

Developing a Palliative Care Skill Set During a Pandemic

Webinar Transcript

Krista Davis: Good afternoon everyone and welcome to today's webinar, Developing a Palliative Care Skill Set During a Pandemic. My name is Krista Davis and I'm a communications specialist at Quality Insights, and your host for today's presentation. We'll get started with today's program in just a moment, but first a few housekeeping items. All participants entered today's webinar in a listen only mode. Should you have a question or a comment during today's call, we ask that you please type it into either the chat or the Q and A box to the right of your screen. If you're unable to locate your chat box, hover over the bottom of your screen and click the circle with the speech bubble. The slides you see today were emailed to everyone who had registered. They will also be posted on our website before close of business today. You can find the web address in the chat box.

Krista Davis: At the end of today's program, you'll be asked to complete a short evaluation. This evaluation will help tell us how we did during this program and how we can help you during this challenging time. Today you'll be hearing from Dr. Amy Wirts, Medical Director of Hospice Care of West Virginia. But first I'm going to turn the program over to Quality Insights' QIN-QIO Project Director, Bidy Smith. Bidy?

Bidy Smith: Thanks, Krista. Thank you all for taking out time to join us today. Next slide please. As Krista said, I'm Bidy Smith, the QIN-QIO program manager. Quality Insights is the quality innovation network quality improvement organization for Pennsylvania and West Virginia. We offer free peer support, technical assistance and education on timely topics that are important to you. Next slide please. As part of our current work, we offer two learning and action networks. One is nursing home quality improvement, focusing on infection prevention, five star improvement, reducing adverse drug events, reducing hospital admissions and readmissions. If you have not joined our network yet, please do so by clicking the link in the chat box. Next slide please. Our second learning and action network is focused on community coalitions. This work is focused on behavioral health, improving patient safety, increasing chronic disease self management, decreasing avoidable emergency department visits, and reducing ADEs. If you've not already joined, please take a minute to click the join us link in the chat box.

Bidy Smith: Next slide please. We're here to help. Through our two learning and action networks you will receive personalized expertise from subject matter and industry experts, timely and useful tools and resources, technical assistance,

data reports to track progress along with shared best practices and success stories. Next slide please. Today's guest speaker is Dr. Amy Wirts. Dr. Wirts is a hospice and palliative care physician who is board certified in both internal medicine and hospice palliative care medicine. She's the medical director to hospice care of West Virginia and is the founding medical director for the community-based Palliative Care Center of Charleston, Chair to the Palliative Care Coalition to the West Virginia State Legislature. Dr. Wirts, it's my pleasure to hand the floor to you.

Dr. Amy Wirts:

Thank you, Bidy, and thank you all for attending on your busy schedule. We're going to be talking about developing a primary palliative care skill set, especially during this COVID-19. I'm hoping everyone can hear me okay. Oops, sorry. So our objective, and we'll try to go through some of the basic ones fairly quickly, is define palliative care, discuss the goals of palliative care, how to identify unmet palliative care needs, how to develop a primary palliative care skill set, how to provide primary palliative care in a pandemic setting and some end of life resources/responses specifically for COVID-19. So palliative care briefly defined, to palliate means to reduce the violence of a disease, to ease symptoms without curing the underlying disease. It's a medical sub-specialty of palliative medicine and it's for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness and the goal of palliative care is to improve quality of life for both the patient and the family.

Dr. Amy Wirts:

Again, what is palliative care? It includes decisions, open discussions about treatment options when diagnosed with a serious or chronic illness and the importance of advanced care planning. It addresses overwhelming symptoms. Most common are pain, shortness of breath, fatigue, nausea, loss of appetite and difficulty sleeping. It recognizes psychosocial distress that may include anxiety, depression, fears, and spiritual tension that goes along with suffering from a serious chronic life-limiting illness. It emphasizes you, the patient, with a focus on the entire person, patient, including the family. What are the goals of palliative care? The primary goal of palliative care is to improve quality of life for both the patient and the family, to ensure patients, families, and caregivers understand all aspects of the patient's illness and guide them to make informed, well-educated choices. It helps to address spiritual and emotional needs and provides support when needed. Palliative care coordinates care with other members of the healthcare team. It treats physical, psychosocial, and spiritual symptoms that patients experience.

Dr. Amy Wirts:

So the types of palliative care, the first is primary palliative care, which is the basic skills and competencies required of all physicians and other healthcare professionals. And then there's specialty palliative care, which is my field that includes specialists, clinicians that provide consultation and specialty care. And then if you work in a tertiary palliative care center, that includes research and education. Primary palliative care again focuses on fundamental communication skills, family involvement and conferences, advanced care planning and goals of care. This is what we're going to be focusing on mainly especially with

everybody in isolation and trying to take care of their own. You guys, everybody needs to be aware and practicing primary palliative care if they have patients with severe life-limiting illnesses.

