Preparing for COVID-19

Readiness Protocol for Palliative Care Teams

As the COVID pandemic spreads, palliative care programs and staff are asking:

- The COVID pandemic has not impacted my area yet, what can we do to prepare?
- My clinic practice has been closed, how can I help or be useful?
- My organization has asked us for a COVID workplan, what should it include?

The following are steps to prepare palliative care teams for the COVID crisis.

Step 1: Assess your team.

1. Assess each team member's readiness and availability to work remotely, prioritizing those at higher risk for COVID due to known medical issues
2. Develop a staffing plan/schedule that includes down time
3. Engage the full interdisciplinary team (IDT) in defining flexible roles based on needs (e.g. social workers and chaplains may be the most important team members to support health systems with communication skills support and embedded self-care practice of their discipline)
4. Be strategic with use of personnel. Recruit retired clinicians and contract employees to support care. Enlist volunteers to assist with social calls to support patients and families.

Step 2: Be ready and creative.

1. **Prepare the team to work telephonically or with telehealth technology.** Scarcity of patient protective equipment (PPE) with higher patient demand will require care delivery via telephone or telehealth. (e.g. smart phones, and tables if available)
2. **Consider the platform to be used for telehealth prior to the crisis.** Work with IT department on this. Be aware it may change.
3. **Familiarize the team with available tools and resources:**
   - Communication tip sheet – VitalTalk's COVID-Ready Communication Skills
   - Telehealth at a glance – CMS has allowed for billing for telehealth visits (using video and audio together, not just audio) using site code 02
   - Symptom protocols – share with colleagues and offer telephonic or telehealth support for patients that do not respond to these first line treatments
   - Create a flow sheet for crisis palliative care involvement – how do we best deploy our resources
   - Know the new rules from CMS and your state

Step 3: Refine and revise team processes and policies.

1. **Actively participate in organizational COVID preparedness workgroups.** This ensures consistency with and appropriate influence of organizational priorities and policies.
2. **Re-define the team's and the health care environment "new normal."***Collaborate with your organization and your partners to determine the effective role in the crisis. (Co-Management of symptoms and facilitatlor of goals of care, Consultant for primary palliative care needs, education about communication, deployment in ED, ICU, and/or triage areas.)* (resources: Role of Palliative Care in crisis, Role of Palliative Care in the time of COVID)
3. **Develop new or refine existing policies and procedures**. (e.g. Referral or stratification criteria)

Step 4: Think about continuity across all settings (outside the hospital) and reassess frequently as conditions change.

1. Create algorithms to identify and care for patients that prefer to be (and can safely be) at home, and make sure they have the support they need. Assure they have ongoing telephonic support from either a community team, the pallaitive care team, or their primary team.

2. Consider developing “comfort packs” of crucial symptomatic medications for use at home or in residential care facilities.
3. Facilitate advance care planning for palliative care patients about the possibility of contracting COVID and their preferred care.
4. Determine processes for palliative patients who need to be admitted and how palliative care will provide continuity in the hospital.
   4. Work with case managemet to understand the community resources for COVID patients – including Long Term Care, Hospice and Home Health. Be aware that not all community-based care providers may have the equipment (PPE) needed to care for patients with COVID-19.
   5. Work with health system and organization to determine alternatives such as hotels, student housing, etc. for stable COVID patients to receive care.
5. Consider development of 24/7 patient and family support lines or for providers (to assist in the care of patients and support to colleagues)
6. Research setting-specific guidance (e.g. Home care, Hospice care, Nursing home)

Tip: Use “scenario planning” techniques to think beyond today’s issues (e.g. What if volume doubled? Tripled?)