

Memo

Re: Remote Documentation

To: All physicians caring for patients in Long Term Care facilities in Island Health Geography

Background

To reduce the risk of infection, Island Health is reducing physician visits long term care facilities (see memo from March 31, 2020). Consequently, physicians are caring for patients through telephone conversations with nursing staff. Charting of the salient information and decisions within these conversations is still required for billing and legal purposes (i.e. billing a 114 for a telephone conversation). Additionally, the availability of this documentation to all care team staff is important for patient care. This memo outlines the recommended remote documentation (charting and ordering when not on site at the facility) process for all LTC physicians in the Island Health area. Remote documentation is required when physician and nursing team discuss routine matters, often at a scheduled time, as they would if the physician was attending on-site. The urgent, one-issue calls from nursing team also needs to be documented but not necessarily using the ideas in this memo. Additionally, this memo is intended to influence but not supersede any similar guidance provided to physicians working at affiliate LTC facilities.

Analysis

See attached Power Point presentation for review of all possible remote communication methods and the selection criteria.

Recommendations (in order of preference)

Charting

1. Use the digital health record at the facility such as Point Click Care or Power Chart to document your care encounter.
2. Dictate your progress notes for Island Health facilities.
3. Type your notes for each patient care encounter on a separate piece of paper with three patient identifiers (name, DOB, PHN) and fax to the nursing station. Use of the attached template is preferred.
4. Hand write your notes for each patient care encounter on a separate piece of paper with three patient identifiers (name, DOB, PHN) and fax to the nursing station. Use of the attached template is preferred.

We do not recommend delaying your charting until next time you are at the facility. We do not recommend sending in multiple chart notes on one piece of paper. Do not send pictures of written or typed notes.

Ordering

1. Type your orders on a separate piece of paper with three patient identifiers (name, DOB, PHN) and fax to the nursing station.
2. Mention orders in your progress notes and hand write orders on a separate piece of paper with three patient identifiers (name, DOB, PHN) and fax to the nursing station
3. Hand write orders on a separate piece of paper with three patient identifiers (name, DOB, PHN) and fax to the nursing station
4. Telephone orders to nursing station. These need to be followed up with one of the above methods as well.

Implementation Recommendations

Caution

This change in documentation puts strain on nursing staff at a time when they are already under increase strain. Ways we can reduce this strain:

- 1) Choose a digital (Power Point or Care Connect) method or dictate
- 2) Chose a method and stick with it for a facility. Don't sometimes fax and sometimes use digital.
- 3) Physicians for a facility minimize the variation between them and make the change all at once together.
- 4) Avoid writing
- 5) Fax notes in the evening for evening staff to file. Check this plan with the facility leadership first.

Charting

- Secure email is an option to send typed notes. Ensure there is agreement from nursing staff. Define a person and time when they will check the email or call to inform them the email was sent.
- Using an EMR may save time and provide record. If your EMR can print a encounter note with the patient information on the top that might save time and provide a record of your documentation efforts.

- Dictation: Email transcriptionservices@viha.ca to get access. 1) Call 250-370-8800. 2) Enter MSP # (dictation ID), 3) Press '2#' for outpatient, 4) Enter '6#' for progress note, 5) Enter MRN number, # 6) Press 2 to start dictating, 4 to stop recording, 3 to go back, 9 to end.
- Charting in Power Chart or PCC require access to be given and some training. This will teach you how to access the system from home securely.
- When charting in Power Chart ensure you are charting on the right encounter (just like there is a particular spot in a paper chart do write a note – same with a computer system). The training will show you how to do this.



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Patient Label

Progress Note

Patient Name:

Date of Birth:

Personal Health Number:

Date:

Facility:

House/Unit:

Fax number: