Geriatric Telepsychiatry Program Reduces Patient Transfers for Residents in Long-Term Care Facilities
London Health Sciences Centre

Background/Issue:

There are over 15 long-term care homes in London, Ontario, whose residents are 62 years of age or older and face barriers accessing urgent psychiatry services. In 2012, the London Health Sciences Centre (LHSC) created the Behavioural Response Team to provide quick assessments and support to older adults with responsive behaviours related to dementia, mental health or addiction. Patients, however, found it difficult to travel to care due to mobility limitations, especially when urgent psychiatric care was needed. As a result, physicians were asked to visit patients in their homes, but it was quickly realized this was too time-consuming and inefficient.

Objective:

Increase access to care and reduce patient transfers for geriatric patients living in a long-term care facility who require timely psychiatric services.

Solution:

In 2015, with the help of Behavioural Supports Ontario (BSO), the LHSC began leveraging the Ontario Telemedicine Network (OTN)’s real-time videoconferencing technology to conduct eVisits (real-time video visits with patients and peers) with geriatric patients in over 20 long-term care facilities, creating a Geriatric Telepsychiatry Program. Twice a month, the hospital hosts a two-hour eVisit clinic, where geriatric patients access psychiatric services from the comfort of their home.

Benefits:

Healthcare providers and patients involved in the program identify the following benefits to this virtual approach:

- Decreased wait time to access geriatric psychiatry at London Health Sciences Centre
- Increased access to psychiatric care for geriatric patients in the region
- Decreased patient travel
- Increased transfer of knowledge and collaboration with cross-functional teams
- Potentially decreased transfer to hospital for interventional care
- Improved case management for psychiatrist and family physician

Key Elements of a Telemedicine Program:

Telemedicine Nurse:
The Government’s “Open Ontario Plan” to provide more access to healthcare services while improving quality and accountability for patients, resulted in the recruitment of 191 full-time nursing positions focused on delivering clinical telemedicine at member sites across Ontario.

Telemedicine Site:
Telemedicine sites are equipped with OTN’s videoconferencing technology and a Telemedicine Nurse and/or a Telemedicine Scheduler who manages the scheduling and coordination of an appointment.

Telemedicine Solution: eVisits
OTN’s videoconferencing solution for eVisit is just one of the many virtual tools available to members of the OTNhub. eVisits can be conducted over a computer, mobile device or room-based videoconferencing system.

OTN Representative:
OTN has a field team available across the LHINs who specialize in change management and can provide support as organizations identify virtual solutions right for them, secure support from decision makers, and integrate telemedicine into their practice.

Partnerships:
OTN is one of the largest telemedicine networks in the world. This network has grown through evolving partnerships which unite and empower Ontario’s healthcare community. Developing strong working relationships with those in your patients’ circle of care is integral to the success of any telemedicine program. Providers using OTN’s products and services can connect and collaborate on OTNhub.ca – a private and secure online community for practicing telemedicine.
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Patient Population

### Inclusion Criteria

- Adults in long-term care facilities exhibiting complex responsive behaviours related to a suspected psychiatric condition including a mental illness, addictions, or a neurological condition
- Valid consent of client or substitute decision maker for further assessment and treatment
- Agreement of the long-term care facility’s physician
- Agreement of client to participate in Telepsychiatry appointment
- Access to OTN equipment or software
- Adequate space available for Telepsychiatry appointment

### Exclusion Criteria

- Adult who is immobile or otherwise unable to participate in a Telepsychiatry clinic
- A client who is suicidal, homicidal, or suffering from acute psychosis or delirium. Such a client should utilize crisis services, such as 911 or the Crisis Response Team

### Patient Journey:

**Without Telemedicine**

1. A patient’s primary care provider or loved one refers them to the London Health Sciences Centre for psychiatric care.
2. An in-person visit is scheduled with the patient and psychiatrist.
3. Patients either endure the time, stress and risks associated with travel or choose to miss the appointment.

**With Telemedicine**

1. A patient’s primary care provider or loved one refers them to the London Health Sciences Centre for psychiatric care.
2. The patient and their primary care physician at the long-term care facility are notified of an upcoming eVisit clinic.
3. LHSC’s Behavioural Response Team and staff from the long-term care facility work together to schedule the eVisit.
4. At the time of the scheduled appointment, the patient either remains in their room or goes to another room within their residence to meet with a staff member and participate in the eVisit. The visit is timely, convenient and stress free.

