

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**

TRIM: D22-12005

March 2022

**Rapid review of the literature on
end-of-life care in aged care and
community settings**

Supplementary Report: COVID-19

Report prepared by the Research Centre for Palliative Care, Death & Dying
Flinders University, Adelaide, South Australia
for the Australian Commission on Safety and Quality in Health Care.



Research Centre
for Palliative Care,
Death & Dying

Published by the Australian Commission on Safety and Quality in Health Care

Level 5, 255 Elizabeth Street, Sydney NSW 2000

Phone: (02) 9126 3600

Email: mail@safetyandquality.gov.au

Website: www.safetyandquality.gov.au

ISBN: 978-1-922880-26-0

© Australian Commission on Safety and Quality in Health Care 2022

All material and work produced by the Australian Commission on Safety and Quality in Health Care (the Commission) is protected by copyright. The Commission reserves the right to set out the terms and conditions for the use of such material.

As far as practicable, material for which the copyright is owned by a third party will be clearly labelled. The Commission has made all reasonable efforts to ensure that this material has been reproduced in this publication with the full consent of the copyright owners.

With the exception of any material protected by a trademark, any content provided by third parties and where otherwise noted, all material presented in this publication is licensed under a [Creative Commons Attribution–NonCommercial–NoDerivatives 4.0 International licence](https://creativecommons.org/licenses/by-nc-nd/4.0/).



Enquiries about the licence and any use of this publication are welcome and can be sent to communications@safetyandquality.gov.au.

The Commission's preference is that you attribute this publication (and any material sourced from it) using the following citation:

Rawlings D, Damarell R, Chakraborty A, Devery K, Tieman J. Rapid review of the literature on end-of-life care in aged care and community settings. Supplementary report: COVID-19. Sydney: ACSQHC; 2022.

Disclaimer

This document includes the views or recommendations of its authors and third parties. Publication of this document by the Commission does not necessarily reflect the views of the Commission, or indicate a commitment to a particular course of action. The Commission does not accept any legal liability for any injury, loss or damage incurred by the use of, or reliance on, this document.

The content of this document is published in good faith by the Commission for information purposes. The document is not intended to provide guidance on particular healthcare choices. You should contact your healthcare provider for information or advice on particular healthcare choices.

Table of Contents

Acronyms and abbreviations	iv
Introduction.....	1
Methods.....	2
Database searches	2
Review search	2
Specific COVID-19 PubMed searches.....	2
Open web search	3
Resources from key Australian palliative care websites	3
Findings.....	4
Database searches	4
Review search	4
Specific COVID-19 PubMed searches.....	4
Open web search	6
Resources from key Australian palliative care websites	6
Summary of useful palliative care COVID-19 resources	7
Discussion	11
Recommendations arising from the COVID-19 review.....	12
Appendices	13
Appendix 1: Studies included using two RePaDD searches	13
Appendix 2: Results from open web search.....	17
References	23

Acronyms and abbreviations

Term	Definition
ACP	Advance care planning
AIHW	Australian Institute of Health and Welfare
ANZSPM	Australian and New Zealand Society of Palliative Care
ATAGI	Australian Technical Advisory Group on Immunisation
Commission	Australian Commission on Safety and Quality in Health Care
COVID-19	Coronavirus disease 2019 (pandemic)
DNR	Do not resuscitate
ELDAC	End of Life Direction for Aged Care
GP(s)	General practitioner(s)
ICU	Intensive care unit
NSW	New South Wales
PCA	Palliative Care Australia
PHN	Primary Health Network
RePaDD	Research Centre for Palliative Care, Death & Dying
SA	South Australia
WA	Western Australia

Introduction

An AIHW report looking at the health effects of COVID-19 on Australians during 2020 and early 2021 confirmed as of 20 June 2021 there had been over 30,000 confirmed cases of COVID-19 and 910 deaths from the disease.¹ The report provided a comprehensive estimate of the disease burden associated with COVID-19 and highlighted that certain groups in the Australian population experienced higher rates of severe disease and death from COVID-19 during 2020. Seven percent of all COVID-19 cases in Australia and 75% of all deaths were in people living in residential aged care facilities. Up to early July 2020, it is estimated that healthcare workers in Australia were 2.7 times as likely to contract COVID-19 as the general community. People living in the lowest socioeconomic areas had COVID-19 mortality rates 2.6 times higher than for people living in the highest socioeconomic areas.

