



Implementation of Virtual Care in an Outpatient Rehabilitation Setting

Karl Wong & Gary Siu
Provincial Stroke Rounds
May 3rd, 2023



Disclosure of Affiliations & Financial Support

We have no relationships with for-profit or not-for-profit organizations

This session/program has not received financial or in-kind support



Mitigating Potential Bias

The Provincial Stroke Rounds Committee mitigated bias by ensuring there was no Industry involvement in planning or education content.

The Ontario Regional Education Group (OREG) host member, on behalf of the Provincial Stroke Rounds Committee, reviewed the initial presentation supplied by the speaker to ensure no evidence of bias.



St. John's Rehab Outpatient Services



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St. John's Rehab,
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Outpatient Services Project Manager
St. John's Rehab,
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Learning Objectives

Upon completion, participants will be able to:

1. Identify how to incorporate virtual care best practices into service delivery in a rapidly evolving context
2. Understand how a co-design approach with a patient partner was used to implement stroke best practices
3. Identify barriers and enablers to the implementation of the virtual care initiative in an outpatient rehabilitation setting

History of Virtual Care at St. John's Rehab



< Mar
2020

Limited number of OTN & phone appointments

Mar 25
2020

All in-person appointments put on hold

Apr 2,
2020

First OP virtual care appointment (burn patient)

Apr-Jun
2020

Expansion of OP virtual care delivery

June 22,
2020

Initial resumption of in-person visits

Feb
2021

Launch of OP Neuro Virtual Care Optimization Initiative



Virtual Care - Opportunities

Opportunities

- Established infrastructure for virtual care
- Flexibility for patients with transportation challenges

“Eliminates transportation challenges”

“Provides option for people who are scared or unable to come in-person (eg. COVID, winter weather challenges)”



Virtual Care - Opportunities

Opportunities

- Established infrastructure for virtual care
- Flexibility for patients with transportation challenges
- Opportunity for caregivers to participate in therapy sessions

“Addresses pandemic restrictions on caregiver support & translation challenges (ie. family/caregiver can participate together with patient)”



Virtual Care - Opportunities

Opportunities

- Established infrastructure for virtual care
- Flexibility for patients with transportation challenges
- Opportunity for caregivers to participate in therapy sessions
- Provides window into patient's home

“Built in home assessment”



“(Can) visualize how patients are doing home exercise program in their home”

Virtual Care - Opportunities

Opportunities

- Established infrastructure for virtual care
- Flexibility for patients with transportation challenges
- Opportunity for caregivers to participate in therapy sessions
- Provides window into patient's home
- Key focus in St. John's Rehab 2021-2025 Strategic Plan

St. John's Rehab Strategic Plan 2021-2025



Innovating Our Work

What This Means

For St. John's Rehab, **Innovating Our Work** means that we will:

- Build our leadership role and brand in rehabilitation research in Canada
- Mobilize our knowledge developed through research into our services and across the system
- Develop our reputation as leaders in interprofessional rehab education
- Establish virtual care and hybrid care as one standard practice approach to improve outcomes and experience
- Collect and leverage patient, hospital, and system data to drive better outcomes and anticipate trends and patient needs
- Build on current revenue generation opportunities, and explore new channels to support our programs

Expected Outcome

An increased presence and recognition for St. John's Rehab in the realm of academia and research. This will contribute to our ability to deliver leading edge and sustainable programs and services that drive positive outcomes and experiences for the people we serve.

Strategic Initiatives

- Build a culture of Research and Innovation**
 - 1.1 Expand our research program in rehabilitation science locally, regionally, and nationally
 - 1.2 Mobilize knowledge across the program
- Deliver modern care in a sustainable way**
 - 1.3 Enhance our use of virtual care to deliver rehab services to existing and new patients



Virtual Care - Barriers

Barriers

- Lack of familiarity with virtual care best practices
- Lack of clarity on what can/cannot be provided virtually

“(It’s) difficult to translate physical treatment to a virtual platform”

“(I) need to know which outcome measures can be administered virtually”



Virtual Care - Barriers

Barriers

- Lack of familiarity with virtual care best practices
- Lack of clarity on what can/cannot be provided virtually
- Limited knowledge/experience on how to provide efficient & effective virtual care

“(I) cannot progress patients as quickly or as far as in-person treatment”

“I feel I have some knowledge gaps with respect to what would be considered 'optimal' virtual care”



Virtual Care - Barriers

Barriers

- Lack of familiarity with virtual care best practices
- Lack of clarity on what can/cannot be provided virtually
- Limited knowledge/experience on how to provide efficient & effective virtual care
- Technology gaps

“Inadequate tech system & environment set-up (eg. lack of physical space, cannot move camera far enough to demonstrate exercises or show hand movements)”



Virtual Care - Barriers

Barriers

- Lack of familiarity with virtual care best practices
- Lack of clarity on what can/cannot be provided virtually
- Limited knowledge/experience on how to provide efficient & effective virtual care
- Technology gaps
- Patient readiness concerns

“Patient’s area & technology not prepped for virtual care”

“Patient unable to move camera around to provide appropriate view”



Virtual Care Initiative

1. What is the long term vision for virtual care in St. John's Rehab Outpatient Services?
2. How can virtual care be embedded as a tool in our clinical toolbox?
3. In what ways can virtual care enhance our program by providing therapeutic opportunities that were not previously available?



Virtual Care Initiative – Process

Creation of Virtual Care Steering Committee

Creation of Project Work Plan

Review of Best Practices

Virtual Care Gap Analysis

Current & Future State Mapping

Prioritization of Improvement Opportunities

Development of Working Groups

Research & Evaluation

Steering Committee Members

- Patient Care Manager
- Project Manager
- OT, PT & SLP Professional Practice Leaders
- Advanced Practice Nurse
- Patient Partner
- TSN Representative
- St. John's Research Team (ad hoc)



Virtual Care Initiative – Process

Creation of Virtual Care Steering Committee

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Goal Statement

“To optimize the utilization of virtual care in SJR OP as an assessment and treatment modality. This includes both patient and provider readiness for virtual care and addressing process, technology and environmental gaps.”

Guiding Principles

- Efficiency, efficacy, patient-centeredness, appropriateness
- Goal-based care
- Best Practices for virtual care within stroke

Virtual Care Initiative – Process



Standardized Initiative Work Plan

This document is used for initiatives arising from, and overseen by, the Quality Practice Advisory Council (QPAC), the Standardization & Product Evaluation Committee (SPEC) and the Sunnybrook Education Advisory Council (SEAC).

