TAP: TECHNOLOGY ASSISTED PSYCHIATRY
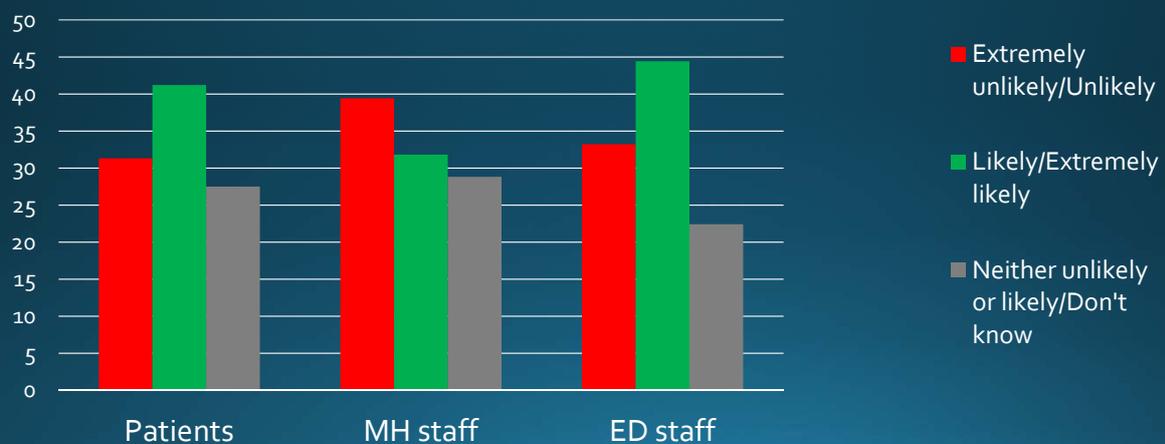Introducing telepsychiatry into an Emergency Department service

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Background

- EDPS based 27 miles from regional Emergency Department

- Telepsychiatry used extensively in other countries
- Research shows
    - Acceptable to clinicians and patients
    - Major barrier is staff reluctance

Initial surveys: Quantifying the reluctance

How likely are you to recommend using this sort of technology to patients?

Legend:
- Extremely unlikely/Unlikely
- Likely/Extremely likely
- Neither unlikely or likely/Don't know

How confident do you think you would be that the EDPS clinician had gathered sufficient information from the video assessment, as compared to a face-to-face assessment?

Patients

MH staff

ED staff

- Not at all confident
- Not very confident
- Quite confident
- Very confident

0%   50%   100%

"I cannot imagine that this will be perceived by individual patients and patient groups as anything but an attempt to cut costs at the expense of therapeutic relationships. Frankly this is a disgraceful proposition."

3

Familiarisation: Confronting our fears

Clinician comments:

"Saved a lot of time and very helpful to be able to see the other clinician when discussing a case - much better than over the phone"

"So much better to see the person whilst we were discussing a case. I interrupted her less as I could see when she was coming to the end of her sentence. I could see how concerned and anxious she was about the suicide risk in the patient. I could also see if she felt reassured about the risk of the patient as I made suggestions for management."

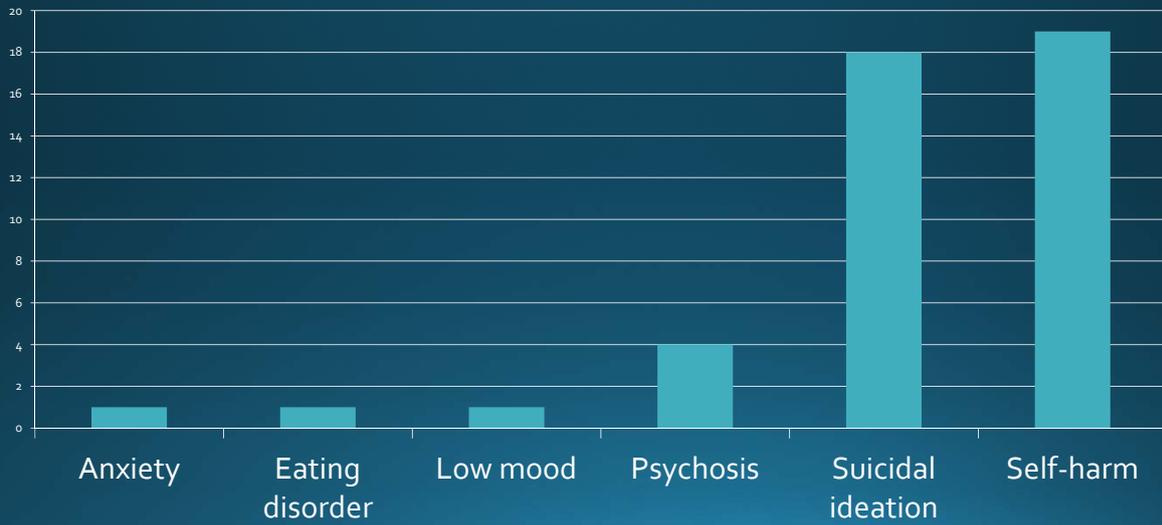# Engaging ED staff: Cake, trial and error

Go live: Success!

