

HONOURING PATIENT'S LAST WISH: IAMGOINGHOME

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- SAFETY
- QUALITY
- PATIENT EXPERIENCE
- PRODUCTIVITY
- COST

Define Problem, Set Aim

Background/Opportunity for Improvement

Compassionate discharge (Com D) is defined as discharge home when patients is critically ill and likely to pass away within short hours or days. Com D was not commonly offer to Intensive Care Unit/High Dependency Unit (ICU/HDU) patient that actively dying due to multiple challenges:

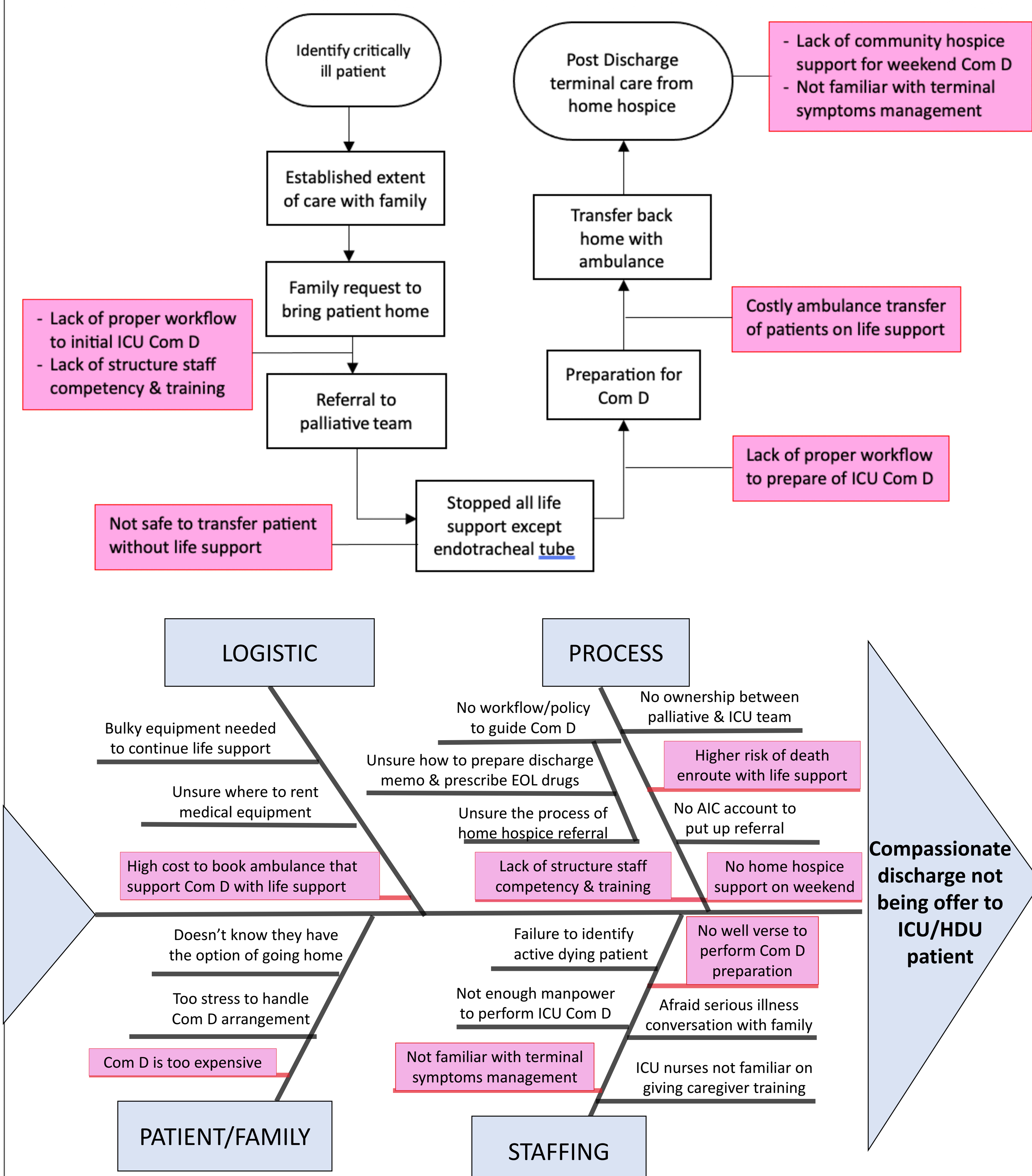
- Complexity of patient's care coordination with advance life support
- Costly ambulance transfer of patients on life support
- Community hospice support not available
- Lack of official workflow
- Short of staffs with palliative care training and knowledge

Objective

A specialized ICU palliative care team (ICUPC team) aim is to facilitate a seamless Compassionate Discharge from NTFGH ICU and support the family post discharge.