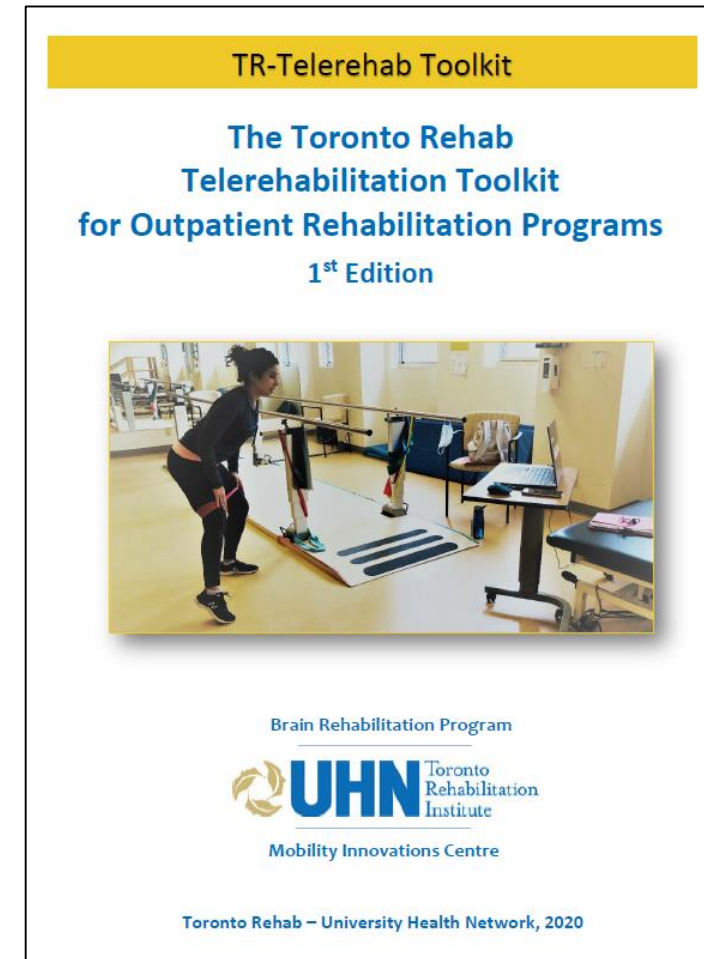
The purpose of this Initiative Work Plan is to assist initiative leaders to effectively guide the planning, development, implementation and evaluation of successful initiatives. Types of initiatives that should use this standard Work Plan include (but are not limited to): practice changes, quality improvements, education initiatives, new product implementations, etc. This template is particularly advised for initiatives that cross multiple programs.

Initiative leaders should complete the document below and review with the appropriate committee (QPAC, SEAC or SPEC) for approval. This will include a review of the broad Calendar of Corporate Initiatives to better prioritize and coordinate roll out of work impacting front line staff and teams.

1.0 INITIATIVE INFORMATION
Initiative Name: Optimizing Virtual Care in OP Rehab
Initiative / Working Group Lead: Karl Wong/Gary Siu
Initiative / Executive Sponsor(s) (director or senior leader who is supporting, overseeing and/or ultimately responsible for this work): Sylvia Brachvogel/Larry Robinson

2.0 KEY STAKEHOLDERS																											
Who needs to be <i>involved</i>? Inter-professional team OP OT, PT, SLP, SW, RN, Dr. Godleski, Dr. Mayo, administrative team																											
Who needs to be <i>informed</i> (FYI only): Toronto Stroke Networks, A3, Sunnybrook Virtual Care Task Group																											
Working Group Members:																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="text-align: left;">Name</th> <th style="text-align: left;">Title / Department</th> <th style="text-align: left;">Project Role</th> </tr> </thead> <tbody> <tr> <td>Karl Wong</td> <td>PCM</td> <td></td> </tr> <tr> <td>Gary Siu</td> <td>Project Manager</td> <td></td> </tr> <tr> <td>Jen Shaffer</td> <td>PT PPL</td> <td></td> </tr> <tr> <td>Siobhan Donaghy</td> <td>OT PPL</td> <td></td> </tr> <tr> <td>Jenn Wong</td> <td>SLP PPL</td> <td></td> </tr> <tr> <td>Susan Schneider</td> <td>APN</td> <td></td> </tr> <tr> <td>Sandy Lyeo</td> <td>TSN Regional Education Coordinator</td> <td></td> </tr> <tr> <td>Ron Lacombe</td> <td>TSN Patient Partner</td> <td></td> </tr> </tbody> </table>	Name	Title / Department	Project Role	Karl Wong	PCM		Gary Siu	Project Manager		Jen Shaffer	PT PPL		Siobhan Donaghy	OT PPL		Jenn Wong	SLP PPL		Susan Schneider	APN		Sandy Lyeo	TSN Regional Education Coordinator		Ron Lacombe	TSN Patient Partner	
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Virtual Care Initiative – Process



Virtual Care Initiative – Process





Virtual Care Initiative – Process



Heart and Stroke Foundation

Canadian Stroke Best Practice Recommendations
Telestroke Implementation Toolkit 2020

3. Checklists for Virtual Scheduled Stroke Rehabilitation Services

Scheduled virtual consultations to support rehabilitation following a stroke have been shown to be at least as effective as in-person interactions for some aspects of rehabilitation therapy. These visits may be scheduled for an initial assessment or follow-up appointments, individuals to be made aware that virtual visits can be part of routine stroke care - empower individuals to ask if a virtual visit is possible. In addition to the elements listed below, *health care clinicians should follow discipline-specific virtual care guidelines as established by their professional regulatory colleges.*

Legend: *Clinician* refers to any healthcare professional providing services to an individual through virtual modalities, and *working within their regulated scope of practice*. *Individual* refers to the person (patient, client) receiving the healthcare services from the clinician. *Session* refers to the actual virtual healthcare encounter between the clinician and individual. Note, in some cases a Substitute Decision Maker (SDM) may be involved in a session with or on behalf of the individual. We do not include this person in the checklist specifically for conciseness, but do acknowledge they may be included.

Key Elements

- Administrative structure to manage scheduled virtual stroke rehabilitation service appointments
- Expert Rehabilitation Capacity
- Virtual Care connectivity and Technical Support
- Referral Management: Mechanism in place to support coordinated virtual healthcare session and manage bookings



Virtual Care Initiative – Process



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Key Elements

- Preparation For Virtual Session
- Virtual Rehabilitation Session – Initiation and Initial Assessment



Virtual Care Initiative – Process



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Key Elements

- Virtual Rehabilitation Session
 - Therapeutic Interventions (Functional)
 - Mental Health, Cognition, and Fatigue
 - Dysphagia and Communication (Aphasia)
 - Spasticity
 - Education



Virtual Care Initiative – Process



Heart and Stroke Foundation

Canadian Stroke Best Practice Recommendations
Telestroke Implementation Toolkit 2020

3. Checklists for Virtual Scheduled Stroke Rehabilitation Services

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Key Elements

- Alternate plans if technology issues occur
- Ending virtual session, documentation, follow up

Virtual Care Initiative – Process



Appendix 1



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 compliment 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

