

Clinical Strong Practice (CSP)

Virtual Consultation and Tele-Urgent Care Visits

Practice Purpose

A region wide Tele-Urgent Care Service will provide virtual care for Veterans who will be triaged through the Call Center, and routed to virtual care, when clinically appropriate. Those can be on demand (Tele-Urgent Care) or scheduled (Tele-Primary Care). This enables nurses to virtually consult with providers or refer a Veteran directly to providers for instant care. This alleviates traffic for primary care clinics and Emergency Departments (ED), reduces unnecessary COVID-19 exposures, and provides specialty care remotely.

Documents Included

VISN Wide Process for Establishing Tele-Urgent Care and Virtual Clinics (Pages 2 – 3)

- Describes three different models to activate virtual clinics, how to build the virtual clinic, suggested staffing for three different virtual clinic models, provider credentialing and privileging process, and when to schedule follow-up care

Virtual Visit Registration and Documentation (Page 4)

- Details information documented during registration of patient and note template used during virtual visit

Call Center Triage Nurse Training on Utilizing Tele-Urgent Care Providers (Page 5)

- Instructs call center triage nurse on how to initiate Tele-Urgent Care Consult/Visit and describes which service patients should be routed to based on presented condition

Provider Preparation and Training for Tele-Urgent Care Visits to Home (Page 6-7)

- Instructs provider on how to set up and use VA Video Connect (VVC) and Virtual Care Manager (VCM) to conduct a virtual visit with a patient who is at home or not in a VA facility

Tele-Urgent Care Flyer Template (Page 8)

- The flyer describes the tele-urgent care service offering and should be distributed to facility staff, PACT, and facility departments as needed. Template is subject to change based upon your facility. Please insert your own information into flyer

Practice Origin: VISN 21 Sierra Pacific Network



This COVID Strong Practice was developed in response to the COVID-19 Pandemic to enable VHA to adapt quickly for the benefit of Veteran and employee health.

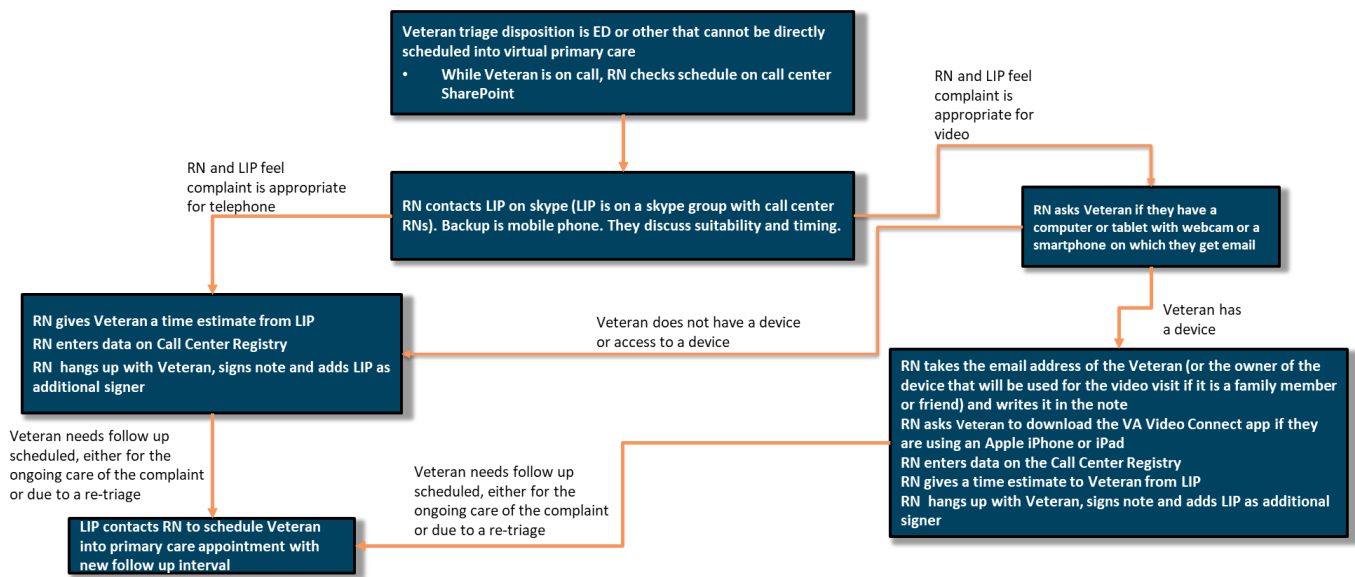
VISN Wide Process for Establishing Tele-Urgent Care and Virtual Clinics

