



# Virtual Care Resource Guide

**Empowered Kids Ontario**

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## How to Use This Resource Guide

This Virtual Care Resource Guide is intended as an informational resource to support organizations in assessing Virtual Care options and implementing Virtual Care services. The information, templates and resources provided in this Guide are representative only and are not intended as business or legal advice.

Each organization must consider its own unique circumstances, regulatory obligations and risk profile when implementing forms and policies. Organizations are cautioned to engage in their own assessment of the risks and limitations when selecting Virtual Care platforms, including privacy and security risks.

Empowered Kids Ontario is not endorsing or recommending any of the Virtual Care platforms mentioned in this Guide. Organizations should consider their requirements and conduct due diligence on any platform before making a selection.

## A Message from Empowered Kids Ontario

Together we're reinventing essential aspects of Ontario's child development and rehabilitation sector. In the midst of this work, we're encountering the biggest challenge in a generation, one that compels us to ask ourselves how can our organizations—known and valued for providing compassionate, hands on services—quickly transition as the world is changing radically right before our eyes?

The coronavirus pandemic has already had a huge impact on our way of life, the way we work and the way we think. As we emerge from this crisis, we can expect client behaviour and attitudes will have evolved as consumers embrace digital channels, welcome the concept of self-service, and turn to trusted organizations that show they can be flexible in difficult times.

We know you are doing what you've always done: innovating, being nimble, rising to the challenge and going above and beyond to respond to the needs of children and families.

As you are quickly assessing service delivery in a virtual environment, enacting new processes and embracing new ways of thinking about the workplace, operations and service provision, EKO has produced this guide to help you. We've brought together information and resources into one place to address questions big and small—from choosing a Virtual Care platform and figuring out costs to engaging staff and supporting clients in new ways.

At this time, it's important to remember that we built community-based services as a collective effort. Let's continue this tradition of coming together to share and learn from one another.

We're here to support you.

Sincerely,



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CEO  
Empowered Kids Ontario

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# 1. Your Virtual Care Journey

The ability to provide care virtually is a valuable asset for many organizations. Recent studies have shown that Virtual Care can improve both the client and practitioner experience, improve the efficiency of some types of care delivery and can contribute to improved outcomes.

Virtual Care technology provides an opportunity to support clients, practitioners and the organization, by delivering and managing care and services remotely.

The Virtual Care journey consists of three phases; preparing for Virtual Care, acquiring a solution, and implementing Virtual Care; and this document is organized according to the activities, decisions, and considerations of each phase.



One of the first tools we provide to start you on your way is the Virtual Care Journey overview below. It includes a description of the major steps that organizations commonly take, regardless of where they may be in the process. You can navigate through the document by clicking on the section titles (in the left column of the table) to be directed to that section.

Also listed (in **purple**) are related resources—checklists, matrixes, information sheets, etc. You can similarly click on each resource title to be taken to the resource. Resources that can be completed or modified for your own organization’s use, are also available in a separate, ‘fillable’ format.

## Overview of the Resource Guide

Section	Contents and Resources
1. Your Virtual Care Journey	Overview of the key steps organizations can follow when implementing or using Virtual Care platforms. <b>A1. Implementing Virtual Care Checklist</b> – Checklist of key actions and decisions along the Virtual Care Journey.
2. What is Virtual Care?	Introduces organizations to Virtual Care and the various modalities by which Virtual Care can be delivered.

Section	Contents and Resources
<i>Preparing for Virtual Care</i>	
3. How Will Virtual Care Be Used in Your Organization?	<p>Description of the various purposes and functions that Virtual Care platforms can support within an organization and discussion of the factors that organizations should consider to inform their decision of which functions to implement.</p> <p><a href="#">A2. Selecting Your Virtual Care Applications</a> – A resource for identifying and confirming how your organization will use Virtual Care.</p>
4. Managing Virtual Care Risks	<p>Discussion of risks associated with Virtual Care to support organizations in conducting an enterprise risk analysis. Also provides information on cyber and privacy insurance.</p> <p><a href="#">A3. Virtual Care Enterprise Risk Management Framework</a> – A fillable template of the enterprise risk management framework that organizations can use.</p> <p><a href="#">A4. Virtual Care Enterprise Risk Management Framework Guide</a> – A resource on how to complete an enterprise risk management framework with examples of risk, impact and mitigation measures.</p> <p><a href="#">A5. Effective Decision Making</a> – Supports organizations in making effective decisions, particularly when considering making major service changes, etc.</p>
5. Health Practitioner Regulatory Requirements	<p>Overview of regulatory college requirements for Virtual Care practitioners.</p> <p><a href="#">A6. Virtual Care Regulatory Requirements Matrix</a> – A summary of health practitioner regulatory college requirements for Virtual Care.</p>
6. Virtual Care Policies and Privacy and Security Considerations	<p>Description of policies and procedures that organizations should establish or extend to Virtual Care. Overview of the privacy and security considerations of Virtual Care platforms.</p> <p><a href="#">A7. Virtual Care Privacy and Security Policy Framework</a> - A resource to support organizations in establishing or building on existing privacy and security policies to support the delivery of Virtual Care services.</p> <p><a href="#">A8. Privacy and Security Checklist</a> – A resource that provides a checklist of high-level privacy and security features that organizations should look for in Virtual Care platforms</p>
7. Assessing Virtual Care Technical Capacity	<p>Provides a discussion of the organizational technical competencies that should be in place to support the implementation and use of Virtual Care.</p> <p><a href="#">A9. Technical Capacity Checklist</a> – A checklist to assist organizations in identifying if they have the foundational technical capacities and competencies for implementing Virtual Care.</p>

Section	Contents and Resources
<i>Acquiring a Solution</i>	
8. Virtual Care Platforms and Tools	<p>Introduces organizations to the abundance of Virtual Care platforms available across the different modalities and possible uses of these tools.</p> <p><a href="#">A10. Overview of Available Platforms for Virtual Care</a> – A matrix showing the features and characteristics of a selection of the Virtual Care platforms available.</p>
9. Processing Online Payments	<p>Provides an overview of online payment processing methods and tools.</p> <p><a href="#">A11. Overview of Available Payment Processing Platforms</a> – A matrix showing the features and characteristics of a selection of the payment processing platforms available.</p>
10. Virtual Care Costs	<p>Overview of the cost and revenue considerations of introducing and using Virtual Care platforms for private and publicly funded practitioners, as well as guidance in capturing the virtual cost variables.</p>
<i>Implementing Virtual Care</i>	
11. Engaging Staff, Clients and Other Key Stakeholders	<p>Highlights the importance of communicating with clients, staff, and other internal and external stakeholders throughout the entire process of considering, selecting, and implementing a Virtual Care system. Provides organizations with a foundational understanding of how to engage and communicate effectively with internal and external stakeholders.</p> <p><a href="#">A12. Successfully Implementing New Technology</a> - Information intended to help promote understanding and dialogue regarding the advent of new technology.</p> <p><a href="#">A13. Stakeholder Mapping Tool</a> - Matrix and mapping tool to help organizations identify their major stakeholder groups and understand their needs and goals related to Virtual Care.</p> <p><a href="#">A14. Reluctance Checklist</a> - Tool to support organizations in addressing reluctance from their stakeholder groups related to the implementation and use of Virtual Care.</p> <p><a href="#">A15. Communications Planning Checklist</a> – Resource to help organizations plan communication campaigns to the public about their Virtual Care initiatives.</p> <p><a href="#">A16. Messaging for Different Stakeholder Groups Worksheets</a> – Guide to help organizations in managing the various stakeholder groups and the messaging for each.</p>

Section	Contents and Resources
<b>12. Virtual Care Workflows</b>	<p>Describes the process and issues that organizations should consider as they redesign their current workflows to adapt to the use of Virtual Care.</p> <p><b>A17. Workflow Design Template</b> – A template that guides organizations through identifying the activities, roles and responsibilities, and tools and resources involved in their Virtual Care workflows.</p>
<b>13. Obtaining Consent for Virtual Care</b>	<p>Provides information on how to obtain informed consent for Virtual Care and how to verify the identity of clients and substitute decision-makers or guardians.</p> <p><b>A18. Virtual Care Client Information Sheet</b> - A resource setting out general risks and information to be provided to clients to facilitate the discussion to obtain consent to Virtual Care services.</p> <p><b>A19. Virtual Care Services Consent Form</b> - A form to document that consent has been obtained.</p>
<b>14. Monitoring and Evaluation of Virtual Care</b>	<p>Describes the importance and value of monitoring and evaluating Virtual Care systems throughout and after their implementation. Presents the key components of a monitoring and evaluation plan for Virtual Care systems.</p> <p><b>A20. Evaluation Template</b> – A fillable table to support organizations in identifying the necessary components of an evaluation plan for Virtual Care.</p>

**Resources: Templates and Checklists**

See **A1. Implementing Virtual Care Checklist** for support guiding you through the processes and considerations of implementing Virtual Care.

## 2. What Is Virtual Care?

Virtual Care refers to the ‘virtual encounters’ that take place between practitioners and clients using information and communications technologies (ICT) – typically by video or audio.

Virtual Care is the provision of care and services remotely, using some form of enabling information and communications technology. Virtual Care can be provided through a number of modalities:



**Video-mediated:** Care provided using a video connection *between participants.*



**Audio-mediated:** Care provided through audio-only communication, including using standard telephone services, or through a computer-based platform.



**Text-mediated:** Care provided through text– including instant messaging or longer-form communication.

There are many technology platforms available to support the delivery of Virtual Care, many of which also support other functions and activities including administrative tasks and various business processes. These platforms range significantly in complexity of functionality, from a simple telephone conversation with a client or colleague to multi-participant video conferencing platforms with virtual waiting rooms that integrate with information systems, scheduling software, and medical devices.

### 3. How Will Virtual Care Be Used in Your Organization?

Effective deployment and use of Virtual Care require a clear understanding of how technology will be used within your organization. It is important to define how the organization intends to use technology to ensure a common understanding among all stakeholders and to clearly manage expectations.

Common purposes for which Virtual Care platforms and tools are used by organizations to support the delivery of Virtual Care include:



**Practitioner-client interactions:** The most common purpose for using Virtual Care platforms is to facilitate Virtual Care delivery through video, audio, or text interactions between a practitioner and client. Text-based interactions can be real-time or asynchronous.



**Practitioner-practitioner interactions:** Virtual Care technology can support interactions between practitioners, for example for response planning, case conferencing or professional consultations. This functionality can be particularly useful for practitioners working from different locations under physical isolation requirements and for improving the capacity of practitioners to provide care to their clients by leveraging specialty expertise.



**Practitioner-administrator interactions:** As more organizations shift to remote operations, the ability for technology to support administrative staff and practitioner collaboration will become increasingly important. Many platforms support these interactions through asynchronous instant messaging, screen sharing and video call functionality between users.



**Administrative management of clinical processes:** Many Virtual Care platforms support the ability to manage important administrative functions such as the management of practitioner virtual consultation schedules.



**General information sharing both internal and external to the organization:** Many Virtual Care platforms include functionalities to support rapid information sharing through group or organization-wide messaging as well as the ability to share information with external audiences.

## Client and Practitioner Capacity for Virtual Care

Virtual Care may not be appropriate for all clients. When organizations are making decisions about the applications of Virtual Care within their organization and for their clients, they should consider:

- Any language barriers that could negatively impact clients' care experience.
- The complexity of the system being used and whether this is suitable for clients' level of technology knowledge and skills.
- The requirements of the system for clients and whether clients have the resources to support those requirements (e.g. access to internet with sufficient bandwidth, a smart phone, access to a computer with a microphone and webcam, etc.).
- The cognitive capacity and decision-making capacity of clients and whether the chosen modality will support the inclusion of guardians or substitute decision-makers.

## Determining the Purposes for Which Your Organization Will Use Virtual Care

Not all organizations need or necessarily benefit from using Virtual Care platforms for all of their possible applications and uses. Generally, the more processes and tasks that are migrated to be supported by a Virtual Care platform, the larger scale and more complex the organizational change associated. Although some organizations may benefit from migrating clinical, administrative and business processes to include virtual platforms, it is important to consider whether this change will be overly disruptive for the organization relative to the possible benefits realized after implementation.

Further, Virtual Care cannot support all activities and services that are commonly provided in person. For example, although a video call may allow a practitioner to instruct a client's family member or caregiver to physically manipulate the client and describe their observations, the practitioner can't actually physically manipulate the client. This may pose challenges for examinations that require contact or physical co-location.

### Resources: Templates and Checklists

See [A2. Selecting Your Virtual Care Application](#) for support in determining the purposes for which you would like to use Virtual Care tools for. The tool will help you define what functionality you are looking for in a tool, and what you should consider before implementing a solution.

## 4. Managing Virtual Care Risks

### Risk Assessment, Decision Making and Cyber and Privacy Insurance

The health and social services sector has always embraced innovative models of service delivery and care. For many, Virtual Care is becoming a business imperative to ensure the organization is competitive and sustainable. At the same time, there are new risks for organizations to mitigate and manage when delivering Virtual Care Services. Risk assessment processes enable organizations to be aware of potential risk areas, identify mitigation measures and weigh factors to determine whether and/or how to adopt Virtual Care Services. Risk assessment processes should be accompanied by a similarly intentional and rigorous decision-making process; the [Effective Decision-Making Tool](#) is designed to help in this endeavor.

### What is Enterprise Risk Management?

Enterprise Risk Management (ERM) is a process that focuses an organization on significant risks to achievement of its objectives and then measures the degree to which the organization is successful in controlling these risks.

ERM frameworks summarize risks and identify whether options exist to bring the risks to acceptable levels. A simplified ERM framework generally has the following components:

- Risk Category/Description – What can go wrong?
- Likelihood – How likely is the risk?
- Impact/Consequence – How bad is the risk?
- Risk Rating – Low, medium, high?
- Mitigation Strategy – Can the risk be prevented/reduced?
- Residual Risk Rating - post-mitigation low, medium, high?

### Virtual Care Enterprise Risk Management Framework Guide

To support each organization in conducting enterprise risk analysis of Virtual Care for their own organization, this Resource Guide provides a [Virtual Care Enterprise Risk Management Framework](#). The ERM Framework includes the following sample risk categories for Virtual Care:

- Governance and Leadership
- Legal
- Operational Readiness
- Human Resources
- Financial
- Standard/Quality of Care
- Privacy and Security Risk
- Stakeholder Relations

Each organization should customize the ERM Framework based on local objectives, circumstances, pressures and priorities.

To assist organizations in completing the ERM Framework, it is accompanied by a **Virtual Care Enterprise Risk Management Framework Guide** which explains how to complete the ERM Framework and sets out examples of the risk categories, risk impacts and potential risk mitigation for Virtual Care. The ERM Framework Guide is intended as an information resource and examples provided are for illustrative purposes only.

## Cyber and Privacy Insurance

Cyber and privacy liability is one of the most prevalent areas of risk for health care organizations. The increasing use of technology to provide Virtual Care services creates vulnerabilities to privacy breaches and cyber security threats, including ransomware, phishing and malware attacks. In addition to the risk that critical informational assets may be damaged, stolen or rendered inaccessible, organizations may be exposed to significant costs relating to the legal requirement to notify clients of a privacy breach, disruption to business operations, repair of damaged networks and defense costs related to third party liability suits. Privacy and cyber security risk is an enterprise-wide risk management issue with significant reputational risk.

Cyber and privacy risk management include the identification and analysis of the risks the organization will avoid, accept, mitigate or transfer through insurance. Not all cyber insurance policies are equal and assessing the adequacy of existing insurance coverage is a key step when implementing new technologies and Virtual Care platforms.

The cyber and privacy insurance market has evolved considerably in recent years. The application process has become more of a governance-related exercise and the scope of available coverages has increased.

Following are some of the basic types of coverage available under cyber and privacy policies:

### 1. Expense Coverage (Referred to as First Party Costs)

**Notification Expenses:** These are the costs associated with notifying affected individuals that their PHI has been lost, stolen or used or disclosed without authority. This would include costs such as notification letters, crisis hotline, credit monitoring and other costs of this nature.

**Forensic Investigative Expenses:** These are the costs associated with hiring a professional third party forensic investigation team to determine where, when and how the breach occurred. This is often one of the most costly aspects of managing a breach.

**Legal Expenses:** These are the costs associated with retaining a lawyer (often referred to as a “breach coach”) to advise and guide the process of managing a breach.

Crisis Management Expenses:	The costs incurred in hiring a professional team to help prevent reputational harm to the organization. This could include legal, public relations or crisis management services.
Data Restoration:	The costs to restore the network and data to where it was before the event occurred. This can include both hardware and software replacement.
Cyber Extortion:	The costs associated with handling cyber criminals who extort the organization for money. This has been an increasing threat for health organizations.
Regulatory Proceedings Coverage:	Coverage to provide for costs associated with administrative or regulatory proceedings or complaints.

## 2. Third Party Cost Coverage (Liability Coverages)

Network Security Liability:	Covers damages and claims expenses associated with the unauthorized access to, degradation of, or disruption to the insured's network through the use of malware, denial of service attacks, phishing, etc. causing loss.
Privacy Liability:	Covers the unauthorized collection, disclosure, use, access, destruction or modification of PHI.
Internet Media Liability:	Liability resulting from allegations of privacy breach, defamation, disparagement, piracy, copyright infringement, etc. related to content displayed electronically (e.g., a website, blog, social media, etc.).

Organizations should speak with their insurance broker to ensure that their commercial liability, professional liability, directors' liability and privacy and cyber coverage are sufficient to support the delivery of Virtual Care.

### Resources: Templates and Checklists

See [A3. Virtual Care Enterprise Risk Management Framework](#) and [A4. Virtual Care Enterprise Risk Management Framework Guide](#) for support in conducting an enterprise risk analysis for your organization.

See [A5. Effective Decision Making](#) for support in making effective decisions, particularly when considering making major service changes, etc.

## 5. Health Practitioner Regulatory Requirements

### Health Practitioner Regulatory Requirements

Organizations are responsible for the Virtual Care services they provide, including services provided by practitioners on the organization's behalf. Practitioners must comply with organization policies and procedures and comply with their professional obligations. In the delivery of children's treatment services, there are several health practitioners that may be involved who are governed by different regulatory colleges:

- College of Audiologists and Speech-Language Pathologists of Ontario
- College of Occupational Therapists of Ontario
- College of Physiotherapists of Ontario
- College of Psychologists of Ontario
- College of Registered Psychotherapists of Ontario
- Ontario College of Social Workers and Social Service Workers

There are a number of requirements that are common to all practitioners, including:

Standard of Care:	The standard of care for the provision of Virtual Care services is the same as in-person services, and each practitioner must meet the expectations for standard of care set out in his/her College's standards of practice.
Consent:	Practitioners must obtain informed consent to treatment and must discuss the nature of the Virtual Care services as part of that process. In addition, issues related to privacy, security and the risks inherent in using technology must be addressed.
Competency:	Practitioners must be competent to provide services through technology and must ensure contingency plans are in place in case of technological issues.
Privacy/Confidentiality:	Practitioners must maintain client confidentiality and use reasonable safeguards to protect personal health information when providing Virtual Care services. Any limits to confidentiality must be identified.
Record Keeping:	Each practitioner must maintain client health records in accordance with organization policy and professional standards, whether care is delivered in-person or virtually. The practitioner is responsible for ensuring the record is complete, including information received electronically.

Virtual Care Services Modality: Practitioners must ensure that the Virtual Care services modality selected is appropriate in the circumstances.

Text/Email Communications: Text or email should only be used where appropriate and with client consent, and in accordance with organization policy.

In addition to the requirements of common application, there are also requirements unique to each College.

### Resources: Templates and Checklists

See [A6. Virtual Care Regulatory Requirements Matrix](#) for support in understanding the health practitioner regulatory requirements and developing policies and guidelines for Virtual Care that are consistent with the requirements.

## 6. Virtual Care Policies and Privacy and Security Considerations

When implementing Virtual Care technologies and practices, it is important to consider whether the current management structures and policy mechanisms of the organization can effectively provide the required oversight and risk management.

### Virtual Care Oversight and Management

Appropriate oversight of Virtual Care is important to ensure the safety and effectiveness of the care and services provided, to optimize the client experience, to support and enable practitioners to be effective, to make efficient use of organizational investments and resources and to minimize risk for the organization.

When introducing a new Virtual Care system, it is important to consider:

- Clearly defining the lines of accountability and the roles and responsibilities within the organization for investing, planning, implementing and delivering Virtual Care.
- Ensuring that all stakeholders understand how decisions about Virtual Care will be made and communicating those decisions in a timely manner throughout the organization.

Effective Virtual Care will require participation and input from a range of stakeholders and expertise across the organization, including leadership and front-line staff from clinical or other programs, information technology, privacy, information and records management and facility operations. Consider developing a committee with broad representation to guide the planning, implementation and delivery of Virtual Care.

### Organizational Policies to Enable Virtual Care

Policies and procedures help guide the use and oversight of systems and information and are important to ensure that Virtual Care systems are used appropriately to the benefit of the organization and its clients.

Consider augmenting existing or developing new policies and procedures that address:

- Privacy and security ([see Virtual Care Privacy and Security Policy Framework](#))
- Decision-making regarding investments, information technology and application of Virtual Care for clinical and other programs
- Communications and client engagement
- Terms of use and acceptable use policies related to the Virtual Care system(s)

## Virtual Care Privacy and Security Policy Framework

The **Virtual Care Privacy and Security Policy Framework** can be used to by Organizations to establish or build on existing privacy and security policies to support the delivery of Virtual Care services. The Virtual Care Privacy and Security Policy Framework addresses the following key components, which may be adapted for use by the Organization:

Internal Approval Process:	To outline the internal approval process for practitioners to engage in Virtual Care delivery on behalf of the organization, including requirements and approval processes for working remotely.
Compliance with PHIPA:	To ensure the privacy and security of personal health information in the delivery of Virtual Care services in accordance with the <i>Personal Health Information Protection Act, 2004</i> (PHIPA) and to ensure that practitioners collect, use or disclose personal health information only as authorized by the organization and in accordance with their professional obligations.
Modalities Approved for Use:	To identify the modalities and types of virtual services that have been approved for use by the organization and the parameters for that use.
Internal Standards:	To establish internal standards for practitioners for the delivery of Virtual Care.
Use of Email/Text:	To set expectations and standards for the use of email, texts or other forms of electronic communications between the organization, its practitioners and clients.

### Privacy and Security Considerations

As with any new technology introduced into healthcare, it is important to ensure that proper privacy protection and security safeguards are in place when Virtual Care tools are introduced. Where personal health information will be handled by a third party vendor, it is critical that the organization protect such information through contract terms with the vendor and not just by following the privacy and security practices identified in this resource guide. Privacy and security measures must be set out in any agreements with the technology provider. Privacy impact assessments (PIAs) and security assessments should be performed for new systems or programs to be introduced and the following practices should be followed:

### Privacy Protection for Virtual Care Tools

- Ensure that the system selected is compliant with privacy requirements for the jurisdictions in which they will be used (e.g. PHIPA).

- Ensure that workspaces are private and that information cannot be seen or overheard by others in the room or outside. If practitioners are working from home, ensure they are able to provide Virtual Care services in a private location.
- Ensure organizational privacy policies and procedures reflect the uses of Virtual Care and that practitioners are trained and up-to-date on privacy policies and practices.
- Confirm client identity using health card, date of birth, or other identifier confirmation.

#### Security Safeguards for Virtual Care Tools

- Ensure that the system selected is compliant with security requirements for the jurisdictions in which they will be used.
- Use workplace issued devices when possible and ensure that internet connections are through password-protected and private networks, not public access networks.
- Ensure that all client information will be adequately protected against security threats. Depending on the size and nature of the internet-reliant systems, firewalls may be necessary. Consider whether staff may need to access systems remotely and whether VPNs may be required.
- Ensure that staff are aware of and compliant with necessary security measures if they intend to access the platform from off-premise locations. This may include having a strong password on the device used to access the platform or securely storing their devices when not in use.

#### Resources: Templates and Checklists

See [A7. Virtual Care Privacy and Security Policy Framework](#) for support in establishing or building on existing privacy and security policies to support the delivery of Virtual Care services.

See [A8. Privacy and Security Checklist](#) to help your organization review privacy and security considerations and features to look for when considering Virtual Care platforms.

## 7. Assessing Virtual Care Technical Capacity

As with any new technology being introduced into an organization, it is important to ensure that your organization has the technical capacity (including both infrastructure and competencies) to effectively implement and use the Virtual Care platform.

### Equipment Essentials and Testing

For a virtual visit, the computer, laptop, tablet, or smart phone must have a:

- Webcam
- Microphone
- Speaker
- Sufficient resolution and screen space to view the client and any other documentation or records

It is important to ensure your webcam, microphone and speaker are all functioning properly. It will also help to ensure that practitioners are comfortable with how to adjust and manage settings.

### Internet Connection

- Ensure that all staff who will be accessing the platform from home or alternate work site are aware of and can meet the required network bandwidth and connection parameters to support system use.
- Staff can test their internet speed connection by completing a test online at: [www.speedtest.net](http://www.speedtest.net).

### Other Tools and Supporting Devices

- Assess staff workflows involving supporting devices and determine whether they meet the needs of the users or if additional devices and or software need to be purchased. For example:
  - Consider whether a solution is needed for clients to sign a consent form for Virtual Care.
  - Consider whether an online faxing solution is necessary.

### Resources: Templates and Checklists

See [A9. Technical Capacity Checklist](#) to assist organizations with identifying if they have the foundational technical capacities and competencies in their organization for implementing Virtual Care.

## 8. Virtual Care Platforms and Tools

There are two broad options available in software that can be used to provide Virtual Care: general communication platforms with adequate security that can be used for Virtual Care or other purposes and software platforms designed specifically to enable the provision of Virtual Care.

A key decision that must be made by the organization is in selecting which type of platform will be used. Both options have benefits and challenges:

- **General communication platforms** are widely available and supported by most devices and operating systems. These systems are typically easier to implement. However, because these systems are not designed with the Virtual Care context in mind, they may not integrate well with other clinical systems or workflows and may not meet other requirements (e.g. privacy requirements).
- **Health care-specific platforms** typically take more time to implement as these systems are designed with the workflows and requirements of health care and care practitioners in mind. These platforms may therefore fit better with organizational workflows (including integration with clinical information management systems) and better meet clinical requirements of privacy, etc.

### Considerations for Selecting a Digital Tool for Virtual Visits

Below are some questions to consider before selecting a tool to deploy Virtual Care with your clients:

- Do you want a tool that supports both practitioner and client initiated virtual visits?
- Do you want a tool that supports video, audio and/or asynchronous messaging between practitioners and clients?
- Do you want a tool to facilitate client, and if needed, caregiver registration?
- Does the tool have enough privacy and security safeguards?
- Does the tool integrate with my client information system or electronic medical record (if applicable)?
- Does the vendor offer sufficient training to ensure that I will be comfortable using the tool?
- Does the vendor offer technical support and/or educational materials?
- How well does the tool fit in with my clinical workflow?
- Is the technology reliable?
- Is the tool easy to use for my clients and me?

### Resources: Templates and Checklists

See [A10. Overview of Available Platforms for Virtual Care](#) to help identify a Virtual Care solution that is appropriate for your organization's needs.

## 9. Processing Online Payments

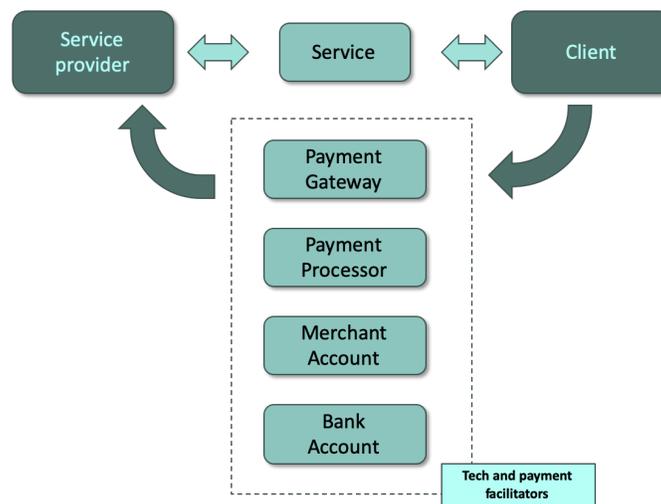
At the current time, most organizations are focused on serving public clients, and not on private fee-for-service clients. However, it is still important for organizations to understand how online payments can be processed as this will likely have to be done in the future.

Electronic payment systems – and particularly those that are offered online – differ from traditional payment methods (such as cash and cheques) because they have the potential to provide more convenience to clients and lead to considerable administrative and time savings on the part of the service practitioner.

### How is an online payment processed/received?

There are three key parties involved in online payment transactions:

- the organization providing the service (and sending the “bill”)
- the client who is receiving the service (and paying for it) and
- a collection of technology and payment services practitioners (that facilitate the “purchase” details).



### Common terms

- **Payment gateway:** The payment gateway securely passes credit card information between the client purchasing the service and the organization and also between the organization and the payment processor. In other words, the payment gateway is the “middleperson” between the organization and their client. It protects customer data and conveys it safely and securely to the payment processor.

- **Payment processor:** The payment processor is a company chosen by the organization selling a service or product to securely handle monetary transactions from different payment methods so that clients can make their purchase. Payment processors are usually third-party vendors (e.g. Moneris, Stripe) that charge vendors certain fees based on different models. Payment processors take payments from one or more payment gateways and then either approve or deny the purchase within a matter of seconds. In return, the payment processor receives a small fee.

*NOTE: The difference between a Payment Processor and Payment Gateway is that a Payment Processor facilitates the transaction and a Payment Gateway is a tool that communicates the approval (or decline) of transactions between the organization and those purchasing from it.*

- **Merchant account:** A merchant account is a bank account that allows organizations to receive payments through credit or debit cards. Merchant practitioners are required to obey regulations established by card associations (PCI standards). Many payment processors act as both the merchant account as well as the payment gateway.

*NOTE: Organizations may wish to select a merchant account and a payment gateway from a single practitioner. Using a payment gateway to securely process integrated payments can reduce errors, speed up transaction processing and ease reconciliation issues.*

- **Virtual Terminal:** If an organization does not have a website that is configured to take payments, it can use a virtual terminal to process transactions. A virtual terminal allows an organization to collect a client's payment information over the phone, via Internet, by mail or even in person and then input it manually to process the payment. Electronic receipts can then be sent directly to the client after the transaction is complete.
- **Bank account:** The organization's bank account where the payments, once processed, are received.

#### How long does it take to process an online payment?

The length of time it takes for a payment to move through the system and into the organizational bank account depends on the timing and the payment method. However, it generally takes an average of one to three business days for an online payment to be received into an organization's bank account.

#### What are the online payment options/methods?

- **Credit and debit card payments:** This is the most popular method of online payment whereby the organization receives debit or credit card information and charges the card accordingly. Examples include Visa, Mastercard, AMEX, etc.
- **PayPal:** PayPal is not just a payment option, it also functions as a payment gateway and as a virtual terminal. As such, it can handle the payment from start to finish within its own platform, without the need for a traditional payment gateway.

- **Digital wallets / E-wallets and one-touch payments:** A digital wallet or e-wallet is a type of electronic “card” that can be used for transactions made online. The e-wallet is linked to the client’s bank account or credit card in order to facilitate payments. It is a type of pre-paid account in which a user can store his/her money for future online transactions. It can be used in the same way as a credit or debit card and can be used to make payments for online purchases. Examples include Apple Pay, Amazon Pay, Google Pay and PayPal.

*Note: PayPal is the leader in this arena with more than 200 million active users. Unlike e-wallets like Apple Pay that only work on a particular brand of devices, PayPal works across all types of equipment that can access the internet.*

- **Invoicing with a Payment Link:** A payment link is a way to request payment from clients through an e-mail or text. It’s essentially a digital invoice that includes a “Pay Now” or “Pay Invoice” button that, once clicked, sends the clients to a payment page showing the amount due. Once there, they can securely fill in required information, choosing from a broad range of payment methods to complete the payment.
- **Adding credits to a registered customer account:** Similar to e-wallets, credits are a type of pre-paid online account in which a client can store his/her money for any future services provided by a single organization (this should be a familiar example for those who use PRESTO cards to commute or parking apps to pay for parking). Once a client creates a registered account, they can add credits as the account is usually linked to a method of payment (e.g. credit card or bank account). Once a client uses a service, the registered account is then debited for the amount of the service.

#### What are the key benefits of online payments?

- **Secure checkout:** Many payment gateway practitioners provide a robust level of fraud protection which benefits the organization and its clients.
- **Ease of Use:** One of the great advantages of online payment is the benefit it provides to the clients, as it makes it easy for them to pay in multiple ways and allows them to manage and track the services they are receiving.

- **Compliance with Payment Card Industry (PCI) standards:** In order to take online payments, an organization's processes must be compliant with PCI standards. These standards are set up by the industry and enforced by law – organizations can be fined if their payment systems are not compliant. Think of it as similar to a driver's license. You need to meet a standard – and have a car that is deemed roadworthy – in order to drive on the same road with other people. That keeps everyone safe. It's the same with PCI compliance. If your organization is going to be allowed into the "highway" that processes online payments, you have to comply with the rules. Organizations don't have to do all the work themselves. They can choose to use a payment gateway that is compliant, but please check before making any decision.

#### Resources: Templates and Checklists

See [A11. Overview of Available Payment Processing Platforms](#) chart which provides organizations with an overview of the different platforms available and their functionality.

## 10. Virtual Care Costs

Introducing new technology into an organization, particularly in the realm of virtual service delivery, can have a profound impact on clients, staff and the overall mission of the organization. A key way to evaluate whether such technology should be introduced, expanded, discontinued, or not introduced in the first place, is to better understand the revenue and expenditure balance, relevant to its impact on the delivery of any program or service.

When introducing a new program or service, organizations need to understand the relationship between the money generated (revenue), the longer-term costs of set up and operation (fixed costs) and the costs that can vary by the volume of people served (variable costs).

While technology can be broadly applied to drive down costs and increase efficiency, this is not always a given. The introduction of new technologies and processes to an organization can often impose unexpected costs and, while these can be short-term, they can also be compounded in some instances when the expected productivity gains or service impacts take longer than expected to materialize. Conversely, the introduction of technology in some areas can have profound benefits in the form of cost and time savings, etc. The organization needs to fully capture the degree of this benefit in order to make decisions on whether to expand the offering, how to set prices and whether to apply its lessons elsewhere in the organization, etc.

### Capturing Costs and Setting Prices for Virtual Service Offerings

How you can use this information:

This information can be used to inform planning around the introduction of specific virtual services by quickly providing a broader understanding of the costs involved which then allow you to better calculate the efficiency / revenue effectiveness of the offering.

The relationship between the broad variables that an organization should track to determine the cost efficiency of the introduction of a virtual service offering can be illustrated as follows:

$$\text{Cost effectiveness} = \left( \text{Fixed costs} + \text{Variable costs} \right) - \left( \text{Price} \times \text{Service volume} \right)$$

The Virtual Care Costing Matrix outlines some key questions organizations should consider when determining the cost efficiency of their virtual service offerings.

<i>Virtual Care Costing Matrix</i>		
Area	Explanation	Details and Considerations
<b>Fixed costs of introducing and maintaining a virtual service offering</b>	Setting up a virtual service offering and maintaining it will entail costs that do not vary according to the volume of people served.	<ul style="list-style-type: none"> <li>Setting up new ways of providing services through technology will entail costs such as software licenses, hardware upgrades, an accessible help desk, etc.</li> <li>The costs of certain elements are fixed but will require finding “room” inside existing expenditures and resources (e.g. the accounting team will have to reconcile online payments).</li> <li>Some fixed costs may become variable if service volumes increase beyond certain thresholds (e.g. limits on software licenses, limits on internet bandwidth, limited capacity of support staff may necessitate hiring).</li> <li>The general rule with fixed costs is that their impact diminishes with a higher volume of clients served, providing that the overall revenue outcome of providing the service is positive.</li> </ul>
<b>Variable costs of offering a virtual service</b>	Offering a virtual service to a group of clients will entail costs that vary with volume of service / number of people served.	<ul style="list-style-type: none"> <li>The acquisition costs of finding and keeping a client are partially fixed (e.g. marketing collateral material, social media channels) and partially variable in that some can increase with each client (e.g. providing a printed orientation package).</li> <li>Some variable costs are dependent on the nature of the relationship with those providing the service (contract versus full time staff, service fee caps or fees set by professional clients).</li> <li>There are natural limits to the number of people who can be served in a day in a one-on-one program relationship; these can be modified somewhat by the introduction of on-demand services (e.g. pre-recorded instructional sessions) or group program delivery, where costs can be spread across more paying clients.</li> <li>The “life cycle” of the client has a direct relationship on their variable cost, in that knowing how long clients are likely to stay and what their average “spend” is during that time allows an organization to make predictive calculations that give context to such variables as the acquisition costs.</li> </ul>
<b>Setting a price for a virtual service offering</b>	Determining what to charge for a service that is delivered through virtual means can be tricky, as it involves a balance of perceived value and costs on	<ul style="list-style-type: none"> <li>Pricing is determined not by actual value but by a complex mix of perceived value, relative value (compared to other services) and differentiation in the marketplace. For a quick tutorial on pricing strategies, please consult the EKO Principles of Costing &amp; Pricing webinar and support materials).</li> <li>Virtual services can be difficult to price properly because the media through which the service is delivered (e.g. the Internet) provides many other products for free or for a low cost, thus setting client expectations.</li> <li>Part of a virtual service pricing strategy can include fully capturing the benefit to the client of which they may not be aware (e.g. time savings, convenience) and setting the price with that as a reference. Online grocery delivery</li> </ul>

	the part of the client.	may be more expensive but can be positioned as a time saving strategy to justify the higher cost.
<b>Service volume</b>	The number of people who will be served through a virtual service offering is directly related to its efficiency.	<ul style="list-style-type: none"> <li>• Determining how many people a program has to serve before it becomes revenue neutral or generates a surplus is a key calculation for service delivery.</li> <li>• Service volume estimates are based upon the number of people in a potential market, the number who are likely to choose your service over the other options (e.g. competitors or not buying at all) and the timing of those clients accessing the service.</li> <li>• Volume calculations should also account for attrition rates (the rate at which clients “drop off”) and nonpayment rates (the number of clients in a given cohort who, for whatever reason, may not pay). These numbers are important in the pricing calculation as the price paid by customers has to include the amounts that the organization cannot recoup from those who do not pay.</li> </ul>

## 11. Engaging Staff, Clients and Other Key Stakeholders

In times of challenge and change, or simply to improve efficiency or client experience, implementing new technologies is often recommended as the remedy to a host of organizational challenges. Yet technology on its own is merely a tool; sometimes it makes things more difficult. Understandably, staff and clients will have questions and concerns that need to be addressed.

Accordingly, organizations need to thoroughly explore and understand the context in which the technology is being introduced and how it will be received. Are staff leading the charge to adopt Virtual Care? Are staff concerned that clinical integrity will be compromised and that clients will be hesitant? Are other organizational stakeholders – Board, community partners, clinical partners – ready to champion this change?

All of these are valid questions that need to be anticipated and addressed. By engaging staff, clients and other key stakeholders in the planning and implementation process, the organization will increase the likelihood of successful implementation. The following is a snapshot of important considerations.

**What do staff commonly need when it comes to successfully implementing new technology?**

**To trust that they will still be able to do their job**

Individuals need to understand how any change relates to their reality. Ensure staff are clear on how the goals of new services align with their values.

**To have some measure of involvement in designing and implementing the offering**

Individuals need to feel like their input is valued and that they are not being presented with a 'faith accomplish.' Ask for feedback whenever possible and adjust and/or manage expectations.

**To be able to ask for help getting up to speed**

No one likes to admit when they don't understand something. Make it safe for people to ask for help and provide different types of assistance for people at different levels. Do not underestimate the value of walking someone through a technological process the first time (or several times).

**To have time to learn at their own pace**

Adoption occurs at different rates. Build time for learning into plans and make estimates conservative. Consider a phased approach to launching that allows those who are more comfortable to go first and give others a bit more time to get up to speed.

**To realize they do not have a veto over change, but that they matter**

The rallying cry of "we don't do things that way" is often heard during times of technological change. Staff need a clear message that things are changing, but that their input and their skills will continue to be valued.

## What do clients commonly need when it comes to Virtual Care services?

### To trust the people and organization they are engaging with

An immense amount of trust is a precursor for clients to adopt virtual learning. Build on pre-existing relationships to create comfort. People will be much more comfortable interacting with someone they know in a new format.

### To have some sense of choice despite limited options

Clients/customers are used to having choice. If that choice is being limited to online only, create other options to give the client control (e.g. scheduling, session duration, delivery method, etc.)

### To feel like the process is easy to use

Complexity is a barrier to adoption. Examine the process through the eyes of the client. Remove any step that is not absolutely necessary.

### To have time to learn at their own pace

Different people learn differently. Acknowledging this fact creates comfort and removes unnecessary pressure.

### To find the information they need quickly

Clients do not want to spend valuable time searching for what they need. Evaluate the whole experience of receiving Virtual Care to ensure swift and clear navigation to the services is possible.

### To know their feedback is valued

Individual expectations are rising when it comes to feedback gathering and incorporation. Promote dialogue with clients by asking them about their experience whenever possible.

## Resources: Templates and Checklists

See the following to help your organization in planning and executing the engagement of internal and external stakeholders:

- **A12. Successfully Implementing New Technology** - Information intended to help promote understanding and dialogue regarding the advent of new technology.
- **A13. Stakeholder Mapping Tool** - Matrix and mapping tool to help organizations identify their major stakeholder groups and understand their needs and goals related to Virtual Care.
- **A14. Reluctance Checklist** - Tool to support organizations in addressing reluctance from their stakeholder groups related to the implementation and use of Virtual Care.
- **A15. Communications Planning Checklist** – Resource to help organizations plan communication campaigns to the public about their Virtual Care initiatives.
- **A16. Messaging for Different Stakeholder Groups Worksheets** – Guide to help organizations in managing the various stakeholder groups and the messaging for each.

## 12. Virtual Care Workflows

Before implementing a Virtual Care solution, it is important to consider how the introduction of Virtual Care will impact your workflow. The steps below help to identify what your organization should consider and how to design your organizational workflows for Virtual Care.

### How to design your organizational workflows for Virtual Care

To accurately design your workflow for Virtual Care, work with the members of your team (i.e. receptionists, practitioners) to understand what new processes or activities will be required to conduct Virtual Care and how existing processes will be incorporated or adapted.

Note that some of these steps will be based on the solution you choose, however once procured, it is important to document these processes to ensure there is no confusion.

#### 1. Consider how virtual visits will fit in with your normal workday

- Consider specific days and time slots where staff would want to offer virtual visits.
- Consider creating a unique appointment type for virtual visits in the organization's shared calendar (if applicable).

#### 2. Communicate to your clients

- Many clients may be familiar with the basic functions needed to enable Virtual Care visits; however, it is still important to clearly communicate with clients before Virtual Care encounters to ensure clients know what to expect. See Section 11 above for more information and resources to help in considering and developing communication and stakeholder engagement strategies.

#### 3. Outline the process for registration for clients and staff

- Consider how clients will book virtual visits (can they do so directly on your website or call in to book with a receptionist, or will the practitioner initiate the booking of a visit)?
- Consider how clients will be registered for the encounter, who will register the client and in what manual or electronic systems. Assess whether there is any additional information required during the registration for a Virtual Care encounter.
- Consider how staff within your organization will register or log in for the tool.

#### 4. Outline what the process will be to ensure clients are ready for their virtual visit

- Consider whether someone will be contacting the client ahead of time to ensure they have been properly onboarded to the solution?
- Does the tool have a virtual waiting room?
- Does the client need to call and 'check-in'?

