

Tips for Senior Friendly Virtual Care Visits

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St. Care
Senior Friendly Care


RGP
REGIONAL GERIATRIC
PROGRAM OF TORONTO

01



Prepare both patients and caregivers

Consider the inclusion of others from the circle of care



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Prepare Both Patients & Caregivers:

Providing the patient and their caregivers with thorough information to prepare them for their upcoming virtual appointment goes a long way to setting them up for success in a senior-friendly way. There are a number of considerations to make in order to provide them with the best information possible.

- To start, let them know **what communication they can expect** (eg. the emails they will receive), and how they can verify that emails are legitimately from your organization, by stating the domain to check for (the portion after the @ in an email address)
- Explain that they should plan to be in a **safe, private space** for the appointment, with a password-protected internet connection. Public spaces, or open internet connections, such as those at libraries, restaurants/coffee shops are not appropriate for private health care conversations.
- To optimize the effectiveness of the clinician being able to observe/view the patient, suggest a **space with good lighting**
- Provide a **pre-appointment package by mail or email**. It should include information on:
 - **WHO** the appointment will be with, and **WHAT** the appointment will be covering
 - It should include detailed **instructions on the platform** that will be used – OTN, Zoom, or which ever preferred platform your organization has authorized. Do not rely solely on the platform’s automated messages, if applicable – they may not be detailed enough for those who are less familiar with online video platforms, or generally those who are less internet savvy.
 - Include a **checklist of ALL items they should have on hand** for the appointment (health card for identification, medication list, note pad, blank paper for cognitive testing, etc); this list should also include a reminder to have any necessary aids at

- hand such as glasses or hearing aids
- Lastly, provide details on **who to contact**:
 - If the appointment needs to be changed or if an additional family member needs to be added to the video visit
 - Number to contact in case of last-minute technical issues
 - And who to contact in case the video call is cut off
- If possible, offer a short **test session** (with admin staff/digital health volunteer) to ensure the patient or caregiver is comfortable with the platform connection process

Support the Inclusion of Others from the Circle of Care:

- Virtual care offers the opportunity to include **family members** that might not otherwise have the ability to attend an appointment for various reasons (work schedule, distance, cost)
- Video appointments also offer the opportunity to include other **health care providers** in the circle of care: this might be other SGS team members, primary care, home and community care, or others.
- Be sure to ask the patient or their caregiver if they feel anyone else should be included in the video call and ensure you understand additional attendees' relationship to the patient

02

Review the patient's chart in advance



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- Being prepared as a clinician is not a new phenomenon or expectation. We all know you review charts, and read patient history. However, the natural process that often occurs when you are sitting in an exam room and browsing or pulling information up on a computer, or flipping through a paper chart while the patient watches you, does not translate into a video appointment in the same way.
- We have heard from our patient/caregiver interviews on virtual care experience that these pauses (which come across as excessively long in a virtual environment), or when expected relevant information is not at hand on the part of the clinician, this leaves patients and caregivers with a lack of confidence in your understanding, interest, and preparedness to address their health issues.
- To counter this, it is even more important to be prepared with all necessary materials at hand. If you are conducting virtual assessments such as a virtual cognitive assessment (covered in Part 1 of our Virtual Care Webinar Series), ensure all the files you require are open and ready to share on the screen. If there are paper forms to be completed or filled out, have them printed and at hand. And if any necessary information, lab results, or health history from ConnectingOntario is required, plan to have those relevant windows open and waiting on your computer for quick reference, or have a copy printed.



