 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 1 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

1. INTENT:

- To outline consistent best practices for use of the [Health Management Group Program Guide](#) to advertise group programs.
- To outline consistent best practices for shared registration of any Manitoban wanting to participate in group education program(s) offered by a team at any office using the shared instance of the WRHA C-EMR. Those not using the shared instance of EMR may also find helpful the information contained in this guideline on topics such as client privacy, etc.

The following group education programs offered consistently across offices are included in the Health Management Group Program Guide:

- COPD (Chronic Obstructive Pulmonary Disease)
 - Chronic Pain Self-Management
 - Cognitive Behaviour Therapy with mindfulness (CBTm)
 - Commit to Quit (C2Q)
 - Craving Change
 - Diabetes
 - Heart Health
 - Long Covid Self-Management
 - Nutrition for Busy People
 - Packing It In: Creating a Plan to Quit Smoking
 - Physical Activity Essentials
 - Preparing for Success
 - Well 4 U
- To outline consistent best practices for protection of client privacy in alignment with Personal Health Information Act (PHIA) obligations. This includes protections required for in-person programs and specific protections pertaining to virtual group programs offered live online. Tools, including sample scripts are included to provide clients with important information about possible privacy issues with email communication and virtual visits/group programs. Scripts are adapted from Shared Health and WRHA Privacy.
- To ensure group education documentation practices are in place that serve clinical documentation needs and provide communication of pertinent information to the referring source and/or primary care medical home to support preventative and treatment care transitions.
- To outline a process for ongoing evaluation of group education programs to generate data on patient reported experience and administrative measures (programs delivered, program uptake, etc.) for both evaluation and future planning purposes. Teams must schedule programs, and register and arrive participants as described in this guideline for administrative data from EMR to be available and accurate.


2. DEFINITION:

- **Class** – A single instance of group education delivered to participants, which may occur in person, live online or be available as a recording online.
- **Group Education Session or Program** – Either a stand-alone class or series of multiple classes packaged together that is registered for at one time.
- **No Show** – Any circumstance where the individual does not attend, or cancels after a group program has started.

3. GUIDELINE:

3.1 Developing group programs and criteria for inclusion in the Health Management Group Program Guide.

Process to develop or re-develop a group program

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 2 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

- When your team is wanting to add a new program, OR adapt/update an existing program, team managers are to bring suggestions to Primary Care Program Specialist to be raised for discussion between teams. Joint work across teams can avoid duplication of effort, increase efficiency of staff time spent on program development/re-development and provides consistency in services delivered. New programs developed with the intent to be delivered across teams, can be included in the Health Management Group Program Guide. Opportunities to create new programs often arise when clinical staff recognize that client self-management support needs are not being addressed in a certain topic or skill area, or when they find a need to repeat key information to many clients one on one.
- Once a group program is developed, updated or re-developed, the program content, which may be a Facilitator Guide, PowerPoint slides, participant handouts, etc., are to be posted on the [Program Facilitators' webpage](#). These are then available to all teams interested in delivering the program.

Criteria for programs to be included in the [Health Management Group Program Guide](#):


- Self-management programming related to prevention and/or management of chronic disease.
- Developed (and updated/re-developed) in collaboration with an interprofessional team with focus on self-management skill development, education to enhance self-efficacy, and best available evidence.
- Funded by the health care system (MB Health, Shared Health or RHA)
- Program participates in regional evaluation.
- Program operates on an ongoing basis (i.e. not being offered 1 time only) and is accessible regionally or provincially (ideally from multiple teams and including live virtual access and pre-recorded session, where appropriate).
- Program is open to anyone and targeted to the adult learner.
- All program materials are shared across the region and province for use by other facilitators (facilitator guide/visuals/learning materials are available and shared between participating program delivery partners).
- Core program content is consistent whether it is delivered in-person, "live" online or as a pre-recorded online session. Efforts to maximize access through multiple modalities are encouraged.
- Program addresses a population care need and is suitable to teach in a group setting online and in-person.

Note: Consistency of programs must be maintained. Facilitators delivering a group program described in the Guide are expected to use the jointly developed/harmonized content so that consistent core messaging is provided to program participants whenever the program is delivered. Tailoring of a program to address the needs of a specific population is endorsed (for example, to make the program more culturally relevant to a specific population, or more suited to a specific learning style, etc.). Once a tailored version of program is created it is also to be shared between program delivering partners as a harmonized program.

