experts and clinical programs. It has been informed by the *Freedom of Information and Protection of Privacy Act* of BC, the PHSA [Virtual Health Policy](#), other applicable PHSA policies, practice requirements set by the professional regulatory bodies of British Columbia (B.C.) and subject matter experts in clinical programs including PHSA Indigenous Health, Legal, Risk Management, Privacy and Information Management/Information Technology Services (IMITS).

The handbook complements other virtual health resources found on the [Office of Virtual Health's website](#). Virtual health resources for patients and families are located on the Office of Virtual Health's website under [patient resources](#). The handbook is intended to be an evergreen document and feedback can be shared via [officeofvirtualhealth@phsa.ca](mailto:officeofvirtualhealth@phsa.ca).

## Acknowledgement

PHSA respects the values, culture and self-determination of Indigenous Peoples. PHSA has signed the [Declaration of Commitment on Cultural Safety and Humility in Health Services](#), and is mandated to uphold the B.C. [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\) Act](#) and the [Calls to Action of the Truth and Reconciliation Commission of Canada \(TRC\)](#).

## Focus

This handbook focuses on virtual health solutions that have been established and implemented in clinical areas.

## Before you start

Before staff begin to use virtual health, there are important aspects to consider to safely, effectively and appropriately implement and integrate it into care delivery models. PHSA's Office of Virtual Health (OVH) provides support to integrate virtual health into PHSA clinical program areas. For more information about the OVH, please refer to the [OVH website](#). Prior to implementing any new virtual health solution into your clinical area please contact your operational leader and the OVH team at [officeofvirtualhealth@phsa.ca](mailto:officeofvirtualhealth@phsa.ca).

## Applicability

This handbook provides general information for PHSA staff. It is important to note that the use of virtual health does not alter the standing ethical, professional and legal obligations of professional staff including:

- ✓ Legislation
- ✓ Professional standards
- ✓ Organizational policies and procedures
- ✓ Personal competencies

PHSA is mandated through FIPPA to protect the personal information of patients during its collection, use, disclosure and storage while providing clinical care.

Recently, privacy law amendments were passed removing the requirement for data to be stored within Canada. While PHSA's Privacy Office still encourages virtual health solutions to store and disclose data within Canada as much as possible, outside of Canada storage can now be explored. For more information, please contact PHSA's Privacy Office.

The handbook is applicable to all vendor solutions endorsed by PHSA. Further solution-specific information can be found on the [OVH website](#).

### KEY MESSAGES - INTRODUCTION

- This handbook is a resource that provides information on using virtual health solutions that have already been established and implemented.
- [The Office of Virtual Health](#) provides support to integrate virtual health solutions into care delivery models.
- Virtual health solutions implemented in response to the COVID-19 pandemic, and involving the use, disclosure or storage of personal information outside of Canada, may be used if *FIPPA* compliant and with proper assessments complete as per Ministerial Order M.462.

## Professional standards and licensure

Clinical standards set by a professional college or by PHSA, as well as respective policies related to the delivery of health services for in-person services, must be maintained when using virtual health. Professional colleges often have positions on the use of virtual health by their members; clinicians should be aware of any applicable requirements or standards set out by their respective college.

Regulated health-care providers offering care through virtual health solutions in jurisdictions outside B.C. must be aware of, and comply with, the respective requirements of those jurisdictions, including registration requirements. Clinicians must ensure their licence permits practice in the jurisdiction where the patient resides and should contact the regulatory body in the respective jurisdiction for more information.

## Appropriateness

Clinicians and their patients, together, are in the best position to decide if virtual health is appropriate in that point in time to address the patient's needs. Clinicians and patients should collaborate to choose the most appropriate type of care delivery for the circumstance including virtual visit, phone visit, digital or texting communication or in-person visit. The following considerations can help guide this decision but do not represent an exhaustive list.

