



Welcome to the Critical Care Recovery Unit

About the Critical Care Recovery Unit

The Critical Care Recovery program is designed to care for critical care patients who are on their road to recovery.

The purpose of the Recovery Unit is to support patients who are expected to recover once they have passed the most critical phase of their illness, but still need help from a machine to support their breathing.

The goal is to work with patients and families on their recovery journey. We will ensure that patients will have the best possible chance at rehabilitation and breathing without the help of a ventilator.

For more information, contact
the Critical Care Recovery Unit:
905-417-2000 ext. 5200



Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West
Vaughan ON L6A 4Z3
905-417-2000
mackenziehealth.ca

Your recovery team

Your recovery team is made up of specially trained:

- **Physicians:** each Monday one of our critical care doctors will assume care of all patients on the unit for the week.
- **Clinical Utilization Coordinator (CUC):** coordinates family meetings and establishes an individualized plan of care for patients.
- **Registered Nurses (RN):** provide care in 12-hour shifts during the day and at night.
- **Respiratory Therapists (RT):** ensure patients receive adequate and appropriate oxygen therapy in 12-hour shifts during the day and at night.
- **Pharmacists:** provide important information to our medical team regarding appropriate doses and best available medications to use for a patient's condition.
- **Registered Dietitian (RD):** assesses patients' nutritional needs and provides optimal nutrition support.
- **Speech - Language Pathologist (SLP):** manage swallowing and facilitate communication during the weaning process.
- **Physiotherapist (PT), Occupational Therapist (OT), and Therapy Assistant (OTA/PTA):** the rehab team helps patients regain and maintain physical strength and functioning. The team also enables functional movement and improves independence with activities of daily living.
- **Social Worker (SW):** is available 7-days a week from 8 a.m. to 4 p.m. to provide practical and emotional support to patients and their families.

Care in the Recovery Unit

Once transferred to the Critical Care Recovery Unit, patients are given 24-48 hours to adjust to their new surroundings. During that time, the patient and family will meet the interprofessional team to complete the initial assessment. The goals of care will be reviewed by the health care team in collaboration with the patient and family to plan the weaning and rehabilitation journey to recovery.

Your leadership team:

The Critical Care Recovery Unit leadership team consists of:

- Patient Care Manager
- Clinical Utilization Coordinators
- RN Educators
- RT Coordinators
- Rehabilitation Team lead

An integral part of your care team, these individuals manage and oversee all staff and care activities in the Critical Care Recovery Unit.

If you have any questions or concerns about the care in the Critical Care Recovery Unit, please feel free to reach out to the leadership team.



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Recovery process

The recovery process includes:

- Increasing mobility and activity such as sitting up on a chair, standing up and walking, using a variety of mobility aids.
- Gradual lessening of breathing machine support.
- Enhancing the patient's ability to communicate using a variety of tools.
- Medications to optimize patient health and minimize risks such as infections and blood clots.
- Optimize sleep and rest periods.
- Management of the patient's psychological state (i.e., delirium, anxiety, depression).
- Optimize nutrition and assess readiness to introduce food by mouth.
- Improving the patient's ability to communicate using appropriate communication tools.

Medical updates

The patient and family may expect frequent updates provided by either the Clinical Utilization Coordinator and/or the patient's primary nurse. Families will also be contacted by the physician if there are any significant changes to the patient's medical status or treatment plan.

If a patient is awake and able to receive updates, the physician may speak with the patient directly. The patient may then either request that the health care team update the family or provide the update themselves.

When a member of the health care team calls to provide an update, they will call a patient's **Power of Attorney for Personal Care (POA), Substitute Decision Maker (SDM), or an appointed primary spokesperson**. This spokesperson is identified by the family or the patient and will be the primary contact throughout the patient's stay in the Recovery Unit.

Family meetings

Family meetings can be arranged by the Clinical Utilization Coordinator or the Social Worker. These meetings will provide comprehensive medical updates from the physician at a prearranged date and time. During these updates, multiple family members and the health care team can participate in a discussion of the patient's hospital stay, plan of care and/or end-of-life decision making.

Friendly tip:

The best time to call for an update from the nurse is in late afternoon once the physician has completed daily rounds.