## 5. Consider the activities and tools you will need to conduct the Virtual Care visit

### *a) Consider the client authentication process*

- Consider how you will authenticate the client's identity. If you already know the client by sight, that will suffice. If it is a first encounter, ask the client, and/or their substitute decision-maker, to hold up a piece of valid photo ID to the camera to confirm their identity.
- Confirm that the client resides in the same jurisdiction where the services are being provided and document that this is the case.
- Ask the client to confirm that they are in an appropriately private location for their service and document that this is the case.

### *b) Consider how client consent will be obtained*

- Consider the process and tools you will need for obtaining client consent (see Section 13 for more information on obtaining client consent)
- If the client lacks capacity to give consent, ensure that their substitute decision-maker is present to provide this consent.
- In some situations, obtaining a written consent might be difficult – verbal consent documented in a client's chart is also acceptable if it covers the appropriate details [see Section 13].

### *c) Consider how you will document the client encounter*

- Consider the process for documenting the clinical encounter. Note that client health records must meet the same standard as in-person care.
- Consider how client data, messages, files or images exchanged should be transferred to a client information system or client health record (if applicable).
- Ensure that you are meeting your health practitioner regulatory requirements of your profession in your documentation practices (see Section 5 for more information and resources regarding practitioner regulatory requirements in the context of Virtual Care).

### *d) Consider how documents or resources will be shared with clients and/or other practitioners*

- Consider the process for retrieving and sending documents to clients during the virtual visit. For example, where will instructions be stored and what is the process for sending to the clients. Consider whether the practitioner will be using the online chat function or will be emailing clients after the visit, etc.
- Consider creating a repository of educational texts, weblinks, or handouts to share with clients after their encounters, particularly if such documents are often provided to client as printouts after an appointment.

### *e) If relevant, consider payment processing mechanisms*

- Consider, if relevant, how payment for the Virtual Care services provided should occur. Consider what systems and steps should be involved, and how this payment process should fit within the flow of the Virtual Care encounter.

Additional considerations in designing your workflows:

*Consider the suitability of clients for virtual visits*

- Consider which clients would be best suited for virtual visits, and which clients may benefit from a phone call. For example, consider the usability and ease of use by different care recipients such as children, elderly, disabilities, etc.
- Consider which clients would not be suitable for Virtual Visits and when an in-person visit may be needed.
- Consider when it would be appropriate to include parents.

*Consider how the practitioner's workstation will be set up*

- Ensure that the background is professional and the area is well-lit.
- Consider the placement of the video screen versus the screen you will use to document notes (i.e., in EMR or other client documentation system).
- Consider if both can be placed on the same screen or if there are two screens needed.

*Virtual visit etiquette*

- Ensure that if a webcam will be used, that eye contact is made with the webcam consistently
- Clarify your actions to the client if you are not looking at them and/or taking notes about the encounter.
- Consider muting system sounds (alerts, etc.) on your computer for the duration of the virtual visit.

**Resources: Templates and Checklists**

See [A17. Workflow Design Template](#) for help in documenting workflows through identifying the activities, roles and responsibilities, and resources and tools needed for Virtual Care practices.

## 13. Obtaining Consent for Virtual Care

### Requirements to Obtain Consent

Regulated health professionals have an obligation to obtain informed consent from clients regardless of whether a client is being treated in person or via Virtual Care. For consent to treatment to be informed, the *Health Care Consent Act, 1996* requires that the client and/or the client's substitute decision-maker, as appropriate, must receive information relating to the nature of the treatment as well as the expected benefits, material risks and side effects, alternate courses of action and the likely consequences of not receiving the treatment. In addition, the client must be given the opportunity to ask questions and receive answers to those questions.

There are additional risks and considerations that must be addressed when seeking consent for Virtual Care. In addition, there are issues relating to the privacy and security of personal health information that must also be addressed in order for consent to be knowledgeable under the *Personal Health Information Protection Act, 2004*. This Resource Guide identifies the elements that will need to be part of the consent discussion with each client.

Remember that consent is a process that involves a discussion between the practitioner and the client. A consent form is evidence of consent.

### Can I Use Virtual Care?

Your organization may have a policy that sets out parameters for when Virtual Care can be used and with which modalities. Practitioners delivering Virtual Care services on behalf of an organization must assess whether Virtual Care services are appropriate in the particular circumstances for each client. If at any time a practitioner determines that a client requires urgent treatment or that Virtual Care services are not appropriate for the situation, the practitioner must inform the client.

### Virtual Care Client Information Sheet and Virtual Care Services Consent Form

This Resource Guide includes a Virtual Care Client Information Sheet that the organization and its practitioners can provide to clients to facilitate the discussion to obtain consent to Virtual Care services. The [Virtual Care Client Information Sheet](#) sets out general risks and information to support this process. Additional considerations may need to be addressed by each organization depending on its local circumstances and requirements as well as any professional college requirements applicable to its practitioners (see Section 5 of this Resource Guide on Health Practitioner Regulatory Requirements).

When obtaining consent, the Virtual Care Client Information Sheet should be provided to clients together with a consent form. This Resource Guide also includes a sample [Virtual Care Services Consent Form](#).

The Virtual Care Services Consent Form can be completed by the client or the client's substitute decision-maker in paper form and returned to the organization. Where it is not possible to collect a signed Consent Form, or as an alternative, the practitioner can document the client's verbal consent by completing the Consent Form for the organization's records. Whether written or verbal consent is obtained, the practitioner is responsible for the consent process.

### Other Electronic Communications

Communicating with clients through other electronic modalities such as text and email ("Electronic Communications") has additional regulatory requirements and risks.

If the organization intends to communicate with clients through Electronic Communications, the organization must comply with the *Personal Health Information Protection Act, 2004*, the *Personal Information Protection and Electronic Documents Act*, Canada's Anti-Spam Legislation and any applicable regulatory college standards of practice. Requirements under CASL include form and content obligations which must be met when sending Electronic Communications, including the ability for the client to withdraw their consent or unsubscribe.

Organizations must provide clients with accurate and complete information about the extent, nature and limits of Electronic Communications. It is important for the organization to manage client expectations and ensure each client understands when the organization and/or practitioners will be available, the types of communications that are permitted and the timeframe for response when using Electronic Communications.

### Process for Obtaining Client Consent

Upon receipt of a request from a client and/or the client's substitute decision-maker ("SDM") for a Virtual Care appointment:

1. Provide the client/SDM with the Virtual Care Client Information Sheet and the Virtual Care Services Consent Form.
2. The practitioner should review the Virtual Care Client Information Sheet with the client/SDM, discuss the proposed services and fees applicable to the client/SDM and answer any questions that the client/SDM may have.
3. If the client/SDM is able to physically or electronically complete, sign and return the Virtual Care Services Consent Form, then this should be collected from the client/SDM prior to commencing the Virtual Care services and be retained on the client's health record.
4. If the client/SDM is not able to physically or electronically sign and return the Virtual Care Services Consent Form, the practitioner should review the Virtual Care Services Consent Form with the client/SDM and obtain their verbal informed consent. This can be noted on the Virtual Care Services Consent Form where indicated and retained on the client's health record.

## Record Keeping Requirements

Legal obligations for record keeping are the same whether services are provided in person or virtually. The organization is responsible to ensure the appropriate information is stored in the client's health record, for example, consent forms.

## Client Identity Authentication to Deliver Care

Many Virtual Care tools will include identity authentication features when clients register for or create accounts through the system; however, certain identity authentication practices should still take place for each Virtual Care meeting:

### *First-time authentication*

No personal information should be shared with a client before verifying their identity. When asking a client to confirm their identity, always ask them for the information, and do not ask them to confirm the information that you may have (e.g. you should ask the client their date of birth, not confirm that they were born on a specific date). In general, the first time that a client or surrogate decision maker or guardian's identity is verified, you should:

- Ask the client, and/or their surrogate or authorized decision-maker to hold up a piece of valid, government-issued photo ID to the camera to confirm their identity.
- Confirm one or two pieces of client information with information that you have on file for the client (e.g. date of birth, and phone number).
- Confirm that the client is still residing in the provinces/territories where you are licensed, and document that this is the case.

### *Authenticating identity of known clients*

If you already know the client by sight, and are meeting the client by a video visit, visual identity authentication will suffice.

Confirm one or two pieces of client information with information that you have on-file for the client (e.g. date of birth, and phone number).

Confirm that the client is still residing in the provinces/territories where you are licensed and document that this is the case.

### **Resources: Templates and Checklists**

See [A18 Virtual Care Client Information Sheet](#) to facilitate the discussion to obtain consent to Virtual Care services.

See [A19 Virtual Care Services Consent Form](#) to document the consent process.

## 14. Monitoring and Evaluation of Virtual Care

In order to ensure that the Virtual Care tools implemented are meeting the needs of the users and achieving the goals and purpose for which they were introduced, the system must be monitored and evaluated effectively.

It is important to select a set of metrics that can be measured periodically throughout the implementation and use of the system. The metrics selected should align with the purposes and goals of the program (e.g. improving adherence to treatment programs or increasing access to care), as well as the typical challenges encountered with Virtual Care systems (e.g. poor adoption by clients or practitioners or failure to produce improved outcomes). When developing a monitoring and evaluation plan for a Virtual Care system, we offer some considerations for you to review below.

### Considerations in a Monitoring and Evaluation Plan

It may be helpful to develop an inventory of metrics that are proposed to be measured, including the metric, goal that the metric describes, sources of data, and challenges associated with using this metric. These metrics may then be narrowed or expanded to ensure that the system will be effectively evaluated, while constraining the scope of the evaluation. In general, it is best to select metrics that narrowly measure successes (e.g. clinical quality, efficiency, etc.). An example can be seen below:

<i>Metric</i>	<i>Goal of System that this Metric Describes</i>	<i>Data Source(s)</i>	<i>Challenges Associated with Metric</i>
e.g. Client satisfaction	High client use and experience.	<ul style="list-style-type: none"> <li>Experience survey data</li> </ul>	Non-completion of survey by all clients may result in sparse data.
e.g. Condition progression	Effectiveness of care provided virtually.	<ul style="list-style-type: none"> <li>Client information system outcome data (e.g., condition severity)</li> </ul>	Current public health challenges may affect condition outcomes and obscure results.
e.g. System downtime	Effective integration into practitioner workflow and positive practitioner experience.	<ul style="list-style-type: none"> <li>System reports</li> <li>Tickets of system unavailability</li> </ul>	Ensure that tickets related to downtime are classified and collected.

Once the metrics that describe the key system goals have been selected, a schedule for the evaluation can be developed.

## Key and Examples of Metrics to Evaluate Virtual Care Tools

Generally, the following categories of metrics should be represented in a Virtual Care evaluation plan:

<i>Category of Metric</i>	<i>Examples</i>
<b>Clinical Outcomes Measures</b>	<ul style="list-style-type: none"> <li>• Condition progression</li> <li>• Treatment adherence rates</li> <li>• Re-admission rates</li> </ul>
<b>Clinical Process Measures</b>	<ul style="list-style-type: none"> <li>• Visit duration relative to in-person</li> <li>• Workflow completion time relative to in-person</li> <li>• Administrative task completion time relative to in-person</li> <li>• Number of appointments completed per month before and after implementation</li> <li>• No-show rates</li> </ul>
<b>Practitioner Use and Experience Measures</b>	<ul style="list-style-type: none"> <li>• Practitioner experience data</li> <li>• Number of consultations provided</li> </ul>
<b>Client Use and Experience Measures</b>	<ul style="list-style-type: none"> <li>• Client experience surveys</li> <li>• Client repeat system usage data</li> <li>• Time required to check-in relative to in-person</li> </ul>
<b>Accessibility of Tool</b>	<ul style="list-style-type: none"> <li>• Languages accommodated</li> <li>• Inclusivity features (e.g. for vision impairment)</li> <li>• Client and practitioner surveys</li> </ul>
<b>Financial Impact Measures</b>	<ul style="list-style-type: none"> <li>• Financial impact to organization</li> </ul>

### Resources: Templates and Checklists

- See [A20. Evaluation Template](#) to help your organization develop a monitoring and evaluation plan, including management of necessary data sources and responsibilities.

## Appendices

The following section includes a wide array of tools in the form of checklists, worksheets, templates and forms aimed to support organizations in using Virtual Care. Not all tools and templates will be relevant to all organizations and the tools should be viewed as supporting the various phases of an organization's Virtual Care journey. For example, organizations can consider using some tools to support getting started in considering Virtual Care, others when selecting a system and others when introducing or using the system.

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# A1. Implementing Virtual Care Checklist

Note: Additional information can be found in the Resource Guide section in GREY. Links to [templates and tools](#) are in PURPLE.

Activity	Where to Find More Information	Complete (yes/no)
<b>Preparing for Virtual Care</b>		
<p><b>1. Meet with your team to understand and review how your organization plans to use Virtual Care resources.</b></p> <p>a) Write down all the purposes for which your organization wants to use Virtual Care. Think about both the short-term and long-term purposes:</p> <ul style="list-style-type: none"> <li>• Short-term purposes: e.g. to quickly respond to COVID-19 your organization wants to use Virtual Care resources to video conference with your clients and to manage important administrative functions such as virtual consultation schedules</li> <li>• Long-term purposes: e.g. information sharing between practitioners</li> </ul> <p>b) Write down any process or activity that you will <i>not</i> use Virtual Care resources for. Think about processes or activities that are currently working well and meeting your needs (e.g. Using your g-drive to share and store information). This exercise will also help your organization prioritize what you will use your Virtual Care resource for in the short-term versus long-term.</p>	<p>See Section 2</p> <p>See Section 3</p> <p><a href="#">A2. Selecting Your Virtual Care Applications</a></p>	
<p><b>2. Manage Virtual Care risks</b></p> <p>a) Understand risks associated with implementing Virtual Care</p> <p>b) Conduct an enterprise risk analysis for your organization</p> <p>c) Review cyber and privacy insurance and safeguards</p>	<p>Section 4</p> <p><a href="#">A3. Virtual Care Enterprise Risk Management Framework</a></p> <p><a href="#">A4. Virtual Care Enterprise Risk Management Framework Guide</a></p> <p><a href="#">A5. Effective Decision Making</a></p>	

Activity	Where to Find More Information	Complete (yes/no)
<p><b>3. Understand your health practitioner regulatory requirements</b></p> <p>a) Review health practitioner regulatory requirements that pertain to practitioners within your organization</p> <p>b) Review the requirements that are common to all practitioners</p>	<p>See Section 5</p> <p><a href="#">A6. Virtual Care Regulatory Requirements Matrix</a></p>	
<p><b>4. Understand your organizational policies and oversight needed to support Virtual Care and privacy and security implications</b></p> <p>a) Review whether you have the appropriate management structures and policy mechanisms in place</p> <p>b) Consider augmenting existing or developing new policies that address:</p> <ul style="list-style-type: none"> <li>• Privacy and security</li> <li>• Decision making regarding investments, information technology and application of Virtual Care for clinical and other programs</li> <li>• Communication and client engagement</li> <li>• Terms of use and acceptable use policies related to the Virtual Care system(s)</li> </ul> <p>c) Review the privacy protection and security safeguards to ensure the appropriate safeguards are in place before implementing Virtual Care</p>	<p>See Section 6</p> <p><a href="#">A7. Virtual Care Privacy and Security Policy Framework</a></p> <p><a href="#">A8. Privacy and Security Checklist</a></p>	
<p><b>5. Determine your organization’s technical capacity</b></p> <p>a) Determine whether your organization has the appropriate tools to deliver Virtual Care (webcam, microphone, etc.)</p> <p>b) Assess your organization’s technical infrastructure to support Virtual Care</p> <p>c) Consider other tools and supporting devices that will be needed to deliver Virtual Care</p>	<p>See Section 7</p> <p><a href="#">A9. Technical Capacity Checklist</a></p>	

**Acquiring a Solution**

Activity	Where to Find More Information	Complete (yes/no)
<p><b>6. Acquire a solution that considers the needs and capacity of your clients and your purposes for Virtual Care</b></p> <ul style="list-style-type: none"> <li>a) Review the considerations for selecting a digital tool for virtual visits</li> <li>b) Review the platforms and tools available to support Virtual Care that support your organization's needs</li> </ul>	<p>See Sections 8</p> <p><a href="#">A2. Selecting Your Virtual Care Application</a></p> <p><a href="#">A10. Available Platforms for Virtual Care</a></p>	
<p><b>7. Consider the costs of implementing Virtual care</b></p> <ul style="list-style-type: none"> <li>a) Review the platforms available to process online payments (if applicable to your organization)</li> <li>b) Consider what it costs to deliver Virtual Care</li> </ul>	<p>See Section 9 and 10</p> <p><a href="#">A11. Overview of Available Payment Processing Platforms</a></p>	
<b>Implementing Virtual Care</b>		
<p><b>8. Engaging staff, clients and other key stakeholders</b></p> <ul style="list-style-type: none"> <li>a) Engage staff, clients and other key stakeholders in the planning and implementation process in order to increase the likelihood of successful implementation</li> <li>b) Understand what staff, clients and other key stakeholders commonly need when it comes to implementing and using new technology</li> <li>c) Plan how you will address needs and communicate with internal and external stakeholders in order to support their engagement and participation</li> </ul>	<p>See Section 11</p> <p><a href="#">A12. Successfully Implementing New Technology</a></p> <p><a href="#">A13. Stakeholder Mapping Tool</a></p> <p><a href="#">A14. Reluctance Checklist</a></p> <p><a href="#">A15. Communications Planning Checklist</a></p> <p><a href="#">A16. Messaging for Different Stakeholder Groups Worksheets</a></p>	
<p><b>9. Design your workflows</b></p> <ul style="list-style-type: none"> <li>a) Consider how introducing Virtual Care will impact your workflow</li> <li>b) Complete the table provided in A17 to ensure that any changes to workflow will be documented and understood by all staff</li> <li>c) Review additional considerations (practitioner workspace, virtual visit etiquette, etc.)</li> </ul>	<p>See Section 12</p> <p><a href="#">A17. Workflow Design Template</a></p>	

Activity	Where to Find More Information	Complete (yes/no)
<p><b>10. Obtain consent for Virtual Care</b></p> <ul style="list-style-type: none"> <li>a) Establish policies and educate practitioners and staff on the process for obtaining client consent and use of the Virtual Care Services Client Consent Form</li> <li>b) Review the process for client identity authentication to deliver care</li> </ul>	<p>See Section 13</p> <p><a href="#">A18. Virtual Care Client Information Sheet</a></p> <p><a href="#">A19. Virtual Care Services Consent Form</a></p>	
<p><b>11. Develop a monitoring and evaluation plan</b></p> <ul style="list-style-type: none"> <li>a) Consider what metrics and sources of data you wish to evaluate</li> </ul>	<p>See Section 14</p> <p><a href="#">A20. Evaluation Template</a></p>	

## A2. Selecting Your Virtual Care Application

Think about the reasons why you would like to implement Virtual Care and consider how you plan to use the tool, both externally with your clients and internally within your organization.

To help you define what functionality you are looking for in a tool, it is helpful to think about the range of scenarios you would like to complete virtually and what is involved as some interactions will be more straightforward than others. Below are different examples which will help you think about what type of functionality you should consider when implementing a solution. Note that these scenarios are intended as examples and may not adequately reflect your context.

<i>Scenario</i>	<i>Functionality You Should consider</i>
The practitioner would like to check-in with the client.	<ul style="list-style-type: none"> <li>• Audio</li> <li>• Synchronous or asynchronous text</li> </ul>
The client has requested a follow-up appointment to go over a few questions and provide an update of their progress to the practitioner.	<ul style="list-style-type: none"> <li>• Video</li> <li>• Audio</li> </ul>
A practitioner would like to perform some components of a physical examination on a client. For example, the practitioner would like the client’s caregiver to check the client’s weight and communicate the results. The practitioner would like the caregiver to type the results in the online chat, so that the practitioner can easily paste them into their information system.	<ul style="list-style-type: none"> <li>• Video</li> <li>• Audio</li> <li>• Synchronous chat</li> </ul>
The practitioner would like to walk through a set of exercises. Typically, in an in-person setting these would be written on a piece of paper that the client can follow. In a virtual environment, the practitioner would like the client to be able to see the practitioner’s screen so they can follow along on the computer or smartphone.	<ul style="list-style-type: none"> <li>• Video</li> <li>• Audio</li> <li>• Screen sharing</li> </ul>
The practitioner wants to have a behavioural analysis session and interact with the client in various scenarios. In a Virtual Care moderated environment, this would include the caregiver interacting with the client, with the practitioner’s instruction, so that the practitioner can observe and provide feedback and counselling.	<ul style="list-style-type: none"> <li>• Video</li> <li>• Audio</li> <li>• Synchronous text</li> <li>• Screensharing</li> </ul>

In addition to the scenarios provided above, answer yes or no to the following questions to help outline which tools and functionalities you should consider when selecting a Virtual Care platform.

<i>Questions to Consider</i>	<i>Yes / No</i>
1. Do you want to be able to communicate using video and audio with clients and/or other practitioners?	
2. Do you want a tool that supports asynchronous and/or synchronous messaging between practitioners and clients (e.g. email or chat functionality)?	
3. Do you want a tool that supports file sharing (e.g. if you'd like to be able to share education materials or exercise instructions with the client during the virtual visit, etc.)?	
4. Do you want the tool to integrate with your client information system or electronic medical record (if applicable)?	
5. Would you like the tool to have administrative features such as: <ul style="list-style-type: none"> <li>• Schedule management features</li> <li>• Web portal for report generation</li> <li>• Appointment scheduling features (e.g. client can book online)</li> </ul>	
6. Would a virtual waiting room be beneficial to have?	