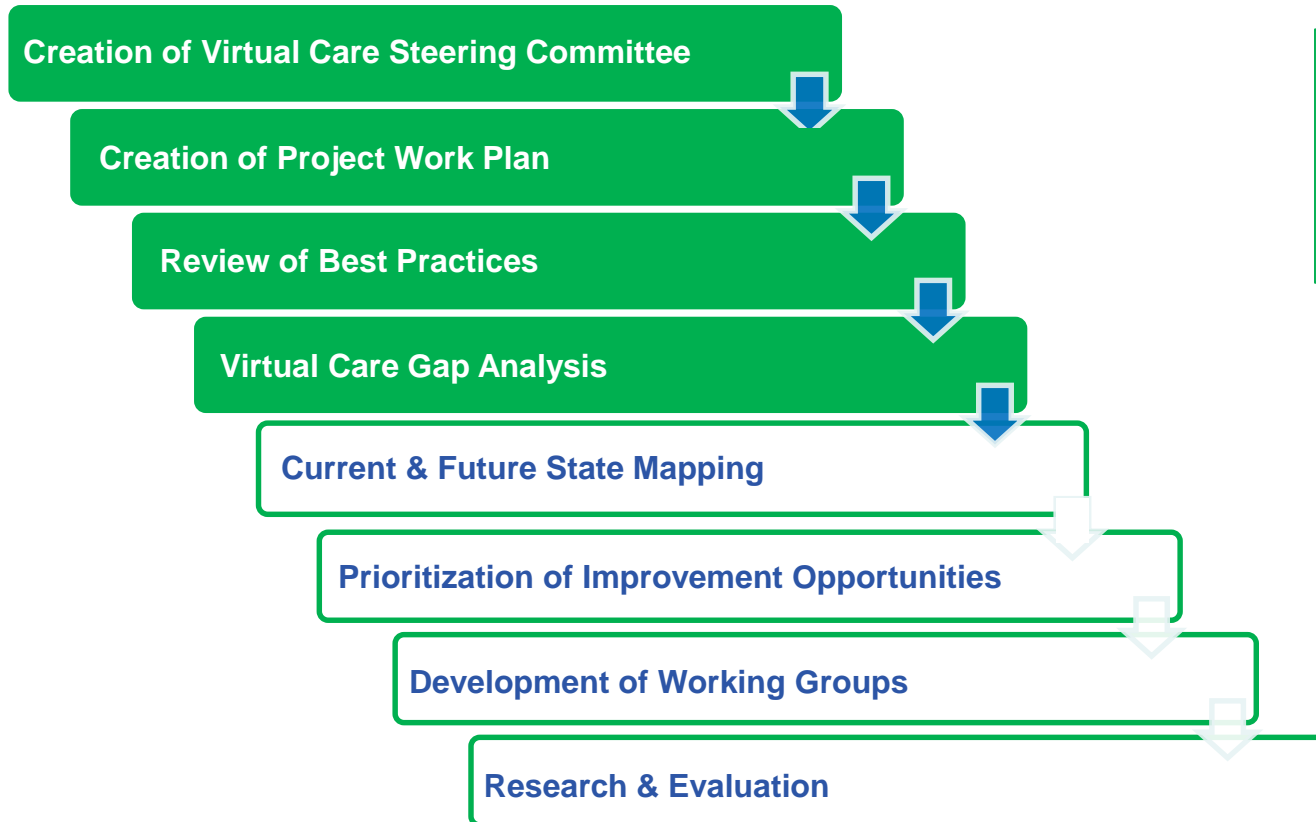
- What are the patients' needs along their care pathway?
- How are caregivers involved? What are their needs?
- When and where in the patient care pathway will telerehab be involved?
- Who are the referral sources?
- Are there clear start and end points of virtual services within these pathways?
- Is 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?



Virtual Care Initiative – Process



- **Profession-specific meetings**

- Better understand the challenges by each profession related to virtual care delivery
- Profession-specific review of CSBPR 2020 virtual care implementation checklists



Virtual Care Initiative – Process



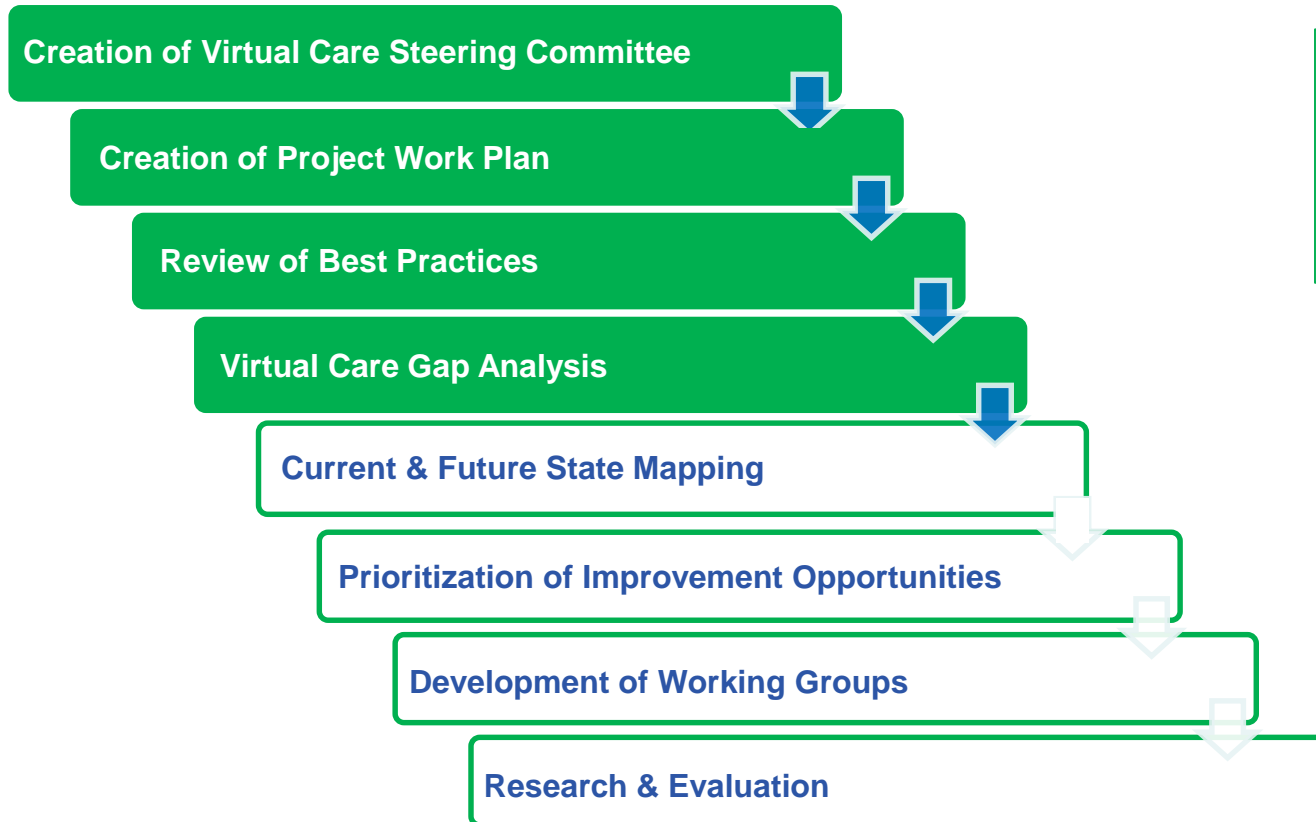
- **Profession-specific meetings**
- **Online survey of clinical team**

“It (virtual care) has helped to me to scan their home environment and see how they navigate and function in their house.”

“A webcam that can be angled to show the therapist's feet for demonstrations while the therapist can still see the patient on our screen would be helpful. Also, having enough space to show a full body movement would be helpful.”



Virtual Care Initiative – Process



- **Profession-specific meetings**
- **Online survey of clinical team**
- **Online survey of patients/caregivers**

“It (virtual care) was not hard to do, but I would have liked to know what might be needed beforehand”

“It’s (virtual care) a good option for people who can’t travel, especially for patients that are a falls risk in the winter”

