TR-Telerehab Toolkit

The Toronto Rehab Telerehabilitation Toolkit for Outpatient Rehabilitation Programs

1st Edition

Brain Rehabilitation Program

UHN Toronto Rehabilitation Institute

Mobility Innovations Centre

Toronto Rehab – University Health Network, 2020

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We invite you to use our material to implement telerehabilitation within your own organization. We ask that you acknowledge the source as follows:

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Contributing Authors

Angie Andreoli, PT, MSc[1,4]
Dr. Meiqi Guo, MD, FRCPC[1,3,4]
Liz Inness, PT, PhD[1,2,3,4]
Edith Ng, OT Reg.(Ont.), MSc[1,4]

UHN Toronto Rehabilitation Institute 1
Mobility Innovations Centre 2
The Kite Research Institute 3
UNIVERSITY OF TORONTO 4

Executive Sponsor

Dr. Mark Bayley, MD, FRCPC[1,3,4]

Thank you for their feedback and support

Ailene Kua, MSc, PMP[1]
Dr. Alexander Lo, MD, FRCPC[1,4]
Dr. McKyla McIntyre, MD, MSc[1,4]
Sarah Munce, PhD[1,3,4]
Dr. Paul Oh, MD, MSc, FRCPC[1,3,4]
Lais Vanzella, PT, MPT[1]

Dr. Hillel Finestone, MD, FRCPC, Élisabeth Bruyère Hospital
Jennifer O'Neill, PT, PhD candidate, Bruyère Research Institute
Dr. Stephanie Plamondon, MD, FRCPC, Foothills Hospital
Ada Tang, PT PhD, School of Rehabilitation Science, McMaster University
Brodie Sakakibara, PhD and Sarah Park, BSc, Centre for Chronic Disease Prevention & Management, University of British Columbia

If you require further information about this toolkit or have questions about our adapted virtual care model, please contact:

Dr. Meiqi Guo
Email: meiqi.guo@uhn.ca

Angie Andreoli
Email: angie.andreoli@uhn.ca

To obtain a copy of this toolkit visit our website: https://kite-uhn.com/tools/tr-telerehab-toolkit

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1 Introduction

"Virtual rehab is like being invited into someone's home as guest to see how they really engage with their environment. It is reassuring, motivating and vulnerable. Our rapid shift has challenged us to the full scope of our skills, but also emphasized that as much as therapy is about physical touch, it is also so much more."

Outpatient Physiotherapist

1.1 Purpose

Rehabilitation is a critical part of the healthcare continuum. Access to early and intense rehab can reduce mortality, optimize recovery of function and independence, and enhance quality of life. The Toronto Rehabilitation Institute – University Health Network (Toronto Rehab) is the largest rehab hospital in Canada. Like others, we rapidly pivoted to a telerehabilitation model during the Coronavirus disease (COVID-19) pandemic. The goal of this toolkit is to provide a guiding framework to improve access to rehab through telerehab, as well as share our knowledge, insights and lessons learned in response to the recent COVID-19 pandemic.

The Ontario Telemedicine Network (OTN) has been our videoconferencing platform of choice as reflected in some of our references and guiding documents. There are a number of other platforms that have varying degrees of ease of use, display features, and privacy and security certification. In the case where platforms differ, these supporting documents may serve as a template for developing your own resources.

This toolkit was iteratively developed through consultation and co-design with healthcare providers (HCP), leaders, patients and caregivers with the goal to continuously evolve through ongoing user feedback and experience as telerehab community.

1.2 Definitions

Our use of the term telerehabilitation and virtual care

Telerehabilitation or telerehab (also referred to in this toolkit as virtual care) refers to the provision of rehab services, often using remote supervision, via information and communication technologies that can include video or telephone conferencing. Telerehab includes a range of services including evaluation, assessment, monitoring, prevention, intervention, supervision, education, consultation, and coaching. Interventions can be synchronous, conducted in real-time with interactive video or audio connections, or asynchronous, where supervision and feedback occur after the intervention (Blacquiere 2017; Richmond 2017; Brennan 2009). Telerehab, provided by doctors, nurses, occupational therapists, physiotherapists, psychologists, social workers, speech language pathologists, and other health care professionals, offers an alternative service delivery model to access rehabilitative care.

Our use of the term family or caregiver

The term "family" or "caregiver" reflects those who provide care primarily because of a personal relationship. They are usually next of kin (spouses, children, or other relatives) but may sometimes be friends or neighbours.

1.3 Guiding principles

- Rehabilitation is essential to improve or maintain function, participation, and quality of life for individuals who sustain a life-altering injury or illness, as well as those living with chronic or episodic conditions.
- Many patients have time-sensitive diseases or injuries where the best possible functional outcomes are achieved through early rehab; therefore, timely access to rehab is important.
- Many people with disabilities are more susceptible to infection and have underlying comorbidities that put them at high risk for poor outcome. Rehab models that reduce the risk of exposure to infection as experienced during the COVID-19 pandemic are needed.
- Evidence for telerehab is emerging as a safe and effective alternative to in-person care and to improve care access (Laver 2020; Ownsworth 2018). However, virtual care should be considered on an individual basis based on a patient's abilities, goals, preference, and capacity.

2 Getting Started

"As a team, we have really come together strongly to support each other, to learn, share. Overall, we can see that we are making a change. Patients and families feel connected and valued, that their recovery matters. For those who would otherwise have no therapy after they leave inpatient rehab, that is a real privilege."

Outpatient Social Worker

2.1 Forming the team to establish the vision and lead the change

The implementation team should include:

- Leaders who ensure alignment with organizational priorities, provide support to implementation and oversee the operational resources
- The health care professionals who will be implementing and leading the change
- Patients and caregivers
- Implementation leaders with dedicated time to support practice change, planning and evaluation
- Evaluation specialists or researchers (if available) to support measuring the impact of the change and the specific processes that lead to change

The team should create a clear vision for telerehab that aligns with organizational priorities, is feasible and safe, is based on best practice principles and puts patients and caregivers at the forefront of their care.

Ideally, team leads would have dedicated time to complete reviews of existing literature and best practice guidelines, conduct a readiness assessment and identify enablers and barriers to implementing telerehab in their setting, lead the team in developing, implementing and refining processes, tools, and resources adapted to their local context; provide training; and support ongoing improvement. An evaluation component, embedded in day-to-day

operations, is also fundamental to ensure that the telerehab program is meeting its intended goals.

As an example, the telerehab implementation team at Toronto Rehab included practice leaders, program service managers, a researcher, and a physician. The interprofessional team, service coordinators and leadership were engaged through out all phases of development, implementation and evaluation. Our normal practice at Toronto Rehab is to embed Patient Partners as core members of our improvement teams. However, there was nothing normal about the rapid implementation of virtual care across our programs at the start of the COVID-19 pandemic. Therefore, seeking patient and caregiver input about their experience of care has been central to our evaluation (see Section 5.0). The encouragement and feedback from our patients and caregivers regarding their virtual care has been pivotal to iterations of this toolkit.

2.2 Understanding the enablers and barriers to changing your care pathways

As part of the planning process, the leading team needs to understand organizational readiness, as well as identify the unique enablers and barriers to implementing telerehab in their practice setting. There are a number of helpful frameworks to support this process at the bottom of the section.

Leading teams need to also clearly understand the care pathways of the patients and caregivers that a model of virtual care aims to support. Were they just discharged from acute care and are now awaiting outpatient rehab? Were they recently discharged from an inpatient rehab service and need further therapy to enhance recovery? Are they individuals living in the community who have rehab needs?

When looking at your own care pathways, identify where virtual care could be embedded and why it is replacing (or enhancing) in-person services. What are the start and end points that need to be considered? Similar to more traditional models of outpatient rehab, the structure and format of virtual care should be customized to each patient's own rehab needs. For example, if patients are transitioning from inpatient in-person rehab to outpatient telerehab, can preparation begin during the inpatient stay by a member of the outpatient virtual team? (See Section 4.1)

Appendix 1
Guiding Questions to Consider When Setting up Telerehabilitation in Your Care Setting

Here are some guiding questions to consider when planning for a model of virtual care. Working through these questions may be helpful to highlight potential benefits to motivate

change, as well identify the enablers and barriers from which implementation and evaluation strategies can be developed.

Understanding organizational readiness and drivers for change, as well as key care pathways will help to drive fundamental decisions:

- The types of telerehab services that need to be provided
- The healthcare providers who need to be involved
- The processes that need to be in place to support service delivery and team functions
- The technology and physical space required to provide safe, quality and equitable care

Here are other helpful resources for implementing new practices, identifying readiness, understanding barriers and enablers to implementation, as well as and implementation strategies.

