



Providing Access to Emergency Services/Urgent Care Virtually

Preamble

Emergency departments (EDs) have seen significant reductions in utilization since the COVID-19 pandemic began. There are also fewer patients presenting with serious issues including heart attack and stroke. This may mean that people who should be seeking care are not, possibly due to a fear of acquiring COVID-19 when doing so.

Hospitals are being urged to consider starting up a local virtual triage approach that could include the following elements:

- A webpage with information on local and provincial resources for urgent care (including COVID-19 triage tools). Patients with serious illness would be directed to call 911 or visit the ED.
- A telephone line +/- a clinical video service delivered by hospital emergency staff to assist in urgent care and triage decisions. The service is aimed at patients with urgent problems who may not need to be seen in the ED.

Hospitals are beginning to offer virtual emergency department visits to patients meeting eligibility criteria to minimize risk of exposure to COVID-19. This model of care has been used effectively in Ontario hospitals and in other jurisdictions prior to COVID-19 to minimize wait times in hospital, streamline workflow and to make care more comfortable and convenient for patients. Some patients can avoid an in-person visit altogether. This document highlights variation on this model for consideration by organizations wishing to offer virtual services.

Virtual Triage Model Options

Generally, when patients present at an emergency department, a triage process is used to help identify those who need to receive care most urgently. When presenting virtually, this triage process may also be used. There are three main virtual triage options:

Direct Contact: The patient is able to contact a provider or make a request directly to the provider. This may be done through a text message, telephone call or on-line request. The service may be available instantly, in real time, or there may be a process where the patient is put into a queue for response.

Triage Model: The nurse receives a request and uses a triage methodology, generally the Canadian Triage and Acuity Scale (CTAS), to determine the urgency of the request and then put the patient into the queue. Again, this may be initiated through a text message or online but will generally require a discussion with the patient to complete the CTAS. Ontario's eCTAS solution (see below) may be an option to record this data to communicate this information to others.

Fully Automated: Triage occurs using an automated system such as a 'chatbot' feature or structured responses to a set of questions tied to algorithms that then helps to determine the level of urgency for response. This information then provides an alert if a clinician needs to be involved in patient care. In certain circumstances where the presenting complaint and required action is straightforward, the patient may not need to interact with a clinician at all.

These options are supported through different workflows and virtual care solutions. Ontario Health (OTN) can help interested parties work through what may work best given the regional or local context. Two examples can be found in the Models of Care section.

Technology

There are many ways of supporting a virtual approach to urgent/emergent care; at its simplest, a website with a telephone number to call/text to initiate the contact can be used with/without a recorded message and way to leave a message. Contact back with the patient can be as straightforward as a telephone call but a video connection can also be made depending on the connectivity and end-point that the patient may have available: a smartphone, computer or tablet with wifi will work.

A webform can also be developed and posted to a webpage which, when completed, can be used to initiate an interaction. The Children’s Hospital of Eastern Ontario (CHEO) has used a ‘MyChart’ form posted on their website for this purpose.

Providers can use their own technology solution or one that may be available locally via, for example, hospital information systems that offer videoconferencing. [Direct-to-Patient Video Visits](#) can also be done through Ontario Health’s (OTN’s) video service. There are also vendor solutions available for this purpose. For more information and assistance [contact Ontario Health \(OTN\)](#).

If there isn’t a local or regional solution available, patients can be directed to the Ontario Virtual Care Clinic (<https://www.seethedoctor.ca/>) via the hospital website (see below).

Model of Care Examples

Children’s Hospital of Eastern Ontario:

The Children’s Hospital of Eastern Ontario (CHEO) Emergency Department offers virtual urgent care appointments, in some cases by video, for children and youth in Ontario and Quebec. Their model includes:

- Information about the service on their website (click [here](#) to view the website)
- Directions for making sure the service is right for the situation (including a reminder that their emergency department is available for urgent health care services that require in-person care)
- An online form for requesting a virtual appointment along that gathers health issue details (click [here](#) to access the form) and an indication of process for responding – which includes a callback from a registration clerk during operating hours and an appointment time for the virtual visit
- A virtual visit – telephone or video -- with a physician at the appointed time. The physician may recommend an in-person visit.

Prescriptions can be provided to the patient’s preferred pharmacy via auto-fax. Directions can be provided for laboratory or diagnostic imaging tests.

Renfrew County Virtual Triage and Assessment Centre:

The Renfrew County Virtual Triage and Assessment Centre (RCVTAC) is a new health care service designed to reduce the demand on Emergency Departments and provide Renfrew County residents who do not have a family physician or cannot access their family physician, with the appropriate level of care when they have any health concern (including concerns related to COVID-19).

The RCVTAC is a virtual solution that enables nurse practitioners, physicians and/or community paramedics to assess and manage health concerns in multiple ways depending on a person’s needs. This includes:

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- Phone appointments
 - Video appointments
 - In-home assessments and diagnostic testing by community paramedics
 - Remote monitoring and alerting and, if necessary, escalation to a designated team of physicians and allied health professionals for the management of patients with COVID-19
 - Referral to other services including mental health support

For more information about this model click [here](#).

Patient Communication – Hospital Websites

Most organizations use a website to communicate the availability of ED services to patients. One very important message to highlight is that the ED is always available and, in the COVID-19 context, safe to use. The patient needs to know that if there is any uncertainty about course of action, the most appropriate action is to go to the ED.

Further, providing clear communication about the options available and the steps involved in preparing for use of the service is critical. CHEO and RCVTAC, outlined above, are good examples of how to communicate this type of information.

Finally, it is very important to include **eligibility for the service** – when to use it and not to use it – as well as a **reminder that calling 911 may be the most appropriate course of action**.

eCTAS - Nurse Triage Model

The Canadian Triage and Acuity Scale (CTAS) is a tool used by ED nurses to triage patients. The triage score assigned determines how urgently a patient needs to be seen by a physician.

Ontario Health (Cancer Care Ontario) developed an electronic decision support tool utilizing the Canadian Triage and Acuity Scale called eCTAS. The provincial system supports the triage nurse to document assessment parameters and determine a triage score. In addition to providing nurses with decision support, the triage assessment information is available in a secure cloud-based environment for health system planning. The eCTAS tool has been critical in improving the consistency and accuracy of patient triage in EDs across Ontario as well as providing live triage data. A total of 115 hospitals participate in the eCTAS Program in Ontario with 60% of hospitals electing to utilize the application developed at OH(CCO) and 40% of hospitals utilizing the OH(CCO) eCTAS algorithm then submitting triage data in real time via a bi-directional web service connection.

The eCTAS tool has potential for use in a virtual triage model of care or by Emergency Medical System (EMS) personnel – providing insight as well as improved accuracy and consistency on the level of acuity of patients accessing virtual services. The eCTAS tool, in its Basic Application, requires minimal to no hospital vendor development. A permanent record of the virtual visit would be stored in the eCTAS database, which has adhered to all the necessary privacy and security expectations of the Ontario Privacy Commissioner and is an approved vendor for Personal Health Information (PHI). This record could be utilized to include physician assessment/advice and printed for a paper record of the virtual visit. The virtual record could be accessed at EDs within 10 days in the eCTAS Application.

OH(CCO)'s eCTAS Application may be an option to help facilities accelerate or transition to a virtual assessment environment. Use of the eCTAS Application in a virtual triage capacity would require engagement with the eCTAS team. To learn more or investigate any potential integration please contact the eCTAS Team at eCTAS@cancercare.on.ca For more information on eCTAS click [here](#).

For assistance in planning virtual models for accessing emergent/urgent services, contact us:
info@otn.ca