Rehabilitative Care Alliance

Bedded Levels of Rehabilitative Care – Key Features

The table below highlights the key features of the bedded levels of rehabilitative care to help you determine which level best meets the rehabilitative care needs of patients. Full descriptions of the levels are available here.

Rehabilitation		Activation/Restoration	Short-Term Complex Medical Management	Long-Term Complex Medical Management
High Intensity	**Low Intensity**			
Functional Goal: *Progression* *Time-limited, coordinated interprofessional high intensity rehabilitation plan of care through a combined and coordinated use of medical, nursing and health professional skills.* **Target Population:** Medically manageable, able to participate in comprehensive rehabilitation program **Estimated LOS**: Typically, a range of 7 – 40 days. Based on best practice targets and discharge indicator considerations. Rehab team to confirm LOS for specific program. **Discharge Indicator:** Access to MD/nursing care no longer required; identified bedded rehab goals met; additional progress can be achieved in the community. **Medical Care:** Daily physician access **Nursing Care:** Typically, up to 3 hrs/day. Some patients may require up to 4 hrs/day **Therapy Care:** Direct care by regulated health professionals and as assigned to non-regulated professionals **Total minutes of direct assessment and/or therapy per day:** 60 – 180 mins of therapy based on patient's tolerance.	***Functional Goal:*** *Progression* *Time-limited, coordinated interprofessional low intensity rehabilitation plan of care through a combined and coordinated use of medical, nursing and allied health professional skills.* **Target Population:** Medically manageable, able to participate in comprehensive rehabilitation program **Estimated LOS**: Typically, a range of 30 – 60 days. Based on best practice targets and discharge indicator considerations. Rehab team to confirm LOS for specific program. **Discharge Indicator:** Access to MD/nursing care no longer required; identified bedded rehab goals met; additional progress can be achieved in the community. **Medical Care:** Daily physician access **Nursing Care:** Typically, up to 3 hrs/day. Some patients may require up to 4 hrs/day **Therapy Care:** Direct care by regulated health professionals and as assigned to non-regulated professionals **Total minutes of direct assessment and/or therapy per day:** 30 – 60 mins of therapy based on patient's tolerance.	***Functional Goal:*** *Progression* *Exercise and recreational activities to increase strength and independence. Goal achievement does not require daily access to & coordinated rehab team approach.* **Target Population:** Medically manageable, cognitively and physically able to participate in restorative activities **Estimated LOS**: Up to 90 Days **Discharge Indicator:** Access to MD/nursing care no longer required; identified bedded rehab goals met, additional progress can be achieved in the community. **Medical Care:** Weekly physician access/follow-up/oversight **Nursing Care:** Typically, ≤ 2 hrs/day **Therapy Care:** On-site therapy resources limited or on consultation basis; delivered mostly by non-regulated professional as assigned **Total minutes of direct assessment and/or therapy per day:** 15 – 30 mins of therapy based on patient's tolerance.	***Functional Goal:*** *Stabilization & Progression* *Medically complex and specialized services to avoid further loss of function, increase activity tolerance and progress patient.* **Target Population:** On admission, typically have limited physical and/or cognitive capacity to engage in rehab due to medical complexity but believed to have restorative potential. **Estimated LOS**: Up to 90 Days **Discharge Indicator:** Medical/functional recovery to allow patient to safely transition to next level of rehab care or alternate environment **Medical care:** Access to scheduled physician care/daily medical oversight **Nursing Care:** Typically, > 3hrs /day **Therapy Care:** Regulated health professionals to maintain/maximize cognitive, physical, emotional, functional abilities. **Total minutes of direct assessment and/or therapy per day:** 15 – 30 mins of therapy based on patient's tolerance.	***Functional Goal:*** *Maintenance* *Medically complex and specialized services over an extended period of time to maintain/slow the rate of, or avoid further loss of, function* **Target Population:** Medically complex with long-term illnesses/disabilities, requiring on-going medical/nursing support that cannot be met at home or in a LTCH **Estimated LOS**: Will remain in this level because functional status/medical care needs cannot be met in the community **Discharge Indicator:** Patient is designated to be more or less a permanent resident in the hospital and will remain until medical/functional status changes **Medical care:** Access to weekly physician follow up/oversight – up to 8 monitoring visits per month **Nursing Care:** > 3hrs /day **Therapy Care:** Regulated health professionals to maintain/maximize cognitive, physical, emotional, functional abilities. Supported by non-regulated health professional as assigned.

Eligibility Criteria for Bedded Rehabilitative Care

- The patient has restorative potential*, (i.e. there is reason to believe, based on clinical assessment and expertise and evidence in the literature where available, that the patient's/client's condition is likely to undergo functional improvement and benefit from rehabilitative care);

  Note: While some patients being considered for Long Term Complex Medical Management may not be expected to undergo functional improvement, the restorative potential of patients can be considered from their ability to benefit from rehabilitative care (i.e. maintaining, slowing the rate of or avoiding further loss of function);

and

- The patient is medically manageable such that the patient can be safely managed with the resources that are available within the level of rehabilitative care being considered. There is a clear diagnosis for acute issues; co-morbidities have been established; there are no undetermined acute medical issues (e.g. excessive shortness of breath, congestive heart failure); vital signs are stable; medication needs have been determined; and there is an established plan of care. However, some patients (particularly those in the Short and Long Term Complex Medical Management levels of rehabilitative care) may experience temporary fluctuations in their medical status, which may require changes to the plan of care;

and

- The patient/client has identified goals that are specific, measurable, realistic and timely;

and

- The patient/client is able to actively participate in and benefit from rehabilitative care within the context of the patient's specific functional goals (See note);

  Note: Patients being considered for short term complex medical management may have limited physical and/or cognitive capacity to engage in a rehabilitative care program due to medical complexity; however, it is believed that the patient has restorative potential and that this level of care will provide the opportunity to optimize restorative potential where possible and assess the patient's rehabilitative care needs following further stabilization of medical condition.

and

- The patient's/client's goals/care needs cannot otherwise be met in the community.

***Restorative Potential**

Restorative Potential means that there is reason to believe (based on clinical assessment and expertise and evidence in the literature where available) that the patient's/client's condition is likely to undergo functional improvement and benefit from rehabilitative care. The degree of restorative potential and benefit from rehabilitative care should take into consideration the patient's/client's:

- Baseline level of functioning
- Medical diagnosis/prognosis and co-morbidities (i.e., is there a maximum level of functioning that can be expected owing to the medical diagnosis /prognosis?)
- Ability to participate in and benefit from rehabilitative care within the context of the patient's/client's specific functional goals and direction of care needs.

NB: Determination of whether a patient/client has restorative potential includes consideration of all three of the above factors. Cognitive impairment, depression, delirium or discharge destination should not be used in isolation to influence a determination of restorative potential.