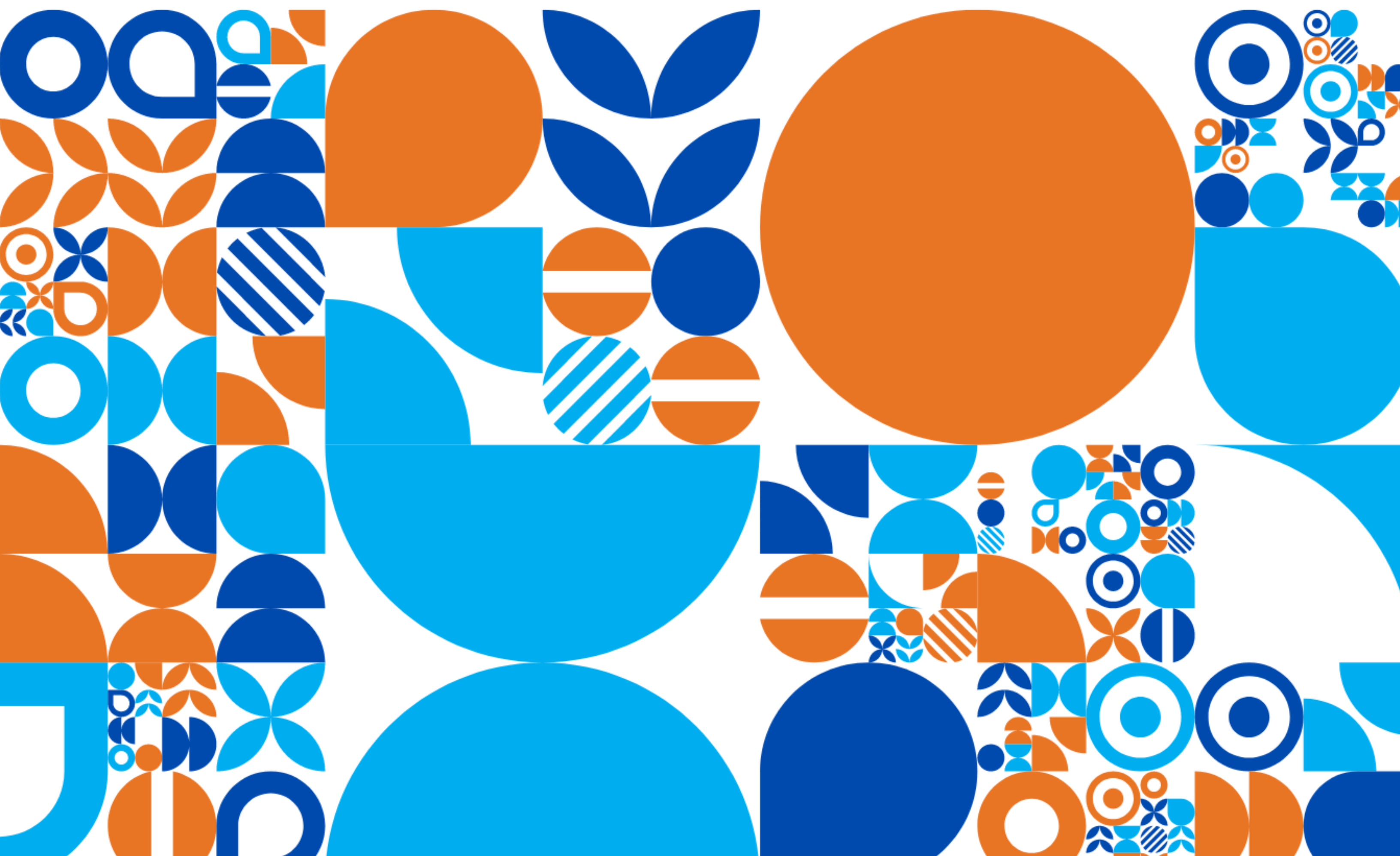
Alzheimer Society ONTARIO

brainXchange

Emerging Best Practices for Virtual Service Delivery

for Persons Living with Dementia and Care Partners within the Alzheimer Societies of Ontario



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[1] Registered Nurses' Association of Ontario. (2017). Adopting eHealth Solutions: Implementation Strategies. Toronto, ON, pg. 2.

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OVERVIEW

Background

Due to COVID-19, organizations' ability to offer in-person services has been severely limited. People living with dementia and care partners have reported significant increases in isolation, emotional distress and difficulty navigating the health care system as a result of COVID-19. Many organizations across the province quickly pivoted to offer vital programs virtually to minimize these impacts. This document aims to facilitate movement of knowledge into action, and influence and inform program design for Alzheimer Societies in Ontario and more broadly other service providers who support this target population.

Virtual service delivery has both positive and negative aspects that need to be considered.

Potential risks include a lack of confidence/comfortability with virtual services, challenges relating to cognitive, visual or hearing impairments that limit access to virtual services, and equity concerns related to affordability of equipment/devices and internet service. Benefits of virtual service delivery include maintaining routine/structure to a person's day, promoting socialization, providing some care partner respite, reduced travel time, increased efficiencies, eliminating costs associated with travel, parking, time off work for clients, decreased anxiety from services being accessed in a more comfortable/home environment, the opportunity to include additional family/friend care partners and reducing the risk of infection transmission, especially during outbreaks (e.g., influenza,COVID-19).[2]

The 28 local Alzheimer Societies across Ontario provide a wide array of services and programming for people living with dementia and their care partners including system navigation, education, support, counselling, and social recreation. Typically, these services are provided in person either individually or in group formats. Due to COVID-19, the ability to offer in-person services has been severely limited. People living with dementia and care partners reported significant increases in isolation, emotional distress and difficulty navigating the health care system as a result of COVID-19. Collectively, across the province the organizations quickly pivoted to offer many vital programs virtually, to minimize these impacts as much as possible.

The Alzheimer Society of Ontario engaged the brainXchange (brainXchange.ca), Canada's largest (not-for-profit) Knowledge Translation and Exchange network dedicated to improving quality of life and supports for persons with or at risk of having brain-health needs related to dementia, mental health and neurological conditions related to aging. The brainXchange has been in operation for over 15 years and has a membership of over 11,500 Canadian and international members including researchers, policy makers, educators, clinicians, caregivers (paid and non-paid) as well as individuals with lived experience. Members come from a variety of sectors including Community, Universities and Research Centres, Acute Care, Primary Care, Long Term Care and Government.

With support from New Horizons, the Alzheimer Society via the brainXchange led a knowledge transfer and exchange project to better understand and respond to the experiences of people

[2] Leveraging Virtual Care Strategies in Delivery of Comprehensive Geriatric Assessment (CGA): https://rgps.on.ca/wp-content/uploads/2021/02/2021-Mar-2-Final-Report-Tool-Kit-Formatted.pdf

living with dementia and care partners related to virtual service delivery (or their inability to access services). This project included consultations with this population in various settings such as Community, Long term Care and Acute Care, assessing:

- Experiences of people living with dementia and care partners related to COVID-19 and access to Alzheimer Society virtual services;
- Aspects of virtual service delivery that have been especially helpful;
- Barriers experienced in accessing or participating in virtual services;
- Suggestions for improvement to existing services and additional supports needed, including low or no technology options.

Findings from virtual consultations (3 participants), electronic surveys from clients of Alzheimer Societies in Ontario (88 respondents) and electronic surveys from staff of Alzheimer Societies in Ontario (36 respondents) were used to develop and disseminate multiple recommendations for organizations that offer virtual service delivery.

The brainXchange, in collaboration with its partners, gathered, analyzed, and synthesized evidence from dementia literature, practice-based knowledge and lived experience knowledge, with support from a Lived Experience Advisory Committee. This synthesized knowledge was translated into the recommendations included in this document, to facilitate movement of knowledge into action, to inform program design for Alzheimer Societies in Ontario and more broadly other service providers supporting this target population.

Demographics of client survey respondents:

Of the 88 respondents that participated in the electronic survey relating to virtual services within Alzheimer Societies across Ontario:

- 7.86% were people living with dementia
- 92.13% were care partners of a person living with dementia (e.g., spouse, adult child, friend, etc.)
- 1.12% identified themselves as “other”

Of the persons living with dementia who participated in the survey:

- 100% resided in the community in their own homes

Of the care partners who completed the survey, it was noted that the person living with dementia that they are supporting, lived the following settings:

- 63.63% lived in the community (in their own home)
- 16.88% lived in a long-term care home
- 7.79% lived in a retirement home
- 7.79% lived in a care partners home (e.g., adult child)
- 2.59% were recently deceased
- 1.29% were currently in an acute care setting

At the time of this project, there were 28 local Alzheimer Societies in Ontario, and each had the opportunity to by providing feedback from both clients and staff. 60% of Alzheimer Societies in Ontario (17/28) had clients and/or staff participate in the survey.

Demographics of staff survey respondents:

Of the 36 respondents that participated in the electronic survey relating to virtual services within Alzheimer Societies across Ontario:

- 80.56% were staff members delivering virtual services
- 8.33% managers/leadership
- 11% were "other"

Purpose

The purpose of this document is to provide recommendations to:

1. Enhance the capacity of all individuals involved in the implementation and delivery of virtual services for persons with dementia and care partners.
2. Establish suitable infrastructures to support virtual service delivery for persons with dementia and care partners; and,
3. Promote quality virtual services to support persons living with dementia and care partners.

