

Rapid Decision Support

A product of the Contextualized Health Research Synthesis Program
Newfoundland & Labrador Centre for Applied Health Research



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We further caution readers that researchers at the Newfoundland & Labrador Centre for Applied Health Research are not experts on the subject topic and are relaying work produced by others. This report has been produced quickly and it is not exhaustive, nor have any included studies been critically appraised.

Virtual Urgent Care: Program Environmental Scan

Main focus: Ontario and Nova Scotia

This environmental scan focuses on programs of virtual or virtually supported urgent care in Canada, with a focus on the provinces of Ontario and Nova Scotia. Researchers at NLCAHR sought information about virtual urgent care provided in other jurisdictions, looking in particular for information about: availability of virtual care; patient population eligibility and ineligibility criteria; and what a typical patient encounter would look like. Additional research articles and grey literature are included at the end of the report. These include material addressing design and implementation considerations, growth in the field of virtual urgent care, and primary research in the field.

Ontario

General Information

- **UrgentCareOntario.ca.** [LINK](#)
 - “Online urgent care is available for residents in Southwestern Ontario.”
 - “Appointment costs are fully covered with an Ontario health card.”
 - “A virtual urgent care appointment may be right for you if you or a loved one have a medical issue that is NOT life threatening, but requires urgent medical attention.”
 - Categories: Adult; Child/Youth; Long-Term Care Resident
- Other virtual urgent care initiatives in the province:
 - Central Region (Adult and Pediatric) - [Oak Valley Health](#)

- Toronto Region (Pediatrics) - [SickKids](#)
- City of Toronto (Mental Health, age 16+) - [CAMH](#)
- East Region (Adult and Pediatrics) - [Durham CHC](#)
- West Region (Adult and Pediatrics) - [St. Joseph's Healthcare Hamilton](#)
- Related: [Virtual Urgent Care Services FY2021/22 Funding Criteria](#)

Toronto Region: Toronto Virtual Emergency Department

- [LINK](#)
- **Availability:**
 - “Booking opens daily at 7 a.m. for same-day appointments”
 - “The daily hours of operation are: 1 p.m. – 9 p.m. EST”
- **Eligible population criteria:**
 - “Cannot make an urgent appointment with a family doctor or nurse practitioner”
 - “Have an urgent medical problem that is **not life threatening**”
 - “Are physically located in Ontario at the time of the appointment”
- Examples of **symptoms/conditions that are eligible** for virtual emergency care:

○ Headache	○ Sprains and minor injury
○ Body ache	○ Cough
○ Bites and stings	○ Fever
○ Rashes	○ Diarrhea
○ Skin infection	○ Nail infection
○ Urinary tract infection symptoms	○ Painless red eye
○ Sore throat	○ Eyelid redness or bump
○ Nasal congestion	○ Nausea
○ Sinus infection	○ Scabies
○ Frostbite/cold injury	○ Lice
- Examples of **symptoms/conditions that are ineligible** for virtual emergency care:
 - Possible broken bones/fractures (i.e., bones or joints look different, cannot put weight on injury)
 - Chest pains and/or racing heartbeat
 - Breathing problems
 - Skin abscess
 - Vomiting and inability to drink fluids
 - Fever/severe pain that is not improved with acetaminophen/ibuprofen (i.e., Tylenol/Advil)
 - Neck stiffness or severe headache
 - Serious injuries (i.e., bleeding that won’t stop, deep cuts, head injury)
 - Difficulty speaking or swallowing
 - Loss or change of vision
 - Numbness or weakness of the face or body

- Inability to walk
- New confusion or memory problems
- New or worsening seizures
- Pregnancy and labour problems
- Mental health crisis
- Please contact your family doctor for all other health issues that are not urgent
- Please contact your regular prescriber for opioid pain medicine, benzodiazepine, methadone, suboxone, cannabis or stimulant prescriptions or renewals
- **Typical procedure** for virtual emergency appointments:
 - “You will be seen by a nurse practitioner who will talk to you about your concerns. Depending on your needs, the nurse practitioner may consult with an emergency doctor or suggest the following next steps:
 - Sending a prescription to your pharmacy
 - Making an appointment with a specialist doctor or clinic
 - Ask you to see a family doctor or visit another Urgent Care Centre
 - Ask you to go to your nearest Emergency Department for an in-person visit
 - Nothing further, if your need can be addressed through the virtual visit
 - **“Please note:** In most cases, the Toronto Virtual ED partners do not provide referrals to specialists or second opinions at Sunnybrook or UHN for patients outside of our hospital catchment areas.”

