

Patient and staff satisfaction with remote psychiatry assessments using mobile tablets in long-stay facilities in rural North-West Ireland.



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Introduction

The COVID-19 pandemic has required services to evolve quickly to continue to provide routine care. Older persons are at high risk of serious complications of COVID-19 and it is essential that their exposure to COVID-19 is minimized¹.

Telehealth has been rapidly implemented in Ireland in response to the pandemic and offers a potential solution to similar crises in the future². However, there is need to ensure that this is a suitable and acceptable method for healthcare provision in our patient population.

The aim of this project was to assess staff and patient satisfaction with remote psychiatric assessments using mobile tablets in long-stay facilities.

Discussion

Our results show that remote assessments using mobile tablets are acceptable to our staff and patients in long-term facilities although poor internet connectivity and sensory difficulties pose a barrier.

90% of deaths due to COVID-19 to-date have been in people older than 65 years.³ However, older persons have high rates of comorbidities which require regular care and the impact of loneliness and isolation on older persons' physical and mental health also needs to be addressed.⁴

Videoconferencing has previously been shown to be a feasible means of managing the psychiatric needs of older adults in care homes⁵ and mobile tablets offer a solution to continue routine care in current times.

Conclusion

Video consultations using mobile tablets offer an acceptable form of remote psychiatry assessment for older persons in long-stay facilities. Additional investment in facilities and infrastructure can help manage technical issues and help embed this form of assessment into routine care to prevent disruption to care in future crises.