Scope

Information / feedback was gathered from previous participants of virtual programs and services offered by the Alzheimer Society in Ontario, as well as those who were not able to participate in virtual services, via survey and focus group opportunities. We also conducted a scan of the literature and other existing evidence regarding virtual service delivery.

The resulting recommendations provided in this document will have relevance for all individuals involved in the implementation and delivery of virtual services delivery, regardless of their role. Additionally, managers may find the recommendations useful for developing or updating policies, procedures, and protocols.

Recommendations are categorized under the following themes:

- Access and Communication
- Risk Management
- Privacy and Consent
- Technology
- Planning
- Facilitation
- Types of Programming

Limitations

This resource does not provide guidance on the utility of different virtual care solutions or platforms, determining which virtual services an organization should offer, or operationalizing virtual care workflow. A number of resources are available that do address these additional considerations. Some examples of these resources are included below:

- Canadian Medical Association; The College of Family Physicians and Surgeons of Canada, The College of Family Physicians of Canada. (2020) *Virtual Care Playbook*.
- Ontario Telemedicine Network. *Virtual Care Solutions for Health Care Organizations, Primary Care and Specialized Care*.
- Regional Geriatric Program of Toronto (2020). *Tips for Senior Friendly Virtual Care & Recommendations for Senior Friendly Virtual Care*, Regional Geriatric Program of Toronto:
- South West Frail Senior Strategy. (2020). *Providing Virtual Care to Older Adults and Caregivers across the Southwest.*[3]

Additionally, information collected was specific to community settings/ community support services specifically, rather than from other health services or healthcare as a whole.

Acknowledgements

We would like to acknowledge the contributions of persons living with dementia, care partners and Alzheimer Society staff who shared their perspectives about and experiences with virtual programs and service. This feedback was incredibly valuable and was used to inform this document. Additionally, we wish to acknowledge the instrumental role that the Lived Experience Committee had in developing these recommendations.

Lived Experience Committee

The lived experience advisory committee which was comprised of 13 individuals including: 7 people living with dementia, 3 care partners and 3 Alzheimer Society staff, who provided guidance in planning for this project and reviewing feedback. Members were recruited through local Alzheimer Societies, Behavioural Supports Ontario Lived Experience Network, and Dementia Advocacy Canada.

brainXchange

brainXchange led all knowledge transfer and exchange activities including facilitating the lived experience committee, conducting the environmental scan and literature review, planning, and implementing surveys and consultations, developing recommendations and producing this "*Emerging Best Practices for Virtual Service Delivery of Community Programs Intended for Persons Living with Dementia and their Care Partners*" document.

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[3] Provincial Geriatrics Leadership Ontario. (2021). *Leveraging Virtual Care Strategies in Delivery of Comprehensive Geriatric Assessment (CGA).*

The New Horizons for Seniors Program (NHSP), Government of Ontario

The Alzheimer Society of Ontario received funding from The New Horizons for Seniors Program (NHSP), a federal grants and contributions program, to develop a set of recommendations / best practices for how best to provide the delivery of community programs that are intended for Persons Living with Dementia and their Care Partners in a virtual format.

This project is funded by the Government of Ontario.

Definition of Key Terms

This resource is intended to share emerging Best Practices for Virtual Service Delivery within the Alzheimer Societies in Ontario and to inform various stakeholders involved in the implementation or maintenance of virtual service delivery, for persons with dementia and care partners.

For the purposes of this document, the following definitions are used:

- **"Care partner**" refers to a family member or friend of a person living with dementia who provides ongoing support to that individual.
- **"Clients"** refers to both persons with dementia and/or informal care partners (family members, friends etc.) who offer support to the person with dementia.
- **"Dementia"** is an overall term for a set of symptoms that are caused by disorders affecting the brain. Symptoms can include memory loss, difficulties with thinking, problem-solving or language and changes in mood or behaviour.4
- **"Staff"** refers to paid members of the organization. This could also apply to volunteers (unpaid members) providing services to your organization.
- **"Video Conferencing"** is a live video-based meeting between two or more people in different locations using video-enabled devices. Video conferencing allows multiple people to meet and collaborate face to face long distance by transmitting audio, video, text and presentations in real time through the internet.
- **"Virtual Services"** refers to any service including but not limited to counselling, education, support groups, recreation/social programs which are delivered remotely via phone, email or video conferencing platforms (e.g., ZOOM, MS Teams, Google Meets etc.).

[4] https://alzheimer.ca/en/about-dementia/what-dementia

Summary of Recommendations

Access and Communication	
1	An organization should clearly communicate the availability of virtual services to clients and potential clients using a variety of communication methods.
2	An organization should determine the appropriateness of virtual service delivery and the virtual service modality best suited for individual clients.
3	An organization should prepare clients who have registered for virtual services in advance of the commencement of services, to ensure clients have all the information, tools, and resources they need to access these services.
4	Organizations and staff should clearly explain the role/involvement of care partners for services being provided to persons living with dementia.
5	Organizations and staff should make every effort to ensure equitable access to virtual services.
6	Organizations should consider offering virtual services in some capacity.
Risk Management	
7	Organizations should complete a risk assessment as part of the intake process and prior to initiation of services to identify potential risks of engaging in virtual programs and implement strategies to mitigate these identified risks.
8	Organizations should have a policy in place to support clients identified at risk who do not attend virtual services as scheduled.
9	Organizations should have a policy in place to guide staff as to how to support clients who experience challenges or other issues during a virtual service.
10	Recommendation 10: Organizations and staff must determine the appropriate staff to client ratio for each virtual service being delivered.

Privacy and Consent	
11	Informed consent for virtual services must be obtained by staff within the organization.
12	Organizations should make every effort to respect privacy and boundaries of clients.

Technology	
13	Organizations/staff should determine what technology staff require to offer quality virtual services effectively and efficiently.
14	Organizations need to determine which virtual visit modalities (and its various functions) will be used to provide effective and efficient virtual service delivery and ensure that staff are provided with adequate training on the use of the chosen technology to ensure they are comfortable and have an appropriate level of understanding.
15	Organizations/staff should determine what technology clients require to access quality virtual services effectively and efficiently.
16	Organizations should offer tutorial sessions/orientation/resources to clients on how to use the technology required for the virtual services in advance of service commencement or refer to organizations who offer digital literacy training.

Facilitation	
17	If there are multiple staff facilitating a virtual service collaboratively, staff should clearly define each of their roles.
18	An organization should aim to have consistent staff lead virtual services for the same clients.
19	Staff should become familiar with and make use of facilitation strategies to support engagement of participants in virtual services.

20	Virtual services should be delivered in a way that promotes good communication.
21	Staff should consider how to best manage sound during virtual services.
22	Organizations and staff should consider providing access to virtual programs 15 minutes before the session, and not close the session until 15 minutes after the service to ensure people that have questions or need additional support have the opportunity to discuss them with the facilitator.

Planning

23	The content for each virtual service should be carefully selected.
24	Organizations and staff should determine the best time of day to offer virtual services to clients.
25	Staff and organizations should consider providing sessions of varying lengths.
26	Organizations should consider group composition when planning programs.
27	Organizations should assess the appropriate group size for each type of virtual service. Many clients who responded to the survey about virtual services and in other studies have expressed a preference for smaller group sizes. Determining the ideal size for a group program or service requires consideration of the purpose and goals for the service and the needs of the target participants for the group. For example, a support group should be a smaller group than a lecture-style education session.

Type of Programming

28	Organizations should consider the types of virtual services clients need and want, including but not limited to support groups, social/recreation programs (eg. music, bingo, trivia), education, and counselling.

RECOMMENDATIONS

Access and Communication

Clear communication is important in enabling clients access services in a timely manner. Communication relating to virtual services delivery includes:

- Letting clients know what services are available
- Sharing information about how to access these services
- Using a virtual platform that fosters good communication
- The content of the actual virtual services

Recommendation	
1	An organization should clearly communicate the availability of virtual services to clients and potential clients using a variety of communication methods.

Both persons living with dementia and care partners are experiencing the dementia journey, as well as daily aspect of lives including work, social relationships, familial roles etc. Providing clear communication will assist persons with dementia and care partners to be aware of what virtual services are available to them, how to access them, how to register or who to contact for more information. Of the 20% of the client survey respondents that did not access virtual services, 37.5% noted that they did not access virtual services as they were not aware of the programs or service being offered virtually.

It is important to note that services being accessed, may be on another person's behalf. Of the 88 Alzheimer Society clients that provided feedback via an electronic survey conducted as part of this project:

- 55.68% of respondents were accessing services for themselves (a care partner of a person with dementia I am supporting eg. spouse, parent, friend, other family member etc.).
- 36.36% were accessing services for a person with dementia they were supporting (eg. spouse, parent, friend, other family member etc.).
- 4.54 % were accessing services for themselves (a person with dementia)
- 1.13% were accessing services for a care partner who was supporting the person with dementia.

It is also important to note that over 93% of respondents preferred to receive information regarding virtual services via email, but only 53% noted that they received this information via

email, with 30% getting information via websites, and 27 % over the phone. Given the complexity of people's lives, many communication platforms should be leveraged to spread messaging regarding what virtual services are available, and how to access said services. This includes, but is not limited to email, website, social media, e-calendars, newsletters, and by phone. Websites and e-calendars may need to be updated to clearly identified which services are available virtually versus what is available in-person.

