Government of Western Australia
South Metropolitan Health Service

Utilising telehealth to provide clinical support across metro RITH

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RITH

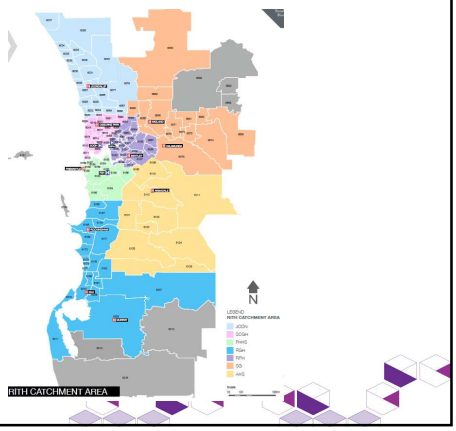
- 7 bases across the Perth metropolitan region
- Provide home-based rehabilitation to many diagnostic groups
- All staff are senior therapists, but primarily work in a generalist capacity
- A 2010 qualitative study conducted by RITH identified ward concerns about RITH therapists managing complex neurological patients

The P3 Neuro PT and OT role

- Created in 2010-11
- Advanced clinical role to support RITH P2 therapists in managing complex neurological and stroke patients
- Support provided in form of:
  - Joint consultations
  - Therapy planning and progression advice
  - Delivering continuing education sessions
  - Staff mentoring
- Traditionally only provided support to the South and East Metro RITH bases (5 RITH sites)

The challenge

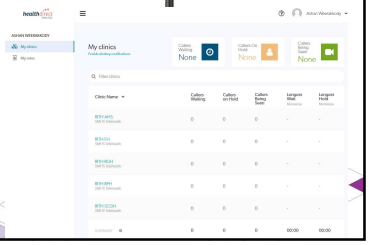
- As of October 2018, the P3 neuro role became metro wide
- Now rotational between SCGH, RPH and FH RITH bases (4 months)
- Huge area of service
- 1 FTE PT and 0.6 FTE OT
- Most complex neurological patients tend to be in the outer suburbs
- Reduced car access



(One) solution

- Consults using Telehealth
- HealthDirect VideoCall
  - RITH has waiting rooms for each base
- VC unit at RITH office, iPad and tripod at patient's home

The Tech



Most common areas for support

- **PT**
  - Guiding mobility/transfer training
  - mCIMT program set up
  - NMES
  - Spasticity assessment and management
  - UL/ shoulder rehab
  - Assisting goal setting and treatment planning
- **OT**
  - Observations for PRPP assessment of kitchen tasks
  - Upper limb rehab including:
    - Task specific practice
    - Planning mCIMT
  - Cognitive sessions
  - Joining a therapist consult with short notice
  - Mentoring
  - Direct consults with patient from office- additional therapy session

Benefits

- Able to assess in real time, instead of asking therapist to remember key details
- Can guide a treatment strategy and review immediately
- Useful to determine if physical consult necessary or to guide progression
- The therapist is still in control of session, avoids P3 from “taking over”
- Allows spontaneous consults on short notice
- Travel time savings for P3
- Burden on therapists is dependent on tech confidence (ranging from nil to lots!)

Challenges

- Culture
  - Initial scepticism from therapy staff
    - "We are a hands-on profession, this goes against everything our practice is about"
    - Now get lots of repeat business
  - Fear of using tech
- Logistical
  - Only 1 4G-enabled iPad at each site
  - Variable sound and picture quality (resolved after change of platform)
  - Lack of tech support if things go wrong
  - Sometimes cuts out with unknown reason
  - Finding a dedicated space for telehealth
  - iPads not charged

Personal challenges

- No one is automatically good at telehealth, it's a learning process
- Different teaching methods- going into auto-pilot doesn't work
- Communication skills are essential!
  - Building rapport with patient
  - Getting the message across to the therapist and it making sense, efficiently
- Thinking on your feet (seat)

Feedback

- Therapist:
  - "It was really good, really helpful to go through one more time"
  - "I could see you doing this with a patient you haven't met before to help give advice without coming down to Rockingham"
  - "I got more out of this than the patient"
- Patient:
  - "I'm very impressed!" "I can't believe you could read the screen on the estim machine"
  - "feels like RITH are taking dad's therapy seriously using such technology to enhance rehab"

Observations

- Patient responses overwhelmingly positive
- Therapists who aren't afraid to try it, become regular users
- Telehealth is another tool, not a replacement
- Need to look beyond travel saving when advocating telehealth
  - Needs to be an equivalent or better service

What's next

- Currently trying to find ways of using telehealth to increase capacity of RITH service
- Aim to have telerehab within RITH:
  - As an alternative to home visiting
  - To continue providing rehab in the COVID-19 environment
- What about patients without tablets/ computers who could use telerehab but don't have their own devices?
  - Resource availability

Questions