Models	<p><u>ED Triage Consultation Only</u></p> <ul style="list-style-type: none"> For redirecting appropriate patient from EDs to virtual care Work well if call center Registered Nurses (RNs)/Medical Support Assistants (MSAs) have ability to book virtual visits with licensed independent practitioners (LIPs) same day on demand Advantage – ED dispositions can be re-directed to virtual care (provider needs to be available) 	<p><u>ED Consultation and Tele Urgent Care Visits</u></p> <ul style="list-style-type: none"> Works if there is adequate LIP staff to provide visits for those problems that cannot wait until next day Works best if there are also virtual Tele Primary Care bookable hours same day or next day for those patients who are re-triaged to a longer follow up interval by LIP consultation 	<p><u>Tele Urgent Care visits (on demand) and Tele Primary Care visits (scheduled)</u></p> <ul style="list-style-type: none"> Does not require ED consultation Triage dispositions to ED by Triage Expert Dual Purpose or other triage algorithm will not be referred or scheduled into these clinics if no consultation is available Call center RNs able to refer or book virtual care visits for same day Large pool of providers can function in these roles Disadvantage – opportunity to redirect ED dispositions to virtual options is decreased
Clinic Building	<p><u>Establishing Virtual Clinics</u></p> <ul style="list-style-type: none"> Virtual clinics will be established in following format to account for LIP virtual care provided during this COVID-19 response via hand-off from a VISN call center These clinics will be built as open access Facilities can choose to build with one slot and maximum allowable overbooks OR to simply build the clinic shell which can be encountered from Identify individual to act as clinic lead for tele-urgent care and point of contact (POC) for provider Virtual Care Manager training Suggested to use Call Center SharePoint or create a tele-urgent care SharePoint as hub to share information 		<p><u>Virtual Clinic Format (SAMPLE)</u></p> <p>[LOCATION] V21 EMERGMGMT PACT VVC Primary Stop Code – 323 Secondary Stop Code – 179</p> <p>[LOCATION] V21 EMERGMGMT PACT TELE Primary Stop Code – 338 Secondary Stop Code – <i>none</i></p> <p>[LOCATION] V21 EMERGMGMT UC VVC Primary Stop Code – 131 Secondary Stop Code – 179</p> <p>[LOCATION] V21 EMERGMGMT UC TELE Primary Stop Code – 103 Secondary Stop Code – <i>none</i></p>
Labor Pool/ Staffing	<p><u>ED Triage Consultation Only</u></p> <ul style="list-style-type: none"> If consulting for ED dispositions, this role requires staff with experience in ED/urgent care (UC) and triage Example: Kaiser system, ED providers work shifts in call center to consult on ED dispositions 	<p><u>ED Consultation and Tele Urgent Care Visits</u></p> <ul style="list-style-type: none"> Requires at least one staff at a time who can triage patients and other staff acts as a combination of urgent care and primary care 	<p><u>Tele Urgent Care visits (on demand) and Tele Primary Care visits (scheduled)</u></p> <ul style="list-style-type: none"> Larger pool of providers if not seeing ED dispositions If there is no consultation prior to referral then the acuity of patients referred will decrease. This should be part of the process flow developed between call center RNs and LIPs
<p><u>Suggested coverage from the V21 suspense</u></p> <ul style="list-style-type: none"> This is a suggested coverage model only; facility/VISN staffing will differ depending on staffing pool and capabilities Each medical center will provide a minimum of 2 LIPs with experience in either ED/UC, acute care or primary care. These individuals will augment coverage provided by other VISN 21 medical centers to conduct virtual (VVC/telephone) visits during WHEN hours. Designated staff will provide coverage for a minimum of 32 hours over a two-week period between April 3 - May 29 (end date subject to change, based on conditions). Quarantined staff appropriate for telework or staff in areas (i.e. comp and pen) that can be repurposed, may be utilized. 			