Toronto Region: Pediatrics at Sick Kids

- [LINK](#)
- **Availability:**
 - “The symptom checker is available 24/7 to patients in our [virtual urgent care service region \(PDF\)](#) to help determine if your concern needs an emergency department visit or could be treated by your primary care provider.”
 - “Virtual urgent care visits are available between 10 a.m. and 8:30 p.m.”
- **Eligible population criteria:**
 - “To be eligible for a virtual urgent care visit, you or your child/youth must:
 - currently live in our [virtual urgent care service region \(PDF\)](#)
 - have a valid OHIP health card
 - be under the age of 18”
- Examples of **symptoms/conditions that are eligible** for virtual emergency care:
 - Determined by the symptom checker:
 - “When you begin your virtual urgent care experience a new web page will open where you will be asked to fill in your/your child’s name and other information. Next you will be able to select a concern from a list and include a secondary symptom (e.g. fever). Using this information, the built-in symptom checker will guide you to the most appropriate care setting based on the information provided.”

- Examples of **symptoms/conditions that are ineligible** for virtual emergency care:
 - “If you or your child are experiencing a medical emergency, please visit your local emergency department or call 911 immediately.”
 - “Virtual urgent care is for non-emergency situations.”
 - “Contact a primary care provider (paediatrician/family physician/nurse practitioner) right away if your child shows any of the following symptoms. If you can't reach a primary care provider, take your child to your local emergency department right away.
 - When your child has diarrhea and vomiting, and has no tears, dry mouth, or is not peeing.
 - When your baby under three months of age has a fever over 38oC or 100.4oF.
 - When your child has difficulty breathing.
 - When your child develops a rash that does not turn white when you push on it.
 - When your child has a fever and/or is difficult to wake up or is very sleepy.
 - When your child has a significant fall/injury.”
- **Typical procedure** for virtual emergency appointments:
 - “Answer some short questions using the symptom checker and you will be directed to the most appropriate care setting based on the information provided. This may include a virtual urgent care visit with a member of the SickKids Emergency Department clinical team, a recommendation to visit a primary care provider in your community along with educational information to assist you, or you may be directed to your local emergency department. The secure platform is available on any smartphone, tablet or computer with internet.”
 - A “how to use the platform” YouTube video is [available here](#).
 - “A virtual urgent care visit is like seeking care from an emergency care provider in an emergency room, but virtually from your smartphone, tablet or computer. You will enter your personal information including your email and phone number and you will enter a virtual waiting room. You will then receive an email and/or text message when the member of the SickKids Emergency Department clinical team is ready to start your virtual urgent care visit and you will be able to receive convenient, high-quality care to address your/your child's non-emergency needs.”
 - “Does my child need to be available to join the virtual visit? Yes, please make sure that your child is available to join the virtual visit. If they are not present, the health care provider may be unable to give medical advice.”
 - “SickKids does not charge a fee for using virtual urgent care visits, but you could be charged by your internet or cellular service provider for data use depending on your plan.”

Toronto Region: Mental Health 16+ at CAMH

- [LINK](#)
- **Availability:**
 - “Monday to Friday*: 1:00 p.m. – 9:00 p.m. ET *Excluding Statutory Holidays Saturday and Sunday: Closed”

- **Eligible population criteria:**
 - “This service is currently available to people who live in the City of Toronto. If you live outside the area, please visit your local emergency department, urgent care centre or mental health provider.”
 - “An individual must be at least 16 years or older to access the CAMH Virtual Urgent Care Clinic.”
- Examples of **symptoms/conditions that are eligible** for virtual emergency care:
 - “Is the CAMH Virtual Urgent Care Clinic right for you?
...
 - Are you concerned about your mental health?
 - Are you able to wait until later today to speak with a mental health provider?
 - Are you 16 years of age or older?
 - Do you live within the City of Toronto?
 - Are you able to speak in a private space using a computer, smartphone or tablet?
 - “If you responded **yes to all of the above**, then the CAMH Virtual Urgent Care Clinic may be a good option for you.”
 - “Prior to your session, you may be contacted by a CAMH mental health provider by email or from an unknown number to clarify details and learn more about your situation.”
- Examples of **symptoms/conditions that are ineligible** for virtual emergency care:
 - “The CAMH Virtual Urgent Care Clinic is not permitted to provide prescriptions or renewals for opioids, benzodiazepines, methadone, suboxone, cannabis or stimulant prescriptions. If you are looking for prescriptions or renewals of any of the above, please reach out to your family doctor, a walk-in clinic or consider visiting an emergency department or urgent care clinic in person.”
 - “This service is not meant to address immediate emergencies. If your concern is immediate and you cannot wait for your appointment please call 911 right away or go to your nearest emergency department.”
- **Typical procedure** for virtual emergency appointments:
 - After booking an appointment:
 - “Prior to your session, you may be contacted by a CAMH mental health provider by email or from an unknown number to clarify details and learn more about your situation.”
 - “**What can I expect at my virtual urgent care visit?** A CAMH mental health provider will talk to you about your concerns. Depending on your needs, they may suggest the following next steps:
 - Sending a prescription to your pharmacy
 - Making an appointment with a specialist doctor or clinic
 - Asking you to see a family doctor or visit a walk-in doctor or another urgent care centre
 - Asking you to go to your nearest Emergency Department for an in-person visit

