HOTEL DIEU SHAVER HEALTH & REHABILITATION CENTRE ST. CATHARINES, ON PROGRAM STREAMS & ADMISSION GUIDELINES					
Program	Active Rehab High Tolerance Short Duration (HTSD)	Restorative Rehab Low Tolerance Long Duration (LTLD)	Medically Complex	Palliative /End of Life	Slow Stream Rehab Pilot Project and Assess Restore Admissions through CCAC
Age	18 years of age or older (will consider younger patients on case by case basis)	18 years of age or older (will consider younger patients on case by case basis)	18 years of age or older	18 years of age or older	18 years of age or older
Requires	Requires Interprofessional Rehabilitation Therapy needs: 2 or more disciplines	Requires Interprofessional Rehabilitation Therapy needs: 2 or more disciplines	Requires complex skilled nursing within an Interprofessional team environment	Requires complex skilled nursing focused on pain and symptom management within an Interprofessional team environment	Requires Interprofessional Rehabilitation Therapy needs: 2 or more disciplines
Medical Status	 Medically Stable Physician assessment/managem ent not required daily Known Diagnosis Completion of all diagnostic tests Infection Control treatment plan in place where applicable Established nutritional regime 	 Medically Stable Physician assessment/managem ent not required daily Known Diagnosis Completion of all diagnostic tests Infection Control treatment plan in place where applicable Established nutritional regime 	 Medically complex/ clinically stable Physician assessment/managem ent not required daily Known Diagnosis Completion of all diagnostic tests Infection Control treatment plan in place where applicable Established nutritional regime 	 Patient experiencing complexities associated with the end stage of their disease Physician assessment/managem ent not required daily Palliative Performance Scale 40 or less Have an established Do Not Resuscitate (DNR) plan Known Diagnosis Completion of all diagnostic tests Infection Control treatment plan in place where applicable Established nutritional regime 	 Medically Stable Physician assessment/managem ent not required daily Known Diagnosis Completion of all diagnostic tests Infection Control treatment plan in place where applicable Established nutritional regime

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Rehab Candidacy	 Client Has a defined rehab goal agrees to participate in active rehab Demonstrates the ability to learn new functional tasks Able to follow instruction 	 Client Has a defined rehab goal May be an active rehab candidate who requires specialized care i.e. amputee but is not at the point where he/she can fully participate. (Pre – rehab phase) Demonstrates the ability to learn new functional tasks MMSE 16 or≥ Able to follow instruction 	Client Does not meet rehab candidacy requirements 	Not Applicable	 Client Has a defined rehab goal Agrees to participate in slow stream rehab Demonstrates the ability to learn new functional tasks MMSE 19 or ≥ Able to follow instruction
Rehab Readiness	Tolerance:Minimum of1 hour out of bed at atime, 2-3x/dayMay participate in up to3 hours of therapy perday.Amputees:Prostheticcandidates within oneweek of casting/fitting.	<u>Tolerance</u> : Minimum of 1 hour out of bed at a time 1x/day May participate in up to 1-2 hours of therapy per day	Not Applicable	Not Applicable	<u>Tolerance</u> : Minimum of 1 hour out of bed at a time 2x/day May participate in up to 2 hours of therapy per day.
Discharge Planning	 The client's goals related to early & safe discharge have been met 	 The client's goals related to early & safe discharge have been met 	 The client's goals related to early & safe discharge have been met 	The client's care needs can now be provided at home or in a different level of care.	 The client's goals related to early & safe discharge have been met

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Discharge Planning Cont'd.	 Progress towards early & safe discharge has plateaued Rehab goals can be met as an outpatient Discharge planning options and future living arrangements have been discussed and documented at the referring site. Discharge destination should be pre-acute living arrangements or the community 	Discharge planning options and future living arrangements have been discussed and documented at the referring site. Discharge destination should be pre-acute living arrangements or the community	Discharge planning options and future living arrangements have been discussed and documented at the referring site. Discharge destination should be pre-acute living arrangements or the community		Discharge planning options and future living arrangements have been discussed and documented at the referring site. Discharge destination should be pre-acute living arrangements or the community
	Average length of stay 30 days	Average length of stay 45 days	Average length of stay 60-90 days	Life expectancy of ≤3 months	Average length of stay 45 days
Exclusion Criteria	 Outstanding acute care diagnostic tests Unmanaged pain Aggressive behaviors Uncontrolled psychiatric conditions Wandering/exit seeking Ongoing chemotherapy & radiation which interferes with therapy Hemodialysis clients 	 Outstanding acute care diagnostic tests Unmanaged pain Aggressive behaviors Uncontrolled psychiatric conditions Wandering/exit seeking Ongoing chemotherapy & radiation which interferes with therapy Requires total 	 Outstanding acute care diagnostic tests Unmanaged pain Aggressive behaviors Uncontrolled psychiatric conditions Wandering/exit seeking Ongoing chemotherapy & radiation which interferes with therapy Requires total 	 Care needs can be met at a different level of care Ventilation dependency 	 Outstanding acute care diagnostic tests Unmanaged pain Aggressive behaviors Uncontrolled psychiatric conditions Wandering/exit seeking Ongoing chemotherapy & radiation which interferes with therapy Requires total

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Exclusion Criteria (cont'd.)	 with an established access (fistula or graft) will be considered on a case by case basis. Dialysis schedule may need to be altered to maximize amount of time in therapy. Requires total parenteral nutrition (TPN) Active c-difficile not accepted 	 parenteral nutrition (TPN) Bariatric clients on a case by case basis Ventilation- dependency Hemodialysis clients with an established access (fistula or graft) will be considered on a case by case basis. Dialysis schedule may need to be altered to maximize amount of time in therapy. 	 parenteral nutrition (TPN) Bariatric clients Ventilation- dependency Dialysis 		 parenteral nutrition (TPN) Bariatric clients on a case by case basis Ventilation- dependency Dialysis Non-weight bearing (NWB)status taken on a case by case bases

NOTE

- If psychiatric client must have access to a psychiatrist and /or mental health team
- Weekend admissions are accepted providing they are pre-screened; arrangements for physician coverage, medications, equipment will need to be done during the pre-screening process