



Atrium Health

Powering Through A Pandemic: Utilizing a Virtual Palliative Care Packet

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Background

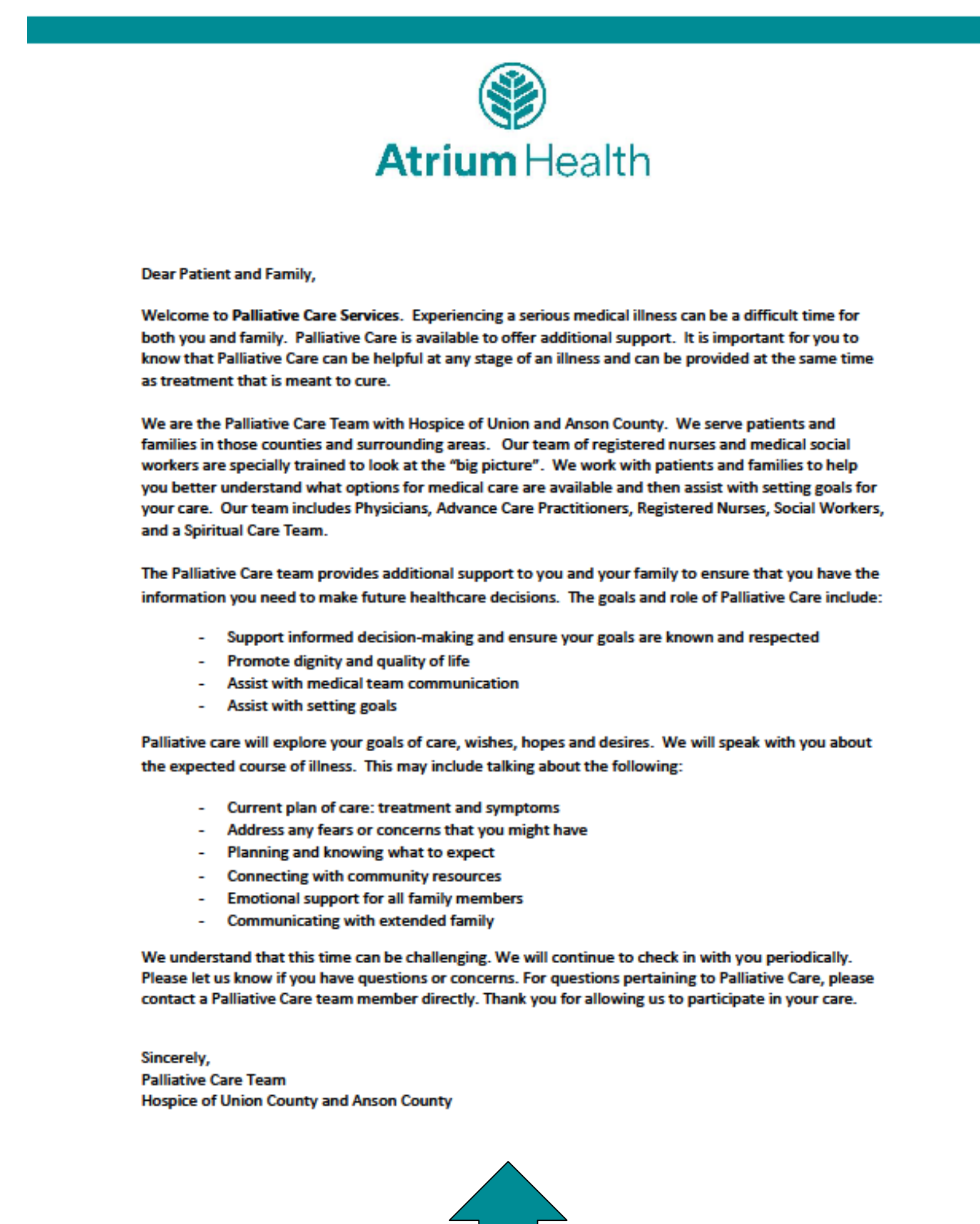
Huntersville Oaks is a skilled nursing facility (SNF) owned by Atrium Health. This facility has served as a COVID-19 Cohort Unit to rapidly care for our skilled nursing facility population amid the pandemic. Prior to the pandemic, we had a robust nurse driven palliative consultative service partnering with the Geriatrics team three days a week. As a result of the disproportionate effect on the skilled nursing facility population, all COVID-19 positive patients admitted to the facility had an automatic palliative consult to focus on Goals of Care and Advance Care Planning (ACP). The increase in Palliative Care (PC) consults within the facility lead to the need for additional support from the PC team. In efforts to reduce teammate exposure to COVID-19, PC team members provided virtual support to the patients with COVID-19 and their families five days a week.

