

If There's Something Strange in Your Neighbourhood, Who You Gonna Call? : Staff perceptions of patient suitability for video consultations

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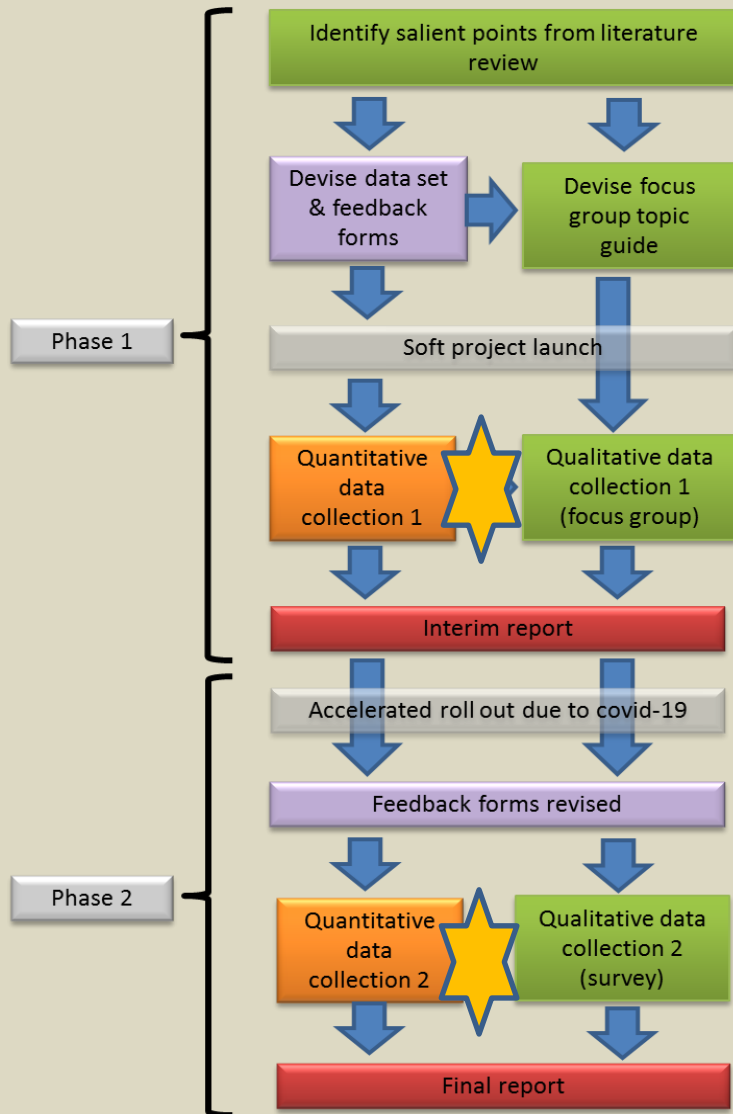
When there's something strange in your neighbourhood, who you gonna call?

Staff perceptions of patient suitability for video consultations

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Evaluation of a large scale Video Consultation (VC) Project



- 1 MH & disability trust
- 100 clinical teams
- 7,552 VCs over 6 weeks
- Sample of 345 staff
- Sample of 850 patients



No brainer

| Saving estimates for: | Staff mileage saving | Staff travel time saving | Value of staff travel time saving | Trust's total emissions (CO2e) saving | trust's CO2 saving | Value of trust's CO2 saving | Patient travel time saving | Patient's cost saving (excluding time) |
|--|----------------------|--------------------------|-----------------------------------|---------------------------------------|--------------------|-----------------------------|----------------------------|--|
| The sample of 843 calls with feedback & postcodes | 12,078 miles | 349 hrs | £7,995 | 3,332 Kgs | 3,307 Kgs | £228 | | |
| Each call (average) | 14.3 miles | 24.8 mins | £9.48 | 3.95 Kgs | 3.92 Kgs | £0.27 | 0-60 mins | £0-£6:00 |
| All 7,752 calls during 6 week data collection period | 111,066 miles | 3,210 hrs | £73,525 | 30,636 Kgs | 30,412 Kgs | £2,098 | | |
| One year | 962,572 miles | 27,820hrs | £637,254 | 265,512 Kgs | 263,571 Kgs | £18,186 | | |

