Establishing a protocol for hospice compassionate withdrawal of ventilatory support in the home setting

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Background

- Compassionate withdrawal of ventilatory support
  - Most withdrawals occur in the ICU setting
  - 40% of deaths in ICU involve withdrawal of life support
    - Involves an organized professional team, proper medications and methods to administer, psychosocial and spiritual support, and close monitoring
    - Often partner with hospice
- Patient preferences
  - Most patients prefer to die at home
  - "Quality" of death is higher in the home than in the hospital or inpatient units.
- Hospice support
  - Compassionate withdrawal of ventilatory support is shown to be feasible in a safe and efficient manner
  - Hospice provides logistic support and expertise from the patient's home team

Objective

To establish a safe and efficient protocol for compassionate withdrawal of ventilatory support in the home setting for Community Hospice and Palliative Care.

Methods

This is a quality improvement initiative at Community Hospice and Palliative Care.

Met with representatives from hospice administration, medical directors, nursing directors respiratory therapy, social work, chaplain services, and pharmacy

-Prior protocol revised, with input from the multi-disciplinary team
-Multiple meetings to discuss, improve, revise

Plan for future implementation with appropriately screened patients and families

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

Results

Compassionate Withdrawal at Home

❒ Core Team Screening to assess appropriateness for admission to Hospice
- ✓ Chart review
- ✓ Discussion with patient and /or family

❒ Collaboration between referring facility CM/SW representative and Community Hospice Social Worker (exclusion criteria reviewed)

❒ Core Team member (admissions manager or director) assesses patient in person; schedules RT for respiratory assessment

❒ RT to evaluate patient; collaborate with hospital RT; ICU nurse, Intensivist and family (respiratory history; weaning trials, dependence, family history)

❒ Admissions manager or director gathers information needed to present patient at Collab Call
- ✓ Ventilator/BiPAP Conference form
- ✓ Case synopsis: age, diagnosis, history of present illness, mental status (as documented by MD), psychosocial considerations
- ✓ Consider psych evaluation if patient has recent history of extubating self or suicidal ideation
- ✓ Current medication list and allergies
- ✓ Status of DNRO, AND or advance directives
- ✓ Correctly identified health care decision-maker
- ✓ Plan should patient survive post- withdrawal
- ✓ Current ventilator/BiPAP settings and type (ET vs. trach)
- ✓ Ventilator/BiPAP withdrawal plan (location)
- ✓ Infusion access
- ✓ Any special requests
- ✓ AICD – manufacturer, plan to turn off

❒ Obtain copies of:
- ✓ DNR
- ✓ Physician's Statement of Capacity, if patient is not the decision maker; request if unable to find document in chart
- ✓ Physicians' Statement of Terminality (2); request if unable to find document in chart

❒ Fax copies of all information **prior** to Collab call to:
- ✓ MD, SW, Chaplain, RN, RT, Team MD, pharmacy

❒ Notify Admissions department manager to coordinate Collab Call

❒ Home evaluation by CRN and SW (electricity, AC or heat, etc.)

❒ Family meeting with MD, RT, SW to discuss goals of care and patient and family wishes; realistic time frames; irreversibility of decision, expectations of what may happen. Physician reviews psych eval and determines if a bioethics conference is needed.

❒ If safety evaluation and goals of care are not congruent with providing a safe withdrawal, the physician or designee communicates with family and admissions manager/director and recommends GIP withdrawal if appropriate

❒ If withdrawal to occur in the home: verify that the home withdrawal team (Team physician, RT, nurse and SW; chaplain if desired) is apprised of the transfer time; the expected time frame (within 2 hours) has been communicated to the family; family understands the schedule; has determined one designated spokesperson; answers any questions the spokesperson may have; communicates restrictions on photographing our team members.

Discussion

- Considerations
  - Patient: Age>18 years old, presence of life-limiting illness, on life-sustaining ventilatory support, to include BiPAP, not suicidal and with appropriate psychosocial support
  - Family: in agreement and with the ability to care for patient post withdrawal, HCS determined, designated spokesperson determined
  - Environment: safe with working electricity and air conditioning, equipment, room for patient, team and supplies
  - Logistics: protocol followed, EMS for transport, team availability and readiness
- Protocol developed and placed into policy with Community Hospice and Palliative care
- Plan for future implementation for appropriate patients and families

Conclusion

Establishing of a protocol for hospice compassionate withdrawal of ventilatory support in the home setting requires a multidisciplinary approach and an understanding of the psychosocial and logistical components involved. This protocol is an important and positive step towards allowing patients to pass with dignity in their homes.

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