



Using Video Visits in LTC/Retirement Homes During the COVID-19 Pandemic

This document provides a quick reference for those who will be using Direct-to-Patient Video Visits through Ontario Health (OTN) to support resident assessment, regular follow-up, just-in-time recommendations for intervention/treatment, and discussions with care team members and family members during the pandemic. Video visits enable contact with residents and/or family without having to physically enter the residence.

Ensuring that the virtual provider is ready

- The care provider must have an OTNhub account - sign up [here](#).

Ensuring the LTC/retirement home is ready

- Ensure that those who will be supporting care virtually are ready to do so and have an active OTNhub account. Please review the Direct-to-Patient Video Visit toolkit [here](#).
- Assign a virtual care lead within your organization to support video visits.
- Ensure that there is a device (e.g. laptop/tablet/smartphone) with a camera, microphone, speaker and e-mail service associated with it.
- Mobile devices will require network capability wherever used. An information technology assessment may be needed to ensure that the necessary bandwidth is available to support videoconferencing where it will be used.
- During the COVID-19 pandemic, a generic e-mail account can be used to facilitate ease of use. The LTC/retirement home will need to create a generic e-mail account – e.g. virtualvisits@email.com – to receive secure OTNinvite e-mail links for video appointments from care providers. This process should be managed by the virtual care lead and shared with assigned staff. As well, all providers will need to send the virtual invitation to this generic e-mail address.
- Communicate the availability of this service to residents and families and follow the guidelines around consent. For more information on consent, click [here](#).

Video visit best practices

- Mobile devices must be stationary either by way of a stand or held by staff.
- It's ideal to have one staff member control the device and another to support presentation of the resident to the clinician.
- Ensure good lighting for the provider to see and assess the resident (e.g. avoid windows behind the patient unless curtains are closed and all lights in the room are on).
- Ensure that privacy and confidentiality is respected during the video visit (e.g. conduct the video visit in a room with a closed door, with a sign on the door indicating video in progress).
- Ensure equipment is disinfected between residents in keeping with the organization's policies and procedures. For additional information click [here](#).

Technical Troubleshooting

An internet connection without necessary capacity can result in poor video quality. Please consider the following for better performance:

1. Test your internet connection or ask your information technology lead to test it by using a publicly available bandwidth testing tool. For example, speedsmart.net, fast.com, or speedtest.net.
 - For a high-resolution call, a minimum of 1.5Mbps UP and 1.5 Mbps DOWN is needed.
 - For a medium-quality call, a minimum of 1Mbps UP and 1 Mbps DOWN is needed.
3. Ask your information technology lead to consider reducing the bandwidth the video platform uses. For example, the recommended setting for Direct-to-Patient Video Visits through OTN is Medium (576 kpbs).
4. Consider upgrading your Internet Service Plan (ISP) to increase the speed, quality, and strength of your internet connection. (This might not be an option in rural settings.)
5. Ensure your information technology lead has validated that you have sufficient wifi in the rooms. For example, ensure routers are located in appropriate areas and have Quality of Service (QoS) settings give priority to video.
6. For help, please contact OTN Technical Support at **1-855-654-0888**.

Other Resources

- OTN Direct-to-Patient Video Visit Toolkit
<https://training.otn.ca/course/view.php?id=10090>
- OTN COVID-19 tools
<https://otn.ca/covid-19/>
- Ministry of Health Info Bulletin
<http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4750.aspx>