### Patient considerations

- **Receptivity:** Is the patient appropriately informed of, and receptive to, virtual health? Is there patient preference for virtual health?
- **Capacity:** Is the patient capable of participating in virtual health? Consider cognitive and physical abilities, language needs, auditory or visual impairments, etc. Does the patient have support to use virtual health if required? For language services support, please contact [Provincial Language Service](#).
- **Technology:** Does the patient have sufficient technological literacy? Does the patient have the appropriate technology and set up?
- **Travel:** Is there a travel burden for the patient? Does the patient need to travel to have an in-person visit? What are the physical, emotional, financial and safety implications for the patient?
- **Access:** Does virtual health improve access to timely care?
- **Inclusion of others:** Does virtual health allow for the inclusion of family members or caregivers (as needed) who are in different locations?

### Clinical considerations

- **Clinical standards:** Can the same standard of care be provided virtually compared to in-person services? Does virtual health facilitate a clinician's ability to acquire adequate information to support clinical decision making?
- **Clinical acuity:** Does the patient's acuity or clinical condition lend itself to being addressed virtually? Are there clinical concerns or symptoms about the patient that warrants in-person assessment? Is in-person physical assessment required?
- **Therapeutic relationship:** Is it possible to establish and maintain a therapeutic relationship and milieu with the patient for their specific need through using virtual health? Is there a pre-existing relationship to build on?
- **Provider comfort:** Is the clinician adequately trained and supported to use virtual health?
- **Safety:** Are there any unmitigated safety concerns that might warrant in-person follow up? Can culturally safe care be provided virtually? Does the patient have a safe and private space?

## Patient safety

If staff is concerned about patient safety while using a virtual health solution, consider discussing a safety plan with the patient, which can include:

- The limitations of using virtual health solutions and what to expect.
- What the patient should do if they require immediate in-person care.
- Ensuring awareness of the patient's location and community as well as where the patient can go if there is need for in-person care. This may include available emergency services, primary care, or contact family members as appropriate.

### **KEY MESSAGES – PRINCIPLES AND APPROPRIATENESS**

- The clinical standards of care are the same for virtual and in-person care.
- The clinician and patient should determine together if virtual health is suitable for the patient at any point in time.
- Virtual health has some limitations and plans to address the potential need for in-person care should be considered.
- Patients have individual circumstances and characteristics that can impact the choice of using different virtual health solutions at different points in time.
- There are various clinical considerations that impact the decision to use virtual health.
- Appropriateness of the use of virtual health is a clinical judgment.

## Choosing the right virtual health solution (Table 1)

Staff may have a number of PHSA-endorsed virtual health solutions available to them to support clinical care. Table 1 outlines some benefits and limitations to the virtual health solutions endorsed by the PHSA OVH. Before integrating and using these solutions into clinical areas for the first time, contact your leadership team and the OVH.

Virtual health solution	Benefits and uses	Limitations
<b>Virtual health visit audio-visual direct to patient location (e.g., Zoom for Healthcare)</b>	<ul style="list-style-type: none"> <li>✓ Simulates in-person conversations and observations</li> <li>✓ Allows family members and/or caregivers to be involved in the visit from different locations</li> <li>✓ Allows multiple members of the care team to join a visit from different places</li> <li>✓ Allows for eye contact and body language assessment</li> <li>✓ Can be suitable for sensitive topics</li> <li>✓ Facilitates deeper understanding of the patient’s home or work environment</li> <li>✓ Facilitates a visual exam</li> <li>✓ Allows for clinical observations such as movement, facial expressions and sounds</li> <li>✓ Synchronous (in real time)</li> <li>✓ Can be scheduled or on demand</li> <li>✓ Can build trust and rapport through the visual and auditory connections</li> <li>✓ Some patients/clients can be more comfortable in their own environment</li> <li>✓ Reduces travel needs for the patient/client and helps save time</li> </ul>	<ul style="list-style-type: none"> <li>✗ Patients have responsibility to manage the solution and their own devices and may need support</li> <li>✗ Requires reliable internet connection for both patient and staff</li> <li>✗ Requires a level of competency to use the solution</li> <li>✗ Requires that both the patient and the health-care provider are available at the same time</li> <li>✗ Technical difficulties can arise unexpectedly</li> </ul>

