



Frailty to Resilience: RCA Rehab Access Pathway

Ontario Collaborative for Aging Well

June 17, 2026

Rehabilitative Care Alliance

- The Rehabilitative Care Alliance was established by the Local Health Integration Networks (LHINs) in 2013 and is now funded by Ontario Health.
- The RCA works with partners across the province to strengthen and standardize rehabilitative care in Ontario through better planning, ongoing evaluation and quality improvement, and the integration of best practices across the care continuum.



Objectives

- Review the RCA Rehab Access Pathway to guide referrals for older adults with a change from baseline function to the appropriate level of rehabilitative care
- Explore the OH Toronto referral process example of direct access from Emergency Departments to Inpatient Rehab

Rehab Access Pathway (formerly DAPP)

The ALC Leading Practices Guide (2021) outlines that processes should be in place to transition directly to the next level of care, including direct access priority processes (DAPP). Regional implementation of DAPP, as one component of the ALC leading practices, is therefore recommended.

- Originally developed in 2015, to streamline access to inpatient rehab, and bypass acute care as the sole entry point.
- Expanded to include early identification of individuals with restorative potential from any location including direct referral to inpatient or community-based rehabilitation from the community or emergency department.

<https://rehabcarealliance.ca/frail-seniors/direct-access-priority-process-dapp/>

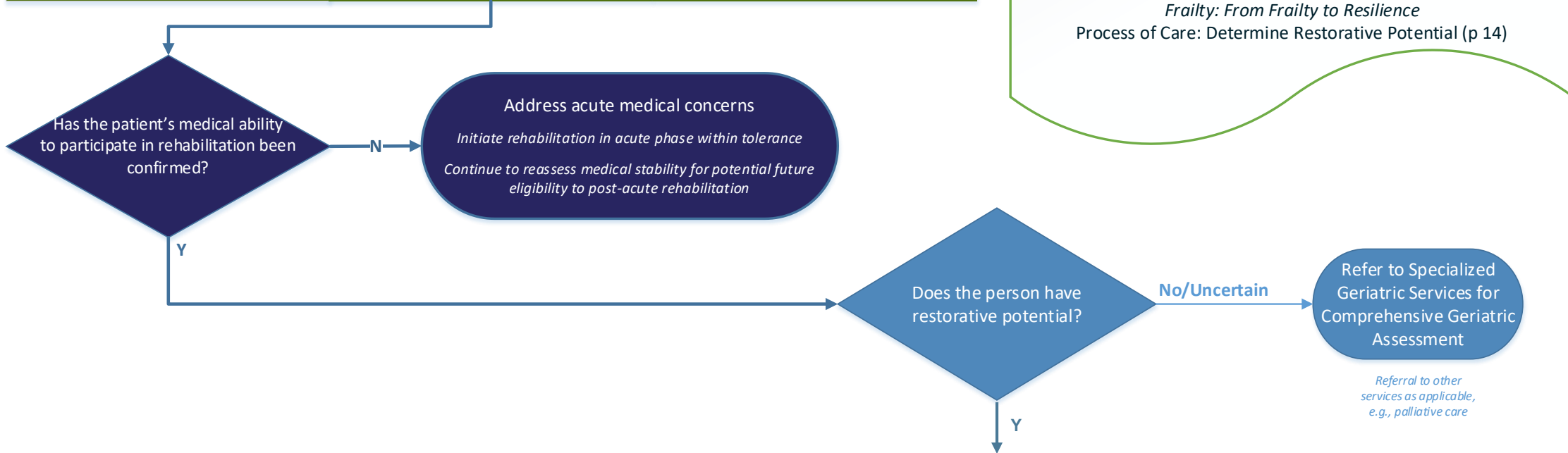
Determine Restorative Potential



Older adult assessed by a health professional

Screen if any Change from Baseline Function (prior to illness/injury)

What has changed?	How has it changed compared to...	Why has it changed? ^
<input type="checkbox"/> Screen functional status, including ADLs/IADLs, mobility, cognition and psychosocial using assessment tools such as the Barthel Index [†] and Clinical Frailty Scale* or Pictorial Fit Frail Scale~	<input type="checkbox"/> 2 weeks prior <input type="checkbox"/> 6 weeks prior (Acute) <input type="checkbox"/> 3 months prior (Sub-Acute) <input type="checkbox"/> 4–12 month prior (Chronic/Gradual) <input type="checkbox"/> 1 year or more prior (Chronic)	<input type="checkbox"/> Recent Acute Event <input type="checkbox"/> Functional Decline



Considerations

Individuals are considered to have restorative potential if there is reason to believe that, relative to the person’s baseline function, rehab care will provide benefits and lead to functional improvement or maintenance of function.