The Knowledge to Action (KTA) Cycle. The KTA framework guides health professionals through key steps to ensure successful knowledge translation and implementation of new practices: 1) identifying the problem; 2) adapting knowledge tools/resources to local context; 3) assess barriers and facilitators to knowledge use; 4) select, tailor and implement the interventions; 5) monitor knowledge use; 6) evaluate outcomes, and 7) sustain knowledge use. (Graham 2006)

The Organizational Readiness to Change Assessment (ORCA) tool. This instrument consists of three major scales that measure 1) the strength of the evidence for change; 2) the quality of the organizational context to support the practice change, and 3) the organizational capacity to facilitate the change. (Helfrich 2009)

The Theoretical Domains Framework (TDF). This framework synthesizes factors from many models of behavior change into 14 possible domains from which barriers and enablers can be identified (Cane 2012). A 4-step approach is suggested including: 1) identifying the problem ("who needs to do what differently"); 2) assessing the problem (using the TDF to identify barriers and enablers that need to be addressed); 3) forming solutions (what implementation strategies could overcome the barriers and enhance the enablers), and; 4) evaluating the intervention. (French 2012)

The Consolidated Framework for Implementation Research (CFIR) combines constructs across implementation theories into five major domains: 1) the intervention characteristics (e.g. relative advantage, complexity, cost); 2) outer setting (e.g. patient needs, resources, external polices and incentives); 3) the inner setting (e.g. networks, organizational culture, and implementation climate); 4) characteristics of individuals (e.g. knowledge, beliefs, self-efficacy); and 5) the process by which implementation is accomplished (e.g. planning, engaging, executing and evaluating). (Damschroder, 2009)

Appendix 2
Gap Analysis Template

Once you have developed a model of virtual care, sitting down with your team to map out your program/organization's current state, the gap between that and the envisioned future state, and your plan for action using a **gap analysis template** is a good way to keep your team organized to make the change.

2.3 Supporting providers to deliver their best virtual care

2.3.1 Thinking through the technology

Clearly, many aspects of telerehab rely on high speed internet and access to email; however, there are other important equipment needs to consider. We have compiled some basic technology pros and cons to prioritize as you plan for virtual care.

Technology	Tips and considerations
Desktop computer vs laptop The activities of a given therapy session will guide your preference to using a desktop or laptop	• Providers who demonstrate exercises in a variety of settings such as on a plinth, by a chair, and then on stairs may appreciate using a laptop so they can bring the whole system with them • Using a laptop by virtue of its proximity, often allows patients to see an exercise more clearly (for example, the provider can angle the laptop camera to focus on just the provider's hand), and providers a closer view of patients as they observe or guide. • However, when providing services that are stationary, the wide-angle lens of a desktop may be wholly adequate Reminder: The number of add-on devices adds up! Ensure that whatever device you choose has sufficient USB ports.
Tablet	• Providers may also choose to use a tablet with a large screen, particularly when a session involves movement around space (For example, stair practice or gait training). Another benefit is the ability to switch between the front and back cameras for optimal angles.
Webcam	• The quality of a webcam will affect how clearly your patients can see you and the things that you are trying to show them (an exercise or a book cover, for example). Choosing a high quality webcam will be worth the money. • Webcams often come with a built-in microphone; however, its ability to capture your voice may be limited. We recommend

	adding a quality microphone system if you are delivering virtual care regularly.
Headset vs speaker and microphone	• If you are the only clinician in the room, a headset with built-in microphone will provide the best sound quality for your patients, as well as maximize confidentiality. Providers often prefer this set-up as it is less draining on their voice. • A bluetooth connection allows you to move around to demonstrate exercises or activities. • A speaker and microphone conference system is a good choice when multiple clinicians are participating in the same session.
Communication features within your video-conference platform	• While **screen sharing** is regularly used tool by telerehab providers, the option for patients and caregivers to also share their screen is important, especially if the provider is coaching the patient to navigate the internet, access resources or complete forms. • If sessions are offered in **group format**, features that enhance communication across multiple participants are important, including break-out rooms, chat/message box, and Raising-a-Hand

2.3.2 Preparing for success

At Toronto Rehab, we have focused on having the tools and resources we all need to offer effective and meaningful virtual care, whether these be clinicians or for patients and caregivers. In some cases, we needed to to co-design a tool to fill a gap; in others, we learned and adapted from others. Our pre-implementation phase also included full team interprofessional learning, such as in-services on how to run a virtual session, how to trouble-shoot technology issues and how to create and access on-line shared drives. We have also integrated various forums where telerehab providers can learn from, with and about each other, as well as offer mentoring and coaching support.

The following are areas to consider when supporting clinicians to deliver their best virtual care:

Technology to deliver the care

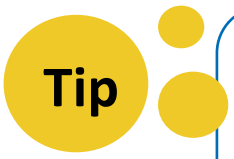
- Setting up the internet connection
- Using the various features on a video-conferencing platform
- Choosing the right devices to meet the goals and needs
- Basic understanding of what the patients and caregivers may see and need on their end
- Ability to troubleshoot technology issues

Technology to support the work

- Sufficient online and digital resources
- Access to scanners to prepare and share materials with patients and caregivers
- Online shared access to forms, secure chart notes and documentation

Strategies to enhance the care experience

- Understand the scope and limitations of the services that you are able to provide both as a team and individually as a clinician
- Set clear expectations regarding session goals and objectives
- Know the tools and resources that are feasible to use virtually (For example, “virtual friendly” assessments)
- Email any needed materials prior to the session, and summarize verbally/by email at the end of the session



Tips to supporting communication

- Maintain eye-contact by looking at the webcam and not the screen
- Speak at a reasonable speed and pause frequently to allow patients to process information
- Use teach-back to gauge understanding
- Ask clarifying questions
- Offer clear stop points for patients to ask questions or share observations

3 Preparing Patients and Caregivers for Outpatient Telerehab

"I am grateful that virtual sessions have allowed me to move forward with my journey. Because of the virtual format, everything has pictures… Any other method would just not work!"

Neurorehab Telerehab Outpatient

3.1 Is telerehab appropriate?

To help determine whether telerehab is appropriate for a given patient, here are some considerations for the referring team. Appendix 3 **Making a Choice About Telerehab** (see below) can help guide these discussions, including any barriers to equipment and technology.

- ❑ Where is the patient on the rehabilitation continuum? (e.g. Are they being referred from inpatient rehab? From acute care? From the community?)
- ❑ What are the patient's goals and needs? Can the goals (or steps towards these goals) be addressed by telerehab? By videoconference and/or by telephone?
- ❑ **Does the patient have the technology or caregiver support at home for telerehab to occur by videoconference and/or telephone?**
- ❑ **Is access to technology an issue? What can we do to mitigate this?**
- ❑ Are there concerns around safety?
- ❑ What are some of the patient complexities to consider? Cognitive and physical impairments? Language and communication? Behaviours, such as impulsivity? Screen sensitivity?
- ❑ Is a hybrid model appropriate, where patients are offered a mix of remote and in-person therapy?

- ❑ If telerehab is not appropriate, what are other options i.e., community referrals, private or public home-based therapy, “re-check” wait lists where patients are contacted in the future for in-person services once these become available

3.2 Setting goals, priorities and expectations with patients and families

For those transitioning from inpatient to outpatient care, identifying patients who are appropriate for telerehab as early as possible will help ensure that there is adequate time to prepare both the patient and caregiver prior to inpatient discharge. It is critical that the inpatient and outpatient telerehab teams communicate regarding the patient’s status and plans prior to discharge. This discussion should include a review of goals, setting expectations of what telerehab has to offer, risks and benefits, and ways to help patients and caregivers prepare for virtual care.

Appendix 3
Making a Choice About Telerehabilitation

The aim of this resource is to help patients and families who have been referred for outpatient therapy make a decision about telerehab that is best for them. It includes an equipment, technology and readiness checklist, review of privacy and safety, as well as an opportunity to decline telerehab should they wish.

Tip

To support a discussion around alignment of patient goals and telerehab services, it may be helpful for health disciplines to come together early in the planning process to identify the goals and services (e.g. assessment, treatment, education and consultation) that they can feasibly provide through telerehab. At Toronto Rehab, our OT, PT, SLP and SW groups went through this exercise and found it helpful, not only from a clinical perspective, but also to share with teams and leaders as a consensus document to help provide clarity, awareness and support.

3.3 Obtaining patient consent for virtual rehab

Once it is determined that a patient is appropriate and interested in telerehab, obtaining informed consent is an important next step.

Appendix 4
Virtual TeleVisit Consent Form

This consent form can be used to guide discussion and document informed consent for electronic communication including telerehab (telephone or videoconferencing), as well as email communication. If patients are unable to meet in-person, the consent form can be read aloud to obtain verbal consent over the phone. A designated health care professional can complete this consent form along with the outpatient referral form. Please ensure that this form meets your organization's privacy and legal requirements before use.

