

CHAMPLAIN SUB ACUTE CAPACITY AND CRITERIA (March 2019)

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| RCA FRAMEWORK | Rehabilitation <i>Range from high to low intensity based on individual needs of patients</i> | | | | Activation/Restoration | Short Term Complex Medical Management (CMM) | Long Term Complex Medical Management (CMM) |
| | Functional Trajectory: Progression 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. | | | | Functional Trajectory: Progression Exercise and recreational activities offered to increase strength and independence. Goal achievement does not require daily access to a full interprofessional rehab team & coordinated team approach. | Functional Trajectory: Stabilization & Progression Medically complex and specialized services to avoid further loss of function, increase activity tolerance and progress patient. Low intensity rehabilitative care based on individual needs of patients. | Functional Trajectory: Maintenance Medically complex and specialized services over an extended period of time to maintain/slow the rate of, or avoid further loss of function. |
| BEDS | General Rehabilitation | Geriatric Rehabilitation | Specialized Rehabilitation | Stroke Rehabilitation | Convalescent Care | Complex Continuing Care | |
| | General Rehab Total # Beds in Champlain: 102 | Geriatric Rehab Total # Beds in Champlain: 54 | Specialized rehab Total # Beds in Champlain: 54 | Stroke Rehab Total # Beds in Champlain: 46 | Convalescent Care Total# Beds in Champlain: 96 | Complex Continuing Care Total # Beds in Champlain: 514 | |
| LOS | Length of stay is determined by the physical and cognitive status of the patient upon admission using provincial guidelines | | | | | | |
| PROGRAMS IN CHAMPLAIN LHIN | Cornwall Community Hospital - General Rehabilitation (12) Hôpital Montfort - General Rehabilitation (21) Pembroke Regional Hospital - General Rehabilitation (15) The Ottawa Hospital Rehabilitation Center - Short Term Rehabilitation (16) Queensway Carleton Hospital - General Rehabilitation (14) - Transition to home program (24) | Bruyère Continuing Care - Geriatric Rehabilitation (50) Glengarry Memorial Hospital - Geriatric Rehabilitation (4) | The Ottawa Hospital Rehabilitation Center (54) - Acquired Brain Injury Rehabilitation - Complex Orthopedic/Locomotor Rehabilitation - Amputee Rehabilitation - Spine/Neuromuscular Rehabilitation - Respiratory Rehabilitation | Bruyère Continuing Care - Stroke Rehabilitation (33) Glengarry Memorial Hospital - Stroke Rehabilitation (6) Pembroke Regional Hospital - Stroke Rehabilitation (7) | Carlingview Manor - Convalescent Care (12) Kemptville District Hospital - Convalescent Care (8) Perley and Rideau Veterans - Enhanced Convalescent Care/ Sub-Acute Frail Elderly (SAFE) unit (20) - Convalescent Care (34) Residence St Louis - Convalescent Care (22) | Short Term CMM only: Bruyere Continuing Care- St Vincent's (73) - Wound Care - Restorative Care Glengarry Memorial Hospital (5) Kemptville District Hospital (2) | Long Term CMM only: Bruyere Continuing Care- St Vincent's (187) - Supportive Care - Specialized Complex Care - Chronic Assisted Ventilator - Bariatric Care - Dialysis- Hemo, PD |
| | | | | | | Can provide both Short Term and Long Term Complex Medical Management: Almonte General Hospital (26) Arnprior Regional Health (14) Bruyere Continuing Care- St Vincent's (76) Hawkesbury & District General Hospital (18) Pembroke Regional Hospital (18) Renfrew Victoria Hospital (15) St. Francis Memorial Hospital (10) St. Joseph's Complex Continuing Care Center (58) Winchester District Memorial Hospital (12) | |