- Nothing further, if your concern can be addressed through the virtual visit”
 - “When using the CAMH Virtual Urgent Care Clinic, you will be connected with a Nurse Practitioner.”

Ontario Central Region (Adult and Pediatric)

- [LINK](#)
- **Availability:**
 - “The daily hours of operation are: 1 p.m. – 9 p.m. EST”
- **Eligible population criteria:**
 - “... residents in the central region of Ontario who require timely access to a nurse practitioner for urgent non-life-threatening conditions that can be addressed virtually.”
 - “You have a medical condition or injury that is non-life threatening”
 - “You are unable to get a timely appointment with your primary care provider, or if you do not have a primary care provider”
 - “You are six months of age or older”
 - “Please note: the Central Region Virtual Urgent Care Clinic is available for those who require timely access to care for urgent, non-life-threatening conditions that can be addressed virtually.”
 - Technical requirements:
 - A valid email address or phone number
 - A smartphone, computer, or tablet that has working audio and video capabilities
 - Access to a webcam (built-in or USB plug-in to your device)
 - Access to a cell phone or landline
 - Strong internet connection
- Examples of **symptoms/conditions that are eligible** for virtual emergency care: n/a Examples of **symptoms/conditions that are ineligible** for virtual emergency care:
 - Chest pain or new abdominal pain
 - Seizures
 - Stroke like symptoms such as facial drooping, arm weakness, speech difficulty, dizziness, or headaches
 - Shortness of breath, dizziness/fainting
 - Internal bleeding
 - Numbness or weakness in arms or legs
 - Major trauma
 - Fever in infants six months and younger
 - Overdosing/poisoning
 - Pregnancy-related emergencies
 - Any serious condition that you feel is getting worse
 - Workplace accident
- **Typical procedure** for virtual emergency appointments: n/a

Ontario East Region (Adult and Pediatrics)

- [Durham CHC LINK](#)
- **Availability:**
 - “Patients can register for an appointment with the East Region Virtual Care Clinic 7 days a week between the hours of 1:00pm and 9:00pm, through this website or by calling 1-888-684-1999.”
- **Eligible population criteria:**
 - “from Pickering to Ottawa and Kingston to Pembroke”
- Examples of **symptoms/conditions that are eligible** for virtual emergency care:
 - “Patients with new or persistent cough, fever, rash or other similar symptoms”
 - “Patients with imminent concerns but are not life or limb threatening”
 - “Patients with or without a primary care provider”
- Examples of **symptoms/conditions that are ineligible** for virtual emergency care:
 - “In the case that we feel patients are in need of emergency care, we will work with local hospital systems to refer them to their Emergency Department.”
- **Typical procedure** for virtual emergency appointments:
 - Not available

Ontario West Region (Adult and Pediatrics)

- [St. Joseph's Healthcare Hamilton LINK](#)
- **Availability:**
 - “[Children’s Hospital, London Health Sciences Centre’s] virtual children’s urgent care service is available for parents/families with a child with an urgent medical issue that’s NOT life threatening. Same-day appointments are available on a first-come, first-serve basis, Monday to Friday from 1 p.m. to 5 p.m.
- **Eligible population criteria:**
 - “Southwestern Ontario”
 - There are four separate virtual urgent care services (two in Hamilton, one in Niagara, and one in London). Access depends on place of residence.
 - “We offer urgent online medical care services to adults, children and residents of long-term care across Southwestern Ontario:
 - Children’s Hospital, London Health Sciences Centre – provides virtual urgent care for children/youth
 - “The child/youth has an urgent medical issue that is NOT life threatening
 - You are unable to get timely access to your family doctor or you do not have a family doctor