## A3. Virtual Care Enterprise Risk Management Framework

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
<p><i>Potential risk categories related to Virtual Care service delivery have been identified.</i></p> <p><i>Organizations may add or remove as appropriate for local ERM assessments.</i></p>		<p><i>Likelihood is an assessment of the probability that the risk will actually occur. For example:</i></p> <ul style="list-style-type: none"> <li><i>Unlikely = will probably never occur/not expected to occur</i></li> <li><i>Likely = will probably occur/expected to occur</i></li> <li><i>Certain = will undoubtedly happen/occur</i></li> </ul>	<p><i>To identify the impact/consequence of a risk, consider both the potential impact and scale of impact.</i></p>	<p><i>Risk Rating assesses the combined effect of the potential likelihood of the risk and its impact/consequence. For example:</i></p> <ul style="list-style-type: none"> <li><i>High = certain or likely to occur with a substantial impact</i></li> <li><i>Medium = certain or likely to occur with a moderate impact</i></li> <li><i>Low = unlikely to occur with a minor or moderate impact</i></li> </ul>	<p><i>For those risks that have been rated as high or medium, consider mitigation strategies for reducing the severity of the risk.</i></p>	<p><i>The Residual Risk Rating is the assessment of the level of risk that remains if the mitigation strategies applied are successful.</i></p>				
<b>A. Governance and Leadership</b>										
1. <b>Leadership Effectiveness</b>	Capacity of existing leadership to implement and manage Virtual Care									
2. <b>Board Effectiveness</b>	Lack of Director knowledge and experience with Virtual Care and use of technology									
3. <b>Strategic Plan</b>	Risk that Strategic Plan fails to adapt to changing times threatening sustainability									
<b>B. Legal</b>										
1. <b>Personal Health Information Protection Act, 2004</b>	Risk of failure to comply with legal obligations for protection of PHI									

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
2. <b>Canada's Anti-Spam Legislation</b>	Risk of failure to comply with legal obligations for obligations for electronic communications									
3. <b>Health Care Consent Act</b>	Risk of failure to comply with legal obligations for obtaining client consent									
4. <b>Regulated Health Professions Act</b>	Risk of failure to comply with professional regulatory requirements									
5. <b>Collective Agreements/ Employment Contracts</b>	Risk that changes to work result in breach of collective agreements, employment contracts or employment legislation									
6. <b>Corporate Liability</b>	Virtual Care service delivery causes new or increased risk exposure									
<b>C. Operational Readiness</b>										
1. <b>Organizational Culture</b>	Risk that move to Virtual Care meets internal resistance resulting in negative impact on organizational culture									
2. <b>Business and Clinical Processes and Procedures</b>	Risk that existing business and clinical processes and procedures do not adequately support implementation of Virtual Care services									
3. <b>Information Technology</b>	Risk that existing IT hardware and software is not adequate to support delivery of Virtual Care services									

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
4. <b>Uncertainty</b>	Uncertainty on Virtual Care risks and obligations creates a culture of anxiety resulting in apprehension to adopt new policies and practices									
<b>D. Human Resources</b>										
1. <b>Workforce Transition</b>	Risk of challenges due to new/unfamiliar work flows, roles and responsibilities									
2. <b>Workforce Resistance</b>	Risk of labour resistance to changes in work									
3. <b>Talent Retention</b>	Failure to engage in innovative models of care may risk loss of key talent									
4. <b>Conflict of Interest</b>	Risk of conflict arising from employees also setting up own business to deliver Virtual Care services to clients									
<b>E. Financial</b>										
1. <b>Costs of Virtual Care Technology</b>	Insufficient financial resources to obtain necessary technology hardware and software required for Virtual Care services									
2. <b>Risk Insurance Financing</b>	Insufficient financial resources to obtain additional insurance coverage for Virtual Care delivery, including cyber coverage									

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
3. <b>Payment Processes</b>	Risk of inadequate payment processes for virtual interactions									
<b>F. Standard/Quality of Care</b>										
1. <b>Standard/ Quality of Care</b>	Risk that absence of direct personal contact between practitioner and client has an adverse impact on the quality of care that is delivered through virtual means or ability to meet relevant standard of care									
2. <b>Clinical Competence</b>	Inability of practitioners to adapt clinical interactions through virtual means									
3. <b>Technology Competence</b>	Risk that work force does not have the technical skills to delivery care virtually									
<b>G. Privacy and Security Risk</b>										
1. <b>Vendor Privacy and Security Safeguards</b>	Risk of privacy or security breach due to inadequate or legally non-compliant privacy and security safeguards									
2. <b>Organization Privacy and Security Safeguards</b>	Risk of privacy or security breach due to inadequate or legally non-compliant privacy and security safeguards									
<b>H. Stakeholder Relations</b>										
1. <b>Client Engagement</b>	Risk that clients do not respond positively to new Virtual Care service offerings									

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
	(could be due to a variety of reasons including client access to technology, lack of personal connection, technology quality, failure to meet clinical expectations)									
<b>2. Community</b>	Risk to public image of inability to effectively adopt new and innovative models of care									
<b>3. Government</b>	Risk of loss of government confidence in organization due to inability to effectively adopt new and innovative models of care									

## A4. Virtual Care Enterprise Risk Management Framework Guide

This Guide is intended as an informational resource for engaging in enterprise risk assessment of Virtual Care services and is not legal advice. Examples are intended to be illustrative only. Each organization must determine its own risk profile and assessment based on its local circumstances.

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating 	Mitigation Strategy	Residual Risk Rating 
<p><i>Potential risk categories related to Virtual Care service delivery have been identified. Organizations may add or remove as appropriate for local ERM assessments.</i></p>		<p><i>Likelihood is an assessment of the probability that the risk will actually occur. For example:</i></p> <ul style="list-style-type: none"> <li>• <i>Unlikely = will probably never occur/not expected to occur</i></li> <li>• <i>Likely = will probably occur/expected to occur</i></li> <li>• <i>Certain = will undoubtedly happen/occur</i></li> </ul>	<p><i>To identify the impact/consequence of a risk, consider both the potential impact and scale of impact.</i></p>	<p><i>Risk Rating assesses the combined effect of the potential likelihood of the risk and its impact/consequence. For example:</i></p> <ul style="list-style-type: none"> <li>• <i>High = certain or likely to occur with a substantial impact</i></li> <li>• <i>Medium = certain or likely to occur with a moderate impact</i></li> <li>• <i>Low = unlikely to occur with a minor or moderate impact</i></li> </ul>	<p><i>For those risks that have been rated as high or medium, consider mitigation strategies for reducing the severity of the risk.</i></p>	<p><i>The Residual Risk Rating is the assessment of the level of risk that remains if the mitigation strategies applied are successful.</i></p>
<b>A. Governance and Leadership</b>						
<p><b>1. Leadership Effectiveness</b></p>	<p>Capacity of existing leadership to implement and manage Virtual Care</p>		<ul style="list-style-type: none"> <li>• Lack of experience with Virtual Care may result in ineffective enterprise risk management and implementation of Virtual Care services/business processes</li> </ul>		<ul style="list-style-type: none"> <li>• Identify leadership gaps and needs</li> <li>• Obtain education or external advisory support for leadership on Virtual Care considerations, risks and implementation strategies</li> </ul>	
<p><b>2. Board Effectiveness</b></p>	<p>Lack of Director knowledge and experience with Virtual Care and use of technology</p>		<ul style="list-style-type: none"> <li>• Lack of depth and breadth of Director knowledge and experience with Virtual Care and use of technology may result in ineffective enterprise risk oversight</li> <li>• Lack of Board knowledge</li> </ul>		<ul style="list-style-type: none"> <li>• Obtain Board education and external advisory support on Virtual Care, enterprise risk and business capacity building</li> <li>• Recruit additional Directors to support good governance practice of a skills-</li> </ul>	

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
			and comfort may result in delay in adapting corporate direction and operations impacting market competitiveness and ability to meet service need				based Board			
3. Strategic Plan	Risk that Strategic Plan fails to adapt to changing times threatening sustainability		<ul style="list-style-type: none"> <li>Failure to adapt Strategic Plan to meet stakeholder interests could have negative impact on market competitiveness resulting in threat to sustainability</li> </ul>				<ul style="list-style-type: none"> <li>Initiate generative governance discussion to determine strategic direction necessary for long-term sustainability</li> <li>Engage in corporate visioning to revisit and realign Strategic Plan with current and anticipated service environment</li> </ul>			
<b>B. Legal</b>										
1. <i>Personal Health Information Protection Act, 2004</i>	Risk of failure to comply with legal obligations for protection of personal health information		<ul style="list-style-type: none"> <li>Organization may become the subject of complaints or investigations involving the Information and Privacy Commissioner</li> <li>Legal liability arising from privacy breach or security incidents including class actions</li> <li>Loss of client confidence and reputational damage</li> </ul>				<ul style="list-style-type: none"> <li>Engage in privacy impact assessments and threat risk assessments for Virtual Care modalities</li> <li>Obtain legal advice on compliance obligations related to any proposed changes in information practices and review of technology agreements and arrangements relating to Virtual Care</li> <li>Review and update internal privacy policies to address Virtual Care</li> </ul>			
2. <i>Canada's Anti-Spam Legislation</i>	Risk of failure to comply with legal obligations for obligations for electronic communications		<ul style="list-style-type: none"> <li>Organization may become the subject of complaints or investigations involving the CRTC or monetary penalties</li> <li>Legal liability arising from non-compliance</li> <li>Loss of client confidence and reputational damage</li> </ul>				<ul style="list-style-type: none"> <li>Engage legal advisors on CASL consent form and content requirements</li> <li>Review and update internal privacy policies to address Virtual Care</li> <li>Inventory and review website and electronic communications and develop compliance strategy</li> </ul>			
3. <i>Health Care Consent Act</i>	Risk of failure to comply with legal obligations for obtaining client consent		<ul style="list-style-type: none"> <li>Legal liability arising from non-compliance, including professional negligence claims and professional</li> </ul>				<ul style="list-style-type: none"> <li>Engage legal advisors on forms and procedures for obtaining client consent to Virtual Care services</li> </ul>			

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
			<ul style="list-style-type: none"> <li>regulatory complaints</li> <li>Loss of client confidence and reputational damage</li> </ul>				<ul style="list-style-type: none"> <li>Review and update internal policies to address Virtual Care</li> </ul>			
4. <b>Regulated Health Professions Act</b>	Risk of failure to comply with professional regulatory requirements		<ul style="list-style-type: none"> <li>Legal liability arising from non-compliance with regulatory requirements</li> </ul>				<ul style="list-style-type: none"> <li>Review and update internal policies to address regulatory requirements for Virtual Care</li> </ul>			
5. <b>Collective Agreements/ Employment Contracts</b>	Risk that changes to work result in breach of collective agreements, employment contracts or employment legislation		<ul style="list-style-type: none"> <li>Grievances and/or legal liability</li> </ul>				<ul style="list-style-type: none"> <li>Engage legal/labour advisors on change of work plans</li> </ul>			
6. <b>Corporate Liability</b>	Virtual Care service delivery causes new or increased risk exposure		<ul style="list-style-type: none"> <li>Increased direct and third party liability</li> </ul>				<ul style="list-style-type: none"> <li>Review scope of existing insurance coverage and obtain additional insurance as needed</li> <li>Engage legal advisors on risk and liability terms and conditions with technology vendors and clients</li> </ul>			
<b>C. Operational Readiness</b>										
1. <b>Organizational Culture</b>	Risk that move to Virtual Care meets internal resistance resulting in negative impact on organizational culture		<ul style="list-style-type: none"> <li>Introduction of Virtual Care, if met with internal resistance, could result in negative impact to morale and possible attrition</li> </ul>				<ul style="list-style-type: none"> <li>Engage practitioners and staff in clinical and system design for Virtual Care service model</li> <li>Provide education to practitioners and staff on adapting clinical interventions for virtual platforms</li> </ul>			
2. <b>Business and Clinical Processes and Procedures</b>	Risk that existing business and clinical processes and procedures do not adequately support implementation of Virtual Care services		<ul style="list-style-type: none"> <li>Administrative inefficiency</li> <li>Procedural errors may result in liability exposure</li> </ul>				<ul style="list-style-type: none"> <li>Obtain education and advice on legal and regulatory obligations</li> <li>Review and update business and clinical processes and procedures to address Virtual Care</li> <li>Engage practitioners and staff in clinical and system design for Virtual Care service model</li> </ul>			
3. <b>Information Technology</b>	Risk that existing IT hardware and software is not adequate		<ul style="list-style-type: none"> <li>Organization unable to fully implement Virtual Care due</li> </ul>				<ul style="list-style-type: none"> <li>Source technology solutions</li> <li>Join with other service partners in</li> </ul>			

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
	to support delivery of Virtual Care services		to lack of necessary technology infrastructure <ul style="list-style-type: none"> <li>Failure to implement may result in loss of market competitiveness and stakeholder confidence</li> </ul>				joint procurement of technology and systems, where appropriate			
<b>4. Uncertainty</b>	Uncertainty on Virtual Care risks and obligations creates a culture of anxiety resulting in apprehension to adopt new policies and practices		<ul style="list-style-type: none"> <li>Anxiety results in resistance to participating in Virtual Care services impacting Organization ability to deliver service</li> <li>Staff uncertainty may result in errors in processes and procedures resulting in liability exposure</li> </ul>				<ul style="list-style-type: none"> <li>Obtain education and advice on legal and regulatory obligations</li> <li>Review and update policies and procedures to address Virtual Care</li> <li>Provide practitioner and staff education and orientation to new processes and procedures for delivery of Virtual Care</li> <li>Provide tools and scripts to standardize client communications initiating Virtual Care services</li> </ul>			
<b>D. Human Resources</b>										
<b>1. Workforce Transition</b>	Risk of challenges due to new/unfamiliar work flows, roles and responsibilities		<ul style="list-style-type: none"> <li>Staff uncertainty may result in errors in processes and procedures resulting in liability exposure Compromised service delivery capacity</li> <li>Negative impact on practitioner and staff morale</li> </ul>				<ul style="list-style-type: none"> <li>Review and update policies and procedures to address Virtual Care</li> <li>Engage practitioners and staff in clinical and system design for Virtual Care service model</li> <li>Provide practitioner and staff training on new workflows, roles and responsibilities</li> <li>Conduct soft launch/trial runs of new/unfamiliar work flows</li> </ul>			
<b>2. Workforce Resistance</b>	Risk of labour resistance to changes in work		<ul style="list-style-type: none"> <li>Negative impact on staff morale</li> <li>Legal liability for non-compliance with collective agreements or <i>Employment Standards Act</i></li> </ul>				<ul style="list-style-type: none"> <li>Engage legal/labour advisors on change of work plans</li> <li>Engage practitioners and staff in clinical and system design for Virtual Care service model</li> <li>Provide education on business and clinical processes and procedures to address Virtual Care</li> </ul>			

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
<b>3. Talent Retention</b>	Failure to engage in innovative models of care may risk loss of key talent		<ul style="list-style-type: none"> <li>Staff attrition</li> </ul>				<ul style="list-style-type: none"> <li>Conduct industry scan of Virtual Care practices of other practitioners</li> <li>Engage practitioners and staff in clinical and system design for Virtual Care service model</li> </ul>			
<b>4. Conflict of Interest</b>	Risk of conflict arising from employees also setting up own business to deliver Virtual Care services to clients		<ul style="list-style-type: none"> <li>Conflict arising from self-interest could have negative impact on corporate culture</li> <li>Loss of clientele to private practitioners</li> </ul>				<ul style="list-style-type: none"> <li>Implement non-competition/conflict of interest policy and employment terms</li> </ul>			
<b>E. Financial</b>										
<b>1. Costs of Virtual Care Technology</b>	Insufficient financial resources to obtain necessary technology hardware and software required for Virtual Care services		<ul style="list-style-type: none"> <li>Unavailability of required capital could be a barrier to successful transition to Virtual Care model</li> </ul>				<ul style="list-style-type: none"> <li>Communicate funding needs to MCCSS</li> <li>Identify alternate sources of funds/potential fundraising campaigns</li> <li>Join with other service partners in joint procurement of technology and systems, where appropriate</li> </ul>			
<b>2. Risk Insurance Financing</b>	Insufficient financial resources to obtain additional insurance coverage for Virtual Care delivery, including cyber coverage		<ul style="list-style-type: none"> <li>Unavailability of required capital could be a barrier to successful transition to Virtual Care model</li> <li>Where additional coverage not obtained, significant financial risk exposure to organization for claims and liability</li> </ul>				<ul style="list-style-type: none"> <li>Communicate funding needs to MCCSS</li> <li>Obtain insurance review prior to engaging in service to identify additional recommended coverage</li> </ul>			
<b>3. Payment Processes</b>	Risk of inadequate payment processes for virtual interactions		<ul style="list-style-type: none"> <li>Unavailability of required capital could be a barrier to successful transition to Virtual Care model</li> <li>Errors in payment processing</li> </ul>				<ul style="list-style-type: none"> <li>Communicate funding needs to MCCSS</li> <li>Review and update internal policies and protocols for payment processing when engaged in Virtual Care</li> <li>Practitioner and staff training on new payment procedures</li> </ul>			

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
<b>F. Standard/Quality of Care</b>										
<b>1. Standard/Quality of Care</b>	Risk that absence of direct personal contact between practitioner and client has an adverse impact on the quality of care that is delivered through virtual means or ability to meet relevant standard of care		<ul style="list-style-type: none"> <li>Children in service do not receive quality of care necessary to improve outcomes</li> <li>Inability to meet standard of care may result in liability exposure</li> </ul>				<ul style="list-style-type: none"> <li>Develop policies setting out clear guidance on services that are and are not appropriate to be delivered through Virtual Care</li> <li>Ensure policies and procedures are consistent with standards established under College and other regulatory laws and guidelines</li> <li>Obtain education and advice on legal and regulatory obligations</li> <li>Provide education to practitioners and staff on adapting clinical interventions for virtual platforms</li> </ul>			
<b>2. Clinical Competence</b>	Inability of practitioners to adapt clinical interactions through virtual means		<ul style="list-style-type: none"> <li>Children in service do not receive quality of care necessary to improve outcomes</li> <li>Inability to meet standard of care may result in liability exposure</li> </ul>				<ul style="list-style-type: none"> <li>Obtain education and advice on legal and regulatory obligations</li> <li>Provide education to practitioners and staff on adapting clinical interventions for virtual platforms</li> </ul>			
<b>3. Technology Competence</b>	Risk that work force does not have the technical skills to deliver care virtually		<ul style="list-style-type: none"> <li>Failure to implement may result in loss of market competitiveness and stakeholder confidence</li> </ul>				<ul style="list-style-type: none"> <li>Provide education and training on use of hardware and software for delivery of Virtual Care</li> <li>Provide education on adapting clinical interventions for Virtual Care platforms</li> </ul>			
<b>G. Privacy and Security Risk</b>										
<b>1. Vendor Privacy and Security Safeguards</b>	Risk of privacy or security breach due to inadequate or legally non-compliant privacy and security safeguards		<ul style="list-style-type: none"> <li>Legal liability for the Organization arising from privacy or security breach outside of the control of the Organization</li> <li>Loss of client confidence and reputational damage</li> </ul>				<ul style="list-style-type: none"> <li>Ensure vendor has conducted privacy impact assessment and threat risk assessment of Virtual Care platform selected to assess privacy and security safeguards and compliance with law</li> <li>Obtain legal advice on terms and conditions of third party hardware and software including limitations of vendor liability</li> </ul>			

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
							<ul style="list-style-type: none"> <li>Ensure terms and conditions of service with clients explicitly address privacy and security risks and scope of Organization accountability and limitation of liability</li> </ul>			
<b>2. Organization Privacy and Security Safeguards</b>	Risk of privacy or security breach due to inadequate or legally non-compliant privacy and security safeguards		<ul style="list-style-type: none"> <li>Legal liability arising from privacy or security breach</li> <li>Loss of client confidence and reputational damage</li> </ul>				<ul style="list-style-type: none"> <li>Engage privacy impact assessment and threat risk assessment of Virtual Care platform selected to assess privacy and security safeguards and compliance with law</li> <li>Review and update privacy and security policies and procedures</li> <li>Provide privacy education and training to practitioners and staff including on Organization policies and procedures</li> <li>Ensure terms and conditions of service with clients explicitly address privacy and security risks and scope of Organization accountability and limitation of liability</li> </ul>			
<b>H. Stakeholder Relations</b>										
<b>1. Client Engagement</b>	Risk that clients do not respond positively to new Virtual Care service offerings (could be due to a variety of reasons including client access to technology, lack of personal connection, technology quality, failure to meet clinical expectations)		<ul style="list-style-type: none"> <li>Organization programming fails to meet market need</li> <li>Increase in client complaints and reputational impact of dissatisfaction with service outcomes</li> <li>Negative impact on client relationships and client confidence</li> </ul>				<ul style="list-style-type: none"> <li>Engage in market needs assessment in determining services</li> <li>Engage clients in service co-design</li> <li>Implement processes for service evaluation</li> <li>Provide informational resources and training sessions to existing clients on use of Virtual Care technology</li> </ul>			
<b>2. Community</b>	Risk to public image of inability to effectively adopt new and innovative models of care		<ul style="list-style-type: none"> <li>Donor attrition</li> <li>Loss of community confidence</li> </ul>				<ul style="list-style-type: none"> <li>Develop targeted community communications on new Virtual Care offerings</li> <li>Ensure community communications plan in the event of issues arising with Virtual Care service delivery (e.g. privacy breach or other liability)</li> </ul>			

Risk Category	Description of Risk	Likelihood (Unlikely, Likely, Certain)	Impact / Consequence (Minor, Moderate, Substantial)	Risk Rating			Mitigation Strategy	Residual Risk Rating		
				High	Medium	Low		High	Medium	Low
<b>3. Government</b>	Risk of loss of government confidence in Organization due to inability to effectively adopt new and innovative models of care		<ul style="list-style-type: none"> <li>Loss of government confidence which may result in loss of future funding and programs</li> </ul>				<ul style="list-style-type: none"> <li>Conduct industry scan of Virtual Care practices of other practitioners</li> <li>Engage in collaboration / organizational mentoring with organizations who have already adopted Virtual Care</li> <li>Access industry resources and supports and engage external advisors</li> <li>Develop planning documentation to demonstrate operational readiness to the funder</li> </ul>			

## A5. Effective Decision Making

Major decisions for organizations, such as introducing an entirely new modality of service, necessarily involve an assessment of the risks involved.

