Essential Skills for Palliative Care Series

Virtual Care
Evolving Care: Virtual Skills and Strategies

Presenters:
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University of Calgary

Host and Moderator: Jennifer Campagnolo, CHCA

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Land Acknowledgement

We recognize with humility and gratitude that Canada is located in the traditional, historical and ceded and unceded Lands of First Nation, Inuit and Metis Peoples. On behalf of us all, we acknowledge and pay respect to the Indigenous peoples past, present and future who continue to work, educate and contribute to the strength of this country.

THE CANADIAN INTERDISCIPLINARY PALLIATIVE CARE COMPETENCY FRAMEWORK

Domain 12: Virtual Care

Virtual care is the application of technologies to expand the provision of healthcare beyond traditional in-person encounters and healthcare settings. It can include synchronous and asynchronous communication, remote monitoring, messaging, phone, video visits, e-consults, and other modalities. Virtual care is meant to complement rather than replace in-person care.[1]

[1] Canadian Partnership Against Cancer & Health Canada. *The Canadian Interdisciplinary Palliative Care Competency Framework.* Toronto, ON: 2021.

Introductions

Dr. Jessica Simon

Palliative Care Physician
Professor in the Department of Oncology and the Division Head for the Division of Palliative Medicine, University of Calgary, Alberta

Researcher

Patient, Caregiver and Provider perspectives on virtual palliative homecare

Dr. Jessica Simon, FRCPC
Philip Akude, PhD
Emily Schorr, MSc

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UNIVERSITY OF **ALBERTA**

UNIVERSITÉ **LAVAL**

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SERVICES DE SOUTIEN À DOMICILE ET EN MILIEU COMMUNAUTAIRE Champlain

HOME AND COMMUNITY CARE SUPPORT SERVICES Champlain

Bruyère

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- **Kieran Quinn** and all the Virtual Care Project team and all the Homecare teams

What are clients' and clinicians' <u>experiences of virtual care</u> (phone or on-line) for home-based palliative care?

Mixed methods survey and qualitative interviews of home-based palliative care patients/caregivers and healthcare providers from programs in AB, BC, ON, QC + National on-line survey

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Survey Methods

Clients mailed survey had the choice of responding by:

📄 Paper (pre-paid return envelope)

☎ Phone call to researcher

💻 On-line survey (Qualtrics)

Clinicians emailed survey with on-line response only

💻 On-line survey (Qualtrics)

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Client Response Rate and Modalities

Overall Response Rate = **11.4%**

378 clients /3320 surveys sent

N=367 Full responses

Cost per response = $93.73

Total mailing cost $35,430

Paper surveys were most used for responding

Full responses by modality

Modality	Count
Paper	287
Online	79
Phone	1

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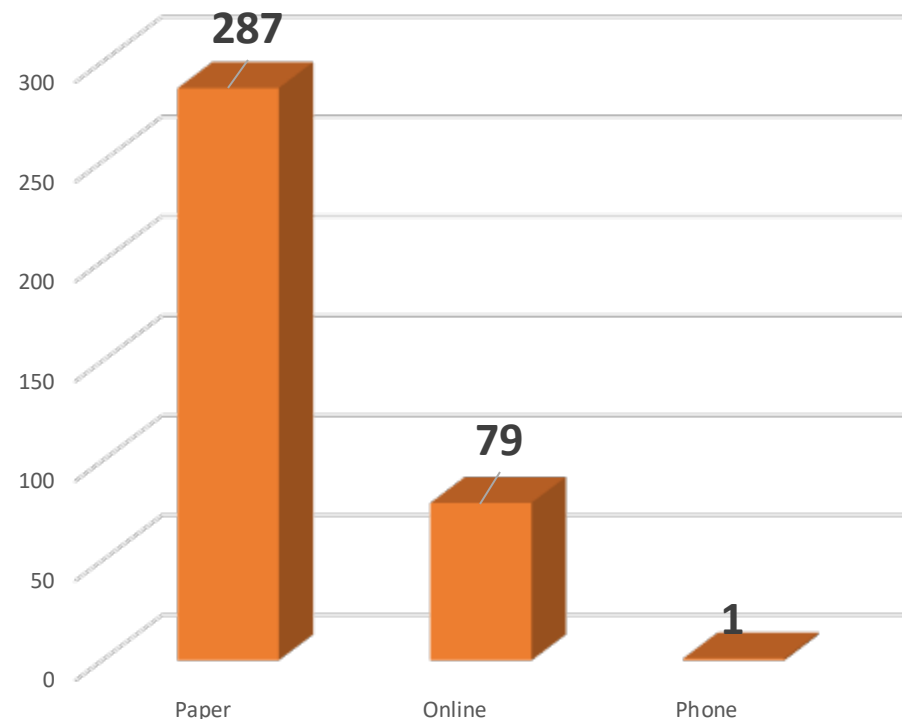
Who Responded to Client Survey?

Client
62%

Caregiver
38%

Undisclosed
1 %

Demographic Variables	Categories	N
Age Groups	18-34	4
	35-49	20
	50-64	62
	65-74	105
	75+	163
	Prefer not to disclose	3
Gender	Female	204
	Male	146
	Non-Binary, gender fluid	6
	Prefer not to disclose	2
Education	University graduate degree	47
	University undergraduate degree	76
	College degree	75
	High school diploma	76
	Less than grade 12	60
	Other	17
	Prefer not to disclose	8
Birth Place	Canada	287
	Other	61
	Prefer not disclose	8

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Length of time on homecare

How long have you been receiving homecare (N=366)

Category	Percentage
Greater than one year	33%
Seven months to one year	23%
Three to six months	21%
One to two months	16%
Less than one month	7%

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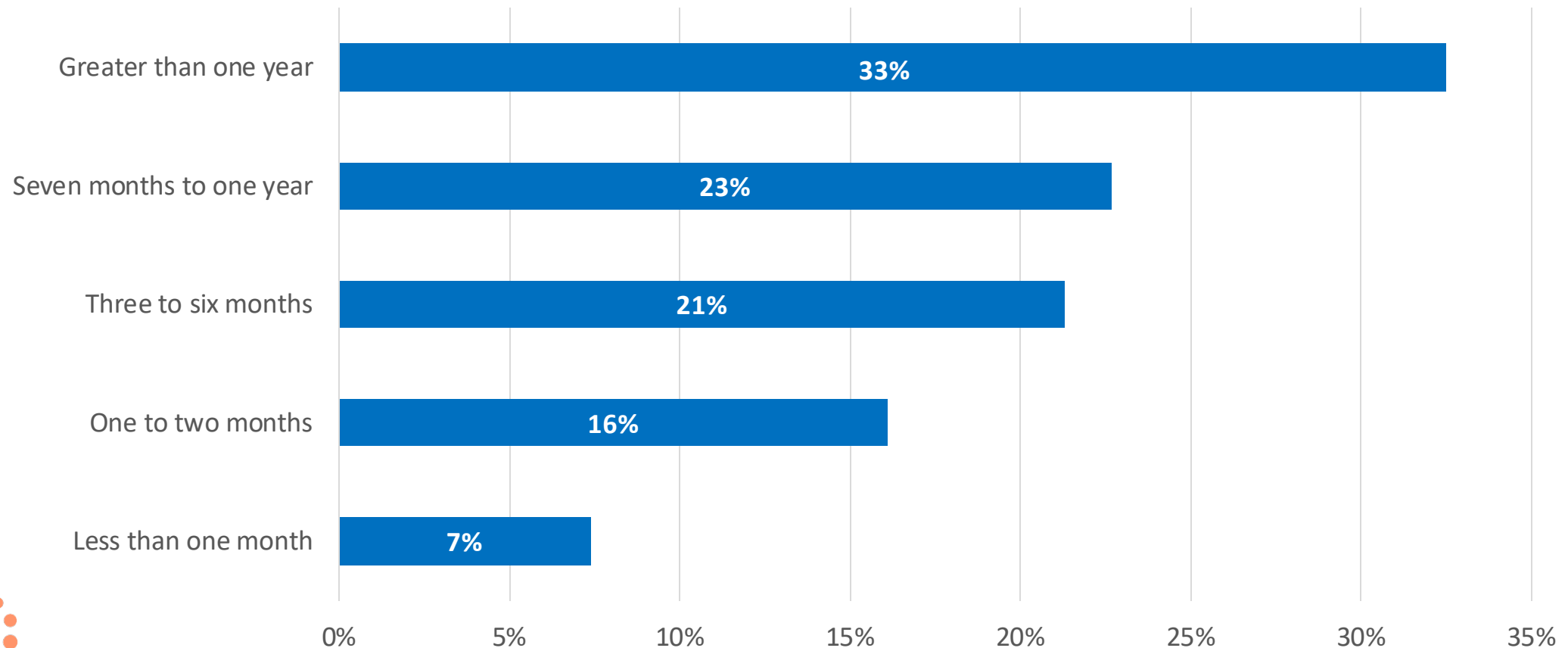
Many have had no or few virtual visits (n=366)

