The Grace RECOVER Program for Chronic Critical Illness (Est. April 2020)

The Continuum of Care after Critical Illness- A TGHC and RECOVER Program Collaboration (Est. 2016)



### Program Leadership

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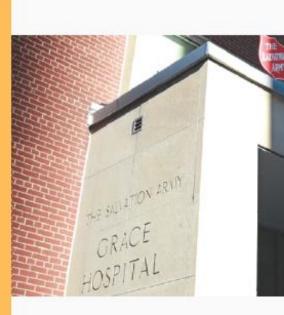
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## **CONTACT US**

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### WHO WE ARE

- A 30 bed prolonged mechanical ventilation unit located in the heart of downtown Toronto
- Partnered with acute care facilities to provide enhanced care
- We offer a compassionate interprofessional model of care



OUR PROGRAM VISION INDIVIDUALIZED INNOVATIVE CARE

#### OUR PROGRAM MISSION

TO PROVIDE OUTSTANDING HOLISTIC INTERPROFESSIONAL PATIENT AND FAMILY CENTERED CARE FOR THOSE WITH CHRONIC CRITICAL ILLNESS

### **OUR PROGRAM**

#### PROLONGED MECHANICAL VENTILATION

We offer specialized care to adults who require long term mechanical ventilation. We focus on rehabilitation and liberation from the ventilator.

#### REHABILITATION

The program aims to promote quality of life by providing a healing environment to support the complex care patients require.

#### TRANSITION HOME

For patients unable to be completely liberated from mechanical ventilation, we provide support with transition to the community through our home ventilation program.

# Grace RECOVER Program Goals:



- Innovative Continuum of Care model for medically stable patients with chronic critical illness/multiple co-morbidities who require invasive or non-invasive mechanical ventilation for at least six hours each day
- Evidence-based
- MOU with UHN/ Consultant resource
- Enhanced outcomes, continuity of care and quality of life for post ICU patients/families;
- Enhanced transition to community-based living; Outpatient follow-up with transition to Primary Care; Home Ventilation when needed
- Knowledge Transfer for medical (staff/trainees), nursing and interprofessional teams/learners
- Reduce Toronto Central LHIN costs;
- Develop a novel post-ICU care model to disseminate nationally across the national RECOVER network to address patient and caregiver needs after critical illness
- CIHR Supported and CCSO Knowledge User





- 24 h on-site/on call diverse
  ICU/Respirology group across academic
  (U of T) and community ICU sites
- Integrated RN & RPN staffing
- 24 h on-site Critical Care/Registered Respiratory Therapy

Grace RECOVER Program Clinical Team PROGR/

> Critical Care Services Ontario

## **Comprehensive IP Team**

- Nursing. RN and RPN model
- Respiratory Therapy. 24/7 coverage
- Pharmacist. Becky Cheng
- Rehab PT/OT, PTA/OTA. Eden Graham, Michelle Ma, Nackeed Edwards
- Registered Dietitian. Kaylem Boileau
- Advanced Wound Care. Kaylem Boileau
- Social Workers. Jose Dias, Munira Yusuf
- Speech Language Pathologist. Sanah Matadar
- Nondenominational Spiritual Care. William Stanger
- Mental Health Support Team. Dr.Elise Hall. Bice Amoroso
- Therapeutic Recreation. Livia Egli. Joanna Obre
- Physician Specialty Consultation Support. (UHN)

Grace RECOVER Program for Chronic Critical Illness



- Modelled after Acute ICU model of Care
- Daily Team Safety Rounds at 0900
- **Daily bedside rounds** with ICU MD, Nurse manager, RT, Pharmacy
- Daily Exam/Review of Systems
- Daily plan with IP team
  - Daily comprehensive note in EPR
  - Continuous Monitoring Safety Net System
  - High Performance Ventilation Equipment
  - ICU Best Practice- DVTp, Gip, tight glycemic control, ASP, mobility, bolus feeding
  - Family communication/team discussion
  - Nurse Practice Leader unit based education
  - Weekly Continuity of Care Rounds
  - Quarterly Antimicrobial Stewardship Rounds
  - Acute care partner-UHN for continuity
  - Building multidisciplinary Consultant team with UHN
  - KT\*- U of T CCM Educational Elective Fellow Program- Drs. Sehgal and Jogova
    - Home Ventilation Program- Drs. Zaheen, Blazer and Humphries
  - Collaboration with TGHC Palliative Care Program

Admission Criteria: Medical Stability



- Mechanical ventilation for >14 days, medically stable for at least 7 days prior to transfer
- Tracheostomy in situ/ PICC in situ
- No pressor/inotrope use in preceding 7 days prior to transfer
- No significant medication changes in preceding 7 days prior to transfer
- No major cardiac or respiratory events in preceding 7 days prior to transfer
- Supplemental oxygen less than 50% on /off the ventilator
- Hemodialysis possible pre-scheduled at referring site
- G/J/PEG tube in situ
- Stable ventilator settings for preceding 7 days prior to transfer
- Tracheal Suctioning maximum frequency q 2-3 hours
- Documented Advance Care Plan/goals of care within 48 hours of transfer.
- COVID negative in past 7 days. Repeat COVID testing 72 hours prior to transfer.
- Acceptance of limitations of monitoring/surveillance-not an acute ICU with 24h MD onsite
- Agreement to observe code of conduct and respectful collaborative care model

# Grace RECOVER Program for Chronic Critical Illness



- 34 bed capacity
- Nurse to Patient Ratios 3:1 Days & 4-5:1 Nights
- RT coverage 24/7 (unit based)
- Onsite access to portable diagnostics
- Partnership with UHN for complex interventional, diagnostic/lab requirements
   Patient rooms range from private, semi or quad.
- Access to quality of life amenities such as showers, group activities and social events.