However, assessing risk is only part of the equation. Many organizations often perform a thorough risk assessment but do not accompany this activity with equally rigorous decision making.

Instead, organizations may fall into the trap of following their usual decision making processes, commonly confining the activity to a few senior roles. Many important decisions, such as introducing new forms of service, or those being made in a compressed timeframe or in times of crisis and uncertainty, benefit from taking a risk-intelligent approach.

The following approach incorporates assessing risks and grounding decision-making in an integrated, intentional and rigorous process.

### 1. Determine Who Gets to Make the Decisions

*Who is in the room?*

- A. Agree upon who has a voice in the process and then create a safe space for decision making.
  - Good decisions are more likely to come from those who represent different roles/disciplines/perspectives.
  - Broadening the decision beyond a single individual is more likely to generate a better situational assessment and innovative options.
  - Appoint a decision leader who will be designated as the point person, ensuring compliance with policies, managing internal/external expectations, etc.
  - Encourage those participating to actively model curiosity. Ask and encourage questions, concerns, suggestions— there are no stupid questions or answers and all options are on the table. This approach allows the group to consider all possibilities and generate numerous options.
  - Ensure members know how decisions are made. Use consensus where possible, otherwise consider using “majority rules” for decision making. There may also be decisions that cannot be made collectively but are the call of the CEO and / or Chair of the Board after being advised by the decision-making group.

### 2. Assess the Situation, Assess the Risks

*What’s going on? What are the risks? What’s the impact on us?*

- A. Collect facts that surround the decision.
  - Identify and monitor only credible information sources

- Government issued information and orders
  - Factual information from reliable sources
- B. Review and consider the actions taken to date by other similar organizations (internal and external to the sector).
- Identify and assess risks and current impact on staff, clients, operations, brand reputation.

### 3. Prioritize Decisions

*How do we prioritize which decisions get made now? Which ones can wait?*

- A. Determine WHAT decisions must be made and actions taken, in light of key organizational OBJECTIVES and considering:
- Actions which must be taken now
  - Actions which will be taken later
  - Action alternatives which are dependent on the outcome of other actions
  - Actions that may be taken depending on how the event or threat unfolds

### 4. Make Important Decisions Using a Framework (See Table: Six Step Quality Decision Making)

*How do we know we are making sound decisions? What if something changes?*

- A. To facilitate important decisions in a timely and accurate manner, consider using the Six Step Quality Decision-Making process.

### 5. Manage Expectations

*How and when do we communicate with our stakeholders?*

- A. Consider the expectations of your stakeholders (staff, management, clients, partners, volunteers).
- Expectations, internal and external, influence attitudes
  - Do not underestimate the use of ‘regular’ dialogue to help determine stakeholder expectations.
  - Consider using the Stakeholder Mapping Tool to better reference points of view held by various groups.
- B. Communicate with stakeholders about how your organization can meet those expectations, or if not, why not.
- C. Modify communications as needed when/if decisions change.

Six Step Quality Decision Making	Some Guiding Questions
<p>Step One <b>Define the Decision You Have to Make</b></p>	<ul style="list-style-type: none"> <li>• What is the objective of our decision?</li> <li>• How important is this decision?</li> <li>• Who needs to be involved in making the decision?</li> <li>• Who will be affected by the actions resulting from the decision?</li> </ul>
<p>Step Two <b>Consider Alternatives and Opportunities</b></p>	<ul style="list-style-type: none"> <li>• What are our choices (facilitate an open discussion and capture alternatives)?</li> <li>• Are the alternatives significantly different?</li> <li>• Are there opportunities to improve, provide services in new ways, etc.?</li> </ul>
<p>Step Three <b>Collect Information and Assess Risks</b></p>	<ul style="list-style-type: none"> <li>• What do we already know and do we require additional information? If so, what is it?</li> <li>• Is our information coming from multiple, reliable sources?</li> <li>• What are the risks for each alternative that have direct impact on key organizational objectives / delivery of services?</li> <li>• What is the approximate cost (money, time, staff, etc.) of each alternative?</li> </ul>
<p>Step Four <b>Consider Values and Consequences</b></p>	<ul style="list-style-type: none"> <li>• Which organizational values should be considered when making this decision?</li> <li>• What is it that we want (and don't want) as a result of the decision?</li> <li>• What are the probable consequences of the decision alternatives?</li> <li>• How will the consequences of the decision impact the organization?</li> </ul>
<p>Step Five <b>Make Decision and Document Reasons</b></p>	<ul style="list-style-type: none"> <li>• Do we understand the risks and information we gathered and have we assessed this information on the basis of our organizational values?</li> <li>• Are we using organizational expertise to identify indicators and recognize patterns that will help us choose alternatives to achieve the best outcome?</li> <li>• How will we communicate about the decision outcome?</li> <li>• Have we documented the reasons for the decision we are making?</li> </ul> <p><i>Note - all important decisions must be supported by documentation and data to demonstrate how each decision was made. This is critical given that decisions may be reviewed and/or questioned in the future.</i></p>
<p>Step Six <b>Take Action and Evaluate</b></p>	<ul style="list-style-type: none"> <li>• Do we have a plan of action with defined responsibilities?</li> <li>• Have we set SMART (Specific, Measurable, Action-oriented, Realistic, and Timely) goals?</li> <li>• What resources (time, staff, money) do we need to complete the action?</li> <li>• How will we monitor and evaluate the results of our decision? How are we monitoring and evaluating our actions?</li> </ul>

## A6. Virtual Care Regulatory Requirements Matrix

Organizations are responsible for the Virtual Care services they provide, including services provided by health practitioners on the organization’s behalf. Practitioners must comply with organization policies and procedures and comply with their professional obligations. This Virtual Care Regulatory Requirements Matrix is intended as a tool to support organizations to develop guidelines for Virtual Care consistent with health practitioner regulatory requirements.

There are a number of requirements that are common to all practitioners, including:

- Standard of Care:** The standard of care for the provision of Virtual Care services is the same as in-person services and each practitioner must meet the expectations for care as set out College standards of practice.
- Consent:** Practitioners must obtain informed consent to treatment and must discuss the nature of the Virtual Care services as part of that process. In addition, issues related to privacy, security and the risks inherent in the use of technology must be addressed.
- Competency:** Practitioners must be clinically competent to provide the services through technology. Practitioners must also have technology competency and ensure contingency plans are in place in case of technological issues.
- Privacy/Confidentiality:** Practitioners must maintain client confidentiality and use reasonable safeguards to protect personal health information when providing Virtual Care services. Any limits to confidentiality must be identified.
- Record Keeping:** Each practitioner must maintain client health records in accordance with organization policy and professional standards, whether care is delivered in-person or virtually. The practitioner is responsible to ensure the record is complete, including information received electronically.
- Virtual Care Services Modality:** Practitioners must ensure that the Virtual Care services modality selected is appropriate in each client’s circumstances.
- Text/Email Communications:** Text or email should only be used where appropriate and where the client consents, subject to organization policy.

In addition to the requirements of common application, there are also requirements unique to each College. This Virtual Care Regulatory Requirements Matrix provides a summary of the regulatory College requirements. For more information, the source documents have been identified.

Current as of April 2020	College of Audiologists and Speech-Language Pathologists of Ontario	College of Occupational Therapists of Ontario	College of Physiotherapists of Ontario	College of Psychologists of Ontario	College of Registered Psychotherapists of Ontario	Ontario College of Social Workers and Social Service Workers
<b>Sources</b>	<a href="#">Use of Telepractice Approaches in Providing Services to Patients/Clients (May 2014)</a> <a href="#">Further Guidance Related to Telepractice (March 26, 2020)</a>	<a href="#">Guidelines for Telepractice in Occupational Therapy (2017)</a>	<a href="#">FAQs: Virtual Practice in Physiotherapy Tele-rehabilitation - Another Tool in Your Toolkit (January 23, 2019)</a>	<a href="#">Model Standards for Telepsychology Service (December 9, 2011)</a>	<a href="#">Standard 3.4 Electronic Practice (2020)</a> <a href="#">Electronic Practice Guideline (March 2019)</a>	<a href="#">Practice Notes: Communication Technology and Ethical Practice: Evolving Issues in a Changing Landscape (2012)</a> <a href="#">Practice Notes: Professional and Ethical Communication Technology Practices and Policies for a Digital World (2018)</a>
<b>Standard of Care</b>	<ul style="list-style-type: none"> <li>• Same standard of care as traditional delivery methods.</li> <li>• Existing guidelines to be used with modification to address lack of ability for physical contact.</li> <li>• Member to determine whether Virtual Care is appropriate to the procedure.</li> </ul>	<ul style="list-style-type: none"> <li>• Members must comply with the College’s Standards of Practice, applicable legislation and regulations.</li> </ul>	<ul style="list-style-type: none"> <li>• Members engaging in tele-practice must comply with all the same rules and standards apply as if delivering in person care.</li> <li>• No matter how treatment is delivered, the patient must receive safe, competent and ethical care.</li> </ul>	<ul style="list-style-type: none"> <li>• Members expected to practice according to legislation, regulations, Standards, and Codes of Ethics applicable to them in Ontario, regardless of modality.</li> </ul>	<ul style="list-style-type: none"> <li>• Regardless of the modality in which the member practises, the College’s Regulations, Code of Ethics and Professional Practice Standards continue to apply.</li> </ul>	<ul style="list-style-type: none"> <li>• Members expected to practice according to standards of practice.</li> </ul>
<b>Consent</b>	<ul style="list-style-type: none"> <li>• Members must ensure they have</li> </ul>	<ul style="list-style-type: none"> <li>• The requirement for members to obtain</li> </ul>	<ul style="list-style-type: none"> <li>• Members must ensure they have</li> </ul>	<ul style="list-style-type: none"> <li>• Members must ensure they have</li> </ul>	<ul style="list-style-type: none"> <li>• Members must ensure they have</li> </ul>	<ul style="list-style-type: none"> <li>• In obtaining consent, members must</li> </ul>

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Consent (Continued)	<p>informed consent for the intervention in accordance with the <i>Health Care Consent Act</i>.</p> <ul style="list-style-type: none"> <li>In obtaining informed consent for telepractice, members are expected to provide information concerning benefits, risks, side effects and alternatives that are specific to telepractices.</li> </ul>	<p>client consent is the same as in-person client interactions.</p> <ul style="list-style-type: none"> <li>Prior to initiating telepractice services, members must obtain informed consent for occupational therapy services and knowledgeable consent for the collection, use and disclosure of personal health information</li> <li>In addition to information ordinarily provided to clients, members should also address: <ul style="list-style-type: none"> <li>Scope of practice and any benefits and limitations of telepractice.</li> <li>How telepractice service will be organized and ensure clients know what to expect regarding the time and</li> </ul> </li> </ul>	<p>informed consent for the intervention in accordance with the <i>Health Care Consent Act</i>, and the client may refuse care at any point.</p> <ul style="list-style-type: none"> <li>Additional considerations for telepractice including advising the client: <ul style="list-style-type: none"> <li>They can stop the session at any time.</li> <li>What they require for the virtual session.</li> <li>The potential benefits, constraints, and risks including privacy and security relating to tele-practice session.</li> <li>What to do in case of technology or equipment failure</li> <li>What do to if they</li> </ul> </li> </ul>	<p>informed consent for the intervention in accordance with the <i>Health Care Consent Act</i>.</p> <ul style="list-style-type: none"> <li>Informed consent to include discussion of: <ul style="list-style-type: none"> <li>Assessment and intervention approaches and modalities to be used, and the pros and cons.</li> <li>Maintenance, security, access and retention of electronic records.</li> <li>Confidentiality and duty to report.</li> <li>Services in the event of an emergency.</li> </ul> </li> <li>Client's informed consent to be obtained either through use of signed, written consent form, or via electronic</li> </ul>	<p>informed consent for the intervention in accordance with the <i>Health Care Consent Act</i>.</p> <ul style="list-style-type: none"> <li>In addition to informed consent for treatment, members must provide information about the technology used and the collection, use and disclosure of personal health information, including record-keeping practices.</li> <li>Members should also address: <ul style="list-style-type: none"> <li>The particular technology or platform that will be used.</li> <li>Risks, benefits and limitations of the technology.</li> <li>Steps to be taken in the event of a technology</li> </ul> </li> </ul>	<p>ensure that they inform clients of foreseeable risks as well as rights, opportunities, and obligations associated with the provision of professional services .</p> <ul style="list-style-type: none"> <li>Members must inform clients early in their relationship of the limits of confidentiality of information.</li> </ul>

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Consent (Continued)		<p>duration of appointments.</p> <ul style="list-style-type: none"> <li>• What to do in case of adverse or unexpected events during a telepractice session.</li> <li>• Client expectations for communication between scheduled service.</li> <li>• How to address any emergent health issues that may arise.</li> <li>• Client's right to refuse or withdraw participation at any time.</li> <li>• OTs are regulated health professionals and clients can contact the College with any concerns.</li> <li>• Consent is an ongoing process. Members</li> </ul>	<p>experience an adverse event during a session.</p> <ul style="list-style-type: none"> <li>• Members must document consent in the patient record.</li> </ul>	<p>alternatives.</p>	<p>disruption or when a client is in crisis.</p> <ul style="list-style-type: none"> <li>• Responsibilities relating to technology and limitations to confidentiality.</li> <li>• Measures a client can employ to protect their privacy and personal health information.</li> <li>• Organization practice policies relevant to electronic practice (e.g. payment methods, appointment cancellations, disruption in services).</li> <li>• Usual hours of work and average response times.</li> <li>• Member is a member of a regulated health</li> </ul>	

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<b>Consent (Continued)</b>		must ensure consent is obtained, recorded and maintained as part of the client record.			College, and CRPO's contact information, upon request.	
<b>Competency</b>	<ul style="list-style-type: none"> <li>Members should ensure that they possess the necessary competencies, knowledge and skills to provide appropriate telepractice intervention.</li> <li>Members should ensure technological competencies to use the equipment or that appropriate technological assistance is available to them.</li> </ul>	<ul style="list-style-type: none"> <li>Before engaging in telepractice, members should have sufficient training in the use of the technology and take reasonable measures to ensure minimal service interruptions.</li> </ul>		<ul style="list-style-type: none"> <li>Members must practice within their area(s) of competence, including medium of service delivery.</li> <li>Members must be competent to deliver services in the technology of the service delivery medium.</li> </ul>	<ul style="list-style-type: none"> <li>Members must possess the array of competencies necessary to engage clients in a safe, effective therapeutic process.</li> <li>Members must be sufficiently capable of using the particular communication technology such that the member is able to: <ul style="list-style-type: none"> <li>Recognize potential impacts of the use of the technology with regard to the client-therapist relationship and the therapeutic process.</li> <li>Recognize the</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Competence is required if using communication technology in practice. Members are responsible for being aware of the extent and parameters of competence and professional scope of practice and limit practice accordingly.</li> <li>Members can enhance knowledge and skills by seeking additional supervision, consultation and/or education.</li> </ul>

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<b>Competency (Continued)</b>					<p>limitations of confidentiality presented by the platform.</p> <ul style="list-style-type: none"> <li>• Identify how platform users can protect their personal health information.</li> <li>• Develop an effective contingency plan to address technical failures and troubleshoot common issues that might arise.</li> <li>• Before engaging clients in therapy via communications technology, members should consider receiving training and/or clinical supervision.</li> </ul>	
<b>Privacy/ Confidentiality</b>	<ul style="list-style-type: none"> <li>• Members remain responsible for the confidentiality of patient/client information, including</li> </ul>	<ul style="list-style-type: none"> <li>• Members using telepractice services must take reasonable measures to</li> </ul>	<ul style="list-style-type: none"> <li>• Any platform or service used for telepractice must be confidential and meet PHIPA</li> </ul>	<ul style="list-style-type: none"> <li>• Members must use some form of coded identification of the client in cases where live visual verification</li> </ul>	<ul style="list-style-type: none"> <li>• Members must take reasonable measures to safeguard the confidentiality of client information,</li> </ul>	<ul style="list-style-type: none"> <li>• Members employed by an organization should understand organizational policies and practices relating</li> </ul>

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Privacy/ Confidentiality (Continued)	confidentiality of electronically transmitted information and records in audio and video format.	<p>maintain confidentiality and protect personal health information.</p> <ul style="list-style-type: none"> <li>Member practices must align with relevant privacy legislation and organizational policies and procedures related to records security.</li> <li>Confidentiality may be enhanced by using encryption and password protection, using a secure network, and limiting the use of personal health information.</li> <li>Members should inform clients of limits to privacy and confidentiality and risk for inadvertent disclosure when using communication technologies and</li> </ul>	<p>requirements.</p> <ul style="list-style-type: none"> <li>Members should be aware of who can access data, whether any of the information is being recorded or saved by the technology practitioner, and how data will be kept safe from interruption.</li> </ul>	is not possible.	<p>which may include using technologies and/or devices that provide encryption, require a password, or which possess other features designed to restrict data loss, unauthorized use and access.</p>	<p>to the management of client information.</p> <ul style="list-style-type: none"> <li>Members should review and follow applicable recommendations/advisories from the Office of the Information and Privacy Commissioner and/or to consult with the privacy officer in their organization (if any) regarding such measures.</li> <li>Members must: <ul style="list-style-type: none"> <li>Hold in strict confidence all information about clients.</li> <li>Inform clients early in their relationship of the limits of confidentiality.</li> <li>Comply with applicable privacy and other legislation.</li> <li>Provide clients</li> </ul> </li> </ul>

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Privacy/ Confidentiality (Continued)		how to access their personal health information.				with communication technology policies outlining potential risks to clients as well as the member's professional obligations.
Record Keeping	<ul style="list-style-type: none"> <li>Records relating to telepractices should be retained in accordance with the College's record-keeping Regulation.</li> </ul>	<ul style="list-style-type: none"> <li>Members engaged in telepractice are required to maintain client records in accordance with the College's Standards for Record Keeping.</li> <li>Members must maintain comprehensive clinical records and document all professional encounters that take place through telepractice. How the occupational therapy intervention was provided, the technology used and the details of the</li> </ul>	<ul style="list-style-type: none"> <li>Expectations for maintaining records are the same regardless of how physiotherapy care is delivered.</li> <li>The specifics of telephone and email advice or information should be recorded when it relates to the patient's condition or clinical care. Information relating to changes in symptoms, condition or treatment provided should be documented in order to understand the</li> </ul>		<ul style="list-style-type: none"> <li>Members should consider whether email communications are stored separately or in the client's clinical record, or whether sessions can be recorded, as emails and recordings effectively serve as transcripts of the therapy.</li> <li>Members are encouraged to take extra care in their informed consent processes if it is proposed by the client or the therapist that a</li> </ul>	<ul style="list-style-type: none"> <li>Members must: <ul style="list-style-type: none"> <li>Document services in a recognizable form to ensure the continuity and quality of service to establish accountability for and evidence of the services rendered.</li> <li>Use their judgment to decide whether it is appropriate to include e-mails or text messages in the record.</li> <li>Include</li> </ul> </li> </ul>

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<b>Record Keeping (Continued)</b>		care itself must be included in the record.	<p>care that was provided and the impact.</p> <ul style="list-style-type: none"> <li>Information that does not relate to the patient's condition or care, such as how to submit an insurance claim form or where to obtain recommended equipment, need not be documented.</li> </ul>		<p>session be recorded as a recording would capture substantially more information than would be contained in clinical notes.</p> <ul style="list-style-type: none"> <li>Where sessions are recorded, special consideration must be taken in their storage, transmission and destruction.</li> </ul>	<p>information in the client's record that is appropriate and useful to the understanding of the situation and the management of the case.</p> <ul style="list-style-type: none"> <li>Members should consider whether it is always feasible to limit communication to administrative matters, how they will respond in the event that a client communicates sensitive information via text or e-mail, and how they will handle and document such information.</li> </ul>
<b>Professional Relationships</b>		<ul style="list-style-type: none"> <li>Members must maintain professional boundaries and be aware of warning signs for boundary</li> </ul>				<ul style="list-style-type: none"> <li>Members employed by organizations must maintain an awareness and consideration of the purpose, mandate</li> </ul>

Current as of April 2020	College of Audiologists and Speech-Language Pathologists of Ontario	College of Occupational Therapists of Ontario	College of Physiotherapists of Ontario	College of Psychologists of Ontario	College of Registered Psychotherapists of Ontario	Ontario College of Social Workers and Social Service Workers
Professional Relationships (Continued)		<p>crossings, including excessive personal disclosure, development of personal relationships, and concessions atypical of a client-therapist interaction.</p> <ul style="list-style-type: none"> <li>Members should:               <ul style="list-style-type: none"> <li>Establish policies and procedures to prevent boundary issues.</li> <li>Be aware and monitor self-behaviours at all times.</li> <li>Pay attention to the environment where telepractice intervention will take place and to avoid any personal items that may place the member at risk for boundary crossings or</li> </ul> </li> </ul>				<p>and function of those organizations and how these impact on and limit professional relationships with clients.</p> <ul style="list-style-type: none"> <li>Members are responsible for ensuring that appropriate boundaries are maintained in all aspects of professional relationships.</li> </ul>

