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 2nd 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
→ Serve as a support to families
→ 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 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
→ Provide advance care planning and goals of 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+ greater to or equal 50% (and growing) across multiple campuses
→ Non-COVID patients need tremendous support
  o 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

**Personnel**
→ Need to be flexible, proactive, informed, and prudent
→ Attend to the bravery and resilience of team

**Safety of Palliative Care Team Members**
→ PPE – Due to limits, utilize telehealth whenever possible
→ Exercise tremendous caution and follow all PPE policies when 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 patients

**Community Work**

→ Work closely with home health, hospice, and other community partners
→ Take inventory of community resources and what their COVID response entails and who is open, closed, accepting new patients, etc.

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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.