

Telepsychiatry Guideline

Site Applicability

St. Paul's Hospital, Outpatient Mental Health: Reproductive Psychiatry and Brief Intervention Clinics

Practice Level

Nurses (RN/RPN), Social Workers, and Psychiatrists

Scope

This guideline covers the provision of mental health services provided by licensed health care professionals at Providence Health Care (PHC). It specifically pertains to telepsychiatry conducted between two parties, and does not address concerns related to multipoint videoconferencing. Additionally, this document does not extend to communications via texting, email, social network sites, or non-mental health services.

Need to Know

Telepsychiatry is the use of two-way real-time interactive audio and video equipment to provide and support psychiatric care at a distance. Establishing guidelines for telepsychiatry improves clinical outcomes and promotes informed and reasonable patient expectations.

Patient Suitability

Nurses (case coordinators) will assess patient suitability for telepsychiatry during the telephone intake process, prior to appointment scheduling. Considerations will include: desire to participate in telepsychiatry, ability to use technology, and access to required equipment.

In the context of COVID-19, and in alignment with guidance provided by the British Columbia Centre for Disease Control (BCCDC) and PHC Infection Prevention and Control (IPAC), telepsychiatry visits will be prioritized. As of July 6th 2020, in-person appointments will also be available based on team consultation and adherence to [COVID-19 Recovery: PHC IPAC Principles for Ambulatory Care](#).

Informed Consent

Under the [Provincial Digital Communications Policy](#), verbal consent to participate in telepsychiatry is acceptable. Clinicians are responsible for explaining what to expect, privacy and security risks, privacy and security measures in place, and a patient's right to refuse (or withdraw) care via telepsychiatry. This information is provided to patients at three points: (1) the nursing intake process, (2) in an appointment notification letter ([Appendix A](#)), and (3) at the start of every telepsychiatry session. Informed consent should always be documented in the patient's health record.

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Privacy & Confidentiality

- *Email address (required to initiate videoconferencing):*
 - Ensure the patient's email address is collected and stored in a secure fashion, ideally within the patient's health record.
 - Authenticate the owner of the email address. This may be accomplished by:
 - sending an initial email to confirm the right person is being contacted prior to sending the videoconference invite or communicating any personal information, or
 - asking the patient to verify a piece of information that only they would know (i.e. date of birth, date of last appointment, middle name, etc.) by text or phone.
- *Recording:* Do not record telepsychiatry clinical interactions. In cases where video recording might be necessary, contact the PHC Information Access and Privacy Office for a privacy review.
- *Screen sharing:* ensure all other programs such as Microsoft Outlook email/calendar and other documents that may contain personal or confidential information are closed before initiating screen sharing.

Patient Identity

To ensure quality telepsychiatry services, clinicians must positively identify patients prior to providing care. At minimum, two personal identifiers should be used. Examples include:

- First and last name
- Date of Birth
- Personal Health Number (PHN)

Equipment and Supplies

- Tablet, smart phone or computer with camera and microphone capacity
- Access to Wi-Fi internet (or wired internet if using a computer)
- Private space for assessment
- Zoom Account (PHC licensed)

Practice Guideline

1. Preparation Requirements

Category	Requirements
Preparation by Case Coordinator (Nurse)	<ul style="list-style-type: none"> • Assess patient's willingness to participate in telepsychiatry • Assess patient's ability to participate in telepsychiatry, including potential physical, mental, and cognitive barriers • Verify patient has access to: <ul style="list-style-type: none"> ○ Email ○ Tablet, smart phone or computer with camera and microphone capability ○ Access to Wi-Fi internet (or wired internet if using a computer) ○ Private space for assessment • Obtain informed consent (see Appendix B for sample script) outlining: what

