Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

Rehab and Geriatrics

CENTRAL WAITLIST FORM

Phone: 204-781-0268 Email: WRHACentralBedAccess@wrha.mb.ca

Patient Information

NAME OF PATIENT | PRIMARY LANGUAGE | ☐ MALE ☐ FEMALE

ADVANCED CARE PLANNING – GOALS OF CARE: ☐ Resuscitation ☐ Medical Care ☐ Comfort Care ☐ Not Complete

ADDRESS | POSTAL CODE | PHONE

DATE OF BIRTH D D M M M Y Y Y Y | MHSC | PHIN

PRIMARY CONTACT PERSON | RELATIONSHIP | PHONE

Service

SERVICE REQUIRED

☐ Geriatric Rehab ☐ Ortho Rehab ☐ Amputee Rehab ☐ Stroke Rehab
☐ Neuromusculoskeletal Rehab ☐ Spinal Cord Injury Rehab ☐ Acquired Brain Injury Rehab

Clinical Information

DIAGNOSIS AND REHABILITATION ISSUES/INCLUDE PRIOR FUNCTIONING (to be completed by physician/clinician)

EXPECTATIONS OF REHABILITATION AND DISCHARGE OUTCOME (to be completed by physician/clinician)

INDICATE IF ANY OF THE FOLLOWING APPLY:

☐ MRSA + ☐ C DIFF+ ☐ CPE+/CPE SUS ☐ Feeding Tube ☐ CPAP/BiPAP
☐ Tracheostomy ☐ NWB ☐ Peritoneal Dialysis ☐ PICC Line ☐ Bed Alarm/Chair Check
☐ Oxygen: _____ ☐ Hemodialysis ☐ Bariatric height: _____ weight: _____
☐ Specialized Equipment: _____

Patient and family aware of referral and in agreement with admission to a rehab bed at first available facility? ☐ Yes ☐ No
If not, what restrictions and why?

NAME OF REFERRING AGENCY | REFERRAL CONTACT | PHONE NUMBER | PAGER NUMBER

CURRENT LOCATION OF PATIENT (specify facility, unit and phone) | DATE OF ACCEPTANCE TO CWL D D M M M Y Y Y Y

REHAB/GERIATRIC ASSESSMENT/CONSULT FORM COMPLETED BY (include geriatrician, physiatrist, clinician):

Signature Printed Name and Designation

BiPAP - Bi-level Positive Airway Pressure
C DIFF+ - Clostridium difficile
CPAP - Continuous Positive Airway Pressure
CPE+ - Carbapenemase Producing Enterobacteriaceae
CWL - Central Wait List
MRSA+ - Methicillin-resistant Staphylococcus Aureus
NWB - Non Weight Bearing
PICC - Peripherally Inserted Central Catheter
SUS - Suspect

Guideline: Rehab and Geriatrics - Central Wait List Form

Revised Date: August 21, 2019

Purpose/Background:

To capture a summary of patient information entered on one wait list, in order to assist in facilitating admission to a bed offered at five facilities, in the Rehabilitation, Healthy Aging & Seniors Care Program.

Initiation:

The referring source will initiate a consult to the Rehab and Geriatrics Program. A qualified Physician/Clinician from the Rehabilitation, Healthy Aging & Seniors Care program will answer the consult to determine if appropriate for a rehabilitation admission. If so, the wait list form will be completed, & faxed with the consult response and demographic sheet to the Central Wait List Coordinator. All rural referrals must be forwarded to the Central Wait List Coordinator with collateral patient information. A program physician will review this to determine if appropriate to be placed on the list. Out of region referrals could also be a physician to physician consult.

Definitions:

Rehab and Geriatrics – Central Wait List: A central intake that receives and coordinates requests to access rehabilitation beds. Patients who have been accepted to the program are entered onto a Central Wait List database. These patients are matched to appropriate rehabilitation and geriatric beds as they become available for admission.

Use:

The following staff from the Rehabilitation, Healthy Aging & Seniors Care Program are required to use this form; Program Physicians, GPAT (Geriatric Program Assessment Team) clinicians and Rehab and Geriatric Clinicians.

Completion:

Patient Information: Provide current demographics to maintain an accurate history in the database.

Advance Care Planning: Advance Care Planning is the overall process of dialogue, knowledge sharing and informed decision making that needs to occur at any time when future or potential life threatening illness treatment options and Goals of Care are being considered or revisited.

Service Required: Select rehabilitation service most appropriate for patient.

Clinical Information:

Diagnosis & Rehabilitation Issues/Include Prior Functioning (to be completed by physician/clinician): Identify diagnosis & rehabilitation issues to establish a care plan. An indication of prior functioning will provide a baseline of comparison to current status and to help establish rehabilitation goals.

Expectations of Rehabilitation & Discharge Outcome (to be completed by physician/clinician): Outcomes expected from the Referral Source from the rehabilitation process.

Indicate if Any of the Following Apply: Any of the following could be constraining factors to admission. Admission facilities should be made aware if any of these apply so that they can decide whether or not they are able to meet patient care needs.

Patient & Family Aware of Referral: Must be aware of referral to the program, and agree to admission to a bed when one is offered. If patient/family are adamantly against a particular facility it should be mentioned here.

Name of Referring Agency/Referral Contact: This provides information regarding the site of the referral and contact person for the Central Wait List Coordinator or receiving admission facility to follow up with prior to making a bed offer.

Current Location of Patient – Facility, Unit & Phone #: Admission facilities will use this information to contact the unit to make further inquiries, and to make a bed offer.

Rehab/Geriatric Assessment/Consult by: Patients must be assessed and deemed appropriate by a qualified Physician/Clinician from the Rehabilitation, Healthy Aging & Seniors Care Program. Indicate the clinician and physician involved in completing the assessment as applicable.

Date of Acceptance to Central Wait List: Indicate date approved for placement on the Central Wait List.

Filing/Routing: The Central Wait List Coordinator will fax a copy of the wait list form, consult, and demographic sheet to a rehabilitation facility in anticipation of a bed becoming available. Original wait list packages are retained by the Central Wait List Coordinator for a period of 4 – 6 months and then destroyed. The referral source shall retain a copy of the wait list form on the patient's health record.