



# Virtual Visit Playbook



Please note: For security purposes, please log in to your HHS Citrix account to open linked internal documents.

[Hamiltonhealthsciences.ca/VirtualCare](https://Hamiltonhealthsciences.ca/VirtualCare)



# VIRTUAL VISIT PLAYBOOK: Introduction

## Introduction

### Purpose

This Playbook is an all-encompassing document for a standard approach to virtual visits at Hamilton Health Sciences (HHS). It includes all relevant information related to virtual visits for leaders, providers and administrative support.

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### How to Read this Document

This Playbook has two major sections: (1) Integrated Virtual Care Model and (2) Virtual Visit Process.

**Section 1: Integrated Virtual Care Model** identifies core requirements to successfully integrate virtual visits into a clinic's service delivery model. This section is specifically designed for **clinic leadership** to most effectively operationalize virtual care.

**Section 2: Virtual Care Process** provides a fulsome overview of the standardized approach to booking, scheduling and conducting virtual visits at HHS. Standard Work is also available linked within the document to guide **clinics, providers and administrative support roles** with these



## VIRTUAL VISIT PLAYBOOK: Introduction

processes.

The sections are broken down to include the following:

- **Description:** overarching description for the pre-requisite or process element
- **High-level process visual:** visually depicts the process at a high-level
- **Required/summarized steps:** describes at high-level each required step of the process
- **Standard work:** links a standard work document which includes all relevant details in the required steps, including Most Responsible Person (MRP) and further resources and tools
- **Resources & quick links:** links to all relevant resources/documents pertaining to the section

### Version Control

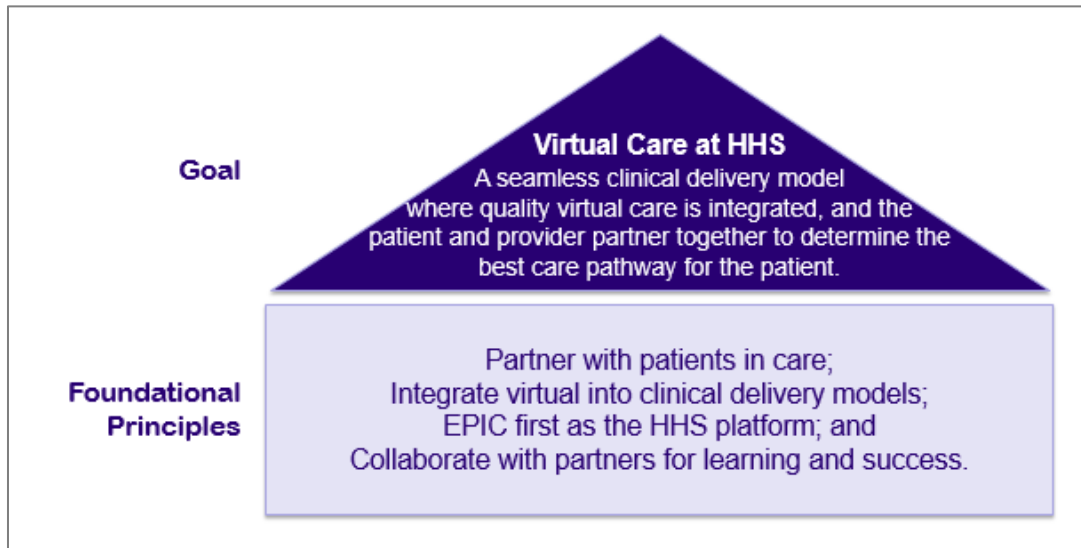
Version	Date	Approved By	Intent
1.0	Apr. 21, 2020	Virtual Care Task Force	Initial Proposal
1.3	Apr. 28, 2020	HHS Corporate Command Centre	Updated content for Command Centre Endorsement/Approval
1.4	May 6, 2020	Virtual Care Task Force	Updated to include addition of Zoom and Group Consent Considerations; for Corporate Communication
1.5	Oct. 15, 2020	Virtual Care Task Force	Updated to include privacy and research language, added Section 5 re: use cases
2.0	Nov. 30, 2020	Manager, Virtual Care	Updated to include a pre-requisite section, Zoom/OTN Chart, booking process section, PHI, format changes, improvements from pilot projects
3.0	Jan. 11, 2021	Manager, Virtual Care	SOP fully redesigned into Playbook – new pre-requisite section, process refined, standard work added, new checklists/resources
3.1	March 9, 2021	Manager, Virtual Care	Addition of “Virtual Care at HHS”; updated Obtain Consent Checklist and Standard Work; new links to online documents



## VIRTUAL VISIT PLAYBOOK: Virtual Care at HHS

### Virtual Care at HHS

The goal of virtual care at HHS is to shift from offering virtual visits as part of our pandemic response, to truly integrating virtual care into our clinical service delivery models. Together we are working towards a future where the patient and provider are **partnering** to determine the **best care pathway** for the patient.



Virtual care is not just about technology. Virtual care encompasses the **many possibilities where technology can aid in care delivery** across all areas of our hospitals including both inpatient and outpatient services. It includes synchronous and asynchronous communications, data analysis, remote home monitoring, digital care pathways, and much more.

**Four foundational principles exist to guide virtual care at HHS.** Clinics, leaders, physicians and staff are asked to consider these principles when integrating virtual into their practice and processes.

Contact the Virtual Care Operations Team ([VirtualCare@hhsc.ca](mailto:VirtualCare@hhsc.ca)) for more information and support.

