IPRC Discussion Call Summary

Monday, May 4, 2020

12:00-1:00 pm EDT

DISCUSSION TOPIC: Virtual Assessments: Therapy Evaluations via Teletherapy

I. Identified Organizations- The following organizations identified themselves as present on the call:
    - Akron Children's Hospital
    - ALYN
    - Blythedale Children's Hospital
    - Children's Healthcare of Atlanta
    - Children's Hospital of Colorado
    - Children's Specialized Hospital
    - Gillette Children's Specialty Healthcare
    - Kennedy Krieger Institute
    - Lurie Children's Hospital
    - Mary Bridge Children's Hospital
    - Seattle Children's Hospital
    - The Children's Institute
    - Weisman Children's Rehabilitation Center
    - Cindi Hobbes, IPRC Director and Facilitator

II. Group Discussion:
    a. Has your organization implemented telehealth sessions for therapeutic evaluations? Which disciplines/diagnoses? Are there certain patients that your organization/team does not deem appropriate for virtual assessment?
        i. ORG 1
            1. PT, OT, ST, Behavioral Psychology telehealth evals
            2. Not doing telehealth evaluations for Audiology
        ii. ORG 2
            1. PT, OT, ST, PSY.
            2. Not doing AUDIOLOGY evals remotely
            3. In person evals if: child needs "hands on", post ortho surgery
        iii. ORG 3
            1. OT: infant feeding evals done in person, all others tele
            2. PT: post-operative in person
            3. ST: SI/Autism – half of eval completed in person, half via telehealth
            4. Not seeing many infants under the age of 4-6 months for online evaluation if the infant has complex needs
            5. ARE seeing voice, stutter evaluations

iv.   ORG 4
                   1.   Clientele seeing multiple disciplines – most coming back into clinic about
                         one day/week
                   2.   Mostly completing treatments online and saving assessments or
                         evaluation measures for when in person
            v.   ORG 5
                   1.   Behavioral Health – all telehealth
                   2.   PT more in clinic

    b.   How do you ensure the reliability of testing in the home?
            i.   ORG 1
                   1.   Created a tests/measures videos training for staff
                   2.   Completing functional strength assessments such as timed up and down
                         stairs
           ii.   ORG 2
                   1.   Created folder for therapists to access of observational standardized
                         tests such as: ELAP, AIMES, LAP-3
                   2.   Avoiding testing that requires specialized equipment
          iii.   ORG 3
                   1.   Pre-Evaluation Phone call
                         a.   Assess family's technology – connectivity, bandwidth
                         b.   Ask families to gather necessary items
           iv.   ORG 4
                   1.   Guidance on Pearson's Website
                         https://www.pearsonassessments.com/professional-assessments/digital-
                         solutions/telepractice/about.html
                   2.   Started doing Toddler evaluations and expanded from there because
                         that age group easiest to assess via observation and parent
                         conversation/feedback (Rosetti, Pearson)
                   3.   Not seeing infants under 4-6 months via telehealth for evaluation
                   4.   OT/ST – Created a standardized process
                         a.   Therapist contacts family prior to evaluation
                         b.   Outlines expectations for the appointment
                         c.   Walks parent through how to participate (and what not to do)
                               during a standardized assessment
                         d.   Ask family to have any materials ready that they will need for the
                               assessment
                         e.   After phone call, determine if an in-person evaluation is
                               necessary

    c.   What assessment tools have proven most effective for use via teletherapy?
            i.   Observational tools
           ii.   Functional strength assessment
          iii.   Repeatable, functional tests
           iv.   Looking at how child moves/interacts in their home for functional status

    d.   Is anyone completing evaluations for Torticollis via telehealth? Insight/strategies?
            i.   Focus on strength and positioning vs. ROM
           ii.   Working with parents on positioning
          iii.   ROM assessments with parents holding child and eliciting active ROM
           iv.   Postural assessment with child on floor stripped to diaper
            v.   Visual ROM assessment – documented by %age not measurement
           vi.   Easier to use a laptop with this population vs. with a phone
          vii.   May be helpful to have a second adult for technology positioning if caregiver is
                  busy doing hands on activities

