

University of Washington  
Seattle, Washington

**Program includes** – Inpatient, Small Outpatient Practice

**Current COVID Status** – Operating in Contingency Capacity, anticipating surge of patients  
3<sup>rd</sup> 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
  - Use of low dose IV infusions instead of PRN IV or PO doses helps reduce nurse exposure
  - 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.

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