



## COVID-19 TIP SHEET FOR CANCER PROGRAMS

### 0017-Person-Centred Care – Virtual Care - 2020-07-06

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**To:** RVPs and Directors

**From:** Person-Centred Care, Ontario Health (Cancer Care Ontario)

**Re:** Ensuring person-centred virtual care for cancer patients during the COVID-19 pandemic

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### Preamble

This document is intended as additional guidance specific to the delivery of virtual care during and after the COVID-19 pandemic; it is not intended to replace or supersede government directives or public health measures. Adapted approaches may be required to address unique individualized patient, organizational or other exceptional circumstances and conditions. Further updates may be released as clinical evidence develops and with the evolution of a long-term strategy for virtual care in the cancer system and the overall health system in Ontario.

### Issue Summary

As the clinical management of patients during the COVID-19 pandemic is rapidly evolving virtual care can be an important component of maintaining person-centred care. The Canadian Medical Association defines virtual care as “any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies with the aim of facilitating or maximizing the quality and effectiveness of patient care.” Many patients are having their appointments transitioned to virtual care platforms (e.g. phone, OTN, Microsoft Teams, Zoom, etc.) and there are outstanding questions regarding how to deliver best practice person-centred care in this scenario. This Tip Sheet covers virtual care visits by phone or by video-enabled online conferencing.

The concept of person-centred care should continue to be a guiding principle in the Ontario cancer system regardless of whether a patient visit is conducted in-person, or via virtual care.

The [2015 Person-Centred Care Guideline](#) lists the following as essential requirements of care:

- patients feel respected;
- patients’ concerns are listened to and addressed;
- various aspects of patient care (e.g., nutrition, pain) are appropriately managed;
- patients are provided support to maintain independence; and,
- all of the above are done with patient consent.

These essential requirements of care will form the basis of the recommendations contained within this tip sheet. The standard of care provided in virtual care appointments should be no different to the standard of care provided in an in-person visit. This Tip Sheet is intended to support oncology care providers in their transition to providing virtual care now and in the future.

# Background

At the request of Regional Cancer Programs, Person-Centred Care is sharing guidance which is intended to help facilities successfully deliver person-centred virtual care. This is the first of a number of guidance documents regarding virtual visits. Additional guidance can be expected this summer on how to operationalize virtual care processes and coordination (i.e. scheduling/troubleshooting/communication) as well as roles and responsibilities. Longer-term guidance can be expected in the fall based on evidence and consensus-building around appropriateness of virtual care for patients, how to standardize care, how to involve and supervise trainees, and how to enable multi-disciplinary care team visits.

## Approach

The following recommendations were formulated through a combination of evidence review and adaptation of guidance from other organizations or jurisdictions and are focused on how individual clinicians can provide effective virtual care in a person-centred fashion in alignment with the [2015 Person-Centred Care Guideline](#).

## Recommendations

### **Recommendation 1: Patients should be offered virtual care appointments where feasible and appropriate**

This should be considered on a case-by-case basis as not all patients are appropriate for a transition to virtual care. Virtual care does not replace the need for an in-person consultation, urgent physical exam or the need to attend urgent medical care. Factors to consider in deciding if a virtual care appointment is appropriate include:

- The ability to perform an effective assessment without a hands-on physical exam or in-person consultation
- There is a risk to the patient of being exposed to COVID-19 as part of travel to and attending a clinic visit
- Inability to provide an in-person consultation
- There is availability of interprofessional supports (e.g. nursing, social work, pharmacist, etc.) in a virtual care setting
- There is availability of other ancillary services in the virtual care setting (e.g. interpreter services if a language barrier has been identified)
- Patient consents and agrees to a virtual visit
- Privacy concerns are met

The overall standard of care should not be compromised as per [CPSO guidelines](#). Additional imaging or laboratory tests (that would not otherwise be part of a patient's standard of care) should not be used to substitute for clinical examination that would be performed as part of an in-person visit. It is recommended that in-person visits should take place in cases where a physical exam may lead to a change in disease management or prognosis.

