As the COVID pandemic spreads, palliative care programs and staff are asking:

- The COVID pandemic has not impacted us yet, what can we do to prepare?
- My outpatient clinic practice has been closed, how can I help or be useful?
- My organization has asked us for a COVID workplan, what should it include?

The following are steps to prepare palliative care teams for the COVID crisis.

**Step 1: Assess your team.**

1. Assess team member’s readiness and availability to work remotely, prioritizing those at higher risk for COVID due to known medical issues
2. Develop a staffing plan/schedule that includes down time
3. Engage the full interdisciplinary team (IDT) in defining flexible roles based on needs (e.g. social workers and chaplains may be the most important team members to support health systems with communication skills support and embedded self-care practice of their discipline)

**Step 2: Be ready and creative.**

1. *Prepare the team to work telephonically or with telehealth technology.* Scarcity of patient protective equipment (PPE) with higher demand will require more work telephonically or with other technology (e.g. smart phones, and tables if available)
2. *Familiarize the team with available tools and resources:*
   - Communication tip sheet – VitalTalk’s COVID-Ready Communication Skills
   - Telehealth at a glance – CMS has allowed for billing for telehealth visits (using video and audio together, not just audio) using site code 02
   - Symptom protocols – share with colleagues and offer telephonic or telehealth support for patients that do not respond to these first line treatments
   - Create a flow sheet for crisis palliative care involvement – how do we best deploy our resources
   - Know the new rules from CMS and your state

**Step 3: Refine and revise team processes and policies.**

1. *Actively participate in organizational COVID preparedness workgroups.* This ensures consistency with and appropriate influence of organizational priorities and policies.
2. *Re-define your team’s “new normal.”* Work as a team to define the most impactful role for the team and modify team processes and roles as needed (resources: Role of Palliative Care in crisis, Role of Palliative Care in the time of COVID)
3. *Develop new or refine existing policies and procedures.* (e.g. Referral or stratification criteria)

**Step 4: Continuously think about continuity across all settings (outside the hospital).**

1. How can you support patients who do not meet criteria for admission or prefer to stay at home?
2. Determine what community resources are available – many organizations will not take COVID patients due to lack of PPE
3. Consider development of 24/7 patient and family support lines or for providers (to assist in the care of patients and support or colleagues)
4. Consider developing “comfort packs” of crucial symptomatic medications for use at home or in residential care facilities
5. Research setting-specific guidance (e.g. Home care, Hospice care, Nursing home)

Tip: Use “scenario planning” techniques to think beyond today’s issues (e.g. What if volume doubled? Tripled?