

Admission Criteria to Access a Specialty Hospital Bed for Seniors
Centralized Intake & Referral

Participating Specialty Hospitals within the Toronto Central Local Health Integration Network (TC-LHIN)

- Baycrest,
- Centre for Addiction and Mental Health (CAMH)
- Toronto Rehabilitation Institute (TRI)

Centralized Intake and Referral Office (CIRO)

- Toronto Central CCAC

A) GENERAL ADMISSION CRITERIA

1. medically stable;
2. have a long-standing or newly diagnosed mental health and addiction disorder, concurrent disorder, Alzheimer’s disease or related dementia
3. 65 years of age or older, some exceptions on younger individuals applied by specific sites;
4. referred by a health care professional (e.g. MD, Specialist, RN or Social Worker)

B) GENERAL ADMISSION EXCLUSION

1. Critically medically compromised clients;
2. Clients requiring resources beyond the capacity of the GMHS, e.g., extremely violent individuals, that may impact on safety of the unit

C) SITE/UNIT SPECIFIC ADMISSION CRITERIA

	Inclusion Criteria/Description	Exclusion Criteria
Baycrest <i>Psychiatry Inpatient Unit</i>	<ul style="list-style-type: none"> ➤ Age 65 and older ➤ Diagnosis of mental illness or mental health issue 	<ul style="list-style-type: none"> ➤ Significant behavioural disturbances associated with dementia or traumatic brain injury (more appropriate for Inpatient Behavioural Neurology Unit - 4 West) ➤ Severe acute medical illness ➤ Emergency or Crisis Admission ➤ Requires maintenance ECT

<p>Baycrest <i>Behavioural Neurology Unit</i></p>	<ul style="list-style-type: none"> ➤ Medical stability ➤ Complex high intensity behaviours requiring interprofessional clinical assessment, diagnosis, stabilization, and treatment ➤ Adults with dementia (e.g. Alzheimer's Disease, Frontotemporal Dementia, Vascular Dementia, Lewy Body Dementia etc.) or other neurodegenerative diseases requiring specialized assessment 	<ul style="list-style-type: none"> ➤ Emergency or Crisis Admissions ➤ Requires tube feeding or need for intravenous therapy ➤ Significant behavioural disturbances related to psychiatric illness other than dementia (more appropriate for Inpatient Psychiatry Unit - 4 East) ➤ Clients who are stabilized with behavioural management plans requiring transitional support to Long Term Care
<p>Toronto Rehabilitation Institute <i>Geriatric Psychiatry Service</i></p>	<ul style="list-style-type: none"> ➤ A diagnosed "Dementia" with accompanying behaviour challenges. ➤ Psychiatric complications of dementia including behavioural disturbances such as agitation, paranoia, aggression, resistiveness to care, wandering, depression and /or delusions. ➤ Care is provided in a secure environment ➤ Age 65 or older (younger individuals on a case by case basis) 	<ul style="list-style-type: none"> ➤ Sent on a Form 1 ➤ Requires intravenous therapy, oxygen, tube feedings and central venous lines. ➤ Major Psychiatric disorder or TBI is the primary cause of the behavioural disturbance

<p>CAMH <i>Geriatric Admission Unit</i></p>	<ul style="list-style-type: none"> ➤ Clients ≥65 years old; those aged 60 to 64 will be considered on a case by case basis. ➤ Age associated mental health and/or addiction issues, such as depression, psychosis, substance abuse, etc. ➤ Dementia with behavioural and psychological complications. ➤ Assessment and short-term management of patients with the expectation of return to referral source. ➤ Based on service admission criteria hierarchy, CAMH Emergency Department has priority access to any available beds ➤ Referral sources should fully explore all available community/outpatient resources/services and have accompanying endorsement of their GMHOT/BSS team 	<ul style="list-style-type: none"> ➤ Clients younger than 60 years of age will not be considered ➤ Clients requiring IV or other invasive medical interventions (e.g. oxygen, catherizations, tube feedings, central venous lines, etc.). In such cases, a general medical facility should be considered ➤ Clients with progressive neurological disorders such as Huntington’s disease, Traumatic Brain Injury (TBI), Wernicke-Korsakoff Syndrome, etc. ➤ Clients with active substance misuse issues which would require acute detox. ➤ Individuals who have been determined to require palliative care or residential care ➤ Requests for respite care ➤ Referrals of clients for whom placement is main issue. ➤ Clients not assessed first by their assigned GMHOT/BSS team. ➤ Sent on Form 1
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