- Be sure your own computer setup allows for the best experience for patient and caregivers to **see** and **hear** you. This involves consideration of a few different aspects of your setup.
- Our first recommendation on this topic is to pay close attention to the **positioning of your camera**. Whether your camera is built into your computer or device, or if you are using an external USB-connected camera, understanding where it is located relative to your seated position and your computer screen will affect the patient and caregiver's ability to see you effectively. Optimally, your camera **should be located at the top of the screen** that you will be using to view the patient. From the perspective of making 'virtual eye contact', this position is most effective, and will help to build your relationship with the person on the other end.
- Being on the other end of the screen when someone is ill-positioned doesn't elicit a feeling that they are truly focused on you and your conversation. In addition to the position of your camera, ensure the quality of your camera is adequate. Higher definition web cams that can be plugged in externally are readily available at low cost.
- The second consideration is your **lighting**. While the image on the slide shows the most optimal setup, we are not expecting clinicians to put themselves in a studio type environment. However, there are things to avoid, and things that are easy to put in place to make your lighting better. Most importantly, avoid back-lighting. In many cases, this is from a bright window located behind your desk. When you are backlit, your face is often in shadow, and it draws the viewer's eyes away from your face, and to the bright halo that is around your head. It makes facial expressions more difficult to see, and for those with cognitive issues who may have a harder time, perceptually, with virtual care to begin with, this lighting is even more problematic. Simple solutions exist – position your setup

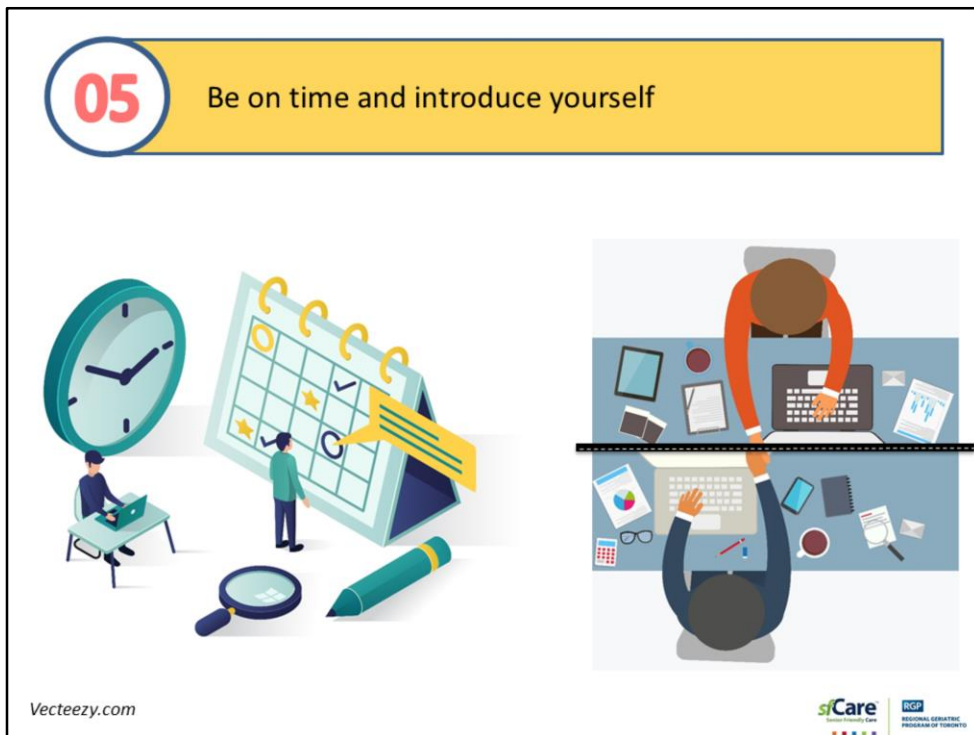
so that the window is to the side, or in front of you. Or, invest/find an inexpensive light or lamp that can be positioned in front of you to provide diffused light and ensures your face is lit, versus your background.

- The third consideration is the **sound quality of your microphone**. Many computers have built-in microphones, but depending on the location of the mic, it's size, any ambient noise in the room, often built-in mics are the poorest quality.
- We recommend an external mic, or better yet a head set which both improves your sound quality, as well as increases the level of privacy, depending on the setting in which you find yourself for conducting a virtual appointment with a patient. Something important to note about head sets – the best positioning for the microphone is just to the side of your cheek. Avoid pulling the mic around in front of your mouth, as this will pick up not only your voice, but also the air flow out of your mouth, muffling the sound for the listener.
- While on the topic of extra noise, do your best to **minimize any ambient noise** in the room such as a fan, a/c unit, open window, shuffling of papers or even the sound of typing on your keyboard. Obviously it will be important to take notes during your appointment, and if the sound of your keyboard is particularly noticeable, try first to avoid typing while the patient/caregiver is speaking (or mute yourself), and ensure you inform those on the other side of the conversation that they may hear you typing – this will again build trust when you let them know that the typing they hear is reflective of the fact that you are capturing the important details of your conversation.
- Be conscious of the acoustics in your room. Empty office space often results in an echo, which can be very difficult to listen to, or be distracting to the listener.
- Lastly, avoid wearing busy or small-patterned clothing when you know you will be conducting video appointments. Small patterns, particularly thin stripes, are poorly captured and translated by video means, and often look distorted or shifting. As with the lighting, it is particularly helpful for patients with cognitive or visual impairments where the simplicity of the video image is of greatest impact.