<i>Current as of April 2020</i>	College of Audiologists and Speech-Language Pathologists of Ontario	College of Occupational Therapists of Ontario	College of Physiotherapists of Ontario	College of Psychologists of Ontario	College of Registered Psychotherapists of Ontario	Ontario College of Social Workers and Social Service Workers
<b>Professional Relationships (Continued)</b>		violations. <ul style="list-style-type: none"> <li>• Consider setting parameters at the onset of service to limit the potential for boundary issues.</li> <li>• Consult the Standards for Professional Boundaries.</li> </ul>				
<b>Virtual Care Services Modality</b>	<ul style="list-style-type: none"> <li>• The primary assessment/treatment/consultation with clients must be a face-to-face encounter. Electronic intervention may be considered “face-to-face” if it meets 4 criteria: audio, visual, real-time and interactive.</li> <li>• In certain instances members may determine that telepractice services are in the client’s best interest where</li> </ul>	<ul style="list-style-type: none"> <li>• Members must ensure that the technology used in telepractice is of sufficient quality to Communicate effectively. provide safe occupational therapy interventions, form an accurate professional opinion and protect the privacy of the client’s health information</li> </ul>	<ul style="list-style-type: none"> <li>• The mode of communication used by a member to provide Virtual Care must be appropriate and private.</li> <li>• Members should research and speak with the technology practitioners and peers to ensure Virtual Care platform is compliant with applicable laws.</li> </ul>	<ul style="list-style-type: none"> <li>• Members must determine the appropriate treatment, including modality and medium of delivery, based on a thorough assessment of client situation and need.</li> <li>• Decisions about choice of treatment, modality, and medium must reflect the highest appropriate standard of care.</li> </ul>	<ul style="list-style-type: none"> <li>• Members must take reasonable steps to ensure electronic communication is appropriate in the circumstances.</li> <li>• Before commencing therapy, a member’s initial assessment should consider whether it is appropriate to engage the client in Virtual Care. Relevant factors may include:               <ul style="list-style-type: none"> <li>• The nature of the therapeutic relationship and the client’s</li> </ul> </li> </ul>	

Current as of April 2020	College of Audiologists and Speech-Language Pathologists of Ontario	College of Occupational Therapists of Ontario	College of Physiotherapists of Ontario	College of Psychologists of Ontario	College of Registered Psychotherapists of Ontario	Ontario College of Social Workers and Social Service Workers
Virtual Care Services Modality (Continued)	<p>the conditions of a face-to-face encounter cannot be met. This should be considered only after attempts to arrange alternative services have been unsuccessful.</p> <ul style="list-style-type: none"> <li>Members must ensure that the quality of audio and video signals is appropriate for the intervention being provided. Application-specific quality standards are necessary as the quality of audio and video signals required may vary according to the client's communication disorder.</li> </ul>	<p>against theft, loss, unauthorized access, use or disclosure.</p> <ul style="list-style-type: none"> <li>Members should: <ul style="list-style-type: none"> <li>Consider the client's needs, reliability and security of the IT systems (home computer or organizational system), internet access, and technical support.</li> <li>Have sufficient training in the use of the technology, and take reasonable measures to ensure minimal service interruptions. As well, members should establish a process to quickly contact the client</li> </ul> </li> </ul>			<p>concerns.</p> <ul style="list-style-type: none"> <li>Anticipated shifts in the depth or focus of the therapy.</li> <li>The client's ability to access the technology reliably and in a safe, private setting.</li> <li>The client's overall capabilities, comfort and familiarity with the technology.</li> <li>The client's capacity to participate.</li> <li>Access to local supports.</li> <li>Members should continue to evaluate the effectiveness of the therapy.</li> </ul>	

Current as of April 2020	College of Audiologists and Speech-Language Pathologists of Ontario	College of Occupational Therapists of Ontario	College of Physiotherapists of Ontario	College of Psychologists of Ontario	College of Registered Psychotherapists of Ontario	Ontario College of Social Workers and Social Service Workers
		in the event of technical difficulties.				
<b>Email/Text Communications</b>			<ul style="list-style-type: none"> <li>When providing clinical advice or treatment related information by email, consider whether it's appropriate for the patient to receive this information electronically and include a copy of the email or summary of the information in the patient record.</li> <li>Billing for time spent providing interventions by email or phone is reasonable.</li> </ul>		<ul style="list-style-type: none"> <li>Members may rely on electronic communications technologies for a variety of purposes, for example, to set appointments, to relay information or check in with clients between sessions, or as a means to engage with a client in the therapeutic process.</li> </ul>	<ul style="list-style-type: none"> <li>Use of text messaging and e-mail may compromise client confidentiality and privacy as they are not completely secure.</li> <li>Members may choose to limit their use of text messaging and e-mail to managing appointments. Even in these circumstances, they must consider whether and how they will retain e-mails or texts as well as how clients will be informed of these decisions.</li> <li>If members use text messaging with clients, they should: <ul style="list-style-type: none"> <li>Consider how often they will</li> </ul> </li> </ul>

Current as of April 2020	College of Audiologists and Speech-Language Pathologists of Ontario	College of Occupational Therapists of Ontario	College of Physiotherapists of Ontario	College of Psychologists of Ontario	College of Registered Psychotherapists of Ontario	Ontario College of Social Workers and Social Service Workers
Email/Text Communications (Continued)						<p>view and respond and inform clients of these practices early in the therapeutic relationship.</p> <ul style="list-style-type: none"> <li>• Carefully consider the tone of the language as well as the timing of their responses and the locations from which they reply.</li> <li>• Be cautious about the potential for blurring of professional boundaries.</li> </ul>

## A7. Virtual Care Privacy and Security Policy Framework

The intent of a Virtual Care Privacy and Security Policy is to communicate to employees and contractors the manner in which Virtual Care services will be delivered by the Organization.

This Virtual Care Privacy and Security Policy Framework provides a broad outline of the issues and considerations to be included in your Policy and can be customized based on the Organization's existing policies, current information practices and Virtual Care program plans.

### VIRTUAL CARE PRIVACY AND SECURITY POLICY FRAMEWORK

#### PURPOSE

The purposes of this policy are:

- A. to outline the internal approval process for Practitioners to engage in Virtual Care delivery on behalf of the Organization, including working remotely
- B. to ensure the privacy and security of personal health information in the delivery of Virtual Care services in accordance with the *Personal Health Information Protection Act, 2004* (PHIPA) and to ensure that Practitioners collect, use or disclose personal health information only as authorized by the Organization and in accordance with their professional obligations
- C. to identify the modalities and types of virtual services that have been approved for use by the Organization and the parameters for that use
- D. to establish internal standards for Practitioners for the delivery of Virtual Care
- E. to set expectations and standards for the use of email, texts or other forms of electronic communication ("Electronic Communications") between the Organization, its Practitioners and Clients

#### POLICY

Virtual service delivery can provide much needed access to health care, enhance the experience for Clients and promote Client and family integrated care. Virtual services enable Clients to get care when they need it, at a location which is convenient and secure for them.

Virtual Care refers to the use of video or audio technology communications by the Organization to provide health care services remotely in real time.

Virtual Care is not appropriate in all circumstances. The Organization has determined which Virtual Care services it will deliver.

Virtual Care and the use of Electronic Communications can pose significant privacy and security risks for Clients as well as legal risks for the Organization and its Practitioners. The Organization supports the use of Virtual Care and Electronic Communications in accordance with this Policy.

## DEFINITIONS

**Client** – the Client or the incapable Client’s Substitute Decision-Maker

**Personal Health Information or PHI** - identifying information about an individual in oral or recorded form, if the information relates to the individual’s physical or mental health, the provision of health care to the individual including care providers, payments or eligibility for health care with respect to the individual, donation of body parts or bodily substances by the individual and the individual’s health card number

**Practitioner** – an employee or contractor providing health care services on behalf of the Organization

**Substitute Decision Maker (SDM)** - an individual who is authorized to consent on behalf of the Client to treatment and/or the collection, use or disclosure of PHI about the Client

**Technology Devices** - includes tablets, laptops, computers and cellular devices to be used for the delivery of Virtual Care Services

**Virtual Care** – the use of video or audio technology and communications by the Organization to provide health care services from a distance

### A. LOCATION OF VIRTUAL CARE SERVICES AND APPROVAL FOR WORKING REMOTELY

#### Location of Virtual Care Services

The Organization will assess the appropriateness of proposed locations for the delivery of Virtual Care services. Practitioners will not provide Virtual Care services to Clients from locations not approved by the Organization.

At a minimum, when providing Virtual Care services the Practitioner and the Client must be in a location that provides adequate privacy and must use a secure network connection (e.g. no public Wi-Fi) It is expected that Practitioners will provide Virtual Care from an appropriate location on site at the Organization or remotely, where approved by the Organization in accordance with this Policy.

#### Approval for working remotely

Approvals for working remotely are subject to change based on operational needs and the availability of technology and resources.

In assessing whether it is appropriate for a Practitioner to work remotely, **[Insert role]** will consider whether:

- the Practitioner’s essential work can be performed remotely, or alternative work within the Practitioner’s scope of skill and capabilities is available for them to perform remotely
- the performance and productivity of the Practitioner can be appropriately monitored and managed remotely
- the Practitioner is able to communicate effectively with Clients, stakeholders, and team members and manage time and work products effectively

- the Technology Devices to be used by the Practitioner when working remotely meet appropriate security requirements as determined by the Organization
- the Practitioner has an appropriate workstation configuration in place at the remote work location to enable the Practitioner to work with minimal risk of injury
- confidential information can be properly protected in the remote work location and Organization safeguards implemented
- the remote location will contain limited distractions for the employee to perform their work.

**Organization Consideration:** Add/amend considerations for working remotely to align with Organization desired practice.

## B. PRIVACY AND SECURITY

Virtual Care involves the collection, use and disclosure of personal health information and personal information. As a result the Organization must ensure compliance with the *Personal Health Information Protection Act, 2004*. This includes taking steps that are reasonable in the circumstances to ensure that personal health information in the Organization’s custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification or disposal.

Virtual Care involves certain risks not applicable to in-person care. When providing Virtual Care services, Practitioners must implement Organization safeguards to protect the privacy and confidentiality of personal health information, including:

- Consult and deliver Virtual Care services in accordance with Organization policies as well as applicable regulatory college standards, policies and/or guidelines
- Ensure the provision of Virtual Care services is clinically appropriate for each Client in the circumstances and an appropriate method of service delivery
- Ensure they possess the necessary clinical and technological competencies to provide Virtual Care services
- Ensure the technology used to provide Virtual Care services is of sufficient quality to:
  - Communicate effectively
  - Provide safe interventions
  - Form an accurate professional opinion and/or make appropriate care decisions
- Have a plan for how to contact the Client in the event of a service disruption
- Not share passwords for any accounts or devices used to provide Virtual Care
- Safeguard accounts, choose strong passwords that consist of a mixture of alphabetic characters, special characters and digits of at least eight characters
- Ensure Technology Devices used to provide Virtual Care are updated with the most current antivirus and anti-malware protection

- Not access or transmit information via public wireless networks
- If working from a Mobile Device, ensure that the configuration allows for remote wiping of data in the event the Mobile Device is lost or stolen
- Not record Virtual Care services except as authorized by the Organization and with the consent of the Client

## C. TYPES/MODALITIES TO PROVIDE VIRTUAL CARE

The Organization will assess and approve the particular services which may be delivered by Virtual Care and the permitted modalities for delivering Virtual Care. Virtual Care services shall only be provided using technology platforms, software, hardware or devices which have approved by the Organization.

The Organization has approved the following platforms/modalities for the delivery of Virtual Care services:

- **[insert list of approved platforms/modalities for Virtual Care]**

**Organization Consideration:** Consider whether approved Virtual Care services and modalities will be listed in this Policy or whether Policy will cross-reference to another document.

List types of services which may be provided by Virtual Care or cross reference.

Insert any Organization instructions on how to gain access to Virtual Care services platforms, i.e. internal approval processes.

## D. STANDARDS FOR PRACTITIONERS WHEN DELIVERING VIRTUAL CARE

### 1. Considerations for Providing Virtual Care

1. Before offering to provide Virtual Care services, the Practitioner shall explore whether there are any systems, clinical or other issues impacting upon the effectiveness of Virtual Care services.
2. If the Client wishes to pursue Virtual Care services, the Practitioner shall obtain consent using the process outlined in this Policy.

### 2. Documentation of Consent to Virtual Care

3. The Practitioner shall review the risks, the Client’s responsibilities and the Organization’s responsibilities with them and the approval process.
4. Unless the Practitioner has already done so, the Practitioner obtaining consent shall explain the risks and responsibilities, as well as any fees, associated with Virtual Care services as part of the consent process. This includes a review of the Virtual Care Client Information Sheet and the Virtual Care Consent Form or other Organization processes.

5. If the Client is able to physically or electronically complete, sign and return the Virtual Care Services Consent Form, this should be collected from the Client prior to commencing the Virtual Care services and retained on the Client's health record.
6. If the Client is not able to physically or electronically sign and return the Virtual Care Services Consent Form, the Practitioner should obtain the Client's verbal informed consent. This can be noted on the Virtual Care Services Consent Form where indicated and retained on the Client's health record.
7. The Practitioner obtaining consent must identify whether there are any special instructions or restrictions relating to the Virtual Care services. This must be documented on the Consent Form.
8. A Client may withdraw or revoke his or her consent to Virtual Care services at any time by communicating this to the Practitioner.
9. A new Virtual Care Consent Form must be completed any time the Client is receiving a new type of service. The Practitioner may choose to refresh the consent if there are concerns that the Client is not or is unable to comply with his or her responsibilities.

### **3. Documentation Related to Virtual Care Services**

1. The Practitioner is responsible for ensuring that any clinically relevant information that has been communicated during the Virtual Care services is recorded in the Client's health record.
2. Clinical documentation shall be undertaken in accordance with applicable legislation, professional standards and Organization policies and procedures.

### **4. Responsibility of Practitioners**

Practitioners engaged in Virtual Care services with Clients are responsible to:

1. Review this Policy in order to understand the risks associated with Virtual Care services, as well as other Organization policies and procedures relating to confidentiality, privacy and security of personal health information.
2. Be responsible for obtaining consent from the Client, ensuring the Client clearly understands the risks and limitations associated with Virtual Care services.
3. Only deliver Virtual Care services using platforms and devices that have been provided by the Organization and have been approved for such use.
4. Deliver Virtual Care services only as permitted by the Organization.

5. Assess the Client’s comfort level in receiving Virtual Care services prior to recommending Virtual Care.
6. Comply with any other policies or guidelines that may be developed from time to time by the Organization.
7. Be aware of the professional boundaries of the therapeutic relationship and ensure communications are accurate, clear, concise and professional.
8. Document Virtual Care services in accordance with the requirements of this Policy.
9. Immediately report any actual or suspected privacy or security breach to the Organization’s Privacy Officer.

**Organization Consideration:** Add/amend Practitioner responsibilities to align with Organization desired practice.

## E. ELECTRONIC COMMUNICATIONS

### Use of Electronic Communications

Communicating personal health information through Electronic Communications poses significant privacy risks for Clients and legal risks for the Organization and health Practitioners. At the same time, it is acknowledged that email communication can promote timely communication with Clients, enhance the therapeutic relationship and promote Client-centred care. To this end, the Organization supports the use of electronic communications in specific circumstances, as set out in this Policy.

Email communication may be appropriate to communicate information relating to administrative matters such as scheduling appointments, or providing information or resources related to services, treatment, or education. The Organization does not utilize email to provide direct Client services.

There are three areas of potential risk that are addressed with Clients before the Organization will use Electronic Communications: privacy and security; timeliness of responses; and clarity of communication. Before approving Electronic Communications, Clients must be informed of the risks inherent in these communications and agree to assume those risks. Practitioners will not initiate or engage in Electronic Communications with a Client, other approved person or a community partner without express consent from the Client.

The Organization and its Practitioners shall only use Electronic Communications to communicate with Clients as authorized by this Policy. The Organization has the right to refuse to communicate with an individual by email.

**Organization Consideration:** Insert particulars of how Organization permits use of electronic communications.

## Responsibility of Practitioners Using Electronic Communications

Practitioners must:

10. Obtain express consent from the Client to communicate via Electronic Communications, ensuring the individual clearly understands the risks and limitations associated with electronic communication.
11. Only engage in Electronic Communications using devices that have been approved by the Organization for such use.
12. Ensure that the email address of the individual is correct and, when possible, ensure the first email is initiated by the individual.
13. Ensure devices used to send Electronic Communications are password protected and passwords are encrypted.
14. Respond to Electronic Communications from Client within **[insert timeframe]**.
15. Ensure Electronic Communications are accurate, clear, concise and professional. They must be written in easy to understand language, avoiding acronyms, abbreviations, short forms or slang.
16. Structure the Electronic Communication in a manner that protects individual privacy and in accordance with the following guidelines:
  - (a) Subject line (where applicable) must include either “Private” or “Confidential”
  - (b) Have short descriptor, i.e. information regarding services; appointment, etc.
  - (c) Do not use BCC or CC
  - (d) Unless included in the consent, do not use the individual’s full name or other identifiers in the message
  - (e) Check spelling, grammar, sentence structure
  - (f) Comply with any other guidelines that may be developed from time to time by the Organization
17. Immediately report any suspected or actual privacy or security breach to the Organization’s Privacy Officer.

**Organization Consideration:** Add/amend Practitioner responsibilities for electronic communications to align with Organization desired practice.

## A8. Privacy and Security Checklist

Although not an exhaustive list, below are some standard privacy and security considerations and features that organizations can look for when considering Virtual Care platforms for their organization. Prior to its introduction, technology should always be thoroughly evaluated for its privacy and security compliance and safeguards, by using privacy and security impact assessments. It is important to ensure that any technology agreements reflect the privacy and security requirements of the vendor.

Note that the organization should obtain the consent of the client to use the platform prior to first use (see Section 15).

*System:*

<i>Feature / Requirement</i>	<i>Does the system include this feature or are the system's policies acceptable?</i>	
	<i>Yes (present/acceptable)</i>	<i>No (not present/not acceptable)</i>
1. The vendor should support an agreement with the organization that enables the organization to meet their regulatory and legal requirements.		
2. The vendor should ensure that any terms of use for staff users and do not conflict with organizational confidentiality policies.		
3. Information handling practices and policies of the vendor will support the organization to meet their requirements (note that the organization must have their own organizational privacy policies and practices that comply with applicable legislation).		
4. The platform should have end-to-end encryption for all materials transferred, and contents of text, audio, or video interactions.		
5. The platform should support role-based access to client information, allowing the organization to establish access management policies for staff users.		
6. The platform should enable each user to have a unique username and password.		
7. The platform should ensure that passwords are sufficiently strong, enabling staff adherence to the		

*System:*

<i>Feature / Requirement</i>	<i>Does the system include this feature or are the system's policies acceptable?</i>	
	<i>Yes (present/acceptable)</i>	<i>No (not present/not acceptable)</i>
organization's defined password policies.		
8. The platform should have the ability to limit collection, use, and disclosure of personal health information.		
9. If the vendor's staff will have any access to personal health information, then the vendor's staff should have privacy training and meet any privacy or security requirements that are applicable to the vendor.		
10. The vendor technology should enable the organization to respond to access and correction requests, if applicable.		
11. The vendor must promptly report any privacy and security breaches to the organization and co-operate with any investigations by the organization. The organization should have a defined privacy breach management process.		
12. The platform must log all actions in the system and be able to generate reports from these logs.		
13. The vendor must agree to follow the organization's information retention period policies or directions for the return or secure disposal of personal health information.		

## A9. Technical Capacity Checklist

Virtual Care platforms require sufficient technical infrastructures and competencies within an organization. Below are foundational infrastructural components and organizational competencies that are required for the successful use of most Virtual Care platforms:

<i>Infrastructural component and/or organizational competency</i>	<i>Is this present in the organization?</i>	
	<i>Yes</i>	<i>No</i>
1. Sufficient network bandwidth to support the number of practitioners and other users based on vendor recommendations. Consider whether users working from home have sufficient bandwidth.		
2. All hardware (computers/smartphones, webcams, microphones, speakers, etc.) to supply all staff users. Devices meet the minimum requirements as specified by the vendor and are of sufficient quality to support the Virtual Care experience.		
3. Computers and smartphones are updated with operating systems and browsers compatible with the platform(s) selected as specified by the vendor.		
4. In-house or contract IT staff are trained on the set-up, configuration and support of the Virtual Care platform, and have knowledge to train and support staff through platform implementation and operation.		
5. Help-desk staff capable of responding to service requests from users or service level agreements capable of supporting users' needs.		

## A10. Overview of Available Platforms for Virtual Care

The list of Virtual Care tools below is not exhaustive and is provided as an example of solution offerings in the marketplace. This list of platforms is not meant as an endorsement or recommendation of any platform. Organizations should consider their requirements and conduct due diligence on any platform before making a selection.