### How it Works:

During one eVisit clinic, a psychiatrist can see up to four to five patients independent of one another. The psychiatrist provides a psychiatric assessment, which could include diagnostic clarification, followed by medication and management recommendations. Here’s how it works:

1. **Patient is referred to program**
   The clinic uses an open referral format. Referrals are initiated by the healthcare staff at the long-term care facility or through the Behavioural Support Initiative. They are then signed and/or agreed to by the resident’s family physician in consultation with a member of the Behavioural Response Team.
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2. **Behavioural response team triages patient**
   Behavioural Response Team has no Telemedicine Nurse within the program. The nine-person Behavioural Response Team members rotate in an intake role. The intake team contacts the referral source and triages the patient within two hours.

3. **eVisit is scheduled**
   A visit by videoconference is scheduled during the hospital’s eVisit clinic with the patient, primary care provider, specialist and any others involved in the patient’s case (e.g. family and caregivers).

4. **An eVisit is conducted**
   A nurse or administrative staff from the long-term facility, trained in telemedicine, prepares their room-based telemedicine system for the eVisit. The Telemedicine Nurse at LHSC prepares the videoconferencing call from the hospital. The patient then visits the room in their residence where the eVisit is conducted and is connected virtually.

5. **Follow-up with long-term care facility**
   After the eVisit, the psychiatrist writes his or her notes on triplicate paper and faxes it to the long-term care facility. A Behavioural Response Team member may also take and share notes.

**Resources:**

**Technology**
The program leverages OTN’s videoconferencing solution for eVisits. Most long-term care facilities use a room-based system, while others choose to use a laptop or desktop computer equipped with videoconferencing peripherals (i.e. webcam, speakers, microphone).

**Human Resources**
No new staff were hired as part of this program. Instead, the long-term care facilities and BSO leveraged existing resources to assist in conducting eVisits. A Registered Nurse, Director of Care, BSO member and/or Personal Support Worker at the long-term care facilities were trained to conduct an eVisit. Telemedicine training is available online on the OTNhub and can be completed anytime, anywhere.

**Training/Change Management**
An OTN regional representative worked with the Behavioural Response Team and LHSC throughout all phases of telemedicine’s implementation. OTN continues to work as the intermediary between the cross-functional team and connects the care providers to telemedicine training resources and educational opportunities.

**Financial Investments**
The South West Local Health Integration Network (LHIN) helped fund telemedicine’s integration into the long-term care facilities by funding a telemedicine working group for the region. The LHSC Behavioural Response Team and the long-term care facilities allocated funding for the necessary videoconferencing equipment. Physicians can also bill OHIP for telemedicine services.

**Implementation:**

1. **Identify a Need**
   While the Behavioral Response Team offered patients the care they needed, the London Health Sciences Centre realized patients would still have a hard time accessing this care due to travel requirements. Eliminating travel was integral to the success of the program.
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2. Identify a Champion:
   Kimberly Schlegel is the Enhanced Psychogeriatric Resource Consultant with the Behavioural Response Team at London Health Sciences Centre. From the outset, Kimberly identified the value eVisits could provide her program, providers and clients, thanks to awareness raising via the LHIN-funded telemedicine working group. She recognized that eVisits were an ideal way to support growing patient need in the face of limited resources. She championed the adoption of telemedicine, working with OTN to get her staff trained in the use of the technology, and continues to look for ways to build other virtual solutions into the model.

3. Obtain Organizational Support:
   OTN worked with senior leaders at LHSC and the long-term care facilities to gain organization-wide buy-in to the program. The LHIN-funded telemedicine working group and the program’s champion, worked to create buy-in across all organizations involved.

Overcoming Barriers:

Lack of Telemedicine Nurses in Long-Term Care Facilities
There are no Telemedicine Nurses allocated to long-term care facilities. OTN trains existing staff, however due to high staff turnover, staff training is frequently required. OTN hosts quarterly telemedicine training sessions specifically geared towards long-term care staff. Conducted by OTN’s regional lead, these sessions invite new staff to learn about the benefits of telemedicine, how to schedule a telemedicine event, and how to conduct an eVisit using OTN’s videoconferencing technology.

Organization-Wide Support
The adoption and acceptance of telemedicine is an on-going process. In this care, it was challenging to integrate telemedicine into the business model of long-term care facilities due to legacy protocols and processes. OTN recommends integrating telemedicine into the organization’s business model or strategy as early as possible. This ensures telemedicine is top-of-mind in every step of the organization’s activities.

Result:
By conducting eVisits, geriatric patients receive timely access to psychiatric services without the time, stress and risks associated with travel. The program has resulted in a decrease in the number of geriatric admissions. The hospital is now working to implement a monitoring and evaluation process to highlight the program’s success.

Additional Information:

- Telepsychiatry Clinical Protocol.pdf
- Telepsychiatry Confirmation Form.pdf
- Telepsychiatry Referral Form.pdf