

Community Voices on Tapping into Tech

Fostering equity for children with
diverse abilities and/or medical complexity
in rural and northern British Columbia: A Participatory Action
Research project

A SCAN OF THE CURRENT POLICY, REGULATORY &
QUALITY ASSURANCE LANDSCAPE IN BC

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Background & Purpose

In response to the COVID-19 pandemic, agencies that provide early child development and intervention (ECDI) services had to rapidly adapt their service delivery models to continue providing services and supports for children with support needs and their families. This necessitated policy changes that initially, were often considered to be temporary. This rapid pivot in the way services were delivered also provided opportunities to learn about virtual service delivery models. For example, privacy, confidentiality and security issues related to the use technologies had to be addressed to ensure compliance with federal and provincial laws.

Members of the '[Community Voices on Tapping into Tech](#)'¹ research project undertook a jurisdictional scan of the provincial policy landscape in British Columbia (BC) to inform their research on improving equitable access to community-based ECDI services, resources and supports for families and young children with support needs living in rural and northern areas of BC through the use of technology. In this context technology-enabled services and programs are viewed as long-term, optional modes of virtual service delivery, in addition to in-person supports, programs and services.

This report summarizes the findings of a jurisdictional scan completed in 2022-2023 on how equity and the use of technology² in the ECDI sector are currently being framed in the policy, regulatory and quality assurance (QA) landscape in BC. These topics are of central importance to the 'Community Voices on Tapping into Tech' participatory action research currently underway in BC.

It is important to note that policy development on the use of technology is a work in progress at provincial, organizational and professional levels. This summary is intended as a useful resource for ECDI stakeholders who are developing and refining policies and procedures to support technology-enabled ECDI programs and services in a long-

¹ [Community Voices on Tapping into Tech](#) is a two-year (2020-2023), British Columbia-wide, participatory action research project, co-led by Alison Gerlach at the University of Victoria and Jason Gordon with the BC Association of Child Development and Intervention, funded by the Vancouver Foundation.

² For the 'Community Voices on Tapping into Tech' research project 'technology' is inclusive of mobile phones, texting, emailing, direct messaging applications (such as Facebook and WhatsApp) and desk-top or mobile video conferencing platforms such as Skype, Zoom and Microsoft Teams, social media, and Apps.

term and optional hybrid mode of service delivery in addition to in-person. Hyperlinks to key resources are provided throughout to help readers verify up-to-date information.

The questions guiding this scan were:

- 1) *How and to what extent do agencies' policies, regulations and practice standards attend to equity; including cultural safety and trauma-informed care?*
- 2) *How is the current system of policies and regulatory requirements informing the use of technology in the delivery of community-based ECDI services?*

The websites, policies, quality assurance frameworks, guidelines, and practice standards of the following agencies were examined in this scan to determine how and the extent to which they address equity-related issues, the use of technology for service delivery, and the privacy and security of client information and informed consent for technology-enabled services:

- BC Ministry of Children and Family Development (MCFD)
- Provincial Health Services Authority Office of Virtual Health (PHSA OVH),
and its Child Health BC network; and
- Five pertinent regulatory bodies:
 - Commission on Accreditation of Rehabilitation Facilities (CARF) Canada;
 - BC Health Regulators (BCHR)
 - College of Physical therapists (CPTBC); and
 - College of Occupational therapists (COTBC);
 - College of Speech and Hearing Health Professions of BC (CSHBC)
- Three provincial professional associations of:
 - Physiotherapy Association of BC (PABC)
 - Canadian Association of Occupational Therapists - British Columbia chapter (CAOT-BC)
 - Speech and Hearing BC

An Equity-Orientation

First, a word about the concept of ‘equity’ -

*“Children’s experiences of health and healthcare inequities are structurally rooted in and continuous with the impacts of intersecting social determinants on their family’s everyday lives and well-being... Addressing children’s experiences of health and social inequities, particularly from the prenatal period to age five, is of critical concern because they can result in an increased risk of poor health outcomes and adverse life experiences across their life course...[Currently] there is also a scarcity of evidence in Canada and internationally on how healthcare services that claim to be child- and family-centred are/can be responsive to families and children who experience a greater risk of health and healthcare inequities”.*³

The following section highlights where ‘equity’ is currently evident and how it is being framed and supported in the policy and regulatory landscape of the ECDI sector in BC.

