

COVID-19 Palliative Care Services Response Plan

V1.0- This document will be updated as evidence emerges, and situations change.



Royal Brisbane and Women's Hospital			
<p>Bed capacity</p> <ul style="list-style-type: none"> Business as usual <p>Supporting inpatient care across the hospital</p> <ul style="list-style-type: none"> Educate medical and nursing staff on symptom management Palliative care nurse to assess requirements on phone with ward nursing staff for palliative care physician consultation MDT ward rounds daily or twice daily via telelink where able and supported with direct assessment at bedside where required Support family/carer remotely <p>Outpatient services</p> <ul style="list-style-type: none"> Business as usual 	<p>Bed capacity</p> <ul style="list-style-type: none"> As per Tier 0 <p>Supporting inpatient care across the hospital</p> <ul style="list-style-type: none"> As per Tier 0 Consultation Liaison team working as split teams that are geographically based Combined clinical planning meetings and working arrangements for combined clinical rounds with ID, IMS, Respiratory, ICU After Death' Care Plan <p>Outpatient services</p> <ul style="list-style-type: none"> Virtual OPD (telehealth and telephone) where appropriate Prepare processes to enable suspension of accepting category 3 outpatient referrals when advised (not to occur without authorisation from the CE) 	<p>Bed capacity</p> <ul style="list-style-type: none"> As per Tier 1 <p>Supporting inpatient care across the hospital</p> <ul style="list-style-type: none"> As per Tier 1 Specialist Palliative and Supportive Care SMO included in Ward Round with ICU, ID, IMS and Resp Consultants daily at 8:30am and 4:30pm Goals of Care discussion and clinical management plan in conjunction with SPCS SMO Identification of patients For Ward Based Cares only +/- De-escalation /palliation Allied Health support directed to meet service demands Reduction in Consultation Liaison capacity/ triaging of referrals for BAU COVID pager initiated – urgent review and advice for deteriorating patients <p>Outpatient services</p> <ul style="list-style-type: none"> As per Tier 1 Reduction in SPCS OPD activity as Tier 2 numbers increase to meet COVID support required Category 1 and urgent Category 2 referrals only, when directed by the CE <p><u>Principles: Established SPCS Operational Plan including</u></p> <ul style="list-style-type: none"> Consideration prognostic markers and advance care plans. Goals of Clinical Care determined and symptom support/prescribing Place of care to be determined- eg. community transfer Family and Carer support/communication plan based upon clinical trajectory 	<p>Bed capacity</p> <ul style="list-style-type: none"> As per Tier 2 <p>Supporting inpatient care across the hospital</p> <ul style="list-style-type: none"> As per Tier 2 <p>Outpatient services</p> <ul style="list-style-type: none"> Category 1 bookings only when directed by the CE <p>Surge plan initiated with increased staffing support to maintain BAU and increased COVID support</p>

The Prince Charles Hospital

<p>Bed capacity</p> <ul style="list-style-type: none"> Business as usual (unique care MNHHS care model) <p>Supporting inpatient care across the hospital</p> <ul style="list-style-type: none"> Palliative care team will support COVID EOL patients and teams in the acute campus <p>Outpatient services</p> <ul style="list-style-type: none"> Virtual OPD (Telehealth and telephone) models for service delivery, high risk and vulnerable patients 	<p>Bed capacity</p> <ul style="list-style-type: none"> As per Tier 0 <p>Supporting inpatient care across the hospital</p> <ul style="list-style-type: none"> As per Tier 0 <p>Outpatient services</p> <ul style="list-style-type: none"> As per Tier 0 Prepare processes to enable suspension of accepting category 3 outpatient referrals when advised (not to occur without authorisation from the CE) 	<p>Bed capacity</p> <ul style="list-style-type: none"> As per Tier 1 Allied Health support directed to meet service demands <p>Supporting inpatient care across the hospital</p> <ul style="list-style-type: none"> As per Tier 1 <p>Outpatient services</p> <ul style="list-style-type: none"> Category 1 and urgent Category 2 referrals only, when directed by the CE 	<p>Bed capacity</p> <ul style="list-style-type: none"> As per Tier 2 <p>Supporting inpatient care across the hospital</p> <ul style="list-style-type: none"> As per Tier 2 <p>Outpatient services</p> <ul style="list-style-type: none"> Category 1 bookings only when directed by CE OPD repurposed for surge and patient care as appropriate.
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Redcliffe