3.2 Delivering virtual groups

Microsoft Teams or Zoom for Healthcare have been approved by Digital Health for virtual groups. Teams are responsible to ensure protection of client privacy and that clients understand the limits to privacy that come with the use of a virtual communication platform. Staff who register clients and staff who facilitate programs **must** be aware of the proper protocol and language to use with clients provided in this guideline. Specific instructions and sample scripts are embedded where applicable throughout this guideline and in Appendixes.

The audio version of MS Teams (with call-in number) has an additional cost (\$60/year at time of writing). This is recommended to enable clients to access by phone if preferred. Zoom for Healthcare has a cost of \$260 annually per license (at time of writing). For more information and reference guides on how to use the approved applications, please see [Resources and Guides](#) on the Shared Health website. [Quick Reference Guides and Video](#) can be found on the MB Telehealth website, including tip sheets for admin, providers, and clients for MS Teams. The help section of your MS Teams account includes a training section as well with tutorials. If your team has purchased a Zoom for Healthcare account, tutorials for using Zoom can be found through that account. Facilitators need to ensure they are comfortable using the application chosen.

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 3 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

There are [LMS \(Learning Management System\)](#) modules that are recommended for people starting to facilitate virtual sessions. SEARCH: Host Virtual Meetings with Confidence. Two modules are available: 1) Mastering the Technology and 2) Engaging Participants.


3.3 Setting up Group Programs in the Accuro EMR Scheduler and the Health Management Group Program Guide

3.3.1 Adding Group Education Appointments to the EMR Scheduler:

- **Admin Staff** (or designate) are responsible to add the group education appointment series and use the **'Popup Note'** field to indicate the number of participants that can be registered.
- Ensure the Facilitator(s) have a booking in their calendar for delivery of the program.
- Follow instructions in **APPENDIX A - Creating, Booking and Managing Group Education Session Appointments** to create group appointments in the EMR Scheduler. When setting up the appointment, add a test patient to the appointment (otherwise if no patient is included appointment may revert to 15 minutes in length).
- A meeting room needs to be booked as part of program set-up for in-person programs. For virtual programs, a room may also be required for the facilitator(s) to deliver the program.
- **NOTE:** As directed by WRHA Director of Primary Health Care, all Manitobans (temporary and permanent residents) are to be permitted to register and participate in group programs regardless of site/team hosting; spaces are not to be held for specific clients. If spaces in a program fill up, please schedule participants for a future offering of the program hosted by any site/team either by booking the individual into that other offering of the program within the scheduler or by referring them to the [Health Management Group Program Guide](#). See Section 3.4 Registering a participant for a program. Exceptions to this may be made for programs intended to serve Indigenous constituents.

3.3.2 Adding Group Education Appointments to the Health Management Group Program Guide:

- Host site/team downloads and fills in a copy of the Excel spreadsheet, "Master List of Group Guide Programs" (see first file on [Program Facilitators' webpage](#)) and designated **Admin Staff** (or designate) ensures it is kept up to date and all changes are approved by the Team Manager.
- **Admin Staff** post upcoming program dates directly onto the Health Management Group Program Guide on the WRHA website using WordPress, **and** remove dates once the first session of a series has past or registration is no longer being accepted. Instructions on how to post and remove a program can be found in *APPENDIX B - A Guide to Editing in WordPress – Health Management Group Programs Guide*.
 - Programs can be posted in the Guide at any time. Optimal timing is 6 weeks or more in advance of the start date.
 - If a program has not yet started but registration is full, please **do not** remove the program, but indicate **FULL** beside the registration phone number – see example in Appendix B.
 - Admin Staff to place reminders in their calendar regarding when each program should be removed from the Group Guide to ensure programs are removed promptly. Note: For virtual online programs, removing the posting from the Guide might take place after sending the first post-class email, or after sending the link for the next appointment.

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 4 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

- If removing the last/only program listed and the Upcoming Sessions table will be empty, please type the following text above the table: **No sessions are currently available. Please check back at a later date.** When adding a program to an empty Upcoming Sessions table, delete that text.
- When editing in WordPress, if any staff member notices that a program offered by another team has ended (or most of the sessions in a multi-session program have passed), please remove it on their behalf.