- The child/youth is under age 18 and has an Ontario health card (if care is for an adult aged 18 and over, see the [adult care page to book](#))
 - Hamilton Health Sciences – provides virtual acute care consultations for long-term residents (currently Hamilton and Niagara North West)
 - Niagara Health – provides virtual urgent care for adults in Niagara region
 - St. Joseph’s Healthcare Hamilton – provides virtual urgent care for adults in Southwestern Ontario, with the exception of those in Niagara region”
- “If you live in a Long-Term Care Home or other congregate care setting, such as a retirement home, and have an urgent medical need that is not life threatening, you may be able to receive urgent care remotely, for example, through secure video chat or telephone.

When urgent medical care is required, your family doctor or nurse practitioner can speak with an emergency department doctor remotely 12 hours a day, seven days a week.

This remote urgent care consultation with an emergency department doctor can help you receive the care you need at home, with support from those who know you best. The program can also help avoid travel to and waits in an often busy emergency department.”

- **“Who would benefit from a remote emergency department consultation through the LTC-CARES program?** If your family doctor or nurse practitioner determine you require an urgent consultation with an emergency department doctor and you reside in Hamilton or Niagara North West areas, this program could benefit you.”
- Examples of **symptoms/conditions that are eligible** for virtual emergency care:
 - “Whenever possible your family doctor is your first point of access for care. A virtual urgent care appointment may be right for you if you or a loved one have a medical issue that is NOT life threatening, but requires urgent medical attention.”
 - Re: Remote urgent care for residents of long-term care “Note: Medical emergencies requiring assessment in the emergency department require a 911 call to access paramedic care and transport to the nearest emergency department”
- Examples of **symptoms/conditions that are ineligible** for virtual emergency care:
 - “If you’re having a medical emergency or your symptoms worsen while you’re waiting for a virtual appointment, visit your nearest emergency department or urgent care centre in person.”
- **Typical procedure** for virtual emergency appointments:
 - Not available

Nova Scotia

- [LINK](#)
- Program Name: Virtual Care NS
 - Two streams for patients with and without primary care providers

- **Availability:**
 - “Full care hours of operation as follows:
 - Monday: 8 a.m. to 7 p.m. (AST)
 - Tuesday, Thursday, Friday: 8 a.m. to 5 p.m. (AST)
 - Wednesday: 8 a.m. to 7 p.m. (AST)
 - Sunday: 9 a.m. to 4 p.m. (AST)”
- **Eligible population criteria:**
 - **Without a primary care provider:**
 - “VirtualCareNS provides Nova Scotians access to a Nova Scotian primary-care provider (doctor or nurse practitioner) online through their computer or mobile device”
 - “You will have access to the Full Care and Basic Care options. During our open hours, please use the Full Care option offered by Nova Scotia providers. Outside of these hours you can use the Basic Care stream for healthcare advice and basic concerns. Please note that the providers on the Basic Care stream are not able to provide requisitions and referrals.”
 - **With a primary care provider:**
 - “Nova Scotians who have a primary care provider have access to virtual care through Maple. This includes the diagnoses and treatment of common ailments, along with services, such as prescription refills. You are eligible for two free visits per year, free of charge, through the Province of Nova Scotia.”
- Examples of **symptoms/conditions that are eligible** for virtual emergency care:
 - **Without a primary care provider:**
 - “Having an online visit through VirtualCare is similar to an in-person medical appointment. The family doctors and nurse practitioners provide care and health advice for many common health needs. They can diagnose, prescribe medications and treat common symptoms.”
 - **With a primary care provider:**
 - “Health care providers can virtually assess, treat, provide education, and support many health concerns. They can write certain prescriptions and order additional assessments such as blood work and image requisitions.”
 - **Both with and without primary care provider:**
 - “Use this tool to identify the emergency care options that are currently available nearest to you.” – [LINK](#) to tool.
- Examples of **symptoms/conditions that are ineligible** for virtual emergency care:
 - **Without a primary care provider:**
 - “However, there are certain consults that cannot be completed virtually. Those that will need physical exam, symptoms like ear infection that will need to be inspected and others. Your provider will be able to assess if you need to be in person versus virtually.”
 - **With a primary care provider:**

- “Not all care can be done virtually. If your health care provider reviews your symptoms and feels you need an in-person appointment or emergency care, they will let you know.”
 - **Both with and without primary care provider:**
 - “Use this tool to identify the emergency care options that are currently available nearest to you.” – [LINK](#) to tool.
- **Typical procedure** for virtual emergency appointments:
 - **Without a primary care provider:**
 - “Can these providers order tests? Prescribe? With VirtualCare, Nova Scotia providers for patients without a primary care provider can order labs, and issue prescriptions and diagnostic imaging tests.”
 - **With a primary care provider:**
 - See below
 - **Both with and without primary care provider:**
 - “Do I have to use virtual care? At any time, you or your health care provider can end the virtual appointment if there are concerns (e.g., privacy, not meeting intended needs) and other options can be discussed. All clinical care related questions will be answered by the health care provider during your appointment.”

