

## Bed Holding Policy for

# Freestanding Rehab/Complex Continuing Care Hospitals: High Tolerance Rehab; Low Tolerance Long Duration Rehab (LTLD); and Complex Continuing Care (CCC)

### PURPOSE

Inpatients in Rehabilitation and CCC hospitals occasionally become acutely ill with conditions that require inpatient admission to an acute care hospital for assessment and or treatment. The purpose of this policy is to support patient-centered care and optimize patient flow by defining the maximum lengths of time for which a bed may be held in the freestanding Rehabilitation or CCC hospital in anticipation of the return of the patient from the acute care hospital.

### POLICY

It is the policy of the *individual hospital* that, in certain circumstances, a bed will be held in anticipation of the return of a patient following an acute care inpatient admission. Ideally, all efforts will be made to return the patient to the same bed if the patient's care needs have remained unchanged following acute care treatment. However, where this is not possible, a bed within the same program/service will be held for the patient.

The circumstances under which a bed will be held while a patient is admitted to acute care are: For high tolerance rehabilitation programs, up to 48 hours for a *planned* admission to acute care for a procedure; for low-tolerance, long duration rehab programs, up to 7 days<sup>1</sup> for an admission to acute care; and for complex continuing care programs, up to 14 days for an admission to acute care.

**Note:** A bed should only be held if there is a reasonable expectation that the patient will return to the same program. If it is determined within 48 hours of admission to acute care that it is unlikely that the patient will be able to return to the same rehab/CCC program, it is expected that a representative from the acute care hospital advise the rehab/CCC hospital as such so that the rehab/CCC bed may be released prior to the timeline outlined above<sup>2</sup>.

Recognizing that there are some patient populations whose care needs are highly specialized and for whom appropriate inpatient beds are limited, the following patient populations are exempted from the timelines in this policy such that their beds may be held for a longer period of time as determined by the rehab/CCC hospital program's care team lead/designate<sup>3</sup>:

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

<sup>1</sup> All subsequent references to "days" refer to calendar days

<sup>2</sup> See also Procedure section, No. 6 regarding prioritization for readmission when a bed is released.

<sup>3</sup> Responsibility for this role is to be determined by each organization/program.

In the event of a pandemic outbreak or other wide-scale emergency situation, the bed holding policy may be superseded by pandemic/emergency planning policies and directives.

## PROCEDURE

1. Throughout the discharge/transfer process, ongoing communication is required 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.
2. High Tolerance Rehab: When a patient from a high tolerance rehabilitation program:
  - a. Has an UNPLANNED *admission* to an acute care hospital, he/she is automatically discharged from the rehab hospital and his/her bed is released when he/she is admitted to the receiving hospital.
  - b. Has a PLANNED *admission* to an acute care hospital for a short term, planned procedure, his/her bed will be held for up to 48 hours. If the patient remains in acute care beyond 48 hours, the patient's bed is released.

3. Low Tolerance, Long Duration Rehab: When a patient from a low tolerance, long duration rehabilitation program is *admitted* to an acute care hospital, the patient's bed or at a minimum a bed within the program/service will be held up to a maximum of 7 calendar days from the date of admission to acute care. If the patient's length of stay in acute care is expected to be greater than 7 days, the patient's bed should be released immediately upon such determination.

**Note:** A bed should only be held if there is a reasonable expectation that the patient will return to the same program. If it is determined within 48 hours of admission to acute care that it is unlikely that the patient will be able to return to the same rehab/CCC program, it is expected that a representative from the acute care hospital advise the rehab/CCC hospital as such so that the rehab/CCC bed may be released prior to the timeline outlined above.<sup>2</sup>

4. Complex Continuing Care: When patients from complex continuing care programs (other than LTLD) are *admitted* to an acute care hospital, the patient's bed or at a minimum a bed within the program/service will be held up to a maximum of 7 days.

**Note:** A bed should only be held if there is a reasonable expectation that the patient will return to the same program. If it is determined within 48 hours of admission to acute care that it is unlikely that the patient will be able to return to the same rehab/CCC program, it is expected that a representative from the acute care hospital advise the rehab/CCC hospital as such so that the rehab/CCC bed may be released prior to the timeline outlined above.<sup>2</sup>

If the patient's length of stay in acute care is expected to be greater than 7 days:

- The patient's bed should be released immediately upon such determination **or**
  - After dialogue between the acute care unit and the CCC hospital program, the patient's bed or at a minimum, a bed within the program/service may be held at the discretion of the CCC hospital program's care team lead/designate<sup>1</sup> up to a maximum of an additional 7 days, after which time, the patient's bed will be released.<sup>2</sup>
5. Patients transferred to the emergency department, to a clinic, for a consultation with a specialist, or any other outpatient appointment are not discharged and 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, 2 - 4 apply.
  6. When a patient's bed has been released by a rehab/CCC hospital, the patient discharged to an acute care facility is given priority for readmission 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.
  7. Regardless of whether a patient's bed has been held or released by the rehab/LTLD/CCC program, the acute care hospital **must have prior approval from the Rehab/CCC hospital for the patient's transfer back** to the rehab/CCC hospital when the patient is ready for discharge from acute care.<sup>3</sup>

---

#### SUPPLEMENTAL COMMENTS:

When a patient is admitted to acute care from a rehab/CCC hospital, the rehab/CCC hospital is required to discharge the patient.<sup>4</sup> In developing this policy, stakeholders believed that it would be of benefit to define timelines for holding a bed based on the expected turn over/availability of beds for high tolerance rehab; low tolerance, long duration rehab; and complex continuing care. As wait times for each of these 3 programs can vary significantly, timeframes for holding beds (if at all) within these programs were differentiated.

---

<sup>1</sup> Responsibility for this role is to be determined by each organization/program.

<sup>2</sup> While it is acknowledged that the role of CCC is changing from a point of ultimate destination for patients to a transition destination, there continues to be a number of patients in CCC who reside there for many years, in absence of appropriate residential/LTC options in the community. For these patients, the holding of beds for the timeframe specified in this policy supports patient-centred care and respects the therapeutic relationships that have been developed between the care team and the patient.

<sup>3</sup> Refer to GTA Rehab Network Decision Tree for information required for readmission to rehab/CCC after acute care stay, February 2009. The decision tree can be downloaded from [www.gtarehabnetwork.ca/uploads/File/forms/tool2assist-readmission.pdf](http://www.gtarehabnetwork.ca/uploads/File/forms/tool2assist-readmission.pdf)

<sup>4</sup> See the Instruction Manual for Daily Census Summary. Data Quality and Standards Unit, Health System Information Management Division, Ministry of Health and Long-Term Care. (April 2007).

**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 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 and the acute care hospital 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. Readmission of 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.