

2023

Organizational Strategies and Best Practices for Telehealth Delivery during COVID-19

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Walden University

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Maria Mejia

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Walden University

2023

Abstract

Organizational Strategies and Best Practices for Telehealth Delivery during COVID-19

by

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MS, Turabo University, 2011

BS, Metropolitan University, 2007

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

August 2023

Abstract

Increasing care access and ensuring continued of mental care are vital to improving the quality of care. Organizational strategies and practices for telehealth delivery amid the COVID-19 pandemic were essential in enhancing behavioral care. The purpose of this study was to identify organizational strategies, best practices, and pathways for improving telehealth delivery in behavioral health amid the COVID-19 pandemic.

Organization X acted as the single case study. Baldrige Excellence Framework was used as a guide for this descriptive case study. Data were gathered through interviews with three Organization X leaders. The thematic analysis resulted in four themes: develop and implement clear organizational strategies with definite goals (subtheme-mission, vision, and values); telehealth usage barriers to be addressed; telehealth benefits; quality telehealth care, practice, and guidelines. The findings reinforced how Organization X's strategies and practices impacted telehealth delivery amid the COVID-19 pandemic.

Results showed organizational strategies and situational concerns affected telehealth.

Recommendations based on findings are presented to address the problem in Organization X. The study drives positive social change by bolstering effective telehealth delivery to address mental health concerns, substance abuse, increasing care access, and improving the quality of life.

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Dedication

This study is dedicated to those traumatized by COVID-19, mental health patients, and people with substance abuse disorders. May you feel cherished and supported by all mental health practitioners and healthcare parties concerned as they focus on finding lasting and practical solutions. The study is devoted to mental health facilities, researchers, aspiring mental health practitioners, and counselors enthused to find mental health problems and recommend solutions. Also, it would be unfair to leave out my children and friends, who encouraged me and reminded me that I was not old to learn. Throughout the process, their support did not waver. I also extend this to my PsyD support group and students in my class for inspiring me and being my cheerleaders. I probably could not achieve this academic milestone without their collective knowledge and input.

Acknowledgments

I thank my family and friends, my loudest cheerleaders and support system, for your massive contribution. Besides supporting me, you encouraged me and showed unconditional love. I am delighted and even enthused to pursue another challenge and achieve more. I would not have achieved this milestone without you. My relatives thank you for your positive energy, prayers, and much-needed distractions to balance my life. You mean the world to me. I thank my doctoral committee members, Derek Rodhe and Marc Arcuri. You have depicted patience and helped me generate the study. You directed and motivated me when I felt like giving up. Even though the work had been daunting, my workplace leadership team understood even when I was experiencing fatigue. I had to realize I was not going through it alone; they had my back. My faculty advisors, research reviewers, and editor Eddy have been incredible in providing genuine guidance and assistance. I am honored to have learned from experts, and I can only compensate by emulating them. I could not have chosen better. You deserve the best for being diligent, selfless, and above and beyond. Finally, I acknowledge the contribution of the case study leadership team for allowing and participating in the study. They graciously collaborated, answered the interview questions with all conscience, and were fully dedicated to the process of this study. They did everything they could to support me in completing my doctoral degree.

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Section 1a: The Behavioral Health Organization

Introduction

The coronavirus disease 2019 (COVID-19) caused a heavy toll on human lives (World Health Organization, 2020). The global pandemic reduced access to healthcare services (Ferrara & Albano, 2020). Due to the adverse effects of the infectious disease, inpatient visits were reduced due to fear of contracting the disease (Fitzpatrick et al., 2020). Despite behavioral health and rehabilitation services being crucial for health recovery, they were disrupted by COVID-19 (Bojdani et al., 2020). The COVID-19 pandemic subjected people to physical and social restrictions. In addition to directly disrupting healthcare services, the outbreak undermined efforts to provide behavioral care and address substance abuse (Byrne et al., 2021; Tsamakidis et al., 2021). Consistent with a World Health Organization (WHO) survey, reduced access to health services seriously threatens mental health patients, undiagnosed individuals, their families, the local community, and global health security (Brunier & Drysdale, 2020; Moynihan et al., 2021).

Amid the COVID-19 pandemic, the WHO developed guidance to ensure the continuity of essential health services (Bestsenny et al., 2021). Telehealth complements control measures such as quarantines, lockdowns, isolation, cessation of movements, protective equipment usage, social distancing, minimizing staff and patient exposure to sick people, and stay-at-home orders (Wosik et al., 2020). The WHO and healthcare organizations considered telehealth as one way to adjunct triage, healthcare assessments, and care for patients without relying on in-person visits (Bestsenny et al., 2021).

Telehealth for behavioral health care offers the flexibility of time and resources.

Telehealth connects patients with practitioners without spreading COVID-19 (Wosik et al., 2020). Patients can access telehealth care offerings such as screening, general healthcare, follow-up clinics, mental health and nutritional counseling, rehabilitation, prescriptions for medication, physical therapy, and intensive care (Reay et al., 2020).

Organizational Offerings, Services, Direction, Mission, Values, Vision, Structure

As reported on the organization's website, Organization X leadership has a chief executive officer (CEO), chief financial officer (CFO), chief nursing officer (CNO), director of social services (DSS), director of outpatient program (DOP), electroconvulsive therapy program manager (ECTPM), director of performance improvement (DPI), director of medical records (DMR), medical director (MD) and director of business office (DBO). According to the CEO (personal communication, 2022), Organization X is a subsidiary of one of the largest and most respected providers of hospital and healthcare services. Through email correspondence with the CEO (personal communication, 2022), Organization X applies a decentralized system. As stated by the CEO (personal communication, 2022), the parent company acts as the external mechanism suggesting guidelines for best practices. The hospital leadership team oversees corporate, business, and functional management. The CNO and the DSS said that Organization X is committed to social and mental healthcare causes. Through email correspondence with the DOP, the ECTPM, and the DPI, Organization X's core offerings are inpatient, outpatient, and telehealth care services to children, adolescents, and adults suffering from mental health and substance abuse disorders. Consistent with

the CNO, Organization X provides in-person care dwelling in electroconvulsive therapy, counseling, recreational therapy, psychosocial assessment, psychiatric evaluation, family therapy/education, psychoeducation, medication education, emotions and behavior management, role-playing, redirection, cognitive therapy, peer communication training, and substance abuse withdrawal. As stated by the CEO (personal communication, 2022), during the COVID-19 pandemic, Organization X aimed to deliver superior quality healthcare services so that its clientele could gain self-help skills and recommend them to others.

During the COVID-19 pandemic, Organization X necessitated a swift and unexpected pivot to continue delivering mental health services. According to the CEO (personal communication, 2022), Organization X conforms to the rules established by its State Department of Health. Those who run the hospital aimed to protect, promote and improve the health of people with mental health conditions, substance abusers, and the community (as indicated in the organization's leadership team online profile). The psychiatric hospital reduced in-person visits to continue providing mental health services and transitioned to telehealth use. The MD stated that COVID-19 greatly exacerbated behavioral health needs. According to the CEO (personal communication, 2022), Organization X advocates telehealth use as the best alternative. Through telehealth, patients access behavioral care and rehabilitation services remotely to continue mental care (Molfenter et al., 2021).

Telehealth use for continued behavioral health amid the COVID-19 pandemic spread could be the next big frontier in delivering quality care (Molfenter et al., 2021).

The MD stated that Organization X uses telehealth in synchronous and asynchronous treatment. According to the CEO (personal communication, 2022), Organization X uses telehealth for virtual meetings, communications, consultation, therapy, and monitoring between mental health patients and healthcare providers.

As stated by the MD (personal communication, 2022), the leadership team and the medical staff in Organization X serve as drivers for telehealth implementation, use, and sustainability when offering mental care and combatting COVID-19. The MD further stated that the organizational strategies and practices should be readily deployable in telehealth delivery to meet mental patients' needs amid the COVID-19 pandemic. In this case study, I examined how organizational strategies and best practices for telehealth delivery in Organization X enable continued quality mental care and increase access to care amid COVID-19. Organization X was the representative mental health organization. In this study, I showed the link between mental health care and telehealth usage, especially during the COVID-19 pandemic.

Practice Problem

In this study, I focused on Organization X, which provides mental healthcare services and helps populations with substance abuse issues. By treating patients with dignity and respect, Organization X embraces a team approach to delivering quality and holistic mental healthcare (as indicated on the organization's website). During the COVID-19 pandemic, behavioral healthcare organizations were required to produce a radical and timely approach to meet the needs of their patients (Han et al., 2020). Telehealth delivery in mental health organizations during the COVID-19 pandemic was

feasible, acceptable, and worthwhile as in-person services (Molfenter et al., 2021).

Telehealth use was essential in addressing behavioral health needs during the COVID-19 pandemic (Figueroa & Aguilera, 2020; Lo et al., 2022). According to Organization X's CNO and MD (personal communication, 2022), telehealth usage did not realize its objectives and full potential. The CEO stated that despite the implementation and potential benefits of telehealth use in Organization X, organizational challenges and practice problems hindered the objective of driving desirable changes in telehealth delivery.

The CEO stated that telehealth minimizes physical contact and increases mental health and substance abuse disorder care access. Organizational strategies and best practices were necessary to address the challenges impeding telehealth use in behavioral health amid the COVID-19 pandemic (Montoya et al., 2022). Strategies and best practices comprised practitioner training, increasing resource facilitation, fostering the safety and effectiveness of telehealth in tandem with COVID-19 control measures, enhancing digital literacy, improving behavioral therapy processes, and addressing patients' health needs (Betancourt et al., 2020).

In this study, I examined the need for organizational strategies and best practices for telehealth delivery during the COVID-19 pandemic. More information was required to examine which strategies and practices would positively impact telehealth delivery during the COVID-19 pandemic. I identified strategies to improve telehealth use during the pandemic, make telehealth care widely acceptable and sustainable, and mitigate the

drawbacks and risks of telehealth. I addressed the following research questions in this study,

Research Question 1 (RQ1): How satisfied are behavioral health leaders (BHL) with telehealth usage, and what variables are associated with the stakeholders' level of satisfaction?

Research Question 2 (RQ2): What are the best approaches, guiding principles, and standard practices regarding using telehealth amid the COVID-19 Pandemic?

Research Question 3 (RQ3): What level of effectiveness does the organizational strategies and practices add to telehealth delivery for continued behavioral healthcare during the COVID-19 pandemic?

