Use of Virtual Care During the COVID-19 Pandemic: IH Diabetes Education Centres
APRIL 2020

1.0   GUIDELINE

The purpose of this document is to provide direction to guide clinical assessment and judgement processes when determining whether a face-to-face Diabetes Education Centre (DEC) service may be replaced with a virtual visit during the COVID-19 pandemic. During this time, an exception has been granted to allow the use of Zoom videoconference software in DECs for virtual visits.

This guideline replaces the March 24, 2020 memo entitled: Diabetes Education Centres Response to COVID-19.

1.1   Standards of Care

All standards of care, professional standards, and evidence-based best practice guidelines continue to be applicable when providing healthcare services virtually. Modifications to clinical best practice may be needed to accommodate for the inability to physically examine a client when providing a virtual visit. For example, blood pressure may be routinely measured at each visit but would not be possible in a virtual visit.

1.2   Client-Provider Relationship

When providing services virtually, DEC clinicians are responsible for ensuring the client-provider relationship:
- Maintains the integrity and value of the therapeutic relationship and person-centred care
- Upholds professional standards
- Meets the quality and safety standards for the face-to-face service.

1.3   Duty of Care

The duty of care for virtual services follows the same principles as for face-to-face services. For example, if face-to-face visits require the use of interpreters, the presence of family members or caregivers, or other aides; then the same supports are to be arranged for the virtual service.

1.4   Client Suitability

Suitability of virtual services is always determined on a case by case basis, and relies on the DEC clinician's clinical judgement and consideration of a variety of factors.

Clients always have the right to decline or opt out of virtual services. Refer to Appendix A for the decision-making algorithm for use of virtual care in DECs during the COVID-19 pandemic.

When a DEC clinician determines that a virtual service would be appropriate, the DEC clinician will contact the client by telephone to introduce and offer the virtual service.

The following table describes some of the factors to be considered in determining the appropriateness of virtual care.

Virtual Service Considerations	Comments and Reflections
Level of physical assessment required	• Will it be possible to deliver substantively similar care in the virtual visit as you could in-person? • Is hands-on assessment/treatment required for competent and safe delivery of care or can it be done remotely in a reliable manner?
Level of visual assessment required	• Review the client's care needs when considering virtual options to providing care. • If care outcomes are improved through visual observation of the procedure, use Zoom videoconference. For example, consider using Zoom for services that require a visual assessment such as foot exams and insulin starts. • If visual observation is not expected to improve care outcomes use telephone. Consider telephone options when conducting blood sugar reviews and insulin dose adjustments.
Ability of client to participate, considering any physical, mental, or cognitive challenges	• Does my client have any cognitive impairment that would prevent them from benefiting from virtual service or from providing informed consent? • Do they have a family member or caregiver who is available to assist the client during a virtual visit? If others normally accompany the client, they should also be invited to participate in the virtual service.
Level of client/family/care giver experience with the virtual technologies	• Does my client have experience using computers, tablets, internet, or mobile phones? • Do they have a family member or caregiver who is experienced and available to assist the client during a virtual visit?
Level of support available in client's home	• If a face-to-face visit requires the use of interpreters, the presence of family members or caregivers, or other aides, then the same supports are to be arranged for the virtual service.
Balance the benefits of providing virtual service with identified risks	• Would the virtual service introduce risks to client safety that cannot be mitigated? • Are there risks to client and/or clinician safety associated with providing face-to-face services during the COVID-19 pandemic?
Client/family/care provider desire to participate in virtual service	• Clients always have the right to decline or opt out of virtual services. • Some clients/families may prefer a virtual service over face-to-face service during the COVID-19 pandemic. Others may not. • During the COVID-19 pandemic, non-priority services may not be available in-person at DECs. Refer to Appendix A for the decision making algorithm for use of virtual care in DECs during the COVID-19 pandemic.
Client/family/care provider access to the virtual technology	• Does the client have a telephone, mobile phone, computer, laptop, tablet, or high speed internet in their home? • Can my client afford to meet with me virtually? • Clients require an email address in order to use Zoom.

