Expected Length of Stay
Length of stay will vary by individual needs, determined by the health care team.

Application Process
An application can be sent by the patient’s health care team in acute care through the Resource Matching and Referral (RMR) system or via fax: 416-785-2471.

Contact Us
For more information, you may contact a social worker at 416-785-2500, ext. 6450.


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
Complex Continuing Care

The Complex Continuing Care program focuses on providing assessment, treatment and care for patients with multiple chronic complex, medical conditions, and diagnoses to help transition back to the community or a home-like setting.

The interdisciplinary team supports and optimizes patient-centered care and goals focusing on quality of life.

A chronic care co-payment fee may be applicable, per the Ontario Ministry of Health and Long Term Care guidelines. With appropriate financial documentation, a reduced co-payment may apply depending on the patient’s income. This will be determined by the Finance Department upon admission.

Goals of the program

Assessment, treatment and care for patients with multiple chronic complex medical conditions and diagnoses.

Admission Criteria for the Complex Continuing Care Program

Inclusion

• Adults age 60 and older
• Patient is medically stable (i.e. does not require acute care intervention)
• If patient smokes, is able to do so safely and make own arrangements
• Chronic complex illness with multiple co-morbidities that require ongoing medical intervention
• The program is able to manage the following needs:
  o Patients with compromised skin integrity > Stage Two
  o Patients with tracheostomy
  o Patients with peripherally inserted central catheter (PICC) lines
  o Enteral feeding tube (G/J –tube)
  o Nephrostomy and other drains
• Should a patient’s condition stabilize and this level of care is no longer required, cooperation on discharge planning to the appropriate setting is expected

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 +)
• Patient’s needs can be reasonably met in a community or Long Term Care setting
• Patients with Stage 1 and Stage 2 ulcers without complex medical needs
• Patients with a gastrostomy tube (G-tube) or well established tracheostomy without complex medical needs
• Patients requiring a locked/secure unit
• Patient requires extensive rehabilitation or physiotherapy
• Patients with responsive behaviours will be assessed on a case by case basis