Integrated Recovery Team

COVID-19

From Response to Recovery – the next normal.

Clinicians experience survey of in-person face-to-face, telephone and videolink appointments during the Level 4 COVID-19 Lockdown.

Abstract

This report seeks to provide further clarity to the Reset, Redesign – Recovery team in terms of understanding what the 'next normal' looks like to the people of the Whanganui DHB rohe. This document follows on from the Telehealth Patient Experience survey and reports the experiences that 44 primary and secondary clinicians had using telehealth during the COVID-19 pandemic. The report extends to asking exploratory questions as to how to make the telehealth experience better in the future for both the patients and the clinicians. This supports the work of the Whanganui District Health Board in demonstrating its commitment to Pro-equity, Social Governance and Healthy at home – Every Bed Matters (69,000 Beds).

Report Team

Steve Carey and Jessica McGregor

Background

The impact of COVID-19 on New Zealand has been far-reaching and profound. As of the 1st of October 2020, about 1,848 people have contracted the virus and 25 people have died. Across the globe, over 34 million people have contracted the virus and over 1,018,732 people have died. Health systems have been overwhelmed in many countries and the economic impact is huge and unfolding. The global pandemic and the measures taken to control it have disrupted the lives of all New Zealanders. This has created the need to support the health and wellbeing of the whole population and also ensure we support and address the needs of those most severely impacted, whether that be health and wellness, socially or economically.

The purpose of this report is to advise the Whanganui District Health Board (WDHB) of the effectiveness from the clinician's perspective, of the face-to-face and telehealth appointment services, provided to patients during the COVID-19 lockdown period.

During the COVID-19 lockdown period most patients of the Whanganui District Health Board (WDHB) were unable to attend the Whanganui Hospital for planned assessments and consultations. These patients were given the opportunity to complete their appointments with WDHB staff using a telehealth stream – using either a telephone or video format.

The COVID-19 lockdown period has given the 20 DHBs an opportunity to utilise technology as never done before within the New Zealand health system. Now that the health system is progressing to a post-COVID-19 format it is important to formulate a record indicating the effectiveness of these appointments.

There is no readily available record of how many consultations took place during this time period. This means the most effective form of research that can be completed is a descriptive study.

Method

The study used a descriptive design.

An initial conversation was held with the clinicians as part of one of their grand round sessions, and an invitation extended to all clinicians to participate in the Telehealth Feedback survey. This invitation was then sent out to all doctors, allied health managers, clinical nurse managers and clinical nurse specialists by email with a link to the survey.

This study was conducted using self-administered online surveys, with a sample of 44 clinicians who had face to face, telephone or video consultations during the lockdown period completing the telehealth questionnaire. The participants were self-selected.

Clinician identification details were requested for the purposes of demographic reporting. The purpose of the study and demands on the clinicians was explained in the survey preamble and implied consent obtain by participation in the survey. Clinicians were advised that identifying details would remain confidential.

The telehealth surveys were issued out to the clinicians between 12 and 16 weeks after the consultation. Collated feedback focused on strengths and weaknesses of both the telehealth and face-to-face service offered by the WDHB during the COVID-19 lockdown period. Clinicians were also questioned on areas of improvement and encouraged to advise of challenges and barriers that occurred around their appointment. Information on this feedback is described in the next section.

Please see Appendix 1 to view the Telehealth Clinician Questionnaire.

This report builds on the initial patient experience report collated on behalf of the Whanganui District Health Board (McGregor and Carey, 2020).

Results

Descriptive Analysis

Demographics

Clinician socio-demographic data was obtained during the questionnaire. This information can be found below, under the headings of age, ethnicity and department. Consultations and appointments occurred via in person face-to-face, telephone and video formatting. Percentage of the cohort who fit into each category has also been included.