Virtual health solution	Benefits and uses	Limitations
<p>Non-secure (unencrypted) clinical digital messaging SMS (e. g. direct to phone number)</p>	<ul style="list-style-type: none"> <li>✓ Low barrier for patients as it does not require a log in or downloading an app</li> <li>✓ Best for reminders and messages and other simple communications without personal information</li> <li>✓ Allows for asynchronous communication (can send and receive messages at any time)</li> </ul>	<ul style="list-style-type: none"> <li>✗ Not secure, there is risk of interception by third party</li> <li>✗ Depending on solution used (e.g., established clinical digital messaging software vs phone to phone), there may be no tracking or record of communication unless documented in health record separately</li> </ul>
<p>Telephone</p>	<ul style="list-style-type: none"> <li>✓ Patients and providers are very familiar with this modality</li> <li>✓ Can help mitigate potential inequity of virtual health access related to internet availability, digital literacy, patient access to devices and internet</li> <li>✓ Can be effective when the provider and patient have an established relationship and/or the visit is straightforward and for a simple request (e.g., ongoing prescription renewal, appointment reminder)</li> <li>✓ Can be a first conversation for triage to decide if a video or in-person visit is better suited</li> <li>✓ Can be effective when patient is on remote patient monitoring, such as blood pressure monitoring, blood glucose, weight, and patient reported symptoms for a discussion with the patient</li> <li>✓ Can be helpful for reminders to increase compliance with appointments and medications</li> <li>✓ Timely back up in case of video visit failures</li> <li>✓ Can be effective when used in combination with video and in-person visits</li> </ul>	<ul style="list-style-type: none"> <li>✗ Engagement and building of relationships more difficult</li> <li>✗ No ability to visually assess patient nor see cues of emotional state and understanding</li> <li>✗ Least appropriate for upsetting information or news as signals of empathy and emotional support are more difficult</li> <li>✗ Connecting the provider and patient at the same time may require an appointment</li> </ul>



Virtual health solution	Benefits and uses	Limitations
<b>Remote Patient Monitoring</b>	<ul style="list-style-type: none"> <li>✓ Supports gathering and assessing patient data such as vital signs, symptoms or general health without the patient having to come into the clinical setting</li> <li>✓ Can track and monitor vital signs/assessment data on a regular basis and can look for changes and trends</li> <li>✓ Supports care team with timely identification and intervention of patient symptoms</li> <li>✓ Enables timely and convenient access to educational materials based on patient needs/responses to monitoring questions</li> <li>✓ Alerts and notifications can be set up to flag care team of patient responses beyond a defined range/threshold</li> <li>✓ Many different ways this model can be used depending on clinical goal</li> </ul>	<ul style="list-style-type: none"> <li>✗ Requires a level of competency to use the devices/technology for both the patient as well as the staff</li> <li>✗ Requires patient commitment to participate in monitoring</li> <li>✗ Requires staff to view and assess patient data at pre-determined points of time (which can vary depending on clinical goal)</li> </ul>
<b>Remote Consent</b>	<ul style="list-style-type: none"> <li>✓ Allows patients to provide digital explicit consent from their home as clinically appropriate</li> <li>✓ Customizable form (and fields within each form)</li> <li>✓ Facilitates completion of consent given the use of required fields</li> </ul>	<ul style="list-style-type: none"> <li>✗ Signing parties must have email address and consent to communication via email</li> <li>✗ Patients/caregivers will need to be able to navigate the solution</li> </ul>
<b>Email to Fax</b>	<ul style="list-style-type: none"> <li>✓ Enables prescribers to email prescriptions to a community pharmacy</li> <li>✓ Enables staff to send confidential patient documents to a secured fax</li> <li>✓ Staff can be in any location to send</li> </ul>	<ul style="list-style-type: none"> <li>✗ Does not include receiving documents by email</li> <li>✗ Not used for staff–patient communication</li> </ul>

