Experience of COVID-19 in a Hospice Inpatient Unit: Characteristics, Symptoms and Ethical Issues

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Objectives One of the established risk factors for death from coronavirus disease 2019 (COVID-19) is comorbidity. Patients referred to palliative care before developing COVID-19 infection are therefore more vulnerable due to their pre-existing conditions. This study aimed to describe the impact of COVID-19 infection on hospice inpatients.

Methods A retrospective review was performed of patients with confirmed COVID-19 during an admission to one hospice inpatient unit in the five months between 1st March 2020 and 31st July 2020.

Results 12 patients were identified with confirmed COVID-19. Mortality during the admission was 67% (n=8). Patients had a median age of 74, were 75% male and had a median Australia-modified Karnofsky Performance Status (AKPS) of 30. 100% had comorbidities, most commonly malignancy (58%), hypertension (50%) and diabetes (50%). The symptoms most frequently recorded were confusion (67%), agitation (67%), fever (50%), cough (50%) and breathlessness (50%). Symptoms at the end of life were confusion (67%), agitation (67%), fever (50%), cough (50%) and breathlessness (50%). The symptoms most frequently recorded were confusion (67%), agitation (67%), fever (50%), cough (50%) and breathlessness (50%). To improve the care of patients at the end of life, we identified the need for a palliative care team (CPCT) increase. Referral data was explored for consultations were reduced; referrals to a community palliative care team (CPCT) increased. Needing a supported space away from social media in which to discuss developing issues, and a forum in which useful resources could be shared swiftly became apparent. A closed ‘Discussion board’ facility was used within the virtual learning platform in which themes and collections of support, ideas and materials were developed.

Methods Qualitative thematic analysis of anonymised contributions to the Discussion board 25th March 2020 - 31st July 2020. Permission was sought retrospectively from all participants on the Discussion Board; any information from those not willing for their content to be included was deleted from the transcripts before review. The transcripts were reviewed by 2 independent researchers for content and context.

Results 13 themes developed. Sharing resources (March); ethical issues, communication skills (including virtual communication); symptom control, team support and leadership, the challenge of covid 19 in remote communities, the collateral damage of the pandemic for children, involving the family remotely and maintaining one’s own wellbeing in a pandemic (April); Developing services, moving forward and quality improvement (May); Moral courage and managing the symptoms of breathlessness (June).

Conclusions The generation of themes reflected the unprecedented challenges of the phase of the pandemic being experienced. Symptom control, communication skills and ethics leading to their application in different settings and the need after the first few weeks for team support, mental resilience and leadership. Valuable reflections and resources have been developed to help support future surges.

Supporting Community Palliative Care Resources is Vital in the Continuing Pandemic

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Background Covid-19 had a dramatic effect on the delivery of health care across all settings: institutions reduced footfall and strict social distancing measures were introduced. Face to face consultations were reduced; referrals to a community palliative care team (CPCT) increased. Referral data was explored for trends in referral patterns that might inform optimal use of resources.