AGE PROFILE		
Age	Count	Percentage
15-24	2	4
25-34	4	9
35-44	11	25
45-54	10	23
55-64	13	30
65+	4	9

ETHNICITY PROFILE		
Ethnicity	Count	Percentage
NZ European/Pakeha	27	62
NZ Māori	3	7
Pasifika	1	2
Asian	2	4
Other	11	25

DEPARTMENT PROFILE		
Department	Count	Percentage
Mental Health	15	34
Dental	9	21
Emergency	3	7
Allied Health	9	21
General Surgery	1	2
General Medicine	2	4
Child Development	3	7
Primary Care	2	4

CONSULTATION/APPOINTMENT PROFILE		
Medium	Count	Percentage
In Person	7	16
Telephone	17	39
Video	0	-
Both Telephone and Video	20	45

The survey presented a number of closed questions to ascertain the nature of the interactions with patients that the clinicians had during Lockdown. Follow-up exploratory questions were then presented to ask them to think and reflect on what things could have been done better. The questions below do not map to the question numbers in the survey due to branching (a process where a question only populates determined on their previous answer) and are presented in a format to enable clarity to the reader. The survey in chronological, non-branched format is available in Appendix 1.

Question 1: Did you hold appointments during the Level 4 lockdown?

37 of the 44 clinicians held appointments during the level 4 lockdown period. Of those that did not hold appointments, two of the five cited that the emergency department does not hold appointments (although their interactions were in-person as a result), a further two worked in dental and were not redeployed, and the final one worked in allied health and was redeployed and worked from home.

Question 2: Were you given the opportunity to hold this appointment by telephone or videolink?

This question was only presented to those that indicated that they held in-person (face-to-face) appointments - a total of seven clinicians. Of these, five indicated that they were not given the opportunity to hold this appointment by telephone or videolink and worked within the emergency or dental departments. One of the clinicians who indicated that they had been given the opportunity to hold the appointment by telephone or video and instead held it by an in-person appointment mentioned that they in fact did both. They were concerned when their patients did not respond to telephone appointments and follow ups so conducted an inpatient visit. The other clinician who responded yes, advised that although they were given the option, all patients were triaged over the phone and the ones they saw in person were deemed necessary to have an in-person appointment.

Question 3: If you had been given the option to hold the appointment by telephone or videolink, would you have taken this option?

As with question 2, this question was only presented to those that indicated that they held in-person (face-to-face) appointments - a total of seven clinicians. Of the seven, only one indicated that they would have taken this option had it been offered.

Question 4: What are some of the reasons why you would not hold appointments by videolink or telephone?

The majority of the clinicians (five of six) indicated that the reason they would not hold their appointments via telephone or videolink is due to the necessitation to physically examine the patient (particularly for the dental appointments). One clinician indicated that the sole reason was due to concern for the patients who did not respond to the initial telephone contact.

Question 5: What are some of the reasons why you would like to have held the appointments by telephone or videolink?

This question was only offered to one clinician, and the reason that was provided was that they would prefer to have a remote appointment due to having less exposure to the patient (in terms of patient contacts during a global pandemic).

Question 6: In holding you face to face appointments during the lockdown period, what was your experience of working with your patients during this time?

Three of the seven clinicians indicated that there was a heightened sense of anxiety - *"Both myself and patient were on edge. Many people very stressed and unsure", "There was a higher level of anxiety. Extra PPE was worn*". The remaining clinicians indicated that due to the patients being briefed prior to attending, having less patients (and therefore more time with patients) and strict hygiene protocols all lead to a positive experience by both the clinician and the patient.

Question 7: Do you think there were any additional obstacles to overcome in terms of quality patient care? (such as the patient being unable to bring support people)

A couple of barriers were identified, but clinicians outlined that they were appropriate considering the pandemic. One clinician indicated that the patients they work with often have no technology and therefore would create further inequities, and three indicated that due to them assessing children that one parent was able to attend with them, albeit in one case in another room, observing through a glass divide. This clinician acknowledged that this was understood this requirement due to the lockdown.

Question 8: How would you rate your experience of holding telehealth appoint/consultation?