20%

MANY VIRTUAL VISITS

30%

FEW VIRTUAL VISITS
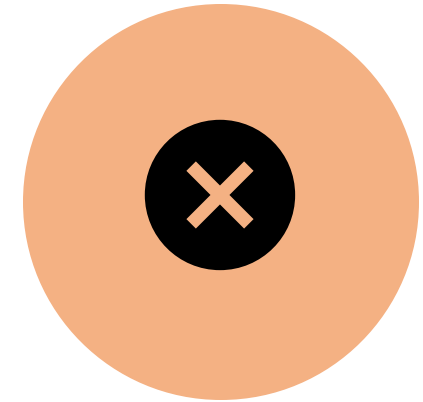
50%

NO VIRTUAL VISITS

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Clients had more Phone and few Video visits

Of the virtual homecare visits you received, how many of them were done by phone? (N=344)

All of these homecare visits were done by phone	22%
Many visits by phone	13%
A few visits by phone	30%
None of these virtual homecare visits were done by phone	35%

0% 20% 40% 60% 80% 100%
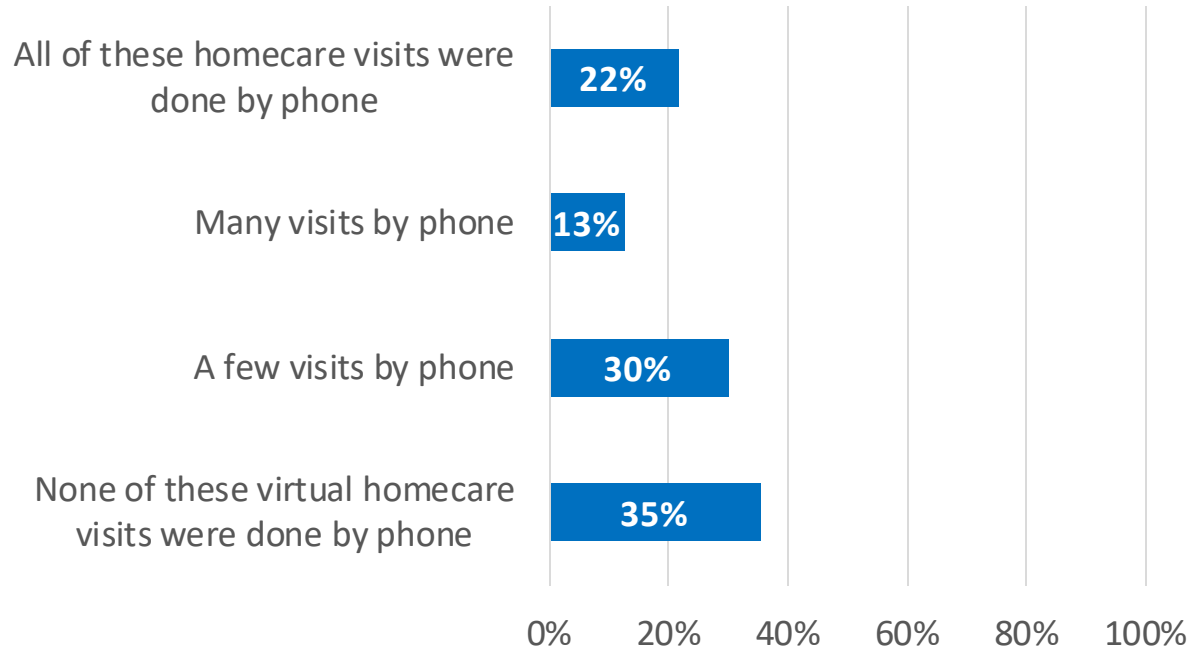
How many of these visits were done by video call (e.g. Zoom, FaceTime)? (N=347)

All of these homecare visits were done by video call	0.3%
Many visits by video call	0.9%
A few visits by video call	7.5%
None of these virtual homecare visits were done by video call	91.4%

0% 20% 40% 60% 80% 100%

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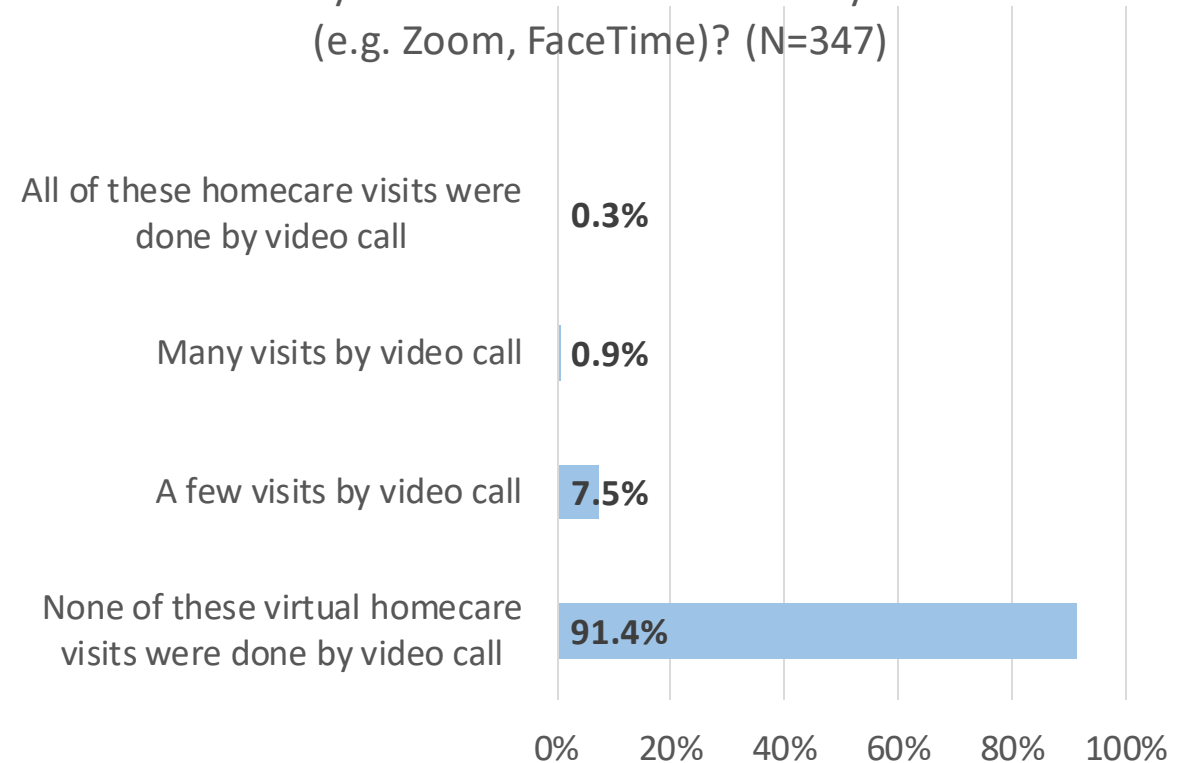
Clients report challenges with virtual care

In general, are the following things easier or harder for you if done virtually? (N=338)

	Easier virtually	Neutral (Neither easier nor harder virtually)	Harder virtually
Having friends or family join the visit	19%	41%	40%
Maintaining privacy	11%	62%	27%
Discussing emotional topics	8%	41%	51%
Communicating	7%	39%	54%
Meeting healthcare needs	7%	41%	52%

■ Easier virtually   ■ Neutral (Neither easier nor harder virtually)   ■ Harder virtually