VISN Wide Process for Establishing Tele-Urgent Care and Virtual Clinics

<p>Credentialing and Privileging</p>	<p>Process</p> <ul style="list-style-type: none"> Centralized credentialing and privileging performed within the VISN <p>Once providers are identified</p> <ul style="list-style-type: none"> Each facility will open VetPro and the national practitioner data bank. If there are no unexpected findings that require further research, then the providers will be approved immediately 	<p>National Guidance on Credentialing and Privileging for Telemedicine</p> <p>If a provider is being assigned to a VISN or Nationally designated telehealth hub to provide services via telemedicine</p> <ul style="list-style-type: none"> Provider must be fully credentialed and privileged at a VA facility Memorandums of Understanding (MOUs)/tele-service agreements (TSAs) are not required between the VISN or National Telehealth Hub Nothing additional is required from a credentialing and privileging perspective if your facility is receiving care from a VISN or National Telehealth Hub Nothing out of routine is required if you are the “parent facility” of the provider who is assigned to the VISN or National Telehealth Hub
<p>Scheduling Follow-Up Care</p>	<ul style="list-style-type: none"> Will be determined by needs and local resources Patient-aligned care team (PACT) RN/Primary Care Provider (PCP) at facilities are encouraged to open video and telehealth visits for primary care to the call center schedulers, especially for outpatient COVID-19 patient under investigation (PUI) follow-up as primary care will have local plans to check on these patients by phone or video visit If available, facilities are encouraged to communicate with a clinical resource hub (CRH) if they cannot provide same day VVC and telephone hours during business hours PACT RN/PCP are added as additional signers in cases of nonurgent follow up 	

Call Center RN to LIP Process Flowchart



Virtual Visit Registration and Documentation

<p>Registry of Patients (EDIS-like board)</p>	<p>Information documented</p> <ul style="list-style-type: none"> • Name • Last 4 digits of SSN • Triage disposition by TEDP or other protocol (approximating an Emergency Severity Index (ESI) score) • Chief complaint • Station • Contact phone number • Video capability • Email address • LIP name • Time added to registry • Time seen by LIP • Time removed from registry 	<p>Registry Template</p> <ul style="list-style-type: none"> • Can be found on the call center SharePoint • Call center SharePoint Link https://dvagov.sharepoint.com/sites/SFC/Tele/tlc/
<p>Note Template</p>	<ul style="list-style-type: none"> • Email bryan.volpp@va.gov to acquire note template • Title your note template “<VISN #> Tele Urgent Care” • See example note template below 	

Reminder Dialog Template: Tele Urgent Care

Clinical Video on Demand Disclosure and Verbal Informed Consent:
Visit was conducted by Telehealth. Verbal informed consent was obtained at the time of the visit.

Emergency contact information was obtained as follows:

Veteran's current address
1021 FRED LANE APT 8
LINCOLN, CALIFORNIA 95648

Veteran's Phone Number: (916)123-1611
PHONE NUMBER [CELLULAR] - 916 123 1666

Contact: WIFE,WIFE
Relationship: WIFE
Address: 841 MOUNTAIN DRIVE
DADJFAKJ SDF
BURLINGAME, CALIFORNIA 94010
Phone: 925-393-3333
Work Phone: 925 393 7585

Type of Visit:

Video Visit: Visit conducted by clinical video telehealth. Patient verbal consent obtained. Location/emergency number confirmed.

Phone Visit: Visit conducted by telephone. Location/emergency number confirmed.

Subjective:

Objective:

Reason for Referral:

Musculoskeletal
 ENT/Respiratory
 Flu
 Skin
 Gastrointestinal
 Urinary
 Neuro
 Cardiovascular
 Eye

Buttons: Visit Info, Finish, Cancel

Clinical Video on Demand Disclosure and Verbal Informed Consent:
<No encounter information entered>

* Indicates a Required Field

Reminder Dialog Template: Tele Urgent Care

Type of Visit:

Video Visit: Visit conducted by clinical video telehealth. Patient verbal consent obtained. Location/emergency number confirmed.

Phone Visit: Visit conducted by telephone. Location/emergency number confirmed.