Staff preconceptions (focus group)

- 8 self-selecting early adopters

Cultural shift

Massive – use for non-patient activities 1st
(e.g. supervision / team meetings)

Risk

↓ need for two-staff visits (V&A)
↓ Covid transmission
Able to see home environment
Desire to see high risk patients

Time & financial savings

↓ Travel time
Shorter but more frequent sessions
B2B VC → burnout
↓ no. & size of staff bases
↑ isolation versus ↑ meeting attendance
↓ DNA

Therapeutic relationship

Better than phone calls
Difficulty developing rapport
Hard to pick up on NVC

Barriers

Private space for calls
Patient data allowances
Multiple practice changes

Functionality

Drawings, diagrams, Pt info leaflets

Training, technical and admin support

Need clinicians not just IT trainers
“How to” leaflets for patients and staff
Realtime IT support for patients and staff
Admin to book planned and urgent VCs

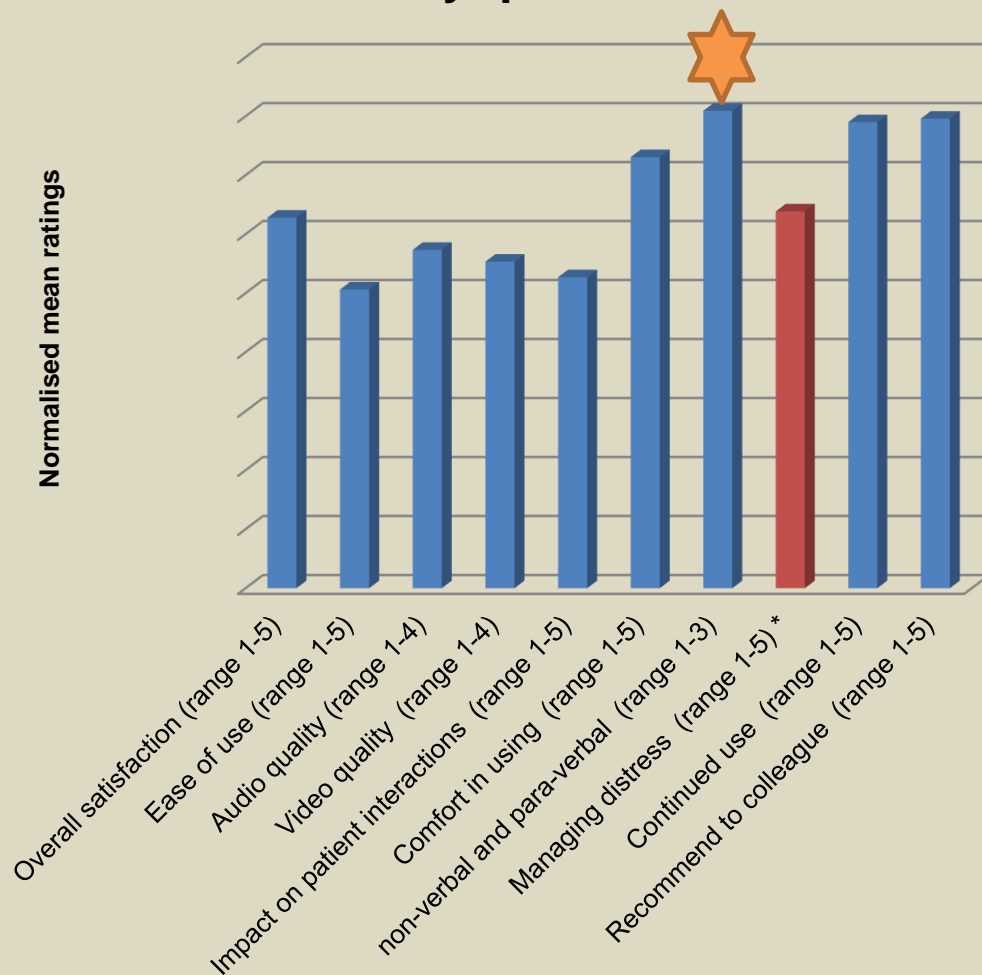
Definite desire to retain some in-person contacts

