



A guide to the Definitions Framework for Bedded Levels of Rehabilitative Care

The *Definitions Framework for Bedded Levels of Rehabilitative Care* is the first framework to provide a standardized provincial lens for reviewing rehabilitative care resources by applying common definitions for all bedded levels of rehabilitative care. Developed with extensive input from medical, clinical and administrative stakeholders from across the province and endorsed by all 14 LHIN CEOs at the time of its release (2014), the framework establishes provincial standards for rehabilitative levels of care provided in hospital-based designated inpatient rehab beds and complex continuing care beds*, as well as convalescent care/restorative care beds within long-term care homes.

By creating a shared understanding of rehabilitative care across the province, the framework serves to provide clarity for patients, families and referring professionals on the focus and clinical components of rehabilitative care programs as well as providing a foundation to support system and local capacity planning.

* NOTE: The framework is not intended to be inclusive of all beds within CCC or acute care where rehabilitative care is not the primary purpose/focus of care (i.e., palliative care, respite, behavioural programs, as well as programs where patients are waiting for an alternate level of care). However, there is recognition that patients within these programs may receive some rehabilitative care for maintenance during their admission.

Components of the Framework

The *Definitions Framework for Bedded Levels of Rehabilitative Care* defines 1) the bedded levels of rehabilitative care, and 2) the recommended standard components and human resources within each of these levels. The framework is not population specific, but can be used as part of a capacity planning process to evaluate rehabilitative care resources within the context of specific patient and local/regional programming needs. It includes:

- Four bedded levels of rehabilitative care (rehabilitation, activation/restoration, short-term and long-term complex medical management)
- Eligibility criteria for bedded levels of rehabilitative care, including a definition for restorative potential
- Definitions for each level that describe patient characteristics, medical/nursing/allied health resources and therapy intensity

The complete *Definitions Framework for Bedded Levels of Rehabilitative Care* is available [here](#). For a summary of the key features of the framework, see [Key Features of RCA Bedded Levels of Rehabilitative Care](#).

How to Use the Framework

- Review the definitions within each level closely to understand the target population and resources that should be provided within each.
- Use the framework to assess current bedded levels of rehabilitative care available within your organization or region.
- Review the definitions for bedded levels of rehabilitative care against what you provide in your organization/region
 - Do current program goals and/or target populations served need to be re-defined? Do the current allied health/nursing/medical resources meet the definitions? Do the staffing mixes/patient ratios need to be revamped?
 - Are resources provided in a location that optimizes value (e.g., activation/restoration provided in CCC vs. convalescent care bed)?
- Consider the name of your program. You may find that a program that you have called “Activation or Reactivation” actually provides the resources that align with the lower intensity of rehabilitation within the Rehabilitation level rather than aligning with the Activation level of rehabilitative care. In such cases, a change in the name of the program would likely reduce confusion.
 - The RCA has developed a standardized naming convention that minimizes variation in descriptors and provides a shared understanding of rehabilitative care. See [RCA Standardized Naming Convention](#)

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