Guide to Virtual Hospital Advocacy

A collaboration between NCCASA and Safe Alliance

2020 has been a year full of new challenges, but also innovation for Rape Crisis Centers (RCC). As a result of the Coronavirus pandemic, many of our services and advocacy efforts now take place over the phone or have moved into virtual spaces. One service area that has adapted is our hospital response for those who have experienced sexual violence and choose to receive medical care.

We know many programs were told that their hospitals are not allowing visitors (including RCC advocates) at this time due to the risk of infection and the influx in patients, but as always, RCC advocates found ways to continue providing these essential services. Every RCC will approach situations such as these differently, based on their communities needs and resources, but with so many platforms out there to choose from, we thought it would be helpful to create a guide on providing hospital advocacy virtually.

Included in this guide, you will find various platforms you can choose from, along with pros and cons for each. We will also provide information about the patient, advocate, and hospital experience when using each platform. Finally, a section on outreach and training tips for you to get community partners on board and help them better understand how to use these platforms (if applicable) and how virtual advocacy benefits the survivor when someone cannot be there in person.

Virtual Platforms

Vidyo

How the platform works

Vidyo is operated using an application (app) that both the hospital and the RCC would have to have. Once both entities are connected, they would be able to communicate via video and audio. Due to the nature of the Vidyo platform, one (or both) of the entities you would want to interface with (i.e. the hospital and the RCC) would need to "own" the app. This means that either the RCC or the hospital would need to purchase the Vidyo platform for their organization. The program that decides to make the purchase for the purpose of connecting with one another when a survivor comes in for a kit would create a login and password. Once the person is logged in they can call the other. When using this platform, the patient/ survivor does not have

to download an app, nor do they provide any identifying information to the app; the process is handled by the hospital. Here you can access more information about Vidyo: https://www.vidyo.com/video-conferencing-solutions/industry/telehealth/urgent-care

This is a sample Vidyo process document. In this situation, the hospital has agreed to pay for the Vidyo services. Names and identifying information of the hospital have been redacted.

Experience for the patient

The survivor/ patient themselves would be minimally involved in the connection process. Vidyo virtual connection between the hospital and the RCC is handled by the organizations and the survivor/ patient does not need to give any personal identifying information or log in to anything. Once the hospital and the RCC advocate are connected, the hospital would just need to ensure that the survivor has access to the video to be able to communicate with the advocate.

Experience for the advocate

As noted above, the advocate/ RCC organization would have to have the Vidyo app in order to interface with the hospital. Once the hospital contacts the advocate to let them know there is a patient/ survivor needing advocacy services the advocate would need to login to the Vidyo app and the hospital and advocate would decide which entity would contact the other. From there the RCC staff member would need to advocate for them to be able to communicate directly with the survivor and to be able to see and hear what is necessary to provide advocacy services.

Just because both entities must have the Vidyo app does not mean both have to pay for Vidyo. You and your hospital should discuss different options as it pertains to who will fund the app.

Experience for the hospital

If a survivor/ patient comes to your hospital for medical care following a sexual assault, call your RCC organization using appropriate protocol. Once connected to the advocate, the hospital staff would want to communicate with the advocate about logging into the Vidyo app in order to interface with the survivor. Depending on whether the hospital is the owner of the app or the RCC, would determine whose login information is being used and what the process for connecting may look like. Once the hospital is connected to the RCC, the hospital staff would want to work with the advocate and survivor to make sure they're able to communicate with one another and ensure that the survivor/ patient is comfortable with where the device being used

for video is placed. The advocate should be able to see and hear what is necessary to provide appropriate advocacy services.

Doxy.me

How the platform works

Doxy.me does not require any downloads on the patient's part. The provider would have a Doxy.me account and then share their URL information with the patient where the patient could just type the URL in their web browser. Doxy.me does not require the patient to register or share any protected health information (PHI). Once they have accessed the provider's URL they will be placed in the provider's "virtual waiting room". How this would work for virtual medical advocacy could be that your RCC has a free (or upgraded) Doxy.me account. When you receive a call from the hospital notifying you that they have a survivor/ patient and need medical advocacy services, you would request to speak to the patient and ask for permission to send them an email with your RCC's Doxy.me URL. The RCC advocate would then go into the session and the patient/ survivor would be in the virtual waiting room until the advocate joined. Similar to other platforms, if the survivor/ patient does not have access to the technology needed to utilize Doxy.me the hospital could offer to use their devices/ email. It would be important for you and the hospital to determine policy around how the hospital will handle the data and information that is on their device if that is the route taken. For more information about the platform, you may access their website at: https://doxy.me/ This video gives a helpful overview of what Doxy.me is: https://www.youtube.com/watch?v=1K4NAldaflU

