Responding to the Pandemic: Palliative Care at Brigham and Women's Hospital

Jane deLima Thomas, MD

Clinical Director, Adult Palliative Care

Elizabeth Rickerson, MD

Director, Intensive Palliative Care Unit

Barbara Reville, DNP, ANP-BC, ACHPN

Director, Palliative Nursing

Dana-Farber Cancer Institute

BWH BRIGHAM AND WOMEN'S HOSPITAL

HARVARD MEDICAL SCHOOL

The BWH Palliative Care service

Inpatient palliative care for 800-bed hospital

~20 rotating attendings	5 NP's	4 PA's	5 SW's	Chaplaincy and pharmacy support

Consult service and Intensive Palliative Care Unit (IPCU)

~2000 inpatient consults annually	~450 IPCU admissions annually

The surge at BWH was later and lower

Peak: April 22

- 213 COVID+/PUI (non-ICU)
- 98 COVID+/PUI in ICU

Why later?

- Social distancing flattened the curve

Why lower?

- Combination of factors, including patient demographics

HARVARD MEDICAL SCHOOL

Our surge response had four parts

Restructure	Restructure the consult service
Refocus	Refocus the IPCU
Create	Create a Palliative Care Toolkit
Support	Support our staff in a variety of ways

1. Restructure the consult service

Old	New

• Triage by RN
• In-person consults
• 5 teams
  • 3 oncology/non-oncology
  • 1 end-stage heart failure (embedded)
  • 1 end-stage renal disease (embedded)
	• Triage by MD/NP
	• Virtual consults
	• 3 teams
	  • General consults
	  • COVID ED and Hospital Medicine (embedded)
	  • COVID ICU (embedded)

What we experienced

Need for rapid adaptation

Impact of institutional culture

Considerable strain on staff

2. Refocus the IPCU

Old

- 12 bed unit for oncology patients
- Could be full code, receiving chemo, etc.

