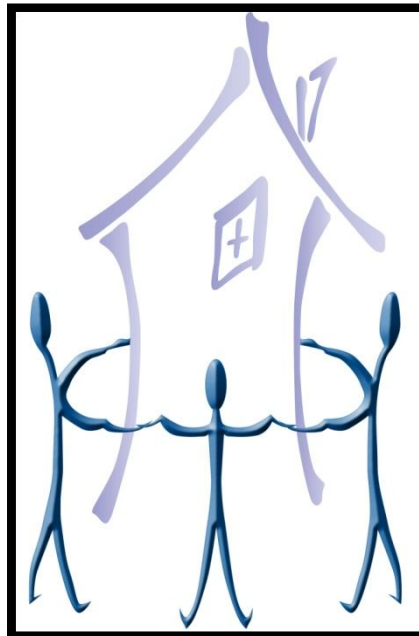
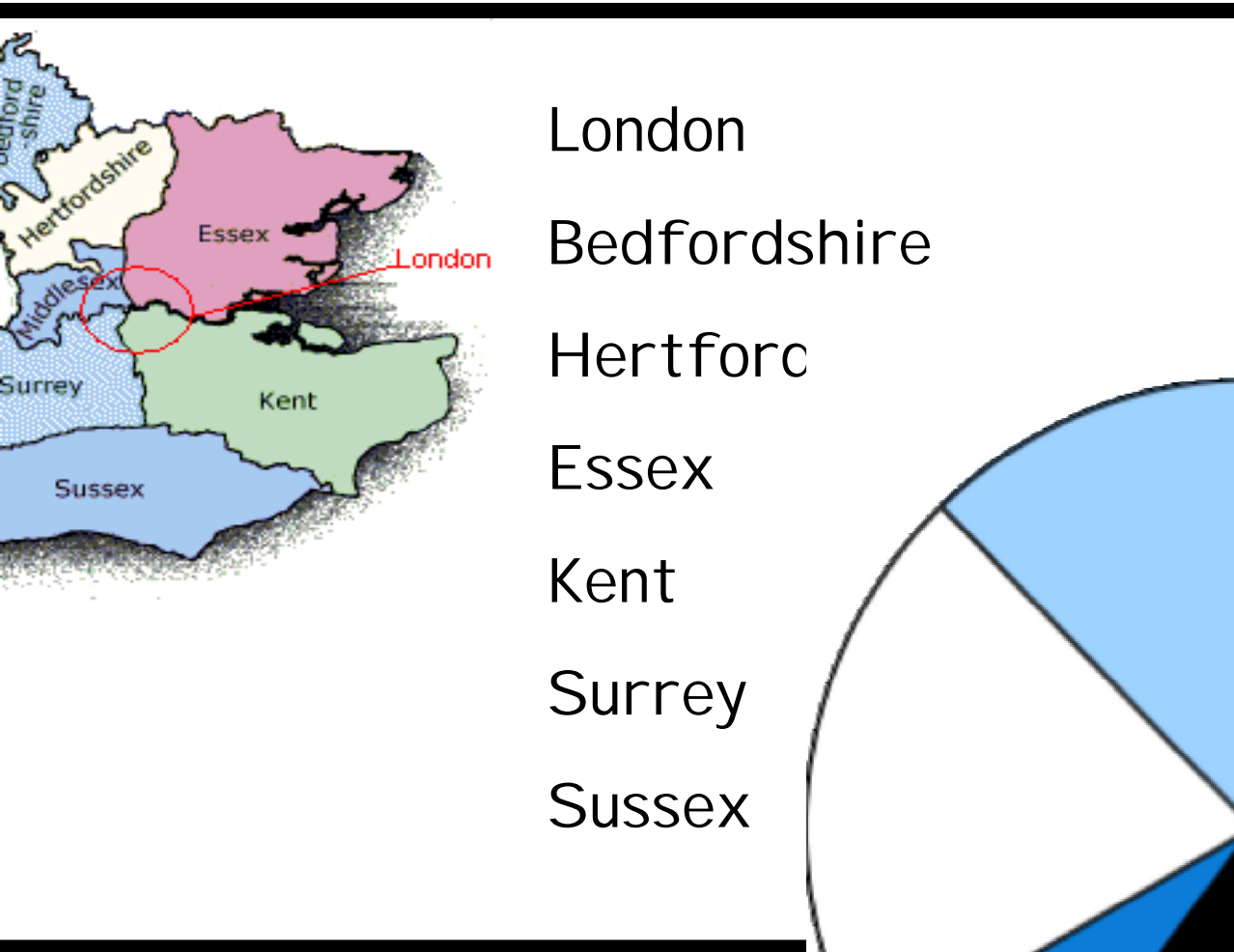


London Health Conference 2010

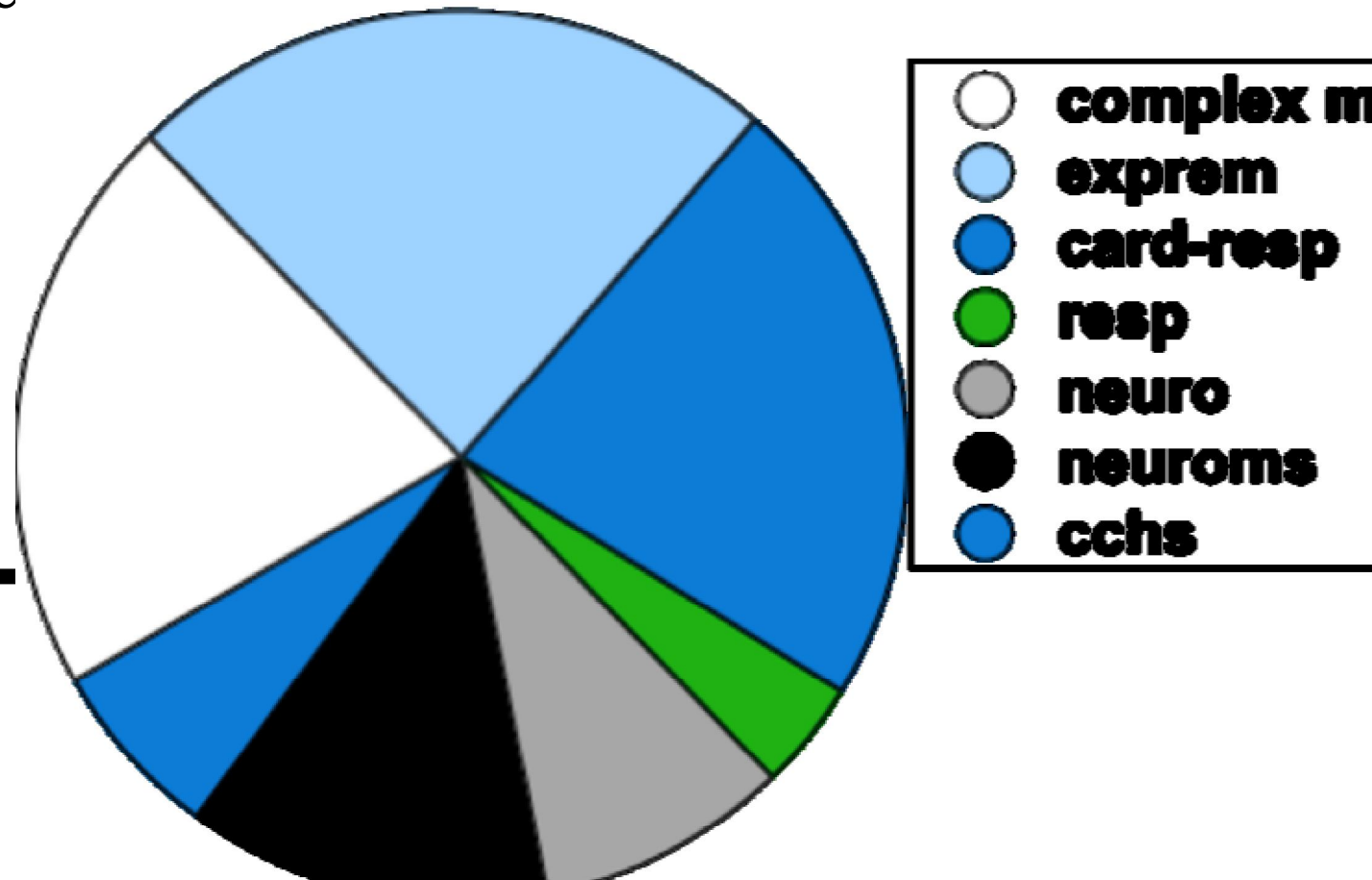
Dr Gillian Charlotte Halley
Consultant
Children's Long Term Ventilation Service



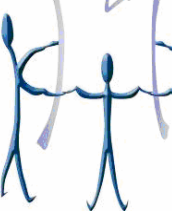
Pan Thames Region



NICU - PICU - HDU
ward - hospice - home



Care closer to home



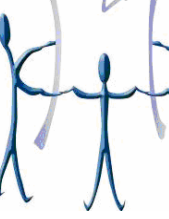
- Prolonged hospital stay is no longer acceptable
- Improvements in ventilator technology
- Change in expectations
- What do families want?

How do we make it safe?

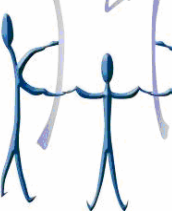
Average time to discharge?



7-9 months from when medically stable



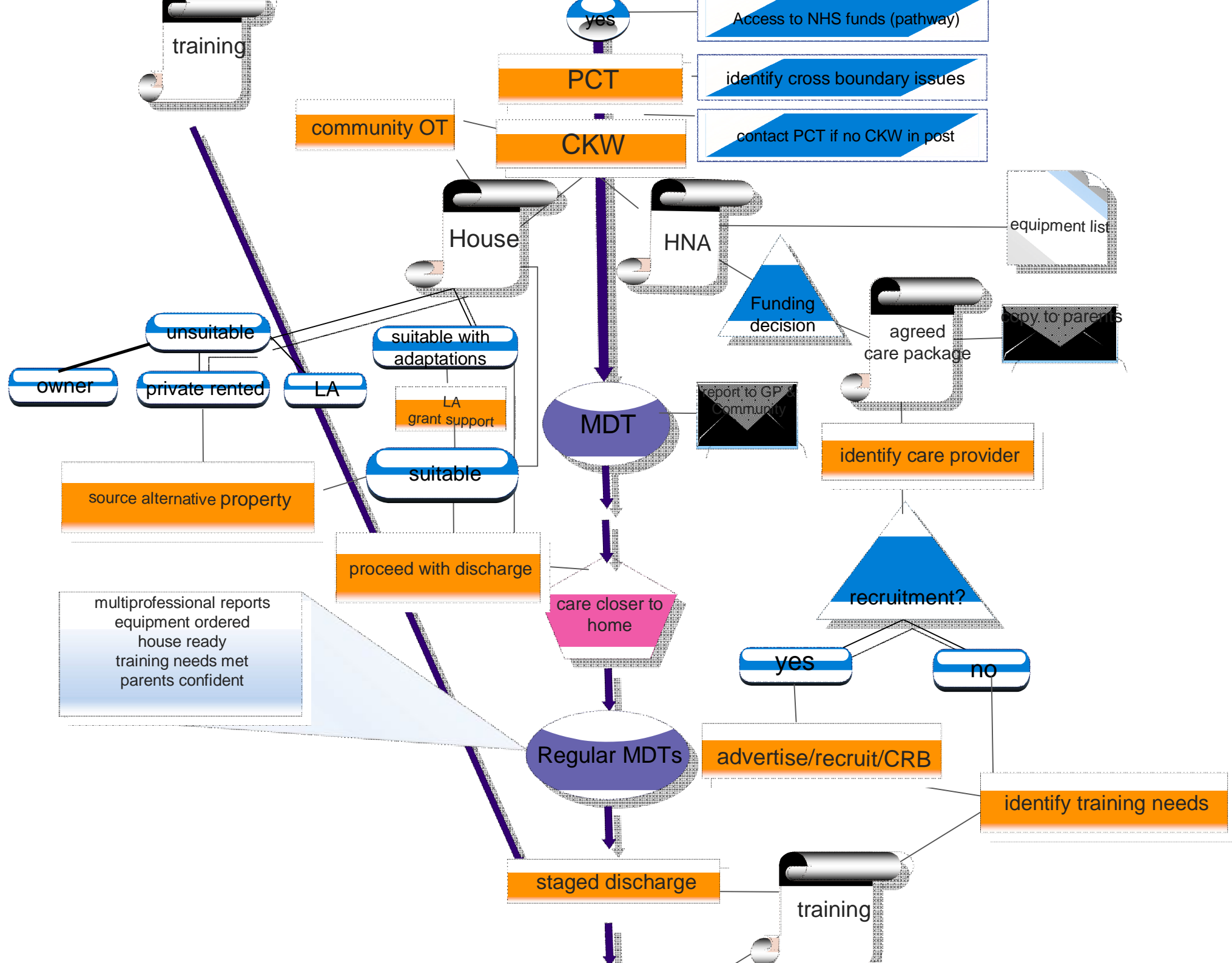
Why does it take so long?



LTV Discharge Planning

Key Stages in Discharge

- ✓ Recognise need for LTV – start dc planning and parent education & training
- ✓ Acute Key Worker (AKW) contacts Community Key Worker (CKW)
- ✓ CKW informs children's continuing care commissioner
- ✓ Health Needs Assessment (HNA) carried out
- ✓ Referral to social services
- ✓ Housing assessment
- ✓ 1st MDT
- ✓ Funding agreed
- ✓ Equipment list & ventilator purchased
- ✓ Care Provider Identified
- ✓ Recruitment of carers (CRB)
- ✓ Training of carers

