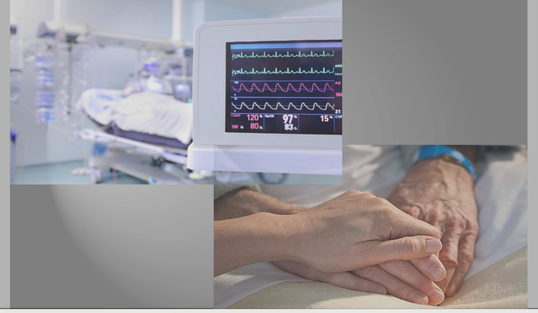

ICU to Home:

Honoring End of Life Preferences for Critically Ill Patients

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Statement of the Problem

- Most people prefer to die at home but many die in a hospital setting, specifically the Intensive Care Unit (ICU)
- Ventilator and vasopressor requirements have historically precluded opportunities for end of life care in the home setting
- ICU to Home was developed in collaboration with a hospital based palliative medicine team, ICU staff, critical care transport, and community hospice, to allow patients on ventilatory support and/or vasopressors the opportunity to discharge on life support and transition to hospice services at home. Protocols were developed to support patient transitions across the care continuum, acknowledging the importance of clear communication between care teams.

Aim

The purpose of the project is to develop a process for critically ill patients to have an opportunity to transfer home for end of life care.

- Identify appropriate patients with complex medical needs, requiring ICU level care, who prefer to die at home. Ex: ventilator, bipap, vasopressors
- Develop an interdisciplinary, system wide and community process to ensure access and standardization
- Provide education and support to all disciplines
- Follow up on family experience and bereavement support

Methods

- Identify appropriate patients based on goals of care discussions
- Set up an interdisciplinary care conference with patient (if appropriate), family/surrogate decision makers, interdisciplinary ICU team, palliative medicine and hospice
- Review check list with all disciplines – samples
- Ensure a follow up process with families and community partners

Collaboration/Planning

- Ideally, planning starts ‘upstream’ with advance care discussions early in disease trajectory with identification of end of life preferences (being at home, surrounded by family, comfort, ‘He never wanted to die in a hospital’, etc.)
- Teams prepare for end of life care and compassionate extubation procedures. Ex: expectations at home (extubation upon arrival, role of emergency medical providers, length of time RN will be staying at bedside, family caregiving role).
- Planning, logistics, and coordination (Palliative care team, intensivist, hospice team, CCT). Identify needs: equipment, spiritual/emotional support, meds, MD vs RN, etc.
- Ensure understanding of procedural guidelines (hospital checklist, hospice checklist, order set for critical care transport)

Conclusions/Opportunities

- Using this process, we have successfully completed 3 ICU to Home care transitions
- **GOAL: standardize ICU to Home process as make an option for all UCHealth patients in Northern Colorado**
- Engage in ongoing opportunities to provide end of life education for ICU and critical care staff
- Identify financial barriers and options
- Normalize palliative medicine involvement in complex the ICU patient population
- Maintain ongoing process development for high-flow oxygen bipap/airvo

“What a gift to have my mom at home for her final hours” – patient’s family member

Background/Literature Review

- A Good Death: Terminal Extubation at Home for Critically Ill Patients: A Case Series. *Critical Care Medicine*: January 2018 - Volume 46 - Issue 1 - p 231
- Withdrawal of Ventilatory Support at Home on Hospice. *Journal of Pain and Symptom Management.* August 2016 - Vol 52 – No 2

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