Experience for the patient

The advocate from the RCC organization will email or text a link to the survivor/ patient. Once the survivor/ patient clicks the link, they will see a screen where they will enter their name. Once they enter their name, they will enter a virtual waiting room until the advocate arrives. Similar to other virtual platforms, if the survivor/ patient does not have their own device the hospital would have to facilitate the connection for the survivor/ patient and then make the video accessible to the survivor.

This video gives an example check-in process for a patient: https://www.youtube.com/watch?v=KQ8dVtbnWx8

Experience for the advocate

With Doxy.me, the RCC having their own account would allow for the easiest connection between the survivor/ patient and/ or the hospital. Once the advocate has been contacted by the hospital requesting advocacy services, the advocate would login to their Doxy.me portal and

send their personal URL to the patient/ advocate or hospital device (whatever was decided when the initial call was made). Once the patient/ survivor opens the link and joins the call they will wait in the waiting room until the RCC advocate clicks "join call".

Here is a link to a video that explains setting up doxy.me and starting a call: https://www.youtube.com/watch?v=k2JWGZNXmus

Experience for the hospital

If choosing to use Doxy.me the hospital's involvement may be limited to whether or not they need to provide a device that the survivor/ patient can use if they do not have access to their own. If the patient/ survivor has their own device, the hospital would just need to make the call to notify the RCC that there is a survivor/ patient there needing services and connecting the survivor/ patient with the advocate to consent to sharing their contact info with the advocate in order to get access to the RCC's Doxy.me waiting room.

If the patient/ survivor does not have their own device, the hospital would work with the RCC advocate (after making the initial call) to facilitate the video call. The hospital would have to use their own device and the RCC advocate could send the link to the provider's/ hospital agreed upon email. The hospital personnel would then click the link and then make sure the survivor/ patient and advocate are able to successfully interface. The hospital would want to work with the advocate to make sure they're able to hear and see what is necessary to provide services.

Cyph.app

How the platform works

The Cyph.app platform does not require that the hospital or the patient/ survivor has an app to use the platform. The RCC would need to pay in order to use the service and create a login. Once a login has been created, when an advocate is needed for virtual advocacy, the hospital can contact the RCC following established protocol and the advocate may ask if the hospital would like to connect with the RCC or if the patient/ survivor would prefer to connect to the RCC advocate directly. If the survivor/ patient chooses this option, the advocate could confirm over the phone that it is okay for the RCC advocate to send them a text with a link to Cyph.app and they can begin interfacing once the patient/ survivor opens the link.

If the survivor/ patient does not have their own device to connect to the advocate with, the hospital personnel working with the patient can have a text/ message sent to their device to access Cyph and facilitate the virtual advocacy.

You can access more information about Cyph at: https://www.cyph.com/

Here are sample instructions for using Cyph. app

Experience for the patient

Depending on the circumstances of the survivor/ patient the experience may vary. Generally, there will be two scenarios that a survivor/ patient may be in when connecting with a virtual advocate.

1. If the survivor/ patient has access to their own device, once the RCC advocate has been contacted by the hospital, the hospital personnel would ask the survivor for consent to share their contact information with the RCC advocate and the RCC advocate would send the survivor a text or email with a link to a Cyph video chat. The survivor/ patient would open the message, click the link, and get in the video call with the advocate.
2. If the survivor/ patient does not have access to their own device, the hospital would contact the RCC advocate and inform them that the survivor/ patient does not have access to their own device. The hospital and advocate would then determine a hospital device that a link could be sent to. Once the advocate is connected to the device, the hospital personnel would be responsible for making sure the survivor/ patient has access to the video call and is comfortable with the placement of the device.

Experience for the advocate

Generally, with Cyph, it would make the most sense for the RCC organization to "own" the account and facilitate the video call with the survivor/ patient. The advocate would go to cyph.app, login to their account, and then create a new video call. Once it is determined whether the link will be sent to a survivor/ patient's device directly or to a hospital device, the advocate will send the link and then wait for the survivor/ patient to join.