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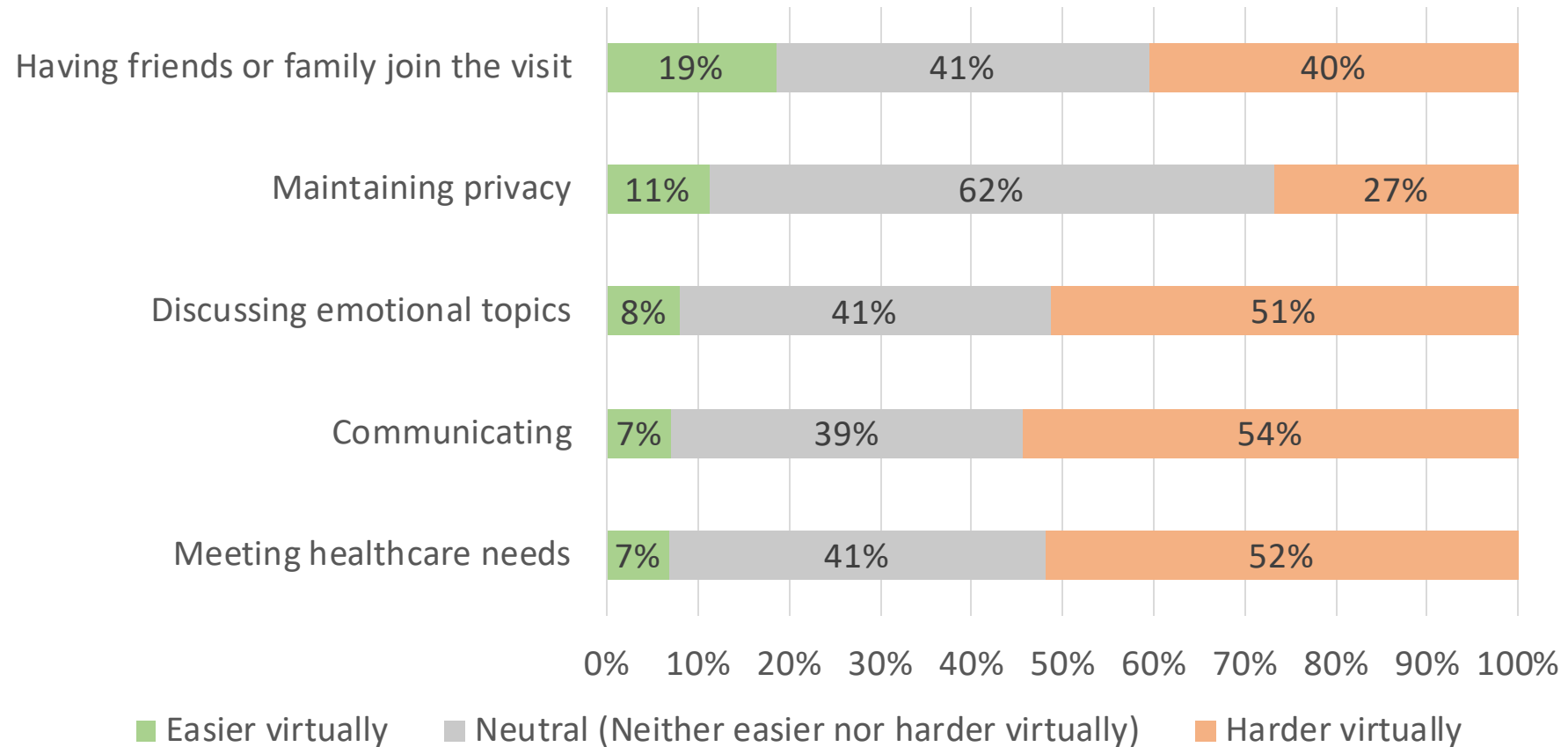
Clients have significant technology barriers

How significant are the following disadvantages of virtual visits to you?

Statement	Very/Somewhat important	Neutral	Not important
I can only participate in online visits if I have someone at home to help	47%	17%	36%
I do not feel as comfortable communicating in a virtual visit	45%	23%	32%
I find the technology is hard to use	44%	22%	34%
I find the technology is unreliable	39%	25%	35%

■ Very/Somewhat important   ■ Neutral (neither important or not important)   ■ Not important

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In-person works better for everything

In your opinion, how well do virtual visits work compared to in-person visits, for the following (N=337)

	Works better in person	Neutral	Works better virtually
Setting up equipment	74%	24%	2%
Managing symptoms	74%	24%	2%
Getting health check-ups from homecare providers	74%	21%	5%
Making decisions about my care	70%	26%	4%
Having difficult or sensitive conversations	66%	30%	4%
Setting up services	60%	32%	8%
Getting information from homecare providers	53%	37%	10%
Managing my medications	48%	43%	9%

■ **Works better in person**   ■ **Neutral**   ■ **Works better virtually**

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Clients' perspectives

"80 year old, blind, hard of hearing it would have been hard and no computer"

"As my situation requires face to face care, virtual will not be an option, not even feasible"

"I worried that there may be physical symptoms I may not be aware of - change in blood pressure, assessment of my mood"

"When a needs assessment is being done it is good to have it done in person. Can fill out forms and hand them in."

"The comprehension and retention of the information given by telephone can be more difficult. it is good to be accompanied during the call"

"Sometimes we need advice from the nurse and it was more efficient to do so by phone call."

"I like it when there is no real need for visit if all is well. I can still ask questions and know that if I do need a home visit, I just need to contact you."

"Easier to fit into the day, allowed my mom to sleep in because less prep time, didn't have to ramp up to having company preparations, less stressful for mom having a day off instead of an appointment."

It was easier especially with COVID to have the choice of phone or home visit. And we were always given the choice.

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Clinician Perspectives

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Location of Clinician Respondents

N=197/215

Location	Count
Alberta	59
Ontario	57
Quebec	40
British Columbia	25
Manitoba	6
Newfoundland and Labrador	3
New Brunswick	3
Saskatchewan	2
Nova Scotia	2

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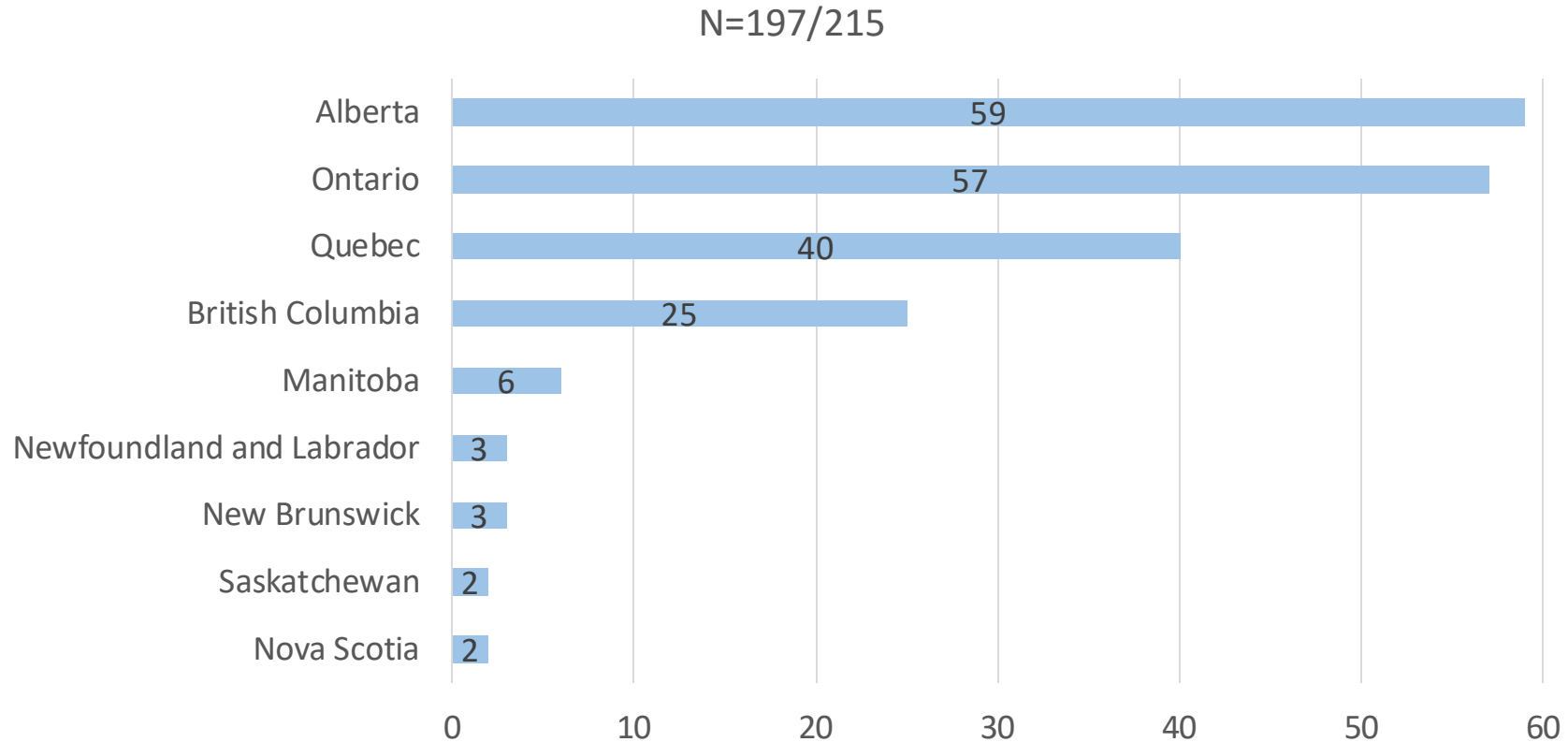
Clinician Demographics

N=208		
Demographic Variable	Categories	Frequency
Age	18-34	34
	35-49	85
	50-64	74
	65-74	12
	Prefer not to disclose	3
Gender	Female	180
	Male	24
	Prefer not to disclose	4
Locality	Urban	100
	Mixed	67
	Rural	35
	Other	6

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What is your role/profession?

