Post-Acute Level-of-Care Decision Guide

Clinical Parameters / Nursing Interventions	BMC Critical Care	BMC Intermediate / PCU / RICP	LTAC LOC	Sub-Acute Units East &	Rehabilitation
Unstable vital signs, vasoactive gtts, vented	➢ Critical Care LOC				
Respiratory failure as predominant organ failure. May have multi-system issues **Work up and plan of care still in progress, medical instability**		➢ Appropriate For Intermediate / RICP LOC			
Patients with non-invasive respiratory support who have **a <u>HIGH COMPLEXITY</u> to their medical management and need aggressive respiratory intervention to prevent reintubation**		➢ Currently Appropriate For Intermediate / RICP LOC	➢ Appropriate For LTAC LOC ➢ Contingent on 24/7 physician model in place – Tentative date 3-10		
Respiratory failure as predominant organ failure. May have multi-system issues **Plan of Care in place <u>STABLE</u> and POTENTIAL FOR WEANING**			➢ Appropriate For LTAC LOC		
Patients with non-invasive respiratory support who have **a <u>MODERATE TO LOW COMPLEXITY</u> to their medical management and intermittent to minimal respiratory intervention to prevent reintubation**				➢ Appropriate for Subacute Unit at Heritage Hall West	➢ Appropriate for Kensington Subacute Unit
Nursing Interventions					
➢ Suctioning **more than** q2 hrs or needing more than q2 hr interventions	➢ Critical Care LOC				
➢ Titration of monitored medications or vasoactive gtts for cardiac management (ACS)	➢ Critical Care LOC				
➢ Vital Sign monitoring 2-4 hrs		➢ Currently Appropriate For Intermediate / RICP LOC	➢ Appropriate / Review for LTAC ***"High OBS"*** LOC RN to Patient Ratio 1:3 and if needed 1:2 4 beds ➢ Contingent on 24/7 physician model in place		

Source: Baystate Medical Center, Springfield, MA; Physician Executive Council interviews and analysis.

Post-Acute Level-of-Care Decision Guide (Cont.)

Clinical Parameters / Nursing Interventions	BMC Critical Care	BMC Intermediate / PCU / RICP	LTAC LOC	Sub-Acute Units East &	Rehabilitation
➢ Vital Sign Monitoring 4 hrs			➢ Appropriate For LTAC LOC		
➢ Respiratory Monitoring and Treatment for Active Weaning			➢ Appropriate For LTAC LOC		
➢ Suctioning q2 Hrs or Less Frequently			➢ Appropriate For LTAC LOC		
➢ Titration of Insulin Drips		➢ Currently Appropriate For Intermediate / RICP LOC	➢ Appropriate / Review For LTAC *"High OBS"* LOC ➢ Contingent on 24/7 physician model in place		
➢ Inotropic Chronotropic, and Anti-Arrhythmic Infusions C.O. Policy #13.420 for Level 3 ➢ Dobutamine / Renal Dopa		➢ Currently Appropriate For Intermediate / RICP LOC	➢ Appropriate / Review For LTAC *"High OBS"* LOC RN : Patient Ration 1:3 or 1:2 4 Beds ➢ Contingent on 24/7 physician model in place		
➢ Arrhythmia Monitoring as Part of Pulmonary Plan of Care			➢ Appropriate For LTAC LOC		
➢ Home Ventilation Planning and Education		➢ Currently RICP LOC	➢ *Preferred* site for LOC: LTAC ➢ *Each case requires independent assessment* ➢ Transitional Apartment ➢ Managed by RT Department		
➢ Tracheotomy and PEG (3 Days Prior to Transfer)			➢ Appropriate For LTAC LOC – review high level of clinical complexity	Appropriate For Subacute LOC – review for moderate to low clinical complexity	Appropriate For Subacute LOC – review moderate to low clinical complexity
➢ Resuscitation Status Discussed			➢ Appropriate For LTAC LOC	Appropriate For Subacute LOC	Appropriate For Subacute LOC
➢ Patient with Combination of the Following: ○ Complex Wounds ○ Medical Complexity ○ Behavior Management ○ Pain Management ○ Daily Labs w/daily Medical Intervention			➢ Appropriate For LTAC LOC – Review for high level of clinical complexity, requiring long term Acute LOC tx plan	Appropriate For Subacute LOC – review for moderate to low clinical complexity	Appropriate For Subacute LOC – review for moderate to low clinical complexity

Source: Baystate Medical Center, Springfield, MA; Physician Executive Council interviews and analysis.