

The Mount Sinai Hospital
New York, New York

A snapshot of the palliative care program's involvement in the hospital's COVID-19 response

Program Includes – Inpatient, Palliative Care Unit, Outpatient

Current COVID-19 Status – In the middle of the pandemic, in the surge

Preparation for COVID-19

- At the table for system-wide response
- Working clinically, ethically, and policy wise to assist both the clinical teams and the patients and families

Community Planning

- Due to PPE shortage, patients unable to go to hospice or home health
 - Creating comfort packs for patients and families being discharged so they have medications and support once home
 - Providing 24/7 telephone support line to patients and families
- LTC facilities very cautious to take back non-COVID-19 patients upon hospital discharge
 - Temperature taken the day before and 15 mins before discharge to compare temperature
 - The EMT must witness the temperature at discharge
- As whole hospital will turn into a COVID hospital, palliative care is helping hospital trying to move stable patients to hotels and student dorms rented by the hospital

Role of Palliative Care

- Palliative care is seen as important system-wide to assist ED and intensivists in symptom management and ACP
- Focus on non-COVID-19 palliative care patients
 - Palliative care unit functioning as normal - question of whether it will become a COVID-19 unit
 - No longer able to staff with 1 attending so brought on geriatric attending
- Helping with COVID-19 positive patients at end of life

Clinical Role

Clinical Partners

- Real time consultants to fellow colleagues
 - Providing 24/7 telephonic assistants to fellow clinical colleagues – staffed by junior faculty

- Coaching front-line clinicians for care and ACP conversations since they are overwhelmed
- Participating in team rounds via zoom

Use of Interdisciplinary Team

- All disciplines are being used
- Social Work and Chaplaincy help with family contact
- Teams are in the ICU

Observations

- Be proactive, once surge hits you are just responding

Advice to Prepare for COVID-19

Become Educated About the Disease Trajectory

- Map the disease course and treatment

Change Clinical Practice to Reduce Exposure

- Move pumps and vent settings close to glass walls to allow monitoring from outside the room
- Use low does pumps to decrease the need to go in the room
- Do not remove ET tube for extubations
- Use of internal or room cameras to see if patients are comfortable
- Patients can decline quickly so need to be proactive in care

Visitor Policy

- Consider implementing a strict policy on visitation early on to avoid nurses having the additional stress of enforcing the policy

Preparation

- Embed palliative care team in different places
- Review current patients and clear the hospital of stable patients to get ready for COVID-19 patients

Teamwork

- Promote teamwork and provide support to colleagues on the frontline
- Provide support to palliative care team
- Provide support to clinicians on the frontline – critical care nurses and physicians and hospitalists who are being exposed to such trauma

4/8/2020: Consolidated, edited, and condensed by C. Dahlin from an interview with Emily Chai MD, System Chair, Palliative Medicine, Mount Sinai Palliative Medicine.