Subjective:

Objective:

Reason for Referral:

Musculoskeletal
 ENT/Respiratory
 Flu
 Skin
 Gastrointestinal
 Urinary
 Neuro
 Cardiovascular
 Eye

Buttons: Visit Info, Finish, Cancel

Clinical Video on Demand Disclosure and Verbal Informed Consent:
<No encounter information entered>

* Indicates a Required Field

Call Center Triage Nurse Training on Utilizing Tele-Urgent Care

Evidence Based Practice	<p><u>Conservative Triage Algorithms</u></p> <ul style="list-style-type: none"> Majority of VA Clinical Contact Centers, Telephone Care Programs and Telephone Advice lines utilize a triage algorithm embedded into their call tracking/documentation software: <ul style="list-style-type: none"> TRMPlus = Telecare Record Manager Plus TEDP = Triage Expert Dual purpose Studies looking at pre-hospital and telephone triage have discovered algorithms can suffer from both under-triage and over-triage, both which have profound implications on healthcare systems. Needs assessment conducted in Spring of 2019 at San Francisco VA Medical Center determined that approximately 45% of telephone calls were over-triaged and able to be downgraded or addressed via Video Visit resulting in reduction of unnecessary emergency department visits. 	<p><u>Benefits of LIP providing Tele-Urgent Care</u></p> <ul style="list-style-type: none"> First Contact Resolution <ul style="list-style-type: none"> Veteran needs addressed with one phone call and one video visit without leaving home Reduce burden on VA Emergency Departments Keep Veteran’s care within VA system <ul style="list-style-type: none"> Avoid utilization of non-VA urgent cares & Eds Overcome Health Care Access obstacles <ul style="list-style-type: none"> Geographic: distance from clinic Financial: cost of travel, access to transportation Physical: mobility difficulties Social: limited caregiver support 		
Reality Based Application	<p><u>Triage Dispositions best addressed by Tele-Urgent</u></p> <ul style="list-style-type: none"> ED: Now, 2-8 hours, 12-24 hours Urgent Care: 2-8 hours, (consider 12-24 hours) Clinic: 2-8 hours NEVER 911 dispositions <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Chief Complaints</u></p> <p>Tele-Urgent</p> <ul style="list-style-type: none"> Injuries Elevated BP, HR Abnormal BGs Dizziness Chest pain Dyspnea Focal Neuro deficits Fever, chills, sweats MSK complaints Rashes/Skin lesions URI Symptoms Urinary Symptoms GI Symptoms Eye redness/swelling </td> <td style="width: 50%; vertical-align: top;"> <p>Tele-Primary Care</p> <ul style="list-style-type: none"> Recent ED visit f/up Recent hospital d/c Med refills Med questions Med reconciliations Lab or imaging results Consult requests MSK complaints Rashes/Skin lesions URI Symptoms Urinary Symptoms GI Symptoms Eye redness/swelling Nail disorders Mental health Snoring/Apnea Fatigue </td> </tr> </table>	<p><u>Chief Complaints</u></p> <p>Tele-Urgent</p> <ul style="list-style-type: none"> Injuries Elevated BP, HR Abnormal BGs Dizziness Chest pain Dyspnea Focal Neuro deficits Fever, chills, sweats MSK complaints Rashes/Skin lesions URI Symptoms Urinary Symptoms GI Symptoms Eye redness/swelling 	<p>Tele-Primary Care</p> <ul style="list-style-type: none"> Recent ED visit f/up Recent hospital d/c Med refills Med questions Med reconciliations Lab or imaging results Consult requests MSK complaints Rashes/Skin lesions URI Symptoms Urinary Symptoms GI Symptoms Eye redness/swelling Nail disorders Mental health Snoring/Apnea Fatigue 	<p><u>Process to Initiate Tele-Urgent Care Consult/Visit</u></p> <ul style="list-style-type: none"> Contact Tele-UC provider (Skype, cell, pager) Brief case discussion – Provider accepts patient <ul style="list-style-type: none"> Provider gives approximate time to visit RN advises patient they can be seen soon for a video or telephone visit with a provider Determine if VVC capable – do they have computer/ tablet/smartphone with webcam on which they receive email? Yes = VVC, No = telephone <ul style="list-style-type: none"> If VVC, confirm email address to use (may be patient’s or someone else with capable device) <i>If using iPhone/iPad, must download “VA Video Connect” app from Apple Store</i> Confirm contact number for call back if technical difficulties RN enters patient data into Call Center Tracking Registry RN gives patient approximate window during which Provider will contact patient using VA Video Connect (they will get email to join room) or Telephone. RN hangs up with patient RN finishes documentation <ul style="list-style-type: none"> Add Tele-UC Provider as additional signer
<p><u>Chief Complaints</u></p> <p>Tele-Urgent</p> <ul style="list-style-type: none"> Injuries Elevated BP, HR Abnormal BGs Dizziness Chest pain Dyspnea Focal Neuro deficits Fever, chills, sweats MSK complaints Rashes/Skin lesions URI Symptoms Urinary Symptoms GI Symptoms Eye redness/swelling 	<p>Tele-Primary Care</p> <ul style="list-style-type: none"> Recent ED visit f/up Recent hospital d/c Med refills Med questions Med reconciliations Lab or imaging results Consult requests MSK complaints Rashes/Skin lesions URI Symptoms Urinary Symptoms GI Symptoms Eye redness/swelling Nail disorders Mental health Snoring/Apnea Fatigue 			

