

Online Supplement

Brief Report

Telerehabilitation Services Remain Increased Post-COVID-19 in Australia

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Online supplemental table S1: Survey structure

Topic	Question (* denotes forced responses)	Response options
Center-based pulmonary rehabilitation	Do you currently deliver center-based pulmonary rehabilitation services (i.e. in-person)?*	Yes/No
	Did you deliver center-based pulmonary rehabilitation services <u>prior to</u> the Australian implementation of restrictions in response to the COVID-19 pandemic (i.e. prior to March 2020)?*	Yes/No
	<p>Is your current delivery of center-based pulmonary rehabilitation services <u>different</u> compared with that provided prior to the COVID-19 pandemic (i.e. prior to March 2020)?*</p> <p>What has changed in your delivery of center-based pulmonary rehabilitation compared with the services prior to the COVID-19 pandemic (you may select more than one box)?</p> <p>If you would like to elaborate on any important changes, please do so below.</p>	<p>Yes/No/Unsure</p> <p>Staffing (number and/or hours) - Increased Staffing (number and/or hours) - Reduced Service funding - Increased Service funding - Reduced Rehabilitation group size (patient number) - Increased Rehabilitation group size (patient number) - Reduced Training program duration (weeks) - Increased Training program duration (weeks) - Reduced In-person training frequency (sessions per week) - Increased In-person training frequency (sessions per week) - Reduced Other (please specify): ____ Open response</p>
	Please indicate the factors contributing to why center-based pulmonary rehabilitation is no longer delivered by your service (you may select more than one box).	<p>Permanent closure/reallocation of rehabilitation venue Loss/reduction to allocated funding Loss of staff from organisation Reallocation of staff to other worksites within organisation Loss of organizational/managerial support Loss of materials/equipment for pulmonary rehabilitation Continuing COVID-19 restrictions prevent pulmonary rehabilitation delivery Switch to full remote delivery of pulmonary rehabilitation (i.e. telerehabilitation)</p>

		Other (please specify): ___
	Regarding center-based pulmonary rehabilitation, please indicate the average number of patients within exercise groups throughout 2023 (excludes sessions delivered 1:1).	Open response
Telerehabilitation	Do you currently deliver pulmonary rehabilitation services remotely (i.e. the patient undertakes pulmonary rehabilitation at a location other than the center)?*	Yes/No
	You have indicated that you currently deliver pulmonary rehabilitation via remote means, but not via center-based pulmonary rehabilitation. Please briefly describe why this is the case.	Open response
	Did you provide a remotely delivered pulmonary rehabilitation service at any time during 2020-2022 due to COVID-19 restrictions?*	Yes/No
	If a remote service was delivered during 2020-2022 but is no longer provided from your pulmonary rehabilitation site, why is that no longer the case? What model(s) of pulmonary remote rehabilitation delivery did you use? What factors contributed to stopping remote delivery? What would need to change for you to begin again? Please provide as much detail as you are able.	Open response
	Are there any remote models of pulmonary rehabilitation that you delivered during 2020-2022 that are <u>not currently delivered</u> by your service?	Yes/No
	If you selected 'Yes' to the previous question, please briefly explain what remote pulmonary rehabilitation models are no longer delivered and indicate what factors contributed to this change. What would need to change for you to begin again? Please provide as much detail as you are able.	Open response
	Please select all remote pulmonary rehabilitation services that you <u>currently</u> deliver (you may select more than one box).*	Telephone Text message Video-call/video-conference Interactive web-based rehabilitation/mobile application Email Postal service
	You may deliver remote pulmonary rehabilitation via a method not listed above, or via a combination of multiple remote methods (e.g. video-calls and text messages each week). If so please briefly describe your method.	Open response

	<p>Do you intend to continue delivering all <u>remote pulmonary rehabilitation</u> option(s) indicated for the foreseeable future?</p> <p>Please state what remote pulmonary rehabilitation methods you no longer intend to deliver, and briefly explain why. Are there specific factors that are driving this decision?</p>	<p>Yes/No</p> <p>Open response</p>
	<p>Please indicate the factors that have contributed to enabling your <u>remote</u> delivery of pulmonary rehabilitation services. You may select more than one box.</p> <p>Please provide any additional details regarding these contributing factors that you think may be relevant.</p>	<p>Ongoing COVID-19 restrictions Staffing capacity/availability Support from management Available funding Available IT support Availability of equipment Patient access to internet for video-call and video-conference engagement Patient preference Clinician preference Other (please specify): ____</p> <p>Open response</p>
	<p>Does your delivery of [<i>specific remote PR method</i>] generally include one or more home visits by a physiotherapist or other healthcare professional?</p> <p>If a healthcare professional other than a physiotherapist completes a home visit for pulmonary rehabilitation delivered via [<i>specific remote PR method</i>], please indicate their occupation.</p>	<p>Yes - Physiotherapist only Yes - Other healthcare professional only Yes - Physiotherapist and other healthcare professional No</p> <p>Nurse Allied health assistant Occupational therapist Exercise physiologist Other (please specify): ____</p>
	<p>Do patients that undertake <u>remote</u> pulmonary rehabilitation (other than video-calls/video-conferencing) undertake any exercise training sessions with real time supervision from a healthcare professional within your team?</p>	<p>Yes/No</p>
	<p>Please indicate the frequency of real time supervision of exercise training sessions for pulmonary rehabilitation delivered via [<i>specific Remote PR method</i>].</p>	<p>At the initial home visit only At any subsequent home visits</p>