Our Solution

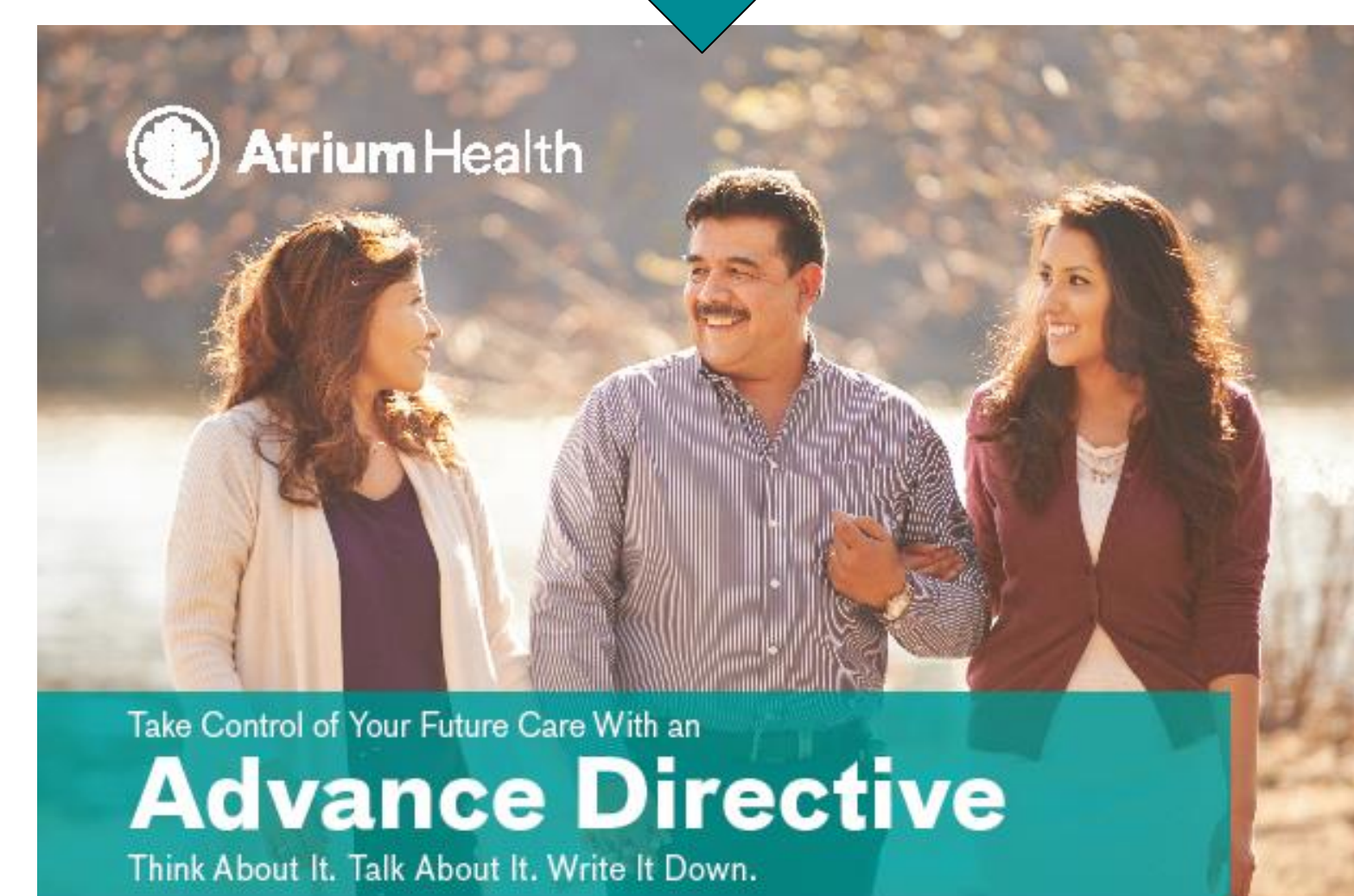
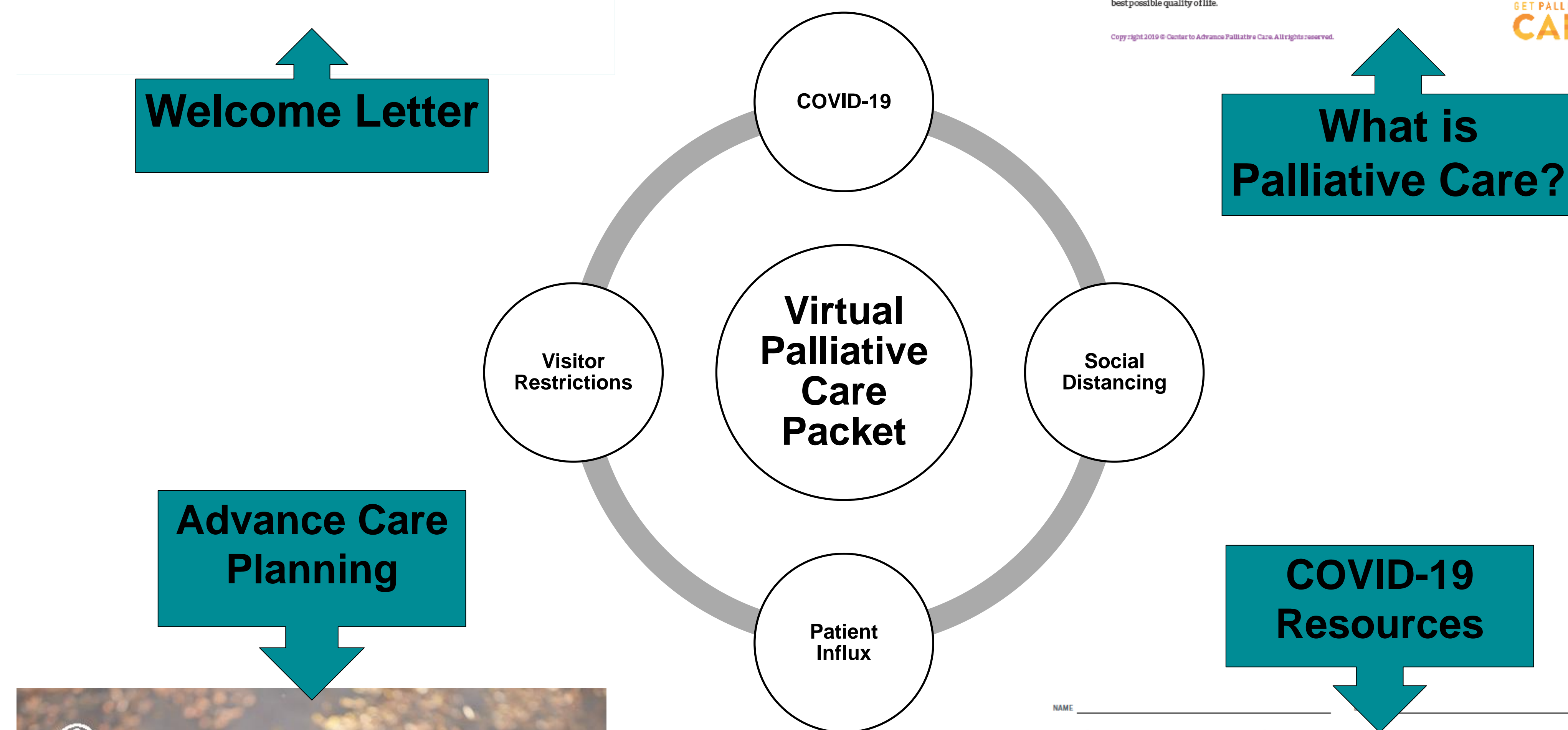
Our Interdisciplinary team, consisting of nurses, a Social Worker, Nurse Practitioners, and physician compiled a virtual packet formatted for email that can be sent to all families upon PC initial consult.

