



COVID-19 CHALLENGES AND OPPORTUNITIES

5th Exchange Meeting with East Asian Countries
9 September 2021

Ms. Stella Cheng
Chairperson
Hong Kong Occupational Therapy Association



Warm Greetings From

Executive Committee of HKOTA 20-22

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Mission of HKOTA



Promote OT

Develop OT

OT Standard

Local & International Connection



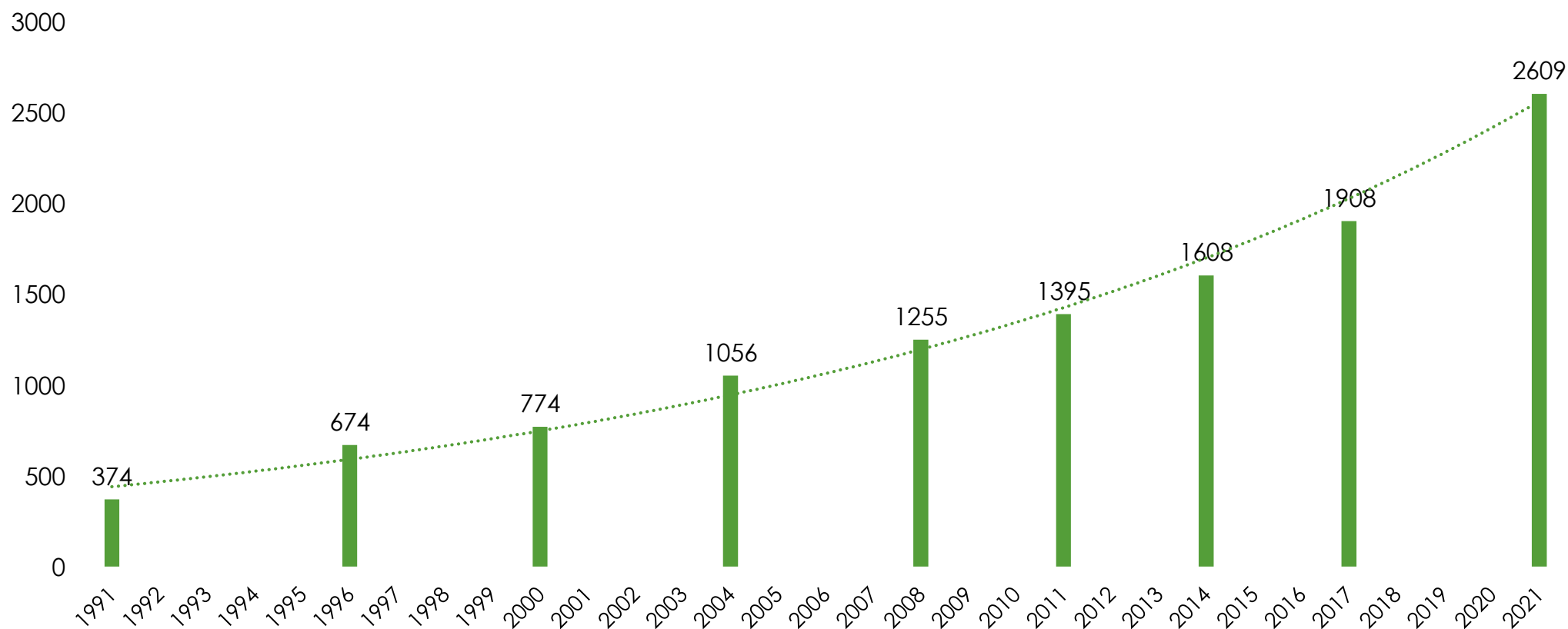
Background

- Established in 1978, 43 years in 2021
- The only Occupational Therapy Association in HK
- Joined World Federation of OT in 1984
- Number of Members: over 1100
- Type of membership
 - Full Member
 - Associate member
 - Student member
- Details please refer to HKOTA Web Site <http://hkota.org.hk>

