



Chaired by Dr Will Cairns OAM, introduces some of the early discussions about [#palliativecare](#) - identified key issues - continuity of care, caring for new patients with new conditions, caring for [#COVID19](#) patients and also [#palliativecare](#) colleagues [#21OPCC](#)

Communication and international collaboration vital for management of [#palliativecare](#) during pandemic [#21OPCC](#)

Vital for [#palliativecare](#) providers to document their experiences of [#COVID19](#) [#21OPCC](#)

First up is Dr Anjali Raghavan, from [@Austin_Health](#) talking about 'Rapid transfer from ICU to PCU so families can be present during COVID lockdown' [#21OPCC](#)

[@Austin_Health](#) Dr Raghavan began her journey in [#palliativecare](#) at the beginning of 2020, just as [#COVID19](#) pandemic began [#21OPCC](#)

End-of-life care has always been an important part of intensive care medicine [#21OPCC](#)

Pillars of [#palliativecare](#) open communication are vital to reducing stress at end-of-life. [#21OPCC](#)

Increasing role for transfer from ICU to PCU during pandemic - little research about this, which is the motivation for this project [#21OPCC](#)

12 patients transferred from ICU to PCU over 5 month period.
Mean length of stay in ICU was approx 9 days [#21OPCC](#)

Decisions to move to PCU were discussed with family members within 24 hours of decision [#21OPCC](#)

Consistent handover by consultative [#palliativecare](#) teams to inpatient [#palliativecare](#) team.

Approx 1/3 transferred out of hours. [#21OPCC](#)

Time from transfer from ICU to death was variable, between 35 min and 6 days. [#21OPCC](#)

The limited available data about families experience of this time, during the pandemic, indicates mixed emotions, gratitude, distress, anger (directed at experience of health care prior to this time), [#COVID19](#) added to stress [#21OPCC](#)

Research identified potential areas for improvement of the transfer process - planning and communication, and in transition from active to supportive management [#21OPCC](#)

Jia Yin Tay and Rachel Everitt talk about 'COVID19 end-of-life care: symptoms and supportive therapy use in an Australian hospital' [#21OPCC](#)

[#COVID19](#) significant impact on healthcare worldwide. Aim of study to describe clinical characteristics, symptomatology, medications and use of supportive therapies in patients who died from [#COVID19](#) in a Victorian hospital [#21OPCC](#)

58 patients died from [#COVID19](#) during the study time-period. Average age 87 years old. [#21OPCC](#)

Hypertension and dementia most common comorbidities in the cohort. [#21OPCC](#)
[#COVID19](#)

Most common end-of-life care symptoms in the people included in the study incl breathlessness, pain, and agitation [#21OPCC](#)

90% of patients required opioids for pain management in final days [#21OPCC](#)

Respiratory secretion less common in [#COVID19](#) terminal phase when compared to non-COVID patients.

Breathlessness most prevalent symptom. [#21OPCC](#)

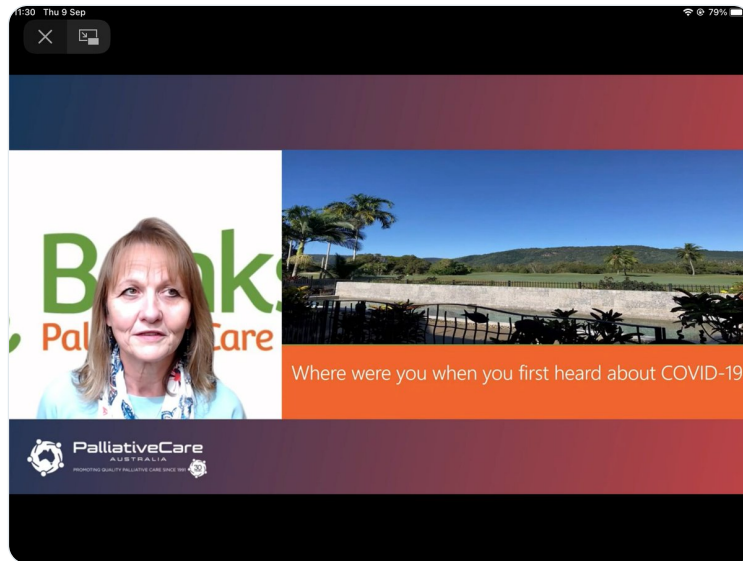
Interesting - Cough not a very prevalent symptom in the terminal phase, even though it is one of most common symptoms in acute phase of the virus. [#COVID19](#) [#21OPCC](#)

Only 8 out of the 58 patients were referred to [#palliativecare](#) consultancy in the last days of life - is important to find out what barriers exist and how the [#palliativecare](#) role can be expanded in future [#COVID19](#) [#21OPCC](#)

Interesting comments in the chat asking how specialist [#palliativecare](#) referrals can be improved [#21OPCC](#)

Michelle Wood from Banksia Palliative Care is up next to talk about 'Unsung heroes: providing front-line, face-to-face community palliative care during a pandemic lockdown' [#21OPCC](#)

Michelle asks us to think about where we were when we first heard about [#COVID19](#)
[#21OPCC](#)



Banksia Pall Care is a 24-hour service, providing specialist service at no cost. Referrals to [#palliativecare](#) increased during 2020/21 [#COVID19](#), as well as admissions and deaths [#21OPCC](#)

Michelle discusses the challenges of delivering expert community [#palliativecare](#) through a pandemic [#21OPCC](#)

Challenges incl = adapting, learning about [#COVID19](#), social distancing, risk management, lockdowns.

