WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

WHANGANUI DISTRICT COUNCIL
Te Kaunihera a Rohe o Whanganui

RANGITIKEI DISTRICT COUNCIL

Whanganui District Emergency Management

RUAPEHU DISTRICT COUNCIL

Integrated Recovery Team

COVID-19

From Response to Recovery – the next normal.

Patient experience survey of face-to-face and telehealth appointments during the Level 4 COVID-19 Lockdown.

Report Team

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Purpose

The purpose of this report is to advise the Whanganui District Health Board (WDHB) of the effectiveness from the patient 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.

Materials and Methods

The study used a descriptive design.

A sample population of 56 WDHB patients who had face to face, pilot telephone or video consultations during the lockdown period completed a telehealth questionnaire. The participants were selected based on their ethnicity and their cognitive ability to answer a telehealth questionnaire. Inclusion criteria included the ability to communicate and those who were contactable within general working hours.

Participant identification details were provided by the hospital Outpatient Department to a registered nurse in the Patient Safety, Quality and Innovation team. Chosen participants were called by the registered nurse and asked to provide feedback of their experience of a telehealth or face-to-face appointment that they had with WDHB staff during the COVID-19 lockdown period. Patients who had consultations with mental health services during the lockdown period were also contacted. Five refused to talk to the registered nurse about the study. Client names were then provided by case workers from Mental Health and Addiction Services. The case workers stated that they believed these clients would be amenable to speaking on the phone. The purpose of the study and demands on the participants was explained prior to receiving their verbal consent. Patients were advised that identifying details would remain confidential.

The telehealth surveys were conducted between 12 and 15 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. Patients 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 A to view the Telehealth Questionnaire.

Patient contact during lockdown occurred via telephone, video or face-to-face consultation. Please see Appendix B to see the breakdown of information gathered from the feedback questionnaire.

A similar report by the 'Consumer Leadership Team: Auckland DHB Mental Health and Addictions Directorate' collated feedback from their service users, as regards their experience of telehealth during the lockdown period. Please see Appendix C to view this report.

Results

General information

Participant socio-demographic data was obtained during the questionnaire. This information can be found below, under the headings of gender, age, ethnicity and home location. Consultations and appointments occurred via face-to-face, telephone and video formatting. One respondent cancelled her appointment and has been included as other. Percentage of the cohort who fit into each category has also been included.

GENDER PROFILE		
Gender	Count	Percentage
Female	35	63
Male	21	37

AGE PROFILE		
Age	Count	Percentage
0-14	1	2
15-24	5	9
25-34	6	10
35-44	3	5
45-54	5	90
55-64	16	29
65+	20	36

ETHNICITY PROFILE		
Ethnicity	Count	Percentage
NZ European/Pakeha	27	48
NZ Maori	25	45
Other	4	7

LOCATION PROFILE		
Location	Count	Percentage
Rangitikei	12	21
Ruapehu	2	4
Rural Whanganui	2	4
South Taranaki	3	5
Whanganui City	37	66

CONSULATION/ APPOINTMENT PROFILE		
Medium	Count	Percentage
Face to face	4	7
Telephone	38	68
Video	13	23
Other	1	2

The following chart displays the medical specialty with whom the patients had their appointments.

NUMBER OF PATIENTS AND MEDICAL SPECIALTY	
Medical Specialty	Number of patients
Clinical Psychologist	1
General Surgeon	8
Gynaecologist	4
Haematologist	1
Mental Health Nurse	4
Midwife	1
Nurse Practitioner	2
Obstetrician	4
Occupational Health Physician	1
Oncologist	9
Orthopaedic Surgeon	3
Pain Specialist	1
Physician	2
Physiotherapist	12
Psychiatrist	2

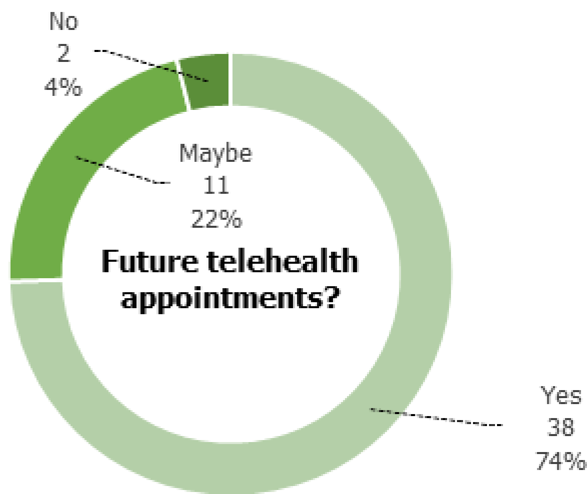
Qualitative Variable Results

Overall, appointment experiences during the COVID-19 lockdown period were reported as positive. Participants 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. More than 80% of participants reported feeling 'satisfied' or 'very satisfied.' 12.5% of respondents reported feeling 'neither satisfied nor dissatisfied' with their experience. Three participants (5% of respondents) reported feeling 'dissatisfied.' One respondent (2%) reported feeling 'very dissatisfied' with their appointment.

One patient cancelled her appointment as the reason for the assessment was no longer applicable. She had been contacted as the cancellation was not included in the provided Outpatient Department data. She has been included in the study. Her information has not been entered in the below chart due to limitations of the telehealth questionnaire: The registered nurse was unable to continue using the questionnaire programme once it was indicated the patient did not attend an appointment. The patient verbalised during the questionnaire that she was very satisfied with her experience pre-appointment cancellation.

SATISFACTION RATING: TELEHEALTH vs FACE TO FACE						
	Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied	Number of appt.
Telehealth: Telephone	1	1	7	2	27	38
Video	-	-	-	5	8	13
Face to face	-	1	-	-	3	4
Total	1	2	7	7	38	55

Of the participants who had telehealth appointments, 38 stated that if given the option, they would like to have a telehealth appointment in the future. 11 participants responded 'maybe' to the option of having another telehealth appointment. Two participants stated that they would not like to have another telehealth appointment.



Descriptive results

The data collected gave rise to two main themes and six sub-themes. These themes centre on participant experience, as remembered after the fact.

Theme 1: *Effective consultation*

Most participants reported being satisfied with the health appointments provided during the COVID-19 lockdown period. The ease of access and convenience of being able to speak from the comfort of their own home, and the benefit of being able to communicate their medical concerns with medical personnel was mentioned repeatedly during the feedback conversations.

Sub-theme 1: *Ease of access and convenience*

Most respondents reported that gaining access to appropriate technology for the consultations and assessments was easy.