- Plan ahead so that you, and your patients and caregivers, know what to do when technology does not go as planned:
 1. Have a **basic understanding of the platform** you are using. It is not expected for health professionals to also be technology professionals. But if you take the opportunity outside of a clinical encounter to play with your virtual care platform, it will go a long way to feeling comfortable when things go wrong. Find a fellow colleague, and book a time for you both to use the platform, play with settings, find out what works, what doesn't, and what to do when things go wrong. If you have never used the screen-share function, practice using it in this type of colleague-to-colleague setting before testing it with a patient. Most platforms, including OTN and Zoom, have excellent tutorials to watch or read; or with a quick Google search, most problems can be resolved within a few moments.
 2. Audio issues are likely the most common of problems to arise. Whether it is because someone has forgotten to plug in a mic or speaker, or the wrong one has been chosen in the audio settings, having an audio issue can be frustrating and not always immediately apparent how to fix. Have a **back-up phone number** for your patient in case your audio, or their audio is not working. This way, if all else fails, both sides can mute themselves within the video platform, and you can use the phone for the audio requirements of your appointment.
 3. Be sure that **YOU and the PATIENT know how to contact each other** if one side gets cut off from the video appointment. As mentioned in Top 10 point #1, this information should be included in the patient's pre-appointment package. It is also a good idea to quickly ensure the patient/caregiver has this information at hand at the start of the appointment.

4. If possible – and it is not always possible – **have a backup device** that can be used. Though not ideal in terms of screen size, your mobile device is likely compatible with your virtual visit platform, or a tablet, or laptop.
 5. When all else fails, or if clinical judgement determines that an in-person appointment is most appropriate, **reschedule the appointment**. DON'T FORCE THE VIDEO VISIT IF IT'S NOT SUCCESSFUL.
- And REMEMBER: just because something goes wrong, does not mean that video appointments don't work, or that you've failed. Just as when you started doing assessments as a new practitioner, practice builds confidence.



Be on Time:

- Try your best to **always be on time**. This is particularly important for video appointments. If you are not logged into the meeting on time, the patient or caregiver will be waiting on the platform, unsure if something has gone wrong; if the appointment has been missed; or if they have the wrong information or date or time. Remember, with virtual visits, there is no receptionist or secretary to assure them that the health care provider will be with them shortly. Instead, the patient is often placed in a virtual ‘waiting room’, and must be admitted to the call by the clinician – with no information or notifications available as they wait.
- In a virtual setting, this will result in additional administrative time required to track patients down because they have inevitably logged out, restarted their devices, or given up.
- The issue of waiting was a common area of concern and a great frustration among our interviewed patients and caregivers. Their biggest frustration was actually around tele-medicine, or phone appointments, and although this webinar is focused on virtual video appointments, we hope this public service announcement will begin a movement with health care providers to abolish the practice too often being used at the moment where patients are told “someone will call you on Thursday”. We all dislike when the cable company tells us that they will send a service person SOMETIME between 9am and 5pm and we have to wait around, tethered to our homes not knowing when they will come. It is equally if not more unfair, and certainly not a senior-friendly practice, for us to expect that patients do the same when awaiting a phone call from a health care provider. With the sophistication of appointment booking software, adequate time can be scheduled in our calendars for virtual visits whether by video, or by phone. We urge you to consider

