

TELEREHAB VISION & CONTEXT

1A Aligning with our strategic vision

- ? What are our goals and aspirations and how might telerehab help us to achieve those goals?**
Consider organisational level goals (e.g. to meet the needs of an underserved population), operational level goals (e.g. to improve workflow and efficiency), and service level goals (e.g. to deliver flexible and responsive care to people and whānau).
- ? What gaps and challenges exist in our service provision?**
E.g. delayed access to community-based rehab, recruitment and retention of rural workforce) and how might telerehab help us to address those issues?
- ? What unmet needs are we trying to address?**
E.g. timely access to specialist input for rural and remote communities) and how might telerehab help us to meet those needs?
- ? What opportunities exist for drawing on telerehab to enhance provision of multidisciplinary rehabilitation?**
E.g. enabling input from team members who are geographically dispersed, enhancing communication with primary care providers, involving family or whānau in rehabilitation planning.
- ? In what other ways can telerehab help us to address our organisational goals and aspirations beyond clinical contacts with people and whānau?**
E.g. meeting our staff development goals, enabling team consults with specialists, supporting collaboration across urban and rural teams, liaison with relevant non-government organisations, improving access to mentoring or professional supervision opportunities.

1B Our communities

- ? What do we know and understand about the communities we serve to inform our telerehab service provision offerings?**
Consider demography, geographical dispersion, sociocultural needs, digital literacy, level of deprivation.
- ? What are the range of rehab needs people and whānau present with?**
What are the pros and cons of telerehab as a means of addressing those needs?
- ? Who might need to be involved in designing our telerehab offerings?**
E.g. service users, local iwi, community leaders, local champions.
- ? How will we check our assumptions about the needs and preferences of our service users as we proceed?**

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1C Our context

- ❓ **What is our organisational and service context and how might that inform our telerehab offerings?**
e.g. Private/public? Primary/secondary/tertiary service? Urban/rural/remote?
Inpatient/outpatient/community?
- ❓ **What are our funding structures and how might that influence our telerehab offerings?**
E.g. Contract for services? Key performance indicators? Pay-for-service? Pay-for-outcome?
- ❓ **What do we know and understand about our workforce and how that might impact our telerehab offerings?**
E.g. Existing skills and capabilities? Professional regulations?
- ❓ **Who are our key delivery partners and what do we know about their appetite and capability for telerehab?**

1D Our options

- ❓ **What telerehab modes of delivery are already available to us?**
E.g. phone, text-messaging, video conferencing, apps, remote monitoring
- ❓ **What are the pros and cons of different telerehab modes of delivery?**
Consider our goals and aspirations, the communities we serve, and our current context.
- ❓ **What would different telerehab modes of delivery enable (or constrain)?**
- ❓ **What are the possible unintended effects of different options that we would need to be aware of and mitigate?**
- ❓ **What steps can we take to address gaps in the telerehab modes of delivery available to us?**
To address our goals and aspirations and meet the needs and preferences of the communities we serve.