		Once per week via video Twice per week via video Other (please describe): ____
	Is any equipment provided to the patient for pulmonary rehabilitation delivered via [<i>specific Remote PR method</i>]? Please note that this includes exercise equipment (e.g. dumbbells, exercise bikes) and technology equipment (e.g. electronic tablets, oxygen saturation monitor).	Yes (please specify) ____ No
	Do the healthcare professionals in your team who deliver <u>remote</u> pulmonary rehabilitation undertake specific training (e.g. motivational interviewing)?	Yes/No
	If 'Yes', please briefly provide details regarding the specific training and indicate the associated models of remote pulmonary rehabilitation delivery.	Open response
Service delivery and essential components of pulmonary rehabilitation	For your <u>center-based</u> pulmonary rehabilitation program, how do you deliver <u>center-based</u> exercise training sessions? You may select more than one box.	Individual (1:1) training sessions/Group training sessions
	Regarding center-based pulmonary rehabilitation, please indicate the average number of patients within exercise groups throughout 2023 (excludes sessions delivered 1:1).	Open response
	You indicated that you deliver remote pulmonary rehabilitation via <u>video-call/video-conferencing</u> . Please indicate below if your contact with patients via this method is with individuals and/or with groups (you may select more than one box).	Individual/Group
	Regarding group <u>video-calls/video-conferencing</u> , please indicate the average number of patients within group calls throughout 2023 (excludes calls to individuals).	Open response
	What is the typical duration (in minutes) of a single [<i>center-based PR or specific remote PR method</i>] session?	Open response
	Please indicate the general program length for pulmonary rehabilitation delivered via [<i>center-based PR or specific remote PR method</i>].	< 4 weeks 4-6 weeks 7-8 weeks > 8 weeks
	Before a <u>center-based</u> pulmonary rehabilitation program begins, does the patient complete an initial assessment at the center with a healthcare professional?	Yes/No

Before a pulmonary rehabilitation program via a remote method begins, does the patient complete an initial assessment at the center with a healthcare professional?

Please select all assessments performed within the initial assessment you deliver at the center. You may select more than one box.

If there is a difference between the inclusions of initial assessments for center-based and remote pulmonary rehabilitation methods, please briefly describe below:

Please indicate any factors which contribute to being unable to complete an initial center-based assessment with a healthcare professional. You may select more than one box.

If you feel that the factors which contributed to being unable to complete an initial center-based assessment are different for center-based and remote pulmonary rehabilitation delivery, please provide additional comments. Please ignore this question if you deliver pulmonary rehabilitation via only one mode (i.e. only center-based or remote).

Yes/No

Patient history
Cardiopulmonary exercise testing (laboratory)
A field exercise test (e.g. 1-minute sit-to-stand test, 6-minute walk test)
Quality of life assessment
Dyspnoea assessment
Nutritional status evaluation
Occupational status evaluation
Other (please specify):____

Open response

Ongoing COVID-19 restrictions
Insufficient staffing capacity/availability
Insufficient funding
Unavailable equipment/space
Geographic accessibility issues (travel time and transport access)
Patient preference
An initial patient assessment is not required
The assessment is performed during a home visit by a healthcare professional
Other (please specify):____

Open response

	<p>Do patients undertaking [<i>center-based PR or specific remote PR method</i>] receive an individually prescribed and progressed exercise program?</p> <p>If 'Yes', please briefly describe the common training prescribed (e.g. walk training, resistance-banded exercises).</p>	<p>Yes – Individually prescribed and progressed endurance and resistance training Yes – Individually prescribed and progressed endurance training only Yes – Individually prescribed and progressed resistance training only No</p> <p>Open response</p>
Demographic questions	Please indicate your role within your service.	Program coordinator/Other staff member
	Please indicate your occupation.	Physiotherapist Nurse Allied health assistant Occupational therapist Exercise physiologist Other (please specify): ____
	Please indicate the occupations of all staff within your pulmonary rehabilitation team. You may select more than one box.	Physiotherapist Nurse Allied health assistant Occupational therapist Exercise physiologist Fitness instructor/Personal trainer Dietitian Respiratory physician Psychologist Other (please specify): ____
	Please provide the state or territory for your primary pulmonary rehabilitation site.	Australian Capital Territory (ACT) New South Wales (NSW) Northern Territory (NT) Queensland (QLD) South Australia (SA) Tasmania (TAS) Victoria (VIC) Western Australia (WA)

	Please provide the postcode for your pulmonary rehabilitation site. If your service conducts pulmonary rehabilitation across multiple sites, please use the postcode of the main site from which the program is administered.	Enter postcode
	Please select the option that best describes the primary site from which you deliver pulmonary rehabilitation services.	Public hospital Private hospital Community Other (please specify)___
	If you have any other comments that you would like to make, please do so below.	Open response