Through the ASO survey to clients, only 6% of those survey stated they did not access virtual services through their local Alzheimer Society for various reasons. However, 37.5% of those not accessing services stated they weren't engaging because they were not aware of what services were offered virtually. In the same survey, 93% of participants indicated that they would like to be notified of available services offered through their local Alzheimer Society Chapter via email.

Recommendation 2

An organization should determine the appropriateness of virtual service delivery and the virtual service modality best suited for individual clients.

As part of the South West Frail Senior Strategy (SWFSS), the SWFSS team created a guidance document to support health care and community support services providers in the provision of virtual care with older adults and caregivers throughout the COVID-19 pandemic and beyond. This included the importance of considering a client's situation and needs before determining the most appropriate service modality (virtual: telephone or video visit; in-person visit; hybrid visit (telephone/video + in-person). Conducting an initial consultation over the phone, video or secure messaging to determine if virtual services are appropriate for each client is recommended.

> *"The challenge is identifying those who can't use or struggle using this type of service. It is important for the societies to have a good understanding of these at-risk people and help to develop a solution of support other than virtual services or in addition to virtual services."*
>
> *~ Staff member providing virtual services within Alzheimer Society services in Ontario*

There are many steps involved to determine IF virtual care for a client is feasible. Considerations may include:

1. **Client's Preference:** Does the client want to access services virtually, or do they prefer to access services in person? Does the client prefer individual services or group services? Are there other options possible to best meet the client's needs?
2. **Client's Ability:** For example, does the client have the cognitive and physical capacity to participate in virtual services, and if not, how can they be supported to participate? Is

there a language barrier that requires additional supports to be put in place? Do they have any challenges with hearing or vision?

3. **Client's Access to Device/Technology and Private Space:** Does the client have access to the technology needed to participate in virtual services withing a private (e.g., device with a camera and/or microphone), and if not, how can these resources be accessed by the client?
4. **Caregiver Support** (if needed for a person living with dementia): is a family member able to support the client to access virtual services, or if not, is there a support provider that can assist the client to access virtual services?
5. **Client or Substitute Decision-Maker Consent:** has consent been obtained, including reviewing the benefits, risks, and limitations of the virtual service being offered?[5]

Recommendation **3**	An organization should prepare clients who have registered for virtual services in advance of the commencement of services, to ensure clients have all the information, tools, and resources they need to access these services.

Providing the clients with thorough information to prepare them for virtual dementia services will help set them up for success. Some clients may not be confident in managing technology so demonstrating patience and compassion is essential to a positive virtual care experience.[6] Additionally, preparation is the key to creating a supportive virtual care environment that is suitable for clients.[7]

There are many ways to prepare clients for virtual services This may include:

- Informing clients as to what type of communication they can expect (eg. the emails they will receive), and how they can verify that emails are legitimately from your organization, by demonstrating how to check the domain name (the portion after the @ in an email address)
- Inquiring about the client's access to technology (internet, data plans, computer, laptop, headset, smartphone, hearing aids, or personal amplification device)[8]

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[5] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

[6] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

[7] How Technology Can Support Caregivers During COVID-19, Ontario Caregiver Organization: https://ontariocaregiver.ca/wp-content/uploads/2020/03/Ontario-Caregiver-Organization-How-Technology-Can-Support-Caregivers-During-COVID-19.pdf

[8] RGP: Senior Friendly Virtual Care Webinar Series: Part 2 - How to Make Virtual Video Visits Senior Friendly: https://www.rgptoronto.ca/webinar/senior-friendly-virtual-care-webinar-series-part-2/

- Offering options to trial needed equipment (e.g., Via library access, suggestion to borrow from a family member, or other lending programs).
- Inquiring about the client's comfort with technology to determine what supports may be needed
- Explaining that clients should plan to be in a safe, private space for the services, with a password-protected internet connection. Explain why public spaces, or open internet connections, such as those at libraries, restaurants/coffee shops are not appropriate for private health care conversations.
- Providing an information package by mail or email that includes the following:
- Information regarding WHO the service will be with, and WHAT the purpose of the service is.
- Detailed instructions on the technology / software platform that will be used – e.g., Zoom, or whichever preferred platform your organization has authorized. Do not rely solely on the platform's automated messages, if applicable – they may not be detailed enough for those who are less familiar with online video platforms, or generally those who are less internet savvy.
- A checklist of ALL items the client should have on hand during the service (eg. pen, paper, any necessary aids such as glasses or hearing aids)
- Details on who to contact if there are questions, concerns, or if the client needs to cancel the virtual service appointment.
- Details regarding the process for how notice of cancellations will be communicated to the client. Virtual services should only be cancelled when absolutely necessary, and the cancellation should be communicated to clients as soon as possible.
- The type and format of reminders that will be offered to a client (e.g., a phone call or email 24-48 hours before the virtual service). Providing reminders to clients may increase the likelihood that they will attend the virtual services they have registered for particularly when the client is living with dementia.
- Suggestions for maximizing technology, for example, if using Wi-Fi, try to be in the same room as the router or use a Wi-Fi extender device, and/or turning off other devices or internet usage in the home that can use bandwidth during video sessions (e.g., streaming HD video or downloading large files or updates).
- Provide simple step-by-step instructions with pictures on how to join the virtual platform.[9]

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[9] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

- A tip sheet or resource about the virtual platform to promote independent troubleshooting (e.g., the box around the person lights up when they are speaking, symbol for mute/unmute) that the clients can have in front of them during the session.

"It is hard for my mom to get on the meetings. A reminder phone call just before the meetings would help her. She would sometimes shut down the computer just as it was about to start because she was 30 seconds early and in her mind no one was there. It worked best if an adult child came and helped her, but we weren't always available."

~ Care partner of a person with dementia who is accessing Alzheimer Society services in Ontario

Recommendation 4	Organizations and staff should clearly explain the role/involvement of care partners for services being provided to persons living with dementia.

Virtual services can provide the opportunity to include care partners that might not otherwise have the ability to attend for various reasons (work schedule, distance, cost). Inquire with the person living with dementia if there is a care partner that they would like to include in the program they are participating in. Care partners may be able to assist the getting the technology set up etc.

It is also important to discuss the role of the care partner in virtual services and some limitations to when it may not be ideal to have a care partner present as it may hinder the clients' ability to speak openly and freely.

There may be programs that are designed to include both the care partner and the person living with dementia, and other programs that are designed for one group but not the other. Sometimes separate services are beneficial so conversations can be tailored to specific experiences. Respectfully request the care partner not to be present for specific virtual services if not appropriate.

Staff may also have to request that a care partner not be present for specific virtual services if not appropriate (eg. if the client has asked that the care partner not participate), but it can be suggested that the care partner access virtual services for themselves where appropriate.

Recommendation 5	Organizations and staff should make every effort to ensure equitable access to virtual services.

Organizations need to be aware of the potential disparity among the clients they serve: some clients may not be able to afford devices/technology, others may not speak English, some may have fewer years of education, or live in rural/remote areas with poor internet connection. It is important to remember that while virtual care increases ease of access for some, it also has the "potential to exacerbate inequalities in access to care, both in terms of geography and socioeconomic status."[10]

It is important that organizations evaluate whether the requirements relating to the processes of virtual services inadvertently exclude some clients (e.g., high bandwidth requirements, ease of access to platform).

Additionally, organizations need to consider how they might support clients who do not have care partners to assist in accessing virtual services and whether the organization can support the client to access the equipment required to participate in virtual services (e.g., loaning technology equipment).[11] See "Recommendation 15" relating to Technology and "Recommendation 1" relating to Access. Organizations should offer alternative options such as services accessible by phone, provision of print materials (e.g., information packages), activity kits for social recreation or in-person services where feasible.

"Having access to the correct technology is important in order for the person living with dementia to feel comfortable enough to participate and engage."

~ Client accessing Alzheimer Society Services in Ontario

[10] Canadian Medical Association, The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2020, February). Virtual Care: Recommendations for Scaling Up Virtual Medical Services. Accessed: https://www.cma.ca/sites/default/files/pdf/virtual-care/ReportoftheVirtualCareTaskForce.pdf
[11] Recommendations for Senior Friendly Virtual Care, RGP: https://www.rgptoronto.ca/wp-content/uploads/2020/10/Senior-Friendly-Virtual-Care-Recommendations020-09-29.pdf

Recommendation

6

Organizations should consider offering virtual services in some capacity.

There are many benefits for virtual service delivery and as such, organizations should consider offering virtual services in some capacity. Both clients and staff highlighted many benefits of virtual services for clients within Alzheimer Societies in Ontario, which can be highlighted in the following tables.