1.5   **Informed Consent**

By agreeing to use a virtual care technology, clients are deemed to have provided consent for their personal health information to be shared between them and the DEC clinician. DEC clinicians must discuss the following with client/families to assist them with making an informed decision to use virtual care:

- Clients must be made aware of alternatives to virtual services, what to expect in the virtual service, and of the privacy and confidentiality measures that are in place.

- Clients must be informed they have the choice to decline or opt out of virtual care services.

- Clients must be informed about their options for care during the COVID-19 pandemic if virtual care is not possible or desired. Refer to Appendix A for the decision making algorithm for use of virtual care in DECs during the COVID-19 pandemic.

- Clients must be made aware of any limitations of the virtual service, as compared to an in-person encounter for that client's situation, such as the inability to perform hands-on examination.

- Documentation in the client record must reflect client notification and agreement to the virtual service.

The Virtual Visit Overview document has been developed to assist DEC clinicians with discussing virtual care with clients.

Written client consent is only required when:
- Written consent would normally be required for the face-to-face service
- Clients are asked to release requisite personal information from one organization to another
- Clients are asked to participate in research projects while in care, or
- Recording a virtual care session.
    - Note: The ability to record a Zoom videoconference has been disabled for IH Healthcare Zoom users.

1.6   **Client Privacy and Confidentiality**

Every clinical relationship is based on respect for privacy and confidentiality. Individuals accessing virtual care technologies are entitled to expect their privacy to be guaranteed, including privacy of: personal information, personal communications, and the DEC clinician's location and space.

All DEC clinicians who provide virtual care services must:

- Have completed the Information Privacy & Security iLearn module 1331 and accepted their annual Data Access & Confidentiality Acknowledgement on iSite

- Read and ensure compliance with the BC Patient and Care Team Digital Communication Policy and

- Be familiar and ensure compliance with applicable professional codes and standards of practice.

1.7   **Client Identification & Email Validation**

When arranging a Zoom videoconference, it is important to prevent the privacy breach of misdirected emails by verifying the accuracy of the client's provided email address. A client's email address must be verified before using it to email client information about their Zoom appointment.

There are two options to validate the client's email address:

Option 1: Client is on the phone

1. The DEC clinician or administrative support employee sends a 'test' email to the client's provided email address, from their DoNotReply@interiorhealth.ca email address. Refer to Appendix C for more information about the 'DoNotReply' email address.

2. The DEC clinician or administrative support employee asks the client to check their email inbox and advise when the 'test' email arrives. Once the client reports they have received this email, the email verification process is completed.

3. The Zoom Appointment Invitation may now be emailed to the verified client email address.

Option 2: Use a code word

1. The DEC clinician or administrative support employee provides the client with an agreed upon code word.

2. The DEC clinician or administrative support employee sends a 'test email' using their regular IH Outlook email account to the client's provided email address.

3. The client replies to the test email with the agreed upon code word. Once the client replies with the code word, the email verification process is completed.

4. The Zoom Appointment Invitation may now be emailed to the verified client email address.

Exceptions:
- Client email addresses that are found in Meditech were previously verified in the Patient Portal and **do not** require this validation step.
- Client-provided email addresses require validation once. If a client provides a NEW email address, it will require validation as described above.
- If the DEC is currently using an approved secure email application to communicate personal health information with clients, the secure email account may be used to send the Zoom Appointment Invitation to the clients 'secure' email address.

At the beginning of any clinical service or procedure including virtual care, the DEC clinician must verify the identity of the recipient using three identifiers, such as:
- Client's first name
- Client's last name
- Client date of birth
- Personal Health Number.

1.8 **Clinical Documentation**

DEC clinicians will follow existing guidelines and practices for clinical documentation of virtual client services.

- Additionally, documentation in the client record must reflect client notification and consent to the virtual service.

- Within the Meditech Diabetes Assessment and Diabetes Progress Note, select 'Telehealth' to indicate the appointment occurred via Zoom. Do not select 'Telehealth' for telephone appointments.