> *"Everything worked well. There was a problem at one point with the audio but it was fixed easily and we were able to have a laugh about it. Got the information I needed and it helped"*

> *"You have a phone in your pocket all the time and no matter what you are doing you can pick it up and talk – you don't have to shower and get changed and come to the hospital. It is more convenient… it saves time and money and it works great"*

Some said that they would prefer to continue video and telephone conferencing unless face-to-face was required. One individual noted that due to her immunosuppression, social distancing was especially important. She stated that it was: "*good [if telehealth is] offered in the future because waiting rooms in hospital would not be full.*"

Due to the breadth of the Whanganui district, some patients are required to travel long distances to attend the hospital. Participants reported their appreciation of not having to make this trip. Others appreciated not having to organise work around their appointment.

> *"It was nice to not have to drive from Ohakune for the appointment"*

> *"I would definitely consider a Zoom call again due to convenience. I don't have to travel and can get dressed and go to the next room for the appointment. I didn't want to leave the house so soon after my surgery so it was perfect"*

> *"I have to rely on my kids to get to my appointment because I can not drive anymore. The telephone appointment means that I do not have to rely on them"*

> *"I am happy to be able to have the consultation from home or work"*

> *"It is a 30-35 minute drive over to the hospital which I don't mind, but at the end of the day it is easier*

for me to do the consultation on the phone"

"I use a wheelchair and telehealth is a great option because it eliminates issues around accessibility"

Patients who were unable to attend the hospital due to physical limitation, childcare availability, financial concern or work constraints reported a preference for the telehealth medium over the traditional face-to-face option.

Sub-theme 2: *Benefit of communication with medical staff*

Psychological wellbeing was a large concern during the COVID-19 lockdown, where people were unable to complete heretofore activities of daily living. Some participants expressed their surprise and happiness that they would have post-procedure follow-up-care, stating that they had believed that with the lockdown, this would not be happening. Some participants expressed their concern of attending the hospital during COVID-19 lockdown.

"The fact that the appointment wasn't cancelled because of COVID-19 was brilliant"

"It was good having a close connection with the doctor and being able to talk to them"

"I was happy... Because of COVID-19 I did not want to go to the hospital"

"I was happy to do the phone call, especially during the COVID time"

"Especially during COVID-19 I did not want to attend the hospital"

"It was great that I could still have my appointment even though we were in lockdown. I was not able to attend the hospital and staff were not able to come to my house. If this happened again it is good to know that I can still have my appointment"

Theme-2: *Ineffective consultation*

Issues raised by participants around telehealth appointments included but was not limited to; appointments that felt hastened, the feeling of being brushed off by medical personnel, the ineffectiveness of medical assessments without the physical aspect, limited access to technology, poor reception in rural areas and lack of whānau involvement.

Sub-theme 1: *Lack of technology and connectivity*

Inefficient technology and poor connectivity were themes that were repeatedly mentioned during feedback sessions. Some respondents reported that family members had to set up video conferencing for them. Others, particularly those living rurally, mentioned poor connectivity.

"There was a problem with the internet speed where voice and mouth movement were happening at different times. [I] could hear the feedback of her voice about 15 seconds after they were actually spoken"

"[The] computer is a wee bit old and a couple of appointments we had I found it hard to get the sound going - although I could see a picture I couldn't hear. So we spoke on the phone and used the internet to see each other"

"[I am]... not great with technology and without [my] wife to set the programme up would have struggled"

"I'm a face-to-face person and don't like talking to a machine because to me at my age it is unnatural"

Sub-theme 2: *Whānau involvement*

14% of respondents stated that whānau presence would have been preferred for their consultation. These respondents included a patient who attended the hospital for their obstetric appointment:

"It is my first pregnancy and I have twins – would have been nice to have a support person"

One feedback participant was the mother of a pre-teen patient. The telephone consultation occurred between the physician and the patient's mother only. The patient asked to speak to the physician and was disappointed because she didn't get the opportunity to talk.

"I didn't really understand the terminology of the doctor. I was answering a lot of questions about my daughters' well-being. Because he [the surgeon] couldn't assess her himself we couldn't ask questions regarding how long it would take for my daughter to be able to walk properly again [fractured leg]… She has been asking lots of questions since surgery and really wanted to talk to the doctor - there wasn't the opportunity during the brief 1-minute conversation that I had with him over the phone… My daughter wanted to ask questions and felt that she wasn't able to over the phone - she wasn't given the opportunity."

Sub-theme 3: *Breaks in communication*

There was feedback that reported breaks in communication where respondents were not contacted when they were told they would be or where they were not given sufficient information to be able to complete their appointment.

"I was advised the appointment would be at 11am and it was not until 4pm. When I questioned this I was advised by the obstetric team that it was presumed that due to COVID-19 I would be at home anyway so calling late was not problem. It was a problem for me, especially with 3 kids at home and having to have them occupied and out of the way"

"I was sent instructions to set up the consult. This was very useful. There was an issue with break in communication where I was told that I would receive the information a week prior to the consultation. By the day before the consult I still had not received the information. I contacted the clinic and was sent the appropriate details straight away"

"I have hearing problems and people when they talk need to talk louder. So it would be good to advise me beforehand so that I am home for the call – the home phone has a speaker"

Others were concerned that they had not been offered the use of a video conference which meant that a physical concern was not able to be visualised by the medical professional during the consultation.

"If it was video there would be no barriers. I would just use Apple or Zoom or whatever"

"There was no physical examination and I feel that this was needed"

"I am very much a face to face person and while the physician was very good at reading my voice and my comments I felt the requirement to connect emotionally by being face to face. I was not offered to use Skype which would have been preferable to telephone consultation"

"I would have liked to have been given the option of Skype which did not happen"

"I was not given the option of having a video consultation. I would have preferred to do that"

Sub-theme 4: *Disconnect with ownership of rehabilitation pathway*

Some participants who had teleconferencing reported a disconnect with the health professional which then lead to an unsatisfactory treatment pathway.

"I much prefer face to face because then I feel like I am taking part in my health"

"I had no idea what was going to happen… I didn't get an answer to my question – which was the whole point of the consultation"

"I was not happy with what he said to me. I would have liked to have seen him face to face. I felt like I was being brushed off. I have lost my job because of this and am unable to work until this is fixed. I felt like I had no say in the matter – it was what he said and now it's done and dusted. There was no physical examination and I feel that this wasneeded"

"It was really fast – like 5 minutes and I was glad it was by phone because my husband and I would have been really annoyed if we'd taken time off work and with the travel involved for a 5-minute conversation"

Discussion and Recommendations

The findings of this study showed that most participants were satisfied with their consultations and appointments with WDHB staff during the COVID-19 lockdown period.

As the number of patients who had assessments and consultations with WDHB staff during lockdown is an unknown variable, it is not possible to know what a statistically significant sample size would be. It can be assumed however, that 56 people would not be enough to represent the target population.

All patients who took part in the questionnaire stated that no cultural barriers were noted in the conduction of their WDHB appointments and consultations during COVID-19.