N=208
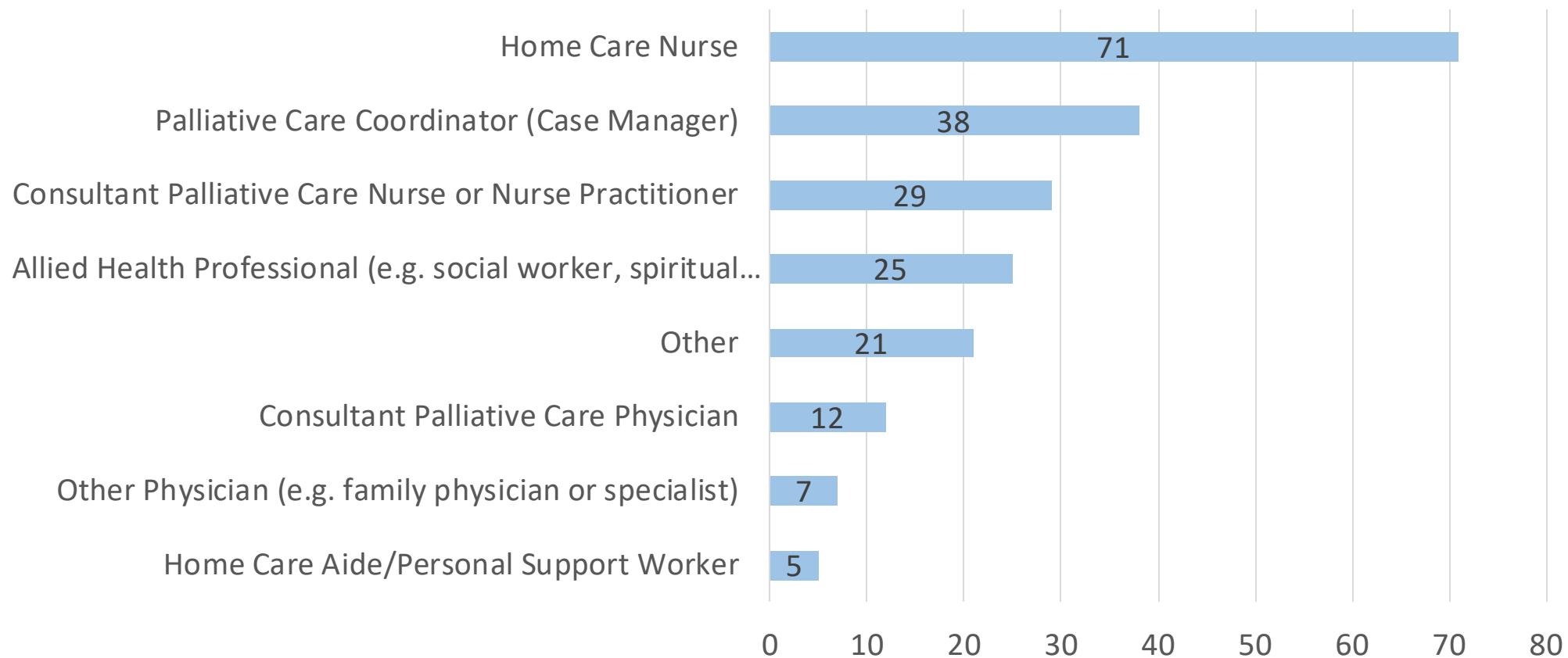
Clinicians Increased Use of Phones During the Pandemic

Use of Phones for virtual care at different stages of pandemic

	Often (25-100% of visits)	Rare (1-24% of visits)	None of the time
Before Pandemic	35%	50%	15%
During Pandemic	70%	24%	6%
Between Waves	56%	36%	9%

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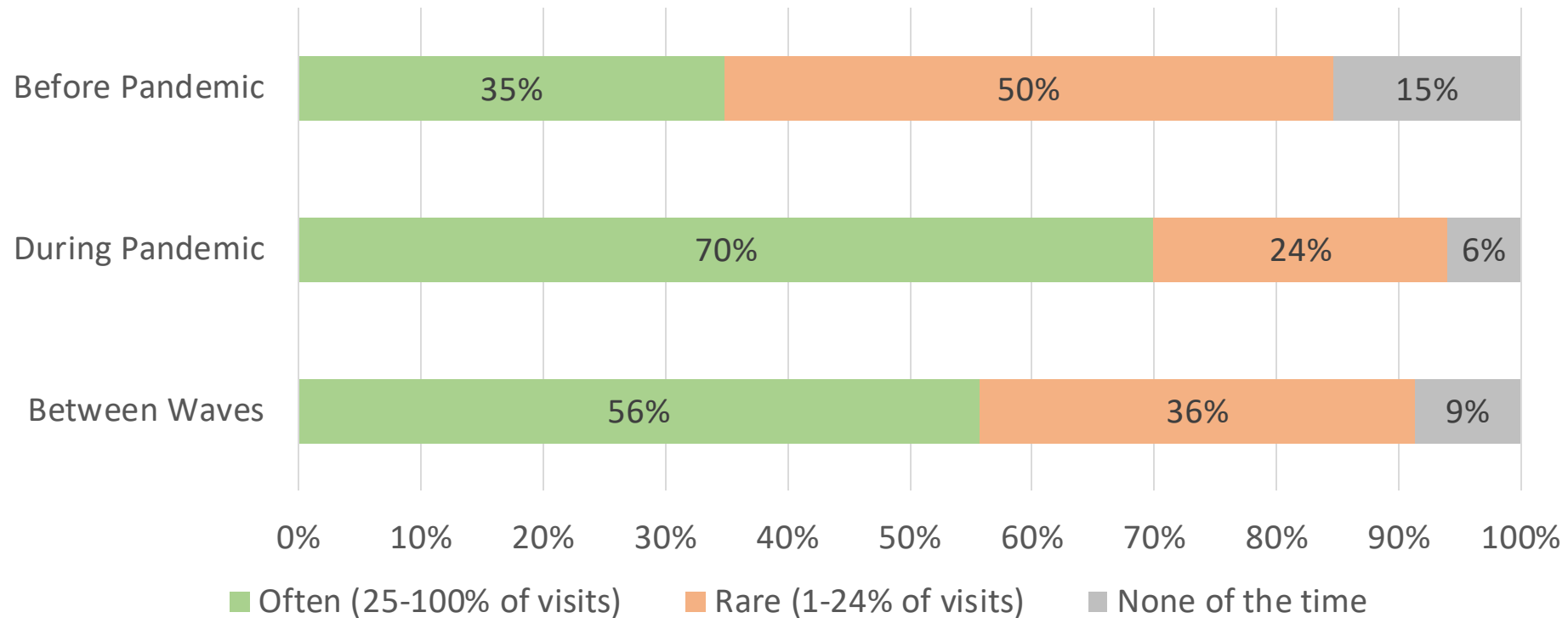
Fewer clinicians used on-line platforms

Use of Online Platforms for virtual care at different stages of pandemic

	Often (25-100% of visits)	Rare (1-24% of visits)	None of the time
Before Pandemic	4%	37%	59%
During Pandemic	29%	41%	29%
Between Waves	21%	45%	34%

