

Medical University of South Carolina
Charleston, South Carolina

Program includes – Inpatient, Palliative Care Outpatient Clinic

Current COVID Status – Early stages, preparing for the surge in 2-3 weeks

Preparation to COVID 19

- On COVID task force
- Planning for scarce resources and equipment

Community Planning

- Hospice or home health agencies are taking new patients, both COVID-19 and non COVID-19
- Collaborating with The Carolinas Center (hospice and palliative care organization of North Carolina and South Carolina) to develop a plan

Role of Palliative Care

Clinical Partners

- Fellow housed in the ED

Education

Providing primary palliative education through regular teaching

- Part of Palliative Education Committee

Telehealth

- Obtained 5 cell phones for the team to use for telehealth and iPads to video conference with families due to visitation restrictions
- One team member providing telehealth consults and family meetings to rural hospital

Use of Interdisciplinary Team

All disciplines being used

- Chaplain, SW and MD are part of encouragement team to make sure hospital frontline personnel feel supported. Achieved through daily rounds, including the ED
- Chaplain
 - Chaplain and Bereavement Coordinator facilitating hospital-wide WebEx staff debrief calls for anyone in the hospital
 - Part of daily sign in and sign out for ED staff

- Providing spiritual care by telehealth – finding caring voicemail, phone calls, and prayers outside the door offer patients and families peace
- Social worker
 - Use of FaceTime/Google Duo (video platforms) important to families
 - Identify domestic violence community advocacy resources since this is a major issue
 - Focusing on diversity issues – support for undocumented/underrepresented patients
 - Creativity in notarizing ACP documents
- Bereavement Coordinator
 - Supporting hospital staff bereavement as well as patients and families
- Medical students
 - Babysitting for staff

Observations

Palliative care census lower with COVID

- Referring partners focused on COVID response

Advice to Prepare for COVID

Scheduling

- Expand to 7 day a week coverage and develop flexible scheduling (e.g. on 3 days and off 3 days)
- Expect scheduling to change based on institutional need and team sustainability

Safety

- Require that all team members wear scrubs for infection control
- Place iPhone in plastic bags within patient rooms for infection control
- Plan use of mobile phone app to disguise originating phone number for patient-related telephone calls - palliative care desk phone number appears, rather than personal mobile phone numbers

Education

- Get policies and procedures on the intranet within the system so anyone can access them

Teamwork

- Teamwork important - team cohesion and ability to work as team built on foundation before crisis
- Hold weekly team meetings to give updates and share issues
- Consider the team's role for the organization – reduce suffering in a holistic way, physically, spiritually, emotionally
- Double down on and encourage self-care. Patterns of self-care will change.
- Proactively discuss redeployment possibilities

4/10/2020 Consolidated, edited and condensed by C Dahlin from interview with Patrick Coyne MSN, ACNS-BD, ACHPN, FPCN, FAAN, Director of Palliative Care, Kesha Graham LISW-CP, ACM-SW, NHDP-BC, Palliative Care Social Worker, and Hannah Coyne, MCS, BCC, Palliative Care Chaplain