A special report of the Royal Commission into Safety and Quality in Aged Care into COVID-19 and aged care suggested that the COVID-19 pandemic has been the greatest challenge Australia's aged care sector has faced.² They highlighted that the need for immediate response should include:

- Funding providers to ensure there are adequate staff available to enable external visitors
- Creating Medicare Benefits Schedule items to increase the provision of allied health and mental health services to people living in residential aged care
- Publishing a national aged care plan for COVID-19 and establishing a national aged care advisory body
- Deploying accredited infection prevention and control experts into residential aged care homes.

Both the AIHW and Royal Commission reports intimate the impact that COVID-19 has in the community setting and confirm the import of both dying during COVID-19 and dying with COVID-19.

This review explores the evidence and resources relating to palliative care and care at the end of life during the pandemic. It is by nature a rapid and illustrative review only. The published literature has grown substantially although the strength of the evidence by study design is more limited. Entering the text word "COVID 19" into PubMed with a date limit of 1 January 2020 to 31 January 2022 retrieved 224,147 results with 6,533 being evaluation studies, randomised control trials or systematic reviews.

Methods

A set of interrelated exercises were completed to identify literature and resources relevant to COVID-19 with respect to palliative care with an emphasis on the non-acute settings. These methods are summarised below.

Database searches

Review search

As part of the database searching undertaken for the main review of end-of-life evidence in the community and aged care settings, studies relating to COVID-19 were identified. Three studies met the inclusion criteria and are reported here.

Specific COVID-19 PubMed searches

In addition, a series of specific searches for COVID-19 literature were conducted between 10–15 January 2022 using pre-written COVID-19 searches developed for the Research Centre for Palliative Care, Death & Dying (RePaDD). Articles that reported studies relevant to palliative care or end-of-life care within the COVID-19 context in non-acute settings were identified. Two discrete searches were undertaken using the pre-written filters:

Search 1: COVID-19 AND end of life AND Australia

```
((((wuhan[tw] AND (coronavirus[tw] OR corona virus[tw])) OR nCov[tw] OR 2019 ncov[tw] OR novel coronavirus[tw] OR novel corona virus[tw] OR covid-19[tw] OR SARS-COV-2[tw] OR Severe Acute Respiratory Syndrome Coronavirus 2[tw] OR coronavirus disease 2019[tw] OR corona virus disease 2019[tw] OR new coronavirus[tw] OR new corona virus[tw] OR new coronaviruses[all] OR novel coronaviruses[all] OR "Severe Acute Respiratory Syndrome Coronavirus 2"[nm] OR 2019 ncov[tw] OR nCov 2019[tw] OR SARS Coronavirus 2[all]) AND (2019/12[dp]:2022[dp])) AND (Terminal care[mh:noexp] OR Hospice care[mh] OR Hospices[mh] OR "end of life"[tw] OR terminal care[tw] OR terminal phase[tw] OR dying[tw] OR terminally ill[tw] OR (death[ti] AND (approach*[ti] OR imminen*[ti] OR near*[ti] OR day*[ti] OR week*[ti] OR hour*[ti]))) AND ((Australia[mh] OR Australia[tiab] OR Australian[tiab] OR Australia's[tiab] OR Northern Territory*[tiab] OR Tasmania*[tiab] OR New South Wales*[tiab] OR Victoria*[tiab] OR Queensland[tiab]) AND English[la])
```