Ministry of Children & Family Development

MCFD’s recently released [Quality Assurance Service Framework \(2022\)](#) reflects a commitment to reconciliation, adopting the principles of ‘cultural continuity’ and ‘substantive equity,’ and aspires to advance implementation of the [United Nations Declaration on the Rights of Indigenous Peoples \(September 13, 2007\)](#) (UNDRIP) and [Calls to Action of the Truth and Reconciliation Commission of Canada \(TRC\) \(June, 2015\)](#).

The **CYSN Service Framework’s vision statement** makes a commitment to equitable access to services for all BC children, youth and families:

Throughout B.C. all children and youth with support needs, as well as their families, have access to equitable, culturally safe, and trauma-informed

³ Gerlach, A. J., & Varcoe, C. (2020). Orienting child- and family-centred care towards equity. *Journal of Child Healthcare*. <https://doi.org/https://doi.org/10.1177/1367493520953354>

services that are responsive to their needs and help them achieve improved quality of life, including social inclusion. (p. 15)

Also, the CYSN Framework, [Provincial Services: Service Expectation and Description](#) section states that: *Ministry staff provide services in accordance with the following practice principles:*

- (a) Supports are equitable and accessible for all children, youth, and their families.*
- (b) Service delivery is culturally safe and responsive, trauma-informed, and contributes to reconciliation.*
- (c) Supports and services are culturally responsive and aligned to the Aboriginal Policy and Practice Framework.*
- (d) Supports recognize the unique strengths and needs of children and youth with support needs within the context of their families and communities.*
- (e) Supports promote the social inclusion and belonging of children, youth, and their families.*
- (f) Supports and services are trauma-informed and in alignment with MCFD's *Healing Families, Helping Systems: A trauma-informed practice guide for working with children, youth and families* (2017, p. 10).*

The [Provincial Services: Service Expectations & Description](#) section of the CYSN Service Framework reiterates that:

Supports are provided to children, youth, and their families with respect and dignity, without judgement, coercion, discrimination, without preconditions of support and with demonstrated, reasonable attempts to identify and remove barriers to access (e.g. accommodating for travel barriers through home visits or virtual options). (p. 10)

In the [Glossary](#) for MCFD's [CYSN Service Framework \(May 12, 2022\)](#) equity is defined as:

A quality or ideal that recognizes individuals and groups have different circumstances which may require different treatment. An equitable system strives to ensure barriers are overcome so that everyone may access the resources, opportunities, power, and responsibility to lead full and healthy lives. (p. 12)

This definition derives from MCFD's [Aboriginal Policy and Practice Framework \(2015\)](#) (APPF). The APPF is to be applied to all quality assurance (QA) policies and practices involving Indigenous children and families to ensure that services are culturally safe and trauma-informed. The BC government website [Indigenous Children & Family Development \(n.d.\)](#) states:

The APPF is an overarching framework intended to improve outcomes for Indigenous children, youth, families and communities through restorative policies and practices. It applies to policy and practice involving Indigenous children, youth and families on and off reserve regardless if they are being served by a Delegated Aboriginal Agency or the Ministry of Children and Family Development. Restorative policies and practices are culturally safe and trauma informed, supporting and honouring Indigenous peoples' cultural systems of caring and resiliency. The framework's model for restorative policy and practice is Child, Youth, Family and Community-Centred; Culture-Centred; Inclusive, Collaborative and Accountable; and focused on Resilience, Wellness and Healing. (p. 1)

MCFD's report [Healing Families, Helping Systems: A trauma-informed practice guide for working with children, youth and families \(January 2017\)](#) states:

This Trauma-informed Practice (TIP) Guide is designed to inform the work of leaders, system planners and practitioners working with children, youth and families within the service areas of the British Columbia Ministry of Children and Family Development and Delegated Aboriginal Agencies. This document may also be relevant to those working with children, youth and families in other settings such as schools, hospitals and other community-based settings. (p. 2)

This guide defines and outlines the principles of 'trauma-informed practice' and addresses implementing trauma-informed approaches with children, youth and families for workers and at leadership and organizational levels (see Overview, pp.32-33).