Purpose

I used a qualitative design to examine how organizational strategies and best healthcare practices impacted telehealth delivery during the COVID-19 pandemic in a behavioral health organization. I also examined how Organization X can develop and implement appropriate strategies and best practices for telehealth delivery during the COVID-19 crisis. I examined how Organization X can excel in telehealth delivery for continued mental care and increased care access amid the COVID-19 pandemic. Because telehealth is one of the systems helping flatten the COVID-19 curve, little emphasis is given to its use in behavioral health organizations during the pandemic (Doraiswamy et al., 2020; Monaghesh & Hajizadeh, 2020). Amid increasing COVID-19 cases, there was a need to research and add more insight to existing knowledge about the administration of

telehealth and how to make the system effective and sustainable in mental health facilities (Haque, 2021; Molfenter et al., 2021; Whaibeh et al., 2020).

I conducted this study using the lens of the Baldrige Excellence Framework. The key areas of the Baldrige Excellence Framework are leadership, strategy, customers, measurement, analysis, knowledge management, workforce, operations, and results (see NIST, 2017). I considered all of these aspects in this study. I used the Baldrige Excellence Framework to comprehensively assess Organization X's core values, performance systems, concepts, processes, linkages, and improvements. I collected data by interviewing a sample of Organization X's leadership team. I used the Baldrige Framework to examine different perspectives and responses about organizational strategies and telehealth usage.

Significance

I reviewed Organization X's background, history, organizational profile, stakeholders, and operations amid the COVID-19 pandemic to gain insight into how organizational strategies and best practices in telehealth usage may enhance mental care delivery during the COVID-19 crisis. This study was valuable because I instigated behavioral organizations and healthcare leaders to understand the degree to which telehealth delivery is essential during the COVID-19 outbreak. By prioritizing effective telehealth delivery, healthcare leaders could increase care access, and offer continued mental care while reducing coronavirus transmission (Singhal et al., 2020). Healthcare leaders who most effectively developed and implemented suitable strategies and practices

were ideally positioned to address care problems and make telehealth effective (Kevin & Geoffrey, 2020).

In this study, I examined the role of healthcare leaders in improving telehealth delivery in behavioral health organizations to improve pandemic management and provide continued mental care. Organization X leaders may use the findings from this study to develop and implement transformative strategies and best practices for telehealth delivery amid the COVID-19 pandemic. The leaders must focus on Organization X's mission and values, provide stability, and ensure continuity of care operations based on effective decision-making. This study contributes to positive social change by emphasizing telehealth use as one of many COVID-19 control measures meant to maintain physical/social distance. With concerns regarding COVID-19 spread, the need for a continued of mental care, and increased access to care, telehealth usage as a technological innovation influences social change. The organizational strategies and practices for telehealth delivery can be used to focus on functional remediation and restructuring to achieve the desired results.

Summary

COVID-19 was an unprecedented emergency that exposed weaknesses in healthcare organizations (Sacco & De Domenico, 2021). The provision of patient-centered care failed during the pandemic because in-person visits were reduced drastically. Situational and organizational challenges contributed to the massive spread of COVID-19. The spread of COVID-19 greatly exacerbated healthcare needs (Hardy et al., 2021). Telehealth was the appropriate tool to facilitate continued care. Imperative action

plans and desirable practice models are essential to ensure patients receive proper care through telehealth.

In this section, I examined Organization X, which provides mental services, to determine how organizational strategies and practices in telehealth delivery may foster behavioral care during the COVID-19 outbreak. I used the Baldrige Excellence Framework to examine Organization X's organizational profile, including its mission, values, structure, and leadership. In this section, I elaborated on Organization X's scope and leaders' contributions toward achieving the desired goals.

Section 1b: Organizational Profile

Introduction

After the WHO characterized COVID-19 as a pandemic, most health systems around the globe were ill-prepared to continue delivering quality care services while preventing the spread of the virus (WHO, 2020). I provided detailed information about Organization X's values, mission, objectives, operations, strategies, processes, and practices in this study. This study is significant to understanding Organization X's need for organizational strategies and best practices for telehealth delivery amid the COVID-19 pandemic. In this study, I examined Organization X's profile, key factors, and background to identify gaps and organizational and situational concerns affecting telehealth delivery to solve the problem of effective telehealth practices.

Amid the COVID-19 pandemic, some people had negative perceptions and growing mistrust of healthcare organizations, thus exacerbating the fear of contagion (Richterman et al., 2020). Even with the massive deployment of telehealth, the system inadequately addressed the need for quality care, continued behavioral care, disease prevention and management, accessibility, scalability, and patient satisfaction (Kisicki et al., 2022). Ineffective action plans and current practice models were faulted for not driving desirable changes in telehealth delivery (Cantor et al., 2021). Therefore, there was a need to research and add more insight to existing information or knowledge about the administration of telehealth in Organization X. For the system to achieve its objective and ensure it is sustainable in Organization X, I examined organizational strategies and best

practices for telehealth delivery during the COVID-19 pandemic. The research questions that guided this doctoral study were,

RQ1: How satisfied are BHL with telehealth usage, and what variables are associated with the stakeholders' level of satisfaction?

RQ2: What are the best approaches, guiding principles, and standard practices regarding using telehealth amid the COVID-19 pandemic?

RQ3: What level of effectiveness do the organizational strategies and practices add to telehealth delivery for continued behavioral healthcare during the COVID-19 pandemic?

In this study, I examined what the success of telehealth usage would look like amid the COVID-19 pandemic. In this section, I discussed the organizational profile (OP) and critical factors strategically important to the organization. I presented the organization's treatment offerings and services, strategic direction, mission, vision, values, governance, structure, and relationship to the parent organization.

Organizational Profile and Key Factors

According to the CEO (personal communication, 2022), Organization X was founded in 2008. The psychiatric facility offered patients a therapeutic environment that was serene, homelike, and full of space for healing and growth (as indicated on the organization's website). Organization X's location made it accessible for patients. As stated by the CEO (personal communication, 2022), the behavioral organization aimed to help patients gain self-care skills on their path to recovery. The facility offered inpatient and outpatient programs and telehealth to persons with mental health and substance abuse

issues, especially children, adolescents, and adults (as indicated on the organization's website). The inpatient services included an affective disorder program, dual diagnosis treatment, and a persistent mental illness program (as reported on the organization's website).

According to the CNO and the MD (personal communication, 2022), the organization employed evidence-based therapies to meet its patients' needs. More so, the psychiatric hospital acts as an emergency receiving facility. The facility used telehealth to conveniently deliver patients' mental care (as reported on the organization's website, 2022). The CNO stated that using HIPAA-compliant video and communications let mental health patients connect with clinicians remotely by observing physical distancing directives.

Through correspondence with the DOP, the ECTPM, DPI, and the CNO (personal communication, 2022), electroconvulsive therapy, intensive outpatient programming (IOP), partial hospitalization program (PHP), and no-cost virtual support groups were the outpatient offerings available with telehealth. The CNO further stated that patients used telehealth to access credentialed clinicians for assessment, guidance, instruction, health education, intervention, and monitoring. However, an individual's medical or behavioral health condition and geographic location influenced eligibility for telehealth.

Organization X's mission was to provide the behavioral and mental healthcare that patients recommended to families and friends and that physicians prefer for their patients (as indicated on the organization's website, 2022). The hospital preferred a teamwork approach when responding to its client's needs. The CEO stated that

practitioners must treat patients with dignity and respect and provide high-quality care. Organization X aims to provide holistic care to patients suffering from mental health disorders and co-occurring substance abuse issues (as reported on the organization's website). As stated by the CEO (personal communication, 2022), Organization X's mission aligned with the parent company's mission; to foster maximum cognitive, social, physical, behavioral, and emotional development in its clientele. Organization X practitioners were trained to offer high-quality care in a secure and compassionate environment, thus earning high patient satisfaction scores (see organization's website). Practitioners had to instill hope, resiliency, and connectedness in their patients.

Organizational Background and Context

Organization X was founded on compassion, service excellence, employee development, continuous improvements in measurable ways, teamwork, ethical and fair treatment, and innovation in service delivery (see the organization's website). The institution partnered with the National Action Alliance for Suicide Prevention to bolster the country's efforts to offer innovative suicide prevention and care (see organization's website). The psychiatric facility employs evidence-based therapies in both inpatient and outpatient programs. As stated by the MD (personal communication, 2022), the parent company oversees Organization X's fiscal resource planning. Patients accessed insurance plans such as Medicare and TRICARE to cover their medical costs (as indicated on organization's website). The care services were geared toward promoting a high level of functioning for all patients' at the most suitable level of care. Organization X does not discriminate against patients based on race, gender, color, national origin, or disability

(see organization's website). The hospital provided free aid and services to people living with disabilities. The hospital assured patient satisfaction by treating patients with dignity, respecting patients' privacy, and addressing patients' needs.

Institutional Context as Applicable to the Problem

Organization X's comprehensive treatment planning inspired medical practitioners to meet the healthcare needs of their patients. The hospital prides itself on providing behavioral and mental health services that patients will admire and that physicians will select for their patients (as reported on the organization's website). Besides delivering high-quality care, the hospital aimed to be an emergency receiving facility for people suffering from mental health disorders and substance abuse issues (as reported on the organization's website). The hospital treated the whole patient with support and care for quicker recovery. Organization X understood that every patient needed an individualized treatment plan for a unique continuation of care (see organization's online profile). According to the CEO (personal communication), Organization X recognized that COVID-19 had presented numerous challenges. As a result, the hospital assumed telehealth use during the pandemic would prevent COVID-19 spread, facilitate remote care, monitoring, and consultation (as reported in the organization's website). Telehealth guarantees the continuity and accessibility of mental health services.

According to WHO (2020), telehealth played a significant role in assessing the health impact of the COVID-19 pandemic to make appropriate decisions. Organization X's institutional context, which constitutes its administration, departments, operations,

regulations, and partnerships, was connected to the problem being addressed. According to the CEO (personal communication, 2022), Organization X's leadership team was committed to ensuring accountability, offering quality care, HIPAA compliance, compliance with state laws, ethical behavior, and objectivity. The COVID-19 pandemic triggered many organizations and institutions to use telehealth delivery. As stated by the CEO (personal communication, 2022), Organization X had links with institutions such as the WHO, the American Medical Association, the National Alliance on Mental Illness, the State Behavioral Health Association, the U.S. Department of Health & Human Services, and the State Department of Health to provide quality. These partnerships were focused on mental health problems, improving the quality of care, and combating the COVID-19 spread.

The Need for the Doctoral Study

This study on Organization X made me examine why each behavioral health patient needed an individualized treatment plan tailored to provide exceptional, continued mental care. This study was necessary because I identified the organization's strategic inefficiencies and practice problems that impact telehealth delivery amid the COVID-19 pandemic. Even though Organization X uses telehealth as a standard practice, the study contributes to human knowledge by bringing forth strategies and best practices for telehealth delivery during the COVID-19 pandemic.

