

## The CREATE Project:

*A Trojan Horse in the Battle for the Best Outcome*



PRESENTER:  
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COMPASSIONATE  
RESPONSE:  
EXPANDING  
ACCESS to the  
TELEPALLIATIVE  
EXPERIENCE

### BACKGROUND

1. AHS is a system with 3 acute care hospitals that serves as a safety net in a county with high homelessness<sup>1</sup>, an economic inequality ratio high above the national and state average, and significant poverty<sup>2</sup>. **A minority of our patients have devices available for video communication.**

2. When the COVID pandemic hit, and hospital visits were curtailed, a plan to ensure connectivity with patients and outside family members as well as providers who were not hospital-based (psychologists, etc.) was needed.

**Palliative care, due to our focus on person-centered care, was a natural leader.**

### CORE OUTCOME

Despite clear evidence of value<sup>4</sup>, many palliative care teams continue to struggle to solicit consultations earlier in the course of an illness trajectory.

→ **This rapid response project broke through longstanding barriers to palliative care.**



Rapid distribution of mobile devices and coaching of primary teams during the pandemic enabled us to provide meaningful connections and amplify palliative care access.

In 6 months,

**1,245  
telecare  
visits and**

**1,479.4  
hours of  
connection  
and**

**a ↑48% in  
the palliative  
outpatient  
census**

have  
occurred.



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### METHODS

1. Develop plan to distribute video equipment and training with an unusual interdisciplinary team (IDT)\*.
2. Rapid roll out with train-the-trainer model.
3. Round on units to individually reinforce training and purpose.
4. Coordinate with interpreter services to improve patient access.
5. **Continue to support initiatives addressing barriers to care.**

### RESULTS

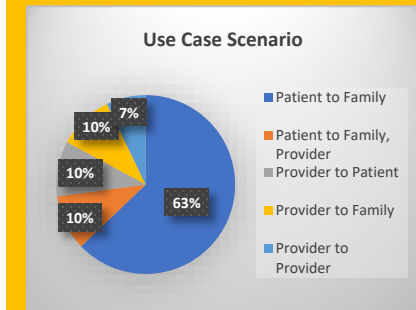


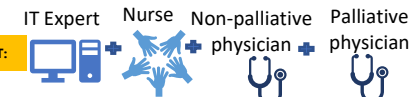
Fig 1. Use case scenarios pulled from staff survey of CREATE mobile use. Vast majority of use was between patients and their loved ones.

### CONTINUED FOCUS

As we are seeing the impact of having this equipment available, we have learned that many (most) of our patients don't have adequate digital access in the community.

We are addressing this by:

- Partnering with internal program to increase patient access and use of MyChart and other digital health resources
- Partnering with external nonprofit organization to develop further solutions to the digital divide



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