Staff satisfaction

N=480 comments
N=337 staff
N=97 teams

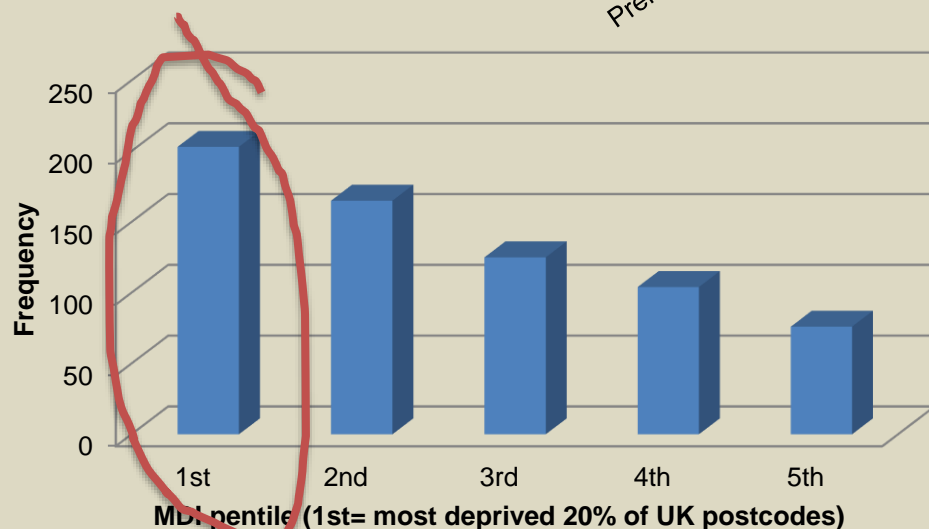
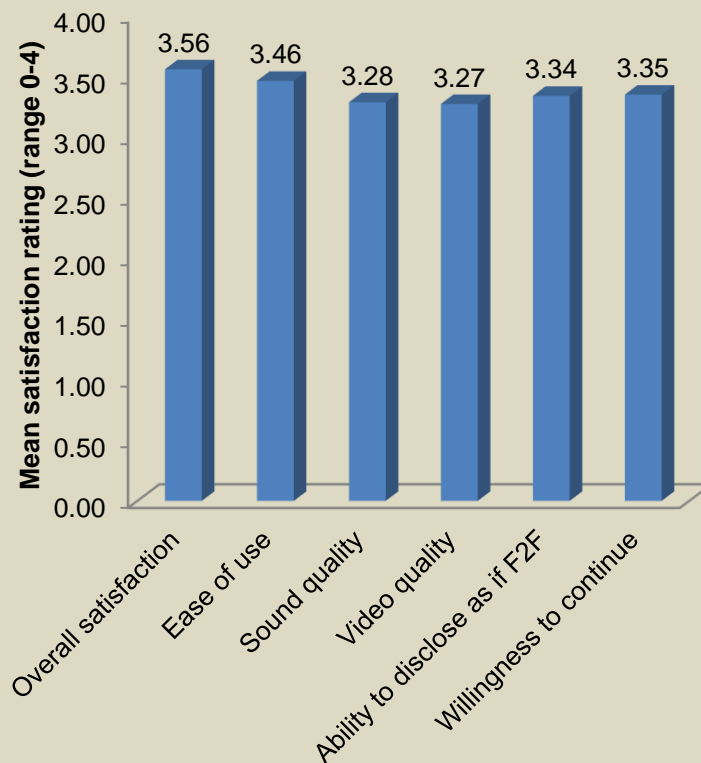
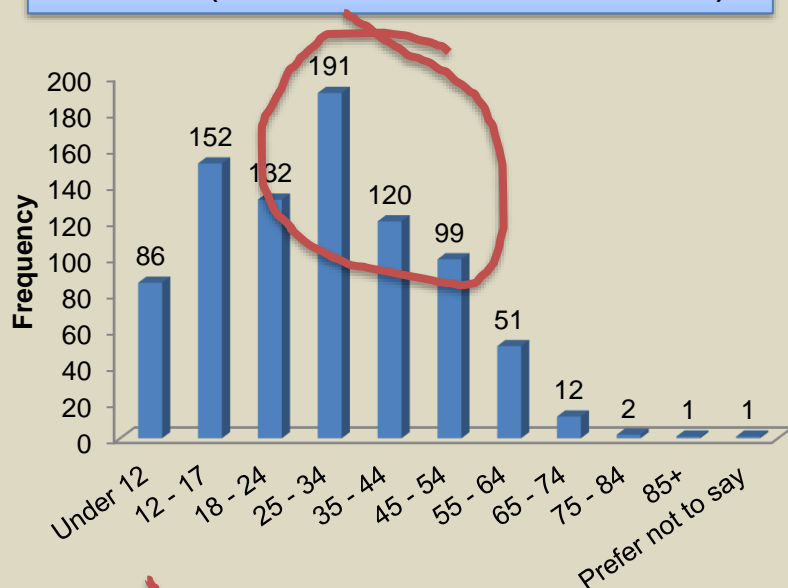
| Question & range | Mean(SD) |
|-----------------------------------|----------------|
| Overall satisfaction (1-5) | 3.14 (SD 1.14) |
| Ease of Use (1-5) | 2.53 (SD 0.87) |
| Sound quality (1-4) | 2.29 (SD 0.78) |
| Video quality (1-4) | 2.21 (SD 0.77) |
| Impact on interactions (1-5) | 2.64 (SD 1.0) |
| Comfortable using VC (1-5) | 3.65 (SD 0.96) |
| Non & para-verbal comms (1-3) | 2.42 (SD 0.) |
| Managing distress (1-5) | 3.19 (SD 0.) |
| Likelihood of continued use (1-5) | 3.95 (SD 1.1) |
| Likelihood to recommend (1-5) | 3.98 (SD 0.97) |

