

During a crisis, demand for goals of care or symptom management may exceed the team's capacity. It is important to proactively work with key referring providers to manage workload and adjust team processes and priorities.

The team may be asked to follow patients for longer periods of time or see different patients to free up capacity for others. Or your team may be asked not to see patients with minimal needs to save on protective resources.

### Step 1: Know What Resources Your Palliative Team Has and Can Realistically Offer

1. Review/revise time off schedules – keep in mind team and individual health during this period.
2. Identify specialized skills of the team that could be helpful to the organization or other provider teams.
3. Disseminate [symptom and communication protocols](#) to all teams in your organization that could benefit.

### Step 2: Connect with Referring Partners

Proactively and continuously reach out to understand challenges and needs of collaborating providers so your team can assess best use.

1. Review previous relationships with referring partners. *Note: Now is not the time to market, but rather to collaborate.*
2. Reach out to high-volume partners to discuss their needs and options for reducing or changing referral criteria.
3. Reach out to clinical or organizational leadership to understand high priority patients or clinical services that would benefit from palliative care.
4. Connect with other clinical teams through joint rounding or phone calls to assess new or emerging needs.

### Step 3: Refine and Revise Team Processes

Based on the team's capacity and the changing organizational needs, review and revise your core team processes – and be prepared to revisit these frequently (daily, every other day, weekly).

1. Review/revise referral criteria – CAPC has created sample COVID-19 referral criteria [here](#)
2. Stratify patient visits based on acuity and need for palliative care services (high, medium, low).
3. Ensure that interdisciplinary team (IDT) meetings designate the right clinician to the right patient at the right time.

Tip: While your team strategically re-prioritizes and redeploys its services, do *not* forget about team health. This includes frequent check-ins, at least daily face-to-face time in person or online, taking scheduled breaks and meals, and maintaining balanced work schedules.

### Key Referring Partners to Work with During Peak or Crisis Periods

- Hospitalists – *re-prioritize referrals or provide just in time training for performing goals of care conversations and symptom management to share higher volume*
- Intensivists – *participate in joint rounding to assess the most complex, high-need patients*
- Emergency providers – *provide just in time training for goals of care conversations*
- Hospice – *refine transition processes, particularly if the hospice's availability or capacity is limited*