# Patient consent for virtual health solutions

## Obtaining consent

While they are related, there are differences between consenting to using a virtual health solution and consenting to receiving care. The following outlines the difference and respective considerations:

### 1. Consent to health care

Because health care is being provided during the course of using virtual health solutions, applicable consent to health care policies and standards still applies as it does in the context of in-person patient care. Staff should therefore review and adhere to applicable policies and standards such as PHSA's [Consent to Health Care Policy \(2020\)](#), respective professional standards and program-specific consent standards.

### 2. Consent to virtual health

Consent to virtual health refers to providing patients the necessary information to make an informed decision as to whether they want to receive clinical services through a virtual health platform.

The following outlines guidance with respect to the virtual health consent process:

- ✓ Discuss the benefits and risks of receiving care through the virtual health solution being offered with the patient or legal representative. From a virtual health perspective, the discussion between patient and staff may include:
  - What the potential risks are
  - What the patient will need in order to receive health care through the virtual health solution being offered (device, email address, secure internet or data, a safe private location).
  - What process the patient can expect and what supports are available.
  - What to expect when receiving health care through the virtual health solution.
- ✓ Whenever possible, advise the patient that:
  - Their personal information will be collected directly from them for the purpose of providing them health care through virtual health
  - That this collection is in accordance with sections 26(c) and 26(e) of the *Freedom of Information and Protection of Privacy Act*
  - That they may contact PHSA Information Access & Privacy Services if they have any questions about the collection of their personal information
- ✓ Obtain verbal patient consent to receive virtual health.
- ✓ Document patient verbal consent for use of the virtual health solution in their record of care to align with professional standards and to circulate the consent throughout the care team. Documentation of consent should follow work area procedures.
- ✓ Patients can consent to specific virtual health solutions or modalities of communication and not others.
- ✓ Patients can withdraw consent for using virtual health solutions at any time.
- ✓ Patient consent for use of virtual health solutions should be repeated at minimum when:
  - A year has lapsed since that patient was explained the risks and provided consent for the virtual health solution.
  - There is reason to believe the patient does not fully understand the risks of using a virtual health solution.
  - There are changes in the virtual health solution being used.

## Virtual health documentation of care

Professional and agency specific documentation standards remain intact when providing care through virtual health solutions. Additional considerations may be included within the client record as appropriate:

- Where the patient was located and anyone included in the visits in addition to the patient
- The modality used (video visit/ telephone, asynchronous messages)
- Where the provider was located when not in a health authority network

## Patient confidentiality

- Existing privacy and confidentiality standards, policies and best practices still apply when providing health care through virtual solutions. Staff can review PHSA [Privacy and Security 101](#) training on Learning Hub to ensure they are up to date on their roles regarding protecting patient confidentiality and information. To help maintain these standards, staff may consider the following when using virtual health solutions to provide health care:
  - Complete all virtual health visits in a private space
  - Ensure that your screen placement provides confidentiality by preventing others from seeing your screen.
  - Ensure that your volume settings are appropriate and maintain confidentiality. It is recommended to use a headset if you are sharing space.
- The OVH with IMITS and PHSA Information Access & Privacy are responsible for ensuring the endorsed virtual health solutions meet the essential requirements to minimize risk to patient and to the organization. Staff are responsible for using approved virtual health solutions appropriately. Endorsed solutions are listed on the [OVH website](#), or contact [officeofvirtualhealth@phsa.ca](mailto:officeofvirtualhealth@phsa.ca).
- Using PHSA password protected devices and remote logins is recommended as the most secure way to use virtual health solutions as IMITS manages the devices according to network security standards.
- If it is not possible to use a PHSA device, ensure the staff or contractor understands the PHSA requirements specified in the [IMITs Standard #19](#).
- Misrepresentation or error of a patient's identity is a risk, particularly in non-visual virtual health solutions, such as email, text and phone. To help reduce the risk, staff can ask the patient to initiate the digital communication by sending the first email or text message before personal information is shared.
- 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.