Registered OT in HK



Registered OT in Hong Kong in the last 20 years



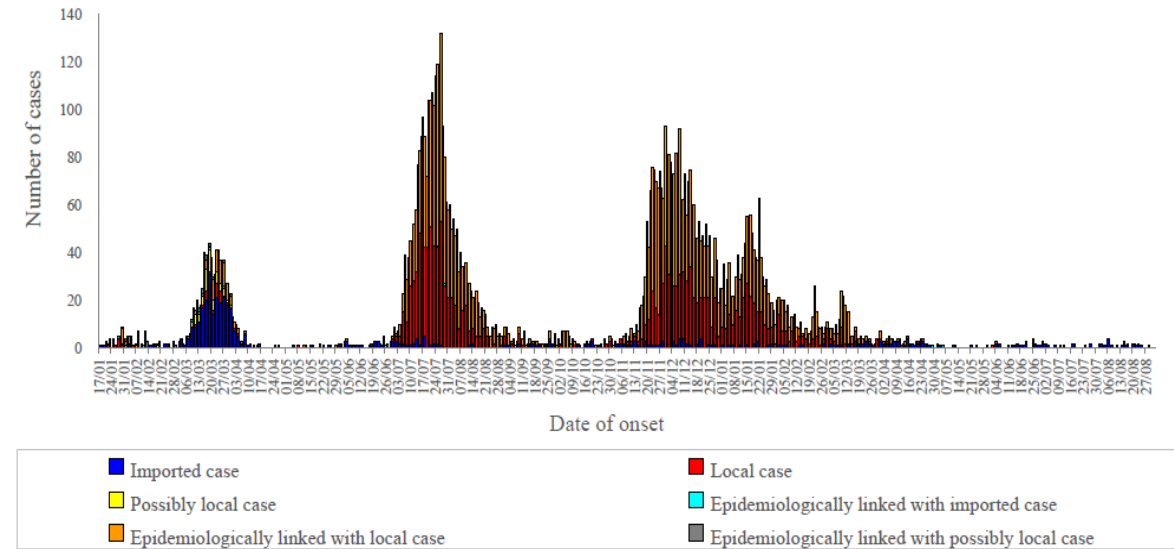
COVID-19 Situation in HK



- First case in Hong Kong on 23 January 2020
- Total 12114 cases, 212 death
- Mainly imported cases at present
- No community infection since May 21
- less than 70 cases in hospital with no critical case

Epidemic curve of confirmed and probable cases of COVID-19 in Hong Kong (as of 1 Sep 2021)

Number of confirmed and probable cases = 12114



Vaccination Situation



Hong Kong Vaccination Dashboard on 1 September 2021

Total Doses Administered

7,637,640

Total Population with 1st Vaccine Dose: 4,162,074 (61.8%)

Total Population with 2nd Vaccine Dose: 3,475,566 (51.6%)

Latest Daily Figure of Doses Administered

49,243

1st vaccine dose: 22,019

2nd vaccine dose: 27,224

COVID-19 Impact on OT Service



- Very strict social distancing rule since early 2020
- Lack of PPE for OTs especially those working in community settings in NGOs and private service
- In May 2020, HKOTA assisted the HK Government in distribution of 400 boxes of surgical mask to OTs working in private market in HK
- OTs tried different ways to contact clients and provide service and will be shared in the afternoon
- Face to face service resume when community infection decreased

COVID-19 Impact on HKOTA



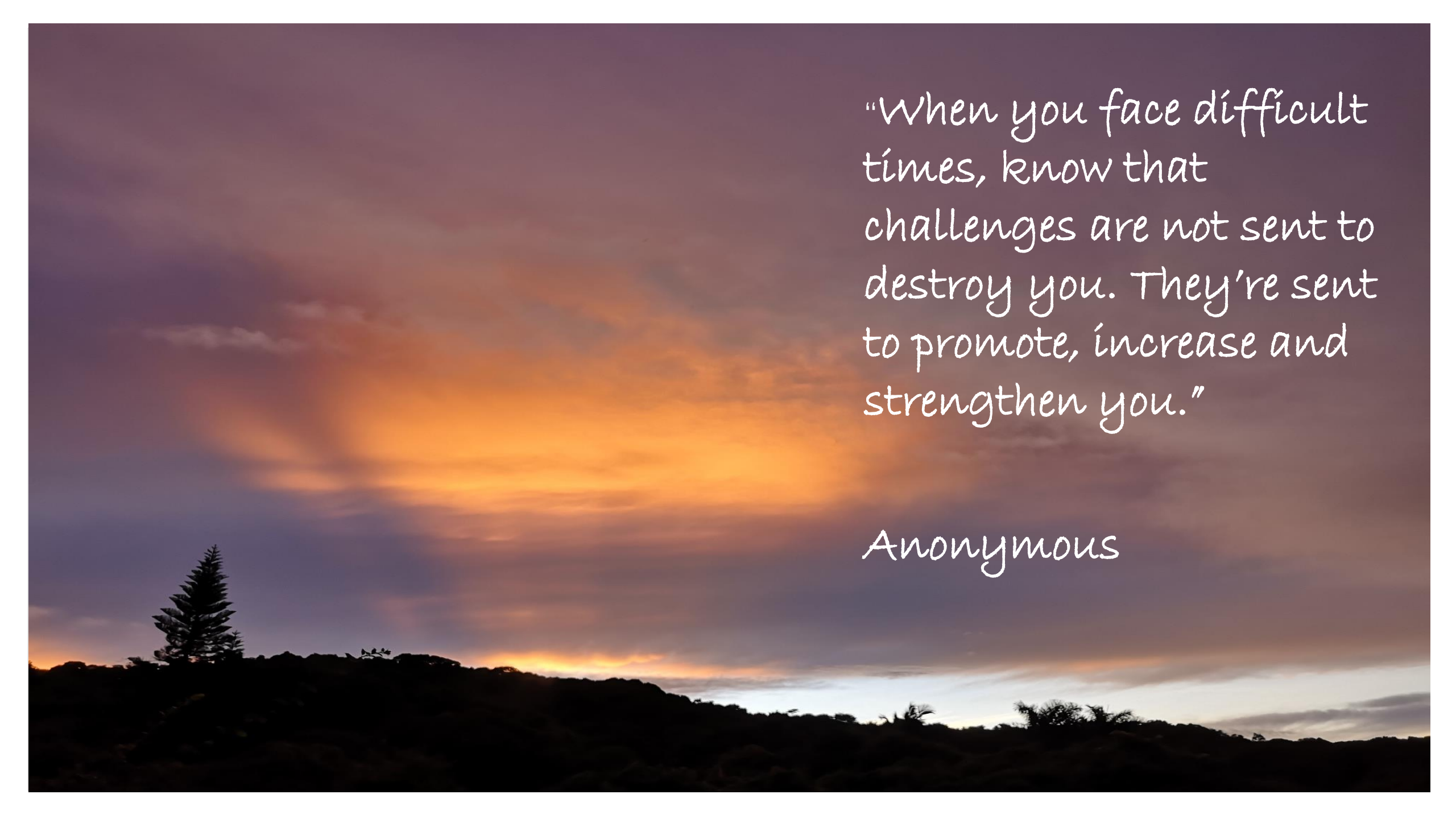
- Strict social distancing rules and fear of infection restrict training and continue education activities
- decrease in no of programmes but increase in attendances