Try to avoid calling between shift change, which occurs between 7 - 8 a.m. and 7 - 8 p.m.



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Family participation

Family participation is encouraged during the patient's time in the Critical Care Recovery Unit. This allows team collaboration in the best interest of the patient.

- Family participation allows for follow through with care plans that align with the patient's wishes and goals of care.
- Family participation allows collaboration with the health care team along with the patient to determine the next steps for the patient's recovery.
- Family participation eases the patient's transition home or community with new technology or equipment (example: a tracheostomy tube, PEG tube and/or ventilator).

Plan of care discussion

During daily rounds, the health care team meets to review the patient's condition and discuss the plan of care.

To ensure patients and their families are making informed decisions, it is recommended to talk about the plan of care as a family. The plan of care should reflect the expressed wishes of the patient.

If the patient is not able to make informed decisions, then a Substitute Decision Maker (SDM) should act in accordance with the patient's prior expressed wishes (if known) or in the patient's best interests. Families are asked to bring any documentation that outlines the patient's expressed wishes to be reviewed with the health care team.

The Social Worker and the rest of the health care team are here to support and provide resources for patients and their families during the recovery period. An interpretation service can be arranged to enhance communication should the patient or the family request the service.

Advanced care planning

The medical team will routinely engage patients and their families to explore their wishes with respect to the use of life support.

The physician may also have a discussion with patients and their families on whether or not CPR (cardiopulmonary resuscitation) would be potentially beneficial should the patient's breathing or heart stop.

These difficult discussions are an integral part of the treatment plan for patients to ensure that the health care team provide compassionate care that reflects the patient's personal values and goals.

Friendly tip:

If the patient is not able to make decisions regarding their own health care treatment options, they may have prepared a Living Will or expressed their wishes in a Power of Attorney (POA) document. We advise that families review this document at the time a patient is admitted to the Critical Care Recovery Unit and provide a copy to the health care team.

If you are unsure if the patient prepared such a document, you can contact the patient's lawyer for this information.



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Visitor guidelines

Considering the ongoing developments related to COVID-19, it is important that patients, staff, and community are safe. As the pandemic evolves, Mackenzie Health's visitor guidelines are regularly reviewed and adjusted to ensure they are in keeping with provincial recommendations. Please ask the health care team for information about Mackenzie Health's current visitor guidelines before visiting the unit. Current guidelines can also be found on the Mackenzie Health website at mackenziehealth.ca/visitors.

Transferring to other units

When a patient's condition improves, they could be transferred to a medical or surgical unit or other tertiary care facility to continue with their recovery journey. In some cases, patients may also be discharged home with home care services to support their ongoing needs in the comfort of their home.

If a patient gets transferred to a medical or surgical unit, a new team of health care professionals, including a new physician, will be taking over their care. In addition to your new care team, a Critical Care Response Team (CCRT), consisting of a physician and a nurse, will closely monitor patients for 48 hours after they transfer from the Recovery Unit to medical/surgical units. The CCRT act as a bridge for patients transitioning from the Critical Care Recovery Unit to ensure patients' safety and stability while on other units.

Transitioning from the Recovery Unit

Patients can expect to stay in the Recovery Unit for months, however many patients may recover sooner while for others, weaning off the breathing machine may take longer or, despite best efforts, may not be possible. Weaning involves removing the tracheostomy tube (breathing tube placed in the neck), feeding tubes and intravenous lines.

Sometimes a patient is only partially weaned from the breathing machine and may require ongoing breathing machine support overnight or part of the day. Although most patients are discharged back to their referring hospitals, some are discharged to rehabilitation facilities, nursing homes, chronic care institutions, or long-term ventilation centers. A small number of patients are discharged directly to home.

Friendly tip:

Families should take the patient's personal belongings home with them to ensure they're kept safe and in keeping with our infection control protocols.

If a patient has valuables with them, staff may contact security to have these items kept in a secure location until families are able to collect them.

Remember:

The care team will do their best to honour visits at the time that they are scheduled.

Please keep in mind that patient care always comes first and sometimes we may be required to provide care during a scheduled visit. If that happens, you may be asked to wait. Visitors can always call the unit to reschedule and come back another time.