Summary and Transition

COVID-19 has led to fear, worry, and stress, making people avoid medical intervention (Kumar & Nayar, 2021). Psychiatric facilities shifted to telehealth to offer

remote care, monitor patients, and provide convenient consultations. In Section 1b, Organization X recognizes that patients deserve holistic care even in their homes. According to the MD (personal communication, 2022), Organization X promotes physical and behavioral health and well-being in pursuit of being an accountable care facility. The CEO stated that the hospital uses telehealth to guide and assist its clients amid the coronavirus. The facility is moving toward scaling up telehealth to increase access to care. According to the website, Organization X's mission was to provide behavioral and mental healthcare that patients recommended to families and friends and that physicians prefer for their patients.

For effective telehealth administration during COVID-19, care organizations must outline doable, efficient, and manageable steps to make care services successful (Mahtta et al., 2021; Zhai, 2021). In section 2, I reviewed Organization X's leadership strategy. I examined the adeptness level of current strategies, practices, and leadership models and determined solutions that could be implemented. I presented previous literature or supporting evidence, thus identifying the subject's gaps.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

Since the onset of COVID-19, some people had negative perceptions and growing mistrust of healthcare organizations, thus exacerbating the fear of contagion (Richterman et al., 2020). Even with the massive deployment of telehealth, the system inadequately addressed the need for quality care, continued behavioral care, disease prevention and management, accessibility, scalability, and patient satisfaction (Kisicki et al., 2022). Ineffective action plans and current practice models were faulted for not driving desirable changes in telehealth delivery (Cantor et al., 2021). Amid the increasing COVID-19 cases, there was a need to research and add more insight to existing knowledge about the administration of telehealth in mental health organizations (Haque, 2021; Molfenter et al., 2021; Whaibeh et al., 2020). For telehealth to achieve its objective and ensure sustainability in mental health facilities, I examined organizational strategies and best practices for telehealth delivery during the COVID-19 pandemic.

In this section, I presented supportive literature (summary of previous findings related to the topic) and the leadership strategy assessment. The supporting literature includes theoretical and methodological contributions to the subject matter. In this study, I determined how organizational strategies and practices impact telehealth delivery in behavioral health organizations during the COVID-19 pandemic. This study has serious implications for care practice. BHLs learn how to direct behavioral health organizations and apply appropriate leadership models to adopt for telehealth delivery amid the COVID-19 crisis.

Supporting Literature

I used literature from scientific or academic journals, books and organizational websites, and news reports. The literature was published within the 5 years prior to completion of this study (from 2018 to 2022). I used each source to inform the current study and answer the research questions. The sources of evidence were available in EBSCO, google scholar, Elsevier, ERIC, and ProQuest. I searched the following key terms: Patient video conferencing, in-person visits, preventive measures, organizational strategies, healthcare operations, technological advancements, COVID-19 prevention, healthcare strategic plans, telehealth, telemedicine, e-health, strategic management, facilitators, barriers, and passionate approach.

According to the WHO (2020), the COVID-19 pandemic dramatically changed how patients receive healthcare services. After the pandemic struck, many healthcare institutions deferred elective and preventive visits to prevent the spread of the virus (Thomas et al., 2022). Governments restricted travel and somewhat regulated nonessential services to curb the spread. Due to paranoia, some patients avoided physical visits because they did not want to risk exposure (Fitzpatrick et al., 2020). After the interception of control measures and vaccines, healthcare organizations safely accommodated in-person visits and intensified telemedicine use (Zhou et al., 2020). Regardless, in-person visits or appointments are yet to return to normalcy. As a result, the use of telemedicine/telehealth continued to increase significantly.

Healthcare Preparedness and Response Capabilities

According to the American Medical Association (AMA) and the WHO, the COVID-19 crisis exposed the deep underlying problems in the healthcare system (Sagan et al., 2021). The United States' startling infection and death rates denoted that healthcare organizations were ill-prepared to counter diseases of high magnitudes, such as the novel coronavirus (Geyman, 2021). Despite WHO characterizing COVID-19 as a pandemic, most public health systems around the globe failed to quickly identify and control the spread of coronavirus (WHO, 2020). As an unprecedented emergency, the virus demonstrated that the general public, mental health patients, healthcare facilities, and care practitioners were targeted.

According to the WHO, the COVID-19 pandemic negatively affected healthcare access and delivery (Brunier & Drysdale, 2020; WHO, 2020, 2021). Despite the United States and healthcare organizations resulting in lockdowns, quarantines, social distancing, and isolations, new infections, and death rates triggered the need for improved approaches and practices for telehealth usage for continued care (Brunier & Drysdale, 2020).

Health systems faced immense pressure and were overwhelmed beyond their capacity (WHO, 2020). The growing rate of COVID-19 cases and the fear of contracting the disease in healthcare organizations prevented patients from leveraging healthcare resources (WHO, 2020). Unpreparedness and poor strategies and practices made health organizations vectors of contagion (Núñez et al., 2021). The negative perception and growing mistrust of healthcare organizations exacerbated the fear of contagion (Hardy et

al., 2021). Healthcare providers and organizations were increasingly presumed to be catalysts of the disease rather than the solution (Richterman et al., 2020). Situational and organizational challenges such as lack of coordination, high workload, lack of quality personal protective equipment, inopportune management during service delivery, and psychological distress affect care delivery amid the COVID-19 pandemic (Al-Tawfiq & Temsah, 2023).

COVID-19 exposed the concept of patient-centered care, thus necessitating improved, integrated, centered care (Blumenthal et al., 2020; Saracci, 2020). The crisis required massive telehealth deployment with the adoption of control measures and remote care strategies (Al-Sharif et al., 2021). Pandemic solutions were not only made for hospitals but also for behavioral health patients. The consequences of COVID-19 elicited the need for effective telehealth usage to increase access to care and ensure continued mental care. The COVID-19 pandemic triggered behavioral health facilities to provide continued mental care through telehealth while reducing the risk of infection from the coronavirus (Mahtta et al., 2021). Despite telehealth being an alternative to conventional face-to-face patient visits, its effective implementation faced organizational and situational/practice challenges.

Despite the need to offer continued care or uninterrupted access to behavioral therapy and prevent the spread of COVID-19, telehealth uptake faced significant disparities (Mahtta et al., 2021). Existing organizational strategies and practices inadequately maximized telehealth use, thus hindering access to mental care and slackening the continued of mental care (Zhai, 2021). Unpreparedness and poor

organizational strategies and practices contributed to high COVID-19 infection rates (Núñez et al., 2021; Rollston & Galea, 2020; Shang et al., 2020). Immunologists, virologists, and epidemiologists warned that inefficiencies in mental healthcare organizations and disruptions hampering access to healthcare might lead to more infections, increased mental health concerns, and deaths (Brunier & Drysdale, 2020). Amid the COVID-19 outbreak, the demand for mental health services is increasing.

Persons with pre-existing mental, neurological, or substance use disorders were susceptible to COVID-19 infection (Brunier & Drysdale, 2020). High-risk populations experienced austere complications (Panchal et al., 2020). According to the WHO, the pandemic resulted in people engaging in substance abuse (Brunier & Drysdale, 2020). The COVID-19 disease led to increased cases of mental health problems.

Impact of COVID-19 on Health Care Systems and Mental Health

COVID-19 was a stressor to healthcare systems and patients because it lacked a cure (Druss, 2020). Homeless populations and patients with serious mental illness were the most affected. These individuals also lacked medical coverage. Individuals with mental health issues were challenging to identify, follow up, and treat. Individuals with mental health issues needed up-to-date, accurate information on mitigating the risk of developing COVID-19 and learning when and how to seek medical treatment for COVID-19 (Druss, 2020). Mental health clinicians had a role in developing continuity-of-operations plans and being watchful of their safety and well-being to prevent new infections in healthcare facilities. There was a need for mental health policy expansion and strengthening cognitive healthcare systems (Druss, 2020).

People's psychological reactions influenced how the COVID-19 virus spread (Cullen et al., 2020). Their psychological reactions caused social disorders and emotional distress. Their psychological reactions influenced their perception or adherence to vaccination and affected how they got by with COVID-19 and its consequent losses. COVID-19 patients exhibited defensive responses and maladaptive behaviors (Cullen et al., 2020). COVID-19 led to psychiatric disorders such as anxiety, attention-deficit hyperactivity disorder (ADHD), panic, depression, adjustment disorder, and stress (Moreno et al., 2020; Rajkumar, 2020). The elderly were at increased risk of coronavirus due to cognitive decline.

People without pre-existing mental health conditions were vulnerable to experiencing distress and anxiety, whereas those with pre-existing mental health were vulnerable to COVID-19 infection (Cullen et al., 2020; Drake et al., 2020; Rajkumar, 2020). COVID-19 containment measures caused an economic breakdown and increased mental health problems (Moreno et al., 2020; Zangani et al., 2022). People with mental health disorders and comorbid physical conditions were vulnerable to contracting COVID-19. Mental health organizations became epicenters of infection when they failed to address the needs of patients with pre-existing mental disorders (Moreno et al., 2020).

Since the COVID-19 outbreak, healthcare organizations have played a crucial role in reducing access to services. Face-to-face care was forfeited due to social distancing, lockdowns, and quarantine (WHO, 2020). The high-risk population experienced difficulty accessing testing and treatment. Vulnerable populations and people from lower socioeconomic strata were at high risk during the COVID-19 pandemic and developed

mental complications because they could not access online health services (Rajkumar, 2020). Lack of knowledge among mental health professionals, overcrowding, patients who did not comply with preventive measures and lack of general medical facilities in psychiatric hospitals were faulted for contributing to the increasing COVID-19 incidents in mental health organizations (Rajkumar, 2020).

Telehealth Delivery during COVID-19

COVID-19 infections and severe psychiatric symptoms triggered a re-evaluation of the conventional care approaches to address health disparities and reduce the burden on carers and the COVID-19 incidence rate (Moreno et al., 2020). As a result, there was a need to address the COVID-19 psychological and psychiatric effects (Cullen et al., 2020). COVID-19 presented an opportunity for innovation (Sze-Yunn, 2020). Hence, telehealth was revolutionary during COVID-19. Through telehealth, at-risk people would be kept out of waiting rooms (Sze-Yunn, 2020).

The system reduced healthcare costs and improved patient outcomes. Telehealth made healthcare professionals more productive and effective. Telehealth had the potential of being the front-line strategy for healthcare organizations to minimize in-person hospital visits (Uscher-Pines et al., 2022). COVID-19 triggered virtual healthcare services by enabling remote care delivery (Haque, 2021). For instance, several health policy changes influenced telehealth uptake and service reimbursement during the pandemic. Coordinated mechanisms were essential to address the urgent need to address the effects of COVID-19 in all health sectors (Fagherazzi et al., 2020; WHO, 2020). Telemedicine was one of many other digital solutions that worked in emergency and

primary care (Fagherazzi et al., 2020)—telehealth visits for Medicare beneficiaries amplified since the coronavirus crisis (Melissa Suran, 2022). The U.S. Centers for Medicare and Medicaid Services (CMS) authorized waivers for Medicare beneficiaries, hence expanding telehealth services for Medicare beneficiaries (Melissa Suran, 2022).

