



Services in Waterloo Wellington Palliative Care Units

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



	WRHN @ Chicopee	St. Joseph Health Centre	Groves Memorial Hospital	Hospice Wellington	Innisfree / Lisaard
RN/RPN: Patient Ratio	Days – 1 RN, 3 RPN/ Evening 1 RN, 2 RPN / Nights 1 RN, 1 RPN, 1 PSW	Days - 1 RN, 1 RPN, 1 PSW Nights – 1 RN, 1 RPN		Days – 1 RN, 1 RPN, 1 PSW Nights – 1 RN, 1 RPN	IH 1/5 ; LH 1/6 RNs only both houses – no RPNs
Physician	Physician on-site Monday – Friday with 24-hour coverage including weekends	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 referrals – up to 30 min 2-3 times/week with therapist and/or therapy assistant	Model is based on a referral basis	PT / PTA available as required	On referral only	Physician referral – service provided through OHAH
Occupational Therapy	Model is based on referrals – up to 30 min 2-3 times/week with therapist and/or therapy assistant	Model is based on a referral basis	none	On referral only	Physician referral – service provided through OHAH
Social Work	Available Monday – Friday	Available Monday – Friday	none	Psychosocial Spiritual Care Coordinator on-site	When requested – service provided through OHAH
Wounds	Can manage any type of wound, referral to wound care team, if necessary, with dedicated wound care team shared between Midtown & Chicopee campuses	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 knowledge of wounds and would refer to wound nurse is necessary but haven't done this in the past 2 years.	Can accommodate most wounds except VAC. Referral to wound nurse when necessary.
IV	Able to manage: IV therapy (comfort measures only), PICC line and porta-cath. Can start peripheral IV and port-cath	Able to manage IV therapy. Able to manage PICC lines. Can start peripheral IV. Port-a-cath; needle in Situ prior to transfer. Preplanning and education may be required.	Able to manage IV therapy	We do not do IV therapy but on occasion have had clients 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 is 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	No piped oxygen, need to review high flow requirements prior to admission with RRT	Piped in high flow (all rooms).	Piped in high flow (all rooms). Patient needs to be stable	Early consultation required for patients with oxygen greater than 6L/min to support safe transportation and oxygen delivery in the Hospice setting	Early consultation required for patients with oxygen greater than 6L/min to support safe transportation and oxygen delivery in the Hospice setting
Respiratory Therapist (RT)	On-site 12hr/day 7 days/week	M and Th only, limited amount, preplanning needed. (Stat holiday excluded)	M-F days. Limited amount only preplanning needed.	Access 24/7 to RT via Vital Aire RT needed ahead of any admission requiring special oxygen set up/ compressor use.	All respiratory needs are serviced by Vital Aire. Accepted with consultation with Vital Aire.
Tracheotomy	Well established, able to provide humidity but requires pre-planning with RRT.	Well established only. No cuffed trach. Able to take humidity but needs to be pre-planned.	Requires review by RT before acceptance	Assessment needed prior to admission	
Speech Language Pathology (SLP)	Communications/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	None
Feed Tube	Yes – No NG tubes for feeding, NG for symptom relief/gastric decompression with pre-planning	Yes- No NG Tubes for feeding. NG for symptom relief/gastric decompression with preplanning.	Yes	No	Yes. Review case by case.
Urinary Catheters	Yes	Yes	Yes	Yes	Yes
Colostomy/ Ileostomy	Yes	Yes	Yes	Yes	Yes
Blood Transfusion	Yes – for symptom relief/comfort measures only (non-emergent). Not for life prolonging measures. PRBC only	Able to perform blood transfusion if necessary but needs planning. No platelets *No platelets	Yes	No	No
Total Parenteral Nutrition (TPN)	No	No	Yes- requires preplanning and short-term use	No	No



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Hemodialysis	Pain & symptom management only requires pre-planning	No	No	No	No	No
Peritoneal Dialysis	Pain & symptom management only requires pre-planning	No	No	No	No	No
Oncology Patients	Yes, only palliative treatment	Only palliative treatment	Needs to be medially 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	On-site Monday - Friday	On-site	Yes- on site hours vary	Yes, but off site. Available 24/7	Yes, off site.	
Additional Services	Spiritual care, pet therapy, recreation therapy, volunteers, hospice volunteers	Daily Mass and Chaplain on-site M-F 24-hour clergy on-call Spiritual Services M-F		Music Therapy Meditation Yoga Massage 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, C Diff – patient must have returned to baseline stool pattern x 48 hours. Requires pre-planning	Active TB, C-Diff - resolving	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	Dependent upon availability of equipment. Requires pre-planning	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	PSM – 60% or less EOL – 40% or less	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			Prohibiting- not allowing MAID interventions on site		