## PHSA related resources

- [BC Cancer Virtual Health Guide for Medical Staff, 2020](#)
- [BC Centre for Disease Control Guidelines Email and Text Communications with Clients, March 2016](#)
- BC Children's Hospital and BC Women's Hospital and Health Centre, [Staff Guideline in Email and Text Communication with Patients](#), 2018
- [CW Standard Work: Health Care Professional – Patient Identification and Confirming consent for Virtual Session or Treatment Session](#)
- [IMITS Standard #19: Bring Your Own Device \(BYOD\) Standard](#)
- [IMITS Standard #23: Network Device Security Standard](#)
- [Privacy and Confidentiality Breach Management Guidelines \(2014\)](#)
- [Sharing and Storing Information, IMITS Info Centre](#)

## Scripts and examples on OVH website

- [Informing patients of virtual health, risks and limitations](#)

## PHSA policies, standards and guidelines

- [CST Health Records Policy, 2018](#)
- [CST Records and Retention Policy, 2018](#)
- [PHSA Virtual Health Policy](#)
- [PHSA Consent to Health Care Policy](#)
- [Privacy and Confidentiality Policy IA\\_020 , 2016](#)
- [Internet and Electronic Mail Messaging Policy, 2014](#)
- [Information Access and Privacy Policy, 2016](#)
- [Managing Privacy and Confidentiality Breaches Policy IA\\_100 \(2012\)](#)
- [IMITS Standard #19: Bring Your Own Device \(BYOD\) Standard](#)
- [IMITS Standard #23: Network Device Security Standard](#)
- [Privacy and Confidentiality Breach Management Guidelines \(2014\)](#)
- [Sharing and Storing Information, IMITS Info Centre](#)

## References

1. Virtual Care Resources: Canada Health Infoway - <https://infoway-inforoute.ca/en/resource-centre/virtual-care>
2. Canadian Medical Protective Society, [Texting safely about patient care: Strategies to minimize the risks \(2019\)](#)
3. Canadian Nurses Protective Society, [Consent to use Electronic Communications](#)
4. Derner, M. (2020, March). Virtual Care Playbook. Retrieved from [https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook\\_mar2020\\_E.pdf](https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf)
5. Virtual Health Standards, Standards Council of Canada, CAN/HSO 83001:2018 (E)
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8. Ontario Health. (2020, March 12). Adopting and Integrating Virtual Visits into Care: Draft Clinical Guidance For Health Care Providers in Ontario. Retrieved from [https://quorum.hqontario.ca/Portals/0/Users/170/54/10154/Draft%20Clinical%20Guidance\\_Adopting%20and%20integrating%20virtual%20visits%20into%20care\\_V1.pdf?ver=2020-03-13-091936-370](https://quorum.hqontario.ca/Portals/0/Users/170/54/10154/Draft%20Clinical%20Guidance_Adopting%20and%20integrating%20virtual%20visits%20into%20care_V1.pdf?ver=2020-03-13-091936-370)
9. PHSA. (2020, January). Patient and Care Team Digital Communication Policy. Retrieved from <http://www.phsa.ca/health-professionals-site/Documents/Office of Virtual Health/Digital Communication Policy.pdf>
10. [Virtual vs In Person Rapid Review, Alberta Health Services COVID-19 Scientific Advisory Group, 2020](#)

## Appendix A: B.C. professional colleges links

College of Dietitians of British Columbia: Virtual Dietetic Practice Guidelines. Retrieved May 2020:  
<https://collegeofdietitiansofbc.org/wp-content/uploads/2020/03/Virtual-Practice-Guide-final-June-03-19.pdf>

