



**Rehabilitative
Care Alliance**

**COVID-19 Impact on Ambulatory and
In-Home Rehab Capacity: 2020 and 2021
Survey Findings**

December 2021

Impact of COVID-19 on Ambulatory and In-Home Rehab

INTRODUCTION

The COVID pandemic has had a significant impact on all sectors of the health care system. During the first wave of the pandemic, access to community rehabilitation services was limited, surgical procedures postponed and social distancing mandates affected clinical interactions. To better understand the impact of these changes and help inform provincial and regional planning, the Rehab Care Alliance (RCA) circulated rehabilitative care capacity surveys across publicly funded ambulatory and in-home rehab service provider organizations.

The first rehab capacity planning survey was circulated in fall 2020. Results were shared via the RCA newsletter and through provincial and region-specific webinars.

The second capacity planning survey was circulated in summer 2021 to capture the impact of the rapidly changing pandemic context. Organizations reported on their rehab capacity at the time of the survey relative to pre-pandemic volumes and anticipated future volumes, i.e., by fall 2021. After 18 months of COVID-19, and the initial roll out of vaccines, the updated data provides valuable insight into ambulatory and in-home rehabilitation and highlights the important role that rehabilitation plays in the Ontario health care system.

Ambulatory Rehab - Key Highlights 2021 Survey

- ▲ **90% of respondents (61/68) reported that operating capacity at the time of the survey was reduced compared to pre-pandemic levels**
- ▲ **Respondents reported patient volumes were down 44% compared to pre-pandemic levels**
- ▲ **Wait times varied by population and increased between 1-4 weeks relative to pre-pandemic levels**

SUMMARY DISCUSSION – AMBULATORY REHAB

In the fall of 2020, 94% of survey respondents reported decreased operating capacity with an average of clinics operating at 57% of pre-pandemic levels. At the time of the summer 2021 survey, operating capacity had improved to an average of 72%. Stakeholders indicated that use of virtual and hybrid models of care (mix of virtual and in-person sessions) were factors that helped to increase capacity in 2021 as compared to 2020.

The reduced operating capacity reported in 2021 was attributed to multiple factors and were similar to what was reported in 2020. The factors included: patients declining services (in person or virtual), physical distancing requirements and staffing issues.

One stakeholder noted “physical distancing requirements limited our ability to conduct group activities and the issues with the national physiotherapy licensing exam impacted our staffing levels.”

Patient volumes were also identified to be lower than pre-pandemic levels in both the 2020 survey and the 2021 survey. In the 2020 survey, patient volumes were reported as being 35% of the average quarterly volumes, while the 2021 patient volumes were reported as 66% of pre-pandemic levels with a relative range of 64-87%.

The most commonly reported reason for fewer referrals was patients declining in-person and virtual visits. One stakeholder identified that during the 2021 survey period:

“there was still significant fear of in-person contact as vaccines were just being rolled out and some individuals didn’t have access to the technology to support virtual care.”

Stakeholders also identified that:

“there seems to be an increase in the number of cancelled new assessments whether due to COVID related issues or not” as well, “access to care was impacted by the inability to get in to see a GP or NP. Most were only doing virtual visits and less frequent GP/NP visits resulted in fewer referrals coming in....this has resulted in an increase in morbidity in the community.”

“referral volumes are now increasing as more people are coming forward to receive care, more people are vaccinated, and more people are identifying issues that they had not addressed earlier during the pandemic.”

In response to the pandemic, respondents in the 2021 survey reported that in-person visits represented approximately 50% of visits across patient populations; however, the highest rates of in-person visits were for pediatrics (84%), ortho - bundled care (80%) and amputee rehab (77%). One stakeholder shared that:

“our outpatient programs have experienced a significant increase in referrals and demand for services. A high number of those referrals are from those who did not feel comfortable coming to clinic and chose to defer treatment...especially where internet connections are not strong for virtual care. Our virtual programs have also made increased caseload capacity possible and thus improving wait times concurrently.”

In the 2021 survey, wait times varied by population when compared to pre-pandemic levels. Respondents reported wait times decreased or stayed the same with most reporting less than a one-week increase in wait times, except for geriatric rehab that reported a 3-4 week longer wait time, as compared to pre-pandemic levels.

It was reported by a stakeholder that “the wait time data is surprising as there has been a decrease of people on waitlists”.

The COVID-19 pandemic also resulted in an increasing number of individuals seeking rehabilitative care to address post COVID symptoms. It is projected that up to 20% of individuals who had a COVID-19 infection may experience Post COVID Syndrome ¹. A portion of survey respondents (29/68) reported receiving referrals or requests for COVID-19 related rehabilitation concerns. The top reasons for referrals are consistent with the published literature for post COVID-19 syndrome.