BC Health Regulators

BC Health Regulators have also focused on advancing cultural safety and anti-racism. In 2017, the Registrars of all Colleges in BC Health Regulators (BCHR)

signed the [“Declaration of Commitment – Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia”](#) . This declaration was inspired by the BC government-sponsored report [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Healthcare \(Turpel-Lafond, November 2020\)](#) that identified systemic Indigenous racism in the provincial healthcare system and made 24 recommendation, including that:

...all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous peoples. (p. 62, cited in CPTBC, September 29, 2022)

Since signing the Declaration of Commitment, individual Colleges have developed practice standards and resources on cultural safety and anti-racism for their members. Two BCHR reports have tracked the progress of the Colleges in meeting their commitments to the Declaration: [1 Year In \(March 2018\)](#) and [3 Years In \(June 2020\)](#).

Physiotherapy

The **College of Physiotherapists of BC - CPTBC (September 29, 2022)** describes the development of their [Standard 21. Indigenous Cultural Safety, Humility and Anti-Racism \(2022\)](#), in keeping with their commitment and building on the work of the BC College of Nurses and Midwives (BCCNM) and the College of Physicians and Surgeons of BC (CPSBC). The CPTBC Practice Standard 21 lays out expectations regarding how physiotherapists will provide culturally safe and anti-racist services for Indigenous clients. The CPTBC also has a menu heading on its website ‘[Cultural Safety & Humility](#)’ that provides additional information and updates on this important subject.

The [Physiotherapy Association of BC \(PABC\)](#) webpage on [Equity, Diversity and Inclusion](#) state that: “PABC will continue to provide access to resources and information to support equity, diversity and inclusion within the physiotherapy community as it becomes available” with links to a [Collaborative JEDI Position Statement](#)

Occupational Therapy

The **College of Occupational Therapists of BC** (COTBC) has developed several equity-oriented resources, including:

- [Cultural Safety & Humility](#)
- [Indigenous Anti-Racism, Cultural Safety & Humility \(IARCS&H\)](#)
- [Our Commitment to Indigenous Anti-Racism, Culturally Safe Care](#)
- [Colonization & Its Impacts on Healthcare](#)
- [IARCS&H Resources](#)
- [Our IARCS&H Initiatives](#)

The **Canadian Association of Occupational Therapists** (CAOT) [Competencies For Occupational Therapists In Canada \(ACOTRO, ACOTUP, & CAOT, 2021\)](#) includes a section on [Culture, Equity and Justice](#). CAOT also supports an Indigenous Health Practice Network for its members.

Speech and Hearing

The **College of Speech and Hearing Health Professions of BC** (CSHBC) has a [Strategic Plan 2023-2026](#) that includes a commitment to equity and inclusion and honouring the rights of Indigenous people, in keeping with UNDRIP (September 13, 2007):

CSHBC's commitment to cultural safety and humility is reflected in the College's 2018-2022 [Strategic Plan](#) (PDF), which has a goal of ensuring the College is more inclusive and accessible. As part of that goal, the Strategic Plan states that CSHBC will "honour our commitment to cultural safety and humility in the regulation of health professionals serving First Nations and Aboriginal People in BC. (p. 1)

In addition, the CSHBC has developed a [Standard of Practice for Indigenous Cultural Safety, Cultural Humility, & Anti-Racism \(June 17, 2022\)](#). [Speech and Hearing BC](#) members can also access resources on [Equity, Diversity and Inclusion](#).

Provincial Health Services Authority: Office of Virtual Health

An explicit equity-orientation is also evident in the [BC Provincial Health Services Authority \(PHSA\) Office of Virtual Health](#) (PHSA OVH) that provides leadership, resources and supports for healthcare professionals delivering virtual services. The [Virtual Health Competency Framework \(January 25, 2023\)](#) addresses ‘*equity-oriented care for virtual health*,’ including developing knowledge and understanding of strategies to address racism, provide equitable and inclusive practice to serve diverse populations, and promote community engagement. The Virtual Health Competency Framework integrates the:

...principles of trauma and violence-informed care, cultural humility and safety, Indigenous cultural humility and safety and harm reduction approaches in the delivery of virtual health services. (p. 10)

This framework takes up a definition of cultural safety from the First Nations Health Authority:

An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe ([First Nations Health Authority](#)).

