

# Audit of Telemedicine Assessments at the National Drug Treatment Centre

DR. LAURA MANGAN<sup>1</sup> and DR. FIONA FENTON<sup>2</sup>

<sup>1</sup>Newcastle Hospital, Greystones, Co. Wicklow

<sup>2</sup>National Drug Treatment Centre, 30-31 Pearse Street, Dublin 2

## Background

Telemedicine (aka Telehealth) is defined as when information is exchanged from one site to another via an electronic/phone means of communication. This has been found to improve patient care<sup>1</sup> and allow clinicians to deliver diagnosis and treatment to patients in remote locations. This audit focused on patients with substance use disorders which are chronic conditions and require intensive patient input and follow up<sup>2</sup>. Telemedicine has been shown to increase patient contact, to be effective, to have high patient satisfaction and to remove barriers of attendance<sup>3</sup>. Telephone assessments are popular because they are familiar, need no training and incur no extra costs for installation of equipment etc.<sup>3</sup> The shift to telephone assessments at the National Drug Treatment Centre (NDTC) was decided in the context of the Covid 19 pandemic. The purpose of this was to reduce face to face patient contact. This means of service delivery was new to the NDTC and has associated medico-legal implications for doctors.

## Audit Standard

HSE Telehealth Steering Committee Guidelines (April 2020)<sup>4</sup>

## HSE Telehealth Guidelines

Only 7 guidelines were pertinent to telephone assessments:

1. **Call coordinator** to arrange each contact between the clinician and the patient
2. **Verbal consent** to be obtained
3. **Explain nature and limitations** of telemedicine consultations to the patient at each appointment
4. **2<sup>nd</sup> phone number** or NOK in case of emergencies or technological issues
5. **Note + plan** documented in the clinical chart
6. Document if the patient is a **new** patient or **known** to the clinician
7. **Inform the GP** of the consultation and plan

## Aim

The focus of this audit was to assess whether the telephone assessments at the NDTC were compliant with national guidelines.

## Methodology

From March to December 2020, a total of 43 patients were assessed by Dr. Fenton's team, of which 10 were assessed for eligibility for admission to St. Michael's ward in Beaumont Hospital by telephone. Their charts were reviewed to see if they were concordant with the HSE Telehealth Steering Committee Guidelines.<sup>4</sup>

## Audit Results

Percentage compliance of the guidelines is outlined below.

1. **Call coordinator** (i.e. team secretary arranged the call - 100% compliance)
2. **Verbal consent** (0% compliance)
3. **Explain nature and limitations** (0%)
4. **2<sup>nd</sup> phone number** (40% compliance)
5. **Note + plan** (100% compliance)
6. **New vs known patient** (0% compliance)
7. **Inform the GP** (0% compliance)

## Intervention

- Created a 'copy and paste' checklist with the guidelines attached and explained
- Posters explaining the checklist were hung up in the doctor's office
- Checklist was emailed to the team doctors
- Paper copies were provided to the doctors

## Re-audit Results

Re-audit was in January 2021 ( $n = 5$ ). Significant improvements in documentation of the following guidelines:

1. **Verbal consent** (60% compliance)
2. **Explain nature and limitations** (60%)
3. **New vs known patient** (60%)
4. **Inform the GP** (60% compliance)

There was no change in the percentage compliance rates of the following guidelines:

1. **Call coordinator** (100% compliance)
2. **Note + plan** (100% compliance)
3. **2<sup>nd</sup> phone number** (40% compliance)

## Table1: Comparison of audit and re-audit percentage compliance with guidelines

Guidelines	Audit	Re-audit
1. Call Coordinator	100%	100%
2. Verbal Consent	0%	60%
3. Nature & Limitations	0%	60%
4. 2 <sup>nd</sup> Number	40%	40%
5. Note & Plan	100%	100%
6. New vs known patient	0%	60%
7. Inform GP	0%	60%

## Other Interesting Findings

- 60% of patients were from outside of Dublin (e.g. Waterford, Roscommon etc.)
- **Attendance went from 50% to 100%** following the introduction of telemedicine.

## Discussion

Telemedicine assessments are convenient for patients and remove the need for travel during the pandemic and therefore reduce risk of exposure to Covid-19. The limitations of telemedicine include the inability to perform a full mental state examination via telephone and the inability for patients to provide urine drug screens in an addiction service setting. In relation to this audit, it had a small sample size and complying with the new HSE guidelines depended on the memory of the doctors who were working in a busy clinic environment with multiple distractions.

## Recommendations

- Add drop down menus, with prompts to the electronic patient records to remind the doctors about the guidelines.
- Distribute patient satisfaction surveys.
- Monitor attendance records.

## References

- <sup>1</sup>Reed et al., 2017. Telehealth. *New England Journal of Medicine*, 377(16), 1585-1592.  
<sup>2</sup>Lin et al., 2020. Telehealth for Substance-Using Populations in the Age of Coronavirus Disease 2019: Recommendations to Enhance Adoption. *JAMA Psychiatry*, 77(12), 1209-1210.  
<sup>3</sup>Molffenter et al., 2015. Trends in telemedicine use in addiction treatment. *Addiction Science & Clinical Practice*, 10 (14), 1-9.  
<sup>4</sup>HSE Telehealth Steering Committee Guidelines (2020) <https://healthservice.hse.ie/filelibrary/staff/clinical-telehealth-governance-guidance.pdf>