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# Multidisciplinary rehabilitation communication and referral

for patients diagnosed with, or recovering from COVID-19

## Virtual care clinics and services

This document provides guidance to virtual care clinics and services for referring people who are diagnosed with, or are recovering from COVID-19 to multidisciplinary rehabilitation management.

### Scope

This document provides information for virtual care clinics and services (e.g. telerehabilitation) for referring people diagnosed with, or recovering from COVID-19, for assessment by rehabilitation medicine and multidisciplinary rehabilitation management.

### What is multidisciplinary rehabilitation?

Rehabilitation medicine can offer a wide range of services that have been shown to improve patient outcomes. Rehabilitation medicine can offer outpatient rehabilitation, telerehabilitation and rehabilitation in the home for patients with moderate or severe COVID-19. Those who experience ongoing symptoms or impairments following recovery from COVID-19 may benefit from referral to a rehabilitation team.

Multidisciplinary rehabilitation teams are led by rehabilitation medicine physicians who prioritise and coordinate a process of care by nurses, doctors and allied health therapists and medical liaison with clinical teams (respiratory, intensive care specialists, neurology, vascular, cardiac etc.) as well as oversee ongoing management of other comorbidities if required.

Timely referral of community patients to rehabilitation has shown to improve patient outcomes and mitigate the chronicity of symptoms.[1,2]

Outpatient telerehabilitation services and rehabilitation in the home services regularly and easily integrate with existing single therapy disciplines available in virtual care teams, such as exercise-based therapy for those with cardiac or respiratory illness or disability.[3]

### Applicability

- For people diagnosed with, or recovering from extra-pulmonary complications of COVID-19, or those with persistent symptoms who are being managed in the community.
- For those with disabilities and/or multiple comorbidities living in the community under lockdown or quarantine conditions who have high risk factors for development moderate to severe COVID-19 should they become infected. This is the concept of prehabilitation.[4-7]

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## Referrals

Criteria for referring a virtual care clinic managed COVID-19 patient for a multidisciplinary telerehabilitation assessment include, but are not limited to:

- on-site face-to-face requirements for stair practice, home modifications, equipment prescription, etc. [8]
- when single discipline therapists request more intensity or diversity of therapy services to improve patient outcomes
- when clinic staff perceive rehabilitation needs may not be sufficiently addressed by current care plan, such as immobility, dependence in self-care, cognitive impairment, fatigue, dysphagia, weight loss, depression and anxiety, etc.
- when a virtual care physician identifies that there is a need for introducing coordinated multidisciplinary telerehabilitation interventions, which may include allied health, nursing and medical services
- when there are a number of simultaneous rehabilitation needs including, but not limited to, dysphagia, weight loss, fatigue, new onset dyspnoea, chronic pain, anxiety, depression, cognitive impairment and difficulty obtaining government financial support, which require or would benefit from coordinated multidisciplinary rehabilitation physician-led care.

## Ongoing communication

Rehabilitation medicine services include ongoing communication strategies with the referring acute teams and the preparation of virtual care teams and community services to continue care in the home for those with ongoing symptoms.
Types of communication include:

- written discharge summaries
- phone contact with GPs including case conferencing
- email and online communication with virtual care clinics
- direct phone or online contact with rehabilitation in the home teams and telerehabilitation teams for the purposes of transfer of care.

## How to refer

Processes for referral by a virtual care clinic treating moderate or severe COVID-19 patients for a rehabilitation medicine assessment will vary between and from LHD to LHD but will include referrals to rehabilitation medicine team members made by phone, text, email, online, face to face etc.

If your hospital does not have a rehabilitation medicine service on site, contact can be made to the ACI Rehabilitation Community of Practice secretariat Ms Louise Sellars on 0409 382 268, to identify the closest local services.

## Methodology

This document was developed in consultation with directors of rehabilitation services, rehabilitation physicians and other rehabilitation clinicians working in both the public and private sectors. The rationale for the communications and referral documents comes from five key sources:

- existing international guidelines on rehabilitation for those suffering from COVID-19[9-15]
- research regarding early rehabilitation for a variety of conditions that cause temporary or permanent disability[16-18]
- existing Agency for Clinical Innovation documents regarding models of care for rehabilitation[19-20]
- limited evidence for early rehabilitation following COVID-19[21-17]
- research on the use of early rehabilitation for patients in ICU.[9,32-43]

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