Other Canadian Jurisdictions

PEI

- None found (other virtual services are planned or being offered, see [here](#))

New Brunswick

- None found (other virtual services are planned or being offered, see [here](#))

Manitoba

- **Virtual Emergency Care and Transfer Resource Service** ([LINK](#)), planned service apparently not yet launched.

Saskatchewan

- None found (other virtual services are planned or being offered, see [here](#))

Alberta

- Apparently there is no virtual urgent care offered at present (see [here](#) and [here](#))
- Available virtual health services are listed [here](#).

British Columbia

- Unclear if there is an established patient centred virtual urgent care program in BC, though there are virtual health care services available and virtual urgent care programs for health service providers:
 - **BC Virtual Visit** [LINK](#)

- “BC Virtual Visit is a secure virtual health platform that enables video visits with a health-care provider using a personal smartphone, tablet or computer. Talk to your health-care provider to find out if a virtual health visit will meet your care needs.”
- **Real Time Virtual Support** [LINK](#)
 - “Real-Time Virtual Support (RTVS) offers in-time clinical support to care providers and patients to enhance patient care. Multiple specialized RTVS services (called pathways), have been developed. These pathways are new ways to remotely guide patients’ decisions to go to the ED and to support all levels of practitioners in the care of patients in the emergency department.”
 - Partnership with Emergency Care BC [LINK](#)
 - “The ECBC is co-leading the development of RTVS pathways in BC. The ECBC has a role in three pathways: RUDi, CHARLiE, and HEiDi.” (see below)
 - More information on Real Time Virtual Support, see [here](#).
- **Rural Urgent Doctors in-aid (RUDi)** [LINK](#)
 - “RUDi physicians with emergency medicine and rural experience are available 24/7 by Zoom and phone to support rural healthcare providers.”
- **Child Health Advice in Real-Time Electronically (CHARLiE)** [LINK](#)
 - “The CHARLiE team includes pediatricians, pediatric emergency physicians, and pediatric intensivists who are available 24/7 by Zoom to provide specialized pediatric support to rural healthcare providers.”
- **HealthLink BC Emergency iDoctor-in-assistance (HEiDi)** [LINK](#)
 - “HEiDi is a physician support service for HealthLink BC 8-1-1.”
 - “8-1-1 is a free health information line for patients with non-emergency health inquiries. HEiDi physicians assist 8-1-1 nurses with urgent health inquiries they receive. HEiDi physicians give patients just-in-time information and comfort, and ensure appropriate triage to health services. This discerning triage decreases ED wait times and can safely refer patients back to their family physicians.”
- **Maternity and Babies Advice Line (MaBAL)** [LINK](#)
 - “The MaBAL team includes family physicians and midwives with expertise in maternal and newborn care, with an understanding of rural and cultural contexts. They provide urgent and non-urgent support for pre-conception, prenatal, antenatal, intrapartum, and postpartum presentations, for both moms and newborns. The team can also help with other women’s health issues such as contraception.”

Yukon

- None found (other virtual services are planned or being offered, see [here](#))

NWT

- None found (other virtual services are planned or being offered, see [here](#))

Nunavut

- None found (other virtual services are planned or being offered, see [here](#))

Additional Materials

Background Articles

Schwamm LH, Estrada J, Erskine A, Licurse A. **Virtual care: new models of caring for our patients and workforce.** The Lancet Digital Health. 2020 Jun 1;2(6):e282-5. [LINK](#)

- “For the past two decades, our academic medical centre and others have been building capability in ambulatory virtual visits in specialty care, virtual urgent care for minor complaints, and interfacility emergency virtual consults for time-sensitive conditions like acute stroke.”