Search 2: COVID-19 AND palliative AND Australia

((((wuhan[tw] AND (coronavirus[tw] OR corona virus[tw])) OR nCov[tw] OR 2019 ncov[tw] OR novel coronavirus[tw] OR novel corona virus[tw] OR covid-19[tw] OR SARS-COV-2[tw] OR Severe Acute Respiratory Syndrome Coronavirus 2[tw] OR coronavirus disease 2019[tw] OR corona virus disease 2019[tw] OR new coronavirus[tw] OR new corona virus[tw] OR new coronaviruses[all] OR novel coronaviruses[all] OR “Severe Acute Respiratory Syndrome Coronavirus 2”[nm] OR 2019 ncov[tw] OR nCov 2019[tw] OR SARS Coronavirus 2[all]) AND (2019/12[dp]:2022[dp])) AND (advance care planning[mh] OR attitude to death[mh] OR bereavement[mh] OR terminal care[mh] OR hospices[mh] OR life support care[mh] OR palliative care[mh] OR terminally ill[mh] OR death[mh:noexp] OR ((advance care plan*[tw] OR attitude to death[tw] OR bereavement[tw] OR life supportive care[tw] OR terminally ill[tw]) NOT Medline[sb]) OR palliat*[tw] OR hospice*[tw] OR terminal care[tw] OR 1049-9091[is] OR 1472-684X[is] OR 1357-6321[is] OR 1536-0539[is] OR 0825-8597[is] OR 1557-7740[is] OR 1552-4264[is] OR 1478-9523[is] OR 1477-030X[is] OR 0749-1565[is] OR 0742-969X[is] OR 1544-6794[is] OR 0941-4355[is] OR 1873-6513[is] OR 0145-7624[is] OR 1091-7683[is] OR 0030-2228[is]) AND (Australia[mh] OR Australia[tiab] OR Australian[tiab] OR Australia’s[tiab] OR Northern Territory*[tiab] OR Tasmania*[tiab] OR New South Wales*[tiab] OR Victoria*[tiab] OR Queensland[tiab]))

Articles that did not deal primarily with the non-acute setting were excluded. Appendix 1 reports the included studies.

Open web search

A web-based search for Australian resources using the specific web-based Google search palliative/end-of-life care and COVID-19 (Australia only) developed for the Research Centre for Palliative Care, Death & Dying was conducted on 15 January 2022. Palliative care or end-of-life care resources relating to COVID-19 and developed within Australia or identified as relevant to the Australian non-acute settings were included.

Appendix 2 provides a list of retrieved items from the first ten pages of returned Google search pages.

Resources from key Australian palliative care websites

A page search for COVID-19 resources and literature of three palliative care websites was undertaken between 10–15 January 2022. The three websites are: CareSearch website available at www.caresearch.com.au, Palliative Care Australia (PCA) available at palliativecare.org.au/ and Australian New Zealand Society of Palliative Medicines (ANZSPM) available at www.anzspm.org.au. They represented the three main websites with a specific palliative care focus that have been active in promulgating palliative care guidance during the pandemic. Items included needed to provide COVID-19 related information, evidence or resources relevant to the Australian context and with an emphasis on care for people with palliative care needs or at the end of life in non-acute settings.

Table 1 documents the web pages visited, and the documents retrieved.

Findings

Database searches

Review search

Three studies were retrieved as part of the main search and screening exercise. The first included study looked at how the pandemic has underlined the significance of the contribution of general practitioners (GPs) to the care of severely ill and dying patients. GPs' experiences, challenges and perspectives with respect to end-of-life care were captured during the first German pandemic peak. Most GP continued in their care practices with 30–40% reducing home visits to the seriously ill and dying. Telehealth consultations increased and GPs noticed increased loneliness in their patients.³

Given nursing homes are highly vulnerable to the occurrence of COVID-19 outbreaks, which result in high lethality rates, interventions to address this concern are important. Bernebeau-Wittel et al's study showed that a coordinated on-site medicalisation program of nursing homes with COVID-19 outbreaks achieved a higher survival or optimal palliative care rate, and a reduction in referrals to hospital, thus ensuring rigorous but also humanistic and gentle care.⁴

Early identification of those at high risk of contracting and dying from COVID-19 and the development of relevant and appropriate ACP and symptom management strategies form an important part of structured care. Palliative care needs rounds facilitated by nurse practitioners were found to be cost-effective, to reduce avoidable hospital transfers, to improve quality of death and dying, and to increase the capacity of staff to recognise and plan for care for dying residents in care homes.⁵