Most of the respondents for this study were aged older than 56 years. Another large group of respondents were obstetric patients who are currently at home. The reason for this high number in responses is likely to be a correlation with those who are contactable from 8am until 430pm; the hours during which the telehealth questionnaire was conducted.

The time period between health appointment and telephone questionnaire is a concern. As this time increases, so too does the potential for patient recall error (Dalziel et al., 2018). For this study, there was a 12 to 15 week time lapse between consultation and questionnaire phone call. For future studies it is advisable that this gap in time be decreased.

A drawback of the consultations was that respondents stated they were not given the option of an appointment medium. Some declared that they would have preferred a video format rather than the telephone. The video consultations were offered by the physiotherapists and the occupational physician only.

The registered nurse who made the phone calls for the telehealth questionnaire counselled two respondents who were dissatisfied with their telephone consultations, as follows

- An older male patient was laid off from his workplace last year for an operable condition. He reported that he has been advised by other companies that he is viewed unemployable until he has had the operation. He has financial concerns and stated that he had been looking forward to seeing the surgeon to 'get the ball rolling'. Sight unseen, the surgeon advised him over the phone that he would not be having any procedures until the issue was 'a problem'. The patient was concerned as he is the main source of income in his household. During the questionnaire, the patient described his issue to the Registered Nurse who then advised him to see his general practitioner (GP) and ask for a second opinion, which would include a physical examination.
- Similarly, a middle-aged woman described to the registered nurse a physical malformation that sounded concerning enough that she was advised get a second opinion via the GP. This patient described the fantastic 'bed manner' of the surgeon on the phone but said that her questions regarding the malformation were not answered. Sight unseen, the surgeon advised her that she should wait until the symptoms worsened. The symptoms as described during the questionnaire phone-call sounded potentially neoplastic.

Both respondents stated that they would have liked to have been offered a video consultation with the surgeon so that their conditions could be visualised. It is a concern that these two potential 'misses' were caught by chance and raises the following questions: how many 'misses' occurred during the lockdown; and should telehealth video consultations or face-to-face contact be a requirement for initial consultations and telephone consultations be limited to follow-up only.

When patients are in a waiting room, they can speak with a receptionist or telephonist when prior appointments run overtime. It was reported by two respondents that their Telehealth consultations were late – one of these by five hours. Both respondents reported that they thought they had been 'lost in the system'. If the option of telehealth consultations and appointments continues, a clear communication platform indicating appointment time and date will be required. This platform should allow for further communications with change to appointment time.

Prior to consultation commencement, patients should be alerted to the expected length of time for that session. The words 'fast' and 'brief' were used by some patients when describing their telephone appointments, whilst another complained of being 'brushed off.' One respondent quoted "I feel like if we'd been physically there it would have gone for longer… It was very focused and to the point." When booking telehealth appointments, it is essential that the length of time for that consultation be made clear so that clinicians and patients have the same expectation.

The respondents who had consultations with mental health staff were likely to state being satisfied with their telehealth experience. The first five people contacted refused to speak with the registered nurse. These 5 people have not been included in the statistics. The inability to complete the questionnaire with mental health patients was discussed with a member of the Mental Health and Addiction Team. This team member contacted co-workers who provided the names of clients who would be amenable to a phone call.

In seeking future feedback from mental health clients, a consideration could be working with the WDHB mental health team. A clinical employee of that team could call the clients who may be more amenable in talking to a staff member of the service. Having client's complete written feedback and placing it in a sealed box for confidentiality could be another method.

Some respondents did not have the internet or phone reception, or the technology appropriate for a video consultation. It will be important to consider the equitable availability of technology should telehealth be considered in the future.

Due to the wide dispersal of patients and the breadth of the Whanganui DHB area, telehealth should be considered as an optional medium for health consultations in the future. Telehealth consultations and appointments enable patients from rural areas to have near-equitable care to those who are more readily able to attend the Whanganui hospital.

Appendix A
Telehealth Questionnaire:

1. Gender?
2. Age Range?
3. Ethnicity?
4. Location (by TLA)
5. Did you attend an appointment with DHB staff?
6. Was your appointment:
   - in person (at hospital)
   - in person (at your location)
   - via telephone
   - via videolink (teams, zoom etc)
7. What was the reason that you could not attend your appointment?
8. Were you given the opportunity to attend this appointment by telephone or videolink?
9. Were there particular reasons for you wishing to attend a face-to-face meeting?
10. If you had been given the option to attend by videolink or telephone, would you have taken this option?
11. What are some of the reasons why you would not attend by videolink or telephone?
12. What are some of the reasons why you would like to have attended by telephone or videolink?
13. What telehealth service did you receive?
14. What was the service that you received telehealth for (physio, general practice etc)
15. Prior to your telehealth appointment were you given any material to help prepare for your appointment/consultation?
16. Was this useful?
17. How could it have been improved?
18. In the future, how would you like to receive information prior to your appointment?
19. Would you have liked to receive information prior to your appointment?
20. In the future, how would you like to receive information prior to your appointment?
21. What information should we have included?
22. Can you tell us more about how this appointment was for you? What worked well for you? What didn't?
23. Would you have liked someone with you?
24. Did you have any concerns or difficulties getting started with the barriers in relation to your online telehealth appointment?
25. What were these concerns?
26. Would you consider having another telehealth appointment in the future?
27. Can you please tell us more about why you feel that way?
28. If the option of telehealth appointments continued, how could things be improved?
29. How would you rate your experience of your telehealth appointment/ consultation? On a scale from 1 = very dissatisfied, to 5 = very satisfied
30. Do you have any other feedback to offer about these types of appointments in general?
31. What was the service that you received your face to face appointment for (physio, general practice etc)
32. Prior to your face-to-face appointment, were you given any material to help prepare for your appointment/ consultation?
33. Was this useful?
34. How could it have been improved?
35. In the future, how would you like to receive information prior to your appointment?
36. Would you have liked to receive information prior to your appointment?
37. In the future, how would you like to receive information prior to your appointment?
38. What information should we have included?
39. Can you tell us more about what your appointment was like for you? What worked well for you? What didn't?
40. Would you have liked someone with you?
41. How would you rate your experience of your face-to-face appointment/consultation? On a scale from 1=very dissatisfied, to 5=very satisfied
42. Do you have any other feedback to offer about these types of appointments in general?

