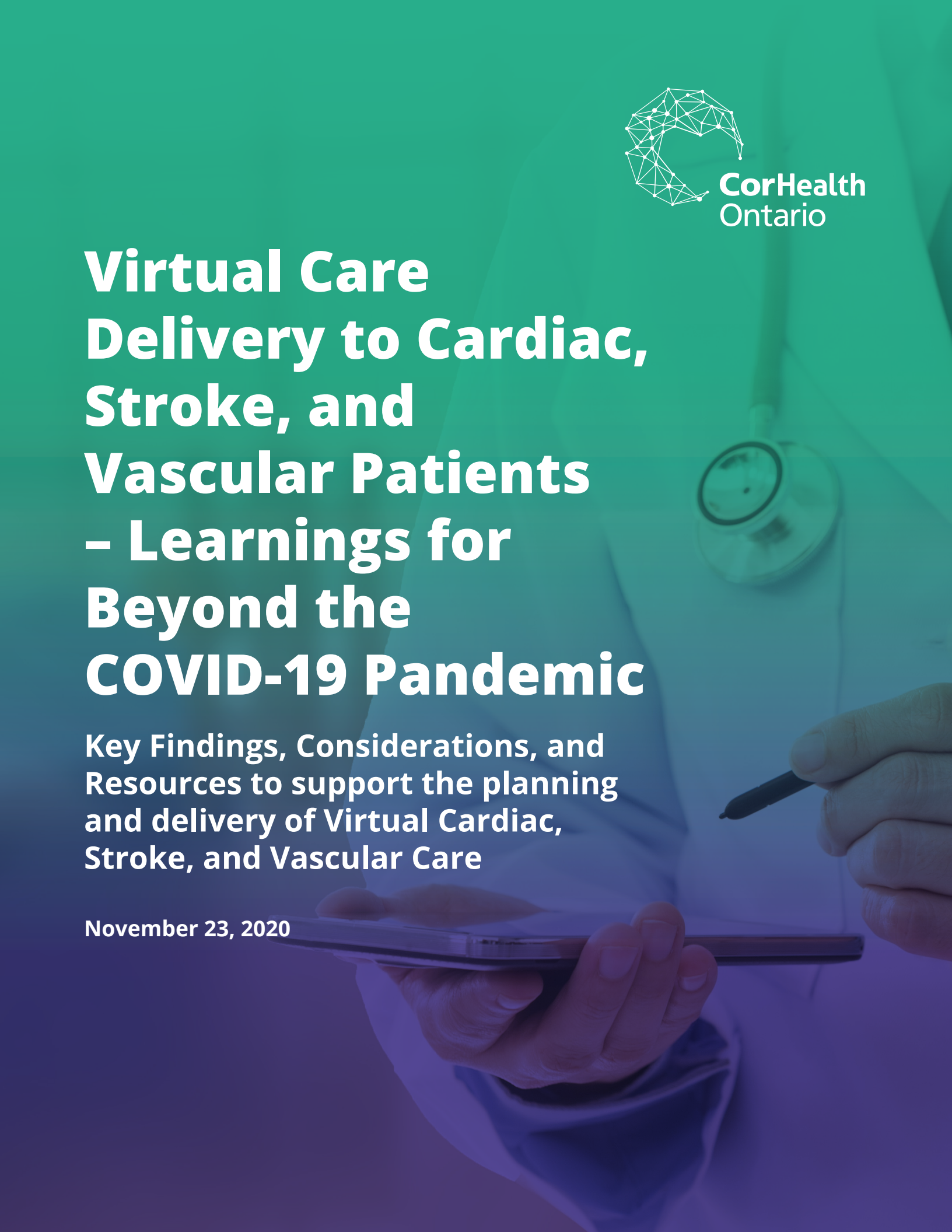
CorHealth Ontario

Virtual Care Delivery to Cardiac, Stroke, and Vascular Patients – Learnings for Beyond the COVID-19 Pandemic

Key Findings, Considerations, and Resources to support the planning and delivery of Virtual Cardiac, Stroke, and Vascular Care