Increased use of telehealth by Medicare beneficiaries minimized COVID-19 exposure in health care (Melissa Suran, 2022). Telemedicine supported population surveillance, routine primary care, continuous diagnostic, therapeutic process, triage, consultations, electronic prescription, and communication (Budd et al., 2020; Fagherazzi et al., 2020; Frank et al., 2021; Thomas et al., 2022). Telehealth was a vital adjunct and did not replace in-person procedural or emergency services (Blumenthal et al., 2020; Leite et al., 2020). The innovation was clinically acceptable and cost-effective, saving healthcare resources and promoting efficiency (Siwicki, 2020). In the era of COVID-19, telehealth (digital health tools) collected meaningful information on large cohorts of patients (online symptom monitoring), served as a triage system, and facilitated virtual communication and remote patient monitoring and care (Fagherazzi et al., 2020).

Telehealth offered better accessibility and flexibility of healthcare services during the COVID-19 crisis (Senbekov et al., 2020). COVID-19 and excess pressure on healthcare systems prompted urgent and practical solutions to localize, manage, and address coronavirus. Healthcare facilities implemented telemedicine for integrated health data systems, enhanced patient-clinician communication, offered distance/medical education, and monitored patients remotely (Senbekov et al., 2020). Through telehealth, physicians analyzed and sorted the victims. The system facilitated medication therapy,

drug ordering, collaborative drug management, counseling, and resolving medication-related problems (Senbekov et al., 2020).

Challenges with Telehealth Delivery during COVID-19

Telehealth use was a standard practice during the pandemic (Kisicki et al., 2022). However, its usage inadequately addressed the need for quality care, continued care, disease prevention and management, accessibility, scalability, and patient satisfaction (Ftouni et al., 2022). It was imperative to consider elements such as privacy, patient-practitioner relationship, communication, convenience, applicability, scalability, awareness, effective training, leadership, reliability, and efficiency during telehealth use for increased access, continued care, and prevention of COVID-19 spread (Elliott et al., 2020; Vidal-Alaball et al., 2020).

Besides telehealth and other digital technologies being used for quick and effective pandemic response, they did not provide the ultimate solution (Thomas et al., 2022). Due to ineffective organizational strategies, the implementation of telehealth faced challenges (Blumenthal et al., 2020). Some of the challenges that hindered the efficiency of telehealth include; initial set-up for first-time telehealth, limited access to video conferencing for patients, difficulty navigating the telehealth system, and problems when following -up or assessing some aspects of the neurologic examination (Blandford et al., 2020; Siwicki, 2020). Comprehensive education for practitioners and patients on the best telemedicine and virtual care practices was required (Jnr, 2020). Telehealth was faulted for affecting existing healthcare infrastructure and policies. Because telehealth policies

differed widely among countries, the application would compromise patients' consent, confidentiality, and privacy (Jnr, 2020).

Many concerns associated with telehealth and the provision of health services during the pandemic were unmet (Senbekov et al., 2020). BHLs' failure to create strong strategic plans dragged or thwarted the implementation of best practices for telehealth during COVID-19 (Mahtta et al., 2021; Senbekov et al., 2020). Their failure to consider all key stakeholders was one of the problems affecting the use of telehealth (Breton et al., 2021; Wijesooriya et al., 2020). Health organizations needed help in rallying all stakeholders around a shared objective. Some healthcare leaders need to pay more attention to the power of strategic planning. They lacked a "passionate approach" and were less committed to developing organizational strategies. Elsewhere, organizations with organizational strategies lacked "follow through" on the strategic plan, leading to inefficiencies (Blandford et al., 2020). Also, ethnicity and marginalization defied the ultimate use of telehealth during the COVID-19 pandemic (Frank et al., 2021). Telehealth did not address logistical barriers, physical illness, psychiatric symptoms, and motivation to engage in treatment (Siwicki, 2020). Still, telehealth's broad and long-term initiation faces ethical hurdles (Keenan et al., 2021). Telemedicine left vulnerable populations behind or compromised users' cultural, moral, and religious backgrounds (Fagherazzi et al., 2020). Despite the backlash, telehealth would improve collective public health (Fagherazzi et al., 2020).

Strategic Revisit and Reshaping

Action plans succeed if regularly revisited and reshaped (Bryson, 2018). Organizations achieve their mission when leaders regularly review and update organizational strategies. The existing strategy, priorities, and people involved influence the vision of success (Bryson et al., 2018). Many healthcare organizations were not ready for a disease of high magnitude such as COVID-19. Organizations did not have infectious diseases as part of their risk (Geyman, 2021). Due to their ill-preparedness, they did not foresee COVID-19 as challenging their strategic plans. Hence, a feasible crisis plan and a strategic change cycle were required. A strategic change cycle that aligns with organizational vision and values would help develop the existing strategies and adaptation (Merkus et al., 2019).

It was imperative to divert focus from the immediate challenges of caring for COVID-19 patients. COVID-19 made healthcare professionals more nimble, efficient, and responsive (Knecht, 2020). Healthcare organizations needed strategic thinkers to utilize forward-looking healthcare professionals and tech "gurus" to manage the pandemic better. Organizational strategies would improve amid the COVID-19 crisis. Healthcare managers would set a strategic direction to address the COVID-19 outbreak (Knecht, 2020). Some healthcare organizations used telehealth better to serve their patients, but effective strategies and practices were required to support the increased telehealth usage (Knecht, 2020). Healthcare organizations determined the possible strategic opportunities and challenges of using telehealth. Telehealth usage amid the COVID-19 pandemic was not the only strategic opportunity or challenge.

Types of Organizational Strategies

According to the American College of Healthcare Executives (ACHE), various organizational strategies exist. However, healthcare organizations often employ perspective and emergent techniques (Ginter et al., 2018). Healthcare is a dynamic system that requires dynamic strategic management and planning to set the framework for appropriate decisions to solve a healthcare problem (Safonov & Borshch, 2019). Every healthcare facility requires organizational strategies for perpetual growth and success (Ginter et al., 2018). Strategic management in healthcare directly impacts patient health (Ginter et al., 2018). Healthcare providers and administrators monitor the strategy initiation process and optimization to achieve the organization's objective.

Organizational strategies align the healthcare organization's plans with the mission statement. According to Becker's Hospital Review, healthcare organizations require modern strategy models to match their current healthcare systems and meet the changing approaches to patient care (Becker's Healthcare, 2022). Developing strategies, continuously defining strategies, emergent hospital reforms, and reshaping healthcare organizations were critical components for preparedness amid an emergency (Chopra et al., 2020). In essence, the different organizational strategies apply to this study.

Best Practices for Telehealth Delivery

For effective telehealth administration during the COVID-19 crisis, healthcare organizations that outline doable, efficient, and manageable steps make remote delivery of healthcare services successful (Ginter et al., 2018). Although telehealth modalities expanded beyond general medical and behavioral health services, digital technology

needed further improvements (Frank et al., 2021). Amid the pandemic, mental health organizations needed a post-pandemic telehealth strategy (Frank et al., 2021). For telehealth to achieve its desired objectives, care organizations consider key facilitators of telehealth implementation, such as leadership support, a sense of urgency within healthcare organizations, training, easy access, friendly usage, and patient willingness to use telehealth (Frank et al., 2021). Care organizations consider service selection, operational changes, staff engagement, technical infrastructure, financial considerations, patient outreach, service evaluation, and continuous improvement. Improvements in telehealth and other digital technologies address the needs of people at the forefront of the pandemic (Blandford et al., 2020; Fagherazzi et al., 2020). Telehealth delivery during COVID-19 needed clear communication. Effective organizational strategies required stakeholder sensitization and resource facilitation.

Sources of Evidence

I started this qualitative study after the Organization X board of directors voted to approve the study and permitted me to find the information needed to conduct the research. Also, Walden University's Institutional Review Board approved the study. After I obtained full approval from the organization and Walden University's IRB, I collected the data through interviews.

The sources of evidence that I used include meeting minutes, Organization X structure design, Organization X website, partner organization websites, parent company website, policies, and procedures. I performed and recorded the interviews with three leaders' (the CEO, the CNO, and the MD) for the qualitative analysis. None of the leaders

declined to be interviewed. I also reviewed all Organization X meeting minutes and internal data over the past three years. Other sources of evidence included organization policies and procedures, financial records, practitioner qualifications, and organization handbooks. The data I collected gave Organization X structural, operational, and fiscal insights. The information contained enough data for me to examine whether Organization X leaders understood the importance of organizational strategies and best practices for telehealth delivery and their role in providing quality continued behavioral care.

Leadership Strategy and Assessment

There are wide range of leadership styles that leaders adopt in a bid to achieve specific objectives. Some leadership styles include autocracy, transformational, transactional leadership, and charismatic leadership, among others. Each leadership style has a specific outcome in the organization it is administered in. Good governance is paramount for an organization to achieve its desired goals. An organization's leadership strategy is essential to address current problems and prepare for the future (Hambrick & Wowak, 2021; Myrick & Kelloway, 2018). Leadership strategy in an organization helps address the potential organizational and community needs.

I used the Baldrige Excellence Framework to assess Organization X's leadership efficiency and performance. Through Baldrige Excellence Framework, I examined how Organization X's basic leadership practices, core values, and processes correlate with strategy development and implementation (see NIST, 2017). Organization X's leadership comprises a CEO, CFO, CNO, DSS, DOP, ETPM, DPM, DMR, MD, and DBO. The leadership team set controls for the hospital, maintained the organization's internal

control fabric, performed internal audits, and provided management oversight (as indicated on the organization's website). The parent company acted as the external mechanism suggesting guidelines for best practices.

According to the CEO (personal communication, 2022), Organization X developed patient-centric and value-based strategies, but occasionally, it was prompted to re-examine the strategies to address new health problems. The CEO stated that the organization ensured that its intended activities aligned with its mission, values, and objective. Even though Organization X embraced flexibility, it took a focused approach by thinking strategically to counter predetermined threats and respond to concerns as they emerge.

Organizational leaders impact decision-making processes (Susca, 2019), so Organization X leaders must demonstrate efficacy when the organization intends to implement a strategy. According to the MD (personal communication, 2022), the leadership team must develop a realistic approach that identifies gaps for formulating suitable strategies. The MD further stated that as representatives of strategic management, they assess the organization's environment and develop proactive strategies.

