

### Duke Health North Carolina

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

**Program Includes** – 3 Hospitals, Outpatient Program

**Current COVID Status** – In early stages

#### **Preparation to COVID-19**

- Preparations began March 1- Developing ethics, communication, and documentation
- Leadership is part of command center of the Duke Response
- Collaborating with health system-wide ethics board and state around scarce resource allocation
  - Response being developed based on SARS response
    - Involves state health officials, legal, ethics
    - Use of SOFA scores and triage officer

#### **Community Support for Patient Care**

- Able to get hospice patients to inpatient unit
- Challenges with discharging patients to other facilities due to COVID-19 outbreaks

#### **Role of Palliative Care**

- Provision of care planning and goals of care conversations
- Education of colleagues
- Guidance on symptom management

#### **Advance Care Planning**

- Challenge of ACP in NC due to witness requirement, trying to do verbal ACP
- Use EPIC “dot phrases” to document goals of care discussions
- Reaching out to existing palliative care patients to do ACP
- Nurses doing conversations so needing scripts to do so since they have not had that role

#### **Clinical Partners**

Each day changes

- Finding out from teams what support they need in care management
- Creating communication scripts for resident teaching
- Providing clinical coaching to residents over the phone and having them practice script

## Telehealth

- All clinics visits are now by telehealth
- Community palliative care “house calls” program are also doing telehealth
- Palliative IDT daily WebEx Rounds to do team check in and run team list

## **Use of Interdisciplinary Team**

### **All disciplines being used**

- Social worker has set up twice weekly support rounds
- Social worker calling patients and families to do virtual support

### **Palliative care census lower with COVID**

- Referring partners focused on COVID response

## **Advice to Prepare for COVID**

### Preparation

- Wished they had used the 2-3 weeks of time to really prepare for patient care in term of policies and procedures
- Expect the unexpected - Be nimble and prepared to make changes in “real time” on a daily basis
- Consider medication shortages and consider a policy
- Challenges of care delivery for patients who live out of state due to provider licensing for their state
  - Result is nurse navigator checking in but care is difficult

### Scheduling

- Need to be considerate of how each hospital is staffed
  - Larger academic hospital needs an onsite team as virtual did not work
- Consider how to schedule due to control of quarantine
  - Staff members symptoms of runny nose and were COVID positive, so system-wide daily staff symptom check
  - Leadership and team support for honesty about symptoms and encouraging testing

### Care Delivery

- Consider what it means to deliver palliative care with social distancing
- Everyone is now wearing scrubs to leave at work

### Team wellness

- Acknowledge lack of respite from COVID; issues affect team members professionally & personally
  - No refuge at home as team members coping with loss of work by other family members or loss of support in caring for family members with disabilities.

4/13/2020 Consolidated, edited and condensed by C. Dahlin from interview with Jennifer Gentry DNP, ANP-BC, GNP, ACHPN, FPCN Palliative Nurse Practitioner, Duke University Hospital Palliative Care Consult Service/ Clinical Associate, Duke School of Nursing.