

Policy for the Repatriation of Patients To Bedded Levels of Rehabilitative Care in Freestanding Rehab/Complex Continuing Care Hospitals

PURPOSE

Inpatients in Rehabilitation and CCC hospitals occasionally become acutely ill with conditions that require admission to an acute care hospital for assessment and/or treatment. The purpose of this policy is to support patient-centred care and optimize patient flow by describing the processes for prioritizing the readmission of patients to a bedded level of rehabilitative care in freestanding rehab/complex continuing care hospitals. Every effort will be made to readmit the patient to the same rehab/CCC program if the course in acute care has not had a significant impact on the patient's care requirements or ability to resume his/her rehab/CCC program.

This policy replaces the GTA Rehab Network's *Bed Holding Policy for Freestanding Rehab/Complex Continuing Care Hospitals: High Tolerance Rehab; Low Tolerance Long Duration Rehab (LTLD); and Complex Continuing Care (CCC), December 2010*. The updated policy reflects a shift in focus from prescribed timelines and criteria for bed holding to a focus on releasing beds (for most patients) when admitted to acute care for assessment and/or treatment. Releasing beds will serve to:

- Maximize occupancy and optimize better use of the rehab/CCC beds across the system
- Support patient safety by reducing the risk of patients being sent back without prior notification of date/time of transfer, medical and care needs, and availability of medications and other resources required.

POLICY

Under the majority of circumstances, a bed will not be held when patients are admitted to acute care. (See Considerations for Bed Holding). However, priority will be given to re-admit patients to the same program/service if their care needs have remained unchanged following acute care treatment.

Acute care and rehab/CCC must engage in ongoing communication to determine readiness for repatriation and confirm medical status, date/time for transfer and new or special needs.

***Considerations for Bed Holding:**

1. If a patient in a high intensity rehabilitation program is admitted to acute care for a *planned* procedure, a bed will be held up to 48 hours.
2. Recognizing that there are some patient populations whose care needs are highly specialized and for whom appropriate inpatient beds are limited, an individual rehab/CCC hospital may elect to hold a bed for the following patient populations for a period of time if appropriate as determined by the rehab/CCC hospital program's care team lead/designate¹ and in consultation with acute care:
 - Patients requiring ventilation
 - Patients requiring haemodialysis
 - Patients transferred from a psychogeriatric unit/service
 - Patients requiring bariatric care

¹ Responsibility for this role is to be determined by each organization/program.
April 2017

3. While it is acknowledged that the role of CCC has changed from a point of ultimate destination for patients to a transition destination, there continues to be a number of patients who reside in CCC for many years, pay a co-payment, and are considered to be “more or less a permanent resident in the hospital”² in absence of appropriate residential/LTC options in the community. For these patients, the holding of beds, when appropriate, supports patient-centred care and respects the therapeutic relationships that have been developed between the care team and the patient.
4. In the event of a pandemic outbreak or other wide-scale emergency situation, this policy may be superseded by pandemic/emergency planning policies and directives.

PROCEDURE

1. When a patient in rehab/CCC is **admitted to acute care** (i.e. an admission order has been written), the rehab/CCC bed will be released. (See Considerations for Bed Holding) Where possible, consideration will be given to send the patient to the original acute care hospital from where s/he was referred to support treatment continuity.
2. During the patient’s admission to acute care, there will be regular and ongoing communication between the rehab or CCC program and acute care to discuss the patient’s status, progress and readiness for return to the rehab or CCC program. The frequency of the communication will be determined between rehab/CCC and acute care.
3. The patient who is transferred *and* admitted to acute care is given priority for readmission if they continue to meet the criteria for the program. This includes patients who were previously designated as ALC in the rehab/CCC hospital. Every effort will be made to readmit the patient to the same rehab/CCC program if the course in acute care has not had a significant impact on the patient’s care requirements or ability to resume his/her rehab/CCC program.
4. When a patient is ready to be re-patriated to the rehab or CCC program, acute care **must have prior approval from the Rehab/CCC hospital for the patient’s readmission and must confirm the following** with the rehab or CCC program before the patient is transferred:
 - Patient’s care needs
 - Availability of medications and any other resources that are required to address the patient’s care needs
 - Date/time of transfer

Failure to receive prior approval and confirm the information above before the patient is transferred creates an unsafe situation and may result in the patient being returned to the acute care hospital at the discretion of the rehab/CCC program.

5. A patient transferred to the emergency department, to a clinic, for a consultation with a specialist, or any other outpatient appointment is not discharged and is presumed to be returning to the rehab/CCC hospital, unless the patient is subsequently admitted to an acute care facility as an inpatient. In that

case, 1 - 4 apply. If a patient remains in ER for longer than expected (i.e. > 24 hours), there will be regular and ongoing communication between the rehab or CCC program and the ER to discuss the patient's status and readiness for return to the rehab or CCC program.

In implementing the policy outlined above, organizations should consider the following:

1. Management of internal communications regarding patient's transfer to and from the acute care hospital.
2. Person(s) responsible within each program for following up with the acute care facility regarding the status of the patient, required updates and expected date of return.
3. Person responsible for informing the patient/SDM that the patient's bed at the rehab/CCC hospital is being released.
4. How to manage situations when the policy as outlined above is not followed, e.g., if the patient is returned to the rehab/CCC hospital without notice/confirmation.
5. Confirm ability to readmit patients during "off-hours."
6. Duration that the patient's health record will be held on the unit, pending possible re-admission, after which the health record is dismantled and sent to the Health Information Management Department.