3.3.3 Setting up a virtual link for programs being delivered live online:


- Designated Admin Staff or Facilitator to create appointment with Zoom or MS Teams meeting link.
 - If using Zoom, an admin can set the Facilitator as an “alternative host” and the Facilitator will have access to all host functions during the live session.
 - If using MS Teams, a Facilitator needs to create the appointment with MS Teams link in order to have access to all host functions during the live session. Admin Staff can send a task or email to the Facilitator to request a meeting link from them, or the team can designate this as a Facilitator responsibility.
- Do not make meetings or classrooms public. Where available, require a meeting password.
- Enable the Lobby/Waiting Room feature so facilitators can control the admittance of guests.
- Do not to use the personal meeting ID – instead use randomly generated IDs for each meeting.
- Manage screensharing options. Where possible change screensharing to “Host Only.”
- Ensure you are using the updated version of remote access/meeting applications.

3.4 Registering a participant for a program

- Any team member internal or external to the host site can contact a clinic to register or refer a participant for a group education program. Program dates and times are listed in the [Health Management Group Program Guide](#).
- Any team member of a WRHA Primary Care Direct Operated Clinic or My Health Team who uses the scheduler within the Community EMR will be able to check the availability of programs and/or register a client by either:
 - offering the client a group program being hosted by their site (in person or virtual); **OR**
 - offering the client a group program delivered by another site (in person or virtual)
- If the group education program desired by the client isn’t an option (i.e. group registration for your office or another office that is desired by the individual is full) and they would prefer to wait until it becomes available, take the individual’s demographics (track manually) and advise the caller you will call them back when more sessions are open for registration for that particular group, **OR** ask the individual to continue to check the Health Management Group Program Guide. Let your manager know of the interest expressed. The Health Management Group Program content has been harmonized to ensure consistent essential core self-management education is provided regardless of which site/team is hosting the program.

3.4.1 Adding Client to the Group Education Appointment Created:

- Any Admin Staff or Clinician using Accuro EMR scheduler can add the individual to the applicable group appointment, whether the program is being offered through their home office or another office. Any Manitoban (temporary or permanent resident) can be registered. Refer to *APPENDIX A - Creating, Booking and Managing Group Education Session Appointments* for the specific steps.
- A pop-up should appear to indicate the maximum number of participants that can be registered in the program. Ensure there is remaining space available before registering a client.

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 5 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

- If client is interested in a program being offered virtually, inform them of the following:

SAMPLE SCRIPT

*“This program is being offered as a virtual group, live online. Participants connect to group programs with a facilitator via a group video call on [MS Teams/Zoom] using their smartphone or computer. [A phone-in option is available for this program if you can’t join via smartphone or computer]. **Note: include the previous sentence only if your team has a call-in option available.**”*

- Book individuals into all group appointments for the program (i.e., Craving Change: book the individual into all 3 group sessions, Chronic Pain Self-Management: book individual into all 7 of the group sessions).
- Upon scheduling clients for a group program, the **‘Group Education Program Tracker’ form must be initiated for EACH program an individual registers for (virtual or in-person)**. For example: COPD series would require 1 tracker form and Diabetes series would require an additional tracker form.
- Refer to *Appendix C – Group Education Program Tracker* for detailed instructions on how to complete the Tracker form. This form includes steps to be taken to obtain consent prior to emailing the program link to a participant. If the participant does not consent, they cannot be registered to attend live online. **Anyone with questions or non-consenting should be offered a phone call back from the facilitator to discuss other options for education and support.**
 - **For Pre-existing Patient:** Validate at least 2 client identifiers (i.e., first & last name and PHIN) to ensure the record belongs to the correct individual. Update any demographic information as necessary.
 - **For New Patient to be added to the EMR for Group only:** If no patient record is found after performing a search (F6 – see *APPENDIX A – Creating, Booking and Managing Group Education Session Appointments*) within the EMR or a record cannot be validated as the same individual, register the client with a new record.


A **minimum of five data fields** are required for the client to be registered for group education:

- First Name
- Last Name
- Date of Birth
- Phone Number
- Email Address (**required if participating in a virtual group program, requested for in-person programs** to send a reminder prior and a survey link following).