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Comfort care

Comfort care focuses on treating the symptoms of an illness and on the physical, psychological and/or spiritual needs of the patient. The goal is to achieve the best possible quality of life by relieving suffering, controlling pain and symptoms, and attaining maximum independence.

If a patient, in consultation with their health care team, decides that ongoing life support is no longer part of their wishes, we will ensure that the withdrawal of the breathing machine is as comfortable as possible, that the care focuses on the patient's comfort and dignity at the end of life and support for their family, and the goal of a peaceful death is realized.

Resources for families

Facilitating recovery:

Peer support in recovery and rehabilitation <https://icusteps.org/support>

Post-intensive care syndrome:

- <https://www.sccm.org/MyICUCare/THRIVE/Post-intensive-Care-Syndrome>
- <https://my.clevelandclinic.org/health/diseases/21161-post-intensive-care-syndrome-pics>
- <https://www.youtube.com/watch?v=MhdZGNaN6b4>
- <https://www.pennmedicine.org/for-patients-and-visitors/penn-medicine-locations/penn-presbyterian-medical-center/patient-and-visitor-information/medical-intensive-care-unit/life-after-the-icu>

After leaving the hospital:

- <https://www.youtube.com/watch?v=aMn8Yd2JInI>
- <https://www.youtube.com/watch?v=T03palv4mYU>

Long-term ventilation weaning programs:

- Michael Garron Hospital Provincial Prolonged Ventilation Weaning Centre Excellence and Long Term www.tehn.ca
- London Health Sciences Critical Illness Recovery Program (CIRP) www.lhsc.on.ca
- West Park Long Term Ventilation www.westpark.org

Did you know?

Mackenzie Health offers Spiritual Care services to all patients and families 24 hours a day.

To access these services, please speak with a member of the care team.



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Frequently used terms in the Recovery Unit:

Ventilator or Invasive Mechanical Ventilator (IMV): a machine used to help a patient breathe (also called a breathing machine or respirator). It pushes air into the lungs through an endotracheal tube or tracheostomy tube.

Endotracheal Tube (ETT): a tube that is inserted into the mouth and down into the trachea (windpipe).

Non-Invasive Ventilation (NIV): assistance with breathing from a machine via mask.

Ventilator Associated Pneumonia (VAP): is a potential complication (lung infection) from prolonged use of the ventilator.

Weaning: is a gradual reduction in the use of the ventilator.

Tracheostomy Tube: a small tube placed directly into a patient's trachea through the neck. A tracheostomy tube may be required for patients who on a ventilator for a prolonged period of time.

Trach Mask Trial (TMT): a pre-determined time set daily for weaning from the ventilator.

Speaking Valve: this device is attached to the tracheostomy tube and redirects air flow through the vocal folds, mouth and nose enabling voice and improved communication.

Percutaneous Gastrostomy Tube (PEG Tube): a small tube inserted into the stomach to allow a patient to be fed. It is also a route to provide medication. It may be needed for patients who are on a ventilator and unable to eat by mouth.

Intravenous (IV) Line: a flexible tube inserted in the patient's vein either in the arm or hand (called peripheral IV) or in the groin, chest or intrajugular (called central line). It is used to give intravenous fluids or intravenous medications.

PICC Line: a PICC line is a long, flexible catheter (thin tube) that's inserted into the patient's vein of the upper arm. A PICC line provides an access to administer IV medications or fluid and to draw blood for lab work.

Delirium: a state of confusion characterized by an inability to focus and fluctuations in behavior and level of consciousness. Delirium is experienced by 20 to 80 percent of critical care patients and is common for patients with longer hospital stays.



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Cortellucci Vaughan Hospital parking map

Parking for patients with appointments and visitors is available in the parking structure and in lots at the west side of the hospital.

Drop-off area

The drop-off areas at Cortellucci Vaughan Hospital are located in front of the Main Entrance on the south side of the building and on the west side of the building.

