

Title: Guidance to support the Repatriation of Patients To Bedded Levels of Rehabilitative Care in Freestanding Rehab/Complex Continuing Care Hospitals – Supplement to the GTA Rehab Network 2017 Policy

Date: December 13, 2022

Introduction and Purpose

The GTA Rehab Network worked with acute and post-acute hospitals in 2017/18 to develop the *Policy for the Repatriation of Patients To Bedded Levels of Rehabilitative Care in Freestanding Rehab/Complex Continuing Care Hospitals* for rehab/CCC patients who require admission to acute care. The policy focuses on releasing beds for most patients when they are admitted to acute care for assessment or treatment but includes special bed-holding considerations for targeted patient populations. These resources are located on the GTA Rehab Network's website at <https://gtarehabnetwork.ca/repatriation-policy/>

In light of the extraordinary pressures being felt across our healthcare system and the ongoing need to improve patient flow, the GTA IMS planning and command tables have reviewed and are recommending a temporary amendment to the current 2017 GTA Rehab Network *Policy for Repatriation of Patients To Bedded Levels of Rehabilitative Care in Freestanding Rehab/Complex Continuing Care Hospitals*. The goal is to optimize bed capacity in the post-acute system by ensuring beds aren't being held vacant for longer than necessary.

This guidance is meant to be temporary, along with other system tactics to manage a major surge. When the major surge has subsided, the expectation is that organizations will reassess practices and approaches to bed flow and management.

Recommendation

Per the revised language below, it is recommended that the current policy be temporarily supplemented by providing a timeframe for holding beds for special patient populations when they are admitted to an acute care bed. For vacancies exceeding this timeframe, it is recommended that post-acute care sites admit shorter-stay patients into those beds on an interim basis while they are being held. All other aspects of the policy remain.

Revised policy:

- 1. If a patient in a rehab/CCC bed returns to acute care for a planned procedure (i.e., G-tube insertion), a bed will be held up to 24 hours. However, if a patient is transferred to acute care for an urgent/emergent issue and is admitted, the bed will not be held.*
- 2. When a rehab/CCC patient is admitted to acute care, the default is not to hold a bed. However, it is recognized that there are some patient populations whose care needs are highly specialized and for whom appropriate inpatient beds are limited. A post-acute hospital may elect to hold a*

*bed for the following patient populations for **5-7 days**, as determined by the post-acute hospital program's care team lead/designate^[1] and in consultation with acute care for:*

- Patients requiring ventilation*
- Patients requiring haemodialysis*
- Patients transferred from a psychogeriatric unit/service*
- Patients requiring bariatric care*

If the patient with high care needs is not ready to return after the 5 – 7-day period, the bed will be used in the interim to support patient flow by admitting other patients from acute care who have a relatively shorter length of stay or can be moved internally to the appropriate unit as applicable. Once medically stable, and in communication with the rehab/CCC hospital, the patient who returned to acute care will be prioritized for re-admission back to the same rehab/CCC program.

Prepared by:

Charissa Levy, GTA Rehab Network

Sue Balogh, GTA Rehab Network

Jane Merkley, Sinai Health

Scott Jarrett, Trillium Health Partners

Andrea Demers, Ontario Health – Toronto Region

Ryan Emond, Ontario Health – Toronto Region

^[1] Responsibility for this role is to be determined by each organization/program.