

Supplemental Materials

National Study of Telepsychiatry Use in U.S. Emergency Departments

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National Emergency Department Inventory

This survey is funded by the R Baby Foundation (www.rbabyfoundation.org)



Please find below questions that apply to the year **2016** (either fiscal or calendar year is acceptable). If you are unable to quickly find the precise answer, we welcome your best estimate. We would like to know the following about your hospital:

1. What is the name of your hospital/ED? _____
2. What is the mailing address of your hospital/ED? _____

3. In 2016, was your ED open:

- a. 24 hours/day, 7 days/week? Yes No b. 365 days per year? Yes No

If NO to either question, please explain: _____

4. Please indicate the total number of patient visits at your ED and the 12-month reporting period to which they apply.

ED VISITS

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From / / to / /
MM YY MM YY

5. Approximate number of ED visits by children (e.g., age <18):

CHILD ED VISITS

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5a. If your ED uses another age to distinguish between children and adults (e.g., age 21 years), and it's difficult to obtain data for age <18, please respond above according to your ED's cut-off.

If you have used an age other than <18 years, please specify cut-off here: **Age < _____ years**

6. For EDs that regularly treat adults: **Does your ED have a separate "pediatric ED" (i.e., a dedicated ED area for children only)?** Yes No Not applicable (e.g., children's hospital)

7. **Do you have identified coordinators for pediatric emergency medicine in your ED?** (check all that apply)

- Yes, physician coordinator(s) Yes, nurse coordinator(s) No

Yes, other coordinator(s) (e.g., PA, administrator), please specify: _____

8. **Does your hospital provide telemedicine services for patient evaluation?** Yes No Not sure

9. **Does your ED receive telemedicine services for patient evaluation?** Yes No



If your ED **receives** telemedicine services, does your ED utilize telemedicine for: (check all that apply)

- | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Transfer coordination |
| <input type="checkbox"/> Stroke/Neuro | <input type="checkbox"/> Trauma | <input type="checkbox"/> Radiology | <input type="checkbox"/> Other: _____ |

The results from this national survey will be used to upgrade our existing app, *EMNet findERnow*. We hope that you can help us with this short/simple survey as we work to bring accurate, beneficial ED information directly to those in need.

Please take a moment to send your answers to us in the attached, **pre-paid envelope**. If you prefer, we also welcome your responses by email (emnet@partners.org) or by fax to **617-724-4050**. Another option is to complete this short form online at: <https://is.gd/findERnow> (please note that the URL is case-sensitive).

Thank you!
 Carlos Camargo
 (on behalf of EMNet)

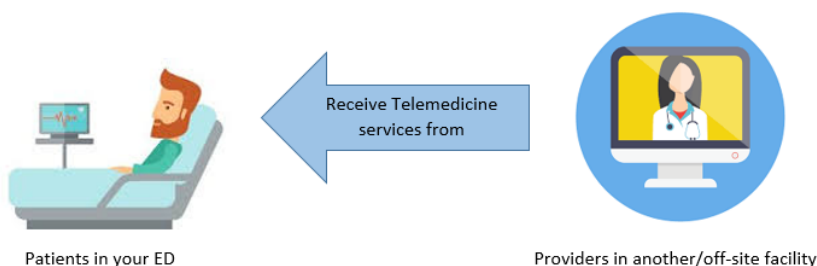
We welcome your comments and suggestions! Please feel free to write on the back of this form, or to contact us:

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2017 ED Telepsychiatry Survey

1. Does your emergency department (ED) receive telemedicine services for the evaluation of patients that require mental health care, a practice that is sometimes referred to as telepsychiatry? [Y/N]

IF YOUR ED RECEIVES TELEMEDICINE:



- a. **If NO to 1:** Just to confirm, your ED does not use telemedicine to evaluate patients with mental or behavioral health problems? [Y/N]
 - b. **If NO to 1 and 1a:** *Thank respondent for their time and end the survey.*
2. Which *emergency psychiatric services* are provided at your site? Please select the best response.
 - a. General medical ED with mental health professionals that actually staff the ED (i.e., are located in the medical ED), but the ED does not have a distinct space devoted to psychiatric patients.
 1. **If YES to 2a:** In 2017, how many hours in a typical 24-hour day was there at least one board-certified or board-eligible psychiatrist on duty in the ED?
 - b. General medical ED with psychiatric consultation as needed (i.e., mental health professionals do not staff the actual ED but respond to consults)
 - c. Psychiatric Emergency Service (PES) or Acute Psychiatric Service (APS) that is located within or adjacent to a general medical ED (i.e., has its own space)
 1. **If YES to 2c:** In 2017, how many hours in a typical 24-hour day was there at least one board-certified or board-eligible psychiatrist on duty in the ED?
 - d. A Psychiatric Observation Unit within or adjacent to the general medical ED (a unit dedicated to psychiatric patients where they can be held for short periods pending transfer or for stabilization and discharge to outpatient care)
 - e. Stand-alone Psychiatric Emergency Service not affiliated with an ED
 - f. An external service that is not on the hospital's campus is consulted, and a representative is sent in to the ED to complete the evaluation.

- g. Telemedicine services for the evaluation of patients requiring mental health care is the only psychiatric service available for the ED.
 - h. Other (*please describe*): _____
3. In 2017, what was the **average** time elapsed between request for adult patient transfer and departure from ED to a psychiatric inpatient bed?
- a. <3 hours
 - b. 3-5.9 hours
 - c. 6-11.9 hours
 - d. >12 hours
4. In 2017, what was the **maximum** amount of time that elapsed between request for adult patient transfer and departure from ED to a psychiatric inpatient bed?
- a. ≤1 day
 - b. >1 day
 - 1. **If >1 day**, please specify: _____
5. In 2017, what was the **average** time elapsed between request for pediatric patient transfer and departure from ED to a psychiatric inpatient bed?
- a. <3 hours
 - b. 3-5.9 hours
 - c. 6-11.9 hours
 - d. >12 hours
6. In 2017, what was the **maximum** amount of time that elapsed between request for pediatric patient transfer and departure from ED to a psychiatric inpatient bed?
- a. ≤1 day
 - b. >1 day
 - 1. **If >1 day**, please specify: _____
7. What facility or organization provides telepsychiatry services to patients in your ED (*check all that apply*)?
- a. Another hospital in your hospital system
 - b. A hospital in a different hospital system
 - c. Private organization/company
 - d. Unaffiliated psychiatric practice
 - e. Other (*please describe*): _____
8. Are telepsychiatry services available in your ED 24/7 year-round? [Y/N]
- a. **If NO to 8:** Are there set hours for which your ED uses telepsychiatry services?
 - b. **If YES to 8a:** What are those hours?

