ELIGIBILITY FOR CARE IN THE UNIVERSITY OF MICHIGAN ASSISTED VENTILATION CLINIC
(ADULT HOME VENTILATORY SUPPORT PROGRAM)

The University of Michigan Assisted Ventilation Clinic (AVC) is a multidisciplinary service designed to care for outpatients using devices to support their ventilation in the home setting, with the goal of improving quality of life, maximizing independence and minimizing healthcare costs. The providers include specialists in pulmonary medicine, physical medicine/rehabilitation, neurology, and nursing, with the support of a respiratory therapist, nutrition support specialist, and a social worker. Outpatient visits are scheduled in the Taubman Center area C on Wednesday afternoons, and on other days by special arrangement.

To be eligible for care in the AVC and receive outpatient support by AVC staff, all cases must be reviewed and receive prior approval by AVC staff. While there is limited data on outcomes in this patient population, these guidelines are based on standards for patient safety using the American College of Chest Physicians consensus report entitled “Mechanical Ventilation Beyond the Intensive Care Unit”(1) as a guide. Additional consideration is given to the professional standards that must be met by the various providers. To ensure that all patients are given due consideration for access to this program, the AVC staff will review any potential exceptions to the following guidelines on an individual basis.

1. The majority of patients who are appropriate candidates for outpatient ventilator support are those with stable chronic respiratory failure secondary to restrictive lung disease or neuromuscular disorders. Patients with stable intrinsic lung disease and no major co-morbidities will be considered on a case-by-case basis. Studies have shown that some patients with restrictive or neuromuscular etiology for respiratory failure have improved survival and functional status, and require fewer hospitalizations, than patients with intrinsic lung disease(2, 3). The comorbidities experienced by these patients are generally chronic and amenable to outpatient therapy. Examples of acceptable comorbidities include, but are not limited to, tracheostomy, indwelling gastric/jejunal tubes, indwelling vascular access, and chronic wounds.

2. Elderly patients with medical instability, or multiple complex problems including end-stage lung disease, severe cardiac disease, end-stage renal disease, or other major organ dysfunction, are poor candidates for outpatient management with assisted ventilation, and will generally not be considered. This is particularly true if these comorbidities require ongoing organ replacement/support therapy, such as dialysis or cardiac assist devices.

3. Patients who reside in skilled nursing/long-term care facilities are not candidates for the AVC program, as these facilities generally provide the same services as the AVC. Exceptions will be made if patients are in such facilities only temporarily as they are actively being transitioned to home-based care.

4. For patients who are fully dependent on ventilatory support (almost always with a tracheostomy in place), the following are our minimum standards for care in the AVC program:
   a. A DME provider has agreed to service the patient’s equipment needs. The patient must fit the requirements for stability outlined by the individual DME provider, as well as those outlined by the AVC Clinic in this document.
   b. A minimum of two (2) caregivers have been trained to manage the ventilator, tracheostomy, and any other equipment, and AVC staff are able to certify that these individuals are trained to their satisfaction. More than two caregivers are preferred, if possible. Caregivers must be willing to demonstrate proficiency in their care responsibilities to AVC staff when requested. If any caregiver cannot demonstrate proficiency to the satisfaction of AVC staff, the AVC may decide to exclude that caregiver from the patient’s care plan. If alternative arrangements cannot be made, it may be necessary to dismiss the patient from the AVC program and refer them elsewhere. Because caregivers will be expected to contact AVC staff by phone for urgent situations, a plan must be in place to address any severe language barriers. Patients that only need part-time (i.e., nocturnal or nocturnal & prn) ventilator support, whether by tracheostomy or by noninvasive devices, may do well with less caregiver support.
   c. Patients and caregivers must agree to outpatient visits at least yearly, and more often as required by AVC staff. If this requirement is not met and the AVC providers feel that they are unable to provide adequate care, the patient may be dismissed from the AVC program and referred elsewhere.

To request that a patient be accepted by the AVC program, AVC staff can be contacted at 734-763-1096 or 734-232-3795.

For hospitalized patients, AVC staff may require a Pulmonary Medicine consultation to assist with difficult cases. If a patient is considered not to be a candidate for the AVC program and the care team still wishes to pursue outpatient
ventilatory support, their case managers can always work directly with a DME provider and arrange for outpatient care, likely with a pulmonary specialist and others, outside of the AVC program.

References:

