

Lessons learned: PATCH-24

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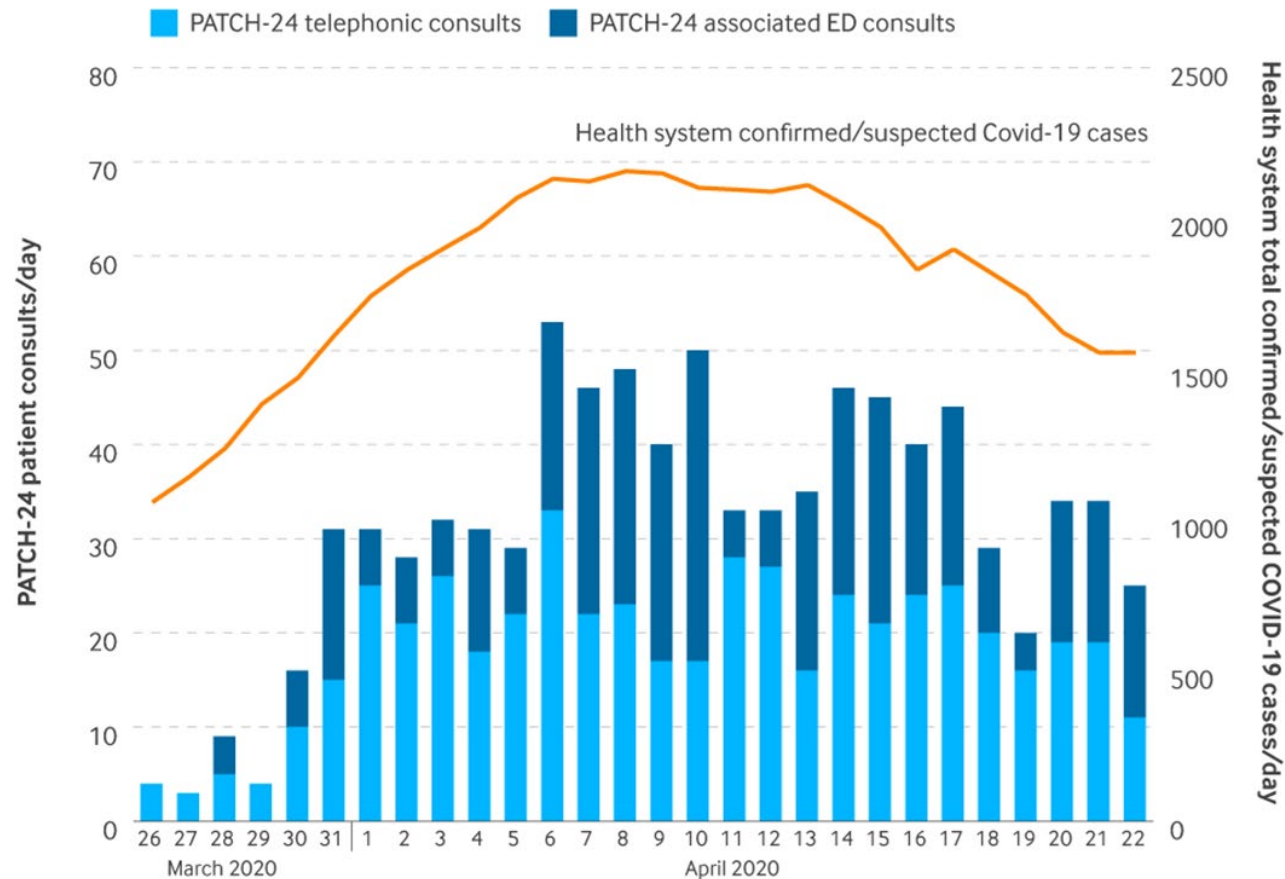


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PATCH-24 was a model of rapid telephonic and in-person ED palliative care outreach to meet the needs of our health system during the Spring 2020 NYC COVID-19 surge.

Daily Volume of the PATCH-24 Telephonic Palliative Support Line and Associated ED Consults During the Covid-19 Pandemic.

The daily volume of the PATCH-24 telephonic palliative support line and associated ED consults rapidly grew to the peak of the pandemic in our health system and then began to decline.



Note: PATCH-24 telephonic consults were directly received by front-line physicians. PATCH-24 associated ED consults were referred by ED clinicians to an in-person PATCH-24 physician in the ED who called the patient's family.

Source: The authors

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Lessons learned

*(with gratitude from those at
other institutions as well as our
own clinicians)*

Telephonic consultation can be used to extend in-person services, if properly integrated.

In-person presence and local champions are critical to build and gather momentum.

Our staffing model was not scalable/sustainable. But other models are possible.

**With regards to crisis staffing...
be creative and use who you
have.**

**Telemedicine provided an
excellent platform for teaching.**

Regular debriefs and communication were critically important, and have only become more so as the pandemic continues.

Future iterations of similar models should consider either partnered or sequential calls with IDT members.

In crisis mode, our work shifted to taking over primary palliative care... but this easily reverted post-surge.

Thank you!

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