

Welcoming a Patient With a Home Vent to the Floor

The Problem

To move a chronically stable ventilated patient out of the ICU to a medical /surgical floor. The patient was a stable chronic care patient here at BIDMC for over 2 years. The plan was to transfer him to Farr 7 and back to the MICU as needed. Historically patients on home ventilators have been cared for on the general floors but this has been an infrequent occurrence. Respiratory therapy states there have been approximately 4 instances in the past 14 years. Patients on chronic home vents may include: ALS, spinal cord injury, chronic respiratory failure. We had a home ventilator policy in place but we needed to support and train the staff.

Aim/Goal

- The scope of the project was to train and support Medical Surgical Nurses to safely monitor and care for a patient on a ventilator on a medical surgical floor. The goal was to remove the educational barriers of caring for a mechanically ventilated patient and to improve knowledge of the Farr 7 staff to care for this patient.
- To make bedside vent alarm audible throughout the unit.
- To support staffing ratios for RN caring for this patient to have only 3 patients.
- To partner with respiratory therapy for additional rounding outside the ICU





The Team

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The Interventions

- Staff Support: We Partnered with MICU CNS/NM and Staff to orient Farr 7 staff
- All Farr 7 nurses have been oriented to the vent by having
 - Written education.
 - Psychomotor practice in the ICU to learn troubleshooting.
 - Co-assigned with another nurse the day before caring for the patient.

This is an example of our troubleshooting guide for staff:

Achieve Home Ventilator Features	Alarm	Trouble Shooting: Check and Alert Staff	Solution: First then Silence	Return Demo
	Low pressure 3 pulse audible tone	Leak in tubing: check connections Patient disconnected from vent Water in tubing	Tighten Attach Empty water trap	
	High pressure 3 pulse audible tone	Kink in small bore tubing Coughing: Teach obstructed with mucous plug Kinked tubing Water in tubing	Un-kink tubing Patient needs to be suctioned, Attach AB&U 100% couple breaths and use inline suction, then reattach silence vent Un-kink Empty water	
	Setting error You will find this screen under the door	Respiratory unit evaluate this Patient on AC	Respiratory needs to check the vent settings	
	Power switchover	Vent changed to battery source due to loss of power from the outlet	Plug into red outlet only	

The Results/Progress to Date

- The ICU staff supported our staff learning, hosting them in the ICU before transferring to the unit. The ICU staff and NM helped to manage family anxiety when the patient moved to the floor by coming to speak with staff and the family.
- Respiratory added an audible alarm which is located at the nurse's station. The night shift currently has a UCO to assist RN to know alarm has sounded.
- Staffing is currently 1 RN for 3 patients for him for all shifts.
- We have developed a good collaborative relationship with Respiratory department. Respiratory comes to the floor at the beginning of the shift to review the vent/suctioning and answer questions. They round on the patient to check vent settings every 4 hours.
- To ascertain how this experience has been for the Farr 7 Staff we sent Survey Monkeys and here are some responses:
 - Describe the experience of caring for the patient on a ventilator?
 - worse than expected 0.00%
 - better than expected 88.89%
 - as I expected 11.11%

Next Steps/What Should Happen Next

- Learn from the comments received in a recent survey of staff regarding what supports they recommend in the future for home-vent patients
- Continue to have 1:3 ratios for the nursing care for this patient with the same level of support from RT.