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

	<p>to expect, privacy/security risks, privacy/security measures in place, and patient's right to refuse (or withdraw from) care provided via telepsychiatry</p> <ul style="list-style-type: none"> • Conduct usual intake, including: mental status assessment, safety risk assessment, and safety planning • Ensure safety plan includes: warning signs, coping strategies, crisis resources, and name/contact information of support person(s) – this information should be documented and shared with the psychiatrist prior to first telepsychiatry visit • Using the clinic email account, send Appointment Notification Letter (Appendix A) with information related to: <ul style="list-style-type: none"> ○ The nature of telepsychiatry consultation, including virtual care risks/benefits, privacy and protection of personal health information ○ Use of Zoom as a virtual care platform <p><i>Email best practice involves validating the patient's identity by: sending an initial email message to confirm correct email address, having the patient initiate the email, or confirming the correct email address in person or over the phone.</i></p>
Category	Requirements
Preparation by Psychiatrist	<p>Review Telepsychiatry Checklist for Physicians (Appendix C)</p> <ul style="list-style-type: none"> • Ensure all necessary documentation obtained prior to consultation • Note the reason for visit • Review Telepsychiatry Emergency Management Protocol in case of crisis, including access to a Form 4 , fax (or software to support faxing), and name/contact information of patient's support person(s) • Ensure video/microphone connection and quality is appropriate - run test prior to appointment to ensure functionality of equipment
Space	<ul style="list-style-type: none"> • Quiet, safe environment to maintain patient privacy and dignity • Adequate lighting for video • Minimal visual distractions in backdrop

2. Telepsychiatry Session

Starting Telepsychiatry Sessions

Review **Sample Script for Physicians** ([Appendix D](#))

- Psychiatrist introduces himself/herself
- Psychiatrist verifies patient identity using two personal identifiers
- Psychiatrist verifies patient's phone number (in case of technical issues, psychiatrist is able to contact patient by phone)
- Psychiatrist verifies patient location and name/contact of support person in case of emergency
- Psychiatrist confirms that patients has read **Appointment Notification letter** ([Appendix B](#))
- Psychiatrist reviews how personal health information will be protected and kept private
- Psychiatrist obtains informed consent for session ([Appendix A](#))
- Patient encounter continues with examination and assessment components as required

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Ending Telepsychiatry Sessions

- Psychiatrist confirms understanding of treatment and management plan (for example, using teach back)
- Psychiatrist makes recommendations for follow-up and indicates whether appointment will be by telepsychiatry, phone, or in-person
- Psychiatrist documents telepsychiatry session
- At minimum, initial and discharge consultation notes shared with patient's care team (e.g., family physician, community mental health team, etc.)

3. Prescriptions & Lab Requisitions

- **Physicians working on site** can use SPH fax machines to send prescriptions and lab requisitions.
- **Physicians working remotely** can use SRFax, a secure email-to-fax service purchased for PHC Providers (physicians and nurse practitioners) who need the ability to prescribe and send lab requisitions remotely during the COVID-19 crisis. This service allows providers to "fax" hand-written documents securely via email. Instructions related to installation and use can be found [here](#). The central fax number for LifeLabs is **1-888-674-0370**.

4. Emergency Management

Providing mental healthcare to patients using videoconferencing involves particular considerations regarding patient safety. All clinicians should be familiar with **PHC's [Telepsychiatry Emergency Management Protocol](#)**

Documentation

All patient encounters related to, and conducted via, telepsychiatry should be documented in the patient's health record in the same timely manner face-to-face events are recorded. See table below for details.

