WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
Administrative Manual

SUBJECT: Home Ventilation Discharges **NO. AM 6.25**

EFFECTIVE DATE: 05/24/05 **Page 1 of 3**

REVIEWED/REVISED: 04/06; 10/06; 04/07; 01/08; 1/09; 1/10; 1/11; 1/12; 1/13; 1/14; 1/18; 1/21;1/24, 1/25

Purpose:
To establish guidelines to ensure ventilator dependent children are safely and successfully discharged to home.

Policy:
Ventilator dependent patients at WCRH that will be discharged to home are ensured the following:

- Medical stability at the time of discharge.
- The family has been provided with a realistic expectation of the impact of home ventilation on all family members.
- Education and training are addressed in a collaborative manner, while identifying needs, abilities and readiness of the caregivers, as well as barriers to learning.
- That the primary and support caregivers are educated in the daily care of the child and both are able to demonstrate the delivery of care.
- The appropriate medical equipment, physical environment and electrical support are in place in the home.
- That appropriate medical follow-up has been arranged for the child upon discharge.
- That the family has been provided resources for ongoing financial or social needs that arise in caring for the medically complicated child at home.

Procedure:

1. Establish that medical criteria are fulfilled:
   The pulmonologist and attending physician have assessed, to the best of their abilities that:
   A. The child has recently remained medically stable without the need for frequent ventilator or medication changes.
   B. Precipitous clinical deterioration at home is not likely, based on the child's recent medical course, and the child's expected future course.
   C. The child's weight gain is acceptable.
   D. Stable airway is present.
   E. The child's long-term medical and social needs are best met at home.

F. The child has been assessed by all appropriate medical team members and long-term goals and plans have been established.

Note: these are general guidelines. Each patient's medical eligibility must be individualized, communicated to the family and documented in the chart.

2. Identify Caregivers
    A. Must be age 18 or older.
    B. Primary and back-up caregivers are identified.
    C. Learning needs/capabilities are assessed and barriers to learning are identified and addressed.

3. Assess and Identify specific needs for care:
   Each discipline, within their respective scope of practice will assess and identify the specific needs (skills, resources, etc) for care of the patient.

4. Complete training and establish competency:
    A. Training is completed as per policy and procedure.
    B. Watcher:
        i. Additional caregivers can be trained as "watchers" when the skilled nursing availability is likely to be suboptimal to allow for primary and secondary caregivers to have adequate time to sleep and attend to personal needs. This process must be recommended and approved by a physician and discussed with Hospital Administration before being offered as an option to the patient and family. Watchers will complete the minimum requirement to monitor the patient, maintain safety, and recognize emergencies. It is expected that a fully trained caregiver is still promptly available in the immediate environment. Watchers will receive training on response to emergencies, but Watchers are to call for the fully trained caregiver to come immediately. (See Respiratory Care 1319.0)

5. Arrange for appropriate services for home:
    A. Identify a durable medical equipment company (DME) to schedule a home environmental assessment and will be provided the list of equipment that will be needed in the home.
    B. Secure private duty nursing.
    C. Pennsylvania residents shall be registered with the Pennsylvania Ventilation Assisted Children's Program.
    D. Identify primary Pediatrician.
    E. Follow-up therapy including Respiratory, Physical Therapy, Occupational Therapy, Speech Therapy and Dysphagia Therapy will be evaluated by the attending physician, with team input and reported to the third party payer. Referrals will be made as appropriate.

6. Prior to discharge:
    A. Ensure all DME equipment is tolerated.
    B. Discharge summaries are to be completed by all disciplines as appropriate and placed in the patient's home discharge binder.
    C. Patient home discharge binder is completed and will contain medical summaries, information on follow-up appointments, emergency contacts, community resources and educational information, etc.

7. Discharge meeting:
    A. A meeting with the caregivers and team members will review any remaining concerns or issues to be addressed. Plans for the day of discharge should be reviewed. Members to be included in the meeting are: caregivers, case worker (if applicable), DME and Nursing companies, pulmonologist or other home-ventilator specialist, primary care physician, primary nurse, attending physician, primary respiratory therapist, social worker and case manager and third party payer. Other team members are invited.
    B. Notify utilities (gas, telephone, electric and water), local emergency/police department and, if desired, local ambulance company.

8. Discharge:
    A. The child may be transported home in an ambulance with the primary nurse and respiratory therapist or designees.
    B. The parents must come to WCRH to sign for discharge.
    C. The DME and Nursing companies will receive the child in the home and help set up the equipment to ensure a safe transition to the home.

9. Follow-up
    The social worker will call the family the day following discharge.

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Administrator