Dr. Amy Wirts:

So when should you acknowledge that you might need primary palliative care? If there's a potentially life-limiting or life-threatening condition. Also primary care criteria, we use the surprise question, which is would you be surprised if the patient died within 12 months? If you would not be surprised, then that person probably needs primary palliative care at the least. If the patient has frequent admissions, more than one admission for the same condition within several months, they would be a primary palliative care candidate. Admission prompted by difficult to control physical or psychological symptoms, moderate to severe symptom intensity for more than 24 to 48 hours. Complex care requirements, functional dependency, complex home support for ventilator, antibiotics, feedings, also meet primary criteria for palliative care, decline in function, feeding intolerance or unintended decline in weight such as failure to thrive.

Dr. Amy Wirts:

So this is the primary criteria and our global indicators that represent the minimum that hospitals or long term care facilities or any facility that takes care of serious life-limiting illness patients should use to screen patients at risk for unmet palliative care needs. There are secondary criteria and those are, admission from a long term care facility or medical foster home. An elderly patient, especially one that's cognitively impaired, metastatic or locally advanced, incurable cancer, chronic home oxygen use such as those chronic obstructive pulmonary disease, out of hospital cardiac arrest, limited social support such as family stress or family or patients who have chronic mental illness. No history of completing an advanced care planning discussion or document or in need of goal clarification. These are secondary criteria and more specific indicators of a high likelihood of unmet palliative care needs.

Dr. Amy Wirts:

Sorry, my slides got stuck. So what the thing for primary palliative care skill set? It should be patient focused. You should include the family. You should probably have an interdisciplinary team, and we'll talk about this more, but it's usually a doctor, a nurse, social worker, and some form of counselor to help with the psychosocial needs. Continuity of care post acute, because usually these people, these patients are leaving a hospital setting and they're probably coming to your facility. So you need to make sure that you can provide continuity of care for post acute like wounds, for instance. Advanced care planning and goal clarification and prognostication.

Dr. Amy Wirts:

So one good Ted Talk that I ran into was Preparing For a Good End of Life Ted Talk by Judy McDonald, and she did this in May of 2013. This is a basic, and we'll go over a more detailed one that comes from the CAPC, Center to Advance Palliative Care. But basically she said have a plan. Answer the questions about the end of life that you want. Where do you want to be when you're no longer independent? What do you want in terms of medical intervention and who's

going to make sure those plans are followed? Next, pick out some advocates. More than one advocate increases your chance of getting what you want. Make sure that advocate is close in time and proximity. They can either be reached by phone or they can be able to come to the facility and sign papers. Make sure your advocate's able to work with people under an ever-changing situation, especially this one with COVID-19.

Dr. Amy Wirts: Then next would be hospital readiness. Make sure the patient has a one-page summary of the medical illness, the illnesses they suffer from, their medications, their physician information. Have a copy of their insurance card, their power of attorney, their do not resuscitate card if they have one, and make sure the patient keeps a copy in the car in case you need to go to the hospital right away, you have it there already. And make sure the advocate has a copy of this information. Picking out caregiver guidelines. You should make sure if your patient or your loved one is suffering from a serious life-limiting illness, they're going to start requiring caregivers. So you would have to make sure the personality and the patient's financial situation is met by this particular caregiver. Ask the patient if they want to stay home versus some elder care community. You might be surprised by their answer.

Dr. Amy Wirts: And finally at the end of her talk, she said, make sure you you meet the last words. What would you want to hear at the very end and from whom? And make sure that that person knows already or that you would have a way of telling them. So the most important thing is giving the patient a voice. The single most important voice for the patient is their advanced directive. Initiate the topic and let the patient guide the conversation. Most patients are relieved when they're asked what they want. If a patient has capacity, explore the patient's wishes for his or her care. Full clarification via palliative care or hospice consultation when a patient's wishes do not align with family's wishes.

Dr. Amy Wirts: So some of the examples of the advanced directives as you all probably already know, a living will is the most helpful, and then a medical power of attorney. Then a physician order form that I'll show you an example of and discuss a little bit. If the patient is incapacitated, then you would have to appoint a healthcare surrogate. So let me make sure, okay, yeah. This is a picture of our West Virginia POLST form, physician orders for life sustaining treatment, and it discusses everything from do not resuscitate or CPR to IV fluids, artificial nutrition, and it even discusses it may be just a trial period. You know, if after two weeks artificial nutrition or ventilation is not working out, you probably have to readdress their goals of care.