- For Allied Health professionals: When completing eStats documentation, the visit type for videoconference visits is **Remote.**

1.9 **Permitted Devices and Virtual Care Technologies and Devices**

To ensure appropriate privacy practices and security measures are followed, DEC clinicians must use IH – approved equipment for provision of virtual care services.

The following virtual care technologies have been approved for delivery of client services in Interior Health's DEC services:
- Telephone
  - o Telephone software such as Skype for Business Phone and teleconference lines may continue to be used.
- Zoom (videoconference) from an IH device.
  - o DEC Clinicians must use the IH Healthcare Zoom account that has been provided to them by IH IMIT Virtual Care Team.
  - o Personal Zoom accounts should not be used for provision of virtual Home Health services.
  - o **NOTE**: Zoom has been approved for use **only during the COVID-19 pandemic.**
- Where available, approved secure email applications may continue to be used to send and receive client personal health information via email.

Other platforms such as WebEx, Skype for Business, Skype, FaceTime, SMS text messaging and IH Outlook email are **NOT** approved for delivery of virtual client care services in DECs.

1.10 **Contingency Planning**

It is important to have a safety plan to follow in the event of a client emergency (e.g., heart attack) or adverse client event (e.g., fall) during the remote visit.

It is also recommended to have a back-up plan in case technical difficulty prevents an adequate remote visit, such as switching to a telephone visit, or rescheduling the appointment for another time when family or caregiver assistance is available.

1.11 **Additional Resources**

Refer to the following as needed for additional information on virtual care service provision:

Guidelines for Cleaning IH Technology Equipment

Virtual Visit Overview for Clients

IH Zoom Clinician and Staff Information

Basic Telephone Script

BC College of Nursing Professionals Telehealth Practice Standard

College of Dietitians of British Columbia Virtual Dietetic Practice Guidelines

College of Occupational Therapists of British Columbia COVID-19 Practice Guidance

College of Speech and Hearing Health Professionals of British Columbia Virtual Care Practice Standard

BC College of Social Workers Technology Standards of Practice

College of Physical Therapists of British Columbia Guidelines for the Provision of Tele-Rehabilitation

2.0 REFERENCES

Patient and Care Team Digital Communication Policy Version 1 (2020). BC Ministry of Health, BC Health Authorities.
http://insidenet.interiorhealth.ca/technology/clinTech/telehealth/Documents/Digital%20Communication%20Policy%20Draft.pdf

Telehealth Clinical Guidelines (2015).
http://insidenet.interiorhealth.ca/technology/clinTech/telehealth/Documents/British%20Columbia%20Telehealth%20Guidelines%20-%202015.pdf

Guidelines for the Provision of Tele-Rehabilitation. College of Physical Therapists of British Columbia. https://cptbc.org/physical-therapists/practice-resources/advice-to-consider/tele-rehabilitation/; *Accessed Mar 30, 2020*

Virtual Dietetic Practice Update (2020). College of Dietitians of British Columbia. Virtual Dietetic Practice Update in the age of COVID-19; *Accessed Apr 24, 2020*

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Appendix A Virtual Care in DECs During the COVID-19 Pandemic

START → Review purpose of client's Diabetes Education Centre visit

Could this visit occur virtually? *Refer to Section 1.4 of this guideline*

- **Yes** → Clinician phones client and discusses virtual care options (telephone or ZOOM videoconference)
- **No** → Is the service a [Priority DEC Service?](#)

Clinician phones client → **Is virtual care desired by the client/family and possible?**

- **Yes** → Schedule virtual appointment with client/family
- **No** → Complete visit, follow-up planning and clinical documentation as usual

Schedule virtual appointment → **Is this a ZOOM visit?**

- **Yes** → Validate client's email address by either:
  - Sending a test email (while client is on the phone) and asking the client to confirm they have received it

    OR
  - Sending a test email and have client reply to your IH Outlook email with an agreed up code word.

  → Email ZOOM link and ZOOM Invitation to client from your 'Do Not Reply' or your IH Outlook email address → Complete visit, follow-up planning and clinical documentation as usual
- **No** → Complete visit, follow-up planning and clinical documentation as usual

Is the service a Priority DEC Service?