Virtual Care Initiative – Process

Creation of Virtual Care Steering Committee

Creation of Project Work Plan

Review of Best Practices

Virtual Care Gap Analysis

Current & Future State Mapping

Prioritization of Improvement Opportunities

Development of Working Groups

Research & Evaluation



Prioritization of Improvement Opportunities

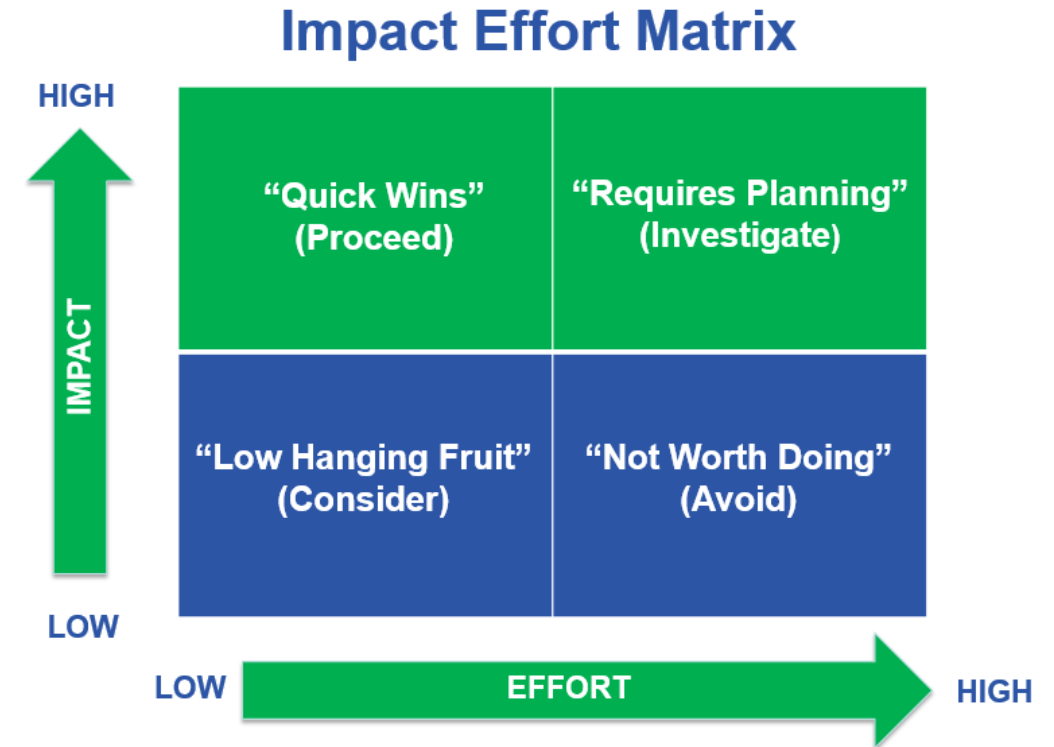
OP Neuro Virtual Care Initiative – Problem & Improvement Ideas List

	Problem	Category	Improvement Ideas
1	a) No info about patient's virtual capability at time of referral b) No Confirmation/clarification that an ECP is required to attend?	Process Opportunities	1) Change referral form to include info re: VC capability & appropriateness 2) Conduct virtual capability assessment prior to Ax 3) OP-A3 weekly huddle to discuss appropriateness for VC
2	Not aware of standardized framework based on best practice for virtual care appropriateness	Process Opportunities/ Provider Readiness	Utilizing best practices & available evidence, create an appropriateness algorithm for virtual care
3	a) No dialogue with patient if schedule is sent by fax (to IP A3) b) No formal consent obtained by scheduler to communicate via email (for internal A3 patients)	Process Opportunities/ Patient Readiness	Dialogue with A3 around improvement opportunity to improve process for 1) consent to communicate via email 2) patient capability for virtual care, 3) explain the process for virtual care
4	a) Lack of mobile camera b) Room set-up not ideal for virtual care (space & equipment) c) Do we have enough rooms and or computers for virtual?	Environment/ Technology	Engage with discipline specific groups to confirm environment/technology needs
5	Do you need to wait to do workload until registered (for conversations that happen prior to admission)	Process Opportunities	Confirm with Decision Support how to document conversations with patient prior to admission
6	a) Patient not ready for virtual (ie. tech set-up, equipment, home environment) b) Patient does not know what to expect or how to prepare c) Caregivers not prepared as to how to support patients in virtual care	Patient Readiness/ Process Opportunities	Creation of patient-readiness document (technology requirements, how to connect to zoom, home environment set-up, how to prepare for Ax/Rx, what to expect) (eg. TRI "Making a choice about telerehabilitation) Creation of safety checklist (TRI toolkit appendix 10) & emergency events protocol

Virtual Care Initiative – Process



Virtual Care Initiative – Process



Virtual Care Initiative – Process



Working Group #3 – Safety Checklist & Emergency Events Protocol	
Primary Objective	The primary objective for this working group is to develop a safety checklist & protocol for emergency events during virtual care (VC) encounters. This should include a standard process for engaging patient/caregiver in emergency planning. Recommendations and drafts will be reviewed by the OP virtual care steering committee for feedback and approval.
Secondary Objective(s)	Secondary objectives include: 1. Modifying VC consent process (eg. Sunnybrook website, interprofessional consent form etc)
Members	Dianne, Doris, Dani, Karl, Gary, Katie, Dr. Godleski, Susan Schneider
Timeline/Schedule	Meeting #1 – Mon Oct 18 th Meeting #2 – Mon Oct 25 th Meeting #3 – Mon Nov 1 st
Resources/ Documents	<p>J:\Outpatient Services\Neuro\Virtual Care Initiative\Working Groups\Working Group 3 - Emergency Events Protocol & Safety Checklist\Resources</p> <p>1) TR Telerehab Toolkit Version 1</p> <ul style="list-style-type: none"> Section 3 – “Preparing patients and Care givers for Outpatient Telerehab” (pg 14-16) Section 4 – “Implementing Telerehabilitation” (pg 17-21) Appendix 4 – “Virtual TeleVisit consent form” Appendix 9 – “Medical Event Protocol” Appendix 10 – “Pre- and Post-Telerehabilitation Safety Checklist” <p>2) Canadian Stroke Best Practices - Virtual Healthcare (Telestroke) Implementation Toolkit</p> <ul style="list-style-type: none"> Checklists for Virtual Scheduled Stroke Rehabilitation Services (pg 20-30) <p>3) Low Back Rapid Access Clinic: Virtual Assessment and Education Toolkit</p> <ul style="list-style-type: none"> Preparing your Patients (pg 15-16) Appendix D: Patient Consent to Virtual Assessment Template (pg 34) <p>4) CorHealth – Virtual Care Delivery to Cardiac, Stroke, and Vascular Patients – Learnings for Beyond the COVID-19 Pandemic</p> <ul style="list-style-type: none"> Community-based Stroke Rehabilitation – Key Considerations (pg 10) Summary of Stroke-specific Resources (pg 12) <p>5) Heart & Stroke - Virtual Healthcare Checklist</p>
Meetings	It is anticipated that there will be 1-2 meetings per month (30-60 min) with tasks assigned and communication via email outside of meeting times.

