



Vermont Emergency Telepsychiatry Network ED Survey

Vermont Program for Quality in Health Care, Inc. expects a \$1M grant through Senator Leahy’s office to develop a Vermont Emergency Telepsychiatry Network. The goal is to help hospitals ensure that individuals presenting to Vermont Emergency Departments (EDs) with mental health needs access timely, specialized psychiatric consultation and treatment.

The survey is estimated to take 20 minutes. Publicly shared results will be from aggregated responses. Contact information is requested to help with future information gathering.

“Emergency telepsychiatry” is “a form of live-interactive videoconferencing and an application for emergency psychiatric assessment and treatment.” This survey asks about services offered in the ED only.

Several people may be needed to collaborate on the assessment. Please ask one person to coordinate the responses for your hospital.

Please contact [Ali Johnson](#) with questions.

Vermont Emergency Telepsychiatry Network ED Survey

General Information

Individual completing this assessment:

1. Individual completing this assessment:

Name

Organization

Position Title

Email Address

2. Please list other individuals who contributed to this survey.

Name / Position Title / Email

1.

2.

3.

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ED Telepsychiatry Assessment

3. Does your ED currently offer emergency telepsychiatry services?

Yes

No

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4. Which vendor(s) do you use to provide your emergency telepsychiatry services? Please select all that apply.

- Alpine Telehealth
- Dartmouth-Hitchcock Medical Center
- Doctor on Demand
- Psychiatrist employed by hospital
- Other (please specify)

5. Are you using equipment specifically for emergency telepsychiatry services?

- Yes
- No

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6. What equipment does your ED currently utilize to offer emergency telepsychiatry services?
Please select all that apply.

- Tablets (ex: iPads)
- Laptop or desktop computers
- Rolling computer carts
- Telemedicine carts
- Other (please specify)

7. Please provide the equipment manufacturers' names, if known.

1.

2.

3.

8. Who owns the equipment? Please select all that apply.

- Owned by the hospital
- Provided as part of the telepsychiatry contract
- Leased
- Other (please specify)

9. Which telemedicine platform do you use?

- Polycom
- Webex
- Zoom
- Other (please specify)

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10. How many years have you been offering emergency telepsychiatry services?

- <1 year
- 1-2 years
- 3-5 years
- 6+ years

11. What is your level of satisfaction with your emergency telepsychiatry services?

Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments here:

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12. What were the greatest challenges your hospital faced when it established its emergency telepsychiatry program?

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13. Which age group(s) are served through the emergency telepsychiatry program? Please select all that apply.

0-12 years

13-17 years

18+ years

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14. Please indicate your level of agreement with the following statements:

Strongly Disagree Disagree Neutral Agree Strongly Agree

Emergency telepsychiatry services enhance the **quantity** of mental health services in my ED.

Emergency telepsychiatry services enhance the **quality** of mental health services in my ED.

Please provide any additional comments here:

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15. What conditions would prompt a telepsychiatry consult?

16. Please briefly describe the process for initiating a telepsychiatry consult in your ED. Consider the workflow and staff involved.

17. What works really well?

18. How might the workflow be improved?

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19. What is the usual wait time to receive a response once the initial request is placed for a telepsychiatry consult? What was the longest time so far? Are any response time guarantees part of the contract?

20. What type of telepsychiatry services are utilized in your ED? Please select all that apply.

- | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Consultation and guidance directly to ED providers | <input type="checkbox"/> General consultations |
| <input type="checkbox"/> Consultation and treatment directly to patients | <input type="checkbox"/> Safety assessments |
| <input type="checkbox"/> Initial evaluations | <input type="checkbox"/> Services related to placing a patient under an involuntary treatment order |
| <input type="checkbox"/> Follow up evaluations | |
| <input type="checkbox"/> Other (please specify) | |

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21. When are emergency telepsychiatry services **available** in your ED? Please select all that apply.

- | | |
|------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> 24 hrs/day, 7 days/week | <input type="checkbox"/> Weekend daytime hours (8 am-5 pm) |
| <input type="checkbox"/> Weekday daytime hours (8 am-5 pm) | <input type="checkbox"/> Weekend after hours (5 pm - 7 am) |
| <input type="checkbox"/> Weekday after hours (5 pm - 7 am) | |
| <input type="checkbox"/> Other (please specify) | |

22. What time of day are the emergency telepsychiatry services **most utilized**? Please select all that apply.

- | |
|------------------------------------------------------------|
| <input type="checkbox"/> Weekday daytime hours (8 am-5 pm) |
| <input type="checkbox"/> Weekday after hours (5 pm - 7 am) |
| <input type="checkbox"/> Weekend daytime hours (8 am-5 pm) |
| <input type="checkbox"/> Weekend after hours (5 pm - 7 am) |
| <input type="checkbox"/> Other (please specify) |

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23. How does your hospital pay for emergency telepsychiatry in your ED?

- Per service
- Subscription fee
- A combination of the above
- Other (please specify)

24. Is any of the cost for emergency telepsychiatry being covered / reimbursed by the insurers?

- Yes
- No

Comment:

25. How does the psychiatrist providing telepsychiatry services communicate recommendations to ED providers? Please select all that apply.

- Consult notes entered into Electronic Health Record (EHR)
- Consult notes faxed
- Telephone call
- Other (please specify)

26. Which of the following would be needed to expand and/or enhance your current emergency telepsychiatry program? Please select all that apply.

- Equipment
- Staffing
- Funding
- Technical Assistance/Consultation/Training
- Software
- Other (please specify)

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27. Name the top two **benefits** of the emergency telepsychiatry program in your ED:

1.

2.

28. Name the top two **challenges** experienced with the emergency telepsychiatry program in your ED:

1.

2.

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If you answered 'no' to Question 3....

(Does your ED currently provide emergency telepsychiatry services?)

29. Do psychiatrists employed by your hospital see patients in your ED?

- Yes
 No
 Not Applicable - hospital does not employ psychiatrists
 Other (please specify)

30. Would your ED benefit from having access to telepsychiatry services?

- Yes
 No

31. What benefits would you expect from this program?

32. Why not?

33. What barriers do you anticipate facing in establishing an emergency telepsychiatry program in your ED? Please select all that apply.

- | | |
|---------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Ongoing costs |
| <input type="checkbox"/> Credentialing | <input type="checkbox"/> Patient acceptance |
| <input type="checkbox"/> Lack of telepsychiatry vendors | <input type="checkbox"/> Provider acceptance |
| <input type="checkbox"/> Leadership buy-in | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Level of reimbursement | <input type="checkbox"/> Start-up costs |
| <input type="checkbox"/> Licensure | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other (please specify) | |

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Some Final Questions

34. Does your facility use telepsychiatry with individuals in inpatient med/surg units awaiting inpatient psychiatry admission?

Yes

No

35. If a demonstration project were undertaken to subsidize telepsychiatry consults, what would be a reasonable approximate expense for the hospital to cover per encounter (after reimbursement from insurance and contribution from pilot project)?

36. How could the \$1,000,000 Federal allocation through Senator Leahy's office dedicated to expanding emergency telepsychiatry services in EDs best support your hospital?

37. May we contact you to discuss further?

Yes

No