Request all patients provide an email address if they have one and are willing to be contacted by email. [PCOG #16 Client Follow Up-Duty of Care](#) states, “Per WRHA Privacy, if the client agrees to provide the email address it is considered explicit consent. In the event the client does not wish to receive any form of communication including appointment confirmations via email, the decline is to be documented in the email address section using the text “email communication declined”.



- **NOTE:** If the individual was referred through the My Health Team, or from another health care referrer (specialist, in-patient program, etc.) either the **Office Provider** or **Family Physician** field is required to be populated. The office provider field is where the primary care provider is recorded for patients of a site within the WRHA C-EMR.


 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 6 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

If they are not a patient of the host site clinic, and no provider is recorded under office provider, their private clinic provider name goes in the **Family Physician field**.

- Other demographics may be collected (at the discretion of the Manager) including but not limited to:
 - Address and Postal Code
 - PHIN
- Select the appropriate appointment **'Type'** based on the group education being provided: **Group – In Person** or **Group – Virtual**. If some participants are attending in-person and some are attending virtually, select the **Group – Virtual** appointment type. Select the appropriate **'Reason'** and select the program the participant is registering for. In the **'Notes'** Field, identify the session number Session 1, Session 2, etc. (if is a multi-session program). Refer to *APPENDIX A - Creating, Booking and Managing Group Education Session Appointments* for detailed instructions (including screenshots from the EMR).
- Should an individual wish to withdraw **more than 24 hours ahead** of the program, delete the Group Education Program Tracker for that participant. Then remove the individual from the group appointment using the red X, as identified in *APPENDIX A - Creating, Booking and Managing Group Education Session Appointments*. *Should an individual wish to cancel less than 24 hours ahead or after the program has started, mark the session(s) missed as "no show" and remove the individual from any following session appointments using the red X.*

3.5 Sending appointment link and privacy disclaimer to participants (for virtual programs)

- Designated Facilitator or Admin Staff to forward the appointment to participants approximately 1 week prior to the first session. **The emailed with link needs to contain the privacy disclaimer information** – see further instructions and sample script below.
 - When an email is being sent to a group of participants, all participant email addresses must be in the BCC line of the email (not To or CC). Participants must receive the link in an email, not the forwarded appointment (as appointments do not have the capacity to be blind copied / no BCC).**
 - Distribution lists are not to be saved. Look up who has registered each time an email needs to be sent to the group and enter their email addresses into the BCC line.
 - Note:** This process is for group programs only, not for other purposes. It is not to be generalized and applied to other circumstances.
 - Individual notifications remain best practice. If a program has a small number of participants registered, consider emailing them individually.
- If, despite the above-mentioned measures, a message is sent to the wrong email or person, or the group email addresses are sent in a manner that makes them visible to others (in the To or CC lines instead of BCC for instance), steps should be taken immediately to try and mitigate the privacy breach.** Steps may include trying to recall the message and where that is not successful, reaching out to the recipient to ensure that the message is 'triple' deleted, including from their trash folder and deleted items recovery.
- When personal health information (including a visible email address) is mistakenly emailed to the wrong site or person (recipient) you MUST notify your supervisor, manager or site Privacy Officer immediately to report the breach** (as per WRHA PHIA Guideline: Emailing Personal Health Information).
- After sending the appointment link, create a pop-up stating, "An appointment with link for this program has already been sent out. When adding additional participants, please send task to the designated admin staff to forward the appointment link to this participant." **Anyone registering after the appointment link is sent out needs to receive the link.**

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 7 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

Sample email Invitation to client:

TITLE of email: INVITATION to Virtual Group Program starting [DATE] [TIME]

Body of Email:

Welcome! We look forward to having you join us.

Please read the below information carefully before your virtual group education session hosted by:

Name of Hosting Clinic/Team: [Team]

Program start date and time: [Date & Time]

Meeting Link: [Virtual Care Meeting Link]

The password to enter the meeting is: [insert password]

If you need to cancel or change your appointment date, please respond to this email or contact the clinic at [phone number].

You will need to download a free app to access this program, instructions are included in the link below. If you already have the app downloaded, it is recommended to make sure you are using the most recent version.

If MS Teams: [Quick Reference Guide – Teams by MBT for Virtual Visits (FOR PATIENTS).]