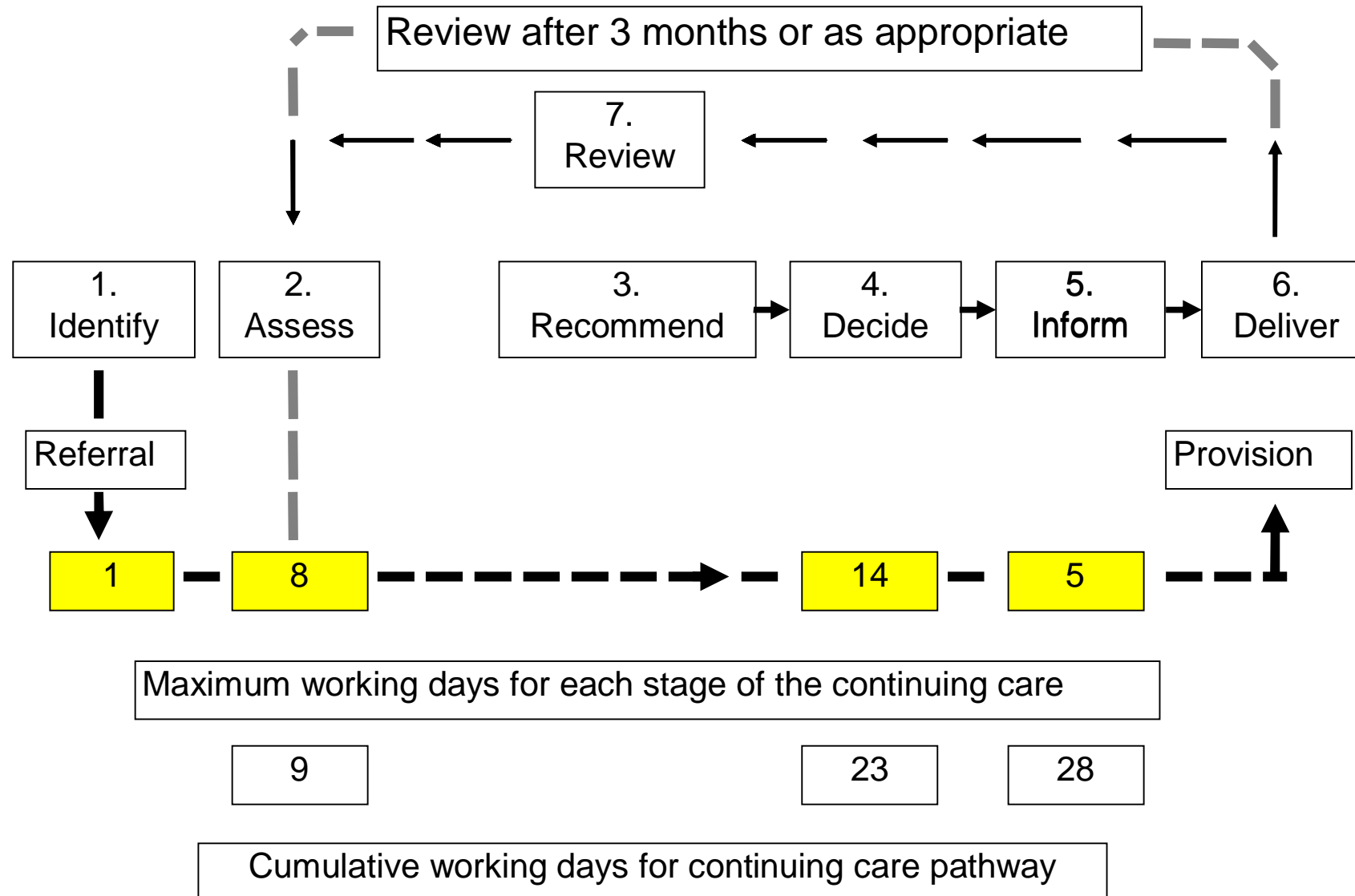


Delays in decision Making

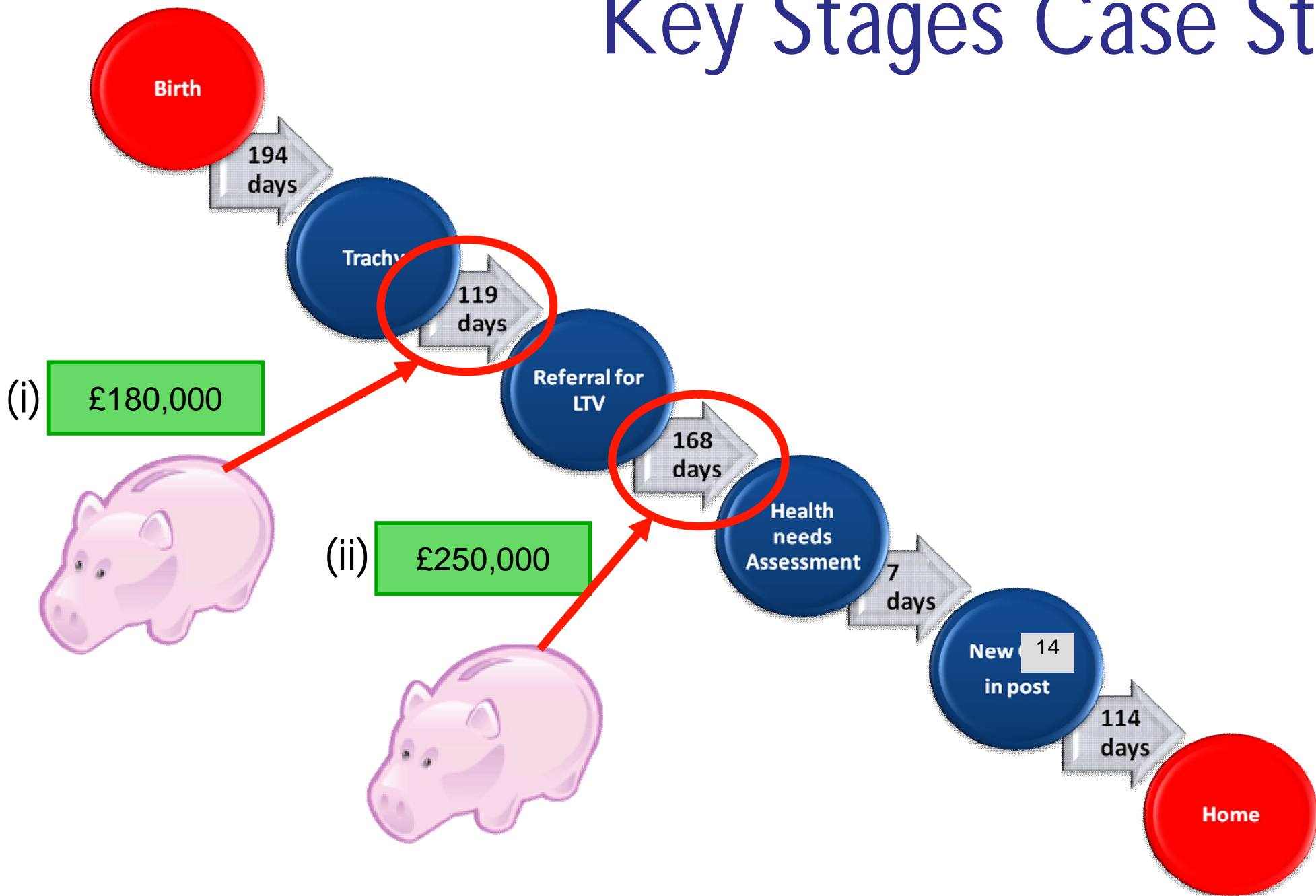


Children's and young people's continuing care

DH March 2011



Key Stages Case Study



(i) Recognise the need for discharge planning

(ii) Carry out a Health Needs Assessment

Hospital Bed Day Costs

Birth to Tracheostomy

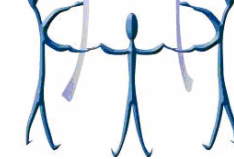
£290,000

Tracheostomy to HNA

£430,000

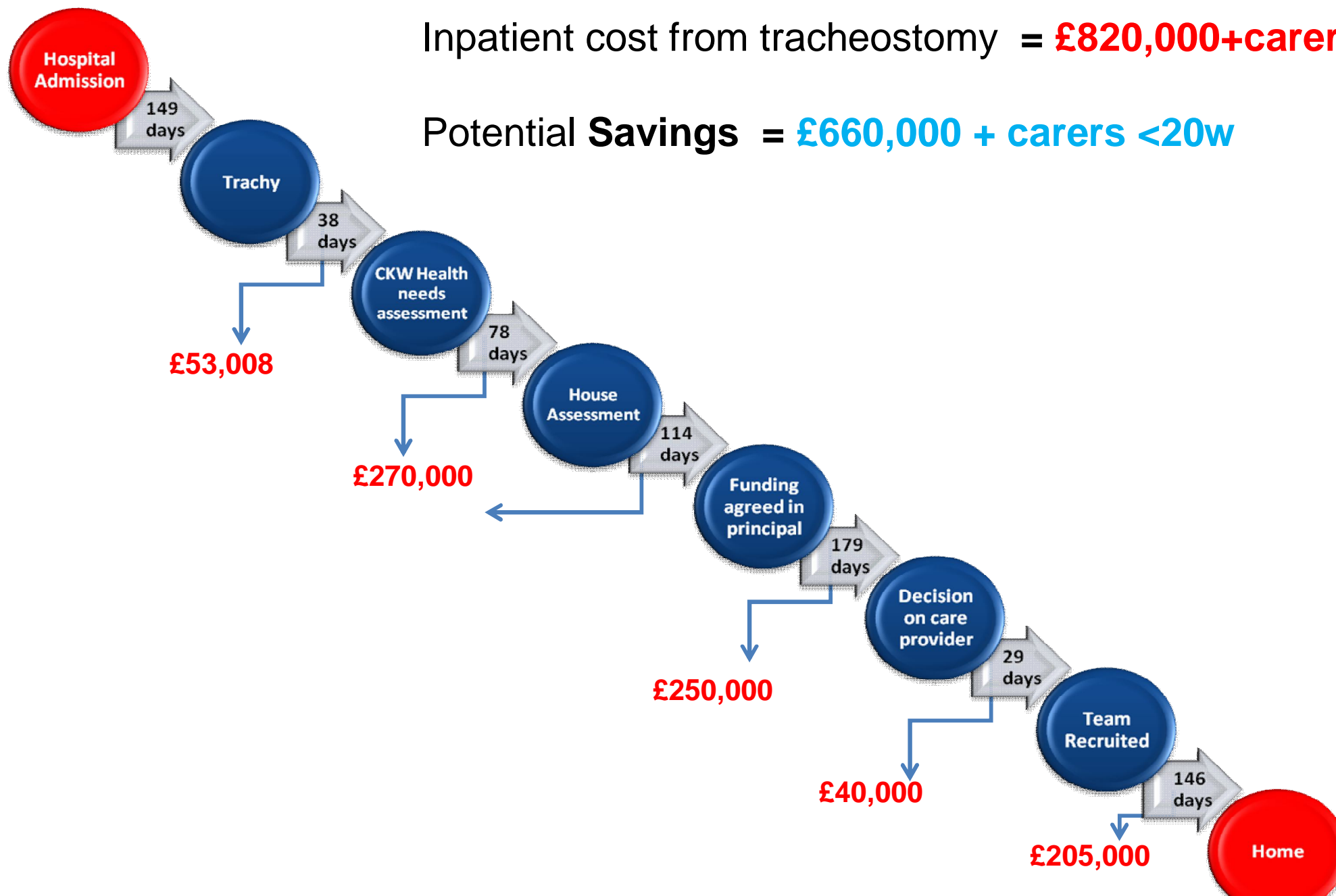


Key Stages Case Study

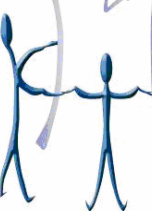


Inpatient cost from tracheostomy = **£820,000+carers 20w**

