



Virtual Program Developer Guide

Safety and Evaluation

birch

Bundle of Interventions, Resources, and Culture Hub



Safety & Evaluation

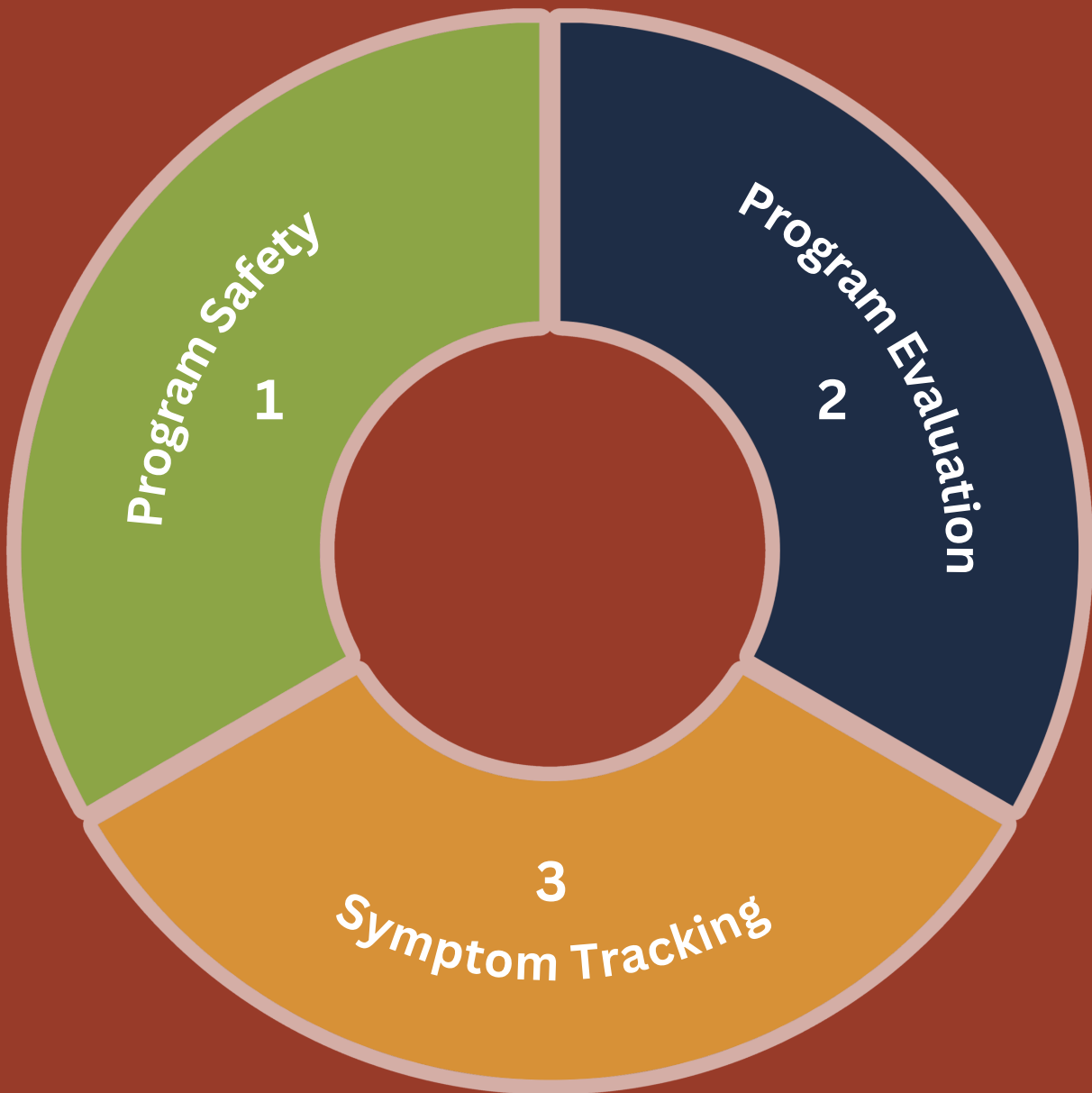
This section will review both safety and evaluation considerations when implementing virtual care services.

Ensuring a safe virtual program involves identifying ways to protect. This involves technology security, patient privacy, confidentiality, and ways to share information in a way that the data is kept safe. There are sometimes additional considerations when moving services to a virtual environment.

Program evaluation helps promote the overall usefulness of the program by tracking user outcomes over time and monitoring for overall patient safety. When we track these outcomes, we need to make sure that participants are informed and that this information is also kept safe.



IN THIS GUIDE



VIRTUAL PROGRAM SAFETY



Increasing safety in virtual mental health interventions involves addressing various aspects of technology, practitioner expertise, ethical standards, and client needs.

