

Complex Care and Rehabilitation Application Form Tip Sheet

1. Drop-down Menus

Users are encouraged to fill in the form electronically. The following table provides the content of each drop-down menu and is to be used if the form is being completed manually.

Page 1 - Gender	Page 1 - Referral Source-Hospital Site	Page 1 - Complex Care/Rehab Stream	Page 1 - Complex Care/Low Intensity Rehab (CC/LIR) Bed Type	Page 1 - High Intensity Rehab Bed Type	Page 1 - Complex Care Facilities (Choices)
Female	BCHS - Brantford General	Short-Term Complex Medical Management	General Medically Complex	ABI	BCHS: Brant Community Healthcare System
Male	BCHS - The Willet	Long-Term Complex Medical Management	ABI Medically Complex	Amputee	HDS: Hotel Dieu Shaver
Non-Binary	Haldimand War Memorial Hospital	High Intensity Rehab	Bariatric Medically Complex	General-Other	HHS-WLMH: West Lincoln Memorial Hospital
Two-Spirit	HHS - Hamilton General	Low Intensity Rehab	Dialysis Medically Complex	Geriatric	HHS-SPH: St. Peter's Hospital
Other	HHS - Juravinski Cancer Centre	Activation and Restoration	Ventilator-Dependent	Neuro-Behavioural (HHS)	HWMH: Haldimand War Memorial Hospital
Page 2 - Upcoming Appointments (Type)	HHS - Juravinski Hospital	End of Life	Low Intensity Rehab	Neuro-General (HDS)	JBH: Joseph Brant Hospital
Appointments	HHS - McMaster Children's Hospital	Behavioural	Activation/Restoration	Neuro-Oncology (HHS)	NGH: Norfolk General Hospital
Investigations	HHS - McMaster University Medical Centre		End of Life	Ortho/MSK	NH-DMH: Douglas Memorial Hospital
Test/Procedure	HHS - St. Peter's Hospital		Behavioural	Spinal Cord Injury	NH-GNG: Greater Niagara General Hospital
	HHS - West Lincoln Memorial Hospital		Page 2 - Weight Bearing Status	Stroke	NH-PCH: Port Colborne Hospital
Page 3 - IV Therapy - Access Line	Hotel Dieu Shaver Rehabilitation Centre		Full		NH-SCS: St. Catharines General Hospital
Saline Lock	Joseph Brant Hospital		As Tolerated	Page 3 - Pain Frequency	NH-WHS: Welland Hospital
PICC-Valved	NH - Douglas Memorial Hospital		Partial	No Pain	SJHH: St. Joseph's Healthcare Hamilton
PICC-Non-Valved	NH - Greater Niagara General	Page 2 - Palliative Performance Scale	Feather	Present but not exhibited within last 3 days	Page 3 - Pain Intensity
PORT-Valved	NH - Port Colborne Hospital	10%	Toe Touch	Exhibited on 1 to 2 within last 3 days	No Pain
PORT-Non-Valved	NH - Welland Hospital	20%	Non-Weight Bearing	Exhibited daily in last 3 days	Mild
Tunnelled-Valved	Norfolk General Hospital	30%	Page 3 - Diet Type		Moderate
Tunnelled-Non-Valved	St. Joseph's Healthcare Hamilton	40%	Chopped		Severe
	West Haldimand General Hospital	50%	Diabetic	Page 3 - Fluid Type	Horrible or Excruciating
Page 3 - Feed Tube		60%	Minced	Thin	
PEG		70%	Pureed	Slightly Thick	Page 3 - Peritoneal Dialysis Schedule
Jejunostomy		80%	Reguar	Mildly Thick	Run Day/Time
Gastric		90%	Thickened	Moderately Thick	Cycler
Other		100%	TPN	Extremely Thick	Twin Bag

2. Rehab Care Alliance Definitions

The table below highlights the key features of the bedded levels of rehabilitative care to help you determine the level that best meets the care needs of your patients. Full descriptions of the levels are available at <http://rehabcarealliance.ca/definitions-1>

