

# HNHB LHIN COMPLEX CARE INPATIENT ADMISSION APPLICATION

Patient Label or Bradma

Complex Care is a specialized, time-limited program providing patients with complex medical conditions who require a hospital stay with ongoing onsite assessment and active care by an interprofessional team, with a goal to enhance the health and quality of life.

Application Date	Year/Month/Day	Patient Stream & Priority Code	<input type="checkbox"/> Med. Complex <input type="checkbox"/> Bariatric <input type="checkbox"/> Dialysis <input type="checkbox"/> Ventilator Dependent <input type="checkbox"/> End of Life Care <input type="checkbox"/> Restorative Care <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Behaviour Health (stream definitions page 5) Priority Code <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (priority code definitions page 5)
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Patient's Current Location	<input type="checkbox"/> BCHS <input type="checkbox"/> NGH <input type="checkbox"/> HWMH <input type="checkbox"/> HHS- HHS Site _____ <input type="checkbox"/> JBMH <input type="checkbox"/> SJHH <input type="checkbox"/> WLMH <input type="checkbox"/> HDS <input type="checkbox"/> NHS-NHS Site _____ <input type="checkbox"/> WHGH <input type="checkbox"/> Other Hospital _____ <input type="checkbox"/> LTCH _____ <input type="checkbox"/> Community
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## PATIENT'S PERSONAL INFORMATION

Last Name	First Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth (year/month/day)	Age	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Address	Apt	City	Prov.   Postal Code
Telephone (home)	Family Physician	Attending Physician	
Code Status <input type="checkbox"/> Full Code <input type="checkbox"/> Allow Natural Death (AND) <input type="checkbox"/> Not Discussed			

## HEALTH INSURANCE INFORMATION

Health Insurance Number: <input style="width: 100px; height: 20px;" type="text"/>	Is Patient covered under the Ontario Health Insurance Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Name on Health Card _____ Covered Under Another Province _____ Private Insurance _____
Version Code if Applicable _____	

**Preferred Accommodation**    Private Coverage    Semi-private Coverage    Ward Coverage

## EMERGENCY CONTACT INFORMATION

Next of Kin / Primary Contact	Relationship
Address	Apt   City   Prov.   Postal Code
Telephone (home)	Telephone (work)   Extension
Power of Attorney	<input type="checkbox"/> Personal Care- Name & Number
Power of Attorney	<input type="checkbox"/> Financial Care- Name & Number
Substitute Decision Maker	<input type="checkbox"/> Name & Number
Consent to Share Personal Health Information (PHI) With All Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limitations- Please Provide Details:	

## REFERRING ORGANIZATION

Facility/Community Agency	Sending Unit
First Contact Person (Referral Source)	Position
Phone	Pager   Fax
Second Contact Person (Referral Source)	Position
Phone	Pager   Fax

CLINICAL INFORMATION		
Patient Must Be Medically Stable and All Criteria Met	Criteria	<ul style="list-style-type: none"> <li><input type="checkbox"/> All consults and diagnostic tests for the purposes of diagnosis or treatment of acute conditions have been completed and reported or pending test results are not anticipated to dramatically change the treatment plan.</li> <li><input type="checkbox"/> All abnormal lab values have been acknowledged and addressed as needed.</li> <li><input type="checkbox"/> Acute medical issues have been resolved or reached a plateau and are not fluctuating and the patient is not requiring acute daily medical interventions by a physician.</li> </ul>
Patient Must Be Program Ready and All Criteria Met	Criteria	<ul style="list-style-type: none"> <li><input type="checkbox"/> Clearly defined goals have been established (record below).</li> <li><input type="checkbox"/> Treatment of other co-morbid illnesses/conditions does not interfere with patient's ability to participate (i.e. active treatment that results in frequent absences from the unit during treatment/therapy sessions).</li> <li><input type="checkbox"/> A discharge destination has been discussed and documented (record below).</li> </ul>
Appointments, Consultations, and Referrals Currently Scheduled		
Primary Diagnosis		
Relevant Co-morbidities		
Discharge Destination	<ul style="list-style-type: none"> <li><input type="checkbox"/> Home Alone</li> <li><input type="checkbox"/> Home with Support _____</li> <li><input type="checkbox"/> Retirement Home</li> <li><input type="checkbox"/> Supportive/Assistive Care</li> <li><input type="checkbox"/> Return to Long Term Care</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p style="text-align: center;"><b>Targeted Length of Stay</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Restorative Care <b>45-60 days length of stay</b></li> <li><input type="checkbox"/> Behavioural Health <b>45-90 days length of stay</b></li> <li><input type="checkbox"/> Medically Complex including Acquired Brain Injured, Bariatric, Dialysis, and Ventilator Dependent Care.</li> <li><input type="checkbox"/> End of Life Care <b>60-90 days length of stay</b></li> </ul>
Goals for Care/Successful Discharge. Goals should be specific, measurable, achievable, realistic and timely ("SMART" Goals)	<p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>1) Mrs. Jones will feed herself independently with set up in one month.</li> <li>2) Mr. Smith will walk indoors independently without a gait aid in 3 months.</li> <li>3) Ms. Peter's will have her pain level well controlled with appropriate medications and she will be supported to maintain ambulation with her walker for as long as possible.</li> </ol>	



**CLINICAL ALERTS (please provide details)**

Allergies  Yes  No

Please List:

\_\_\_\_\_

Patient Isolated:  Yes  No

Positive For  MRSA  VRE  ESBL  C Diff.  Other \_\_\_\_\_

Patient From an Outbreak Area  Yes  No Type \_\_\_\_\_

Weight \_\_\_\_\_ kg \_\_\_\_\_ lbs  
 Height \_\_\_\_\_ cm \_\_\_\_\_ ft/in

Diet Type \_\_\_\_\_

Feeding Tube

Formula \_\_\_\_\_

Amount & Rate \_\_\_\_\_

Peripheral IV Line

Central IV Line

PICC

Oxygen

Yes  No % \_\_\_\_\_

Nasal Prongs  Mask

Suction Frequency \_\_\_\_\_

Tracheostomy

Type \_\_\_\_\_

Size \_\_\_\_\_

Chest Tube

Non Invasive Ventilation

BiPAP (some hospitals require patient to bring own machine)

CPAP (some hospitals require patient to bring own machine)

Invasive Ventilation

Ventilator

Type \_\_\_\_\_

Hours Per Day \_\_\_\_\_

Skin Condition

Skin Intact

Open Area/Pressure Ulcer

Location \_\_\_\_\_

Stage \_\_\_\_\_

Edema

Wound Care

Describe \_\_\_\_\_

\_\_\_\_\_

Vacuum Assisted Closure (VAC)

Drains/Tubes:

Describe: \_\_\_\_\_

\_\_\_\_\_

Urinary Catheter:  Foley

Suprapubic

Colostomy

Ileostomy

Nephrostomy

Falls Risk

Yes  No

Fall in Last 3 Months

Yes  No

Restraints

Physical- Type \_\_\_\_\_

Chemical

Observational Care

Reason for restraint(s)

\_\_\_\_\_

Peritoneal Dialysis

Frequency \_\_\_\_\_

Hemodialysis

Frequency \_\_\_\_\_

Special Equipment Needs

Specialty Bed

Specialty Mattress

Bed Exit Alarm

Adapted Call Bell

Bariatric Equipment Needs

Pain Pump

Other – please list: \_\_\_\_\_

**REQUIRED ATTACHMENTS FOR ALL APPLICATIONS (PLEASE FAX)**

Relevant Patient History and Consultation Reports

Relevant Nursing, Allied Health, and Physician Progress Notes

Current Medication Administration Record

Signed Patient Letter of Understanding

Co-payment Discussed with  Patient  Other Person

Date Co-payment Discussed \_\_\_\_\_

**REQUIRED ATTACHMENTS FOR SPECIFIC PATIENT STREAMS (PLEASE FAX)**

CCAC Behavioural Assessment for Behavioural Health Applications

Cohen Mansfield Agitation Inventory (CMAI) for Behavioural Health Applications

Victoria Hospice Society's Palliative Performance Scale (PPS) for End of Life Care Applications

HOSPITAL APPLICATIONS:

FAX TO HOSPITAL-BASED CCAC OFFICE: \_\_\_\_\_

COMMUNITY APPLICATIONS:

FAX TO CCAC PLACEMENT SERVICES: 905-639-6688

## HNHB LHIN COMPLEX CARE STREAM DEFINITIONS

Medically Complex	Behavioural Health	End of Life Care	Restorative Care
<p>People with multiple medically complex conditions, such as complex wounds, ALS, MS, bariatric or COPD who require unique programming. Some distinct cohorts of this group include but are not limited to:</p> <p><b>a) Ventilator-dependent:</b> People with CC needs that require specialized care and equipment to support their long term ventilation needs. This patient group requires highly specialized care and equipment.</p> <p><b>b) Dialysis:</b> People who have medically complex conditions and care needs that include hemodialysis</p> <p><b>c) ABI:</b> People who require ongoing medical and therapeutic intervention to optimize and sustain their functional ability</p> <p><b>d) Life expectancy of &gt;3 months</b></p>	<p>People with dementia and challenging behaviours who require skilled interventions in a controlled environment to facilitate their transition to the appropriate level of care.</p>	<p>People with a life limiting illness who are at the end stage of that disease process and who require pain and symptoms management and skilled interventions delivered by an interprofessional team. This may include people who require chemotherapy as part of their treatment regime to maintain comfort</p> <p><b>a) Life expectancy of &lt;3 months</b></p> <p><b>b) Patient is on an established treatment regime with a focus on pain and symptom management and end of life care</b></p> <p><b>c) Social supports have been depleted or are no longer available</b></p> <p><b>d) Palliative Performance Scale 50% or less</b></p> <p><b>e) Patient may be experiencing complexities associated with the end stage of their disease including delirium, aggression, agitation etc.</b></p>	<p>People with a multiple medical and/or functionally complex condition(s) who are expected to benefit from low intensity, long duration interventions provided by an interprofessional team, with clearly articulated functional improvement goals that can be attained within the average length of stay</p> <p><b>a) Min-mental state exam (MMSE) score of &gt;16</b></p> <p><b>b) Presence of significant physical/functional impairments</b></p> <p><b>c) Physical tolerance that permits participation in programming</b></p> <p><b>d) Goal to go home or to a retirement home.</b></p>

### Priority Code Definitions

**Priority 1 "Crisis"**- the Client's needs can be met in Complex Care and requires immediate admission (within days not weeks) as a result of a crisis arising from the client's condition or circumstances that puts them at significant safety risk if left in their current environment.

**Priority 2 "Readmission/Change in Stream"**- A current Complex Care client who needs another Complex Care stream, or a previous Complex Care client transferred out due to an acute episode and is now medically stable and needs to return to a Complex Care bed.

**Priority 3 "All Others"**- Client eligible for Complex Care and does not meet the requirements for Priority 1 or 2.