

Virtual Waiting Rooms: Guideline for selecting patients

Site Applicability

Vancouver Coastal Health (VCH) Urgent and Primary Care Centres (UPCCs).

Practice Level

Registered Nurse (RN)

- *Advanced Skill with additional education- assessing patients that arrive at UPCC for appropriateness of using Virtual Waiting Room Application*
- *Completion of Canadian Triage Acuity Scale (CTAS) provider course*
- *Training on UPCC triage assessments*
- *Completion of an in-service on use and limitation of site-specific virtual waiting room application (locally organized)*

Requirements

Only organizationally approved virtual waiting room applications can be used (e.g. Waitwhile).

Use of the virtual waiting room application is voluntary and clients and/or caregivers are asked to review and agree to the terms and conditions outlined in [Appendix A: Patient Agreement to Use Virtual Waiting Rooms at UPCC](#).

All Patients and/or Caregivers using the virtual waiting room application will be informed to return to the UPCC or call to speak to an RN when/if:

- Their condition has worsened
- Their cellphone battery runs out or is getting low
- They wish to remove themselves from the waiting list

All Patients and/or Caregivers using the virtual waiting room application will be provided education regarding signs and symptoms and instructed to call **911** if they have a sudden onset of:

- Chest pain
- Difficulty breathing
- Extremity weakness or signs of a stroke (speech difficulties, facial droop, vision changes, one sided neglect)
- Confusion
- Severe headache
- In addition, registered nurses will provide patient with required instructions and education and will follow British Columbia College of Nurses and Midwives (BCCNM) practice standards and VCH Policies listed in this DST.

Need to know

NOTE: The use of waiting room management applications **are not to be used** for communication of clinical information such as messaging about the patient's symptoms or giving clinical advice. Staff do not monitor waiting room application chat features and therefore messages could be missed.

NOTE: Participation in the virtual waiting room is optional, and patients may opt-out of waiting offsite and choose to remain in the physical UPCC waiting room.

- In order to optimize UPCC waiting rooms during high patient volumes and to promote the comfort and safety of UPCC patients, a UPCC team may create a virtual patient waiting room via site-specific, virtual health endorsed application or solution.
- The utilization of a virtual waiting room allows patients who have been assessed, assigned a CTAS score and meet specific criteria to wait for their face-to-face provider encounter off-site.
- The web application will notify the patient via SMS text waiting off-site when they can return to the physical UPCC waiting room.
- The utilization of the site-specific application for virtual waiting room is to optimize clinic waiting space and patient experience. Thus, virtual waiting rooms should be used when it benefits the overall patient flow and access requirements at the UPCC.
- Each UPCC will have their own site-specific workflow to support this DST.

Guideline

1. The Canadian Triage & Acuity Scale (CTAS) supports RN to:

- Assess patients according to acuity, risk, and care needs based on their presenting signs and symptoms
- Ensure that the most urgent and highest risk patients are seen first when UPCC capacity has been exceeded
- Reassess patients required to wait for a treatment space (CTAS, 2022)

All patients are initially assessed by the UPCC RN using CTAS that enables the RN to:

- Prioritize patient care and access requirements
- Examine patient flow and care processes
- Complement other workload, case mix, and resource requirement measures

2. UPCC RNs are making an autonomous decision that it is appropriate for a patient to wait off-site for their provider utilizing:

- patient clinical assessment findings
- critical thinking
- clinical judgment
- the eligibility criteria below and the patient's condition, making it appropriate for them to wait off-site as part of the patient's care plan

3. The capacity to use clinical intuition is a required characteristic of a RN performing the skill of triage, and should be considered when making decisions about care priorities and appropriate location for patients to wait (CTAS, 2013). If at any point a RN determines that waiting off-site is unsafe or inappropriate for a particular patient, they have a duty to act accordingly.

