

Baylor Scott White Health Care Throughout Texas

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

Program Includes – A system that covers a region containing 11,000,000 people with rural hospitals, community hospitals, and 2 academic medical centers - one metropolitan and one small community-based

Current COVID Status – Preparing for the surge in 2-4 weeks, depending on the region of the state

Preparation to COVID-19

- Part of state-wide response with the Texas Medical Association and the Texas Hospital Association
 - BSWH has had triage guidelines for overwhelming pandemic for years.
- Working with political (state and local) and faith-based community leaders on response in different counties
- System wide – no MD stands alone when facing triage decisions – have triage committees to support decisions in the COVID-19 crisis at the various hospitals

Community Planning

- Depends on part of state as to whether home health agencies and hospices can take patients; depends on PPE
 - In one facility, each member gets a PPE for each day of the week to store at the end of each day and use the following week.

Role of Palliative Care

- Assist with co-management of patients
 - Capacity depends on each hospital
 - Evaluate comfort and assist with goals of care and advance care planning
- Refinement of CPR policy – will do CPR on everyone, but educating patient and families on what CPR means with universal precautions and the need for all staff to don PPE in order to perform CPR
- Disseminating primary palliative care – Use of Palliative Care order sets and the Serious Illness Conversation Project resources
- Provide primary palliative care education – part of Achieving Excellence in palliative care which is an online course. Promoting a 2 hr. pain and symptom management course.

Clinical Role

Clinical Partners

Working with critical care teams

- Daily rounds to determine where effort is needed

Use of Interdisciplinary Team

All disciplines being used

- Chaplains, Child Life Specialists, and social workers mostly off site and doing tele calls.

Observations

Palliative care census lower with COVID-19

- All elective surgeries and procedures cancelled.

Advice to Prepare for COVID

Safety first

- Universal precautions for all situations because you do not really know who is a silent carrier
- Protect staff as cannot afford to lose the specialist palliative care team members

Care delivery

- Prepare for the new delivery of palliative care
- Be willing to let each institution create what is needed at their institution
 - Share practices that are successful
- Be flexible to meet geographic diversity

Response is local

- Each site can only respond depending on its palliative care team size, bandwidth, and resources

Education

- Wished they had been further along with Serious Illness Conversation Project – Now trying to do quickly with shortened versions

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Consolidated, edited and condensed by C. Dahlin from interview with Robert Fine MD, Clinical Director of Baylor Scott & White's Office of Clinical Ethics and Palliative Care.