3.4 Preparing caregivers for meaningful participation

Caregivers play a key role in safe and effective participation in the telerehab. If such support is available, the roles and expectations of caregiver involvement should also be discussed. This includes the supports (physical, psychological technological and environmental) that patients may need to meaningfully participate in telerehab, as well any issues or challenges that may pose barriers to participation.

Appendix 5:
Preparing Family and Friends for Virtual Care

The purpose of this document is to help caregivers optimize patient participation in virtual care, and to understand what supports they themselves might need to enhance the safety and value of the visit.

4 Implementing Telerehabilitation

"Patients who do not have a family member to help support a session makes it very challenging to complete some of the assessments and approaches to treatment that I would normally do, particularly for those patients who are more complex."

Outpatient Occupational Therapist

4.1 Transfer of care: Strengthening the handoff

4.1.1 Inpatient to outpatient handoff

To facilitate an effective handoff, we have found it valuable for the outpatient telerehab team to connect with the patient, family and inpatient rehab team prior to patient discharge.

Where possible, an outpatient telerehab team member meets with the patient and family while they are still an inpatient to build rapport and become familiar with the patient's status. The outpatient team member may also consider joining an inpatient therapy session to observe key components of the discharge assessment, treatment and education.

Documentation hand-off

We have also found it effective to use the discharge assessments that are completed by members of the inpatient team to serve as part of the outpatient team's admission assessment. The outpatient telerehab team member needs to document how this information was obtained (e.g. observation, verbal hand-over, documentation).

4.1.2 Patient and caregiver technology support

A member of the outpatient team meets with the patient - and ideally the caregiver - prior to discharge to identify and address technology needs. This could include installing necessary web browsers and apps on devices to support videoconferencing, as well as practicing all of the necessary "technology" steps.

Tip

We have found that actually practicing a telerehabilitation session and trouble-shooting any issues is an effective use of inpatient therapy. Practicing on the same device that the patient will be using at home is also helpful, as is the use of teach-back as a therapeutic tool to reinforce this practice. However, normalizing and practicing the use of technology does not need to be restricted to formal practice sessions. Embedding opportunities to use videoconferencing during education sessions, care conferences or discharge planning meetings can also be valuable.

Appendix 6
Connecting to OTN with Your Computer or Laptop

Appendix 7
Connecting to OTN with Your Tablet or Phone

The purpose of these two education resources is to provide patients with step-by-step instruction to using the Ontario Telemedicine Network (OTN) platform for different devices, as well as tips for trouble-shooting technical issues. These resources may be helpful to use or adapt depending on the virtual platform(s) you are using within your care setting.

Tip

At Toronto Rehab during the COVID-19 pandemic, patients and caregivers were separated for long periods (often weeks or months) due to physical distancing restrictions, geography, or their own illness or injury. In such cases, videoconferencing technology was helpful in virtually welcoming families to a therapy session to better appreciate their loved one's needs and abilities. These videoconference sessions also helped patients and families understand the level and type of assistance that would be needed for a safe and successful telerehab session in the future.

4.2 Preparing for a safe and successful telerehab session

4.2.1 Scheduling a telerehab session

The next step is to establish a telerehab schedule. We strongly suggest that the contact information of the outpatient team members be included as part of this schedule.

Appendix 8:
Initial Virtual Outpatient Email Template

If sending an outpatient therapy schedule by email to a patient, this document provides a template to guide this message.

Tip

From our experience, spreading out multiple telerehab sessions (OT, PT, SLP, SW, for example) over the course of a week lessons confusion and fatigue. Patients and families in neurorehab tell us that back-to-back telerehab sessions can be cognitively and physically fatiguing.

The following applies specifically to the Ontario Telemedicine Network (OTN) platform

Email invitations to individual therapy sessions may be sent to patients by their HCP directly, or by an administrator. If an administrator is used, ensure that the treating clinical team has access to initiate their respective OTN session themselves. This means making the administrator an **official delegate** who is then able to access the OTN accounts of the various team members in order to schedule their respective therapy sessions.

OTN email invitations sent to patients have a generic subject line that can make it hard for patients to differentiate which invite is for which therapy session. Telerebab providers may choose to first send the OTN email invitation to themselves, and then **personalize the subject line to include the date, time and type of visit.** For example: "OT with Zoe Tues June 3 at 2pm", before forwarding the invitation on to the patient. A reminder, however, to not change the content of the OTN email message itself as it has been designed to meet privacy standards. Depending on the patient's needs, consider emailing an invitation closer to their actual therapy date.

4.2.2 Medical Event Protocol

A **Medical Event Protocol** form must be completed for all patients **prior to commencing their telerehab.** This form may be completed by a designated healthcare team member in-person prior to inpatient discharge, or over the phone. The Medical Event Protocol ensures that the contact information of the patient (where telerehab is occurring); the first responder or local non-emergency phone number; the emergency contacts (e.g., family member); and the physician and other relevant HCP **are all identified and documented**. It also provides a clinical decision-making guide in case of a medical emergency or event.

Use of this form requires the HCP to explicitly obtain informed consent from the patient to call "911" in the case of an emergency. Keep the completed Medical Event Protocol in the patient record. A copy also needs to be shared with all team members of the telerehab team. This may be done via email or a secure, shared online folder.

The telerehab team also needs to have access to a copy during each virtual care visit, and validate the content (i.e., current phone number and address) prior to the start of the session.

Appendix 9
Medical Event Protocol

4.2.3 Preparing the environment for your virtual visit

Here are some considerations for the telerehab clinician in advance of a virtual therapy session:

- Prepare all resources required for the therapy session (e.g., digital documents and web pages) so they can be easily retrieved and shared
- Ensure the room set-up is safe and can maintain privacy and confidentiality
- Reduce visual stimuli on the walls and in the space to promote focus and attention
- Ensure the cameras are positioned appropriately. For example, if the provider needs to demonstrate an exercise or activity, is the camera positioned for a full body view?

4.2.4 Safety checklists

At the start of each virtual visit, HCP should identify themselves to the patient and verify the patient's identity using two unique identifiers (e.g. name and date of birth), as well as their contact information and current location (as per the Medical Event Protocol). If meeting over videoconference, consider asking patients to show their health or photo identification card.

Ensure that the HCP has access to an emergency phone during each session. This is to ensure that they can call "911" or another emergency phone number while maintaining contact with the patients and/or caregivers online or on a separate phone.

Finally, the HCP should complete a **pre- and post-telerehab safety check** and document its completion in the patient's health record. The resources below provide a structure and guide to complete this check.

The Pre-Therapy Safety Check ensures that there have been no safety events since the last therapy session; the technology is working and there are back-up plans should the technology fail; the environment is safe for the therapy session; there is supervision from a caregiver if required, and the patient has consented for this person to participate, observe or assist.

The Post-Therapy Safety Check ensures that the patient is well and without concerns prior to ending the therapy session; they are aware of their next scheduled visit(s) and cognizant of any "homework" prior to next session. Using teach-back as part of this check may be helpful to confirm understanding.

Appendix 10
Pre- and Post- Telerehabilitation Safety Checklist

4.2.5 Community of practice: Telehealth resources for providers and leaders (selected)

The goal of this section is to offer a curated list of telerehab and telehealth resources with a rehabilitation lens. This list is by no means comprehensive, but offers a valuable contribution by the global telerehab interprofessional community. If you have a resource to add, we would love to hear from you.

Telehealth resources in response to COVID-19 is a comprehensive community of practice from the **Stroke Foundation** that offers resources collated for use by neurorehabilitation professionals including many practical and clinical tools, as well as relevant research towards the bottom.

Telerehab: A sharing of approaches and processes: **The Rehabilitative Care Alliance** webinars (May 13, 2020) and follow-up Q&A (June 10, 2020) share experiences from care providers across Ontario for the rapid implementation of telerehab.

Virtual Healthcare (Telestroke) Implementation Toolkit (PDF) from the **Heart and Stroke Foundation of Canada** has been updated to support the rapid uptake of telerehab and includes a comprehensive framework for the major components of virtual care, checklists for effective and efficient virtual healthcare sessions, and performance measures for evaluation.

The Heart and Stroke Foundation of Canada has also developed a Virtual Healthcare Checklist for patients and caregivers to optimize virtual sessions with a healthcare provider.

The Canadian Physiotherapy Association has collated a list of tools and resources that are relevant across the health disciplines, including a webinar series of **practical implementation approaches** to telerehab.

Telemedicine and virtual care guidelines (and other clinical resources for COVID-19) is an extensive list of resources for physicians in Canada, organized by province.

