

Physician and MOAs: Preparing to Work from Home

As concerns over COVID-19 have grown, now is the time for clinics to start considering how they will care for patients in these unprecedented times. Please use this document as a starting point so that your clinic can start thinking about and moving towards virtual/remote care for the wellbeing of yourselves and your patients.

Consider how you will...

1. Manage incoming calls to the clinic if clinic is closed or MOAs not able to work on-site

- Will all incoming calls be forwarded to one staff member who is working from home? Who will this be? ***See Appendix A How-to-Guide for Call-forwarding***
- Will all staff have remote access to voicemail and have patients must leave a message (as well as or instead of call forwarding?).
- Adapt outgoing voicemail message accordingly.
- Are your lines of communication open for long-term care facilities to connect with you as needed?

2. Set up for Virtual Care

- Are all patient appointments going to be done through telephone or will you utilize a combination of telephone and face-to-face virtual visits?
- Are you set up on a virtual clinic platform? Have you done a test-run with a colleague or family member to make sure you are comfortable with the program? (some telehealth platforms include doxy.me and zoom. Please contact your clinic liaison if you would like more information on these virtual platforms).
- All telehealth appointments must include documentation in the visit note that indicate type of encounter and patient consent. Please see sample template provided by doctors of BC: ***Appendix B Template for documenting patient consent to telehealth appointment.***

3. Access your EMR remotely

- Ensure that all staff are able to log-in to the EMR from their home computer. If you are a Med Access user, one of your users with admin privileges will be able to call the support desk to access the external password if it is not recorded somewhere in your clinic.
- If your clinic has only one MOA, consider what the plan will be if they are not able to work at all- Is there a locum MOA who you may want to set up with remote access?

4. Manage Paper documents such as Triplicate Prescriptions and Forms

- If you are not set up on e-fax through your EMR, will there be at least one person at the office who will be responsible for all incoming faxes received? In the event that all office staff are quarantined, who else is available to access these documents from your clinic? How will they get to you? How will outgoing faxes be sent? (Email, fax at home, drop-off?)
- Documents can be “scanned” from your smart phone. You can use your camera to take a photo of a document and save as PDF. **See Appendix C How to scan documents as PDF onto your smart phone.**
- Many clinics are having patients email any forms that need to be filled out. Please remember that patients DO NOT need sick notes for their employer during these times.
- Arrange to have triplicate prescriptions mailed to the pharmacies.

5. Coordinate necessary in-person visits

- If patients with respiratory issues are deemed to need an in-person assessment, they can then be referred to the drive-thru assessment center. Please visit pathwaysbc.ca for directions on how to refer patients to assessment clinic as well as up-to-date PPE guidelines for all in-person patient encounters.

What are other clinics ideas/suggestions for in-person visits/hospital rounds?

- Elective and non-urgent procedures are being postponed. This promotes social distancing, and decreases use of PPE equipment that is often needed for procedures or autoclaving.
- In the event that you need to close your clinic, you may want to reach out ahead of time to delegate a ‘buddy clinic’ where you can send your patients who need an in-person visit (injections etc.). This will help take the burden off of the ER and Walk-in clinics during these unprecedented times.
- Only one provider working on site per day. Any clinic patients who need to be seen in person are seen by this on-site provider.
- Providers who are part of a larger call group are rotating hospital rounds on a weekly basis. Furthermore, once the call week is finished, they are self-isolating for 2 weeks and only seeing patients from home (again, with a designated colleague delegated to see necessary in-person appointments).

Please continue to visit pathwaysbc.ca for all new COVID-19 related updates. If you have any further questions or suggestions to add, we are here to offer our support. Please reach out to an SOS Division Clinic Liaison listed below:

Taunya Cossentine: Taunya.cossentine@sosdivision.ca, Aarin Frigon: Aarin.frigon@sosdivision.ca
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APPENDIX A: How-to-Guide for Call-Forwarding Variable (Telus/Rogers)

To activate:

- Press ***72**, listen for three beeps and then a dial tone.
- Dial the number you want your calls forwarded to. If the phone is answered, Call Forwarding is activated. If the number rings busy or goes unanswered, hang up and repeat the activation process within two minutes. You will hear an intermittent dial tone that confirms that Call Forwarding is activated.

To deactivate:

- Press ***73**.
- You will hear 2 beeps. Hang up the phone and Call Forwarding is deactivated

Some customers from BC, may be required to use **72#** to Activate and **73#** to Deactivate, in the case that the * codes do not work.

To block your number from being displayed temporarily for a specific call:

- a. Enter ***67**.
- b. Enter the **number** you wish to call (including area code).
- c. Tap **Call**. The words "Private", "Anonymous", "No Caller ID" or some other indicator will appear on the recipient's phone instead of **your** mobile number.

Note: Some patients' phones may be set to ignore calls from unlisted numbers.

APPENDIX B: Template for documenting patient consent to telehealth appointment:

Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.

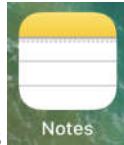
APPENDIX C: How to scan documents as PDF onto your smart phone






On an iPhone the standard app, *Notes*, can be used. For all phones you can install the free app, *CamScanner*, which might have more features. The documents are stored as PDF files.

Requirement: Your phone should be set up to send emails.

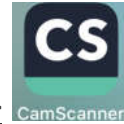
Hint: Light documents photographed on a dark table scan the easiest.








For Notes



1. Start a new note 
2. Tap the camera  icon at the bottom of the empty space
3. Select the Scan Documents **Scan Documents** option
4. Aim your camera at the document and it may snap the image automatically, or take the picture manually and adjust the borders.
5. When all pages are in, tap Save 
6. Tap the share  icon near the top
7. Select Mail  as the way to share
8. Enter the recipient's email address and a subject
9. Send the email

For CamScanner



1. Go to the App store to find and get and install CamScanner
2. Open CamScanner
3. Tap the camera  icon
4. Select Single or Batch
5. Aim the camera at the document
6. Tap the shoot button 
7. If the frame is correctly around the document tap next 
8. After automatic clean up and alignment tap the tick mark 
9. Tap Email  Email at the bottom
10. Tap Preview 
11. Tap Send 
12. Enter the recipient's email address and a subject
13. Send the email

The exact procedures will vary from phone to phone. You should also be able to send the documents via other messaging methods on your phone.

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