Avoiding Code Blue: Examining An Unintentional Outcome Of A Hospital@Home Program

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Introduction

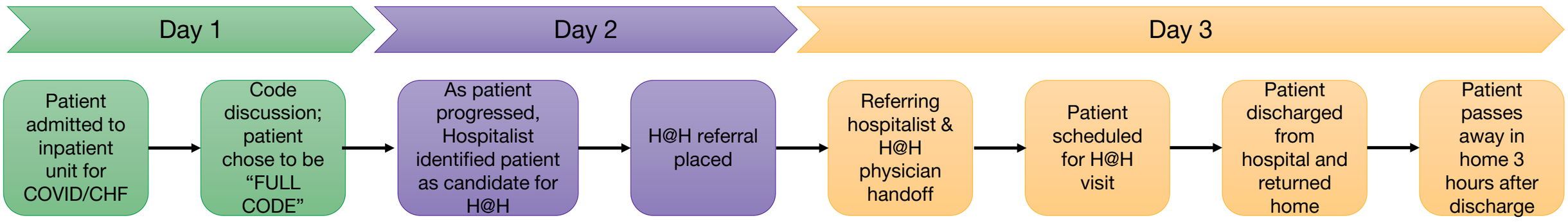
HealthPartners Hospital@Home (H@H) is a program designed to treat acutely ill patients in their home in lieu of traditional hospitalization. Patients are seen in the home by a Community Paramedic and via telemedicine by a hospitalist. Despite attempts to identify patients for hospital at home programs who can safely be enrolled, deaths do sometimes occur. This case highlights the importance of code status discussions prior to enrollment, and the power of a patient/family's right to make informed decisions about where a patient will receive their care, even if it means lifesaving measures may not be immediately available. Further, it illuminates underlying challenges to the discussion of code status that take place in an acute care setting such as a hospital – and a patient's true understanding of its consequences

Objectives

- There is limited publication on the safety and efficacy of hospital at home programs.
- Current research indicates that these programs are as safe, if not safer, as an inpatient stay.
- We hope to contribute to the dialogue of safety in hospital at home programs.
- This case highlights the importance of conversations related to code status for patients enrolled in hospital at home programs

Case Study

Patient Progression of Care



A 91-year-old woman/wife/mother with COVID-19 and CHF was managed in the hospital for 3 days prior to transitioning to the HealthPartners Hospital@Home program for diuresis. She met criteria for enrollment and was stable on the day of transition from hospital to home. She died just a few hours after arriving at home. Her family did not contact the team immediately but informed them when they arrived at the patient's home for a scheduled visit. Following the death, the family was asked for candid feedback.

Their response was pure gratitude. Her husband, also in his 90s, shared the following:

"[after getting home] We ate supper together (a dinner of chow mein – [the patient] ate well) then she wanted to go to bed. She sat in her chair by the bed and we got her nightie on. I helped her take off her shoes and then she went in to sleep in her chair. About 20 minutes later I noticed that her breathing had died out. She had stopped breathing. 911 came and checked her out. And then eventually they took her to the funeral home."

They had no misgivings about the program or the process. The daughter, a HealthPartners ER nurse, stated:

"We are just so glad that she was home when she died. She died the way she wanted to: At home and quickly. I worried about that when she was in the hospital: that her heart would stop and they would try resuscitation. But I could not talk to her about it."

The patient had a documented "FULL CODE" status during her inpatient stay. On the day of discharge, there were no red flags about her stability. There is a very high likelihood that if she'd stayed in the hospital for 3 more hours, she would have had a code blue with full attempts at resuscitation.

Discussion

- What is the role of code status on excluding patients from hospital at home programs?
- This case highlighted the importance of using frailty to prioritize goals of care discussions for those who are deemed highly frail, rather than to exclude patients from hospital at home programs.
- Oftentimes code status is only addressed at the beginning of an acute event. Should hospital at home programs be revisiting this patient conversation prior to enrollment?

Conclusion

- Safety remains a priority in the selection of patients for HealthPartners Hospital@Home, but inevitably escalations in care are sometimes needed.
- Code status declared at the beginning of an acute event may not truly reflect the patient's end of life wishes.
- Our team has since reinforced the importance of careful consideration of frailty and code status in our enrollment process.

References: Frailty in Elderly People. Clegg et al. Lancet. 2013 Mar;381(9868):752-62.; Operationalization of frailty using eight commonly used scales and comparison of their ability to predict all-cause mortality. Theou et al. J Am Geriatr Soc. 2013;61(9):1537.; Change in disability after hospitalization or restricted activity in older persons. Gill et al. JAMA. 2010;304(17):1919; Is Comprehensive Geriatric Assessment Admission Avoidance Hospital at Home an Alternative to Hospital Admission for Older Persons? : A Randomized Trial. Shepperd et al. Ann Intern Med. 2021; Levine DM, Ouchi K, Blanchfield B, et al. Hospital-level care at home for acutely ill adults: a randomized controlled trial. Ann Intern Med. 2020;172(2):77-85.

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