

Welcome to the
**Adult Assisted
Ventilation Clinic**



Welcome to the Adult Assisted Ventilation Clinic (AVC) at the University of Michigan Health System

The Adult Assisted Ventilation Clinic is a multidisciplinary outpatient clinic that provides care for adults requiring invasive or non-invasive ventilation.

One of our primary missions is to assume care of patients who have matured into adulthood and continue to require assisted ventilation.

We view the important transition that you are about to embark on as an indication of the Pediatric Home Vent Clinic team and your success at managing your ventilation needs through childhood and adolescence.

As your adult vent care team, we take our responsibility to you, your family and caregivers very seriously. Our goal is to continue the quality of care that you have come to expect.

The thought of transitioning to an adult care team from the pediatric team can naturally cause some anxiety, and you may have many questions. We've created this booklet to introduce you and your family to the Adult Vent Clinic team and to address many of the questions and concerns that you may have.

In the following pages, we will outline the transition process; describe how the adult clinic is organized; and how we work closely with the inpatient team to provide comprehensive care.

Making the transition

The first step in making the transition to the Adult Vent Clinic will be to discuss with your Pediatric Home Vent team your readiness to begin. If you are reading this booklet, you've probably already begun that process!

As you mature, many aspects of your life are affected. It can be an exciting time, and also may be a little overwhelming. Making the move to the Adult Vent Clinic is just one part of the process of maturing into adulthood.



Your Pediatric team will help you explore what you need to move forward at a pace that suits your needs and comfort zone. This usually starts well ahead of time - around the time you turn 16, allowing you to take the next two years, or more, to put things into place. The Pediatric Team Social Worker will help you consider what you can do, and find out what kinds of supports and resources you'll need, and then help you put them in place.

Your Pediatric Home Vent Program Social Worker will coordinate with the Adult Vent Clinic Social Worker so that once you begin attending the Adult Vent Clinic, you'll be able to continue to work toward your goals without interruption.

Moving to the adult service - Transition clinic

When you and the Pediatric Home Ventilator team agree that it is time to begin outpatient care with the Adult Vent Clinic, some members of the Adult Vent Clinic team will make every effort to attend your last pediatric vent clinic appointment. Your pediatric team and the adult clinic team have a strong relationship and will work closely together to ensure a smooth transition.

The next step is to schedule an appointment with the Adult Vent Clinic.

All of your medical records from the Pediatric program will be available to your new team so no information will be lost during the transition process.

If you need to be admitted to the hospital before your first appointment with the Adult Vent Clinic, arrangements can be made for the Nurse Practitioner and the Social Worker from the Adult Vent Clinic to visit you before you go home. At that time they will provide more information about the similarities and differences between the Pediatric and Adult vent care services, for both inpatient and outpatient services.



The quality of your care will remain our highest priority and no changes will take place without your full consent

The outpatient Adult Assisted Ventilation Clinic

The Adult Vent Clinic is located on the 3rd floor of the Taubman Center, in Reception Area C. We have clinics on Wednesday and Tuesday afternoons. Your clinic appointment will be scheduled during that time. You may be seen at other times when needed.

The pulmonary function laboratory and the blood drawing station are located on the 3rd floor of the Taubman Center near the clinic.

Outpatient radiology (X-Ray) is on the 2nd floor of the Taubman Center in Reception Area A.

Clinic Appointments

- ◆ You will meet with your Pulmonary physician, Physical Medicine & Rehab physician (PMR) and Respiratory Therapist.
- ◆ You may see a neurologist if that has been part of your care.
- ◆ The Nutritionist and Social Worker will meet with you at least once a year; more often when needed.
- ◆ The Nurse Practitioner may assist with history, examinations and procedures, will coordinate your clinic visit, and your next appointments.
- ◆ Please bring a list of your medications to every visit: we will review the list, and ask if you need refills.
- ◆ We will establish your plan of care, for instance how often you may need blood tests or other tests.
- ◆ Most clinic visits are at least a couple of hours long, so be prepared to bring a snack or medical supplies.

