

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)
 - 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
 - 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
 - LACE score higher than 14
 - 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
 - Wear street clothes to and from site
 - Encourage on-site staff to wear scrubs onsite
 - Leave a pair of shoes onsite.
 - Shower at home

Prepare for Video Visits

- Establish process for non face-to-face communication with consideration to platform.
 - 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 Sinee 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.