

# Setting Up a Palliative Care Hotline for Your Hospital or System

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 unit 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 Calls Can Be Short!*

- *Clinical Coaching usually under 10 min*
- *Family conversations usually 20-30 min*

## 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.