Potential Savings = **£660,000 + carers <20w**



Obstacles to discharge



- small numbers; highly variable and complex patient group
- reinventing the wheel
- multiagency communication
- paper based system - erratic, no structure
- lack of urgency in decision making
- lack of structured pathway
- commissioning strategies & responsibility for funds
- no longitudinal tracking for LTCs



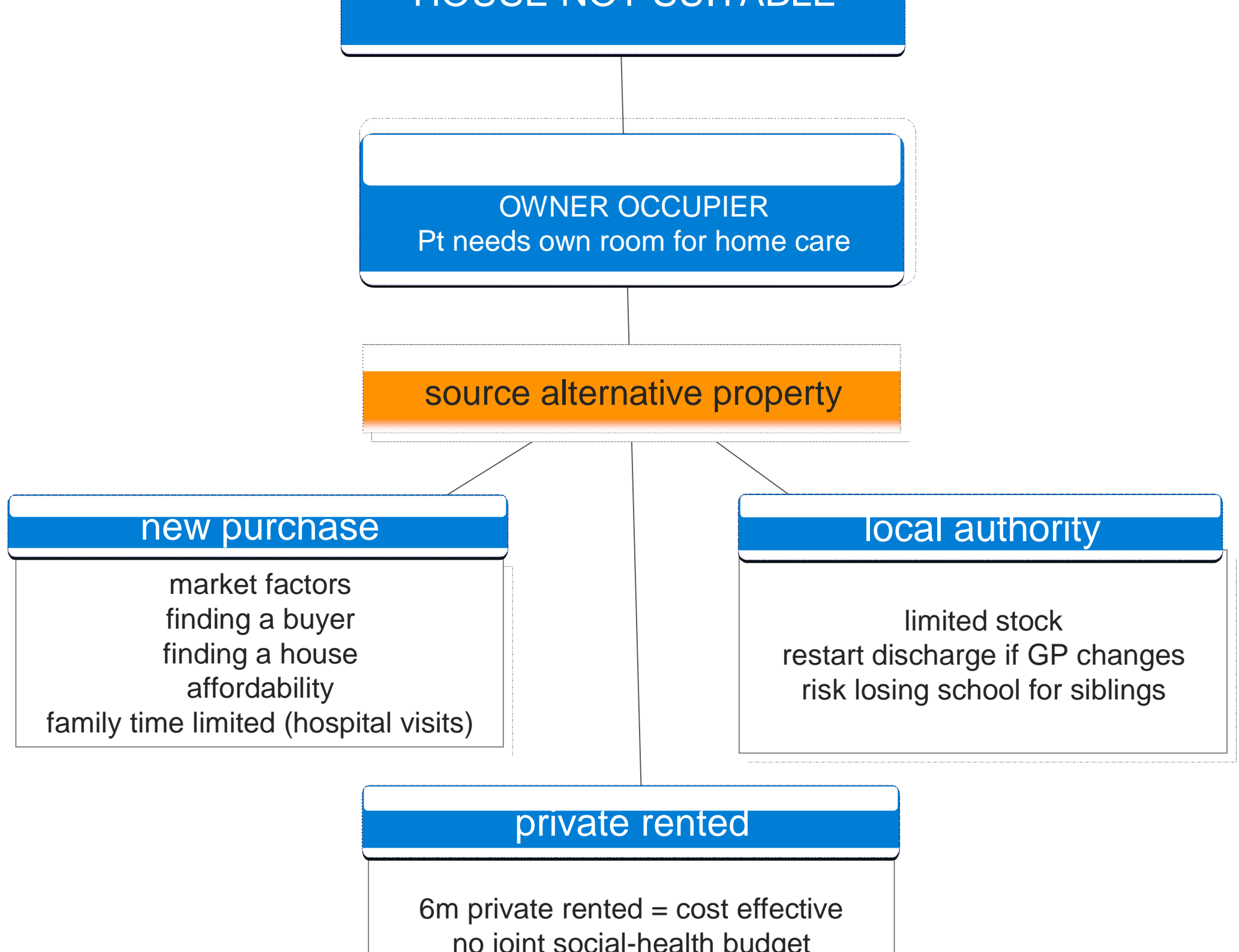
“You never really understand a person until you consider things from his point of view-until you climb inside of his skin and walk around in it ”