Appendix B
Breakdown of respondent answers:

AGE	LOCATION	ETHNICITY	GENDER	COMMUNICATION MEDIUM	SATISFACTION LEVEL	TELEHEALTH AGAIN?
0-14	Whanganui City	NZ Maori	Female	Telephone	3	Maybe
15-44	Rangitikei	NZ Maori	Female	Telephone	3	Yes
	Ruapehu	NZ Maori	Female	Telephone	5	Yes
	Whanganui City	NZ Maori	Female	In person (at hospital)	5	N/A
	Whanganui City	NZ Maori	Female	Telephone	5	Yes
	Whanganui City	NZ Maori	Female	Video	4	Yes
25-34	Rangitikei	NZ European	Female	Telephone	5	Yes
	Rangitikei	Samoa (other)	Female	Telephone	5	Yes
	South Taranaki	NZ European	Female	Telephone	5	Yes
	Whanganui City	NZ European	Female	Telephone	5	Yes
	Whanganui City	NZ Maori	Female	Telephone	3	Maybe
	Whanganui City	NZ Maori	Male	In person	5	N/A
35-44	Whanganui City	NZ European	Female	Telephone	4	Yes
	Whanganui City	NZ Maori	Female	Telephone	5	Yes
	Whanganui City	NZ Maori	Female	Telephone	3	Maybe
45-54	Rangitikei	NZ Maori	Female	In person (at hospital)	2	N/A
	Rangitikei	NZ Maori	Female	Telephone	3	Maybe
	Rural Whanganui	NZ European	Female	Video	5	Yes
	Whanganui City	NZ European	Female	Telephone	5	Yes
	Whanganui City	NZ Maori	Female	Reason for appointment no longer present		
55-64	Rangitikei	NZ European	Female	Video	5	Yes
	Rangitikei	NZ European	Female	Video	5	Yes
	Rangitikei	NZ European	Male	Telephone	5	Yes
	Rangitikei	NZ European	Male	Telephone	5	Yes
	Rangitikei	NZ European	Male	Video	5	Yes
	Rangitikei	NZ Maori	Female	Telephone	5	Yes
	Rural Whanganui	NZ European	Female	Video	5	No
	South Taranaki	NZ Maori	Female	Telephone	5	Yes
	Whanganui City	NZ European	Female	In person	5	N/A

	Whanganui City	NZ European	Female	Telephone	5	Yes
	Whanganui City	NZ European	Female	Video	5	Yes
	Whanganui City	NZ European	Female	Video	4	Yes
	Whanganui City	NZ European	Male	Telephone	1	No
	Whanganui City	NZ European	Male	Telephone	5	Yes
	Whanganui City	NZ Maori	Female	Video	5	Yes
	Whanganui City	NZ Maori	Male	Telephone	4	Maybe
	Whanganui City	NZ Maori	Male	Telephone	5	Yes
65+	Rangitikei	Welsh (other)	Male	Video	4	Yes
	Ruapehu	NZ Maori	Female	Telephone	5	Yes
	South Taranaki	NZ European	Male	Telephone	3	Maybe
	Whanganui City	Ireland (other)	Male	Telephone	5	Yes
	Whanganui City	NZ European	Female	Telephone	5	Yes
	Whanganui City	NZ European	Female	Telephone	5	Yes
	Whanganui City	NZ European	Female	Telephone	5	Yes
	Whanganui City	NZ European	Female	Video	4	Maybe
	Whanganui City	NZ European	Male	Telephone	3	Maybe
	Whanganui City	NZ European	Male	Telephone	5	Yes
	Whanganui City	NZ European	Male	Telephone	5	Yes
	Whanganui City	NZ European	Male	Video	5	Maybe
	Whanganui City	NZ Maori	Female	Telephone	5	Maybe
	Whanganui City	NZ Maori	Male	Telephone	2	Maybe
	Whanganui City	NZ Maori	Male	Telephone	5	Yes
	Whanganui City	NZ Maori	Male	Telephone	5	Yes
	Whanganui City	NZ Maori	Male	Telephone	5	Yes
	Whanganui City	NZ Maori	Male	Telephone	5	Yes
	Whanganui City	USA (other)	Male	Video	4	Yes

Consumer Leadership Team: Auckland DHB Mental Health & Addictions Directorate

Telehealth QIP Report: Service User Feedback

May 2020

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He Mihi

Anei tātou nā ko te pō, anā tātou nā he rā ki tua, tihei wā mauri ora!

E mihi ana ahau ki a koutou e hoa mā, e whānau mā, e ngā tangata mātau ā-wheako, e ngā tangata whai i te ora katoa.

Anei ā koutou whakaaro, anei ā koutou kupu, anei ā koutou kōrero.

Mei kore ake mā koutou, mā wai tēnei mahi? E hoa mā, ko koutou te ngākau o te toka tumai.

Mā koutou tēnei pūrongo.

The COVID-19 pandemic has changed the national landscape over the past couple of months. For many New Zealanders, it has impacted our mental wellbeing and how we access services and support. Telehealth has become a new normal for service engagement, and it is imperative that the voices of those who use it, are central to future development of mental health best practice. Above all else, respect for choice and self-determination must be upheld in the pursuit of improving accessibility.

I want to mihi to those who participated in this quality improvement project. These are your thoughts, your words and your stories. If it were not for you then this project would not have been possible. This is your report. Many thanks also to the *NAMHSCA* whānau who shared their processes and findings that ended up assisting the ADHB MH&A directorate to undertake similar co-design approaches. To the *Consumer Leadership Team* (transitioning into the *Recovery Consultants*), you have risen to the occasion during this quality improvement project. You have shown your passion, professionalism and poise in a tight-turnaround situation. Tēnā rawa atu koutou.

Turou Hawaiki,

Aaryn Hulme-Niuapu

Service Manager – Consumer Leadership Team

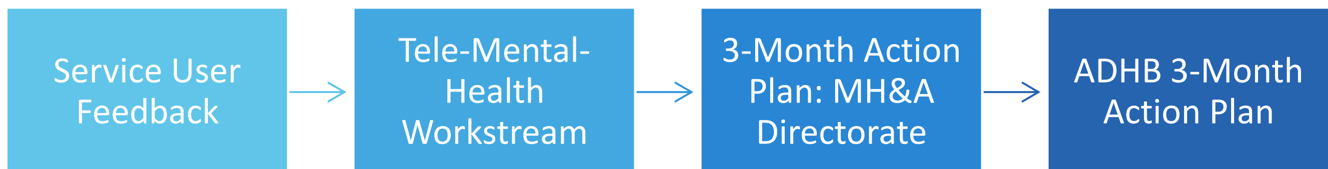
Introduction

Service Engagement During Lockdown

The COVID-19 Pandemic has had a substantial effect on service engagement throughout all twenty DHBs and their MH&A directorates. Throughout the country, consumer advisors/leaders have been working collaboratively with MH&A services to make sure the voice & experiences of service users are pivotal in analyzing the present (and future) use of telehealth.

Three-Month Action Plan

This report details the process, findings and recommendations of a telehealth *quality improvement project* (QIP), that focused on an initial scoping of ADHB MH&A service user experience. It is part of several actions belonging to the *Tele-Mental-Health Workstream* which filters into one of the directorate's key work areas for the next three-months (as well as linking into the ADHB's drive to build upon recent telehealth gains and success). This initial push for getting a snapshot of service user experience is the result of the ADHB ELT wanting to focus in on two key enablers for its 3-month action plan. Equity is one of the key enablers and patient/service user & whānau experience is the other.



