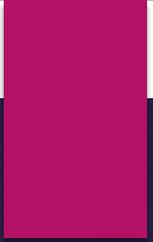


COVID and Palliative Care

ON THE TERTIARY PALLIATIVE CARE UNIT

GREY NUNS HOSPITAL, EDMONTON



What have the COVID restrictions
revealed to us about the
vulnerabilities in our palliative care
service?

“Complicated
grief: doling it
out in bushels!”

“TRYING TO
MAINTAIN QUALITY
OF LIFE AND FAMILY
CENTERED CARE
DURING A
PANDEMIC.”

Themes Identified

Patient and Family

Patient

Family caregivers

Team

Nurses, Physicians, Allied Health,
Spiritual Care, Volunteers

Community partners and regional
palliative care

Death and Grief

The broader reach of the impact
on how we died and how we
grieve

The Patient: Visitor Restrictions, Quality of Life, and “A Good Death”

End of Life Rituals
and Conversations

Patient Autonomy

Visitor Restrictions

Anticipatory Grief

Restricted to Room

Community Spiritual and Religious Care Providers

The Family

Visitor Restrictions

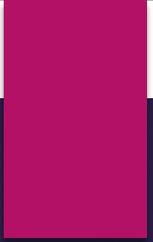
Caregiver Burnout

Support between Families

End of Life Rituals and Conversations

Community Spiritual and Religious Care Providers

Acknowledgement of Non-Covid Deaths



“It's probably been my biggest struggle with all of this as I don't feel like I am able to provide the family-centered care that I am used to.” -RN

Team

Balancing the needs of the patient, with the need to keep other patients and staff safe

Communication with patients and families – discharge planning, decision making

Discharge planning – knowingly placing pressure on the community resources for discharges home

Communication within the team

Loss of volunteers

Risk of spread to patients and to our families

Broadly Speaking...

PUBLIC HEALTH VS THE INDIVIDUAL EXPERIENCE OF DYING AND GRIEF

HOW WE DIE AND HOW WE GRIEVE

Responses, Innovations and Opportunities

Immediate

Responsive

Compassionate

Advocacy

Using the term “moral distress” to frame the experience of HCP

Short Term

Advocacy

More use of technology (zoom family conferences)

More proactive and outreach oriented in engaging families

Creative problem solving and thinking outside the box

Long Term

More access to and use of technology, in patient’s room, to engage family centered care

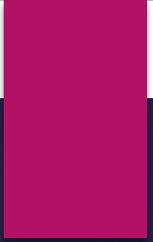
Keep quality palliative care accessible (is technology the answer?)

More cohesive and comprehensive bereavement care in the community, including for children

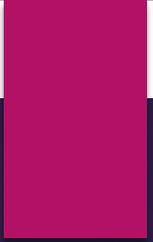
Enhanced Community Palliative Care to support people in their homes

Ongoing support for staff

More research needed into long-term effects on bereavement



“Our team is awesome for trying our best to provide quality palliative care in the time of a pandemic.”



Questions?