Client perceived benefits regarding accessing virtual services through Alzheimer Societies in Ontario:

Responses:	Response in %	Response in #'s
It was convenient	84.8%	56
I was comfortable using the technology	68.18%	45
I did not need to drive or arrange for transportation	60.60%	40
The staff were knowledgeable about the technology being used	53.05%	35
Group guidelines were set and clear (eg. making sure everyone had a chance to share, ask questions etc.)	45.45%	30
The group size worked well for me	43.9%	29
It was a different way to connect with others	36.36%	24
I was able to participate in a new program or service	36.36%	24
I was able to use services further from my home	27.27%	18
I was able to continue using the same programs and services I was before the pandemic	22.72%	15
I was supported by staff to use the technology	22.72%	15
I was able to participate with other family members or friends	21.21%	14
I was encouraged to try something new	18.28%	12
I had different options for how I could participate (for example over the phone or videoconference)	13.63%	9
A family member or friend supported me to participate on virtual services	10.60%	7
Other (please specify)	1.51%	1
Other: I have not access any at this time	1.51%	1
Other: Not helpful in my circumstance	1.51%	1
Other: The staff were excellent and informative	1.51%	1
Other: The attended looked forward to the session	1.51%	1
Other: This gave me the care partner respite	1.51%	1
Total Number of responses		379
Total Number of respondents		66

"I love the easy online access, I don't need to drive, I can get support right in the comfort and privacy of my own home, and best of all, I don't need to leave my spouse alone to get much needed support. This virtual service (zoom) has been a lifeline for me, I would be in a very stressed, and burnt-out place if it were not for the support I have received"

~ Care partner accessing virtual services through the Alzheimer Society of Ontario

Staff perceived benefits for clients accessing virtual services through Alzheimer Societies in Ontario:		
Responses:	**Response in %**	**Response in #'s**
Clients were able to access services from home	100.00%	36
It was convenient for clients	91.67%	33
The clients were comfortable with the technology	47.22%	17
It was a different way for clients to connect with others	63.89%	23
Clients did not need to drive or arrange for transportation	97.22%	35
Clients were able to participate in a new program or service	83.33%	30
Clients were able to continue using the same programs and services they were using before the pandemic	66.67%	24
A family member or friend supporting the client to participate in virtual services	72.22%	26
Clients were able to participate with family members or friends	75.00%	27
Clients were encouraged to try something new	63.89%	23
Clients had different options for how they could participate (for example over the phone or videoconference)	75.00%	27
Clients were supported by staff to use technology	75.00%	27
Group guidelines were set and clear (e.g., making sure everyone had a chance to share, ask questions etc.)	63.89%	23
Group sizes worked well	58.33%	21
Other (please specify)	11.11%	4
Total Number of responses		376
Total Number of respondents		36

Although both clients and staff may be looking forward to resuming services in person, there is also a strong interest in virtual services as well. Through the surveys conducted in this project, clients were asked about their interests with respect to future access to virtual services. Over 78% noted that their experience with virtual services was positive and they would either like to continue using virtual services or would like to use a mix of both virtual and in-person services.

Responses:	**Response in %**	**Response in #'s**
My experience with virtual services was positive, and I would like to use both a virtual and in-person services	45.45%	30
My experience with virtual services was positive and I would like to continue using virtual services	33.33%	22
My experience with virtual services was positive, but I would prefer in-person services	16.66%	11
Virtual services did not work well for me, and I would rather attend in-person services	4.54%	3
Total Number of responses		66
Total Number of respondents		66

"Using this technology, I did not need to leave home and be worried about spouse (has dementia) while I was away and could receive support without leaving home."

~ Care partner of a person living with dementia who is accessing Alzheimer Society services in Ontario

"It's opened up so many opportunities to be able to do programs from home. We're very rural and in the winter the roads are often closed, and through covid we've been reliant on virtual outreach for education and socialization. It would be wonderful to see it continue in some format."

~ Care partner of a person living with dementia who is accessing Alzheimer Society services in Ontario

Risk Management

It is important for the organization to be able to identify the risks involved with engaging in a virtual service Assessing and identifying potential risks followed by developing and implementing strategies could mitigate potential issues.

Recommendation 7	Organizations should complete a risk assessment as part of the intake process and prior to initiation of services to identify potential risks of engaging in virtual programs and implement strategies to mitigate these identified risks.

Through the intake process, and prior to initiation of virtual services, asking what types of supports a client may need prior to accessing a virtual service can help mitigate risk. For example, does client require a calendar invite or reminder phone call prior to the service? How does the client adjust to changes in routine (eg. a last-minute change in a facilitator) or deal with frustrations (eg. poor internet connection) etc., and would it be beneficial to have a support person physically present with them when attending the virtual service? The specific requirements of the risk assessment may vary depending on the type of programming being offered (e.g., exercise program, counselling service, music program etc.). Consider leveraging use of volunteers to offer client support such as calling clients who have flagged, they may have issues with technology prior to the commencement of the virtual service to check in and offer troubleshooting support if needed.

Recommendation 8	Organizations should have a policy in place to support clients identified at risk who do not attend virtual services as scheduled.

Often with in-person services, there is a policy for reaching out to clients who do not attend services, for example, a client who does not show up for adult day program that day. With virtual services, there should also be a process for checking in with clients who do not attend a virtual service, especially if they are considered high risk. The service may be the only one that is checking in with this client, even if it is virtually.

Recommendation 9	Organizations should have a policy in place to guide staff as to how support clients who experience challenges or other issues during a virtual service.

At times technology functionality may pause or cease. It is important for staff and clients to know how to connect to each other if there is an issue with technology during virtual services. Be sure that staff, volunteers, and clients know how to contact each other if there is a disconnection during virtual services.

This information should be included in the client's pre-service information package, or at time of registration. It is also a good idea to quickly ensure the clients have this information at hand at the start of the appointment[12] (See Recommendation #3).

As with in-person services, incidents may arise that require additional support. This could include a medical emergency, or client who is not following the group rules in group programming (e.g., not treating others with courtesy and respect etc.

Assess the situation and determine next steps.

1. Next steps might include putting the other clients and one facilitator in a breakout room, and the other facilitator in the main room with the client who is needing extra support.
2. If there is no secondary facilitator, all other participants can be asked to leave the call.

If safe and the service is continuing, ask if the participant is able and would like to continue class; if so, place the participants back into the main meeting room. If not, let them know you will be following up with them later.

[12] *Recommendations for Senior Friendly Virtual Care, RGP:* https://www.rgptoronto.ca/wp-content/uploads/2020/10/Senior-Friendly-Virtual-Care-Recommendations-2020-09-29.pdf

Recommendation 10

Organizations and staff must determine the appropriate staff to client ratio for each virtual service being delivered.

It is important to plan for a safe ratio of staff/volunteers to participants. This is particularly important for the exercise hour, especially if there are people with higher-risk health conditions.

It is recommended that there be at least two staff members attending / providing the virtual service for group programming. There are many reasons why having more than one facilitator is recommended, including:

- Enhanced ability to monitor both group interaction as well as technological aspects of the service (e.g., monitoring chat, supporting clients experiencing technological difficulties)
- Should a facilitator lose internet connection, the rest of the group will not lose connection and will be able to continue on with support from the second facilitator
- If a client requires additional emotional support, one facilitator can provide this either by joining them privately in a breakout room or by disconnecting and contacting the client by phone.

"Teams have reported that virtual care works best when one staff can interact with the clients and another staff can assist with technology (managing the chat bar and wait room, as well as trouble-shoot technological issues that may arrives. This is especially true when facilitating groups."[13]

Multiple staff may not be required for individual or very small group (e.g., couple or family) services such as counselling or one-to-one education.

But increased staff may be required for a virtual exercise class, particularly when individuals with higher-risk health conditions are participating.

[13] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

Privacy and Consent

In Ontario, Canada, Ontario's health privacy legislation outlines elements of consent.

The general rule is that a health information custodian ("custodian") needs to obtain your consent for the collection, use or disclosure of personal health information. Under the Personal Health Information Protection Act (PHIPA) consent must generally satisfy the following conditions:

- must be your consent or the consent of your substitute decision-maker must be knowledgeable
- must relate to the information that will be collected, used or disclosed must not be obtained through deception or coercion
- For consent to be knowledgeable, you must understand the purpose of the collection, use or disclosure and know that you can give or withhold consent.

Consent under PHIPA may be either express or implied, unless PHIPA requires express consent.

Additional conditions apply if you are under the age of 16, or if you have a substitute decision-maker due to incapacity.[14]

A person is presumed to be capable of providing consent unless a custodian has reason to believe otherwise. Under PHIPA, you are capable of providing consent if you are able:

- to understand the information that is relevant to deciding whether to consent to the collection, use or disclosure; and
- to appreciate the reasonably foreseeable consequences of giving, not giving, withholding or withdrawing consent.

If a person is deemed incapable of making their own decisions regarding their personal health information, a substitute decision-maker is permitted to make a decision on their behalf. A substitute decision-maker is a person authorized under PHIPA to consent on their behalf to the collection, use or disclosure of personal health information. Further details can be found in Health Care Consent Act.[15]

Patient privacy encompasses a number of aspects, including personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).

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[14] Information and Privacy Commissioner of Ontario (2022). "Consent and your personal health information." Retrieved from: https://www.ipc.on.ca/health-individuals/consent-and-your-personal-health-information/

[15] Information and Privacy Commissioner of Ontario (2022). "Consent and your personal health information." Retrieved from: https://www.ipc.on.ca/health-individuals/consent-and-your-personal-health-information/

As with in-person services, virtual services need to be set up in a way that aims to prevent issues related to privacy and consent.

Recommendation **11**	Informed consent for virtual services must be obtained by staff within the organization.

Informed consent includes reviewing service information with clients or their substitute-decision maker, including informing the client about available options and providing time for reflection and questions before asking for consent; respecting the client's rights, cultures and values including the right to refuse consent at any time and recording the client's decision in their record.[16]

Informed consent is a requirement for virtual services. Obtaining informed consent from clients involves the following components:

1. Explaining the relevancy, benefits, limitations, privacy, and risk considerations related to electronically communicating with clients. For example, in support groups other clients are present, and other family members may also be present (particularly if the person with dementia requires support in accessing the virtual services).