These involve considerations related to:

- Technology security
- Patient safety in session
- Data storage
- Data encryption
- Crisis management
- Monitoring symptoms
- Legal compliance
- Confidentiality
- Privacy
- Maintaining boundaries

**Virtual health services need to
be as safe as in-person services.
This can require additional
considerations**



VIRTUAL SAFETY

Safety needs vary by program and can change depending on your goals.

INFORMED CONSENT FOR SERVICE


Obtain informed consent for virtual services. Review additional considerations related to offering services virtually such as the potential benefits and risks, and communicate your crisis plan, including potential situations in which you would need to break confidentiality (i.e.; imminent risk of harm to patient).

For example, if a meeting is going to be recorded, ensure that all participants are aware and what will be done with this recording afterwards.

PRIVACY

Privacy considerations involve the people who use your service. Think about where virtual services are occurring for individuals and if there is risk to the individual or other treatment group members. For example, virtual meetings should be completed in a quiet, private space with limited distractions and no one else present.

Some people want to participate more anonymously. They may want to hide their faces or use a fictitious name. You will still need a way to confirm participants are safe, in a private space, etc. (e.g., create a



check-in approach for group settings). Determine what information you need in order to protect client safety while balancing their privacy.

CONFIDENTIAL SERVICES

Confidentiality is about how we share and protect health information. When we collect information, including someone's name, health information, or treatment needs, how and why we share this information matters.

Members should not be allowed to record the meeting, take a screenshot of participants, or share content with other individuals not in the meeting

CRISIS SUPPORT

Identify potential risks that warrant crisis support, such immediate threats to personal safety of clients. Create a detailed plan that includes immediate steps to be taken in various types of crises, key contacts, and referral pathways to emergency services. If someone logs off the call unexpectedly, have someone follow up with them to check in.

Verify alternative contact information, including telephone number and address for your client. Be aware of their physical address in case an emergency arises in live meetings and you need to call crisis support. Know the emergency supports and crisis lines for the area your client such as local health services, crisis hotlines, and emergency wellness supports or first responders to facilitate quick assistance when needed.



DATA SECURITY & LEGAL COMPLIANCE

There are legal standards that vary by province to ensure that health care data is protected in a virtual space. Think about how the information you have is shared and protected by the technology you use for your intervention.

How is the information protected and is this compliant with your provincial health codes? For example, where is the data that is automatically collected by the technology platform stored?

TECHNOLOGY

Some more ways to improve safety when interacting with technology or specific software platforms include:

- Encouraging participants to use personal rather than public WI-fi
- Using a password to enter video calls
- Only sharing meeting links with selected participants
- Use a video platform that is compliant with your provincial health system guides. For example, see a list of Ontario Health compliant software [here \(https://www.ontariohealth.ca/system-planning/digital-standards/virtual-visits-verification/verified-solutions-list\)](https://www.ontariohealth.ca/system-planning/digital-standards/virtual-visits-verification/verified-solutions-list)
- Conduct meetings with videos on to make sure that people are who they say they are and there is no one else in the background.

Measuring Success:

Program Evaluation Strategies

When implementing a treatment program, it can be useful to track the experience of participants over time. Tracking information can provide information about:

- How individuals perceive the program
- How to improve the program over time
- How people may benefit from the program
- How to increase the safety or usefulness of the program
- How participating in the program affects individual's mental wellness

There are lots of ways to measure success in a program. Evaluation is a key way to learn about what works and what doesn't with the programs and services you provide.



PEOPLE

Shared experiences of clients, treatment providers, and community-member within the program; self-report measures, interviews, art-based projects, or sharing circles



OBSERVATIONS

Number of referrals, people who consent to and/or complete the program, number of digital downloads, number of people who participate in community webinars



OTHER INFO

Information found in document reviews, community impact, quality or other knowledge sharing exercises (community presentations, information sessions, lunch and learns, or other events).

SYMPTOM TRACKING

Collecting information directly from participants who engage with your program can be a useful way to find out about their experiences with the program or find out whether or not it works. You can do this by:

- Orally sharing experiences about the program (such as through a sharing circle, individual interview, or focus group)
- Reviewing art-based projects (photo voice, art projects, video projects)
- Using self-report measures, such as questionnaires that collect participant experiences



A measure is a tool used to assess various traits, behaviours, experiences, processes, or outcomes, like questionnaires, surveys, or interviews. Measures provide valuable information for research, clinical evaluation, or personal development.

Measures can be used collect information in a standardized way with participants. These can be shared both in in-person and virtual settings.





INFORMED CONSENT

Participants must provide informed consent to having information collected about them. Participants need to be informed of how their information will be used. This means providing participants with information about:

WHY YOU ARE COLLECTING THIS INFORMATION

Obtain informed consent for virtual services. Review additional considerations related to offering services virtually such as the potential benefits and risks, and communicate your crisis plan, including potential situations in which you would need to break confidentiality (i.e.; imminent risk of harm to patient).

For example, if a meeting is going to be recorded, ensure that all participants are aware and what will be done with this recording afterwards.

