VOICES FROM THE FRONT LINE
PALLIATIVE CARE COVID RESPONSE: PROGRAM PROFILE

Center to Advance Palliative Care™ capc

Northwestern Memorial Hospital Palliative Care Program
Chicago, Illinois

Program includes – Inpatient, Small Outpatient Practice

Current COVID Status – Preparing for the surge in 1-2 weeks

Preparation to COVID 19

- → Not on the COVID Task Force
- → Working closely with Ethics on resource allocation and potential limitation of life-sustaining therapies

Community Planning

- → Working on a plan
- → Many hospices and home health agencies do not have enough PPE – is case by case
- → LTC facilities more stringent about which patients they will take back
- → Hospital renting hotel rooms - ? of where stable patients may receive ongoing care
- → Working with medical student groups who are obtaining PPE for Northwestern and multiple other Chicago-area facilities

Role of Palliative Care (in addition to "usual" practice)

- → Advance Care Planning – 2 areas of focus
    - decision-making support and proactive ACP for patients with COVID who do not want to go to the ICU
    - Reaching out to existing palliative care patients to do ACP, especially with potential for COVID infection (especially for those who want to avoid unwanted hospital admission and life-sustaining therapies)
- → Support for Families and patients where possible. Learning that providing some continuity for some is helpful (as other teams, providers, and sites of care change quickly)
- → Case Finding - Participating in twice daily COVID rounds with hospitalists, ethics, ICU and Palliative Care to review complex patients; developing new screening process with ED to identify patients at high risk even earlier in trajectory (and buy time to build rapport)
- → Primary Palliative Care - Because many fellow clinicians too busy to call palliative care, facilitating access to palliative care information and resources to do their work
    - Adapted CAPC, Vitaltalk, and Decision Making Aids from Colorado to optimize Palliative Care resources

Telehealth

- → All visits by telehealth unless a physical exam is warranted

Use of Interdisciplinary Team

→ Blended IDT (inpatient and outpatient) teams to prevent missing patients who have care needs
→ Outpatient holds separate daily meeting to make sure no issues or patients are missed
→ Deploying team members by patient and other medical team needs

Observations

Inpatient (non-COVID) Palliative care census lower since attention on COVID care; outpatient volume and work remains similar or slightly increased with telephone management

Advice to Prepare for COVID

Scheduling

→ Be flexible and nimble - restructure early to limit on-campus exposure (i.e., maximize telehealth, minimize PPE use)
    - Consider skeletal inpatient team on-site and 1 outpatient member on-site with multiple team members available remotely for phone support and clinician coaching
    - Within 2 weeks, increased inpatient team to 3 teams on site (2 COVID, 1 non-COVID)
→ Plan for 2-3 layers of back-up (if possible) since clinicians may get sick, have other roles (e.g. local VA, local hospices) or have other needs

Medication Management

→ Consider what is necessary for medication management: Have become more liberal in medication prescriptions and refills for those who don't absolutely need an in-person visit

Collaboration and Relationship Building

→ Be present for other medical teams' rounds through proactive contact
    - What are issues? Who are you most worried about? How can we help?

Teamwork

→ Continue some "normalcy" by team decision – weekly virtual educational conference: journal club, case studies, poetry and medicine
→ Support each other in comfort levels and working through professional obligations versus organizational obligations of redeployment.
→ Hold weekly COVID meeting for whole team (inpatient, outpatient, on-service, off-service) to plan.

Leadership

→ Biggest challenge for the team is figuring out how to be most helpful – pace, needs, and practice are all different – and organize the team to best meet rapidly evolving and uncertain needs
→ Equal challenge: balancing effort and increased availability of team members with need for self-care, especially in setting of heightened, constant anxiety and stress

4/10/2020 Consolidated, edited and condensed by C Dahlin from interview with Eytan Szmuilowicz MD, Director, Palliative Medicine, Northwestern Hospital and Joshua Hauser MD, Associate Professor, Northwestern Feinberg School of Medicine.