November 23, 2020



Introduction/Overview

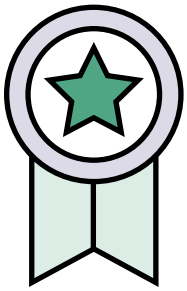
The practice of virtual care has significantly expanded in many areas of the healthcare system in response to the COVID-19 pandemic. For the purposes of this document, and CorHealth Ontario's Virtual Care Initiative, virtual care is defined by the World Health Organization as the delivery of health care services, where patients and providers are separated by distance; and includes triaging, assessing, monitoring, and caring for patients requiring acute, chronic, primary, and specialty care, without or with minimal in-person interaction. This further aligns with the technically specific definition from Ontario Health released at the point in time at which CorHealth began its Virtual Care Initiative, which details that a virtual visit is "an electronic exchange via videoconferencing, secure messaging, or audio digital tools, where one or more healthcare providers deliver healthcare services to a patient" (Adopting and Integrating Virtual Visits into Care: Draft Clinical Guidance for Health Care Providers in Ontario; March 12, 2020; Ontario Health, Quality). The use of virtual care has increased in Ontario to address the need to reduce in-person contact, to preserve healthcare resources and capacity and, foremost, to ensure that patients continue to have access to care, and stay well. Virtual care has been heralded by many as the 'way forward', not only now during the COVID-19 pandemic, but also when a 'new normal' returns.

In response to the rapid uptake of virtual care across the province, CorHealth Ontario embarked on a series of consultations with our cardiac, stroke, and vascular stakeholders to better understand the current use of and opportunity for virtual care across the three clinical domains. The information presented within this document reflects key findings from these consultations as well as information gathered through CorHealth Ontario's COVID-19 cardiac, stroke and vascular provincial forums and other discussions with key partners including the Ministry of Health, Ontario Health and the Heart and Stroke Foundation. As a set of considerations and resources, this document aims to facilitate the sharing of local solutions, ideas and information that may help programs and providers as they adopt and/or continue to expand the use of virtual care in their practice. It should be noted that the information and resources captured in this document reflect the specific point in time at which stakeholder's were engaged; that is, following a rapid 'shut down' of ambulatory services due to the COVID-19 pandemic. Although much of this information remains relevant, the way in which we understand and use virtual care continues to evolve with time.

Major Themes and Findings Across Cardiac, Stroke and Vascular Domains

Although virtual care is at different stages of adoption across the province, the need for more consistent, evidence-based guidance on the appropriate use of virtual care was deemed a critical need by all cardiac, stroke, and vascular stakeholders. This need reflects the scarcity of evidence that exists within the literature to support decision making around when and how to effectively use virtual care in practice; a situation which may be contributing to the inconsistent use of virtual care within cardiac, stroke, and vascular care.

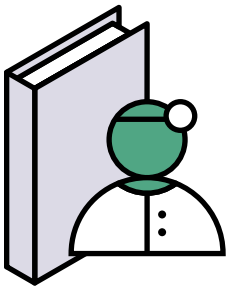
The following six themes and associated findings, garnered for CorHealth's consultation process, are considered to be disease agnostic and applicable to virtual cardiac, stroke, and vascular care.



1. **Quality assurance and outcomes:** As virtual care continues to expand and integrate within the healthcare system, it must do so without compromising the parameters of quality care.
    - **Safe:** There are concerns related to obtaining accurate and confident assessments virtually as some clinical features require a physical assessment.
    - **Effective:** There is limited measurement available on the effectiveness of virtual care.
    - **Patient-centred:** Providers feel strongly that virtual care services should be delivered using a patient-centered approach and engage patients and families in the design and operation of this care.
    - **Timely & Efficient:** Some stakeholders felt there is a potential to increase virtual visits, as the time required for each virtual visit will decrease with each follow-up appointment; while others felt that concerns around a lack of virtual care training or experience, may result in following patients longer, and/or planning additional in-person visits. These potential inefficiencies may impact patient progression, resulting in delayed recovery.
    - **Equitable:** Although virtual care has the potential to enable greater access to care (e.g., opportunities for patients living in rural or remote areas to access specialists, allied health professionals, or group programs), it may also intensify inequalities in access to care (e.g., the use of different platforms that vary in quality, and inconsistent levels of provider training/competencies to deliver care virtually) and therefore should be viewed as a privilege for which disparities exist.