Normalised mean ratings for staff survey questions



Patients & patient feedback

N=847 (63% Female 33% Male)



| Treatment modality | Ranking | Frequency | Percentage |
|----------------------------------|------------------------|-----------|------------|
| Video calls would be my: | 1 st choice | 355 | 41.9 |
| | 2 nd choice | 360 | 42.5 |
| | 3 rd choice | 132 | 15.6 |
| Outpatients clinics would be my: | 1 st choice | 377 | 44.5 |
| | 2 nd choice | 259 | 30.6 |
| | 3 rd choice | 211 | 24.9 |
| Home visits would be my: | 1 st choice | 149 | 17.6 |
| | 2 nd choice | 235 | 27.7 |
| | 3 rd choice | 463 | 54.5 |

Staff vs patient satisfaction

49% of variation in patient satisfaction due to:

1. Feeling able to share info as if in-person
2. Ease of use
3. Sound quality
4. Picture quality

61% of variation in staff satisfaction due to:

1. Ease of use
2. Picture quality
3. Sound quality
4. Feeling comfortable with VCs
5. Similarity to in-person consultation

For 31 matched pairs of ratings....

Significant +ve correlation between staff and patient ratings of:

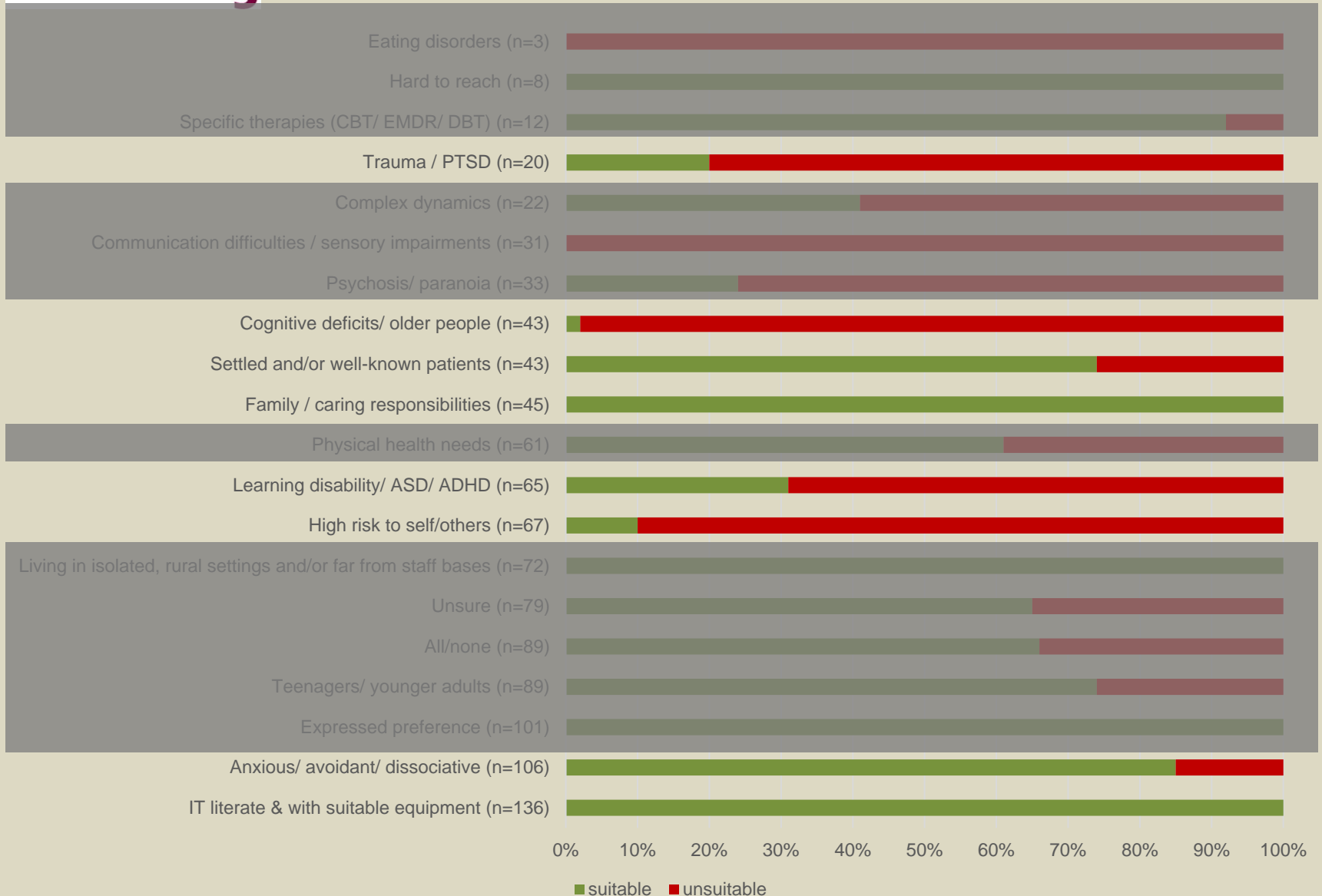
- Overall satisfaction
- Ease of use
- Similarity to in-person interaction
- Sound quality

But **NOT** between ratings of:

- Picture quality
- Likelihood of making/accepting future VCs

In general, patients were more satisfied than staff

Staff perceptions of suitability for VCs



Perceptions Vs the evidence

IT literate & with suitable equipment

In 2020, 87% of 16+ have a smartphone.
66-75% of people with SMI are estimated to be IT literate

Anxious/ avoidant/ dissociative

Generally helpful, particularly at outset but can become counter-productive if facilitates avoidance behaviours

