

## **The Impact of COVID-19 in Serious Illness Care**

A Discussion with Constance Dahlin of the Center to Advance Palliative Care

April 28, 2020

### **Overview**

Understanding the impact that the COVID-19 pandemic has on serious illness care is critical when addressing clinical care, communication and resilience in health care. This webinar discussion between Constance Dahlin, consultant at the Center to Advance Palliative Care and Pat Noga, Vice President of Clinical Affairs at the Massachusetts Health and Hospital Association focuses on these issues as they relate to our current state of healthcare.

### **Discussion**

**Palliative Care.** Palliative care focuses on relieving the symptoms and distress of serious illness. It is best to start palliative care as soon as a patient is diagnosed with a serious illness. It is interdisciplinary and addresses all aspects of care (physical, social, spiritual, etc.). In terms of COVID-19, palliative care teams work alongside our frontline staff to support both the clinical and psychological aspects of patient care and clinician well-being. Palliative care puts a large emphasis on goals of care conversations and advanced care planning between patients, families, and caregivers. Palliative care teams aid in coaching physicians and nursing staff with patient communication and frontline support.

**Clinical Care.** Palliative care teams support nurses and social workers to become part of a care management team using proactive educational and training methods. They may coach staff on how to practice providing support to patients and families, as well as teaching staff to better manage infection control to increase patient comfort. In terms of symptom management, it is important to note that every hospital is unique and has access to different resources. Palliative care teams should be working collaboratively with hospitals to ensure efficient utilization of medications specific to that hospital. As PPE becomes limited, space within a hospital becomes limited as well, leading to patients being discharged with comfort packs. Comfort packs may include medications specific to a patient with simple instructions on how to use them, as well as a 24 hour consultation line.

**Communication.** Using open-ended questions with patients is essential during this pandemic. Asking patients their thoughts on getting sick, their understanding of how sick they are, and their overall knowledge of what COVID-19 is about are great ways to start the conversation. Being honest and transparent about where patients are in their disease trajectory and respecting those who are in

denial are additional factors of importance when considering palliative care. Offer guidance when necessary.

**Resilience.** Palliative care teams should provide support to frontline caregivers to prevent burnout. Encouraging open discussion about common stressors can help create a better state of wellbeing for our clinicians. It is a good idea to have chaplains and social workers hold open office hours for caregivers to discuss individual health, but also balance team health. Hospitals should hope for the best, but plan for the worst, having plans in place for when frontline staff become sick.