Facilitating Accessible and Client-Centered Occupational Therapy Services Using Telerehabilitation During the COVID-19 Pandemic

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Occupational Therapy Specialty Clinic — Equal Access Clinic Network — A Family of Patient-Centered Free Clinics

Background of the EAC

Due to the 26,000+ residents in Alachua County who are uninsured (Well Florida Council, 2019), the Equal Access Clinic (EAC) Network was established in 1992 to provide **free, high-quality care** to the Gainesville community, regardless of insurance status (Equal Access, n.d.). The occupational therapy speciality clinic (OT EAC) opened in January 2014 to address the **occupational needs** of these individuals. The clinic operates as **student-led and faculty-facilitated**. OTD student volunteers require direct supervision from a licensed clinician. Prior to the COVID-19 pandemic, services were provided every Thursday from 6-8pm at 1621 SW 13th Street, Gainesville, FL, 32608.

COVID-19 Pandemic

The COVID-19 pandemic initially presented significant challenges to the OT EAC's operations, as treatment sessions previously entailed hands-on intervention during face to face client interactions. With the **closure of clinic in March 2020**, OTD students were determined to continue providing high quality care and services to clients in a safe, socially-distanced manner. As a solution to the concerns surrounding COVID-19, the **telehealth platform** was established, which included the creation of policies, procedures, and operating protocols for student volunteers and clinicians with the primary goal of providing continued rehabilitation services to the community in a safe manner. In June 2020, the clinic transitioned to telehealth as a way to **continue offering OT during the pandemic** while addressing client and caregiver health and wellness.

Timeline of Events

March 2020
- Due to the COVID-19 pandemic, our OT Equal Access Clinic closes.
- Individuals are unable to receive free OT services at this time

April 2020
- A new board term begins and officers are installed
- A need for telehealth is identified

May 2020
Began working on logistics:
- What platform to use
- New intake procedures
- Documentation procedures
- Guidelines for student and clinician volunteers
- How to run treatment sessions
- Recruitment of clients and clinicians

June 2020
- Telehealth clinic opens on June 5th with first client!

Improved Accessibility and Client-Centered Care

The opportunity to assess clients in their own environment provided OT EAC volunteers with valuable insight into the **meaningful occupations and routine of each client.** This aligns well with the **PEO Model** used in occupational therapy, emphasizing the interaction of the person, environment, and occupation as equally important contributors to participation in meaningful life activities (Law et al., 1996). Telehealth services also improved client reach by providing access to individuals who are **unable to leave their home** or have **barriers to transportation**. Appointments were scheduled at times that worked best for the client, which included morning, afternoon, or evening times during the weekdays as well as weekends. Thus, this **increased scheduling flexibility** allowed clients to participate in treatment sessions who typically would not be able to attend clinic night on the previously held Thursday evenings. Scheduling also allowed the OT EAC to serve more clients, as sessions were no longer limited to one night per week. Lastly, telehealth has facilitated the role of OTD students to provide **caregiver education** using a coaching approach, as caregivers were able to attend telehealth sessions.

To facilitate improvement of care, the OT Equal Access Clinic sought **feedback** from students, faculty members, and volunteer clinicians. This continuous feedback led to changes in clinic procedure, such as creating **"floater reports"** to quickly summarize regular clients' backgrounds and goals, initiating **weekly debrief meetings** to allow students to hear about the previous treatment session and plan the upcoming session, and **professionalism guidelines** to assist students who are new to a telehealth format. Each improvement measure in turn **increases quality and continuity of care** for OT EAC clients.

Barriers of Telehealth

- Unstable **internet** connections from any party (client, student volunteer, faculty member, or supervising clinician), as well as lack of necessary equipment (e.g. smartphone, webcam, Wi-Fi) emerged as primary barriers to providing OT services in a telehealth format.
- Additionally, the **inability to physically assess the client** prevented OTD student volunteers from completing hands on assessments that would have been beneficial to establish baseline measurements for the client and track progress, such as range of motion or manual muscle tests.
- Furthermore, without the volunteers present in the same environment as the client, there was an elevated **risk of falls** during transfers and standing activities as well as an increased risk of **HIPAA violations** due to Zoom platform.
- Lastly, difficulty with **clinician recruitment** emerged as a barrier due to the unfamiliar domain of telehealth.

Future Steps

- Expand client base beyond Alachua county
- Collaborate with other OT programs
- Continue **quality improvement** of telehealth
- Create videos of our experiences volunteering through telehealth to improve clinician recruitment and promote comfort with telehealth
- Establish **permanent telehealth wing** of OT EAC, even after returning to in-person clinic

References

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