5 Evaluating and Monitoring

"It is nice that I don't have to travel, but much more than that, I can do a full hour of therapy because I am not so exhausted. However, I do miss the closeness. Because you really don't have that instantaneous response. I have to listen and watch everything much more closely. My therapists need to repeat more and be very patient with me. It's a partnership and I am very grateful for it!"

Neurorehab Telerehab Outpatient

5.1 Evaluating and monitoring progress

Formal and informal evaluation is an opportunity to learn from patient, caregiver and provider experience, and to understand barriers, enablers and to guide improvement. The following is an approach to evaluation that takes a quality improvement lens.

The **Stroke Virtual Healthcare (Telestroke) Implementation Toolkit** (Heart and Stroke, 2020) has a section on evaluation that may be an additional helpful resource.

When implementing any quality improvement initiative, it is important to include (1) outcome measures, (2) process measures, and (3) balancing measures, as part of an evaluation plan. There are different resources that provide definitions and guidance on how to implement these measures; one of these resources is from Health Quality Ontario (2013).

Tip

As an example, we used the following measures to help evaluate telerehab implementation within Toronto Rehab's neurorehab program.

Outcome measures

- Percentage of patients who were satisfied with their virtual care
- Percentage of providers who felt they were able to meet the rehabilitation needs of their patients by providing virtual care
- Patient and provider experience of care (e.g. team communication, education received, progression towards their goal expectations, and discharge preparation)

Process measures

- Percentage of virtual sessions during which there were technical difficulties
- Percentage of virtual sessions that were cancelled or modified due to technical difficulties
- Percentage of providers who were satisfied with the technology and organization support for virtual care
- Patients' perceived wait time to start virtual care

Balancing measures

- Number of safety events
- Number of near miss safety events

Appendix 11
Patient Survey of Their Experience of Virtual Care

Appendix 12
Provider Patient Survey of Their Experience of Virtual Care

When choosing measures, it is also important to keep in mind what you intend to do with the data. For example, is there a course of action that you would take if wait times are long or if clinicians are spending lots of time preparing for their virtual session? It is not worth collecting data for collecting's sake. Also, the ideal situation would be that you could easily collect the data that you want from an administrative database that the hospital already keeps; but, since virtual care is so new, you will likely need to create new methods of data collection such as patient and provider electronic surveys. We have included two experience surveys to adapt to your local context should they be helpful.

5.2 Cycles of continuous improvement

When implementing and facilitating change, it is important to evaluate along the way, to understand what worked and what did not, and to continually adjust the delivery model of care to improve effectiveness. Using rapid cycles of "**Plan, Do, Study, Act" (PDSA)** can provide a structured approach to support ongoing evaluation and improvements (Health Quality Ontario, 2013).

5.3 Team learning and improvement

Creating forums where HCP and leaders can come together to reflect and learn together also fosters growth and improvement. Such opportunities may be incorporated into existing structures, such as team business meetings, interprofessional learning rounds, and care planning rounds. Where feasible, including team members from across the care continuum, including both inpatient and outpatient clinicians in the same forum, offers valuable perspectives and learning opportunities.

Such discussions also provide an opportunity to debrief, share experiences, and review complex patient cases. They help teams evaluate and refine current processes and delivery models, and help leaders better understand barriers and enablers to support teams through change.

Tip

The virtual physiotherapy group at Toronto Rehab met regularly during the first five months of implementation to discuss a variety of experience-based issues such as profession-specific outcome measures, creative therapy approaches, and sharing complex cases, challenges, opportunities and successes.

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7 Appendices and Supporting Documents

7.1 Appendix 1. Guiding questions to consider when setting up telerehab in your care setting

7.2 Appendix 2. Gap Analysis Template

7.3 Appendix 3. Making a choice about telerehab

7.4 Appendix 4. Virtual TeleVisit consent form

7.5 Appendix 5. Preparing family and friends to participate in Virtual Care

7.6 Appendix 6. Connecting to OTN with your computer or laptop

7.7 Appendix 7. Connecting to OTN with your tablet or phone

7.8 Appendix 8. Initial virtual outpatient email template

7.9 Appendix 9. Medical Event Protocol

7.10 Appendix 10. Pre- and Post- Telerehabilitation Safety Checklist

7.11 Appendix 11: Patient Survey of Their Experience with Virtual Care

7.12 Appendix 12: Provider Survey of Their Experience with Virtual Care

UHN Toronto Rehabilitation Institute

Guiding questions to consider when setting up telerehab in your care setting

1. Understanding the objective and scope

- ❑ What is the organization's direction and plan that supports telerehab?
- ❑ What is driving the need? What is the problem you are trying to solve?
- ❑ What are the objectives you want to achieve?
- ❑ Are there specific patient and caregiver needs or gaps in services that telerehab aims to meet?
- ❑ What are the services that will be provided virtually? Are they 1:1, groups, both?
- ❑ How will telerehab complement and be integrated into your current services?
- ❑ How does telerehab fit into program and organizational structures and plans?
- ❑ What would a successful implementation look like? Can you describe it in an aim statement? For example, "*By a certain time, we will be delivering virtual care to X number of patients and their caregivers in the specified program for Y services*."
- ❑ What is the funding source and budget to develop and sustain telerehab?
- ❑ What can you *stop* doing, to make space for telerehab?

2. Understanding the needs of patients and caregivers

- ❑ What are the patients' needs along their care pathway?
- ❑ How are caregivers involved? What are their needs?
- ❑ When and where in the patient care pathway will telerehab be involved?
- ❑ Who are the referral sources?
- ❑ Are there clear start and end points of virtual services within these pathways?
- ❑ Is virtual care an added option to an existing service, or is this a new service?
- ❑ Are there best practice guidelines for this patient population or area of service to help guide planning?

3. Understanding the needs of care providers

- ❑ Who are the service providers? What are their experiences and needs?
- ❑ Can you draw or learn from champions and past experience?
- ❑ What strengths can you build upon?
- ❑ What are the potential challenging and learning needs to address?
- ❑ Do providers have the knowledge, skills, and resources to provide virtual care? i.e. An understanding of best practices and best evidence, technology practice sessions, setting up shared drives for learning and communication
- ❑ Do clinicians understand the benefits, as well as limitations of telerehab in order to provide safe and high quality care?
- ❑ Are there principles and practice standards from professional Colleges to help guide planning?
- ❑ What therapies can be provided virtually, which ones are more limited?

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4. Preparing the environment

- ❑ Are there internal and external resources that can support planning and delivery of telerehab?
- ❑ What is the physical space available to provide virtual care? Will space be shared?
- ❑ Does the space provide sufficient privacy and confidentiality?
- ❑ Can clinicians access the materials, equipment and resources that they need to deliver telerehab in the space provided?
- ❑ Will they be able to reach out for assistance if the need do?
- ❑ Is an emergency phone available in case clinicians need to call "911"/an emergency number on behalf of the patient and/or caregiver?

5. Preparing the technology

- ❑ Is there adequate and reliable internet and/or WIFI to meet clinician and patient demand?
- ❑ What platforms are available? Which one(s) will you use?
- ❑ What equipment is needed to deliver the virtual care?
- ❑ Will equipment be shared? Consider infection control needs when choosing devices, for example when choosing between wireless vs in-ear head phones
- ❑ How does the platform, equipment, and technology work together to meet the needs of patients, caregivers, and clinicians?
- ❑ Do these groups have the skills and knowledge to manage the technology in order to both provide and receive virtual care?
- ❑ Is there technical support available for the clinicians? For patients and caregivers?

6. Developing the clinical processes

- ❑ What are the practice standards and processes that are required to provide safe and quality virtual care?
- ❑ What processes are required to support delivery of safe and quality care with patients and caregivers?
- ❑ What processes are required to support team collaboration and team functions?
- ❑ What are the existing processes that can support virtual rehab?
- ❑ What are the gaps and opportunities that need to be addressed?
- ❑ How can we monitor and evaluate the processes and service delivery for ongoing improvement and sustainability?

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Gap Analysis Template

Future State	Current State	What is the gap?	What is your action?
Example: Telerehab sessions will not be interrupted by technological issues on the providers' side.	Telerehab sessions are frequently interrupted or stopped by Wi-Fi "blind spots" in the hospital, and the slowness of computers.	Lack of reliable internet access for providers; outdated computer equipment	By July 30th, 2020, Jenny will: - Ask to service our floors' Wi-Fi connections and "slow" computers - Speak with Clinical Director re: purchase of two additional work stations

Addressograph

Making a choice about telerehabilitation

Your team has recommended outpatient therapy for you after you leave your inpatient program. There is an option to receive outpatient rehab virtually at home. **This means connecting with outpatient therapists and receiving therapy using videoconference or telephone.** Your team will work with you to determine if telerehab is appropriate for you, and which therapy options best meet your needs and goals.

