

Report from the Palliative Care COVID-19 Response Group

Palliative Care COVID-19 Response Group

A statewide Palliative Care COVID-19 Response Group comprising clinicians across the public and private health systems was established and chaired by Dr David Holden, Clinical Lead, Statewide Palliative Care Clinical Network. The response group provided means to raise, discuss, escalate and resolve palliative care issues impacted by COVID-19.

It included both preparation for the provision of palliative care for terminally ill COVID-19 patients and their families, and the ongoing provision of safe pre-existing palliative care service delivery in the acute and community settings. The group considered patient, community and staff welfare in the provision of palliative care.

This work was undertaken in extensive partnership and collaboration with the Rural Support Service, the Health Services Programs and Funding Branch at the Department for Health & Wellbeing, Wellbeing SA and the Out of Hospital Workstream led by Wellbeing SA of which Dr David Holden had opportunity to join and contribute.

The Group met weekly from 23 March to 17 June 2020 and had representatives from private and public Specialist Palliative Care Services from metropolitan and country South Australia, Department for Health & Wellbeing (DHW), Wellbeing SA, Metropolitan Referral Unit and SA Ambulance Service.

Despite the challenges, COVID-19 presented the opportunity to improve timely access to palliative care for patients with COVID-19 and importantly, for anyone with a terminal illness. This was achieved through the completion of several pieces of work which have system wide ongoing benefits including:

Statewide 24/7 Palliative Care Support Line

The support line, which is hosted by the Rural Support Service, provides timely and direct access to advice and support from a palliative care specialist for health professionals across South Australia. It is intended for use by general practitioners, community palliative care teams, and staff in regional and metropolitan local health networks including palliative care nursing staff of level 2 and 4 rural services, allied health staff and nurse practitioners with a palliative care caseload. The service has been established as a 12-month trial by the Health Services Programs and Funding Branch at DHW using funding from the State Government's \$16 million palliative care election commitment, which focuses on expanding community palliative care and ensuring palliative care support is delivered when and where people require it.

Improvement to tele-health Infrastructure

With the restrictions around home visiting, some funding from the State Government's \$16 million palliative care election commitment has been used by the Health Services Programs and Funding Branch at DHW to improve telehealth infrastructure to ensure palliative care specialist consultations and advance care planning and goals-of-care conversations with patients continue in metropolitan and country South Australia. This has allowed for increased access to palliative care services particularly in country South Australia while reducing risks to both the carer and the health practitioner during COVID-19.

End-of-life care in the home in the context of COVID-19 Guideline

The Guideline developed by Wellbeing SA with extensive collaboration with clinicians, community service providers and the Metropolitan Referral Unit aims to ensure clarity of rights and responsibilities for interstate

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visitors who are travelling to South Australia to visit a terminally ill relative. It recognised the balance between the needs of consumers receiving end-of-life care in the home, with risk management for clinicians providing services. The Guideline is designed to provide clear recommendations to enable safe access for interstate visitors arriving in South Australia, and provide clear processes for the protection of home-visiting staff providing end-of life care in the home.

Similar advocacy for interstate visitor management for palliative care visitation for consumers in a terminal phase in the hospital system occurred, reflecting evolving requirements.

Solo practitioner home visits continued throughout this time period, with assessment and mitigation of staff COVID-19 exposure risk when telehealth solutions were insufficient for the consumer and family care.

In addition, there was opportunity to review access for syringe drivers in the community setting with a view to purchasing disposable elastomeric devices as required to manage a potential surge of community deaths.

Guidelines: Caring for patients with COVID-19 and their families

The Group created 3 sets of palliative care guidelines to support clinicians caring for patients with COVID-19 and their families:

- > **Guide to non-pharmacological interventions in the palliative care of persons deteriorating and dying with COVID-19** - This document anticipates, recommends and encourages a holistic palliative approach to management of patient and family / significant others in terms of engagement, symptom management, goal setting, care planning and communication.
- > **Communication tips for clinicians dealing with patients and family facing life-threatening illness / infection (COVID-19)** - This document was adapted from the VitalTalk [resources](#), which were created to help clinicians talk about goals of care to a patient with serious illness and their family.
- > **Symptom management for adult patients with COVID-19 receiving end-of-life supportive care outside of the ICU** - This document outlines recommended initial medications, doses and administration regimens for the management of symptoms in the last days of life for someone with COVID 19-in the community or hospital setting.

These resources are now available on the SA Health [Palliative Care COVID-19 Resources page](#) with other resources from The Australian & New Zealand Society of Palliative Medicine Inc, Palliative Care South Australia and GriefLink.

Critical Conversations Video

COVID-19 clarified the importance to discuss individual health care plans with vulnerable patients. The Group worked with Dr Tim To, *Division Rehabilitation, Aged Care & Palliative Care*, Flinders Medical Centre and the End-of-Life Essentials team at Flinders University to develop a new [video](#), which outlines critical conversations to help to empower health professionals to make informed decisions during the COVID-19 pandemic.

Death Certification

The South Australian Coroner's office approved telehealth consultations as sufficient for patient review and completion of death certification, if the treating practitioner was comfortable with cause of death and willing to write the death certificate.

7 Step Completion

The Group has promoted the development of a tiered pathway process for the completion of Resuscitation Planning - 7 Step Pathway by nurse practitioners, and Level 2/3 palliative care nursing staff with GP/ Specialist support. This would increase the number of clinicians who would be able to undertake a standardised process for the development and implementation of a clinical care plan which documents treatment decisions relating to a patient's resuscitation and end-of-life care. Jenny Hurley, Chief Nursing and Midwifery Officer is progressing this work approving Nurse Practitioners to undertake this work and the process is out for consultation.

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COVID-19 caring@home kits

The group worked with the caring@home project, supported by the Commonwealth Government, for the smooth provision of access for COVID-19 caring@home kits for all Specialist Palliative Care Services in metropolitan and country, and to the service providers in the community. These kits contain educational and clinical items to enable health care professionals to teach a volunteer carer to insert a subcutaneous cannula and give subcutaneous injections where the health care professional is unable to do this task.

COVID-19 State Clinical Expert Group

Dr David Holden had opportunity to contribute in the COVID-19 State Clinical Expert Group, to facilitate communication between state and national levels. This included feedback into the national COVID-19 guidelines and advocacy at a national level.

Communication and Coordination

Of immense value, the response group provided opportunity for discussion and standardisation of care and management across palliative care services in each Local Health Network. It allowed for review of consistency between services and the sharing of prepared resources to provide a consistent state-wide response.

In addition, the group provided a recognised contact for palliative care issues to be raised that were not local health network specific, and allowed for the concerns of NGO's, and the community and private sectors to be heard.

Future Developments

The response group may be reconvened as required to address future COVID-19 palliative care issues and needs.

The learnings and successes including telehealth, solo practitioner visitation for homes and the palliative care support line will continue to be evaluated, with feedback to the Palliative Care Clinical Network Steering Committee.

In addition, Dr David Holden is currently working with the Commission on Excellence and Innovation in Health (CEIH) in developing a survey for both clinicians and consumers in identifying the impact of COVID-19 on the provision of palliative care. This will clarify the initiatives to continue and inform the development of the palliative care service plan. In discussion with the COVID-19 State Clinical Expert Group, it has been ascertained that this work has not been completed in other palliative care jurisdictions in Australia.

For more information

www.sahealth.sa.gov.au/COVID2019



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