

NCEPOD Long-term ventilation study – Definitions:

LTV centre	LTV centre is defined as one which provides this patient with the normal decision making, support and review of their ventilatory care.
Level of dependency on LTV	<p>High (level 1): Is able to breathe unaided during the day but needs to go onto a ventilator for supportive ventilation. The ventilation can be discontinued for up to 24 hours without clinical harm</p> <p>Severe (level 2): Requires ventilation at night for very poor respiratory function; has respiratory drive and would survive accidental disconnection, but would be unwell and may require hospital support.</p> <p>Priority (level 3): This includes those with no respiratory drive at all who are dependent on ventilation at all times, including those with no respiratory drive when asleep or unconscious who require ventilation and one-to-one support while asleep, as disconnection would be fatal.</p> <p>NHS England, Paediatric long-term ventilation service specification. https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e07-spec-paedi-long-ventilation.pdf</p>
Levels of care (paediatrics)	<p>Level 1 Paediatric Critical Care: A discrete area or unit where Level 1 paediatric critical care is delivered. With Paediatric Critical Care Network agreement, CPAP for bronchiolitis may be initiated or continued in a number of Level 1 Paediatric Critical Care Units.</p> <p>Level 2 Paediatric Critical Care: A discrete area or unit where Level 1 and Level 2 paediatric critical care are delivered.</p> <p>Other than in specialist children's hospitals, Level 2 Units should be able to provide, as a minimum, acute (and chronic) non-invasive ventilation (both CPAP and BiPAP support) and care for children with tracheostomies and children on long-term ventilation, but should not be expected to deliver specialist Level 2 interventions such as ICP monitoring or acute renal replacement therapy. Within specialist children's hospitals, Level 2 Units may provide some or all of these additional specialist interventions.</p> <p>Level 3 Paediatric Critical Care: A unit delivering Level 2 and Level 3 paediatric critical care (and Level 1 if required). This unit may also be called a Paediatric Intensive Care Unit (PICU).</p>
Levels of care (adults)	<p>Level 0/1: Normal ward care in an acute hospital</p> <p>Level 2: High Dependency Unit for patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care e.g. ICU</p> <p>Level 3: For patient requiring advanced respiratory support alone or monitoring and support for two or more organ systems. Includes all complex support for multi-organ failure e.g. Intensive Care Unit</p>
Levels of harm	<p>No harm: This has two sub-categories:</p> <p>No harm (Impact prevented) – Any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care. This may be locally termed a 'near miss'.</p> <p>No harm (impact not prevented) - Any patient safety incident that ran to completion but no harm occurred to people receiving NHS funded care. This has no mapping. Ensure that the corresponding PD16 (Was the patient harmed?) = B (No) prior to upload otherwise the incident will be rejected.</p> <p>Low: Any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving NHS-funded care.</p> <p>Moderate: Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.</p> <p>Severe: Any unexpected or unintended incident that appears to have resulted in</p>

	<p>permanent harm to one or more persons.</p> <p>https://improvement.nhs.uk/documents/1673/NRLS_Degree_of_harm_FAQs_-_final_v1.1.pdf</p>
Network of care	<p>‘Linked groups of health professionals and organisations from primary, secondary and tertiary care, and social services and other services working together in a co-ordinated manner’ DH 2005. A guide to promote a shared understanding of the benefits of managed local networks</p>
Informal network of care	<p>‘A collaboration between health professionals and/or organisations from primary, secondary and/or tertiary care, and other services, aimed to improve services and patient care, but without specified accountability to commissioning organisations’. These include:</p> <p>Clinical Association: An informal group that corresponds or meets to consider clinical topics, best practice and other areas of interest. Clinical Forum: A group that meets regularly and has an agenda that focuses on clinical topics. There is an agreement to share audit and formulate jointly agreed clinical protocols.</p> <p>Developmental Network: This group is a Clinical Forum that has started to develop a broader focus other than purely clinical topics, with an emphasis on service improvement.</p>
Formal network of care (Managed clinical networks)	<p>‘A collaboration between health professionals and/or organisations from primary, secondary and/or tertiary care, and other services working together in a coordinated manner with clear accountability arrangements’. This network, which includes the function of a Clinical Forum, has a formal management structure with defined governance arrangements and specific objectives linked to a published strategy.</p>