Assessment

1. UPCC RN assesses patient during face-to-face interview including clinical assessment and assessment for factors that may lead to patients' exclusion from the virtual waiting room such as patient's fragility, complexity and level of risk by considering:
 - a. Clinical vulnerability (i.e. vision or mobility challenges, pregnancy, risk for confusion)
 - b. Social complexity (i.e. cost of waiting at a coffee shop, etc.)
 - c. Logistical concerns (i.e. weather, hours of operation of nearby businesses, etc.)
 - d. Current patient flow and access requirements
 - e. Need for re-assessment during anticipated waiting time will be considered as part of the decision if utilization of the virtual waiting room is appropriate for the patient.
2. UPCC RN assigns a CTAS score/level.
3. UPCC RN assesses capacity of the UPCC waiting rooms.
4. If the UPCC wait time is more than 30 min or the physical waiting room space is limited the triage RN considers utilization of a virtual waiting room.
5. In order to participate in virtual waiting rooms, patient's need to meet all eligibility criteria (listed in [table A](#) below) as well as, presenting with a pre-approved complaint oriented triage (COT) indicator (listed in the [table B](#) below).

Eligibility Criteria and Screening Process

(A) Virtual Wait Eligibility Criteria – *Must meet ALL criteria*

Eligibility criteria	Rationale
<input type="checkbox"/> CTAS score including modifiers level 4 or 5	<i>Patients assigned a CTAS level 4 or 5 are at significantly low risk of deterioration</i>
<input type="checkbox"/> UPCC wait time is currently greater than 30 minutes	<i>If the wait time is less than 30 minutes the benefits of allowing the patient to wait off-site diminish</i>
<input type="checkbox"/> Vital signs are within normal range	<i>Patients with abnormal vital signs are at increased risk of deterioration in care</i>
<input type="checkbox"/> Patient not exhibiting signs or symptoms of intoxication or altered level of consciousness	<i>Intoxicated patients are at elevated risk of injury, and incomprehension of care instructions</i>
<input type="checkbox"/> Patient or caregiver/guardian must be a capable adult and able to use the site-specific application	<i>Must be able to consent and understand the given instructions</i>
<input type="checkbox"/> Patient is confident that cell phone battery life will last the duration of the estimated wait time	<i>Ensures site-specific application messages are received</i>
<input type="checkbox"/> Must be 17 or older, or accompanied by an adult guardian	<i>Patients or their guardians must be able to provide consent</i>

<input type="checkbox"/> Ability to communicate in and comprehend English	<i>At this time virtual waiting is provided in English only</i>
<input type="checkbox"/> Ability to return to UPCC on own or under the supervision of their caregiver/ guardian	<i>All care is provided on site.</i>

(B) Virtual Wait Approved COT Indicators with CTAS Levels

Note: These COT Indicators are the only approved chief complaints to wait off site

<i>COT Indicators</i>	<i>CTAS Level</i>
Upper/lower <u>distal</u> * extremity injury without deformity	4
Upper/lower <u>distal</u> * extremity pain- mild/moderate	4/5
Requests for follow-up bloodwork without new symptoms	5
Cast check or Removal	5
Laceration, superficial or controlled bleeding	4
Localized Abrasions	5
Minor burns, <5%BSA and Sunburns	4/5
Human and Animal bites, superficial or controlled	4/5
Rash, localized	5
Impacted Cerumen	5
Tinnitus	4
Hearing loss, gradual	5
Depressed, no suicidal ideation	4
Dressing Changes	5
Social Issues, chronic, non urgent conditions	5
Exposure to communicable disease – no symptoms	5
Remove Staples/Sutures	5
Foreign Body Skin – Mild Pain	5
Lumps of Unknown Origin	5
Medications requests	5

