

ACTIVE REHAB	CCC - SLOW PACED REHAB
<p style="text-align: center;">Program Duration Dependent on Functional Progression (Approximate: 1-6 Weeks)</p> <ol style="list-style-type: none"> 1. Resident of Niagara catchment area. 2. 19 years of age or older. 3. Requires interdisciplinary rehabilitation (Minimum of 2 disciplines plus nursing care on a 24-hour basis).* 4. Tolerates a minimum of 3 hours of active rehab per day. As this may be provided in one hour blocks, a minimum of 1 hour sitting tolerance is required. * 5. Medically stable:* <ol style="list-style-type: none"> a) Known diagnosis. b) No unresolved issues such as nausea, diarrhoea, vomiting or dehydration. c) Infections, organisms identified and treatment plan in place. d) Established diabetes management. e) Established dialysis regime. f) Psychiatric disorder stable. 6. Patient demonstrates rehab potential: <ol style="list-style-type: none"> a) Agrees to participate in active rehab. This must be documented on the patient's medical record.* b) Maximum 2 person transfer and does not require mechanical lift. c) Demonstrated ability to learn and retain instruction.* d) Amputation incision healed and general skin integrity that does not impede ability to participate in rehab program. 7. Discharge Planning options and future living arrangements have been initiated at the referring site and documentation indicating discussions with patient and family is on the patient's medical record. 8. Completion of acute care diagnostic tests. i.e. Doppler Test, Echocardiogram, CT Scan (at the discretion of the HDS MRP). 	<p style="text-align: center;">Program Duration Dependent on Functional Progression (Approximate: 1-8 Weeks)</p> <ol style="list-style-type: none"> 1. Resident of St. Catharines or Thorold. 2. 19 years of age or older. 3. Requires interdisciplinary rehabilitation (Minimum of 2 disciplines plus nursing care on a 24-hour basis).* 4. Tolerates a minimum of 1-2 hours of therapy per day. * 5. Medically stable:* <ol style="list-style-type: none"> a) Known diagnosis. b) No unresolved issues such as nausea, diarrhoea, vomiting or dehydration. c) Infections, organisms identified and treatment plan in place. d) Established diabetes management. e) Established dialysis regime. f) Psychiatric disorder stable. 6. Patient demonstrates rehab potential: <ol style="list-style-type: none"> a) Agrees to participate in active rehab. This must be documented on the patient's medical record.* b) May require mechanical lift for transfers with potential for functional progression. c) Demonstrated ability to learn and retain instruction.* d) General skin integrity does not impede ability to participate in rehab program. 7. Discharge Planning options and future living arrangements have been initiated at the referring site and documentation indicating discussions with patient and family is on the patient's medical record. 8. Completion of acute care diagnostic tests. i.e. Doppler Test, Echocardiogram, CT Scan (at the discretion of the HDS MRP). 9. Patients requiring isolation may be considered for CCC – Slow Paced Rehab.

* **Critical requirements for admission into the program.**

COMPLEX CONTINUING CARE	CCC-WAITING LTC PLACEMENT
<p style="text-align: center;">Program Duration Dependent on Medical Needs</p> <ol style="list-style-type: none"> 1. Resident of St. Catharines or Thorold. 2. 19 years of age or older. 3. Requires skilled nursing for a minimum of 4 hours per 24 hours and nursing intervention/assessment at least 3-4x/24 hours. For example: <ol style="list-style-type: none"> a) Multiple IV meds. b) One IV med at least 3x/24 hrs via a central line with maintenance required. c) Daily transfusions. e) Feeding tubes. 4. Requires a physician assessment at least 1x weekly. 5. Medically complex/clinically stable: <ol style="list-style-type: none"> a) Known diagnosis. b) No unresolved issues such as nausea, diarrhoea, vomiting, dehydration or active haemorrhaging. c) Infections, organisms identified and treatment plan in place. d) Established diabetes management. e) Established dialysis regime. f) Psychiatric disorder stable. 6. Patients requiring palliative care must be on an established regime. 7. Completion of acute care diagnostic tests. i.e. Doppler Test, Echocardiogram, CT Scan (at the discretion of the HDS MRP). 8. Patients requiring isolation will be accepted into Complex Continuing Care. 9. Patient cannot be managed at a lower level of care due to intensity of medical and nursing care required. 10. Discharge Planning options and future living arrangements have been initiated at the referring site and documentation indicating discussions with patient and family is on the patient's medical record. 	<p style="text-align: center;">Program Duration Dependent on LTC Bed Availability</p> <ol style="list-style-type: none"> 1. Resident of St. Catharines/Thorold waiting for LTC. 2. 19 years of age or older. 3. Requires skilled nursing at least daily and nursing intervention/assessment at least 1-2x daily. For example: <ol style="list-style-type: none"> a) Enteral feeding management and teaching. b) Colostomy management and teaching. 4. Requires a periodic physician assessment. 5. Medically complex/clinically stable: <ol style="list-style-type: none"> a) Known diagnosis. b) No unresolved issues such as nausea, diarrhoea, vomiting, dehydration or active haemorrhaging. c) Infections, organisms identified and treatment plan in place. d) Established diabetes management. e) Established dialysis regime. f) Psychiatric disorder stable. 6. Patients requiring palliative care must be on an established regime. 7. Completion of acute care diagnostic tests. i.e. Doppler Test, Echocardiogram, CT Scan (at the discretion of the HDS MRP). 8. Patients requiring isolation will be accepted into Complex Continuing Care. 9. Patient waiting for a lower level of care or treatment. 10. Discharge Planning options and future living arrangements have been initiated at the referring site and documentation indicating discussions with patient and family is on the patient's medical record.