<p>Bed capacity</p> <ul style="list-style-type: none"> Business as usual (16 beds) Expand palliative care team to support end of life care in the main hospital <p>Outpatient services</p> <ul style="list-style-type: none"> Business as usual 	<p>Bed capacity</p> <ul style="list-style-type: none"> As per Tier 0 Continue direct admissions without ED review first for appropriate patients if they display no COVID-19 symptoms and no exposure risks <p>Outpatient services</p> <ul style="list-style-type: none"> Virtual OPD (telehealth and telephone) where able Support the category 1 clinics and the associated preparation for the phone clinics Face to face consults to be kept at an absolute minimum and only when deemed clinically necessary. Prepare processes to enable suspension of accepting category 3 outpatient referrals when advised (not to occur without authorisation from the CE) 	<p>Bed capacity</p> <ul style="list-style-type: none"> As per Tier 1 Allied Health support directed to meet service demands <p>Outpatient services</p> <ul style="list-style-type: none"> Category 1 and urgent Category 2 referrals only, when directed by the CE 	<p>Bed capacity</p> <ul style="list-style-type: none"> As per Tier 2 <p>Outpatient services</p> <ul style="list-style-type: none"> Category 1 bookings only when directed by CE Face to face outpatient appointments to occur in clinics on level 3 MBICC (8 rooms).
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Caboolture

<p>Bed capacity:</p> <ul style="list-style-type: none"> No dedicated beds <p>Outpatient services</p> <ul style="list-style-type: none"> Business as usual 	<p>Bed capacity:</p> <ul style="list-style-type: none"> Support inpatient care across the hospital <p>Outpatient services</p> <ul style="list-style-type: none"> Virtual OPD (telehealth and telephone). New patients, triage over phone and bring in for face to face consult. Prepare processes to enable suspension of accepting category 3 outpatient referrals when advised (not to occur without authorisation from the CE) 	<p>Bed capacity:</p> <ul style="list-style-type: none"> As per Tier 1 Allied Health support re-directed to meet service demands <p>Outpatient services</p> <ul style="list-style-type: none"> Category 1 and urgent Category 2 referrals only, when directed by the CE Face to face consults to be kept at an absolute minimum and only when deemed clinically necessary. 	<p>Bed capacity:</p> <ul style="list-style-type: none"> As per Tier 2 <p>Outpatient services</p> <ul style="list-style-type: none"> Category 1 bookings only when directed by CE
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Community and Oral Health Directorate – Community Palliative Care

<p>Business as usual:</p> <ul style="list-style-type: none"> • Complete Covid-19 Telephone Assessment Tool prior to every visit • Continue to increase use of Virtual Clinic with a multi-disciplinary approach • Continue to build capacity with the Caseload Management Model of Care • Supervise family members from quarantine hotels visiting their loved one at home – as per PHU guidelines 	<ul style="list-style-type: none"> • Recruit and train additional staff in pharmacy Plan to open North Lakes Health Precinct Pharmacy to support Community Palliative Care patients who need collection of medicines away from Hospital Pharmacy • RADAR • Collaboration with MN inpatient palliative care services to care for vulnerable patients that are unable to attend clinic 	<ul style="list-style-type: none"> • Redirect Palliative care patients from acute services to community service to increase acute facility capacity • Recruit additional nursing, occupational therapy, and social work staff • Support non-specialist palliative care staff to provide a high level of end of life care in the community setting (difficulty recruiting specialist palliative care staff on a temporary basis) • Support MNHHS acute palliative care services Tier 1 and 2 Responses re: OPD – provide care in the community setting for those that require a physical assessment • Home visits for Phase 2, 3 and 4 patients only • Support other healthcare providers with end of life provision – consultation and collaboration • Transfer any Covid-19 positive patients to an acute facility (as per PHU directive) • Pre fill Surefuser prior to home delivery 	<ul style="list-style-type: none"> • Provide end of life care in the home for Covid-19 positive patients (as per PHU directive) • Home visits for CSCI's, new or exacerbated symptoms, and pronouncing life extinct only • Recruit staff as demand requires
<p>In consultation with the patient and their family, the management of COVID-19 positive patients will be determined by the risk of transmission in the home environment and the clinical need of the patient. Some patients may need to be referred to a bedded service if the respiratory distress of COVID-19 disease is unable to be managed in the home environment</p>			

Points for general consideration:

1. Resources for Oxygen delivery and Symptom Management
2. Allied health support
3. Oxygen delivery across facilities