Documentation	Content	Where to Document in Cerner
Nursing Intake Assessment [Pre-visit]	General Intake <ul style="list-style-type: none"> • General Information (chief complaint, reason for referral, etc.) • History of Presenting Concern • Treatment history • Suicide risk assessment • Mental status assessment • Substance use assessment • Housing, employment, and education • Legal status and history • Professional and Community Contacts • Clinical impression • Recommendation & plan 	PowerForm: Mental Health Intake Assessment

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

	Reproductive Mental Health Assessment <ul style="list-style-type: none"> • Obstetrical history • Pregnancy risk factors • Feeding history and plan • Perinatal Psychiatry Note 	PowerForm: Reproductive Mental Health Assessment
	Telepsychiatry <ul style="list-style-type: none"> • Assessed patient suitability for telepsychiatry (e.g., willingness to participate, access to technology, etc.) • Disclosed risk and benefits - obtained informed consent • Provided telepsychiatry education • Emailed appointment notification letter 	Free-Text Note: use Autotext: „telepsychiatry and title: “Telepsychiatry Assessment and Consent”
	Contact Attempts Attempts to contact patient for nursing intake (if unable to reach patient)	Free-Text Note: use Autotext: „contactattempt and title: “BIC Nursing Contact Attempt”
Psychiatrist Consultation [First Visit]	See Sample Template for Physician Encounter Note in Patient Chart (Appendix E).	Psychiatry <u>Consult</u> Note - title “BIC New Assessment”
Psychiatrist Follow-Up [Follow-up Visit]	See Sample Template for Physician Encounter Note in Patient Chart (Appendix E).	Psychiatry <u>Clinic</u> Note – title “BIC Follow-Up”
Psychiatrist Discharge [Last Visit]	See Sample Template for Physician Encounter Note in Patient Chart (Appendix E).	Psychiatry <u>Clinic</u> Note – title “BIC Discharge”
(Other) Telepsychiatry Support Notes	Any interaction with patients related to telepsychiatry (e.g., support logging on to telepsychiatry platform, rescheduled appointment, etc.)	Free Text Note

Patient Education

1. **Telepsychiatry Information:** Nurses (case coordinators) will provide patients with information related to the nature of telepsychiatry consultation during the intake process, where patients also have the opportunity to ask questions. Nurses also email an **Appointment Notification Letter** ([Appendix B](#)) prior to their first visit. This letter includes information related to:
 - Appointment details: date, time, doctor, Zoom link
 - Zoom for Healthcare Instructions (e.g., how to log on)
 - Telepsychiatry risks and benefits – including privacy information (adapted from [Using a Video Appointment to Communicate with your Health Care Provider](#))
2. **Zoom Support:** There are several PHC resources to support patients using Zoom (click [here](#)). Key documents include:
 - Running an appointment from a computer

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

- Running an appointment from a smartphone or tablet

Related Documents

1. [B-00-13-10226](#) - Telepsychiatry Emergency Management
2. [PHC Virtual Health Website](#)
3. IMITS Policy(PHC, PHSA, VCH):[External Telehealth Videoconferencing](#)
4. [B-00-07-10084](#) - PHC Zoom Application Use
5. [PHC Guidelines for Teleworking / Working from Home](#) (COVID web site)
6. [BD-00-11-40000](#) - PHC/VCH Emailing Policy
7. [Digital Communication](#)(COVID web site)

References

1. American Telemedicine Association. (2013). *Practice guidelines for video-based online mental health services*. Retrieved from https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ata_5_29_13.pdf
2. Canadian Medical Association (2020). *Virtual care playbook*. Retrieved from https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf#section-p11
3. Centre for Addiction and Mental Health (2015). *Telepsychiatry clinical protocol*. Retrieved from http://www.camh.ca/-/media/files/telepsychiatry_clinical_protocol_updated-pdf.pdf
4. Chipps, J., Ramlall, S., & Mars, M. (2012). Practice guidelines for videoconference-based telepsychiatry in South Africa. *African Journal of Psychiatry*, 15(4), 271-282.
5. London Health Sciences Centre. (2015). *Telepsychiatry clinical protocol*. Retrieved from <https://otnhub.ca/wp-content/uploads/2017/03/otn-resources-telepsychiatry-LHSC-protocol.pdf>
6. Province of BC Health Authorities. (2014). *Telehealth clinical guidelines*. Retrieved from http://www.phsa.ca/Documents/Telehealth/TH_Clinical_Guidelines_Sept2015.pdf
7. Shore, J. H. (2013). Telepsychiatry: Videoconferencing in the delivery of psychiatric care. *American Journal of Psychiatry*, 170(3), 256-262.
8. Shore, J. H., Hilty, D. M., & Yellowlees, P. (2007). Emergency management guidelines for telepsychiatry. *General Hospital Psychiatry*, 29(3), 199-206.
9. Singh, S. P., Arya, D., & Peters, T. (2007). Accuracy of telepsychiatric assessment of new routine outpatient referrals. *BMC Psychiatry*, 7(1), 55-67.