Provider Preparation and Training for Tele-Urgent Care Visits to Home

	<p><u>Equipment</u></p> <ul style="list-style-type: none"> Government furnished equipment (GFE) OR use personally owned equipment (POE) External card reader (or you will need to request a Two Factor Authentication waiver to use CAG. Call the Enterprise Service Desk at 855-673-4357 for waiver) High-speed internet connection A computer/laptop with a webcam and speakers or a headset A private location at home 	<p><u>Remote Access</u></p> <ul style="list-style-type: none"> Request remote access: Remote Access Portal (RAP) https://vawww.ramp.vansoc.va.gov Try connecting via Citrix Access Gateway (CAG) <p><u>CPRS Access at Remote Sites</u></p> <ul style="list-style-type: none"> Sign on to webVRAM: https://webvram.va.gov/ <ul style="list-style-type: none"> check your access to the other stations Vista/CPRS at your VISN click down arrow at the top right over row above "Reflections" and choose "CPRS" Log in to remote facility Find the clinics using VVC/VCM at each facility Vista/CPRS instance
<p>Equipment and Technology</p>	<p><u>Fax</u></p> <ul style="list-style-type: none"> You may have access to RightFax- check your local favorites on the VA short cuts folder under Favorites in Internet Explorer If you do not have access to it, request access to the web based utility or have it downloaded to your computer through your IT icon on the desktop Web based utility fax https://vhasfcfaxrfax01.v21.med.va.gov/WebUtil/ 	<p><u>Video on Demand – Virtual Care Manager First Choice</u></p> <ul style="list-style-type: none"> Link your PIV to Vista: https://mobile.va.gov/sites/default/files/piv-linkage-process.pdf Add to your favorites: https://mobile.va.gov/app/virtual-care-manager. Practice initiating Video on Demand on Virtual Care Manager (if you cannot open VCM , you probably have not linked your PIV, see above) Add to your favorites: https://dvagov-tmp.crm9.dynamics.com/ Practice how to initiate Video on Demand on TMP as a backup if Virtual Care Manager is down Install the VA Video Connect App on your personal iOS Device (if you have an apple iPhone or iPad) Test out sending yourself an invitation to the VMR on one of your personal devices via the above pathways <ol style="list-style-type: none"> I. Charting = WebVRAM to access CPRS via CAG II. Video = from the link sent to your NON-VA email opened in chrome browser (not in CAG) Sign on to doxy.me as a backup option if VVC is completely down. See instructions for use on page 9
<p>Training Requirements</p>	<p><u>Instructions</u></p> <ul style="list-style-type: none"> Complete VA Video Connect Training TMS Training 4279741 Virtual Care Manager Training Virtual TMS Training 4486527 Telehealth Emergency Plans Memorandum Self Certification TMS Training 4551375 Complete telework request/agreement form VA Form 0740 Learn about Virtual Care Manager (VCM) and VA Video Connect (VVC) using a personal laptop or desktop computer equipment. Watch video Connecting to Virtual Care Manager and VA Video Connect using Personal Computer Equipment Learn how to connect remotely via Citrix Access Gateway (CAG). Watch video: Connecting to CAG Using Personal Computer Equipment 	

