Ochsner Health
New Orleans, Louisiana

**Program includes** – Inpatient, Small Outpatient Practice

**Current COVID Status** – Have moved from conventional to contingency level of care
→ Only the Governor has authority to authorize “Crisis Standards of Care” when 9 criteria met

**Preparation to COVID 19**
→ Louisiana State Hospital *Crisis Standard of Care Guidelines in Disasters* written in 2011, revised in 2019 based on lessons from Hurricanes Katrina and Rita (2005) and H1N1 pandemic planning (2009). Plan developed and vetted by 136 different stakeholders including consumers.
→ System-wide approach for resource allocation, developed in collaboration with emergency services, intensivists, surgical specialties, pediatrics, hospital medicine, ethics, legal, and palliative care.

**Community Planning**
Hospice and home health services limited by lack of PPE - more PPE is expected to arrive shortly
→ Due to past experience with crisis care, very collaborative approach statewide
→ Working to increase post-acute settings and moving patients who are stable
→ Working with post-acute partners to develop COVID+ only facilities
→ Moving hospitalized transplant service to an alternate, but appropriate, location to protect those patients

**Role of Palliative Care**
→ Support frontline staff with goals of care conversations and develop treatment plan for inpatients
→ Review COVID+ or Patients Under Investigation (PUI) in the hospital from oldest (most at risk) to youngest
  o Ensure a contact number for someone to call for updates and review ACP documents, if filed (chart reviews).
  o Work with inpatient teams regarding symptom management
→ Provide just in time learning with information, education, and CAPC resources
  o CAPC tools put on COVID SharePoint.

**Clinical Role**
**Advance Care Planning**
Facilitating completion of ACP and goals of care:
→ Advance Care Planning coordinator directing *Respecting Choices* educational initiatives, working with high-risk patients to clarify their goals of care
→ Offering frontline communication with families
→ Helping patients who are stable get out of the hospital to a safe environment

**Clinical Partners**
Real time consultants:
→ Daily rounds to divide the work and be useful.
→ Providing algorithm for care and improving comfort-focused treatment order sets.
  o Dyspnea – dosing of opioids
  o Cough – dosing of useful medications

**Use of Interdisciplinary Team**
All disciplines being used.
→ Workload has increased, so recruited other people to help (e.g. neurology, primary care, and Pediatrics).
  o Other physicians with palliative care training redeployed to help inpatient teams with symptom management and goals of care discussions.

**Observations**
Palliative care census higher with COVID+ and lower with our “typical” patient population.
→ Referring partners focused on COVID response
→ Children’s team not volume or intensity, so are helping with adults

**Advice to Prepare for COVID**

**Messaging**
→ Words matter - Develop a script and messaging so all clinicians are consistent.
  ▪ Withdrawal of life sustaining treatments not withdrawal of life sustaining care
  ▪ Comfort focused treatments, not comfort focused care in particular.
→ Coach all health care team members and mentor new learners with scripting and common sense

**Preparation**
→ Review crisis standards of care from others states and institutions
→ Review current patients and clear the hospital of stable patients to prepare for COVID patients
→ Plan for COVID + post-acute facilities. Unknown what the rehabilitation of survivors will look like

**Collaboration**
→ Be present to other team’s morning huddles. Let them know palliative care is willing to help

4/6/2020. Consolidated, edited and condensed by C Dahlin from interview with Susan Nelson MD, System Chair, Palliative Medicine, Ochsner Health System.