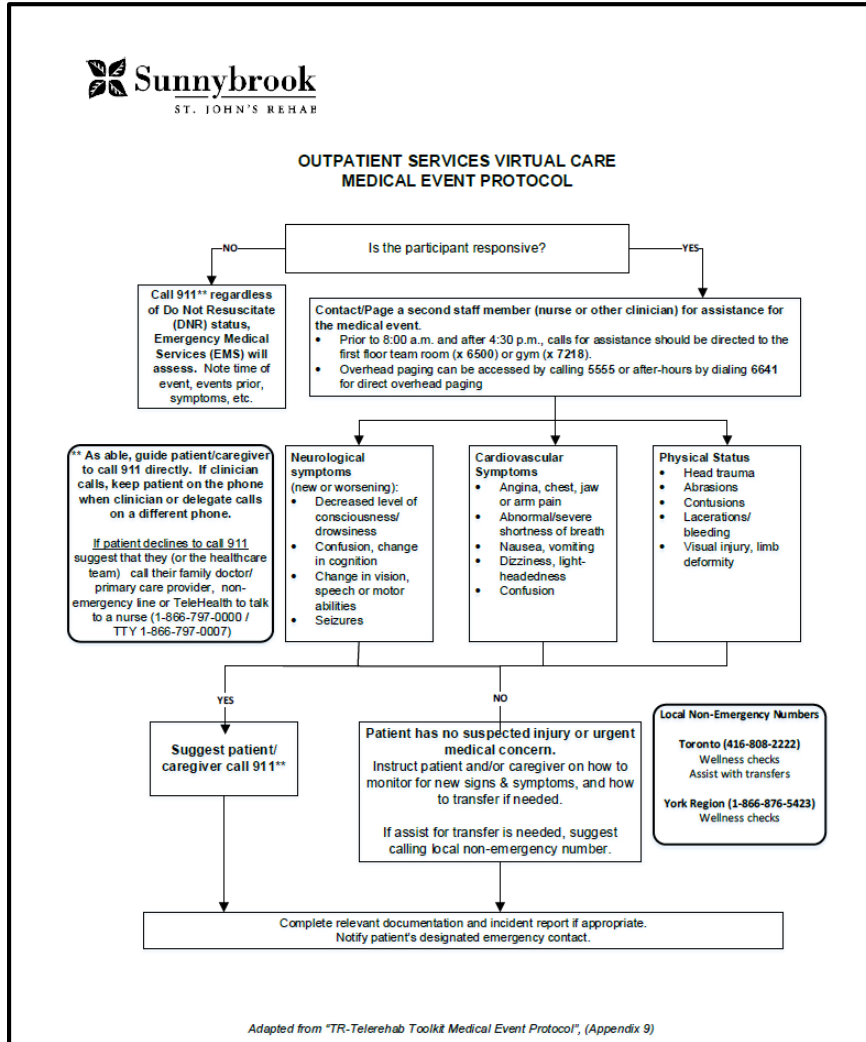
Virtual Care Initiative – Results

Working Group Objective

The primary objective for this working group is to develop a safety checklist & protocol for emergency events during virtual care encounters. This should include a standard process for engaging patient/caregiver in emergency planning.

CSBPR 2020: Preparation for Virtual Session

“Ensure you have an emergency plan (i.e. call 911 or local appropriate number if there is an incident)”



Virtual Care Initiative – Results



OUTPATIENT SERVICES VIRTUAL CARE PRE-POST SAFETY CONSIDERATIONS

Please have Practice Perfect open and accessible prior to beginning your virtual appointment. All emergency contact information will be located in the "Client" tab of the patient's profile in Practice Perfect.

PRE-THERAPY

Safety

- Is the patient attending therapy from the same address as listed in Practice Perfect?
- Does the patient have a phone within arm's reach and is that phone number the same as listed in Practice Perfect?
- Is the emergency contact listed in Practice Perfect the individual that should be contacted in case of an emergency today?
- Does the patient have the therapist's phone number available in case of an emergency/technology failure?

Technology

- Is the device fully charged or plugged in?

Participant

- Has there been any changes/updates in the patient's medical status (e.g. medical appointments, illnesses, injuries etc.) since the last session?
- Does the patient have any concerns to discuss with the therapist prior to beginning the appointment?

Environment

- Does the patient have the necessary set-up and equipment needed for the therapy session?

POST-THERAPY

Participant

- Is the patient reporting any new or worsening symptoms?
- Has the patient tolerated the session well?
- Does the patient have any concerns to be discussed with the therapist prior to ending the appointment?


Working Group Objective

The primary objective for this working group is to develop a safety checklist & protocol for emergency events during virtual care encounters. This should include a standard process for engaging patient/caregiver in emergency planning.

CSBPR 2020: Virtual Rehabilitation Session – Initiation and Initial Assessment

“At any time during the session, individual to let the provider know if they are feeling unsafe, uncomfortable or have any concerns with how the session is going”

Virtual Care Initiative – Results



**OUTPATIENT SERVICES VIRTUAL CARE
PRE-POST SAFETY CONSIDERATIONS**

Please have Practice Perfect open and accessible prior to beginning your virtual appointment. All emergency contact information will be located in the "Client" tab of the patient's profile in Practice Perfect.

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Technology <ul style="list-style-type: none">Is the device fully charged or plugged in?
Participant <ul style="list-style-type: none">Has there been any changes/updates in the patient's medical status (e.g. medical appointments, illnesses, injuries etc.) since the last session?Does the patient have any concerns to discuss with the therapist prior to beginning the appointment?
Environment <ul style="list-style-type: none">Does the patient have the necessary set-up and equipment needed for the therapy session?
POST-THERAPY
Participant <ul style="list-style-type: none">Is the patient reporting any new or worsening symptoms?Has the patient tolerated the session well?Does the patient have any concerns to be discussed with the therapist prior to ending the appointment?

Working Group Objective

The primary objective for this working group is to develop a safety checklist & protocol for emergency events during virtual care encounters. This should include a standard process for engaging patient/caregiver in emergency planning.

CSBPR 2020: Virtual Rehabilitation Session – Initiation and Initial Assessment

“During the rehabilitation session it is important that the individual lets the clinician know if feeling unwell, or if experiencing new or worsening symptoms (such as shortness of breath, weakness, dizziness). Stop the activity right away, sit down, and discuss with clinician what to do. Individual may be asked to visit the hospital or healthcare provider for further assessment and care”

Virtual Care Initiative – Results



OUTPATIENT SERVICES VIRTUAL CARE CONSENT CONVERSATION

Key components of conversation to obtain informed consent for virtual care:

- Treatment may include a hybrid of virtual and in-person sessions, as appropriate
- Appropriateness, risks/benefits and privacy issues for virtual care (see below)
- Consent can be withdrawn at any time by speaking to your healthcare team

Sample statement to initiate a virtual care patient encounter:

"Your treatment may include a hybrid of virtual and in-person sessions, as appropriate [Explain specific risks & benefits of proposed virtual care proposed intervention]. Virtual appointments at St. John's Rehab will occur using secure platforms approved by Sunnybrook Health Sciences Centre. While Sunnybrook strives to ensure that your virtual care appointments are as secure as possible, electronic communication may pose an increased risk to your personal health information through unauthorized access. In order to improve privacy and confidentiality, you should take the following steps:

- Use your personal computer or device from a private setting (i.e. within the home, where conversations will remain private)
- Use a secure internet connection (i.e. not in a public area such as a store, restaurant or library)
- Use your personal e-mail, not a work e-mail address
- Only share the email invitation with those you want to be present for your session

If you have any questions about virtual care, please speak with your health care team or visit our virtual care webpage (www.sunnybrook.ca/virtualcare). For concerns relating to privacy, you may contact the Sunnybrook Privacy Office at 416-480-6100 x1236 or privacy@sunnybrook.ca.

Are you ok to proceed?"

Sample documentation of verbal consent in patient's chart:

"It was discussed with the patient that treatment may include a hybrid of virtual and in-person appointments, as appropriate. [Document discussion of specific risks and benefits of proposed virtual care intervention]. The risks related to unauthorized access of personal health information and how they can help protect their information was also explained to the patient. Informed verbal consent was obtained from this patient for virtual care."

Working Group Objective

Modifying virtual care consent process (eg. Sunnybrook website, interprofessional consent form etc)

CSBPR 2020: Referral Management

"At time of booking, individual provides verbal consent to receive email communication regarding scheduling and communication of non-sensitive information"

CSBPR 2020: Virtual Rehabilitation Session – Initiation and Initial Assessment

"Confirm verbal consent to continue with session"





Virtual Care Initiative – Results

Welcome to the Outpatient Program at St. John's Rehab!

Your team has recommended outpatient therapy for you, which may include in-person and virtual care appointments. **Virtual care** is a healthcare session that takes place in your home with your outpatient therapist working with you on a computer, mobile device or phone. If virtual care is recommended for you, this document will help outline everything you need to know to be successful in a virtual rehab program.

Technology Requirements for Virtual Care

To access virtual care, you will need:

- **A device that allows video calls such as:**  
 - A personal computer, laptop, tablet or smartphone
 - You will need to download the Zoom App if using a tablet or smartphone
- **Stable internet access:** 
 - A wired or wireless internet connection that is strong enough to watch videos or connect to a video chat
- **A good camera set-up:** 
 - Ensure that you can see yourself on your device screen.
 - You may be asked to adjust your camera angle to provide a better view of yourself (i.e. full body or a specific body part).

Please ensure that the device(s) you will be using are charged or plugged in for your virtual appointment.