Further work is still required to develop guidance and standards for decision making around what types of interactions are deemed appropriate for virtual or in-person care. The Heart & Stroke Foundation is currently creating a framework and criteria for clinicians to consider in identifying candidates for virtual care, and for monitoring ongoing participation in care through virtual modalities for stroke and cardiac care. Heart & Stroke is also integrating virtual care recommendations into all modules of the Canadian Stroke Best Practices, bringing virtual care to the forefront as a component of comprehensive care at each stage of the continuum (https://www.strokebestpractices.ca).

2. **Patient and caregiver involvement and experience:** Opportunities exist to improve the manner and method by which virtual care is used with patients and their caregivers.
   - A recent Heart & Stroke survey (May 2020) found that one third of patients had experience with a virtual care appointment. Those that participated in virtual care appreciated the convenience, felt they were listened to and that their questions were answered. Caregivers especially had a desire and interest to include virtual care in their ongoing management.
   - Extra-medical barriers to virtual care include things such as language, geographic location, and social and physical environmental, which can cause additional barriers to patients when considering virtual care.
   - Patients also face a steep learning curve associated with virtual care.

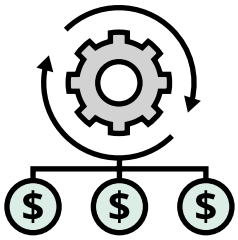


3. **Provider education and training:** Resources and educational support for virtual care are not yet consistently incorporated into health service education.
   - There is a general discomfort with using virtual technologies and troubleshooting technological issues with patients.
   - In the absence of standardized training materials to support broader consistent application, providers are utilizing trial and error models, deferring to telephone, or not offering virtual services.
   - The loss of certain patient cues that can normally be gathered from an in-person visit makes it difficult to gather accurate patient information required for clinical decision making.

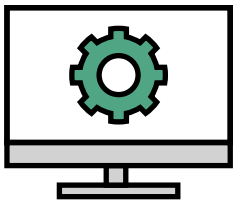
4. **Policy and regulation:** There are several challenges related to privacy, security, and overall interoperability of tools, platforms, and programs.
   - Obtaining consent for a virtual visit while maintaining privacy and confidentiality for patients with certain conditions can be difficult.
   - There is a need for PHIPA compliant platforms, communication tools, and programs, as well as tools and applications that integrate and embed within organizational Electronic Medical Records (EMRs).

"I love the fact that there are more virtual appointments and resources. In rural Canada we miss out on so much! I really hope this continues after this is all over with."

- Heart and Stroke COVID-19 Impact Survey (May 2020)



5. **Resources and payment models:** There is an increased burden on staff and resources required for a successful virtual care encounter.
    - Administrative staff and sometimes health care providers are required to provide pre-visit orientation, technology set-up, and support to patients.
    - Caregivers play an integral role in supporting virtual care visits.
    - Increased staffing and resources across the continuum of care require adapted payment models that would support and sustain the adoption of virtual care long-term.



6. **Technology and infrastructure:** There are challenges and opportunities associated with adopting and expanding virtual care including useability of tools, IT specialist staff involvement, device and platform preferences, and technological literacy.
    - Telephone use seems to be more common despite many providers preferring video and this choice may relate to the ease of use and access to telephones.
    - Certain virtual care technologies may not be the most appropriate choice for some patients based on clinical needs, goals, and patient symptoms and/or impairments; patient access to technologies and preference may also limit the use of appropriate technologies.

Key Considerations Across Cardiac, Stroke and Vascular Domains:

1. **Use hybrid models of virtual and in-person care** to accommodate patient needs and/or access to technology.
2. **Create triaging and prioritization processes** to appropriately select virtual care technologies as well as identifying when virtual vs. in-person visits are most applicable.
3. **Leverage private/public partnerships** to facilitate access to required technologies.
4. **Utilize Ontario Telemedicine Network hubs** at local hospitals for patients without access to appropriate technology, or with restricted access due to geography and/or socio-economic circumstances; establish virtual care hubs within other community locations, where possible (e.g., public libraries, community centres).
5. Consider **virtual care set up as an equipment and education need** prior to discharge from hospital.
6. **Conduct technology** orientation/set-up in advance of the first visit.
7. **Include virtual care service options** in consent conversations to ensure an informed and shared decision-making process with patients.