Executive Summary

Overall, the participants who provided feedback represented a diverse group of people across genders and ethnic groups. A few limitations with the sample size not representing diverse age groups were identified, however, these were expected due to the quick nature of the initial phase of the project. Most participants reported positive views on their telehealth appointments and would consider continuing with them in the future, post-COVID restrictions, as well.

The positives identified were: ease of access and convenience in having virtual consultations, psychological benefit and the alleviation of anxiety as people were able to stay indoors and be safe, while it ensured that people had a degree of social connection with their clinical teams and through group activities to prevent further social isolation. Positive staff attitudes and qualities were also commended and described as a key factor in facilitating a positive experience of the telehealth appointments.

Some of the challenges and barriers in accessing telehealth appointments identified were related to utilizing technology and the logistics with setting things up, the financial costs involved and the impact of this on the disadvantaged, barriers to virtual communication, limitations of groups and activities facilitated online, and the difficulties in opening up and being able to read body language and other physical cues.

Equity has been ear marked as a key enabler for the ADHB 3-month action plan. Māori & Pacific communities have been highlighted as populations of focus for ADHB equity work. There were three main equity themes from the feedback data: 1) taonga tuku iho – cultural safety; 2) kia piki ake i ngā raruraru o te kāinga – material accessibility; and 3) tausi le va tapuia – a new way of connecting.

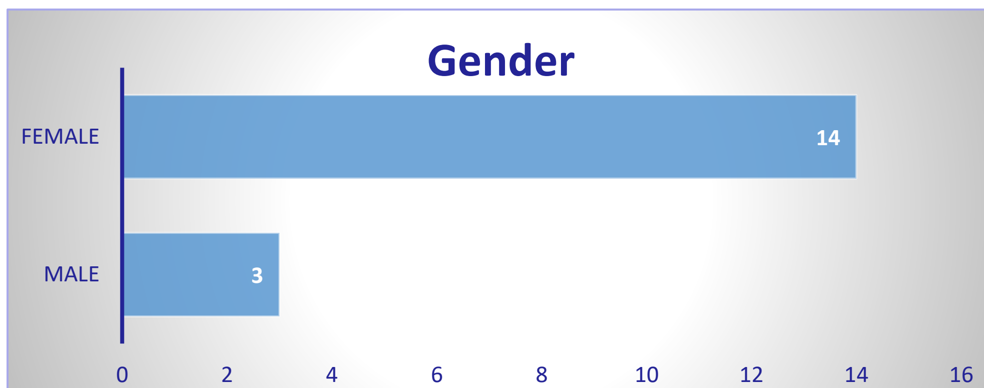
Overall, experiences were largely positive, and we end this report by highlighting a few considerations and recommendations for the District Health Board to consider when moving forward with using telehealth as an option for clinical appointments.