Organization X was designed to serve people with mental health conditions however they need. The MD asserted that healthcare dynamics and health problems impacted procedures within the organization. According to the CEO and the MD commented (personal communication, 2022), the administrative team focused on demonstrating transformational leadership to address the new needs and achieve its desired objective. As said by the CEO, the leadership team exemplified flexible and

adaptive leadership skills by redesigning processes and making suitable adjustments in strategies and tactics. As stated by the CEO, during the coronavirus pandemic, the hospital conducted a retrospective analysis of the crisis and re-evaluated internal strategies to make the appropriate strategies in order to meet the care needs. Organization X leaders adjusted procedures, successfully applied strategic management processes, and coached practitioners to embrace change (see organization website). They occasionally developed strategies and prompt breakthrough thinking to achieve the desired objectives effectively and efficiently.

Clients/Population Served

Organization X is a psychiatric facility serving mental health patients and persons struggling with substance abuse (see organization's website). The organization defined its clientele as a "vulnerable population" who risked contracting COVID-19, underserved mental patients, and susceptible to advanced mental health complications (as indicated on the organization's website). Consistent with the CEO, aligning people with purpose, building productive partnerships, enabling engagement, and connecting with clients were essentials. I used the Baldrige Excellence Framework in the selection of metrics and the visibility of metrics. I examined Organization X's hierarchy of needs, linkages, and processes, how it gathered client information, and how it engaged clients through service and building relationships.

According to the CEO (personal communication, 2022), Organization X interviewed its clients to obtain necessary information. The therapists interviewed the clients, asked about their mental symptoms, observed clients' behavior, and asked about

their personal history (social situation, family history, work history, drug dependence, and marital history). As stated by the CNO, the interviews were conducted virtually and through in-person visits. According to the CEO (personal communication, 2022), Organization X used questionnaires, observations, and document examination while assessing clients. The MD stated that information such as the client's past medical history, behavioral traits, and patient history of mental disorders was collected. The MD further claimed that the data collected was recorded and analyzed in Electronic Record Systems.

Organization X engaged clients through service and building relationships (see organization's website). The practitioners engaged/interacted with clients when delivering care. The CNO stated that therapists communicated with clients about their care. The CEO claimed that seamless communication was crucial for effective engagement in Organization X. Organization X observed the five essential components of the therapeutic practitioner-client relationship. According to the MD (personal communication 2022), the patients engaged in their healthcare through correspondence with practitioners. Telehealth provides safe continuity of communication and care (see organization's website). The CEO claimed that during in-person visits and telehealth sessions, the practitioners spurred patient engagement through communication, indoctrinating healthy habits and COVID-19 control measures, and providing mental health education.

Workforce and Operations

Organization X offered psychiatric care to its clients (as indicated on the organization's website). When selecting and measuring the right metrics, I used the Baldrige Excellence Framework to examine Organization X leadership, workforce, processes, performance systems, and how improvements were correlated to quality workforce associates, enabling ownership performance and improving performance.

Organization X's workforce comprised healthcare leaders, psychiatrists, clinicians, addiction counselors, psychoanalysts, psychiatric nurses, psychotherapists, and mental health counselors (see organization's website, 2022). Organization X leaders created and maintained a positive and supportive workforce. The leaders encouraged team collaboration and communication (as reported in the organization's leadership team online profile). According to the CEO (personal communication, 2022), despite having different practitioners, the leaders ensured that all team members collaborated and communicated to build cohesion and collectively address mental health problems. Organization X promoted inclusion and teamwork to create a team foundation and a sense of community (see organization's website). The leaders stirred positivity and created a culture that united everyone. The CEO stated that Organization X employees emulated how the leaders exhibit positive behaviors and organizational values.

Analytical Strategy

I selected a qualitative case study as the research design for the doctoral study. A qualitative research method was the most appropriate because it draws detailed descriptions of complex phenomena. Being a dynamic approach, I used qualitative

research to get satisfactory answers from participants about their experiences and perspectives. As a qualitative researcher (the primary instrument in the research process), I better understood the organization's vision, mission, values, strengths, and challenges that facilitate or hinder telehealth delivery amid the COVID-19 pandemic. Also, I observed qualitative research best practices throughout the research processes.

Participants and Data Collection Procedures

Qualitative research centers on the target population's behaviors, experiences, perceptions, and understanding of their motivations (Hennink et al., 2020), so, the primary informants or participants were three leaders from Organization X (CEO, CNO, MD). I obtained the research data through interviews (See appendix). One-on-one and virtual interviews were the most appropriate. They provide an opportunity to evaluate the interviewee's demeanor, draw detailed information, and gain reassurance (Alam, 2020). In this sense, interviewing was the interaction method that I used to collect data from the participants. The interview questions (See appendix) were aligned with the research questions. All interview appointments were scheduled. Walden University's institutional review board (IRB) approved the strategy of interviewing Organization X leaders. I collected data about participants' attitudes, experiences, and perceptions through the interview questions. The interviews were confidential, flexible, and scalable.

Secondary Data Sources

Archival data was significant in this doctoral study because it did not change. The following sources provided archival data; Organization X website, social media pages,

recent leadership meeting minutes, partnership records, internal memos, annual reports, financial records, workforce records, department records, and employee handbook.

Research Process

Since there was a sample (conveniently available and readily approachable pool of respondents), convenience sampling was the most appropriate to examine leaders' experiences, opinions, and perspectives on telehealth delivery amid the COVID-19 pandemic. Convenience sampling is non-probabilistic, cost-friendly, efficient, and easy to implement (Stratton, 2021). Despite the three leaders having different roles, they were equally important in responding to germane concerns.

I used the Baldrige Excellence Framework to examine the data collected from the study. The Baldrige Excellence Framework measures an organization's efficiency and determines improvement areas (see NIST, 2017). I examined Organization X leadership, core values, performance systems, concepts, processes, linkages, and improvements (see NIST, 2017). Both primary and secondary data provided information about the practice problem, thus assisting me in filling gaps in knowledge and bringing insight into how organizational strategies and best practices would make telehealth delivery efficient amid the COVID-19 pandemic.

Coding

In this study, data analysis process involved thematic coding, categorizing, and theme finding. I used Nvivo thematic analysis software. The interview questions and responses were converted to text. I looked forward to identifying meaningful patterns across the data for a satisfactory analysis. A theme results from categories that constitute

codes (Castleberry & Nolen, 2018; Sundler et al., 2019), so I used thematic analysis to identify themes, summarize, interpret, and reveal some purpose. Through the Nvivo thematic analysis software, I analyzed the themes based on Baldrige's Assessment Criteria (see NIST, 2017). The themes were centered on Organization X's strategic planning, decision-making, organizational objectives, and telehealth implementation. The themes resulted from coding the data around the research questions. Developed categories helped organize codes based on their attributes, intents, and meanings.

Ethical Research

I applied fundamental ethical principles such as voluntary participation, informed consent, confidentiality, protecting the qualitative research's credibility, the potential for harm, and results communication. I adhered to all regulations and research standards of Walden University in preparation and approval of the study to minimize risks, avoid conflict of interest and maximize benefits. I asked for consent and Organization X approval before collecting data. Throughout the research process, I observed consent and confidentiality. All research data remains unavailable to unauthorized persons. None of the information was shared. Upon completion of the research, I documented everything. I encrypted and added security features to maintain privacy and confidentiality. As per the state requirements, the data will be stored for at least three years. It is noteworthy to state that the data will be maintained for as long as Organization X needs.

Summary and Transition

In this section, I presented broad research on the importance of telehealth use during the COVID-19 pandemic. Different scholars reiterated that telehealth use

facilitated continued care during the pandemic—also, various pieces of literature noted incapacities and challenges that prevented mental health patients from accessing healthcare. The chapter discussed the reason-impact relationship between organizational strategies and the implementation of telehealth in behavioral health organizations. The data helped me understand the Organization X leadership strategy, clients, and workforce. An extensive study of the population served, workforce, and operations were performed, which are well documented. Included in Section 3 are details about Organization X's workforce, operations, measurement, analysis, and how it conducts knowledge management.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

Even with the massive deployment of telehealth, the system inadequately addressed the need for quality care, continued care, disease prevention and management, accessibility, scalability, and patient satisfaction (Kisicki et al., 2022). Ineffective action plans and current practice models were faulted for not driving desirable changes in telehealth delivery (Cantor et al., 2021). In this study, I examined how organizational strategies and best practices would impact telehealth delivery amid the COVID-19 pandemic. I examined the importance of organizational strategies and best practices for telehealth usage in Organization X. I used peer-reviewed sources, information from the organization's website, and interview feedback in the literature review. I explained how Organization X faced challenges in attaining its mission. I also summarized previous findings on the importance of telehealth delivery in mental care. These research questions guided this doctoral study were,

RQ1: How satisfied are BHL with telehealth usage, and what variables are associated with the stakeholders' level of satisfaction?

RQ2: What are the best approaches, guiding principles, and standard practices regarding using telehealth amid the COVID-19 pandemic?

RQ3: What level of effectiveness do the organizational strategies and practices add to telehealth delivery for continued behavioral healthcare amid the COVID-19 pandemic?

According to the National Institute of Standards and Technology (NIST), measurement, analysis, and knowledge management components are studied to determine how an institution identifies, collects, assesses, manages, and enhances data, information, and knowledge assets (See NIST, 2017). The process involves examining how leaders manage organizational information technology and discuss findings to improve and achieve efficiency (North & Kumta, 2018). The measurement components involve organizational structure, culture, workforce, and technology. For organization leaders to measure, they must examine and understand what they intend to achieve from the knowledge management initiative (Hislop et al., 2018). During measurement, an institution is assessed based on how it manages organizational knowledge to drive enhancement and competitiveness. I used the Baldrige Excellence Framework (see NIST, 2017) to examine Organization X's work environment and operations. I tailored the research questions to Organization X's telehealth usage during the COVID-19 pandemic. Through the Baldrige Criteria, I examined the degree to which Organization X's strategies and practices impact telehealth delivery during the COVID-19 pandemic. I examined how Organization X can improve telehealth implementation and usage for increased care access and continued mental care amid the COVID-19 spread. I analyzed how Organization X identified, managed, aligned, and improved its practices for creating value and achieving the desired objective. In the analysis, I captured Organization X's operating environment, critical organizational characteristics, vision, organizational relationships, organization strategic situation, leadership, communication, and organization performance. I also examined Organization X's governance, social

responsibilities, strategy development, strategic objectives, action plan implementation, performance projections, workforce environment and engagement, work systems, and processes.

Analysis of the Organization

Supportive Workforce Environment

An excellent organization employs unmatched practices to promote initiatives or programs consistent with its values, culture, and objectives. The organization promotes an effective and supportive workforce. According to the CEO (personal communication), Organization X leaders created and maintained a positive and supportive workforce. For the most part, all stakeholders were appreciated for their meaningful contributions. The CEO further stated that Organization X leaders urged all practitioners to embrace team collaboration and open communication and collectively address health problems to build relationships and attain improved results. So, the leaders cultivated a positive culture for others to emulate. Even when under pressure, the therapists work as a team (see organization's website). The CEO stated that Organization X considered employees' well-being by listening to and addressing their needs and concerns. BHLs demonstrated empathy, hence boosting employees' energy levels and reducing stress—efficiency, morale, productivity, and confidence result when Organization X leaders cultivate a positive workplace environment.