The third Competency Domain of the Virtual Health Competency Framework is ‘*Equity-oriented care for virtual health*’ which focuses on “[*Applying*] principles of equity-oriented care to determine if virtual health can improve access or exacerbate barriers to care” (p. 8), with six associated learning objectives and links to related resources. Equity-oriented competencies, learning objectives and numerous resources in this framework include cultural safety, trauma-and violence-informed care and harm reduction.

The Use of Technology for Service Delivery in the ECDI Sector

As the ECDI sector emerges from the pandemic and looks longer-term to the potential of technology in connecting, sharing resources and providing services with families and children with support needs in the ECDI sector, multiple key stakeholders are developing policy standards as summarized in the following section.

Currently there is not consistent terminology for describing technology-enabled modes of service delivery. As summarized in **Appendix A** – different stakeholders in the ECDI sector are using different terminology including ‘tele-rehabilitation’, ‘telehealth’ and ‘virtual care’.

Ministry of Children & Family Development

The MCFD [CYSN Service Framework and Service Descriptions \(May 12, 2022\)](#) refers frequently to ‘virtual services.’ For example, the new Family Connections Centres service model will deliver services in a variety of ways, including virtually with the aim of reducing barriers:

The new approach includes family connections centres in communities throughout B.C. run by service providers. This intentional decision is to reduce barriers for families that have experienced trauma related to Ministry services and may not wish to access services provided by the Ministry. The centres will deliver services wherever children and youth and their families are and when they need them. This includes services delivered in-person in centre locations, homes, community spaces, and satellite locations. Centres will also provide outreach or virtual services. (p. 5)

A hybrid model of service, combining in-person and technology-enabled modes of service delivery is evident in the emerging CYSN Service Framework (May 12, 2022).

The [Disability Services: Service Expectations and Description](#) section states:

Parenting support and professional services are provided through community level contracts with family connections centres and other qualified vendors. Depending on the assessed and identified needs and support preferences of the child/youth and family, these services might be provided in the family home, in the community and/or virtually. (p. 10)

No other policies or guidelines regarding the use of technology for service delivery were found among the MCFD documents and webpages reviewed.

Commission on Accreditation of Rehabilitation Facilities (CARF)

CARF International Standards Advisory Committee reviewed and updated their standards for ‘Service Delivery Using Information Communication Technology’. The

[CARF Canada – General Program Standards: Child and Youth Services \(2023\)](#) state that:

...for service delivery to be effective, personnel are trained how to deliver or adapt services at a distance, how to use the equipment and technology needed to deliver those services, and how to guide persons served, members of the family/support system, and others in the remote setting on their use (p. 104).

In addition, CARF Canada (2022/23) emphasises that programs must demonstrate how technology is used to:

- *Increase access to services – such as through the use of websites, patient portals, telehealth services, social media, text messaging and other methods to remind the persons served of appointments.*
- *Increase supports – including the use of technological supports between services, such as recovery-based applications or encouraging persons served to use online support communities and electronic communications with personnel, as appropriate.*
- *Enhance services – such as patient portals for making appointments, requesting refills of medications, and accessing medical records; and/or through the use of online tools to gather data for assessments or outcomes measurement (p. 29).*

Regulatory Colleges

All three provincial Colleges referenced in this report (COTBC, CPTBC and CSHBC) require their registrants when delivering services virtually to meet the same expectations for quality, competent care as services delivered in person. Individual regulatory colleges have also developed resources on the use of technology to guide their members. This information is summarized in the following section with further details available in the Appendices.

The **College of Physiotherapists of BC** (CPTBC) offers a [Telerehabilitation Guide \(July, 2020\)](#) that addresses ways of delivering physical therapy using ‘telerehabilitation,’ in keeping with CPTBC regulations, legislation and practice standards. CPTBC provides

additional pertinent practice standards, a toolkit, guidelines and resources. See **Appendix B** for further resources for registered physiotherapists.

The **College of Occupational Therapists of BC** (COTBC) offers a [COVID-19 Practice Guidance: Telehealth in Occupational Therapy Practice \(Oct 6, 2021\)](#) that advises:

Telehealth is one means of delivering occupational therapy services. As such, registrants must still meet COTBC's [Standards of Practice](#), the [Code of Ethics](#), COTBC's [Essential Competencies of Practice for Occupational Therapists in Canada](#), and [College Bylaws](#) when making decisions about the care you provide. (p. 4)

The COTBC COVID-19 Practice Guidance states that “COTBC does not have a specific guideline on telehealth” (p. 4) and offers a list of resources that may help OTs become more informed about telehealth, including the [PHSA OVH Virtual Health Toolkit \(May 2021\)](#). See **Appendix C** for further resources for registered occupational therapists.

