

VIRTUAL CARE BEST PRACTICES GUIDE

This document was modified from "Telemedicine @ HERZL – the essentials" by Drs. Barbara Evans, Mylene Arseneault, Mark Karanofsky, Juan Gardie and Michael Shulha based on guidelines from the CMPA, CMQ, College of Physicians and Surgeons of British Columbia, College of Physicians and Surgeons of Ontario.

what is it?

The practice of medicine at a distance using information and communications technologies

- 1) Phone call 2) Video conference 3) eConsult

be prepared

- Install anti-virus on any home computing device handling clinical/corporate work ***Mandatory***
- Avoid printing work-related documents at home
- Do not save clinical/ corporate documents on personal equipment
- Avoid using personal email as transmitting documents over the internet (not secure)
- Refrain from storing clinical /university data on personal USB devices
- Maintain confidentiality of information and documents
- Be mindful of phishing and attachments
- If applicable- Make full use of Microsoft Outlook, Teams and OneDrive to securely access & transmit corporate information

how do you do it

A teleconsult (phone or video) is similar to a regular visit. With a few additional key elements. It's the primary way we will be offering care to patients during the COVID 19 Pandemic.

1. Introduce yourself:

Tell them who you are and why you're calling. Ensure that you and the patient are in a confidential setting. If it's a video visit, hold your identification badge up to the camera. If you are a resident let the patient know who the supervising doctor will be, and that at some point you will review the case with them.

2. Confirm the patient ID:

On the phone ask them for their, Name, DOB and Home Address. If it's a video visit, have them hold their OHIP card up to the camera.

*** Confirm their current location in case the patient goes into distress and you need to call emergency services. ***

3. Obtain consent from the patient:

It's important that the patient understand what a telehealth visit is, and what the limitations are. Here are the key phrases that must be included in an explanation.

- A phone or video visit is different than in person and has some limitations, if at any point I feel that you need to be seen, I will have it arranged.
- As we are speaking over phone or video, if you are in a public, there is a chance confidentiality could be breached. However, for our video conferencing tools we are only using secure ministry approved solutions.
- I will document your visit in your medical chart.
- Do you agree to this phone or video visit? (document using clickable text in History section of the note)

Sample patient consent text to put in record ([Ontario MD](#)); more information to help support the consent process is available on the [OMA's virtual care](#) page.

“Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.”

4. Proceed with the visit:

Try your best to determine at the beginning of the interview if the visit is appropriate for telemedicine. Here are some examples, but you should always use your clinical judgment

Appropriate

- Coughs and Colds
- Simple UTI
- Dermatology (via his res video only video)
- Contraception Counselling
- STI screening and Counselling
- Mental Health
- Routine screening and DM f/u (diabetes follow up)

NOT Appropriate

- New Rx for Narcotics benzodiazepines and stimulants
- Rx changes for unstable or relapsed patients taking Methadone or Suboxone
- Rx for cannabis
- Patients requiring physical examination (e.g. abdominal pain, wheezing)
- Suspected otitis media that requires treatment (i.e. young infants < 6 months or prolonged fever > 48 hours or severe illness)

5. Document the visit:

- Document the visit as normal in your EMR.
- Always be prepared for the visit by reviewing the patient file before the visit.
- Finalize your impression and summarize the diagnosis for the patient
- If you are a resident tell your patient you will review the case with your supervisor and call them back to discuss the treatment plan
- **Ensure that pharmacy information is up to date in your EMR as all Rx should be faxed**

in case of emergency

6. NEVER HANG UP ON THE PATIENT:

- Even if you are unsure of what to do, if you feel the patient needs urgent medical attention, do not end communication with the patient.
- In this case, if needed, call 911 for the patient and provide the location of the patient to emergency services. Answer all questions 911 may have regarding the situation.
- Call your supervisor on another line to discuss the case if possible.
- Once the case has been managed, if not done so already, immediately call your supervisor to discuss.

