

Optimizing Telehealth for Greenville Community Shelter Clinic operations during the Covid-19 Pandemic

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Disclosures

Nothing to Disclose

Introduction

- Problem: Student-run clinic needed to provide care for patients of shelter clinic during pandemic
 - How do we provide socially distanced care and keep students involved?
 - How do we do so efficiently and safely for patients?
 - How can we help shelter residents access telehealth services?
- Aim:
 - 80% of patients will rate their ease of communication and satisfaction with the visit as 4/5 or better by the fourth clinic session.

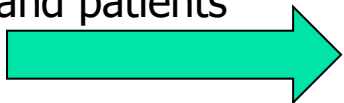
Methods

Measures

- **Patient surveys:** 4-item Likert-scale surveys for patients after each visit:
 - ease of communication
 - had enough time with the provider
 - had enough privacy
 - would do another telehealth visit

- **Quantity/complexity of patients seen each night**
 - Number of patients and prescriptions

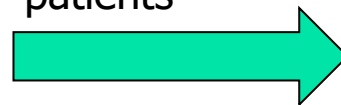
Issue: needed safe remote way for team to **communicate** with one another and patients



Start: Provide device, set up virtual rooms in Microsoft Teams

In-person team	Social worker, assistant
Remote team	Physician, Med students, pharmacist
Equipment	1 iPad Shelter Internet

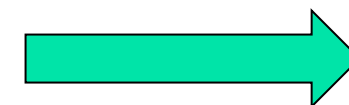
Issue: **slow transitions** between patients



Change: added a **second device**

Social worker, assistant
Physician, Med students, pharmacist
2 iPads Shelter Internet