Whenever appropriate, we try to use medications that are covered by your insurance company in order to reduce out-of-pocket expenses. We will also get prior authorizations from your insurance company, if needed.

At the conclusion of each visit, your next appointment will be scheduled, and any tests needed before the next visit will be identified.

We welcome and encourage you to bring along important family members, caregivers, or friends.



The Multidisciplinary Team

The outpatient Adult Assisted Ventilation Clinic team is comprised of Pulmonology; Physical Medicine & Rehabilitation (PM&R); Respiratory Therapy; Nutrition; Social Work; and Nurse Practitioner.

Pulmonology



Helena Schotland, MD
Director



Jeanette P Brown, MD



Michael Coffey, MD

Physical Medicine & Rehabilitation



Tony Chiodo, MD
Co-Director



Gianna Rodriguez, MD

PM&R Physician Assistant ~ Chelsea Burton, PA-C

Nursing



Julie Hanley, NP

Kim Rochefort, RN
Medical Assistant
Katie Gootee, Sr MA Specialist

Making the most of your outpatient care

There are many parts to your care.

Each is important and deserves its full share of effort.

Respiratory Therapy



At each clinic visit, the Respiratory Therapist will obtain measurements of your respiratory functioning, and will provide education for you and your family/caregivers on the use of therapeutic equipment or techniques.

Armando Kurili, BS, LRT/CRT

Nutrition Services



You may be able to satisfy your nutritional needs through regular diet and food choices, or you may need liquid nutrition. The Nutritionist will assess your nutrition needs and provide a personalized nutrition treatment plan, including but not limited to education, counseling and goal setting to optimize your nutritional health.

Eyeen Ong, RD

Social Work



The Social Worker is available for support, problem solving, coordination with the clinic team, to help identify resources in the community, and assist with information about advance directives and the decision-making process for your medical care.

Sue Pellerito, LMSW

Addressing problems outside of clinic visits

You should contact the clinic if you :

- ◆ Are not feeling well
- ◆ Need prescription refills
- ◆ Have other medical issues or concerns between clinic visits

You can contact the clinic at: (734) 232-3795

Your privacy is important

It is our policy not to speak about your condition with anyone, including members of your family, or in-home caregivers unless you give us permission first.

You may sign an Outpatient Family & Friends form listing the people that you want to be involved in your treatment.

Please let us know if you have an Advance Directive, Durable Power of Attorney, or Guardianship

If you need to be admitted to the hospital - Admitting Procedures

Direct admission: Your pulmonary team may pre-schedule you for a direct admission to 8D or 6D for ventilator needs or changes.

If you are in the clinic and you need to be admitted, the clinic staff will make the necessary arrangements for you to be admitted directly to the hospital from the clinic.

Or call 911 if it is an emergency



On the weekends or after-hours, the emergency room is always available. If it is an emergency, please go directly to the emergency room. If you need to be admitted, they will make all arrangements for you to be admitted directly from the emergency room.

Inpatient Routines and Expectations

While in the hospital, your care will be provided by a large medical team.

Because University Hospital is a teaching hospital, medical students and nursing students may be a part of your team. Your inpatient team will consist of a Pulmonary physician, Respiratory Therapist, Nurse, Care Manager and Social Worker. Other providers can be available when needed, for example Physical Medicine and Rehabilitation, or Nutrition.

Many physicians in the pulmonary division take turns as the attending physician (doctor in charge) on 8D and 6D, rotating this responsibility every couple of weeks. Each has extensive experience in caring for patients on ventilators.

Your regular clinic physician may not be the attending physician during your hospitalization, but will have input into your care. Although there are many caregivers on the team, the inpatient Attending physician is the team lead, and has the ultimate responsibility to make decisions with you about your care.

