

Dr. Lynn McPherson:

Hello, this is Dr. Lynn McPherson and welcome to Palliative Care Chat, the podcast brought to you by the Online Master of Science and Graduate Certificate Program at the University of Maryland. I am very excited about our guest today. First, we have Dr. Kathryn Walker, who is the clinical lead for MedStar Healthcare System. And in this capacity, she oversees nine MedStar Hospital's Palliative Care teams and a community health team. Also from MedStar, we have Zoey Plaugher, who is a palliative care social worker, and she has led the bereavement initiative in partner with hospice. And speaking of the hospice, we have Bill Gammy, who is the executive director of Seasons Hospice and Palliative Care in Maryland. Welcome everyone, thank you for joining me today.

Kat Walker:

Great to be here.

Dr. Lynn McPherson:

Thank you. So the impetus for this podcast is when Dr. Walker and I were chatting back in March about the horrible situation of patients with COVID passing away in the hospital, but their families couldn't be there, we were scratching our heads saying, "Is there a way that hospice can help with bereavement, even though the hospice never really took care of the patient." So, that's my perspective on how this need arose. Would anyone like to elaborate on that?

Kat Walker:

I think that, I mean, I'll start with it. This is Kat Walker. That is where in the conversation started before that as leaders of our teams and the social workers on our palliative care teams were also speaking toward that distress and the level of distress from the teams on many levels. And then also foreseeing the issues coming about that we would have difficult transitions of care, hearing that hospice liaisons weren't being kind of allowed into the hospital in some cases as visitors restrictions decreased and tightened up. So seeing that this could really end up being just multiple landmines all over the place really helped, but the bereavement part was the part that really, I think, tugged at everyone's heartstrings and rose the level of distress even higher. So I was super grateful when Lynn just sprung to action and engaged Seasons, who I think end up becoming a great partner and collaborator through this time. So I don't know if you want to speak to the Seasons Hospice side, the problem and what you were seeing at that time, but it has been a helpful collaboration as we navigated these uncharted waters together.

Dr. Lynn McPherson:

Indeed. Bill, what are your thoughts on this? Do you think this is an important collaboration, obviously you do, what are your thoughts?

Bill Gammy:

Yeah, I would echo a lot of Dr. Walker's sentiment that we all were feeling this distress and knowing not only the experience that COVID was bringing to patients, but truly that experience that was making such a difficult impact on the lives that were being affected outside of that, by not connecting with their loved ones. So at Seasons, part of our mission and vision is really to do our best, to make sure that we are honoring life and offering hope. And so when we looked at the ask here and said, "Hey, we need to make an impact in our community to help families that are already dealing with such of the complexities of COVID," that we needed to help these families.

Bill Gammy:

And we have had, in other instances, community based efforts that focused on men who have lost wives or other populations that have specific needs when it comes to bereavement. And so really this aligned with a lot of those areas that we said, "Here is another complex population that clearly needs help because of the challenges with loss in the complexities of COVID." So it was a great effort by the Palliative Care team to say, "This is a group that needs help," and we were certainly happy to get the call.

Dr. Lynn McPherson:

Yeah, boy, what a red hot mess this has been. So Zoey, maybe you could speak a little bit to what if, if Seasons and MedStar had not pulled this off, what would the consequences have been?

Zoey Plaughter:

That's a good question. I think certainly one of the things that we were hoping to kind of interrupt a little bit is the continuation of trauma. There's this such a traumatic time. We have vivid descriptions and pictures of what is going on in the hospitals for families to look at and, obsess over while they can't be there at the bedside. And then they have this loss that just kind of, the person disappears from their life and those normal rituals that we go through for grief and loss are not there. I think the idea behind this was to try and make some touch points along the way and catch people who were incredibly high risk for complicated bereavement and refer them to more support. But also if they were not ready to just have someone reaching out to them to remind them that what they're going through, both the physical and emotional symptoms they experience, are normal parts of grief, so they don't feel so lost and bewildered.

Dr. Lynn McPherson:

Oh my goodness. And I guess for all three of you, is it working? What are your outcomes? What are your feelings on this collaboration? Are you doing good things?

Zoey Plaughter:

I think so.

