Northwestern Palliative Care Program
Chicago, Illinois

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

**Current COVID Status** – Preparing for the surge in 2-3 weeks

**Preparation to COVID 19**
→ Not on the COVID Task Force
→ Consulted to Ethics to consider with resource allocation and limitation of life-sustaining therapies

**Community Planning**
→ Have not put a plan in place.
→ Many hospices and home health agencies do not have enough PPE – is case-by-case
→ LTC stringent about who they will take back
→ Hospital renting hotel rooms where stable patients may receive ongoing care

**Role of Palliative Care**
→ Participation in BID COVID rounds with hospitalists, ethics, ICU and Palliative Care to review difficult patients
→ Provision of care planning
→ Proactive ACP to patients who do not want to go to the ICU
→ Because fellow clinicians too busy to call Palliative Care, facilitating access to palliative care information and resources to do their work
  o Adapted CAPC, Vitaltalk, and Decision Making Aids from Colorado to optimize Palliative Care resources

**Clinical Role**

*Advance Care Planning*
Reaching out to existing palliative care patients to do ACP, especially with potential for COVID infection
→ Want to avoid unwanted hospital admission and life-sustaining therapies

**Clinical Partners**
Each day changes in terms of how to be the most helpful
→ Daily rounds to divide the work and be useful
Telehealth
→ All visits by telehealth unless a physical exam is warranted

Use of Interdisciplinary Team
All disciplines being used
→ IDT daily rounds with both inpatient and outpatient teams to prevent missing patients who need attention and care
→ Outpatient does another call to make sure no issues or patients are missed
→ Deploying team members by patient and colleague needs

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

Advice to Prepare for COVID
Scheduling
→ Be flexible and nimble
→ Rstructure early to limit on campus exposure (i.e., maximize telehealth, minimize PPE use)
  o Consider 1 skeletal inpatient team on-site and 1 outpatient member on-site
→ Plan for 3 layers of back-up (if possible) since clinicians may get sick or have other needs

Medication Management
→ Consider what is necessary for medication management
  o Have become more liberal in medication prescriptions and refills
→ Careful about who needs to be seen in person for refills

Collaboration
→ Be present to other team’s rounds
  o What are issues? Who are the most worried about?
  o How can palliative care help? What do you need?

Teamwork
→ As a director, focus is on middle management to report up
→ Consider the challenge in the crisis of front line management and administrative management.
  o It can be hard to find a balance

4/7/2020
Consolidated, edited and condensed by C Dahlin from interview with Dr. Eytan Szmuilowicz MD, Director, Palliative Medicine, Northwestern Hospital