#### Virtual Care Foundational Principles

##### **Partner with patients in care**

*Leveraging virtual care as an avenue that is determined by the patient and provider together, because it is the best care pathway for the patient*

##### **Integrate virtual into clinical delivery models**

*Ensuring virtual is built in to the way HHS delivers seamless care for the patient*

##### **EPIC first as the HHS platform**

*EPIC as the primary technology solution prior to engaging other technology options to support virtual*

##### **Collaborate with partners for learning and success**

*Working together to learn and develop virtual care practices and processes that work best for patients, families and the community*

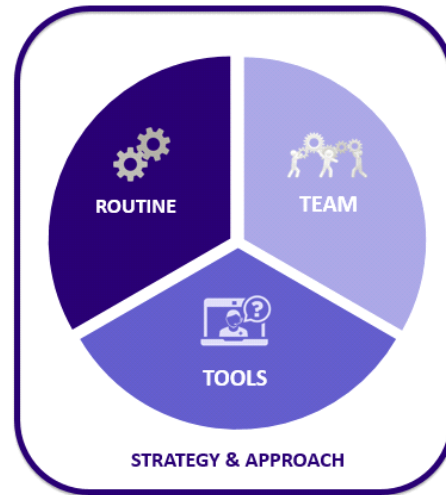


## Section 1: INTEGRATED VIRTUAL CARE MODEL

### Section 1: Integrated Virtual Care Model

Offering virtual visits is more than offering a new technology – it's about **integrating** a new way of providing care into the clinic's **service delivery model**.

Appreciating many clinics quickly mobilized virtual care during the COVID-19 pandemic, in order to sustain a virtual delivery model, **four elements** are required to successfully operationalize quality virtual care for providers, staff, patients and their families.



*Adapted from Women's College Hospital Institute for Health System Solutions and Virtual Care*

#### 1) Strategy & Approach

This involves **reviewing the service delivery model** to ensure a successful and quality integration of virtual visits for patient care. This sets the foundation for all other decisions. Representatives from each relevant stakeholder group should be engaged in developing the virtual strategy for the clinic.

#### 2) Tools

Tools ensure that the **technology, space and resources required** for successful virtual visits are available for both providers and patients. This may include granting providers access to hardware and software, determining space requirements, and considering other resources required for a quality patient visit.

#### 3) Routine

Clear **processes and standard work**, as well as scheduling templates are critical for the success of virtual visits. Aligning processes to this document and closing gaps will support a seamless delivery of virtual visits.

#### 4) Team

Ongoing **engagement and building the capabilities** of all team members is critical. Those providing and supporting virtual visits must have the knowledge, skills and abilities necessary to offer patients and their families a quality virtual care experience.



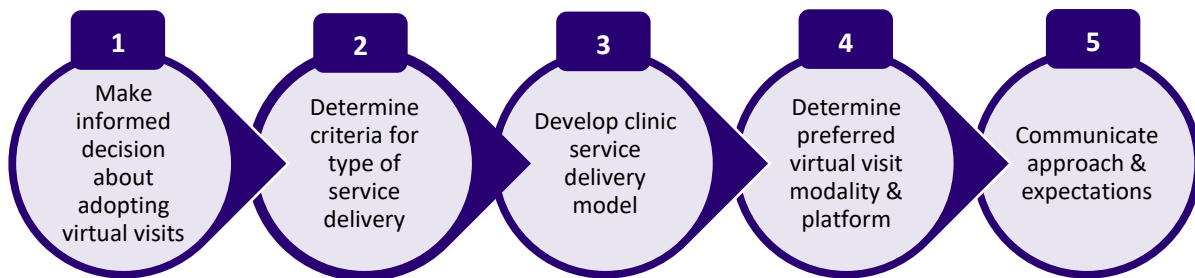
## Section 1: INTEGRATED VIRTUAL CARE MODEL

### 1.1 Strategy & Approach

This involves **reviewing the service delivery model** to ensure the successful integration of virtual visits for patient care. This sets the foundation for all other decisions. Representatives from each relevant stakeholder group should be engaged in developing the virtual strategy for the clinic.

Benefits of Strategy & Approach:	Risks if not Complete:
<ul style="list-style-type: none"><li>✓ Clear direction and understanding about expectations of virtual visits for all</li><li>✓ Efficiencies in the process, reducing workload for providers and support functions</li><li>✓ Streamlined delivery for the clinic, providers, staff and patients &amp; their families</li><li>✓ Alignment with Excellent Care for all Act quality dimensions (safe, effective, patient-centered, efficient, timely, equitable care)</li></ul>	<ul style="list-style-type: none"><li>✗ Inability for providers and patients to access tools/resources</li><li>✗ Confusion for patients and families</li><li>✗ Misalignment or perception of inequity amongst clinic providers</li><li>✗ Ineffective or inefficient processes, increasing workload for providers and/or admin staff</li><li>✗ Misalignment with quality dimensions will impact the quality of the patient experience</li></ul>

### High Level Process



### Required Steps

#### Step 1: Make informed decision about adopting virtual visits

The clinic must make an informed decision about whether it can support the adoption of virtual visits, as it will impact the service delivery model. This involves reviewing all four elements of this prerequisite model (i.e., Strategy & Approach, Tools, Routine, Team) to determine feasibility.

#### Step 2: Determine criteria for type of service delivery

The clinic must work in partnership with providers to determine criteria for what constitutes an in-person visit versus a virtual visit. The following questions, at a minimum, should be reviewed and recorded.

#### Questions to Develop Criteria for Service Delivery Type

##### *At the clinic level:*

- ✓ What are the overall visit volumes that the clinic can support in-person?
- ✓ What are the overall visit volumes that the clinic can support virtually?
- ✓ Determine exceptions to the rule: do some specialties need to see higher volumes of in-person visits?

##### *At the provider level:*

- ✓ What patient populations require in-person visits?
- ✓ When is an in-person visit not appropriate/required?
- ✓ How do clinic in-person/virtual targets need to be adjusted based on patient populations and providing the best care for all?