	19/20	20/21
No. of Programmes	26	18
No. of Attendance	828	1288

COVID-19 Opportunities for HKOTA



- New mode of connection
- Executive Committee Meetings in Zoom since 2020, no skip of meeting and good attendance
- First Annual General Meeting via zoom with good attendance and participation and vote by polling
- Delayed OT Conference in January 2021 via Zoom, with good attendance
- Started using webinar for training
- Increase inviting overseas speakers & co-organization of event with other professional bodies



"When you face difficult times, know that challenges are not sent to destroy you. They're sent to promote, increase and strengthen you."

Anonymous

Stay Healthy and Happy!

Thank You!
hkotachair@gmail.com

Asian OT associations exchange meeting 2021

The Impact of COVID-19 on OT service and the way ahead



HKOTA

Background

Invitation to join Asian Occupational Therapy Associations Exchange Meeting

- To learn the latest information from Singapore, Philippine, Hong Kong, Taiwan, Korea, and Japan.
 - To understand the COVID-19's impact to daily living in Asia country/region.
 - To know OT's engagement in clinical site, education, and mental health aspects.
-
- The meeting will be held on September 9, 2021 (Thu) online. It is open and free for OT association members.
 - Capacity is up to 30 each country/region, by first come first served basis. Welcome to join us.

Observation Entry form URL & QR cord

<https://forms.gle/T8idBZTj3Xr5UNUK6>



- **General information:**

Date: September 9, 2021 (Thu) 13:00-15:30

Website: will be announced later



- **Topics (prospected)**

- 1) The engagements at OT clinical site under COVID-19
- 2) The engagements of OT education under COVID-19
- 3) OT mental health programs during COVID-19



- **Schedule (prospected in Japan time)**

13:00-13:10 Opening remarks

13:10-14:10 Hong Kong, Singapore, and Philippine

14:10-14:20 Break

(20 minutes each)

14:20-15:20 Taiwan, Korea, and Japan

15:20-15:30 Closing remarks



- Contact: otxkokusai@gmail.com

Distribution of OT settings being invited with feedback

Government settings:

- ☐ Central Rehab Stream (Social Welfare Dept)
- ☒ Child Assessment Service (Dept of Health)
- ☒ VTC
- ☐ District Health Centres

☒ Private clinics: Two OT Paediatric Clinics & one Private Clinic with general OT service

☒ One private Rehabilitation Clinic provide acute and subacute OT service in both out-patient clinic & private hospitals

☒ NGOs under SWD:

- ☒ Elderly, C&A Home
- ☒ Special School,
- ☒ SCCC, EETC, OPRS
(pre-school settings)

☐ Hostles

☒ Hospitals: Physical, Mental Health

- ☒ HA in-patients
- ☒ HA SOPD

☐ HA GOPD

☐ Freelancers

☒ Others: Elderly Resource Centre of Hong Kong Housing Society

Questions on

- How does COVID-19 pandemic affect the attendance
- Does the condition affect frequency & quality of service
- Is there any effect about clinical placement of OT students in the corresponding setting
- Any extra resources needed such as infection control, IT support
- Any threat to the setting
- Any crisis being faced and the corresponding solutions
- **Opportunity under new normal situation**
- **Ways forward**

Children's services/ SWD & DH

SCCC Special Child Care Centre

EETC Early Education Training Centre

OPRS Outreach Preschool Rehab Service

CAS Child Assessment Service

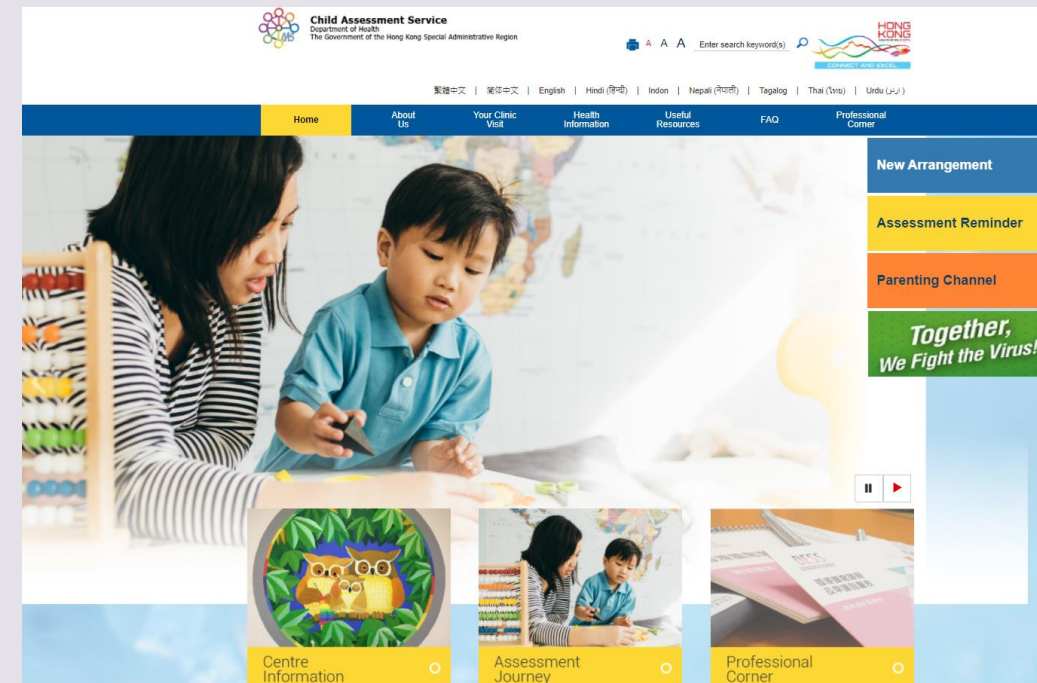
The Child Assessment Service (CAS) of the Department of Health provides comprehensive specialized assessment services for children with developmental problems. We aim to promote optimal physical, mental and emotional development of children with special needs and enable them to achieve their full potential.