Jedrek Wosik, et al. **Telehealth transformation: COVID-19 and the rise of virtual care,** *Journal of the American Medical Informatics Association*, Volume 27, Issue 6, June 2020, Pages 957–962, [LINK](#)

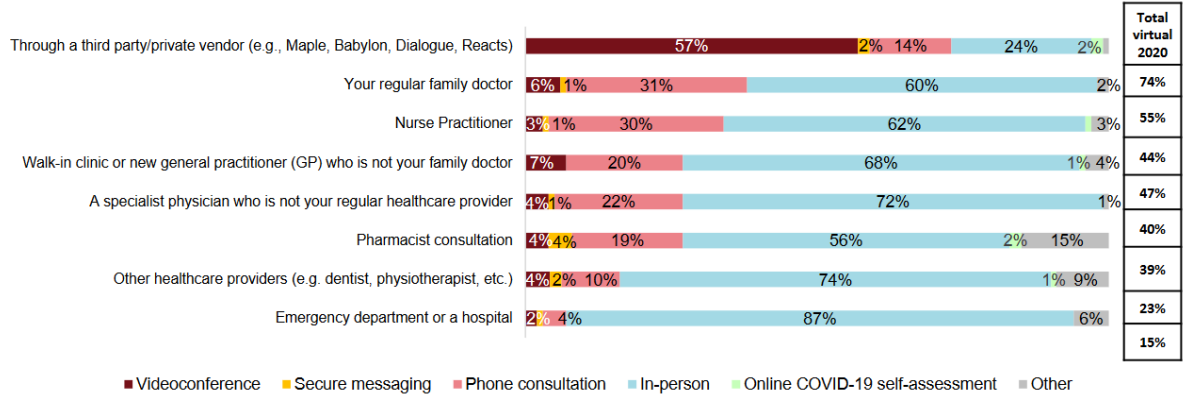
- “Adoption of telehealth requires changes in both patient-related and clinical care processes. The target is to dramatically decrease the proportion of in-person care, offering in-person clinic visits only for patients who cannot access telehealth technology or who have urgent (but not emergency-level) clinical concerns that require detailed physical examination.”
- Under Table 1, there is one use case for emergency/urgent care:

Platform	Use Case(s)	Opportunities	Limitations
E-consult: Asynchronous clinician-to-clinician communication based on record review (inpatient and outpatient)	During and after initial surge: Assist frontline clinicians with triage of urgent patient referrals Assist frontline clinicians with management of low complexity patients where there is limited capacity among specialists	Time efficient for specialists, consolidates care for patients New inpatient clinician-to-clinician billing codes available Patient-initiated second opinion requests are possible	Potentially shifts work to frontline clinicians Lack of physical exam or direct communication with patients

- Canada Health Infoway. **Canadians’ Health Care Experiences During COVID-19: Uptake of Virtual Care.** Canada Health Infoway Analysis based upon: Leger COVID-19 Tracking Survey. March 2022 edition. [LINK](#) (study linked to the website)
 - Vast majority of emergency/urgent care carried out in person:

Health Care Provider Seen and Modality (all visits)

Type of provider seen by modality of the visit
January - March 2022 (pooled biweekly data)



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Note: Total virtual or virtualization rate is equal to the sum of virtual video, secure messaging and phone consultation.

Source: COVID-19 Tracking Survey, Canada Health Infoway and Leger, 2021 & 2022

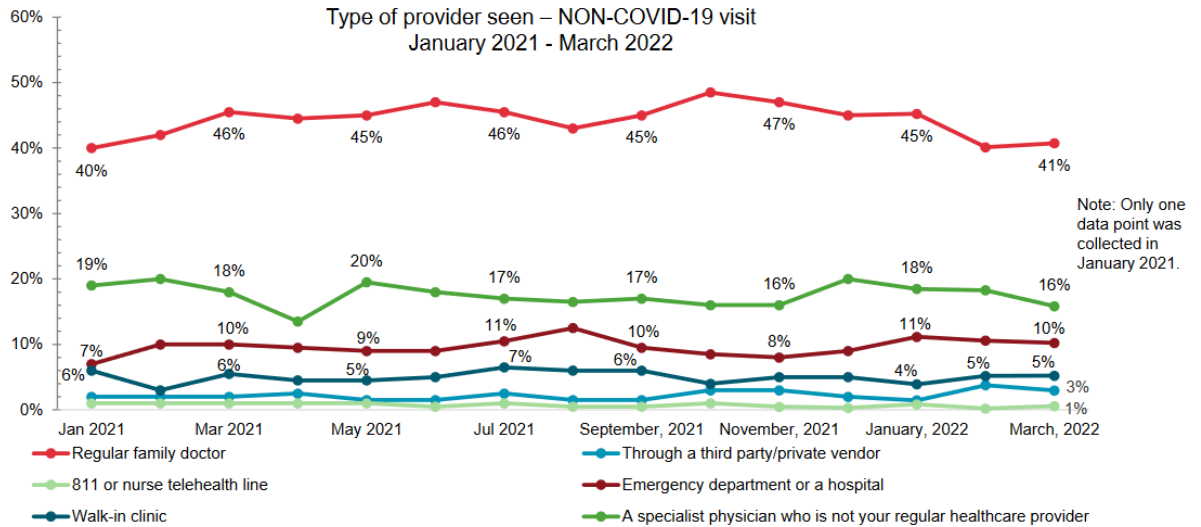
Base: Respondents who had a health encounter with the health system in the month preceding the survey.

