

LTCI VIRTUAL VISIT TOOLKIT: Consent and Privacy

The below provides a general overview of how to prepare for virtual visits with physicians.

PREPARATION FOR VIRTUAL VISITS

REGULARLY SCHEDULED	Your facility likely already has a binder or clipboard for keeping track of issues that need to be discussed with the residents' Most Responsible Physician (MRP). The nurse hosting the virtual visit should have this information readily available. The nurse should also have ready access to the Electronic / Paper Health Record. Ideally, the physician will also have remote access to the Electronic Health Record (EHR).
AD-HOC	Although many of the below steps remain the same for issue-specific visits, the method of organization will include an SBAR tool (<i>LTCI After-Hours</i> or <i>Daytime</i> , depending on the time of day). The <i>After-Hours</i> and <i>Daytime SBAR</i> are available on the LTCI website, here: vicsi-ltci.ca/tools-and-resources/ltci-tools/

OBTAINING CONSENT

Virtual care has privacy and security risks that could allow health information to be intercepted or unintentionally disclosed. Residents or a temporary substitute decision maker should be advised of and understand these risks. Prior to the virtual visit, the resident should be advised of the plan to have a virtual visit. This notice allows for any objections, hesitation, or discomfort, to be expressed. Nursing staff should use their clinical judgement in these situations as to whether a virtual visit should proceed.

Best practice is to have written consent on file for each resident. In the absence of this, verbal consent is an acceptable minimum during the pandemic with the below text recorded on the resident's chart.

VERBAL CONSENT SCRIPT FOR CHART	<p>Copy and paste the following into the resident's chart:</p> <p><i>"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."</i></p> <p>If the resident cannot independently use a phone/iPad due to dementia, hearing loss, or another condition, the physician may review the medical status and any problems with nursing.</p> <p>➔ Include the claim note record: <i>"Service provided via Telehealth with RN/LPN."</i></p>
CONSENT FORM	It is advisable to obtain written consent at the time of admission with a standardized process/form. This is an area of development and the LTCI hope to have resources available in the future.

PRIVACY CONSIDERATIONS

- Conduct the video session in a private space.
- Ensure the resident is ready to have a confidential conversation.
- Start video session with clear introductions and confirm the resident's identity.
- During the session, check if the volume is set to an appropriate but discreet level.
- Avoid recording videoconference sessions containing personal or clinical information.
- Once the session is over all participants should disconnect immediately.
- Disable cameras and microphones when not in use.