- The Social Welfare Department (SWD) increased the number of On-site Pre-school Rehabilitation Services (OPRS) places by 1 000 to the total of about 9 000 places on 1 September 2021 and the number of kindergartens/ kindergarten-cum-child care centres (KGs/KG-cum-CCCs) joining the services has also been increased. Eligible OPRS applicants who are attending/going to attend the KGs/ KG-cum-CCCs newly joined OPRS can update their KGs/KG-cum-CCCs information in the Central Referral System of SWD through their referring workers on or after 1 September 2021. The updated list of KGs/KG-cum-CCCs has been uploaded onto this webpage.

Introduction

- Inter-disciplinary service teams from the non-governmental organisations (NGOs) provide on-site services for pre-school children with mild disabilities and studying at participating kindergartens (KGs) and kindergarten-cum-child care centres (KG-cum-CCCs).
- Inter-disciplinary service teams also render support services to teachers/child care workers and parents/carers.



Effect on Paediatric services

Settings	Effect on attendance	Frequency & quality of service
SCCC, EETC, OPRS	Initial high attendance was affected	due to environmental & spatial hindrance for sake of infection control
CAS	<p>A sudden drop of attendance was noted in early 2020. Then, it was fluctuated depending on the outbreak situation.</p> <p>In 2021, the attendance increased to same as before gradually</p>	<p>In 2020, the booking of cases were spaced out in order to reduce the risk of crowding of cases in the waiting hall.</p> <p>In 2021, the frequency of service were resumed normal.</p> <p>Quality of service is the same if the case came to the centre in face-to-face way.</p>
Private Paediatric Clinic	<p>Part of the treatment programme has been changed from direct hands-on to online training mode.</p> <p>Some of the outreach service to school was discontinued and some had became online training.</p> <p>Attendance was cut down a lot, and highly affected.</p>	<p>out-patient clinic setting ~ much reduced attendance since 2/2020 and reached the climax in July & August/2020, has been going back to normal gradually in 2021</p> <p>The treatment outcome of some cases was worsen than before. OTs have to wear masks, it is hard for the kids to observe their facial expression and the oral movement which caused some hindrance to their learning of social interacting skills.</p> <p>Some OTs won't touch the oral part of the kids and can't provide oral motor/sensory training for the clients.</p> <p>One clinic need to change the frequency and mode of treatment from face-to-face towards on line service.</p> <p>Quality was affected mainly because clinic couldn't arrange in-house service or parents were lacking of equipment at home</p>

Effect on Paediatric service in special school

Settings	Effect on attendance	Frequency & quality of service
Special school	Due to suspension of face-to-face classes and school activities, the attendance was reduced	Frequency was also reduced;
		All direct patient-therapist contact stopped. Lack of direct patient-therapist contact limited the accuracy of assessment and treatment Therapy was provided in remote basis.
		⇒ Assessment were not reliable ⇒ Treatment provided were not smooth and in-depth enough ⇒ Delay discharge arrangement for those graduates in need of sheltered workshop and day-activity centres

Effect on Community Service for students with SEN

Settings	Effect on attendance	Frequency & quality of service
Vocational Training Centre	face-to-face (F2F) class suspension period including (Jan 2020 – May 2020, mid July 2020 to end of mid of Sept 2020, Dec 2020 to Feb 2021) => affecting assessment and remedial training	<p>Therapeutic Training session:</p> <ul style="list-style-type: none">• Individual / group hands-on session suspended• Hands on training sessions resumed normal after resumption of F2F class arrangement. <p>Mainstream SEN students assessment session:</p> <ul style="list-style-type: none">• Telephone and video online assessment were arranged to SEN students with urgent need of professional recommendation on special educational need and special examination arrangement (SEA) during this F2F class suspension period.• The hands on assessment parts were resumed once the F2F class resumed. <p>Concerning quality of service, mainly affected the change of service format (part of the service by telephone and video contact or by online education) during the F2F class suspension period.</p>