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Canada Health Infoway

Health Care Provider Seen for Routine Visits

Type of provider seen – NON-COVID-19 visit
January 2021 - March 2022



Note: Only one data point was collected in January 2021.

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Source: COVID-19 Tracking Survey, Canada Health Infoway and Leger, 2020 & 2021 & 2022

Base: Respondents who had a health encounter with the health system for a non-COVID-19 related visit in the month preceding the survey.

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Canada Health Infoway

Design and Implementation

Canadian Institute for Health Information. **The Expansion of Virtual Care in Canada: New Data and Information.** Ottawa, ON: CIHI; 2023.

- “Overview of Ontario’s Digital and Virtual Care Secretariat

- ...
- “Virtual urgent care centres also saw increased usage over the 2 fiscal years in operation. Visit volumes rose from close to 8,000 in 2020–2021 to over 27,000 in 2021–2022 due to an increased duration of operation within the fiscal year as well as to increased awareness and use of the service. The program also saw a high degree of patient satisfaction, with over 90% of surveyed patients reporting that they were satisfied or very satisfied with their care experience.”

Table 1 Virtual care initiative metrics

Initiatives	Outputs	2020–2021	2021–2022
COVID-19 self-assessment and virtual care access	Number of COVID-19 self-assessments	183,317	n/a
	Number of virtual visits delivered	23,115	n/a
Virtual pre-/post-surgical care	Number of sites participating across Ontario	21	29
	Number of patients enrolled	1,792	16,041
	Percentage of patients satisfied or very satisfied with their care experience*	83%	84%
Virtual urgent care	Number of sites participating across Ontario	15	16
	Number of patients who received a virtual visit	7,066	23,364
	Number of virtual visits	7,928	27,432
	Percentage of virtual visits referred to the emergency department	15%	14%
	Percentage of patients satisfied or very satisfied with their care experience*	94%	91%

Notes
 * Based on patient survey data.
 n/a: Data is not available.

Source
 Data submitted to CIHI from Ontario Health based on the program-level reporting of virtual care initiatives, 2022.

- “Newfoundland and Labrador: Expansion and enhancement of virtual care services
 - ...“Telehealth equipment, for example, was extended to more locations to support patients’ access to providers including those in primary care and emergency departments (EDs), and specialists. This also supported the health and well-being of residents in long-term care facilities who were isolated from friends and family due to pandemic restrictions. Residents were provided with electronic devices to help mitigate these restrictions.”

Hall JN, Chartier LB. **Learning From a Regional Approach: Integration to Scale, Spread, and Sustain Virtual Urgent Care.** *INQUIRY: The Journal of Health Care Organization, Provision, and Financing.* 2023;60. [LINK](#)

- Describes situation in Ontario.
- “We describe here how these hospitals integrated their pilot programs to enhance quality (patient access and patient-centeredness) and sustainability (cost-effectiveness and operational

efficiencies). Ethical approval was received from the Sunnybrook Health Sciences Centre Research Ethics Board and written informed consent was not required for this study.”

