



## **Applying Virtual Models to Palliative Care in the Context of COVID-19**

During the COVID-19 pandemic, some patients diagnosed and symptomatic with COVID-19 may be faced with end-of-life decisions. Local expertise to conduct assessments, recommend interventions and have challenging conversations may not be available. Virtual tools may prove helpful in supporting these efforts, particularly when a health care provider or family member is not physically co-located or a patient is in a health care facility or a resident of a long-term care or retirement home.

This document offers health care providers – both those who have expertise in palliative care and those who require the expertise of palliative care clinicians – information that may assist in the use of virtual models of care in this pandemic period.

### **Patient/Client Homes**

Video visits: OTN Direct-to-Patient Video Visits have been used by primary care physicians, nurses, allied health providers, and specialists to assess patients in their homes – with or without a formal or informal care provider attending in person at the home. Clinicians have used this means to provide advice, conduct interventions that do not require ‘hands on care’ and provide support to patients and their families, including in the palliative care context.

Point-to-point or multipoint videoconferences (where multiple parties can join in one videoconference) have been used successfully in palliative care. Remote symptom monitoring– either through symptom management related apps (e.g. for pain management) or secure messaging for sharing to primary care physicians or specialists -- has also been used successfully.

These models are particularly helpful in the context of COVID-19, enabling the care provider to safely assess and monitor patients with a probable or confirmed diagnosis of COVID-19 from a distance. Click [here](#) for further information.

Remote monitoring: Michael Garron Hospital is the first in Ontario to use a remote patient monitoring solution (by Vivify Health) operating on patients’ own mobile devices for those with a probable or confirmed diagnosis of COVID-19. This enables patients to enter their symptoms twice daily for monitoring by a remote team. When symptoms exceed parameters set in the solution, the team is alerted. Click [here](#) for more information on this model. This model could be augmented to support palliative care applications. Contact [information@otn.ca](mailto:information@otn.ca) for assistance.

Virtual primary care: The eVisit Primary Care [pilot](#), in use in five regions in Ontario, can support patients with COVID-19 symptoms or who have been diagnosed with COVID-19 to direct questions to their primary care provider using secure messaging, audio or video. This model can be used in the palliative care context. For more information email [primarycareproject@otn.ca](mailto:primarycareproject@otn.ca).

Specialist consultation: The Ontario eConsult Program (OTN or BaseChamplain model), which enables primary care clinicians to access specialist advice online, is providing access to experts knowledgeable about COVID-19 case management. Click [here](#) for more.

---

## Long-Term Care/Retirement Homes

Video visits: In long-term care settings and retirement homes, primary care providers have been using video delivered through both facility-based telemedicine studios and direct to patient devices (Direct-to-Patient Video Visits). Generally in long-term care homes, a formal care provider presents the resident. In retirement homes, some residents are adept at using virtual tools independently or with the support of an informal care provider.

Some facilities have purpose-specific rooms for conducting videoconferences with residents and in these facilities, a resident who can be moved may be seen in that location. When a resident has COVID-19 related symptoms, using the direct-to-patient video option where the resident remains in their own room may be optimal to minimize the risk of transmission of COVID-19 to others. These video visits can also be used to do rounds on multiple residents at a time. Further, a multipoint videoconference can be arranged to allow the remote clinician to have access to the resident, a staff member(s) and a family member(s)

\*See also *Using Video Visits in Long-Term Care/Retirement Homes During the COVID-19 Pandemic* [here](#).

Specialist consultation: Primary care providers supporting the long-term care facility or retirement residence can also make use of eConsult (see above) to obtain advice on a general or resident-specific basis.

## Acute Care Settings

Just as in long-term care/retirement homes, there may be situations in which staff does not have the expertise or access to the expertise required to support difficult decisions or to apply palliative care-specific assessments or interventions locally. In this case, the models of care described above can also apply.

## Other Resources

- Champlain LHIN Virtual Palliative Care Project <https://otn.ca/virtual-palliative-care-project/>
- Virtual Care for Palliative Across the Health Sectors <https://otn.ca/providers/ohts/>. See “Patient Care Pathways by Priority Population” – Palliative Care
- Ontario Palliative Care Network <https://www.ontariopalliativecarenetwork.ca/en>
- Hospice Palliative Care Ontario <https://www.hpcoco.ca/>
- Canadian Virtual Hospice [http://www.virtualhospice.ca/en\\_US/Main+Site+Navigation/Home.aspx](http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx)
- University of Glasgow End of Life Studies <http://endoflifestudies.academicblogs.co.uk/palliative-care-and-covid-19/>

## Journal References

The following publications and documents may also be helpful to understand how palliative care can be supported virtually.

1. Arya, A., Buchman, S., Gagnon, B., & Downar, J. (2020). Pandemic palliative care: beyond ventilators and saving lives. *CMAJ*. <https://www.cmaj.ca/content/early/2020/03/31/cmaj.200465>

SUMMARY: Palliative care should be an essential part of any response to a humanitarian crisis. In a pandemic, patient autonomy to choose life-prolonging measures or location of death could be severely

---

restricted as a result of public health directives and resource availability, and some patients may necessarily be isolated at end of life. We advise acting now to stockpile medications and supplies used in palliative care, train staff to meet palliative care needs, optimize our space, refine our systems, alleviate the effects of separation, have critical conversations and focus on marginalized populations to ensure that all patients are cared for equitably.

2. Palliative care and the COVID-19 pandemic. *The Lancet* (Editorial), Volume 395, Issue 10231, April 11, 2020. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30822-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30822-9/fulltext)

SUMMARY: Palliative care services are under-resourced at the best of times. Palliative care ought to be an explicit part of national and international response plans for COVID-19. Practical steps can be taken: ensure access to drugs (such as opioids) and protective equipment, consider a greater use of telemedicine and video, discuss advance care plans, provide better training and preparation across the health workforce, and embrace the role of lay carers and the wider community.

3. Calton, BA, Rabow, MW, Branagan, L, Dionne-Odom, JN, Parker, Oliver, D., Bakitas, MA, Fratkin, MD., Lustbader, D., Jones, CA, Ritchie, CS. 'Top Ten Tips Palliative Care Clinicians Should Know about Telepalliative Care'. *Journal of Palliative Medicine*, 2019, Aug22(8). 981-985 doi:10.1089/jpm.2019.0287 Epub June 25, 20a9. <https://www.ncbi.nlm.nih.gov/pubmed/31237467>

SUMMARY: Telepalliative care can take many forms including but not limited to video visits between clinicians and patients, smartphone applications to promote caregiver well-being and remote patient symptom-monitoring programs. This article created by experts in telehealth and palliative care provides a review of current evidence for palliative care and potential applications and practical tips for using the technology.