Case Study One

Care Closer to Home

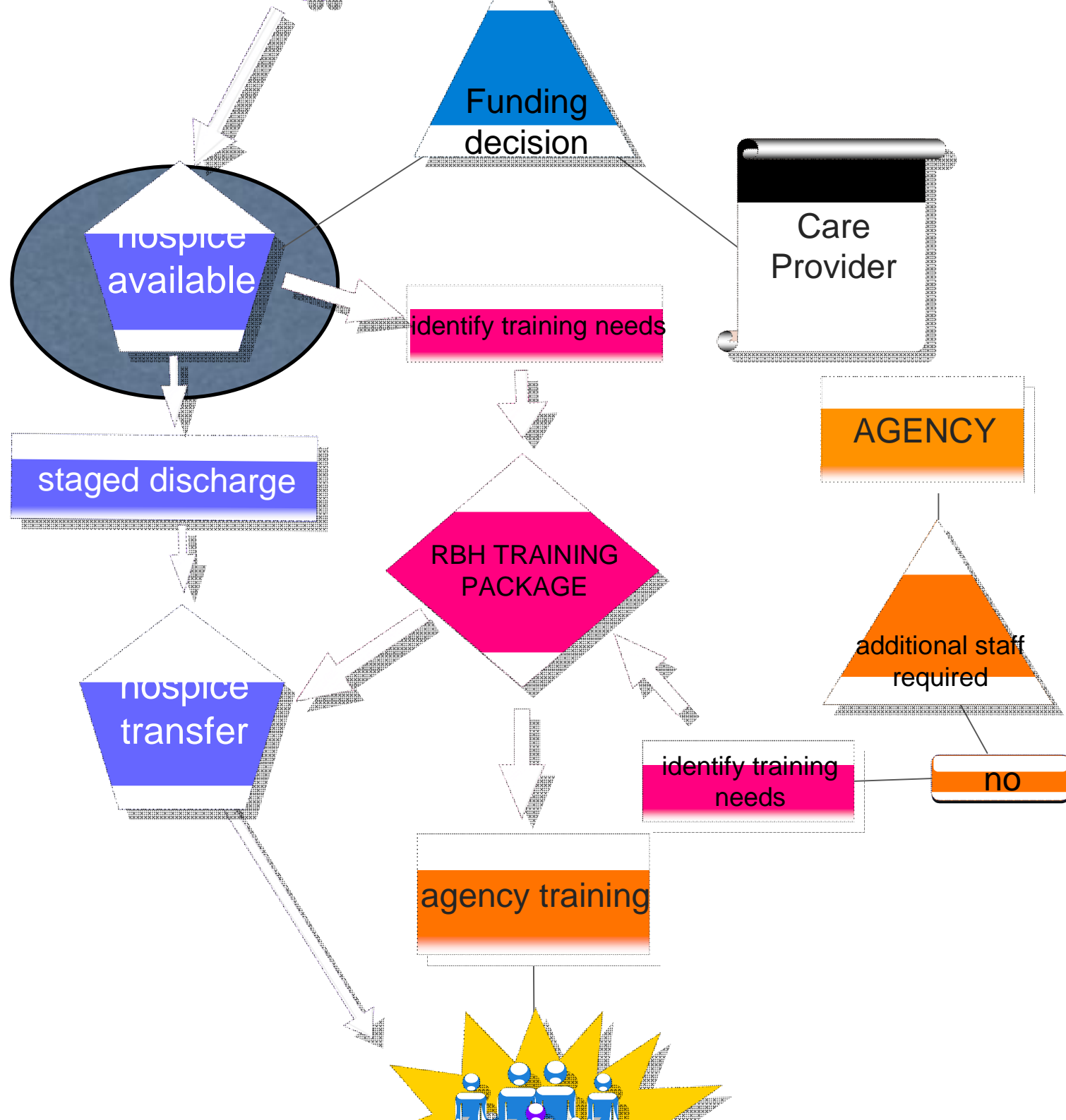
- fifth child (CCHS)
- medically stable
- 2 bed house
- owner occupier





