# Palliative Care Interdisciplinary Advisory Council Agenda

**Thursday May 7, 2020, 1:00 PM**

**ZOOM – see Meeting Invitation. Please use ONLY the computer audio or call me option.**

**Attendees:**

<table>
<thead>
<tr>
<th>Agenda</th>
<th>Discussion</th>
<th>Action Items</th>
</tr>
</thead>
</table>
| I. Welcome – Dr. Nelson  
  • Review purpose of Act 351 of 2019 (attached)  
  • Frequency of legislative reporting – annually  
  - 10 minutes | Dr. Nelson reviewed the purpose of Act 351. |  |
| II. Reintroductions  
  • Each member describe how COVID has affected them in what they do/focus and the importance of palliative care. 3 minutes each - 30 minutes | Members described their experience with the COVID-19 pandemic. (see page below.) |  |
| I. Committees & Chairs –  
  • Outline goals for year,  
  • What resources does LDH have to assist?  
  - 20 minutes | Dr. Nelson asked committee chairs to outline goals for the year and share with her. | Committee chairs send Dr. Nelson goals for the year. |
| II. LMHPCO meeting listening session – virtual  
  - 15 minutes |  |  |
| III. Update on web page on LDH site – Allison  
  - 5 minutes | Page should be ready in the next couple of weeks |  |
| IV. Toolkits available:  
  • LTC/post-acute  
  • NASHP toolkit  
  • Others?  
  - 10 minutes |  |  |
Council Members COVID-19 Experience and Lessons Learned:

❖ As a nurse, I wish would have pushed harder to be on CV frontline sooner.
❖ Had to adjust to providing a lot of clinical work without being in patient’s rooms
❖ Important to make sure telephones work so patient can communicate with loved ones.
❖ PPE very critical
❖ No grieving process
❖ Staff guilt
❖ Mental health of staff, concern about burnout
❖ Learn from hospice re: bereavement, in touch with family
❖ Communication is huge
❖ Using chaplain services
❖ Bedside memorial ceremonies
❖ Proud of how hospital is dealing with pandemic – Our Lady of the Lake
❖ Need clear advance directives that make sense
❖ LAPOST forms need to be completed correctly – training NFs
❖ Med Surge unit need doors with windows
❖ Need to improve video technology – video visits with loved ones outside
❖ Hospitalists need to be able to provide high quality care and be comfortable and protected
❖ Difficulty on patient’s loved ones not being able to see and visit with patient
❖ Census at hospital tripled – University Hospital
❖ Daily huddle was helpful
❖ Benefited from early debriefing
❖ Psych first aid – virtual mental health groups on line
❖ Mental health symptom management of medical staff
❖ Needed to educate clinical staff not experienced with palliative care why particular medications were being used on palliative care patients
❖ Put patients on IV medications immediately
❖ Convened advanced care planning clinic
❖ Only one parent was able to stay with children who were hospitalized
❖ Should not have assumed that patient and loved ones have capability to do voice conferencing (smartphones).
❖ Adopt team approach in working with respiratory therapists