Paying for parking

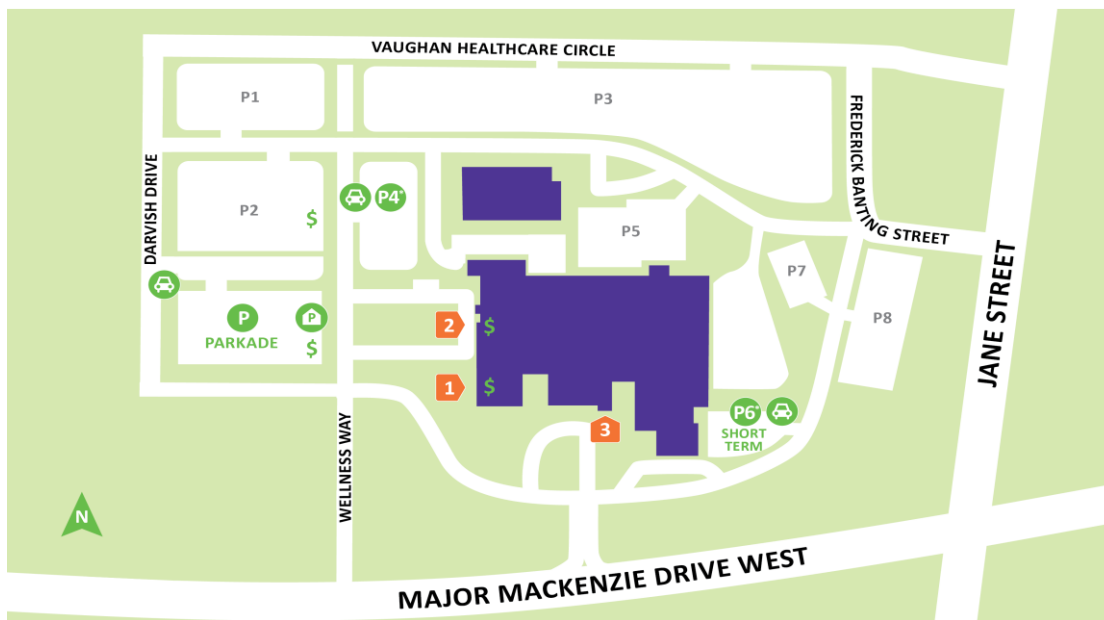
There are two options when paying for parking inside the gated visitor parking lots:

By credit card:

- insert your credit card when entering the lot (as opposed to selecting the "print ticket" option); when exiting the lot insert the same credit card at the gate. Your parking purchase will automatically be charged to your credit card.

By debit or cash:

- When entering the lot select the "print ticket" option at the gate; keep your ticket with you and pay for your parking at the exit by credit card or at a pay station prior to exiting the parking lot; payment can be made by debit (in parking office only) or cash/credit card at the pay station; when exiting the lot insert the paid ticket you received from the Pay Station at the gate.



Level 1



Entrance to patient and visitor parking



Parking for patients and visitors



Entrance for patients and visitors (open 6:30 a.m. to 10 p.m.)



Emergency and Birthing Mother entrance (open 24/7)



Drop-off entrance for patients and visitors (open 6:30 a.m. to 7 p.m.)

Staff lots: P1, P2, P3, P5, P7, P8



Pay station



Pay and display



Parking office

Contacting the Recovery Unit

We welcome your feedback. Share your compliments, comments, or concerns.

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P: 905-417-2000

Critical Care Recovery Unit, level 2, Pod A

Primary Nurse or Charge Nurse: ext. 5200

Patient Care Manager: ext. 7814

Clinical Utilization Coordinators: ext. 5922

RT Coordinator: ext. 5980

Patient Relations: ext. 7494 or patientrelations@mackenziehealth.ca

Critical Care Recovery Unit map, level 2



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YOUR STORY

Please take a moment to share your story with us. We would like to hear about your experiences so that we can get to know you and enhance our care of the patients in our Critical Care Recovery Unit. Please feel free to email your story to PublicAffairs@mackenziehealth.ca

Or you may share your story at the following link:

<https://www.mackenziehealth.ca/about-us/patient-stories/share-your-personal-health-story>

I consent to having my story and contact information shared with the Communications and Public Affairs team at Mackenzie Health.

Name _____

Phone _____

Email _____





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