

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:

Agenda	Discussion	Action Items
I. Welcome – Dr. Nelson <ul style="list-style-type: none">Review purpose of Act 351 of 2019 (attached)Frequency of legislative reporting – annually<ul style="list-style-type: none">10 minutes	Dr. Nelson reviewed the purpose of Act 351.	
II. Reintroductions <ul style="list-style-type: none">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 – <ul style="list-style-type: none">Outline goals for year,What resources does LDH have to assist?<ul style="list-style-type: none">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 <ul style="list-style-type: none">15 minutes		
III. Update on web page on LDH site – Allison <ul style="list-style-type: none">5 minutes	Page should be ready in the next couple of weeks	
IV. Toolkits available: <ul style="list-style-type: none">LTC/post-acuteNASHP toolkitOthers?<ul style="list-style-type: none">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