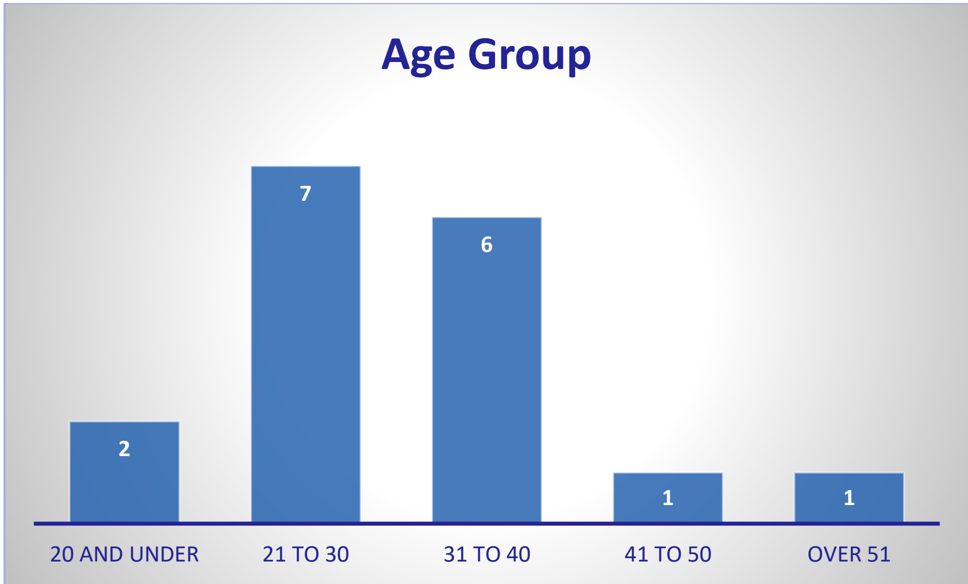
Methodology and Analysis

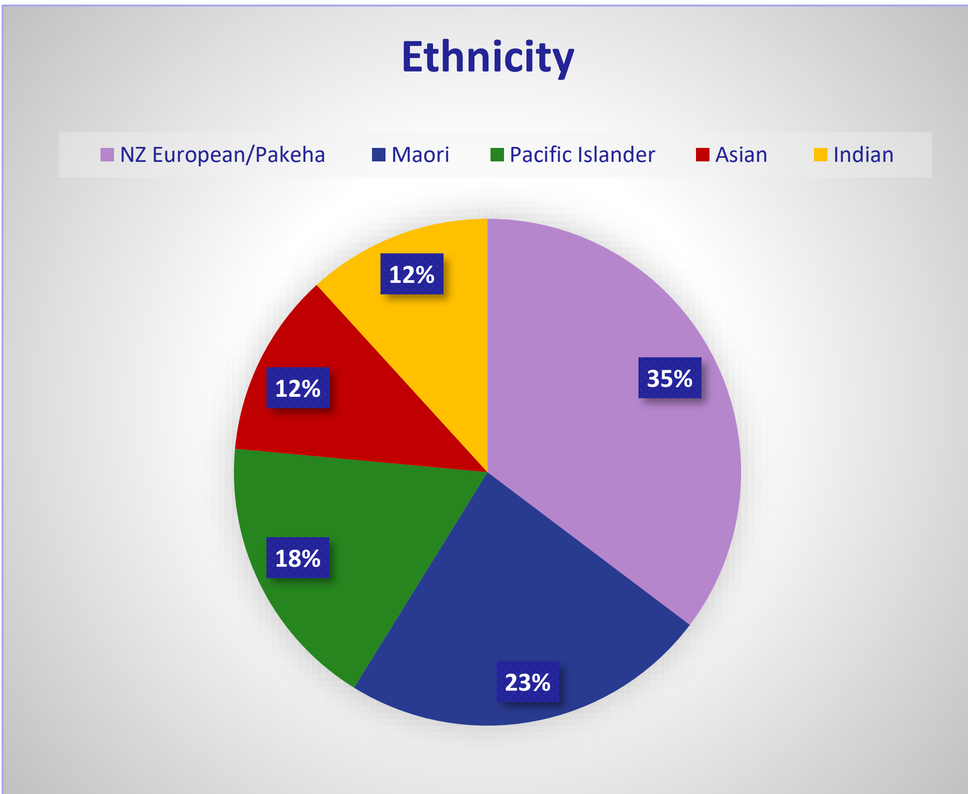
Methodology

The initial target sample size of the Telehealth QIP, was pitched to encompass and include the views of 20 service users. To date, the Consumer Leadership Team (CLT) have been provided consent from 17 service users. Key workers and lead clinicians from these services, provided CLT with the names and phone contact details of these 17 service users and the CLT managed to collate and collect feedback data over the phone, from all 17 consenting service users. Individuals provided verbal feedback over the phone and responses were entered the questionnaire on Qualtrics by the CLT, for ease of sorting through data. Questionnaires were completed on Qualtrics and data was extracted. Please see Appendix A for the full length of the questionnaire used.

The findings of this initial Telehealth QIP report encompass and incorporate the views of these 17 service users. The demographic characteristics, distribution and variations in age, gender and ethnicity, are detailed in the charts below.




Age Group
7
6
2
1
1
20 AND UNDER
21 TO 30
31 TO 40
41 TO 50
OVER 51

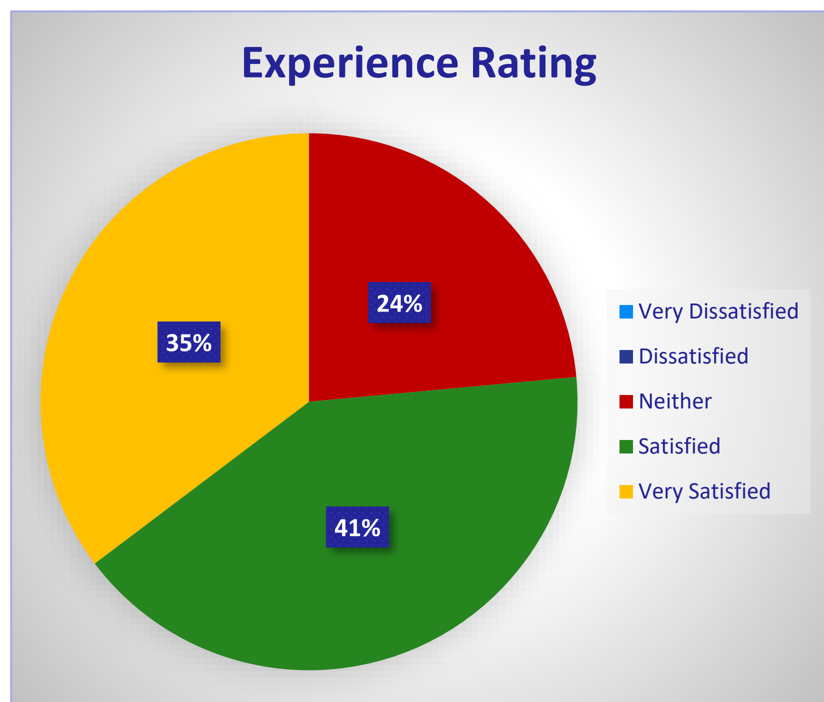

Ethnicity
NZ European/Pakeha
Maori
Pacific Islander
Asian
Indian
35%
23%
18%
12%
12%

Data Analysis

The individual qualitative feedback collated was analyzed for key themes, focusing on the strengths of telehealth services, while also noting challenges and barriers, or areas for future improvement. Further detail on these key themes and findings is described in the next section. For the question about concerns related to telehealth appointments, participants were probed with concerns such as access to technology, having a safe and secure space to talk, and whānau involvement.

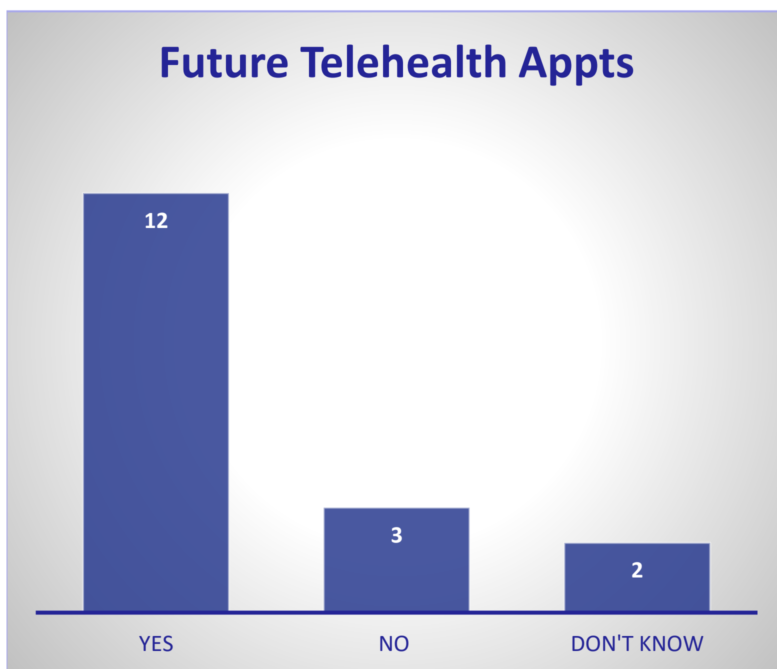
Overall, from the feedback received, the experiences of having online virtual appointments was overwhelmingly positive. The experience rating of service users was recorded on a Likert Scale of 1 to 5, with 1 corresponding to 'Very Dissatisfied' and 5, corresponding to 'Very Satisfied' (*Question 1,* Appendix A).

More than 70% of participants reported being 'Satisfied' or 'Very Satisfied' with their telehealth experience. With a smaller majority reported feeling 'Neither satisfied nor dissatisfied'. Interestingly, none of the participants reported having a dissatisfactory experience of their telehealth appointment.



More than 70% of participants also indicated that they would consider having online or virtual appointments in the future. Whereas less than 20% indicated they would not consider telehealth at all.

Some were unsure of whether they would consider future online appointments at all. The qualitative feedback gathered on the proportion that were unsure, suggest, that barriers towards accessing telehealth appointments in the future were in relation to: cultural understanding and comfort.



“I do prefer to be in person, as sometimes feel it would be easier to open up”

"From a cultural perspective, being Māorii I do not prefer Zoom, would prefer face to face consultations instead"

What's Working Well?

