Palliative care specialists are a scarce resource, especially when facilities are faced with a sudden influx of patients that need expert symptom management and family communications. Some organizations have created a **Palliative Care Hotline** to support their colleagues and target their palliative care specialists to high volume areas. Below are recommendations from existing hotlines.

### Hotline Role and Staffing

- The hotline should play a **dual role**:
  - Advise treating clinicians on medication titration and give communication guidance.
  - Speak directly with families, helping treating clinicians to manage their workload.

- It is more efficient to have the hotline **staffed by prescribers**. Calls will be a mix of medication questions and family conversations, and the latter often require the clinical context.

- It is recommended that the hotline be available **24/7**, so that colleagues can feel confident they will have access to palliative care specialists when the need arises. You can expect call volume to decline overnight.

- If team members are available, locate one units to round and have another available via the hotline
  - Consider 12-hour shifts, **rotating team members** as follows: 1 on unit (focusing on EDs and ICUs); 1 on hotline days; 1 on hotline nights; 1 off-duty.
  - If staff is short, consider a ½ day on unit and a ½ day on the hotline.

### Hotline Preparations

- Decide whether to operate **telephonically or through telehealth**.
  - Telephone calls are easiest on both clinicians and families, making the time most efficient, but audio-and-video visits have a much wider range of billable codes available.

- Have some **scripts and protocols** at-the-ready, to ensure consistency in advice. National resources should be modified to the scarcity situation at your particular facility.

- Make sure that your colleagues know about the **hotline launch**. The palliative care team should personally explain the hotline, and supplement this with several emails and notifications.

- Create **extremely simple EMR templates** for documentation. Speed will be essential to handle high volumes.
  - Consider creating a REDCap Registry to monitor hotline need and utilization.

- Start somewhere but be prepared to pivot rapidly in response to your organization’s needs.

### Incorporating External Palliative Care Professionals

Some systems and facilities can extend their hotline team by incorporating palliative care professionals who have volunteered from other organizations, often out-of-state.
While many states are allowing out-of-state professionals to practice, there is still medical liability coverage that needs to be provided, and your organization should credential and cover any volunteers. Therefore, work with your organization’s leadership to develop an expedited credentialing and on-boarding process.

With external hotline professionals, it may be best to locate your own palliative care team members in the unit to work directly with the colleagues and patients they can while directing the “overflow” to the hotline.

Academic centers have found that the hotline is an excellent way to deploy Fellows.