## Section 1: INTEGRATED VIRTUAL CARE MODEL

### Step 3: Develop clinic service delivery model

The clinic must next define its service delivery model with the consideration of offering virtual visits. The following questions should be reviewed and recorded:

- **Where** will providers offer virtual visits?
  - On-site or off-site?
  - Offices, work stations or clinic rooms?
- **How** will provider schedules be impacted with this change? How can schedules be reviewed to determine time for in-person and/or virtual visits?
- Does the clinic have **space capacity** to support use of clinic rooms for virtual visits?

Leadership and providers must work together to understand the percentage of visits that will become virtual, and use data to determine new clinic schedules and service delivery model. This will be important for later steps in the process such as: providing appropriate technology

### Step 4: Determine preferred virtual visit modality and platform

Based on needs of the clinic, providers and patient populations, the preferred type of virtual visit (phone or video) and videoconferencing platform (OTN or Zoom) should be determined at the clinic level to effectively and efficiently implement the transition to virtual visits.

#### Approved Virtual Visit Modalities at HHS:

- ✓ **Telephone** – audio only;
- ✓ **Ontario Telemedicine Network (OTN)** – audio and video; and
- ✓ **Zoom Healthcare** via a HHSC email account – audio and video.

All other platforms (e.g. **FaceTime**, **WhatsApp**, **MS Teams**, etc.) are not approved for clinical/patient use due to security and privacy risks.



To help the clinic make an informed decision about the preferred modality and platform, please contact the Virtual Care Operations Team via [VirtualCare@hhsc.ca](mailto:VirtualCare@hhsc.ca) for support.

### Step 5: Communicate approach and expectations

It is important that key stakeholders are kept informed and engaged throughout this process. Include clinic providers and staff in making these decisions, and once decisions are made and progress is started, continue to communicate the outcomes to your team. It is important to let them know where you are in the process and how they will be kept informed and engaged in next steps.

### Resources & Quick Links

- n/a



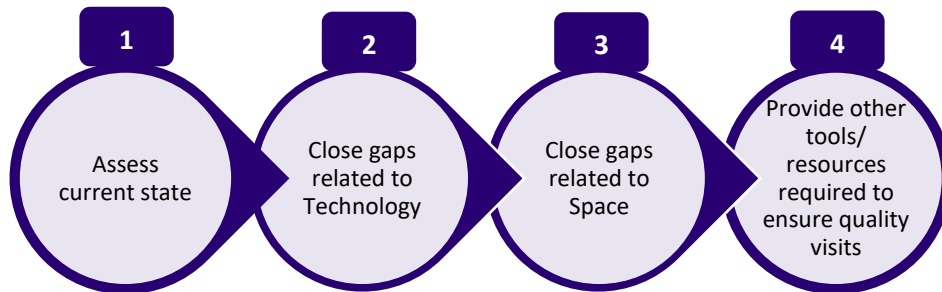
## Section 1: INTEGRATED VIRTUAL CARE MODEL

### 1.2 Tools

Tools ensure that the technology, space and resources required for successful virtual visits are available for both providers and patients. This may include granting providers access to hardware and software, determining space requirements, and considering other resources required for a quality patient visit.

Benefits of Tools:	Risks if not Complete:
<ul style="list-style-type: none"><li>✓ Providers, staff and patients are equipped with the necessary tools for a quality virtual visit</li><li>✓ Space allocations are determined and available</li><li>✓ Administrative staff are able to effectively book the appropriate visit type/platform</li></ul>	<ul style="list-style-type: none"><li>✗ Providers may not have access to required tools to provide a quality virtual care experience</li><li>✗ Patients may not be offered options to receive the best possible quality virtual care</li><li>✗ Confusion may exist between admin supports and providers about booking appropriate virtual visit type/platform</li></ul>

### High Level Process



### Required Steps

#### Step 1: Assess current state

Assess what the clinic/providers are using to support virtual visits at this time and whether they have the required technology and space to provide quality virtual visits to patients.

#### Step 2: Close gaps related to technology

Review the requirements related to Technology below and close gaps for providers who do not have access to adequate technology for virtual visits. Closing gaps may mean at an individual provider level, or providing shared space/technology within the clinic for quality virtual visits.

#### Technology Requirements for E-Visits (OTN/Zoom)

- ✓ A reliable device (i.e. laptop, desktop)
- ✓ Webcam or device with a built-in webcam
- ✓ Speakers or device with built-in speakers
- ✓ Microphone or device with a built-in microphone
- ✓ Private space or shared space that provides adequate privacy for virtual visits
- ✓ Headset, if required to provide clinical care and support patient confidentiality
- ✓ Secure and reliable high speed internet connection



## Section 1: INTEGRATED VIRTUAL CARE MODEL

### Step 3: Close gaps related to space

Review the requirements related to Space below. Consider the service delivery model determined in your Pre-Requisite Strategy & Approach (i.e. off-site vs. on-site virtual service delivery) and whether space needs to be available to providers close to the clinical space. For example, specialties that offer hybrid in-person/virtual clinic days may require space for virtual visits close to the clinic location.

#### Space Requirements for Virtual Visits

- ✓ Private space or shared space that provides adequate privacy for virtual visits
- ✓ Consider professional practice standards – some regulatory bodies require private spaces due to the sensitivity or nature of clinical care provided
- ✓ Access to a land phone line within the space
- ✓ Reduction of visual and audible distractions (i.e. use of physical dividers, virtual backgrounds and/or headsets)
- ✓ Consider capacity to support care provided by multidisciplinary teams
- ✓ Secure and reliable high speed internet connection

Examples of spaces where virtual visits can be offered:

- On-Site: individual provider office or work space, clinic rooms equipped for virtual visit use, shared work spaces intended for virtual visit use
- Off-site: Provider's home or other private workspace

### Step 4: Provide other tools/resources required for quality virtual care

Consider any other challenges staff identified in the current state assessment and determine what tools/resources may be helpful to providers and/or staff who support virtual visits.