Endorsed By:

Physician Program Director, Department of Psychiatry

Department Head of Psychiatry

Program Director, Mental Health Program

Physician Lead, Brief Intervention Clinic

Clinical Nurse Leader, Brief Intervention Clinic

Project Leader, Patient Transitions & Virtual Health

Leader, Information Access and Privacy

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Developed By:

Clinical Nurse Specialist, Psychiatry

Effective Date:	23-JUL-2020
Posted Date:	23-JUL-2020
Last Revised:	23-JUL-2020
Last Reviewed:	
Approved By:	PHC
	Professional Practice Standards Committee
Owners:	PHC
	Mental Health

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Appendix A – Telepsychiatry Appointment Notification Letter for Patients

(Embedded PDF attachment includes additional clinic information and privacy content from [Using a Video Appointment to Communicate with your Health Care Provider](#))



How you want to be treated.

**BRIEF INTERVENTION CLINIC
TELEHEALTH APPOINTMENT LETTER**

St. Paul's Hospital
 1081 Burrard Street
 Burrard Building, 2nd Floor
 Vancouver, BC V6Z 1Y6
 Phone: 604-806-8004
 Fax: 604-806-8287

Date: _____

Dear _____

You are scheduled for a telehealth appointment with the Brief Intervention Clinic. This is an online, secure consultation using Zoom (a cloud-based videoconferencing service).

Appointment Details

Date: _____

Time: _____

Doctor: _____

Link: _____

Meeting ID: _____

Password: _____

Zoom Instructions

At least five minutes before your appointment time, please log-on to [Zoom](#).


By computer Click the link provided above and enter the meeting ID/password.

By smartphone/tablet Download the free app "Zoom Cloud Meetings" as soon as you receive this letter. You do not need to sign in or sign up. Click "Join Meeting" and type in the meeting ID/password.

By telephone You can also join by calling: _____

Additional Information

If you have any issues setting up or linking into Zoom, please call the clinic at 604-806-8004. We also require 48 hour notice for appointment changes or cancellations. For more information on our clinic and virtual care, please read:



Thank you,

The Brief Intervention Clinic

Clients/patients/residents: please visit www.vch.ca/emailtext for the common risks and limitations you should be aware of when communicating health information through email or text. The content of this email, including any files attached, is confidential and may be privileged. Any unauthorized copying or distribution is strictly prohibited. If you receive this email in error, please contact the sender immediately and delete this email.


in affiliation with
THE UNIVERSITY OF
BRITISH COLUMBIA

Holy Family Hospital | Mount Saint Joseph Hospital | St. Paul's Hospital | St. Vincent's Hospitals: Brock, Fahmi, Langara, Heather | Youville Residence | Marion Hospice

Appendix B – Seeking Informed Consent (Nursing Case Coordinators): Sample Verbal Disclosure of Telepsychiatry Risks and Benefits

Also see: [using a video appointment to Communicate with your healthcare provider](#)

Our clinic offers telepsychiatry. I will send you an appointment notification letter with written information but essentially, this means that we will be using video and audio technologies for some patient visits rather than asking all patients to come into our office.

We do our best to make sure that any information you give to us during telepsychiatry visits is private and secure but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to third parties when using video or audio communication tools.