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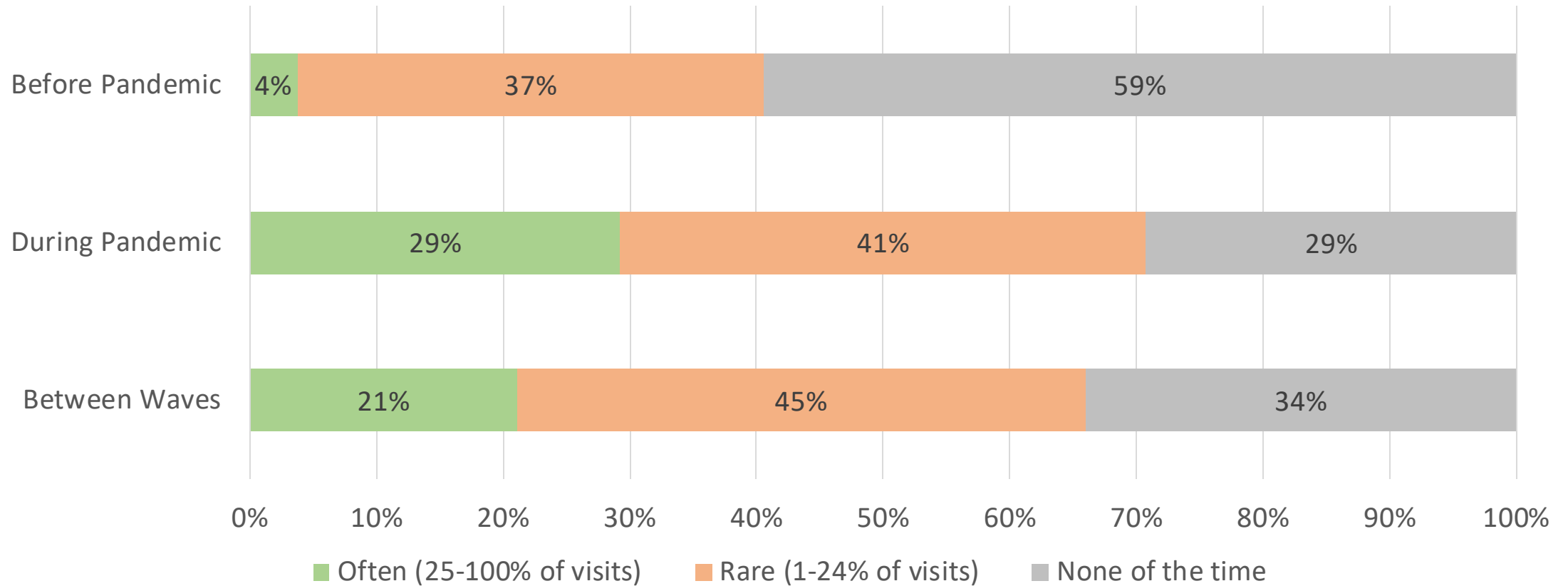
Clinicians used virtual more often when…

N=174

	Agree	Neutral	Disagree
When higher COVID risk to patient or self or having to isolate	79%	12%	9%
Patient comfort/willingness or ability for a virtual visit	63%	22%	15%
When Family/Caregiver is not in the home, because they could join virtually	57%	25%	18%
Personal commitments (e.g. when schools were closed, caring for family)	32%	32%	36%
Longer travel time to patient	38%	29%	33%
When personal protective equipment (PPE) availability was low	32%	24%	44%
Patient communication factors (e.g hearing loss etc)	25%	24%	51%

■ Agree ■ Neutral ■ Disagree

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Clinicians tried virtual care for many activities

N=207

Activity	Yes	No
Symptom assessment	73%	27%
Patient caregiver education or providing information	70%	30%
Emotional/psychosocial support	66%	34%
Triaging for in person visits	59%	41%
Care Planning	50%	50%
Medication review	49%	51%
Care needs assessment	49%	51%
Advance Care Planning and Goals of Care discussions	42%	58%

■ Yes ■ No

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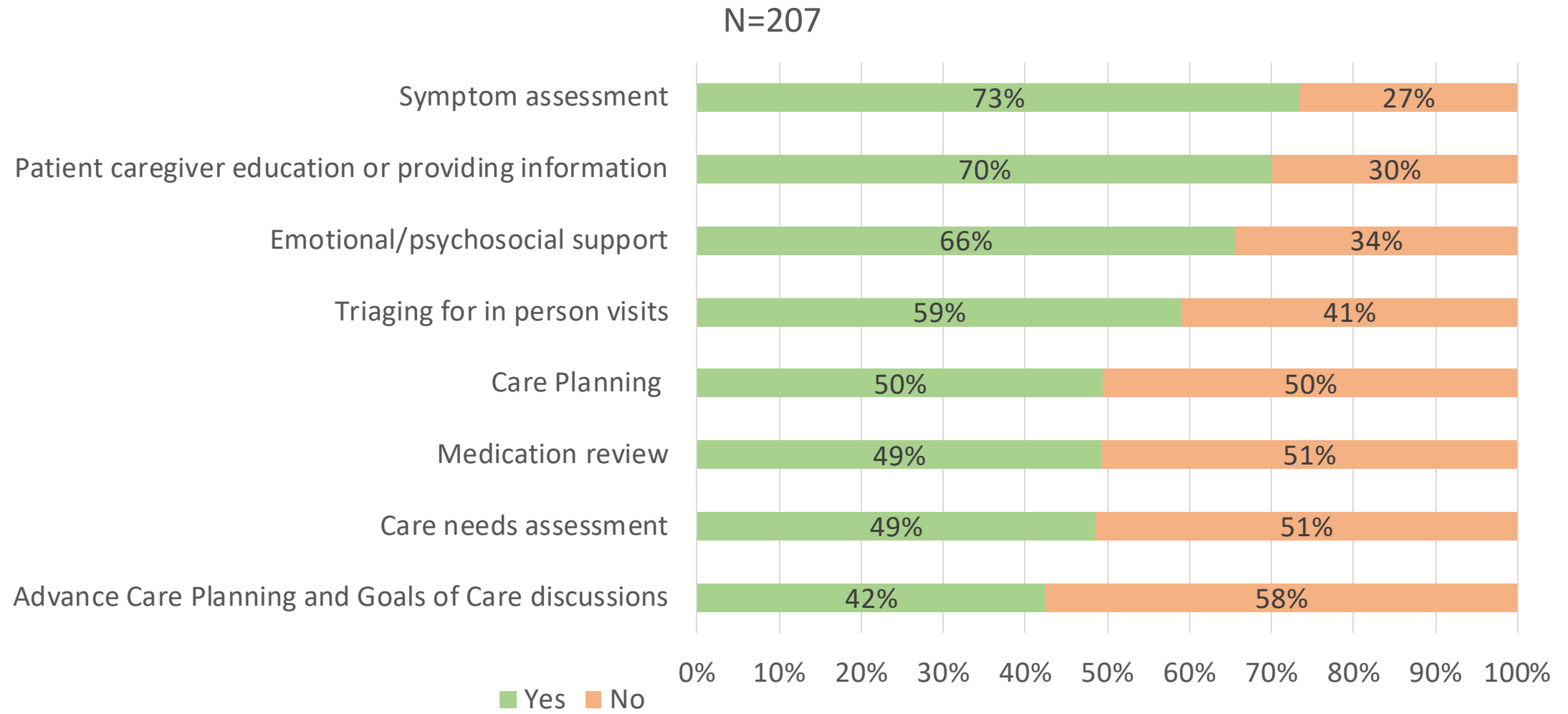
But in-person works better than virtual care
except for triaging and care planning

N=176

Category	Works better virtually	Neutral (works the same)	Works better in-person	Have Not tried virtually
Triaging for in person visits	30%	38%	18%	14%
Care Planning	24%	49%	21%	6%
Medication review	4%	28%	55%	13%
Advance Care Planning and Goals of Care discussions	4%	23%	65%	8%
Patient caregiver education or providing information	2%	32%	60%	6%
Care needs assessment	2%	17%	72%	9%
Emotional/psychosocial support	1%	16%	76%	6%
Symptom assessment	1%	19%	74%	6%

Legend: ■ Works better virtually ■ Neutral (works the same) ■ Works better in-person ■ Have Not tried virtually