Issue: **slow Internet** struggled with multiple simultaneous calls

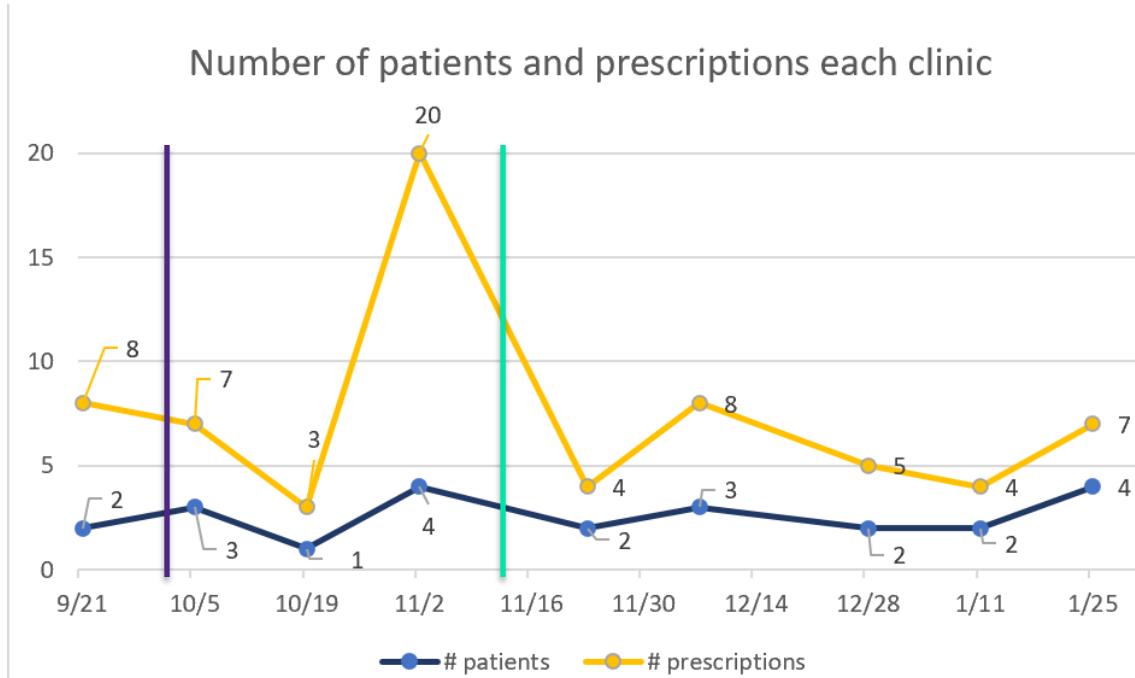


Change: **improved connection** (different facility), **physician in person**

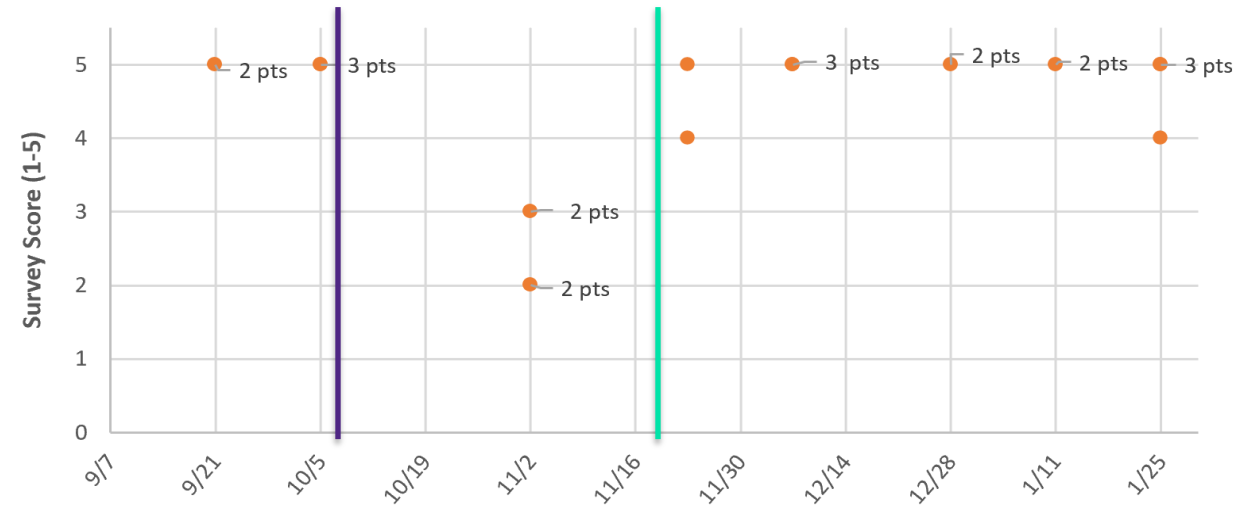
Physician, social worker, assistant, pharmacists
Med students
2 iPads Clinic Internet

Results

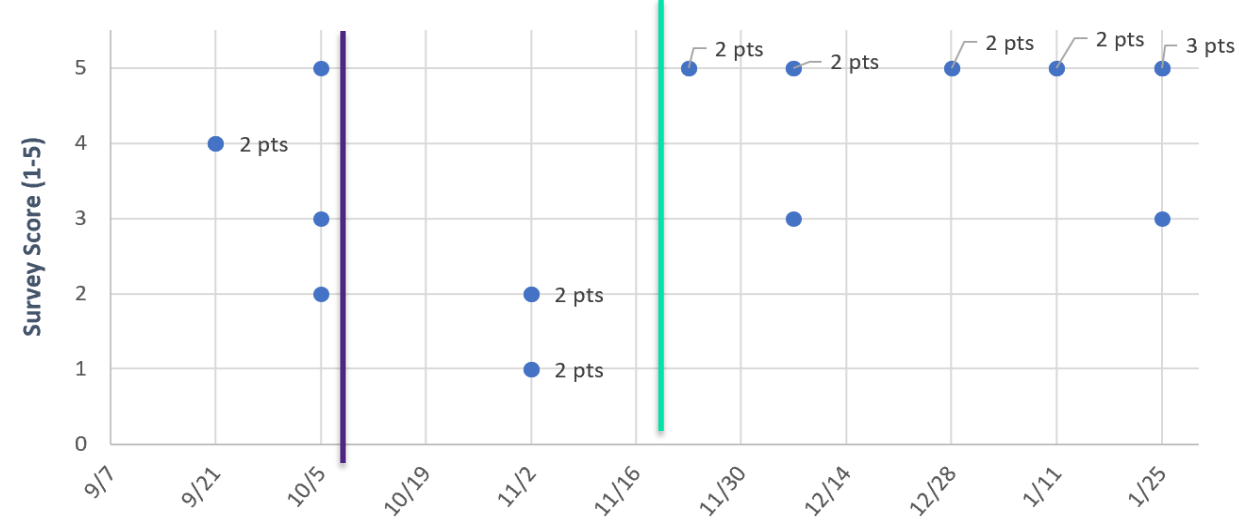
Number of patients and prescriptions each clinic