Engaging the Workforce

The BHLs' were mandated to reinforce a positive culture. According to the CEO (personal communication, 2022), leaders clarified and reiterated the organization's values.

They promoted open communication and active participation, retained and rewarded talent. The CEO added that it was within the leadership team's jurisdiction to empower the staff, collect feedback, and create a high-performance work environment.

Improving Services

Because Organization X is a mental health organization, it always keeps the clients in mind. According to the MD, Organization X focused on meeting patients' needs. The leaders were obliged to identify what was working and what was not. Organization X longed to deliver quality services. According to the CNO (personal communication, 2022), the hospital leveraged the behavioral care team, formed cross-departmental teams, rolled out new procedures, used telehealth technology, and continued gathering feedback. Consequently, the organization managed its operations and improved its essential services and work processes.

Knowledge Management

Knowledge management components include people, processes, content, information technology, and strategy (Today Founder, 2022). For this study, knowledge management procedures were requisite. For Organization X to attain its objectives, all stakeholders must create, store, share, and use knowledge (Hislop et al., 2018). Organizational performance is measured in economic/financial (organizational effectiveness and productivity), holistic, and operational terms (Beer et al., 2021; Lasater et al., 2019).

Leaders assess the organization by first understanding why the organization exists. Secondly, they understand the organization's purpose (mission, vision, and

values). Thirdly they determine what is essential to measure and ensure everything they measure is related to the overarching organizational goals. Lastly, they identify areas that need improvement and develop a plan to improve organizational performance (Hislop et al., 2018). The CEO stated that Organization X's knowledge assets included databases, documents, patents, policies, procedures, cognitive skills, copyrights, ideas, insights, understanding, workforce, software patents, strategies, and information. The organization's unique classification system categorized knowledge assets based on type, value, and security. According to the CEO (personal communication, 2022), Organization X managed its knowledge assets, information, and information technology infrastructure by defining the people who accessed each asset, staff training, implementing security policies, preventing breaches, using encryption and identity management tools, building organizational trust, and determining who and how to share valuable knowledge.

Summary and Transition

In this section, I presented the research process of collecting data from the case study. I used the Baldrige Excellence Criteria as the gold standard for measure, analysis, and knowledge management. Guiding questions reiterated the research questions and hypotheses. I investigated the following,

- How Organization X leaders build an effective and supportive workforce environment.
- How Organization X leaders engage staff to achieve a high-performance work environment.

- How Organization X leaders design, manage, and improve essential services and work processes.
- How Organization X leaders ensure effective management of operations.
- How Organization X leaders measure, analyze and improve organizational performance.
- How Organization X leaders manage organizational knowledge assets, information, and information technology infrastructure.

I used a qualitative descriptive research design. In the study, I focused on examining Organization X's BHLs. I remitted the interview questions to the sample population to provide the required data. I organized the data in a thematic process to determine how organizational strategies and practices impact telehealth delivery during the COVID-19 pandemic. BHLs can use insights from the results to make telehealth effective, practical, viable, and sustainable hence attaining Organization's mission and objectives.

In section 4, I presented the results, including analysis, implication, and preparation of findings. Consequently, I discussed the sources of evidence used and how they were connected to Organization X's practice problem. The sources of evidence include client-focused results, workforce-focused results, and financial and marketplace performance results.

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

In this qualitative study, I explored the need for organizational strategies and best practices for effective telehealth delivery during the COVID-19 pandemic in behavioral health organizations. This study's participants included three leaders, the CEO, CNO, and MD from Organization X. The psychiatric hospital built its reputation by addressing patients suffering from mental health and substance abuse disorders (see organization's website). According to the CNO (personal communication, 2022), Organization X made telehealth a standard health practice for convenient access and providing continued mental care during the COVID-19 pandemic. Despite the COVID-19 pandemic, Organization X recognized the need to develop and implement appropriate strategies and best practices for telehealth delivery to remotely address mental health illness and substance abuse disorders. A shift or transformation in the telehealth delivery approach must align with the organization's mission, goals, and values. I examined organization operations and processes to identify strategies and practices for efficient and sustainable high-performance in telehealth delivery during the COVID-19 pandemic.

Organization X in this study succeeded in conventional behavioral healthcare for patients with mental health and substance use disorders. However, Organization X leaders identified a need for improved telehealth delivery for continued mental care, increased access to care, rehabilitation of substance abuse patients, and prevention of substance abuse disorders. This section includes the qualitative study's analysis, results, and implications. Further, I presented the strengths and limitations of the study. To

identify the gaps, I discussed the findings in light of the past and current literature. In this chapter, I presented the thematic analysis.

Analysis, Results, and Implications

The results are primarily based on interview responses from the CEO, CNO, and MD. I reviewed other sources such as meeting minutes, Organization X structure design, Organization X website, partner organization websites, parent company website, organization policies and procedures, financial records, practitioner qualifications, and organization handbooks. I also evaluated client-focused programs, workforce-focused results, financial and market results, leadership, and governance. An analysis of the findings evokes recommendations that are presented in Section 5.

A data familiarization process preceded the analysis. I used a constant comparative approach when analyzing the data. I started the thematic analysis immediately after collecting data from interviewing the leadership team. I intended to identify meaningful patterns in themes across the data collected from interviewing the Organization X leadership team. I recorded and converted the data to text with the participant's permission. The respondents' healthcare leaders had telehealth experience and were familiar with the pandemic response and opportunities for telehealth delivery. After examining the datasets, I discovered prominent patterns. I used NVivo 12 coding software to analyze the responses from the interviews.

The software performed both manual and automated data management for coding- from the patterns, I identified the themes. The software created categories and subcategories. During the clustering of the recorded interview, connectors (word patterns

and phrases) formed to identify emergent themes. Notes were made during the level of initial coding after reading the words and phrases numerous times. Coding involved unfolding, interpreting, and developing sorts, then examining differences and similarities. A word cloud generator was used after transferring phrases and word patterns. In Figure 1, the larger-sized words represented more frequently used words and phrases. Some frequently used words include mental health, telehealth delivery, the COVID-19 pandemic, substance use, patients, strategic planning, leadership strategy, decision-making, organizational objectives, and initiative implementation.

Figure 1

Word Frequency Word Cloud



I examined the link between codes and the research questions, forming the four recurring themes and one subtheme. The four themes that emerged were,

- Develop and implement clear organizational strategies with definite goals, Sub-theme-mission, vision, and values.
- Telehealth usage barriers to be addressed and telehealth benefits.
- Quality telehealth care.

- Practice and guidelines.

For consistency of findings, codes and groups were confirmed. The codes were regrouped and recorded in case of differences. For code and theme cross-checking, new codes were keyed in the analysis. There was a whole interpretation of the data. For data trustworthiness, I performed reflexive analysis and immersion. I noted exemplary phrases that were connected to the themes.

The final set of thematic codes aligned with the three research questions. In this section, the themes formed through this study that addressed the three research questions deemed important to Organization X include,

RQ1: How satisfied are the BHLs' with telehealth usage and what variables are associated with the stakeholders' level of satisfaction?

RQ2: What are the best approaches, guiding principles, and standard practices regarding using telehealth amid the COVID-19 pandemic?

RQ3: What level of effectiveness do the organizational strategies and practices add to telehealth delivery for continued behavioral healthcare during the COVID-19 pandemic?

Thematic Results by Research Question

All participants spoke passionately about Organization X's objective to offer quality mental care and address substance abuse disorders. The themes reflected the role and significance of strategies and practices in program implementation. The themes presented opportunities to address inefficiencies, improve procedures, to address identified problems.

Theme 1: Develop and Implement Clear Organizational Strategies with Definite Goals

The CEO emphasized that clear organizational strategies chart a path forward, set objectives, provide a vision, bring forth a purpose, identify threats and opportunities, define ways to leverage strengths, identify shortcomings, and determines methods to leverage strengths. The CEO acknowledged that Organization X needs organizational strategies that assess telehealth use, examine factors affecting its initiation, and assess healthcare needs driving telehealth usage. For successful telehealth usage amid the COVID-19 pandemic, increasing mental care access and facilitating continued behavioral care were the desired goals. The CNO was aware of the importance of accountability, efficiency, and good leadership in developing and implementing strategies for telehealth delivery. As the CEO stated,

“The leadership team must develop and implement clear organizational strategies for telehealth delivery. My colleagues and I must know how the organization operates, understand the facility's purpose and objectives create a plan, and set a path to achieve the desired goals.”

Subtheme: Mission, Vision, and Values

The mission of Organization X was to provide the behavioral and mental healthcare that patients recommend to families and friends and that physicians prefer for their patients (see organization's website). Organization X aimed to foster maximum cognitive, social, physical, behavioral, and emotional development in its clientele. Organization X leaders provided direction, defined practitioners' roles, and understood

their role to act to actualize objectives using telehealth for continued behavioral healthcare during the COVID-19 pandemic. The fact that all participants explained the mission, vision, and values implies that each of them finds the need for appropriate strategies and practices for telehealth use. The CEO stated, "Organization X can achieve effective telehealth usage and self-awareness if leaders set clearly defined goals for practitioners, make appropriate decisions, and exemplify ways to efficiency affect the goals." The MD added, "In mission-based management, leaders cultivate leadership capabilities by employing the best approaches, set and follow guiding principles and standard practices to elicit enthusiasm thus foster telehealth usage."

Theme 2: Telehealth Usage Barriers to Be Addressed and Telehealth Benefits

The theme emerged from the participants' recounting of how effective organizational strategies and practices are in telehealth delivery amid the pandemic. The CEO explained that telehealth evolved from traditional care services to telemental/telebehavioral care services. Before COVID-19, telehealth was the least used in behavioral healthcare facilities. Despite telehealth delivery being a standard practice in Organization X, there are concerns such as reliability, limited access, regulations and privacy concerns, lack of infrastructure, poor planning, and how user-friendly telehealth is used in mental care. The CEO, CNO, and MD recounted their perceived barriers and difficulties influenced by organizational strategies and practices. They also cited potential barriers impacting telehealth delivery without proper organizational strategies. The CNO stated, "The utmost of telehealth delivery amid the pandemic depends on whether the action plans and procedures problem-solve health access issues and spur continued care."

“The MD emphasized, “Strategies are paramount to heighten telehealth training, prime telehealth users, increase internet connectivity, foster positive attitudes toward telehealth use, create awareness of the importance of telemedicine, improve infrastructures, and increase informatics literacy.”