If Zoom: [Zoom Download Centre]

You do not need a webcam to participate, or you can choose to have your video off. Also, note that the name you use to sign into the app will appear on the screen when you speak. **For privacy reasons, you may want to include only your first name when signing into the app, as this is the name that will appear on the screen.** You should also take steps to participate in this virtual care encounter in a private setting and should not use an employer's or someone else's computer/device as they may be able to access your information.


To protect your privacy, Shared Health has taken reasonable steps to ensure that Virtual Visits are secure. It is important to note, however, that there is always risk when using virtual communications, including Virtual Visits. Shared Health is not responsible for the security of your own device (for example, your smartphone or tablet) or the internet connection that you are using.

Our staff are required to guard your personal health information and use it only as legislation allows. That will remain the case with Virtual Visits: any personal health information our staff receive from you will be treated in accordance with Manitoba's privacy legislation.

Before we can start any electronic communication with you about your health, we need you to acknowledge the risk, including the risk to your personal health information, that is described above. If you agree to a Virtual Visit, you also waive any and all liability of Shared Health, its affiliates, and the health professionals involved for any damages or claims arising out of or in connection with your Virtual Visit, even if Shared Health, its affiliates, and the health professionals have been advised of the possibility of such liabilities.

By clicking the link provided and attending a Virtual Group Program you consent to participate, acknowledging the risks described above. If you have any concerns or questions or if you are not comfortable with the risks described here please phone us at the number provided above. We can support you in finding another way to connect to support your health needs.

DISCLAIMER: This virtual care visit, email invite and any attachment(s) is/are for authorized use by the intended recipient(s) only and must not be read, distributed, disclosed, used or copied by anyone else. If you are not the intended recipient, please notify the sender immediately, disconnect and delete any attachment(s). Patients may be redirected to the clinic for an in person visit at any time if the concern is deemed not appropriate for virtual care. Thank you.

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 8 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

3.6 Clients attending in-person or calling in

- If the client is calling in to a virtual program, the call-in number can be provided over the phone. The call-in number can be provided over email **IF** the individual has consented to email communication in the Group Education Program Tracker.
- If client is attending a group program in-person, send an email reminder to attend the appointment **IF** they have consented to email communication in the Group Education Program Tracker (required if sending mass emails to a list of participants), **OR** provide a phone call reminder if time permits and no email is provided, or their '**preferred method of contact**' identified within the demographic section of the EMR is phone). For privacy reasons always ensure the minimum amount of information is being communicated to the client (i.e., This is a reminder that you are registered to attend a virtual group program on [Date] at [Time]).

3.7 When delivering each session

- **Group Facilitator(s)** or designated admin, to print day sheet to use to confirm attendees at the session.
- **Note:** If a live virtual session, the facilitator is not required to spend time explaining the possible risks associated with online programs. This may be removed from slide presentations, speakers' notes, etc. This information has been provided in email prior to signing on and any desired steps needed to prevent others from seeing identifying information (client's full name), need to be taken before they log on, which is why information is provided on protection of privacy in advance (at time of registration and in the welcoming email).
- Group Facilitator(s) to identify participants who have arrived or no showed, as well as any new registrations. For any new registrations, Group Facilitators will need to ensure the minimum fields have been captured in the EMR: Last Name, First Name, Date of Birth, Phone Number, and Email Address.

3.8 Marking Participants as "Arrived" or "No Show" and charting


- Once attendance has been taken, the Facilitator or designated admin will ensure to:
 - '**Arrive**' or '**No Show**' all individuals in the EMR
 - Enter any new registrations received at the time of the group session in the EMR.
 Refer to *APPENDIX A - Creating, Booking and Managing Group Education Session Appointments*.

For those individuals who did not attend the Group Session and were marked as "No Show":

- The Group Facilitator(s) or designated admin recommended to follow up with the individual by phone if the participant did not show up for the group session to determine if they want to pursue another upcoming group session or whether there is benefit to coming to the next session. This discussion should be documented within an encounter note in the EMR.
- Marking the individual as "**NO SHOW (NS)**" provides the required documentation in the chart. No further action is required.