Dr. Lynn McPherson:

Well, that's good.

Kat Walker:

We hope so! No. I think so, yeah. Zoey has really led this from, and so it might be helpful, too, is it working and maybe what is it? So maybe before you described how it's working, Zoey, maybe would you want to talk about how the collaboration came together and then we can talk about what we've learned through this. Maybe after people understand what it is, and I think it's been an interesting process. We haven't a creative way to solve this problem together in partnership.

Zoey Plaughter:

Yeah, so the idea is that we have social workers, MedStar social workers who make these calls. They're actually social workers who had been working in orthopedics before this and were furloughed or taking PTO. And so this was a way for them to come back to work. We trained them to do these bereavement

calls, it's a series of three crisis support calls. The first... Originally we were having them make the calls in the first one to five days. The first call, do a second call in two weeks to four weeks, and then a third call anywhere from six to eight weeks later. What we have done over this period of time is to kind of watch how people respond to the timelines, and we've kind of increased those out. The end goal of all of this was to be able to refer to a support group, which is what Seasons is doing, providing that support group. And one thing we've been really grateful for is their flexibility on that timeline as our timeline has changed in response to how we're seeing how people grieve.

Dr. Lynn McPherson:

Bill, maybe from your end. How's it looking on your end?

Bill Gammy:

Well, I think the collaboration is certainly meeting the needs of many folks that have been able to be part of this community effort, but I think even more credit needs to be given because what it's also been able to do is open this up and really with the core goal of supporting the community. So it's not only those that have been touched by a MedStar's team, we wanted to make sure that this was a community based effort and really that anyone in having challenges in getting over again the complexities that come in the transition of life, when you can't see that loved one, when you know the challenges that they're going through based on all the reporting and media, and it continues to weigh on you as a loved one.

Bill Gammy:

And that loved one passes that angst of that not having that closure and not having that ability to do something that yet is a very hard for all of us, but at some level we were taking for granted, which was being by your loved one in their last days and helping share that love through their transition. So really what it's done is it's just open up the ability for the Maryland community to be a part of managing and helping with closure and the team that's leading those groups really does a wonderful job to reduce that guilt, to reduce the pain that comes when you don't have that closure, which for us in our culture as humans is so important when a loved one is passing. So it's not only helped the community of MedStar, but it's been able to touch so many others that are dealing with this dreadful virus.

Dr. Lynn McPherson:

I've heard and read about hospices that will have support groups and bereavement care for family members whose loved one died suddenly, unexpectedly, maybe it was an opioid induced overdose death. But do hospices generally provide this level of bereavement support when the patient has never even been on hospice? Are other hospices doing this, I guess is my question, Bill.

Bill Gammy:

Yeah, I think it certainly varies across the country, but this is not a new precedent that if patients are not able to make service or let's say someone even passes before receiving service, that hospices are extending an opportunity. However, I would say Seasons is a leader and because we are so mission and vision driven that we want to be a part of providing that perfect end of life experience. And to us, that doesn't just end with the patient that we're caring for. And it also extends to those that maybe we weren't able to have an impact on from a patient care perspective.

Bill Gammy:

So we want to make sure that Seasons in many ways is building a foundation to support the community when it comes to managing end of life complexity. And so while others are doing this, I think at some level Seasons... And it's wonderful to have the support and the resources to make a deeper impact on the community. So if you look at us here in Maryland, I think there's about four specific tracks within our community bereavement based programs to, again, help our entire Maryland community manage through what can be so difficult is not only dealing with the loss of a loved one, but managing yourself after that loss.

Dr. Lynn McPherson:

I have to wonder, do other people who work in the hospital know that hospices across the country, some maybe not all, offer this kind of service. For example, does someone who works in the emergency department, when they have an unfortunate individual who's had an opiate overdose death, know that this is a possibility? So how can we get the word out? How do people access this support?

Kat Walker:

I have not. Oh, go ahead.

Bill Gammy:

No, Dr. Walker, please.