The **College of Speech and Hearing Health Professions of BC** (CSHBC) has a [Clinical Practice Standard: Virtual Care \(December 2, 2022\)](#) that addresses the purpose of virtual care as supporting continuity of care and outlines its potential benefits to enhance access to services for some clients. All virtual care services must comply with CSHBC standards and policies. [The CSHBC Notice to the Professions / Providing Virtual Care during COVID-19 Pandemic – Update \(April 9, 2020\)](#) points to [PHSA OVH Virtual Health Toolkit \(May 2021\)](#) as a key resource for delivering virtual care. See **Appendix D** for further resources for registered speech, language and hearing pathologists.

Provincial Health Services Authority

The **Provincial Health Services Authority**, Office of Virtual Health (PHSA OVH) has also developed resources on the use of technology for delivering ‘telehealth’ that can be helpful for informing community ECDI organizations and providers who are using technology in a hybrid model of service delivery particularly given that their resources, as outlined above, have a strong equity focus.

The [PHSA OVH website](#) offers links to numerous up-to-date policies, guidelines, supplementary information and training resource, including the following key resources:

- [Virtual Health Toolkit \(2023\)](#) addresses the use of various technology and includes a summary of “[Choosing the right virtual health solution](#)” that addresses the use of specific technology including email, FaceTime, Signal, telephone consults and ‘Zoom for Healthcare’.
- [VPHSA OVH Virtual Health Competency Framework \(Jan 25 2023\)](#) – a *foundational resource to complement existing practice and professional clinical standards and resources;*
- [Practice & Education](#) resources to support virtual health learning and development.

The [PHSA Virtual Health Policy \(October 7, 2022\)](#) – gives guidance on the safe, effective, and strategic use of virtual health services for all PHSA staff, including physicians, students, volunteers and contractors. The PHSA Virtual Health Policy stipulates that there is an approval process for using virtual health and points to the Office of Virtual Health as a key source of resources, and a number of other policies and legislation that support this policy.

Child Health BC

[Child Health BC](#) has undertaken initiatives to advance [Children’s Virtual Health \(2022\)](#):

For children living outside of Vancouver, a trip to BC Children's Hospital for pediatric specialist or sub specialist care can mean significant travel, cost and disruption for the whole family, not to mention the impact on the environment due to the travel. Virtual health care through virtual visits provides an opportunity for children and their families to be seen in their own communities without even leaving home. (p. 1)

Child Health BC is advancing a broad provincial strategy for delivering the highest quality virtual pediatric care and patient experience throughout BC. This includes exploring collaboration for virtual care initiatives in the Northern Health Authority, Rural Coordination Centre of BC and with the First Nations Health Authority. (p. 3)

Privacy, Security & Informed Consent

Provincially funded ECDI organizations and regulated therapy professionals in BC must comply with federal and provincial privacy legislation. The following section summarizes multiple resources for privacy and security, informed consent and risk management when using technology for service delivery that have been developed by the regulatory Colleges and PHSA.

Regulatory Colleges

The regulatory colleges for PTs, OTs and SLPAs address requirements for therapists to protect the privacy of client information and gain informed consent for virtual services in compliance with the Personal Information Protection Act (PIPA) and the Freedom of Information and Protection of Privacy Act (FOIPPA).

Physiotherapy

The CPTBC [Telerehabilitation Guide \(July, 2020\) Privacy](#) outlines privacy expectations for physical therapists, including compliance with privacy and security requirements during the telerehabilitation session and when in contact with clients using other electronic means, such as email and text. The CPTBC has a [Privacy Toolkit: A guide for physical therapists \(February 2020\)](#) that gives guidance on physical therapists' duty to clients and offers [Privacy Resources for Physical Therapists](#).

PABC also has a number of [resources that address privacy](#), including their [Privacy Policy](#) and [Virtual Care Q&A -with the Office of Information and Privacy Commissioner of BC](#). In addition, PABC offers the resource [Telehealth vs. Non-Telehealth Tools: Privacy / Security / Legislation Considerations \(March 2020\)](#). PABC also addresses client consent in several ways, e.g., [Virtual Physiotherapy Care FAQ's-Consent \(May 5, 2020\)](#), and a template for [Patient Information and Consent for Receiving Physiotherapy through Virtual Care / Telerehabilitation](#).