Our Method

The virtual packet includes a welcome letter from the Palliative Care team, Atrium Health PC brochure, Palliative Care Frequently Asked Questions (FAQ) sheet from getpalliativecare.org, ACP planning with Atrium Health, COVID-19 Conversation Guide provided by The Conversation Project, and Planning Steps during COVID-19 Crisis provided by Center to Advance Palliative Care (CAPC).



Welcome Letter



Advance Care Planning

Palliative Care What You Should Know

Palliative Care (pronounced pal-lee-uh-th) is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

- 1 WHERE DO I RECEIVE PALLIATIVE CARE? Palliative care can be provided in a variety of settings including the hospital, outpatient clinic and at home.
- 2 DOES MY INSURANCE PAY FOR PALLIATIVE CARE? Most insurance plans, including Medicare and Medicaid, cover palliative care.
- 3 HOW DO I KNOW IF PALLIATIVE CARE IS RIGHT FOR ME? Palliative care may be right for you if you suffer from pain, stress or other symptoms due to a serious illness. Serious illnesses may include cancer, heart disease, lung disease, kidney disease, Alzheimer's, HIV/AIDS, amyotrophic lateral sclerosis (ALS), multiple sclerosis, Parkinson's and more. Palliative care can be provided at any stage of illness and along with treatment meant to cure you.
- 4 WHAT CAN I EXPECT FROM PALLIATIVE CARE? You can expect relief from symptoms such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. Palliative care helps you carry over the things that are important to you through medical treatments. It helps you better understand your condition and your choices for medical care. In short, you can expect the best possible quality of life.
- 5 WHO PROVIDES PALLIATIVE CARE? Palliative care is provided by a team including palliative care doctors, nurses and other specialists.
- 6 HOW DOES PALLIATIVE CARE WORK WITH MY OWN DOCTORS? The palliative care team works in partnership with other doctors to provide an extra layer of support for you and your family. The team provides expert symptom management, extra time for communication about your goals and treatment options and help navigating the health system.
- 7 HOW DO I GET PALLIATIVE CARE? You have to ask! Just tell your doctor and nurse that you would like to see the palliative care team. You can start with the Provider Directory on GetPalliativeCare.org. That's where you can find palliative care in your area, quickly and easily.

What is Palliative Care?

Being Prepared in the Time of COVID-19 Three Things You Can Do Now

This is a challenging time. There are many things that are out of our control. But there are some things we can do to help us be prepared – both for ourselves and the people we care about. Here are three important things each of us can do, right now, to be prepared.

- 1 Pick your person to be your health care decision maker. Choose a health care decision maker (often known as a proxy, agent, or health care power of attorney) – a person who will make medical decisions for you if you become too sick to make them for yourself.
 - Have a plan to help you choose a health care decision maker.
 - Have a talk with your health care decision maker to make sure they know what matters most to you.
 - Make a plan to talk with your decision maker as soon as possible. Phone calls or video chats are good if you don't live with that person.
- 2 Talk about what matters most to you. Talk with your important people and decision maker about what matters most.
 - The Conversation Starter Kit can help you get ready to talk to others about what matters most.
 - If you have already completed the Conversation Starter Kit or have an Advance Directive, review it with your loved ones to see if you want to make any changes or updates.

YOU SHOULD KNOW
• First and foremost, do everything you can to stay personally safe and protect others
• Follow the CDC recommendations for social distancing. Stay home. Cover your hands often. Avoid close contact. Cover coughs and sneezes.
• Most people who get COVID-19 get a mild or moderate illness and don't need to go to the hospital.
• Those who do get a severe case of COVID-19 are mostly people who are older or have other medical problems.
• Some people, especially those who are young and healthy, will get better with routine hospital care. But many, especially those who are older and sicker, are not likely to survive even with a ventilator (breathing machine).
• Those who survive may be left with disabilities, both from damaged lungs and decreasing ability to receive care. Despite weeks or months in the hospital or rehabilitating in a nursing facility, survivors may not regain enough strength or function to return home.
• People who do not want intensive care should receive comfort care. Comfort care may be possible at home or in a nursing facility, especially with the care and support of hospice.
• Many hospitals are overcrowded and are not allowing visitors, so if you can, bring a caregiver, family member, or friend to help communicate with your important people. In certain parts of the country, access to hospital or intensive care may become limited in the coming weeks.

Results

- Palliative Care teammates can easily disseminate information in a concise and timely manner
- Team working more efficiently
- Families were highly engaged in follow up conversations.
- Families and patients receptive to continued Palliative Care support upon COVID-19 Cohort discharge
- MOST Forms completed and placed in Electronic Health Record
- Growth of overall Palliative Care consults

Summary

The use of a virtual packet supports social distancing guidelines and coincides with the telehealth approach to care during the global pandemic. It allows for near instant access to information as compared to delayed access when sending hard copy information via postal service. Our virtual packet is used as a tool for families to review during telephone conversation with PC teammate. The virtual packet has been well received and our team will now institute this virtual packet as part of all initial consults moving forward.

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Acknowledgements

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