Your telerehab options at home include:

1. **Therapy via videoconference** using one or more of the following:
   - Computer or laptop
   - Tablet
   - Smart phone
2. **Therapy via telephone**

Here are a few frequently asked questions about telerehab

Will I get good quality care?
For the safety of everyone, we are limiting in-person outpatient therapy at this time. Your clinician(s) will assess and discuss with you which components of your rehab needs and goals can be addressed through virtual care. Every person's needs are different. We are working very hard to ensure that you will receive high quality care.

Getting comfortable with your telerehab
Your therapy team will work with you to set you up for telerehab, to practice what a session might look like, and to answer your questions. Like any new skill, it will take practice!

What are the risks?
We will work with you and your family to ensure that your therapy is as safe and confidential as possible, and that we all know what to do in case of an emergency.

We may recommend that you invite a family member or a friend to participate in certain therapy sessions to enhance the safety and value of the visit. **Your therapy team will discuss this with you, and can clarify with your family member or friend to specify the type and amount of assistance that you may need during your sessions.**

Your privacy is important

Our telerehab uses a secure platform designed to protect your privacy and the security of your personal health information. Personal health information is any information that can identify you and link you to the healthcare services that you receive. We will ask you to confirm your identify at the start of each session.

Rehab at home via computer, laptop, tablet or phone: Readiness and equipment checklist
☐ **Internet access** A stable internet connection good enough to watch videos or connect to a video chat.
☐ **Device for video calls** At least one of the following options must be available to complete your telerehab via video. Please indicate all that you have available as different therapists may benefit using different equipment. For example, a PC may work well for a visit from your Social Worker; however, a more mobile device such as a tablet may make a Physiotherapy visit more effective. ☐ A PC or Mac computer with a camera, microphone and speaker ☐ A laptop with a camera, microphone, and speaker (embedded or attached) ☐ iPhone/iPad (iOS 10 or later) or Android Tablet/Smartphone (Version 7 or later). **Note:** You will need to download an App if using a phone/tablet
☐ **Email address**

Rehab at home via telephone
☐ **Therapy can also be offered over the phone.** For some, this may be a more feasible and reliable option.
☐ The telephone can be an excellent choice for some therapies, but may be limiting for others. For example, your physiotherapist can review your exercise program over the phone, but would not be able to practice your exercises with you in the same way as they would through your computer.

Addressograph

TELEPHONE AND VIRTUAL VISIT CONSENT

(For telephone, video-conference, and email; individual and/or group sessions)

Section 1. *Use this section if you are contacting patient on the phone. If meeting patient in-person, skip to Section 2.*

Hello. This is *[name]* calling from the *[name of rehabilitation service]* at *[specify site, i.e., Toronto Rehab]* University Health Network (UHN). May I speak with *[patient name]*?

Confirm identity: To protect your privacy, we need to make sure that we are speaking to the right person. Could you please tell me your name and date of birth? *[Note: If further information is needed to confirm patient's identity, ask for OHIP#* ***or*** *name of primary care doctor,* ***or*** *date of last visit to the hospital or clinic].*

Section 2. ***Introduce Virtual Care***

_____ *[name of the rehabilitation service]* at _____ *[specify site, i.e., Toronto Rehab]* University Health Network (UHN) is now offering virtual visits as part of rehabilitation services. This means that your care team will provide therapy using the telephone, email, or through video-conference. Video-conferencing can be done on a computer, a tablet, or a smart phone.

Virtual visits at UHN will occur using a secure video-conferencing service provided by the Ontario Telemedicine Network (OTN) or another secured UHN-approved platform, such as Microsoft Teams.

If you are attending virtual sessions as part of outpatient services, you do not need to come to the hospital to meet in-person for your virtual sessions. Your care team will schedule your phone or video-conference sessions with you. For video-conference sessions, email invitations and instructions on how to join the sessions will be sent to you by email. Do not forward your invitations to other people. Contact your care team if you have questions.

For us to connect with you using video-conference, we will need an email and a telephone number so we can communicate with you. Your care team will call you if there are technical difficulties during your sessions.

If you use myUHN Patient Portal, you may see that telephone or video-conference sessions are scheduled as "TELE-OTNINVITE" appointments. If you do not use myUHN Patient Portal and would

like to register so you can see your appointments and access your results on-line, we can give you a registration code, or you can contact 416-340-3777 or myuhn@uhn.ca.
All electronic communication including phone, video-conference, and email carries some risk. For information about virtual visits and how to protect your privacy when using email and the internet, click on these links:

- https://www.uhn.ca/PatientsFamilies/Virtual_Care
- https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Virtual_Visits_at_UHN.pdf

If you have questions about this information, please ask your care team.

For your safety: do not email or call your outpatient care team in urgent or emergency situations. In an emergency, call "911".

UHN may send you appointment information and other general information, such as surveys to help us improve the quality of care we deliver. This information is sent by email.

You may withdraw your consent for telephone, video-conferencing, and/or email communication at any time by contacting our office or your care team.

Do you have any questions? (*Refer to UHN Privacy as needed*)

Do you consent to?

Telephone visits		☐ Yes	☐ No
Use of email		☐ Yes	☐ No
Video-conferences *(ONLY available if consented to email use)*		☐ Yes	☐ No
Group video-conferences** *(if offered)*	☐ Not applicable	☐ Yes	☐ No

****** By consenting to **group video-conference sessions**, you are also consenting to sharing your name, what you say, and what you do or show through your webcam or photo icon (if used) with all participants in the group sessions. Do not record (i.e. audio, photo, or video) during group sessions. It is important to maintain confidentiality of other group members. Do not share the names of your group members or any other personal information about them with anyone outside of the group.

Please provide the following information:

My Email:
My Phone Number:

Addressograph

I also consent to the persons named below *(e.g., family member, friend, lawyer, etc.)* to:

Name	*Relationship*	***Email** communication*	***Phone Number***
		☐ and ***video-conferences***	
		☐ and ***video-conferences***	
		☐ and ***video-conferences***	

myUHN Registration: ☐ Already registered ☐ Registration code provided

☐ To consider at a later date ☐ Not interested

Obtain signature if providing consent in-person *(check here ☐ if consent obtained by phone)*

_____	_____	_____	_____
Patient or SDM's Name	Relationship of SDM	Signature	Date

(SDM stands for Substitute Decision Maker)

Consent Obtained by:

_____	_____	_____
Staff's Name	Signature	Date

Addressograph

Preparing for your family member/friend's participation in virtual care

We are recommending virtual outpatient therapy for your family member or friend to meet their rehab needs. Virtual therapy offers rehab via telephone or videoconferencing at home.

The purpose of this document is to understand what supports may be needed from you to enhance the safety and value of the visit, and how we can help you participate in therapy sessions to the fullest.

Type of support	Specific examples
□ Assisting with **setting up technology** in the home	Setting up the device, connecting to the videoconference platforms, trouble-shooting technical issues
□ Assisting with **technology during the session**	Moving the camera to achieve different angles or to different spaces in the home
□ **Setting up the environment**	Ensuring that you have the materials or equipment you need for therapy, shifting furniture to make exercise safe
□ **Assistance during the therapy session**	Assisting with the activities of therapy
□ **Carryover between sessions**	Assisting with homework between sessions, and providing feedback and encouragement

As you review the list above, are there any challenges or issues that you would like to discuss or flag for the team?

- □ Time considerations– Your availability
- □ Competing priorities – Childcare/caregiver roles, work
- □ Physical ability – Feeling healthy and safe enough to participate
- □ Ability to use the technology
- □ Other – Specify: _____

Please share the details with us:

Who should I contact to discuss this plan further?

Healthcare Team Member	Name	Phone Number or Email

Reviewed with (family/friend's name): _____ Date: _____

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Connecting to the Ontario Telemedicine Network (OTN) with Your Computer or Laptop

The following information was adapted from the OTN eVisit Help Centre. For more details see: *https://otn.ca/video-visit-help/Content/Home.htm*

1. **Equipment Needed:**

   You need a PC or Mac computer with webcam, speakers, and microphone.

2. **Browser Required:**

   It is recommended that you use the **Chrome** browser. Your appointment email invitation will have a link to download and install this browser if you do not currently use it.
   See also the **Patient FAQ and Troubleshooting Guide** for instructions on how to use Chrome during your video visit if is it NOT your default browser.