A list of general resources is available at the end of this document. For the definitive resources/guidance on digital health and virtual care, consider Ontario Health's Verified Virtual Visit Solutions for Providers for provincial standards, and to assist health service providers in the selection of virtual care solutions appropriate for clinical use.

The next few pages outline the specific findings and considerations gleaned from CorHealth's consultation with cardiac, stroke, and vascular stakeholders organized by clinical domain.

Virtual Cardiac Care

During the onset of the COVID-19 pandemic, there was considerable attention paid to leveraging virtual cardiac care for supporting patients with **heart failure (HF)** and **cardiovascular rehabilitation (CR)**. In addition to specific feedback related to HF and CR, cardiac stakeholders identified some general challenges related to delivering virtual cardiac care:

- A notable gap and need for virtual platforms that support virtual viewing and sharing of cardiac diagnostic imaging between providers (e.g., echocardiography, cardiac catheterization).
- Certain conditions and/or patient characteristics may be a challenge for virtual cardiac care delivery (e.g., cognitive, sensory issues, language barriers, patients with complex clinical scenarios).
- Reliance on the telephone even though it may not be the optimal technology choice.

Heart Failure Key Considerations:

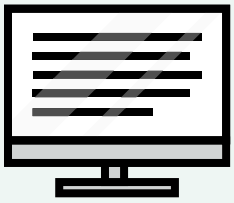
Using virtual care has increased for patients with **heart failure (HF)** as a result of COVID-19 because these patients are often high risk for adverse events and require regular monitoring and management by a team of professionals to prevent worsening symptoms that required emergency department care and/or hospital admission. Patient home monitoring systems to support self-care and outpatient management of HF have been available in some areas in Ontario and the positive effects of patient home monitoring in HF on patient outcomes from the pre-COVID pandemic time period has triggered the uptake of this strategy.

1. Leverage existing guidance for ambulatory monitoring and management of heart failure patients to support an integrated approach to HF keep patients safely at home through pre-emptive care and virtual management (CorHealth's COVID-19 Heart Failure Memo #1 - Recommendations for an Ontario Approach for Ambulatory Monitoring & Management of Heart Failure During COVID-19).
2. Acknowledge the considerable reliance there may be on caregivers to enable the use of virtual care in cases where communications challenges exist or when difficult/complex clinical conversations are required.
3. Initial assessments may require in-person visit to gather critical diagnostic information that cannot be done virtually (e.g., additional diagnostic tests, administration of IV diuretics, clinical exam due to new or worsening symptoms that overlap with co-morbidities).
4. Leverage remote monitoring services for HF patients (i.e., Medly, Ottawa Heart Institute's Telehome Monitoring Program, Telehomecare for COPD & Heart Failure, Community Paramedicine Remote Patient Monitoring Program).
5. Provide interpersonal sensitivity training to providers to enable empathetic connections and trust building with patients over a virtual medium, especially when advance care planning conversations are taking place.

Cardiovascular Rehabilitation Key Considerations:

With regards to **cardiovascular rehabilitation (CR)**, some programs pivoted to virtual care methods at the beginning of the pandemic for delivery of services as in-person options were not available. It is well documented that participation in traditional, centre-based, supervised CR is associated with decreased mortality, morbidity, and health care utilization so the shift to virtual care was imperative to continue to offer services in some capacity. Alternative virtual (e.g., home-based and tele-rehab) CR program models have also shown benefits in exercise capacity and quality of life.

