TELEMEDICINE @ HERZL: THE ESSENTIALS

WHAT IS IT?

The practice of medicine at a distance using information and communications technologies

- Phone call
- Video conference

HOW DO YOU DO IT?

A teleconsult (phone or video) is the same as a regular visit. With a few additional key elements. It’s the primary way we will be offering care to patients during the COVID 19 Pandemic. Here are the key steps.

1. Introduce yourself:
Tell them who you are and why you’re calling. Ensure that you and the patient are in a confidential setting. If it’s a video visit, hold your identification badge up to the camera. If you are resident let the patient know who the supervising doctor will be, and that at some point you will review the case with them.

2. Confirm the patient ID:
On the phone ask them for their Name, DOB and Home Address. If it’s a video visit, have them hold their RAMQ up to the camera.

! Confirm their current location in case the patient goes into distress and you need to call emergency services!

3. Consent the patient:
It’s important that the patient understand what a telehealth visit is, and what the limitations are. Here are the key phrases that must be included in an explanation.

- A phone or video visit is different than in person and has some limitations, if it any point I feel that you need to be seen I will have it arranged.
- As we are speaking over phone or video, if you are in a public, there is a chance confidentiality could be breached. However for our video conferencing tools we are only using secure ministry approved solutions.
- I will document your visit in your Herzl medical chart
- Do you agree to this phone or video visit (I document using clickable text in History section of the note!)

4. Proceed with the visit:
Try your best to determine at the beginning of the interview if the visit is appropriate for telemedicine. Here are some examples, but you should always use your clinical judgment

<table>
<thead>
<tr>
<th>Appropriate</th>
<th>NOT Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coughs and Colds</td>
<td>New Rx for Narcotics benzodiazepines and stimulants</td>
</tr>
<tr>
<td>Simple UTI</td>
<td>Rx changes for unstable or relapsed patients taking Methadone or Suboxone</td>
</tr>
<tr>
<td>Dermatology (via his res video only video)</td>
<td>Rx for cannabis</td>
</tr>
<tr>
<td>Contraception Counselling</td>
<td>Suspected otitis media that requires treatment (i.e. young infants &lt; 6 months or prolonged fever &gt; 48hours or severe illness)</td>
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<tr>
<td>STI screening and Counselling</td>
<td></td>
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<tr>
<td>Mental Health</td>
<td></td>
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<tr>
<td>Routine screening and DM f/u</td>
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DOCUMENTING THE VISIT

- Document the visit as normal in MYLE and be sure to use the new MYLE clickable text for “Telemedicine” in the History section of the note. Always be prepared for the visit by reviewing the patient file before the visit.
- Finalize your impression and summarize the diagnosis for the patient
- If you are a resident tell your patient you will review the case with your supervisor and call them back to discuss the treatment plan
- !Ensure that pharmacy information is up to date in MYLE as all Rx should be faxed!

IN CASE OF EMERGENCY

!NEVER HANG UP ON THE PATIENT!

- Even if you are unsure of what to do, if you feel the patient needs urgent medical attention, do not end communication with the patient
- In this case, if needed, call 911 for the patient and provide the location of the patient to emergency services
- Answer all questions 911 may have regarding the situation
- Call your supervisor on another line to discuss the case if possible
- Once the case has been managed, if not done so already, immediately call your supervisor to discuss

Examples of emergencies:

- The patient tells you they are actively suicidal with a plan and you are imminently worried for their safety or the safety of others (call 911)
- The patient starts to have crushing chest pain and feels dizzy during the conversation (call 911, possible myocardial infarction)
- The patient starts to have slurred speech and does not answer questions appropriately and seems confused (call 911 – possible stroke)

ESCALATION

If during a phone call you feel you’d like to schedule a video conference, tell the patient they will receive a phone call to schedule an appointment and an email from the clinic with instructions on how to join a video call. Laptops, iPads and Mobile phones all work. Send a task to Coordinator – Virtual Visit.

If during a call you decide you need to see the patient tell them they will receive a phone call to be booked into urgent care. Send a task to Coordinator – Urgent Care

COVID 19 REMINDERS

If a patient has travelled outside Canada in the last 2 weeks or been exposed to someone who is positive for COVID-19 AND they have any viral symptom they cannot be seen at Herzl. However we are now offering virtual viral visits by Zoom. Can be booked through “coordinator virtual” Or advise them to call: 1-877-644-4545 (the new 811) or call 514-734-9909 to be tested at the JGH

If they have travelled without any viral symptoms, they can be seen but they and the clinician must wear a yellow mask and gloves during the visit.

This document was created by Drs Barbara Evans, Mylene Arsenault, Mark Karanofsky, Juan Gardie and Michael Shulha based on guidelines from the CMPA,CMQ, College of College of Physicians and Surgeons of British Columbia, College of Physicians and Surgeons of Ontario
Identification and introduction (nature of the visit, confidentiality, consent)

**HISTORY**

Previous medical history:
Any serious pre-existing medical conditions: diabetes, Asthma, COPD, Heart disease, cancer, immunosuppression.
Previous pneumonia? bronchitis?
Previous (recent) antibiotics use?
Does this feel like an usual asthma exacerbation?
Have you ever used tobacco products?

Current medications

Allergies

Travel history in last 14 days or contact with someone with or under investigation for COVID

Current symptoms:
Viral symptoms: sore throat, runny nose, sneezing, fatigue, anorexia, muscle aches, headache, Fever (axillary or oral >37.5) Night sweats, Chills, Cough (dry or wet)
Shortness of breath? on exertion? walking uphill? S.O.B. while speaking? at rest?

*** Assess for deterioration of overall health, any deterioration in control of comorbid conditions

*** Assess duration of symptoms; are they improving, stable or worsening?****

**VIRTUAL PHYSICAL EXAM**

General appearance
Look for cyanosis

**Vitals obtained by patient:**
Temperature:
Pulse:
Respiratory Rate
Blood pressure:

**Chest:**
Accessory muscle use
Audible wheezing
Cough

**Neuro:**
Screen for confusion
TREATMENT AND PLAN

Low Threshold for Empiric Antibiotics
COPD
Smokers
Diurnal pattern of symptoms (was sick, got better then got worse again)
Asthma
Immunosuppression
Active cancer

When to consider Chest X-Ray:
Viral symptoms, getting better and then getting worse again
Worsening of symptoms after 4-5 days or prolonged/not improving after 7 days

When to consider sending to ER:
Low Blood Pressure
Confusion
Shortness of breath at rest or if severe
Cyanosis
Respiratory rate > 22
Chest pain

When to Consider testing for COVID:
Travel or contact in last 14 days and viral respiratory symptoms (more than just coryza)
Patient can call: 514-734-9909 for testing

Things to consider:
Increased work of breathing and known asthmatic: use puffers – asthma action plans