College of Physicians & Surgeons of British Columbia: Telemedicine Practice Standard. Retrieved May 2020  
<https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf>

BC College of Nurses and Midwives: Telehealth Practice Standard. Retrieved May 2020:  
[https://www.bccnp.ca/Standards/RN\\_NP/PracticeStandards/Pages/telehealth.aspx](https://www.bccnp.ca/Standards/RN_NP/PracticeStandards/Pages/telehealth.aspx)

BC College of Social Workers: Technology Standards of Practice. Retrieved May 2020:  
<http://www.bccsw.ca/wp-content/uploads/2016/09/BCCSW-Technology-Standards.pdf>

College of Occupational Therapists: COVID-19 Practice Guidance. Retrieved March 2020:  
[https://cotbc.org/wp-content/uploads/COVID-19-Practice-Guidance-Telehealth-in-Occupational-Therapy-Practice-March-31-2020-Update\\_FINAL.pdf](https://cotbc.org/wp-content/uploads/COVID-19-Practice-Guidance-Telehealth-in-Occupational-Therapy-Practice-March-31-2020-Update_FINAL.pdf)

College of Pharmacists of British Columbia: Framework of Professional Practice. Retrieved June 2020:  
[http://library.bcpharmacists.org/6\\_Resources/6-2\\_PPP/1009-FPP.pdf](http://library.bcpharmacists.org/6_Resources/6-2_PPP/1009-FPP.pdf)

College of Physical Therapists of BC: Guidelines for the Provision of Tele-Rehabilitation July 2020.  
<https://cptbc.org/physical-therapists/practice-resources/advice-to-consider/tele-rehabilitation/>

College of Psychologists of BC: COVID-19 Updates. Retrieved May 2020:  
<https://collegeofpsychologists.bc.ca/covid-19-updates/>

College of Psychologists of British Columbia. (2016, October 28). Use of Email and Other Electronic Media to Communicate with Clients Checklist. Retrieved from  
[http://www.collegeofpsychologists.bc.ca/docs/checklist/PS%20Doc%20-Use%20of%20Email%20and%20Other%20Electronic%20Media%20Checklist\\_March%2025%2C%202015.pdf](http://www.collegeofpsychologists.bc.ca/docs/checklist/PS%20Doc%20-Use%20of%20Email%20and%20Other%20Electronic%20Media%20Checklist_March%2025%2C%202015.pdf)

College of Psychologists of British Columbia. (2016, October 28). Telepsychology Services Checklist. Retrieved from  
[http://www.collegeofpsychologists.bc.ca/docs/checklist/PS%20Doc%20-%20Telepsychology%20Checklist\\_March%2025%2C%202015.pdf](http://www.collegeofpsychologists.bc.ca/docs/checklist/PS%20Doc%20-%20Telepsychology%20Checklist_March%2025%2C%202015.pdf)

College of Psychologists of British Columbia. (2016, October 28). Telepsychology Assessment Checklist. Retrieved  
<http://collegeofpsychologists.bc.ca/docs/psc/PS15%20-%20Telepsychology%20Assessment.pdf>

College of Speech and Hearing Health Professionals of British Columbia. (2020, June 29). Standard of Practice: Virtual Care. Retrieved from  
<https://www.cshbc.ca/wp-content/uploads/2019/06/CSHBC-SOP-PRAC-03-Virtual-Care.pdf>

## Appendix B: Definitions

**“Asynchronous”** refers to communications where the communication is sent at a different time than received. For example, a text message which is sent and read later.

**“Consent”** means an informed voluntary choice by the patient (or alternate decision-maker) to undergo health care.

**“Family”** refers to a group of individuals with a continuing legal, genetic and/or emotional relationship to the patient, as defined by the patient.

**“Implied consent”** means consent inferred from the adult’s or the substitute decision maker’s (if applicable) actions and surrounding circumstances.