Hospice as a transition to home







Training



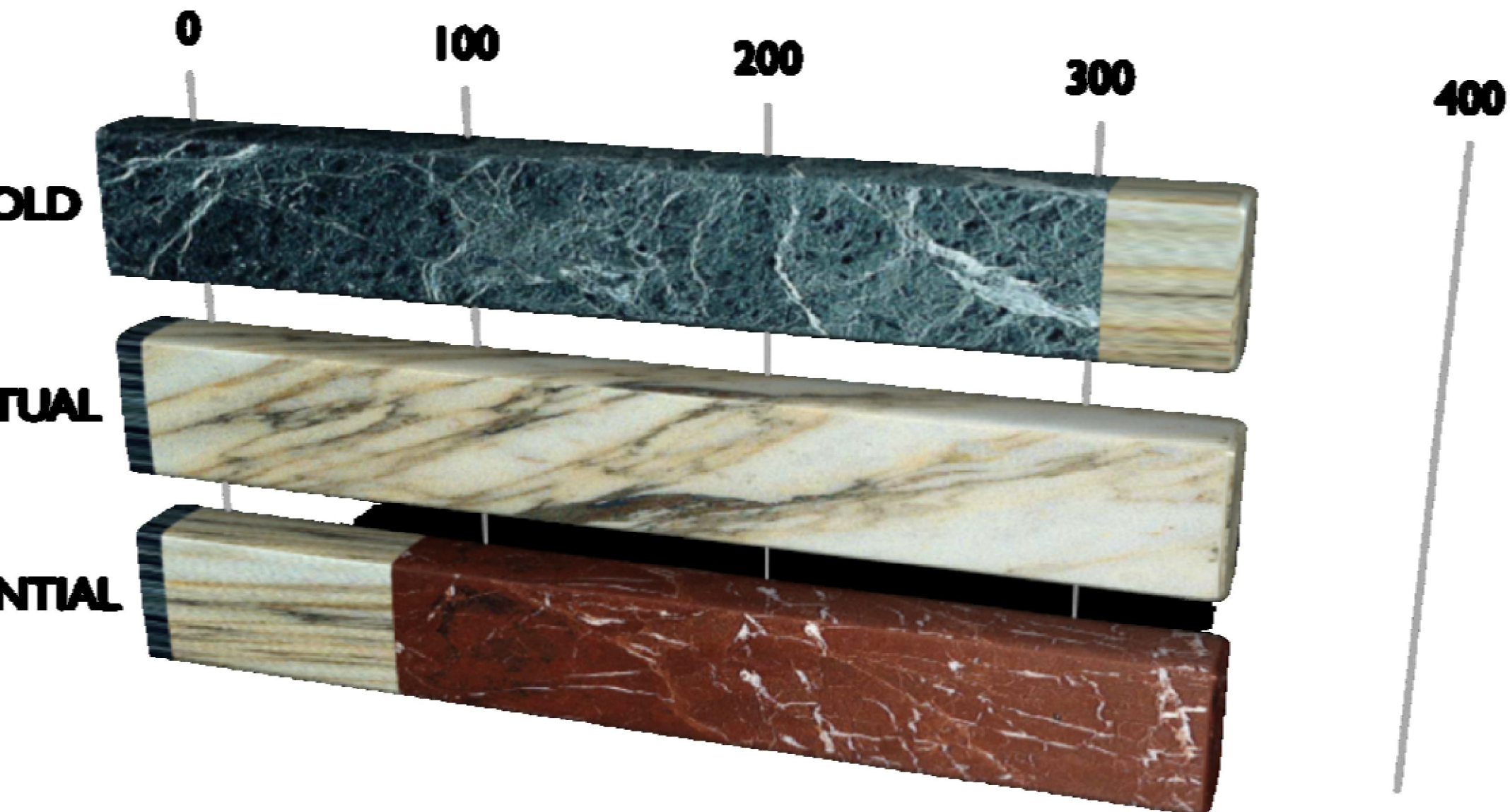


Simulation

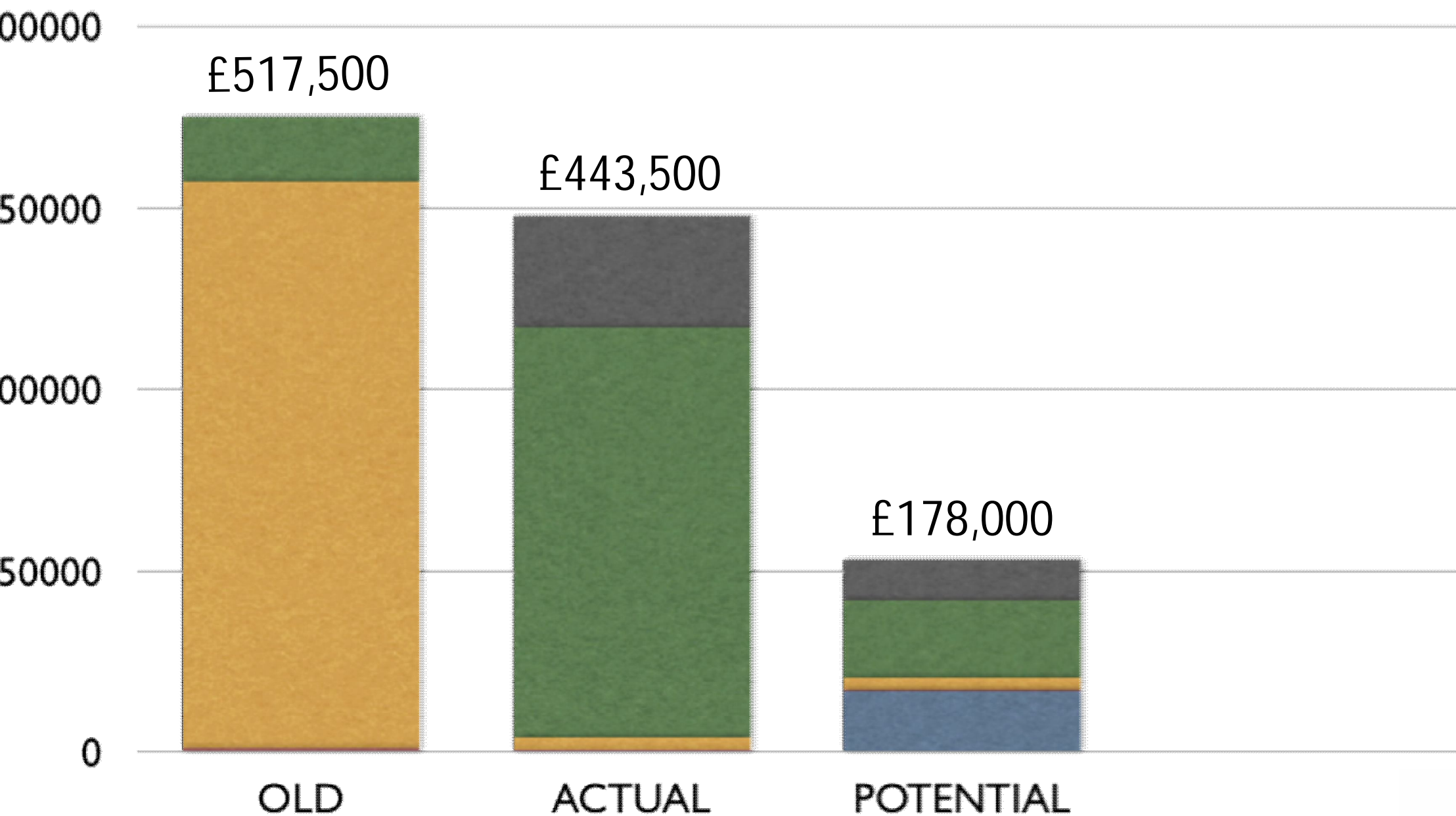


Care Closer to Home (Days)

 **CENTRAL CARE**  **LOCAL CARE**  **HOME**



home central PICU central HDU local NICU hospice





Here he is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it...

Case Study 2

Born prematurely

local hospital unable to accept
transfer for 3 months

direct discharge home



Direct Discharge Home

We found the process happened almost without a hitch, especially with Christmas around the corner and are very grateful for all the work put in by the LTV team, discharging hospital and key workers to make it happen”.



IN Cost savings (Dec-April)