### **Recommendation 2: Ensure that patients have the tools and resources required for participation in virtual care**

While some patients may be able to transition to virtual care easily, other patients may find it challenging for a variety of reasons. One common issue can be a lack of comfort using virtual care technology. If a patient is uncomfortable using the virtual care technology, it can hinder their ability to participate fully in the conversation with their care team. Educational material should be provided to patients to help increase their comfort with the

technology and improve their virtual care experience. These materials should adhere to best practice standards for plain language and health literacy and be available to patients in a fully accessible online format as well as printed upon request.

Barriers to patient participation in virtual care should be identified and addressed prior to initiating virtual care visits. Barriers may include not having access to the necessary technology, lack of comfort in using technology or potential language barriers where medical interpretation would be required. It is important to assess these needs prior to virtual care appointment and to have a plan (e.g., translation services) to address this during the patient meeting. The duty to accommodate under the Accessibility for Ontarians with Disabilities Act (AODA) applies to all appointments, including virtual care appointments.

Centers should explore options such as remote lab monitoring and imaging if applicable.

**Recommendation 3: Obtain informed consent prior to the initiation of virtual care and at the beginning of each virtual care appointment**

Virtual care has privacy and security risks that could allow patient information to be intercepted or unintentionally disclosed. It is important that informed consent is obtained prior to a virtual care appointment. The informed consent process should include an explanation of any privacy and security risks that are associated with virtual care platform(s) used by the hospital/cancer centre. Each hospital will have its own process to obtain consent for virtual care in the context of COVID-19. It is recommended that the process at your hospital is followed and that consent is confirmed at the start of each virtual care appointment. It is important to declare whether the appointment is being recorded by the care provider or the patient. If a patient does not consent to a virtual care appointment, then they should be seen in-person. For further information about consent and to obtain a standardized consent template please see the [COVID-19 Legal Q&A](#) by the Ontario Medical Association (OMA). Providers should consider the best platform available to meet privacy and confidentiality rules.

**Recommendation 4: Confirm the patient's identity at the beginning of each virtual care appointment**

In order to maintain patient safety, it is important to positively identify the patient when initiating a virtual care appointment. Providers should ask who is attending the virtual appointment with the patient (family, caregiver, etc.) and be attentive to who is attending the virtual appointment even if not in direct sight.

**Recommendation 5: Maintain interprofessional team-based models of care where possible for virtual care**

For clinical scenarios in which an interprofessional team approach is best practice<sup>1</sup>, it is recommended that this approach should continue in a virtual care capacity when feasible and required. Clear communication with patients on what interprofessional virtual care looks like is important. Patients should understand what to expect, how the visit will flow, and which members of their care team they will be interacting with. Continuity of care should remain a guiding principle in virtual care.

**Recommendation 6: Maintain documentation standards during a virtual care appointment**

It is important to maintain documentation standards during a virtual care appointment with a patient. In addition to the usual in-person documentation, it is recommended that providers also document technology-related specifics, such as if it was a video-enabled visit or a phone visit. If the visit involved multiple care providers, it is important to document who was present and who is the most responsible clinician.

**Recommendation 7: Invite the participation of caregivers or support persons in virtual care as appropriate**

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<sup>1</sup> For example, the provincial clinical guidance for Head and Neck cancer patients recommends that patients should be seen by an interprofessional team including a dietician, a social worker, speech-language pathology, etc. and this model should be maintained in virtual care.

The Ontario Caregiver Organization has requested that caregivers continue to be recognized as important members of a patients' care team and note that caregivers are open to new ways of communicating during this challenging time. There is an opportunity through the use of technology to engage caregivers who are in a different physical location to the patient and have them be part of the visit, with the patient's consent. This may require pre-planning to ensure all parties are available during the designated appointment time.