Current as of April 2020

Tool	Model of Procurement		Overview of Functionality								
	Free	Paid	Audio Calls	Video Calls	Video Multiple Attendees	EMR-Integration	Messaging	Screen Sharing	Document Sharing	Administrative Functions	Other
Telephone	✓ *already owned		✓								
WhatsApp <a href="https://www.whatsapp.com/">https://www.whatsapp.com/</a>	✓		✓	✓			✓		✓		
Facetime <a href="https://support.apple.com/en-us/HT204380">https://support.apple.com/en-us/HT204380</a>	✓			✓	✓						
Google Hangouts <a href="https://gsuite.google.ca/intl/en-ca/products/meet/">https://gsuite.google.ca/intl/en-ca/products/meet/</a>	✓			✓	✓	✓			✓		

Tool	Model of Procurement		Overview of Functionality								
	Free	Paid	Audio Calls	Video Calls	Video Multiple Attendees	EMR-Integration	Messaging	Screen Sharing	Document Sharing	Administrative Functions	Other
<b>Skype</b> <a href="https://www.skype.com/en/">https://www.skype.com/en/</a>		✓		✓	✓	✓	✓	✓	✓		
<b>Zoom for healthcare</b> <a href="https://zoom.us/healthcare">https://zoom.us/healthcare</a>		✓		✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>Virtual waiting room</li> </ul>	<ul style="list-style-type: none"> <li>Medical device integrations</li> <li>Wide communication and coordination capabilities</li> </ul>
<b>Teams</b> <a href="https://products.office.com/en-ca/microsoft-teams/healthcare-solutions">https://products.office.com/en-ca/microsoft-teams/healthcare-solutions</a>	✓ *For Office 365 subscribers			✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>Shift scheduling management</li> <li>Appointment request management</li> <li>Communicate management</li> </ul>	<ul style="list-style-type: none"> <li>Integrations with Microsoft products</li> </ul>
<b>Adracare</b> <a href="https://adracare.com/">https://adracare.com/</a>	Free trial period	✓		✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>Schedule management</li> <li>Practice management tools</li> </ul>	<ul style="list-style-type: none"> <li>Medical device and system integrations</li> </ul>
<b>CloudDx</b> <a href="https://www.clouddx.com/#/">https://www.clouddx.com/#/</a>		✓		✓		✓	✓				<ul style="list-style-type: none"> <li>Medical device integrations</li> </ul>

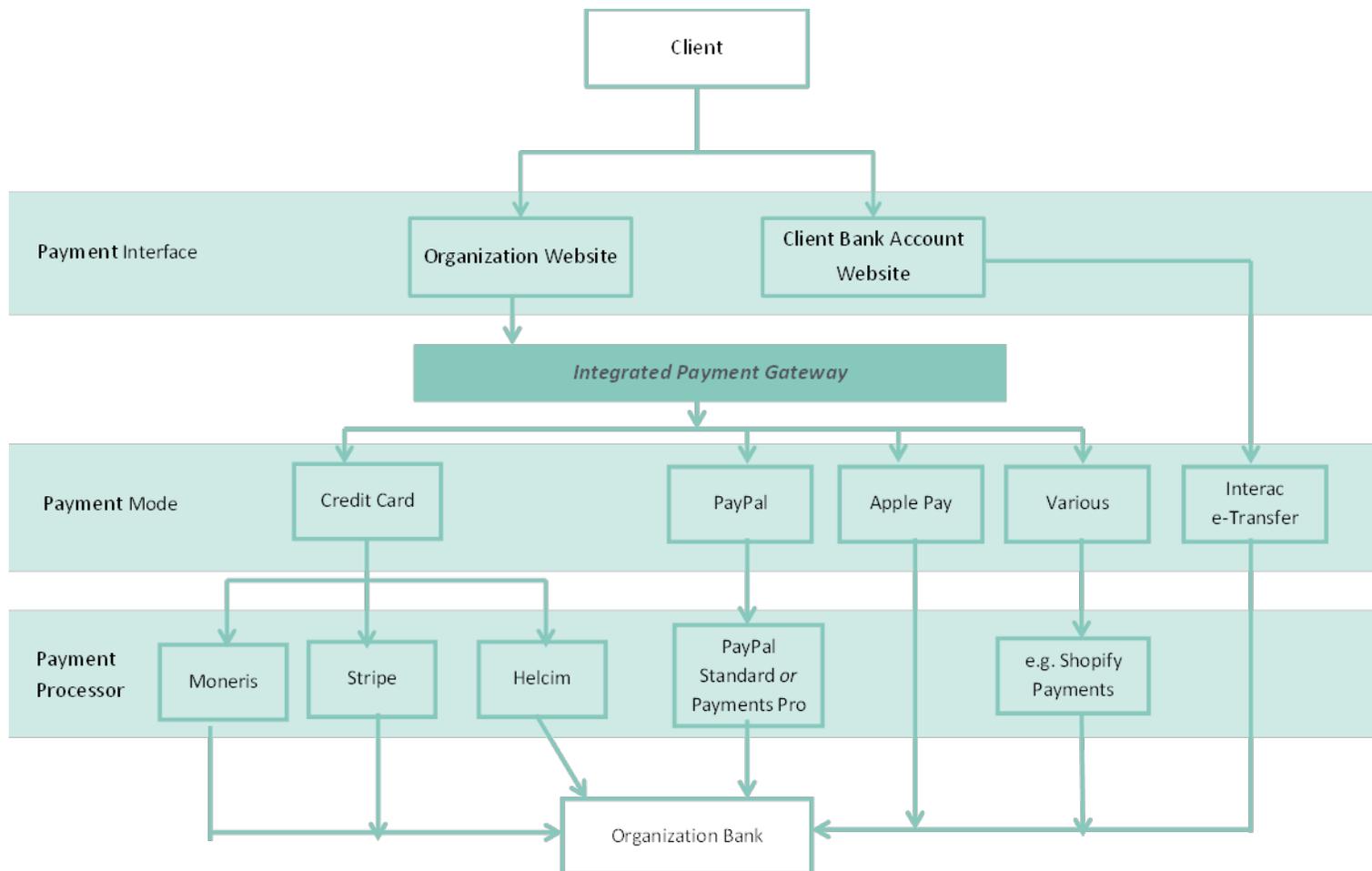
Tool	Model of Procurement		Overview of Functionality								
	Free	Paid	Audio Calls	Video Calls	Video Multiple Attendees	EMR-Integration	Messaging	Screen Sharing	Document Sharing	Administrative Functions	Other
<b>Doxy.me</b> <a href="https://doxy.me/">https://doxy.me/</a>	 *Free for individuals	 *Per-user pricing								<ul style="list-style-type: none"> <li>Virtual waiting room programming</li> <li>Shared room coverage</li> <li>Ability to add/remove users easily</li> </ul>	<ul style="list-style-type: none"> <li>Clinical dashboard</li> <li>Survey completion and remote monitoring</li> <li>Web portal for report generation</li> </ul>
<b>InputHealth Collaborative Care Record</b> <a href="https://inputhealth.com/virtual-care/">https://inputhealth.com/virtual-care/</a>	TBD	TBD						TBD	TBD	<ul style="list-style-type: none"> <li>Templates for charting, referrals, letters</li> <li>Customizable data fields</li> <li>Integrated billing</li> </ul>	<ul style="list-style-type: none"> <li>Online booking</li> <li>Questionnaires</li> <li>Scheduling</li> <li>Charting</li> </ul>
<b>Livecare</b> <a href="https://livecare.ca/">https://livecare.ca/</a>											<ul style="list-style-type: none"> <li>PHR module</li> </ul>
<b>Maple</b> <a href="https://www.getmaple.ca/">https://www.getmaple.ca/</a>											<ul style="list-style-type: none"> <li>File sharing</li> </ul>
<b>MediSeen</b> <a href="https://mediseenhealth.com/">https://mediseenhealth.com/</a>	 *Free for physicians									<ul style="list-style-type: none"> <li>Booking and scheduling of patients</li> </ul>	<ul style="list-style-type: none"> <li>Charting and record storage</li> <li>Email</li> <li>SMS reminders</li> <li>Appointment scheduling</li> </ul>

Tool	Model of Procurement		Overview of Functionality								
	Free	Paid	Audio Calls	Video Calls	Video Multiple Attendees	EMR-Integration	Messaging	Screen Sharing	Document Sharing	Administrative Functions	Other
<b>OnCall Health</b> <a href="https://oncallhealth.ca/">https://oncallhealth.ca/</a>		✓		✓	✓		✓	✓	✓	<ul style="list-style-type: none"> <li>Built-in informed consent</li> <li>Appointment requests, advanced scheduling, and online booking</li> </ul>	<ul style="list-style-type: none"> <li>Instant messaging</li> <li>Interactive intake and assessment forms</li> <li>Ability to develop and share resource documents</li> </ul>
<b>OTN</b> <a href="https://otn.ca/">https://otn.ca/</a>	✓ *Free for MOH-funded practitioners	✓		✓							<ul style="list-style-type: none"> <li>Modules available for tele homecare</li> <li>Asynchronous messaging</li> </ul>
<b>REACTS</b> <a href="https://reacts.com/">https://reacts.com/</a>		✓		✓	✓		✓		✓		<ul style="list-style-type: none"> <li>Remote education</li> <li>Instant messaging</li> <li>File transfer</li> </ul>
<b>Insig</b> <a href="https://insig.ca/">https://insig.ca/</a>		✓		✓	✓	✓	✓			<ul style="list-style-type: none"> <li>Appointment scheduling</li> <li>Integrated questionnaires</li> </ul>	<ul style="list-style-type: none"> <li>Automated charting</li> <li>Integrated with EMR advantage</li> </ul>
<b>Medeo</b> <a href="https://medeohealth.com/">https://medeohealth.com/</a>		✓		✓	✓	✓	✓		✓	<ul style="list-style-type: none"> <li>Appointment scheduling</li> </ul>	<ul style="list-style-type: none"> <li>Integrated with Accuro</li> </ul>
<b>Babylon by Telus</b> <a href="https://www.telus.com/en/bc/health/personal/babylon">https://www.telus.com/en/bc/health/personal/babylon</a>		✓		✓	✓	✓	✓				<ul style="list-style-type: none"> <li>Integrated with TELUS EMR products</li> </ul>

## A11. Overview of Available Payment Processing Platforms

The list of payment processing tools below is not exhaustive and is provided as an example of solution offerings in the marketplace. This list of platforms is not meant as an endorsement or recommendation of any platform. Organizations should consider their requirements and conduct due diligence on any platform before making a selection.

### *Pathways for Online Payment Processing*



## Online Payment Processing Tools

Current as of April 2020

Tool	Model of Procurement		Overview of Functionality						Security	
	monthly subscription	organization fees	accepts payment by phone, fax, mail*	payment processor or gateway	'auth' to bank deposit time	clients can pay from invoices	CRM/ accounting integration	client can choose or need proprietary account	real-time fraud detection	includes SSL†
Helcim	\$35	interchange+ (~1.8%) + 0.1-0.45% + 10-25¢	✓	gateway	1-2 days	✓	✓	choose	✓	✓
PayPal Standard		≤ 2.9% + 30¢		gateway	0-48 hr	✓	✓	need	✓	✓
PayPal Payments Pro	\$35	≤ 2.9% + 30¢	✓	gateway	0-48 hr				✓	✓
Apple Pay				gateway	≤ 24 hr			need	✓	✓
Shopify Payments	USD\$29 /\$79	2.9% + 30¢	✓	gateway	3 days			choose	✓	✓
Moneris	\$19.95	2.75%		processor	3 days				✓	✓
Moneris Checkout			✓	gateway	2% if instant	✓	✓	choose	✓	✓
Stripe Payments		2.9% + 30¢	✓	gateway	3 days; +1% if instant				✓	✓
Interac e-transfer		Client pays any (\$0-2)			≤ 24 hr			need	✓	✓
Freshbooks	\$19	2.9%			client-dependent	✓	✓ ✓	n/a	✓	✓

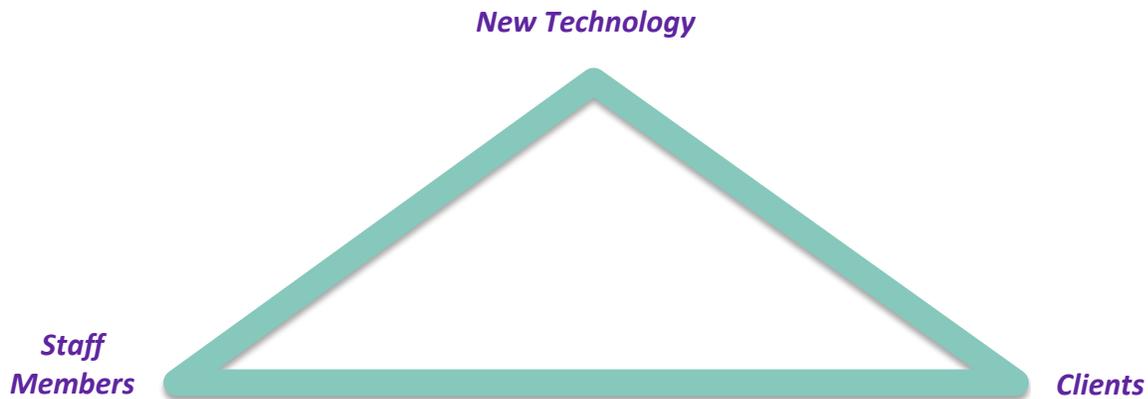
\*see "virtual terminal" functions

†secure socket layer, denoted by the "s" in "https"

+ "interchange+" is the most transparent a vendor can be

## A12. Successfully Implementing New Technology

- Implementing new technologies is often recommended as the remedy to a host of organizational challenges. Yet technology on its own is merely a tool; sometimes it makes things more difficult.
- Successfully introducing new technologies like virtual service delivery requires organizations to understand the context in which the technology is being introduced and how it will be received.
- Understanding these dynamics then makes it possible for the organization to “steer around” issues that may emerge.



- Successfully introducing new technology requires some degree of harmonization among three (3) key elements:
  - a) The **technology** itself has to be able to work in the way it should (e.g. delivering virtual services in an effective manner). It also has to deliver promised improvements, efficiencies, etc. that provide benefits to the organization and to the client group.
  - b) **Staff** in the organization have to accept the new technologically enabled way of delivering services that they used to deliver in person; and
  - c) The **client** has to embrace virtual service delivery and value it in a way that is similar to what they were accustomed to receiving through in-person delivery.
- The challenge organizations face when implementing new technology is that they often ignore the necessary balance among these factors, giving too much weight to some at the expense of others.

### What are the technology-related challenges organizations commonly experience?

#### Technology can change the way people work, but be wary of using it as a changemaking tool

- Organizations often wrongly look to introduce technology as a way to radically change the way they are structured and how their staff work together. Organizations may wish to consider technology as a way to extend the efficiency and effectiveness of its existing ways of working, rather than as a way to change the nature of the work itself.

## Technology can create more work, not less, in places you might not expect

- The introduction of e-mail was touted as a work efficiency tool and is now an indispensable part of workplaces. But as it became more pervasive (along with the “reply all” button), it ended up creating more work for everyone – an outcome that was not anticipated when it was introduced.

## While delivering savings in some areas, technology may impose new costs in others

- While technologies can increase the amount of work done by a team, it can also impose costs that may not be immediately apparent. Higher work volumes can lead to higher absence rates or job turnover, for example, which are costs an organization may not have considered when implementing new technologies.

## What do staff commonly need when it comes to successfully implementing new technology?

### To trust that they will still be able to do their job

- Individuals need to understand how any change relates to their reality. Ensure staff are clear on how the goals of new services align with their values.

### To have some measure of involvement in designing and implementing the offering

- Individuals need to feel like their input is valued and that they are not being presented with a ‘fait accompli.’ Ask for feedback whenever possible and make adjustments or manage expectations.

### To be able to ask for help getting up to speed

- No one likes to admit when they don’t understand something. Make it safe for people to ask for help and provide different types of assistance for people at different levels. Do not underestimate the value of walking someone through a technological process the first time.

### To have time to learn *at their own pace*

- Adoption occurs at different rates. Build time for learning into plans and make estimates conservative.

### To realize they do not have a veto over change, but that they matter

- The rallying cry of “we don’t do things that way” is often heard during times of technological change. Staff need a clear message that things are changing, but that their input and their skills will continue to be valued.

## What do clients commonly need when it comes to Virtual Care services?

### To trust the people and organization they are engaging with

- An immense amount of trust is a precursor for clients to adopt virtual learning. Build on pre-existing relationships to create comfort. People will be much more comfortable interacting with someone they know in a new format.

### To have time to learn at their own pace

- Different people learn differently. Acknowledging this fact creates comfort and removes unnecessary pressure.

#### To have some sense of choice despite limited options

- Clients/customers are used to having choice. If that choice has been limited to online only, create other options to give the client control (e.g. scheduling, session duration, delivery method, etc.)

#### To feel like the process is easy to use

- Complexity is a barrier to adoption. Examine the process through the eyes of the client. Remove any step that is not absolutely necessary.

#### To find the information they need quickly

- Clients do not want to spend valuable time searching for what they need. Evaluate the whole experience of receiving Virtual Care to ensure swift and clear navigation to the services is possible.

#### To know their feedback is valued

- Individual expectations are rising when it comes to feedback gathering and incorporation. Promote dialogue with clients by asking them about their experience whenever possible.

#### Final consideration:

Use the [Reluctance Checklist Tool](#) to more deeply explore and address how reluctance can be understood and managed within your organization.

## A13. Stakeholder Mapping Tool

### Stakeholder Mapping

Organizations do not exist in a vacuum. They exist within a web of relationships that have the power to support or hinder their efforts. Positive relationships with stakeholders can be an important factor in their overall success and organizations should treat these relationships as an asset that they can nurture and manage to further their work.

Unfortunately, many organizations do not treat stakeholder relationships strategically. They often assume they know who their stakeholders are and that they share the organization's perspective on key issues.

**Stakeholder Mapping Tool:** This tool encourages organizations to take a more strategic approach to stakeholder relations by walking them through a process of identifying key stakeholders and deepening their understanding of stakeholder concerns and needs. This then facilitates more genuine engagement in order to further the organization's goals.

**How you can use it:** This tool can be used as a training exercise for staff and volunteers, or simply as a desk exercise to inform organizational planning.

**Step one** involves using a worksheet and a brainstorming exercise to identify all stakeholder groups.

**Step two** involves taking a number of steps that will encourage better understanding of stakeholder perspectives.

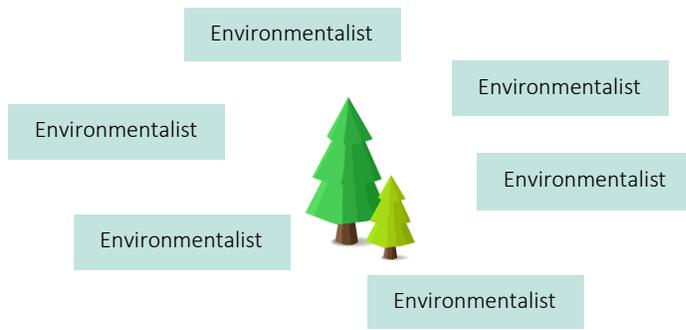
Here is an example that may be helpful in explaining the exercise to others, for staff training or for volunteer engagement.

#### Example: How to identify your stakeholders

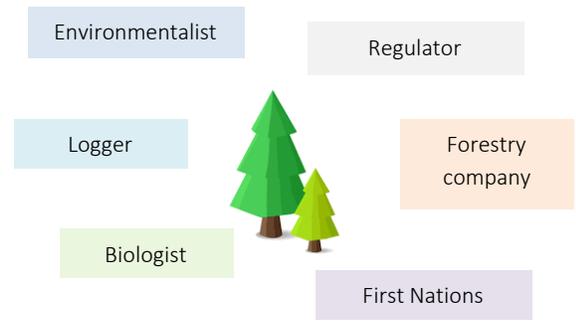
Let's say you run an environmental organization that plants trees and you want to identify your stakeholders. Your staff and volunteers are likely to share similar views of a tree ("trees are amazing and we need to plant more of them and preserve and nurture the ones we have"). And if those views are all you consider, your organization's understanding of how other groups may relate to trees (and therefore how they relate to the mission of your organization) would be underinformed. The second graphic shows what happens when you identify different possible stakeholders who could help or hinder your organization's mission to plant trees.

*What is a stakeholder? Stakeholders are an identifiable selection of people who share common characteristics that make them a discrete group. Not all identifiable groups of people will be stakeholders in an organization. They become stakeholders if they are a discrete group of people who, through their support can a) help the organization achieve its goals, or b) through their opposition can hinder such progress.*

### Example One



### Example Two



Once you have brainstormed a list of possible stakeholders, you can then begin to capture, in a strategic manner, how you might better engage them, manage your relationships, etc. The following matrix allows you to begin capturing key perspectives that can then inform your communication and dialogue with them.

#### Sample Stakeholder Matrix

Stakeholder	Definition	What are their concerns? How do they see the issue?	How and where do they get information?	What is your message to them?
<b>Regulators</b>	Those government entities that regulate trees, forestry, planning, etc.	They have to enforce regulations and legislation and “keep the peace” in communities; they do not want conservation or economic development to escalate as political issues.	Attend industry conferences and community meetings; public consultations; comparator regulators in other jurisdictions.	We are an important ally in your mission to uphold current regulations and legislation; we are a resource that is connected to the community.
<b>Loggers</b>	Employees and contractors who make a living harvesting trees.	They see regulation and environmentalists as a threat to their livelihood; they are in favour of tree planting but not necessarily tree protection.	Unions, community groups, social media, mass media; word of mouth from peers is significant.	Your livelihood depends on a growing supply of mature trees and proper management of that resource; we share those goals with you.

## Step One: Stakeholder Mapping Exercise

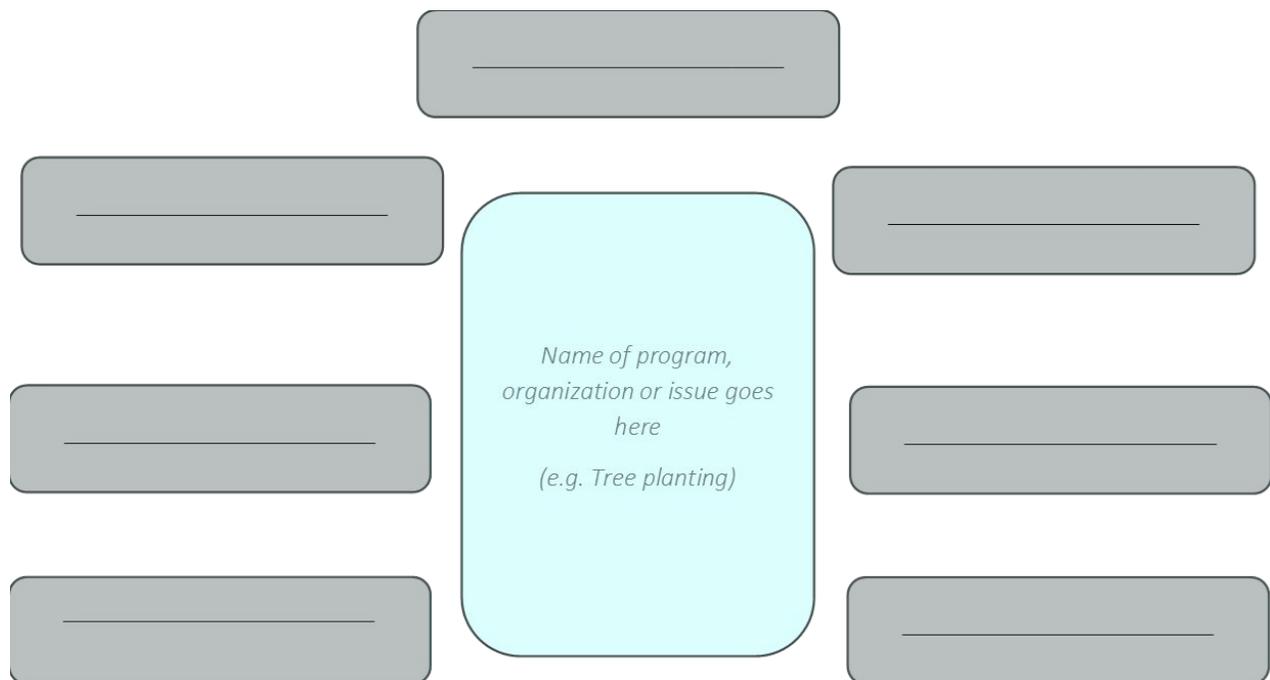
The following instructions are for when you conduct this exercise as a group. If you are doing it as an individual or team, adapt the role-playing portion accordingly.