WHEN DOES INFORMATION STAY PRIVATE AND CONFIDENTIAL

Inform participants about if their information is confidential or not. Talk to them about if their information is de-identified (such as removes their name or other information that would tell someone it is them) or if their name is attached to their information. It is best practice to typically remove identifying information unless this information collected is being used for clinical purposes.

Participants need to be aware of limits to confidentiality when sharing information about themselves. For example, if they are at risk of hurting themselves or someone else, information they provide can be shared to keep them safe.



WHO WILL HAVE ACCESS TO INFORMATION

Think about who has access to the information and will be managing it over time. This can be a program director, counsellor, or other staff member. Think about how people who access this information are trained to protect it.

WHERE INFORMATION WILL BE STORED

Be clear to participants where information is stored, such as in their client file on-site.

If you are collecting information virtually, participants need to be informed of how long you will keep this information and where it is stored specifically.

For example, on some survey sites, information is not stored on Canadian servers and sometimes, this can affect patient health privacy rules. If you are using sites like GoogleForms or SurveyMonkey, be aware of where information is stored before you decide to use them.

WHAT HAPPENS IF THEY DON'T WANT TO PROVIDE INFORMATION

Sometimes, we don't need all the information we ask to be able to provide good care. If you are evaluating your program, participants should be able to opt out of providing their information and still be able to receive the treatment. Not participating in program evaluation or research should not affect their ability to receive help they need.



SYMPTOM TRACKING CONSIDERATIONS

Here are a few things to consider when you are tracking client progress over time.

1. NOT ALL MEASURES ARE CREATED EQUAL

Most measures were developed for non-Indigenous populations and haven't been used regularly with Indigenous communities. Sometimes, this means that they don't accurately capture the information we need. We have provided a [list of measures](#) that were developed by Indigenous communities or have been previously used with Indigenous communities before. Be sure to review the individual questions on each measure to make sure that the items are safe, useful, and relevant for your community.

For more information: <https://birchbundle.ca/resources/symptom-tracking/test-library-and-scoring-guides/>

2. BE STRENGTH-BASED

The measures we provide look at many different facets of wellness. They include aspects of cultural engagement, current mental health symptoms, and community use. We can measure things that may be difficult for individuals (mood symptoms, childhood experiences) however how we use this information matters. Be careful about choosing measures that reflect the change you expect to see in your program. For example, if you think your program will reduce cravings for substances, it will be helpful to measure this.



3. BE CAUTIOUS USING MEASURES IN TREATMENT

The measures provided are not to be used to “diagnose” an individual. If you ask certain questions (such as about some mood concerns or about suicidality) you may have to follow up with an individual to make sure they are safe. If someone is at risk of hurting themselves, you may need to be able to contact them to keep them safe. We have a responsibility to make sure that when people provide information on these questions, we use that information in a good way.

4. SHARE INFORMATION BACK TO PARTICIPANTS

When possible, share collected information back to participants, such as their progress or changes over time in the outcomes you are measuring. For example, if you are tracking mood scores over time, you can consider creating a graph and sharing this information to the individual participant as information about their progress. For some measures, like the Substance Use Risk Profile, it can provide information to participants about the reasons for use, which can be useful in treatment. Sharing information back can help participants learn more about themselves or learn about their progress in treatment. More information on how to do this is provided with some of the individual measures provided.

5. RESPECT COPYRIGHT PRINCIPLES

Not all measures are available for free or to all people. Some measures must be administered by specific types of clinicians. Some measures are copyrighted and cannot be used without permission.



RESOURCES

Please see the following additional resources describing Indigenous-focused community evaluation.

Thunderbird Resources

AMIS for case management, planning, and evaluation:

<https://thunderbirdpf.org/addictions-management-information-system/>

Native Wellness Assessment (NWA)™ for wellness outcome measurement:

<https://thunderbirdpf.org/native-wellness-assessment/>

Surveys to help support your community:

<https://thunderbirdpf.org/surveys-can-help-support-your-community/>

First Nation Information Governance Centre

The First Nations Principles of OCAP®: ownership, control, access, and possession

<https://fnigc.ca/ocap-training/>



ADDITIONAL RESOURCES

BC Aboriginal Child Care Society

Measuring Wellness: An indicator Development Guide for First Nations

<https://www.acc-society.bc.ca/resource/measuring-wellness-an-indicator-development-guide-for-first-nations/>

Assembly of First Nations

First Nations Performance Indicator Checklist

<https://education.afn.ca/afntoolkit/web-modules/plain-talk-10-first-nations-performance-indicator-checklist/a-culturally-appropriate-model-for-measuring-success/>

BC Association of Aboriginal Friendship Centres

Indigenous Outcome Measurement

https://thesummerinstitute.ca/wp-content/uploads/indigenous_measurement_lit_review.pdf

Thank You

for your continued support of the BIRCH program.

We hope you find this resource guide useful.



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