3. **Test before your appointment:**

   You can run a self-test prior to your appointment:

   a) Open your email invitation from the clinician and click **Test your device** link.

   b) Click Test in the **Self Test** section

   c) Enter your name > click CONNECT

   d) Check your microphone, camera, and audio output settings and then

   click START or CONNECT

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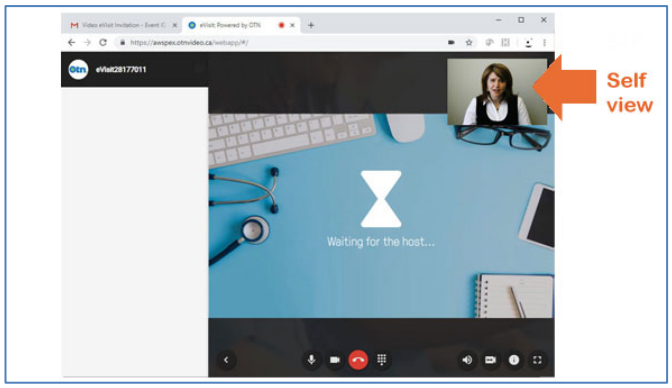
e) If the call is successful, a “waiting for the host” screen appears with your self view.



4. On the day of the appointment

a) Open your email invitation from the clinician for that date & time.

b) Click Start eVisit using Chrome

c) Enter your name > click CONNECT > click START

d) If you join first, a “waiting for the host” screen appears until the other participant joins the call. Please stay connected and wait for the clinician to join.

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Connecting to the Ontario Telemedicine Network (OTN) with Your Tablet or Phone

The following information was adapted from the OTN eVisit Help Centre. For more details see: *https://otn.ca/video-visit-help/Content/Home.htm*

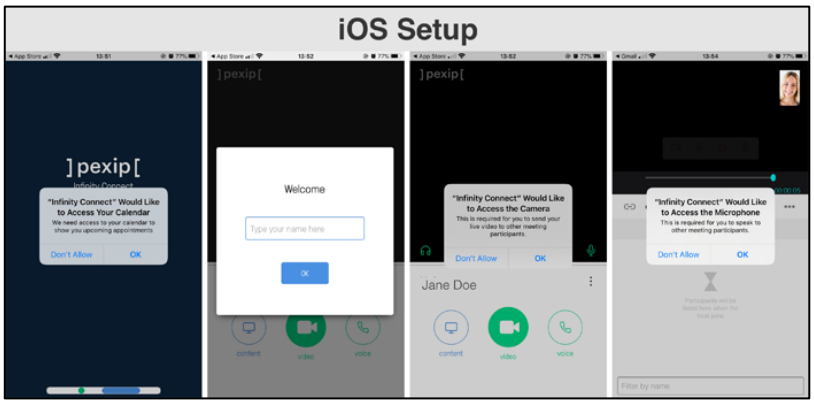
1. Equipment Needed.

You need an **iPhone or iPAD** (version 10+), OR an **Android phone or tablet** (version 7+)

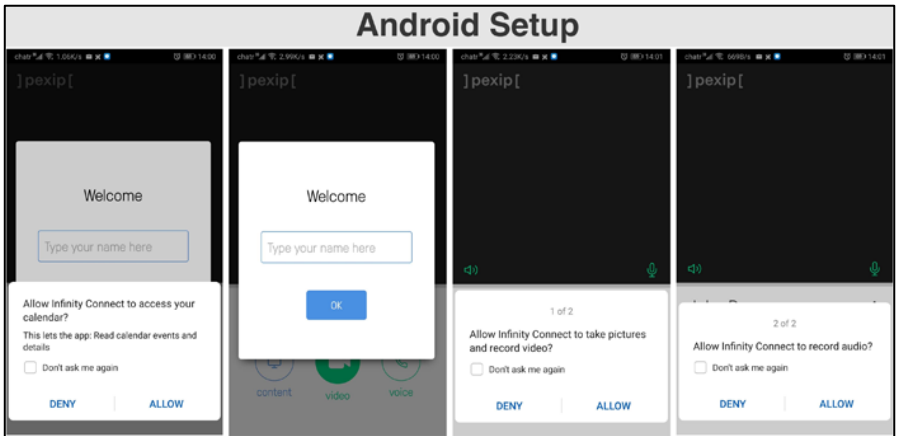
2. App Download

Download and install the app for your device. Make sure you follow any on-screen prompts to **allow access** to Calendar, Camera and Microphone, as well as input your **Name**

a) For **iPhone/ iPAD**]pexip[iOS/Apple Pexip Infinity Connect app
https://apps.apple.com/us/app/pexip/id1195088102



b) For **Android**]pexip[Android Pexip Infinity Connect app
https://play.google.com/store/apps/details?id=com.pexip.infinityconnect



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3. Test before your appointment

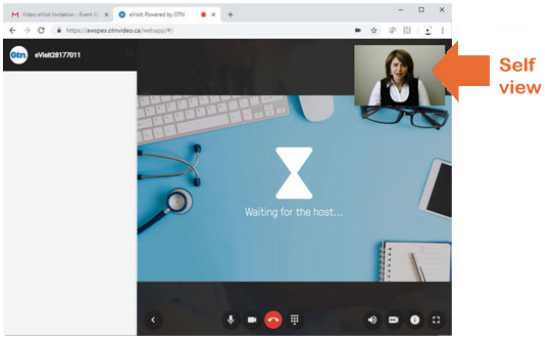
a) Open your email invitation from your mobile device and tap **Test your device** link.

b) Tap Test in the **Self Test** section

c) If you use an iPhone or iPad and are not using a headset, make sure your tap the icon and switch to the icon.

d) To test the video visit, tap .

e) If the call is successful, a "waiting for the host" screen appears with your self view.



4. Connecting on the Day of the Appointment

a) Open your email invitation. Look for the email sent by the clinician for that date and time.

b) Tap Start eVisit and then tap Open my eVisit event

c) If you use an iPhone or iPad and are not using a headset, make sure your tap the icon and switch to the icon.

d) To join the video visit, tap

e) If you join first, a "waiting for the host" screen will appear until the other participant. Stay connected and wait for the clinician to join.

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Initial telerehab patient email template

- Cut, paste and customize this document as needed
- This template is intended for the Administration Assistant/Service Coordinator/Clinician who is sending **the initial email** to the outpatient/SDM with their therapy schedule or plan
- **Include the patient's schedule** and cross check that the email address is correct before sending

Dear <INSERT PATIENT NAME>

This is an email from _____ *(specify service area)* at (*specify Hospital*)

Your therapy schedule ***(?***with your therapists' contact information***?)*** is attached. Please call _____ at _____ if you have questions about your schedule, or if you need to change or cancel your appointment.

(Optional if not already included) **Contact Information for Your Telerehab Therapy Team**

Name	Profession	Email	Phone Number
	Physiotherapist		
	Occupational Therapist		
	Speech Language Therapist		
	Social Worker		

Your telerehab Therapy Team will be meeting with you by phone and/or by videoconference. We use Ontario Telemedicine Network (OTN) to connect by videoconference. It uses software and the internet which is secure, private and confidential. Please contact any of your Therapy Team members if you have questions about videoconferencing or OTN.

Each clinician will call or email you individually to invite you to their sessions.

If you will be joining by videoconference. Below is information on how to join your sessions.

You will need the following

- Personal computer/laptop, android tablet or iPad (with webcam, speaker and microphone or headset)
- Internet connection (wired or wireless)
- Browser: Chrome, Firefox, or Safari (9 or higher) are recommended

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Instructions for connecting to the videoconference appointment

- You will receive an email invitation from the clinician for EACH of your eVisits.
- The email will tell you the date and time of the appointment and instructions to join the eVisit.
- **** Please follow the instructions within the email invitation. We recommend that you test your device in advance of your visit. Please click the *test your device* link within the email. If you have any trouble, please contact your therapist well in advance of your appointment.**
- On the day and time of your appointment, click on

to join.
- For additional instructions please watch the 5 min video at this link: Home Video Visit

To Protect Your Privacy

- When receiving your email invitation
  - Do not share the invitation email, invitation link URL or PIN with anyone.
  - Make sure that it originates from a member of your therapy team.

- **Other Tips**
  - Never use personal and/or portable videoconferencing technology in a public or unsecure environment (e.g., airport, internet café or open area).
  - Is anyone in the room with you? If yes, please share this with your treating clinician.
  - Do not record (audio or video) the session.
  - For additional information and privacy tips please click this link: https://dropbox.otn.ca/pcvc-help/otn-evisitv-guest-privacy.pdf

Again, please call _____ at _____ if you have question about your schedule, or if you need to change or cancel your appointment.

Please contact any of your Therapy Team members if you have questions about videoconferencing, OTN or if you encounter technical issues during your sessions.

Thank you,

(please add signature & contact information of sender here)

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Telerehab - Medical Event Protocol

Addressograph

Once completed, give a copy to ALL team members involved

Treating clinicians must re-check information at each session to ensure the address/information has not changed. This information is needed in the event of a medical emergency or safety event.

