A QUALITY IMPROVEMENT PROJECT TO OPTIMISE THE USE OF TELEHEALTH IN COMMUNITY PSYCHIATRY OF OLD AGE TEAM

MCGUIRE E(1), GANNON A(1), CRYAN M(1), SWEENEY G(1), TAHENY F(1), MCDONAGH E(1), MELVIN V(1), MCNULTY R(1), MARMION S(1), PATEL S(1, 2), MCCARTHY G(1, 2)

1. SLIGO/LEITRIM MENTAL HEALTH SERVICES FOR OLDER PERSONS, SLIGO, REPUBLIC OF IRELAND
2. SCHOOL OF MEDICINE, NUIG, SLIGO, REPUBLIC OF IRELAND

BACKGROUND

The recent COVID-19 pandemic prompted a swift shift from face-to-face to telehealth consultations for community mental health teams. Psychiatry of Old Age teams were particularly affected given the inherent susceptibility of this cohort to disease. Many barriers to the implementation of telehealth were overcome rapidly by providing mobile devices and adopting the use of encrypted software(1). Other barriers in this cohort include frailty(2), lack of skill on a computer or smart phone(3, 4) and resistance to change(5). This can also impact on the uptake and promotion of telehealth amongst staff(6). Facilitators for telehealth implementation include visual or audio aids(7) and patient/user information leaflets(8).

A new standard operation protocol (SOP) was required to guide the administration of virtual clinics. Also, as not all patients are appropriate for telehealth consultations(9) a decision aid was required to assist staff in triaging patients to the appropriate consultation method.

AIMS

To develop a:

- Patient/user information leaflet for the use of telehealth by patients and clinicians

- Standard operation protocol (SOP) for the administration of virtual clinics

- Visual decision aid to inform which patients may be suitable for telehealth consultation

Fig. 1
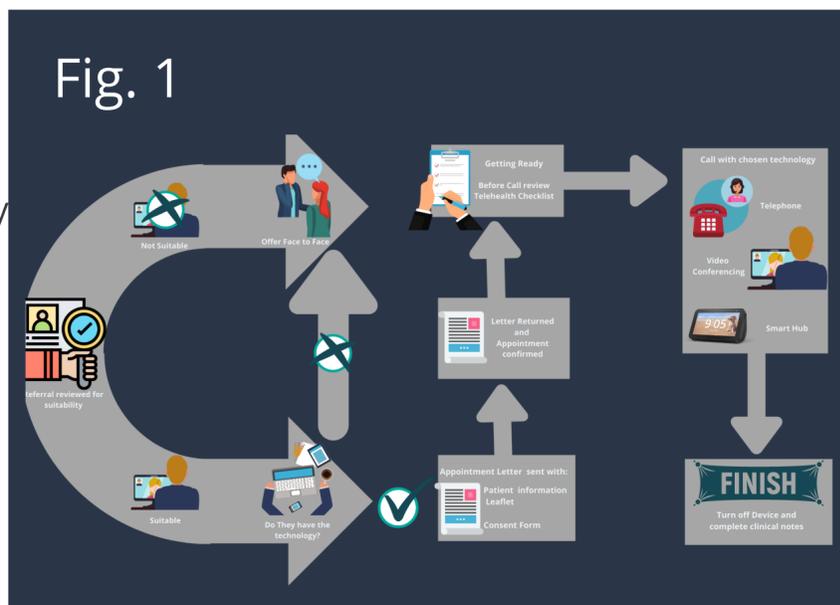
METHODS

The first author trialled current Health Service Executive (HSE) approved technologies (Alexa devices, Attend Anywhere and Blueeye software) and utilised the experience to inform the development of a user information leaflet.

Policies and guidelines were reviewed and adapted to create an SOP for the administration of virtual clinics.

This included a visual decision aid (Fig. 1) to select patients who may be suitable for telehealth consultations

A focus group consisting of staff (n=8) and patients (n=5) reviewed the leaflets and completed questionnaires to rate their level of satisfaction.

Satisfaction across 3 domains was sought for each group to assess readability, comprehensibility and communicative effectiveness(10).

Staff were also asked to rate the SOP and visual decision aid.

A free text box was included for comments

RESULTS

Satisfaction levels with the user information leaflet were high

- All staff (n=8) and 80% of patients (n=4) agreed that it was readable and comprehensible.

- 60% of patients (n=3) agreed that it would make them more likely to avail of telehealth consultations.

- Both of the other patients cited unfamiliarity with technology as their reason for not availing

The standard operation protocol was found to be appropriate by all staff.

Satisfaction with the visual decision aid (Fig. 1) was unanimously high.

CONCLUSION

A simple user manual was effective in promoting a positive attitude towards the use of telehealth amongst patients and staff. However, barriers remain, and, in this small sample, are focused on lack of familiarity with technology. More targeted interventions such as basic technology training or support from carers may improve the likelihood of some patients utilising this service. A visual decision aid for triaging patients was found to be effective and useful. A new SOP for the administration of virtual clinics was easily implemented and was found to be both effective and useful.

Acknowledgements

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