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Clinicians' Experiences

"In-person visits really help to establish rapport with patients, caregivers, and also service providers; I have received feedback that phone calls/virtual assessments are missing "something" and I have felt this as well- you get a full picture as to the environment, home situation, can read body language and expression when there is an in person visit; our patients mostly do not have technology for video calls and have advised they do not prefer this- they prefer in-person visits"
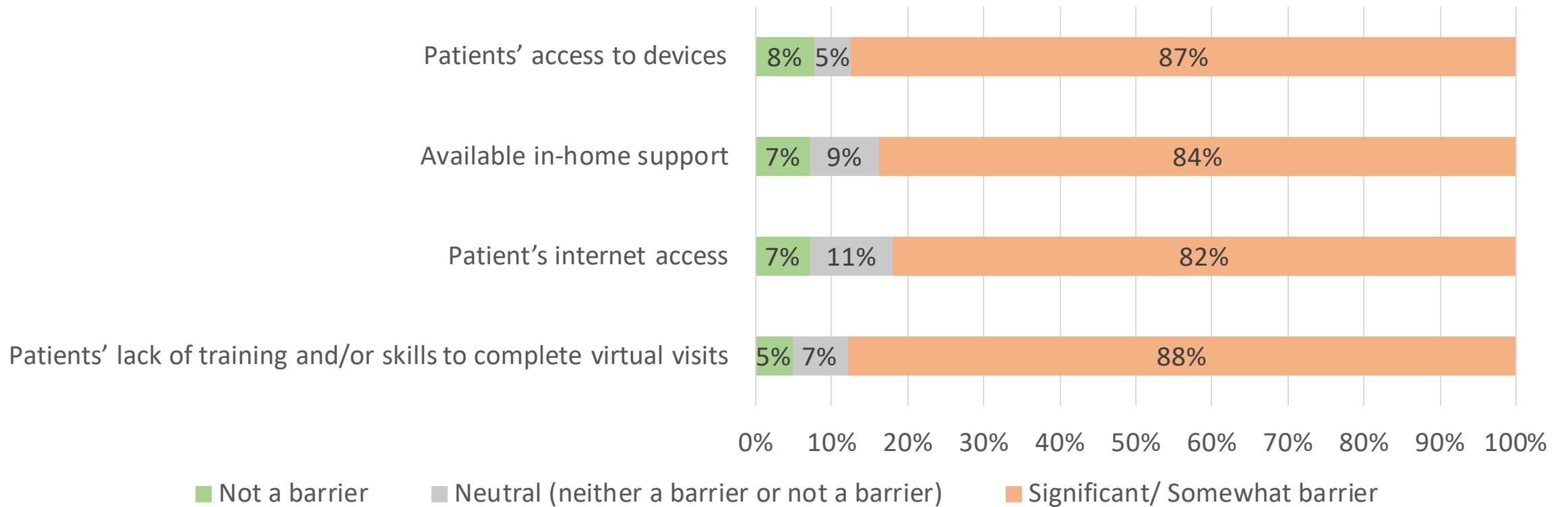
"Only doing virtual visits as a follow up to an in-person visits. New consults are too challenging as you need to get into the home to get a sense of the real situation"

"Make sure you know who is in the room or when/if you are on speaker phone talk less and listen more. Don't make assumptions about what silences are about. Involve patients in the physical exam"
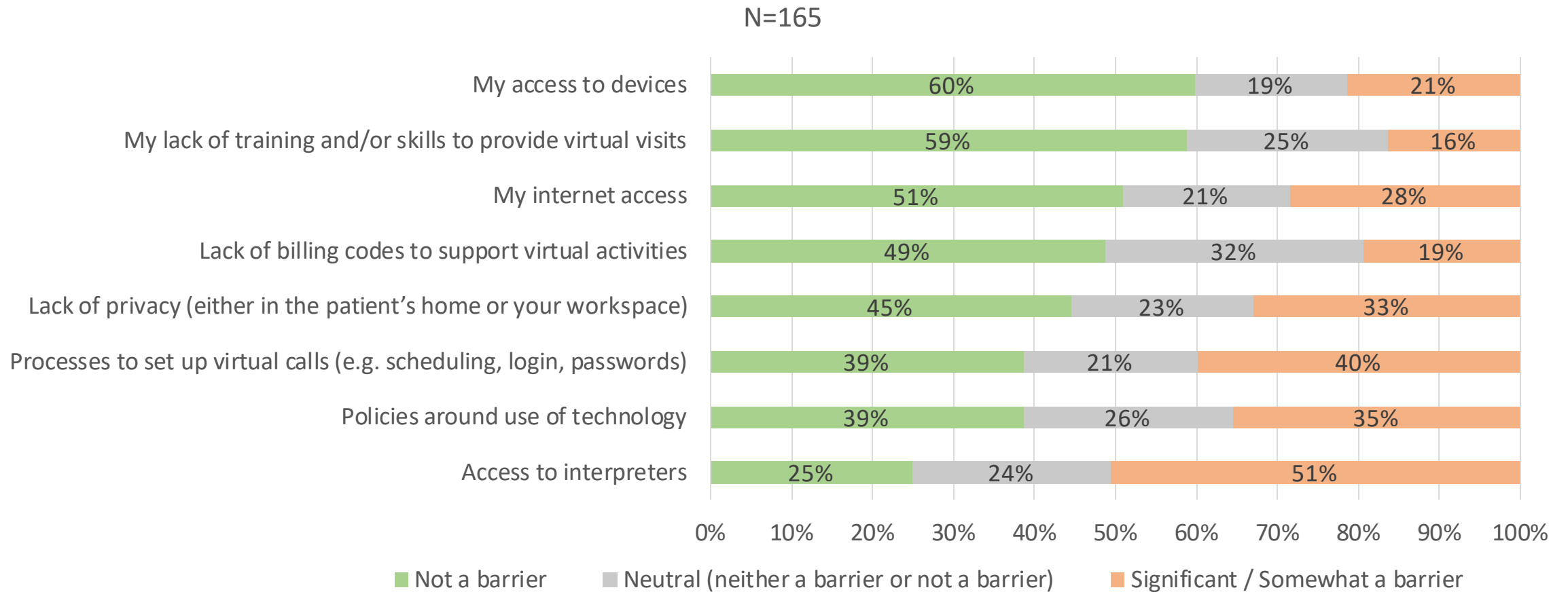
"Coordinating with family supports to arrange virtual visits helps a ton or having family present virtually while in client's home for translating, collateral info, etc."

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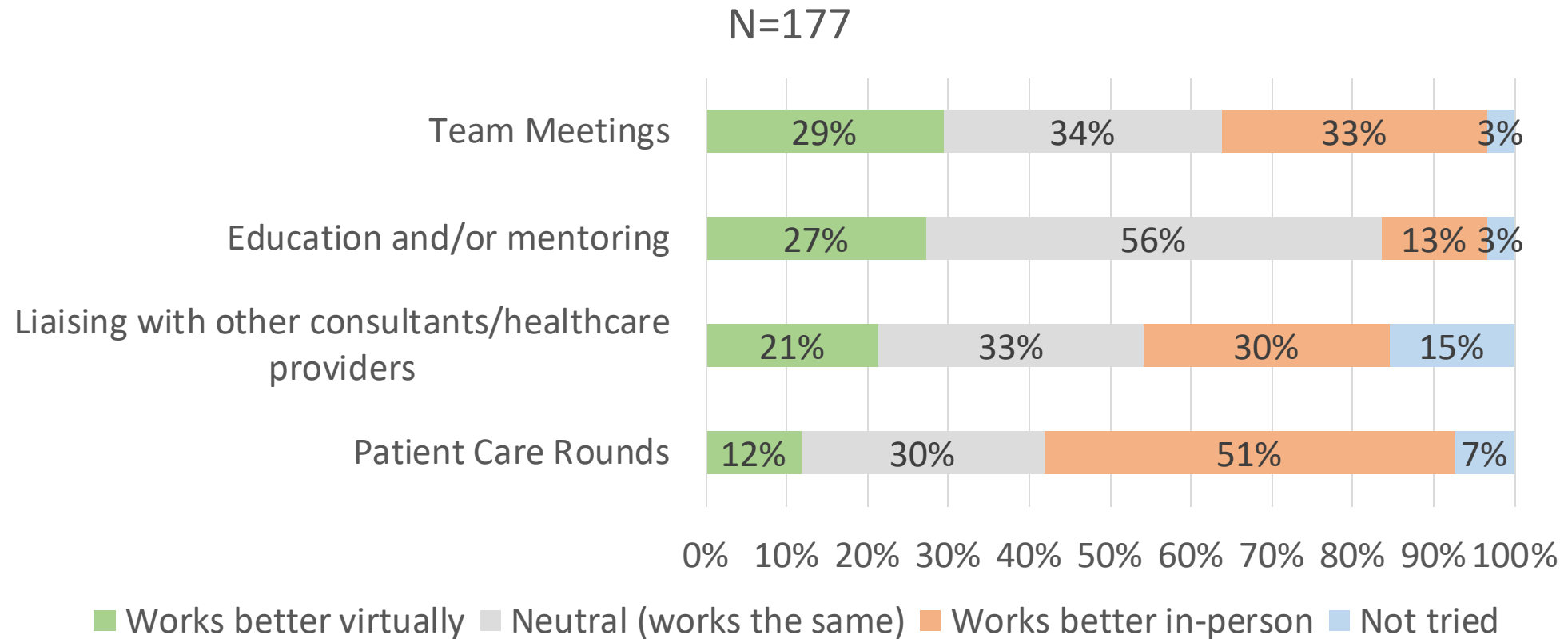# Clinicians report significant barriers for clients' use of virtual care