Possible safety issues that may need to be considered include:

1. Patient medical emergencies safety events or (e.g. falls, injuries, medical events)
2. Other emergencies (e.g. fire)

** ***In case of emergency, call 911 regardless of Do Not Resuscitate (DNR) status, in which case Emergency Medical Services (EMS) will assess.***

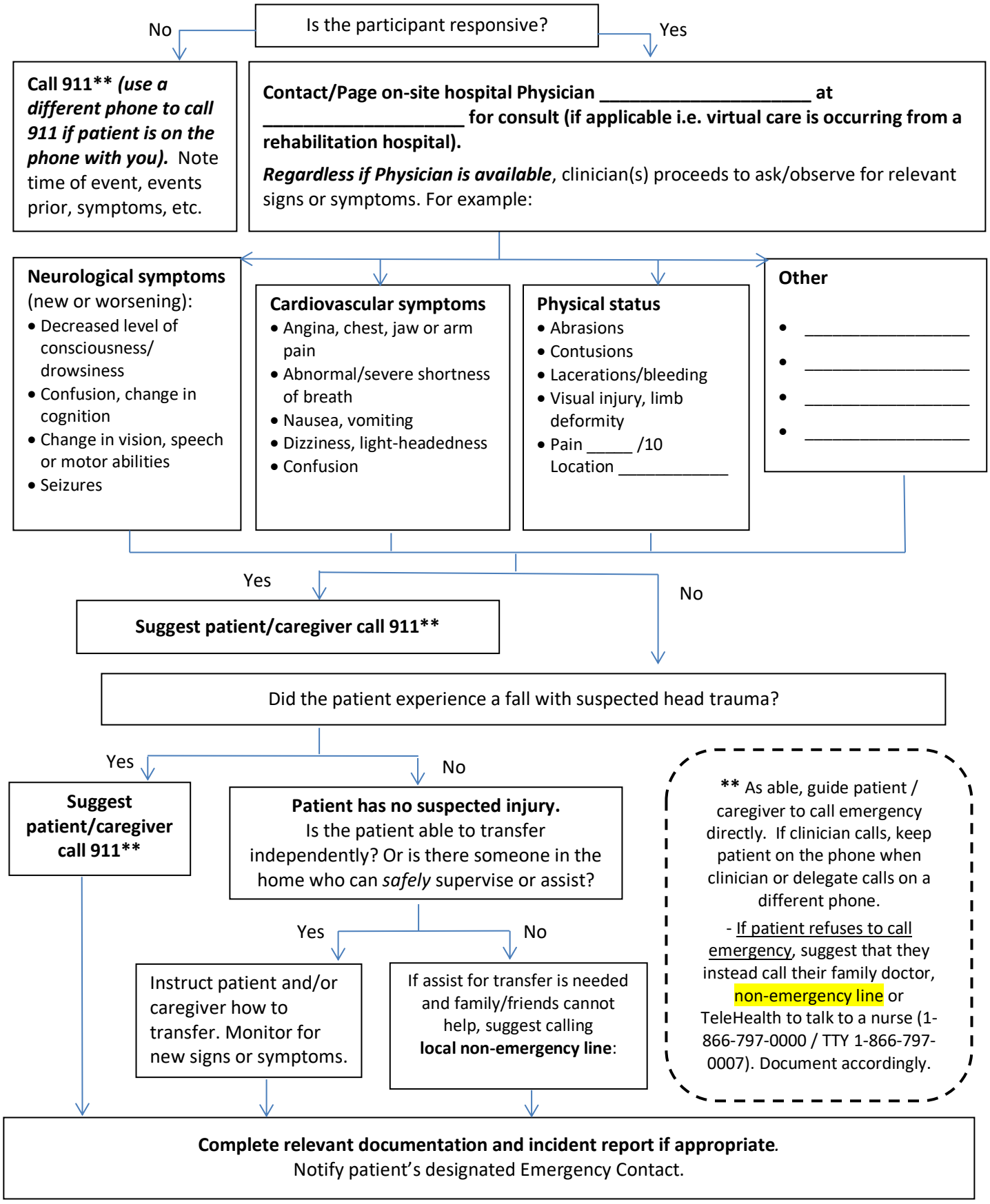
** As able, guide the patient/caregiver to contact 911 or emergency phone number directly. If the clinician must call, keep the patient/caregiver on the phone or videoconference while the clinician or delegate calls on a different phone.

		Contact Information
Patient's email for OTN and communication **Device for OTN***:* ☐ Phone ☐ Tablet ☐ Computer/Laptop		
Patient's phone number *Number that patient has in her environment, within arm's reach, and that could be used if needed in an emergency OR should there be a failure in telerehab technology/Internet failure		
Patient's *current* address ** Where telerehab is occurring and the location to which clinician would direct 911 or emergency services		
Contact information for local First Responders or local Non-Emergency number (i.e. other than 911) *Toronto local non-emergency number:* 416-808-2222		
Emergency contact information Care providers, family members, or friends to which patient has consented to contact in the event of an emergency or safety event		
Relationship to patient	**Name**	**Contact Information**
Contact information for other service providers in patient's area that may be relevant in the event of an safety event or complication		
Care Provider (For example: admitting physiatrist, family physician)	**Name**	**Contact Information**

Date:

Signature: _____ _____

Clinical Decision-Making Guide – In case of a Medical Event



Created by Toronto Rehab Brain Program & Mobility Innovations Centre, UHN.
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Addressograph

Pre and Post Telerehab Safety Checklist

***Note – Some items on this checklist may not apply to all therapy sessions. Clinicians should use their clinical judgement to select from or add to the checklist based on their patient's needs and session objectives, with the overall goal to promote safety.*

PRE-THERAPY	**Initials**	
Identity and Safety	**Yes**	**No**
Check patient's identity using 2 unique identifiers (e.g. full name, day of birth, or photo identification)		
Is the **Medical Event Protocol** available in case of emergency?		
In case of a communication failure, emergency, or medical event, has the healthcare provider (HCP) verified the Medical Emergency Information on the Medical Event Protocol, including: - The patient's local phone number (where they can be reached)? - The current address at which the virtual care is occurring? - The emergency contacts listed on the medical information sheet?		
Do the patient and the HCP have a phone within arm's reach?		
Does the patient have an alternative method of contacting the HCP (e.g. alternate telephone number) should there be a technology failure?		
Has the HCP established an emergency protocol with the patient to address a communication failure that causes disruption of the service being provided in the event of a medical emergency?		
Technology	**Yes**	**No**
Is the mobile device (laptop, tablet, phone) fully charged? □ N/A using desktop		
Is the mobile device connected to WIFI?		
Is the virtual platform working well? i.e. audio and video		
Comments:		
Participant *"Since the last visit, have you…*	**Yes**	**No**
▪ Had any illness or injuries?		
▪ Any expected or unexpected medical appointments?		
▪ Had a change in medication?		
▪ Lost your balance or had a fall?		
▪ Had any changes in your ability to perform daily activities (e.g. Ability to get up/out of bed? Ability to transfer to/from chair, toilet or bed? Ability to walk? Perform stairs? Change in use of walking aid?		
▪ Any concerns you would like to talk to me about before we proceed?"		
Comments:		
Environment (may include virtual scan with mobile device)	**Yes**	**No**
Is the patient alone in the environment?		
If not alone, has patient provided consent for the presence of the individual(s), and the potential risk of revealing personal health information?		
Does the patient have someone who can help supervise during the therapy session if needed?		
Has the patient consented for the 3rd party (e.g. caregiver, friend) to participate in the provision of their care?		
Name of 3rd party observing/assisting with care: _____ Relationship to patient: _____		

PRE-THERAPY	**Initials**	
□ N/A		
Environment (may include virtual scan with mobile device) - *Continued*	**Yes**	**No**
Is the camera on the device or computer positioned appropriately to provide adequate view depending on the activities to be performed? (consider use of a docking station or stand)		
Is the room bright enough?		
Is the room quiet and free of visual stimuli or distractions? (for both patient HCP)		
Is the patient wearing appropriate footwear? AFOs?		
Does the patient have the appropriate walking aid with them? □ N/A		
Is the patient in their wheelchair and are brakes on? □ N/A		
Is the patient wearing appropriate exercise clothes (including contrasting colours to background so therapist can see visual cues)?		
Is the home treatment space free of environmental hazards (e.g. free of clutter, obstacles and tripping hazards)?		
Is the floor surface appropriate? (Hardwood? Low pile carpet?)		
Is there adequate space for the planned exercises?		
Is there a sturdy support available if upper extremity support is required?		
Is there a sturdy chair available nearby should the patient need to sit and rest?		
Comments:		

POST - THERAPY	**Initials**	
Participant	**Yes**	**No**
"Before we end our visit, can you confirm…		
▪ You are feeling well?		
▪ You do not have any new or worsening symptoms (dizziness, lightheadedness, weak legs, etc.)		
▪ You feel you are safe to walk or perform other relevant tasks and activities in your home?"		
▪ "Do you feel you need further rest, or supervision from your caregiver?"		
▪ Patient has had opportunity to share their experiences, what went well, challenges during the session, strategies that could improve next visit		
▪ Therapist reminds patient of experience survey that will be sent to them 1st & 3rd Monday of the month (This is an example only)		
HCP has used teach-back methods with the patient or caregiver to:		
▪ Confirm next telerehab appointment		
▪ Confirm key information, follow-up recommendations or 'homework' required to be completed prior to next session		
Comments:		

Date: _____ Clinician's Signature: _____ Initial: _____

Patient: _____ MRN: _____

Virtual Rehab at Toronto Rehabilitation- Electronic Survey for Patients

Virtual rehab is using technology to allow you to talk to your rehab team by video or telephone. We would like to learn about your experience with virtual rehab over the past two weeks. This information will help us to improve virtual rehab and help other programs. Thank you for sharing your experiences with virtual rehab over the past two weeks. This survey will take 10 minutes to complete.