Go live: Success!

- Offer of video-link assessment to all patients referred to our service at Horton from 31 October 2016.
- Collected data for 12 weeks.
- Of 103 referrals, 13 self-discharged, 5 transferred, of the remaining 85, 52% seen by TAP: **44 new assessments**
- 10 follow-up sessions done via TAP

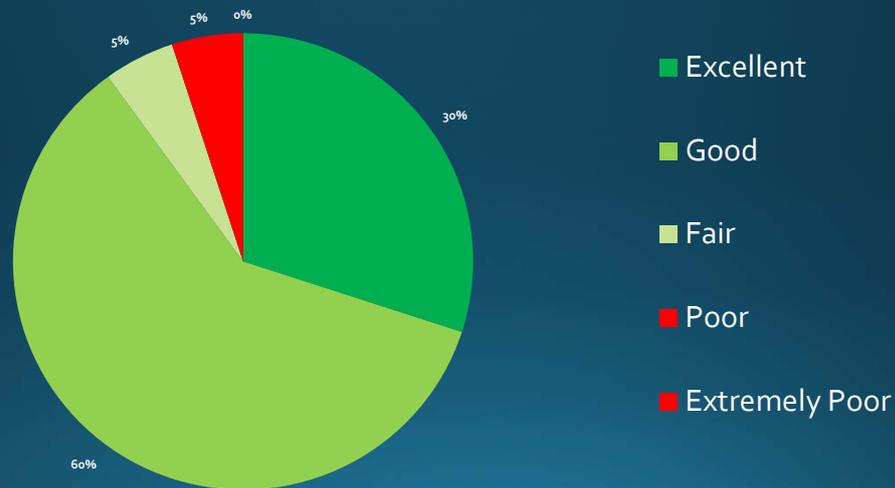**Age distribution of new assessment patients seen via telepsychiatry (n=44)**
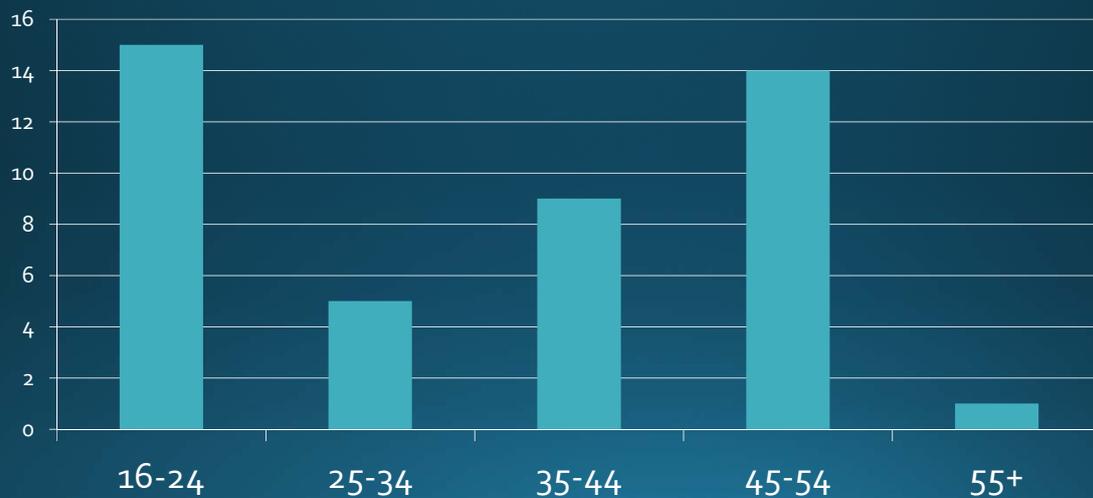
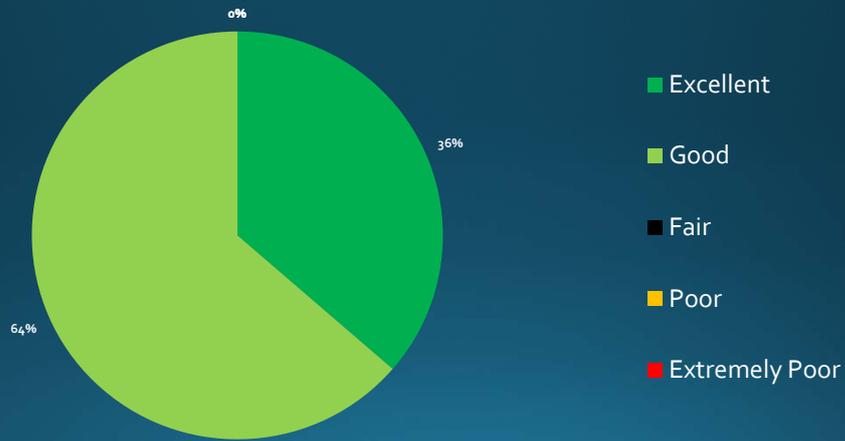**Reason for referral: new assessment patients seen via telepsychiatry (n=44)**

