

# Experiencing Disruption Due to COVID-19?

The VITAS mobility-first platform, including telehealth support, provides 24/7/365 admissions for your hospice-eligible patients.

Due to the COVID-19 pandemic, patients with advanced illnesses who may be hospice-eligible are at a higher risk to have significantly worse outcomes if they become infected and are more likely to die in the hospital.

VITAS® Healthcare is ready and committed to support the care of these patients via telehealth through our iOS devices, which support 24/7/365 admission of patients.



Trust VITAS to ensure your patients' care goals, wishes, and values are honored while helping to prevent unnecessary ED visits and hospital admissions.



## Home

Supporting physician practices with patients who are homebound, hospice-eligible, and require additional symptom management support, do not wish to go to the hospital, and are apprehensive about allowing visitors in their home.



## Hospital

Supporting hospitals with limited access that are initiating ED triage and discharge planning protocols in an effort to conserve necessary acute-care and ICU beds.



## Nursing Home and Assisted Living Facilities

Supporting facilities that may be limiting access to hospice providers for advanced illness residents who may be eligible to access the Medicare hospice benefit for end-of-life support and care.

In an effort to mitigate the risk of COVID-19 transmission, Congress and CMS are allowing healthcare providers to use telehealth to ensure safe, continued care and access to patients and families.

MK, a 67-year-old male with advanced adenocarcinoma of the lung, was recently admitted to the hospital with nausea, vomiting, dehydration, and worsening pain (COVID-19 negative). MK has requested to discontinue anti-tumor treatment and wants to go home. MK's wife is having a hard time coping due to his uncontrolled symptoms and is apprehensive to allow visitors in their home due to COVID-19.



## VITAS Telehealth admission in MK's home

MK's wife has an iPad and is willing to meet via FaceTime:

- VITAS admission nurse reviews MK's and his wife's care goals:
  - Remain at home and control symptoms of nausea and pain
- VITAS nurse assesses MK's diet and bowel regimen to support the care plan to control his nausea, pain, and dehydration
- VITAS nurse performs a head-to-toe assessment with the wife's help to gain a better understanding of MK's symptoms, including pain, shortness of breath, cough, and anxiety
- MK's wife also shows the VITAS nurse MK's medication bottles; the nurse reconciles them with the medication list provided by the primary care physician
- VITAS nurse assesses the room where MK will spend the majority of his time to determine necessary HME to support safety and comfort
  - Orders electric hospital bed, wheelchair, walker, and bedside commode (the bathroom is a far walk) to help MK maintain independence and dignity
  - Orders O<sub>2</sub> and additional back-up tanks to honor the family's request for limited visits from VITAS staff
- Coordinates with VITAS chaplain for MK to receive anointing of the sick, honoring his wishes since the priest is unable to visit the home