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| | Rehabilitation | | Convalescent Care | Short Term Complex Medical Management | Long Term Complex Medical Management |
|----------------------|--|--|---|---|--|
| ELIGIBILITY CRITERIA | <p>Target Population: Medically stable, able to participate in comprehensive rehabilitation program.</p> <p>Medical Care: Daily physician access Nursing Care: Up to 3 hrs/day. Some may go up to 4 hrs. Therapy Care: Direct care by regulated health professionals and as assigned to non-regulated professionals Therapy Intensity: 15-30 mins of therapy 3x/day to 3 hrs/day. Based on patient's tolerance.</p> <ul style="list-style-type: none">✓ The patient has restorative potential- functional improvement expected✓ Identified goals that are specific, measurable and timely✓ The patient is able to participate and benefit from rehab (learn and carry over learning)✓ The patient's goals/needs cannot otherwise be met in the community | <p>Target Population: Medically stable, able to participate in comprehensive rehabilitation program.</p> <p>Medical Care: Daily physician access Nursing Care: Up to 3 hrs/day. Some may go up to 4 hrs. Therapy Care: Direct care by regulated health professionals and as assigned to non-regulated professionals Therapy Intensity: 15-30 mins of therapy 3x/day to 3 hrs/day. Based on patient's tolerance.</p> <ul style="list-style-type: none">✓ The patient has restorative potential- functional improvement expected✓ Identified goals that are specific, measurable and timely✓ The patient is able to participate and benefit from rehab (learn and carry over learning)✓ The patient's goals/needs cannot otherwise be met in the community | <p>Target Population: Medically stable, cognitively and physically able to participate in restorative activities.</p> <p>Medical Care: Weekly physician access/follow-up Nursing Care: <2 hrs/day Therapy Care: Consulted by regulated health professionals, delivered mostly by non-regulated professional as assigned Therapy Intensity: Group or 1:1 setting, throughout the day 30 mins or up to 2 hrs/day (5-7 days/week).</p> <ul style="list-style-type: none">✓ The patient has restorative potential- functional improvement expected✓ Identified goals that are specific, measurable and timely✓ The patient is able to participate and benefit from rehab (learn and carry over learning)✓ The patient's goals/needs cannot otherwise be met in the community | <p>Target Population Short Term CMM: Medically complex 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>Medical care: Access to scheduled physician care/daily medical oversight Nursing Care: >3hrs /day Therapy Care: Regulated health professionals to maintain/maximize cognitive, physical, emotional, functional abilities. Supported by non-regulated health professionals as assigned. Therapy Intensity: Up to 1 hr, as tolerated by the patient</p> <ul style="list-style-type: none">✓ The patient has restorative potential- functional improvement expected✓ Requires hands on daily assist with 3 of 4 late loss ADL's (eating, toileting, mobility, transfers)✓ Identified goals that are specific, measurable and timely✓ The patient is able to participate and benefit from rehab (learn and carry over learning) may not demonstrate carry-over for learning at the time of admission, but are expected to develop carry-over through the course of treatment✓ The patient's goals/needs cannot otherwise be met in the community | <p>Target Population Long Term CMM: Medically complex with long-term illnesses/disabilities, requiring on-going medical/nursing support that cannot be met at home or in a LTCH</p> <p>Medical care: Access to weekly physician follow up/oversight – up to 8 monitoring visits per month Nursing Care: >3hrs /day Therapy Care: Regulated health professionals to maintain/maximize cognitive, physical, emotional, functional abilities. Supported by non-regulated health professional as assigned. Therapy Intensity: Regulated health professional available to maintain and optimize functional abilities. The goal is to maintain, slow the rate of or avoid further loss of function.</p> <ul style="list-style-type: none">✓ Requires hands on daily assist with 3 of 4 late loss ADL's (eating, toileting, mobility, transfers)✓ The patient's goals/needs cannot otherwise be met in the community |
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GENERAL INCLUSION CRITERIA FOR SUB-ACUTE CARE

- ✓ Medically stable*
- ✓ Care needs can be met within the available resources of Sub Acute care
- ✓ Requires interdisciplinary team care
- ✓ Defined and achievable goals
- ✓ Weight bearing status is established (Non-weight bearing patients may be accepted if rehab goals exist)
- ✓ Adequate tolerance to participate in the program
- ✓ Consents to participate and has the potential to benefit from the program
- ✓ Discharge options have been discussed with the patient/family

*A patient is considered medically stable when the following criteria are met:

1. Clinical course of the patient is largely predictable;
2. A clear diagnosis and co-morbidities have been established;
3. At the time of discharge from acute care, acute medical issues have been addressed;
4. Disease processes and/or impairments are not precluding participation in the program;
5. Patient's vital signs are stable or as expected;
6. No *undetermined* medical issues (e.g. excessive shortness of breath, falls, CHF) exist that preclude care in post-acute settings;
7. C-PAP, BiPAP settings are stable on patients requiring respiratory support;
8. Medication needs have been determined;
9. Tracheostomy and laryngectomy patients have stable oxygen, suctioning and respiratory hygiene

GENERAL EXCLUSION CRITERIA FOR SUB-ACUTE CARE

- × Requires 1:1 supervision or sitter
- × Significant cognitive/behavioral concerns
- × Requires respite care
- × Some programs cannot accommodate complex medical needs: VAC, ventilation, continuous IV, undergoing chemo/radiation, PCA pump, dialysis (reviewed case by case)

The rehabilitative care delivered in each level of care is aligned with the Rehabilitative Care Alliance's [Definitions Framework Bedded Levels of Rehabilitative Care](#) and can be found online at: www.rehabcarealliance.ca/definitions-1