home central NICU local HDU central HDU

600000

£522,000

450000

300000

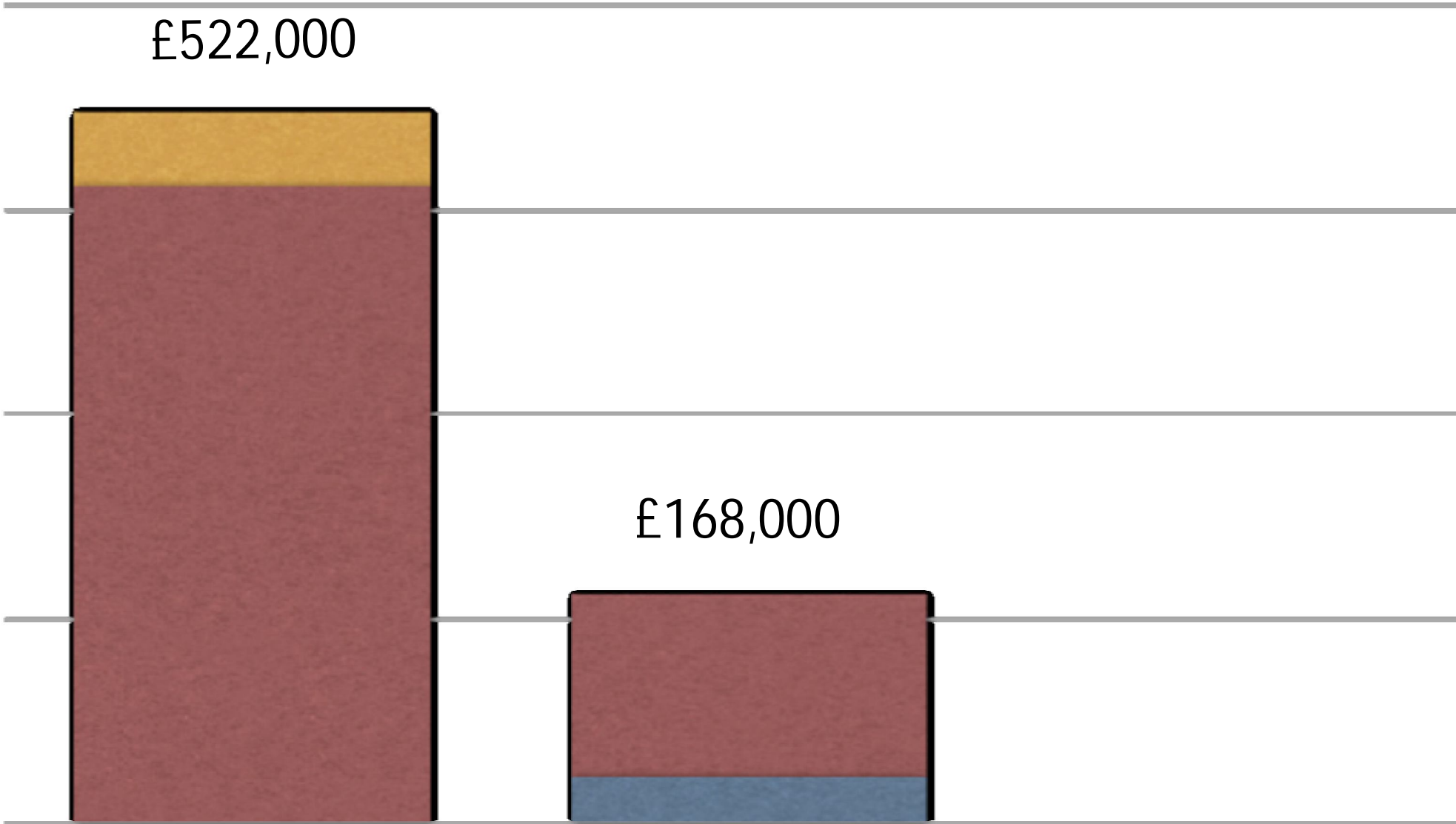
150000

0

£168,000

OLD

ACTUAL



Weaned off ventilator & Tracheostomy removed

*We had our first "normal" night last
day with no nurses or equipment and
all slept 6 hours"*

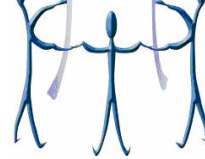
*everyone here is mentioning how much
happier she is at the moment"*



How can we ensure the children are safe?

- standardise clinical pathway
- standardise education and training
- empower parents
- central support & follow up
- patient directed care





Advanced Care Plans

Managing a Gradual Respiratory Deterioration

Clinical Assessment:

Increased coryzal symptoms eg runny nose, sneezing, cough
Increased secretions via tracheostomy
Temperatures
Increased work of breathing – ie recession, nasal flaring
Becoming lethargic/ less interactive

SpO₂ <85%
HR increased from normal parameters
RR >60bpm
ETCO₂ > 9KPa

Titrate supplemental O₂ as required to maintain SpO₂ >86%

Request medical team review

Suction as needed.
- Consider chest physiotherapy (as shown by physiotherapist)

Ensure pre-oxygenation prior to these procedures

Consider increased PIP on ventilator

This decision should be made by the medical team. See Elisee user guide for information on changing settings

If Acute Deterioration at any time

Check patency of tracheostomy tube and clear blockage/perform tube change if necessary

No Improvement

Begin manual ventilation with BVM and call STRS for retrieval

For Influenza A: [x] Yes [] No [] Unknown [] N/A

For H1N1: [x] Yes [] No [] Unknown [] N/A

INFECTION:

History: Pseudomonas

Current Concerns: [] No [X] Yes (specify)

Ongoing treatment: Nebulised colomycin, but this induced wheeze so was discontinued.

Tracheal colonisation: Pseudomonas

DURING THIS ADMISSION YOUR PATIENT HAD THE FOLLOWING INVESTIGATIONS:

Respiratory team review	[x]	Cardiology review	[x]
Gastro review	[x]	pH study	[x]
Sleep Study	[x]	Bronchoscopy	[]
ENT review (ie if MLB required)	[x]	CT scan	[]
ECHO	[x]	SALT review (+/- VF)	[x]
Dietician review	[x]	Occupational therapy review	[x]
Physiotherapy review	[x]	Training carers/ staff	[]
Establish on portable ventilator	[]	Trial time off ventilation	[]
Review re: decannulation	[]	Trial weaning ventilator settings/O ₂	[x]



All about me...

I have chronic lung disease and tracheobronchomalacia which means I need a ventilator to keep my airways open

Feeding

I have a PEJ

I am fed with Peptamen Junior @ 37mls/hr & a 4 hour break

I cannot eat but I am allowed to try tastes and textures of food with mum & dad or the speech and language therapist

My mum is called

My dad is called

Ventilator (Elisee 150)

- I need to use my ventilator all of the time
- I can breathe but the ventilator supports me.
- If there is a problem with my ventilator I have a spare ready, please use this.

Breathing & Physio

My tracheostomy is a 4.5 Bivona Flexend

If I need suctioning please suction to 11cm with a size 8 catheter

Hello I am Lily



DOB:

I like ...sitting in my chair

I dislike ...mouthcare, please be gentle and tell me what you are going to do

When I'm upset... I like to be patted to make me feel better

My routine is:

Mum/Dad come to visit at 10am & help me wash and change my tracheostomy tapes

My Development?

Named Professionals

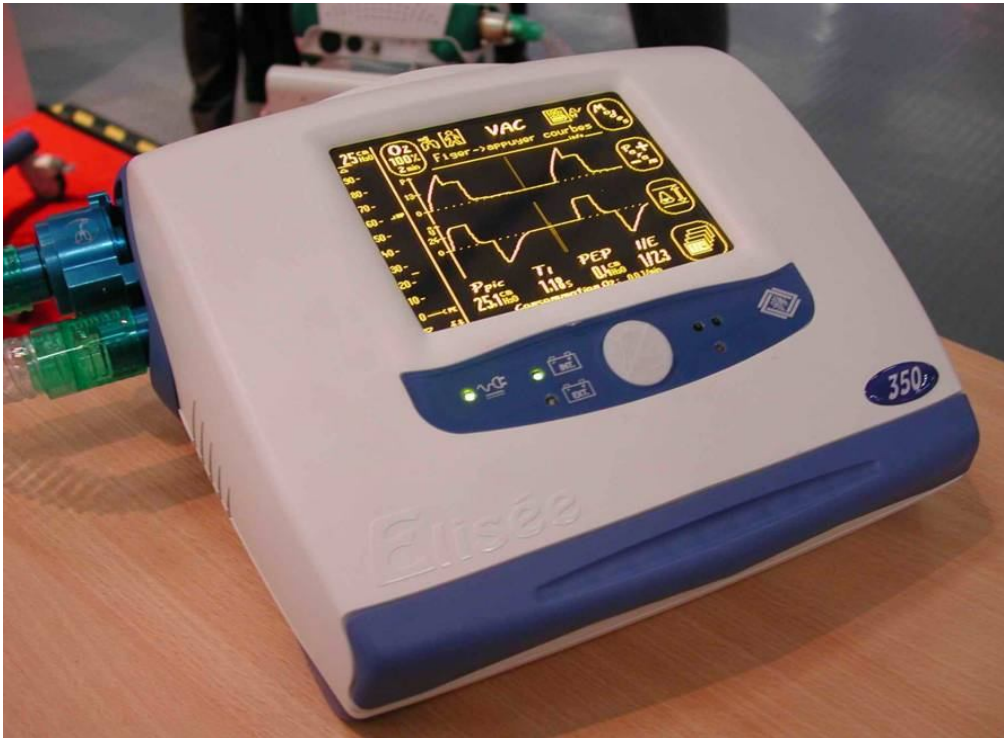
Resuscitation / levels of care

Tetraplegic man's life support 'turned off' by mistake

Tetraplegic Jamie Merrett, 37, had a bedside camera set up at his home in Wiltshire, after becoming concerned about the care he was receiving. An agency nurse working for the NHS was filmed switching off her patient's life support machine by mistake.

