

Virtual Care for Long Term Care

Consent

Resident Name: _____

Your/your loved one's care team would like to propose the use of a virtual care option that may allow us to provide specialist consultation in the home. This will help to provide care without transport and without a hospital visit, if possible. This will include being able to consult an emergency physician by telephone or by video conference in order to assess needs and how we might best help to plan your/your loved one's care while reducing the need to send them to the hospital.

Participation is voluntary.

The expected benefits are:

- receiving quality, timely care more comfortably in their home setting if possible
- accessing specialist consults quickly as needed
- accessing diagnostic testing quickly as needed
- reducing the need to arrange transport to the emergency department
- reduced risk of contracting COVID-19 and/or other infections

The potential risks are:

- your loved one's condition could change during the process of using this service, in which case they may still require care in hospital if this is in keeping with their goals of care
- just like online shopping or email, virtual care has some inherent privacy and security risks that your health information may be intercepted or unintentionally disclosed.

The virtual visit discussion and health information will be kept private and confidential. The video conferencing platform being used has been assessed by hospital privacy and information security professionals and has been approved for this purpose to reduce risk of exposure during this pandemic. The LTC staff will ensure that no one can hear or see the virtual visit by being in a private location during the visit. No one other than the involved health care providers will be on the virtual visit unless another provider is asked to join for their input on care.

You can withdraw your consent at any time. Do you have any questions?

Consent obtained verbally by (RN Signature): _____

Consent obtained from (resident or SDM name): _____

Date consent obtained: _____