Once you are in the call, it is important that you (the advocate) inform the survivor/ patient or hospital if you are not able to hear or see things that would be pertinent in providing the best advocacy.

Experience for the hospital

Similar to Doxy.me, the hospital's role in using Cyph is overall very minimal. The hospital will have to call the RCC advocate to notify them that there is a patient/ survivor at the hospital seeking care. If the survivor/ patient has their own device the hospital does not have to do much else other than linking the advocate with the patient/ survivor to get consent for the advocate to send the survivor the link. If the survivor does not have their own device, the hospital will have to identify a device that they can use. The RCC advocate will send the message with the link to the video call to the device, the hospital would join, and then make sure that the survivor/ patient has access to the video call so that they can communicate with the advocate. The hospital will also want to work with the advocate to ensure that the advocate is able to hear and see properly to provide advocacy services.

Pros and Cons of Each Platform

Cyph	
Pros	Cons
reasonably priced: $5- $15 per user depending how many users you have; no set up fee	
Data is encrypted in transit and in rest	
	Still in Beta version
No automatice backup process	
No identifying data is recorded	
No cross platform integration	
Do not need to download an app to use the platform	
No personal identifying data stored.	
	24/7 IT support is not available
Quick response to bug and fixes with clear communication when an update has happened	

Vidyo	
Pros	Cons
	Must work with sale team for pricing; if only having one user/sign in may be 50 dollars per month
Highly functioning and other great features besides video chat and group video chat	
	It is designed to function between staff members; the hospital would have to own this app or the organization could but it would only be a way to communicate between staff
No cross platform integration	
Client would never sign in to app, therefore never giving any information	
	Client has to download the app in order to have a video chat. Once downloaded they do have to put an identifying name to join the "room"
	Google Chrome does not work well with Vidyo; Safari is better but still not the best, so client would need to download the app
24/7 IT support for app	
	No communication for updates on app and bugs
	Saves chat records, but they are encrypted
HIPPA compliant	

Doxy.me	
Pros	Cons
Free version, with the one user monthly charge at $29.99	

	In order to have a private meeting with a unique password, you must use a paid acccount not the free version
No dowload required for client or staff to use	
	Poor connection when using the free version and sometimes the paid for version.
HIPPA compliant	
All data is encrypted	
	Patient information is stored but is is encrypted
Mobile friendly	
Screen sharing capability	
Immediatley deletes chat records once session ends.	

Outreach and Training Tips

During the Coronavirus pandemic, and if there are future instances of health crises, your local hospital staff may be overwhelmed by patient demand and also could be experiencing a shortage of resources. When this happens, hospital staff may not feel that they have the capacity to learn a new system, such as a virtual meeting platform, but it is your job as an advocate to have conversations with your hospital staff about how these platforms can improve the patient/ survivor's experience at the hospital and may be a more effective way to provide advocacy services versus a traditional phone call.

When considering which platform you would like to go with, talk with hospital staff (most likely in the emergency department and SANE nurses if available) about which platform would be the easiest for them to adapt to. If your hospital staff hasn't heard of any of the platforms, consider providing them with pros and cons of each and think about which platform could be implemented most seamlessly. Which platform would be the easiest to help train staff on or wouldn't require training at all?

When thinking about outreach with your hospital for implementing these platforms, remind them of the importance of having an advocate present and discuss how face-to- face advocacy benefits the patient/ survivor, the advocate, and the hospital throughout the process. Once a platform is chosen, if possible, go through the process of setting up the platform with the hospital staff. You may be able to set up a virtual "lunch and learn" with emergency department staff members that would be the most likely to use the platform with your RCC and create a policy/ protocol on when and how to use the platform together. As this is a new experience for most of us, learning together and discussing gaps and barriers along the way can help us learn and potentially avoid future issues.

Most of these platforms do offer readily available IT technical assistance, so make sure that you and the hospital have the number to technical assistance staff and potentially loop in hospital and RCC IT staff to the conversation in case there are some technology issues that arise.

On-going Uses

While we know that best practice for hospital advocacy are in- person services, sometimes there are barriers to having an advocate available to go to the hospital. The virtual platform should by no means replace in person advocacy, but being familiar and having a back-up plan that includes virtual advocacy can be helpful beyond the Coronavirus pandemic. We do not know if there will be another health crisis in the future or instances where our ability to be in the hospital setting will be limited.

For on-going questions or technical assistance related to medical advocacy, please contact NCCASA.