COVID Referrals 2021

Survey respondents across various programs and service types (29/68) also reported actively receiving referrals/requests for rehab for patients recovering from COVID-19. The top reasons for referrals to rehab due to COVID-19 included (ranked from order of most frequently reported to least frequently reported):

1. Generalized weakness/deconditioned (separate from fatigue)
2. Post-exertional fatigue/malaise
3. Respiratory issues
4. Cognitive dysfunction/impairment
5. Cardiac/cardiovascular issues
6. Psychological distress
7. Neuropathies
8. Chronic Pain
9. Speech/swallowing/nutritional issues
10. Other

In-Home Rehab Key Highlights

- ▲ **65% (11/17) of respondents reported that the service provider organization had the ability to accept more referrals**
- ▲ **For those respondents who reported referral volumes increased, this was reported across all disciplines**
- ▲ **Respondents reported that 50% of all in-home rehabilitative care was provided in person**

SUMMARY DISCUSSION – IN-HOME REHAB

Seventeen service provider organizations responded to the 2021 Capacity Planning survey, with each organization indicating they provided service across multiple regions. Stakeholders confirmed increasing referral volumes and reported:

“since the completion of the survey, home care rehab referrals have continued to rise significantly and capacity pressures have increased significantly across regions. Occupational therapy is seeing the largest increase in new referrals but other disciplines are seeing a similar pattern.”

“surgical ramp up over the last few months has increased demand.”

Respondents ranked the top five factors contributing to the increased referral volumes for in-home rehab in the 2021 survey as the following: referrals increased due to greater number of hospital discharges, decreased organizational capacity due to staffing issues, referrals increased due to ambulatory care clinics closing, patients declining in person rehab, and the use of different models of care.

Service provider organizations that reported a change in referrals indicated they could accept more referrals because of the use of virtual and hybrid models of care.

“The selective use of virtual care has helped to enhance capacity to some degree but the consensus across therapists has been that being able to use clinical judgement to determine when this is in the best interests of the client is critically important.”

Stakeholders also reported in the fall of 2021 that in addition to referral volumes increasing, patients being referred for in-home rehabilitation are presenting with increased complexity.

“We are also seeing more medically fragile and complex patients at home. This is adding additional pressure to provide overall services as these complex patients require more services per patient”.

“We are also experiencing more referrals and patients are staying longer in our program as many are more medically complex.”

CONCLUSIONS

In addition to the data obtained through the surveys, general feedback from provincial stakeholders has highlighted the important role that rehabilitative care played during the pandemic, and the continued role it will have in the weeks and months to come. Rehabilitation services will remain critical to maintain the health and independence of seniors, people with chronic conditions and vulnerable populations in the community. Many individuals delayed accessing care during the pandemic that has resulted in greater complexity of physical and mental health needs. The pandemic has also resulted in more seniors choosing to age in place, which will continue to place additional capacity pressures on in-home care and increase demand for in-home and community rehabilitation. Rehabilitation providers will also play a critical role in supporting the recovery of individuals with Long COVID. In Ontario, it is estimated that upwards of 100,000 individuals may experience lasting symptoms associated with COVID². Rehabilitation plays an essential role in optimizing the health and quality of life for individuals and can help prevent avoidable acute care utilization by preventing unnecessary hospital, and emergency department admissions.

The COVID-19 pandemic disrupted many areas of the health system, with notable impacts in the ambulatory and in-home rehabilitation sectors. Decreases to operating capacity and patient referral volumes were significant for community based rehabilitation providers. The rehabilitation community responded quickly to implement virtual health modalities, which was essential for continued access and continuity of service when many programs were mandated to close in-person operations. As the pandemic progresses, increased monitoring will be required of service needs across the systems but also the growing number of individuals seeking rehabilitative care for post-COVID symptoms and programs attempting to accommodate the requests with existing funding and capacity needs.

As the COVID-19 pandemic transitions into an endemic state, it will be essential to continue to monitor the impact across rehabilitation sectors. As well, the pandemic will bring increased awareness and acknowledgment of the positive impact rehabilitation is having on improving patient outcomes across the health system.

References:

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2. Blomberg, B., Mohn, K.G.I., Brokstad, K.A. et al. Long COVID in a prospective cohort of home-isolated patients. *Nat Med* 27, 1607–1613 (2021). <https://doi.org/10.1038/s41591-021-01433-3>



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