Virtual Care Team Checklist

# Introduction

In response to the COVID-19 pandemic, care teams have creatively continued providing health care services and support for patients while working virtually. For some, this is a temporary solution; for others this offers a new way to work that “works” for them and the health center. This checklist is a companion document to the **Virtual Care Team Toolkit** and covers several factors for virtual care teams to consider as the team gets going and as a double-check for more mature virtual care teams. This checklist helps operationalize the toolkit.

There are two sections. **Teaming as a Virtual Team** covers considerations individuals that work virtually want to form a team and identify ways to be a high-performing, cohesive team. **Optimizing Team-Based Care When Not in Person** covers the operational parts of functioning as a team to deliver and support high-quality primary health care service delivery.

# Teaming as a Virtual Team

[ ]  Do we want to form a virtual care team? If yes, consider the following activities, noting that additional details are in the toolkit mentioned above.

[ ]  **Assigned an executive sponsor.** Incorporating a designated executive sponsor that is in a leadership role demonstrates leadership engagement, support and validation for the team. May decide this is nice but not necessary.

[ ]  **Identified a team lead.** Represents and advocates for the team, acts as point person for questions, lead meetings, monitors the “health of the team, and more.

[ ]  **Created the team roster.** Identified who is on the team with credentials, roles and contact information at a minimum.

[ ]  **Revised or create a virtual care team** [**compact or charter**](#TeamCompactsandCharter)**.** If the team is truly a team and not a group of people working together, the team should share a common goal(s), which can be further articulated in the compact. May decide this is nice but not necessary.

[ ]  **Redefined (or defined) roles and responsibilities.** Review existing written job descriptions, roles and responsibilities and assess whether there are additions or changes that need to be made for those on the virtual/hybrid care team.

[ ]  **Clarified team expectations.** Helps establish acceptable norms – can include in the compact/charter.

[ ] **Established virtual care team communication best practices.**

[ ]  **Developed a plan or system to assess and address when care team members are becoming burnt out, including from technostress, have low morale, feel unseen or unknown or are suffering for any other reason the team can address and ameliorate.**

# Optimizing Team-Based Care When Not in Person

[ ]  **All virtual care team members have the short list of tools, technology and resources that they need to work virtually.**

[ ]  Laptop/mobile device

[ ]  Access to the electronic health record

[ ]  Privacy screen

[ ]  Teleconference and videoconference capability

[ ]  Reliable, high-speed broadband

[ ]  Strong phone connectivity

[ ]  Comprehensive telehealth training (e.g., telehealth etiquette, lighting, camera placement, safety)

[ ]  Readily available technical support

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Workflows have been established/mapped that impact the virtual care team**

[ ]  Patient scheduling

[ ]  Pre-visit planning and huddles

[ ]  Roles and responsibilities during the visit – should be similar to when everyone is at clinic

[ ]  Documentation in the chart, including consent for telehealth and other virtual services (can be complex, long workflow)

[ ]  Follow-up after the visit (e.g., order entry, tests, referrals, next visit)

[ ]  ANY handoffs considering patient and care team possible locations (can get complicated)

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Telehealth barriers for patients and potential solutions have been addressed to the extent possible.**

[ ]  Connectivity – lack of internet connection or data plan

[ ]  Connectivity – lack of broadband in patient’s location

[ ]  Lack of phone/data plan to talk on phone

[ ]  Lack of device with camera and microphone

[ ]  Low digital proficiency

[ ]  Cognitive impairment and those with intellectual/developmental disabilities

[ ]  Language/translation needs

[ ]  Hearing impaired

[ ]  Private quiet place that is safe

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **We have a set of process and outcome measures with associated baseline data and aim statements to ensure the virtual care team is functioning well and that patient care is not adversely affected by virtual care services and by having a care team that is working virtually.**

[ ]  **HIPAA Privacy and Security**

[ ]  Our HIPAA Privacy and Security Officers have explored and addressed all known HIPAA Privacy and Security concerns

[ ]  Create script to explain the privacy and security measures in place – in simple terms for patients – for any who have concerns, suspicions or distrust of others, collection of health information, or technology