Effect on Community Services for Elderly

Settings	Effect on attendance	Frequency & quality of service
HKHSERC	1) Outreach: Slightly decreased 2) Centre-based: Decreased over 70%	Frequency was decreased; Quality of service: <ul style="list-style-type: none"> • Outreach: Not affected, procedure as usual with PPE added • Centre-based: most programs change to online, visitors experience is much affected
NGO PSMDOSTE	Mar~Dec 2020 <ul style="list-style-type: none"> • Total more than 400 clients served via Zoom on physical and cognitive OT training 	Client: once a week Care giver/OAH staff twice a month on scheduled educational program. 100% satisfied with the arrangement and treatment provided. Data collection and feedback through telephone follow up and questionnaire

香港聖公會
「安老院舍外展專業服務」試驗計劃
(九龍中及九龍東)
疫情服務分享

視像院友及職員訓練

- Total more than 1500 carer giver/OAH staff served via Zoom/Microsoft TEAM on consultation and educational training



Services for the Elderly > Residential Care Services for the Elderly > Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly

• Introduction

- The Social Welfare Department (SWD) has launched a four-year Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly (MOSTE) since mid-February 2019. MOSTE, comprising social workers, physiotherapists, occupational therapists and speech therapists, provides outreach support services for the service users of private residential care homes for the elderly (RCHes) to address their social and rehabilitation needs. MOSTE also provides speech therapy service by speech therapists for the service users of contract RCHes (including the Day Care Units (DCUs) attached to contract RCHes) as well as self-financing RCHes and self-financing Nursing Homes (NHs) with swallowing difficulties or speech impairment.

Effect on public hospital settings ~Mental Health

Settings	Effect on attendance	Frequency & quality of service
Mental Health both in-patients & out-patients	General drop in all types of services with variation of impact.	<ul style="list-style-type: none"> • In patient: ward-based (individual or small group) service maintained • Day hospital: suspended in 2020; adult day hospital gradual resumed since 07/2021 • Out patient: individual consultation maintained; all group activities suspended • Community: : home visits maintained for screened patients with risks in 2020; gradual resumption in 2021 • Service quality largely maintained in a hybrid mode with the supplementary provision of Telehealth • Aims of Telehealth: <ol style="list-style-type: none"> 1.Improve accessibility to OT services 2.Delivered “care on-demand” to meet patients’ need 3.Enhance continuity of care for patients and their carers • Mode of communication includes telephone/video/conference calls, email, web-based forms, Apps-based training (HA developed & department self-developed) • Various communication Platforms (e.g. Zoom , FaceTime, WhatsApp, WeChat etc.) • On-going protocol-driven programs with pilots

The Hospital Authority is a statutory body established under the Hospital Authority Ordinance in December 1990, responsible for managing public hospitals in Hong Kong. We are accountable to the Hong Kong Special Administrative Region Government through the Secretary for Food and Health.

The HA Head Office (HAHO) plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of its seven divisions, namely Cluster Services, Corporate Services, Finance, Human Resources, Information Technology and Health Informatics, Quality & Safety, Strategy & Planning, and the Group Internal Audit unit.

Aligning corporate values and directions, the HAHO co-ordinates cluster hospitals, Coordinating Committees and Central Committees on the development of clinical and professional services.




Effect on public hospital settings ~ Physical Units

Settings	Effect on attendance	Frequency & quality of service
Physical units inpatients, SOPC & GOPC	Variate on different time points and wide discrepancy since some clusters have different scenarios	<ul style="list-style-type: none"> • In patients were least affected. • For individual: similar as pre-Covid-19 for those still open full services now (Aug 2021). However, services had been cut for 30% - 75% in 2020, again it various at different settings • For group sessions: Various; <ul style="list-style-type: none"> one cluster maintained group services; some clusters suspended group; and some clusters reduced group size according to the infection control guideline (1.5m social distance apart / max. of 50% of the room capacity) during Covid-19 active period • Interdisciplinary programs are mostly affected: <ul style="list-style-type: none"> Pulmonary Day Rehab totally suspended till now, GDH and other Day Rehab programs partially operating (the volume of patients cut down by 50 %)
<p>The Hospital Authority is a statutory body established under the Hospital Authority Ordinance in December 1990, responsible for managing public hospitals in Hong Kong. We are accountable to the Hong Kong Special Administrative Region Government through the Secretary for Food and Health.</p> <p>The HA Head Office (HAHO) plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of its seven divisions, namely Cluster Services, Corporate Services, Finance, Human Resources, Information Technology and Health Informatics, Quality & Safety, Strategy & Planning, and the Group Internal Audit unit.</p> <p>Aligning corporate values and directions, the HAHO co-ordinates cluster hospitals, Coordinating Committees and Central Committees on the development of clinical and professional services.</p>		
<ul style="list-style-type: none"> • Some clusters maintained similar mode of services • Some clusters suspended services • Some clusters added Tele-care program (Deliver TELE (phone) for case screening and • ZOOM for educational and training e.g <ul style="list-style-type: none"> fall educational class, stress management and relaxation training class , cognitive screening, lifestyle redesign etc in order to provide assessment / training and cut short the waiting time) 		

