

Guidelines for Use of Palliative Care in the Pandemic

Definitions:

Palliative care is specialized medical care for people living with a serious illness, including COVID-19. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. At UMass Memorial, palliative care is available in the hospital and an outpatient clinic.

Hospice is expert care for people who are dying of end-stage illness, including COVID-19. Patients must have a likely prognosis of 6 months or less and forgo life-prolonging treatments. Hospice care is available at home, nursing facilities and the Rose Monahan Hospice House in Worcester. If a hospitalized patient at UMass Memorial is dying and in symptom crisis, s/he can be admitted to general inpatient level of hospice care (“GIP”) with the goal of discharge to the community if feasible.

Challenges During the Pandemic:

Palliative care is a scarce resource and there will be urgent need for its services, including expert communication about goals and treatment preferences; symptom management (especially refractory dyspnea); emotional support for patients and families; complex care coordination across settings of care; and support for clinicians facing moral distress. In addition, palliative care will be asked to support families if patients are unable to access a ventilator if resources are scarce.

Hospice agencies may be understaffed and lack PPE, which could lead to collapse of the community hospice infrastructure in central Massachusetts. There are mixed messages about whether hospice agencies will accept patients with COVID-19 at home or assisted living facilities. As of 4/4/20, the Rose Monahan Hospice House is unable to accept patients with COVID-19. Beaumont Rehab is equipped to provide hospice care for patients with COVID-19.

Overcoming Challenges in the Pandemic:

A. Palliative care surge plan

- Increased availability for in-house consults at University (“PALL” pager) and Memorial (“PAL3” pager) [changed from weekdays to 7 days/week, 8 am – 5 pm]
 - Indications for consult:
 - Complex symptom management, including refractory dyspnea, cough, pain, nausea and delirium, among others
 - Conflict resolution between patient, family, and medical team around goals of care and treatment options
 - Emotional support for patients and families in crisis

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- Complex disposition planning for high-risk patients with complicated outpatient needs (such as PCA pump for pain control at home)
- Widened scope of telephone support via “PALL” and “PAL3” pagers to include:
 - outpatient UMMHC clinicians for curbside consult or potential telehealth visit [resource dependent]
 - clinicians at DCU Field Hospital for curbside consult or potential telehealth visit [resource dependent]
- Ongoing ambulatory telehealth visits with aggressive outreach for pro-active advance care planning with patients and families at home or in SNFs regarding hospitalization, code status and hospice options.
- Point-of-care tools for inpatient clinicians:
 - Symptom management protocol – refractory dyspnea
 - GEN Adult Pain Management orders with Opioid Conversion Table in EMR
 - Adult Comfort Care orders for patients dying in the hospital in EMR
 - Brief Conversation Scripts:
 - ED Goals of Care Conversations for High-Risk Patients
 - ICU Goals of Care Conversations When Patient is Dying Despite Trial of Critical Care
 - Words for Responding to Intense Emotion (Sadness, Anger)
 - Offering Support for What to Say to a Loved One Who is Dying
 - “The Pause” after a patient dies – Cleveland Clinic
[\[https://consultqd.clevelandclinic.org/why-the-pause-is-important-for-patients-at-the-end-of-life/\]](https://consultqd.clevelandclinic.org/why-the-pause-is-important-for-patients-at-the-end-of-life/)
 - Documenting your conversation in EMR so it is retrievable
- Point-of-care tools for outpatient clinicians:
 - Symptom management in the home [Ambulatory order “Comfort Kit” build pending]
 - Pain Management website on the Hub
 - Outpatient conversation scripts:
 - Telehealth visit workflow for pro-active advance care planning
 - Adapted Conversation Guide for Community High-Risk Patients
 - Medical Priorities – Treatment Options
 - Patient Decision Aid on Life Support during the Pandemic
 - Procedure for verbal witnessed consent for MOLST
 - Documenting and Billing in EMR

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B. Hospice surge plan

- Continue with the UMMMC Inpatient Hospice Program for dying patients who qualify (ie, patients in symptom crisis OR withdrawal of mechanical ventilation)
- The Division of Palliative Care will provide virtual consults for palliative care and hospice patients at Beaumont Rehab. Our physicians have offered to manage hospice patients when requested by Salmon Hospice and Beaumont geriatricians.
- If community hospice agencies are unable to meet the demand for hospice care at home or in nursing facilities, PCPs and other clinicians will need support for managing terminally ill patients at home. This plan includes:
 - In collaboration with the ACC Specialty Pharmacy, the Division of Palliative Care has created a standardized “hospice comfort kit” with sublingual medications for emergency use for managing dyspnea, cough, pain, nausea, constipation, fever, delirium and anxiety at home, based on best practices. The kit includes clear instructions for family caregivers on how to safely use, store and dispose of these medications.
 - Clinicians can order the “hospice comfort kit” electronically in EMR to the ACC Specialty Pharmacy (which provides home delivery) or the University or Memorial Prescription Centers.
 - The palliative care team will be available for phone support for clinicians who are managing dying patients at home without hospice via “PALL” and “PAL3” pager during the hours listed above.