THE PALLIATIVE CARE TEAM THAT COULD

How a Community Program Provided Care During a Pandemic

INTRODUCTION

Very few hospitals or long-term care facilities (LTCF) have disaster plans which include palliative care (PC) for their patients. During the COVID-19 pandemic, it has become evident that PC is an important aspect of preparedness planning.

A large, non-profit PC practice proactively developed strategies for both inpatient hospital and LTCF settings with the goal of managing patients by supporting them and their families while working in collaboration with other healthcare sites and providers.

CASE STUDY

Patient A is an 84-year-old woman at an LTCF who tested positive for COVID-19 and was admitted to the local hospital's ICU requiring ventilatory support. Our inpatient PC team was consulted to help care for Patient A.

Patient A's family members lived locally but were not able to visit due to pandemic restrictions. However, they would not make any medical decisions or future care plans without seeing the patient. Following rounds and medical updates from the primary healthcare teams, the PC team would set up virtual family meetings to provide medical updates and discuss goals of care plans. The PC team participated in daily "virtual rounds" using a cloud-based virtual meeting platform on a tablet. A camera and microphone allowed for interaction and discussion of care plans between PC and the rounding medical teams.

As the patient improved and was able to be discharged back to her LTCF, our community-based PC (CBPC) colleagues took over care. Using telemedicine, they stayed abreast of Patient A's condition, provided support to the family, and continued to address goals of care.

DISCUSSION

Our CBPC services cover an inpatient hospital system and community-based facilities and homes. Patient A originally established care with our PC services during her hospitalization. When Patient A was discharged to an LTCF, she continued to be seen by our outpatient CBPC team working with the patient's family for continual care planning until patient transitioned to hospice care.

CONCLUSION

The CBPC team found virtual rounds within a hospital system and within an LTCF to be an effective alternative to in-person care in establishing goals of care discussions, advance care planning, and providing symptom management needs in a time of limited resources. During a time of fragmented care and isolation for our patients and their families, our PC services can offer continuity of care and support across care sites.

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During a time of fragmented care and isolation, our palliative care services offered continuity of care and support through telemedicine.

RESULTS

Between May 18, 2020 and October 1, 2020, 107 adults with COVID-19 were seen by our both our inpatient and outpatient PC services. The majority of the patients were first seen in the hospital setting (n=63). As of October 1, over half of our patients died from COVID-19 and 19 patients (18%) transitioned from our PC services to our hospice services.