

Lehigh Valley Health Network  
Allentown, Pennsylvania

**Program includes** – Inpatient, Office and Home-Based Program, with 8 network hospitals

**Current COVID Status** – Preparing for the surge, approximately 2 weeks behind New York

### Preparation to COVID 19

- Working with network on resource utilization and allocation
- Providing network education, resources, and tools on palliative care and communication
- Participating in daily briefing with team on network updates and changes to service delivery

### Community Support for Care of Patients

- Continue to refer and partner with home health and hospice
- Tele options were quickly expanded at all sites, no “territory” boundaries
  - Closed office practice, transitioned patients to OACIS home-based practice—now OACIS outpatient practice
  - Risk stratified home-based patients

### Role of Palliative Care

- Deliver good palliative care – advance care planning, symptom management, psychosocial, spiritual, and emotional support to patients and families and care coordination
- Implement inpatient and outpatient plan for patients with serious illness or COVID-19

### Clinical Role

#### Advance Care Planning

Proactively reaching out to existing, current home-based palliative care patients to review ACP for COVID and documenting in shared EHR – to avoid dying alone and remain at home with resources

#### Clinical Partners

Promoting a visual presence each day and being proactive in how palliative care can be most helpful

- Participating in COVID clinic to see COVID + patients post-hospitalization, if no PCP
- Allocating resources to the ED for Nurse Practitioner in-person coverage; overnight on-call for tele consults

#### Telehealth

- All visits by telehealth unless a physical exam is warranted, utilizing billing codes for telephone visits, video visits, non face-to face visits

- Outpatient – video visits enabled by a LVHN app on a smart phone
  - Patients/Families receive technical support before the visit
- Inpatient – visits done outside the room; tele consults to all sites

## Use of Interdisciplinary Team

### All disciplines being used

- Daily huddles for inpatient and outpatient teams to connect and collaborate on patient needs
- Administrative and clinical support staff assist with logistics
- Social work making contact with patients to provide support and resources

## Observations

### Outpatient palliative care census lower with COVID

- Referring partners focused on COVID response
- Making more patient touches in a day, due to increased access with new technology
- Increasing patient support during high anxiety due to COVID-19
- Making contact with new patient within twenty-four hours

## Advice to Prepare for COVID

### Response

- Prioritize – response is local to the environment and the resources
- Get in touch with stakeholders and ask what would be helpful
- Be proactive and agile to ensure response and action since each day changes

### Technology

- Develop guidelines and templates for telephonic and video visits
- Prepare team for “tele” delivery of care from the usual high-touch palliative care delivery
- Prepare patients at home; consider access barriers and ways to overcome
- Use of Tiger Text to stay connected to team, home health, and hospice

### Team wellness and teamwork

- Being deliberate in reiterating the philosophy to help people do the most good with what they have
- Providing regular, consistent in-person contact which is vital
- Requiring everyone to take a break every 2 hours- even at home
- Promoting a STAND moment – **S**top, **T**ake a deep breath, **A**cknowledge what you are feeling, **N**otice how it is affecting you, **D**o something/Dance

4/10/2020 Consolidated, edited and condensed by C Dahlin from interview with Donna Stevens, OACIS (Optimizing Advanced Complex Illness Support)/Palliative Medicine, Lehigh Valley Health Network and Nancy Flickert, DNP, FNP-BC, PMHNP-BC, ACHPN Palliative Nurse Practitioner, Lehigh Valley Health Network