

Community Capacity Building for Technology Dependent Children

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Home Tracheostomy & Ventilation Program

BC Children's Hospital

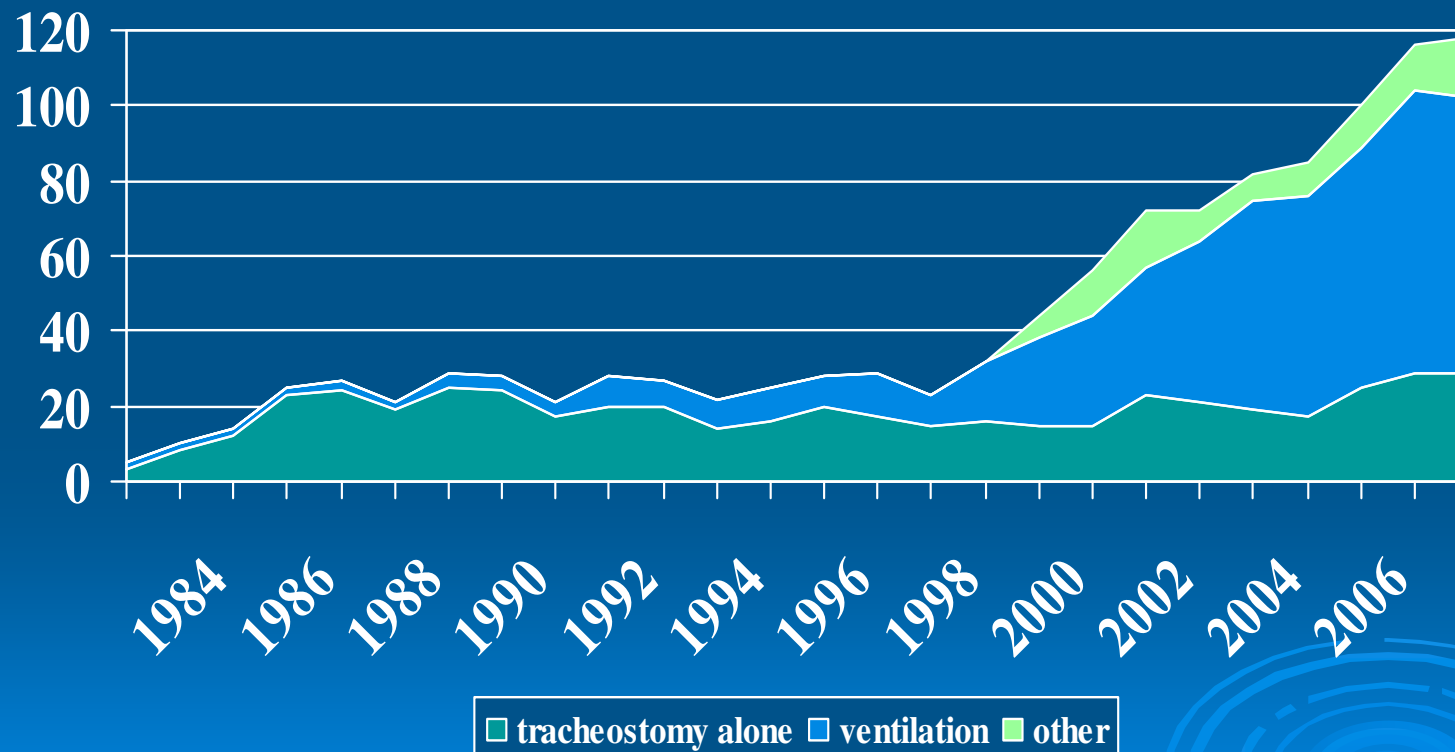


Home Tracheostomy & Ventilation Program

- Patient population
 - Chronic airway/ventilation problems requiring technological support
 - Tracheostomy alone
 - Tracheostomy with ventilation
 - Non-invasive ventilation

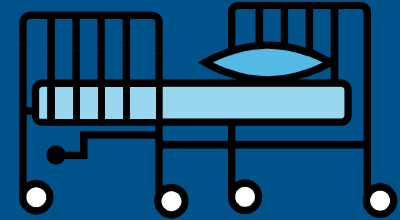
Active Patients 1982-2007

updated January 1, 2008



Discharge From Hospital

- Shortened hospitalizations
- Increased acuity
- Increased complexity
- Increased burden on the family
- Increased expectations of community services



Community Challenges

- Limited resources
- Lack of experience caring for tracheostomy/ventilator dependent children
- Difficult to build expertise due to limited number in each community



Transition Team


- Create a Transition Team for each child
 - Hospital-based HTV team members
 - Community care providers
 - Family and child

- Team composition depends on:
 - Phase of disease process
 - Child's and family's needs
 - Availability of resources within the community

Transition Team Members

- Home Tracheostomy & Ventilation Team
 - Core team: hospital-based
 - Physician, coordinator, nurses, respiratory therapist, physiotherapist, occupational therapist, social worker, child life worker, psychologist, spiritual care

 - Community Team
 - Based on the child's needs
 - Pediatrician/General practitioner
 - Community nursing, rehabilitation therapists, school-based professionals
 - Local hospitals and health care centres

 - Family and Child
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Seamless Boundary

- Collaboration between hospital and community team
- Weaning from hospital-based team to community services
 - Enhance and develop community team's knowledge, confidence and credibility with the family

Education and Training

➤ Care providers

- Generic workshops (8 per year)
 - Urban centers
- Child specific workshops
 - Outreach in rural areas
 - Families encouraged to participate
- Skills review and update (annual)

➤ Family

- Prior to discharge: child specific training
- After discharge: training additional caregivers

Outside The Box


- The Box: Barriers
 - Criteria for services
 - Lack of resources or funds
 - Policies & regulations
- Outside of the Box
 - “It is possible”
 - Persistence
 - Creative problem solving



After Discharge

- Hospital (HTV) team provides ongoing support :
 - Telephone consultation
 - Regular clinics
 - Assistance with equipment and supplies
 - Follow-up with specialists
 - Continuing education and training
 - Short-term coordination of care for children not covered by other programs or in unique situations

HTV Program Challenges

- Clarification of services
 - Increasing demand
 - Increasing complexity of needs
 - Lack of resources
 - Fragmentation of services
 - Family directed care
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Challenges: Family Centered Care

- Family Centered Care may lead to Family Directed Care
 - Families' knowledge is based on their experience with their child
 - Health care providers want to be helpful and supportive, therefore, hesitate to challenge families
 - In our quest to be family centered, families may end up directing care

For Success ...

- Collaboration and dedication of all team members (hospital and community) to achieve the best possible outcome for the child and family

