Implementing Tele-rehabilitation for eligible Speech Pathology clients in a Community Rehabilitation setting. A process analysis.


Background
Community Rehabilitation faces escalating growth in demand. Yet, high intensity intervention for people with acquired communication disorders is recommended.

Tele-rehabilitation:
- Provided as an adjunct to face-to-face sessions increases therapy intensity
- Addresses rehabilitation access barriers
- Services clients remotely and in context
- Promotes generalisation and self-management (Winters & Winters, 2004)
- Reduces travel time, cost, environmental impact and fatigue. (Dul led et al., 2017).

Aim
To understand the barriers and facilitators in establishing Tele-rehabilitation as a viable service delivery option for eligible Rehabilitation in the Home (RITH) Speech Pathology clients.

Method
An informal literature review and environmental scoping were completed to investigate project feasibility. Executive Management support was gained. The Safer Care Victoria, Project Improvement template informed project plan development. Strategies for engagement explored:
- People
- Systems and Processes
- Culture and Drivers
- Teachings

A barrier analysis was conducted and areas of potential challenge were identified.

Tele-rehabilitation: Anticipated Barriers and Facilitators and Unanticipated Challenges

People
- Multiple stakeholders
- Staff turnover – losing trained and confident staff

- Speech Pathologists’ confidence and experience with using technology

Culture & drivers
- Increasing demand for service exceeds current resource capacity
- Shift in focus to community based care as a priority
- Culture of Research and support for innovation
- Opportunity to apply for research grant

- Competing demands and workload
- Lack of dedicated time to project

Systems & Processes
- Timely access to appropriate therapy spaces
- Technology for clients
- Funding for apps
- Environmental considerations for tele-rehabilitation

- Integration of the patient management system with tele-rehabilitation
- Existing tele-health platform at Monash Children’s hospital
- Evidence supporting tele-health as viable for Speech Pathology clients

Teaching
- Speech Pathology staff training
- Technology for clients

- Aphasia friendly client/carer educational package
- New tele-rehabilitation working party
- Established Monash Children’s tele-health support

- Requirement for specific tele-rehabilitation learning package

Barriers

Facilitators

Unanticipated challenges

Recommendations
- Develop preliminary project plan
- Complete process analysis
- Dedicate project lead time for change management, implementation
- Identify easily accessible space for clinicians to service clients
- Provide standardised, formal, training and learning package for clinicians to increase confidence and competence

Conclusion
- The project plan anticipated barriers and facilitators.
- A process analysis enabled detailed planning to target areas that were not anticipated.
- Further modification of the plan made it more efficient and directed the next steps.
- Grant funding has been obtained to enable a project lead to dedicate time to tele-rehabilitation implementation in 2019.

References

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