For continuity of care purposes, the outpatient clinic nurse practitioner and respiratory therapist are available to the inpatient teams if there are questions or concerns during your stay. They also participate in weekly multidisciplinary rounds on 8D.

Morning rounds - each morning, a member of the physician team will stop in to check on you and to perform a brief physical exam. Later in the morning, the team will come around together to discuss with you the plans for the day, which may include testing and changes in treatment. This is called “morning rounds,” and is the best time for you to ask your care team questions.

If more time is needed for additional questions, specific team members or specialists can be notified to return later to speak with you and/or your family after rounds.

University Hospital Inpatient Teams

There are two inpatient units that specialize in working with patients that have assisted ventilation. Treatment teams on both units take great pride in caring for patients with a team and interdisciplinary approach, as well as utilizing a holistic nursing process to inspire our patients to a healthy recovery.

6D – CCMU

Adults requiring assisted ventilation are admitted to 6D, also known as the CCMU in the University Hospital. The CCMU is a 20-bed intensive care unit providing highly skilled nursing care. The CCMU nursing staff are members of the interdisciplinary healthcare team, and participate with daily interdisciplinary patient care rounds. It is the primary aim of the CCMU nurses to work as members of the health team to restore the patient to an optimal level of functioning. **The number to reach CCMU is: (734) 936-4752.**

8D – Intermediate Unit

You may be admitted directly to this unit, or you may be transferred from 6D when you are stable enough for transfer. 8D, also known as the Intermediate Care Unit is a 20 bed unit that provides highly skilled nursing care for chronically ventilated patients or those who have difficulties weaning from ventilator support. **The number to reach 8D is: (734) 232-6673.**

The inpatient Care Management Team is comprised of a Nurse Care Manager and a Social Worker. They are available during your admission for support, problem solving and care coordination with your treatment team. They are also able to advise you and your family in navigating the health system and identifying resources.

Families and caregivers

Our goal while you are an inpatient is to partner with you and your family to provide the highest quality of care. We want you to be involved in the day-to-day care as much as you want to be and are comfortable in providing.

In the “getting to know you phase” of your inpatient stay, we may ask that you and your family or your caregivers complete a Patient Care Agreement so that we have a better understanding of the care you may wish to provide while your loved one is hospitalized with us. This will help us in partnering with you in care delivery.

Some care needs may be different while you are in the hospital.

For example, some procedures that may be done by using clean technique at home, may need to be done by sterile technique while in the hospital, in order to decrease the risk of infection. Also, please be aware that you may or may not be able to remain on your home vent, depending on your health status or the vent you are using.

Infection Control

Controlling the risk of hospital acquired infections, including ventilator associated pneumonia (VAP), is very important. All rooms on 6D and 8D are private and patients on a ventilator cannot be transferred to a double room.

In addition, we have protocols to prevent getting pneumonia while on the ventilator. Some of what we do for prevention may be different than what you do in your home. This is because we have multiple people providing care and need to standardize what we do based on what works best for most people.

For example, we use an inline suction catheter to reduce the chance of introducing hospital germs into your respiratory track rather than disconnecting you from the ventilator to suction.

A sign stating the type of Isolation Precautions will be posted
on the inpatient door if you require isolation.

Discharge Planning

Going home from the hospital

After you are discharged from the hospital, you may need to use various services in your community. Planning for your discharge, and the services you may need at home, starts as soon as you are admitted.

The Care Management Team will work together to coordinate various services to assist you and your family in making arrangements for home care, medical equipment, infusion therapy, rehabilitation care, hospice care, ambulance transportation, and community support services, to ensure that your admission and discharge process goes smoothly.



The Adult Assisted Ventilation Clinic team and the inpatient treatment teams on 6D and 8D will partner with you, your family, significant others, and caregivers to provide patient and family centered care in order to achieve the highest quality of medical care that you expect.

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University of Michigan Pediatric Home Ventilation Clinic

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