

Tiers of Service Critical Care

CLICK HERE for all SHA information on the Tiers of Service		CLICK HERE for further information on the Critical Care service line, including fillable checklists	
	Facility/Team Name:		
	Checklist completed by:		
	Checklist completed on (date):		

Critical Care - Tier 4 Checklist

	Available here?	Notes / Improvement Measures:
Clinical Services		
Provide immediate resuscitation and cardio-respiratory support for up to 72 hours typically, may extend length of stay as appropriate		
Written care plan reviewed on multi-discliplinary rounds every 24 hours		
• Written criteria for when escalation of care is required and consideration of transport to a higher tier is necessary		
• Review and documentation of patient's Goals of Care with each ICU admission and as needed when condition changes.		
 Processes and equipment to meet patient and family spiritual needs (I.e. virtual communication devices, protocols for accommodating ceremonies, etc) 		
IMV capacity in a minimum of 25-50% of beds, depending on patient mix		
Tracheostomy care after first trach change		
Acute non-invasive ventilation		
• Stable long-term invasive mechanical ventilation patient waiting for placement other than ICU		
Chest tube insertion, maintenance and removal		
Ultrasound guided thoracentesis		
High Flow Oxygen Therapy (AIRVO or OptiFlow)		



	Available here?	Notes / Improvement Measures:
Prone positioning, chest physiotherapy, cough assist		
Sepsis management of unstable patients		
 Management of infection disease requiring negative pressure room and the ability to ventilate within ventilator bed capacity 		
Management of diseases requiring a private room for isolation		
• Code Blue for all patient populations (including pediatrics patients to stabilize and transfer) with ACLS level care (defib, cardioversion, transcutaneous pacing)		
Post cardiac arrest management, stabilize and transfer to Tier 5 or 6 as required		
Arterial and central line insertion and pressure monitoring		
Single or multiple vasoactive/inotropic infusions		
• Unstable angina/arteriosclerotic heart disease with known disease, no new management options required		
Temporary transcutaneous pacing		
Continuous cardiac monitoring		
Intermittent pneumatic compression (calf compressors)		
 Protocols and pharmaceuticals available for care of STEMI and Non-STEMI with tenecteplase, in consultation with Cardiology 		
Cooling/warming, targeted temperature management		
Non-invasive intra-cranial pressure monitoring (i.e. GCS, pupils)		
Management of increased ICP with medications in consult with Nerologist		
• Non-surgical management of stroke in consult with Neurologist (i.e. administration of tPA)		
Train of Four monitoring		
IV infusion of paralytic medications		
Management of DKA/hypoglycemia		
Management of diabetes insipidus requiring hourly intake/output monitoring and adjustment of IV fluids/medications		
Insulin infusion - ICU protocols		







	Available here?	Notes / Improvement Measures:
④ TPN- initiate and continue specialty compounding of solutions M-F, base solutions on weekend		
Initate and manage tube feeding including standardized protocols for nutritional management		
Fecal management system		
In NG/OG insertion in an unconscious patient		
④ Esophageal tamponade tube insertion (i.e. Minnesota Tube) for stabilization and potential transport		
 Nursing to manage established peritoneal dialysis when patient/family are unable to with support from Nephrology and provincial kidney program as needed (support may be virtual) 		
• Pressure injury prevention and management, including access to specialty mattresses and pressure relieving devices		
Negative Pressure Wound Therapy with support from wound care nurse as required		
Recognition of potential organ or tissue donor, consultation with Organ Donor Coordinators for further assessment		
Patient/family support in partnership with the Organ Donor Coordinator (support may be virtual/remote)		
④ Care of the donor until transport to Tier 6		
④ Organ donor transport to Tier 6 as appropriate		
 In units where children may be admitted, provide emergency stabilization and support prior to transfer to JPCH PICU within 24 hours 		
• Stabilization and transfer of critically ill or injured obstetrical patients in consult with obstetrician		
④ Care of obstetrical emergencies, stabilize and transfer to Tier 6 (i.e. hypertensive crisis, post-partum hemorrhage)		
Rapid Response/Outreach Team support (assessment and management of deteriorating patient on general ward)		
Code blue support		
Trauma team support		
RT escort for mechanically ventilated patients requiring tests/treatments outside ICU, where required		
10% of patient days with IMV and greater than 15 % of patient days with IMV + NIV (NIV includes CPAP, BiPAP and HFNC greater than 50 L/min)		
④ Some patient days with arterial line monitoring		
④ Some patient days with vasoactive/inotropic infusions		
④ Annual occupancy rate of 50% or more		