New

- 12 bed unit for COVID+ patients
- CMO or DNR/I, no escalation in care

Additional Challenges on the IPCU

Telehealth

Interdisciplinary team now largely off site

Shifting plans and policies

Shift from upstream palliative care to EOL only

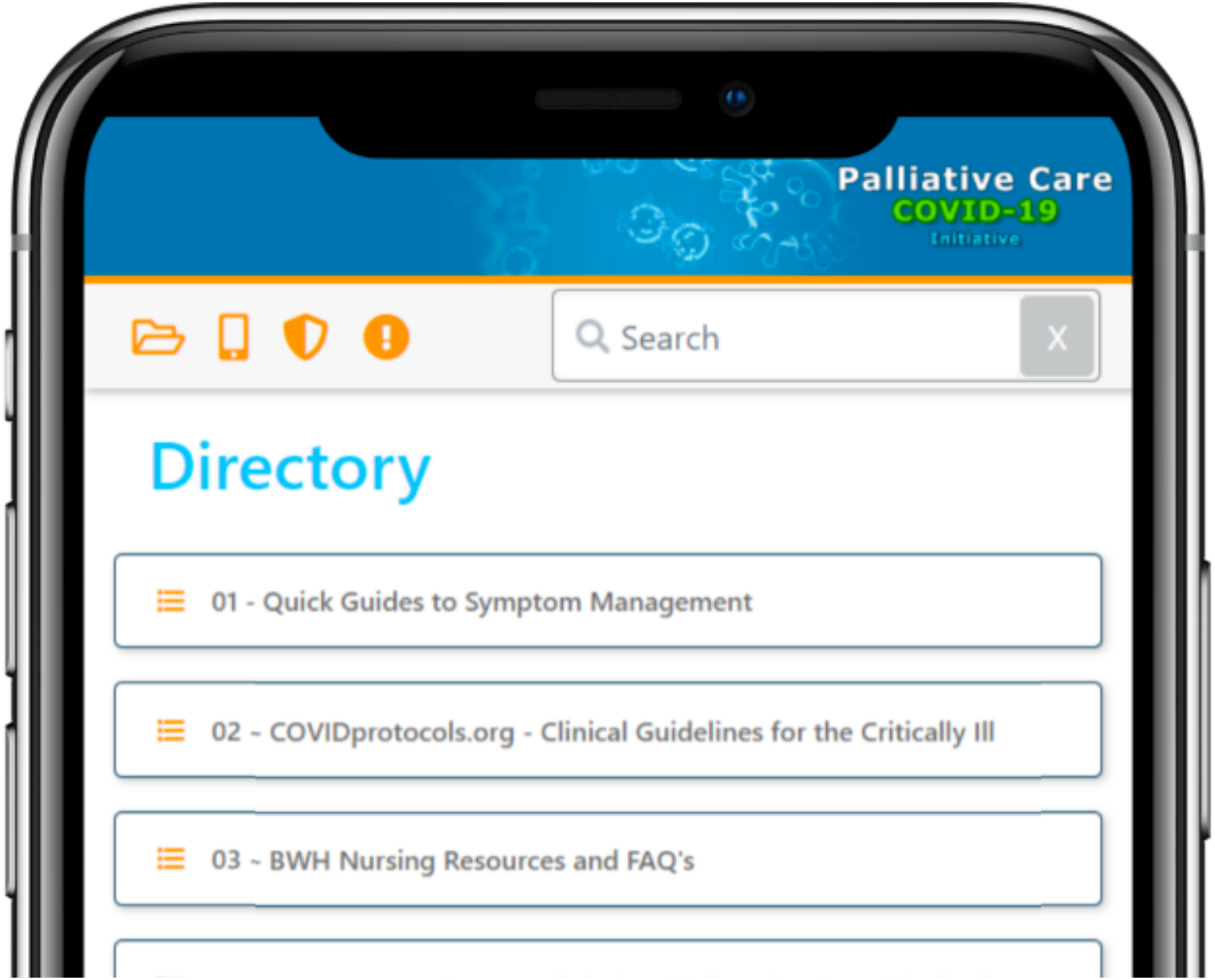
Single rooms→Needed a double room

New disease, challenging prognostication

3. Create a Palliative Care Toolkit

- Palliative Care chapter in Covidprotocols.org
- One-page summaries and pocket cards
- Brief communication skills videos
- PalliCOVID.app
- Daily consult service “office hours” for curbside questions
- 24/7 Nursing resource line
- Trainings for ED nurses, critical care fellows, medical residents, etc.

One example: PalliCOVID.app



4. Support our staff

WEEKLY REMEMBRANCE

WEEKLY PSYCHOSOCIAL ROUNDS

DAILY PSYCHOLOGIST DROP-IN OFFICE HOURS

TWICE-DAILY TEAM CHECK-INS

FUN (ZOOM VIP, PANDEMIC DOG SHOW, MICROSOFT TEAMS WATER COOLER)

LOTS OF INSTITUTIONAL RESOURCES (EAP, SUPPORT GROUPS, FREE MENTAL HEALTH VISITS, PEER SUPPORT, ETC.)

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Lessons learned

1. Crisis can lead to innovation, also to team cohesion

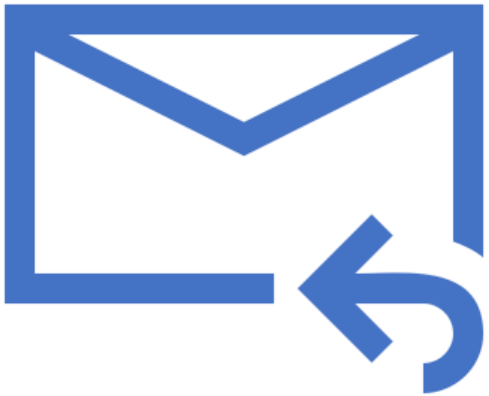
2. Flexibility and openness to new ideas are key

3. Prioritization is important, including team/self-care

4. Embedded models are powerful

5. Learning can happen if the surge is strong but not overwhelming

Feel free to contact us with questions



Jane deLima Thomas, MD

jane_thomas@dfci.harvard.edu

Elizabeth Rickerson, MD

erickerson@bwh.harvard.edu

Barbara Reville, DNP, ANP-BC, ACHPN

breville@bwh.harvard.edu