

# Telehealth Documentation of Patient Location

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## Element 1: Purpose of Study

Since the beginning of the COVID-19 pandemic, telehealth services have become an essential means of providing optimal and safe care for patients in our Primary Care, Mental Health, and Allied Health (Physical Therapy and Nutrition) Clinics. Some telehealth documentation requirements were new and necessary to provide emergency services to patients if needed during the telehealth visit.

One of these documentation requirements is the **patient's location during the telehealth visit**. Some examples of situations in which emergency medical services may be necessary include a patient's loss of consciousness, risk of suicidality or self-harm, or an urgent medical crisis during the visit. At a minimum, and in order to send emergency assistance if needed, the patient location must include four key elements: 1) street address OR campus building and room number, 2) city OR campus, 3) state, and 4) zip code. Upon an initial review of the required patient location documentation, 66.15% of telehealth visit documentation had incomplete patient location information.

Our organization experienced a near-miss incident associated with a patient requiring emergency assistance during a telehealth visit, which brought the issue/risk to our attention. As part of the risk management program, Boynton Health prioritized the need for improved documentation of patient location to increase patient safety and reduce risk for both the patient and Boynton Health. Although the **probability** of the incident to occur is low, the **severity** associated with the incident is high.

## Element 2: Performance Goal

**Initial Goal = all four (4) elements of patient location documented at each telehealth visit 80% of the time for all clinic areas combined by the end of 2021.**

1. Street address OR campus building and room number
2. City OR campus
3. State
4. Zip code

## Element 3: Data Collection Plan

Five telehealth visits for each provider conducting telehealth were randomly selected by Quality Assurance.

Each telehealth visit note was manually reviewed for presence of the 4 elements of patient location at time of visit:

1. patient street address OR campus
2. city OR campus
3. state
4. zip code

The following data were also collected to further enable root cause/trend analysis:

1. provider name
2. clinic area
3. date of service

## Element 4: Evidence of Data Collection

A total of 384 notes were initially reviewed. The following list shows the distribution of providers by clinic area and the total number of visit notes reviewed for each clinic area:

**PRIMARY CARE:** 25 providers (125 notes reviewed; 1 note was not a telehealth visit) = 124 notes total

**MENTAL HEALTH:** 43 providers (215 notes reviewed) = 215 notes total

**ALLIED HEALTH:** 9 providers (45 notes reviewed) = 45 notes total

- 7 physical therapists (35 notes)
- 2 nutritionists (10 notes)

## Element 5: Data Analysis

Primary Care July 2020 (reviewed August/September 2020 visits for providers with limited or no visits in July 2020 dates of service)			
18 out of 124 charts reviewed (14.52%) had all 4 elements documented in the visit note. The following shows the rate at which each of the 4 elements was documented:			
Pt Street Address/Campus Building	Pt City/Campus	Pt State	PT Zip Code
31.45%	69.35%	73.39%	15.32%

Mental Health (reviewed September 2020 dates of service)			
112 out of 215 charts reviewed (52.09%) had all 4 elements documented in the visit note. The following shows the rate at which each of the 4 elements was documented:			
Pt Street Address/Campus Building	Pt City/Campus	Pt State	PT Zip Code
64.19%	88.84%	80.93%	54.88%

Allied Health (reviewed July/August/September 2020 dates of service)			
0 out of 45 charts reviewed (0.00%) had all 4 elements documented in the visit note. The following shows the rate at which each of the 4 elements was documented:			
Pt Street Address/Campus Building	Pt City/Campus	Pt State	PT Zip Code
0.00%	66.67%	88.89%	0.00%

Overall, 130 charts out of 384 charts reviewed (33.85%) across all clinic areas audited had all 4 elements documented in the visit note.

## Element 6: Comparison of Current Performance to Performance Goal

The baseline measurement shows that **33.85% of charts audited had documentation of the 4 elements. This does not meet the goal of 80%.**



## Element 7: Corrective Actions

**1. Clarified** telehealth documentation requirements with the University of Minnesota General Counsel and Boynton Health Leadership.

