

<b>Title</b>	Telehealth Implementation within the Paediatric Speech Therapy Outpatient Service
<b>Organisation</b>	Chris Hani Baragwanath Academic Hospital, Gauteng Department of Health
<b>Innovation</b>	<p>Innovation, as per definition provided, is evident in terms of telehealth into the paediatric speech therapy outpatient services. Telehealth is commonly considered a service that would only be implemented within a private institute and only accessible for patients in the private sector due to the excess number of resources available. The paediatric speech team is now providing equal access with differing socioeconomic factors, by offering this service within the public sector. Patients who were previously attending face-to-face sessions in the existing, already established and successful, outpatient clinic were able to continue these services remotely.</p> <p>A survey was conducted with caregivers, in order to identify their access to devices and consumables needed for telehealth. Thus, ensuring patient specific information as well as eliminating the possibilities to exclude patients based on their available technologies. These surveys provided the paediatric speech team with evidence that the majority of patients would be able to participate in telehealth. Families with limited access, were then provided with information pertaining to areas that they would be able to obtain free Wi-Fi services to participate in telehealth, especially due to the external factors of COVID-19 and to decrease financial burden of attending face-to-face sessions. Tele-health services provided include synchronous and asynchronous sessions, as well as remote monitoring and home programs.</p> <p>There was also a collaborative effort within the MDT services to ensure holistic management for all patients requiring allied intervention. Home programs and information pamphlets were created and distributed to families in order to continue with allied intervention during the lockdown. A WhatsApp group was created in order to provide a platform to communicate their needs and to provide caregivers with solutions to these needs. Caregivers are now offered the opportunity to choose the model of service delivery that best suits them and their children.</p>
<b>Impact</b>	<p>Due to the risks associated with patients coming into the hospital during the pandemic, innovation was required to establish a project which would allow for patients to access quality services during this time. Chris Hani Baragwanath Academic Hospital is a tertiary hospital which caters to a large caseload of patients with complex diagnoses. A review of statistics revealed the following high risk conditions associated with patients receiving speech therapy services: Chronic Lung Disease, cardiac involvement, immunocompromised patients and patients with neurological conditions.</p> <p>Telehealth services were implemented within the paediatric outpatient clinic. Synchronous and asynchronous models of service delivery were offered, as well as remote monitoring. It was determined that by offering a tele-model of service delivery, therapy services could be provided in a safer environment especially considering that a large number of our patient population falls within the high risk category. Telehealth services allowed for the creation of opportunities for early childhood intervention (ECI) services</p>

to be offered within a safe and supportive environment. The role of the caregiver as a facilitator for providing therapy and taking ownership of their child's intervention journey allowed for the facilitation of a positive caregiver-child relationship.

ECI services were prioritized while still being financially conscious. COVID-19 had a massive negative impact on the South African economy, resulting in many people losing their jobs. Telehealth was also seen as a cost-effective method for providing services, by reducing financial burdens. The impact of people's access (i.e. money to purchase food versus money used for travel to the hospital for therapy services) also needed to be considered. Options were also provided to caregivers for places in close proximity to their homes where free Wi-Fi could be accessed, so it wasn't always necessary for them to purchase data in order to have sessions or download resources. Telehealth also assisted with caregivers not needing to come into the hospital during the looting which took place earlier this year. This allowed for patients to access services remotely without the dangers of having to travel to the hospital or having to miss a session due to the unrest in the country.

Telehealth services were implemented in 2020 within the outpatient service (communication and dysphagia). Upon analysis of the statistics between the years 2019 - 2021 the following was found:

- 2019: Communication service attendances - 74%
- Dysphagia service attendances- 69%
- 2020: Communication service attendances - 75%
- Dysphagia service attendances - 69%
- 2021: Communication service attendances- 78%
- Dysphagia service attendances- 73%

Based on the statistics above, it can be seen that we have experienced a consistent increase in patient attendances over the years 2019-2021. A review of the statistics further revealed a consistent monthly increase in attendances after the implementation of telehealth services. As a team we are proud to say that our attendances have increased despite there being a global pandemic, and that we were able to continue providing quality services to patients at a time when patients may have gone months without receiving therapy services.