Purpose:
• Decrease anxiety related to transferring out of the Intensive Care Unit (ICU) setting to the Palliative Care Unit (PCU).
• Improve continuity of care plans.
• Establish a relationship with family members prior to leaving the ICU.
• Define transitional care and next steps leading to transfers to home, SNF, or Hospice.
• Increase consistency of Palliative Care Bed utilization.

Recommendations:
• PCU Nursing staff to go to ICU prior to transfer to meet patient, family and ICU team.
• Review transfer orders to ensure patients have what they need before they leave the ICU.
• Establish a trusting, supportive relationship with pt. and family prior to transfer.
• If bed clean and ready, PCU nurse to transfer patient down after review.
• If bed not ready, ICU to bring patient. Wait at bedside to ensure “No one left alone.”

Education:
• Develop key talking points and script to discuss with family members
• All staff participating in Compassionate Transition Team (CTT) to complete Providing Compassionate Care at End of Life Class
• Emphasize early intervention and use of the word Palliative Care

Transition Process:
ICU to call to PCU Charge Nurse or the primary nurse to come to meet the patient and family as soon as the need for a bed is identified. Even if a bed has not been assigned — this way we can also help expedite patient placement.

Identified Obstacles:
• Transfer time delays
• Nursing availability
• Bed availability
• Donation after Cardiac Death (DCD) patients

Outcomes:
• Increase transitions to next appropriate location. (SNF, Hospice, Home, GIP)
• Increase satisfaction with transfer process
• Decrease in exacerbations of symptoms in transit.
• Increase utilization of Palliative Care order sets
• Increase staff satisfaction with prepared

“No One Left Alone”
One of the most upsetting things that can happen to our patients and families is to be transferred to a new floor, with new faces and an unfamiliar surrounding and be left to wait…in pain….short of breath….until the new nurse comes in. When a patient is transported by the ICU RN they call the RN on PCU to let them know they are in route. The expectation is that a PCU nurse or nurse assistant will be waiting by the room to greet patient and family. The ICU RN will remain at the bedside and is not to leave the patient until a “hand-off” has occurred at the bedside. If the patient becomes symptomatic or unstable during transport the ICU RN and the PCU Nurse will work together to get the patient comfortable before leaving the patient and family bedside.