

Going Virtual with Diabetes Education in BC

April 29, 2020

@BCPSQC

@IHSTS

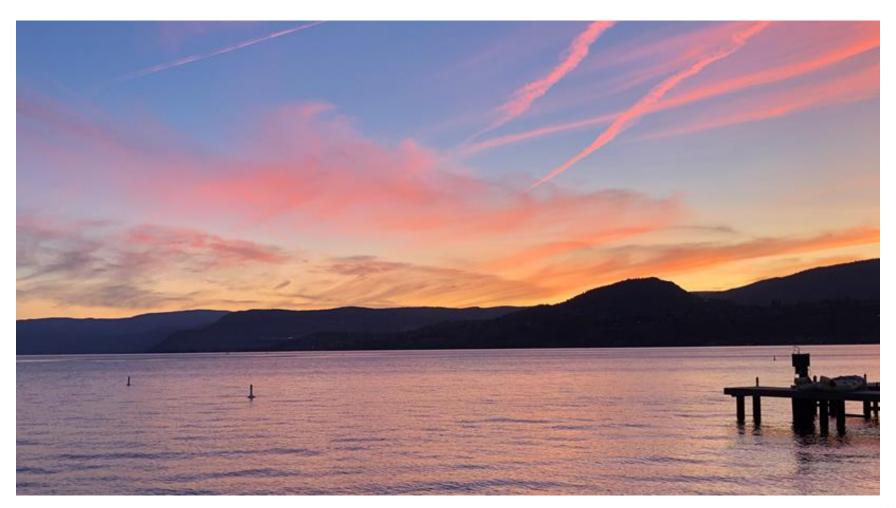
#DiabetesDialogueBC







Territorial Acknowledgement







Introductions





The BC Patient Safety & Quality Council is a driving force for high-quality health care in British Columbia. They deliver the latest knowledge from home and abroad to champion and support the best care possible for every person in our province. System-wide impact requires creativity and innovative thinking. Using evidence-informed strategies, they shift culture, improve clinical practice and advance personand family-centred care.

IHSTS gathers, develops and shares evidence about BC's health care system to inform decisions that impact health care quality, cost and sustainability. They are a valuable resource to those who plan, deliver and support health care services in BC. They collaborate with health authorities, clinical and community leaders, policy makers and government.





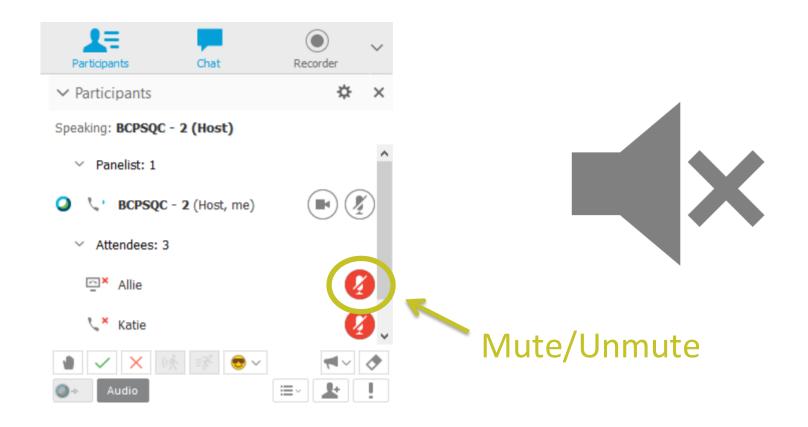
Agenda

- Introduction and overview
- Interior Health's experience with virtual care
- Roundtable discussion:
 - Sharing experiences, early lessons, and successes
- Summary and next steps





