

BACKGROUND/AIM

- Due to the emergence of COVID-19 and resulting pandemic, there is an increased demand for palliative care and hospice care services.
- However, the impact of COVID-19 on the hospice and palliative agencies is unknown.
- The aim of this study was to understand how the COVID-19 pandemic affected the hospice and palliative care workforce and service delivery.

METHODS

- A cross-sectional, electronic survey was disseminated via the Hospice & Palliative Nurses Association newsletter, posted to the Sigma Theta Tau Hospice and Palliative Care Community Group discussion board and advertised through social media.
- The survey was available from May 7-28, 2020.
- Summary statistics were computed.
- A total of 36 surveys were collected representing all U.S. regions.

RESULTS

- Most respondents (78%) reported that their agency has cared for confirmed COVID-19 patients.
- Only half of agencies had access to laboratory facilities for surveillance and detection of the presence of outbreaks in both patients and staff (58%) and the ability to test patients and providers for COVID-19 (55%).
- Due to COVID-19, participants stated that the agency added new protocols regarding aerosol-generating procedures policies (58%), use of surface barriers (61%) and PPE usage (e.g. donning and doffing) in patient homes (56%).
- The majority (76%) reported that their agency required field clinicians to call ahead to ascertain COVID-19 exposure/symptoms before a home visit.

Table. Emergency, Outbreak Preparedness	
Staff position at agency responsible for outbreak, pandemic or disaster preparedness, n = 32	
	N (%)
Yes	22 (69)
No	5 (16)
Unsure/don't know	5 (16)
In the past year, the agency has conducted infectious disease outbreak simulations, such as tabletop exercises or drills, n = 32	
Yes	8 (25)
No	15 (47)
Unsure/don't know	9 (28)
To date, agency provided COVID-19 pandemic training/education to staff, n = 32	
Yes	28 (88)
No	2 (6)
Unsure/don't know	2 (6)
Topics covered by COVID-19 pandemic training and education, n = 28	
Universal precautions	26 (93)
PPE usage (e.g. donning and doffing) in patient homes	28 (100)
Hand hygiene (e.g. when to use hand sanitizer)	28 (100)

RESULTS

- More than half of participants (58%) reported that their agency lacked supplies, including N95 respirators (45%), cleaning/disinfectant product (23%), alcohol based sanitizer (18%), eye protection (18%), gowns (18%), and surgical masks (14%).
- Overall, participants shared that field clinicians had to reuse (76%), extend (73%) or ration (30%) PPE supplies. Respondents reported that their agency accessed supplemental PPE through state/local resources (67%), private/community donations (67%), and do-it-yourself efforts (55%).
- One third of participants (31%) reported that their agency was experiencing staffing shortages due to COVID-19; of these, 60% reported that shortages were due to staff infected with/quarantined due to COVID-19.

CONCLUSION

- Our findings suggest that COVID-19 has presented significant challenges for palliative care and hospice agencies as they provide care to patients and families at an unprecedented rate.