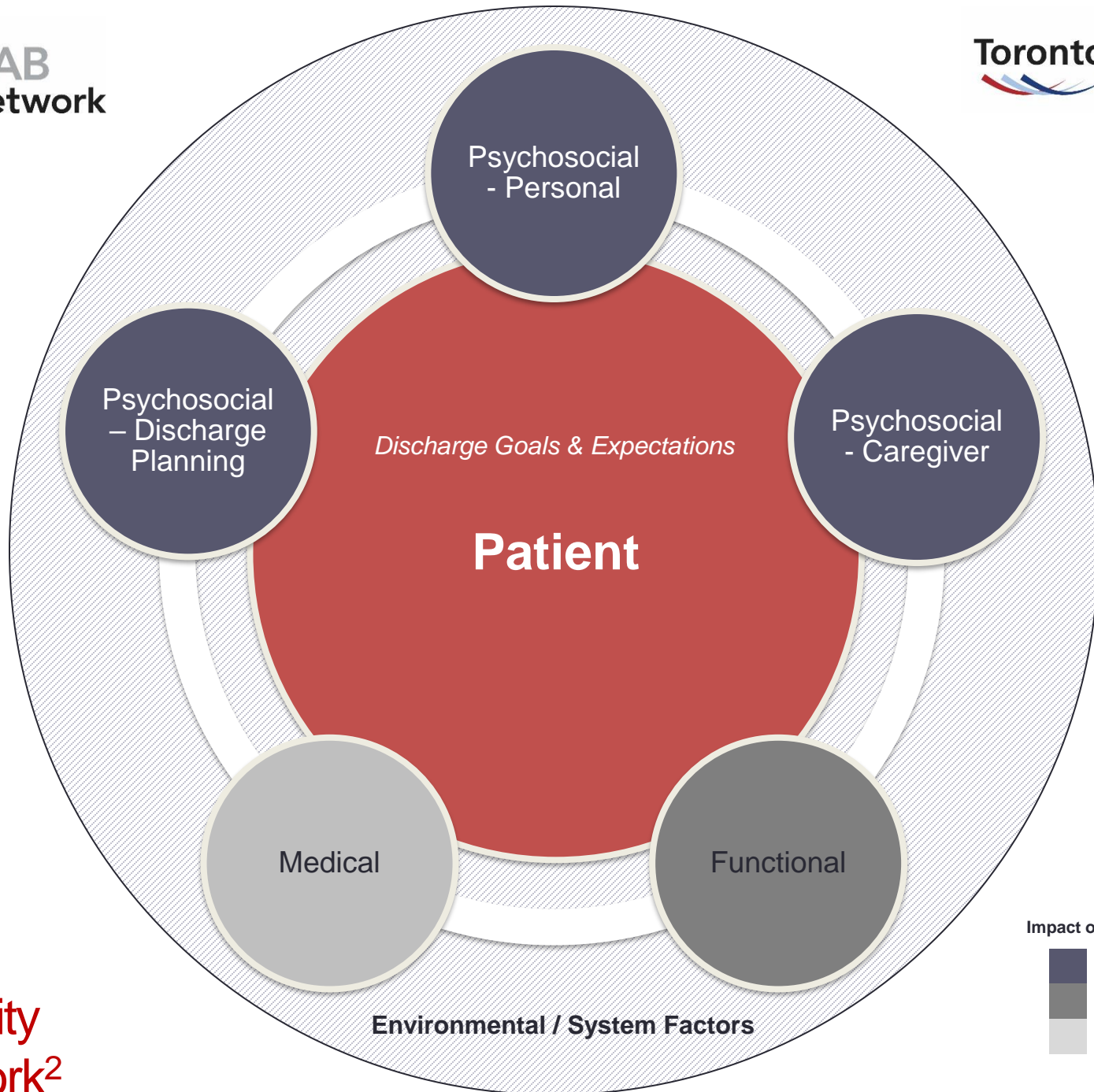


PSYCHOSOCIAL - PERSONAL	PSYCHOSOCIAL – DISCHARGE PLANNING	PSYCHOSOCIAL - CAREGIVER	FUNCTIONAL	MEDICAL
Personal characteristics (coping mechanism, high stress/anxiety levels, mood, motivation, etc.)	Challenging home situation: physical (homelessness, inadequate/poor housing)	Lack/limited social supports	Mobility/ADL/IADL needs that cannot be met by current support systems (e.g., falls, weight-bearing status, incontinence)	Specialty medical equipment needs (e.g., bariatric support, ventilator, hemodialysis, CPAP)
Social history (addiction, mental health issues, hoarding, legal/criminal)	Environmental barriers of discharge destination (e.g., infection control requirements, physical environment)	Caregiver burden and family relationships/dynamics	Behavioural issues requiring specific management strategies (e.g., need for a sitter, locked unit or psychiatry support)	Multiple complex medical care needs requiring treatment at a high frequency and set multiple timeframes (e.g., tube feeds, suctioning, turning, cancer treatment)
Risk to self or others	Lack of discharge destination		Cognitive impairment / delirium / dementia	≥ Stage 2 pressure ulcer(s) and complex wound care needs
High intensity social service utilization	Socioeconomic status (e.g., no OHIP coverage, available financial resource)		Communication issues due to <ul style="list-style-type: none"> - Aphasia - English as a second language barrier - Hearing impairment 	Complex medical regimes and/or polypharmacy
Role of patient (e.g., as caregiver)			Pre-existing conditions affecting function (e.g., visual impairment)	

1. Based on the Integrated funding model – Stroke project 2016-2017, the GTA Rehab Network Transitions 2013 Initiative, and referral triggers - TC LHIN ALC transition team 2012, Think Tank: Understanding complexity of patients post-hip fracture and stroke 2017.

2. To reference the framework, please use: GTA Rehab Network and Toronto Stroke Networks (2017). Patient Complexity Framework: A Qualitative Exploration of Factors Contributing to Complexity for Hip Fracture and Stroke Populations. Retrieved from:

http://www.gtarehabnetwork.ca/uploads/File/Strategic_Initiatives/GTA_Rehab_Network_and_Toronto_Stroke_Networks_Complexity_Framework_.pdf



Patient
Complexity
Framework²