

NAVIGATING NEW REALITIES: BEST PRACTICES IN PALLIATIVE CARE DURING COVID-19

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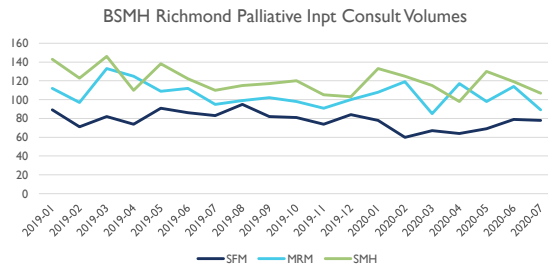
Palliative Care and Hospice Collaboration: Frontline Care for Patients with COVID-19

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BON SECOURS MERCY HEALTH - RICHMOND, VA

- 7 Hospitals – 4 hospitals in Richmond area
- Inpatient Palliative team
 - 3 physicians
 - 5 NPs
 - 3 LCSWs
 - 1 chaplain
 - Close chaplain integration
- Inpatient COVID-19 positive patients
 - St. Mary's Hospital – 233
 - St. Francis Medical Center – 133
 - Memorial Regional Medical Center – 202



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BON SECOURS MERCY HEALTH- RICHMOND, VA

- Inpatient Hospice team
 - 2.5 FTE physicians including Medical Director
 - 5 liaison RNs
 - Cover the 4 Richmond hospitals and Community Hospice House
- Consults, not admitted (9/19-8/20): 106- most died before admitted
- Consults, admitted GIP (9/19-8/20): 237 to the hospital (not CHH)



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THE CHALLENGE

More critically ill
patient population

Limited PPE and
other resources

Strict no visitation
policy

COVID-19 units
started with the
Joint Replacement
and Spine Units

Patients in ED
without Advanced
Care Planning

Temporary
closure of our
Hospice House

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THE SOLUTIONS

- Early engagement with Hospital leadership
- Learned from other hospital systems - conversations with Dr. Diane Meier and Dr. Sean Morrison, Mount Sinai podcast with Dr. Darrell Owens, University of Washington
- Recognized the need to be more present in our hospitals to provide comfort care for end of life patients, in particular COVID-19 positive patients

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THE SOLUTIONS

- Physicians proposed an ED and Inpatient support plan to leadership at our 3 main Richmond hospitals
- Consult services → attending for end of life patients: Comfort patients
- Direct admission for end of life patients to our Palliative service
 - Daytime 8am – 5pm
 - ED had our direct number 24/7
- Physicians volunteered for extra call to ensure 2 providers on call each weekend

COVID-19
Response Plan

Attending
physicians

Direct ED
admissions

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THE SOLUTIONS

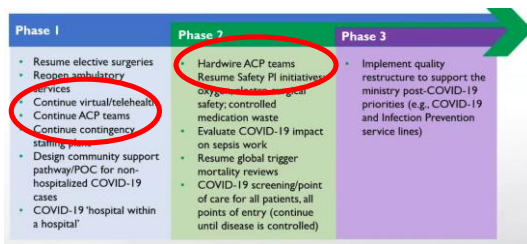
- Further collaboration with our Hospice team in the hospital
 - Hospital liaisons educated nursing staff about EOL management
 - Joint replacement and Surgery units
 - Education on symptom identification and management
 - Hands on medication administration in some facilities
 - Redeployed Community Hospice House staff
 - Needed the RN support in order to care for Comfort patients as a primary team
 - Assistance with family communication

THE SOLUTIONS

- In our experience, inpatient end of life conversations/care had to be in person
- At the same time, want to limit potential exposure
 - Inpatient providers see COVID-19 patients and PUIs/rule outs
 - Inpatient LCSWs do not see COVID-19 patients in person, but in house for other consultations
 - Chaplains under Pastoral Care, do not see COVID-19 patients in person

THE SOLUTIONS

- Our Population Health department implemented system wide robust ACP program
 - ACP activators, care managers for any patients with COVID-19 or rule out
 - Palliative medicine social workers educated the ACP activators



Our business has been transformed

- Telemedicine and virtual care** - Key tools to prevent health care-acquired exposures
- Elective procedures** - safest away from the acute care setting
- Community care of COVID-19 patients** - dedicated case management/navigator support
- Advanced Care Planning** - dedicated resources, roles and processes
- Associate well-being** - augmented importance in sustained pandemic

IRON SECOURS MERCY HEALTH

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PLUS - DELTA

- Hospital leadership receptive and thankful for our response
- Hospice RN liaisons very clinically strong - integration necessary to care for end of life COVID-19 patients
- Attempt to limit inpatient team exposure - for our team, did not work
- Admitting at night over phone
 - Patient that died before seen by our team
- ACP activator conversations - at times could be more impactful
 - Verbal naming of a healthcare agent needs to be backed up by AMD

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TAKEAWAYS

- Extra call for physicians and rounding as attendings on weekend - not sustainable for prolonged period
 - Have now stopped, but will resume if cases of COVID-19 surge again
- Further teaching for other providers

AUDIENCE QUESTIONS