



QUESTIONNAIRE FOR VIRTUAL CARE PPIP-2 WORKSHOP

Complete this questionnaire to fulfil the data collection requirement for PPIP-2:

1. Are you a registered member of CPSA (College of Physicians and Surgeons of Alberta)?
Yes
No
Unsure
2. Do you have a plan for how to provide in-person care when appropriate, required, or requested by the patient?
Yes
No
Unsure
3. Do you provide virtual visits via the telephone?
Yes
No
Unsure
4. Do you provide virtual visits via a patient portal?
Yes
No
Unsure
5. Do you provide virtual visits using a video platform?
Yes
No
Unsure
6. Are you using secure platforms when conducting virtual visits?
Yes
No
Unsure
7. Is your Privacy Impact Assessment up to date?
Yes
No
Unsure

8. Does it include clauses dealing with patient portals and/or video platforms that you use?

Yes

No

Unsure

9. Do you take reasonable steps to confirm the identity of the patient during virtual visits?

Yes

No

Unsure

10. Do you take reasonable steps to confirm the location of the patient during virtual visits?

Yes

No

Unsure

11. Do you have a follow-up plan to manage adverse events or emergencies?

Yes

No

Unsure

12. Do you appropriately chart all virtual visits?

Yes

No

Unsure

13. Do you have a plan for providing after-hours care for patients seen virtually?

Yes

No

Unsure