

The provision of services by means of **Non-face-to-face care** requires, in the organizational environment, to have assistance and management processes that include this modality of care and to guarantee the necessary competences on the part of the professionals. **This card is addressed to the providers centers**, to guide on the necessary activities for the implementation of non-face-to-face care channels.

Care processes with non-face-to-face care

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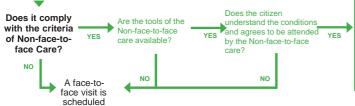
Care Model

It is recommended to place non-face-to-face care in a model that enables a combination of face-to-face and non-face-to-face care. We must take into account aspects related to the health situation of the citizen, its conditions (socioeconomic environment, digital skills, etc.), and the resources available.

/ The plan of care must be agreed with the citizen and his or her consent must be obtained, even if it is verbal

/ The mechanism for recording the activity must be defined at the centre

Citizens who are candidates to receive non face-to-face care: example of an inclusion circuit



1.Activate the Non-Face-to-Face Care for the citizen

2.Manage the corresponding agenda

3. Provide Non-Faceto-Face Care

4. Record the activity

Aspects to consider:

/ Types of visits and selection criteria

/ Protocols of action and roles of professionals

/ Criteria for inclusion and exclusion of the citizen

/ Integration of Nonface-to-face Care in the professionals agenda

Key aspects

/ Protocols

It is important to establish clear and consensual protocols with the care management and IT departments for the use and integration of channels in daily practice.

It is necessary to specify which are the procedures to be carried out in case the connection is lost (phone call / videoConsultation).

/ Change management

It is essential to consider the perspective of the professional and the citizens in the change management towards a model that combines face-to-face and non face-to-face care. It is recommended to identify team members who support the change.

/ Communication and training

It is necessary to ensure proper training and information to support the change management in an appropriate way in the use of the various channels of non-faceto-face care.

Organization and competences



The use of Non-face-toface care channels implies ensuring a minimum of organization requirements, roles and competences of the professionals.

Organizational aspects

/ Role of the IT department

/ Workflows and roles of professionals

/ Record of the activity

/ Administrative support processes for non-face-to-face care

/ Agenda management

/ Incident Management

Competence aspects

/ Digital skills

/ Training on non-face-to-face care channels

/ Citizenship training

/ Training for professionals

/ Codes of conduct

/ Technical support

Good practices

/ Training: it is necessary to ensure training in the use of the channels for non-face-to-face care of professionals

/ Support: administrative mechanisms must be defined to plan and confirm non-face-to-face activity

Organization

Legal aspects

Checklists

Good Practices





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Legal and data protection aspects for phone call, eConsultation and videoConsultation



The use of the **non-face-to-face care** channels means the transmission of personal data, especially health data, so it is necessary to ensure compliance with the regulations on data protection and privacy.

The right to information How can I inform properly?



There must always be the will and **consent (at least verbal) of the citizen**, and this must be recorded in the medical record.

The citizen must receive information about:

- The provision of care through these channels and accept it through an agreement with the professional.
- The functioning of telematic channels.
- The treatment of their personal data.

This information can be consulted in the privacy policy and the conditions of use of the Non-face-to-face Care channels (eConsultation and videoConsultation).

/ Code of Ethics / Clinical standards / Data protection

Good practices

/ Be informed: be clear about the ethical and deontological code defined by your professional association.

/ Inform: provide citizens with clear and understandable information.

Before starting

How to ensure compliance?



The use of telematic channels or other non-face-to-face communication systems will be carried out according to the ethical code.

/ Privacy policy and terms of use



Make sure that you have already agreed with the citizen to carry out this non-face-to-face activity.

 The privacy policy and the conditions of use are available in the link of the corresponding teleconsultation channel.

/Confidentiality during the visit / Identification of the participants



- The confidentiality and privacy of the citizen must be ensured. It is a priority to protect privacy in the professional-citizen relationship.
- The correct identification of the interlocutors (professional and citizen) is essential.

Current Regulations

General Data Protection Regulation 2016/679.

Organic Law 3/2018, on the protection of personal data and guarantee of digital rights.

Law 41/2002, on patient autonomy and rights and obligations regarding clinical information and documentation.

Law 21/2000, on the rights of information concerning the health and autonomy of the patient, and clinical documentation.

Portfolio of rights and duties of citizens in relation to health and health care.

3 During the non-face-to-face consultation



Maintaining an attitude of respect for the citizen's privacy is essential.

- Make sure you have access to the appropriate software to perform the visit and record the health data.
- The treatment of personal data follows the same regulation as in the face-to-face visits.
- Register to the medical record, the data and the activity that is essential.

Good pactices

/ Do not use personal devices or addresses.