1. Leverage existing guidance for delivering CR in a virtual-based environment that strives to meet the Standards for the Provision of Cardiovascular Rehabilitation in Ontario (CR Standards) (CorHealth's COVID-19 Cardiac Memo #12 - Recommendations for an Approach to the Provision of Cardiovascular Rehabilitation During COVID-19 in Ontario; CorHealth's COVID-19 Cardiac Memo #13 - Recommendations for an Approach to Resuming In-Person Outpatient Cardiovascular Rehabilitation Services in Ontario).
2. Provide hybrid model of care for high intensity exercise program development or exercise prescriptions for complex or high-risk individuals.
3. Provide hybrid model of care for patients with musculoskeletal issues that require access to specialized exercise equipment that they are unable to procure or access in their home.
4. Leverage virtual care to encourage peer-to-peer support on a more regular basis.
5. Use virtual care to help patients who may be self-conscious about exercising with other individuals feel more comfortable.



Summary of Cardiac-specific Resources:

CorHealth's COVID-19 Cardiac Memo #12 - Recommendations for an Approach to the Provision of Cardiovascular Rehabilitation During COVID-19 in Ontario

CorHealth's COVID-19 Cardiac Memo #13 - Recommendations for an Approach to Resuming In-Person Outpatient Cardiovascular Rehabilitation Services in Ontario

CorHealth's COVID-19 Heart Failure Memo #1 - Recommendations for an Ontario Approach for Ambulatory Monitoring & Management of Heart Failure During COVID-19

Scripted guides developed to facilitate difficult conversations (e.g., discussing the potential outcomes of a possible COVID-19 infection in high-risk adults prior to health crisis)

Remote Monitoring Services for HF Patients; Medly; Ottawa Heart Institute's Telehome Monitoring Program; Telehomecare for COPD & Heart Failure; Community Paramedicine Remote Patient Monitoring (CPRPM) Program

Virtual Stroke Care

Prior to the COVID-19 pandemic, virtual care was used in small pockets across rural and northern Ontario to provide **community-based stroke rehabilitation, secondary prevention**, and **community re-engagement services.** Virtual stroke care was also used to support the Ontario Telestroke Program to provide hyperacute stroke consultation support to Emergency Department physicians at hospitals in rural and remote areas of the province. In general, virtual care in the pre-pandemic era was predominately aimed at reducing geographic barriers to access. Since the pandemic, community stroke rehabilitation and secondary prevention clinics have begun to see more adoption of virtual care options, and, as a result, challenges have been met with innovation. In addition to specific feedback related to community-based stroke rehabilitation and secondary prevention, stroke stakeholders identified some general challenges related to delivering virtual stroke care:

- Impairments caused by a stroke (e.g., cognition, vision, hearing, movement, communication) can make using virtual care particularly difficult for these patients.
- Reduced ability to see as many patients or address all needs in a single visit due to increased time for pre- and post-session preparation, such as technological set-up, educational materials and prompts for patients and caregivers, increased effort to convey cuing/coaching.
- Risk of overlooking certain stroke related impairments and/or diagnosis during a virtual assessment (e.g., neglect, visual field loss, arrhythmias).
- More cognitively demanding for the patient and provider due to the strong reliance on verbal guidance, personal awareness, processing of information, visual tracking, screen time, sitting/desk time, and planning and preparation.
- Difficulty obtaining consent for virtual visits from patients who may experience cognitive, communication (e.g., aphasia), and/or visual impairments.
- May add additional burden to informal caregivers and require patients without these supports to be seen in-person.
- May result in a lack of clarity related to scope of practice (e.g., hospital-based outpatient providers delivering virtual care services in the home may be infringing upon home care agency mandates and scope of practice).

Stroke stakeholders identified the following challenges specifically associated with delivering **community-based stroke rehabilitation virtually:**

- Virtual care is seen as not working well for some assessments (e.g. ambulation/ gait, swallowing, instrumental activities of daily living (IADLs), return to work or driving) and some treatments (e.g. spasticity, balance progression, swallowing).
- Stroke rehabilitation requires video for most types of therapy; however, some patients prefer or only have access to the telephone.
- There is a lack of consensus regarding the suitability of virtual care for home assessments and Assistive Devices Program (ADP) equipment prescription.
- Concern that patients do not progress as quickly using virtual care as they would in-person, resulting in recovery delays.
- Stroke outpatient rehabilitation may result in less efficient use of human resources due to the requirement for additional preparation, direct care time and follow-up virtually.
- Virtual care may not meet the needs of stroke patients, which induces feelings of stress and inadequacy for providers in fulfilling their professional responsibilities.

