**Right Person, Right Time:**
**Using the IDT During Crisis**

Center to
Advance
Palliative Care™

**capc**

In a crisis, the palliative care team should consider what role each discipline will play and be flexible in those roles as needs rapidly change: from direct care, to support, to information-giving.

**The right person should be chosen for the right patient, family, or task, at the right time.**

## Step 1: Support your team

1. Hold frequent check-ins - at least daily, whether face-to-face or online.
2. Address the emotional tenor of your team. Prior to discussing patients, address team member worries and concerns. Ask what wellness support your team needs. Try to have outside assistance if possible (many orgs have created staff wellness resources or workshops – make sure you're aware of what is available). Do not assume this is the palliative care social worker or chaplain's role.
3. Assign one person to synthesize the influx of updates to provide a concise summary of current information and changing policies and procedures.

## Step 2: Identify and prioritize the needs of patients

1. Review both patient and family needs. If your organization is restricting visitors, these needs will have to be addressed separately.
2. Consider whether a patient needs a clinical visit and/or a psychosocial support visit, and whether the family does as well.
3. Determine which team member will do the clinical visit and which member will do the family communication (likely via telephone call or video conference). *Does not need to be same person – and may be better use of resources to split these functions between different team members.*
4. Create and utilize jointly established, consistent documentation processes to ensure all disciplinary perspectives are included.

## Step 3: Refine and revise team processes

Based on the team's capacity and the changing organizational needs, review and revise your core team processes – and be prepared to revisit frequently (daily, every other day, weekly).

1. Review/revise visit criteria and patient stratification based on acuity and need for palliative care services (high, medium, low).
2. Since families are unable to visit, build in time to make regular, frequent family calls (e.g. at least every other day).
3. Provide debrief time for the team.

**Tip:** It is essential for palliative care teams to strategically deploy its services to assure sustainability and diminish burnout.

### Examples of Roles of Team Members

- **Social Workers** – provide counseling for patients and families about their worries and concerns. Provide goals of care conversations and just-in-time education about effective COVID communication to staff.
- **Chaplains/Spiritual Counselors** – provide goals of care conversations, counseling, and supportive listening to patient and families.
- **Pharmacists** – provide information about appropriate use of medications and assist in discharge medications.
- **Administrators** – providw updates on organizational policies and procedures, and synthesize information about COVID.