CAPC Milestones 2020

Within weeks of the onset of the pandemic in the spring of 2020, CAPC began working remotely for safety reasons. We pivoted our whole staff to building tools, training, and technical assistance for our colleagues across the country caring for patients afflicted by COVID-19.

- → In March, we launched a **free** COVID-19 toolkit containing resources ranging from how to relieve shortness of breath, to how to talk to families about what to expect when a loved one is seriously ill in the ICU, to how to support our colleagues on the front lines when the sheer volume of need and suffering threatened to overcome their capacity.
- → We revamped our <u>COVID-19 Response Resources Hub</u> so that it could be used on a cell phone or tablet, giving clinicians the support they need, right in their pockets, at the moment they need it, with the tap of a gloved finger.
- → With the significant symptom burden and heightened anxiety among patients and families—combined with frustration, exhaustion, and moral distress among doctors and nurses—we have seen more than 200,000 visits to the toolkit and more than 150,000 downloads of these resources in just the last few months.

CAPC's New Mobile-friendly COVID-19 Resource Hub

launched June 24, allowing clinicians to get the exact support they need at the moment they need it





L 150,000+ resource downloads <u>ふ</u> 个 150%

in Virtual Office Hours attendance 2,000 briefings

Kudos

Our work has been appreciated by health care workers across the country. But there is no higher honor than recognition from one's peers.

Last month, CAPC's COVID-19 work was recognized with a 2021 Presidential Citation from the American Academy of Hospice and Palliative Medicine (the membership organization for the field of palliative care). We are pleased to share the citation with you here:

"The Center to Advance Palliative Care is a recipient for its work over the past two decades to lead the growth in high-quality palliative care programs and the standardization of best practices. Most notably, in 2020 CAPC rose to the challenge early-on to provide specific resources, toolkits, and clinical training to address the challenges of caring for COVID-19 patients. The Academy appreciates CAPC's ongoing efforts to provide tools and training to improve care for people living with serious illness, and their family caregivers."

New Course on Protecting Older Adults from Harm

In addition to our COVID-19 response, we moved forward with our planned work. We launched a new clinical training course, <u>Reducing Risks for Older</u> <u>Adults</u>, which integrates the Institute for Healthcare Improvement (IHI) <u>Age-Friendly Health Systems</u> framework to provide context and best practices for reducing the risks of hospitalization and surgery for older adults.

F (a capc.org	¢	
capc	Resources Clinical Training	Connect Events Jobs Membership Al	bout Search Q Login/Create /	Account
PREVENTING CRISES THROUGH WHOLE-PATIENT CARE				
Reducing n y in ⊠	g Risks for Older	Adults		
What You' 1. List the 4Ms	ll Learn s of the Age-Friendly Health Sy	stems framework	This course is only available to CAPO members. <u>Learn More</u>	5
2. Identify olde	er adults at risk for poor surgice	al outcomes	LOGIN	
3. Explain the patient	diagnosis of delirium and discu	ss its impact on the older adult	1 Take the course	A
	he impact of high anticholinerg	jic drug burden	Take the post-test	
,	-	s undiagnosed in more than 50% of ractices for systematically identifying	Complete course evaluation	8
older adults who	o are at risk for poor outcomes	, , , , ,	Download your certificate	A
•	,	for Healthcare Improvement's Age- se the program's 4Ms (What Matters,		

New Tools

We also made the case for community-based palliative care and launched new toolkits, which cover palliative care telehealth delivery; best practices for integrating social workers into the interdisciplinary team; and how to strengthen a palliative care program despite the financial challenges hospitals and health systems face due to the pandemic.



Roseanne is a 78-year-old woman with Insteamts is a 74-year-bit woman with severe pulmoary hypertension and valvalar heart disease. She has acteoporosis-related curvature of the spine, prior history of alcohol overuse, and a large histat hernia that further restricts her lung capacity. Surgery had been planned to repolt her hernia but is now canceled due to her heart and lung impairment. impairment.

Roseanne lives alone in an apartment in a Reseance lives alone in an apartment in a retirement community. She was widowed a year ago when her husband died of damentia. She was his primary caregiver during his illness—a situation that resulted in feelings of isolation and anxiety. Her two adapted sons live a day's drive away and visit infrequently. Recently discharged after a hospitalization for respiratory distress, now on continuous oxyger

respiratory assess, now on continuous exogen Had trouble adjusting to the avgreen and had shortness of breath with anxiety or exertion, especially or injuit. Severely fatigued and had no appetite Frustrated, confused, depressed, and anxious, particularly about losing her independence—and called 911 whenever she couldn't catch her breath

During Pollicitive Care Discussed goals of care and clurified Roadonu's focus on maintaining indegendences in home facilitated a Skype call with the primary physical addressing her shortness of the short of the addressing her shortness of small supported her and bits to attay shortly of home by engaging physical therapy to improve strength and balance, ordering a lighter-weight, honge-tasting portable angent to improve strength, tonge-tadingendrones, and educating on treathing tacknipues, including the use of a homeheld fen, future subje, and incentive spirameter to maximize tang function

Clinical Training Impact

The addition of our course on Reducing Risks for Older Adults expands our online clinical training curriculum to 54 courses, all easily accessible through phone, tablet, or computer. Since we launched our palliative care training curriculum, nearly 70,000 clinicians have completed more than half a million courses.



The Big Picture?

Our goal is to extend the knowledge and skills required to provide expert care during a serious illness to all our colleagues who care for these patients and for their families. We are determined to reach all frontline clinicians caring for people with serious illness—an estimated total of 2.7 million U.S. health professionals. We have just begun this journey and are now 2.5% of the way there, with lots of work ahead to close the gap.

What About Kids?

CAPC is proud to have worked with the <u>American Academy of Pediatrics</u> and the <u>Courageous Parents Network</u> to have launched a new <u>Maintenance</u> <u>of Certification course</u> that teaches pediatricians from any subspecialty how to talk about and manage serious illness with children and families. Through online teaching, videos with parents, and downloadable tools, the course builds the knowledge and the confidence of pediatricians and clinicians caring for kids to have the conversations, and deliver the expert care, their patients and their parents want and deserve.

The Tipping Point Challenge

As we enter the new year, we look forward to CAPC's second John A. Hartford Foundation Tipping Point Challenge. Our goal is achieving a tipping point in access to quality palliative care by identifying, and then disseminating, creative ways of caring for patients, designed by our colleagues across the country. Open to all, we are looking for initiatives that will make positive, breakthrough change in the care of serious illness. We plan to disseminate the top high-impact innovations broadly across the country in an effort to reduce the opportunity cost of adoption for everyone else.

To enable our rapid and comprehensive response to the needs of the field in this unprecedented year, we turned to our long-term supporters, both individual philanthropists and foundations. Their responses were immediate and generous.

We thank you.