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QUALITY OF END OF LIFE FOR LONG- TERM
VENTILATED ADULTS WITH TRACHEOSTOMY AND
THEIR FAMILIES- A PRACTICAL SOLUTION AND
PRACTICAL INTRODUCTION

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Background Based on clinical experience in Intensive Care, as well as experience in the Intensive Home Care setting in Germany, a number of long-term ventilated Adults with Tracheostomy

can be provided with Quality of end of Life at Home rather than in ICU.

Aim The provision of Intensive Home Care Nursing services for Patients and Families who wish to die at Home, with a holistic focus on Patients and Families needs. Furthermore, Intensive Home Care is a cost effective model compared to the provision of Hospital ICU services

Methods The provision of Intensive Home Care Nursing services for long-term ventilated Patients with Tracheostomy and their Families as a genuine alternative to ICU. This model is based on the service provision of an accredited Australian Intensive Home Care service provider. The service model is based on successful Home Intensive Care services in Germany.

Results Quality of end of Life for Patients and their Families in their own home as a genuine alternative to ICU, as well as cost effectiveness and effective resource management for ICU's

Discussion Using a dedicated and accredited Intensive Home Care Service provides Patients and their Families with a genuine alternative to Intensive Care whilst also freeing up expensive and scarce ICU beds. Conclusion Considering more people want to die at home if given the choice, in combination with the continued high demand for scarce and expensive ICU beds, Intensive Home Care services are a genuine alternative for the provision of Quality of end of Life services for long term ventilated Patients and their Families.