N=167

Category	Not a barrier	Neutral	Significant/ Somewhat barrier
Patients' access to devices	8%	5%	87%
Available in-home support	7%	9%	84%
Patient's internet access	7%	11%	82%
Patients' lack of training and/or skills to complete virtual visits	5%	7%	88%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Not a barrier ■ Neutral (neither a barrier or not a barrier) ■ Significant/ Somewhat barrier

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Clinicians report fewer barriers to using virtual care themselves

N=165

Barrier	Not a barrier	Neutral	Significant / Somewhat a barrier
My access to devices	60%	19%	21%
My lack of training and/or skills to provide virtual visits	59%	25%	16%
My internet access	51%	21%	28%
Lack of billing codes to support virtual activities	49%	32%	19%
Lack of privacy (either in the patient's home or your workspace)	45%	23%	33%
Processes to set up virtual calls (e.g. scheduling, login, passwords)	39%	21%	40%
Policies around use of technology	39%	26%	35%
Access to interpreters	25%	24%	51%

■ Not a barrier ■ Neutral (neither a barrier or not a barrier) ■ Significant / Somewhat a barrier

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Varied perspectives on virtual care for team activities

N=177

Activity	Works better virtually	Neutral (works the same)	Works better in-person	Not tried
Team Meetings	29%	34%	33%	3%
Education and/or mentoring	27%	56%	13%	3%
Liaising with other consultants/healthcare providers	21%	33%	30%	15%
Patient Care Rounds	12%	30%	51%	7%

Works better virtually   Neutral (works the same)   Works better in-person   Not tried

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Emerging Clinician Tips

1. First visit in-person, build rapport before using a virtual visit

2. Assess client ability to use phone/on-line

3. Involve Family or someone in home to support client and use tech

4. Use for select clients and indications, simpler issues, triage, check-in if stable

5. Prepare process ahead, email documents

6. Private, quite space, battery/power source

7. Arrive early, use headset, have back-up tech, tech support client

8. Ask who is present

9. Speak clearly and slow down, listen hard, ask more direct questions, don't assume

10. Symptom checklist helpful, share your screen

11. Document as a virtual visit, send summary to client

12. Next follow-up in-person

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Emerging Client Tips

1. Easier if already have rapport with HCP

2. Prepare ahead, write down topics and questions you want to discuss

3. Ask for scheduled time of call

4. Test tech ahead, have support/family in home

5. Have a quiet space, be aware calls may be less private

6. Ask what the providers roles are

7. Speak clearly and slowly, be flexible and patient

8. Have an advocate with you, record visit

9. Take notes, check all questions answered

10. Request written summary, especially medication changes

11. Ask for in-person if new changes in health, or can't use virtual tech

12. Ask for virtual if don't want someone in your home

13. Might take longer on call but cuts down wait-time to access HCP

14. Virtual is "better than nothing", feels less caring but check-in for simple issues can be reassuring

15. Appreciate your clinical team

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Client preferences beyond the pandemic:

Beyond the pandemic, what is your preference for homecare visits? (N=341)
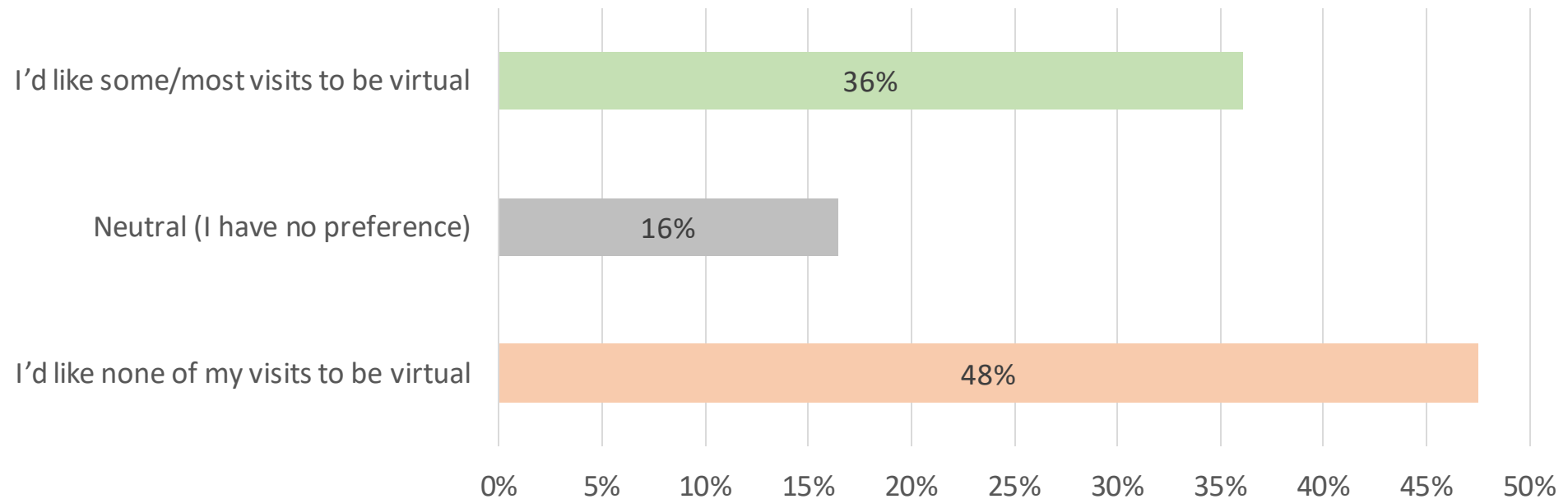
Clinicians thoughts on the future of virtual care:

"Never. Unless there is another outbreak."

"I expect to decrease virtual visits and return to 100% in person care, unless the client requests just a telephone call."

"No real changes. Telephone contact with client and family when client stable and capable to call. In-person required at intervals for assessments and teaching, preparing client and family for changes in future."

"Virtual visits are used for triage and visit planning (mostly by phone), same as pre pandemic. I offer Zoom visits as an option, but the vast majority of people choose in person. I will check in with clients or family members by phone when my caseload numbers are very large and exceed my ability to see people in person although this is really not ideal."

"Will continue to use Teams for Team meetings with other professionals. Saves much time. Continue to set up family mtgs virtually especially when family members are unable to physically be present during mtgs times due to commitments."

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Takeaways
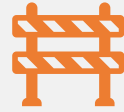
Most clients face challenges for virtual visits – phone is used most

Virtual care use increased during the pandemic, but not sustained

Limited activities for virtual care (e.g. triaging, scheduling visits, client preference)

Policies & technology accessibility may help but in-person remains at the heart of palliative home care

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Quiz Time!
Virtual Care Skills and Strategies

Domain 12: Virtual Care

Competencies for Interdisciplinary team members include[1]:

- Identifying people who are suitable and would benefit from virtual care

- Adapting care to virtual modality

- Delivering care virtually

Competency = SKILL + KNOWLEDGE + ATTITUDE

[1] Canadian Partnership Against Cancer & Health Canada. *The Canadian Interdisciplinary Palliative Care Competency Framework.* Toronto, ON: 2021.

Quiz Time! Virtual Care Competencies

Canadian Interdisciplinary Palliative Care Competency Framework – Virtual Care Domain 12

Identifying people who would be suitable for and benefit from virtual care

- Identify people who would be suitable to be assessed by virtual care modalities and where it would optimize symptom and psychosocial supports.

- Recognize equity challenges to virtual care including geography, finances, disabilities, language, and familiarity with technology.

Identify people who would be suitable to be assessed by virtual care modalities and where it would optimize symptom and psychosocial supports.

Nurses must consider the factors that impact the appropriateness of virtual palliative care:

- **Clinical situation** - overall health condition, severity, and type of the patient's illness.

- **Capabilities of clinicians and home care staff** - skills, training, and resources

- **Preferences of patients and caregivers** - willingness, ability, and comfort level with using virtual care

Do you have the SKILLS, KNOWLEDGE and ATTITUDE to address these factors?   Let's see……

Quiz Time! Skills, Knowledge, Attitude

Rate your skills, knowledge and attitude on the top 3 factors that <u>impact the suitability of virtual palliative care:</u>

Understanding the Clinical Situation (overall health condition, severity, and type of the patient's illness)

1. **Skills:** Patient assessment, symptom management, understanding of palliative care protocols.