The participants agreed that Organization X and mental health patients could benefit from telehealth delivery. Under certain circumstances, especially serving underserved and unserved populations such as mental health patients, effective telehealth facilitated virtual consultations and examinations, cut medical costs, increased patient-practitioner communication, built relationships, facilitated health education, drove medicine adherence, increased care access, and fostered continued mental care. The CNO averred,

"Telehealth usage being a lifeline during the COVID-19 crisis, healthcare disparities will reduce, mental health patients will receive improved assessment and counseling services, and access health education focused on substance abuse withdrawal. Telehealth facilitates physical and health education to prevent the onset of lifestyle diseases such as diabetes, obesity, and heart attack."

Theme 3: Quality Telehealth Care

The CEO discussed a scenario in which the quality of telehealth care amid the pandemic could be compromised. The need for effective quality care aroused the question of whether telehealth delivery was perfect. The CNO stated,

"Hindrances to effective telehealth usage such as lack of practical strategies, dreadful guiding principles, and standard practices must be addressed. For quality

telehealth care, the intervention must be aligned or mainstreamed into the standard care process, addresses mental patients' needs, conforms to privacy rules, and comply with regulations."

The MD reiterated,

"Amid the COVID-19, high-quality telehealth care is attained when strategies and practices that add value are characterized by convenience, comfort, safety, increased access to care, improved communication and engagement, health education, individualized care, continuous care, emotional support, coordinated care plan, reduced mental problems, reduced substance abuse disorders, follow-up care."

Theme 4: Practice and Guidelines

The benefits of guiding principles and standard practices were defined, including optimizing patient care, making patients' needs the focal point of intervention, developing competency, and protecting patients. The CEO pointed out systematic practices and protocols for telehealth intervention amid the COVID-19 pandemic to increase access, reduce in-person visits, reduce backlog and overcrowding in Organization X, reduce morbidity and mortality, increase access, and drive continued mental care. The MD stated,

"The guidelines to improve telehealth delivery involve spearheading comprehensive telehealth usage (tracking, testing, and treating) medical training, identifying its feasibility and risk factors, selecting and assessing patient-centric features, considering familiarity with and adeptness in telehealth. Other practices

and guidelines include considering licensure and compliance, communicating with all stakeholders (tech support, patients, and workforce), upholding and valuing the patient–physician relationship, avoiding telemedicine malpractice, evaluating resources availability and readiness, and observing privacy and security rules."

Client-Focused Results

Organization X offered yearly telephonic and online surveys to clients. A client data analysis was used as the mechanism for measuring results. Because client information is confidential, the data were open for review. Patient safety concerns and perceptions influence telehealth use, resulting in healthcare leaders needing the most practical and appropriate solution (Harst et al., 2019). Consistent with the Organization X Website, the facility was there to help. Therefore all patients were encouraged to present their concerns to licensed mental health professionals or the administration. The CEO stated that Organization X evaluated the annual client survey results and communicated some of the results with the parent company and partners. Organization X generated service excellence by providing its clients with quality mental health and substance abuse services. As stated by the CEO (personal communication), mental health and substance abuse incidence and recovery rates were the measurable indicators. The MD and the CNO cited that clients who did not face challenges using telehealth responded well to treatment. Organization X used different treatment modalities and initiated telehealth with positive client recovery results. However, the CEO asserted that barriers such as

user-friendliness, poor tech literacy, lack of infrastructure, connectivity, awareness, systemic obstacles, and unresolved trauma due to COVID-19 hinder telehealth use.

Workforce-Focused Results

The data collected showed that Organization X had a collaborative and effective workforce. The leadership team encouraged responsibility and continuous improvement as intricate characteristics among the medical staff. An interview with the CEO provided detailed insight regarding ongoing strategies and practices for telehealth use to complement the medical staff's standard procedures. The CEO asserted that telehealth use helped the workforce build relationships. The CEO further averred that Organization X collaborated with outside partners and independent practitioners. The CNO coined that telehealth usage can revolutionize behavioral health care and substance abuse services, making the care workforce more productive.

Leadership and Governance

The CEO, CFO, CNO, DSS, DOP, ETPM, DPI, DMR, DBO, and MD constituted the leadership team (as indicated in the organization's leadership team online profile). The leadership team creates, implements, and evaluates strategic approaches and operational practices (as reported on the organization's website). The CEO stated that the leaders were drivers for telehealth implementation, use, and sustainability when offering mental care. They communicated and collaborated with the workforce to achieve service excellence. According to the MD (personal communication, 2022), Organization X's leadership and governance were yet to devise and advocate suitable strategies and practices for telehealth delivery amid the COVID-19 pandemic. Through partnerships

and the parent company, Organization X learned about the behavioral health industry and thus responded to change, such as telehealth use amid the COVID-19 pandemic.

Financial and Marketplace Results

Scanty financial and marketplace results were available for this study. According to Organization X's CFO and the DBO, the financial and market results showed how the psychiatric facility used resources to provide quality behavioral care, maintained a healthy cash flow, invested in telehealth, and created a stratagem for financial success. The CFO indicated that Organization X had high financial health and performance with an upward trend enough to support telehealth services. Based on the leadership interview and review of the organization's website, the psychiatric facility lacked precise marketing strategies. The CEO argued that good customer service, website promotion, collaborations, social media, and reliance on word of mouth helped in.

Implications of the Findings

Organization X leaders were determined to provide continued mental care remotely. Telehealth services existed, but the hospital did not foresee it as the main mode of providing treatment and reducing or ceasing in-person visits. The participants claimed they were highly anxious as they implemented telehealth when government policies and COVID-19 control measures experienced constant changes and reviews. Some emergency requests from mental health patients were unmet or took a long time to be addressed. The participants alleged that telehealth use had limited forewarning. Urbanicity factors were reported to cause disparities in telehealth utilization. Participants alleged that it was daunting to use telehealth when connecting with clients in remote

areas and mental health patients without carers. Patients' and carers' familiarity with telehealth varied. Not all carers and mental health patients were tech savvy, especially the old. At times video consults and videoconferencing could have been more reliable because they required much time to set up.

Telemedicine intensified patient-practitioner and practitioner-practitioner communication in the mental patient care process (Garfan et al., 2021); therefore, the leaders yearned for universal buy-in to telehealth, facilitating teleconsultation for an emergency and reformed telehealth delivery to relieve stress and anxiety. Effective action plans and standardized guidelines for telehealth use reduced COVID-19 infection rates. Also, the use of evidence-based practices improved telehealth delivery. Since the future of health and telehealth was unpredictable, there was a need to improve and enhance telehealth technologies. A clear definition of how telehealth should be integrated with other technologies and within the care environment should exist. In this study, I revealed that future research requires data security. For Organization X leaders to catalyze the impetus of change and broadly implement telehealth amid the COVID-19 crisis, strategizing, better practices, and quality evaluation should take center stage in the telehealth process, privacy regulations must be satisfied; behavioral healthcare practitioners should be sensitized to maintain telehealth practices during and after the pandemic.

Potential for Positive Social Change

The findings from this research stimulate the need for strategic planning and management to fully exploit telehealth and experience its benefits. Telehealth increases

care access, cut care cost, fosters convenience and comfort, helps build relationships, and improves the quality of care. However, there was a need for strategies and practices that enable the delivery of outstanding mental care amid the pandemic. A positive social change can be achieved as a consequence of effective leadership along with effective telehealth use. The potential social change could involve; addressing mental health needs, treating patients with substance abuse disorders, counseling both substance abusers and vulnerable populations, and preventing the onset of substance use. Through telehealth or virtual communications, mental health patients and substance abuse victims can be rehabilitated, learn self-care skills to counter trauma, and develop skills and resiliency, thus overcoming addiction and curing mental health problems. Telehealth uses for communication and therapy positively impact mental health organizations and beyond. Disruptions caused by the COVID-19 pandemic have negatively impacted the community (Brunier & Drysdale, 2020). However, effective telehealth delivery facilitates continued mental care, addresses substance use issues, and increases access to care (Blandford et al., 2020).

Strengths and Limitations of the Study

This qualitative study presented an opportunity to obtain different reactions, responses, and perspectives on how unmatched practices and strategies would improve telehealth used during the COVID-19 pandemic. The questions presented give me a more grounded understanding of telehealth services. The research was simple because it was a case study, and I used a small sample from Organization X. In this study, I discussed the "why" behind the successes and inefficiencies of telehealth use, thus informing

Organization X on improving its services to better match patients' needs. Through thematic analysis, my research brought forth numerous viewpoints, themes, and categories on a single data. Since the study focused on qualitative discussions and descriptions, all participants could air their unique voices or claims.

The study had a few limitations. The main limitation of this study is that it was conducted during COVID-19 when people wanted to avoid discussing the disease's traumatic and negative effects. The case study had a small sample featuring a less rigorous approach than a systematic review. Collecting comprehensive data from participants was time-consuming because the information was based on personal opinions, perspectives, and experiences. It was hard to tell if participants responded out of emotion or ratiom. Due to participants' different emotions, reactions, and responses, it was daunting to identify patterns, making categorizations difficult. Nevertheless, the limitations mentioned do not annul the findings of the study. They evoke areas for future research and the need for enhancement by behavioral healthcare decision-makers.

Section 5: Recommendations and Conclusions

In the previous section, I collected data by interviewing three leaders from Organization X. In the study, I focused on problems related to organizational strategies and practices impacting telehealth delivery amid the COVID-19 pandemic. My examination aimed to change or improve strategies and practices to help address the shortcomings experiences with telehealth delivery. The participants' responses, data from secondary sources, and literature review presented a thorough understanding of the problem and feasible solutions for telehealth delivery. Findings from the case study denote how mental healthcare organizations are focused on making telehealth care a standard practice amid the pandemic. Through this study, I encouraged behavioral health leaders to develop and implement strategies and practices to enhance telehealth utilization and standards. The study prompts the need for efficient and improved telebehavioral care. In Section 5 of this study, I recommended practical solutions to implement in order to address the problem. I highlighted the recommendations in a numbered list format for easy reference.

Recommendations for Action

The participants affirmed telehealth was a standard practice in Organization X. However, the existing situational and organizational strategies could have helped telehealth delivery during the pandemic. The participants looked forward to increasing stakeholder involvement, strategy rethink, better understanding the regulations about telehealth, workforce readiness, enhancing infrastructure, ease of integration with traditional care practices, and matching demand for care. The participants expressed

dissatisfaction questioning whether telehealth delivery overcomes concerns such as service awareness, psychological distress, lack of technical skills, lack of sufficient insight for care continuity, and whether it was an appropriate care to use in every type of visit remotely.