Ease of Access and Convenience

Most participants reported having easy access to available technology (computers & mobile phones), allowing them to participate in virtual consultations with their clinical teams and setting up Zoom was described as relatively easy by some. Overwhelmingly, many reported on telehealth appointments allowing for ease of access in relation to not having to leave the house during a pandemic, saving costs and time in travelling to and from appointments, saving costs in relation to parking or public transport, saving time in relation to travel and finding parking, not needing to take time off work or school, and being able look after children during appointments and not needing to look for childcare options. Overall, the convenience in having virtual consultations was identified as one of the biggest advantages and many reported considering this option in the future in the interest of saving time, money and effort.

Psychological Benefit

One of the biggest concerns individuals had during the COVID 19 restrictions were related to being isolated and forgotten, and a definite fear that psychological well-being would deteriorate whilst in isolation. Many participants reported feeling 'uneasy' about having to leave the comfort and security of their homes due to the pandemic. One person stated, "I had concerns about my own immunity issues during COVID 19 and was scared to go out. It was a God send to be able to have online sessions." Others described appreciating the option of being able to get back into bed immediately after their meeting if they woke up feeling unwell, which can be a common factor for many who experience psychological distress. This was also true for those who experienced other physical health issues. Overall, participants reported feeling comforted, re-assured and engaged and believe they would have been worse off psychological without the option of virtual consultations.

Staff Attitudes and Qualities

One of the key themes from the feedback collated highlighted positive staff attitudes and qualities that made the experience of telehealth appointments an extremely positive one. Staff were described as extremely respectful, professional and empathetic during clinical appointments. Despite the barriers related to not being able to pick up on physical cues during virtual communication, feedback suggested that clinicians were still attentive and picked up on changes to body language, with one person stating, "she (therapist) noticed physical cues, such as when I got tense in my shoulders or if I looked anxious." One person stated that although she had not had the opportunity to establish a relationship with the clinician she was working with in person (due to a recent involvement with services), she still felt safe, listened to and able to engage via the telehealth appointment, and found this support invaluable.

Challenges and Barriers

Technology and Logistics

The use of technology and other logistics involved with using technology were identified as a key barrier for people. Some identified barriers of access for individuals who were unable to meet the financial costs of investing in a computer. This feedback was particularly identified by the individuals in our sample who identified as Māori, who noted a major disadvantage for Māori populations (Note: more on the barriers to equity will be discussed further in the report). One person in our sample even spoke about how he had to borrow a computer from a friend of his and then go through the hassle of understanding how to set things up.

Some described connectivity issues as a barrier, stating that calls were not always clear, and it was sometimes difficult to understand or hear the clinician on the other side of the call. Although many also identified this barrier as related to their own internet usage at home, it highlights the connectivity issues that may hinder the facilitation of a seamless call, where everyone is being heard and understood. One respondent even stated having to move around their own house in order to find a suitable spot where the connection was not choppy. A few participants reported being concerned about the data usage to make telehealth calls, which may also suggest that those with financial constraints may be disadvantaged when utilizing telehealth. One person identified blurry faces in the call, suggesting that the District Health Board may need to update their computers or cameras due to this.

Logistical issues were also identified by some, with reports of minimal information being provided by the District Health Board to aid setup and operate Zoom. This raises concerns for individuals who may not be as familiar or comfortable with the use of technology (more on this in the 'Sampling Limitations section). Although many described Zoom as relatively easy to operate, the hassle of downloading and app and creating an account was identified as a barrier. One person spoke about having wasted 10 minutes of their clinical appointment to test the microphone, volume and sound. Another individual described having to end the call after 30 minutes and reconnect, which was annoying as it took up time. This

participant believes that this may have taken place in the initial period of the COVID 19 restrictions while the District Health Board was still operating using a free license of Zoom.

Other challenges that were described were issues related to screen sharing to view therapy worksheets. This was especially true for individuals who were accessing Zoom through their phones and were unable to view screenshares. Concerns related to privacy were identified by one participant, who had experienced a 'Zoom hack' in the middle of a University lecture. She states, "not sure who could be listening or if it could be hacked. Other Zoom meetings I have been on have been hacked." It may be crucial to alleviate these concerns that some individuals may have while utilizing telehealth to discuss private details of their lives. Lastly, a couple participants talked about how it was difficult to keep track of meeting times as they varied on a weekly basis.

Communication Barriers

Difficulties in communicating via a virtual tool was identified by many as a significant barrier to continuing with telehealth appointments. These included the usual concerns related to non-physical contact, such as understanding other's due to limited visibility of body language and gestures, inability to read other people's responses and reactions, difficulty in explaining self, and difficulties in asking questions and being able to discuss things in detail. One participant stated that "this form of communication doesn't allow people to connect," which summarises a lot of key issues with communication barriers with telehealth. A few also identified the cultural barriers with virtual consultations, reporting that it was sometimes difficult to understand others (accents and without non-verbal cues) when English was a second language.

Many participants reported issues with not being able to open up and be honest through virtual consultation, due to issues with not being able to read other people's body language. One person stated,

"difficult and really hard to engage and open up in an environment where I wasn't there in person. It was hard to concentrate".

Limitations with Group Activities

Some spoke about the limitations with using virtual consultations for group activities, as they can get crowded and sometimes be difficult to co-ordinate. The big groups also made it difficult for some people to contribute due to the barriers in reading body language and other physical cues. The big groups also meant that not everyone felt that they had an opportunity to contribute and some stated holding back due to this. On the other hand, some spoke about how social isolation has been quite difficult for some and how they would have appreciated more groups, activities, fun, games and classes to engage in during this difficult period. Lastly, one person commented on how it can get confusing try to follow two different tutors that are based in different locations.

Other Key Points

> ***"People should be provided a choice between physical meetings or online. We should always have a choice."***

One key point raised by many was related to being provided with a choice in relation to telehealth consultations. Many spoke about being provided with the option of face-to-face in conjunction with virtual or online consultations; instead of online appointments becoming the only option available. Some points of consideration would be if the benefits of telehealth consultations outweigh the cons for the particular service user or individual, seeking treatment. This would have to be an individualized, tailored and person-centered decision, respectful of the service user's preference and choice. As suitability, ease of access, convenience and cultural factors, do vary across a spectrum, with some service users being more comfortable than others across these dimensions and aspects.

It is also important to ascertain and consider the perspective of clinicians and key workers in terms of service delivery. Some service users have also noted that it depends on the content of the consultation and meeting. With brief check in's or catch up's potentially lending well to online platforms. However, this would have to be tailored to meet the individual service user's needs, coming back to point around ease of access and most importantly, facilitating choice.