* 1. **Please select your rehabilitation program:**

- [ ] Cardiac Rehabilitation
- [ ] LEAP (Living Engaged and Actively with Pain)
- [ ] LIFESpan
- [ ] Brain Injury
- [ ] Multiple Sclerosis
- [ ] Stroke
- [ ] Breast Cancer Rehabilitation

2. **Please check what best describes your recent visit.**

- ◯ The session used videoconferencing
- ◯ The session used telephone (without videoconferencing)
- ◯ My session used both videoconferencing and telephone approximately equally

3. **We would like to understand any challenges that you may have experienced with your virtual session. Please check all that apply:**

- ◯ Using the technology
- ◯ Communicating with my team
- ◯ Participating in the session
- ◯ Feeling safe to participate
- ◯ Feeling prepared to participate (I have the equipment, energy, space I need)
- ◯ Other (please specify)

4. **Did someone help you with the virtual session? How much?**

- ◯ Did not help me at all, I was able to do it myself
- ◯ Helped me a little (about 25%)
- ◯ Helped me a fair amount (about 50% of the time)
- ◯ Helped me a lot (about 75% of the time)
- ◯ Was with me for the whole session (100% of the time)

5. **How satisfied were you with the equipment and technology?**

- ◯ Exceeded my expectation
- ◯ Satisfied
- ◯ Not sure
- ◯ Not satisfied
- ◯ Did not meet my minimum expectation

6. **How would you rate the quality of your care?**

- [ ] I believe the service I am being provided will promote my independence and self-management at home.
- [ ] I felt confident participating in my virtual sessions.

7. **Please tell us about what worked well and what didn't work well for your virtual rehabilitation session?**

8. **Overall, how satisfied were you with your virtual experience?**

- ( ) Exceeded my expectation
- ( ) Satisfied
- ( ) Not sure
- ( ) Not satisfied
- ( ) Did not meet my minimum expectation

9. **Would you recommend the virtual sessions for others?**

- ( ) Yes
- ( ) No (please provide a reason)

10. **Can we contact you to talk more about your virtual session? Are you able to share more about your experience with the virtual session? If yes, please fill the line with your email address.**

- ( ) No
- ( ) Yes (please provide email)

Virtual Rehab at Toronto Rehabilitation- Electronic Survey for Patients

11. **Select the statement below that best describes your rehabilitation in the <u>past two weeks</u>:**

- [ ] Most of my rehabilitation used video
- [ ] Most of my rehabilitation used telephone (without video)
- [ ] My rehabilitation used both video and telephone almost equally
- [ ] My rehabilitation did not use either video or telephone

12. **Please check <u>all</u> challenges that you had in the <u>past two weeks</u> with your virtual rehabilitation. I had challenges:**

- [ ] Using the technology
- [ ] Communicating with my outpatient team
- [ ] Participating in the therapy session
- [ ] Feeling safe to participate
- [ ] Feeling prepared to participate (having the equipment, energy, and space you need)
- [ ] None
- [ ] Others/Comments (Please describe some of the challenges you experienced.)

13. **Did a family member help you with the virtual rehabilitation? A family member:**

- ○ Did not help me at all, I was able to do it all myself
- ○ Helped me a little (25% or a quarter of the time)
- ○ Helped me a fair amount (50% or a half of the time)
- ○ Helped me a lot (75% or most of the time)
- ○ Helped me for the whole session (100% or all of the time)

14. **Thinking about your experiences over the past two weeks, what didn't work well in terms of your virtual rehabilitation sessions?**

15. **Thinking about your experiences over the past two weeks, what worked well in terms of your virtual rehabilitation sessions?**

16. **How satisfied were you with the technology used in your virtual rehabilitation sessions (including ease of logging on, video quality, sound quality, connection stability)?**

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Not sure
- ◯ Not satisfied
- ◯ Did not meet my minimum expectation

17. **I am confident participating in my virtual rehabilitation sessions.**

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

18. **I believe the virtual rehabilitation that I am being provided with will help me reach my goals for my recovery.**

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

19. **On a scale from 0-10, how likely would you recommend using virtual rehabilitation to other people like you with the same condition?**

1 not at all likely	2	3	4	5 neutral	6	7	8	9	10 extremely likely
○	○	○	○	○	○	○	○	○	○

20. **If you are willing to share more about your experience with virtual rehabilitation, please provide your email address and we may contact you to ask you additional questions about your experience.**

- ○ No
- ○ Yes (please provide your email)

Virtual Rehab at Toronto Rehabilitation- Electronic Survey for Providers

We are looking for feedback about your experience to better improve the virtual care that we will be providing during the Covid-19 pandemic and in the future. This survey will take 10 minutes to complete. You do not have to complete the survey if you don't want to. Your responses on this survey will not negatively affect your employment/work status at TRI and will not be able to be traced back to you.

1. **Please select your rehabilitation program:**

- [ ] Brain Injury
- [ ] Cardiac Rehabilitation
- [ ] LEAP (Living Engaged and Actively with Pain)
- [ ] LIFESpan
- [ ] Multiple Sclerosis
- [ ] Stroke

2. **Please select your discipline/role:**

- [ ] PT
- [ ] OT
- [ ] SLP
- [ ] SW
- [ ] Cardiac Rehabilitation Supervisor
- [ ] Physician/ Nurse Practitioner
- [ ] Service Coordinator

Other (please specify)

3. **Please answer the following questions based on your sessions over the past two weeks.**

I have the knowledge (best practice guidelines, procedural guidelines, program guidelines for the role) to provide rehabilitation care virtually (not including use of technology).

- ○ Strongly agree
- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree

Comments

4. **I am satisfied with the equipment available (ex. webcam, audio equipment, computer, phone) for virtual rehabilitation.**

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Not applicable

Comments

5. **I am confident in using the technology (ex. OTN, Microsoft Teams etc.) to provide virtual rehabilitation.**

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

Comments

6. **I am satisfied with the technology (ex. OTN eVisit platform, video quality, connection stability) used for virtual rehabilitation.**

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Not applicable

Comments

7. **Toronto Rehabilitation Institute has provided me with the support I need to provide virtual rehabilitation to my patients.**

- ○ Strongly agree
- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree

Comments

8. **Please indicate how your rehabilitation care was provided by indicating percentage of each method that was used.**

	Percentage of use
Videoconferencing (e.g. OTN, Microsoft Teams)	
Telephone	
Email	
Texting (e.g. Whatspp etc.)	
Other	

(please specify)

9. **To what extent where you are able to meet the rehabilitation needs of your patients by providing virtual care?**

1 not able to meet needs	2	3 unsure	4	5 completely able to meet needs
○	○	○	○	○

Comments

10. **Considering your sessions in the past two weeks, what were the barrier(s) in providing virtual rehabilitation?**

11. **Considering your sessions in the past two weeks, what were the enabler(s) in providing virtual rehabilitation?**

12. **What additional changes do you suggest to make virtual rehabilitation successful?**

13. **Please estimate the following over the past 2 weeks:**

The number of virtual rehabilitation sessions that you scheduled

The number of virtual rehabilitation interactions that you provided (phone call, email, video session)

The number of virtual rehabilitation sessions during which you experienced technical difficulties

The number of virtual rehabilitation sessions that you had to modify (e.g. shorten the session, adapt what you had intended to provide, use alternate communication)

The number of virtual rehabilitation sessions that you had to cancel due to technical difficulties

Were there any aspects of rehabilitation care that you had wanted to provide to your patients, but could not due to the limitations of virtual rehabilitation? If yes, please describe what those services are.