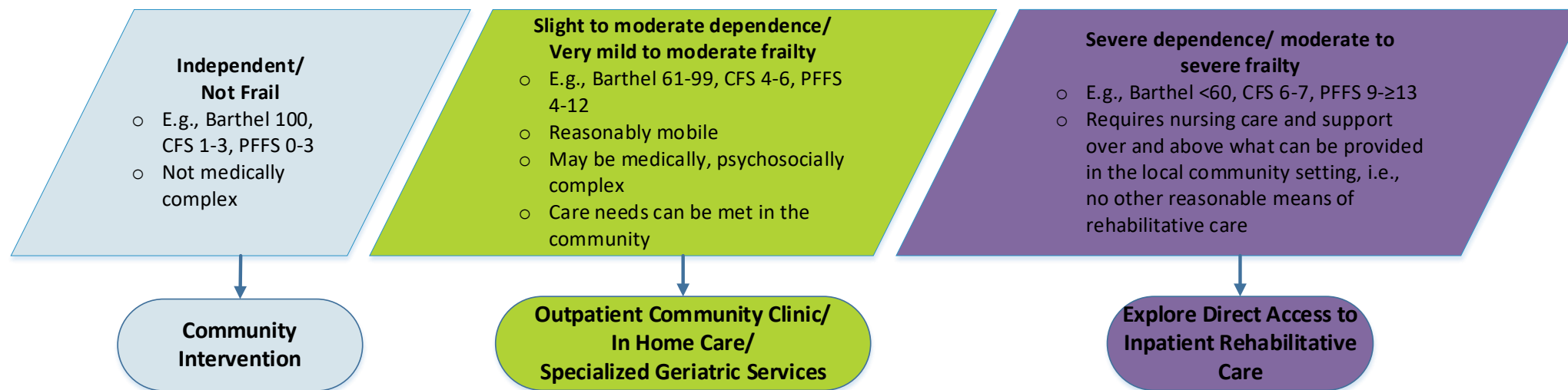
Cognitive impairment, delirium, depression, discharge destination or age should **NOT** be used in isolation to influence a determination of restorative potential.

Rehabilitative care with a restorative approach should be the default. The older adult and their care partner/s must be included in the circle of care.

Source

RCA-PGLO *Rehabilitative Care for Older Adults Living With/At Risk of Frailty: From Frailty to Resilience*
 Process of Care: Determine Restorative Potential (p 14)

