NHS
Royal National
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London Spinal Cord Injury Centre

Integrating telehealth into our physiotherapy outpatient service

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Standard outpatient service at LSCIC

Referral generated from:
Patient/therapy team/LSCIC consultant

Referral Triaged assigned to physiotherapist for Face to Face (F2F) - along side IP caseload

Patient DC – No further Rx/RFB admission/Community or local referral

Following Covid-19 Social isolation restrictions

- OP service initial ceased
- Attend anywhere platform established within the trust
- 3 Team members working from home (B7 PT, B6 PT, Admin lead)
- Telehealth commenced start April 2020
- All new referrals and previously cancelled patients offered remote contact via telephone/Attend Anywhere/wait until F2F possible again
- New referral source from Outreach and community liaison nurses service included

Current outpatient service

Referral streams:

LSCIC Consultant | Self | Therapist | **Outreach** | **CLS**

Patients phoned and offered:

Wait F2F | Telephone | Attend Anywhere (Video)

Onward process following telehealth episode:

Wait F2F | No further Rx | local Referral | List RFB

Patient information

Patient characteristics/choices:

- Telephone only if video not possible
- More often Ambulant/part time ambulant
- More often patients with Incomplete tetraplegic or Paraplegic SCI or CES
- Live with at least one other person
- 50/50 RTW
- Wide age range seen

Reasons for referral:

- gait/pain/fatigue management/Fx specific (e.g typing / drinking)
- Support transition home where community input not available
- Support carer training (changes to care teams)
- Support community colleagues – standing frame set up

Successes of using telehealth

Patient

Specific/Personal

See patient in home environment/ demo of problems/exercises tailored to equipment/ ?more relaxed in own home/more private than open gym

Time/Cost save

Drive/Navigation of public transports/hospital transport/less impact on day (WFH)

Family involvement

Holding camera involved from start/ can see progress, offer feedback/ wouldn't normally stay

Information sharing

Emailed/ resources online accessed/ home exercise plans/ diary's/ videos

Successes of using telehealth

Adaption of Objective assessment
Observation/ROM/Muscle functionally specific.

Forces more focussed treatment
Options more limited/ huge opportunity for specificity and personal approach/ Awareness of online resources/ frequency of follow up

Therapist

Support to external colleagues/family/carers
Being able to speak through at time of/ instant feedback

Opportunities for the future
Integration within existing OP pathways/supporting DC/ Carer training/ groups /patient experience project underway

Difficulties of using telehealth

- Frustrating when sound quality and picture quality poor – rescheduled appointment
- Home alone (camera not possible) or don't have internet– excludes whole groups of patients
- Differentiating MSK and neurological deficit – when hands on/objective testing would normally be used
- Unknown validity of standard OCMs on telehealth platform
- Working away from rest of MDT

Personal Reflections

- Initially skeptical about how effective we can be in this totally new environment – "F2F the norm"
- Good patient/colleague feedback received along the way – seen achievement of goals
- Benefits to patients with regards to health and safety/travel/time/cost
- More personal approach

Future opportunities

- Huge potential to integrate telehealth into existing Physio and MDT pathways
- Planning to always make initial new outpatient assessment via telehealth
- Carer/family/community training post DC where foot fall in hospital has to remain low
- Ongoing project looking into patient experience to aid design of future services