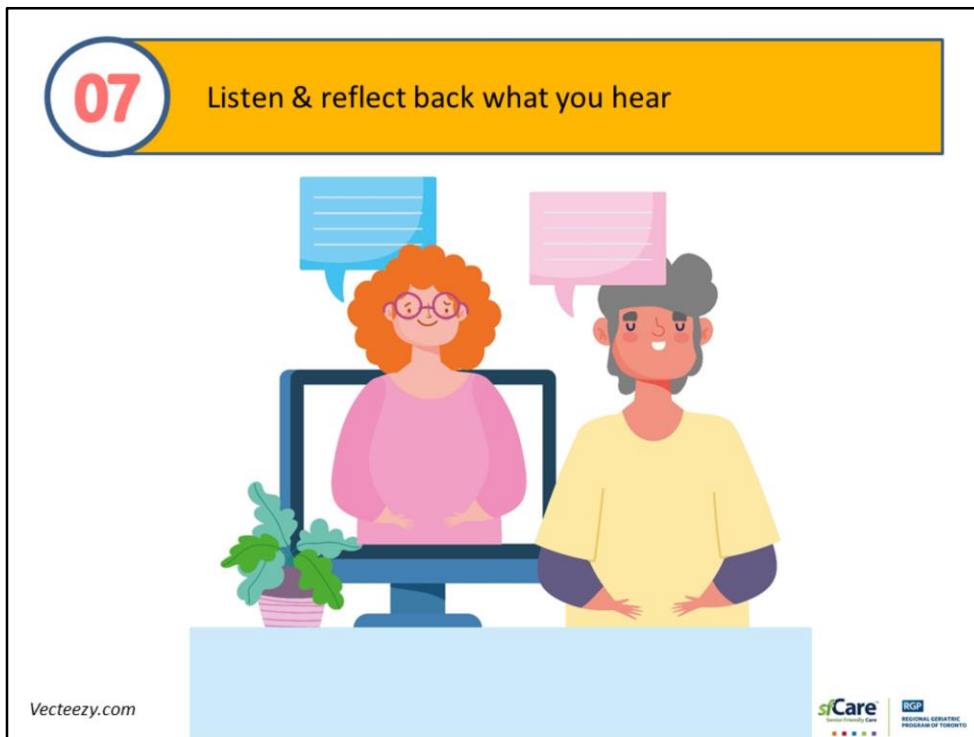
- your scheduling practices carefully in this regard.
- Lastly on the issue of timeliness, have a mitigation strategy if you run into unexpected circumstances whereby the patient or caregiver is contacted in a timely way to indicate the appointment will be delayed.

Introduce Yourself:

- A key tenant to senior-friendly care is relationship building. When using a video platform, many people find themselves skipping the small-talk, the get-to-know-you niceties that often happen at in-person appointments.
- It is more difficult to build a trusting relationship in a virtual context, making it especially crucial to be purposeful in the introductions you make. Take the time to break the ice!
- Start off the appointment with **“Thank you for welcoming me into your home today”**. This shows empathy and compassion – we never know if a patient or caregiver has had great anxiety associated with worrying that someone is going to be viewing their own personal, private space.
- Humanize the awkwardness you may be feeling with the technology; comment that we are ALL new to using it, clinician and patient included.
- Comment on the weather, something of interest in the background of the patients’ home, or the clothing they are wearing.
- Ask patients to introduce any other people who may be with them
- Use this time as an opportunity to ensure that the patient and caregivers are able to see and hear you well, and vice versa
- This time can also be used to verify a patient’s identity by having them show you their health card, or by asking their full name and date of birth.



- As geriatric health care providers, you are all well aware of the important information that can be gained by observing the body language of a patient. However, we may sometimes forget the impact that our own body language has. Continue building trusting relationship established in your warm introduction by showing compassion and understanding by using your body. Exaggerate your body movements and positioning when on video to make them more noticeable to the viewer.
- Ensure you are sitting far enough away from the camera so that top portion of your body can be seen, and that shoulder and arm movements can be visible.
- Maintain eye contact as much as possible; show movements, facial expressions and nods to indicate you are hearing what is being said. Using body language is more effective and less disruptive to a virtual video conversation that verbal affirmations which tend to cut the other side off of their audio feed.
- Lastly, let the patient know at the beginning of the appointment that you won't always be looking directly at the screen – you may be seen looking down to take notes and if they notice this, assure them that you remain engaged.