Assessment & Intervention



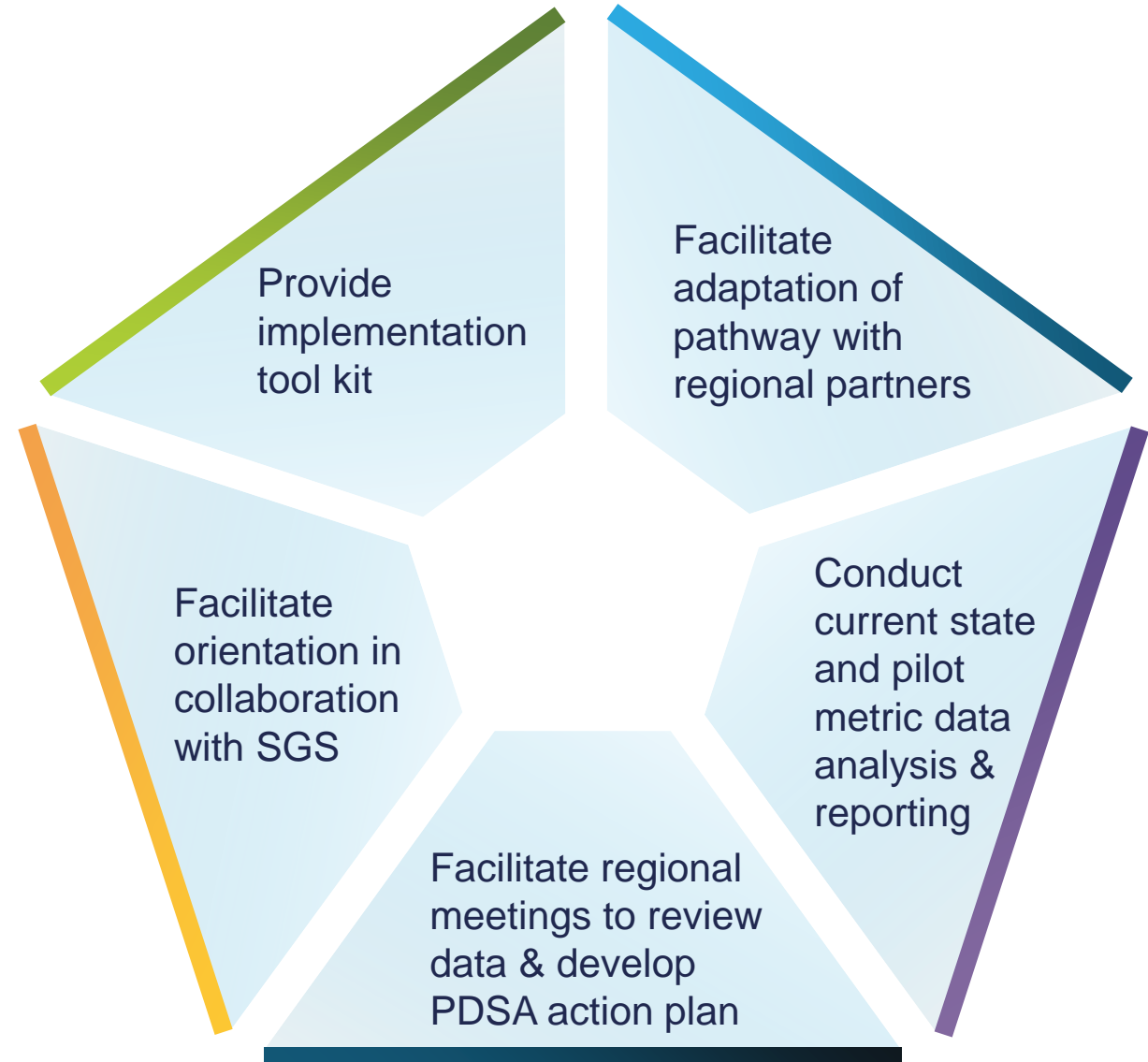
Pathway Development: Complete asset mapping of local rehab services for older adults. Enter services and referral processes in the appropriate boxes below.

<p>Enter prevention programs such as fall prevention and exercise classes here</p> <p>Publicly funded rehabilitative care service listing: www.rehabcareontario.ca</p>	<p>Enter Rehab Services here</p> <p>OHaH Rehab Services for older adults who are homebound</p> <p>Outpatient Community Clinics/Services</p> <p>Specialized Geriatric Rehab Services</p> <p>Publicly funded rehabilitative care service listing: www.rehabcareontario.ca</p>	<p>Enter Inpatient Rehabilitative Care Program here</p> <p>Align the older adult's goal, functional trajectory, target population and functional characteristics to a program that has the resources to safely manage the medical needs.</p> <p>Refer to the <i>RCA Framework for Bedded Levels of Rehabilitative Care</i></p>
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MONITORING & FOLLOW-UP IN PRIMARY CARE: Monitor progress against the care plan. Patient progress and reassessment results are communicated across care partners.

RCA Role

- Provide project management support for the first year of implementation:
 - Available for ongoing Q&A
 - Support “on the ground” project team
 - Implementation support
- Facilitate network with other piloting regions



Direct Access from ED to Inpatient Rehab (OH Toronto)

Slides will be shared during the presentation.



- For further information, please contact
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THANK YOU!

rehabcarealliance.ca