The problem can be addressed if the BHLs develop and implement the best organizational strategies and practices for telehealth delivery during COVID-19. An effective application of telehealth adds value to primary care. Organization X must continue telehealth delivery amid the pandemic as a feasible, acceptable, practical, and worthwhile intervention for addressing behavioral health through in-person visits. The leadership team must drive desirable changes in telehealth delivery. An effective telehealth delivery for behavioral health care amid the COVID-19 pandemic necessitates the leadership team to consider elements that make telehealth successful. The following are recommendations to address the problem:

- Because it is during a pandemic, Organization X leaders should perform a need assessment for telehealth. Herein, they will use the patient frequency/flow chart and determine populations within the locality vulnerable to mental health concerns and might need remote assistance.
- Organization X requires an effective communication plan whereby all stakeholders can share and access information related to strategic objectives. Herein real-time reports are required to showcase the successes and shortcomings of telehealth usage. Information on policies, practices, procedures, and regulations impacting telehealth should be available.

- The leadership team must prioritize planning and adopting practical approaches for telehealth delivery based on evidence-based practices and existing control measures. The planning process should answer why Organization X needs telehealth, who is involved, what are the technology platforms, how many telehealth delivery models are there, and what are the regulations. Behavioral health leaders must ensure that telehealth is mainstreamed in mental care and tailored to respond to emergency issues. A positive change management strategy and an effective communication approach are needed to indoctrinate all patients and health practitioners on telehealth implementation.
- Good leadership and governance are mandatory. The leadership should exemplify a transformational leadership style by instigating the development of telebehavioral health strategies and policies that complement telehealth usage. The leaders' role is to create a conducive environment and publicize the usefulness and value of telehealth amid the pandemic. The more practitioners adopt the technology and appreciate its benefits, the more likely the target population will accept its usage. The leadership team must prepare all stakeholders for telehealth/telebehavioral use to avoid reactions and conflicts.
- The DBO should liaise with the CFO budget and devise how to improve infrastructures and expand connectivity. Herein, expansive telehealth usage should consider affordability and user-friendliness for mental health patients.

- Organization X should follow COVID-19 control measures, and legal obligations, employ principles of continuous improvement on telehealth usage, and consider the core elements of sustainable development. There is a need to make telehealth care widely acceptable and sustainable and mitigate the drawbacks and risks of telehealth.

Organization X leaders should look forward to prioritizing strategic planning, emphasizing or accentuating health education, building and improving healthcare service awareness, and maximizing the technology uptake. Consequently, leaders should mainstream telehealth into the standard care process and align telehealth with organization strategies. Imperatively, the leaders should train care practitioners about telehealth use, have a cross-functional team, employ evidence-based practices, and observe COVID-19 prevention measures. The leaders must guarantee coordinated processes, comply with regulations (both federal and state), measure performance, find inefficiencies, and act accordingly.

Recommended Implementation

It is important for Organization X to observe certain strategies and practices when offering telehealth during the COVID-19 pandemic. The strategies follow phases to achieve efficiency. However, the recommendations are intertwined or dependent on each other. Below is a breakdown of the proposed implementation plan covering three phases. The plan features a few phases and concurrent activities due to limited personnel and the need to accomplish the exercise within a relatively short time frame. The information is

thorough for the Organization X leadership team to implement the plan efficiently and effectively. The recommended phases are as follows:

Table 1

Breakdown of Proposed Implementation Plan for Recommendations

Phases	Description	Timeframe
Phase 1	Conduct Pre-planning	Month 1
Phase 2	Develop and implement the strategic plan	Month 2-7
Phase 3	Evaluate and Update Strategic Plan	Months 8-12

In Phase 1, I plan to submit the findings from the study to the entire leadership team based on the responses provided by the three participants. I will move to speed to request strategic planning meetings. The CEO will discourse the findings of the study in the meetings. All stakeholders and key partners will be invited to the meetings. The summary or a PowerPoint presentation will showcase key areas of the study, findings, and recommendations. Each attendee will have a written copy of the information in brief. All attendees should exemplify commitment and zeal to participate in the strategy development during this stage. I will provide reference points where the attendees examine the performance of similar strategies and practices. Subsequently, Phase 2 will begin.

In Phase 2, the team will develop that action plan and determine steps to follow to implement the plan. The members must redefine the Organization X mission and discern the predetermined goals. Before developing and implementing the strategic plan, the

team should ascertain a particular strategy or practice's shortcomings, advantages, benefits, and opportunities. Imperatively, they should predetermine whether the strategic plan will drive positive change. Herein, they should decipher if it is worth adopting (prioritizing) the recommendations. During this phase, they create and implement policies and procedures (evidence-based) that support telehealth utilization.

In Phase 3, the team must revisit and evaluate the strategic plan. The assessment involves measuring key performance indicators regarding telehealth use for mental health amid the COVID-19 pandemic. Surveys will be performed on leaders to determine the strengths and weaknesses of the strategic plan. Upon discovering faults and the need for changes in a particular strategy, an insignificant re-launch of the strategic plan will be performed for updating to avoid disruption and negatively affecting gains attained.

Organization X's leadership team can implement the recommendations using the three Cs of communicate, collaborate, and commit (Begun & Jiang, 2020). Communication, collaboration, and commitment are essential for the recommendations to succeed. The leadership team must work together to formulate and implement the strategies. Collaboration goes in handy with communication. An open communication mechanism is important among the collaborators as they discuss, formulate and actualize the strategies.

Regarding commitment, the leaders must provide guidance and support to the practitioners. The leaders should encourage participation from all stakeholders to avoid conflicts and resistance. Each of the leaders should ensure teamwork and accountability in teams. The leaders should have a positive attitude toward the endeavor for the

practitioners to emulate. Imperatively, commitment is paramount. The leaders should have hands-on procedures and reinforce actions when the need arises.

Recommendations for Future Studies

Because I focused on a single case study, I opted for a convenience sample from Organization X. I interviewed only three participants and examined the Organization's website and online data as the basis to research strategies and practices for telehealth delivery. The leaders responded to my question in connection to the study. The few participants play a crucial role in posing a limitation to the study. I wish it could be in multiple case studies with more participants. Most research has focused on telehealth usage's role or satisfaction amid the COVID-19 pandemic.

Further studies need to be conducted to examine the strategies and improvements for addressing universal access to telehealth use during emergencies or pandemics. The main problem with universal access to telehealth is purported to be a need for more resources, deficit facilitation, insurance coverage, and connectivity relative to increasing demand for healthcare. Proposed solutions for improved telehealth amid a crisis include improving technology infrastructures (increasing internet connection, having a reimbursement plan, and restructuring connectivity programs), expanding telehealth programs, and meeting patients' needs (Haque, 2021). However, more research is needed to examine the problems with telehealth usage amid a pandemic, especially in the mental healthcare setup, and propose solutions.

Dissemination Plan

The intention of performing this research study was to benefit two parties-the examiner in the pursuit of examining how to enhance telehealth delivery amid the COVID-19 pandemic and the Organization X leadership team in their quest to identify and implement strategies and practices for telehealth delivery. Upon completing this study, I plan to meet with the CEO to present a summary of findings and recommendations and discuss practicable plans for implementation with the inclusion of the leadership team, employees, and relevant stakeholders. This will be accomplished by developing and delivering a clear-cut presentation or by disseminating a summary that touches on key methods, findings, and recommendations based on evidence-based practices and preferences of the Organization X leadership team. Because most of the recommendations lean toward strategy revisiting, re-strategizing, and improving the current practices, the leadership team will delve into strategic management and planning to make desirable changes. I expect questions and concerns to arise. Therefore, I will respond to them and clarify issues for a better understanding.

Conclusion

During the COVID-19 pandemic, healthcare facilities, and patients looked forward to leveraging telehealth (Hernaes & Kanwal, 2022). Mental health organizations recorded an unprecedented increase in telehealth usage (Grieco-Page et al., 2021). As a result, telehealth became standard practice and a routine practice aimed at improving the quality of care (Hernaes & Kanwal, 2022). Telehealth facilitated continued mental

healthcare. Despite its benefits, organizational and situational challenges hampered telehealth usage (Al-Tawfiq & Temsah, 2023).

The benefits, characteristics, and challenges of telehealth use identified through the various works of literature can be impactful in finding the solutions for the gaps. I interviewed Organization X leaders to help to address the research questions. The study results exemplified that developing and implementing organizational strategies and best practices help telehealth. Telehealth became an essential tool in reducing inpatient visits and the spread of the virus. Similarly, telehealth can help in prevention, screening, triage, diagnosis, treatment, and follow-up. The study informs behavioral health leaders about other stakeholders' perceptions of telehealth to capitalize on their preparedness and prepare the behavioral health organization for other pandemics.

Summary

In this qualitative study, I explored how organizational strategies and best healthcare practices impact telehealth delivery during the COVID-19 pandemic in behavioral health organizations. I identified a significant correlation between organizational strategies and best practices with telehealth delivery in the literature sources. Literature and findings from the Organization X website, internal sources, and interview responses had disparity in strategic planning/management and adherence to best practices when using telehealth in behavioral care amid the COVID-19 Pandemic. From the interview with the CEO, CNO, and MD, I gathered information about Organization X's mission, offerings, workforce engagement processes, performance systems, financial performance, concepts, strengths, and inefficiencies of telehealth

delivery. Examining Organization X's operations, strategies, and operations led to developing recommendations to improve telehealth delivery in mental healthcare and how to achieve sustainable development and drive positive social change. The results of this study involving organizational strategies and best practices may contribute to literature differentiating telehealth delivery and tele-behavioral therapy.

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Appendix A: Semi structured interview Questions

- Why did you choose telehealth for your consultations and follow-up care?
- What is your experience with telehealth?
- Does the healthcare organization provide patients with easy-to-understand instructions?
- What does 'success' for telehealth adoption look like?
- What have you learned from the use of telehealth during this pandemic to ensure care is better tomorrow?
- Would you recommend using telehealth for longevity or prefer in-person visits?
- Did you experience any technical difficulties while using telehealth?
- How likely are you to choose telehealth for your next follow up and monitoring process?
- Which strategies and practices does Organization X use for telehealth delivery?
- How satisfied are you with the strategies and practices employed while using telehealth?
- Do you feel as if patients' safety and privacy are compromised when using telehealth? Why or why not?

Appendix B: Structured-Interview Questions

- How does Organization X's operating environment look like?
- What are the unique characteristics of Organization X's culture?
- What are your experiences with telehealth and the measures taken so far to improve telehealth amid the pandemic?
- What are your experiences with telehealth and the measures taken so far to improve telehealth amid the pandemic?
- Who are Organization X's key partners?
- What is Organization X's strategic situation?
- What are the key strategic challenges?
- How does the hospital develop strategies that will complement telehealth delivery?
- How does the hospital implement its strategies and action plans?
- How does Organization X build an effective and supportive behavioral care environment?
- How does the hospital engage care professionals to use telehealth?
- What are the problems associated with telehealth use during the COVID-19 pandemic?
- What more could be done to expand and improve to telehealth during the COVID-19 pandemic and beyond?