- **Yes** → Complete the COVID-19 Screening Assessment with client (in Meditech)

  Follow COVID-19 Screening in DECs in Appendix B
- **No** → Ask client to contact the DEC in 1-2 months to discuss service options → Advise referring provider of client preference for in-person service after COVID –19 pandemic as appropriate → Complete progress note as usual → **END**

APPENDIX B COVID-19 Screening in DECs

START
Client requires a priority service and virtual service is not possible. (Refer to Appendix A)

Prior to the in-person appointment, the DEC clinician will contact client by telephone and complete the Meditech Community COVID-19 Screening Assessment with client

Did client respond **'yes'** to any screening questions?

No →

No Symptoms, No Exposure Risks
- Proceed with in-person visit, wearing procedure mask, and eye protection
- In addition, gloves must be worn for direct client contact
- Client to be placed in a private room with a closed door
- Clean office and equipment after each visit
- See below for links to additional PPE resources.

Yes

Emergent Symptoms

Cancel DEC appointment and advise client as directed

Urgent Symptoms
- Cancel DEC appointment and advise client as directed
- Continue with completing the COVID-19 Screening assessment.

COVID-19 Symptoms and/or Travel History
Advise the client as directed

No COVID-19 Symptoms but has exposure(s)
Advise the client as directed

Re-engage client 10-14 days after symptom onset or resolution of symptoms (whichever is longer)

← *Yes*   Can the visit wait for 14 days?

No

Proceed with in-person service at the DEC. Inform clients that:
- Staff will be wearing PPE
- They will need to wear a procedure mask during the appointment, which will be provided when they arrive.

DEC clinician to wear a procedure mask, eye protection, and a gown. In addition, gloves must be worn for direct client contact.

- Donning PPE
- Doffing PPE
- Hand Hygiene
- Optimal Use of PPE
- COVID 19 Info Update Mar 21
- Patient to be placed in a private room with a closed door
- Clean office and equipment after each visit.

Complete visit, follow-up planning and clinical documentation as usual

END

APPENDIX C Use of the DO NOT REPLY Email Address

Identified DEC clinicians and Administrative Support employees are being provided with the ability to send emails from a DoNotReply@interiorhealth.ca account. This will allow employees to validate client email addresses and send Zoom meeting invitations without having to disclose their last name or IH email address.

1. Setup your email to show the 'From' field	
Start a new email message	
Navigate to 'Options' tab Select 'From'	
The 'From' field is now visible in the email.	
2. Setup the 'DoNotReply' Email Address	
Click on the drop down arrow on the "From" Field Click on "Other email address" to display this message:	
Select the "From" button to open up the Global Address Book. Type "donot" into the search field Select "DoNotReply" (first option) Select "OK" *If you do not already have permission to use the DoNotReply@interiorhealth.ca address, contact the IH Service Desk.*	
Select the 'Donotreply' email address in the 'From' field when sending emails to clients.	
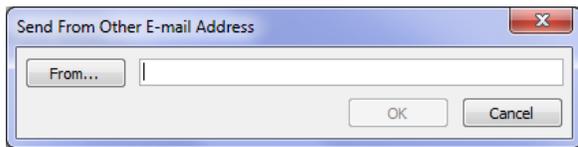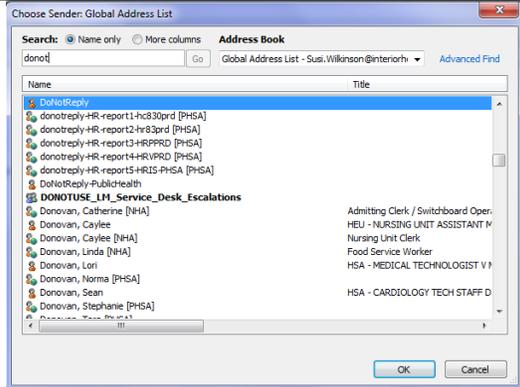
Keywords to aid in searching for this tool: Diabetes Education, Virtual Care, COVID19 Pandemic