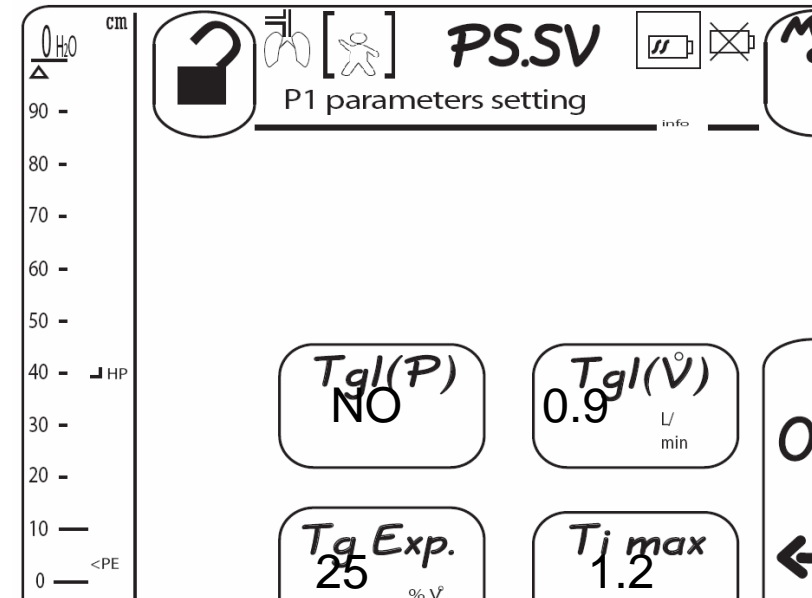
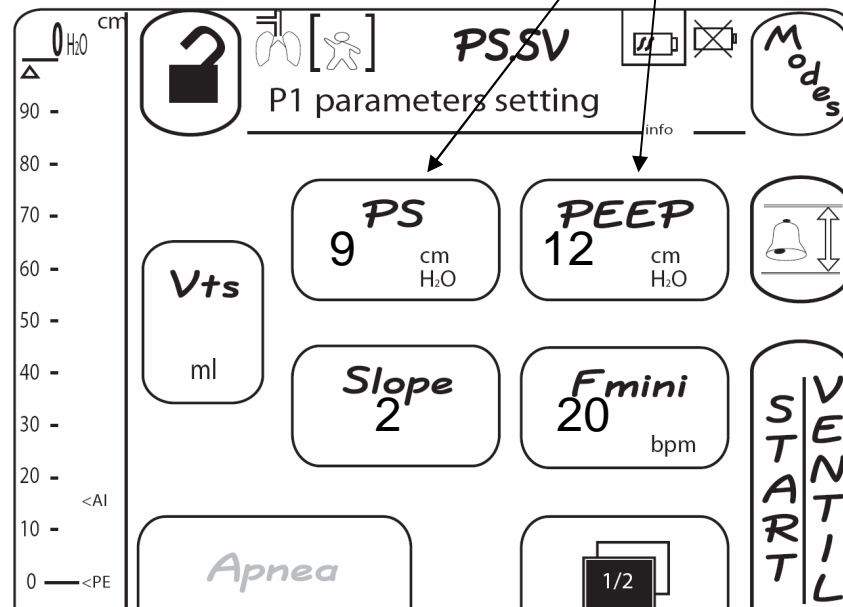


Communication



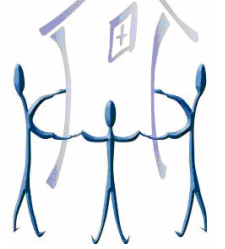
Elisee 150

PIP: $9 + 12 = 21 \text{ cm H}_2\text{O}$



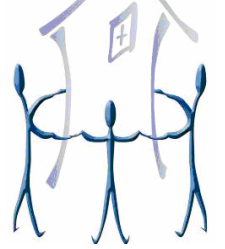
Communication

Share Knowledge



Communication

Practice Emergency Plans



Communication

SBAR

Structure the conversation

Situation:

I am (name) in (location)

I am calling about (patient X)

I am calling because I am concerned that / I am unsure about / the patient needs

Background:

Patient (X) diagnosis

They have previously had.....(e.g last admission to hospital)

Their normal condition is (e.g.alert/drowsy/ventilator dependant)

Assessment:

On examination I have found.... (e.g. ++secretions)

Recent vital signs...SpO2, HR, RR,Temp

I think the problem is / may be

OR I don't know what's wrong but I am concerned

Recommendation:

I would like you to....see the patient.

Advise me what to do..(when? what next?)

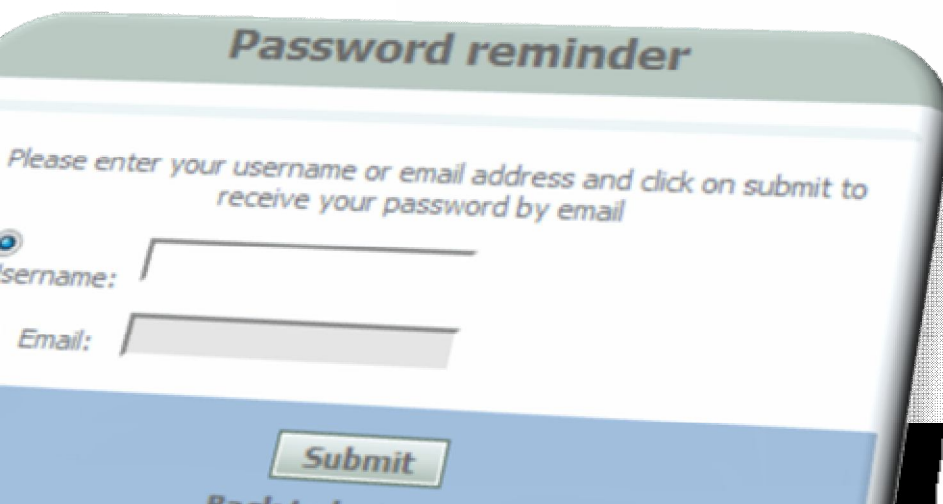
Aims

- Missed communications
- Prevent breakdowns
- A common language
- Memory prompt
- Reduce the time spent

e-VENT: Web Based Patient Pathway



NHS London Innovator Award 2009



Login

Username:

Password:

Remember Password: ☐

[Register](#)

[Forgot password?](#)

Royal Brompton & Harefield **NHS**
NHS Foundation Trust

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Finding Solutions

“If the person you are talking to doesn't appear to be listening, be patient. It may simply be that they have a small piece of fluff in their ear.”



