

OPERATIONAL GUIDE: Technology for Video Virtual Healthcare Delivery in Congregate Living Sites during COVID-19

This guide describes how sites and care teams can implement technology-based communications tools to support access to video virtual care.

Technology for Video Virtual Healthcare Delivery

Technology can support secure video virtual visits and consultations with healthcare providers when in-person site visits are not possible, including with primary care physicians and teams, palliative consult teams, allied health professionals, specialized geriatrics and geriatric mental health consulting services.

Contracted Congregate Living Sites

Working with AHS Healthcare Providers Using Video Virtual Health Technology

- All AHS staff and physicians with AHS credentials (e.g., case managers in designated supportive living, palliative care consulting, allied health, specialized geriatrics and geriatric mental health consulting teams) should use the AHS Enterprise Zoom license as it is compliant with the federal [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#). Supporting resources are located on the [AHS Virtual Health team page](#).

AHS, CapitalCare/Carewest, and Covenant sites

- All AHS owned and affiliated sites (CapitalCare, Carewest, and Covenant) can use the secure [AHS video virtual health platforms](#) including Zoom and telehealth.

Site-owned and Operated Technologies

- Sites/operators may have or choose to obtain their own licenses for platforms that can support video virtual healthcare delivery (e.g., Zoom for Healthcare).
- Sites should ensure any platform and internet connection being used to support video virtual healthcare delivery meets privacy and security requirements (e.g., encryption) under the PIPEDA and the Alberta [Health Information Act \(HIA\)](#).

Infection Prevention and Control (IPC)

- Sites should follow the Alberta Health Services (AHS) [IPC guidelines](#) for cleaning and disinfection of electronic devices.
- The current AHS COVID-19 [guidelines](#) for hand hygiene, use of PPE, physical distancing and isolation in congregate living sites should be maintained when conducting video virtual health visits with clients.

Considerations for Healthcare Providers

- Healthcare providers are encouraged to become familiar with policies, standards, guidelines and/or recommendations provided by their organization, Alberta Health Services (AHS), AHS Virtual Health and healthcare professional Colleges (regulatory authorities) and Associations, related to delivering care using virtual care technologies.
- Considerations for healthcare professionals in the virtual care environment include but are not limited to:
 - College requirements with respect to virtual clinics, telemedicine, licensing / registration
 - Ethical, professional, legal obligations
 - Appropriateness of virtual care delivery to support best patient outcomes
 - Express (verbal) consent documented in the legal record of care
 - High quality, best practice care delivery
 - Documentation and access to patient medical records, and records management
 - Patient privacy and confidentiality of personal health information
 - Responsible online prescribing
 - Ensuring continuity of care

Privacy requirements

- Ensure calls are made using a platform that meets privacy and security requirements (e.g., Zoom for Healthcare) and a secure internet connection.
- Virtual health appointments should be held in a confidential and private setting (e.g. with a door that closes, quiet, well-lit).
- In the event of screen sharing, ensure all non-related client records, programs and files are closed prior to initiating call; ensure email alerts disabled or email is closed.
- The healthcare provider should introduce themselves by Name, Occupation, and Duty (NOD).
- Verify client identity using approved Patient Identifiers; for more information refer to the AHS [Patient Identification Policy](#).
- Clients/family members and anyone else present should be introduced.
- Information (including recordings of calls) collected by healthcare provider or site staff for the purposes of treatment and care during the appointment must be kept confidential and adhere to informed consent requirements for recording and disclosure of health information, as guided by the Alberta [Health Information Act \(HIA\)](#).

Consent

- Residents have a right to be informed by their healthcare provider about the benefits and risks of a virtual health appointment. Healthcare providers may refer to the AHS Virtual Health webpage for a suggested [script](#).
- Express (verbal) patient consent is required for virtual health appointments; written/signed consent is not required.
- The client's voluntary acceptance or refusal to attend a virtual health appointment is to be documented in the client's health record at the time of scheduling the appointment. Offsite healthcare providers can work with onsite providers to document the client's acceptance or refusal in the health record.
- If a client chooses not to participate in the type of virtual health appointment offered, they should be provided an alternate option for their appointment (e.g., another virtual option such as telephone, or non-virtual option such as an in-person visit).
- The client may also cancel or stop the appointment at any time. The healthcare provider will then make alternate arrangements for the appointment (e.g., telephone or in person).
- If any procedure/treatment, recording or sharing of information is to occur during the virtual health appointment that requires written consent as per AHS Policy, the healthcare provider is responsible to coordinate this with the client.

Recording Virtual Health Appointments

Clients

- Clients may choose to record their virtual health appointment using recording devices that are external to the video connection, without notifying their healthcare provider. There is no AHS policy prohibiting clients from recording; however, appointment attendees may request that the resident cease taking photos and recordings.

Healthcare Providers

- Recording of virtual health appointments are not encouraged, but can be done with the proper consents. Written consent should be collected using AHS form 07998 [Consent to collection and use of a recording device or camera for photographs, video or sound recordings for health care purposes](#) or equivalent.
- If a healthcare provider wants to record an appointment they must ensure the signed consent form is retained on the resident's healthcare record for the same length of time the recording media is retained.
- The healthcare provider is responsible for the physical security, storage and distribution of the recording.
- If a client expresses a wish in regards to the collection, use or disclosure of his or her information, it is the responsibility of the practicing physician, clinician or business department to ensure that the resident's expressed wish is honoured.

Documentation

Healthcare Providers

- Document as required by AHS and professional practice standards.

Facility Staff

- Document as required by facility and professional practice standards.
- Document if any role play by facility staff during the appointment (e.g. initiating the call, or any other assistance).

Cost

- Using internet or cellular data for audio and video calls could result in unexpected costs for the site (or resident, if using their own personal device). When consenting to this type of care, it is recommended sites contact their internet or cellular service provider for information about their plan to determine any/all potential costs that they may incur.