Community-based Stroke Rehabilitation Key Considerations:

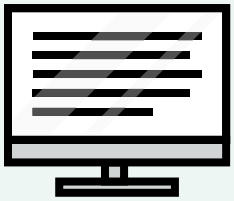
1. Leverage existing guidance for delivering of stroke rehabilitation in a virtual-based environment (CorHealth Stroke Guidance Memo # 2: Recommendations for an Ontario Approach to the Provision of Stroke Rehabilitation during COVID-19).
2. Consider leveraging virtual care for speech and language therapy, social work, and upper and lower extremity exercises (PT/OT), where appropriate, taking into consideration key patient factors.
3. Video technologies should be used to support stroke rehabilitation although telephone visits have been successful for some elements of care (e.g., social work, patient education, and/or review of diagnostics and medications), and for wellness checks.
4. Use hybrid models for community stroke rehabilitation (i.e., the patient receives a mixture of in-person and virtual visits depending on patient status and/or session goals).
5. Develop criteria to prioritize and determine which patients to see in person and which to see virtually, while balancing and accommodating patient need and access to technology.
6. Adapt virtual care delivery to accommodate cognition, vision, hearing, and movement impairments (e.g., dress with contrasting colours to differentiate trunk from lower body, wall background, camera placement, verbal cueing).
7. Ensure sufficient space is available for safe and effective virtual stroke rehabilitation. Space limitations should be identified prior to discharge.
8. Identify if a support person is required in the home due to the potential cognitive and physical impairments related to a stroke to enable successful connection and participation in a virtual session.
9. Encourage patients to engage with family members virtually who may not be close geographically to decrease isolation and increase support.
10. Leverage virtual care to increase peer-to-peer supports.

When discussing the use of virtual care for **secondary prevention**, stroke stakeholders identified the following challenges:

- Telephone visits seem to be more common than video visits; while clinical preference is video, providers and patients often seem to default to the telephone due to ease-of-use.
- Neurological examinations are difficult to perform virtually.

Secondary Prevention Key Considerations:

1. Adapt virtual care delivery to accommodate cognition, vision, hearing, and movement impairments (e.g., dress with contrasting colours to differentiate trunk from lower body, wall background, camera placement, verbal cueing).
2. Use the telephone for follow ups and low-to-moderate risk patients specifically for medication reconciliation, review of diagnostics/test results, education/ counseling, and risk factor management/ counselling.
3. Develop criteria to prioritize and determine which patients to see in person and which to see virtually, while balancing and accommodating patient need and access to technology.
4. Use virtual care for stroke patients that may also have long-term prevention follow-up needs to reduce patient burden as only periodic check-ins may be required (e.g., Moya Moya disease).



Summary of Stroke-specific Resources:

Online training and continuing professional development for healthcare professionals providing virtual care Introduction to Telerehabilitation for Clinicians, Virtual Stroke Rehabilitation Webinar, American Academy of Medicine, Telemedicine Implementation Guide – Neurologic Exam

Technology library for patients (i.e., program may purchase and loan out devices to patients); note this requires patient to have access to internet

Aphasia Institute consent resources

CorHealth Stroke Rehabilitation Guidance Document for Criteria for Virtual and In-Person visits: CorHealth COVID-19 Stroke Memo #4 - Recommendations for an Approach to Resuming Outpatient Stroke Rehabilitation Services in Ontario

CorHealth Secondary Prevention Guidance Document for Triaging In-Person vs. Virtual visits and Provision of Services: CorHealth COVID-19 Stroke Memo #5 - Recommendations for an Approach to Ramping Up In-Person Secondary Stroke Prevention Clinic Services in Ontario

Clinician Toolkits: UHN Telerehab Toolkit, Unity Health Virtual Care: Clinician Toolkit

Tools being used successfully in virtual stroke care: Remote Moca Testing, Hospital Anxiety and Depression Scale, Community Balance and Mobility Scale, Upper extremity: consider using the ViaTherapy App for assessment and intervention, GRASP - graded repetitive arm supplementary program, Constant therapy, Brain HQ, Virtual Cognitive Assessment using OTN, Provincial Stroke Rounds: Home Virtual Visits (E-visit) in the Stroke Prevention Clinic (Presenter: Dr. Ramana Appireddy MBBS, DM, MSc (Clin Epi)

