

Services in Waterloo Wellington Palliative Care Units

*Note - medical conditions must be stable, managed in an RN/RPN scope do not require daily MD assessment.

	GRH - Freeport Site	St. Joseph Health Centre	Groves Memorial Hospital	Hospice Wellington	Innsifree / Lisaard
RN/RPN : Patient Ratio		Days - 1 RN, 1 RPN, 1 PSW Nights – 1 RN, 1 PSW		Days – 1 RN, 1 RPN, 1 PSW Nights – 1 RN, 1 PSW	IH 1/5 ; LH 1/6 RNs only both houses – no RPNs
Physician	24h coverage and round 5 times a week	24h coverage and round 2-3 times a week	2-3 times per week and when needed 24/7	24-hour coverage and as needed. Rounds are weekly.	Physician on call 24hrs. Rounds twice weekly
Physiotherapy	Model is based on a 30mins, 2-3 times per week with a therapist or therapy assistant. Consultation available 5 days/week. Groups available 4 times/week.	Model is based on a referral basis	PT / PTA available as required	On referral only	Physician referral – service provided through CCAC
Occupational Therapy	Model is based on a 30mins, 2-3 times per week with a therapist or therapy assistant. Consultation available 5 days/week. Groups available 4 times/week.	Model is based on a referral basis	none	On referral only	Physician referral – service provided through CCAC
Social Work	Available Mon to Friday	Available Mon to Friday	none	1 in house Monday to Friday days	When requested – service provided through CCAC
Wounds	Can accept any type of wound. Referral to wound care team if necessary. Dedicated wound care resources shared between GRH-KW and GRH-Freeport Able to manage negative pressure within 24 hrs	Can accept any type of wound	Wounds should not limit the ability to participate. Able to manage Negative Pressure Therapy. Do not have a wound care team, nursing manages wounds.	We have staff with extensive wound knowledge and would refer to wound nurse is necessary but haven't done this in past 2 years.	Can accommodate most wounds except VAC. Referral to wound nurse when necessary.
IV	Able to manage IV therapy. Able to manage PICC lines. Port-a-cath - needle in Situ prior to transfer.	Able to manage IV medications (primarily antibiotics). Able to manage PICC lines. Can start peripheral IV. Port-a-cath; needle in Situ prior to transfer .Preplanning and education may be required. Need to have stable lab values b/c no on-site lab	Able to manage IV therapy	We do not do IV therapy but on occasion have had client come with IV with the understanding that when it is interstitial it would be discontinued.	IV accepted – reviewed on a case by case. PICC or PAC preferred.
Blood work/Lab	Can manage daily blood work	Can manage 1-2 times weekly and daily POC INR. Limited Stat lab access.	Lab on site 24/7	Bloodwork not part of our protocol. O2 not piped in and is given for comfort with assistance from Vital Aire.	Done with physician request at a cost to the resident.
O2	Piped in high flow (limited number of rooms). Patient needs to be stable	Piped in high flow (all rooms).	Piped in high flow (all rooms). Patient needs to be stable		
Respiratory Therapist (RT)	12 hours/day; 7 days/week	M and Th only, limited amount, preplanning needed. (Stat holiday excluded)	M-F days. Limited amount only preplanning needed.	No RT	All respiratory needs are serviced by Vital Aire.
Tracheotomy	Well established and highly independent only. No cuffed trach. Able to take humidity but needs to be pre-planned. Trach with pre-planning through RT . Acute RT to Rehab RT discussion required	Well established only. No cuffed trach. Able to take humidity but needs to be pre-planned.	Requires review by RT before acceptance	Yes we have taken trach clients but only stable and would consult with Vital Aire. No cuffed trachs.	Accepted with consultation with Vital Aire.
Speech Language Pathology (SLP)	Communication/swallowing follow up only not diagnosis. Not for urgent issues. Model is based on up to 30 min per day Mon-Fri with SLP or Communication Disorders Assistant (CDA) as required	Communication/swallowing follow up only, not diagnosis. Not for urgent issues. Model is based on referral basis	Communication/swallowing follow up only not diagnosis. Not for urgent issues.	None	Done
Feed Tube	Yes - No NG Tubes (for transition only, not for palliative patients)	Yes- No NG Tubes for feeding. NG for symptom relief/gastric decompression with preplanning.	Yes	No	Yes. Review case by case.
Urinary Catheters	Yes- Referring source to start teaching	Yes	Yes	Yes	Yes

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Colostomy/ Ileostomy	Able to manage.	Yes	Yes	Yes	Yes
Blood Transfusion	Should have a stable hemoglobin level (ideally 80+) prior to transfer (for transitional bed). Able to perform blood transfusion if necessary but needs planning. *No platelets	Able to perform blood transfusion if necessary but needs planning. *No platelets	Yes	No	No
Total Parenteral Nutrition (TPN)	No	Able to perform blood transfusion if necessary but needs planning. *No platelets	Yes- requires preplanning and short term use	No	No
Hemodialysis	Only for transitional PSM patients. Requires preplanning. Call before accepting to wait list. Freeport Satellite site available and should be considered. Hemodialysis should not interfere with acceptance of a transition bed.	No	No	No	No
Peritoneal Dialysis	Requires preplanning. Call before accepting to waiting list	No	No	No	No
Oncology Patients	Only for transitional PSM patients. Needs to be medically stable with treatment plan and minimal MD oversight necessary. Any treatment should not interfere with participation in the program	Only palliative treatment No	Needs to be medically stable with treatment plan established with minimal MD oversight necessary. Any treatment should not interfere with participation in the program	Not clients receiving treatment as we are end of life.	Yes, not on active treatment
Pharmacy Services	Yes - Mon-Friday (with limited extended hours)	Only palliative treatment	Yes- on site hours vary	Yes but off site. Available 24/7	Yes, off site.
Additional Services		Spiritual services M-F , Chaplain, plus 24 hour clergy on-call Recreation Therapy and music therapy available on referral.		Pet Therapy	Music Therapy – twice a week at each house Family Time (bereavement group) for past residents’ families. Offered twice a month. Pet Therapy dogs provided by St John’s Ambulance.
Infection Control exclusions	Active TB When clearing a patient for C-Diff - patient has returned to their baseline stool pattern for 48 hours. Contact Plus Precautions are discontinued.	On-site pharmacy Mon-Friday, on call access to pharmacist after hours	Active TB	Active C. Difficile If on treatment, have a conversation with receiving site Active TB	Active C. Difficile If on treatment, have a conversation with receiving site Active TB
Bariatric	Yes – Dependent on availability of equipment	Yes – Dependent on availability of equipment	Yes - Dependent on availability of equipment	No if greater than 300 lbs	No if greater than 300 lbs
PPS Score	60% or less (P&SM) 40% or less (EOL)	60% or less (P&SM) 40% or less (EOL)	60% or less (P&SM) 40% or less (EOL)	40% or less (EOL)	Usually 40% or less (EOL)
Position on MAID- as of Nov 2016	Facilitating- is allowing on site, but an outside team must come in to do the intervention	No Policy/Position	-	Prohibiting- not allowing MAID interventions on site	