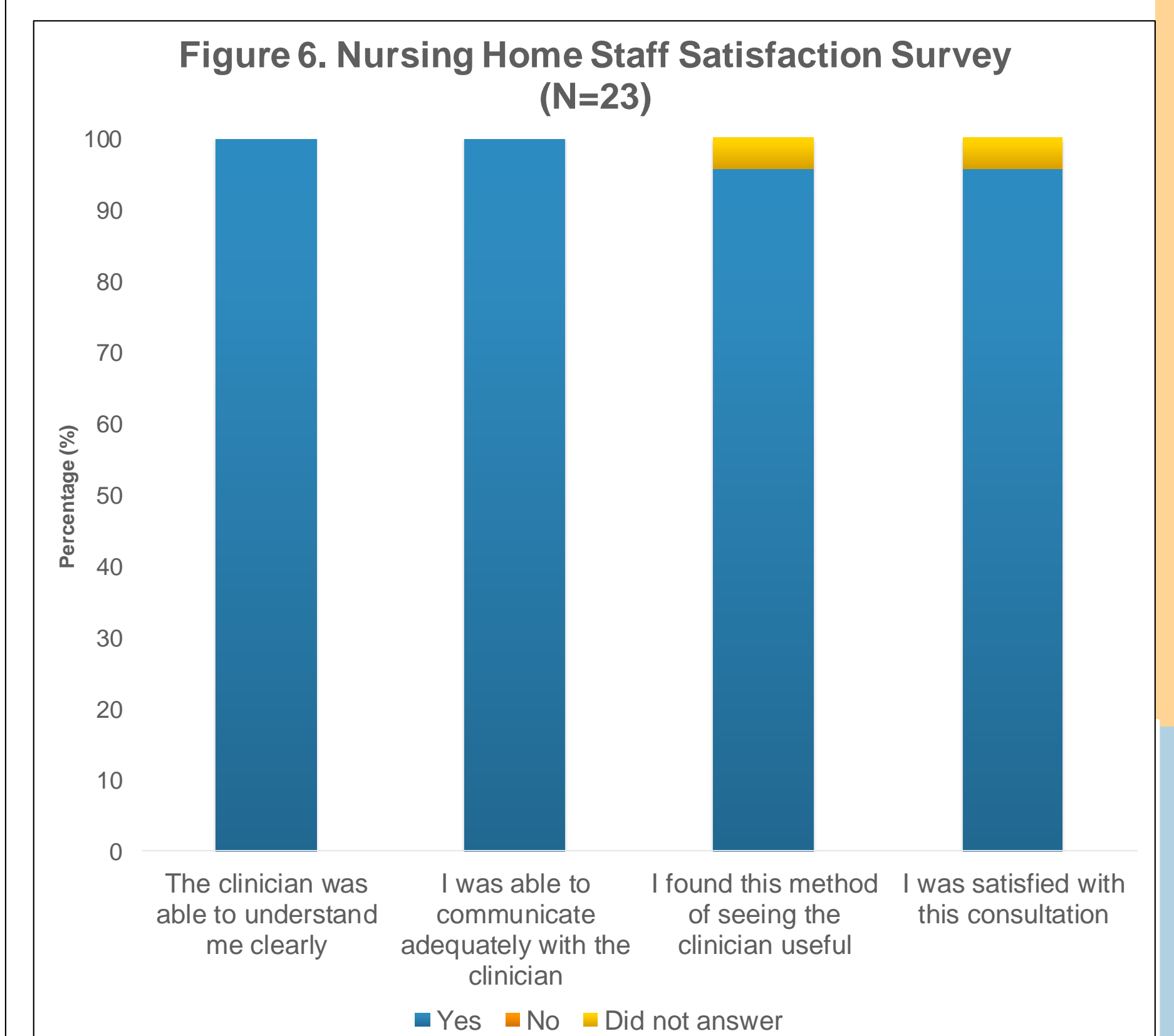
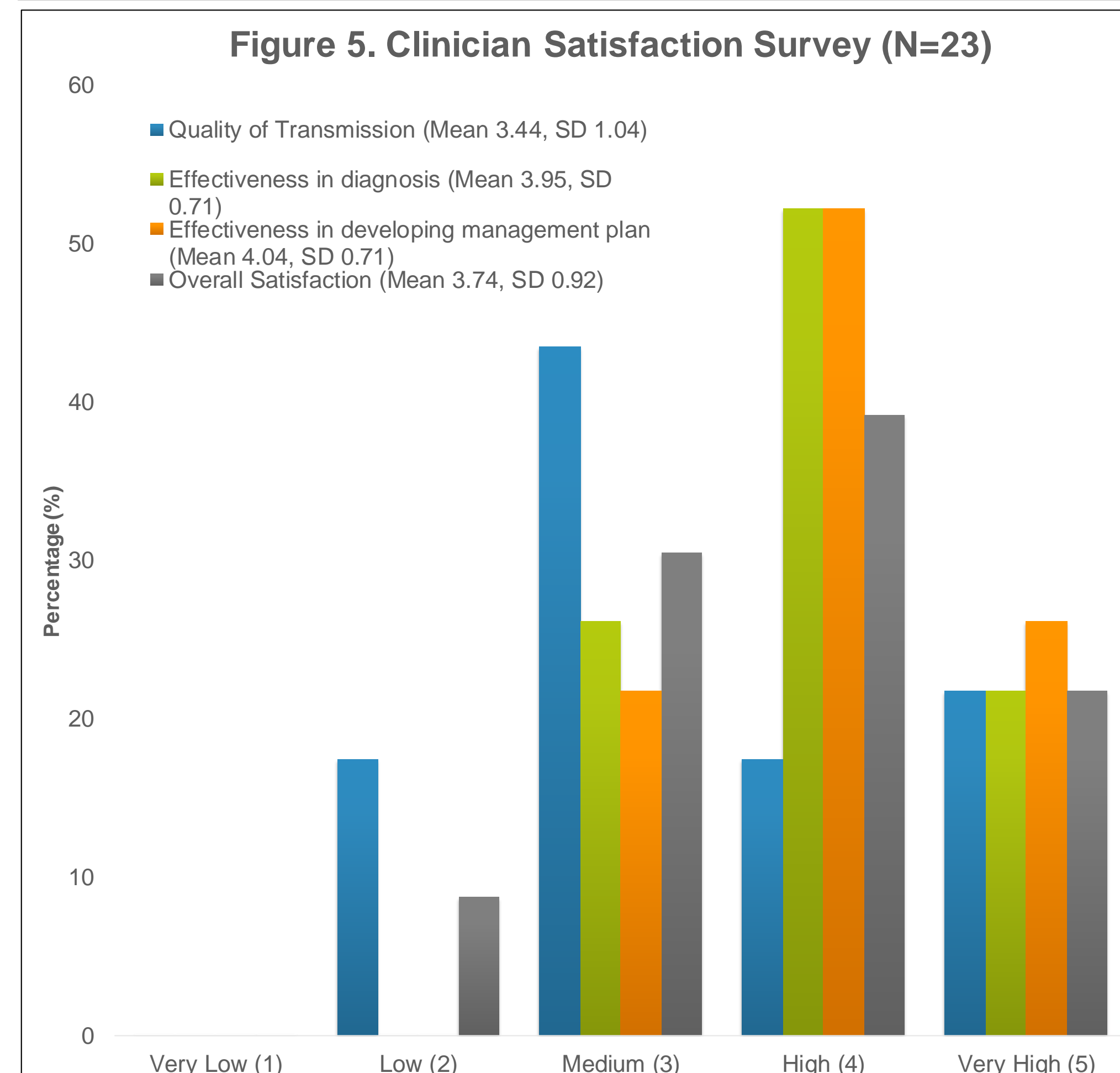
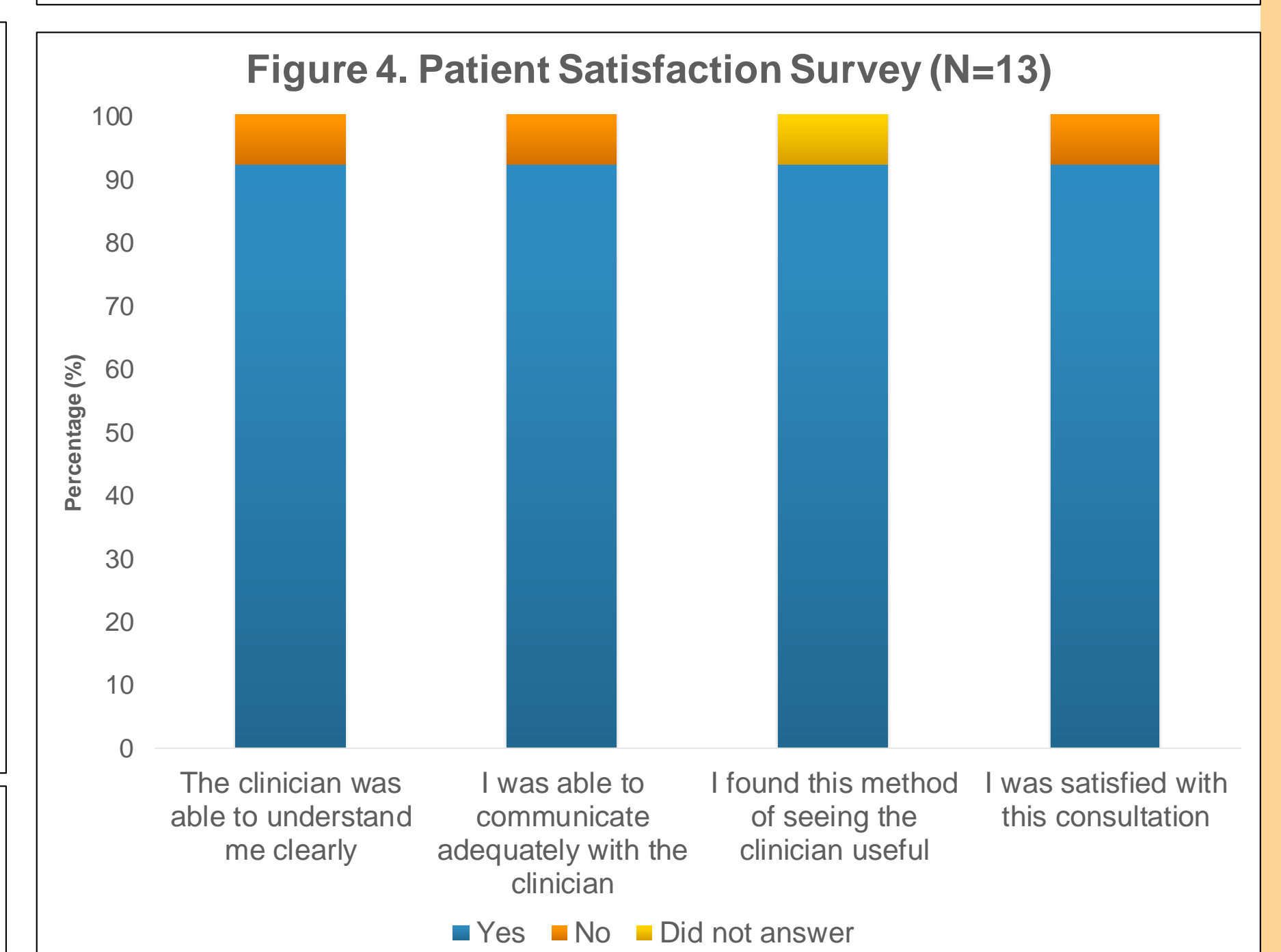
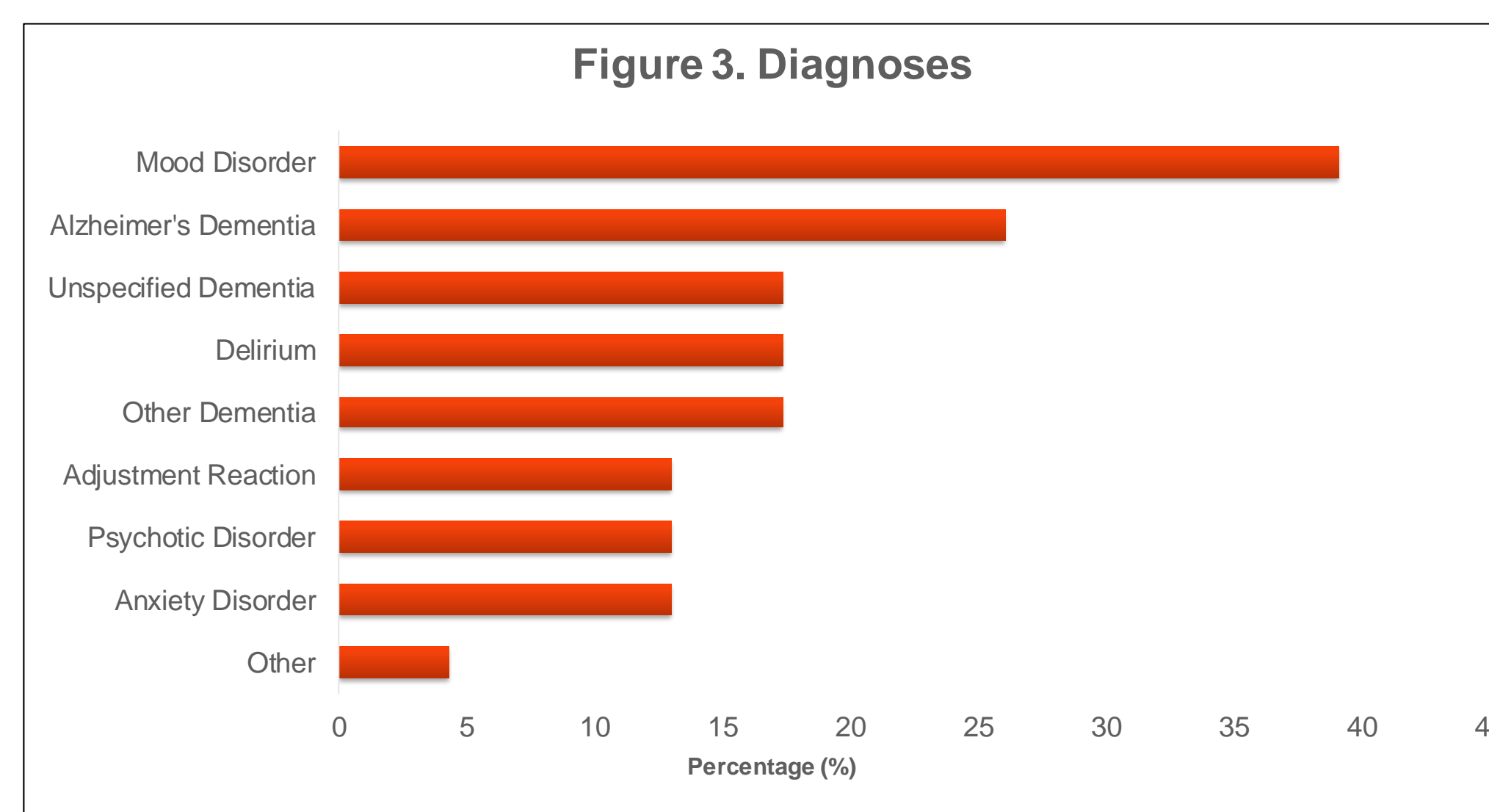
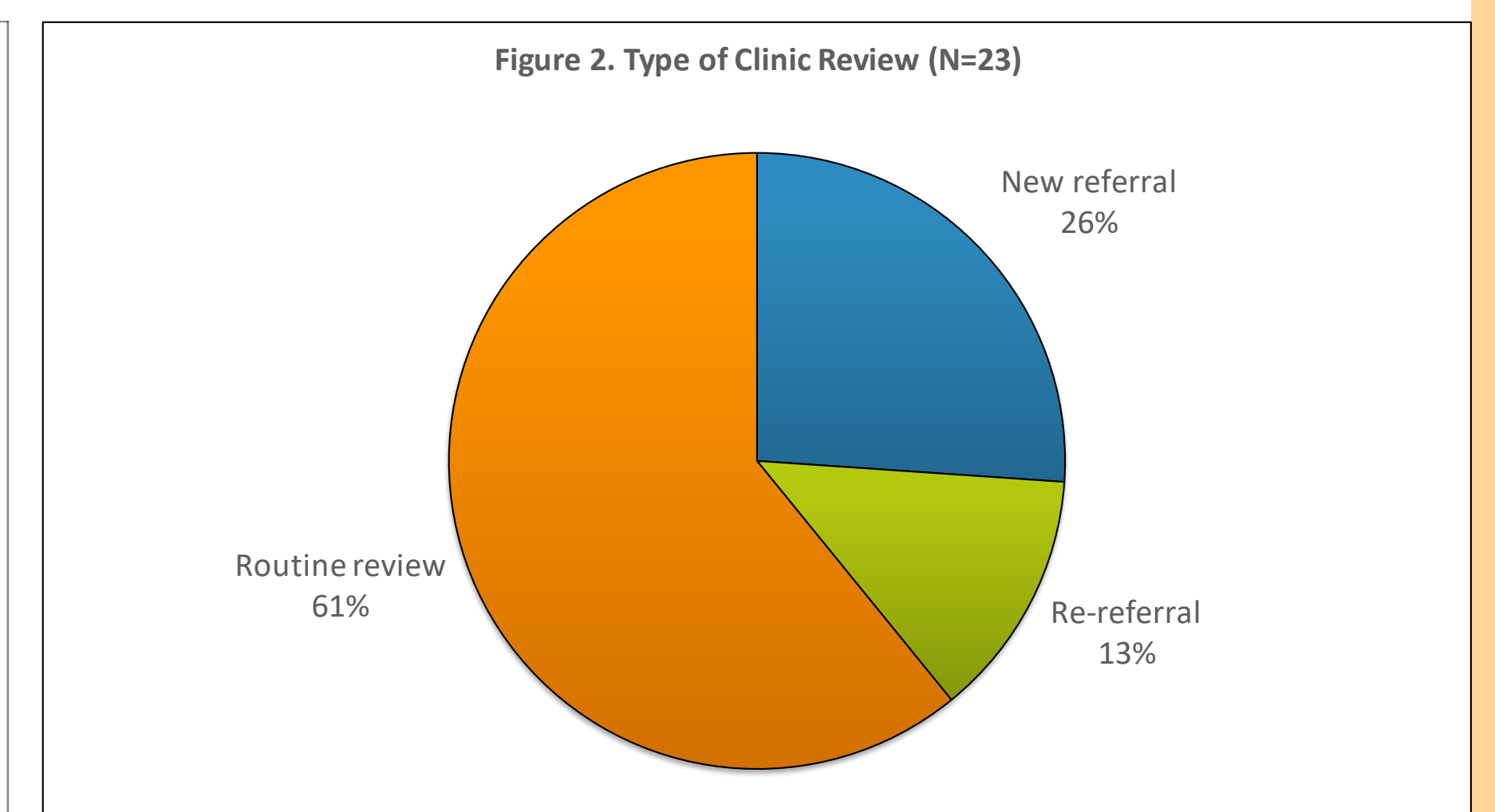
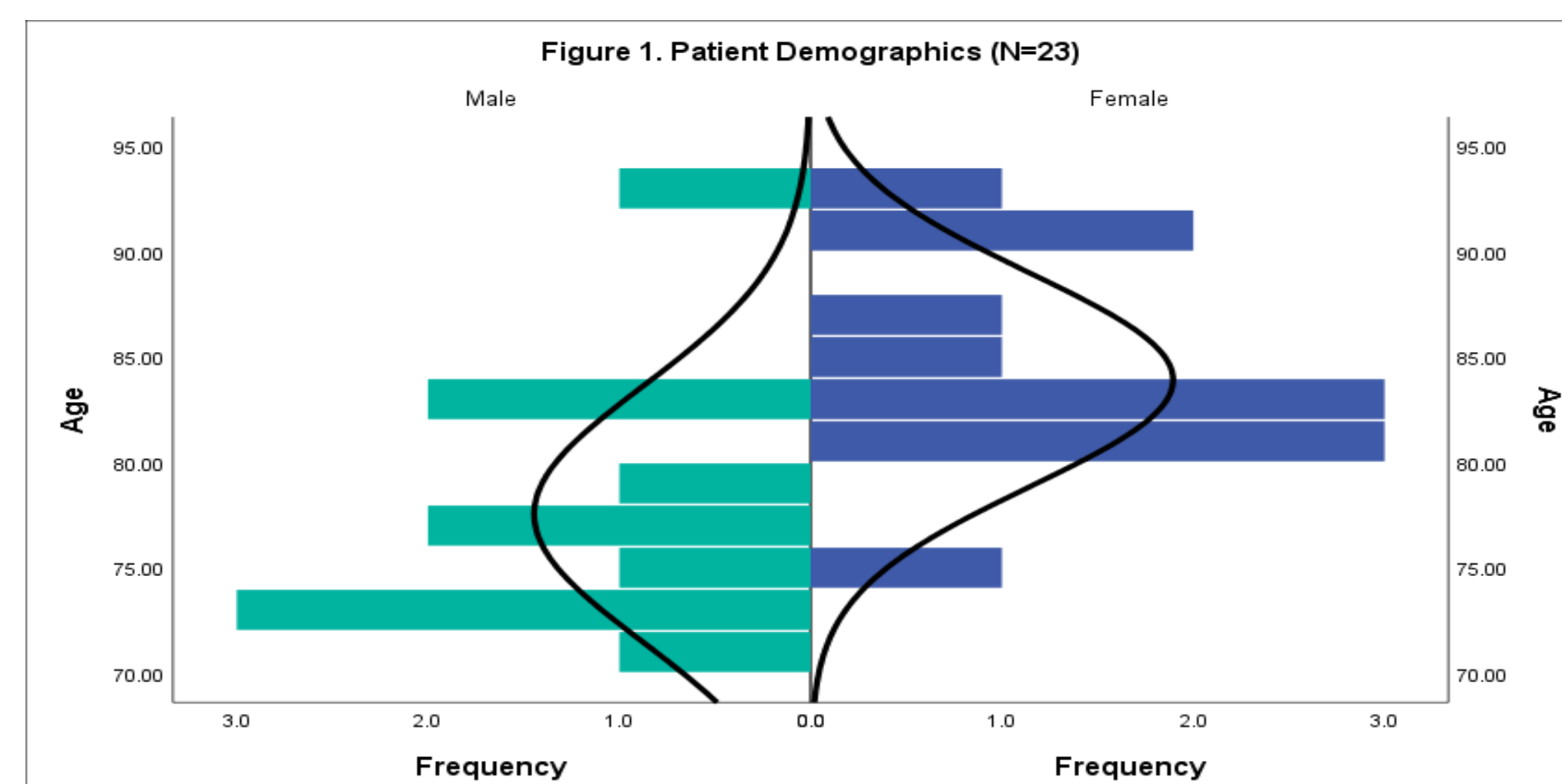
Methods

Remote clinics using Skype video on mobile tablets were conducted in long-stay facilities with patients attending the Mental Health Services for Older Persons in Sligo/Leitrim/South Donegal between April and July 2020. At each review, a satisfaction survey instrument was administered to the patient, their keyworker who was facilitating the review and the clinician. The patient/keyworker survey instrument had four yes/no statements and the clinician survey had four statements using a 5-point Likert scale (1=very low to 5=very high). Open feedback was also obtained on survey instrument for analysis. Descriptive analyses were undertaken using the SPSS software.

Ethical approval was obtained from the Sligo General Hospital Research Ethics Committee.

Results

23 patients were assessed in 10 long-stay facilities using the tablets. All patients assessed were agreeable to participate in the video consultation although only 13 patients were able to respond to all survey statements due to cognitive impairment. On open ended feedback, the main negative feedback was related to poor internet connection and patient hearing difficulties. Positive feedback was related to superiority over phone or text and accessibility during pandemic although three (N=3) patients noted that face-to-face would be more preferable.



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