Virtual Healthcare (Telestroke) Implementation Toolkit: This toolkit has been updated (Heart & Stroke Foundation of Canada 2020) to support the rapid uptake of digital modalities, ensuring effective and comprehensive assessment, diagnosis, and management of individuals with new and ongoing health issues that do not require direct in-person care or are not available due to a lack of local stroke-neurology expertise for reperfusion therapy assessment.

"Virtual [appointments] are helpful and being able to obtain more than 30 days of [medications] reduces the number of visits to the pharmacy which in turn reduces potential exposure."

- Heart and Stroke COVID-19 Impact Survey (May 2020)

Virtual Vascular Care

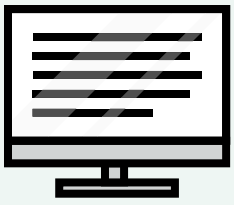
Virtual care offers a viable option for patients with aneurysmal disease, occlusive peripheral vascular disease or for patients with lower-extremity wounds as a complication of diabetes or peripheral vascular disease. Pre- and post- acute vascular interventions and **wound care management** are particularly impacted by the rising need for virtual care. In addition to specific feedback related to pre- and post- acute vascular care and wound care management, vascular stakeholders identified some general challenges related to delivering virtual vascular care:

- Vascular care patient population tends to be older and less technologically literate leading to difficulties using virtual care options.
- Some virtual vascular care is reliant on home care nursing which may not be available to all patients.
- Provider preference for video platforms does not align with patient preference for the telephone.
- The delivery of virtual care may result in a lack of clarity related to scope of practice (e.g., hospital-based outpatient providers delivering virtual care services in the home may be infringing upon home care agency mandates and scope of practice).

Wound management and care for patients with lower-extremity wounds as a complication of diabetes or peripheral vascular disease presents several unique virtual care needs and considerations. Wound care providers have been quick to leverage virtual care as an option to ensure continued care, throughout the pandemic. Frequent visits to wound clinics for wound assessment and physical management of the wound such as debridement, wound cleaning and dressing changes is reality; however, aspects of care can be done using virtual care platforms and can be further supported by home care nursing. These virtual applications offer the opportunity for patients to receive much of the required follow-up care with their wound care specialist and can provide the wound care specialist with all of the critical information required to make informed decisions about management of the patient's wound. Virtual care in the wound care setting can dramatically accelerate the process of specialist consultation, decision to treat, and course of treatment.

Wound Management and Care Key Considerations:

1. In the instances where there is the opportunity for pre-acute (work-up, assessment and readiness), and the post-acute interventional care sessions (follow-up and surveillance), the set-up of virtual care should be considered as an equipment need, prior to discharge; patients should be aware that it will be used post-discharge, with pre-virtual care readiness complete.
2. Leverage technologies that support photo uploading and sharing as a minimum requirement and often two-way video is ideal.
3. Use wound care specific virtual apps for photo sharing, wound assessment, and measurement.
4. Align regional team members to a common app or platform so that patient information is accessible to the entire care team.
5. Measure and monitor the efficiency and effectiveness of virtual wound care in terms of the patient moving along their care pathway.
6. Consistency and clarity of privacy requirements and how to comply with PHIPA is imperative to virtual care in the wound care space, especially given that sharing of photographs or images of the wound of interest is usually required.