Ensure providers and administrative support staff are set up to securely share Personal Health Information (PHI) virtually with patients, when required. Various secure options exist such as using an HHS external SharePoint site or other secure platforms (e.g. MyChart) to send/receive PHI with patients. The preferred and most secure way to share PHI with patients is through a specific type of email process, called HHS PHI Email Sharing. Anyone with an @hhsc.ca email account is able to share PHI using this secure feature built-in to the HHS email system. Refer to *ICT – Electronic Mail (E-mail) Protocol* or the *Exchanging Confidential Information Outside of HHS Provider Guide* to use this process.

#### Sharing Personal Health Information (PHI) Electronically

- ✓ Secure PHI emailing is available to all @hhsc.ca users when process is followed
- ✓ Follow the *Exchanging Confidential Information Outside HHS Provider Guide* for a step-by-step user guide

### Resources & Quick Links

- [Shared Virtual Spaces Guidelines](#)
- [Sample Virtual Spaces](#)
- [Exchanging PHI, Provider Guide](#)
- [Appendix A: OTN Resources](#)
- [Appendix B: Zoom Resources](#)



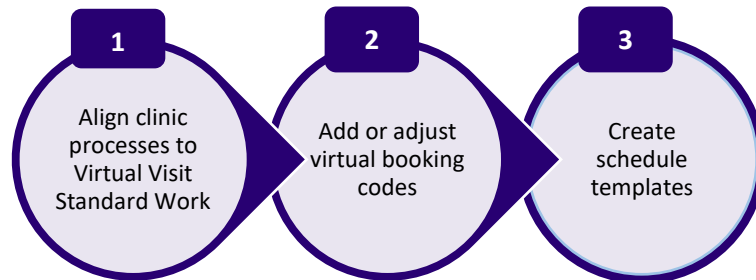
## Section 1: INTEGRATED VIRTUAL CARE MODEL

### 1.3 Routine

Routine refers to the processes and workflows necessary to conduct virtual visits within a clinic. Aligning current clinic processes with the standard work outlined in this Playbook will help identify inefficiencies within workflows and ensure alignment to HHS practices for offering virtual visits.

Benefits of Routine element:	Risks if not Complete:
<ul style="list-style-type: none"><li>✓ More efficient processes, reducing workload for providers and administrative support staff</li><li>✓ Clinic processes align to virtual care best practice</li><li>✓ Ensures elements sometimes missed in the virtual process are embedded into the process for quality patient care</li></ul>	<ul style="list-style-type: none"><li>✗ Common in-person elements of the process may be missed or forgotten in the virtual process</li><li>✗ Inefficient workflows may increase work for providers and admin support staff</li><li>✗ Lack of standardized process may cause confusion for patients or decrease quality of patient care</li></ul>

### High Level Process



### Required Steps

#### Step 1: Align clinic processes to Virtual Visit Standard Work

Use *Section 2: Virtual Visit Process* of this Playbook to align clinic processes. The Standard Work can be used in partnership with other Continuous Quality Improvement tools, such as process observation and process mapping, to adapt to clinic-specific processes and roles.

#### Step 2: Add and/or adjust virtual booking codes

If the clinic has not yet offered virtual visits, appointment booking codes may need to be created in the appropriate hospital booking and scheduling systems. Contact the Health Information Technology Services (HITS) Team to ensure virtual visits booking codes are available and that the visits will be captured in organizational systems and records.

#### Step 3: Create schedule templates in the hospital scheduling system

Clinics must review and update provider schedules in the hospital scheduling system with in-person and virtual clinic times to find significant administrative efficiencies including eliminating rework (e.g. back and forth communication) for administrative support staff and providers.

### Resources & Quick Links

- [Virtual Visit Standard Work](#)



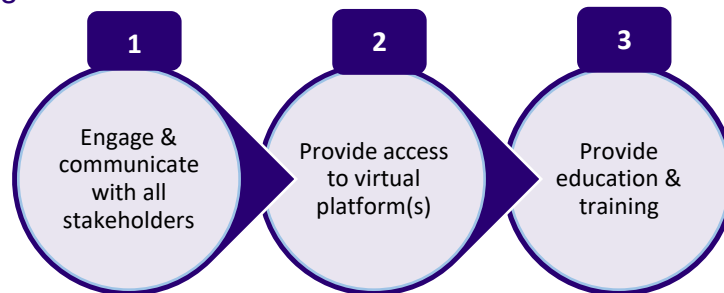
## Section 1: INTEGRATED VIRTUAL CARE MODEL

### 1.4 Team

Team focuses on ongoing engagement and building the capabilities of all team members. It is essential that those providing and supporting virtual care have the knowledge, skills and abilities necessary to offer patients and their families a quality virtual care visit.

Benefits of Team element	Risks if not Complete:
<ul style="list-style-type: none"><li>✓ Key stakeholders feel engaged in the process</li><li>✓ The team has access to the resources and platforms required to provide virtual visits</li><li>✓ The team has the training, knowledge and skills necessary to provide virtual visits</li><li>✓ Enhanced patient experience due to a seamless and quality virtual visit</li></ul>	<ul style="list-style-type: none"><li>✗ Stakeholders may feel disengaged and/or uninvolved in the process</li><li>✗ Unapproved or unsecure platforms (i.e. FaceTime) may be inappropriately used for visits</li><li>✗ Increased inefficiency, workload or frustration due to lack of ability and knowledge</li></ul>

### High Level Process



### Required Steps

#### Step 1: Engage & communicate with all stakeholders

All members of the clinic who provide and support the virtual visit process need to be engaged in the planning process to help inform the best possible virtual care strategy. Frequent and ongoing communication that shares decisions and set expectations is essential in an effective process. A communication plan for rolling out changes to existing practices is strongly recommended.

