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
→ 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 scare 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