Ontario Health atHome

Hospice Waterloo Region | North Wellington Health Care | St.Marys GENERAL HOSPITAL | SUNNYSIDE Seniors' Services | GROVES | GUELPH GENERAL HOSPITAL

Hospice Wellington | ST. JOSEPH'S HEALTH CENTRE GUELPH | LISAARD & INNISFREE HOSPICE | GRAND RIVER HOSPITAL Advancing Exceptional Care | CAMBRIDGE MEMORIAL HOSPITAL

COORDINATED BED ACCESS

CHANGE IN STATUS UPDATE FORM & PROGRAM TRANSFER REQUESTS

PATIENT NAME:	BRN:
DOB:	CLIENT #:
DATE OF UPDATE:	SENDING FACILITY:
Current Location/Unit:	Contact Number & Ext:

REASON FOR UPDATE ☐ **Remove from waitlist**

☐ Patient has become medically stable   ☐ Patient has been discharged home
☐ Patient has become medically unstable   ☐ Patient died

Palliative only:

☐ Patient in crisis   ☐ Patient no longer in crisis   ☐ Priority 2   ☐ Priority 3
☐ Patient is no longer eligible   ☐ Patient transferred to another setting   ☐ Patient withdraws referral
☐ Other (Specify):
☐ Patient updating/re-ranking waitlist choices:

Lisaard House - Cambridge	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th	Hospice Wellington	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th
Innisfree House - Kitchener	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th	SJHCG - Guelph	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th
Hospice Waterloo Region	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th	GMCH - Fergus	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th
GRH Freeport - Kitchener	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th		

Patient Requires a Different Level of Care – Please Select Below and Include Updated Letter of Understanding

Applying to same site as current location? ☐ Yes ☐ No *If No, send full application to apply to all sites

☐ General Rehab (CMH, GRH, SJHCG)   ☐ Low Intensity Rehab (GRH, SJHCG)   ☐ Complex Medical (GRH, SJHCG, GMCH)   ☐ Activation/Restoration (Sunnyside, GMCH)

DETAILS OF UPDATE

Bed Offer Contact (Name):	Bed Offer Contact Number:

Updated Patient Goals/Care Plan:

Change in Clinical Care Needs: ☐ Yes Specify:

PPS Score: Infection Control: ☐ None ☐ Positive:

PROVIDE COMMENTS ON PROGRESS TO SUPPORT REQUEST FOR PROGRAM CHANGE		
CURRENT FUNCTIONAL STATUS UPDATES	Cognition:	
	ADLS:	
	Transfers:	
	Ambulation/Mobility:	
PALLIATIVE ONLY	Oral Intake:	
	Anxiety, pain, nausea, dyspnea:	

OTHER RELEVANT INFORMATION

PLEASE FAX COMPLETED FORM AND UPDATED LETTER OF UNDERSTANDING to OHaH (519) 742-0635 **For Neurobehavioural and Geriatric Assessment Units fax to (519) 749-4326**