Overall, appointment experiences during the COVID-19 lockdown period were reported as positive. Clinicians utilised a 5-point Likert Scale to inform their appointment satisfaction level. A scoring of one corresponded to being 'very dissatisfied' while those who stated five were 'very satisfied' with their appointment. Two clinicians indicated they were 'very satisfied', one 'satisfied', three 'neutral' and one 'dissatisfied'.

Question 9: Do you have any further feedback to offer about your experience of patient assessment/ consultations during the Covid-19 lockdown period?

Two of the seven clinicians provided further feedback. The first indicated that although the lockdown period was testing for patients, overall, they were appreciative that services were provided with increased hygiene practices. The second made reference to the difficulties in undertaking consultation over the phone, identifying potential issues as a result of inequities from technological disadvantage and the ability to undertake holistic assessments (housing, hygiene, meds etc) in person which are lost through the utilisation of technology (in certain circumstances).

Question 10: Were you able to choose the mode by which to complete your consultation (or were you told which mode of telehealth you had to use)?

This question was presented to the 37 clinicians who undertook telehealth appointments throughout the lockdown period. The majority of clinicians (40 percent) indicated that they had selected to use both telephone and video, with 30 percent indicating that they had selected to use telephone only, and the remaining 30 percent indicating that they had been told which format to use. Of those clinicians who indicated that they were told which mode to use, they were limited to the Community Mental Health and Dental teams.

Note – as no-one selected video only, there were no responses to 'Why did you select Video consultation'. As a result, this is omitted from this report.

Question 11: Why did you select telephone consultation?

This was answered by nine clinicians. All cited that it was a matter of convenience for the patient or themselves, or due to technological issues with video. 44 percent indicated that it was due to technological issues with video, with 50 percent of these being issues at the clients end.

Question 12: Why did you use both video and telephone consultations?

There were 28 responses to this question. 50 percent of the clinicians indicated that they used both as this was the preference of the patient. The remainder cited clinical reasons (mental health act reviews for example) or initial technology issues which prevented them from undertaking video, which was then later enabled.

Question 13: Why weren't you given the choice of using both telephone or video? (ie lack of facilities or education).

All responses to this question related back to IT issues, be this inadequate training, not available on the clients end, or work computers being insufficient to support video. As a result, telephone was the only method available.

> *"All of my clients are over 65 and did not have the facilities for video."*
>
> *"Lack of facilities. Did not have working technology to provide the option of video to patients."*
>
> *"I was not given the computer equipment to use it and had to use my own personal laptop and also my own personal home data."*
>
> *"Primarily, Lack of technology and/or broadband on the patient's side. My desktop computer at work is very old and does not have a camera to access video calling."*
>
> *"Video was not an option prior to Covid 19 lock down, so I just got on with the assessments via the telephone. As the lock down progressed we were advised that video (Zoom) could be an option however my particular group of patients did not have access to a video system at their homes."*
>
> *"Mental Health Clients lack of access to tech for video (usually due to cost, no internet access, etc) Telephone is the only option available in most situations. I did not have a computer at my house to use for video calling. Telephone was the best and only real option available for myself and for the tangata whaiora."*
>
> *"Video was not available at work due to lack of technology. Telehealth only worked at home using my own computer. Systems at work did not support telehealth."*
>
> *"There were issues with technology in terms of getting things up and running at home - I had to spend a bit of time toing and froing with I.T. Support to get things set up properly (my WDHB laptop had not been set up for me to access WDHB programmes from home so I had to contend with working this out during lockdown). Microsoft teams was also rolled out during lockdown and no one had had training with this technology, and this combined with I.T. issues experienced by some of our staff meant that we were unable to use it effectively. Due to I.T. teething issues and grappling with new technology meant I chose to offer phone appointments only."*

Question 14: Prior to holding your telehealth appointment, were you given any material to help prepare for your appointment/consultation?

