The Going Home Initiative: Getting Critical Care Patients Home With Hospice

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Abstract
Although considerable effort is being directed at providing patients and their families with a "good death," most patients in intensive care units, if given the choice, would prefer to die at home. With little guidance from the literature, the palliative care committee of an intensive care unit developed guidelines to get patients home from the intensive care unit to die. In the past few years, the unit has transferred many patients home with hospice care, much to the delight of their families. Although several obstacles to achieving this goal exist, the unit has achieved success in a small-scale implementation of its Going Home Initiative.

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Responses to this article
Michelle A. Pachuilo
Crit Care Nurse published online October 10, 2011

We recommend
Providing a "good death" for oncology patients during the final hours of life in the intensive care unit.
Caitlin W Brennan et al., AACN Adv Crit Care, 2011

Palliative care for advanced practice nurses.
Denise Buonocore et al., AACN Adv Crit Care, 2015

Documentation on Withdrawal of Life Support in Adult Patients in the Intensive Care Unit
Karin T. Kirchhoff et al., Am J Crit Care, 2004

Impact of Family-Centered Care on Pediatric and Neonatal Intensive Care Outcomes
Lori Williams et al., AACN Adv Crit Care, 2016

End-of-life care education in acute and critical care: the California ELNEC project.
Marian Grant et al., AACN Adv Crit Care, 2013

Hospice Care in Primary Healthcare Supports Patients to Die in Their Preferred Location
PracticeUpdate, 2016

Reinventing palliative care: hospice in hospital

P-164 Volunteers at life's end – vale – in the community
Andrew Lowden et al., BMJ Support Palliat Care, 2016
Because hospice care provides important medical benefits to patients with dementia, including more attentive assistance with feeding and medication, the increased use of the benefit is good news, said Brown University gerontologist Susan Miller, the study's lead author. But the data need to be considered carefully by policymakers, hospice administrators, physicians and families in the context of efforts to control Medicare costs, she said. "Families and caregivers don't always recognize it as a terminal illness, but people die of dementia," said Miller, research associate p The Going Home Initiative: Getting Critical Care Patients Home With Hospice. Article. Full-text available. [Show full abstract] answer a few questions about the possibility of immediate discharge home for ICU patients with a short life expectancy and receiving palliative care. Results: A total of 46 surveys (52%) was returned from the 89 ICUs approached. Of these, 21 (46%) had discharged patients home at the request of the patient or their family so that the anticipated death could take place at home. Of the respondents, 39 (85%), supported discharge home for these patients, and 7 (15%) were opposed to it. These opinions were equally divided across all three ICU levels in the Netherlands. Patients admitted into hospice care would make surprising turnarounds once they stopped going to the hospital and started getting medical and social support at home, instead. Some lived longer than doctors had expected. In 2005, the pair hatched a bold idea: What if they could design a home-based program for patients before they were eligible for hospice? Thus, Transitions was born. They modeled their new program in part on the Kaiser experiment, then set out to persuade doctors, medical directors and financial officers to try it. But they met resistance from physicians and hospital administra