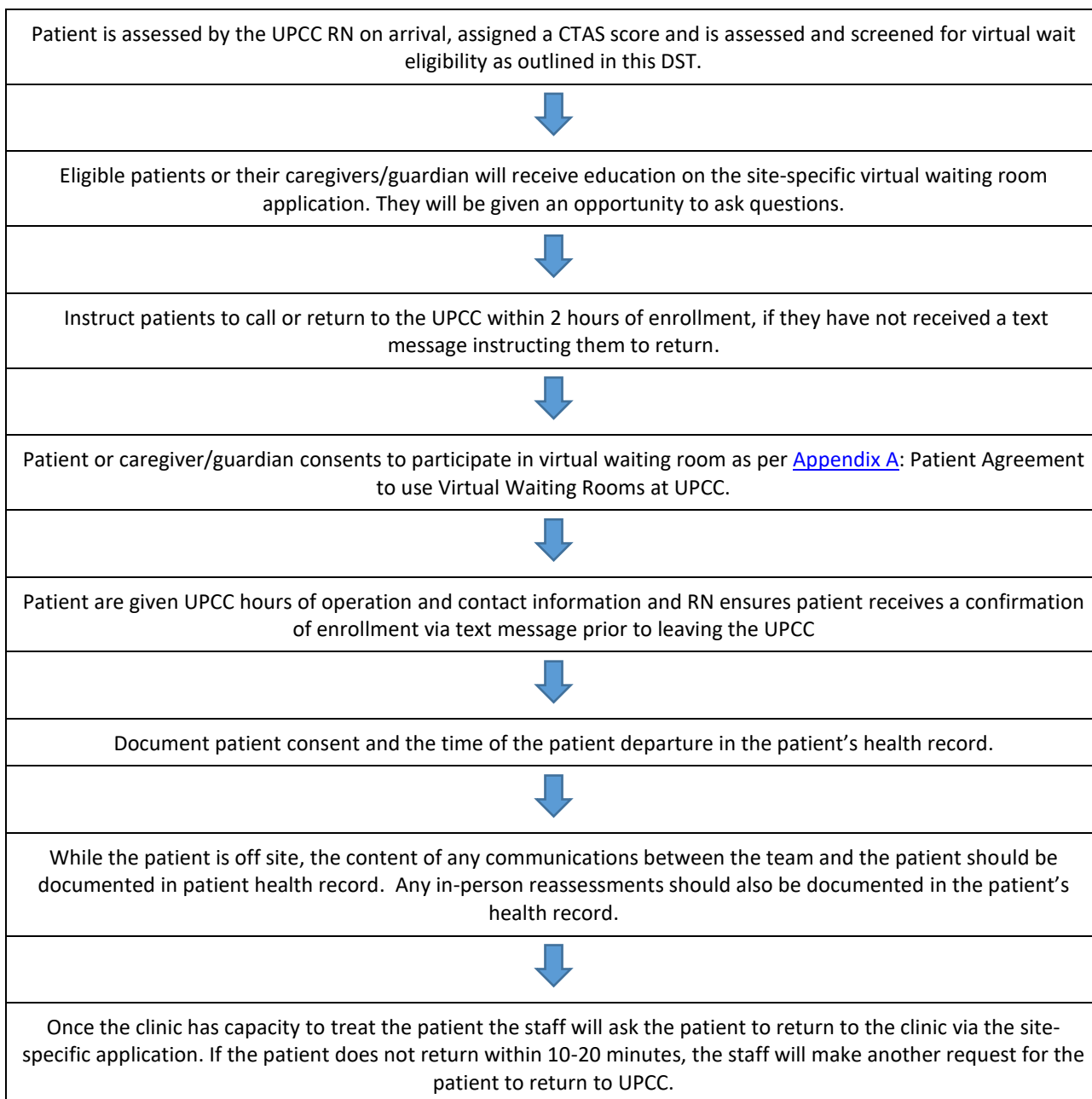
**Distal - For the purposes of Virtual waiting is defined as including and below the knees or elbows.*

- If the patient does not meet the eligibility criteria or does not understand how the system works or the assessment indicates any level of uncertainty as to whether the use of virtual waiting room is safe or appropriate for that patient, **do not register** the patient into site-specific virtual wait application.

Interventions

Generic UPCC Virtual Waiting Room Algorithm

NOTE: The below algorithm can be used as a step by step guideline to develop site specific workflows. Prior to use of this DST each site must have an operational workflow approved by their leadership team.