- Article organized by following sections:
 - Context and Aim
 - Description of Innovation
 - Discussion and Reflection
 - Initiative and Design
 - Experimental and Execution
 - Expansion and Monitoring
 - Consolidation and Transformation
 - Lessons Learned
 - Conclusion and Recommendations
- “By creating a network of hospitals with a common vision, collaborative leadership, and shared resources, we have improved the quality and sustainability of virtual urgent care services across the region. Improved patient access and enhanced patient experience have been achieved by coordinating care around patient needs, adopting shared values and program objectives, decreasing fragmentation in care delivery through harmonized processes and care pathways, and understanding and detangling the complexities of local care delivery and health information systems.”
- Related Articles:
 - Hall JN, et al. **Designs, facilitators, barriers, and lessons learned during the implementation of emergency department led virtual urgent care programs in Ontario, Canada.** Front Digit Health. 2022 Aug 24;4:946734. [LINK](#).
 - McLeod SL. **Demographic characteristics, outcomes and experience of patients using virtual urgent care services from 14 emergency department led sites in Ontario.** Canadian Journal of Emergency Medicine. 2023 Jan;25(1):65-73. [LINK](#)

New Services and Future Growth

Canadian Healthcare Technology. **Company plans to provide virtual urgent care.** August 16, 2023. [LINK](#)

- “The digital consultation services are designed to improve accessibility to quality care and provide solutions for overcrowded ER rooms, resulting in reduced wait times for patients and quicker turnaround time for doctors.”
- “[Telehospital Canada](#) will offer several online, mobile and at home solutions for Canadians while being backed up by in-person physician consultation, when necessary, at JUMP’s physical urgent care locations and diagnostic imaging centres.”
- Provider: [Level Jump Healthcare](#)

London Health Sciences Centre. **New UrgentCareOntario.ca website provides access to virtual urgent care for adults, children and youth in southwestern Ontario, and for long-term care residents in Hamilton and Niagara North West.** February 22, 2021. [LINK](#)

- “This virtual urgent care service does not replace in-person visits to the emergency department; rather, it provides a way for adults and families to reach out for help with urgent care needs.”
- “During the virtual appointment, the doctor will assess the patient and determine next steps, which could include diagnosing the medical issue and prescribing treatment. The doctor can prescribe new medications during the appointment if required. They can’t provide a regular refill of a medication already prescribed.”

Related Research Articles

McLeod SL, et al. **Health care utilization and outcomes of patients seen by virtual urgent care versus in-person emergency department care.** CMAJ. 2023 Nov 6;195(43):E1463-74.

- “We aimed to describe subsequent health care utilization and outcomes of patients who used VUC compared with similar patients who had an in-person emergency department visit.”
- “Of the 19 595 patient VUC visits linked to administrative data, we matched 2129 patients promptly referred to the emergency department by a VUC provider to patients presenting to the emergency department in person. Index visit hospital admissions (9.4% v. 8.7%), 30-day emergency department visits (17.0% v. 17.5%), and hospital admissions (12.9% v. 11.0%) were similar between the groups. We matched 14 179 patients who were seen by a VUC provider with no documented referral to the emergency department. Patients seen by VUC were more likely to have a subsequent in-person emergency department visit within 72 hours (13.7% v. 7.0%), 7 days (16.5% v. 10.3%) and 30 days (21.9% v. 17.9%), but hospital admissions were similar within 72 hours (1.1% v. 1.3%), and higher within 30 days for patients who were discharged home from the emergency department (2.6% v. 3.4%).”
- “**Interpretation:** The impact of the provincial VUC pilot program on subsequent health care utilization was limited. There is a need to better understand the inherent limitations of virtual care and ensure future virtual providers have timely access to in-person outpatient resources, to prevent subsequent emergency department visits.”

Reid, S., et al. **Virtual care in the pediatric emergency department: a new way of doing business?** *Can J Emerg Med* 23, 80–84 (2021). [LINK](#)

- Objective: “To understand the feasibility, utilization rate, and satisfaction of the first Virtual Pediatric ED (V-PED) in Canada.”
- Results: “A total of 1036 V-PED visits were seen of which 176 (17.0%) were referred for further in-person ED assessment, and 8 (0.8%) required hospital admission. Of the 107 completing patient experience surveys (10% response), most respondents (69%) endorsed they “very likely” or “definitely” would have presented in-person to the ED if V-PED were unavailable. Overall satisfaction was rated as excellent (9 or 10 out of 10) in 87% of respondents.”
- Conclusion: “Our novel V-PED is feasible, has high caregiver satisfaction, and can reduce the burden of in-person ED visits. Future work must ensure the safety of emergency virtual care and examine how to increase capacity and integrate V-PED within traditional emergency medicine.”

- **Related:**

- Ellen B Goldbloom, Melanie Buba, Maala Bhatt, Sinthuja Suntharalingam, W James King, Innovative virtual care delivery in a Canadian paediatric tertiary-care centre, *Paediatrics & Child Health*, Volume 27, Issue Supplement_1, June 2022, Pages S9–S14, <https://doi.org/10.1093/pch/pxab104>