Tiers of Service

For more information: iersofService@saskhealthauthority.ca





	Available here?	Notes / Improvement Measures:
		notes / improvement incusares.
Clinical Requirements		
④ Physician - Internal Medicine, Anesthesia, Emergency, General Medicine or Surgeon		
 Critical Care trained RN - ability to meet 1:1 nurse to patient ratio if care needs require it. Supernumary charge RN. Minimum 2 RNs present in the unit at all time when a patient is admitted to unit. Local Clinical Nurse Educator/Clinical Resource Nurse and front line Critical Care team in Tier 4 ICUs will have access to Critical Care Outreach Coordinators for educational support 		
④ Continuing Care Aid or Unit Support Worker - 8 hr/day		
④ Unit Clerk 6-8 hr, M-F		
④ RT participate in rounds M-F, on site 8-12 hours 5 days per week and on call after hours (at minimum)		
④ PT on site 5 days per week, participate in rounds as able		
④ Registered Dietitian participate in round M-F, 1 RD:20 ICU beds		
SLP & OT available 5 days per week, participate in rounds as able/needed		
④ Social Work participate in rounds M-F, available 5 days per week		
Cultural Liaison available 5 days per week		
Pharmacy dept to provide some pre-mixed medications to the ICU prioritizing high risk medications		
Pharmacy technician time - 30 minutes per ICU bed		
• Pharmacist dedicated to support ICU 7 days per week, on call after hours; 1 Pharmacist FTE:12 ICU beds		
④ TPN- initiate and continue specialty compounding of solutions M-F, base solutions on weekend		
• Thrombolytic components for tPA or TNK and medications used for massive transfusion protocols (i.e. tranexamic acid)		
• Automated medication system available to support medication safety (i.e. Pyxis)		
Lab services available 24/7 for ICU support		
Metrics of renal function and dehydration: electrolyes, urea, creatinine		
Markers of heart function or damage: Troponin		
Blood gases		
Metrics of coagulation: D-dimers or equivalent		
Metrics of inflammation: lactate or procalcitonin		
Markers of blood cell status: Hb, WCC, etc		
Microbiology: processes in place to support cultures off site		





	Available	
	here?	Notes / Improvement Measures:
Access to ECG 24/7		
Portable x-ray		
Ultrasound		
CT services		
④ Interventional radiology - i.e. CT or US guided biopsy, drainage, spinal injections		
Fluoroscopy		
Modified barium swallowing		
④ Access to echocardiography 5 days per week		
④ Radiologist available 24/7		
• Ventilators, intubation supplies, NIV/HFNC devices, suction (including portable for transport of patients outside of ICU)		
• Cardiac bedside monitors with the ability to support continuous cardiac and hemodynamic monitoring (ART line and CVP), Respiratory measurements such as Sp02 and EtCO2)		
Temporary transcutaneous pacing device		
Intermittent pneumatic compression devices		
Train of Four monitor		
Cooling, warming devices		
Tube feed pump		
Rapid infuser		
 Pressure relieving devices (specialty mattresses, cushions, boots, etc). Mobility devices. Mechanical percussor/vibration, cough assist machine. 		
Access to vac dressing pumps		
• Virtual communication devices for patient and family. Recliners or other comfortable sitting for visitors.		
• Computer for each bed plus additional workstations for physicians, charge nurse and unit support staff. A computer on wheels.		
Desk for each bed (build in or mobile)		
Two bedside tables per bed		
Supply cart for each patient room		
Commode		
Negative pressure room(s) for isolation. Private rooms that allow for isolation precautions		
Video monitoring system for patient rooms and doorways		
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	here?	Notes / Improvement Measures:
Ceiling tracks and lifts including some with bariatric weight capacity		
• Oxygen and medical gas outlets available for each side of the bed, and sufficient oxygen and medical gas capacity for facility overall given bed/IMV/NIV capacity		
• Adequate suction capacity for each patient room - should be available on each side of the bed		
 3 - 4 emergency back up power outlets for each bed or if at possible Uninterupted Power Supply outlets for emergency equipment such as ventilators 		
Physical space in room that is adequate to perform care		
Hand washing capacity wihtin the room or very near by. Adequate ability to dispose of patient blood and body fluids - hoppers, toilets etc		
Lighting to suit both task and ambient. Blinds, curtains or electric glass for privacy.		

Legend:

⁽⁴⁾ Services or requirements expected for teams/facilities providing Tier 4 services

• Services or requirements expected for teams/facilities providing Tier 4 or higher services

Director review of completed checklist by:	
Date of review:	
Notes:	