↓	
If another 20-30 minutes elapses and the patient has not returned, staff will attempt to reach them via telephone.	
↓	↓
Patient returns to UPCC for face-to-face visit.	<p>If the patient does not return to the clinic and is unreachable UPCC staff will document and discharge the client as Left-Without-Being-Seen (LWBS) as per site specific workflows and Appendix A: Patient Agreement to Use Virtual Waiting Rooms at UPCC.</p> <p>NOTE: If staff are concerned about immediate safety risk(s) to patient or others, they have a duty to act accordingly. This may include contacting the patient's emergency contact and/or emergency services.</p>

Patient and Caregiver Education

NOTE: The UPCC RN performing the patient assessment on arrival should follow site-specific educational material and provide all the pertinent information to patient and/or caregiver required to participate in a virtual wait. Refer to [Appendix A](#) and [Appendix B](#) for further patient information.

The RN will ensure that:

1. All Patients and/or Caregivers should know to return to the UPCC or call to speak to a RN when:

- Their condition has worsened
- They are feeling confused
- Their cellphone battery dies or is getting low
- They wish to remove themselves from the waiting list

2. All Patients and/or Caregivers should know to call 911 if they have a sudden onset of:

- Chest pain
- Difficulty breathing
- Extremity weakness or signs of a Stroke (speech difficulties, facial droop, vision changes, one sided neglect)
- Confusion
- Severe headache

Documentation

NOTE: The use of waiting room management applications **are not to be used** for communication of clinical information such as messaging about the patient's symptoms or giving clinical advice.

Staff do not constantly monitor applications and therefore messages could be missed.

All clinical documentation to be entered in the patient's legal health record, as per [organizational requirements](#). The waiting room applications are not considered to be legal health records, and should never be used to provide clinical advice or follow-up recommendations.

Related Documents and Supporting BCCNM Practice Standards and VCH Policies:

BCCNM:

1. [Duty to provide Care](#)
2. [Privacy and confidentiality](#)
3. [Consent](#)
4. [Virtual Care](#)
5. [Documentation](#)

VCH:

1. [Texting Policy](#)
2. [Information Privacy & Confidentiality](#)
3. [Consent to Health Care](#)

References

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Appendices

[Appendix A: Patient Agreement to Use Virtual Waiting Rooms at UPCC](#)

[Appendix B: Virtual Waiting Rooms](#)

Appendix A: Patient Agreement to Use Virtual Waiting Rooms at UPCC

Patient Agreement to Use Virtual Waiting Rooms at UPCC

I understand that the UPCC virtual waiting room application is not continuously monitored by staff.

If I have any questions or concerns, I will call the clinic and will not use the application to send messages.

I agree to return to the clinic immediately if my condition worsens.

I agree to call 9-1-1 if I experience **any of these symptoms**:

- Chest pain
- Difficulty breathing
- Extremity weakness or signs of a Stroke (speech difficulties, facial droop, vision changes, one sided neglect)
- Confusion
- Severe headache

I agree to call the clinic if my condition changes and/or I am unable to return.

I agree to return to the clinic in time for reassessment as advised by a nurse.

I agree to return to the clinic if my mobile device runs out of battery or stops working.

I understand that once the UPCC is ready to see me I will receive a text message asking me to return to the reception area.

I understand that if you do not return to the UPCC after repeated requests, I will be discharged without being seen.

I understand that if UPCC staff have immediate concerns for my safety and I am unreachable, UPCC staff may contact my emergency contacts and/or emergency services.

If you have questions please ask the registered nurse before scanning the below QR code.

By scanning this QR code I agree to the terms outlined above

Insert
QR
CODE

Appendix B: Virtual Waiting Rooms

Patient and Caregiver Frequently Asked Questions

Question: Will my virtual wait make my visit longer overall?

Answer: *No, though your time to assessment may fluctuate depending on many factors. Virtual waiting room use should not impact your time to provider assessment.*

Question: What do I do if my phone dies?

Answer: *If your cellphone battery dies while you are waiting off-site please return to registration and inform the staff. They will then ask you to take a seat in the physical waiting room.*

Question: What do I do if my condition worsens?

Answer: *Return to the UPCC if it is safe to do so and inform a staff member. If you cannot return on your own please contact the UPCC or [9-1-1](#) if life threatening.*

Question: Can I get food/coffee while I wait?

Answer: *Yes. Part of our virtual wait screening process ensures that oral intake while you are away will not affect negatively your condition.*

Question: I feel better / I no longer wish to see a provider, what do I do?

Answer: *Please call the UPCC and inform a staff member.*

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