Would do another telehealth visit



Ease of Communication



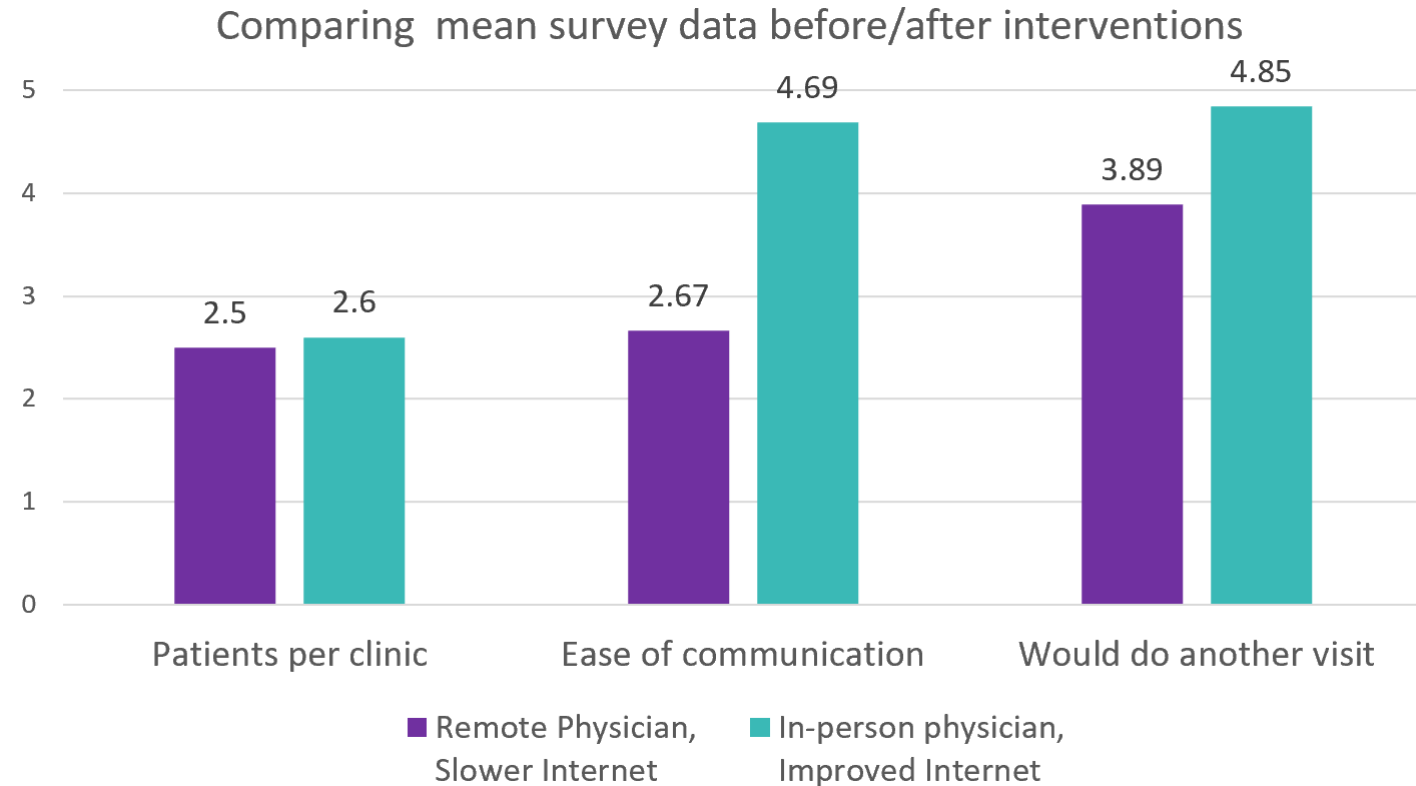
Added second device

Physician in person, improved Internet

Qualitative data:

- Patient survey comments
 - Before physician in person
 - "Poor video quality once in a while"
 - "Poor connection. Staff pleasant and easy to communicate with"
 - After physician in person:
 - "Much better than last time"
 - "Good"
- From the team:
 - Was overwhelming for the small in-person team dealing with frustrated patients and Internet issues
 - Communication between remote learners and in-person providers better than expected

Results



Conclusion

- Telehealth is a useful tool for serving patients dealing with homelessness if device/connection are provided
- Students can remain involved in provision of care remotely
- Internet bandwidth is essential for serving patients well via telehealth; in-person communication still has advantages

Future directions:

- Providing devices for telehealth may be a way to serve patients at shelters in locations without existing clinic infrastructure
 - Mental/behavioral health counseling possibilities