Occupational Therapy

COTBC has a [Practice Standard 2: Protecting Client Information \(Privacy and Security\) \(October 2019\)](#) that addresses privacy, confidentiality and security of client data, and [Practice Standards for Consent \(April 15, 2019\)](#).

COTBC also developed a [COVID-19 Practice Guidance: Telehealth in Occupational Therapy Practice \(October 6, 2021\)](#) to address risk management, privacy and confidentiality and informed consent when using telehealth.

Speech and Hearing

The CSHBC [Clinical Practice Standard: Virtual Care \(December 2, 2022\)](#) addresses informed consent for virtual care, including informing clients about the risks and benefits of virtual care.

Speech and Hearing BC offers the following document on privacy in Telepractice: [Want to Try Telepractice: How Do I Protect My Client's Privacy? \(Krueger, 2020\)](#). An additional resource addresses: [What are the requirements for obtaining consent for delegating services to a CHA?](#) (July 18, 2022)

Provincial Health Services Authority

The PHSA OVH [Virtual Health Competency Framework \(Jan 25 2023\)](#) provides information on the following:

Privacy: *In a healthcare context, privacy is how a health organization collects, uses, discloses, stores and secures personal information in accordance with B.C. privacy laws. (January 25, 2023, p. 4)*

Security: *In a virtual health context, security is the act of protecting computer systems, networks and data from cyber-attacks. This is done through safeguards including security awareness education, policies, industry best practices, procedures and software controls.” (p. 4)*

The PHSA OVH addresses privacy, security and consent in numerous resources for its employees that again may be helpful for the broader community-based ECDI sector, including a [Virtual Health Handbook for PHSA Staff \(July 2022\)](#) that includes clear guidelines on [Patient Consent for Virtual Health Solutions](#) (p. 10)

Conclusion

Galvanized by the COVID-19 pandemic, there is increasing interest and uptake in the community-based ECDI sector in BC for integrating technology into a hybrid model of service delivery. This scan of the policy and regulatory landscape pertinent to this sector highlights clearly stated commitments and aspirations from the provincial government, regulatory colleges and professional associations to advance an equity-orientation in programming and service provision with all families raising young children with support needs, particularly Indigenous families and children.

In this policy landscape, principle-based and equity-aligned approaches that are frequently referenced include cultural humility and cultural safety, trauma-informed care and anti-racism. Also, responses to the Calls to Action of the TRC, the implementation of UNDRIP and stated commitments to address Indigenous racism in the provincial healthcare system more broadly. Some position statements are also framed in the context of 'equity, diversity and inclusion'.

However, whilst the PHSA are supporting their staff to advance quality standards and an equity-oriented approach and competencies [[Virtual Health Competency Framework \(January 25, 2023\)](#)], there appears to be/remains a lack of similar support and resources for community-based ECDI organizations and professionals.

How principle-based approaches such as cultural safety and trauma-informed care are implemented and mobilized in the use of technology in a hybrid model of community-based service delivery in the ECDI sector requires further examination and from an equity standpoint has to be informed by 'community voices'. There is also a need to examine the outcomes for families, children and ECDI organizations, particularly in rural and northern parts of BC, when services are delivered via a hybrid model. This research is needed to ensure that the roll-out of this model does not unintentionally create or exacerbate inequities.