**Recommendation 8: Follow virtual care best practices to ensure positive patient-provider interactions**

It can be difficult to replicate the experience of a face-to-face visit between a patient and a provider. However, there are steps that can be taken to improve the virtual care experience for both patients and providers. Below are tips for virtual care etiquette, which were adapted from The Center to Advance Palliative Care:

***Before a virtual care appointment:***

- As many appointments have transitioned to virtual care, patients can be advised to complete the required Patient Reported Outcome Measures (PROMs) ahead of time, such as Your Symptoms Matter (YSM), or patients and clinicians can discuss these PROMs during the visit itself
- Clinician(s) should find a quiet location with a neutral background and ensure privacy
- Always dress appropriately, and wear plain clothes (patterns can create nausea/discomfort)
- Be mindful of the background- make sure to keep it as neutral as possible, and make sure to have good lighting

***At the beginning of a virtual care appointment:***

- Start the visit by confirming that the camera is set up correctly and the patient/family can see and hear you. After obtaining consent and ensuring the intact logistics of the visit - make a clear transition to signal the start of the clinical visit - "How are you doing?"
- Voices can sound different over the phone so be sure to introduce yourself and any other team members on the call and ask the patient and any of their caregivers present to introduce themselves. If the appointment is video enabled be sure to confirm if anyone else is in the space and that all participants can hear the conversation
- Let patient/family participants know that it is OK to interrupt if they need to pause or adjust during the visit
- Confirm that you will call them in the event that sound or video is lost during the visit
- If the patient has completed their PROMs prior to the virtual care appointment, take the opportunity to review and discuss their symptoms with them

***During a virtual care appointment:***

- Speak slowly and clearly, and check every so often to ensure that you are being heard
- Remember to look at the camera on your own device (not at the screen that has the patient's video). Match your 'head size' to theirs by positioning your distance to the camera
- Call wrap-up: Let patient/family participants know when there are 5-10 minutes left and ask if there is anything they want to make sure to cover
- End the visit by summarizing what you heard, what the plan is, reviewing prescription refill and other needs and how they will be addressed
- A plan should be created with the patient to ensure a method of follow-up regarding;
  - Next steps in care
  - Care coordination
  - Remote lab or imaging tests (if applicable)
  - Co-ordination of any medications and prescriptions
  - Who to contact in case of any prescription-related issues
  - Access to Psychosocial Oncology (PSO) services as needed

# Resources

## Person-Centred Care

- **Person-Centred Care Guideline** (<https://www.cancercareontario.ca/en/guidelines-advice/treatment-modality/person-centred-care/about-guideline>)
- **Canadian Foundation for Healthcare Improvement: COVID-19 and Novel Approaches to Support Family and Caregiver Presence and Partnership** (<file:///C:/Users/mwright/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/4H0N9MW9/2020-16-04-NovelApproaches-FamilyCaregiver-Presence.pdf>)
- **The Ontario Caregiver Organization** (<https://ontariocaregiver.ca/wp-content/uploads/2020/03/Ontario-Caregiver-Organization-What-caregivers-want-healthcare-providers-to-know.pdf>)

## Virtual Care Best Practices

- **Canadian Medical Association: Virtual Care Playbook** ([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))
- **CPSO Telemedicine Guidance** (<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Telemedicine>)
- **Health Quality Ontario: Adopting and Integrating Virtual Visits into Care: Draft Clinical Guidance** ([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))
- **Ontario Medical Association: COVID-19 Legal Q&A for Members** (<https://content.oma.org/wp-content/uploads/private/OMACOVID-19LegalQAs.pdf>)
- **Center to Advance Palliative Care: Telehealth and Palliative Care** (<file:///C:/Users/mwright/Downloads/telehealth-at-a-glance-guidance.pdf>)
- **CMPA: Providing Virtual Care During the Pandemic** (<https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2020/providing-virtual-care-during-the-covid-19-pandemic>)
- **NHS: Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic** (<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf>)

## Recommended Next Steps

Please share the attached guidance with relevant stakeholders as appropriate.

## For More Information

Should you have any questions regarding this email, please feel free to contact Colleen Fox, Director, Person-Centred Care at [Colleen.Fox@ontariohealth.ca](mailto:Colleen.Fox@ontariohealth.ca).