The management team have been v supportive. [#21OPCC](#)

Supplies of basic equipment was a huge challenge for them [#COVID19](#) [#21OPCC](#)

Michelle tells a story about how they were getting PPE supplies from a local tattooist, as their usual suppliers were unable to provide them with equipment.

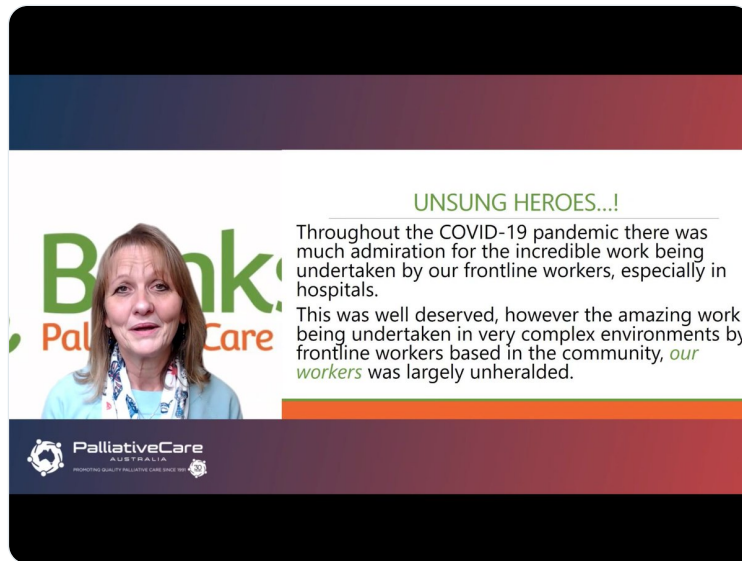
Everyone chipping in to help each other - great community effort during [#COVID19](#) [#21OPCC](#)

"Clients didn't want to go to hospital, with the fear of isolation and dying alone" during the pandemic [#COVID19](#) - [21OPCC](#)

Very difficult to manage symptoms over telehealth, had to visit in homes [#21OPCC](#)

Staff were phenomenal in adapting to daily changes in restrictions. Michelle very grateful for her team [#21OPCC](#)

How to provide [#palliativecare](#) during a pandemic - Take a really deep breath, gather with your colleagues, put your heads down and make a difference in a lot of people's lives - Michelle [#21OPCC](#)



Jennifer Philip is the final presenter in this session, 'Palliative Care and COVID-19'. She is talking about 'Outpatient palliative care telehealth during [#COVID19](#) and beyond: a mixed method evaluation' [#21OPCC](#)

The study to evaluate telehealth during [#COVID19](#) was conducted in Victoria during 2020 and 15 weeks of lockdown, conducted survey and qualitative interviews with patients and clinicians. [#21OPCC](#)

The study found that many of the telehealth consults were about provision of pain management, the remaining were general follow-up [#21OPCC](#)

Telehealth during [#COVID19](#) improved continuity of care and enhanced relationships [#21OPCC](#)

Telehealth during [#COVID19](#) has also been beneficial for joint consultations, incl GP, specialist and [#palliativecare](#) [#21OPCC](#)

Loss of physicality of usual [#palliativecare](#) delivery .

A mix of telehealth and in-person appointments might work well in future [#21OPCC](#)

Q&A 'COVID19 and Palliative care session' [#21OPCC](#)

Q for Anjali - was there urgency for the transfers from ICU to PCU?

A - natural progression of events

Q for Jia and Rachel - interested to hear that [#COVID19](#) patients had relatively low doses of medications?

A - Became unwell quite quickly, initiating doses at levels used to taking in aged care setting [#21OPCC](#)

Q - do you think patients comfortable at end of life?

A - medication playing catch up. Distress quite common [#21OPCC](#)

From Anjuli - visitor restrictions in ICU very strict, no visitors allowed. But, slightly more relaxed in palliative care units [#21OPCC](#)

Q for Michelle - why do you think number of referrals increased so much in 2020?

A - more referrals came from oncologists. Suspect it may be because the team at

Banksia were active and other healthcare services may not have been. More referrals also from aged care [#21OPCC](#)

A from Michelle cont...- team at Banksia were active in the community, and able to provide hands-on support [#21OPCC](#) [#COVID19](#).

Sorry, missed Q for Jenny...

A - community services under the pump, telehealth doesn't need to be an either or.

Gradual transition. [#21OPCC](#)

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