



OHMAN FAMILY LIVING AT

B R I A R

Objective: Demonstrate how an advanced skilled nursing facility (SNF) can effectively care for LTACH level acuity by treating high-risk ventilator dependent patients “in-house”, while mitigating risk of hospital readmission. Expand skilled nursing facility capabilities to treat the most complex patients in the hospital system.

Background: A 58-year-old male with a LVAD in place for 3 years with a history of driveline infection and an EF 25% presented to ED from SNF for hypoxemia. During ED visit patient had a cardiac arrest and was intubated and eventually a tracheostomy tube was placed. Patient was transferred to a LTACH for continued care. After LTACH stay, the patient was then admitted to Ohman Family Living at Briar for ventilator, trach, LVAD, PEG tube care.

Barriers/complications- Patient was ready for discharge and did not have the assistance needed to go home. LVAD patients have limited discharge options from LTACHs because most SNF’s do not have the clinical capability. We prepared for patient admission with equipment training, staff education, clinical competencies, and diagnostic monitoring needed to accept patient into facility. CCF LVAD team required that EMS and Ohman Family Living at Briar developed shared protocols for a safe transfer.

Plan- Upon receiving the referral, Ohman Family Living at Briar completed a bedside evaluation. Routine stakeholder calls were established between hospital team, LVAD team, Ohman family living staff, physician, patient, and family. Ohman Family Living at Briar was able to obtain a Doppler needed to monitor patient vitals. Frequent conversations about patient condition and vitals were established with CCF representatives from the mechanical circulatory support team. An onsite device review and education was performed with staff. Emergency medical services were alerted and protocols were established for facility and emergency services to provide care at local hospital systems should there be a readmission to the hospital.

SNF Diagnosis:

- Acute and chronic respiratory failure (j96.21)
- Severe protein-calorie malnutrition(E43)
- Tracheostomy status (z93.9)
- Chronic systolic heart failure (I50.22)
- Ischemic cardiomyopathy (I25.5)
- Depression (F32.A)
- Anxiety (F41.9)

Plan/Treatment

- Bivona size 8 trach
- AC VOL 440/14/5 &40% nightly and PR



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- Trach mask daily 40%
- Peptamen AF
- Albuterol Sulfate Inhalation Nebulization Solution
- Budesonide
- Buspirone
- Coumadin
- Diazepam
- Glycopyrrolate
- Levothyroxine
- Midodrine
- Mirtazapine
- Sertraline
- Sodium Chloride Inhalation Nebulization Solution
- trazodone

Outcomes

Ohman Family Living at Briar effectively treated in place and patient did not readmit to the hospital within 30 days of admission. Comprehensive training and care was conducted by CCF LVAD team equipping nursing, respiratory, and therapy team with more advanced skills to care for more complex patients. The patient was able to extend the quality of their life in the most appropriate and comfortable care setting.