The recommendations under this item are likely the most important in building a strong and trusting relationship via video with your patient. Conveying empathy can be more difficult when done by video, but it is far from impossible. Following these simple suggestions will help guide you in making your interactions more meaningful, and less transactional.

1. Use warm eye contact, and have a welcoming expression on your face. Maintaining virtual eye contact can be assisted by your camera positioning and conveys you are interested and that you care.
2. Use exaggerated movements and nods, and ensure that more than just your head is visible in the screen. This is particularly helpful for those with cognitive difficulties who may be struggling to process the image of the “talking head” that is in front of them.
3. Avoid interrupting, or using verbal acknowledgments while the patient or caregiver is speaking. This can cause issues with audio cutting in and out and may make it difficult for them to convey their full message, or may result in them feeling that they should stop talking.
4. Wait for pauses, or clear breaks in the conversation to verbally acknowledge their situation, by validating their feelings or experience.
5. Name the emotion they are conveying – or if you are unclear, ask a clarifying question to show you care, and want to fully understand their situation or concerns.
6. Lastly, ask questions to ensure the patient and caregiver are understanding the information that YOU are providing. Don’t assume that your information, recommendations or next steps have been fully absorbed or understood

See the resource “Empathy in Virtual Visits by the Cleveland Clinic”

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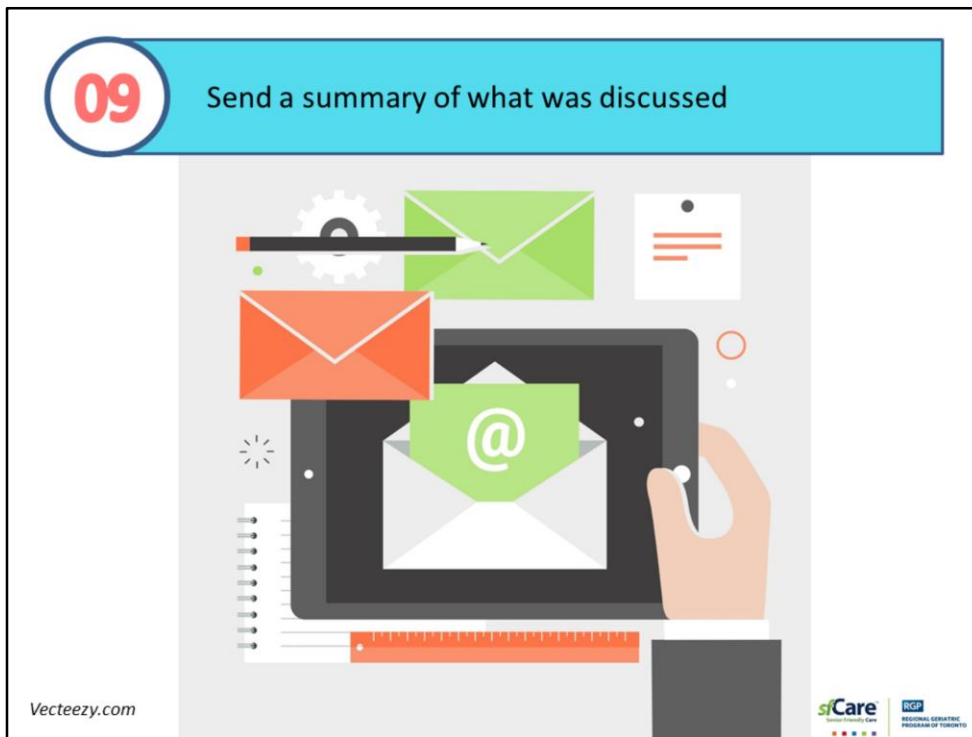
Ask if they have questions