Provider Preparation and Training for Tele-Urgent Care Visits to Home

<p>Communications to team and patients</p>	<p><u>Start of Shift and Communication with RNs</u></p> <ul style="list-style-type: none"> • Skype your VISN Call Center RNs your availability and any information you want them to have, including your mobile phone in case you are not on skype • Open your VISN Tele-Urgent Care SharePoint • On the SharePoint open the VISN Urgent Care Tracking Sheet • RNs will contact you with ED dispositions and other dispositions with short follow up intervals via skype or phone to determine appropriate disposition • If an on-demand tele urgent care visit is indicated, you will discuss modality and timing. RN will ensure that patient is video capable if a video visit is selected. • RN will enter appropriate patients into the tracking sheet including the correct email address for the device the patient will be using 	<p><u>Communication with Patients and Documentation</u></p> <ul style="list-style-type: none"> • Start the encounter with a phone call, ensure patient knows how to access the technology and you can talk through the issues with them over the phone • When you click New Note you will be asked to associate the note with a clinic • Choose the New Visit tab and type in the appropriate clinic from the list above • Provider note is titled "<VISN #> Tele Urgent Care" • If you have difficulty signing the note because you cannot choose yourself from the provider list, select patient's PCP for now. This will be updated when a fix is found for this glitch
<p>Prescriptions and Pharmacy Information</p>	<ul style="list-style-type: none"> • Consider VA overnight shipping or patient picking up prescription at VA pharmacy during business hours • For urgent short course prescriptions <ul style="list-style-type: none"> • Open SharePoint, look at the Pharmacy tools available to you • Identify available pharmacies and discuss closest pharmacy with patient. • Fill out the blank prescription with pertinent information • Fax along with any other required documentation to the pharmacy. • Fax requires 9 prior to number and does not require billing information 	
<p>Confirming Access</p>	<p><u>Performing a Video Visit</u></p> <p>When you can send an ad hoc video visit request in Virtual Care Manager, send an invite your facility/VISN's identified POC to meet in the Virtual Medical Room (VMR) and review these functions</p> <ul style="list-style-type: none"> • Lock the conference • Find e911 • Mute and disconnect participants as provider • Share screen (in Google Chrome) as provider • Explain how to turn on flashlight and camera on patient side • Write instructions into chat box for patient to take a screen shot, this is where you write your "discharge instructions" including where you will e-fax meds, what to call back for, isolation/quarantine instructions, and return precautions • Remember to send your VVC invitation to the email on the device you will be using for your video. This may be your personal email but the VVC request comes from va.gov, not from your personal email address. • You can use your iPad, iPhone, tablet of any kind, same computer you're charting on, another computer in your house. <ul style="list-style-type: none"> • the device needs to have good internet signal and access to your personal email for you to open the link to join the VMR • don't try to view video through the CAG. 	

<Facility or VISN> Tele-Urgent Care Service during Weekends, Holidays, Evenings, Nights (WHEN) Hours

Call Center Phone Number:

<Number>

<Facility or VISN> has established a **WHEN** (weekends, holidays, evenings, nights) hours tele-urgent care call center that supports all <Facility or VISN> facilities as part of the expansion of virtual services in direct response to the COVID-19 pandemic.

This region wide Tele-Urgent Care Service provides on-demand triage consultation for all but the 911 dispositions to Emergency Departments with both redirection to virtual options and urgent care for medical complaints that can be handled virtually. Our mission is to take care of Veterans at home whenever possible.

The benefits of Tele-Urgent Care include

- Potentially eliminating unnecessary ED visits
- Reducing exposure to covid-19 and other communicable illness
- Providing care to the Veteran in the comfort of their own home
- Reducing the cost of transportation of the Veteran

All <Facility or VISN> facilities have agreed to have Veterans receive care via the Tele-Urgent Care Service during **WHEN** hours. This service is available from <start date – end date> (end date subject to change, may be extended).

HOURS OF COVERAGE

Weekdays

<Start Time – End Time>

Weekends and holidays

<Start Time – End Time>

Hours of coverage may be expanded if sufficient coverage becomes available.

For questions, call or email <Name, Email, Number>



VA Defining
HEALTH CARE EXCELLENCE
in the 21st Century