#### Step 2: Provide access to virtual platform(s)

Providers and administrative supports will need access to the virtual platform(s) used in the clinic. It is recommended that a decision be made at the clinic level about which platform will be used to drive process efficiencies (see *Strategy & Approach*). Requests for access can be submitted as outlined below:

#### Request Access for E-Visits (OTN/Zoom)

Platform	Request Access	Resources
OTN	Virtual Care Operations Team at <a href="mailto:VirtualCare@hhsc.ca">VirtualCare@hhsc.ca</a>	<a href="#">Appendix A: OTN Resources</a> ; OTN Technical Support via phone for both providers and patients
Zoom	<a href="https://www.zoom.com">www.Zoom.com</a> to sign up with an <a href="mailto:@hhsc.ca">@hhsc.ca</a> account; HHS HITS Helpdesk to sign up for a licensed account.	<a href="#">Appendix B: Zoom Resources</a> ; Zoom Technical Support is available through HITS for providers; No phone support is available for patients.



## Section 1: INTEGRATED VIRTUAL CARE MODEL

### Step 3: Provide education & training to build capacity

The appropriate communication, education and training is required for quality virtual visits and a positive patient experience. It is recommended that new users orient to the Virtual Visit Playbook and sign up for a Virtual Visit Training Session through the Virtual Care Operations Team ([VirtualCare@hhsc.ca](mailto:VirtualCare@hhsc.ca)).

#### Available Education & Training Resources

Available Tools	Location / Contact
Virtual Visit Training Session	Virtual Care Operations Team at <a href="mailto:VirtualCare@hhsc.ca">VirtualCare@hhsc.ca</a>
Process Information & Standard Work	<a href="#">Virtual Visit Playbook, Section 2: Virtual Visit Process</a>
Booking & Scheduling Resources	<a href="#">Virtual Visit Playbook, Section 2: Virtual Visit Process</a> <a href="#">Appendix A: OTN Resources, for Booking/Scheduling</a> <a href="#">Appendix B: Zoom Resources, for Booking/Scheduling</a>
OTN/Zoom Resources	<a href="#">Appendix A: OTN Resources</a> <a href="#">Appendix B: Zoom Resources</a>
Other Inquiries	Virtual Care Operations Team at <a href="mailto:VirtualCare@hhsc.ca">VirtualCare@hhsc.ca</a>

### Resources & Quick Links

- Virtual Visit Training Session slide deck – *to be added soon!*



## Section 2: VIRTUAL VISIT STANDARD PROCESS

### Section 2: Virtual Visit Standard Process

This section provides the **standardized approach to the virtual visit process at HHS**. It includes all essential steps and details to ensure a quality virtual visit for patients and their families. This process meets security and privacy requirements, and maintains mandatory elements of the process that would otherwise be built-in to hospital in-person processes.

Virtual Visit Process has been divided into three parts:

- 1) Prior to the Visit**  
Includes a number of required steps to ensure the patient meets the virtual visit criteria, provides consent for the visit, and that the appointment is scheduled in the appropriate hospital scheduling system and videoconferencing platform (OTN/Zoom).
- 2) Day of the Visit**  
A number of preparatory and follow up activities are required on the day the virtual visit is conducted, including the patient being appropriately registered for their virtual visit.
- 3) Following the Visit**  
Follow-up activities must be completed including: scheduling follow up visits, completing requisitions, prescriptions, updating no-shows in the hospital scheduling system, and/or other activities as indicated by the provider.

Each section has responsibilities of the clinic, provider and/or administrative support:

<b>Clinic</b>	Overarching process or function that would require individual clinic process to be followed.
<b>Provider</b>	Any role providing care to the patient (e.g. physician, allied health, resident, etc.)
<b>Admin Support</b>	Any administrative role providing support to the process (e.g. booking clerk, business clerk, system navigator, medical secretary, etc.)



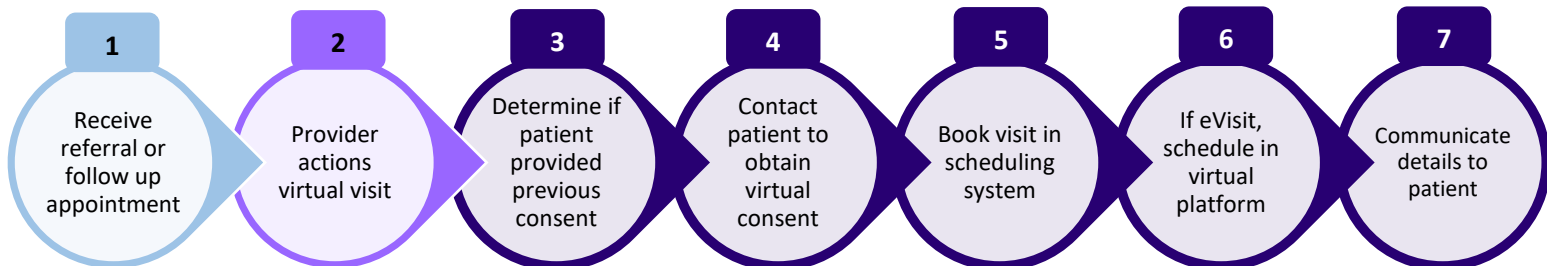
## Section 2: VIRTUAL VISIT STANDARD PROCESS

### 2.1 Prior to the Visit

This section provides all relevant resources and information prior to the day of the visit.

LEGEND	
Clinic	
Provider	
Admin	

#### High Level Process



#### Summarized Steps

*\*For detailed process steps, please refer to the HHS Virtual Visit Standard Work document linked below.*

**Step 1:** Clinic specific processes are followed to receive the referral or follow up appointment.

**Step 2:** For **each** patient encounter, the provider actions virtual visit by:

- Deciding if the patient meets criteria for virtual visit;
- Deciding the virtual care modality for the visit; and
- Advising administrative staff to book the virtual visit.

The provider should consider patient access, comfort and preference prior to indicating whether the visit should be in-person or virtual. For follow up visits, the provider should partner with the patient to determine the best option for the patient's care pathway.

**Step 3:** Admin support staff determine if the patient has already provided previous consent for virtual visits by checking the patient record. This step allows the admin to skip to Step 5 if the patient already provided consent.