Specific COVID-19 PubMed searches

The studies retrieved by a general COVID-19 Studies retrieved from the specific COVID-19 searches in PubMed highlight the COVID-19 is impacting aged care settings and that aged care providers, older people and families are feeling the impacts of changed care practice, grief and loss, and changed public health practices.⁶⁻¹¹ Community providers of palliative care are feeling under pressure due to increasing demand, the need for timely communication and protocols for care in changing contexts, education and training needs related to COVID-19 effects and managing a raft of emerging such as personal protective equipment, cleaning of care settings and new reporting processes.¹² The need for guidance and support relating to palliative care and end-of-life care during COVID-19 in aged care, particularly the residential aged care setting has been highlighted since early in the pandemic.¹³

While advance care planning could be a major support in initiating difficult conversations about mortality as well as capturing end-of-life preferences within a pandemic context¹⁴, the complexity of the ACP process and limited online resources had been identified as impediments to a broader and more comprehensive uptake of the process and documentation.¹⁵⁻¹⁷ Beyond consumer driven choices about care planning for end of life, ethical considerations in triaging and rationing of health resources were the focus of research studies. Unprecedented demand for health services has led to ethical dilemmas and moral distress for healthcare professionals dealing with triage decisions, access and isolation, and DNR decisions.¹⁸ Health professionals also needed to undertake more complicated assessments weighing COVID-19 factors in risk and benefit equations and effect on prognostication in advanced disease.^{19,20} Several studies also reported on the preparation of training and guidance for use by primary care providers of palliative care to support community care.²¹ The value of interventions such as telemedicine and telehealth in enabling community-based care were also reported.^{22,23}

Specific impacts on particular groups were the subject of various studies including patients living with Parkinson's Disease^{24,25}, children with palliative care needs²⁶, poverty and deprivation²⁷, and people living with dementia.²⁸⁻³⁰ As well as acknowledging the impacts of COVID-19 on particular groups with palliative care needs, the disproportionate burden of illness and death among racial/ethnic minorities experienced during the pandemic has been noted.^{31,32} Further formal research is beginning to identify the burden experienced by family carers in caring for people with palliative care needs during the pandemic.^{33,34}

Access to medications for those living in the community is important to enable continuing care. Various initiatives have been introduced to ensure ongoing access to medications during the pandemic including imprest systems, Home Medicines Services to facilitate delivery of medications, anticipatory prescribing, and imprest systems.³⁵⁻³⁷ Many of these initiatives may have ongoing benefit beyond COVID-19.

Studies also remind us that while episodes of care occur within a specific setting, transitions between settings can occur and can be influenced by populations and care setting. Mendis et al.'s review of patients with COVID-19 referred to palliative care reported a mean age of 86 years with 67% coming from residential aged care.³⁸ Logistics in transport of suspected or confirmed COVID-19 patients was noted and could be a significant barrier to accessing care.³⁹ The value of intersectoral support between specialist palliative care and residential aged care was also noted.^{11, 40} Studies highlighted the present and continuing issue of grief and bereavement on workforce practice and individual suffering.^{11,41,42}

Overall, the search has demonstrated that there is a significant volume of literature that has been undertaken noting the experience and impact of COVID-19 of palliative care in the community. MacIntyre and Heslop's paper noted the potential of a health system overload arising from managing COVID-19 acute cases, which highlights the need for community palliative care for patients with COVID-19 who are unable to access hospital care.⁴³

This rapid review suggests that the total evidence base for palliative care in the community in the COVID-19 context is fluid and reactive. This is not surprising given the rapidity of the pandemic spread and the changing impacts of vaccines, variants, and governmental approaches to containment and spread.

There is an emerging evidence base for palliative symptom management for individuals experiencing distressing symptoms associated with COVID-19 such as breathlessness or delirium.⁴⁴ Studies examining their use and effectiveness in different settings such as acute versus community are still pending. Overall, the evidence base to support a sequenced approach to pandemic care across the diverse range of community settings and which support autonomy, equity and inclusion of all affected by the need for palliative care within a pandemic is still limited.

