Televideo Consultation: An Innovative Approach to Distance Consultation

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Agenda for Today

✓ Lesson 1: WHO?
✓ Lesson 2: WHAT?
✓ Lesson 3: HOW?
✓ Lesson 4: WHY?
✓ Homework Assignment
Lesson One

Who are we?
Who?

Ontario Shores Center for Mental Health Sciences

Mental Health Tertiary Care public hospital
319 of beds
Additional programs – adolescent; forensics; dual diagnosis; general psychiatry
Recovery Model

Self-help, mutual-help, self-determination, family involvement, resiliency, choice, justice, responsibility, skill building, a positive culture for healing, a focus on strengths and possibilities, community involvement, education and role development (Mental Health Commission, New Zealand, 2006)
Program Vision

- Positioned to be a center of excellence in research and recovery
- Community identified need for access & expertise
- Staff identified need to access education and for knowledge translation
- To provide service in timely and comfortable location
Lesson Two

What have we done?
Getting Started

Start with a Shared Goal
History of Telemedicine

- Q: is it a new technology?
- Not viewed as appropriate for psychiatry
  But
  Did you know…. 
How did we do this?

\[
\left( \frac{\text{Expertise + Passion}}{\text{Demand}} \right)^2 \text{ + Vision} \text{ + Business Plan} = \text{Telepsychiatry}
\]
Lesson Three

How did we do this?
Definition

“the use of electronic information and communication technologies to provide and support health care when distance separates the participants”


Used in clinical consultations, educational events and for meetings.
Moving forward…

In the GNP model of care:
Referrals may indicate ‘telepsychiatry’ request

Telepsychiatry is appropriate for: assessment and diagnosis, consultation, case conferencing, follow up and the provision of education utilizing a shared care model.
Consent

- Consent should be obtained prior to the event
- Information for sole use of the consultation
- Consultation is not taped, video or audio
- Network is secure
- Describe equipment to be used and why
- How information will be transmitted after the event
- No repercussions for refusal
Preparation

- At distant site, patient/client registration may be required
- Follow internal policies of distant site
- Review all pertinent documentation prior to on-line assessment
- Ensure equipment operating well
- Technical support available in case of equipment difficulties
Setting the Stage

- At start of consultation, introductions
- Explain the process and limitations
- Clarify consultative nature of the process
- Ensure client and treatment team are aware that consultant is not assuming care ongoing
- Recommendations are made in writing to MRP for discussion with client/family and decision made at that time as to compliance with recommendations
Lights, Camera, Action……

• Initially, should be able to view entire room
• ID all persons in the room; ID client
• Pan, tilt, zoom options utilized as necessary
• Look into camera, not video screen, to establish eye contact/rapport
• Avoid extraneous noise: papers, pens etc
• Mute microphone until ready to begin
• Speak clearly; one person at a time; time lag
• Proper lighting, sound proofing
Consider...

Client identifies risk to self/others:
  Form 1
  Form 2
Lesson Four

Why do this?
Why do this?

- Access to service
- Timeliness
- Safety
- Financial
- Comfort
- More privacy
Why (continued)

• Transportation costs/time
• Stigma
• Societal norm; younger individuals especially comfortable with technology
• Non-threatening
• Capacity building for local health practitioners
• Ability to provide education and support
• Respond to questions in real time
Challenges

- Cost of equipment
- Availability of equipment in LTC
- Availability of space
- Technological illiteracy
- ‘Lag’ time in verbalizations
- Tendency to look at screen not camera
- Lack of high speed wireless connectivity
Consider…

- Is this appropriate for individuals who:
  - are hearing impaired?
  - are visually impaired?
  - have paranoid psychosis?
  - have advanced dementia?
Consider...

- Guidelines provided by your regulatory college e.g. the College of Nurses of Ontario
- Guidelines currently being developed for the Canadian Psychiatric Association
- Telepsychiatry guidelines established by your facility
- Research on telepsychiatry, see resources
Lessons Learned

- Obtain as much information as possible prior to videoconference
- Be alert to time allotted
- Provide thorough orientation to the modality
- Provide thorough orientation to the equipment to all clinicians
Homework Assignment

Answer the following questions:

1) How could telepsychiatry be applied to your service?
2) What other ways could this technology be adapted within your program?
3) How do you see this technology changing the culture of caring in mental health nursing?
References


41. Tsai, Hsiu-Hsin Tsai, Yun-Fang. (2011). Changes in depressive symptoms, social support and loneliness over one year after a minimum 3-month videoconference program for older nursing home resident. *Journal of Medical Internet Research, Vol. 13*, pp. e93.