Rehabilitation	Activation/Restoration	Short-Term Complex Medical Management	Long-Term Complex Medical Management
<p>Functional Goal: Progression</p> <p><i>Time-limited, coordinated interprofessional rehabilitation plan of care ranging from low to high intensity through a combined and coordinated use of medical, nursing and allied health professional skills.</i></p> <p>Target Population: medically-stable, able to participate in comprehensive rehabilitation program.</p> <p>Average Length of Stay: <90 days, based on best practice targets and discharge indicator considerations. Rehab team to confirm LOS for specific program.</p> <p>Discharge Indicator: rehab goals met; access to medical/nursing care no longer required.</p> <p>Medical Care: daily physician access.</p> <p>Nursing Care: up to 3 hrs. per day. Some may go up to 4 hrs. per day.</p> <p>Therapy Care: direct care by regulated health professionals and as assigned to non-regulated professionals.</p> <p>Therapy Intensity: 15-30 min. of therapy 3x per day to 3 hrs. per day. Based on patient's tolerance.</p>	<p>Functional Goal: Progression</p> <p><i>Exercise and recreational activities offered to increase strength and independence. Goal achievement does not require daily access to a full interprofessional rehabilitation team and coordinated team approach.</i></p> <p>Target Population: medically-stable, cognitively and physically able to participate in restorative activities.</p> <p>Average Length of Stay: (56-72 days) <90 days.</p> <p>Discharge Indicator: rehab goals met, access to medical/nursing care no longer required.</p> <p>Medical Care: weekly physician access/follow-up.</p> <p>Nursing Care: <2 hrs. per day.</p> <p>Therapy Care: consulted by regulated health professionals, delivered mostly by non-regulated professional as assigned.</p> <p>Therapy Intensity: group or 1:1 setting, throughout the day; 30 min or up to 2 hrs. per day (5-7 days per week).</p>	<p>Functional Goal: Stabilization and Progression</p> <p><i>Medically complex and specialized services to avoid further loss of function, increase activity tolerance and progress patient.</i></p> <p>Target Population: medically-stable with long-term illnesses/disabilities, requiring on-going medical/nursing support. On admission, may have limited physical and/or cognitive capacity due to medical complexity but believed to have restorative potential.</p> <p>Average Length of Stay: up to 90 days.</p> <p>Discharge Indicator: medical/functional recovery to allow patient to safely transition to next level of rehab care or alternate environment.</p> <p>Medical Care: access to scheduled physician care/daily medical oversight.</p> <p>Nursing Care: >3 hrs. per day.</p> <p>Therapy Care: regulated health professionals to maintain/maximize cognitive, physical, emotional, functional abilities. Supported by non-regulated health professionals as assigned.</p> <p>Therapy Intensity: up to 1 hr. as tolerated by the patient.</p>	<p>Functional Goal: Maintenance</p> <p><i>Medically complex and specialized services over an extended period of time to maintain/slow the rate of, or avoid further loss of function</i></p> <p>Target Population: medically-stable with long-term illnesses/disabilities, requiring on-going medical/nursing support that cannot be met at home or in a long-term care home.</p> <p>Average Length of Stay: will remain at this level.</p> <p>Discharge Indicator: patient is designated to be more or less a permanent resident in the hospital and will remain until medical/functional status changes.</p> <p>Medical Care: access to weekly physician follow-up/oversight – up to 8 monitoring visits per month.</p> <p>Nursing Care: >3 hrs. per day.</p> <p>Therapy Care: regulated health professionals to maintain/maximize cognitive, physical, emotional, functional abilities. Supported by non-regulated health professionals as assigned.</p> <p>Therapy Intensity: regulated health professional available to maintain and optimize functional abilities.</p>

3. Complex Care and Rehab Facilities

BCHS Brant Community Healthcare System	HDS Hotel Dieu Shaver Rehabilitation Centre	HHS Hamilton Health Sciences (Regional Rehab Centre)	HHS-JH Hamilton Health Sciences – Juravinski Hospital	HHS-SPH Hamilton Health Sciences – St. Peter’s Hospital	HHS-WLMH Hamilton Health Sciences – West Lincoln Memorial Hospital
HWMH Haldimand War Memorial Hospital	JBH Joseph Brant Hospital	NGH Norfolk General Hospital	NH-DMH Niagara Health – Douglas Memorial Hospital	NH-GNG Niagara Health – Greater Niagara General	NH-PCH Niagara Health – Port Colborne Hospital
NH-WHS Niagara Health – Welland Hospital Site	SJHH St. Joseph’s Healthcare Hamilton				

4. Complex Care and Rehabilitation Bed Types by Site

Institution Name	Short-Term Complex Medical Management (SCMM)	Ventilator Dependent (Medically Complex)	Dialysis (Medically Complex)	Bariatric (Medically Complex)	High Intensity Rehab	Low Intensity Rehab	Activation and Restoration	End Of Life Care	Behavioural
BRANT COMMUNITY HEALTHCARE SYSTEM	√				√	√	√	√	
HALDIMAND WAR MEMORIAL HOSPITAL	√						√	√	
HAMILTON HEALTH SCIENCES CORP - REGIONAL REHAB CENTRE					√				
HAMILTON HEALTH SCIENCES CORP - JURAVINSKI HOSPITAL					√				
HAMILTON HEALTH SCIENCES CORP - ST PETER'S HOSPITAL SITE	√					√		√	√
HOTEL DIEU SHAVER HEALTH AND REHABILITATION CENTRE	√				√	√		√	
JOSEPH BRANT MEMORIAL HOSPITAL	√				√	√		√	
NIAGARA HEALTH SYSTEM-COUNTY GEN WELLAND		√	√	√		√	√	√	
NIAGARA HEALTH SYSTEM-DOUGLAS MEM FORT ERIE	√					√	√	√	
NIAGARA HEALTH SYSTEM-GREATER NIAGA SITE	√			√		√	√	√	
NIAGARA HEALTH SYSTEM-PORT COLBORNE SITE	√			√		√	√	√	
NORFOLK GENERAL HOSPITAL	√						√	√	
ST JOSEPH'S HEALTHCARE-HAMILTON	√	√	√	√	√				
WEST LINCOLN MEMORIAL HOSPITAL						√		√	