ha.home



2019冠狀病毒病新資訊
Updates for COVID-19

Effect on Private practice

Settings	Effect on attendance	Frequency & quality of service
OT Clinic	dropped 40 to 50% due to social distancing and general fear of ventilation, too many people	by appointment as usual, but decreased as expected. For face-to-face arranged, quality was not affected
Rehabilitation Clinic with OT service both acute and subacute	Dropped from 50% to 11% every quarter	All private hospital services cut down initially but then gradual allow outsider provide OT service to hospital Same quality maintained because must have patient face to face consultation
Private Paediatric Clinics	Part of the treatment programme has been changed from direct hands-on to online training mode. Some of the outreach service to school was discontinued and some had become online training. Attendance was cut down a lot, and highly affected.	out-patient clinic setting ~ much reduced attendance since 2/2020 and reached the climax in July & August/2020, has been going back to normal gradually in 2021 The treatment outcome of some cases was worsen than before. OTs have to wear masks, it is hard for the kids to observe their facial expression and the oral movement which caused some hindrance to their learning of social interacting skills. Some OTs won't touch the oral part of the kids and can't provide oral motor/sensory training for the clients. One clinic need to change the frequency and mode of treatment from face-to-face towards on line service. Quality was affected mainly because clinic couldn't arrange in-house service or parents were lacking of equipment at home

Feedback on student clinical placements

- Much affected as diminished opportunities in providing real case hands-on experience for the students
- Suspended (service learning project from PolyU)
- cohort and affecting hands on experience
- Experience in public hospitals ~ Mental Health
 1. Evolving mode of delivery throughout the pandemic;
 2. Blended mode with face-to-face teaching & Zoom class; resumed normal in 2021;
 3. Avoid high-risk in-patient wards

Extra resources needed such as infection control, IT support

hardware

Infection Control

- Infection control station was set up at the entrance
- Including thermometer to measure body temperature, hand sanitizer, disinfecting foot carpet etc.
- Extra money needed to pay for the cleaners, sanitizers, disinfectants, etc. Transparent partition block
- Protective material (PPE e.g. face mask, shield), PPE required in every visit to elderly's home reported
- Ultra violet disinfecting light
- CIO2 vaporized gun
- Time used during visit increased because of the gown-up/down time.

IT support

- Purchase around 100 Ipad with wifi card
- video recorder, camera.
- IT enabler e.g. mobile devices / smart phone with sim card & 4G plan

manpower

- No extra manpower added or reduced
- establish PRO team for publication, video recording, photo taking, etc. (graphic designer and publication officer)
- Frequent talks on infection control were provided by the service, which were very essential since all frontline staffs need to know how to protect themselves as well as the clients.
- Extra manpower to clean up all treatment areas, tools, equipments.....
- Extra manpower to set up computer, camera for the online training and edit the video clips, powerpoints for training etc.
- there was a reduce of manpower in CAS since DH needed to deploy some staffs for the Port Health Operation. Two OTs were deployed to Port Health for several weeks during these periods.
- In some hospitals, Special Honorarium for extra clinical work hour

- Extra resources needed such as infection control,
- IT support in special school

hardware

Infection Control

- Extra school bus service.

IT support

- Extra number of tablet computer or computer with camera and microphone, and wider bandwidth of internet network for video call.
- Video recorder (e.g. smart phone and tablet computer) and computer for video editing.

manpower

1. Extra IT technician support.
2. Extra work for the preparation of therapy home program with videos, pictures and written procedures.
3. Extra administrative arrangement for
 - making special timetable
 - making appointment with parents
 - coordinating school bus service

Threat ~ clinical

- Inadequate knowledge and skills in conducting zoom training eared after resumption of F2F class
- During home office, depend on tele- communication with parents and clients
- Difficulty in conducting assessment
- Family crisis: difficulty in taking care their children at home all the time, great parent stress
- It took much more time for the kids to have progress and improvement again after a long time of home-bound and some of them became IT addicted
- Difficulties in providing OT service in regular model and format
- Without direct patient-Otcontact, therapy quality could be decreased, number of complaint from parents increased. Decision-makers and administrators misunderstood the situation and reduced the budget of therapy service

Threat ~ management & administration

- Some of the case loads accumulated during the suspension of F2F class and WFH period and needed to be cleared
- Potential of infection in individual and group training
- For outreach services, high risk of transmission of disease asRisk of transferring disease because multiple visits to different clients done within a day multiple visits to different clients done within a day
- Frequent changes of IC measures throughout the pandemic; managers & frontlines need to be vigilant on the changes and smart to maintain the service quality.
- Patients / carers may get used to the hybrid mode with Telehealth which is currently free of charges. Corporate acknowledged the effort of developing protocol-driven telehealth programs and is vigorously working on the charging logistics.
- Managers spent significant time and energy in following up all the related policies and the induced actions
- Insufficient training materials e.g. demonstration videos to train clients through zoom
- Insufficient WIFI and training tools
- There is no fixed or confirmed time for the pandemic to be over
- The morale of the staff may be affected as there was much reduced frequency of team-building, in-service training, etc.
- Private settings need to struggle, need to balance between the rent and cost. Financially, it was a threat to the centre
- reduced income and service quality + reduced services in Aged facilities
- No face to face meetings e.g. preschool therapists meeting and working group meetings

Threat ~ summary

- 1) Security and Privacy issues;
- 2) Quality of services, consultation group panel;
- 3) Quantity of evidence;
- 4) Policy development;
- 5) Platform of communication among interprofessionals;
- 6) Advocacy are important strategies to support widespread adoption of telehealth as a service delivery model in early intervention;
- 7) Local infrastructure, technology access and cost,
- 8) Provider and caregiver expertise and experiences with technology;
- 9) Complementing existing services;
- 10) Supplementing home visits

