Complex Care Program – Parkwood Institute

Patients Eligible for transfer to the Long Term Ventilation Beds

There are six beds within the Complex Care Program at Parkwood Institute that provide a clinical setting for individuals requiring long-term mechanical ventilation (LTV). The purpose of transferring these individuals to the Complex Care Program is to provide a more appropriate setting to care for and manage their health, welfare and social needs, and if applicable a transitionary setting prior to community discharge. This transfer will also help increase the capacity of critical care areas across the province. This facility is not mandated, staffed or resourced to facilitate protocols for attempted weaning from mechanical ventilation.

To ensure patient safety and a smooth transition from the ICU to the long-term ventilator beds the following criteria have been developed to describe the type of patient whose needs will best be met in Complex Care at Parkwood Institute.

Patients are expected to meet the following criteria:

1. Medical Stability

Non-respiratory organs dysfunction stabilized, with:

- sepsis treated and controlled,
- hemodynamically stable; with no uncontrolled arrhythmias or heart failure,
- renal function and acid-base balance stable,
- absence of central and peripheral IV's (capped PICC's acceptable),
- infrequent blood sampling (no greater than weekly).

Treatment plan for all medical conditions is in place, that:

- is free of continuous cardio-respiratory monitoring,
- does not require frequent changes,
- can be implemented at the complex medical care site,
- provides adequate nutrition using the enteral route (NG switched to G or GJ feeding tubes).

2. Respiratory Stability

Ventilation should be well established with no need for sophisticated ventilator modes.

Safe and secure airway; either tracheostomy with a sufficient mature stoma to allow easy tube changes, or stabilized on regimen of NIV with minimal risk for aspiration.

Able to clear secretions, either spontaneously or with assistance; established chest maintenance routine using cough assist maneuvers, as necessary.

No episodes of severe dyspnea. Any dyspnea, if present, should be easily relievable.

Adequate oxygenation (SaO2 90%) on stable FIO2 (40%)

Oxygenation stable including during suctioning, repositioning.

Stable ventilator settings (>2 weeks).

- Ideally capable of some ventilator-free breathing, the more the better; however will accept patients with no spontaneous breathing capability.
- Comfortable with time off ventilator, using tracheostomy cap or speaking valve if applicable; should not require RT support to realize these goals.
- Minimal to moderate tracheal suctioning frequency and volume – ideally required less than 4 times per 12 hr shift.
- Respiratory infection free for minimum 1 week.

3. Comprehensive Plan of Care, including:

Safety considerations:

- Ability to meet the patient needs in care environment
- No active use of restraints

Advanced directives that have been discussed with and acceptable to the patient.

Crisis planning, with a:

- List of health care personnel to contact for direction on medical care

Home Respiratory and Ventilatory Care (HRCV) Team (Chronic Ventilator Care Outpatient Clinic | LHSC) consultation and follow up, including quarterly care plan rounding in collaboration with the Parkwood care team. For applications received from facilities outside of the city of London Ontario the HRVC team at LHSC will aid in the review process for admission as part of the care team when managing LTV patients within the city of London.

Patients admitted to Long-Term Mechanical Ventilation are required to pay a co-payment fee. The provincial government sets a co-payment fee for patients in Long-Term Mechanical Ventilation.