Telepsychiatry for Involuntary Examination in Emergency Departments in Israel: Preliminary analysis

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תל-חי
המכללה האקדמית

האוניברסיטה העברית בירושלים
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Research Team

- **Steering committee**:
  - Renana Eitan & Adam Rose (PIs, Hebrew University)
  - Sergey Raskin (Ministry of Health)
  - Daniel Raz (Ministry of Justice)
  - Yuval Melamed (Israeli Psychiatry Association)

- **Partners**:
  - Gadi Lubin (Jerusalem MHC)
  - Shmuel Hirschmann (Lev HaSharon MHC)
  - Omer Linkovski (Bar Ilan University)

- **Research assistance**: Kinneret Beisky

Background

- Telepsychiatry- Virtual communication for assessments, treatment, and follow-up

- Feasible, accurate, and satisfying for psychiatrists and patients

- Studies focus on ambulatory care, and not on involuntary admissions in EDs

- **Implementation** Science-Understanding the complexity of integrating interventions into practice, addressing barriers and strategies to facilitate implementation

Shalev L., Eitan R., & Rose A.J. (2024).
The use of telepsychiatry services in emergency settings: Scoping review.
Journal of Medical Internet Research.

In-person Procedure

1. ED arrival:

Patient arrives at the ED and waits for a psychiatric evaluation
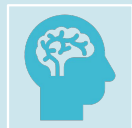
2. Mental status evaluation:

Resident psychiatrist evaluates the patient

3. Brief Consultation:

Resident psychiatrist consult with the attending psychiatrist (by phone)

4. Attending Evaluation:

If involuntary admission is being considered, the attending psychiatrist arrives at the ED and conducts an in-person evaluation with the resident psychiatrist

Telepsychiatry Procedure

1. ED arrival:

Patient arrives at the ED and waits for a psychiatric evaluation

2. Mental status evaluation:

Resident psychiatrist evaluates the patient

3. Brief Consultation:

Resident psychiatrist consul with the attending psychiatrist (by phone)

4. Attending Evaluation:

If involuntary admission is considered, the attending psychiatrist joins a video meeting with the resident and patient

Aims

- To examine the effectiveness and validation of patient assessment for involuntary admissions in the psychiatric emergency department (ED) using telepsychiatry

- To evaluate the implementation process of telepsychiatry in the ED setting

Shalev L., ..., Raskin S., Linkovski O., Eitan R., & Rose A.J. (2023). Enabling expedited disposition of emergencies using telepsychiatry in Israel: A hybrid implementation study protocol. *JMIR Research Protocols.*

Methods

- Multi-site study- 7 general and psychiatric EDs in Israel

- Retrospective study

- Preliminary results- 2 EDs from a general and a psychiatric hospital

- Comparison- 9 months of telepsychiatry phase (2023-2024) vs. face-to-face phase (2022-2023)

- Administrative and clinical outcomes from evening and night shifts

Methods

- SHEMESH questionnaire- Evaluating organizational readiness for change

- Usability of telepsychiatry in EDs

Shalev L., Helfrich C.D., Ellen M., Eitan R., & Rose A.J. (2023).
Bridging language barriers in developing valid health policy research tools: Insights from the translation and validation process of the SHEMESH questionnaire.
Israel Journal of Health Policy Research.

Shalev L...., Eitan R., & Rose A.J.
Adapting to the digital age in psychiatry: Evaluating change in ED nurses and psychiatrists' views toward telepsychiatry for involuntary hospitalization. [*Under review*].

Results:
Telepsychiatry is as good as face-to-face evaluation

telepsychiatry (n=209) vs. face-to-face (n=262)

ED stay times
(2:08 vs. 2:06 hours; p=0.48)