To help us keep your information safe and secure, you can do the follg wing:

- Understand that emails, calls or texts you receive are not secure in the same way as a private appointment in an exam room
- Use your own private computer or device, with secure accounts and a secure internet connection

Adapted from **the Virtual Care Playbook** from the *Canadian Medical Association*

https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf#section-p11

Appendix C – Telepsychiatry Checklist for Physicians

Technical Requirements

- ☐ PHC email account – Request through [IMITS](#)
- ☐ Zoom account (PHC licensed) – Request form found [here \(please use your PHC email address\)](#)
- ☐ Tablet, smart phone or computer with camera and microphone capacity
- ☐ Access to Wi-Fi internet (or wired internet if using a computer)
- ☐ Access to fax machine or fax software (if working remotely) – hyperlink instructions

Provisioning Requirements

- ☐ Share Outlook Calendar with case coordinators
- ☐ Provide Zoom scheduling privileges with case coordinators

Space Requirements

- ☐ Quiet, safe environment to maintain patient privacy and dignity
- ☐ Adequate lighting for video
- ☐ Minimal visual distractions in backdrop

Educational Requirements

- ☐ Using Zoom
 - ☐ Running an appointment from a computer
 - ☐ Running an appointment from a smartphone/tablet
 - ☐ Scheduling a virtual health visit
 - ☐ Nurse scheduling an appointment on your behalf
 - ☐ Running an instant virtual health visit
 - ☐ Zoom troubleshooting resources
- ☐ Sending prescriptions & lab requisitions
 - ☐ Scanning a prescription or lab requisition using Turbo Scan
 - ☐ Faxing a prescription or lab requisition using SR Fax
- ☐ Reviewing PHC Telepsychiatry Guidelines:
 - ☐ Telepsychiatry Practice Guideline
 - ☐ Telepsychiatry Emergency Management Protocol

Appendix D – Starting a Telepsychiatry Session: Sample Script for Physicians

Introduction	<i>Hi, my name is Dr. Smith. I am a psychiatrist in the Brief Intervention Clinic at St. Paul's Hospital.</i>
Verification of patient identity	<i>To start, can I verify your first and last name, as well as your date of birth? (If it is a first encounter, ask the patient to hold up a piece of valid government-issued photo ID to the camera to confirm who they are)</i>
Verification of patient location & support person	<i>Are you in a private, safe, and confidential space to speak? Are there other people present who are off camera? In case of emergency, can I also verify your current location, as well as the name and phone number of a support person?</i>
Verbal disclosure for virtual care risks & Benefits	<i>Have you have received and read the appointment letter sent by the clinic nurse? It was an email that provided details related to telepsychiatry.</i> <i>[If yes]: Do you have any questions? Or would you like me to review risks and benefits?</i> <i>[If no OR if patient would like to review risks and benefits]: Telepsychiatry has some privacy and security risks that could allow your health information to be intercepted or unintentionally disclosed. We want to make sure you understand this before we proceed. In order to improve privacy and confidentiality, you should be in a private setting and should not use someone else's computer/device as they may be able to access your information. You should also understand that virtual care is not a substitute for attending the emergency department if urgent care is needed. Finally, please know that you can end this session at any time.</i>
Obtain consent	<i>Do I have your consent to begin today's session?</i>

Appendix E – Sample Template for Telepsychiatry Note in Patient Chart [Physicians]

- Authenticated the patient identity visually (from ongoing relationship OR with comparison to valid photo ID)
- Patient confirmed that they are in a private location and using their own communication device
- Informed verbal consent was obtained from this patient to communicate and provide virtual care. The risks related to unauthorized disclosure or interception of personal health information have been explained to the patient and they have been informed about steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in-person visit for some disorders or urgent problems, and the patient understands the need to seek urgent care in an emergency department as necessary.

Adapted from **the Virtual Care Playbook** from the *Canadian Medical Association*

https://www.cma.ca/sites/default/files/pdf/Virtual-Care-Playbook_mar2020_E.pdf#section-p11