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Tracking the Implementation of a New Telepsychiatry Inpatient Consultation-Liaison Service at a Separate Campus of a Large Tertiary Care Health Network

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Background

Feasibility of telepsychiatry consultation-liaison (C-L) service from an urban academic medical center to a rural affiliate has been demonstrated.[1] Consultee acceptance of telepsychiatry C-L service has not been well-studied.[2]

Specific Aim

To address barriers to implementing a new telepsychiatry C-L service to a rural affiliate, authors designed a survey to assess consultee attitudes before and after the service launch.

Methods

- Study design: Quality improvement, single-center, provider survey.
- A telepsychiatry C-L service was launched from the main campus to a rural campus of a large tertiary care health network.
- Authors surveyed all consultees before the launch and every 3 months for 9 months thereafter.
- The anonymous survey included 17 multiple-choice and 2 free-text questions.
- Survey results were studied using descriptive statistics.

Concerns of Consultees

- Reliably making high quality video connections over hospital WiFi network
- Establishing patient rapport over video
- Establishing efficient workflow
- Establishing a culture of acceptance of teleconsult by the primary teams at the rural campus
- Being able to observe subtle physical exam signs over video
- Use of different EMR systems between the main and the rural campus

Suggestions for Improvement from Consultees

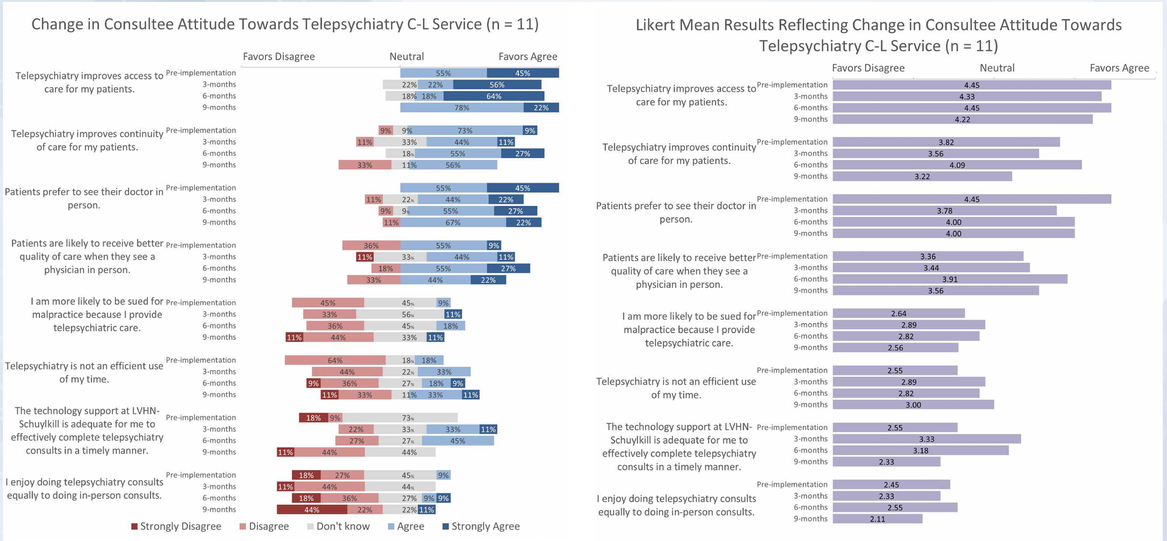
- Improve the quality and reliability of video connection
- Offer prompt, in-session technical support
- Start follow-up interview sessions at the same time each day
- Train nurses to recognize relevant physical exam signs of EPS, withdrawal, etc.
- Offer additional training to navigate the rural campus EMR system

Conclusions

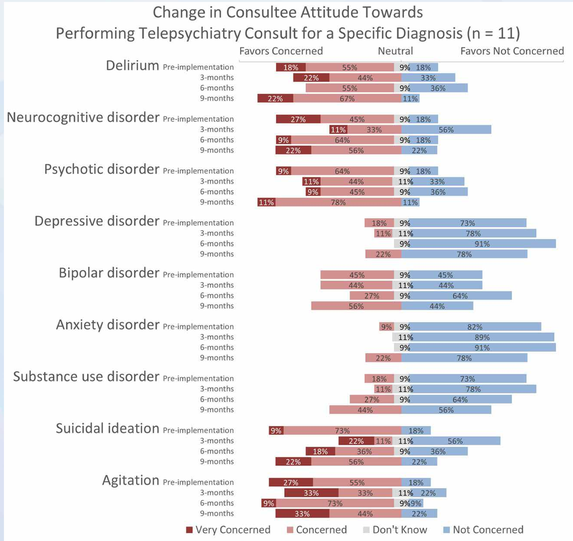
- Top 3 diagnoses that consultees had the most concerns for were delirium, agitation, and psychotic disorder.
- Top 3 diagnoses that consultees had the least concerns for were anxiety disorder, depressive disorder, and substance use disorder.
- Consultees generally held their belief that telepsychiatry consults are not as enjoyable as in-person consults and that patients too prefer to see their doctor in person.
- Consultees believed that telepsychiatry C-L service improves access to care, but not necessarily continuity of care.
- Robust IT infrastructure and support were particularly important to consultees.
- Decline in consultee confidence in IT support correlated with increased consultee concerns about performing consults and decline in consultee satisfaction.
- Future iterative cycles of quality improvement will focus on technological issues and streamlining workflow.

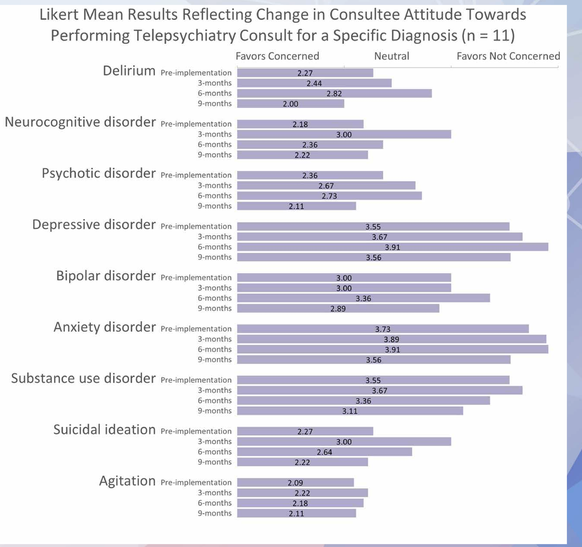
Results

Likert Mean Result was calculated by assigning Strongly Disagree = 1, Disagree = 2, Don't Know = 3, Agree = 4, and Strongly Agree = 5.



Likert Mean Result was calculated by assigning Very Concerned = 1, Concerned = 2, Don't Know = 3, and Not Concerned = 4.





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