/ Use only those channels given by the provider center

Organization

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Checklists for phone call, eConsultation and videoConsultation



This sheet is addressed to the care management and IT managers of health centers, and aims to provide a list of general recommendations of the main aspects to be considered in the use of non-face-to-face

Non-face-to-face protocols



- Define protocols with the typology of visits and the criteria for the use of non-face-to-face channels (phone calls, eConsultation and videoConsultation).
- Develop specific criteria for inclusion / exclusion of citizens for non-presential care. Establish registration circuits of the information collected during a non-face-to-face visit, as well as the mechanisms for registration of the non-face-to-face activity.
- Define the information to be provided to the citizen before and during an off-site consultation.

Organization and competences



- Define protocols for non-face-to-face care and the roles of the different professional profiles (leadership, administrative management, information systems, incident management, evaluation of results, experience and satisfaction, etc.)
- Integrate the agendas of the professionals with the non-face-to-face channels.
- Define protocols for recording non-face-to-face activity.
- Have a training plan and guidelines for professionals on the use of non-face-to-face

Channels and requirements



- Have hardware in good condition and supervised by the IT departments (cameras, microphones, laptops, tablets, smart phones).
- Ensure secure access to software for the use of non-face-to-face channels, and integrated with the center's information systems.
- Integrate the non-face-to-face channels with the medical record systems.

Legal scope and data protection



- Have the informed consent of the citizen, at least the verbal consent, which includes the channels of non-face-to-face care.
- The information regarding data protection is in the section on privacy policy and data protection and in the terms of use of the corresponding non-face-to-face channel.
- Have manuals of conduct for professionals to ensure the quality of the visit and the rights of citizens to privacy and data protection.

Key Aspects

/ Protocols

It is important to establish clear and consensual protocols with the care management and IT departments for the use and integration of the channels in daily practice.

/ Change Management

It is essential to consider the perspective of the professional and the citizens in the change management towards a model that combines face-to-face and non face-to-face care. It is recommended to identify people who support the change.

/ Training and channels

It is necessary to guarantee a correct training by the health center personnel in the use of the different channels of nonface-to-face care.

Channels

/ Equipment

It is necessary to ensure the availability of adequate material for the use of the non-faceto-face care channels. It is necessary to avoid the use of devices that are not provided by the same health centers.

/Software

it is necessary to maintain the programs of non-face-to-face care updated.

Organization

Legal aspects

Checklists

Good Practices

Structural

Programme

Reform







Good practices manual



Recommendations of good practices when making non-face-to-face visits with the available channels in the Catalan health system (phone call, eConsultation and videoConsultation).

Cross-cutting elements to the various non-face-to-face channels

- Make the previous evaluation of the case and background.
- Access the medical record and other documentation required to make the visit.
- Guarantee the necessary conditions to make the visit properly and without interruptions.
- Ensure the confidentiality and privacy of the visit (for professional and citizen).
- Reserve time in the agenda for the visit and do not do other activities simultaneously.
- Check the correct functioning of the non-face-to-face care channels.
- Reserve a few minutes to involve the citizen when the visit is with the caregiver or guardian.
- A cautious attitude must be maintained with the evaluation of the non-face-to-face visit in order to guarantee the correct evaluation of the case.

Specific elements to carry out the visit with the different channels



eConsultation



number).

Phone call and VideoConsultation



1 Before the vistit

 Please note that the citizen, once the visit is scheduled in the agenda, will receive a

message indicating that a response will be received within 48 hours.

- The eConsultation can be initiated by both the citizen and the professional.
- 2 During the visit Give your grand end of the
 - Give your greetings at the beginning and end of the visit.
 - Identify yourself.
 - Use a close, clear and easy to understand wording, adapted to the profile of the citizen.
 - Avoid writing the message in capital letters.
 - Structure the message in paragraphs.
 - Write clearly the therapeutic guidelines and recommendations regarding treatment.
 - · Check the message before sending it.
 - Make sure that the message has been sent.

- Check the contact of the citizen (name, phone number, Individual health card
- Consider the presence of an accompanying person to the visit and confirm their contact details if they are in a different location from the attended citizen.
- Check the proper functioning of the audio and / or video and check that the device has sufficient battery.
- In the case of a video call, take into account: sufficient light in the consultation room, professional atmosphere, professional clothing and positioning of the camera at the eye level of the professional.
- Identify yourself and the citizen.
- Explain how the visit will be approached.
- Inform the citizen that the session is private and confidential.
- Confirm that the citizen has privacy to carry out the visit.
- Confirm that the citizen has time, battery, coverage and connectivity.
- Conduct the clinical interview with: active listening, empathy and giving clear, easy-to-understand messages adapted to the profile of the citizen.
- Summarize the visit and check that the citizen has understood the information given and the next steps (if necessary).

Citizens must be told to register in the digital health portal "La Meva Salut" and informed about the services it offers: agenda, previous appointment, access to the eConsultation and soon to the videoConsultation, consultation and downloading diagnostic test results, reports, medication plan, etc.

To register in "La Meva Salut", you can do it through the following form:

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After the visit

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- Send the agreed documentation / information.
- Incorporate the clinical interpretation of the visit into the medical record, just as it is done in a face-to-
- face visit. Plans the corresponding follow-up tasks.

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