**“Patient”** refers to any person receiving services from PHSA. Patient is inclusive of a patient, resident or client.

**“Personal Information”** Personal information means any information about an identifiable individual, but it does not include business contact information (business contact information is information such as a person’s title, business telephone number, business address, email or facsimile number).

**“Remote patient monitoring”** refers to technology to monitor a patient’s health (usually from their home), and share the information electronically with health care teams.

**“Solution”** refers to a technology product that allows an interaction between a patient(s) and health care provider(s) without physical presence.

**“Staff”** refers to all employees (including management and leadership), medical staff members (including physicians, midwives and dentists), nurse practitioners, residents, fellows and trainees, health care professionals, students, volunteers, contractors and other service providers engaged by PHSA.

**“Synchronous”** refers to a communication which is happening at the same time for all involved, such as a video or phone communication where the patient and provide are participating at the same time.

**“Virtual health”** is a patient-centred care model focused on connecting patients, families and providers, using technology to optimize wellness, specialty care and outcomes.

**“Virtual health visit”** refers to a technology-enabled remote interaction between providers, provider(s) and patient(s), and patients and families to address the patients’ health.

**“Written consent”** means consent to which the patient (or alternate decision-maker) has agreed to in writing by signing a PHSA consent form. This can also include an electronic form. When written consent is obtained, the consent document becomes a component of the patient’s health record.



# Webside manner

Practical guide for a respectful and culturally safe virtual health visit



## Bedside manner in the virtual world

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
  - Use tools (e.g. [Teach-Back](#)) to ensure you're effectively communicating and your patient understands you
- If using an interpreter or accessibility feature ensure you know how to use and trouble shoot it

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

### 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

### 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)

## Appendix D: Virtual health visits appropriateness considerations – quick reference guide

Using virtual health visits to provide patient care is a clinical decision and this quick reference guide helps support that decision making with respect to appropriateness. Virtual health visits can support patient-centred care by offering timely, convenient and accessible health care. This is especially pertinent in the context of the COVID-19 pandemic. However, in some situations, virtual health visits may not be appropriate and in-person care may still be warranted. Clinicians can refer to the following considerations to help determine whether a virtual health visit may be appropriate for the patient at that point in time in their care journey. Please note that this resource does not provide an exhaustive list of considerations but rather highlights some key considerations that each program area can then amend as needed.

### Patient considerations

#### Receptivity

- Is the patient informed of, and receptive to, having a virtual health visit? Is there patient preference?

#### Capacity

- Is the patient capable of participating in a virtual health visit? (i.e., any cognitive, physical, auditory, visual impairments?) Does the patient have support to use virtual health if required?

#### Technology

- Does the patient have sufficient technological literacy and have the appropriate technology and set up?

#### Travel

- Is there a travel burden for in-person appointments?

#### Access

- Do virtual health visits improve access to timely care?

#### Inclusion of others

- Do virtual health visits allow for the inclusion of family members or caregivers (as needed) who are in different locations?

### Clinical considerations

#### Clinical standards

- Can the same standard of care be provided virtually compared to in-person services? Is the clinician able to obtain adequate information through the virtual health visit to support clinical decision making?

#### Clinical acuity

- Does the patient's acuity or clinical condition lend itself to being addressed virtually? Are there clinical concerns or symptoms that warrant in person follow up and assessment? Is in-person physical assessment required?

#### Therapeutic relationship

- Is it possible to establish and maintain a therapeutic relationship and milieu with the patient for their specific need during a virtual health visit? Is there a pre-existing relationship to build on?

#### Provider comfort

- Is the clinician adequately trained and supported to use virtual health visits?

#### Safety

- Are there unmitigated safety concerns that might warrant in person follow up? Can culturally safe care be provided virtually? Does the patient have a safe and private space?

This resource has been adapted with permission from Provincial TB Services at the BC Centre for Disease Control (BCCDC)