**Step 4:** Admin support staff contact the patient to obtain virtual consent (and complete all steps as indicated in the checklist) using the **Obtain Virtual Consent Checklist**.

The checklist includes key conversation elements to ensure the patient has the technology and ability to join a virtual visit prior to giving consent. If a virtual visit does not work for the patient, an alternate modality should be considered in partnership with the patient (e.g. video, telephone or in-person).

**Step 5:** The visit is booked in the hospital scheduling system using the correct virtual appointment booking code.

**Step 6:** If the visit uses a videoconferencing platform, the visit is scheduled in OTN or Zoom.

**Step 7:** The details of the appointment are communicated to the patient including appointment date, time and modality, using clinic-specific processes. If an exchange of personal health information is required prior to the virtual visit (e.g. patient medical information), the **Exchanging Personal Health Information (PHI) Electronically Guide** should be used.



## Section 2: VIRTUAL VISIT STANDARD PROCESS

### Standard Work

Please refer to the [HHS Virtual Visit Standard Work](#) for more details and to support alignment to HHS Virtual Visit practices. This standard work can be expanded upon to include clinic-specific roles, responsibilities and processes.

### Resources & Quick Links

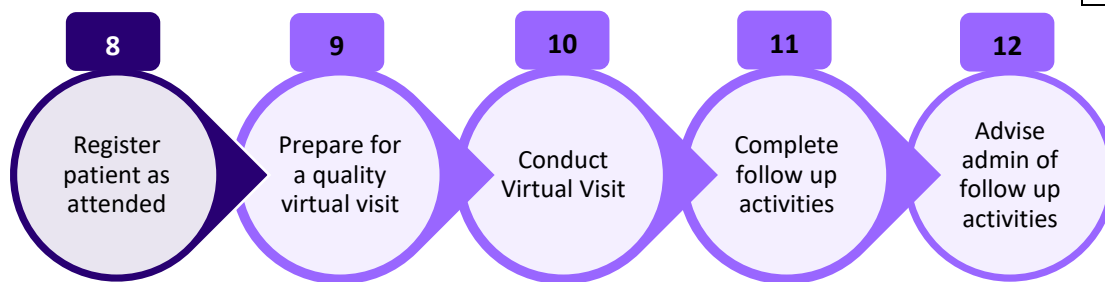
- [Obtain Virtual Consent Checklist](#)
- [Exchanging PHI, Provider Guide](#)
- [Booking and Registering in CWS](#)
- [HHS Virtual Care Patient Website](#)
- [HHS Virtual Visit Patient Guidebook](#)

### 2.2 Day of the Visit

This section provides all relevant resources and information related to the day of the virtual visit.

LEGEND	
Clinic	
Provider	
Admin	

### High Level Process



### Summarized Steps

*\*For detailed process steps, please refer to the HHS Virtual Visit Standard Work document linked below.*

**Step 8:** On the day of the appointment, it is critical that the patient as registered as “Attended” in the appropriate scheduling system for reporting and documentation purposes.

**Step 9:** Providers prepare for a quality virtual visit by referring to the **Preparing for a Virtual Visit Checklist**.

**Step 10:** Provider conducts the virtual visit by:

- Confirming patient identity;
- Confirming patient demographics;
- Re-confirming and documenting virtual consent;
- Providing clinical care; and
- Documenting clinical care.

**Step 11:** Follow up activities and documentation are completed by the provider as required (e.g. requisitions, prescriptions, referrals, etc.).

**Step 12:** The provider advises administrative support staff of follow up activity in alignment with clinic-



## Section 2: VIRTUAL VISIT STANDARD PROCESS

specific processes. If the virtual visit did not occur, it is important that the provider advises the administrative support staff so that the status of the virtual visit can be changed to “No Show.”

### Standard Work

Please refer to the [HHS Virtual Visit Standard Work](#) for more details and to support alignment to HHS Virtual Visit practices. This standard work can be expanded upon to include clinic-specific roles, responsibilities and processes.

### Resources & Quick Links

- [Booking and Registering in CWS](#)
- [Preparing for a Virtual Visit Checklist](#)
- [Tips for Webisode Manner](#)

## 2.3 Following the Visit

This section provides all relevant resources and information following the virtual visit.

### High Level Process



LEGEND	
Clinic	
Provider	
Admin	

### Summarized Steps

*\*For detailed process steps, please refer to the HHS Virtual Visit Standard Work document linked below.*

**Step 13:** The administrative support staff completes follow-up activities as indicated by the provider which may include:

- Editing the virtual appointment status to “no show”;
- Action a follow up visit;
- Requisitions;
- Prescriptions;
- Referrals; and
- Patient communication and/or education.

### Standard Work

Please refer to the [HHS Virtual Visit Standard Work](#) for more details and to support alignment to HHS Virtual Visit practices. This standard work can be expanded upon to include clinic-specific roles, responsibilities and processes.



