

Hackensack Meridian Health  
New Jersey

**Program includes** – Inpatient, post-acute, ambulatory, and home-based palliative care across a large health network in New Jersey

**Current COVID Status** – In the surge, New Jersey has the 2<sup>nd</sup> highest number of confirmed cases in the country

### Preparation to COVID 19

- Part of system-wide leadership response at Hackensack Meridian Health
- Involved at senior leadership to promote harmonized approach
- Utilization of CAPC toolkit and collaboration with other organizations

### Community Support

- Organizations (hospice, home health, and LTC) are taking patients – consideration is made based on community spread and appropriate PPE

### Role of Palliative Care

- Support primary care teams, COVID+ confirmed patients, and those under investigation
- Participate in daily huddle of leadership from all departments and divisions
- Lead daily system-wide palliative care huddle
- Continuously collaborate with various departments and leaders, including critical care, emergency medicine, patient experience and quality
- Provide education to fellow clinicians through use of Vital Talk and Serious Illness Project resources
- Co-manage symptoms, goals of care discussions, and the provide psychosocial, spiritual, and emotional support to patients and families

### Clinical Role

#### Advance Care Planning

Promote and provide ACP and goals of care discussions in the community and across all settings to ensure goal-concordant care

#### Clinical Partners

- Serve as frontline clinicians
- Co-manage symptoms and care
- Participate in daily rounds with ICU
- Cultivate and build partnerships within the ED

## Telehealth

Clinical care done with attention of minimizing use of scarce PPE and reducing exposure to patients and families

- Patient visits (home, office, and inpatient) are done via telehealth whenever possible
- Seeing emergent visits, including those where physical exams are necessary across all settings
- Calling and checking in on all ambulatory and home-based patients, the majority of whom are isolated and afraid in the community

## Use of Interdisciplinary Team

All disciplines being used - Palliative care teams working together across settings to support hardest hit campuses and locations

## Observations

### Palliative care census very fluid

- Percentage of all inpatient consults COVID positive greater to or equal 50% (and growing) across multiple campuses
- Non-COVID patients need tremendous support
  - May have less connection with both their support systems and other providers, who are understandably pulled to COVID response
- Palliative care assisting with care coordination, connecting the dots, and providing much-needed emotional and spiritual support and psychotherapy

## Advice to Prepare for COVID

### Prepare for change

- Do not reinvent the wheel, use the resources of others such as CAPC tools
- Try to anticipate system and local needs and work and prepare as proactively as possible with community partners (hospice, home health), based on their resources and bandwidth

## Personnel

- Need to be flexible, proactive, informed, and prudent. Attend to the bravery and resilience of team

## Safety of Palliative Care Team Members

- PPE – With reduced resources, utilize telehealth whenever possible, limit face-to face

## Telehealth Visits

- Establish process for using telehealth perhaps differently than under normal circumstances
- Need to figure out how to develop triage in telehealth, rapport with new patient

4/6/2020 Consolidated, edited and condensed by C Dahlin from interviews with Sage Kealy, MBA, MPH, Director of Palliative Care, Central and Southern Regions, Hackensack Meridian Health