Solutions

Crisis faced	Corresponding solutions
Urgent assessment need during the suspension of F2F class and WFH period	Part of the assessment done by telephone interview and online video interview with the remaining hands-on assessment done later when resumption of F2F class.
1) 1 All direct face to face OT service suspended 2) Client with limited IT knowledge (no computer,/ipad/smart phone/wifi) 3) Physial condition deteriorate 4) Cognitive Function deteriorate (esp dementia client) 5) Lack of care giver/ relative support	1) Zoom/ Live online training 2a) Provide all necessary internet device included wifi card. 2b) OAH staff/carer giver/ volunteer accompay with during trainig, for IT support. 3) Explore soft-ware. Able on-site record client's performance and therapist give feedback; http://www.genieland.ai/ (local developer) 4a) Home exercise with worksheet (mail to client), online cognitive training 4b) Explore soft-ware,therapist give real time feedback https://play.google.com/store/apps/details?id=com.Medmind.NeuroGym&hl=zh_HK&gl=US (local developer HK culture) 5a) Telephone follow up, consultation. 5b) provide relevant on-line education training and advice.

Solutions

Crisis faced	Corresponding solutions
Staff have risk of infection while providing training in centers	Infection control measures: wearing mask, eye shield and guard if necessary. Stop sensory integration and oral motor training when infection rate is high, gradually resume training with preventive measures and clear guidelines
	Zooming training, email home training activity worksheets, sending training tools to client's home by school bus or parents come to center to collect homework and training materials; regular case consultation through zoom and telephone calls.
	In-service training to OTs to share skills and online training resources in conducting telepractice
	Setting standard format in producing training videos, collection of videos made by OTs and store in a sharing e-drive so that OTs can share them in providing home training
	Apply funding to enhance wifi system in centers, buy wifi cards and wifi eggs Apply funding to buy IT advanced software and hardware for training
Potential of infection in individual and group training	School environment with infection control measures: ~clients must wear masks or they cannot receive training in centers ~Teach clients on wearing mask using social story and some training activities ~Partition added on children's table and ensure social distancing ~Sets of toys and teaching tools for each client and cleaned after used ~Cleaning session added in between the training sessions, .. ~Half day schooling , no lunch provided

Solutions

Crisis faced	Corresponding solutions
During home office, depend on tele-communication with parents and clients	<p>Speed up setting up “Parents Apps” to facilitate communication with parents</p> <p>Buy account for Zoom meetings in each center. Continue different meetings by zoom</p> <p>Continue by zoom</p> <p>Sometimes through hybrid mode with small group members onsite while others by zoom</p> <p>Zoom conference becomes one of the modes in holding conference in our services</p>
Difficulty in conducting assessment	<p>Set up guideline in conducting simple tele- assessment</p> <p>Advantages in observing real home environment and how parents provide support and training to clients at home through zoom</p> <p>Home visit by zoom becomes one of the alternatives in our services</p>
Family crisis: difficulty in taking care of children at home, great parent stress	<p>Specially spot out families at risk, contact them frequently to provide psychosocial support, financial support and make referrals if need</p>
Low morale of colleagues	<p>Reassurance, encouragement and support were given</p>
Therapist concern on hygiene problem on some cases especially in the toilet	<p>a) Full PPE and infection control practice.</p> <p>b) Check client’s Temp. and travel history.</p>
Clients present flu-like symptoms	<p>Symptoms checking and refer to medical checking first</p> <p>Suspend assessment</p>
Limited centre-based education programs	<p>Use online platforms</p>

Solutions

Crisis faced	Corresponding solutions
Relative and elderly concern on physically entering home for assessment at early pandemic	Full PPE and strict infection control protocol to ease their concern.
Staffs worried about the COVID-19 infection since they need to have face-to-face contact with the clients and parents	<ol style="list-style-type: none"> 1. Clear and updated infection control measures were established and sent to staffs regularly. 2. Sufficient personal protective equipment were provided. 3. For those who have chronic health problems or other concerns, special arrangement may be made.
Frequent changes of IC measures throughout the pandemic.	Managers & frontlines need to be vigilant on the changes and smart to maintain the service quality.
Patients / carers may get used to the hybrid mode with Telehealth which is currently free of charges.	Corporate acknowledged the effort of developing protocol-driven telehealth programs and is vigorously working on the charging logistics.
Managers spent significant time and energy in following up all the related policies and the induced actions	Keep working – no solutions at this point
infection spreading	<ul style="list-style-type: none"> • centre closed in those critical period so as to minimize the chance of being infected & having the virus spreaded • disinfecting the centre more frequently
financially	<ul style="list-style-type: none"> • may need to discuss with staff about the pay scale & method • apply for subsidies from Government
reduced income and service quality + reduced services in Aged facilities	increased home OTs, telephone consultation, working with NGOs for Carer Education program

Solutions in special school

Crisis faced	Corresponding solutions
The suspension of face-to-face classes and school activities stopped direct-patient-therapist contact therapy service in school. Lack of direct patient-therapist contact limited the accuracy of assessment and treatment.	<p>At the school administrative level, OT got the special approval to provide direct patient-therapist contact therapy under adequate epidemic prevention measures during school the period of suspension of face-to-face classes and school activities.</p> <ul style="list-style-type: none">- Day students could come back school for therapy weekly or bi-weekly. Therapist could also visit them at home for environmental advice and care-taker training.- Therapist could go to boarding section or boarding students came to therapy department for therapy in school.
Some boarding students who lived in mainland or students who lived in hospital, could not attend school.	OT service were provided in a remote basis, e.g. consultation via telephone and video call, home program with video demonstration and written procedure with pictures. The care-take could follow OT's instruction to guild and assist students' training.
Delay on the discharge arrangement to sheltered workshop and day-activity center.	Continue therapy training to maintain students' abilities to get ready for discharge.