e. How are you creating and communicating a written HEP for families?
   i. Sending via email
   ii. Sending via MyChart (strongly encouraged as it is secure)
   iii. HEPs needing to be more detailed – families need it really spelled out
   iv. Creating phrases, pics, etc. in shared folders for clinicians to easily access
   v. Some clinicians making videos that can be shared (ex: infant movement and patterns, positioning)
   vi. YouTube videos for exercises, positioning, etc. Keep links ready for sharing
   vii. Cosmic Kids Yoga, Pathways.org

f. Describe the efficiency of completing evaluations in this manner. How much time is allotted for each assessment?
   i. ORG 1
      1. Varies based on the family and child participation
      2. 1-1.5 hrs to complete
      3. Therapists finding it takes longer to write it up
      4. Some therapists able to document contemporaneously with multiple screens open in EPIC and multiple monitors
   ii. ORG 2
      1. 2 hrs for telehealth evaluations
      2. Longer time to write up
      3. If technology issues, will take much longer
      4. If interpreter also needed, may take quite a lot of time

g. What tips have you learned to improve the information gathered?
   i. Ask the family to give you a virtual tour of their home.
      1. Make recommendations for what can be used in treatment
      2. Make recommendations for what should be moved
   ii. Pulse oximetry/HR apps for phone?
      1. No one had used them
   iii. Send worksheets via email ahead of time, screen share during session to see work

h. What criteria are you using for when to complete an in-person evaluation? Who you do you prioritize?
   i. Varies widely by state guidelines and organization policies
   ii. ORG 1
      1. "Critical patients" seen in person
      2. Defined as: Those who would end up in ER or have long term consequence if not seen in person regularly.
      3. Working on phasing in in-person visits; hybrid model with teletherapy
   iii. AOTA has chart to help therapists determine appropriate patients https://www.aota.org/~/media/Corporate/Files/Practice/Manage/Occupational-Therapy-Telehealth-Decision-Guide.pdf

i. How are you maintaining safety for in-person Evaluations/Sessions?
   i. ORG 1
      1. Every person gets a screening call the day prior to a session
      2. Practicing social distancing in clinic
      3. Only 1 adult permitted to accompany child, no siblings allowed
      4. Temperatures checked daily
      5. All individuals required to wear a mask: clinician, caregiver, child (if able and over age 2)
      6. Increased cleaning
      7. Exit/Entry flow changed – eliminate crossing paths if possible
      8. Limits on # of people permitted in each space (based on sq footage)

       ii. ORG 2
1. Mask use for all over age 2
2. Treatment rooms assigned by department – clinicians asked to use the same treatment space all day
3. If there is a COVID exposure, better able to track where the child/family was seen and any possible exposures
4. Limit # of people allowed in any large treatment space
5. Clinicians asked to scatter/stagger hours so less people are in clinic at any time
   a. More early am hours
   b. More evening hours
   c. More weekend hours
6. Room is left vacant 15-30 minutes after a session for cleaning

    j. What strategies have you found for managing technology during your session?
       i. On platforms that allow for multiple attendees, may be helpful for family to log in with multiple devices – can have on camera with a panoramic view and one up close. Clinician sees both views.
      ii. For low connectivity:
1. Minimize # of devices using wi-fi at during the session (check sibling's devices)
2. No Streaming during the evaluation (No hulu, Netflix, Disney+, etc)
     iii. For equipment evaluations: Helpful to have to 2 devices – one for session, one for family to look up /view equipment recommendations
     iv. Schedule telehealth sessions when the IT Department Hotline is available for families
     v. Created short PowerPoints for families on how to use technology
1. Toggling between Rear/Forward facing camera
2. Zoom in/out
3. Minimizing echo
     vi. Interpreters
1. Helpful to have 2 devices
2. Session on video (mute video)
3. Interpreter on phone and use the audio from here for the session

Summary compiled by: Cindi Hobbes

*Due to COVID-19 pandemic, this call was opened to all members of the pediatric rehabilitation community.