



Reflections on the use of telehealth in the Neuromuscular Outpatient Service in the time of COVID-19

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Background

The state-wide Neuromuscular Outpatient Service (NMOS) based at the Princess Alexandra Hospital offers medical and allied health support, such as occupational therapy (OT), for patients with progressive neuromuscular conditions. The Coronavirus-19 (COVID-19) pandemic created service access barriers due infection risk as well as travel restrictions to a vulnerable cohort of patients. The adoption of an OT telehealth service facilitated access to a COVID-safe service, regardless of restrictions.

Aim

- Provide reflections on the NMOS delivered via telehealth during the COVID-19 pandemic, including successes and challenges
- Determine which OT NMOS interventions are appropriate to be delivered via telehealth
- Determine the implications for OT practice and future research and resource development



Methods

Types of OT services determined to be appropriate to be delivered by videoconference, due to these consults not requiring hands-on assessment, included:

- Initial assessments
 - Progression of upper limb rehabilitation programs, cognitive rehabilitation; and
 - Functional (bed, toilet, shower) transfers
- Engagement, training, and support of involved staff assisted in addressing existing barriers and mitigating risks. Data was collected from August 2021 to March 2022.

Results

Videoconference consult type and success are summarised in Table 1.

Table 1. Videoconference consult summary

NMOS occupational therapist videoconference consult	Number of consults (%)
Consults	12 (100)
Successful	11 (92)
Unsuccessful	1 (8)
Type of consult	11 (100)
Initial assessments	7 (64)
Upper Limb rehabilitation	4 (18)
Cognitive rehabilitation	4 (18)

Discussion

Videoconference consults:

- ✓ Enabled continuum of care, and therefore minimised likely deterioration of the patient's condition and hospital admission.
- ✓ Facilitated timely progression of reports to funders for assessment of subsequent access to community supports, home modifications, and equipment prescription.

While there were many benefits, videoconference consults did require increased administrative support to coordinate. A review of workflow may improve efficiency

Future Direction

To ensure sustainability of this service, it is recommended peer-reviewed telehealth occupational therapy clinical guidelines and resources be developed for occupational therapists conducting videoconference consults. These should include the types of assessments and rehabilitation safe and appropriate for delivery via videoconference, as well as any modifications required to the OT due to the videoconference modality.

Conclusion

Telehealth offered patients with progressive neuromuscular conditions safe and timely OT access.