Analyze Problems

We conducted Rapid Improvement Event (RIE) in August 2022 to analyzed the compassionate discharge process. We identified the issue and work on to resolve it.



	Problems identified	Possible solution
1	Family need to pay cash up front for the expensive ambulance	Collaboration with ambulance provider to have standard bill and charge directly to inpatient bill
2	Higher risk of death during transfer after withdrawal of life support in ICU	Continue with current life support while transfer till patient's home with the ICUPC member's support
3	No community hospice support for weekend ICU compassionate discharge	Source another team that can support weekend Com D or train up our own staff to support
4	No formal ICU compassionate discharge	Develop a ICU Com D policy to guide future cases

Intervention

Raise awareness ICU Com D "IAMGOINGHOME"

- i. Introduced our project to all the ICU attending physician through monthly departmental meeting so that they are aware of this service. Hence, they can offer this service to family/patient during the establish extent of care conversation.
- ii. Introduced services to our ICU nurses during role call. Nurses can suggest to medical team if patient is potential for Com D
- iii. Engage official media to feature project "IAMGOINGHOME" on papers

Develop workflow to facilitate ICU Com D

- I. Address all the barriers identified and incorporate into the workflow
- II. Workflow to empower primary team on how to explain Com D to the family prior to referral to ICUPC team
- III. Developed guideline to suggest how to transport patient with all types of advance life support
- IV. Discuss with security department to tap on cluster level ambulance contract to lower down the transport cost and charge as inpatient bill

Trained up an ICUPC team that familiar with ICU Com D

- i. Trained ICUPC team to deliver caregiver training to caregivers, escort patient home with life support and withdraw it at home
- ii. Equipped ICUPC team on where to obtain Com D resources
- iii. Developed roster to support phone consult for weekend discharge

Results

The ICUPC team consist of 2 ICU physicians completed GDPM, APN and SSN trained with palliative knowledge and skill. We re-ramp the workflow and reform the work pattern. ICUPC team take on role as non-palliative generalist practising palliative care both inpatient and outpatient, enabling weekend and public holiday Com D when home hospice services are not available. Completed 8 cases from Oct 2022 – Aug 2023, refer table below:

Case	Decision making of Com D	Weekend discharge	Seen by Home hospice	Vasopressor	Invasive device(s)	Certified death by ICUPC Dr	Duration spend at home	Cash paid less than \$400
1	Pt's wishes before admission	X	Yes	X	ETT	X	30 mins	X
2	Pt's wishes before admission	X	Yes	Yes	ETT, IV cannula	X	2hrs 10 mins	Yes
3	Pt's request	Yes	X	Yes	CVC, SC line	X	2hrs 14mins	Yes
4	Pt's request	Yes	X	Yes	CVC, IV cannula	X	1hrs 53 mins	X
5	Pt's request	X	X	Yes	CVC, SC line	X	4hrs 42mins	Yes
6	Pt's wishes before admission	Yes	X	Yes	ETT, Perm cath, SC line	Yes	1hr 1min	Yes
7	Pt's wishes before admission	X	X	Yes	IV cannula, SC line	X	1hr 50mins	X
8	Pt's request	X	X	X	Trachy, PICC, SC line	Yes	35mins	Yes

CVC: central venous catheter, ETT: endotracheal tube, SC: subcutaneous

Spread Changes, Learning Points

The strategies to spread the change after implementation

- To recruit and train more ICU nurses and doctors into ICUPC team to be able to perform ICU Com D.
- Spread the ICU Com D concept into cluster- level by engaging different cluster stakeholder and design Com D model that suit into their setting.

The learning from this project

- Some families do not wish to bring patient back home due to hassle or incompetent to care for patients at home
- Will like to explore on how to perform Com D for patients that is coroner's case and HOTA case