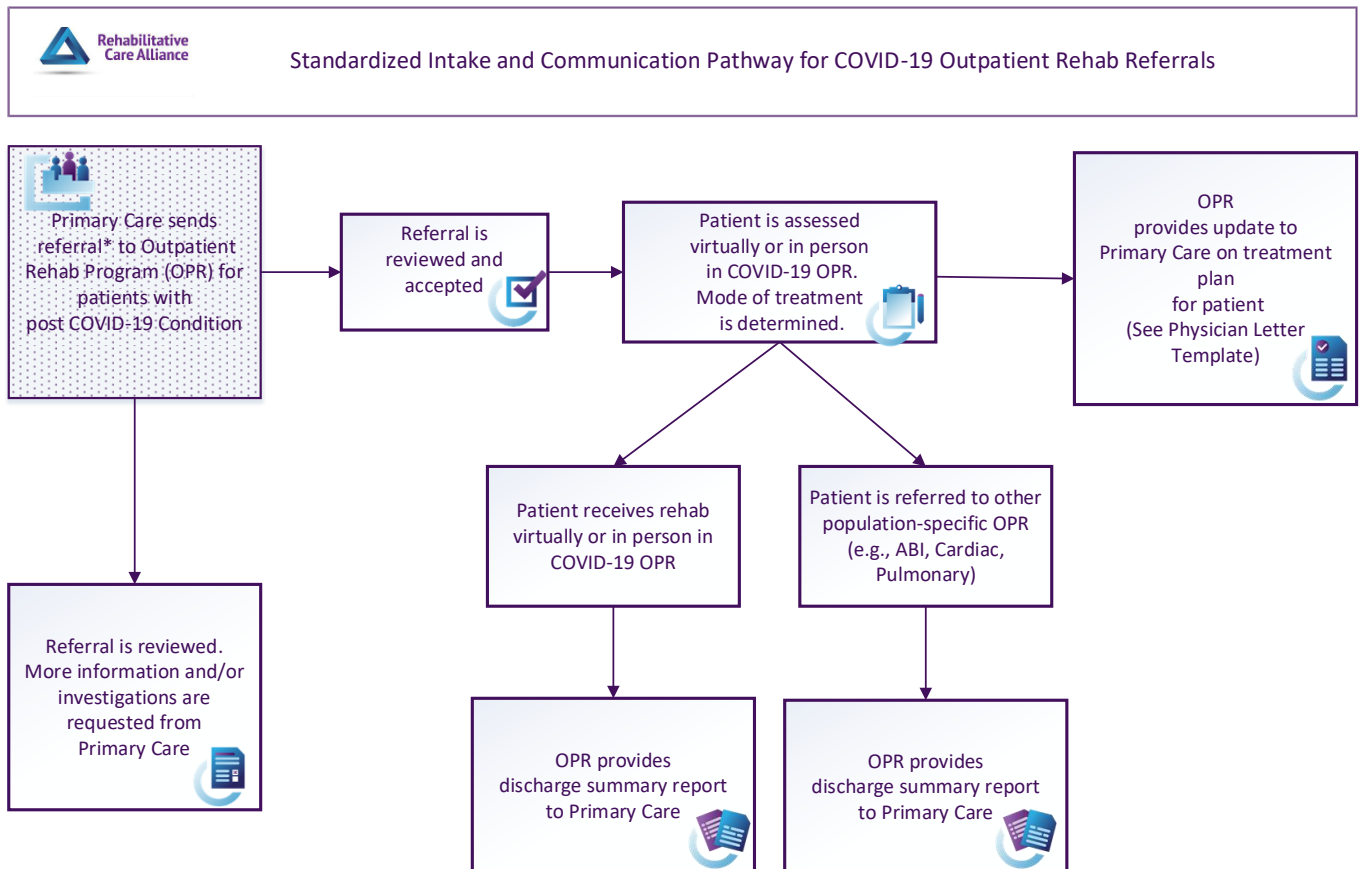


RCA Standardized Intake and Communication Pathway for COVID-19 Outpatient Rehabilitation

The RCA has worked in collaboration with the Ontario Health (OH) Quality Standards division to respond to the growing demand for rehabilitation (rehab) services for those who have persistent symptoms following COVID-19. The OH team has developed high level [clinical guidelines for primary care](#) that describe the pathway for patients with persistent symptoms after COVID-19. The RCA focused specifically on the rehab aspect of the OH work by developing:

1. A standardized intake and communication pathway for this patient group that describes the management of referrals received from primary care and communications back to primary care regarding the referral and treatment plan (see Appendix A).
2. A standardized physician letter template has been developed to facilitate the communication by COVID-19 Outpatient Rehab Programs to primary care. (See Appendix B)
3. An [inventory of publicly-funded post COVID-19 outpatient rehab programs](#) that will assist primary care providers in finding specialized COVID-19 outpatient rehab for their patients with persistent symptoms due to COVID-19. The RCA has worked with The Healthline Information Network to update its online platform (www.rehabcareontario.ca) to include this COVID-specific listing of publicly funded ambulatory rehab programs.
4. A standardized [post COVID-19 outpatient rehab referral form](#).

Appendix A:



*[RCA Post COVID-19 Outpatient Rehab Referral Form](#)

Appendix B:

Physician Letter Template - COVID-19 Outpatient Rehab Program to Primary Care Provider

Date:	<i>Customize with hospital logo</i>
Dear Dr. X,	
We have assessed your patient _____ in our COVID-19 Outpatient Rehab clinic. Based on assessment, we have determined that we will:	
<input type="checkbox"/> Admit this patient into our program for rehab <ul style="list-style-type: none"> <input type="radio"/> The current estimated wait time is: _____ <input type="radio"/> Rehab will be provided in the following format: <ul style="list-style-type: none"> <input type="checkbox"/> Virtual <input type="checkbox"/> In-person <input type="checkbox"/> Mixed (hybrid of in-person & virtual) <input type="radio"/> The program is typically provided for _____ weeks and involves: <ul style="list-style-type: none"> Education: <input type="checkbox"/> Individual <input type="checkbox"/> Group Treatment: <input type="checkbox"/> Individual <input type="checkbox"/> Group 	
<input type="checkbox"/> Refer this patient to the following specialized rehabilitation program that is more appropriate to address the patient’s symptoms/condition: Organization & Program Name: _____ Estimated wait time (if known): _____	
<input type="checkbox"/> Unable to accept referral for rehab at this time. <ul style="list-style-type: none"> <input type="radio"/> Alternative options/support to explore and why: _____ _____ _____ _____ _____ 	
Effective things you can continue in primary care to support the patient during their rehab include:	
_____ _____ _____ _____ _____	
To contact us:	
Name: _____	Position: _____
Email: _____	Tel: _____