

PRE-ADMISSION CHECKLIST

Name of Potential Admission: _____

	Date Requested	Date Received
1. Documentation Required for Review by Admission Committee		
Letter of Request from Community Service Worker (CSW) with written support from (Community Living disABILITY Services (CLdS) Program Specialist confirming that all actions have been taken to arrange for alternate living arrangements and that admission to MDC is the last resort; must include referral name, date of birth and Personal Health Identification Number (PHIN)/Manitoba Health numbers.		
Confirmation of Intellectual Disability Diagnosis prior to the age of 18		
Confirmation of Substitute Decision Maker (SDM) status including current powers		
Approval of SDM for support of admission		
CSW report that includes: <ul style="list-style-type: none"> ▪ Goals for Admission ▪ Summary of incidents for past 12 months and interventions used in the community ▪ Medical diagnosis ▪ List of current medications; medication history ▪ List of placements ▪ Medical history ▪ Allergies ▪ Most recent Individual Plan ▪ Current Behaviour Support Plan/Safety Plan ▪ Other reports as requested by MDC (e.g. Day program report; specialist reports; recent psychological reports, etc.) 		
2. Documentation Required <u>Prior</u> To Admission		
Commissioner approval for placement		
Variance to SDM powers (if required) to include 52 (2) h i, ii, iii from CSW		
Updated immunization record for Diphtheria, Tetanus, Pertussis, Polio, Tuberculosis, Antibody titres for MMR and Hepatitis B (antigen and antibody testing) and necessary immunization		
Social History including education		
Community physicians and dentists names including last known appointment		
Manitoba Health transfer/referral form (MG-1832) if admitted from another health care facility		
Social Insurance Number, Marital Status, Religion, Family Contact (names, contact numbers and frequency of contact)		
Treaty number (if applicable)		
Notification of communicable diseases (STD's; HIV)		
Confirmation of funding is attached to the client for discharge planning		
The Health Information Services Coordinator will fax consent to SDM for ID photo, collection and storage of DNA (use form ID Card Information) CR.93. Notify respective Residential Coordinator or designate when received.		
If SDM for care is not Public Guardian and Trustee, written consent for routine medical treatments will be required; see MDC Policy VI-95 Consent for Health and Medical Treatment (Form CR.23a). Health Information Services Coordinator will initiate.		

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3. Role of Clinical Coordinator		
a) Ensure any external requests regarding admission are directed to the individuals CSW.		
b) Respond to CSW request for referral with email outlining initial documentation required for admission committee consideration. Email to include discharge planning expectations whereby the referring agency must be committed to a post-MDC placement and program with funding in place and guaranteed for return to community within two (2) years of admission or earlier if deemed appropriate by the treatment team.		
c) Contact MDC Health Information Services to open an electronic health record with provided referral name, date of birth and PHIN/Manitoba Health numbers.		
d) Schedule an Admission Committee meeting with potential Residential Coordinator's (RC)/Directors in attendance. Provide all scanned CSW reports via email to the stakeholders for review prior to the meeting.		
e) Respond to CSW with email decision regarding Admission including list of other documentation required as well as final approval of admission contingent upon assessment by Clinical Psychologist and care team.		
f) Once team assessment has occurred and deemed to meet criteria, arrange for completion of letter of "willingness of MDC to accept the individual" from the CEO; this letter is then faxed to the SDM for personal care (SDM will file a notice of application with the court for placement of the individual at MDC).		
g) If required, complete paperwork from Vulnerable Persons' Commissioner Office (VPCO) for Temporary Placement and fax to SDM for personal care.		
h) Arrange with CSW for delivery of five (5) days of clothing to be provided to MDC (for washing and tagging prior to admission re: bed bug policy); advise that a list of clothing and valuables and \$100.00 spending money to accompany the individual upon admission. Notify respective area when five (5) days of clothing has been received. Residential area to process same.		
i) Inform pertinent MDC care provider about the pending admission (Environmental Services, Financial Services, Nutrition and Food Services, Health Information Services (HIS), EMC, RC).		
j) Discuss with CSW admission arrangements (time, method etc) note: morning on a Tuesday is optimal.		
k) Complete MDC Admission Information Form Questionnaire in electronic health record.		
l) Prompt HIS to provide area with file and change status to "Active" in electronic health record on the day of admission.		