Please Mute Your Lines







We Are Recording

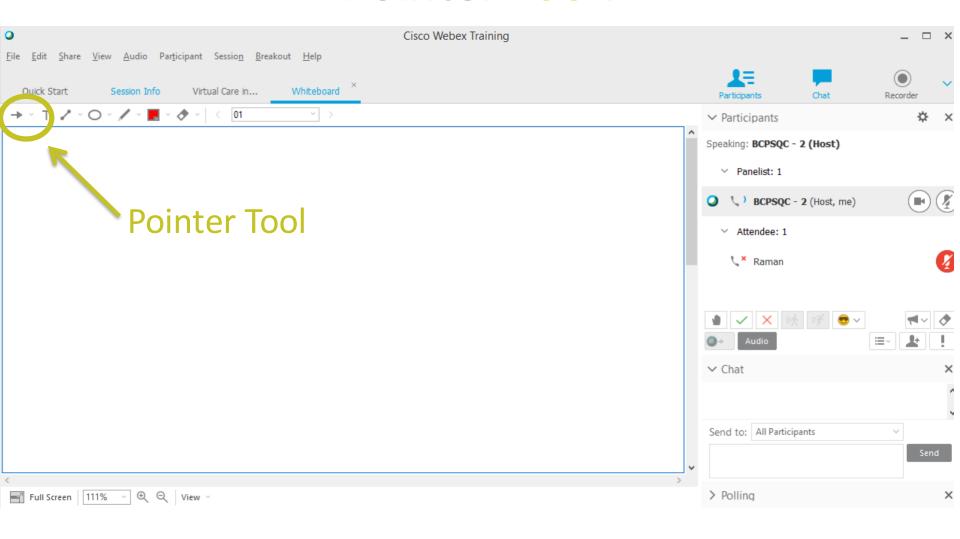


Personal information in this initiative is collected under s.26(c) and 26(d)(ii) of the Freedom of Information and Protection of Privacy Act. The information is being collected in order to facilitate learning as part of the Type 2 Diabetes Network. This session is being recorded and will be shared with other session registrants. We ask that you refrain from identifying patients, specific team members or offering any other personal information. If you have further questions, please contact the BCPSQC at diabetes@bcpsqc.ca.





Pointer Tool!

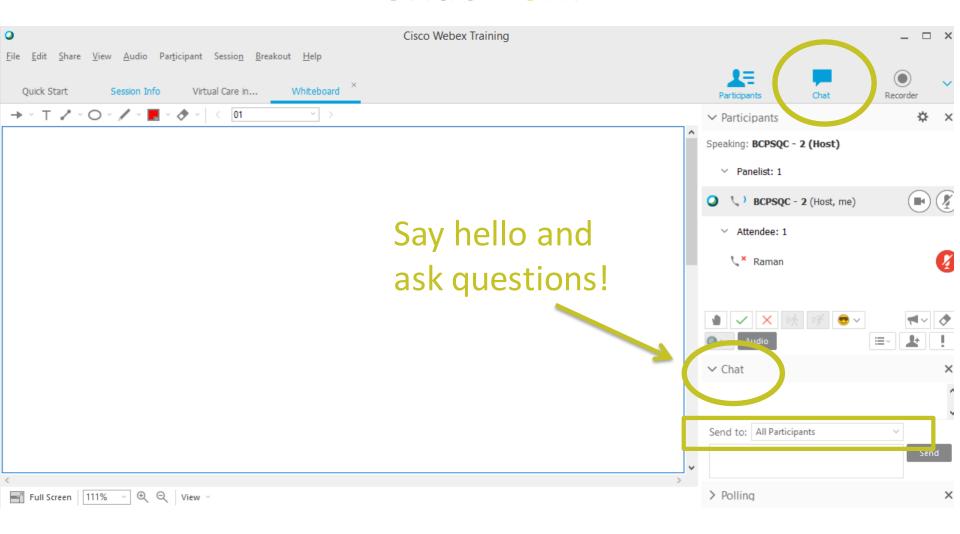








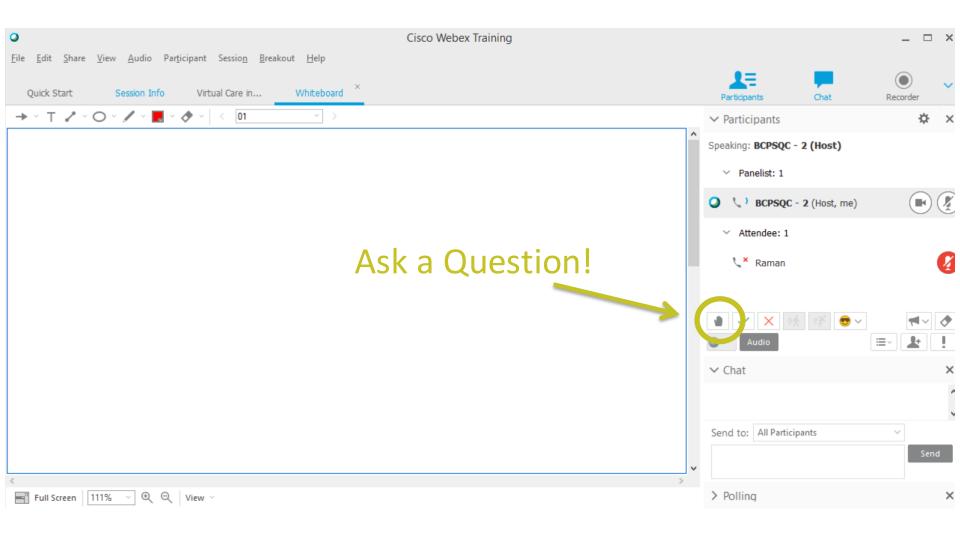
Chat Box!