Appendices

Appendix A: Terminology and Definitions Currently Used in BC

CARF	CARF uses the phrase “services at a distance” in its Standards Manual.
MCFD	<p><i>‘virtual care’ and ‘virtual services’</i></p> <p>The MCFD Guidelines for Virtual Conference Services for MCFD-funded services (May 6, 2020) refers to ‘virtual care’ but does not define the term.</p> <p>The CYSN Service Framework and Service Descriptions (May 12, 2022) also refers to ‘virtual services’ and does not appear to provide a definition e.g.:</p> <p>“The new approach includes family connections centres in communities throughout B.C. run by service providers...The centres will deliver services wherever children and youth and their families are and when they need them. This includes services delivered in-person in centre locations, homes, community spaces, and satellite locations. Centres will also provide outreach or virtual services.” (p. 5)</p>
PHSA OVH	<p><i>‘virtual health’</i></p> <p>PHSA OVH uses the terms “virtual health,” defined in the Virtual Health Competency Framework (Jan 25 2023):</p> <p>“Virtual health: A care model focused on connecting patients, families and providers, using technology to optimize wellness, enhance care, and improve outcomes.</p> <p>Examples of virtual health include but are not limited to clinical digital messaging, remote patient monitoring, video remote interpreting (VRI) and audio-video health visits. PHSA has adopted the term ‘virtual health’ to represent this type of care, but numerous other terms are used in BC, particularly ‘virtual care. (Virtual Health Competency Framework (Jan 25 2023, p. 4))</p>
CPTBC	<p><i>‘telerehabilitation’⁴</i></p> <p>“Broadly speaking, telerehabilitation (a subset of telehealth) relates to the services delivered by a number of rehabilitation disciplines, including physical therapy, through any form of technology (including but not restricted to videoconferencing, email, apps, web-based communication,</p>

⁴ In the context of pediatric therapy, the term ‘telerehabilitation’ has been critiqued for an implicit focus on ‘re-habilitating’ or fixing a child with disabilities. See - Camden, C., & Silva, M. (2021). Pediatric telehealth: Opportunities created by the COVID-19 and suggestions to sustain its use to support families of children with disabilities. *Physical & Occupational Therapy in Pediatrics*, 41(1). <https://doi.org/10.1080/01942638.2020.1825032>

	wearable technology and telephone) as an alternative to face-to-face interventions. It encompasses all aspects of client care including the client interview, physical assessment and diagnosis, treatment, maintenance activities, education, and training. This use of electronically- mediated communication to deliver health services can occur over large or small distances or across jurisdictional borders” (Telerehabilitation Guide (July, 2020, p. 6))
PABC	<p>“<i>telerehabilitation/virtual</i>”</p> <p>PABC Telerehabilitation webpage</p> <p>PABC Physiotherapy Virtual Care Toolkit</p>
COTBC	<p>‘<i>telehealth</i>’</p> <p>described as: “...the use of information and communication technologies (ICT) to deliver health related services when the provider and client are in different physical locations” (COVID-19 Practice Guidance: Telehealth in Occupational Therapy Practice (October 6, 2021, p. 1))</p>
CAOT-BC	<p>“<i>telehealth/teletherapy</i>”</p> <p>COVID-19 Resources for Telehealth / Teletherapy</p>
CSHBC	<p>‘<i>virtual care</i>’</p> <p>“Virtual Care” means the provision of health care services at a distance, using information and digital communications technologies and processes. Virtual care may include interactions between health professionals and clients, and interactions between health care providers. Virtual care may be used in combination with traditional (in-person) provision of care and services and may include aspects of asynchronous virtual care and synchronous virtual care. (Virtual Care Standard of Practice (December 2, 2022, p. 1))</p>
SHBC	<p>“<i>telepractice</i>”</p> <p>Speech and Hearing BC Telepractice page</p>

Appendix B: Physiotherapy Resources for Using Technology

The CPTBC [Telerehabilitation Guide \(July, 2020\)](#) addresses ways of delivering physical therapy services using ‘telerehabilitation,’ in keeping with CPTBC regulations, legislation and practice standards. CPTBC also provides these pertinent practice standards and documents:

CPTBC [Standard 20: Telerehabilitation \(CPTBC, 2020b\)](#)

CPTBC [Telerehabilitation Resources and Guidelines webpage](#)

CPTBC [PABC Virtual Care Toolkit \(March 2020\)](#)

In addition, CPTBC offers the following resources:

[Tele-Rehabilitation \(April 1, 2019\)](#)

[Contemplating a Bring your Own Device \(BYOD\) Program? Consider These Tips
Guidelines for Use of Mobile Devices:](#)

Best Practices: Physical therapists have an obligation to ensure adequate administrative, physical and technical safeguards are in place before using mobile devices in their practice. This obligation extends to staff and third parties who have access to personal information under the practice’s custody or control. Physical therapists must also take reasonable steps to ensure any devices, apps or programs used in private or public practice comply with the PIPA. (p. 67)

The PABC [Telerehabilitation](#) webpage offers numerous resources, including:

- PABC [Physiotherapy Virtual Care Toolkit](#) (Updated August, 2020)
- Webinar series on virtual care/telerehabilitation, including [Therapeutic Relationships: Tele-Rehab Version](#)

Appendix C. Occupational Therapy Resources for Using Technology

The COVID-19 Practice Guidance document states that “COTBC does not have a specific guideline on telehealth” (p. 4) and offers a list of resources that may be helpful for OTs to become more informed about telehealth, including the [PHSA OVH Virtual Health Toolkit \(May 2021\)](#). The Practice Guide does identify issues that OTs should consider before using telehealth including:

- Jurisdiction
- Risk Management and Safety
- Privacy and Confidentiality
- Consent and Client Identity
- Documentation

CAOT-BC compiled a folder of [COVID-19 resources for occupational therapists](#), including [COVID-19 Resources for Telehealth / Teletherapy](#) and [Resources for Paediatric Occupational Therapists](#) – some of which addresses telehealth for OTs.

Appendix D: Speech and Hearing Resources for Using Technology

The CSHBC [Clinical Practice Standard: Virtual Care \(December 2, 2022\)](#) states that:

Virtual care is intended to support the continuity of care by ensuring effective, safe, and consistent approaches to providing care to clients. Virtual care may be advantageous to clients to increase accessibility to services, ensure continuity of care, improve communication between clients and health professionals; improve timeliness of care, and allow clients to access services in a convenient way. It is recognized that the delivery of virtual care is evolving and will change over time.

Delivery of effective, efficient, and safe virtual care, alone or in combination with traditional care, must be within the CSHBC established standards and policies. Registrants must also understand and comply with the requirements of other jurisdictions they provide virtual care in, including registration requirements. (p. 2)

The Clinical Practice Standard on Virtual Care (Dec 2, 2022) also addresses services that are not suited for virtual care: *Registrants must adhere all applicable standards when applying them to virtual care including:*

- 1. Activities which cannot be delegated to a Communication Health Assistant (CHA) for in person services must not be delegated virtually;*
- 2. Restricted activities which may be delegated to CHAs under supervision, must not be delegated virtually to unqualified persons (this would include otoscopy);*
- 3. Certified practice activities must not be provided virtually by unqualified persons at the client's location (e.g., cerumen management, diagnostic testing for hearing, hearing instrument or tests to assist in determining diagnosis);*
- 4. Registrants must not allow diagnostic decisions or decisions regarding candidacy (e.g., for amplification or instrumental procedures) to be based on screenings that were conducted virtually);*
- 5. Registrants must not compromise client care by relying on services that cannot be reliably and accurately delivered through virtual practice (e.g., hearing aid verification). (p. 3)*

The CSHBC Clinical Practice Standard [Communication Health Assistants \(Delegation & Assignment\) \(SOP-PRAC-04\)](#) addresses delegation by a Registered Speech-Language Pathologists (RSLPs) of some aspects of their practice to Communication Health Assistants, including delivering virtual care.

[The CSHBC Notice to the Professions / Providing Virtual Care during COVID-19 Pandemic – Update \(April 9, 2020\)](#) – points to [PHSA OVH Virtual Health Toolkit \(May 2021\)](#) as a key resource for delivering virtual care.

The [Speech and Hearing BC Telepractice page](#) offers resources and links for its members:

- The Recorded Webinar and Slides from Telepractice: Treatment and Assessment Resources with Becca Yu available in the members only section under Covid-19 Resources. Login and [click here](#).
- Provincial Health Services Authority (PHSA) Toolkit for Health Professionals: <http://www.phsa.ca/health-professionals/professional-resources/office-of-virtual-health/covid-19-virtual-health-toolkit>.
- SAC's COVID-19 Resources: <https://www.sac-oac.ca/update-members-and-associates-covid-19>
- ASHA's Telepractice Resources: <https://www.asha.org/About/Telepractice-Resources-During-COVID-19/>
- ASHA's Telepractice with Adults: <https://www.asha.org/EvidenceMapLanding.aspx?id=8589944872&recentarticles=false&year=undefined&tab=all>
- The Informed SLP Evidence Based Telepractice Research Reviews for SLPs: <https://www.theinformedslpmembers.com/free-telepractice-research-reviews>
- [General Telepractice Information from Pearson Assessment](#)