2. **Knowledge**: Medical conditions, stages of illness, palliative care principles.

3. **Attitude:** Empathy, attentiveness, patient-focused approach.

Quiz Time! Skills, Knowledge, Attitude

Rate your skills, knowledge and attitude on the top 3 factors that <u>impact the suitability of virtual palliative care:</u>

Capabilities of Clinicians and Home Care Staff (skills, training, and resources)

1. **Skills:** Technical proficiency in virtual care platforms, effective communication, managing emergencies.

2. **Knowledge:** Training in virtual care technologies, resource management.

3. **Attitude:** Adaptability, teamwork, continuous learning.

Quiz Time! Skills, Knowledge, Attitude

Rate your skills, knowledge and attitude on the top 3 factors that <u>impact the suitability of virtual palliative care:</u>

Preferences of Patients and Caregivers (willingness, ability, and comfort level with using virtual care)

1. **Skills:** Communication, patient education, ability to assist with technology.

2. **Knowledge:** Understanding patient/caregiver preferences, awareness of technology barriers and possible solutions to overcome barriers.

3. **Attitude:** Respect for patient/caregiver choices, patience, active listening, ability to adapt and respond to new situations.

Recognize equity challenges to virtual care including geography, finances, disabilities, language, and familiarity with technology.

Examples of equity challenges in receiving virtual palliative care and possible solutions for each:

Challenge	Possible Solution
Limited Internet Access - Areas with poor or no internet connectivity	Provide alternative virtual care approaches (e.g. telephone)
Lack of Technological Literacy - Not be familiar with technology.	Offer training and information on technology use.
Economic Disparities - Can't afford the necessary devices or data plans.	Subsidized or free equipment and data.
Language Barriers - Struggle with language in virtual settings.	Use multilingual platforms or interpreter services.
Physical Disabilities - Challenges use standard virtual care interfaces.	Use accessible and customizable user interfaces and technologies.
Cultural Differences - Cultural nuances can affect the acceptance and effectiveness of care modality.	Incorporate culturally sensitivity and awareness in virtual care practices.
Privacy Concerns – Concerns about data breaches or lack of confidentiality.	Enhance data security measures and ensure strict privacy policies.

Quiz Time! Virtual Care Competencies

Canadian Interdisciplinary Palliative Care Competency Framework – Virtual Care Domain 12

Adapting care to a virtual modality

- Deliver virtual care as per standards of Accreditation Canada, provincial standards of practice, and workplace regulations and guidelines.

- Adapt a variety of information and communication techniques to deliver person-centred care.

- Utilize various tools to deliver care virtually.

Adapting care to a virtual modality

Accreditation Canada Virtual Health Standard (HSO83001) for secure and reliable virtual care encounters (VCE).

1. Ensuring Privacy and Confidentiality: Maintaining patient confidentiality and securing personal health information during virtual interactions.

2. Technical Proficiency: Nurses should be skilled in using virtual care technologies and platforms.

3. **Patient-Centered Care: Tailoring virtual care to meet the specific needs, preferences, and conditions of palliative care patients.**

4. **Interdisciplinary Collaboration: Collaborating with various healthcare professionals to provide comprehensive care.**

5. **Cultural Competency: Delivering care that is respectful of and sensitive to diverse cultural backgrounds.**

6. Continuity of Care: Ensuring seamless care and coordination between virtual and in-person services.

7. **Patient Safety: Prioritizing patient safety in virtual care settings, including monitoring for any signs of deterioration.**

8. Regulatory Compliance: Adhering to relevant legislation and regulatory requirements for virtual care.

9. Effective Communication: Establishing clear and empathetic communication channels with patients and their families.

10. Quality Improvement: Continuously evaluating and improving the quality of virtual care services.

Do you have the skills, knowledge and attitude to recognize these factors?   Let's see……

Quiz Time! Skills, Knowledge, Attitude

Rate your skills, knowledge and attitude on 4 elements of <u>adapting care to a virtual modality</u>:

Patient-Centered Care

1. **Skills:** Tailoring care plans, managing diverse medical conditions, leveraging virtual tools for personalized care.

2. **Knowledge:** Understanding of individual patient needs, familiarity with various health conditions, awareness of virtual care technologies.

3. **Attitude:** Empathy, patience, willingness to adapt to patient preferences.

Quiz Time! Skills, Knowledge, Attitude

Rate your skills, knowledge and attitude on 4 elements of <u>adapting care to a virtual modality:</u>

Interdisciplinary Collaboration

1. **Skills:** Effective communication, coordination of care, information sharing.

2. **Knowledge:** understanding roles of different healthcare professionals, strategies for collaborative care, virtual teamwork dynamics.

3. **Attitude:** Openness to others' expertise, respect for diverse professional opinions, collaborative mindset.

Quiz Time! Skills, Knowledge, Attitude

Rate your skills, knowledge and attitude on 4 elements of <u>adapting care to a virtual modality</u>:

Cultural Competency

1. **Skills:** Communication across cultural differences, adapting care to cultural needs, use of interpreters or cultural guides.

2. **Knowledge:** Cultural beliefs and practices in health, language proficiency, cultural sensitivity in virtual settings.

3. **Attitude:** Recognizing biases, openness and acceptance to learning about different cultures, adaptability.

Quiz Time! Skills, Knowledge, Attitude

Rate your skills, knowledge and attitude on 4 elements of <u>adapting care to a virtual modality:</u>

Patient Safety

1. **Skills:** Monitoring patient status remotely, recognizing signs of deterioration, emergency response in a virtual setting.

2. **Knowledge**: Knowledge of common risks in palliative care, proficiency in using monitoring tools, understanding of emergency protocols.

3. **Attitude:** Ability to react under pressure, quick decision-making, maintain focus and prioritize.

Quiz Time! Virtual Care Competencies

Canadian Interdisciplinary Palliative Care Competency Framework – Virtual Care Domain 12

Delivering Care Virtually

- Communicate effectively and clearly with people and their designated families or caregivers, and elicit signs and symptoms remotely.

Delivering Care Virtually

A comparative chart outlining the competencies (skills, knowledge and attitude) for communication during virtual care visits compared to in-person visits.

	Virtual Care Visits	In-Person Visits
Skills	• Proficiency in using digital communication tools. • Ability to convey empathy and compassion through verbal and non-verbal cues. • Skills in ensuring privacy and managing technological issues.	• Proficiency in face-to-face communication. • Use of physical presence and touch for comfort. • Ability to observe and respond to non-verbal cues in real time.
Knowledge	• Understanding of the limitations and advantages of virtual platforms. • Awareness of patient's technological capabilities. • Knowledge of how to guide patients and caregivers through the technical aspects of virtual communication.	• Knowledge of bedside manner. • Understanding of the patient's physical and emotional state through direct observation. • Knowing how to demonstrate techniques and empower patients and families.
Attitude	• Patience with technical issues or limitations. • Openness to adopting new communication techniques. • Sensitivity to the fact that patients and families might feel distant or disconnected.	• Presence and attentiveness. • Empathy and compassion in personal interactions. • Sensitivity to patients' and families' physical environment and dynamics.

Resources to become Webside Savy

1. **Clinician Change Virtual Care Toolkit:** Offered by Virtual Care Together, this toolkit includes resources for clinicians and support staff to deliver safe, high-quality virtual care, covering various modalities like phone, video, and remote patient monitoring. [Clinician Change Virtual Care Toolkit](#)

2. **Open Educational Resources for Nursing by CASN/ACESI:** The Canadian Association of Schools of Nursing provides various resources, including courses, retreats, and webinars, which may include content relevant to virtual care. [CASN/ACESI Resources](#)

3. **Canadian Nurses Protective Society - Virtual Care Practice Considerations:** This resource offers guidance and considerations for nurses looking to join or optimize their virtual care practice. [CNPS Virtual Care Practice](#)

4. **Canadian Interdisciplinary Palliative Care Competency Framework**: Available through the CHCA's eiCOMPASS Project (that is introducing emotional intelligence to palliative care competencies) the Framework provides a comprehensive outline of vital competencies (including virtual care) required for offering exceptional palliative care, inclusive of home-based settings. [eiCOMPASS Project Site](#)

CHCA ECHO Hub

cdnhomecare.ca/palliative-care-echo-hub

For taking a few moments to complete the feedback survey