Raise Your Hand!







How Did We Get Here?



- Covid-19 has created an unprecedented demand for virtual care
- Diabetes education programs across the province are shifting to virtual platforms
- An opportunity to share learnings and align efforts between health authorities





Current State of Virtual Care in BC?

- Health Authorities and individual providers have implemented either Zoom, Skype, Facetime, Viber or MyVirtualVisit for virtual encounters
- Other virtual care technologies are used for patient communication and remote monitoring
 - Telephone
 - Text messaging
 - Email
 - Home Health Monitoring
- HealthLinkBC is perhaps the biggest telehealth provider and includes a number specialist services



A Little More Context

- Sharing our virtual care experiences thus far ... is only one possibilities for greater province wide sharing ...
- Last summer's Diabetes Dialogue identified many opportunities to accelerate sharing ...
 - emerging and best practices, resources and expertise ... across BC
 - Through a BC network of people and professionals involved with diabetes





Exercise #1: Experience with Virtual Care







What virtual care technology have you used the most in the past two months?

Telephone

Email

Text Message

Video
Conference
(Zoom, FaceTime,
Skype, etc.)

Remote Monitoring Tools

Other







Virtual Care in IH DECs

COVID-19 PREPAREDNESS Melanie Beatty & Susi Wilkinson

First action

Full switch to virtual appointments

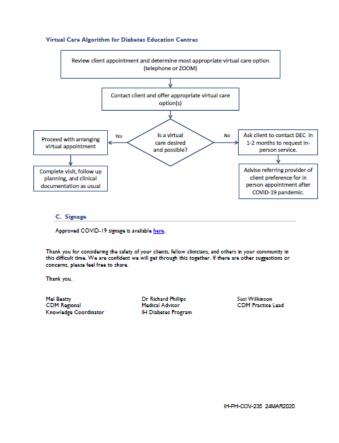
• But how?



The plan...

- Switch to virtual
 - Phone and ZOOM





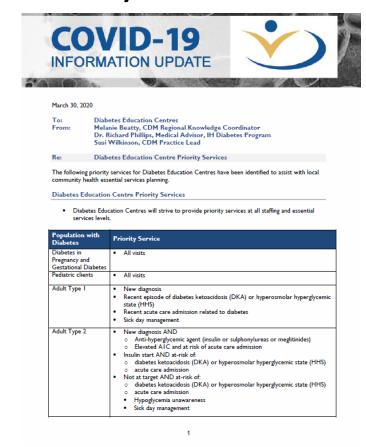
Additions to the plan...

- Privacy
 - 'Do Not Reply' Emails
 - Client email confirmation
- Working from home
 - Skype soft phone and blocked numbers



Additions to the plan...

Priority services



Diabetes Education Centre Services for Deferral Consideration

The following services may be considered for deferral, based on staffing levels and other considerations.

Population with Diabetes	Services to be considered for Deferral	Alternatives for Consideration
Adult Type I	Routine follow up	JDRF Adult Type 1 Toolkit Postponement
	Client switching from subcutaneous to insulin pump	Client returns to subcutaneous insulin
Adult Type 2	New diagnosis, diet controlled	Mail education package
	Insulin start with stable ATC	Postponement
	Active foot ulcer	Refer to HH Wound care services
	Routine follow up	Postponement
	Refresher education sessions	Postponement
Pre-Diabetes	All visits	Mail education package
Diabetes Group Education	Diabetes Basics Group Insulin Starts	Postpone and provide individual service as per Priority Service criteria
Other Group Education	Heart Health, Healthy Eating, Stress Management	Mail education package

This guidance has been developed to support decision making; however, please contact your department's associated Interior Health Clinical Care Network, where applicable, or your Manager of Clinical Operations for additional guidance.

One more thing...