**\*\*RATIONALE:** Requirements for documentation of the patient location during a telehealth visit were widely misunderstood among staff. Some thought only city/state were required due to licensing requirements and state regulations for the provision of care to patients across state lines. Others did not understand that Emergency Medical Services (EMS) require a zip code in order to locate emergency situations and respond as quickly and efficiently as possible.

**2. Informed** provider staff, nursing staff, and managers/supervisors of the documentation requirements for a telehealth visit, specifically the patient's location during a telehealth visit.

**3. Shared** initial/baseline findings of the study with supervisors/managers, who then shared it with their staff (providers, nursing, patient assistance).

**4. Developed** and implemented text macro in the EHR. A text macro is a feature in the EHR that allows clinical staff to type an abbreviation such as ".btht", which then populates the visit note with a pre-determined text entry. This prompts providers and/or nursing staff to enter the required information for the telehealth visit, including the location of the patient and the location of the provider.

**5. Updated** written telehealth policy to require documentation of the physical location of the patient and the provider at the time of service.

### TEXT MACRO AVAILABLE TO ALL DEPARTMENTS

**Global Macro Label:** Boynton TH documentation

**Global Macro Key:** btht

**Text of Macro:**

Patient identification verified by: name/student ID/DOB  
Patient served through telehealth appointment via HIPAA compliant Zoom.

Telehealth agreement has been made available to the patient via the patient portal and patient agrees to be seen in this format.

Service provided via telehealth due to COVID-19 pandemic.

Location of patient:

Location of provider:

## Element 8: Re-Measurement

Primary Care (reviewed Jan/Feb 2021 dates of service)			
94 out of 115 charts reviewed (81.74%) had all 4 elements documented in the visit note. The following shows the rate at which each of the 4 elements was documented:			
Pt Street Address/Campus Building	Pt City/Campus	Pt State	PT Zip Code
90.43%	90.43%	90.43%	81.74%

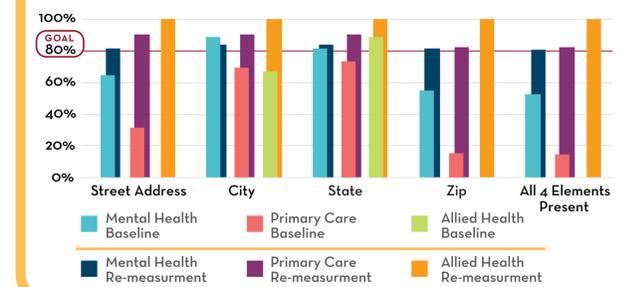
Mental Health (reviewed Oct/Nov/Dec 2020 and Jan 2021 dates of service)			
173 out of 215 charts reviewed (80.47%) had all 4 elements documented in the visit note. The following shows the rate at which each of the 4 elements was documented:			
Pt Street Address/Campus Building	Pt City/Campus	Pt State	PT Zip Code
81.40%	83.72%	83.72%	81.40%

Allied Health (Re-measurement of 2 Nutrition providers only; reviewed Jul/Aug/Sep 2021 dates of service)			
10 out of 10 charts reviewed (100%) had all 4 elements documented in the visit note. The following shows the rate at which each of the 4 elements was documented:			
Pt Street Address/Campus Building	Pt City/Campus	Pt State	PT Zip Code
100%	100%	100%	100%

Overall, 277 charts out of 340 charts reviewed (81.47%) across all Primary Care, Mental Health, and Nutrition clinic areas audited had all 4 elements documented in the visit note.

*NOTE: Physical Therapy Telehealth visit types were excluded from re-measurement due to lack of demand for Telehealth in that clinic area.*

## Baseline Measurement and Re-Measurement Comparison



## Element 9: Additional Corrective Action

No additional corrective actions are planned for this quality improvement initiative. However, monitoring will be continued.

## Element 10: Communication of Findings

The results of this Quality Improvement Study were presented to the Peer Review Committee, the Quality Assessment & Management Committee, and the Executive Leadership Team (Governing Body). A summary presentation was also developed for managers/supervisors to share with their staff at weekly departmental meetings.

## ACKNOWLEDGEMENTS AND CONTACT

Sincere thanks to all Boynton Health staff who were involved in identifying this opportunity, participating in the development and implementation of corrective actions, and supporting change across the organization.

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