Sampling Limitations

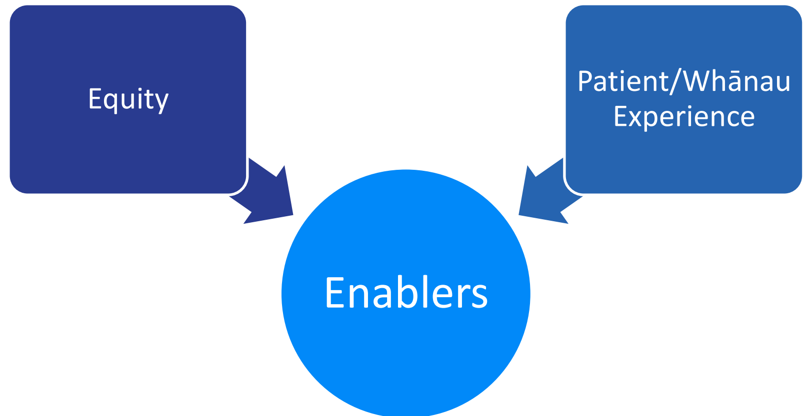
Although most participants reported positive experiences of meeting their clinical teams using telehealth platforms, a sample of 17 is by no means an exhaustive sample and caution must be taken while interpreting these results.

Approximately 70% of participants were between 21 and 40 years of age; an age group that is generally familiar and comfortable with the use of technology. The only person in our sample over the age of 50 stated having to borrow a computer from his friend in order to access Zoom, which presented as a barrier for him in understanding how to set it up.

The older population may not be as well-rehearsed with the use technology and utilizing telehealth may not be as convenient and simple for this age group. Additionally, we only spoke to people who had experienced using telehealth as an option. It would be interesting and wise to seek feedback from individuals who have not utilized this option to explore their views and perspectives.

Equity

Key enabler



'Equity,' along with 'patient/whānau experience', has been earmarked as a key enabler for the wider ADHB 3-month action plan as well as that of the MH&A directorate. Māori and Pacific service users have been highlighted as specific populations for equity work, and there were important factors that arose in the feedback data.

Māori

Taonga tuku iho: Cultural safety

Cultural needs, aspirations and preferences were highlighted in the data as being significant variables for tāngata whai i te ora. Many commented on the cultural preferred norm of meeting 'face-to-face' – *kanohi ki te kanohi* – and how the use of telehealth made some feel like it took away the mana of the whanaungatanga process. Body language and presence were related factors that tāngata whai i te ora spoke on. Namely, that they could not pick up the usual cues and languaging that come from meeting kanohi ki te kanohi. Tāngata whai i te ora also felt like they were less likely to be 'open' about how they are feeling and disclosed that it was hard to engage properly during group activities via Zoom. Tāngata whai i te ora highlighted, though, if given the choice then they would choose a Zoom appointment rather than a phone appointment. Although Māori are not a homogenous group, most participating tāngata whai i te ora indicated that the face-to-face preferance was synomous with being Māori.

Kia piki ake i ngā raruraru o te kāinga: Material accessiblity

Across all participating tāngata whai i te ora, they highlighted the issue of material resources as barriers to telehealth engagement and accessiblity. Concerns situated around the access to and financial support for stable intenet/data usage as well as having access to the necessary technology (computers, tablets).

> ***"Within Māoridom, I feel we feel much more respected in being face to face and in person (mana). I also feel many of our people will be further disadvantaged as they cannot afford such technology and thus the disparity in mental health between Māori and European will be further widened."***

Pacific

Tausi le va tapuia: A new way of connecting

Although there are cultural similarities between Māori and Pacific communities, the Pacific service users who participated in this QIP by and large enjoyed the use of telehealth to stay connected to their key workers. Pacific service users detailed how their telehealth appointments meant that less logistical resources (time, energy, travel, petrol, parking) were used, ensuring that they could spend more time on other responsibilities as well as spent more time with family. They felt like their cultural needs were being met and that non-verbal communication (like body language) was not overly impacted via telehealth. Considering this though, there was a strong collective concern for other people in the community who do not have ready access to telehealth and the related resources needed to engage.

> ***"Some people do not have computer so I think these should be made available or financial assistance to purchase one.***
> ***Also, we should always have choice."***

Summary

Discussion and Recommendations

Overall, feedback suggested that individuals had an overwhelmingly positive experience with their telehealth appointments, specifically in relation to the ease of access and convenience in using virtual consultations, the alleviation of anxiety and other psychological benefit telehealth appointments brought, and the positive staff attitudes and behaviors that made a world of a difference in the experiences of individuals. We noted a few limitations in the sampling size that we sought current feedback from, with the more exhaustive approach to seeking feedback on telehealth in the future, will endeavor to involve a more diverse sample group.

There was room for improvement moving forward and participants identified some key challenges and barriers that the District Health Board must consider, such as barriers of access, non-verbal communication, and involvement in group activities. One of the biggest barriers identified was the financial cost involved in accessing telehealth appointments. With an increase in the availability of telehealth appointments in the future, we assume that the District Health Board will see a decrease in their costs involved in transport (taxi for people to get to and from clinical appointments). From our perspective, it is important that the District Health Board consider allocating some of these costs towards meeting the needs of individuals who may be disadvantaged from the move to telehealth appointments.

When asked about future improvements in the consideration of continuing use of telehealth appointments, participants recommended the following:

- Costs for internet or investing in technology considered, especially for those with financial restraints.
- A regular schedule of weekly meetings, as it can be difficult to keep track.
- Technical aspects tested prior to the session commencing, to avoid eating into clinical section of appointment.

- Cultural safety and access barriers for certain ethnic populations considered, especially equity for Māori and Pacific communities.
- Flexibility in length of meeting, dependent on individual need.
- Reminders/notifications sent to individuals 10 or 15 minutes before appointment sessions

In summary, the shift to providing telehealth appointments as an option for individuals to meet with their clinical teams appears to be a positive step forward. Although, it goes without saying that this should be provided as an option for people, as opposed to being a clinician made decision that is made in the interests of saving time.

Our final remarks are that sometimes, individuals may be encouraged to make a decision about utilizing telehealth due to their psychological symptoms, such as increased social anxiety or depression (trouble getting out of bed). In our experience, clinical appointments are the only times that some people will leave their house, and it is important that clinician expertise is considered when deciding what may be in the best interests of people.

Appendix A: Questionnaire

1. How would you rate your experience of your online appointment/consultation?
   On a scale from 1 = very dissatisfied, to 5 = very satisfied
2. Can you tell us more about your experience? What worked well for you? What didn't?
3. Did you have any concerns or barriers in relation to your online appointment?
4. Would you consider having online appointments in the future?
   (Yes / No / Maybe / Don't know)
5. Can you please tell me more about why you feel that way?
6. If the option of online appointments continued, how could things be improved?
7. Do you have any other feedback to offer about online appointments in general?

Reference:

Dalziel, K., Li, J., Scott, A., Clarke. (2018). Accuracy of patient recall for self-reported doctor visits: Is shorter recall better?. Health Economics, 27: 1684-1698.

The Consumer Leadership Team: Auckland DHB Mental Health & Addictions Directorate (May 2020). Telehealth QIP Report: Service User Feedback. Auckland District Health Board.