

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
 - Ensure a contact number for someone to call for updates and review ACP documents, if filed (chart reviews).
 - Work with inpatient teams regarding symptom management
- Provide just in time learning with information, education, and CAPC resources
 - 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.
 - Dyspnea – dosing of opioids
 - 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).
 - 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.