Your recovery team

ICU Doctor: our ICU doctors (intensivists) will be the most responsible physician (MRP) while you are admitted to the LSP. They will oversee your care.

Clinical Utilization Coordinator: plans family meetings and works with the team to create your individual care plan.

Clinical Educator: works with the critical care nurses to be sure they are up-to-date on current practice guidelines and standards of care.

Critical Care Registered Nurses: provide care at your bedside for 12-hour shifts during the day and night.

Respiratory Therapists: make sure you receive the right oxygen therapy while helping you wean from the ventilator.

Pharmacists: review your medications and give the team recommendations for optimal use.

Registered Dietitian: assesses your nutritional needs to provide the optimal nutritional support.

Speech Language Pathologist: monitors your swallowing process and helps find ways for you to communicate during the weaning process.

Physiotherapist, Occupational Therapist & Therapy Assistant: the rehab team helps you maintain and retain your strength and mobility. They also help you become more independent with activities of daily living such as washing your face and brushing your teeth.

Social Worker: provides you and your family psycho-emotional and practical support.

MICHAEL GARRON HOSPITAL

TORONTO EAST HEALTH NETWORK

CONTACT US

Michael Garron Hospital

825 Coxwell Avenue

Toronto, ON, M4C 3E7

Main line: 416-469-6580

Intensive Care Unit

Floor: J2

ext. 6563

Marilyn Lee

ICU Manager

ext.2759

Melanie Liavas

Clinical Utilization Coordinator

416-671-5716

Adriana Palma

Social Worker

ext. 2845

Please visit our website by scanning the QR code for the latest map and parking information:

https://www.tehn.ca/your-visit/getting-here/parking

https://www.tehn.ca/your-visit/getting-here

MGH

Long Stay ICU Program

Great care, inspired by community.

https://www.tehn.ca/programs-services/medicine/critical-care

About us

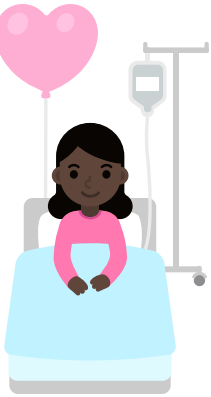
The Long Stay ICU program (LSP) is one of two programs in the GTA for long-stay ICU patients. As part of the LSP, you will get more rehabilitation than you would receive in a typical ICU setting.

Care in the LSP Unit

Once you are transferred to the LSP, you will meet with the interprofessional team for an assessment. The team will work with you to create a care plan for your rehabilitation journey. The team will also ask you how you would like your family to support your journey and whether you would like to have an MGH Care Partner.

LSP Goals

- Be more mobile and active
- Become less dependent on mechanical respiratory support
- Boost nutritional status with the help of a feeding tube, food, or nutrition supplements
- Communicate using a variety of tools
- Help optimize your prescribed medications
- Focus on your and your family's mental well-being



Family participation

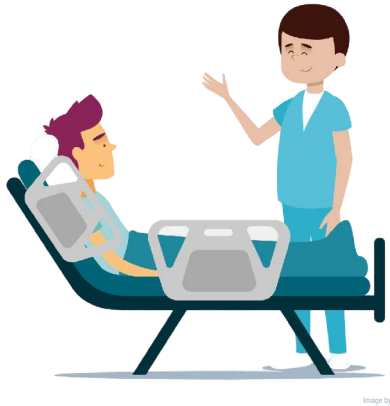
Your family is encouraged to participate in your care if you want them to. The MGH Care Partners program formalizes the role of family caregivers as part of the collaborative team. Please ask us if you would like more information about the Care Partners program.

Medical updates

You and your family (if you would like them to) will get regular updates from either the Clinical Utilization Coordinator or your nurse. Your primary spokesperson will also be contacted by the doctor if there are any changes to your medical status or treatment plan. If a member of the healthcare team calls your family to provide an update, they will call your appointed primary spokesperson. This spokesperson is identified by you and/or your family and will be the primary contact throughout your stay with us. If no spokesperson has been appointed we will contact your Power of Attorney (POA) or Substitute Decision Maker (SDM).

Family meetings

Can be arranged by the Clinical Utilization Coordinator. During the meeting, you and your family will get a full medical update from your doctor. It is also a time where you, your family, and the care team can talk about your hospital stay, treatment plan, and goals of care.



Transitioning from the LSP Unit

When your condition improves, you could be transferred to a medical unit or other care facility to continue on their road to recovery. These facilities could be rehab centres (such as our Progressive Weaning Centre), complex continuing care units, or long term ventilation centres. In some cases, you may be discharged home with home care services to support any ongoing needs.