2. Explaining the steps that clients can take to help protect their personal health information (e.g., private space / messaging for confidential conversations, using own personal device with headphones/earphones, Wi-Fi vs. public/guest Wi-Fi, etc.).

3. Documenting the informed consent discussion, including the components listed above, in the client's file.[17]

It is important that staff refer to their organization's policies regarding consent. Additionally, staff can refer to relevant legislation. In Ontario for example, consent is covered in Health Care Consent Act, 1996.[18] Regulated health care professionals can also refer to their professional college's Standards of Practice (e.g., Ontario College of Social Workers and Social Services Workers, College of Nurses of Ontario, College of Occupational Therapists of Ontario etc.). If staff or organizations require further information regarding consent and capacity, local colleges, universities or legal clinics such as the Advocacy Centre for the Elderly[19] in Toronto, Ontario, may offer courses or workshops. The Canadian Medical Protective Association (CMPA) provides

[16] Health Standards Organization and Accreditation Canada. (2019). Telemedicine/Virtual Health. Version 4. Accessed: https://store.accreditation.ca/products/virtual-health-standard

[17] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020), pg. 9. Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

[18] Health Care Consent Act, 1996. Retrieved from: Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A (ontario.ca)

[19] Advocacy Centre for the Elderly. Retrieved from: ACE | Welcome to ACE (advocacycentreelderly.org)

templates for obtaining 'consent to use electronic communications which are available for download in PDF or Word formats.[20]

Recommendation 12	Organizations should make every effort to ensure privacy and respect boundaries of clients.

Regardless of the mode of delivery, virtual care must comply with privacy laws. In Canada, this is covered under The federal *Personal Information and Protection of Electronic Documents Act* (PIPEDA). Some organizations have developed Virtual Support Group Guidelines and Waivers that include these details.

For example:

- Members should not describe anything discussed in a group with others outside of the group. You may share with others your own contributions to the discussion, but not what others have shared, or any details about other members, including their names, appearance or any other related personal information
- The Organization will make every attempt to respect privacy and boundaries but that strict confidentiality. Cannot be guaranteed.
- That the client understands that the Organization will use a third-party video conferencing solution to facilitate the virtual services. Although these calls may be encrypted for protection from malicious eavesdropping, the Organization cannot guarantee this. By participating in the virtual service, each member has reviewed and accepted the security of the facilitating platform.
- Members are forbidden from recording group sessions in any way. Personal confidential notes are ok.
- If you see other group members out in public, please be respectful of their boundaries as some people would like to remain anonymous in the community.
- Facilitators cannot reveal information about clients without written permission except where disclosure is required by law (e.g., Anyone who indicated they wish to harm themselves or others or if there are suspicions of abuse of a minor).

Additionally, to enhance privacy when clients have others present in their home when they access virtual services, staff may want to suggest the client try to find a private space and use headphones if possible.

Organizations may want to consider if they would like to consult with legal counsel to develop and/or implement the use of a privacy waiver to ensure that similar aspects related to privacy are discussed (see **Appendix C: Sample Privacy Statement/Waiver).**

[20] https://www.doctorsofbc.ca/sites/default/files/dto_virtual_care_faq_for_physicians_and_moas.pdf

Technology

Virtual services require all parties have access to technology (see **Recommendation #3, 4 and 5 on Communication and Access**), required equipment (e.g., Laptops, computers) and the functionalities (e.g., Stable internet connection). It is important that this is communicated to participants. This requires collaboration of all those involved in virtual services.

Recommendation **13**	Organizations/staff should determine what technology staff require to offer quality virtual services effectively and efficiently.

The type of device(s) required for virtual service delivery should be determined by the organization and / or its staff. Additionally, it is important that the organization ensures all staff have access to this devices / equipment and that they are in good working order. For example:

- Determine if a laptop, desktop computer, smartphone or tablet/iPad is required.
- Determine if a hands-free option is preferable; a hands-free option will allow staff to free up their hands to be able to participate in activities.[21]
- Determine if a camera, microphone, or speaker needed, or if it is built into the device.
- Determine whether the use of earphones or headphones is preferable (and indicate if the organization will provide this equipment) when conducting a video visit with clients (this will ensure additional privacy.[22]
- Determine whether the use of dual screens if preferable / available; this allows staff to refer to a materials and other information simultaneously.[23]

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[21] *Together Apart, A Guide to Visiting from a Distance* (online), AS Oxford County https://alzheimer.ca/oxford/sites/oxford/files/documents/TogetherApart_Guide_Interactive_Locked.pdf
[22] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020), pg. 9. Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy
[23] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

Some organizations may have decided to offer a hybrid model of virtual services. This means, that clients are in a room with the facilitator, but also clients who are participating virtually via a web conferencing platform. Additional considerations may be required, for example:

- Does the video-conferencing platform offer training videos or additional live support for facilitator's wanting to learn more about offering hybrid services.
- Determine if two facilitators are required: one to lead discussion, and one to be designated to support those joining in virtually (e.g., Managing the chat pod, flagging when there are questions etc.).
- Determine the best way to enhance audio so those in-person can hear those that are joining in virtually, and vice versa. For example:
- Are additional speakers needed to increase the volume from a computer or laptop?
- Is a microphone needed for those in the room?
- Is it best to have those participating virtual dial in by phone, putting the phone in the centre of the group of clients that are present in person?
- Determine the best way to enhance the clients' ability to see one-another visually. For example:
- Is a larger screen and/or projector required?
- Does the camera capture all participants in the room?

Recommendation 14	Organizations need to determine which virtual visit modalities (and its various functions) will be used to provide effective and efficient virtual service delivery and ensure that staff are provided with adequate training on the use of the chosen technology to ensure they are comfortable and have an appropriate level of understanding.

There are lots of ways of to offer virtual services. Organizations need to determine which virtual visit modalities (and its various functions) will be used to provide effective and efficient virtual service delivery. Virtual service modalities could include phone, email or video conferencing platforms (e.g., ZOOM, MS Teams, Google Meets etc.). As part of this project, clients were asked about the format of virtual services they were accessing. Almost 48% were accessing virtual services via videoconferencing, 29.26% via individual telephone calls, 7.31% via pre-recorded videos and less than 1 % via mailed information. In order to determine which virtual service modalities clients, prefer, it's best to ask clients. This could be in the form of a survey, or while discussing service options with a client/potential client (see recommendations on Access and Communication).

Web-conferencing platforms have many functions including recording, muting, polling, sharing screens, secure messaging, videoconferencing, audio calls, like online booking etc. Staff should determine which functions will be utilized for each unique client / client group. Deciding which functions are required during video conferencing may help determine which platform would be most appropriate to use (See Appendix A: Video Conferencing Platform Comparison Chart Template.) While organizations may have a preference as to what platforms their staff use, they also need to consider what platforms the clients would find most user-friendly. Consideration must be taken to determine which virtual platform/medium might be best for those who have hearing, visual, or cognitive impairments. (e.g., telephone-only can may post challenges for individuals with hearing loss).

Organizations of course need to ensure that staff are provided with adequate training in the use of the chosen technology to ensure they are comfortable and have an appropriate level of understanding.

Recommendation 15

Organizations/staff should determine what technology clients require to access quality virtual services effectively and efficiently.

The technology required for virtual service delivery should be communicated to clients (see recommendations on Access and Communication). For example:

- Is a laptop, desktop computer, smartphone or tablet/iPad is required?
- Is a hands-free option being preferable; a hands-free option will allow clients to free up their hands to be able to participate in activities.24
- Is a camera, microphone, or speaker needed, or is it built into the device?
- Is the use of earphones or headphones preferable? (This may ensure additional privacy.25)
- Does the client have a stable internet connection if internet is needed?
- Does the client need hearing aids, or a personal amplification device? [26]

[24] *Together Apart, A Guide to Visiting from a Distance* (online), AS Oxford County https://alzheimer.ca/oxford/sites/oxford/files/documents/TogetherApart_Guide_Interactive_Locked.pdf
[25] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020), pg. 9. Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy
[26] RGP: Senior Friendly Virtual Care Webinar Series: Part 2 - How to Make Virtual Video Visits Senior Friendly: https://www.rgptoronto.ca/webinar/senior-friendly-virtual-care-webinar-series-part-2/

If the client does not have the technology needed, offer options to trial needed equipment (e.g., Via library access, suggestion to borrow from a family member, or other lending programs), or consider another virtual service modality that better meets the client's needs.

There may be times you come across a client who may not have access to technology, may not be comfortable utilizing it, or may have barriers to using technology such as a disability (vision, hearing impaired, etc.). An alternative option is that clients can still participate in virtual services that are being offered via a web conferencing platform, if they are provided the option to dial in by telephone.

Some advantages to this option include:

- The client can still participate in discussions.
- The client has the ability to mute/unmute themselves over the telephone.
- The client may still have the option to raise their hand or join a breakout room depending on the videoconferencing platform being used if it offers a telephone option as well.

Considerations to note:

- The client will not be able to see the whiteboard so the facilitator must verbally summarize this visua.l
- The client will not be able to see other visuals on the screen. The facilitator may want to consider summarizing the visual wells, or mailing/email this content in advance of the virtual service.
- The client will not be able to use the chat function on a web conferencing platform if they are only joining my phone.

Recommendation 16	Organizations should offer tutorial sessions/orientation/resources to clients on how to use the technology required for the virtual services in advance of service commencement or refer to organizations who offer digital literacy training.

