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Organization of acute patients' transfer to rehabilitation services during COVID-19 crisis.

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As in the whole world (1,2), the current COVID-19 epidemic is influencing the Israeli Rehabilitation infrastructure and practice in many forms. At this point, in Israel we are mostly facing problems of epidemiologic restrictions - and not a large number of infected patients. Our health system, including our specialty, is putting a lot of effort into preparing ourselves for worst case scenarios. A few changes have already taken place:

1. Almost all day-rehabilitation facilities are closed, mostly due to patients' refusal to come and expose themselves to infection.
2. Most of the acute patients, with a necessity for rehabilitation, prefer to go home and not to enter an in-patient multidisciplinary program.
3. Acute wards' staff and hospital administration are "pushing" patients from those departments to keep beds empty and ready for potential patients of COVID-19.
4. Outpatient and supportive structures are collapsing due to partial closure, epidemic restrictions and staff loss.

These considerations have made the decision about optimal transfer of the acute patient to the appropriate type of rehabilitation services much more challenging than previously. The number of options has decreased, the patients' preferences changed and the list of familiar caregivers lost its relevance. In our hospital, the Rehabilitation department doctors were always in charge of such decisions and we did it via daily rounds - with professional assessment of all referred patients in the “acute” departments. At present, we decided that it must be the task of one of the most experienced senior rehabilitation doctors to find an optimal destination for each patient in the shortest time. On the other hand, it is unsafe to expose such specialists to the various acute wards in the hospital.

The following regional schema was established:

- All requests are referred to the Senior PRM doctor (SR) by the electronic medical record (EMR) system.

- The Chief Rehabilitation Doctor of the Southern Region was selected as the SR and is working remotely, without entering the hospital.
- The information used for decision making is the following: The acute staff (doctor, nurse, social worker, physiotherapist, occupational therapist or speech therapist when needed) documents their findings in the chart.
- If this information is not sufficient one of the PRM residents goes and physically assesses the patient.
- SR's decision is transferred the same day by the EMR to the acute department, Health Fund and Rehabilitation facility.

Over the past 10 days, the results of this scheme seem positive, with high level of satisfaction of all the pertinent parties. In addition to the standard transfer schemes, a few "special" scenarios were created on an individual basis to manage every patient in optimal way, with minimal epidemiological exposure and according to patients' and caregivers' preferences.

In our opinion this regional management scheme can be helpful and safe during the COVID-19 crisis. As the situation fluctuates daily, all plans are in constant flux, but this demonstrates the approach to preserve the medical staff from exposure to infection as much as possible, while maintaining highest possible level of rehabilitation care.

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