This was split 50/50 with 19 clinicians indicating that they had, and 18 indicated that they had not. Of those that did, 15 indicated that they found the material helpful. However, they outlined that it could be improved through better technology (equipment or remote connection) and a formalised training programme (those who had information self-researched this) to support the video functionality roll out.

Question 15: Would you have liked to receive information prior to holding your appointment?

67 percent of clinicians indicated that they would have liked to receive information prior to holding their appointments. Of these, some form of formalised training would have been advantageous, in particular around:

- Use of the technology
- Privacy
- Safety concerns (how to deal with crisis issues for example)

- Remote access

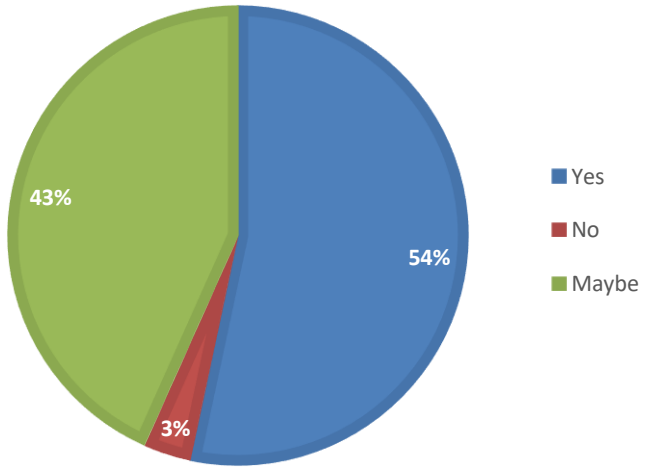
It was also outlined that these were not only important for the clinicians but also the patients and that information should be sent out prior to any appointment. This was further emphasised by 50 percent of clinicians indicating that they would have liked support in delivering the telehealth appointments, and 53 percent indicating that they had concerns or difficulties getting started online with telehealth.

> *"Brief WDHB wide process- flowchart regarding the use of telehealth. Could be similar to what is provided in other DHB's. Canterbury DHB provide excellent information to their staff. -Information regarding informed consent, confidentiality, use of telehealth in home settings. pathway/contacts for support with tech issues, how to support clients to access tech."*
>
> *"Would have been useful to have access to clinical notes."*
>
> *"I sourced my own information about safety, what to check with the client for, were they comfortable about talking, was the time convenient, what day and time could future appointments be made. Risk assessment."*
>
> *"Having a quiet environment, privacy, and the privacy of the medium itself, how to mute and unmute, starting a few minutes ahead to clear up any connectivity issues, having a tech ninja on standby at both ends if unsure. Most importantly it would have been good to prepare the service users ahead of time - it was OK for us as many of us had at least used Zoom before. Tips about lighting for when you really need to see the person clearly. The need to have microphones or headsets - some workstations at our DHB did not have these."*
>
> *"Clearly equipment, ease of access and actual planning will be on-going problems. Also, to remember that a large percentage of the people that I see are of lower socio-economic income groups and lack the facilities and resources to make this process easy."*

Question 16: Would you consider holding other telehealth appointments in the future?

As can be seen in figure 1, 54 percent of the clinicians indicated that they would consider holding telehealth appointments in the future, with an additional 43 percent outlining that they may consider it – only one clinician indicated that they would not consider using the platform in the future.

Figure 1: Clinicians that would hold telehealth appointments in the future.



The clinicians who indicated 'yes' outlined the advantages of increased flexibility, reaching our rural and immobile patients, client choice and reduced clinician travel time through telehealth as the reason for considering it in the future.

"Useful as it cuts down on unnecessary travel and tends to keep dialogue more focused and succinct Telehealth appointments give you more flexibility".

"Yes we have continued theses for some people particularly those with social anxiety who find it an easier way to talk. Also for rural clients and for MDT meetings where we are located on different sites."

"Clients living in rural or isolated areas become more accessible. Clients with mobility issues can be accessed more effectively".

