Overcoming the Challenges to Hospice and Palliative Care During COVID-19
April 15, 2020

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Staff Vignettes

James is a hospice RN who works in his hospice's IPU. His hospice made the decision to accept COVID-19 positive patients on an isolated wing of the unit and two patients have been admitted. Gloves, goggles, and gowns are available but N95 masks are still in short supply. His current organizational policy is to reuse N95 masks after a UV sterilization process. James knows the organization is doing the best they can with a difficult situation, but reusing isolation supplies goes against everything he was ever taught in nursing school. He also has been having trouble sleeping due to constant anxiety of bringing the virus home to his family after his shifts. He is beginning to wonder how he will ever make it through if the crisis escalates or drags on for months.

Staff Vignettes

Karen is a hospice bereavement coordinator who has served her community for eight years. She is well known for her ability to connect deeply with her clients, facilitating healthy processing of their grief and loss. Some years ago, her hospice designated two counseling rooms specially designed to provide a homelike, comforting, and therapeutic environment for children, teens, adults, and groups. After her state issued stay-at-home orders, she received a directive that all in-person counseling and groups would be immediately moved to an online format. Although she understands the reasons, she is struggling with the abrupt nature of the directive. Most of all, she is worried about her families and her ability to provide quality care and bereavement when she herself is still trying to adjust to the online format and features. Like James, she wonders if things will ever be the same.

Staff Vignettes

Linda is a hospice social worker on her hospice's long-term care team, and spent several years working as a nursing facility social worker. Because of her experience and love of working with the elderly, her caseload consists of all patients in two separate nursing facilities. She prides herself on her ability to build bridges between her hospice team, the facility staff, and the patient's family. She has formed close bonds with the facility staff and her hospice patients. At the COVID-19 crisis escalated, the facilities began to have patients that tested positive. In response, the facilities issued no-visitor policies and are only allowing the hospice RN to visit in urgent situations. She misses her patients, feels left out of their care, and worries about which ones may get the virus. She also is struggling to help the families of her patients deal with their fear, questions, and inability to visit. She has been experiencing irritability and helplessness and doesn't know who to reach out to about her feelings.
"Webside" Manner
Tips for Quality Virtual Visits

• Become comfortable with the technology you are using, to show you are well prepared and ready to help the patient at the other end with their technology if necessary.
  • Look for tutorials from your technology provider or YouTube.
  • Practice with a co-worker or family member.
  • Log in 5-10 minutes early.

• Be aware of your surroundings.
  • Make sure the room you are in is not cluttered and that the lighting quality is good, so that you can be clearly seen.
  • Don't forget that the same privacy expectations exist.

• Introduce yourself. Establishing rapport is even more important during video visits.
  • Tell your patient a little about yourself and what to expect during the appointment to avoid the whole appointment feeling distant.

• Maintain eye contact. This is different via technology than in person.
  • On video you will need to look into the camera on your computer and not at the patient’s image on the screen.
  • Looking at the image can come across as you looking down and not visually connecting with your patient.

• Communicate clearly.
  • Explain what you are doing.
  • If you are going to look away to read something or take notes, tell your patient what you are doing so they don’t interpret your behavior as not paying attention to them.

• Pay attention to your body language. Nonverbal communication becomes more of a focal point on camera.
  • Try to come across as relaxed and comfortable. Be kind and warm.
  • Be aware of your expressions. On camera, a furrowed brow can come across as angry, even if you are just thinking. A smile and laughter will increase the bond between you and your patient.
  • Watch your posture. Slumping conveys disinterest, leaning in too close to the camera can look intimidating, and leaning back too far can mimic disinterest.

• Use same etiquette as in-person visits.
  • Avoid side conversations and silence your phone.
  • Limit anything that will distract you from your patient.
• Don’t interrupt.
  • Remember that a video delay could cause you and your patient to unintentionally talk over each other.
  • Practice active listening.
  • Repeat back what your patient said so that they feel understood and validated.

• End well.
  • Don’t end the appointment abruptly and turn off the camera.
  • Make sure to leave time for questions and answers at the end of the session.
  • Recap next steps and plans for any follow up visits.

_Remember the awkwardness will subside with time and the more virtual visits you do!_

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Virtual Grief Support

- Counseling
- Phone support
- Individual Zoom sessions
- Adult groups
- Children's grief support
  - Parent/guardian
  - Teen
  - Children
- Resources

Five Empirically Supported Essential Elements

- Emotions generate emotions
- It's hard to witness another's pain
- Multiple and/or senseless deaths
- You care
- Consider the Three A's
  - Awareness
  - Acknowledgement
  - Action
The need - a global perspective

- >2 million deaths/week
- >60 million need
  - 25.6M at EOL
- 80% LMIC
- 67% 60+ / 8.6% children
- only 15% of countries have good integration
- Families (at least 2-4 each)
- <10% of need for PC met, 14% @ EOL

Examples of Impact

- Africa, Asia, and LMICs
- Malaysia: Police Checkpoints
- Romania: Discharging non-COVID patients
- India: Alcoholic suicides
- Russia: Units close, personal protective equipment (PPE)
- Bangladesh: PPE discharged patients, roadblocks
- USA: Inability to see patients; Mt. Sinai
- UK: Critical Care Triage and hospice inpatient
Emerging Lessons

- Palliative care is an essential part of the response to COVID-19
- There is a need for UHC in all countries
- Listen to people with serious illness and palliative care needs in the COVID-19 response
- Equip, fund, and train palliative care workers (PPE)
- Build on organic examples of compassionate community responses
- Ensure that essential medicines, including morphine, are available and that doctors and nurses are trained and legally allowed to administer them
- Palliative care experts are needed to address ethical dilemmas
Social Distancing
Self-Quarantining
Isolation

Burnout
Secondary Traumatic Stress
Moral Distress
Reach Out

Phone, text, email, Facebook, Zoom, Skype, Facetime, Instagram, chat (from a safe distance) while walking or hiking, schedule regular times to share with coworkers
Questions?

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Upcoming HFA Webinars

April 22: Providing Spiritual and Pastoral Care During COVID-19
With Kenneth J. Doka, PhD, MDiv, Senior Consultant, HFA
Rabbi Gary S. Fink, DMin, Senior Vice-President of Counseling, Montgomery Hospice
Rev. Wanda Henry-Jenkins, Bereavement Services Manager, Vitas Healthcare

May 5: Journeys Grief Chat
With Kenneth J. Doka, PhD, MDiv, Senior Consultant, HFA

June 16: The Evolving Role of the Trained Death Doula in End of Life Care
With Alua Arthur, JD, Founder of Going with Grace

For more information, visit: hospicefoundation.org/Education/Upcoming-Programs

Online Bereavement Support Resource
Journeys Newsletter is now available electronically

The April and May issues of Journeys is available as a PDF for unlimited use for $250 per issue. This online version makes it easy for you to forward these issues to your email distribution lists.

HFA’s 2020 Living with Grief® Program
Intimacy and Sexuality During Illness and Loss
Live broadcast: September 24, 2020, 1:00pm to 3:00pm ET

Expert Panelists: Carrie Arnold, PhD, FT, M.Ed., RSW, CCC; Alua Arthur, JD; John G. Cagle, PhD, MSW; Kenneth J. Doka, PhD, MDiv