- Using the Stakeholder Mapping Worksheet or a flip chart, large piece of blank paper, etc. place your issue, organizational purpose, specific program, etc. (whatever you are mapping) in the middle of the space;
- Take a moment to have an open group brainstorm to identify a list of discrete groups that have a significant stake in what you have placed in the middle of the sheet; if in doubt, refer to the definition of “stakeholder” mentioned earlier;
- When you are comfortable that you have captured all possible stakeholder groups, assign one or more persons within the team to “role play” a specific stakeholder. These assigned representatives should then take 10 minutes to develop their narrative of how they relate to what you have placed in the centre of the sheet;
- Bring the group back together and ask each stakeholder to give their perspective of the problem. Take careful notes on a white board or flip chart.

## Step Two: Stakeholder Mapping Matrix

After completing the mapping exercise, complete the Stakeholder Mapping Matrix Worksheet with the group. You have now created a basic stakeholder map that can inform your partnerships, communications activities, etc.

**Stakeholder Mapping Worksheet** - Capturing stakeholders that have a perspective on your organization, issue, program, etc.



Stakeholder Matrix Worksheet

<b>Stakeholder</b>	<b>Definition</b>	<b>What are their concerns? How do they see the issue?</b>	<b>How and where do they get information?</b>	<b>What is your message to them?</b>
<i>Name of stakeholder group drawn from perspective worksheet</i>	<i>How would you define this group? What in their identify makes them unique?</i>	<i>What are their main concerns with the issue / program / organization you placed in the centre of the previous worksheet?</i>	<i>If you asked them "Where did you learn that? Where did that come from?," what would they say?</i>	<i>What should your organization say to this group to engage them and get them to either a) help you in moving forward, or b) not stand in your way?</i>

## A14. Reluctance Checklist

**Purpose:** To help identify why stakeholders might be expressing reluctance to change and to suggest options for responding.

**Why this is important:** By understanding individual needs and issues, organizations can anticipate, understand, and then act with more clarity and intention to support change efforts.

**How you can use it:** This tool can be used at an individual or organizational level to help participants step back, reflect, and gain greater awareness of individual responses to change. It can also give managers the ability to truly hear what people are saying and respond accordingly.

For each change project or activity, take the following steps: 1) Identify the type of reluctance; 2) Identify response to use; 3) Try the response; 4) Re-assess reluctance; and, 5) Repeat as needed.

<i>Type of Reluctance</i>	<i>Suggested Response</i>
<b>Fear of the unknown</b> “How will this change affect me?” “What about my job?” “What about my pay?” “Will I be trained?” “Who will I be working with?”	<ul style="list-style-type: none"> <li><input type="checkbox"/> Listen at Level 2 (meaning listen with a focus on the other person)</li> <li><input type="checkbox"/> Make the purpose explicit</li> <li><input type="checkbox"/> Help them see where they fit in the big picture</li> <li><input type="checkbox"/> Communicate and create dialogue as much as possible</li> <li><input type="checkbox"/> Outline what people can expect</li> <li><input type="checkbox"/> Don’t make false promises</li> </ul>
<b>Skepticism</b> “When we did something like this before it wasn’t better.” “I don’t see how this will accomplish what you want.”	<ul style="list-style-type: none"> <li><input type="checkbox"/> Listen at level 2</li> <li><input type="checkbox"/> Embrace creativity by talking about potential positive outcomes</li> <li><input type="checkbox"/> Ask open-ended questions</li> </ul>
<b>Cynicism</b> “It won’t work” “Yes, but...” “This is really about...”	<ul style="list-style-type: none"> <li><input type="checkbox"/> Listen at Level 2</li> <li><input type="checkbox"/> Avoid arguing</li> <li><input type="checkbox"/> Request neutrality (e.g. “can you commit to seeing if it will work?”)</li> </ul>
<b>Avoidance</b> “I didn’t know I was supposed to do anything differently...” “You didn’t tell me ...”	<ul style="list-style-type: none"> <li><input type="checkbox"/> Listen at level 2</li> <li><input type="checkbox"/> Ask open-ended questions</li> <li><input type="checkbox"/> Make the purpose explicit</li> <li><input type="checkbox"/> Embrace creativity by talking about potential positive outcomes</li> <li><input type="checkbox"/> Encourage ownership</li> </ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use facts without selling</li> <li><input type="checkbox"/> Avoid becoming defensive</li> </ul>
<p><b>Complacency</b></p> <p>“It works okay now”</p> <p>“What’s the big rush?”</p> <p>“We’ve always done it this way”</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Listen at Level 2</li> <li><input type="checkbox"/> Demonstrate the urgency</li> <li><input type="checkbox"/> Speak to the benefits</li> <li><input type="checkbox"/> Avoid indictment of the past</li> </ul>

## A15. Communications Planning Checklist

<i>Communication Campaign: [insert name]</i>		
Factor	Organization's Answer	Example
What is the Opportunity? <i>Why undertake THIS campaign?</i>		<i>Pivot of in-clinic service delivery to Virtual Delivery</i>
What is the Urgency? <i>Why does this need to happen NOW?</i>		<i>Covid-19 pandemic has forced the closure of clinical sites, making in-clinic delivery impossible, and leaving members of our client community without life-changing service and support</i>
When will the Campaign start? <i>Date</i>		<i>As soon as clinic is operationally equipped to deliver</i>
When will the Campaign end? <i>Date</i>		<i>Unknown.  It is possible/likely that virtual delivery will itself evolve from being a 'just-in time' stopgap solution to being integrated as a core method of service.</i>
Who is the Campaign Lead?		
Who is on the Campaign Team?		
What is the Campaign rationale? <i>What is the need and outcome we expect, and the benefits?</i>		<i>Clients are homebound and still in need of service. It is clinically proven that virtual delivery can be effective in supporting and treatment of many of the clients served by our clinic, particularly in the areas of [SLP/OT/PT/Behavioral Therapy]</i>
What is the opportunity cost? <i>What is the cost to the organization if we do NOT act?</i>		<i>If we do not act we will leave our client community stranded, and create need/urgency for them to seek treatment else.</i>

## AUDIT - Communication Requirements:

*What specifically do we need in order to implement this campaign?*

*Conditions for success that must be met before the campaign can start, often things (data, tools) not currently 'owned' by Communications.*

### Examples:

- Contact information for families
- Permission to contact families via email
- Technical ability to connect with families that is PHIPA compliant
- Assets that can be delivered to families to support adoption of new technology

### Record requirements:

## GOALS - Campaign Objectives and Measures

*What do we hope/expect to achieve? (specific and measurable)*

### Examples:

- XX% of clinical staff agree to deliver treatment via virtual delivery
- XX% of existing client families provide legal consent to receive virtual delivery treatment
- XX – XX# of treatment sessions are delivered in weeks 1 – 3
- Client cancellations and/or drop-offs at XX%
- Clinical staff cancellations and/or drop-offs at XX%

### Record goals:

## AUDIENCES - Who do we need to Engage (See Messaging Template)

<i>Stakeholder Groups - INTERNAL</i>	<i>Message(s)</i>
e.g. Board of Directors	<i>(EXAMPLE: The Executive Team is actively engaged in researching the technology, and training required to efficiently implement a phased approach to virtual delivery that considers not only organizational safety, but also gives priority to client privacy and protection. We expect to bring data and recommendations and financial impact and requirements to your consideration by [date].)</i>
e.g. Operational Staff	
e.g. Clinical Staff - Reluctant	
e.g. Clinical Staff - Engaged	
e.g. Clients – Reluctant	
e.g. Clients - Engaged	
Other:	

<i>Stakeholder Groups - EXTERNAL</i>	<i>Message(s)</i>
e.g. Paediatricians	<i>(EXAMPLE: Our clinical team is actively working on integrateing virtual delivery into our client care toolkit. At this time, we are monitoring clients via email and phone, and at this time are limiting the number of new intakes. We anticipate launching our first phase of virtual delivery by [date], and hope to be able to increase our intake capacity for referrals by [date].)</i>
e.g. Community Partners	
e.g. Municipal	
e.g. Social Services	
e.g. Political Partners	
e.g. MPP	
e.g. MP	
Other:	

## CHANNELS – How to get the message(s) out?

<i>Communication Channels</i>	
Internal	External
<input type="checkbox"/> 1-on-1 In-Person Meeting	<input type="checkbox"/> In-Person Meeting
<input type="checkbox"/> Team Meeting	<input type="checkbox"/> Direct Phone
<input type="checkbox"/> Direct Phone	<input type="checkbox"/> Text Message
<input type="checkbox"/> Text Message	<input type="checkbox"/> Direct Email
<input type="checkbox"/> Direct Email	<input type="checkbox"/> Video Message
<input type="checkbox"/> Video Message	<input type="checkbox"/> Community Newsletter/E-blast
<input type="checkbox"/> Employee Email blast	<input type="checkbox"/> Website – Alert
<input type="checkbox"/> Signage in Staff rooms and Shared spaces	<input type="checkbox"/> Website – News Post/Blog Post
<input type="checkbox"/> Other(s):	<input type="checkbox"/> Social Media – Direct Message
	<input type="checkbox"/> Social Media – Posted Message
	<input type="checkbox"/> Press/Media Release
	<input type="checkbox"/> Digital Signage, On-Site Signage
	<input type="checkbox"/> Direct Mail

## ASSETS - Content Requirements

<i>What content/tools do we need to execute this campaign?</i>	
External	Internal
<input type="checkbox"/> Client phone numbers	<input type="checkbox"/> Update website
<input type="checkbox"/> Campaign Script - Schedulers	<input type="checkbox"/> Blog post announcement
<input type="checkbox"/> Client Consents – to receive delivery and emails	<input type="checkbox"/> Blog post – virtual delivery efficacy
<input type="checkbox"/> Email – Invitation to participate	<input type="checkbox"/> Staff Training – how to run a virtual delivery session?
<input type="checkbox"/> Email – Onboarding and connection instructions	<input type="checkbox"/> Staff Training – how to set up your space for delivery
<input type="checkbox"/> Email – Appointment Reminder	<input type="checkbox"/> Template – session recap doc and next steps
<input type="checkbox"/> Email – Appointment Followup template	<input type="checkbox"/> Template- session ‘homework’ and next session reminder
<input type="checkbox"/> Survey – Client Satisfaction/Feedback	<input type="checkbox"/> Survey – Staff Satisfaction/Feedback
<input type="checkbox"/> Community Newsletter	<input type="checkbox"/> Employee Newsletter
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

## A16. Messaging for Different Groups

<i>Stakeholder Groups</i>	<i>How do they FEEL right now?</i>	<i>What do they WANT to know?</i>	<i>What do they NEED to know?</i>	<i>How do/will they RECEIVE the information?</i>
<b>Internal</b>				
Chair of the Board	<i>e.g. Anxious, Uncertain</i>	<i>e.g. What are we planning to do?</i>	<i>e.g. Operation impact, recommendations, and requirements</i>	<i>e.g. In-Person, Direct Call and/or Direct Email</i>
Board of Directors	<i>e.g. Concerned, Uncertain, Focused on financials</i>	<i>e.g. Should we do this?</i>	<i>e.g. Opportunity Cost, recommendations, and requirements</i>	<i>e.g. Team Meeting, Direct Emails</i>
Executive Team	<i>e.g. Anxious, Concerned, Focused on ops</i>	<i>e.g. What does the Board want us to do?</i>		<i>e.g. Team Meetings, Team Emails</i>
Senior Leadership (Incl. Managers)	<i>e.g. Overwhelmed with questions from staff</i>	<i>e.g. How will we get this done?</i>		<i>e.g. Team Meetings, Team Emails</i>
Clinical Staff	<i>e.g. Afraid, Resistant, Negative</i>	<i>e.g. What if I can't/don't want to do this?</i>	<i>e.g. Clearly defined options</i>	<i>e.g. In-Person, Direct Call, Team Meetings</i>
Operational Staff	<i>e.g. Nervous, Curious, Open</i>	<i>e.g. How do I do this?</i>	<i>e.g. Training, technical support documents</i>	<i>e.g. Team Meetings, Team Emails</i>
Advisory Committee Members	<i>e.g. Anxious, Uncertain</i>	<i>e.g. What are we planning to do?</i>	<i>e.g. Operation impact, recommendations, and requirements</i>	<i>e.g. In-Person, Direct Call and/or Direct Email</i>
Volunteers	<i>e.g. Concerned, Uncertain, Focused on financials</i>	<i>e.g. Should we do this?</i>	<i>e.g. Opportunity Cost, recommendations, and requirements</i>	<i>e.g. Team Meeting, Direct Emails</i>
Funding Partners				
Foundation (Leadership, Board)				

<i>Stakeholder Groups</i>	<i>How do they FEEL right now?</i>	<i>What do they WANT to know?</i>	<i>What do they NEED to know?</i>	<i>How do/will they RECEIVE the information?</i>
<b><i>Internal - Clients</i></b>				
Current [Clinic] Clients receiving publicly funded services				
Current [Clinic] ASD Clients in service who are continuing service				
Recent [Clinic] ASD Clients in service with additional needs (OT/PT/SLP)				
<b><i>External - Clients</i></b>				
Potential [Clinic] ASD and OT/PT/SLP Clients				
<i>Families with children (18mths - 11yrs) with suspected needs</i>				
<i>Families with children (18mths - 11yrs) with identified needs</i>				
<i>Families with youth (12yrs - 18yrs) with suspected needs</i>				
<i>Families with youth (12yrs - 18yrs) with identified needs</i>				
Potential [Clinic] Clients from the ASD Waitlist who have Family Budget				
[Clinic] Clients Previously on the Waitlist for ASD who have received Family Budget				
Families w/ ASD diagnosis who may be new to [Clinic] who have Family Budget				
Families w/ OT/PT/SLP needs who are new to [Clinic] w/out Family Budget				
Families w/ ASD needs who are new to [Clinic] w/out Family Budget				

<i>Stakeholder Groups</i>	<i>How do they FEEL right now?</i>	<i>What do they WANT to know?</i>	<i>What do they NEED to know?</i>	<i>How do/will they RECEIVE the information?</i>
<b><i>External - Referral Partners</i></b>				
Physicians/Paediatricians				
Community Groups/Support Organizations				
Provincial Community Groups (Autism Ontario)				
<b><i>External - Sector Network/Community</i></b>				
EKO				
Children's Treatment Centres				
School Boards (SBR)				
Autism Ontario				
Local Practitioners				
<b><i>External - Political Stakeholders</i></b>				
Local (Reg'l Chair, Mayors, Council Members)				
Provincial (MPP and staff, Ministry Officials/Staff)				
Federal (MP and staff, Ministry Officials/Staff)				
<b><i>Other External Stakeholders</i></b>				
Media Partners				



## A18. Virtual Care Client Information Sheet

Consult the Virtual Care Resource Guide for information on how to use this Virtual Care Client Information Sheet

“Virtual Care” refers to the use of video or audio technology communications by the Organization to provide health care services remotely in real time.

Virtual Care services (the “Virtual Care Services”) are provided by the Organization expressly subject to the terms and conditions set out in this Client Information Sheet.

### Virtual Care Services

1. Virtual Care Services may not be appropriate for every client. Before proceeding with the Virtual Care Services, the practitioner providing treatment on behalf of the Organization (the “Practitioner”) will consider the health care status and specific health care needs of the child/youth who will be the recipient of the Virtual Care Services (the “Child”) and will assess the potential risks and benefits in order to determine whether Virtual Care is appropriate for the Child in the circumstances. The Practitioner has sole discretion to determine whether to proceed with the Virtual Care Services.
2. While Virtual Care provides convenient access to services, assessments are more accurate in person with a physical examination.
3. In providing the Virtual Care Services, the Practitioner will be relying on the accuracy and completeness of personal health information you and/or the Child provide.
4. The Virtual Care Services may be subject to restrictions in accordance with applicable laws and applicable policies and standards of the Practitioner’s regulatory body.
5. If the Virtual Care Services are associated with a fee, you will be responsible for the charged fees. The Organization will advise you of any fees and the Organization’s billing and payment policies.
6. You are seeking the Virtual Care Services on behalf of a Child. For Virtual Care Services that have been authorized by you, you understand that if a Child is capable of making their own treatment decisions, the Child may provide consent to the particular Virtual Care Services proposed.

### Virtual Care Technology

7. The Virtual Care Services will be made available through electronic means and third-party platforms as determined by the Organization (the “Virtual Care Technology”). The Child will require access to the identified Virtual Care Technology in order to receive the Virtual Care Services.
8. The Virtual Care Technology is provided by a third party. The Organization has no responsibility for the function and operation of the Virtual Care Technology.
9. The Organization assumes no responsibility or liability for technical failures or technological issues associated with any software, hardware or internet service providers, whether of the Organization, the Practitioner or as used by you to access the Virtual Care Services.

### Privacy and Security of Personal Health Information

10. Virtual Care Services involve the communication of sensitive information, including personal health information (such as medical history and conditions, symptoms, examinations and diagnoses), electronically and occur in real time. The use of the Virtual Care Services may increase the risk of the Child’s personal health information being unintentionally disclosed or intercepted by third parties.
11. Reasonable efforts will be made to protect the privacy and security of the Child’s personal health information, but it is not possible to completely secure electronic information, including information shared by you or the Child in relation to the Virtual Care Services. The Organization cannot guarantee the security and confidentiality of the Virtual Care Services.
12. The Organization will not make audio or video recordings of the Virtual Care Services without your consent.
13. Personal health information is subject to privacy legislation and may be used or disclosed by the Organization as permitted or required by law, including:

- (a) where the Organization has reasonable grounds to believe disclosure is necessary to reduce/eliminate significant, imminent risk of serious bodily harm;
- (b) as required under the Child, Youth and Family Services Act, 2017 where the Practitioner has reasonable grounds to suspect a child is in need of protection; or
- (c) in response to a court order, summons or other legal authority.

#### Client Responsibilities

14. In consenting to receive Virtual Care Services, you must:

- (a) provide accurate and complete information to the Practitioner in the course of the Virtual Care Services;
- (b) identify yourself and/or the Child with government-issued photo ID upon request of the Organization;
- (c) take precautions to preserve the confidentiality of all electronic communications with the Practitioner, including:
  - (i) accessing the Virtual Care services from a private location;
  - (ii) accessing the Virtual Care Services using a secure site (not using public Wi-Fi); and
  - (iii) identifying any other persons in the room and who may view or hear the Child's virtual interaction with the Practitioner;
- (d) minimize the amount of sensitive information transmitted by Electronic Communications (see below); and
- (e) not make any audio or video recordings of the Virtual Care Services.

#### Electronic Communications Supporting Virtual Care Services

- 15. With your consent, the Organization may communicate with you via text message, email or other forms of electronic communication (“**Electronic Communications**”) for administrative purposes such as appointment scheduling and to provide information and consent forms, as well as information about services, programs and other offerings. Electronic Communications are not intended to be used for health care purposes.
- 16. The Organization will advise you when they are available to receive and respond to Electronic Communications. Response times to Electronic Communications cannot be guaranteed. Electronic Communications should not be used for emergency situations or where an urgent response is required.
- 17. The Practitioner may forward Electronic Communications received from you or the Child to Organization staff and those involved in the delivery and administration of the Child's care.
- 18. All terms and conditions set out in this Client Information Sheet related to the Virtual Care Services and Virtual Care Technology also apply to the use of Electronic Communications. In addition, the use of Electronic Communications has additional risks, including:
  - (a) Electronic Communications may be more easily misdirected and have an increased risk of being received by unintended recipients;
  - (b) Electronic Communications may be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of you or the Organization; and
  - (c) Electronic Communications may be accessed on portable devices such as cell phones, tablets and laptops, which are more vulnerable to theft and loss.



Cell Phone Number: \_\_\_\_\_

You can withdraw your consent to receive Electronic Communications at any time by contacting [insert contact information].

\_\_\_\_\_  
Signature of Client or Substitute Decision-Maker

\_\_\_\_\_  
Relationship to Client (if applicable)

\_\_\_\_\_  
Date

***For completion by Practitioner for obtaining verbal consent:***

I have reviewed and discussed the contents of the Virtual Care Client Information Sheet and the Consent to Virtual Care section of this Virtual Care Consent Form with the client/substitute decision-maker and:

- the client/substitute decision-maker has provided their verbal consent to receive the Virtual Care Service as indicated above.
  
- the client/substitute decision-maker has provided their verbal consent to receive Electronic Communications.

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date

## A20. Evaluation Template

Complete the following table, using the Sample Evaluation Questions Tool as needed. Ensure that all evaluation domains necessary are represented in your profile of metrics to be evaluated.

<i>Metric</i>	<i>Goal</i>	<i>Data Source</i>	<i>Sampling Period</i>	<i>Responsible</i>
e.g. client satisfaction	Positive client experience	Client experience survey	Every 3 months, starting one week after implementation	User satisfaction team