Technology can be complex, and not all clients may be “tech-savvy.” Introducing new technology and tools may be stressful for clients, and it is important that the organization empowers its clients to use technology to access virtual services with encouragement and tutorial sessions. This may include providing opportunities for clients to test the platform in advance and ask questions about the platform ahead of the visit (e.g., use volunteer resources or administrative staff or link to free senior-specific technology support services).[27]

[27] *Recommendations for Senior Friendly Virtual Care, RGP*: https://www.rgptoronto.ca/wp-content/uploads/2020/10/Senior-Friendly-Virtual-Care-Recommendations-2020-09-29.pdf

If staff capacity is a barrier to testing in advance, consider partnering with volunteers, designating a support person/service ("Virtual Coach") in your organization/team or connecting older adults and caregivers to services which focus on digital literacy skills and technology support (e.g., Connected Canadians).[28] "Connected Canadians is an example of a non-profit organization that provides older adults with technology training and support."[29]

Facilitation

Providing quality facilitation during virtual service is, in addition to effective communication an essential element of an effective program that will enhance the client's experience. While many aspects of facilitation are similar regardless of whether a program or service is taking place in-person or virtually, there are some unique considerations for facilitating virtually.

Recommendation 17	If there are multiple staff facilitating a virtual service collaboratively, staff should clearly define each of their roles.

Having more than one facilitator means that enhanced support can be available to clients should issues relating to technology, group dynamics, etc. arise. If there are multiple staff co-facilitating a session, the staff should clearly define their roles in advance of the service being offered. For example, who will:

- Provide technical support to clients?
- Facilitate the session (or is this a shared responsibility?)
- Monitor and respond to the chat box?
- Respond to individual client needs for additional support (e.g., a client is in distress)?
- Set-up and initiate slides, breakout rooms, polls and other add on features used to engage the group?
- Monitor the time?
- Take notes if needed?

[28] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy
[29] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

Consideration should also be given to having a plan for what process will be followed by facilitators if:

- One facilitator loses internet connection
- A participant is having trouble joining the virtual space
- A participant suddenly leaves the program or service
- A participant is in distress (physical or emotional)

Recommendation **18**	**An organization should aim to have consistent staff lead virtual services for the same clients.**

Consistency of staffing is an important factor identified by clients. Having the same staff member(s) facilitating a program or service with individuals or groups of clients support relationship building and comfort for clients which is especially important. It can be more difficult to build rapport and clients may feel distracted by technological aspects of a virtual environment.

When offering virtual services, ensure, as much as possible, that the same staff are providing these services to the same clients.[30] This applies to both individual and group programming.

Recommendation **19**	**If there are multiple staff facilitating a virtual service collaboratively, staff should clearly define each of their roles.**

When services are delivered virtually, it can be more challenging to fully engage participants. Reduced or absent nonverbal cues (facial expressions, body language) can impact facilitators ability to monitor client's engagement. Distraction caused by a focus on technology can also cause participants to become more passive. Staff should employ facilitation techniques that encourage participation from clients.

[30] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

Some helpful strategies include:

- Place your camera at eye level so that you can have direct eye contact with participants[31]
- Use facial expressions and body language (e.g., nodding your head in agreement to show you are listening and to provide feedback) and gestures to supplement your words
- Speak slowly and clearly in a normal tone. Avoid using the higher register of your voice [32]
- Use your mouth to enunciate every word. This enables lip-reading for the hearing impaired and also mitigates any gaps in audio transmission [33]
- Consider setting group guidelines together (this may be an opportunity to share expectations for participation) before getting into the content of the program or service
- Provide tips for how to make use of the technology (e.g., muting and unmuting, using the Chat, raising hand, etc.) at the beginning of the program or service[34]
- Introduce yourself and encourage participants to introduce themselves (for small groups)
- Get participants talking early (e.g., pose a discussion question to the group)
- Make use of videoconferencing functions such as breakout rooms to allow for small group discussion
- Encourage participants to share using the Chat
- Build in ample time for discussion, question and other interactions throughout the program or service
- Encourage participants to turn on their cameras to encourage rapport building and increase nonverbal communication
- Ensure that participants can see each other (e.g., do not overuse screen sharing and explain how participants can set their view to gallery to see everyone on the screen)
- Look for and respond to any cues participants are not following the conversation (e.g., asking you to repeat questions; hearing words incorrectly; appearing confused, distracted, or frustrated) [35]

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[31] Global Learning Partners. Visuals, during Online Webinars. https://www.globallearningpartners.com/wp-content/uploads/2020/05/Visuals-during-Online-Webinars-1.pdf

[32] Recommendations for Senior Friendly Virtual Care, RGP: https://www.rgptoronto.ca/wp-content/uploads/2020/10/Senior-Friendly-Virtual-Care-Recommendations-2020-09-29.pdf

[33] Recommendations for Senior Friendly Virtual Care, RGP: https://www.rgptoronto.ca/wp-content/uploads/2020/10/Senior-Friendly-Virtual-Care-Recommendations-2020-09-29.pdf

[34] Global Learning Partners. Tips for Using Zoom. https://www.globallearningpartners.com/wp-content/uploads/2020/03/Tips-for-Using-Zoom.pdf

[35] Recommendations for Senior Friendly Virtual Care, RGP: https://www.rgptoronto.ca/wp-content/uploads/2020/10/Senior-Friendly-Virtual-Care-Recommendations-2020-09-29.pdf

Recommendation **20**	Virtual services should be delivered in way that promotes good communication.

"Communication is a vital part of our lives. It allows us to express who we are and relate to one another. Communication is more than talking and listening – it involves understanding and interpreting."[36]

It is important to be mindful of communication strategies when offering virtual services. People tend to look down at the screen during video calls. This may look like the person is not making eye contact. Staff offering virtual services should try to look at the camera, because that's what's going to appear on the screen for the client. To make eye contact, the staff must remember to look directly at the actual camera, and not the projected image of the client on their screen.[37] (See **Recommendation 19** for helpful strategies)

Recommendation **21**	Staff should consider how to best manage sound during virtual services..

Staff can enhance the experience of clients participating in virtual services by ensuring that everyone including staff and client(s) is/are able to effectively hear what is being shared.

Staff can ensure that they are able to hear clients by:

- Joining from a quiet space without background noise[38]
- Wearing headphones to cancel out noise
- Conducting a sound check prior to the start of the program or service

[36] Alzheimer Society Canada. Communicating with people living with dementia: https://alzheimer.ca/en/help-support/i-have-friend-or-family-member-who-lives-dementia/communicating-people-living-dementia
[37] https://patientengagementhit.com/news/communication-tips-for-a-good-telehealth-patient-experience
[38] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

- Staff can support participants to hear the staff member(s) and other participants in groups by:
  - Providing detailed instructions to clients in advance of the program or service inviting them to
  - Join from a quiet space without background noise
  - Wear headphones to cancel out noise[39]
  - Test their audio (e.g., computer speakers and microphone for an online session)
- Providing detailed instructions for using audio in the selected videoconferencing software/teleconference method
- Providing a telephone number to join online meetings if internet connectivity is a challenge or clients do not have a computer speaker or microphone

For small group programming it can be very beneficial for participants to be unmuted to easily participate in group discussion without technical challenges that can present with muting and unmuting. However, if the ability to hear each other becomes a challenge because of background noise or multiple participants speaking at once regularly or internet connectivity or if the group size is large, muting all participants and asking them to unmute when they would like to share may help. If clients are muted, they can be invited to share their ideas and questions non-verbally as well by typing them into the Chat to support ongoing participation.

Facilitators may also encourage turn-taking by explaining how to use the raise hand feature on the virtual platform, or if the participants camera is on, they can physically raise their actual hand when they would like to speak.

Acknowledging the need or desire of participants to share their experiences with other group members can be facilitated by making frequent use of breakout rooms which allow participants to share in pairs or small groups.

Recommendation 22	Organizations and staff should consider providing access to virtual programs 15 minutes before the session, and not close the session until 15 minutes after the service to ensure people that have questions or need additional support have the opportunity to discuss them with the facilitator.

A Lived Experience Committee noted that one of the things missing with virtual group programs is the ability to informally connect with other clients, as well as the facilitator(s). This insight was

[39] Global Learning Partners. Sound During Online Webinars. https://www.globallearningpartners.com/wp-content/uploads/2020/05/Sound-during-Online-Webinars.pdf

further explored in both the client and staff surveys. When asked what didn't work well about virtual services, 27% of client survey respondents and over 47% of staff survey respondents reported there was less time for informal conversations (eg. before or after the program or service). When attending in-person group services, it is common that clients will talk amongst themselves before or after the scheduled services. Some will form friendships and plan to go out for coffee after the session to socialize. This aspect is limited during virtual services. Opening the virtual platform 15 minutes before and/or after the session will allow clients time to engage socially.

Planning

When planning a virtual service for people living with dementia and/or care partners there are many important aspects to consider to meet the needs of clients, including appropriate and relevant content, timing and group size. Every effort should be made to plan programs and services that meet the unique needs of those participating in those services.

Recommendation 23	The content for each virtual service should be carefully selected.

It is important to ensure that virtual services meet the needs of the client(s) attending. Clients may have unique needs depending on several factors including age, cultural background, gender, type of dementia, care partner relationship to the person with dementia, etc. Gathering information from clients before the start of a program or service through a short survey or conversation can help to understand individual needs and ensure a good match between these and the services or programs offered to the client. It can also help facilitators to adjust program content to best meet the specific needs of individuals taking part in the program or service.

