

Be Like Water! Flowing with Changing Circumstance

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Objective: Describe the challenges of transitioning from an in person consult service to telemedicine and the evolution into a hybrid program

Background: Common barriers to telemedicine have been present however, the experience of the Covid 19 pandemic made change inevitable. Within days, we transitioned from an inpatient service to telemedicine encounters providing the same service but in a new framework. Change is difficult to undertake but our entire division scored the highest in telemedicine encounters across the Allegheny Health Network. Use of technology in new ways, better understanding of billing, and the overall acceptance of the staff and patients after returning to the green phase, we realized the potential for telemedicine support and began developing hybrid model of telemedicine and navigation providing improved continuity and support to patients and colleagues.

MODEL A

Description: Palliative Care consultation services provided through onsite Palliative care clinician and nurses. This included scheduling and interacting with other medical teams involved in the care of the patient.

Successes:

- Number of referrals have increased by 400% since program was initiated in 2010
- 247 consults from April-June 2019
- 101 Hospice referrals made between April-June 2019 (41 % of all consults)
- Use of education for floor nurses through nurse ambassador program

Learnings and Challenges:

- Palliative Care used too late in the admission process
- Conflicting philosophies amongst interdisciplinary teams

MODEL B

Description: Palliative care consultation services provided through Palliative care clinicians and nurses. This included scheduling of family meetings and interfacing with other medical teams with use of assistive technology/video conferencing

Successes:

- 258 e-consults from April-June 2020
- 83 Hospice referrals made between April-June 2020 (33% of all consults)
- Supportive teamwork with staff RN who helped coordinate family meetings
- Efficiency and effectiveness of working in telemedicine

Learnings and Challenges: challenge of SNF not accepting patients due to Covid
Increased burden of isolation for patients
Challenge of trying to comfort and communicate with patients via video
Billing appropriately for all the time spent in coordinating care

MODEL C

Description: Development of hybrid model of Palliative Care inpatient consultation, telemedicine encounters, and navigation.

Successes:

- Division approval for expansion of Palliative Care service to include telemedicine and navigation
- In process

Learnings and Challenges:

- Time limitation with current workload
- Collaboration between Palliative Care team members to create development plan
- Coordination with nurse navigators from other hospitals within division
- Development of flowsheet for navigation

CONCLUSION

Swimming through a sudden yet unavoidable wave of a pandemic, we felt afraid, anxious, and unaware of what to expect and how to continue to meet our patient's needs. The possibility of using telemedicine and collaborative teamwork brought us together into a new phase of this hybrid palliative care model. Insights from this process are paving the way for development for a telemedicine and navigation arm of our team. Change is inevitable, "Be like water" Inspired by the wisdom and philosophy of Bruce Lee. Water drops are tiny, yet water has tremendous force and strength. It becomes whatever it is poured into. It can flow or it can crash.