In-Person Priority



Putting it all together



Use of Virtual Care During the COVID-19 Pandemic: IH Diabetes Education Centres

"RINTED copies of the Guideline may not be the most recent version

1.0 GUIDELINE

The purpose of this document is to provide direction to guide clinical assessment and judgement processes when determining whether a face-to-face Diabetes Education Centre (DEC) service may be replaced with a virtual visit during the COVID-19 pandemis. During this time, an exception has been granted to allow the use of Zoom videoconference software in DECs for virtual, remote visits.

This guideline replaces the March 24, 2020 memo entitled: Diabetes Education Centres Response to COVID-19.

1.1 Standards of Care

All standards of care, professional standards, and evidence-based best practice guidelines continue to be applicable when providing healthcare services virtually. Modifications to clinical best practice may be needed to accommodate for the inability to physically examine a client when providing a virtual visit. For example, blood pressure may be routinely measured at each visit but wantle for the possible in a virtual visit.

1.2 Client-Provider Relationship

- When providing services virtually, DEC clinicians are responsible for ensuring the client-provider relationship:
- Maintains the integrity and value of the therapeutic relationship and person-centred case.
- Upholds professional standards
 Meets the quality and safety standards for the face-to-face service.

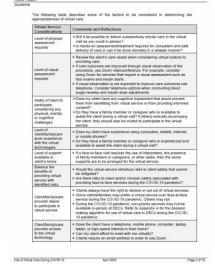
1.3 Duty of Car

The duty of care for virtual services follows the same principles as for face-to-face services. For example, if face-to-face visits require the use of interpreters, the presence of family members or caregivers, or other aides, then the same supports are to be arranged for the virtual service.

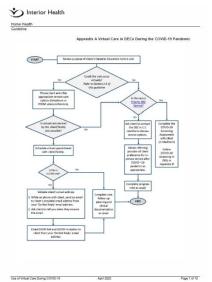
1.4 Client Suitability

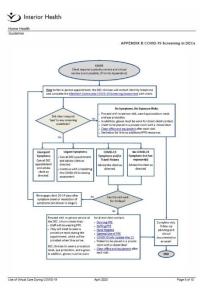
Suitability of virtual services is always determined on a case by case basis, and relies on the DEC clinician's clinical judgement and consideration of a variety of factors.

Clients always have the right to decline or opt out of virtual services. Refer to Appendix A for the decision-making algorithm for use of virtual care in DECs during the COVID-19 pandemic. When a DEC clinician determines that a virtual service would be appropriate the DEC clinician will contact the client by telephone to introduce and offer the virtual service.



Interior Health





Successes



- Insulin starts
- Pregnancy follow ups
- Pediatric clinics
- Classes



Questions / Comments



Roundtable Discussion:

What has been your experience with virtual care in diabetes education?







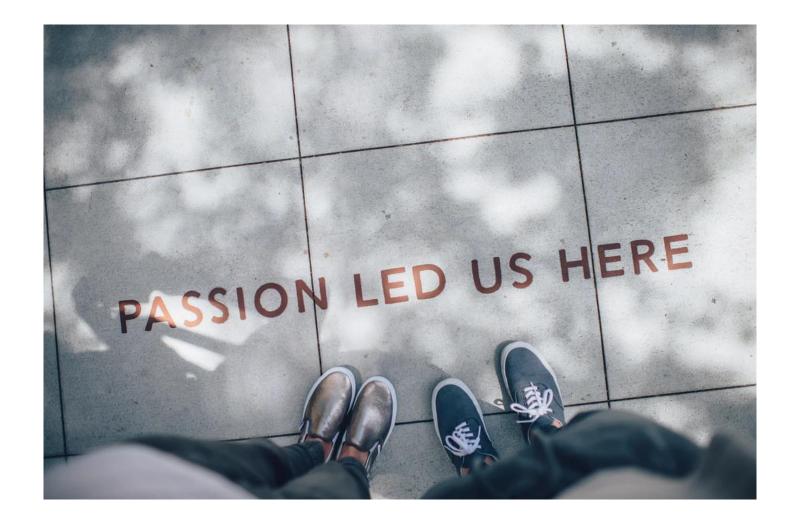
Poll #1: Future Meeting

- Q1. Would you be interested in a future meeting?
 - Options: Absolutely!, Maybe, No thank you
- Q2. If so, how often would you like to meet?
 - Options: every two weeks, monthly, every two months, quarterly
- Q3. What topics would you like to cover in future sessions (not limited to virtual care)?





Summary and Next Steps







Type 2 Diabetes Network











Thank You!







Let Us Know What You Think!





