

WW Activation/Restoration Service Matrix

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

	Groves Memorial	Sunnyside Home (CC)	Comments	
Blood Transfusion	Yes	Should have stable hemoglobin level prior to transfer. Will need to go to hospital for transfusion.	*Needs planning. Can't need blood on the day of admission. Able to perform transfusion. Client needs to be stable which otherwise managed in community as outpatients. No platelets	Medical Procedures
Blood work /Lab	In house Lab 24/7	Can manage routine blood work. Access to lab 5 days per week	*Can manage daily bloodwork such as I&R, weekly electrolytes. Other bloodwork provide information and rationale for ongoing management.	
Catheters (CBI if needed)	Yes	Yes		
Colostomy/ Ileostomy	Yes*	Yes*	*Able to manage – referring source to start teaching.	
Feed Tube	Yes* Requires pro-planning discussion prior to NG acceptance	Yes* No NG	*Plan for feeding needs to be established, should a G-tube be inserted?	
Hemodialysis	No	Yes* Hemodialysis should not interfere with participation in therapy	*Hemodialysis should not interfere with participation and therapy	
IV (Hydration /Antibiotics)	Able to manage IV meds and PICC lines. Pharmacy available 24/7	Case by Case Review	*Able to manage IV medications (primarily antibiotics). Able to manage PICC lines. Port-a-cath needs to access on transfer b/c harder to access. May need education preplanning required	
O2	Medical gas, suction available in all rooms	Concentrator and/or portable; <4L/min		
Oncology Patients	Yes – review and preplanning required. Medically stable	Yes*	*Needs to be medically stable with minimal MD oversight necessary. Any treatment should not interfere with participation in the program	
Palliative	Yes*	Yes*	*Prognosis should be greater than 3 months	
Peritoneal Dialysis	Only if chronic and self-managed with support from GRH or GGH –not routinely accepted at GMCH	No Peritoneal Dialysis	"Chronic" -Must have been doing PD in an ambulatory clinic for 30 days before considered chronic. A change to PD treatment does not indicate "acute". Note, patients should be able to self-manage these changes.	
Total Parenteral Nutrition (TPN)	Yes – preplanning required	No	*Conference necessary	
Tracheostomy	Trach with pre-planning through RT	Yes*	*Well established only and highly independent only. No cuffed trach	
Wound Care	Yes*	*Case by case basis and with 24 hour notice. Normally able to manage no more than a Stage 2 wound. Requires pre-planning.	*Able to manage. Wounds should not limit the ability to participate. Negative Pressure Wound Care and referral to wound care team if necessary	
Bi-Level Ventilation		No	Sunnyside will not admit anyone using BiPap.	Special Equipment
Occupational Therapy (OT)	No	Yes	*Model is based on a combined OT/PT service: 15-30 mins, 3-5 times per week	Medical Professional
Pharmacy Services	-	No on-site pharmacy but can order medication M-F business hours and on Saturday before noon (emergency after hours)		
Physician	24h coverage, round once per week and as needed	24 hour coverage, rounds once or twice per week and PRN		
Physiotherapy (PT)	Model is based on a 15-30 mins, 3-5 times per week	Model is based on 15-30 minutes, 5 times per week with therapist or therapist assistant	*Model is based on a combined OT/PT service: 15-30 mins, 3-5 times per week	
RN/RPN	Daily	Daily (24/7)		
Respiratory Therapist (RT)	Mon-Fri business hours	Community vendor on-call access 24/7		

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Speech Language Pathology (SLP)	Yes* SLP in house Mon-Fri- minimal hours dedicated to CCC	Limited access through community referral case by case	*Communication /swallowing follow-up only; not diagnosis. Not for urgent issues. Consider if should be a candidate for rehab if significant SLP needed.
Social Work	No	M-F business hours	