Video Conferencing for Collaboration and Care

Virtual care is about all the ways healthcare providers can interact with providers or patients when separated by time or space. "Virtual Care" implies real-time interaction that leverages one or more of text (instant messaging), audio (telephony), or video (video conferencing).

This Guide offers suggestions for effective communication when video conferencing is in play.

Significance

Use of video-enhanced communications can enhance patient-focused, quality health services that are accessible and sustainable. Of course, in-person healthcare interactions are preferred. However, remote consultation with colleagues or assessment of patients can effectively extend conventional healthcare.

Connect Care is designed to support e-visits, e-consults, video-visits, and other virtual services that take advantage of enterprise scheduling, decision-supports, documentation and reporting capabilities of a full clinical information system (CIS). Video conferencing is integrated (coming soon). Video conferencing is also available outside of Connect Care and before Connect Care deploys to a site or facility.

Use Cases

Clinical video conferencing can help clinicians working remotely from one another or patients. It can be used for both collaboration and care.

Collaboration

Video conferencing for meetings can use AHS Skype for Business when it is available and usable for all intended participants. However, physicians work in diverse contexts wherein the AHS instance of Skype may not be a good fit. AHS Zoom provides an alternative for clinicians willing to self-manage hosting, inviting and conducting video conferences.

Care

When videoconferencing is needed for virtual care, and telephone or Skype for Business or telehealth suites do not suffice, AHS Zoom serves as a secure, health-appropriate, alternative. AHS Virtual Health works to support Zoom for virtual care.

Priority clinical uses of video conferencing include:

- Patient assessment for triaging purposes.

- Acute non-complicated complaints.

- Medication management.

- Pre and post-operative patient instruction and outcome monitoring.

- Test or intervention result review.

- Follow-up assessment of chronic conditions, functional status, therapy adjustments after a patient-clinician relationship has been established by other means.

- Follow-up coaching, emotional support or psychological monitoring and treatment once a relationship has been established by other means.

- Sharing of skin, movement, voice or other clinical phenomena that can be reliably observed with low-resolution video images that may not represent colours accurately.

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Tools

It is important to match intervention to need. Conventional telephone calls work well for most virtual encounters. Follow-up with text, messaging or email can complement the call, although care should be taken to use Connect Care secure messaging tools or AHS secure email. Failing that, obtain consent to use unregulated text or email and copy clinically important information to the legal record of care.

When the need includes physician or patient video-presence inside AHS facilities, AHS Virtual Health Services (e.g., telehealth suite) or Skype for Business may be a good fit. If not, or if interactions include participants outside AHS facilities, then AHS Zoom is the preferred privacy-compliant tool.

Best Practices

Location

- When initiating (hosting) a video conference interaction, start with a quiet and private space such as an office, exam room or study. Close doors and windows to high-traffic areas and, if appropriate, post "busy" or "do not interrupt" notices.
- Remove clutter from the video camera field of view and try to sit backed to a blank wall. Be alert to any papers or other materials that should be removed from the field of view to avoid a privacy breech.
- Ensure that the video field of view is well lit, without back lighting, and close blinds or drapes to prevent distracting glare or shadows. Adjust the video camera position to center the video conference host image and fill as much of the screen as possible.
- Be alert to background or other noises that may affect microphone performance.

Technology

- Ensure that the device used for video conferencing is plugged in or has sufficient battery reserve for the intended session.
- Use a physical network (ethernet cable) connection, if possible, to protect access to maximum data bandwidth.
- If using Wi-Fi, seek the strongest and most reliable connection available.

Preparation

- Test and know how to use both your device and the videoconferencing session in use (see resource list below).
- Pre-test audio and video functions to ensure that audio (speakers and microphone) are working with the video conferencing software.
- Mute possible noisemakers (e.g., mobile telephone) that may interfere with a session.
- Pre-determine where and how to obtain help in the event of device or software failure (have relevant IT help desk contact details close at hand).

Pre-Session

- Ensure that any documents, including any needed medical record, is available for reference or documentation during the interaction.
- Preferentially, launch videoconferencing interactions from within Connect Care (when enabled).
- Ensure that an appropriate encounter type ("Telemedicine" for video conference, "Telephone" for audio-only) is created or otherwise ready for use.

Performance

- Close any un-needed apps on the host device to free up memory and computing resources.
- Reduce computer screen resolutions (e.g., 1280*800 or less) when screen-sharing.
- Explicitly close sessions when finished, freeing up the system and bandwidth for others.
- Keep meetings as short as needed for the coordination or care task.

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- Consider whether the session could work better to a script or outline, having any standardized content (e.g., questions, topics, etc.) at hand.

In-Session

- Start by confirming participant identity and consent to any planned recording or session documentation.
- Be clear at the outset about the reason for use of video conferencing and the purpose of the interaction.
- Do not activate video sharing by default or at the beginning of a session; instead, turn at the point of need (e.g., to evaluate breathing pattern) for only as long as needed.
- Speak normally, slowly and clearly in the direction of the device camera.
- Dress professionally, ideally avoiding clothing with detailed patterns.
- Avoid excessive movements while video sharing is enabled.
- Conclude the session by recounting any action items, next steps or planned follow-up; including the intended mode of communication.

Consent

- Verbal confirmation of patient identity and awareness of the intent and use of video conferencing is sufficient if using an approved AHS video conferencing solution (AHS Zoom, Skype for Business, Telehealth suite).
- If concurrent or subsequent use of unregulated communication tools (e.g., text or other messaging using tools other than Connect Care messaging or AHS secure email) is planned, obtain explicit patient consent and acknowledgement of possible security risks.

Post-Session

- Document the virtual encounter (Telephone or Telemedicine) in Connect Care (or other legal record of care).

Resources

- Tip: Using AHS Zoom for Collaboration
- Tip: Using AHS Zoom for Care
- Tip: Using AHS Zoom for Mobility
- Norms: Communication
- Manual: Virtual Care
- Insite: AHS Virtual Health
- Queries: AHS Virtual Health (VirtualHealthInfo@ahs.ca)
- Recommendation: Confirming Provider and Patient Identity

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