Summary Vascular-specific Resources:

Wound Care Management Vendors:
how2trak Wound Care

Wounds Canada has developed guidance on virtual wound management and care:
Policy and Practice Implications for Wound Management

Provider User Guides (e.g., Telemedicine Primer for Vascular Surgeons During COVID-19)

Conclusion

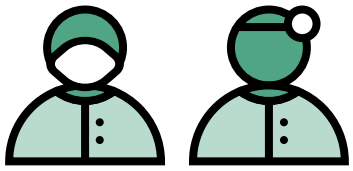
Virtual care presents significant opportunities for the delivery of cardiac, stroke, and vascular care. Considering the cost of contact, virtual care reduces in-person encounters resulting in lowered direct and indirect costs, such as patient time away from work, travel, parking, exposure to potential infections, and the added use of personal protective equipment. Virtual care also may be considered within the framework of the quadruple aim of better outcomes, increased value for money, and better patient and provider experience. As illustrated, more work needs to be done to create consistent, evidence-based guidance and standards around the delivery of virtual care. Additionally, given the issues and concerns identified with respect to the quality of Virtual Care, there is increased need for monitoring, measuring, and reporting on care that is delivered virtually. This will be critical to guide our collective understanding of the impact of this transition in care modality on individual healthcare provider practices, patient care, and the cardiac, stroke, and vascular systems.

Acknowledgment

Thank you to our cardiac, stroke, and vascular stakeholders, the Ministry of Health, Ontario Health, and the Heart & Stroke Foundation for providing us with information for this document and for their dedication to continually improving the quality and outcomes of our health care system.

General Resources

If you are a **Health Care Provider**, and/or **Health System Administrator** please refer to the resources below:



- ***Resources to provide solutions to technical infrastructure issues, prior to implementing a virtual care solution***
  CMA Virtual Care Guide for Patients
  Ontario Health eVisit Quick Reference
  Accreditation Canada COVID-19 Virtual Care Toolkit
  Telus Mobility for Good COVID-19 Emergency Response Program
  Connecting Ontario for access to image results, lab tests, medications, etc.

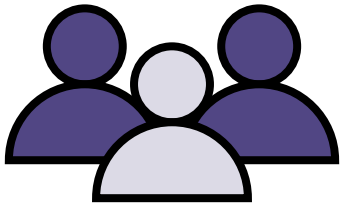
- ***General resources, toolkits, and guidance for the delivery of virtual care***
  Unity Health, Virtual Care: Clinician Toolkit
  UHN Telerehab Toolkit
  OntarioMD's curated list of tools
  Association of Family Health Teams of Ontario's (AFHTO) repository of virtual care and digital health resources
  eHealth Centre for Excellence
  Canadian Medical Association's (CMA) Virtual Care Playbook for Physicians
  University of Toronto Virtual Care Continuing Professional Development
  Health Standards Organization (HSO 83001:2018 — virtual health)
  Canadian Patient Safety Institute: Virtual Care Resources for Healthcare Providers & Healthcare Leaders

- ***Resources from hospital & platform vendor IT help desks***
  Ontario Health Teams: Digital Health Playbook
  Ontario Health: Adopting & Integrating Virtual Visits into Care
  OntarioMD Virtual Care Resource
  Ontario Health Verified Virtual Visit Solutions for Providers

- ***Virtual care delivery guidance documents from health care professional regulatory colleges***
  College of Physiotherapists of Ontario
  College of Nurses of Ontario
  Ontario Society of Occupational Therapists
  College of Occupational Therapists of Ontario
  Ontario College of Social Workers and Social Service Workers
  College of Audiologists and Speech and Language Pathologists
  College of Dietitians of Ontario
  College of Physicians and Surgeons of Ontario

- ***Resources to support obtaining consent for virtual visit***
  OMA Sample Verbal Consent
  Consent to Use Electronic Communications
  BAKFHT Virtual Visit Consent

If you are a **Person With Lived Experience**, **Caregiver**, and/or **Family Member**, please refer to the resources below:



- ***Resources, Handouts & Guides on the use of virtual care to help limit administrative burden, and/or support post-acute virtual care***
  Virtual Visits at UHN
  Heart & Stroke Foundation of Canada 2020 Virtual Healthcare Checklist: Your guide to efficient and effective virtual health care sessions
  Ambulatory Rehab Virtual Visit Patient Satisfaction Survey
  Help Guide For Patients to Access Virtual Visit
  Your Virtual Visit Appointment
  Canadian Patient Safety Institute: Virtual Care Resources for Members of the Public

- ***Resource for patients with limited/restricted access to appropriate technology***
  eVisits at local health care centre

Our Vision:
The best cardiac, stroke and vascular care for all Ontarians.

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