Opportunity under new normal situation

- Apart from the traditional OT supporting clients who are mainly having more disabilities and functional difficulties, OT also expanded more training services for SEN students with less disability to enhance their physical functional physique to enhance their physical tolerance for their future work placement.
 - 1) For those client with accessibility difficulties, on-line (LIVE) training may benefit
 - 2) Care giver can learn step by step via Zoom with real time feedback and comment from therapist.
 - 3) Triage & save time
 - 4) Develop education package both video and worksheet.
 - 5) Relative/ care giver learnt basic principle from video
 - 6) Provide written test (MC/short question)
 - 7) Therapist give feedback
- Client raised health concern and knowledge, thus more easy to convince them in prescribing aids with explanation of caring and rehabilitation.



Opportunity under new normal situation

- In 2014, the World Federation of Occupational Therapists acknowledged Tele-rehabilitation as an appropriate service delivery model for OT services
=>
 1. Prevent unnecessary delay in service delivery;
 2. Promote internal locus of control;
 3. Less disruption of family routine > high attendance rate;
 4. Positive clinical outcome c.f. face-to-face intervention;
 5. Cost effective for clients as well as for therapist;
 6. Skill and confidence improvement reported
- Elderly spend more time at home, thus facilitate tele/smart training



Opportunity under new normal situation

Infection Control Measures

1. Clear and updated infection control measures were established and sent to staffs regularly.
2. Sufficient personal protective equipment were provided.
3. For those who have chronic health problems or other concerns, special arrangement may be made.



Opportunity under new normal situation



Management & Administration

- Managers & frontlines need to be vigilant on the changes and smart to maintain the service quality.
- Corporate acknowledged the effort of developing protocol-driven telehealth programs and is vigorously working on the charging logistics.
- Tele-health and Tele-care programs as alternative mode to service patients with difficulties in receiving face-to-face OT intervention;
- More efficient use of time by cutting down the travelling period for meetings and trainings; many of us have get used to the online mode of communication and found it very convenient.
- Develop more OT specialty to increase the case load => increase income
- Advancement of Hardware and Software in service provision
- increased use of OTAs (more job opportunities)
- new roles to arrange training workshop for carers
- **The school administrators realize the importance of direct patient-therapist contact in OT service. Lacking therapy could worsen the progress of students' rehabilitation.**

Opportunity under new normal situation

Professional development of self

- Would prefer to attend talk or seminar in online mode as it saves time and energy to attend.
- The course fee is much cheaper especially when it involves overseas speaker.



WFOT – Telehealth Position Statement

<https://www.wfot.org/resources/telehealth>

- Is the use of information and communication technologies (ICT) to deliver health-related services when the provider and client are in different physical locations
- Includes tele-occupational therapy, telerehabilitation, teletherapy, telecare, telemedicine, and telepractice, etc.
- Covers health promotion, habilitation, rehabilitation, etc.
- Evaluation, intervention, monitoring, supervision, and consultation
- When in-person services are not possible, practical, or optimal for delivering care
- Part of a hybrid model
- Real time interaction between the therapist and client
- Real time transmission of data between the therapist and client
- Telehealth should meet the same standards of care as services delivered in-person
- Legal and Professional Standards

Code of Practice - OT Board



https://www.smp-council.org.hk/ot/en/content.php?page=cd_cp



[https://www.smp-council.org.hk/ot/file/pdf/221505470 DH text Eng%20new.pdf](https://www.smp-council.org.hk/ot/file/pdf/221505470%20DH%20text%20Eng%20new.pdf)



Area of Concern in Telepractice for Therapists

- Scope of Telepractice for therapists
- Professional / Professional Association Guidelines
- Ethical Standards
- Malpractice Coverage
- Technical Standards
- Selection of Clients
- Assessment Accuracy
- Intervention Delivery
- Outcome Measures





Way forward

- Development of more and more distant training programs for clients who stay longer at home.
- Development of AI-assisted home modification assistant.
- OT in VTC should widen the coverage of service to cover more SEN student to those with lesser disabilities in enhancing their physical physique and work tolerance in their future work placement
- OT should also develop more online service format to prepare for any need for distant home follow up programmes such as online training workshop, online individual training programme during suspension of F2F class period.
- Parallel development, direct hands on and online training with support on home exercise and education training
- OT should develop other skills to increase the patient scopes
- **?** Live, learn and play as before, just together with COVID-19.
- some new service such as telephone consultation, production of educational booklets or videos, were established for those cases who cannot attend the assessment due to fear of COVID-19

Way forward

In hospitals

- Standardized Telehealth programs among public hospitals;
- Corporate IT support with development of E-forms in central medical systems & further develop Apps fit for psychiatric services;
- Corporate system for attendance taking and charging for both patient and carer services

In special schools

- Make sure the decision-making persons understand the importance of our service and let them know our limitation in changes.
- Keep good connection with administrators and different parties (e.g. teachers, IT, school bus, boarding) in school so that all special arrangements to maintain therapy service can be speedy and fixable enough.