Family / caring responsibilities

? links to 2/3 callers being women
Remember to maintain confidentiality in busy households

Settled and/or well-known patients

Remember potential for change to VC causing feelings of rejection

Learning disability/ ASD/ ADHD

Published evidence to contrary.
Some people with ASD find VC less stressful than in-person contact

High risk to self/others

Depends on nature of risk:
VC ↓ risk of V&A, double-handed visits, Covid transmission
Some risks (e.g. suicidality) can be mitigated by clear protocols
Could be conflating risk with concerns over accurate online Ax

Cognitive deficits/ older people

Avoid conflating age with cognitive impairment
Published evidence to contrary, including online memory clinics.
Proportion of IT-savvy OP will ↑ over time

Trauma / PTSD

Published evidence to contrary, including military veterans

Conclusions:

- VCs offer significant efficiencies and may be one way to meet the current, and predicted increase in demand for mental healthcare
- Staff have legitimate concerns about VC for some, or all of their patients
- Covid has forced them to overcome their reticence
- Time and experience have resolved some, but not all, of their anxieties
- Unless staff's continued concerns are addressed, once choice returns, staff will revert to traditional ways of working
- Not all of their residual anxieties and opinions are evidence-based
- This provides a potential way to challenge misperceptions in a supportive manner
- As with all decisions in healthcare, the decision to offer VC should be made collaboratively, and on an individual basis wherever possible.