There are various strategies related to the planning of content of virtual service delivery that can enhance the quality of virtual services, including:

Including content and examples that are relevant to the client(s)

- Providing differing difficulty levels (e.g., fitness level/physical abilities for exercise sessions or options for how to engage in a learning activity based on skill level or interest for an education program) to meet individualized needs
- Incorporating personal interests of participants
- Offering caregiver support programs in addition to recreation programs[40]

[40] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

Recommendation

24

Organizations and staff should determine the best time of day to offer virtual services to clients.

When considering the timing that virtual programs are offered, it is important to consider the needs of clients. Whenever possible, efforts should be made to meet individual or group needs related to timing by asking about preferred times during initial intake/assessment.

For individual services, there should be every effort made to accommodate preferred times.

Determining best time of day to offer group programming can be more of a challenge. Keeping in mind the target group for the service may support decisions about best timing. For example, if a service is being provided to adult children care partners, lunch hour or evening options may work best; if for people living with dementia too early or late in the day may mean their cognition is not at its optimal level, impacting their ability to participate. Some guidance suggests that the ideal time for scheduling virtual recreation programming for people living with dementia is between 10:30 am – 2:30 pm.41 This allows individuals to go through their morning routine without feeling rushed, but also allows for those that need to rest later in the day to still be able to access virtual services. If possible, the preferences of individuals who will take part in the group program should be considered when scheduling the service.

Some things to consider include:

- If there is a preference for virtual services that take place over lunch hours?
- If there is a preference for virtual services that take place in the evenings/weekends?
- Is there a better time of day for care partners who reside with a person living with dementia and if so, what are those times?

For persons living with dementia, would offering the same program in both morning and afternoon to maximize accessibility be preferred (morning routines can prevent some clients from attending morning sessions while afternoon routines and / or tiredness can prevent others from attending afternoon sessions; some may be early risers or are feel more alert in the morning)?

[41] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

Recommendation 25	The content for each virtual service should be carefully selected.

Multiple studies indicate that it is common for clients to report "virtual fatigue." It is likely that clients are involved with other providers who are delivering programs and services virtually. Multiple platforms are being used, such as Zoom, WebEx, and the Ontario Telehealth Network (OTN) in Ontario. Clients are having to learn and maintain a lot of information. Acknowledging this reality may be beneficial in establishing and maintaining good rapport with patients and caregivers.[42] Offering sessions of varying lengths can assist with those that may have virtual fatigue.

In addition to addressing virtual fatigue, offering breaks during longer sessions, or sessions of varying lengths may address other client needs. Shorter sessions may support:

- Improved ability to retain smaller amounts of information, particularly for clients living with dementia
- Improved ability to focus
- Scheduling when longer periods of time may not be available.

Longer sessions may reduce the frequency required to meet. This can provide longer respite to care partners.

Recommendation 26	Organizations should consider group composition when planning programs.

There may be times when a program or service would be more effective if offered to a group of clients with commonalities. For example, people living with dementia may benefit from participating in a group with others that have similar cognitive abilities.

Clients may have their needs best met if they are grouped based on factors such as:

- Cognitive abilities for persons living with dementia
- Progression of dementia
- Relationship to person living with dementia for care partners
- Caregiving role (e.g., primary care partner, supporting, long-distance)
- Socio-cultural needs (e.g., culture, race, gender, sexuality)

[42] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

It is also important to consider that diversity within a group can foster learning new ideas and gaining new perspectives. Participants may be able to play differing roles in diverse groups (e.g., care partners that have been in this role for a long time may support and coach those that are newer to the role of being a care partner).

Recommendation 27	Organizations should assess the appropriate group size for each type of virtual service.

Many clients who responded to the survey about virtual services and in other studies have expressed a preference for smaller group sizes.[43] Determining the ideal size for a group program or service requires consideration of the purpose, goals for the service and the needs of the target participants. For example, a support group should be a smaller group than a lecture-style education session.

Smaller groups sizes should be offered for:

- Support groups to allow everyone to participate and to support the building of connections between participants (a key factor in decreasing isolation)
- Groups where emotions or anxiety may be high to create greater comfort and safety
- Highly interactive education or social recreation programs to ensure everyone can participate and be engaged
- Programs or services for people living with dementia to avoid overstimulation and reduce noise to support the ability to focus

Types of Programming

The Alzheimer Society of Ontario offers many programs and services that can provide information, resources, education, support, and counseling that will help people living with dementia understand their diagnosis and live well. During the COVID-19 pandemic, many of these services shifted to virtual delivery.

Recommendation 28	Organizations should consider the types of virtual services clients need and want, including but not limited to support groups, social/recreation programs (e.g., music, bingo, trivia), education, and counselling.

[43] Providing Virtual Care to Older Adults and Caregivers across the Southwest (2020). Accessed: https://www.sjhc.london.on.ca/frail-senior-strategy

Clients accessing virtual services through Alzheimer Societies in Ontario were asked about the virtual services they have accessed. Almost half of the 88 survey respondents noted that they participated in support groups; 35.2% noted that they participated in social/recreation groups; 35.2% participated in general education; and 30.86% participated in individual counselling.

Survey Question: Which of the following services have you or the person with dementia you are supporting used through your local Alzheimer Society? (Please check all that apply)

Answer Choices:	Responses in %	Response in #'s
Support groups	48.86%	43
Social/Recreation	35.22%	32
Education for the general public	35.22%	31
Individual counselling	30.86%	27
Education for clients	26.13%	23
Care Navigation	22.72%	20
Education for health care providers	20.45%	18
Care Navigation	22.72%	20
I and/or the person with dementia I am supporting have not accessed services through an Alzheimer Society Chapter	6.81%	6
I am not sure	3.40%	3
Other: Information Session (target population not specified)	1.33%	1
Other: Respite	1.13%	1
Other: Considering services	1.13%	1
Total Number of responses		**226**
Total Number of respondents		**88**

The specific types of social/recreation programs and education topics revealed very individual preferences. Service providers should survey clients with respect to specific interests and needs. There are lots of resources regarding virtual engagement that explore opportunities for social/recreation programs that may assist a service provider in determining what other types of social/recreation programs may be of interest to clients. For example, "*A Guide to Virtual Creative Engagement for Older Adults*" is a guide for assessing client strengths and challenges and their activities based on specific needs (for example, sight loss friendly, hearing loss friendly, low movement friendly).[44]

[44] Baycrest Centre for Geriatric Care. (2020) A Guide to Virtual Creative Engagement for Older Adults. Retrieved from: https://www.rgptoronto.ca/resource/a-guide-to-virtual-creative-engagement-for-older-adults/

IMPLEMENTATION AND NEXT STEPS

Virtual services are one of many valuable tools to promote patient-centred care. Virtual care has a vital role to play in the delivery of care to persons living with dementia and care partners both now and in the future. Overall, the response to virtual care has been positive from providers, persons living with dementia and care partners. This resource should be reviewed and adapted in accordance with the needs of individuals, organizations, and the broader health system, as well as the needs and preferences of persons accessing virtual services.

When determining what is working well in your organization relating to virtual services, and areas of opportunities are, it is important that clients, staff, and volunteers provide feedback.

This can take place in the form of discussion during staff meetings, through staff/client/volunteer surveys either annually or at the end of a virtual service, informal discussion where appropriate/relevant, or focus-group style consultations. It is important to include feedback of clients accessing virtual services, but also to include those that are not accessing virtual service to be able to uncover some of the potential barriers.

The following approach may be helpful when considering how to implement the recommendations in this resource:

1. Assess your existing policies, procedures, protocols, and programs in relation to the recommendations in this document.
2. Identify existing needs or gaps in your virtual service delivery policies, procedures, protocols, and programs.
3. Note the recommendations that address your organization's existing needs or gaps.
4. Develop a plan for implementing the recommendations.[45]

Implementation is multifaceted and can be challenging. The process of making change involves greater awareness and the distribution of resources. The Registered Nurses Association of Ontario (RNAO) recommends the use of The Toolkit: Implementation of Best Practice Guidelines (2nd ed.), which provides an evidenced-informed process for a systematic, well-planned implementation. [46]

The likelihood of achieving successful uptake of best practices in health care increases when the following occurs:

- leaders at all levels are committed to support facilitation of guideline implementation; ν
  guidelines are selected for implementation through a systematic, participatory process

[45] Registered Nurses' Association of Ontario. (2017). Adopting eHealth Solutions: Implementation Strategies. Toronto, ON, pg. 6.
[46] Registered Nurses' Association of Ontario. (2017). Adopting eHealth Solutions: Implementation Strategies. Toronto, ON, pg. 77.

- stakeholders relevant to the focus of the guideline are identified and engaged in the implementation process
- an environmental readiness assessment for implementation is conducted for its impact on guideline uptake
- the guideline is tailored to the local context
- barriers and facilitators to use of the guideline is assessed and addressed
- interventions are selected that promote guideline use; ν guideline use is systematically monitored and sustained.
- evaluation of the impacts of guideline use is embedded into the process; and
- adequate resources to complete the activities related to all aspects of guideline implementation are available.

