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

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Background

• Compassionate withdrawal of ventilatory support
  o Most withdrawals occur in the ICU setting
  o 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 offers with hospice

• Patient preferences
  o Most patients prefer to die at home
  o "Quality" of death is higher in the home than in the hospital or inpatient units.

• Hospice support
  o Compassionate withdrawal of ventilatory support is shown to be feasible in a safe and efficient manner
  o 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.

Results

• Compassionate withdrawal at Home
  ▪ Core Team Screening to assess appropriateness for admission to Hospice
  ▪ Chart review
  ▪ Collaboration between referring facility and/or representative and Community Hospital Social Worker (excludes criteria reviewed)
  ▪ Core Team member (admissions manager or director) assesses patient in person; schedules RT for respiratory assessment
  ▪ RT may evaluate patient, collaborate with hospital ICU service, Intensivist and family (pulmonary history, weighing risks, independence, family history)
  ▪ Admissions manager or director gathers information needed to present patient to CCO Committee
  ▪ Ventilator/BiPAP/BiPAP form
  ▪ Care plans, age, diagnosis, history of present illness, mental status (as documented by MD), psychosocial considerations
  ▪ Consider patient evaluation if patient has recent history of self-harm or suicidal ideation
  ▪ Recent medication list and allergies
  ▪ Status of IMMOB to advance directives
  ▪ Patient identified needs to discussion by respiratory medicine
  ▪ Plan should patient survive post-withdrawal
  ▪ Current ventilator/BiPAP settings and type (RT vs. track)
  ▪ Ventilator/BiPAP withdrawal plan (location)
  ▪ Written access
  ▪ Any special requests
  ▪ ACC—manufacturer, plan to turn-off
  ▪ Obtain copies of:
    ▪ OHR
    ▪ Physician’s Statement of Capacity: If patient is not the decision-maker; request if unable to find document in chart
    ▪ Physician’s Statement of Termination (28 request if unable to find document in chart)
  ▪ Fax copies of all information directly to CCO Call for:
    ▪ MD, RN, Chaplain, RN, RT, Team M/L, administrator
  ▪ Notify Admissions department manager to coordinate Call
  ▪ Home evaluation by CRM 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 frame; Irreversibility of disease, expectations of what may happen; Physician reviews psych
  ▪ Final evaluation and determines if a bereavement 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

Discussion

• Considerations
  o 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
  o Family: in agreement and with the ability to care for patient post withdrawal, HCS determined, designated spokesperson determined
  o Environment: safe with working electricity and air conditioning, equipment, room for patient, team and supplies
  o Logistics: protocol followed, EMS for transport, team availability and readiness

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.

References