"Working in rural sector we have been asking for this for over 10 years, as so much of our time is wasted in travel. Telehealth enables us to increased our client focused time. We can attend clinical meeting, non clinical meetings and education sessions without travel, enabling this travel time to be used more productively. I see it reducing wait times for seeing clients in all sector".

"It depends on what the client wants - if they can or willing to have the appointment via this method. For follow-ups, and for some people in rural locations, some form of teleheath can be useful".

"I think it makes sense especially for patients in the rurals to sometimes have crisis contact by telehealth services. For a rural clinician to bring a patient into Whanganui for crisis review can often take a whole day on 1 patient. This is not cost effective."

Some of the clinicians who indicated 'maybe' outlined that is should be part of a suite of services and that face-to-face (in person) is an important part of clinical care - not only to build rapport, but also to conduct comprehensive reviews. It was further identified that the technology needs to keep pace with the requirements and the burden of undertaking this type of appointment should not add costs to the patient.

"Use for between visits for out of town clients, however, not as effective as in person visit, not for initial assessment or meeting use."

"Only if we had the technology to support it. Current computers are not sufficient. I would use telehealth more if the burden and cost of internet did not fall on the client."

"I don't feel that telephone calls or video calls are enough to provide a comprehensive assessment of someone mental health presentation. You need to see someone face to face at least every second review in order to read body language signs and have more robust and meaningful discussions."

"It is a modality that is useful in extenuating circumstances for Intermediate Care but didn't save time. Face to face allows us to modify our approach to fit the patient in ways that telehealth does not. E.g., using a whiteboard to communicate to someone with hearing loss. We use all our senses when working with our patients and we can't do this via telehealth, e.g. walking into a room and smelling, seeing issues we wouldn't be aware of via telehealth. Particularly important for our vulnerable elderly living in the community. We gather far more information in their homes than we could via telehealth."

"I prefer to conduct face to face appointments in person if possible. I would certainly consider telehealth appointments with those clients who lived rurally, to decrease the need for travel, especially in the winter months."

Question 17: How would you rate your experience of holding your telehealth appointment?

Overall, appointment experiences during the COVID-19 lockdown period were reported as positive with an average score of 3.27 out of 5. Clinicians utilised a 5-point Likert Scale to inform their appointment satisfaction level. A scoring of one corresponded to being 'very dissatisfied' while those who stated five were 'very satisfied' with their appointment. Three clinicians indicated they were 'very satisfied', seven 'satisfied', 18 'neutral', three 'dissatisfied' and one 'very dissatisfied'. The clinician who indicated that they were very dissatisfied outlined that they would have appreciated education, cited technology issues and identified that in-person face-to-face appointments is their preference.

Question 18: Can you tell us more about what holding your appointment was like for you? What worked well for you? What didn't?

Much like the responses provide to question 16, positives around increased flexibility, and being able to communicate with rural patient were noted. Negatives outlined were noted about IT and not being 'socialised' to the new appointment methods before it became necessary.

> *"Tricky - as well as being the provider of health expertise we were suddenly in the role of IT advisor too!"*
>
> *"Clients were not adequately socialised to this process and some were ok about being not contacted, some had phone plan issues, some did not have Zoom or alternative capability."*
>
> *"The patient contact was good, I did not have the ability to assess visionally on telephone consults it did impact on my assessments a little and I found I had to ask a few more direct Questions in assessments. This did however help to build some good rapport. The video consults were great, I was able to sit in on some joint therapy sessions with the psychologist and my clients also had some family meetings."*
>
> *"Initiating a relationship over telephone helped before doing video sessions. Preparing patients and preparing the session helped."*
>
> *"WHAT WORKED: Regular phone contact, patients told me that they felt supported. Was able to arrange food / blanket parcel delivery's which patients advised me were helpful. Patients appeared to be comfortable with phone contact, even patients I had not previously met. We were able to talk through safety plans and ensure options were offered. CHALLENGES When it came to safety planning, we had to be mindful who was possibly in the home and ensure our conversations did not put anyone at further risk."*
>
> *"Often elderly population have some degree hearing or vision lose this makes telehealth difficult. Both modes have significant limitations when working with elderly who frequently have visual, hearing and cognitive loss."*
>
> *"Unfortunately, I find telephone calls to be far more superficial that face to face consultations/reviews and at this level of mental health service provision I don't believe telehealth is thorough enough for us as clinicians to do our jobs properly."*

Question 19: If the option of telehealth appointments continued, how could things be improved?