Kat Walker:

I guess I can say that this has really helped increase awareness of that. And our health system has system level calls twice weekly since the beginning of this pandemic and on each of the calls we've been reporting about the bereavement partnership with Seasons Hospice, which I think has helped. I know I've gotten requests from people across the system for non COVID related deaths, bereavement support, and just saying, "Would you guys be able to refer... The place you're referring the COVID families too that had loved ones die could we have access to that resource?" So I think that's something that this has really helped increase that awareness of, which is, I think, a great thing.

Kat Walker:

And then, I think, also the other helpful thing is, I think, sometimes our palliative teams don't always, I mean, I think we all know and value bereavement services being provided by hospice. And I think our palliative teams may not be even as aware that bereavement services are possible for patients that don't engage with hospice before their death. I think we don't do a good enough job in palliative care of extending bereavement or extending that to patients that aren't part of hospice, so I think we can do better with that. So hopefully that's helped raise visibility within the palliative teams and also external to palliative within our health system.

Dr. Lynn McPherson:

Bill, would you like to elaborate on that?

Bill Gammy:

I think, again, Dr. Walker was spot on and any time that we can have an earlier discussion about the part of healthcare that we continue to improve upon, but all know as an industry that we have challenges in bringing the right amount of resources at the right time to optimize the transition at the end of life. And

the statistics are very well known and 80% of Medicare spending is in the last year of life. And so I think as we look at that, there are many instances where that spend is warranted, but there are many times where those earlier conversations need to occur. And I think if families had further awareness that it's not only going to make a positive impact on that patient, but it can help them through this. Those are the types of activities that I think will continue to bring awareness and help us all in our focus on triple aim and quadruple aim.

Dr. Lynn McPherson:

Mm-hmm (affirmative). It's been my observation through this entire thing that I believe palliative care and hospice, by association, will emerge from this COVID storm with even greater respect than we had before. Because I think there's so many times where it's an "I don't know what to do" situation and often the answer is palliative care and hospice. So I hope you all agree with me there. Zoey, maybe you have something to add to that.

Zoey Plaughter:

Yeah, I wanted to just kind of go back to, do people in the hospital know about community level hospice bereavement support. And I think certainly I'm aware as a palliative social worker and happy to refer people to community based hospice bereavement support. But one thing that I think is really challenging is when you're meeting with a family inpatient during an immediate medical crisis and then death, it's not really appropriate to do an immediate referral to bereavement support. People are not usually ready to engage with that, to engage with their grief. They're usually initially in shock and then just trying to normalize themselves before they can begin the process of grieving. And so I think one thing that our support calls have done is kind of extend the contact with the hospital where the death occurred for that period of time, so that we can make an appropriate referral to support groups and prolonged bereavement support.

Dr. Lynn McPherson:

That's wonderful. Zoey, while you're speaking, maybe you could address a little bit, why is this important that family and loved ones get bereavement support?

Zoey Plaughter:

Well, I mean, I think anyone who's been through the process of grief knows that it is a bewildering and isolating time. It can have physical symptoms, it can have emotional symptoms, you can think you're sick. I mean, you just feel like the ground underneath you has shifted. And it's important that we care for that part of ourselves because our society, our culture does not know what to do with that. Anybody that you've talked to who's had a loss or who's going through a chronic illness, which in and of itself is a type of loss, will talk about the people who have dropped away from them, the friends they have lost because people are not comfortable sitting with that sorrow and that grief. And so having a space where people can be told, "This is normal, what you're going through. And it's okay, and I'm going to sit here with you." I heard on another podcast recently that grief is something that needs to be witnessed. And I think that really rings true that people who are not seen and heard in their grief can sometimes get stuck in it.

Dr. Lynn McPherson:

Mm-hmm (affirmative). That certainly rings true. So-

Kat Walker:

And how much harder now when we can't physically be together, and it's just such a challenging time for patients and families to go through this. And I think on the clinician's side and our team's side early on sensing the level of distress, I can't emphasize that enough, that witnessing these deaths, like sometimes the clinical team are the only people there kind of witnessing this happening. And then some of our teams have been cardiac monitoring stress, and our nurses are sending those and a bereavement card to the family so that they have the heartbeat of their loved one that passed. And just creating those memories are some connection back to their loved one. To help be a part of that in whatever way we can has been helpful, but then I think our clinicians are kind of haunted by, and had been haunted by.

