Northwell Health
Long Island and Manhattan, New York

**Program includes** – Inpatient (23 hospitals), Outpatient Practices, and a Hospice Unit

**Current COVID Status** – In the Surge, In a Slow Run

**Preparation to COVID 19**
→ At the table with Senior Leadership to lead COVID response and guide resource utilization (screening, PPE, ventilator use)
  o Collaboration with legal, ethics, palliative care, and medical directors on system guidelines for communication with families when resources need to be redirected.

**Community Support**
→ Home health agencies doing telehealth, hospice not seeing COVID patients
→ LTC placement tightly regulated – patients need to have 2 negative temperatures before they can leave. They will not take resident back to facility if tests positive.

**Role of Palliative Care**
→ Supportive to the Critical Care Team – specific to the ICU and ED
→ Provision of palliative care education
  o Coaching for Telehealth Consults and Communication
→ 24/7 access as consultants or curbside counseling
→ Palliative care unit still for palliative patients and trying to keep the unit non-COVID

**Clinical Role**

**Advance Care Planning**
Promoting ACP in the community since high-risk and religious populations and in the ED

**Clinical Partners**
Frontline clinicians - Palliative Care Unit and Consult Team are integrated

**Telehealth Outpatient**
Palliative care patients and COVID patients visits (home, office, and inpatient) done via telehealth

**Palliative Care Trigger**
→ Due to volume, less formal consultation and more trigger based
→ Trigger for Palliative Care for COVID patients
  o LACE score higher than 14
  o D-Dimer greater than 1000 – offer to assist with phone calls.

**Use of Interdisciplinary Team**

*All disciplines being used*

→ 1 MD and SW on site
→ SW on the Palliative Care Unit to reach out with families
→ Chaplain and SW doing work by telehealth
→ Fellows are working as hospitalists and may graduate early

**Observations**

Palliative care census lower because focus is on COVID care

**Advice to Prepare for COVID**

*Prepare for CHANGE and be flexible.*

**Consider Safety of Palliative Care Team Members**

→ PPE – Wear at all times onsite, usage guidelines changing
→ Clothing
  o Wear street clothes to and from site
  o Encourage on-site staff to wear scrubs onsite
  o Leave a pair of shoes onsite.
  o Shower at home

**Prepare for Video Visits**

→ Establish process for non face-to-face communication with consideration to platform.
  o System went to Microsoft Teams which has been essential across the settings and between all the hospitals

**Maintain Teamwork**

*Maturity of the team and program will help response and team resilience.*

→ Service is on 24/7 so need to assure a workable schedule
→ Plan for social distance, when working on-site
→ Make sure to support team with daily or twice a week check-ins.
→ Determine who disseminate COVID information

4/7/2020 Consolidated, edited, and condensed by C Dahlin from interviews with Sindee Weiss MD, Medical Director, Palliative Care/Advanced Illness Unit-NSUH at Northwell Health and Tara Liberman DO Associate Chief of Division of Geriatrics and Palliative Medicine.