Dr. Amy Wirts: So this is based on the Center to Advance Palliative Care or CAPC on COVID-19, some response and resources, patient and family support resources, planning steps for patients and families during the COVID-19 crisis. So this was made specifically during this pandemic. So planning steps for patients and families. The global coronavirus pandemic presents new challenges for individuals, families, health professionals and health systems. Realities of the COVID-19

illness experience, particularly in circumstances where symptoms become severe enough for potential hospitalization. Underscore the importance of thinking and talking about the care you want before any such hospital care may happen.

Dr. Amy Wirts: And then at the bottom it says, we are all in this together. You can do your part by making a plan. This plan can help you, your family, friends, and your medical providers. So they're planning steps are very similar to the Ted talk, maybe a little bit more detailed, but it's the medications, make a list of your medications, keep it on hand. Look ahead and contact your clinic, hospital or pharmacy if you need refills. Call your pharmacy to see if medications can be sent to your home. You might want to make plans for your pet. Choose someone who could take care of your pets if needed. Call your pet store if they can deliver pet food and supplies to your home, your money and bills to someone you trust who could help you with your money and bills if needed. Be aware of scams. Do not give strangers information about your money. There are some websites here for Social Security and for patient advocates.

Dr. Amy Wirts: So three action steps. Number one, choose a medical decision maker. This person will speak for you if you cannot speak for yourself because of your condition. Choose a backup medical decision maker. They can make sure your doctors know about the care you want and keep their phone numbers on hand. We did run into this problem. I had a friend that went into the hospital and his phone was dying. He didn't bring his charger, and I didn't memorize his phone number. So you know, writing down, old fashioned writing the phone number down, you might want to think about that. A good medical decision maker is someone who can talk to the doctors for you in person or by phone and knows your wishes about what is best for you, you trust to follow your wishes about the care you want and may not want. Let your medical decision maker know they were chosen. There's a website there to help you, prepareforyourcare.org. Step two, share your wishes about the care you want. Think about what is most important in your life, family, pets, hobbies. If you know what you want for your medical care, share this now. Talk with your family, friends and medical providers about the care you want.

Dr. Amy Wirts: And again, there's the website for [prepareforyourcare](http://prepareforyourcare.org) and you can share what you want by phone and/or selfie video or Zoom or FaceTime. Third step, consider an advanced directive. This form allows you to name your decision maker and write down what you want for your medical care as guidance if you cannot speak for yourself because of your condition. If you have an advanced directive, find it, review it and share it. There is a website there listed that you can go to, to download it and it's okay if you can't sign it or get witnesses right now to sign it. Reading it to somebody can help you learn a lot about what you care about and what you want. Filling out parts can still help your family and providers know more about the care you want and may not want, and you can scan or fax it, which is the most secure, email or even send pictures of the form from your cell phone to those you trust.

Dr. Amy Wirts: Some changes that you might not be expecting if there's a hospital stay. Unlike usual circumstances, the COVID-19 crisis in hospitals often means that family and friends likely may not be able to visit. Bring what you need from home, papers and information. Write down phone numbers for your key contacts to give your medical providers including a person you designate as your medical decision maker. List your medications. Bring your advanced directives or your medical wishes and make plans for your pets or bills while you're away. Equipment. Make sure you bring your phone, your tablet, or your computer and their chargers. This can help you stay connected to family and friends if visitors are not permitted in the hospital. If you use glasses, hearing aids, dentures, or other such items, plan to bring them with you. These are often lost in hospitals, so keep watch over them. Earplugs, sleeping masks, books or clothes you want from home.

Dr. Amy Wirts: COVID-19 planning in the midst of this national care crisis may be quite different from what patients and families are used to. Here are some unfamiliar circumstances that many individuals and families have been experiencing as part of this pandemic. You may not be able to talk to your regular doctor in person, only by phone. Many people are getting very sick and going to the hospital. If you need to go to the hospital, your family may not be allowed to visit you. You may be taken to a different hospital than where you usually get your care. Some people with COVID-19 may get so sick they need a breathing machine or ventilator. They cannot talk when on the machine. Even with a breathing machine, many people will not survive. For people who survive, their health, physical function and quality of life may not be the same as it was before the illness happened.