How to Connect to Zoom

You will receive an email invitation from “Outpatient Appointments” for your virtual care session. This email will include the date and time of your virtual care appointment, as well as a link to your Zoom session. Please check your junk or spam folders if you do not see the email in your inbox. If you are unsure if an email is coming from St. John's Rehab, please call Outpatient Services (416-224-6948) to confirm before clicking on any links.

We recommend that you test your device's microphone, speakers, and camera before your appointment. To test your device, please visit this link (<https://zoom.us/test>). You may also wish to conduct a test call with a friend or family member. If you have any challenges, please call 416-226-6948 before your appointment.

Working Group Objective

The primary objective for this working group is to develop a document for the patient/caregiver to support a successful virtual care (VC) encounter in outpatients (OP).

This will include information to the patient/caregiver about:

- Technology requirements and how to access Zoom
- Ideal set-up of home environment,
- How to prepare and what to expect
- How a family member/caregiver can support

CSBPR 2020: Preparation For Virtual Session

“Plan space where virtual healthcare session will take place – good lighting, minimal background noise and distractions (such as televisions, radio, pets). Ensure that the space is clear for individual to safely move around as needed (e.g., remove tripping hazards such as loose rugs or cords).”





Virtual Care Initiative – Results

Welcome to the Outpatient Program at St. John's Rehab!

Your team has recommended outpatient therapy for you, which may include in-person and virtual care appointments. **Virtual care** is a healthcare session that takes place in your home with your outpatient therapist working with you on a computer, mobile device or phone. If virtual care is recommended for you, this document will help outline everything you need to know to be successful in a virtual rehab program.

Technology Requirements for Virtual Care

To access virtual care, you will need:

- **A device that allows video calls such as:**  
 - A personal computer, laptop, tablet or smartphone
 - You will need to download the Zoom App if using a tablet or smartphone
- **Stable internet access:** 
 - A wired or wireless internet connection that is strong enough to watch videos or connect to a video chat
- **A good camera set-up:** 
 - Ensure that you can see yourself on your device screen.
 - You may be asked to adjust your camera angle to provide a better view of yourself (i.e. full body or a specific body part).

Please ensure that the device(s) you will be using are charged or plugged in for your virtual appointment.

How to Connect to Zoom

You will receive an email invitation from “**Outpatient Appointments**” for your virtual care session. This email will include the date and time of your virtual care appointment, as well as a link to your Zoom session. Please check your junk or spam folders if you do not see the email in your inbox. If you are unsure if an email is coming from St. John's Rehab, please call Outpatient Services (416-224-6948) to confirm before clicking on any links.

We recommend that you test your device's microphone, speakers, and camera before your appointment. To test your device, please visit this link (<https://zoom.us/test>). You may also wish to conduct a test call with a friend or family member. If you have any challenges, please call 416-226-6948 before your appointment.


CSBPR 2020: Virtual Care connectivity and Technical Support

“Ensure individual has secure place to perform a virtual healthcare session respecting privacy and confidentiality – discuss issues with healthcare provider”

CSBPR 2020: Virtual Care connectivity and Technical Support










“Have someone else available to participate in the virtual healthcare session if possible, with physical distancing and appropriate measures”

Virtual Care Initiative – Results



Virtual Care Checklist

Your Virtual Appointment:

- Confirm that you have received the Zoom appointment email
- Test your device, video and audio settings prior to the appointment
- Choose a space that is:
 - Well-lit
 - Large enough to move your entire body freely
 - Free from distractions (e.g., televisions, visitors, pets) 
- Have a phone within arm's reach
- Have a sturdy surface for support (e.g. countertop, table, chair)
- Wear comfortable clothing and nonslip footwear
- Invite a family member or caregiver to participate in your session
- Bring the following to your virtual appointment:
 -        
 - Glasses, hearing aids and walking aids
 - Valid health card
 - Medication list
 - Blood pressure machine (if necessary)
 - Pen and paper
 - List of questions for your therapy team
- Ensure that your device is charged or plugged in
- Log in **5 minutes** prior to your appointment time
- Contact Outpatient Administration (**416-224-6948**) if you have any questions or challenges with your virtual care appointment

For more information on virtual care, please visit www.sunnybrook.ca/virtualcare

CSBPR 2020: Preparation For Virtual Session

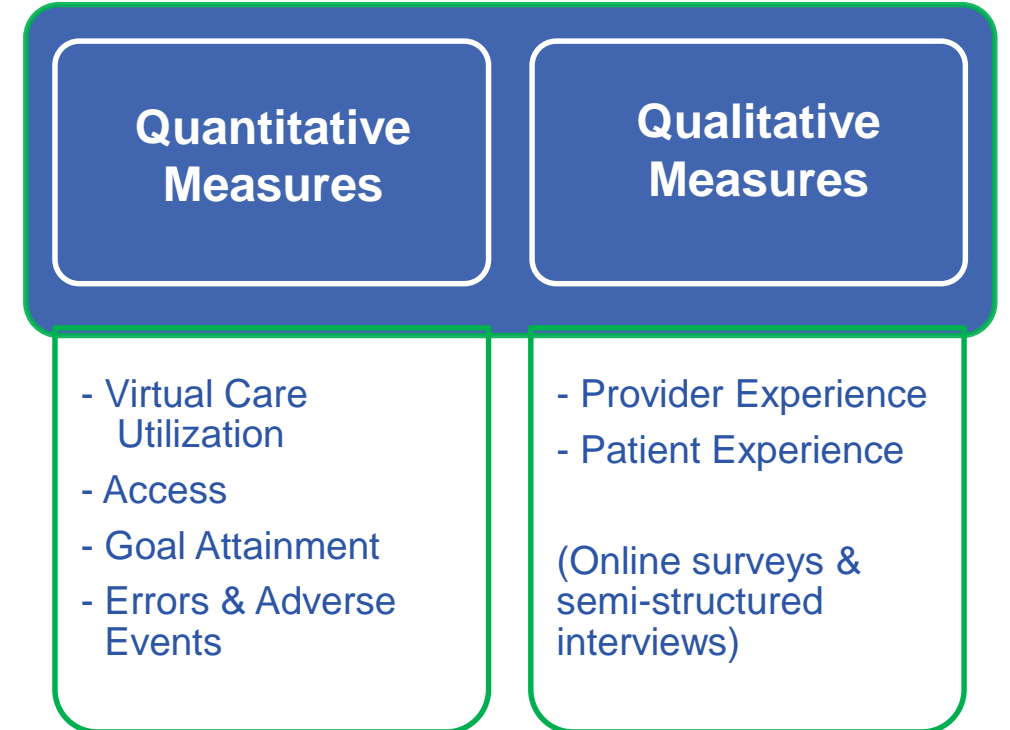
“Have an updated medication list including route, dose, frequency

Have a blood pressure machine and or recent readings available

Have health card available

Have a pen and paper to make notes and write down instructions and medication changes”

Virtual Care Initiative – Research & Evaluation



Virtual Care Initiative – Engaging Research

Sunnybrook
ST. JOHN'S REHAB

Healthcare Providers' Perspectives on a Hybrid Outpatient Telestroke Program: A Qualitative Implementation Study

WASILEWSKI, MB [1,2,3]; HUYNH, J [1,2]; URUTHIRALINGAM, S [1,2]; DONAGHY, S [1,2]; WONG, K [1]; SIU, G [1]

ST. JOHN'S REHAB, SUNNYBROOK RESEARCH INSTITUTE, 2: DEPARTMENT OF OSEDT, U OF T, 3: REHABILITATION SCIENCES INSTITUTE, 3 OF 4

1. BACKGROUND

- Stroke prevalence has increased by 85% over the past 30 years, rendering it the primary cause of rehabilitation (rehab) need worldwide.
- Stroke rehab improves patient outcomes but recommended amount of therapy is rarely achieved.
- The COVID pandemic exacerbated this problem due to unprecedented disruptions in healthcare delivery.
- One response was the widespread pivot to telestroke to enable the provision of services to manage stroke survivors' recovery, thereby reducing disability and depression, and improving quality of life.
- Telestroke was mobilized out of necessity during the pandemic but it has the potential to continue mitigating barriers that limit patient access to stroke care.
- Thus, it is opportune to use real world evidence to evaluate and optimize existing programs and to elucidate future prospects for virtual stroke care.