Examples of emergencies:

- The patient tells you they are actively suicidal with a plan and you are imminently worried for their safety or the safety of others (**call 911**)
- The patient starts to have crushing chest pain and feels dizzy during the conversation (**call 911, possible myocardial infarction**)
- The patient starts to have slurred speech and does not answer questions appropriately and seems confused (**call 911 – possible stroke**)

escalation

7. If during a phone call you feel you'd like to schedule a video conference, tell the patient they will receive a phone call to schedule an appointment and an email from the clinic with instructions on how to join a video call. Laptops, iPads and mobile phones all work. *Send a task to your booking coordinator requesting a Virtual Visit.*

If during a call you decide you need to see the patient, tell them they will receive a phone call to be booked into urgent care. *Send a task to your booking coordinator requesting Urgent Care.*

VIRTUAL VIRAL VISIT GUIDE

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Identification and introduction (nature of the visit, confidentiality, consent)

history

Previous medical history

- Any serious pre-existing medical conditions diabetes, Asthma, COPD, Heart disease, cancer, immunosuppression?
- Previous pneumonia? bronchitis?
- Previous (recent) antibiotics use?
- Does this feel like an usual asthma exacerbation?
- Have you ever used tobacco products?

Current medications

Allergies

Travel history in last 14 days or contact with someone with or under investigation for COVID-19

Current symptoms

Viral symptoms: sore throat, runny nose, sneezing, fatigue, anorexia, muscle aches, headache, fever (axillary or oral >37.5) night sweats, chills, cough (dry or wet), shortness of breath? on exertion? walking uphill? S.O.B. while speaking? at rest?

* assess for deterioration of overall health, any deterioration in control of comorbid conditions *

* assess duration of symptoms; are they improving, stable or worsening? *

virtual physical exam

General appearance:

Look for cyanosis

Vitals obtained by patient:

Temperature

Pulse

Respiratory rate blood pressure

Chest:

Accessory muscle use

Audible wheezing

Cough

Neuro:

Screen for confusion



treatment and plan

low threshold for empiric antibiotics

- COPD
- Smokers
- Diurnal pattern of symptoms (was sick, got better then got worse again)
- Asthma
- Immunosuppression
- Active cancer

when to consider chest x-ray

- Viral symptoms, getting better and then getting worse again
- Worsening of symptoms after 4-5 days or prolonged/not improving after 7 days

when to consider sending to ER

- Low blood pressure
- Confusion
- Shortness of breath at rest or if severe
- Cyanosis
- Respiratory rate > 22
- Chest pain

when to consider testing for COVID-19

- Provide review most recent [Ottawa Public Health guidance](#)

things to consider

- Increased work of breathing and known asthmatic: use puffers – asthma action plans

other useful resources

- The Champlain BASE™ eConsult Service enables physicians to consult with specialists across the province to get faster access to advice for your care. [Sign up here](#).
 - eConsult is now able to support our providers with COVID-19 related queries. To ask COVID-19 related questions through eConsult, you can look under either “*Infectious Disease*” or “*** COVID-19*” general specialties, and select “*Infection Prevention and Control (incl. COVID-19)*”, ou en français “*Maladies infectieuses - Prévention et contrôle (incl. COVID-19)*”.
 - If you are an existing user on the Champlain BASE™ eConsult Service, you can [access it here](#).
 - Any issues/questions, or if you are not yet set, contact the team to assist you promptly: eConsultSupport@lhinworks.on.ca.
- Updated COVID-19 site and overview of virtual visits including billing codes: <https://ontariomd.news/>.
 - Virtual care tools by OntarioMD's webinar [recording](#)
- Ontario physicians can now use and bill for Direct-to-Patient Video Visits conducted through OTN. [Learn about eVisit appointments](#).
- CFPC – The COVID-19 Pivot: Adapting family practice to virtual care on [YouTube](#).
- A [step-by-step video](#) on creating and sending invitations for eVisits through OTNinvite.