Kat Walker:

Then, what happens to them a week from now or months from now that we don't have a way to circle back with them, and our staffing with our hospital like a lot of other health systems has been all in, completely focused on the acute care for these patients. And I think to be able to extend this service would have been impossible without hospice partnership because one thing is to bring in non palliative specialists and Zoe, it's her creativity and being able to train them up to do these screening calls is one thing, but they are not still to the level or available to do these complex bereavement interventions that hospice is particularly skilled at.

Kat Walker:

And I think that having that partnership has been so key because we're able to pull in kind of creative use of social workers who have the ingredients to be able to really help screen and help identify these patients and then connect for referrals without taking away from our palliative care team, purpose and mission on the inpatient side, but I think there's been a perceptible... It has been easily perceived deep breaths from the palliative care teams, knowing that this is happening. And it's been highlighted at the highest levels of our leadership saying, "And look at what we're doing for patients. We are even taking care of them after we've lost them in our hospital." It's been called out at our system level as something that just kind of gives everyone reassurance that these patients and families aren't out there on their own trying to figure this out at a time where support is hard to find in person.

Dr. Lynn McPherson:

So I had two final-

Kat Walker:

So I think if...

Dr. Lynn McPherson:

Two follow up questions that are on fire here. Back to your comment, Kat, about the staff in the hospital and the things that they're doing, my question to you and Zoey is, who is supporting those professional caregivers?

Kat Walker:

Zoey. No, I'm just kidding.

Dr. Lynn McPherson:

Let's give it to Bill, I don't know. [crosstalk 00:21:06] What can we offer those frontline people who must be also grieving?

Zoey Plaughter:

Yeah, I think they are. But, I mean, as palliative social workers, part of our NS Palliative Care teams, part of our role is to support staff. So reminding staff that we're available. However, people's ability to engage with that and continue working are kind of two separate things. So I think that there's going to be a lot of needs in healthcare workers in the coming months, but will they be able to engage with those needs and continue doing their jobs? I don't know.

Dr. Lynn McPherson:

I think I just added something to Zoey's to-do list, didn't I?

Kat Walker:

And I can actually speak to our... Even before this happened, our health system was very focused on wellness and we had actually put in place a wellness program because of the data related to burnout that is already existing in medical fields in general. So the wellness program actually has their work cut out for them now, as it thankfully stood up before COVID. It's interesting, they've been really creative to try to meet people where they are, because to Zoey's point, no one has time to kind of... Within our palliative group, we've offered support groups for our palliative group, especially for the social work group and not been totally well attended. But for the people that have joined have found that to be very valuable.

Kat Walker:

But for the frontline clinicians, I think normally we would be passing people in the cafeteria and they would grab us in the hallway to kind of debrief a tough case, and we're not having those interactions because people aren't out and about in the hospitals mulling around and eating in the cafeteria like we used to. So I think two things that I would say is, one, we have stood up a tele-health kind of cross coverage on-call platform, which Zoey has been a big part of. And some of that is telling people we are available for debriefing tough cases. And Zoey, you might want to speak to any interactions you've had just with staff calling in wanting to kind of think through a tough case. So just making it available, whether people take advantage of it or not, at least we're there and available.

Kat Walker:

And then, two, at the system level, our wellness program, they've actually created wellness stations within our hospitals for people just to come and take a break and a safe space with social distance, and have snacks and refreshments and just ability to kind of remove themselves a little bit from clinical face. And then they've actually employed this interesting chat bot technology where they have sent texts out for screening associates. And then after, you get a text on your phone that says, "How are you doing today?" And if you clicked through the question, it will then give you resources for just in time wellbeing support and/or referral to EAP resources, and we've had a huge increase in people taking advantage of those resources over this time. But I think to Zoey's point, also known that the tidal wave is coming because, I think, while you're in the emergency, everybody's hunkered down dealing with it. And I think the wave of the impact is yet to come.

