VOICES FROM THE FRONT LINE
PALLIATIVE CARE COVID RESPONSE: PROGRAM PROFILE

Center to Advance Palliative Care™ capc

Knox Community Hospital
Mount Vernon, OH

Program includes – Inpatient palliative care to 99-bed critical access hospital and a small home-based practice in a rural community.

Current COVID Status – COVID-19 is in the area; so far, they have not seen as many cases as expected. Question of delayed COVID-19 spread.

Preparation to COVID-19

Was involved in hospital planning as palliative program leader

→ Led the hospital's group to consider the ethical considerations of the incident command plan.
- Collaborated with legal counsel and critical care physicians to develop a plan for scarce critical care and allocations
- Used Truog et al. *NEJM* article, White et al. *JAMA* article, Ohio state guidelines and Indiana state guidelines to frame document
- Planned for 3-4 times their normal capacity

→ Participated in Ohio Hospital Association meetings with other ethicists around the state to review Ohio's guidelines for resources
- Provided a rural and palliative care perspective
- Allowed connection with larger palliative care community and health care experts from whom to seek advice

Community Planning

→ Extended care facilities (ECFs) still accepting non COVID-19 positive patients even with restricted visitor policy
- ECFs following a protocol of 2 negative COVID-19 tests before accepting a resident

→ Community providers include one private hospice with more limited PPE and a larger corporate home health/hospice with more resources, which translates in variable ability to take palliative care and hospice patients on any given day

→ Successfully working with the 2 local hospices in real-time communication about access
- Lack of shared EHR meant using a centralized google document
- Palliative care leader enters daily discharge needs – diagnosis, COVID-19 positive or negative
- Hospices enter in real time their daily availability to take patients on any given day

Role of Palliative Care

→ Seeing all in-patients whether they have COVID-19 or not

→ Moved all home-based patients to telehealth
- Routine checks delegated from the APRN to the RN

→ Focusing on determining surrogate decision-makers
→ Disseminating just-in-time palliative care information (such as CAPC tools) to the hospital and community

Clinical Role

Advance Care Planning

→ Fostering proactive ACP skills in the PCPs

Clinical Partners

Flexible to the daily work
→ Daily inpatient hospital rounding to be present and supportive for all patient care

Telehealth

→ All home patients are telehealth

Observations

Palliative care census lower with COVID- 19

Advice to Prepare for COVID

Collaboration

→ In small community, collaboration and communication is essential due to lack of resources.
  - In conventional times, able to tap into larger regional and state hospitals
  - In COVID-19 pandemic, this is not possible and critical access hospital can feel isolated
→ Understand regional and state guidelines and get involved with planning groups
→ Consider the emotional and physical exhaustion and work together to support community and staff

Clinical Care

Be creative because previous transfers to regional centers will not be able to happen
→ Knox Palliative Care Plan for group of patients who need end-of-life care but cannot be discharged
  - Convert a hospital conference room into a small COVID-19 unit
  - Use hospice nurses to come in and take care of them so that the small palliative care team is not overburdened

Personnel

Proactive consideration
→ Created a plan for hospice nurses to come into the hospital to help palliative care team
→ Set up a bank of volunteer nurses from the community to help as needed through the hospital

5/2/2020. Consolidated, edited and condensed by C Dahlin from interview with Adonyah Whipple, MSN, AGCNS-BC, APRN, ACHPN – Palliative Care Coordinator and Palliative Clinical Nurse Specialist.