Penn Medicine
Philadelphia, Pennsylvania

Program includes – Inpatient, Outpatient, Affiliated Hospice and Home Health Agency

Current COVID Status – Contingency preparation for the surge that is just beginning

Preparation to COVID 19
→ Part of system’s COVID response
→ Working with Scott Halpern, MD from University of Pennsylvania PAIR Center to develop system response to critical care resource triage and DNR policies

Community Planning
→ Penn home hospice taking COVID+ patients
→ Inpatient hospice – not taking COVID+ patients from hospital, but will from community
→ Many SNFs are closed so palliative care working with Penn-affiliated nursing homes to do telemedicine consults with the residents that focus on ACP

Role of Palliative Care
→ Providing proactive ACP to non-COVID patients who do not want to go to the ICU
→ Working with primary clinicians in adapting CAPC, VitalTalk, and Decision Making Aids from Colorado to help them do their work without needing to call because they are too busy
→ Supporting palliative care delivery by non-specialists and using machine learning algorithm to identify high-risk patients with COVID who would benefit from palliative care

Clinical Role
Advance Care Planning
Reaching out to existing palliative care patients to do ACP
→ Assisting with patients who do not want to go to the ICU
  o Using Palliative Care Risk Score for realistic conversations

Clinical Partners
Half the team is remote and half the team onsite
→ Onsite presence as requested by institution, practicing social distance, since palliative care viewed as an essential service
→ Daily rounds to divide the work and consider which person and which discipline is most useful in each situation
**Telehealth**

→ All visits by telehealth unless a physical exam is warranted

**Use of Interdisciplinary Team**

**All disciplines being used**

→ SW and Chaplain doing supportive care. Calling families to provide support, assisting with family contact with patients

→ All members are reminding fellow colleagues that palliative care is available

**Observations**

**Palliative care census lower with COVID**

→ Focus on role to keep non-COVID patients out of the hospital

**Advice to Prepare for COVID**

**Preparation**

→ Never too soon to plan

→ Once things start to happen – things change rapidly

**Clinical Care**

→ Assist with through-put of patients within the hospital

**Collaboration**

→ Share the work

**Team Safety**

→ Protect team since they will be in for the long haul.

4/8/2020
Consolidated, edited and condensed by C Dahlin from interview with DNP, AGACNP-BC, CRNP, CCRN, ACHPN, Advanced Practice Manager, Palliative Care Program at Hospital of the University of Pennsylvania and Penn Presbyterian Hospital.