Clinicians cited that the type of platform used needs to be investigated – teams is a better platform for the organisation, however the use of Zoom appears to favour the patients. The majority outlined that education for both the clinicians and the patients is a must, clear policy around which clients are appropriate, and that without considering zero rated data that we will be creating further inequities

through making patients use their own mobile data.

"Teams needs to be looked at it's very complex as opposed to Zoom."

"Standardized information to send out to service users ahead of the appointment so that they can prepare ahead of time Having an administrator do a test connection a little earlier for critical/initial assessments/first time contacts."

"Clear policy and procedure, Training, ongoing tech support."

"Improved equipment access and remote access. Support for clients to access equipment needed. Utilise the same platform across organisations and one which works for everyone. We used Zoom by preference during lockdown and it was good, we have now migrated to Office Teams which isn`t as accessible for clients and is not as good as Zoom. Teams appears to be overtly of more benefit to providers yet not for clients. Another example of organisational need taking priority over client accessibility/utility perhaps?"

Specific criteria around who is appropriate to be a telehealth client (taking into account current risk to self and others, etc)."

Absorb data costs from clients. No download or additional tech required of clients."

Question 20: Do you have any other feedback to offer about these types of appointments in general?

It was outlined that as an organisation we should be considering telehealth as part of the suite of services, and not the only service. For many clients this style of appointment will be sufficient, however for others; in particular the elderly; this modality may be less suited. Furthermore, accessibility in terms of access to IT or internet were raised as concerns for the future.

"Why can't the clients receive education in the community? So much focus is on us as practitioners, what about the clients? Training in the use of telehealth for over 65s in the community would be very beneficial. Discounts by Grey Power, perhaps, for over 65's to purchase laptops? They are not only impacted by pandemics and disasters, but also their mobility can be more restricted."

"I do think this is going to be one way of interacting but that one cannot underestimate the value of in person contact either. It is good to be able to offer these as a choice."

"I have had feedback from a client that video telehealth worked really well for them. They received telehealth from a private DHB contractor. For some people telehealth will work well for them."

"They do not suit all. They reduce human contact to video screens or telephones. Telephone loses nonverbal cues. Can't show illustrations on the telephone unless using video and telephone screens are small. Aged folk are less likely to warm to telehealth."

"For mental health is about encouraging the video contacts rather than phone as we also rely on visual component of our assessment."

"It's something that can be an adjunct to therapy but can't take away hands on assessment and treatment."

"Some clients will not want or have the technology to use this method. There is value in having both face to face and telehealth options available not one or the other."

"Very useful for triaging new referrals."

"Clients are better set up than I imagined."

"They should be used primarily for consultations with patients who live rurally."

"Telehealth is clearly an option to look at (it is cost effective and time saving) but careful strategic planning must be considered to ensure the quality of service the tangata whaiora receives (particularly in mental health and addictions) is not "watered down" by too many superficial interactions."

"…does not address disparity of service among our clients who do not have internet. I would like to see more focus on client experiences and how to make this more accessible for them."

Question 21: Do you have any other things to mention that we should be aware of to better prepare for the next lockdown or pandemic event?

The clinicians indicated that the themes that were presented throughout the survey responses were the way that the organisation needs to prepare for future events. Ultimately, this came down to access, access, access – access to the correct technology, access to education and training, access for clients to the internet or a facility to support telehealth.

"I think we did very well as a hospital board and country overall with telehealth; we all learnt what we had to learn. Teams could be more user friendly (like Zoom). I would do a survey of all the hospital staff and ask for example, who is your service provider, what plan are you on, do you have speakers and a camera on your home computer etc? It was obvious who had access to fast internet at home. Not all of us had our new phones yet. We must, as staff, be able to work completely as well at home as we are at work, and 'on the run.' The older population in our community requires more technological support for a future event."

"People are far more resilient and creative than we give them credit for! People who have experienced previous adversity are even more so. However, we cannot assume that our service users will have access to technology and it is often surprising who does and doesn't have either the resource or the expertise, so we need to be more cognisant of that. We may need to offer "connection hubs" where people can come and safely be able to use technology (appropriately sanitized) if they cannot access this at home. Or find some other way to link them in, e.g. having a local person bring the technology to them so that they can communicate with a more remote person/service."

"Resources. Written instructions on telehealth that can be sent to patients- mail and e-mail. Would be good. Access/ Equity: staff/departments should have equal access to telehealth services as during a lockdown or pandemic as this continuing/providing patient care."

"Clients may have no reception on cell networks. Generally, clients need to be better prepared for using this method."

"Ensure that all staff members have the tools and skills to work remotely. Encourage staff to work remotely so that if an event occurs, working this way is "common practice"."

"As mentioned previously utilise a common platform and one that is easily accessible for clients."

"Need appropriate IT; phones/computers/wifi to work from home."

Discussion

The findings from this study indicate that overall, the majority of the clinicians who responded to the survey see value in having telehealth as part of a suite of services offered to our patients – however, for it not to become the only service. Reported patient experience results in McGregor & Carey (2020) support these findings with the majority of patients seeing value in telehealth as part of a suite of services in care delivery. This not only opens up viable options for triaging, for follow-ups and to provide patients centric services to our more remote patients, but it also supports consumer choice by enabling them to have a telephone or video appointment should it be clinically safe to do so.

There was a large amount of feedback around ensuring our organisational technology, as well as the technology of the patient is sufficient to undertake the appointments prior it being scheduled. Our team members will become frustrated and will stop using the platforms if they do not believe they have the technology they need to deliver what the organisation is requesting of them. Likewise, our patients will not feel valued if they are unable to connect to appointments due to technological issues, or inequities due to the utilisation of their own data or connections. This finding is congruent and further supports the recommendations in the patient experience report.

Consideration needs to had around how the organisation can demonstrate our commitment to pro-equity by investigating zero data rating of the appointments to enable the patients to not be at a disadvantage by being offered this service. Working with our social governance partners to identify spaces within our communities to provide private spaces with the necessary IT infrastructure to undertake telehealth (video) consultations. This service delivery could be further designed to enable support people (trained or non-regulated workforce) to undertake physical assessments based on clinician guidance in a remote setting. An example of this could be the taking of a blood pressure.

Recommendations

As a result of this experiences presented in this report, the following recommendations are made:

1. A training package is developed to support clinicians in effective delivery of telehealth. This training package should cover:
    a. Setting up of the IT to administer the telehealth sessions.
    b. Logging into to the ZOOM/Teams session
    c. Rapport building through a technological medium
    d. Methods of delivery (i.e. pace, pitch and picking up of non-verbal queues etc)
2. A strategy be developed that enables the utilisation of telehealth in rural settings. This should be an across the system approach and link in with primary care service delivery. This work should be developed in conjunction with our partners in care and social governance partners to enable a coordinated approach.
3. Investigate zero rating the Whanganui District Health Board website and future telehealth appointments to reduce equity barriers.
4. Ensuring that a ‘tech check’ is conducted with the patients prior to an appointment to ensure that their end user experience is optimal – access, connectivity, and correct technology for example.
5. Investigate the possibility to using a non-regulated workforce to support the delivery of services where a support person is required. This could be a staff member in a community hub for example.