The Toolkit Implementation of Best Practice Guidelines (2nd ed.) also uses the Knowledge-to-Action Framework to demonstrate the process required for knowledge inquiry and synthesis. It also guides the adaptation of the new knowledge to the local context and implementation. The Knowledge-to-Action Framework suggests identifying and using knowledge tools (such as guidelines) to identify gaps and begin the process of tailoring the new knowledge to local settings.

ADDITIONAL RESOURCES

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APPENDICES

Appendix A: Video Conferencing Platform Comparison Chart

This chart can be used to fill in the details regarding each video conferencing platform is best suited for the virtual services your organizations offer.

Program	Cost	Functionalities	Maximum Duration of Meetings	Maximum # of Participants/Meeting (Including Host)	Video/Audio Calls	Screen Sharing	Chat	Call in via Telephone	Breakout Rooms	Whiteboard	File sharing	Polls/Quizzes/Surveys	Meeting Recording	Meeting Controls for Host (Mute/Unmute, etc.)	More/Other Functions Available
Microsoft Teams															
Microsoft Teams (Free)															
Microsoft 365 Business Basic															
Microsoft 365 Business Standard															
Office 365 E3															
Webex															
Free (Personal)															
Starter (Small Teams)															
Plus (Mid-Sized Teams)															
Business (Large Teams & Businesses)															
Google Meets															
Free															
G Suite Essentials															
G Suite Enterprise															
Ontario Telehealth Network (OTN)															
Individual subscription															
Group subscription															
Membership Plan															
Other															

Appendix B: Online Video-Conferencing Facilitator Checklist

Tips for Facilitating Online:

- ✓ **Session length** of 1-2 hours max. is best, especially for clients. Include breaks if longer.
- ✓ **Preliminary email** prior to session with instructions and resources (ex. links, handouts, presentations) and/or follow-up session with resources.
- ✓ **Getting comfortable with the technology**
    - Play around with your technology. Practice with colleagues.
    - Try out a little bit at a time and then add more.
    - Imagine what the session would look like in person and try to use the technology to keep it as close as possible to that (e.g., a whiteboard instead of a flipchart)
- ✓ **Co-Facilitate** to help with chat, other technology and help get participants settled.
- ✓ **Assign a co-host**, so if you get bumped out that the meeting doesn't end.
- ✓ **Use specific instructions** to support and guide people.
- ✓ **Explain how the session will work** at the beginning. For example:
    - Should they need to leave, we ask them to give a wave or thumbs up.
    - If someone "disappears" from the session, we have a staff follow up with a phone call.
    - Encourage video on so Facilitator can receive feedback and facilitate discussion
- ✓ **Keep it as interactive as possible.**
    - Break out rooms are key.
    - Use of poll questions to see feedback from participants.
    - Time for individual reflection
    - Group discussion in a structured way- ex. use word document or whiteboard to include thoughts from various participants.
    - Use graphics, animations, etc.
    - If using props, have them ready and close by ahead of time.
- ✓ **Encourage discussion**
    - Encourage people to be off mute especially in small groups.
    - Be prepared to mute all if there is background noise. Explain how to unmute if so.
    - Give the option for people to type their ideas in chat if they don’t have privacy.

Appendix C: Sample Privacy Statement/Waiver

Organizations may want to consider if they would like to consult with legal counsel to develop and/or implement the use of a privacy statement/waiver to ensure that similar aspects related to privacy are discussed.

Sample Privacy Statement/Waiver

Instruction to Staff:

To ensure that all clients understand the measures taken to ensure privacy during virtual services, please share the following privacy statement/waiver at the beginning of every session. Please document that you have shared this information at each session.

Sample Script:

"Thank you for joining us via (insert name of virtual platform here). We are so glad you were able to join me/us here today.

Please note that we are using (insert name of virtual platform here), an online technology that helps us connect with you securely. We believe that privacy measures put in place by (insert name of virtual platform here), will protect your privacy but this cannot be guaranteed, and we urge you to also take steps to protect your privacy, ("as well as the privacy of others" if in a group setting), such as:

- Being in a private setting and use headphones if others that may enter your space
- Not using someone else's computer as they may be able to access your information
- Using a secure internet connection/Wi-Fi
- Not describing anything discussed in group with others outside of group. You may share with others your own contributions to the discussion, but not what others have shared, or any details about other members, including their names, appearance or any other related personal information
- Members are forbidden from recording group sessions in any way. Personal confidential notes are ok.
- Members are forbidden from recording group sessions in any way. Personal confidential notes are ok.
- Facilitators cannot reveal information about clients without written permission except where disclosure is required by law (e.g., Anyone who indicated they wish to harm themselves or others or if there are suspicions of abuse of a minor).

While (insert name of Organization here) will make every attempt to respect privacy and boundaries, strict confidentiality cannot be guaranteed, particularly in a group setting. By participating in the virtual service, each member has reviewed and accepted the security of the facilitating platform."

(Please add any other specific instructions depending on the service being offered)

Appendix D: Virtual Services Checklist

Access and Communication	Status		If "No" how can this be achieved?
Has the organization clearly communicated the availability of virtual services to clients and potential clients using a variety of communication methods (e.g., phone, email, website, mailouts etc.)?	☐ Yes	☐ No	
Does the organization have a process in place to determine the appropriateness of virtual service delivery and the virtual service modality best suited for individual clients?	☐ Yes	☐ No	
Does the organization prepare clients who have registered for virtual services in advance of the commencement of services, to ensure clients have all the information, tools, and resources they need to access these services?	☐ Yes	☐ No	
Does the organizations and staff clearly explain the role/involvement of care partners for services being provided to persons living with dementia?	☐ Yes	☐ No	
Does the organizations and staff make every effort to ensure equitable access to virtual services? (Consider collaboration with outside organizations and/or funding agencies to assist with access to devices and/or Wi-Fi. Can participants join by telephone?)	☐ Yes	☐ No	
Does the organization have a plan to offer virtual services in some capacity?	☐ Yes	☐ No	
Are there other aspects of virtual services related to access and communication that need to be explored/addressed?	☐ Yes	☐ No	
Risk Management	**Status**		**If "No" how can this be achieved?**
Does the organization complete a risk assessment as part of the intake process and prior to initiation of services to identify potential risks of engaging in virtual programs and implement strategies to mitigate these identified risks?	☐ Yes	☐ No	
Does the organization have a policy in place to support clients identified at risk who do not attend virtual services as scheduled?	☐ Yes	☐ No	
Risk Management (continued)	**Status**		**If "No" how can this be achieved?**
Does the organization have a policy in place to guide staff as to how support clients who experience challenges or other issues during a virtual service?	☐ Yes	☐ No	
Has the organization determined the appropriate staff to client ratio for each virtual service being delivered?	☐ Yes	☐ No	

Privacy and Consent:	Status		If "No" how can this be achieved?
Has the staff obtained informed consent for virtual services as per organizational policy?	☐ Yes	☐ No	
Does the organization make every effort to respect privacy and boundaries of clients?	☐ Yes	☐ No	
Technology:	**Status**		**If "No" how can this be achieved?**
Has the organization/staff determined what technology staff require to offer quality virtual services effectively and efficiently?	☐ Yes	☐ No	
Has the organization determined which virtual visit modalities (and its various functions) will be used to provide effective and efficient virtual service delivery and ensure that staff are provided with adequate training on the use of the chosen technology to ensure they are comfortable and have an appropriate level of understanding?	☐ Yes	☐ No	
Has the organization/staff determined what technology clients require to access quality virtual services effectively and efficiently?	☐ Yes	☐ No	
Has the organization offered tutorial sessions/orientation/resources to clients on how to use the technology required for the virtual services in advance of service commencement or refer to organizations who offer digital literacy training?	☐ Yes	☐ No	
Facilitation:	**Status**		**If "No" how can this be achieved?**
Has the organization determined how many staff are required to deliver seamless virtual services?	☐ Yes	☐ No	
If there are multiple staff facilitating a virtual service collaboratively, have staff should clearly define each of their roles?	☐ Yes	☐ No	
Does the organization aim to have consistent staff lead virtual services for the same clients?	☐ Yes	☐ No	
Are the Staff familiar with and do they make use of facilitation strategies to support engagement of participants in virtual services?	☐ Yes	☐ No	
Are the virtual services delivered in way that promotes good communication between staff and participants?	☐ Yes	☐ No	
Have staff considered how to best manage sound during virtual services?	☐ Yes	☐ No	

Has the organizations and staff considered providing access to virtual programs 15 minutes before the session, and not close the session until 15 minutes after the service to ensure people that have questions or need additional support have the opportunity to discuss them with the facilitator?	☐ Yes	☐ No	
Planning:	**Status**		**If "No" how can this be achieved?**
Has the content for each virtual service should be carefully selected?	☐ Yes	☐ No	
Has the organization and staff determined the best time of day to offer virtual services to clients?	☐ Yes	☐ No	
Has the staff and organization considered providing sessions of varying lengths?	☐ Yes	☐ No	
Has the organization considered group composition when planning programs?	☐ Yes	☐ No	
Has the Organization determined the appropriate group size for each type of virtual service?	☐ Yes	☐ No	
Type of programming:	**Status**		**If "No" how can this be achieved?**
Has the Organization considered the types of virtual services clients need and want, including but not limited to support groups, social/recreation programs (e.g., music, bingo, trivia), education, and counselling?	☐ Yes	☒ No	
Other:	**Status**		**If "No" how can this be achieved?**
Are there other existing policies, procedures, protocols, and programs relating to virtual service delivery that require further review?			