For those individuals who attend and were marked as "ARRIVED":

- The Group Facilitator or designated admin is to document the group session by adding the '**Group Program Outline**' to the chart of all arrived participants. **This can be done for all participants at once, as follows:**

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 9 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

- Generate and action the query called the **PC Education Session Query**. Refer to *APPENDIX E - Adding Documentation for Group Education using the Report Query & Clinical Note Template*.
- **Note: Similar current Program Outlines are available within the EMR for the different group programs offered.** See *APPENDIX D - Program Outline EXAMPLE Craving Change*. Facilitators should access and use the relevant Program Outline(s) as applicable. Program outlines produced or updated, are posted under Forms > Patient Handouts. They are to be titled, Group Program Outline - [Craving Change]. They are also to be posted on the [Program Facilitators' webpage](#) where session content is kept.
- Provide a copy to the client if they wish to have a it for themselves, if they wish to provide a copy to the referring source/primary care medical home.

3.9 Letters to Client and Referral Source


- When referrals come in from Primary Care Providers, specialists, hospitals, or other sources and participants are triaged to group education programs, the Facilitator or designated admin is to send a **Pre-Group Program Letter** to the **client** inviting them to one or more specific groups and a **copy to the referring source**. This process is described in 3.9.1 below.
- In some cases, a Facilitator might wish to send a Post-Program Letter advising the Primary Care Provider or referral source of whether a specific participant did or did not attend or complete a specific program. This process is described in 3.9.2 below for use when required.

3.9.1 Pre-Group Program Letter

- Refer to *APPENDIX F - Pre-Group Program Letter Macro*
 - Note: Clinicians can edit the letter to include extra information including (but not limited to) their direct contact information and dates of upcoming group programs.
- **Accuro instructions to send Pre-Group Program Letter** - Facilitator or designated admin to:
 - Open a new encounter note
 - Change the document type from the default 'clinical note' to '**letter**'
 - From body of note/letter, right click and select '**find macro**'. Use the '**search macros**' function to find the macro to be used. Left click to highlight **Pre-Group Program Letter** macro. Click '**select macro**'.
 - Personalize macro/letter as warranted to indicate the group program(s) the individual is being referred to - select the indicated program(s) and delete the others.
 - Click '**generate letter**'. Click the **magnifying glass icon** to populate the 'to' field. Ensure the name of the client appears here.
 - Select '**Print**'
 - Address envelope and send to client through posted mail
 - Send a copy to the referral source:
 - In encounter notes, right click on the letter to the client and select '**generate letter**' again
 - Click the **magnifying glass icon**, select the referring source and then click '**send letter**'
 - When the dialogue box for the coversheet pops up, **uncheck the 'referral letter' check box**
 - Add a coversheet message *RE: Client Name*; select '**send**'

3.9.2 Post-Group Program Letter

- Sending a post-program letter is not a required component of usual process for group programs, but may be desired in specific cases to confirm whether an individual attended or completed a program, or where close collaboration is required. Teams could choose to send this letter just for clients who do not attend, so that the Primary Care Provider and referring source are aware.

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 10 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

- After the last session in a program, the Facilitator or designated admin can send a letter to the referring source (implied consent) and primary care medical home (if PCP referred or if consent obtained) to ensure seamless communication to support care continuity:
 - **Facilitator or designated admin to check the Group Education Program Tracker for each participant to verify the referring source and check whether consent was required/obtained prior to sending letter.**
Refer to *APPENDIX G – Post-Group Program Letter Macros*
- **Accuro instructions to send Post-Group Program Letter** - Facilitator or designated admin to:
 - Open a new encounter note
 - From body of note, right click and select **'find macro'**. Use the **'search macros'** function to find the macro to be used. Search for the macro titled: **Post-Group Program Letter ATTENDED OR Post-Group Program Letter NO SHOW**. In the appropriate macro, select the specific Group Program title in the macro list; doing so will remove all the other titles.
 - If the participant attended some sessions of a program but not all, use the **Post-Group Program Letter ATTENDED** macro, which provides a line to indicate how many of the total sessions the participant attended.
 - Click **'Generate Letter'** within the note. Choose the group programs the client registered for and delete the others.
 - Ensure the check box is checked to add a cover letter.
 - Fax this letter to the referring source (implied consent) and/or primary care medical home (if consent obtained – check the **Group Education Program Tracker**).
 - Do not save the encounter note as the letter is recorded in the virtual chart.
 - Repeat this process for all attendees and no-shows of the particular group education class.