Appendix 1

Clinicians Patient Contacts During COVID-19

Face-to-face or Telehealth

Section 1

Demographics

Please enter the below details

1. Name

Enter your answer

2. Age *

- 15-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

3. Ethnicity *

Enter your answer

4. Department *

Enter your answer

Patient Contact Type

Thinking of one particular appointment (or series) please answer the following questions

5. Did you hold appointments during the Level 4 Lockdown? *

- Yes
- No

6. Was your appointment: *

- In Person (at Hospital)
- In Person (at patients location)
- Via telehealth (including video and telephone)

7. What was the reason that you did not hold appointments? *

Enter your answer

8. Were you given the opportunity to hold this appointment by telephone or videolink? *

- Yes
- No

9. Were there particular reasons for you wishing to hold a face-to-face meeting? *

Enter your answer

10. If you had been given the option to hold the appointments by videolink or telephone, would you have taken this option? *

- Yes
- No

11. What are some of the reasons why you would not hold appointments by videolink or telephone? *

Enter your answer

12. What are some of the reasons why you would like to have held the appointments by telephone or videolink? *

Enter your answer

13. In holding your face to face appointments during the lockdown period, what was your experience of working with your patients during this time? *

Enter your answer

14. Do you think there were any additional obstacles to overcome in terms of quality patient care? (such as the patient being unable to bring support people) *

Enter your answer

15. How would you rate your experience of holding your telehealth appointment/consultation? On a scale from 1 = Very Dissatisfied, to 5 = Very Satisfied *

1 2 3 4 5

16. Do you have any further feedback to offer about your experience of patient assessments/consultations during the Covid-19 lockdown period? *

Enter your answer

17. Do you have any other things to mention that we should be aware of to better prepare for the next lockdown or pandemic event?

Enter your answer

Section 3 ...

Telehealth attendances

18. What telehealth service did you offer? *

- Telephone
- Video
- Both telephone and video

19. Were you able to choose the mode by which to complete your consultation (or were you told which mode of telehealth you had to use)? *

- Yes - and I selected video
- Yes - and I selected telephone
- Yes - I used both video and telephone
- No - I was told which mode I had to use

20. Why did you select video consultations? *

Enter your answer

21. Why did you select telephone consultation? *

Enter your answer

22. Why did you use both video and telephone for consultations? *

Enter your answer

23. Why weren't you given the choice of using both telephone or video? (ie lack of facilities, education) *

Enter your answer

24. Prior to holding your telehealth appointment, were you given any material to help prepare for your appointment/consultation? *

- Yes
- No

25. Was this useful? *

- Yes
- No

26. How could it have been improved? *

Enter your answer

27. Would you have liked to receive information prior to holding your appointment? *

- Yes
- No

28. What information should we have included? *

Enter your answer

29. Can you tell us more about what holding your appointment was like for you? What worked well for you? What didn't? *

Enter your answer

30. Would you have liked support in delivering the telehealth appointments? *

- Yes
- No

31. Did you have any concerns or difficulties getting started with the online telehealth appointment? *

- Yes
- No

32. What were these concerns? *

Enter your answer

33. Would you consider holding other telehealth appointments in the future? *

- Yes
- No
- Maybe

34. Can you please tell us more about why you feel that way? *

Enter your answer

35. If the option of telehealth appointments continued, how could things be improved? *

Enter your answer

36. How would you rate your experience of holding your telehealth appointment/consultation? On a scale from 1 = very dissatisfied, to 5 = very satisfied *

1 2 3 4 5

37. Do you have any other feedback to offer about these types of appointments in general? *

Enter your answer

38. Do you have any other things to mention that we should be aware of to better prepare for the next lockdown or pandemic event?

Enter your answer

References

McGregor, J. & Carey, S. (2020). *Patient experience survey of face-to-face and telehealth appointments during the Level 4 COVID-19 Lockdown*. Whanganui: Whanganui District Health Board.