Violent incidents in the ED
(21% vs. 23%; p=0.35)
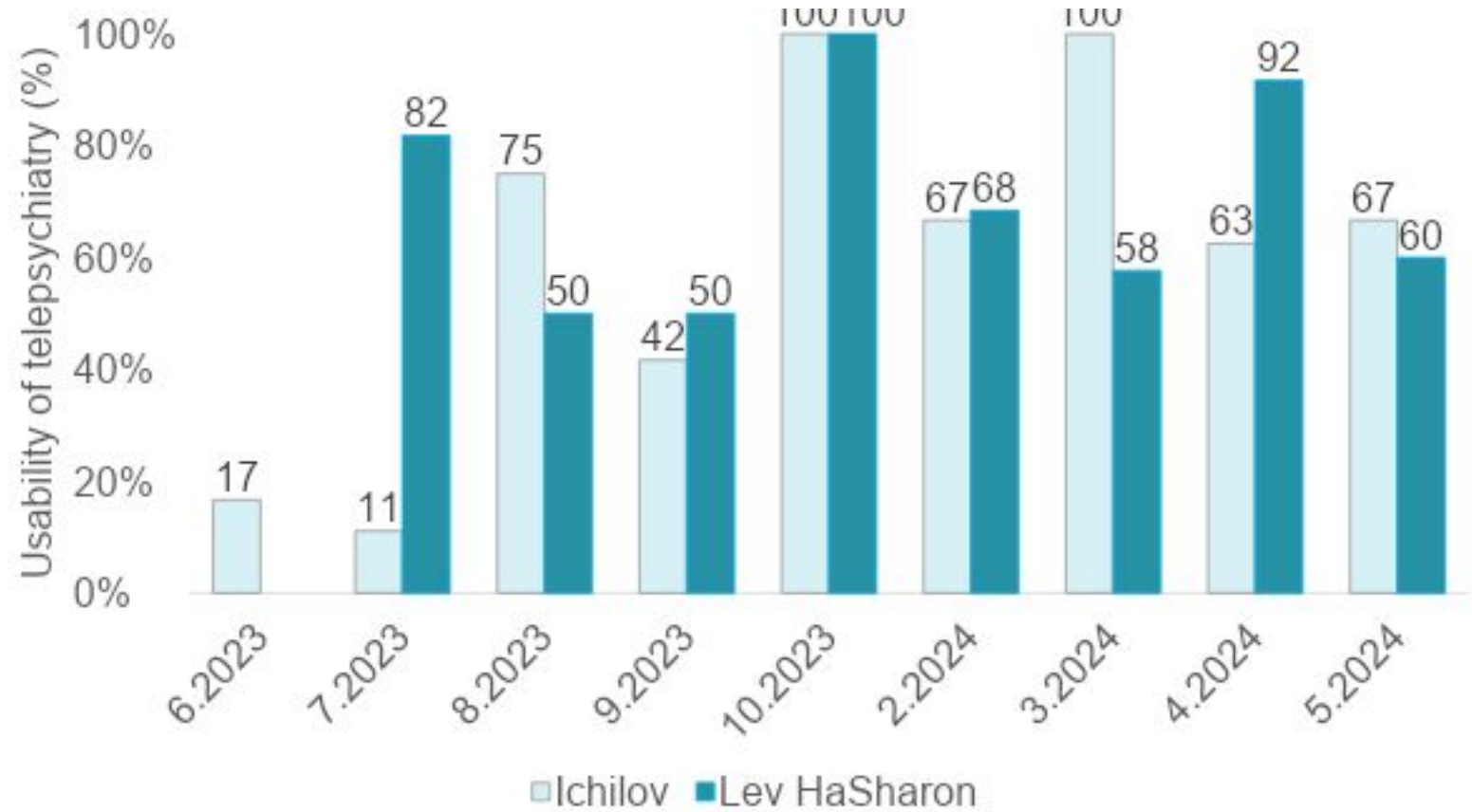
Involuntary admission
(59% vs. 61%; p=0.64)

Involuntary hospitalization **days**
(28 vs. 24; p=0.69)

Return visits to the ED
within 72 h (0% vs. 0%)

Reversal of admission within 72 h
(8% vs. 6%; p=0.19)

Results

- Telepsychiatry use increased steadily over time, ranging from 58% to 100% in the last three months

Conclusions

- Telepsychiatry is valid and safe for assessing involuntary hospitalization in EDs, with no negative impact on patient wellbeing or evaluation efficiency

- Preliminary findings were shared with the Ministries of Health and Justice, recommending telepsychiatry for involuntary hospitalization as policy

- Full analysis across 7 hospitals will further assess telepsychiatry's impact on healthcare delivery

Shalev L.,..., Eitan R., & Rose A.J. (2024).
Utilization of Psychiatry Services in the Emergency Department Following a Terror Event in Israel.
Psychiatry Research.

Funding & Questions

- **Telepsychiatry for Involuntary Examination in Emergency Departments in Israel: Preliminary analysis**

- **Questions & Collaborations:**

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