University of Washington
Seattle, Washington

Program includes – Inpatient, Small Outpatient Practice

Current COVID Status – Operating in Contingency Capacity, anticipating surge of patients 3rd week of April.

Preparation to COVID 19
→ System-wide approach
→ Part of system-wide decision on visitation rules

Community Support
→ Since first large outbreak occurred in LTC, there exists mixed capacity to manage patients with COVID in facilities
→ Case-by-case in terms of hospice and home health

Role of Palliative Care
→ Coaching on Code Status Discussions
→ Supportive to the ED and the COVID ICUs/Medical Units

Clinical Role
Advance Care Planning
Helping get ACP and goals of care done to prepare for surge
→ Helping patients who are stable get out of the hospital to make room for COVID patients.
→ Offering just in time consultation for ACP and goals of care conversations
→ Using VitalTalk resources since they are user-friendly

Clinical Partners
Real time consultants
→ Daily rounds in the ED
→ Created a palliative care response care using John Hick’s framework.
→ Disseminating information, education and resources – balancing too much and too little

Telehealth Outpatient
A small practice but all patient visits are now telehealth.
Use of Interdisciplinary Team
All disciplines being used
→ RN is liaison to other units such as cardiology
→ SW and Chaplain supporting other teams – focused on staff support throughout the hospitals
→ Medical updates by MD, NP, or PA

Observations
Palliative care census lower with COVID
→ Referring partners focused on COVID response

Advice to Prepare for COVID
1. **Safety of Colleagues**
   → Exposure is an issue and guides decision-making

2. **Clinical Decision making based on exposure of colleagues**
   → Symptom management is more complicated due to isolation precautions & PPE concerns
   → Medication Administration
      o Use of low dose IV infusions instead of PRN IV or PO doses helps reduce nurse exposure
      o Sometimes keeping pumps outside of the room to dose adjust without needing PPE

3. **PPE Resource Allocation**
   → Consideration of whether essential or not

4. **Visitation**
   → Be consistent and do this early.

5. **Teamwork**
   → As a director, need to respond to system planning needs rapidly and sometimes in isolation
   → Hard to balance front line and administrative management.

4/3/2020
Consolidated, edited and condensed by C Dahlin from interview with James Fausto MD, Medical Director of Palliative Care UW Medicine/University of Washington