Expected Length of Stay

Length of stay will vary by individual needs as determined by the health care team. Patients should expect to return to their previous care setting within 60 days of admission.

Application Process

Referral must be signed off by a physician or nurse practitioner.

The Centralized Access (Intake and Referral) Process to Senior Specialty Hospital Beds is a single entry point for providing access to geriatric mental health beds at Baycrest, CAMH and Toronto Rehabilitation Institute within the Toronto Central Local Integration Health Network (TC-LHIN).

Please fax completed application forms directly to the Community Care Access Centre's (CCAC) Centralized Intake and Referral Office at 416-506-0439.Each application is reviewed by the inpatient mental health team prior to admission for eligibility and appropriateness.

Please note that the period between a bed offer and admission to the program may be very brief, sometimes within 24 hours. For this reason, families should assess the feasibility of working within this timeframe as patients who refuse to accept the bed when offered will be placed on a wait list and may lose their priority status.

Contact Us

For more information, contact a social worker at 416-785-2500 ext. 2742.

Inpatient Psychiatry Program: http://www.baycrest.org/care/care-programs/inpatient-care/inpatient-psychiatry-program-2/

Updated: April 26, 2017

Baycrest

Inpatient Psychiatry Program

Admission Criteria

Baycrest Health Sciences

Baycrest is proud of its continuum of healthcare, which encompasses specialized inpatient care for the older adult population, including:

- The Shirley and Philip Granovsky Palliative Care Unit
- Complex Continuing Care
- Inpatient Rehabilitation Program
- Inpatient Psychiatry Program
- Behavioural Neurology Unit

Inpatient Psychiatry Program

The Inpatient Psychiatry unit is a short-stay hospital program focusing on assessment and treatment of mental health challenges in older adults. The interdisciplinary team works directly with clients and families to set treatment goals. Symptom control, counseling and therapeutic groups are key elements of the program. In addition, supportive counseling for families is provided.

Throughout admission, the interdisciplinary team works in collaboration with clients and families to identify strategies and supports to be implemented at home with the aim of enhancing the confidence and ability of clients to manage mental health challenges and carry out activities of daily living post-discharge.

Goals of the program

The goals of the program are to stabilize mental illness; increase social and physical supports as identified; enhance confidence and abilities in activities of daily living; and improve families' and clients' ability to cope and manage living with mental illness.

Admission Criteria

Inclusion

- Adults age 65 and older

- Clients with diagnosis of mental illness (focus on mood disorder, including anxiety, major depression, bi-polar disorder, psychotic disorder, and mild cognitive impairment, including mild dementia with mood disorder) requiring an inpatient service

- Expectation that discharge planning and discharge destination are determined prior to admission

Exclusion

- Dialysis
- Mechanical ventilation
- Bi-level Positive Airway Pressure (BiPAP)
- Cuffed Tracheostomy Tube
- Needs greater than 50% Oxygen
- Total parenteral nutrition (TPN)
- Bariatric equipment needs (300lbs +)
- Patients requiring crisis admission
- Patients with significant behavioural disturbances associated with dementia or traumatic brain injury
- Patients requiring maintenance electroconvulsive therapy (ECT)
- Patients with complex medical needs that cannot be managed on a non-medical unit
- Patients requiring the following medical interventions will be assessed on a one-to-one basis:
  - Ongoing IV therapy
  - Patients with a tracheostomy
  - Patient with complex wounds
  - Enteral feeding
  - Oxygen >4L
  - Infection or other acute medical problems
- Patients requiring extensive rehabilitation or physiotherapy
- Referrals for patients for whom placement is the main issue