## VIRTUAL VISIT PLAYBOOK: Contacts & Resources

### Contact Information

Team	When to Reach Out	Contact Information
<b>Virtual Care Operations Team</b>	<ul style="list-style-type: none"><li>• Questions or inquiries related to virtual visits, virtual visit platforms, and/or contents of this Playbook</li><li>• For support related to initiating virtual visits in your unit and/or changing the service delivery model to integrate virtual visits</li><li>• Inquiries about modernizing paper processes or efficiencies in your unit</li><li>• OTN access requests or inquiries</li><li>• Feedback on any process, resource or tool</li></ul>	<ul style="list-style-type: none"><li>• <a href="mailto:VirtualCare@hhsc.ca">VirtualCare@hhsc.ca</a></li><li>• <a href="#">HHS Hub Website</a></li><li>• <a href="#">HHS Virtual Care Website for Patients</a></li></ul>
<b>Health Information Technology Services (HITS)</b>	<ul style="list-style-type: none"><li>• Zoom access or inquiries</li><li>• Troubleshooting HHS technology</li></ul>	<ul style="list-style-type: none"><li>• HHS HITS Helpdesk</li></ul>
<b>Patient Experience</b>	<ul style="list-style-type: none"><li>• Inquiries or questions about/from patients about the virtual visit <i>experience</i> specifically</li></ul>	<ul style="list-style-type: none"><li>• <a href="mailto:PatientExperience@hhsc.ca">PatientExperience@hhsc.ca</a></li><li>• Ext. 75240</li></ul>
<b>Ontario Telemedicine Network (OTN)</b>	<ul style="list-style-type: none"><li>• Provider or patient technical troubleshooting with OTN Hub</li></ul>	<ul style="list-style-type: none"><li>• <a href="https://otn.ca/contact/">https://otn.ca/contact/</a></li><li>• 1-855-654-0888</li></ul>

### Sources & References

The sections, content and resources found in this playbook were developed in consultation and partnership with many internal teams and departments, including but not limited to:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Health Information Technology Services (HITS)</li><li>• HITS eHealth Office</li><li>• Patient Safety &amp; Experience</li><li>• Privacy &amp; Legal</li><li>• Quality Performance &amp; Improvement</li></ul> | <ul style="list-style-type: none"><li>• Interprofessional Practice</li><li>• Communications &amp; Public Affairs</li><li>• Virtual Care Task Force</li><li>• Virtual Care Clinical Advisory Group</li><li>• Patient and Family Advisors</li></ul> |
|---|---|

Special thank you to our Virtual Care Pilot Groups that continue to inform the Virtual Visit Playbook and our HHS standard approach to virtual care:

- McMaster Children's Hospital Virtual Pilots;
- Juravinski Cancer Centre Models of Care and Virtual Project;
- McMaster University Medical Centre Boris Clinic; and
- Hamilton General Hospital Cardiac Ambulatory Clinics.

Other sources and references for content include but are not limited to:

- Canadian Medical Association (CMA)
- Ontario Medical Association (OMA)
- The Advisory Board
- Canadian Patient Safety Institute
- Women's College Hospital Institute for Health System Solutions and Virtual Care
- Peer Hospitals (e.g. The Ottawa Hospital, London Health Sciences Centre, University Health Network)
- Ontario Health and the Ontario Telemedicine Network (OTN)



### Appendices

#### Appendix A: OTN Resources

##### Gaining Access to OTN

**Step 1:** Each clinic should have a preferred virtual visit modality and platform to ensure efficient processes and reduction of workload for users. Providers/staff should check in with clinic leadership (i.e., Clinical Manager, Clinical Leader) to confirm whether OTN is the preferred platform prior to requesting access.

**Step 2:** Follow the appropriate process below to gain access to OTN.

##### Access for Physicians:

1. Obtain eHealth Ontario **ONE ID credentials** through the physician's CPSO account using the instructions [here](#).
2. **Activate the OTN** account by using ONE ID credentials to log into the [OTN Hub](#). Physicians must indicate their organization as **Hamilton Health Sciences Corporation** and provide professional registration details.
3. To **bill for virtual care services in OTN**, the physician must register by completing and submitting the [OHIP Virtual Care Physician Registration Form](#).
4. Obtain **Delegate Scheduling Access** for those who will be responsible for booking OTN visits on the physician's behalf by sending the following information to the Virtual Care Operations Team at ([VirtualCare@hhsc.ca](mailto:VirtualCare@hhsc.ca)):
  - Legal first and last names;
  - Email address; and
  - Phone number

##### Access for HHS Staff:

1. Send the following information to HHS Virtual Care Operations Team ([VirtualCare@hhsc.ca](mailto:VirtualCare@hhsc.ca)):
  - Legal first and last names;
  - Email address;
  - Phone number;
  - Role; and
  - Program
2. The Virtual Care Operations Team will contact staff with next steps to create a ONE ID and activate an OTN Account.

### OTN Resources

#### For Providers

- [eVisit.Simple Start Guide](#)
- [Use of OTN Outside of Citrix](#)
- [OTN Direct-to-Patient Video Visits Toolkit](#)
- [OTN Screen Sharing](#)



## VIRTUAL VISIT PLAYBOOK: Appendices

### For Booking and Scheduling:

- [Logging in & Scheduling in OTN](#)
- [Sharing the OTN Host Link](#)
- [How to edit an OTN e-visit date](#)

### For Patients:

- HHS Virtual Visit Patient Guidebook: [www.hamiltonhealthsciences/VirtualCare](http://www.hamiltonhealthsciences/VirtualCare)

### For Technical Assistance and Troubleshooting:

- OTN Technical Support at 1-855-654-0888
- [Troubleshooting OTN Audio Issues](#)
- [Troubleshooting OTN Video Issues](#)
- [Trouble Shooting in Pexip Infinity Connect App during an OTN eVisit](#) (sound/video issues)

## Appendix B: Zoom Resources

### Gaining Access to Zoom

**Step 1:** Each clinic should have a preferred virtual visit modality and platform to ensure efficient processes and reduction of workload for users. Providers/staff should check in with clinic leadership (i.e., Clinical Manager, Clinical Leader) to confirm whether Zoom is the preferred platform prior to requesting access.

