

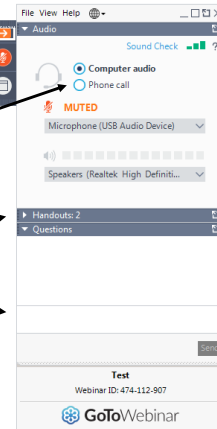
Responding to Opportunities for Collaboration During COVID-19

Presented by: Dr. Mimi Pattison and Dr. Bethany Kapp

Welcome to today's webinar!

Here are the ways in which you can participate today:

- Open and close your control panel
- Audio will be streaming over your computer speakers. Please be sure your speakers are unmuted. If you prefer, you can choose Phone call and dial in with the phone number and access code provided.
- To download a PDF of the handouts, please click on the 'handouts' tab on your control panel.
- Submit questions/comments via the Questions panel.
- **Note: Today's presentation is being recorded and will be emailed to you within 24 hours.**



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NAVIGATING NEW REALITIES: OPPORTUNITIES IN PALLIATIVE CARE AND HOSPICE DURING COVID-19

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TACOMA, WASHINGTON
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LEARNING OBJECTIVES

At the completion of the webinar the learner will:

- Discuss opportunities for collaboration with ED to provide palliative care to critically ill individuals in a crisis.
- List 2 advantages of health system collaboration with community long-term care facilities in the setting of a pandemic.
- Discuss the opportunity for collaborative relationship between EMS and Hospice or Palliative Care to improve access to care in the home.

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CONTEXT

Feb 11: WHO proposed official name: COVID-2019

Feb 29: US first reported death near Seattle, Inslee announced state of emergency due to COVID-19

March 11: WHO declared a pandemic

March 15: 29/37 deaths in King County linked to Life Care Center of Kirkland

March 22: confirmed cases in King County reached 1000 and we had 75 confirmed deaths in King County

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PAL MED ED RAPID RESPONSE TEAM

- Identify goals of care
- Manage expectations
- Deliver serious news

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BENEFITS

- Decreased staff moral distress
- Increased provision of goal concordant care
- Improved symptom management
- Better resource management

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DROP TEAMS RESPONDING TO COMMUNITY NEEDS IN LONG-TERM CARE

- Idea originated at UW
- CHI Franciscan Hospice and Palliative Care (FHPC) requested to reach out to 4 or 5 facilities for general support
- Ultimately supported more than 13 facilities
- Developed a multi-disciplinary team consisting of ARNP, MD, RN, and Department Assistant
- Staffed telephone line 7 days a week-business hours

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...DROP TEAM

- Re-deployed an ARNP from out-patient consultation service
- Introductory phone call—set limits-what we can and cannot do
- Mixed reactions
- Shared resources
- Did testing and trained their staff to test staff and patients
- Emotional support-lifeline to call

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OUTCOMES

- Stronger relationships in the community
- More willing to negotiate about letting our staff in during visitor restrictions
- Hospice staff are essential—not always regarded as such
- Referral to resources-especially for PPE
- Delayed Palliative Care consults in the home—balanced by patients and families not wanting visits
- Helped identify the need for establishment of virtual care from our service line

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COLLABORATING WITH TACOMA FIRE - EMS

The Story--911 call to home of 48 yo male in respiratory distress. Chronically ill and had been on hospice but improved and was discharged. Twenty-four-hour caregivers in the home. Tested positive for COVID-hospice called-did not admit as he was not acutely ill. Four hours later in severe respiratory distress and 911 called. POLST in home designated No CPR and do not transport. POA brother called and refused transport-had promised his brother he would never have to go to hospital again.

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THE STORY CONTINUES....

- TF Medical Director called and went to the home—middle of the night
- Called Franciscan Hospice and Palliative Care Triage—received guidance on how we would handle the symptoms
- Wrote prescriptions and went to pharmacy to get the meds
- Gave guidance on care until hospice could get out in the morning

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OUTCOMES

- Patient in crisis had symptoms managed and wishes and promises respected
- Lessons learned—including respiratory symptoms can develop rapidly
- ‘New’ relationship established – previously informational
- Invitation extended to give presentation to TF EMT staff
- We were first visitors in training center during COVID
- Dispelled many myths
- Invited to present to paramedics in training in January
- Once transition to our new EMR stable we will establish process for direct referral and emergency admission

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TAKEAWAYS

- The earlier the better for palliative consultation
- Managing expectations
- We all have the ability to shift gears and do other work
- EMS personnel are an untapped resource

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AUDIENCE QUESTIONS

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The Supportive Care Coalition is excited to announce its integration with the Catholic Health Association in January 2021!

[Read Press Release](#)

For more information starting in 2021 go to <https://www.chausa.org/palliative/palliative-care>



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