Patient feedback

How would you rate your overall experience of using telepsychiatry?

Pie chart legend:
- Excellent
- Good
- Fair
- Poor
- Extremely Poor

Chart data labels: 5%, 5%, 0%, 30%, 60%

- *It's brilliant that there is no travel or expense involved.   I was nervous as to how this would be but I was really surprised as to how effective it was and how you almost forget that the other person isn't in the same room as you.*

- *Just that it was a great new experience!*

- *Was generally 'good' & image & audio were both clear.*

- *I found this extremely useful, convenient and actually enjoyed my session. Thank you.*

- *It really helped me cope with my emotions better*

- *None, really just surprised how personal the experience, was. I was very sceptical when the Doctor told me how they were going to conduct the assessment.*
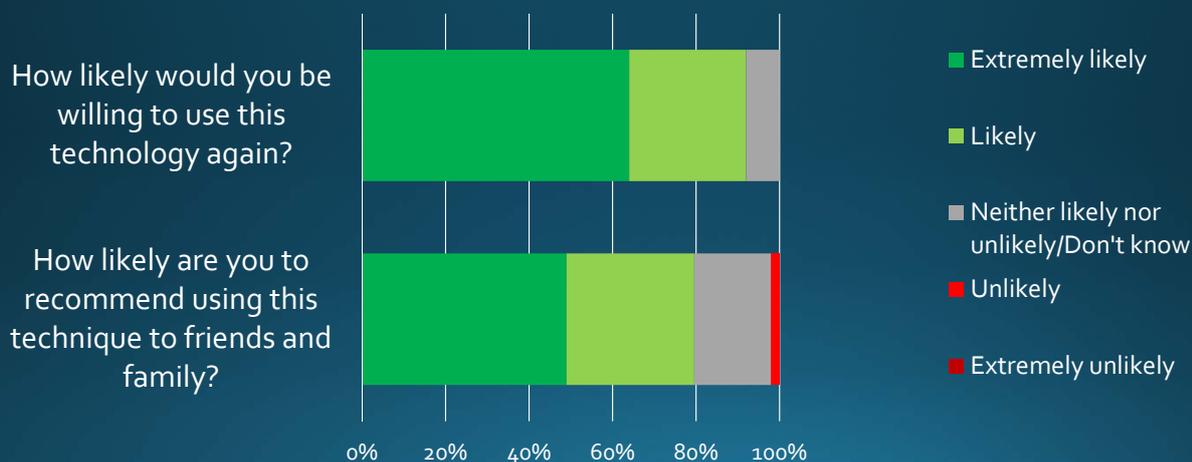
Follow-up patients: How would you rate your overall experience of using telepsychiatry?

0%

36%

64%

- Excellent
- Good
- Fair
- Poor
- Extremely Poor

Staff feedback

Clinician feedback new assessments and follow-ups
n=50

How likely would you be willing to use this technology again?

How likely are you to recommend using this technique to friends and family?

Legend:
- Extremely likely
- Likely
- Neither likely nor unlikely/Don't know
- Unlikely
- Extremely unlikely

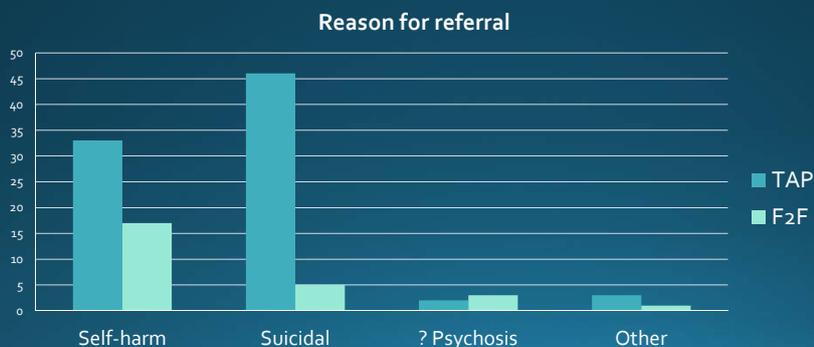Axis: 0% 20% 40% 60% 80% 100%

- *The patient was not fazed by it at all! I was able to still establish a good rapport with her, which had been one of my concerns.*