Dr. Lynn McPherson:

Wow, powerful work that you are all doing, just so impressive. I've heard so many social workers say, "When you're in a sad situation, sometimes you just have to sit with the sadness." So that's the extent of my inner social worker speaking there, but a very complicated topic. And I guess my last question that I have for both MedStar and for Seasons Hospice is, I know that hospice bereavement people are trained in detecting complicated grief where it's getting more serious than just a support group or an occasional call will handle, and they have processes in place, Bill, correct me if I'm wrong. Zoey, I assume your social workers have a feel for that, as well, with those early screening calls?

Zoey Plaugher:

Yeah, we actually got a bereavement. I worked with Brandon at Seasons using their bereavement screen as a tool, and then we kind of updated it for COVID and gave it to the social workers making these bereavement calls. And so they'll assess on each call, low, medium, or high risk.

Dr. Lynn McPherson:

That's great. That's great. Bill, any comments on your end about that?

Bill Gammy:

No, I think it's an important factor in bereavement and that just anything truly in healthcare, process protocol and best practices, exist and bereavement and management of end of life is no different. So it has been critical to make sure we're assessing the level of need to ensure that those loved ones that have been impacted, we can manage those challenges with them to help really ensure that there isn't any more damage done based on the challenges that folks have. And I think with, we have various levels of bereavement with individualized bereavement, but the community based and the group setting really helps to, at best it can, normalize a very difficult situation and I think it helps us really assimilate that we're not alone in this. And so sharing those stories have helped, in a community based setting, in a group based setting have really helped to bring a lot of that together. And so I'm excited that this allowed for more folks to participate in these settings and really be able to improve what is a difficult situation, but make it the best that we can with this strong collaboration.

Dr. Lynn McPherson:

I have to wonder with over 100,000 Americans having passed away from COVID and with hospice offering camps for children, grief camps, is this going to be the summer of COVID camps across the country? I don't know. That's all I really had to ask. Does anyone have any closing comments? Speaking on the behalf of Marylanders, I would like to thank MedStar for their role in the COVID fight, and Seasons Hospice for partnering with MedStar to do the very best by the community. Kat or Zoey, any last words on the behalf of MedStar?

Kat Walker:

I guess I would just add that having frequent calls with Seasons leadership and MedStar leadership, just identifying, it's been a large value to our health system in our region and the Maryland DC region has taken care of one in every four COVID cases. So by proportion, we are the largest medical provider for COVID care. And for Seasons being a very large hospice organization in this region, the shared partnership has been very helpful just to be able to identify barriers. The bereavement program, I think, is a shining example of that, but I think other examples have been deployment of a hospice provider and one of our EDs to help out. I think we've looked for a lot of creative ways to help facilitate liaisons and transitions. And the bereavement program is, I think, the best example of collaboration.

Kat Walker:

But I think last week, I guess leading on a big win of an example, the bereavement lead at Seasons said that they had had several people referred to their program as a result of our screening. And as the bereavement groups are offered virtual every other week, and actually several of them signed up for two different bereavement groups so that they could have bereavement support every week and not every other week. And I thought that was a great maybe way to end on my side, as far as just saying what a win for those people who identified that they needed that much help, and they were able to get it in a time like this. So I feel like that helps us all sleep at night, knowing we've done a good job to get these people that are suffering some more support. So, just, I can't take Zoey enough for all that she's done and vision and leadership in this area, and appreciate the collaboration with these Season, for sure.

Dr. Lynn McPherson:

Definitely. And Bill, any last thought?

Bill Gammy:

Just that I would say Dr. Walker and certainly Zoey embody the healthcare hero spirit of so many that have come to the call in a challenge that none of us have ever experienced in generations. And so it was very, and it still is, very excited to be a part of it. We know that this fight isn't over, but we are in such a great place because of this collaboration to do some great continuing work in the challenges that we have today and those that we know will come.

Dr. Lynn McPherson:

That's wonderful. I'd really like to thank all three of you. So Kat and Zoey from MedStar, and Bill from Seasons Hospice and Palliative Care, I'd like to thank you all for listening to the Palliative Care chat podcast. Again, this is Dr. Lynn McPherson, and this presentation is Copyright 2020 university of Maryland. For more information on our completely online Master of Science and Graduate Certificate Program in palliative care, or for permission request regarding this awesome podcast, please visit graduate.umaryland.edu/palliative. Thank you.