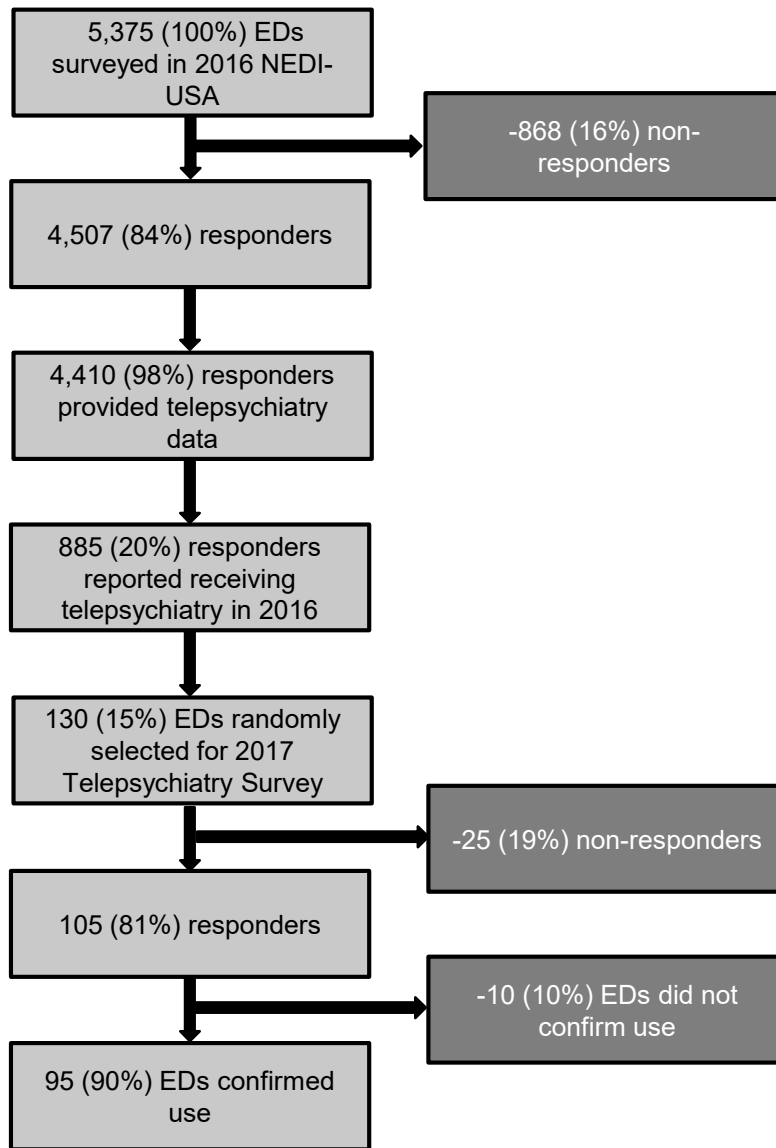
1. Monday
 - a. Please indicate set hours on Monday:
2. Tuesday
 - a. Please indicate set hours on Tuesday:
3. Wednesday
 - a. Please indicate set hours on Wednesday:
4. Thursday
 - a. Please indicate set hours on Thursday:
5. Friday
 - a. Please indicate set hours on Friday:
6. Saturday
 - a. Please indicate set hours on Saturday:
7. Sunday
 - a. Please indicate set hours on Sunday:

9. To your knowledge, how often does your ED receive telepsychiatry services?
- a. Once every few weeks -- or less often
 - b. Once every 1-2 weeks
 - c. One to six times per week
 - d. At least once per day

10. To your knowledge, for which of the following purposes did staff in your ED use telepsychiatry? (*check all that apply*):
- a. Diagnosis of psychiatric conditions
 - b. Treatment of psychiatric conditions
 - c. Placement and transfer coordination
 - d. Admission or discharge of patients
 - e. Staff education
 - f. Other (please describe): _____

11. Does your ED receive telepsychiatry for (*check all that apply*):
- a. Child and adolescent psychiatry
 - b. Adult psychiatry
 - c. Geriatric psychiatry
 - d. Other (please describe): _____

Supplemental Figure: Survey sample selection among U.S. EDs¹



¹Abbreviations: ED, emergency department

Supplemental Table 1: Examination of result precision for samples selected from among all U.S. EDs that received telepsychiatry services¹

	95% confidence intervals per proportion and sample size		
Example Proportions	n=130 (15% of population)	n= 443 (50% of population)	n=797 (90% of population)
10%	5 - 16%	7 - 13%	8 - 12%
25%	18 - 34%	21 - 29%	22 - 28%
50%	41 - 59%	45 - 55%	47 - 54%
75%	67 - 83%	71 - 79%	72 - 78%

¹**Abbreviations:** ED, emergency department

Supplemental Table 2: Wait time for psychiatric inpatient beds in emergency departments with telepsychiatry, n=95

Average time elapsed between request for patient transfer and departure from ED to psychiatric inpatient bed					
Adult¹	n	%	Pediatric	n	%
<3 hours	7	7	<3 hours	10	11
3-5.9 hours	18	19	3-5.9 hours	17	18
6-11.9 hours	23	24	6-11.9 hours	28	29
≥12 hours	45	47	≥12 hours	38	40
Unknown	1	1	Unknown	2	2
Maximum time elapsed between request for patient transfer and departure from ED to psychiatric inpatient bed					
Adult¹	n	%	Pediatric	n	%
≤1 day	29	31	≤1 day	54	57
>1 day	65	68	>1 day	40	42
<i>If >1 day please specify in hours... median (IQR)</i>	80	48-168	<i>If >1 day please specify in hours... median (IQR)</i>	80	48-168

Abbreviations: ED, emergency department; IQR, interquartile range.

¹ 1 (1%) ED was a children's hospital and thus reported adult wait time estimates as "not applicable."