- *Efficient system; well thought out and convenient.*

- *This was the first time I really felt comfortable with using this technology, before this I had to brace myself a bit before starting, but this time it felt completely comfortable and easy (I think I am used to it now!) and felt like it was just as good as a face-to-face assessment. It saved me over 2 hours of driving time (when I can't do any other work) and the patient was seen far more quickly, and discharged promptly from ED. Many thanks to the ED staff who facilitated the interview.*

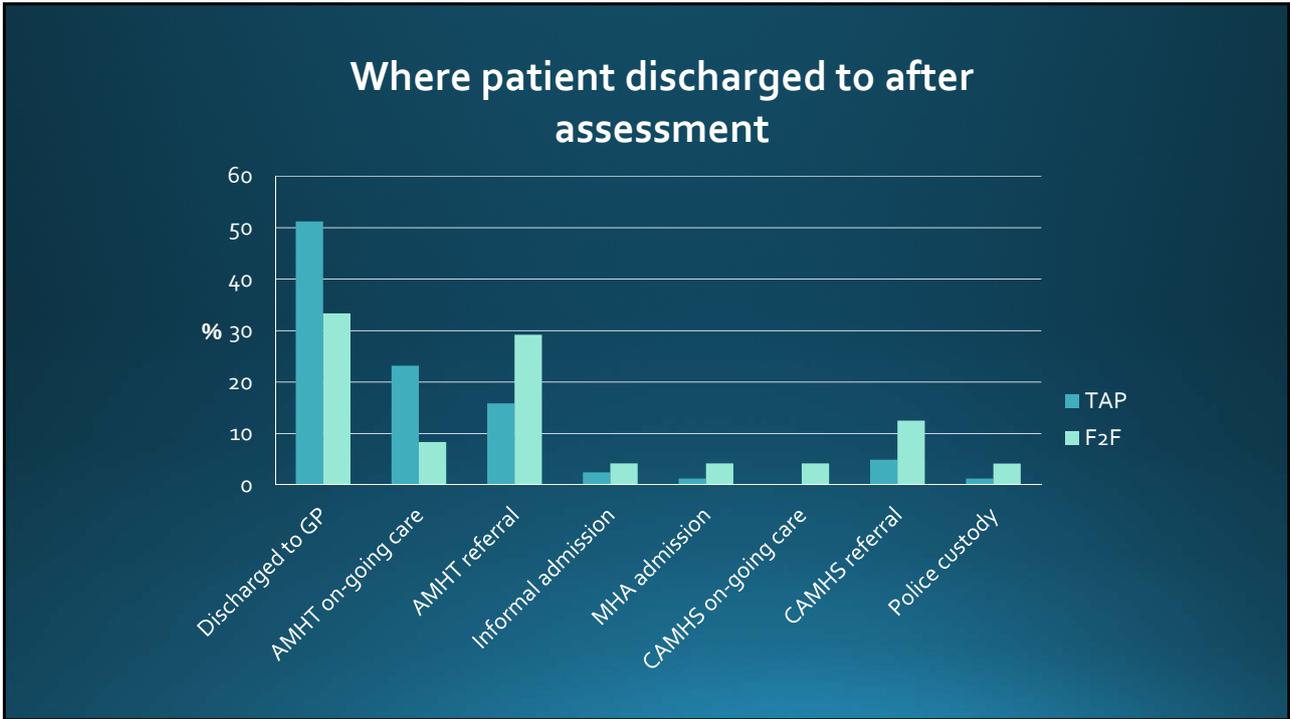- *I do not understand why we are not using more of this technology.*

Estimated savings

- 44 assessments saved:

  - 88 hours of clinician time
  - £975.92 in travel expenses
  - CO2e saving of 0.75 tonnes

- Estimated annual savings based on previous year's referrals:

  - 444 hours of clinician time
  - £4,924 in travel expenses
  - 3.80 tonnes of CO2e.

March-May 2017

- 110 assessments done at Horton – 82 via TAP (75%)
- Saving £1,818 in travel costs and at least 164 hours of travel time

Reason for referral

Legend: TAP, F2F. Categories: Self-harm, Suicidal, ? Psychosis, Other.

Where patient discharged to after assessment

Legend: TAP, F2F

RCPsych Awards 2017
Team of the Year: Sustainable development

Next steps: persuading others to 'give it a go'

https://youtu.be/WHgnaFCnidA