2. OBJECTIVE

Our goal was to evaluate the implementation of an existing hybrid outpatient telerehabilitation program (HOTP) for stroke survivors at St. John's Rehab (SJRH). The HOTP entails both virtual and in-person therapy sessions delivered by an interdisciplinary team of 30 providers to over 100 stroke survivors. Specifically, we aimed to:

- Explore experiences of healthcare professionals (HCPs) with the HOTP and
- Determine the human, organization, and resource modifications needed to optimize the content, delivery and sustainability of the HOTP

3. METHODOLOGY

- Qualitative descriptive approach guided by the Consolidated Framework for Implementation Research (CFIR)
- One-on-one semi-structured interviews were conducted with HCPs (30-45 min each) over Zoom, recorded, and professionally transcribed
- The six steps of thematic analysis as outlined by Braun & Clarke (2006) were used to look for patterns and identify high-level themes
- The CFIR was used to identify the individual, intervention, organization, and implementation process considerations that can inform optimization of the HOTP

4. FINDINGS

- Client needs underpinned all motivations for the HOTP - HCPs felt they were better able to meet client needs by providing flexible care (virtual or in person), seeing them in their home environment, and reducing scheduling
- The hybrid nature of the HOTP streamlined workflows, enhanced team work, and reduced schedule conflicts. It also capitalized on the best of both in-person and virtual modalities to meet patient needs.
- Tech-savviness and resource availability sometimes challenged the HOTP. HCPs also felt that it was complex to engage in and required time to connect with patients and prepare them for virtual care.
- There were also certain treatments and assessment that did not lend themselves to the virtual environment and HCPs emphasized that providing both in-person and virtual care are important (rather than virtual only)

"We are given the flexibility to choose whether we want to see our clients virtually or we want to be able to see them in person. That definitely has helped us...to be able to provide best care to our clients"
-HCP09

"Having a hybrid approach to care made a lot of sense because we know there's some components which we could provide virtually, there's other components that you really can't provide virtually"
-HCP04

5. CONCLUSIONS

- During the pandemic, virtual care was necessary to mitigate the spread of COVID while ensuring that stroke patients had continued access to treatment
- This study emphasizes that a hybrid of both virtual and in-person care can enable HCPs to better tailor their practices to meet patient needs but a virtual-only model is not viewed as a beneficial or sustainable.
- Further research from the patient and caregiver's perspective is necessary to elucidate how the hybrid format is experienced by these stakeholders and its impact on recovery

Healthcare Providers' Perspectives on a Hybrid Outpatient Stroke Program: A Qualitative Implementation Study. *U of T Department of Occupational Science and Occupational Therapy Thelma Cardwell Research Day*. Toronto, ON, CANADA. (Presenters: [Huynh, J](#); [Uruthiralingam, S](#); Co-Authors: [Donaghy, S](#); [Wong, K](#); [Siu, G](#). Date: June 22, 2022).

Healthcare Providers' Perspectives on a Hybrid Outpatient Stroke Program: A Qualitative Implementation Study. *Advances in Stroke Recovery Conference*. Digital Conference. (Co-Authors: [Huynh, J](#); [Uruthiralingam, S](#); [Donaghy, S](#); [Wong, K](#); [Siu, G](#). Date: January 23-25, 2023).

Patient and Caregivers' Experiences with a Hybrid Outpatient Stroke Program: A Qualitative Study. *Canadian Association of Occupational Therapy (CAOT) Conference*. Saskatoon, Saskatchewan, Canada. (Presenters: [Suthakar, T](#); [Ricci, E](#); [Donaghy, S](#); [Wong, K](#); [Siu, G](#). Date: May-12, 2023).

Healthcare Providers' Perspectives on a Hybrid Outpatient Telestroke Program: A Qualitative Implementation Study. Toronto, Ontario, Canada. *GTA Rehab Network Best Practices Day*. (Co-Authors: [Huynh, J](#); [Uruthiralingam, S](#); [Donaghy, S](#); [Wong, K](#); [Siu, G](#). Date: May 5).

Evaluating the Implementation of a Hybrid Stroke Telerehabilitation Program. Ontario Ministry of Health and Long-Term Care. Alternative Funding Plan (AFP) Innovation Fund. Co-Principal Investigator: [Godleski, M](#); Co-investigators: [Linkewich, E](#); [Nelson, M](#); [Siu, G](#); [Wong, K](#). Collaborator: [Lacombe, R](#). \$104,999 CAD. Research Funding (April 2023 – April 2025)



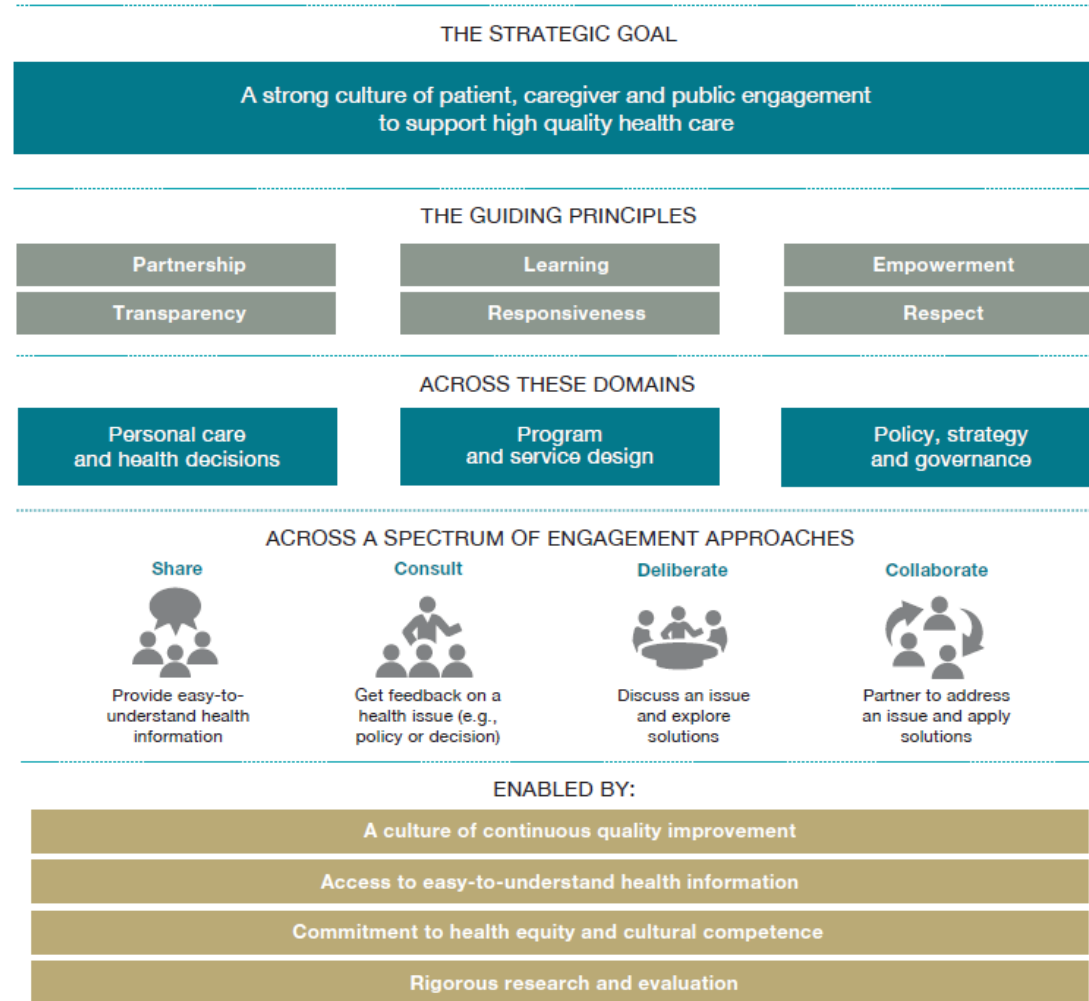
Learning Objectives

Upon completion, participants will be able to:

1. Identify how to incorporate virtual care best practices into service delivery in a rapidly evolving context
- 2. Understand how a co-design approach with a patient partner was used to implement stroke best practices**
3. Identify barriers and enablers to the implementation of the virtual care initiative in an outpatient rehabilitation setting

Health Quality Ontario (HQQ)

Ontario's Patient Engagement Framework



“Patient Engagement means patients, family members and other informal caregivers, and health care professional actively collaborating to improve health care quality in Ontario. It includes individual health care professionals, health care organizations and the province partnering with patients and their loved ones in different ways to understand their experiences, preferences and needs, and respond to them.”



Virtual Care Initiative - Patient Engagement

ACROSS THESE DOMAINS

Personal care
and health decisions

Program
and service design

Policy, strategy
and governance

ACROSS A SPECTRUM OF ENGAGEMENT APPROACHES

Share



Provide easy-to-understand health information

Consult



Get feedback on a health issue (e.g., policy or decision)

Deliberate



Discuss an issue and explore solutions

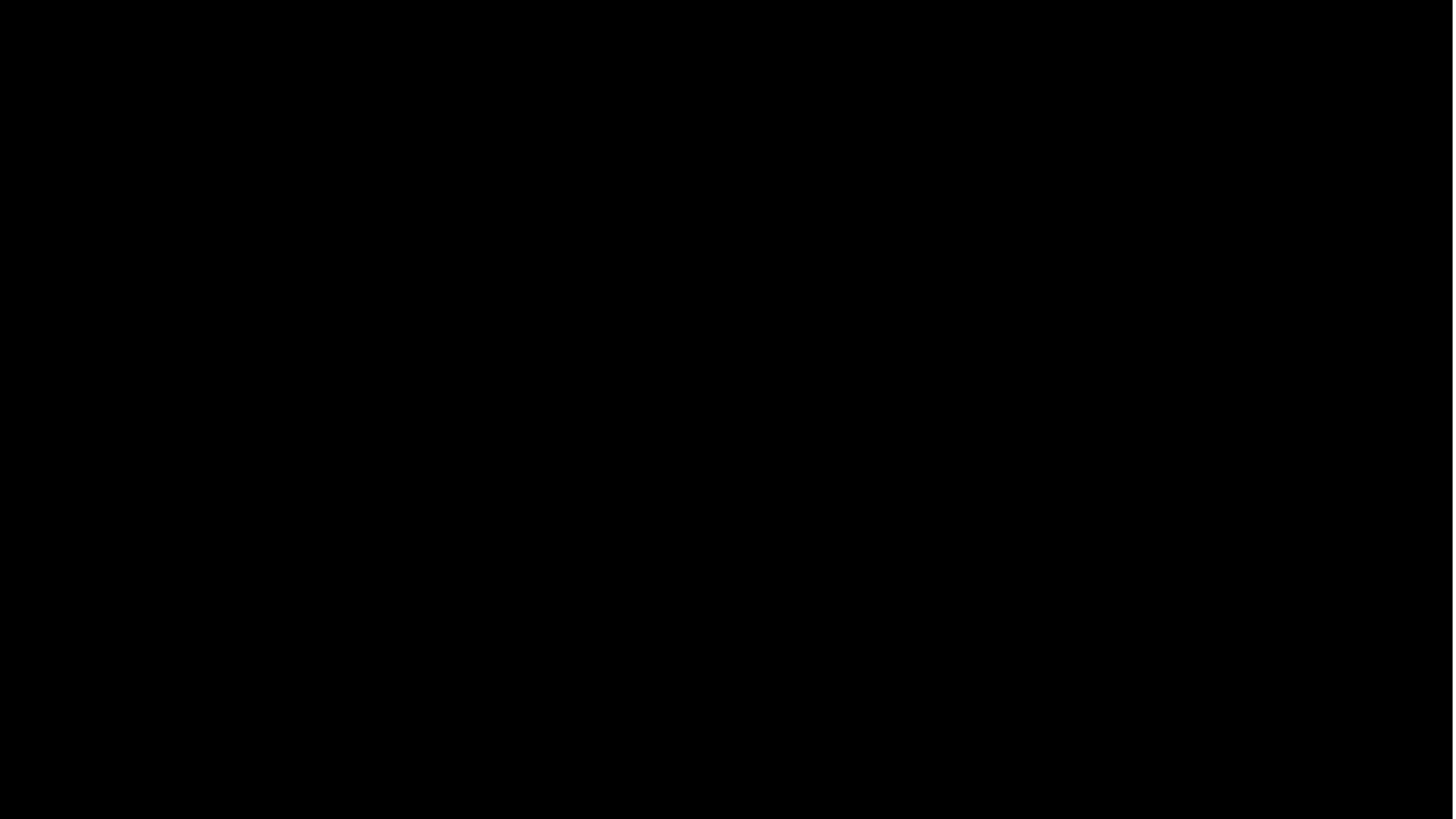
Collaborate



Partner to address an issue and apply solutions

Virtual Care Initiative – Patient Engagement







Learning Objectives

Upon completion, participants will be able to:

1. Identify how to incorporate virtual care best practices into service delivery in a rapidly evolving context
2. Understand how a co-design approach with a patient partner was used to implement stroke best practices
3. **Identify barriers and enablers to the implementation of the virtual care initiative in an outpatient rehabilitation setting**



Barriers to Implementation

Barriers

- Multiple program competing priorities
- Differences in comfort level with technology
- Time required to understand patient appropriateness (virtual vs in-person)
- Limited ability to change physical space of Zoom rooms
- Capacity for change in a dynamic context



Enablers to Implementation

Enablers

- Team culture that embraces opportunities for improvement
- Leveraging on experiences of other organizations & best practices
- Having structure/robust work plan & change approach
- Engaging key stakeholders (patients, clinicians, admin, professional practice, research, TSN, virtual care experts)
- Taking advantage for opportunities for small test of change
- Collaborating with research and students



Virtual Care at St. John's Rehab – Continued Work



- Continued review of Canadian Stroke Best Practice Recommendations 2022
- Toronto Rehab Telerehab Toolkit vs2
- Outpatient Rehab Virtual Care working group
- OT student patient/caregiver interviews (May 2023 completion)
- OT student discharge optimization project (May 2023 completion)



Learning Objectives

Upon completion, participants will be able to:

1. Identify how to incorporate virtual care best practices into service delivery in a rapidly evolving context
2. Understand how a co-design approach with a patient partner was used to implement stroke best practices
3. Identify barriers and enablers to the implementation of the virtual care initiative in an outpatient rehabilitation setting



Evaluation

For the **Provincial Stroke Rounds Planning Committee:**

- To plan future programs
- For quality assurance and improvement

For **You:** Reflecting on what you've learned and how you plan to apply it can help you enact change as you return to your professional duties

For **Speakers:** The responses help understand participant learning needs, teaching outcomes and opportunities for improvement.

Please take 2 minutes to fill out the evaluation form using the online link below or QR code:

<https://forms.office.com/r/6su77jtdpc>



Thank you!