**Step 2:** Follow the appropriate process below to gain access to Zoom.

#### Access to a Basic Zoom Account:

1. Navigate your Internet Browser to <https://hhsc.zoom.us/signup>
2. Enter your @hhsc.ca email address (you must use an @hhsc.ca account to gain access to a secure Zoom platform that is secure for clinical encounters)
3. Create your account password; ensure that your password not associated with HHS
4. Download the Zoom client from <https://hhsc.zoom.us/download>
5. Sign into your account

#### Access to a Licensed Zoom Account:

1. Email/call the HHS HITS Helpdesk ([helpd@hhsc.ca](mailto:helpd@hhsc.ca) or 905-521-2011 ext. 4300) to request a Licensed Zoom Account

Please note:

- To assist in determining eligibility for a Licensed Account, you will be asked questions about your proposed use for Zoom
- If the license request is approved, a license will be applied to your Zoom account
- You may need to log out/in for the license change to take effect
- Please note due to high license demand, all licensed accounts are monitored for inactivity



## VIRTUAL VISIT PLAYBOOK: Appendices

### Security Requirements

The following security requirements are to be met when using Zoom for virtual visits with patients:

#### Before You Meet

- You must use a @hhsc.ca email address to register with Zoom. This ensures you have the approved Zoom with Healthcare settings.
- Always keep your personal device up to date with a supported and patched operating system.
- Keep Zoom up to date. Click your *profile* picture top right and then click *Check for Updates*
- If possible, keep your device plugged in so you don't run out of power during your meeting.

#### Booking a Meeting

- Use individual meeting ID's to prevent the wrong person from attending the meeting.
- Do not use PHI in the meeting topic. The meeting topics can appear in unsecure locations like calendar events.

#### Managing your Meeting

- You will be prompted as attendees enter the waiting room. Only allow expected people into the meeting from the waiting room. Select *>Manage Participants > Admit*
- Always confirm the patient identity before sharing information.
- Lock the meeting once everyone has attended and you're ready to start. Click *Security* then *Lock Meeting*.
- You can remove any unwanted participants by clicking *Security > Remove Participants > remove*

### Zoom Resources

#### For Providers:

- [Overview of Zoom Software and Hosting First Zoom Meeting](#)
- [Scheduling a Meeting on the Zoom Website](#)
- [Setting Up Audio and Video Features](#)
- [Additional Zoom Tutorials](#)

#### For Booking and Scheduling:

- [HHS Zoom Scheduling Manual](#)

#### For Patients:

- HHS Virtual Visit Patient Guidebook: [www.hamiltonhealthsciences/VirtualCare](http://www.hamiltonhealthsciences/VirtualCare)

#### For Technical Assistance and Troubleshooting:

- Visit [www.zoom.com](http://www.zoom.com)
- Call the HITS Helpdesk ([helpd@hhsc.ca](mailto:helpd@hhsc.ca) or 905-521-2011 ext. 4300)



## VIRTUAL VISIT PLAYBOOK: Appendices

### Appendix C: Patient Resources

The **HHS Patient Guidebook** was developed as a one-stop resource about virtual visits for patients and their families. It was designed in consultation with department subject matter experts, the HHS Patient Safety & Experience Team, as well as through feedback from Patient and Family Advisors.

Please direct patients to the HHS external website: [www.hamiltonhealthsciences.ca/VirtualCare](http://www.hamiltonhealthsciences.ca/VirtualCare)

And/or provide a direct link to the HHS Patient Guidebook: <https://www.hamiltonhealthsciences.ca/wp-content/uploads/2020/12/Virtual-Care-Patient-Guidebook-final-2020.pdf>

A pediatrics-specific Patient Guidebook is under development as of January 2021 and will be available for pediatric clinics and their use soon!

### Appendix D: Other Uses of Virtual Platforms

In addition to using the approved virtual modalities (phone, OTN, Zoom) for patient encounters, these may also be used for the following purposes:

1. Virtual Rounding
2. Virtual Teaching/Education
3. Patient Virtual Social Visits

If you have another use for these modalities that is not contemplated in this section, please contact the Virtual Care Operations Team for further discussion and review.

#### (1) Virtual Rounding and (2) Virtual Teaching/Education

**Virtual Rounding** refers to case conferencing with healthcare team members, including the presentation of a patient's needs and recommended care plan, using a videoconferencing platform for conversation and/or screen share functions to review relevant information as a group (e.g., imaging films, lab reports, etc.).

**Virtual Teaching/Education** refers to reviewing patient cases or other teaching material with learners and/or residents using a video conferencing platform, that otherwise would have been a part of in-person learning.

To protect patient privacy and security of personal health information, the following requirements must be met:

- One of HHS' approved virtual care modalities must be used; other platforms cannot be used.
- Participants must comply with the requirements of such modalities as per HHS policies.
- Participants must not use public spaces, devices or unsecure internet connections.
- When the patient is present (e.g., the health care provider is at the patient's bedside while presenting their case), the provider must obtain and document the patient's consent, as with a virtual visit. This consent is not required where the patient isn't present.
- Participants should minimize references to patient-specific identifiers during discussions where practically possible.



## VIRTUAL VISIT PLAYBOOK: Appendices

### *Participating with Peer Organizations*

HHS providers may participate in **inter-institutional virtual rounds** to support the health care needs of their patients. Other institutions hosting these rounds may use virtual care modalities that are not approved for use at HHS. If another Ontario hospital is hosting the virtual rounds using a platform that has been approved by that organization, HHS providers should feel confident attending and sharing information as a participant.

If an HHS physician/staff is hosting or initiating the inter-institutional virtual rounding session, one of the HHS-approved virtual care modalities (i.e., OTN or Zoom) must be used.

### **(3) Patient Virtual Social Visits**

**Patient Virtual Social Visits with Family and Friends** refers to a program that was developed at HHS to allow inpatients, who don't have a device, the ability to connect socially with their family and friends through online video conferencing.

A *Guide to Support Virtual Social Visits*, along with iPads, were distributed to units across HHS. Please contact the Patient Safety & Experience Team for more information about this program.

Please note, these visits/devices are **not approved for the purpose of providing virtual care** to the patient and/or their family. The devices must not be used to discuss patient health information or care plan.

Should a provider wish to engage in a virtual visit, all requirements outlined in the *Virtual Visit Playbook, Section 2 Virtual Visit Process* must be adhered to including using an approved modality, obtaining consent, registering the visit, and documenting the visit.



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