A national survey exploring views and experience of health professionals about transferring patients from critical care home to die

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Background; transferring patients from ITU home to die

- Transferring patients rare
- Importance of culture
- Barriers
- Decision-making
- Logistical arrangements

- (Beuks et al., 2006; Boussarsar, 2006; Huang et al., 2009; Kallel et al., 2006; Kompanje, 2009; Kumar et al., 2009; Lusardi et al., 2011; Mann et al., 2004; Ryder-Lewis, 2006; Tellett, 2009)
Aims

Experience

Views

Patient Characteristics

Barriers
On-line Survey

- Sent to lead consultant & lead nurse in 409 Critical Care units in UK
- 180 HCPs (response rate 24%)
Results; Experience

- Transfers 65 (36%) :
  - majority 1-3 patients; minority >3

- Discussions 28 (15%)
  - majority 1-2 patients; minority >2

- No experience 66 (37%)
Results Views

• Transferring critically ill patients home to die is important because patients should be able to die at home if that is their preferred place of death (82% agree)

• Transferring critically ill patients home to die is a feasible option in critical care (61% agree)

• It is unethical to prolong a patient’s life so they can be transferred home to die (36% agree)

• Transferring patients home to die is not worth the risk of dying in the ambulance or having a really bad death at home (13% agree)
<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>is unconscious</td>
<td>101</td>
<td>63</td>
</tr>
<tr>
<td>is conscious</td>
<td>166</td>
<td>0</td>
</tr>
<tr>
<td>is unstable</td>
<td>63</td>
<td>102</td>
</tr>
<tr>
<td>is stable</td>
<td>163</td>
<td>2</td>
</tr>
<tr>
<td>who is ventilated via an endotracheal tube</td>
<td>52</td>
<td>113</td>
</tr>
<tr>
<td>who is ventilated via tracheostomy</td>
<td>96</td>
<td>70</td>
</tr>
<tr>
<td>who is receiving non-invasive ventilation</td>
<td>126</td>
<td>41</td>
</tr>
<tr>
<td>is self-ventilating breathing oxygen</td>
<td>159</td>
<td>8</td>
</tr>
<tr>
<td>who is self-ventilating breathing air</td>
<td>167</td>
<td>0</td>
</tr>
<tr>
<td>needs cardiovascular support e.g. inotropes</td>
<td>57</td>
<td>109</td>
</tr>
<tr>
<td>has intense nursing needs e.g. frequent turning and washing</td>
<td>128</td>
<td>37</td>
</tr>
<tr>
<td>has high level emotional needs</td>
<td>146</td>
<td>20</td>
</tr>
<tr>
<td>has relatives with high level emotional needs</td>
<td>131</td>
<td>35</td>
</tr>
<tr>
<td>needs regular medication for symptom management (e.g. pain, nausea)</td>
<td>150</td>
<td>16</td>
</tr>
<tr>
<td>lives outside local catchment area</td>
<td>135</td>
<td>31</td>
</tr>
</tbody>
</table>
Barriers

- Access to care in the community
- Relatives unlikely to be able to cope
- Lack of guidelines
- Responsibility for care of patient during and after transfer
Conclusions

Transferring critically ill patients home to die:

– First international study exploring views of health care professionals
– Transfer home is not common
– Doctors and nurses supportive
– Transferring unstable or ventilated patients home is unlikely
– Access to community care most important barrier
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http://www.southampton.ac.uk/cpelc

MSc in Clinical Leadership in Cancer, Palliative and End of Life Care