4. EVALUATION OF GROUP EDUCATION

- Two evaluation processes have been developed – a brief measures process using Survey Monkey, which contains patient satisfaction measures (4.1), and an outcomes evaluation process (4.2).
- **Note: Group Facilitators for Commit to Quit:**
 - Group Facilitators for **Commit to Quit** are encouraged to indicate the individual's tobacco status prior to the group program and update their tobacco status post group session # 4. Refer to [PCPG#12 Implementation Tobacco Use and Dependence \(APPENDIX C-Tobacco Reduction Cessation Entry into EMR\)](#) for instruction on how to do this.

4.1 Brief measures – Survey Monkey

4.1.1 Virtual programs Survey Monkey

- For virtual programs, Facilitators can post the Virtual Group Survey link in the chat box at the end of the last class and encourage participants to click the link and complete it right away.

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 11 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

- Email the participants list (**BCC**) to provide the link to the feedback survey and attach any handouts referenced in the class. **Please have participants complete this evaluation at the end of the full program only not at the end of each session (if a multi-session program).** Sample email script:

SAMPLE EMAIL SCRIPT

Thank you for joining us for the group program that completed on [date].

If you have not already done so, please fill out the feedback survey for this program. This helps us continue to improve our services: [insert SurveyMonkey link created for the current year].

Please note the feedback survey uses an online tool called Survey Monkey. Survey Monkey cannot be considered a secure tool for personal or health information, so please do not include any information that is private or sensitive to you. In particular, do not include identifying information such as your name or address.

You will find attached to this email:

- The slides for today's class
- Handouts mentioned during the class

- If any participants took part in the virtual program using a **phone-in option and do not have email**, a copy of the survey can be sent to them by mail with a return envelope.

4.1.2 In-person programs Survey Monkey


- For in-person programs, provide the survey link for the In-Person Survey to participants after the last class **IF** they have consented to email communication (noted in the Group Education Program Tracker; **OR**
- Facilitator to ask participants to fill out surveys on paper at end of the last session. An admin, Facilitator or volunteer needs to enter each participant's responses into Survey Monkey for results to be analyzed.

4.2.1 Outcomes Evaluation Process

- The outcomes evaluation process and tools were developed in 2018-19 by the Centre for Healthcare Innovation (CHI) in collaboration with a large number of primary care teams.
- A pre-survey and post-survey are available to use for several programs in the Health Management Group Guide. More information, including the list of tools and the surveys themselves can be found in *APPENDIX H – Outcome Measures Evaluation Tools*.

5. RESOURCES:

- Shared Health; [Use of Collaborative Virtual Tools](#).
- WRHA; [PHIA Guideline: Emailing Personal Health Information](#)
- [PCOG#16 Client Follow-Up - Duty of Care](#)
- Consultation with Primary Care Service Area Leadership, Community Area Directors, Primary Care Team Managers, Regional Primary Health Care Quality Team, EMR Support Services, Community Health Management Information, Shared Health Privacy Office, Shared Health Chronic Disease Collaborative, My Health Teams and various Group Program Facilitators/Administrative Support Staff

 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Prevention and Treatment Group Education Sessions	Guideline Number: PCOG#40
	Approved By: Primary Care Service Area Leadership	Pages: 12 of 12
	Approval Date: June 15, 2022	Supersedes: January 20, 2020

6. APPENDICES:

- APPENDIX A - Creating, Booking and Managing Group Education Session Appointments
- APPENDIX B - A Guide to Editing in WordPress – Health Management Group Programs
- APPENDIX C - Group Education Program Tracker
- APPENDIX D - Program Outline EXAMPLE Craving Change
- APPENDIX E - Adding Documentation for Group Education using Report Query & Clinical Note Template
- APPENDIX F - Pre-Group Program Letter Macro
- APPENDIX G - Post-Group Program Letter Macros
- APPENDIX H - Outcome Measures Evaluation Tools

SCOPE: Applicable to all WRHA Primary Care Direct Operated Clinics and My Health Teams.

NOTE: While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable.

***Questions regarding this or any other Primary Care Operating Guideline should be directed to Primary Care Service Area Leadership.**