Dr. Amy Wirts: So here are some questions and answers on COVID-19 in the seriously ill. This was taken from vitaltalk.org. So one question would be, I'm worried about this new virus. What should I be doing? Your answer should be, you are right to be concerned. Here's what you can do. Please limit your contact with others. We call it social distancing. And you should pick a person who knows you well enough to talk to doctors for you if you did get really sick. That person is your proxy. Finally, if you are the kind of person who would say, no thanks, I don't want to go the hospital and end up dying on machines, you should tell us and your proxy.

Dr. Amy Wirts: Next question. I realize that I'm not doing well medically, even without this new virus. I want to take my chances at home/in this long term care facility. A response might be, thank you for telling me that. What I'm hearing is that you would rather not go to the hospital if we suspected that you have the virus. Did I get that right? You probably should document all of this too, that you spoke to the patient or family or medical power of attorney.

Dr. Amy Wirts: I don't want to come to the end of my life like a vegetable being kept alive on a machine. I respect that. Here's what I'd like to propose. We will continue to take care of you. The best case is that you don't get the virus. The worst case is that

you get the virus despite our precautions and then we will keep you here and make sure you're comfortable for as long as you are with us. Another question might be, I am the person's proxy health care agent. I know their medical condition is bad, that they probably would not survive the virus. Do you have to take them to the hospital? You might answer, it is so helpful for you to speak for them. Thank you. If their medical condition did get worse, we could arrange for hospice or palliative care to see them where they are. We can hope for the best and plan for the worst. That is a common statement that we use at the end, we hope for the best, but we must plan for the worst.

Dr. Amy Wirts:

And another question would be, is my grandfather going to make it? I imagine you are scared. Here's what I can say. Because he is 90 and is already dealing with other illnesses, it is quite possible that he will not make it out of the hospital. Honestly, it is too soon to say for certain. That would be an example answer for that type of question. So basically primary palliative care, especially in this time of limited physical distancing, the facility primary palliative care would be anytime, any distance anywhere. If you get into trouble you can get ahold of your local palliative care or hospice facility and I'm sure they would try and find a way to help you. So lastly, just to let you know that palliative care has a coalition in the West Virginia legislature. I am chair of that. It was signed into law March 22nd, 2018 and the purpose of the coalition was created to improve quality and delivery of patient centered and family focused care in West Virginia. So we are working this.

Dr. Amy Wirts:

You guys are actually ahead of the game in the sense that if you can form some form of primary palliative care in your facility, we're pushing legislation to make it a guideline to have some form of primary palliative care for the serious chronically ill patients in facilities that have 50 or more patients. Again, thank you for having me on this discussion and I can open it up to questions with Krista's help.

Krista Davis:

Thank you, Dr. Wirts. And we do have about five minutes left in our time together. So if you have a question we invite you to now please type it into either the chat or the Q and A box on the right side of your screen. And Dr. Wirts, we did have one question already regarding the POLST form that you put up earlier in your presentation. Just a comment that it looks different from the one that this person was using in their facility and was wondering if it had been updated or changed in any way.

Dr. Amy Wirts:

Basically, you know the top, POLST forms can be different. It's just an order set. It's based on whoever happened to write your POLST form in your state. It doesn't have to look exactly like this, but it should cover the basics like do you want CPR? Are you a DNR or DNI, do not resuscitate, do not intubate? This thing has a checkbox for comfort measures. It really should address IV fluids, IV antibiotics, artificial nutrition, feeding tubes, and I believe it should also address for how long do you plan on trying this? And usually two weeks for IV fluids, IV antibiotics, artificial feedings. If they're not tolerating it or you're not making

significant recovery with those interventions, then after two weeks you may have to have another discussion of what are the goals of care.

Krista Davis: Thank you. And our next question is under these pandemic circumstances, is a virtual POLST completed by phone considered valid?

Dr. Amy Wirts: I believe in West Virginia it is. We can take a verbal order of do not resuscitate, do not intubate. Your state may be different, but West Virginia we can take verbal orders.

Krista Davis: Thank you. And it does not appear that there are any further questions in our queue at the moment. I will turn things over to Bidy Smith for some final words while we wait and see if any final questions roll in, in the last three minutes or so. Bidy?

Bidy Smith: Thank you, Dr. Wirts. Again, thank you all for joining us today. Krista, if you could go to the last slide.

Krista Davis: Give me one moment.

Bidy Smith: Okay. On this last slide you will see our LAN team leads' contact information. If you have further questions, please reach out to us. We look forward to working with you, and I will encourage you, please take a few minutes when we conclude to fill out the evaluation. If there's topics that you would like for us to cover in upcoming educational series, please let us know.

Krista Davis: Thank you very much and we hope that you have a great afternoon.