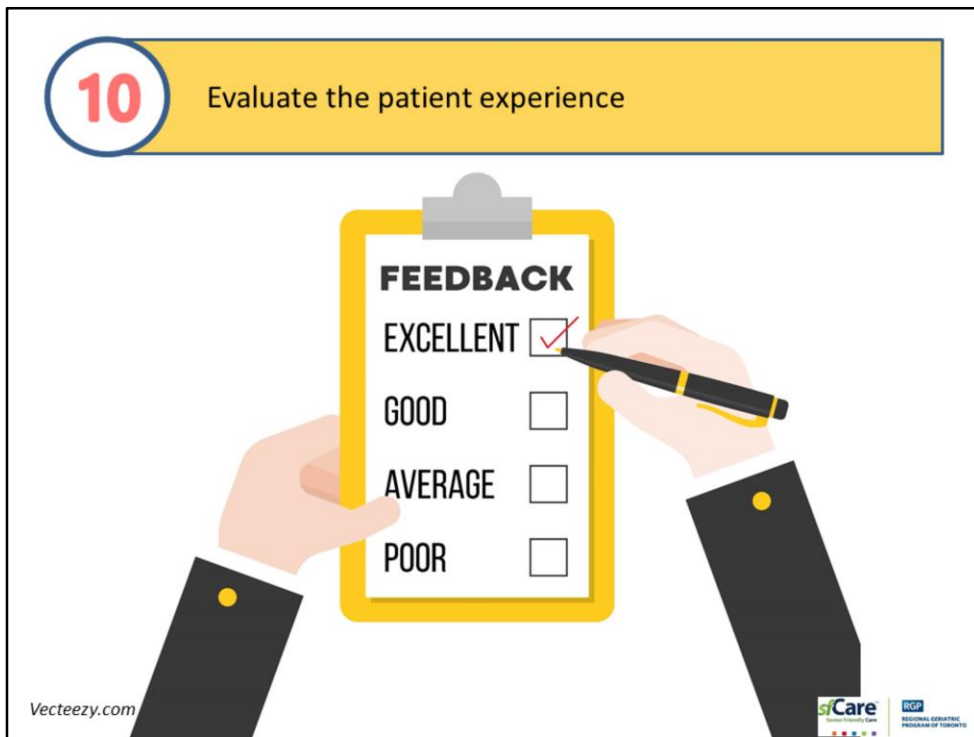
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- We have heard from clinicians that patients and caregivers have a tendency to get through the 'business' of the appointment, and end the visit more quickly than if it were an in-person visit.
- When using virtual video appointments, dedicate some time at the end of the visit to allow patients to ask any additional questions they may have, or if they need clarification on any information YOU have provided
- We all know that a hallmark of geriatric care is the time provided to patients, which often goes far and above that given by most other specialties. Letting the patient or caregiver know you are not cutting them off to move onto your next appointment, when in a virtual setting, goes a long way to building trust, and to providing a person-centered experience.



- Virtual appointments do not allow for clinicians to end an appointment by handing physical documents, brochures, or recommendation summaries to patients and caregivers. However, we all know the importance these papers play in ensuring that key information is taken away and can be referred back to at home.
- Before the end of the appointment, let the patient and caregiver know that you will make sure they have a copy of all the important discussion points by emailing digital copies, and/or mailing physical copies. We suggest the following to be considered in the package:
 1. A summary of your discussion, and key recommendations or next steps. This may include appointment information on a follow-up visit.
 2. Information on who else will receive a summary of their appointment, for example their primary care provider, other specialists, or home and community care
 3. Any relevant brochures, pamphlets, educational or informational materials relevant to your discussion
 4. Information on who they can contact if there are any follow-up questions, or concerns
 5. An evaluation form to provide feedback on their virtual care experience



- Gathering evaluation data specific to your own service's provision of virtual care will go a long way to informing you and your team of how this new medium is working for your patients and caregivers. As we mentioned in Part 1 of our webinar series, virtual care is here to stay, and is likely to only grow in its use as time goes on – well beyond the pandemic.
- You don't have to wait until the end or after the appointment to make sure your patient/caregiver has been comfortable during the visit. Be in the habit of checking in with them at the beginning and middle in case any technical or other issues have arisen that they may feel uncomfortable alerting you to.
- We have an updated version of the RGP's of Ontario Patient Experience survey, that includes questions regarding virtual care encounters. Contact is for more information on this survey.