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
  o Chaplain and Bereavement Coordinator facilitating hospital-wide WebEx staff debrief calls for anyone in the hospital
  o 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
  o Use of FaceTime/Google Duo (video platforms) important to families
  o Identify domestic violence community advocacy resources since this is a major issue
  o Focusing on diversity issues – support for undocumented/underrepresented patients
  o Creativity in notarizing ACP documents

→ Bereavement Coordinator
  o Supporting hospital staff bereavement as well as patients and families

→ Medical students
  o 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