Open web search

The web-based search suggests that there has been a significant response at the state and national level to providing guidance and resources to support palliative care and end-of-life care. It is worth noting that palliative care needs can continue during a pandemic as well as arising from COVID-19 itself. This can be seen in guidance at the state level where end of life provision in aged care can reflect both palliative care and also end-of-life care due to COVID-19.

Twenty-three relevant resources were identified in the first ten pages of Google returns. Some referred to a single resource while others referred to a collection of resources relevant to a group of health professionals (e.g. social workers) or a particular context (making end-of-life documents). The work of PCA's Australian COVID-19 Palliative Care Working Group featured with respect to creating an ethical framework for triaging and prioritising scarce health resources within a pandemic and alerting to the grief, bereavement and mental health outcomes for the workforce and the community.

Specific and precise advice was provided by the National COVID-19 Clinical Evidence Taskforce and by ANZSPM clinical guidance documents relating to COVID-19 and palliative care.

Most of the retrieved webpages included specific resources or acted as a repository featuring a collection of resources covering access and links to state or federal documents. Most state health departments had a webpage retrieval relating to palliative care and COVID-19 within the first ten google search page results. Many of these State Health Department resources included guidance for the primary care and/or aged care providers suggesting an awareness that with respect to COVID-19 there are significant intersects between health sectors in care processes. There were also some specific resources for family carers on managing during the pandemic.

The web review highlighted the volume of specific Australian material available that could be used to support the primary care, aged care and community sectors in supporting clients, residents and patients with palliative care or end-of-life needs during COVID-19 or arising from contracting COVID-19.

Resources from key Australian palliative care websites

While state and federal government health websites and the federally funded Health Direct provide navigation support to a wide range of general COVID-19 information, tools and resources, the review of the nominated website (CareSearch, PCA, ANZSPM) highlighted that there is also specific Australian guidance and international guidance relevant to palliative and end-of-life care within the COVID-19 context.

Again, the available resources reflect the changing policy response to COVID-19 moving from elimination and suppression and to vaccination and management of health system and aged care resources.

CareSearch curates a comprehensive and updating suite of [COVID-19 resources for health providers](#) in any palliative care settings or context and specific resources for [consumers and families](#). CareSearch also hosts additional Information and Resources relating to [COVID-19 Online Learning](#); [COVID-19 Research](#); and a [COVID-19 Resource Exchange](#). Its companion website palliAGED provides comprehensive links to [COVID-19 palliative care evidence and resources for aged care](#). These pages seek to connect the intended audience to relevant COVID-19 resources that will inform palliative care or care at the end of life.

Palliative Care Australia provides a suite of [COVID-19 updates](#), available at palliativecare.org.au/covid-19-updates/. Their work is informed by the Australian COVID-19 Palliative Care Working Group (ACPCWG) led by PCA in partnership with the Australian and New Zealand Society of Palliative Medicine (ANZSPM), Palliative Care Nurses Australia (PCNA), Australasian Chapter of Palliative Medicine (AChPM) of the Royal College of Physicians (RACP), End of Life Directions for Aged Care (ELDAC), Paediatric Palliative Care Australia and New Zealand (PAPCANZ), CareSearch, caring@home and the Australian Department of Health. As well as specific context briefs, they also produced a COVID-19 Working Group newsletter to build awareness.

ANZSPM has a [COVID-19 resource](#) that includes nine guidance documents produced by ANZSPM for use by Australian health professionals. It also provides links to Australian Government resources, New Zealand Government resources and guidance from the World Health Organization.

Summary of useful palliative care COVID-19 resources

The table below documents relevant resources that could support palliative care and end-of-life care in non-acute settings within Australia. It compiles key resources from the open web search and from the targeted website review that are relevant to palliative care in the non-acute setting in the COVID-19 context.

Table 1: Results from open web searches

Types of resource	Website title	Guidance document within website
National, State and Territory resources	Australian Commission on Safety and Quality in Health Care	<ul style="list-style-type: none"> Potential medicines to treat COVID-19 (PDF – 658kB) COVID-19 resources. For Australian health services organisations, healthcare professionals and consumers
	Australian Government Department of Health	<ul style="list-style-type: none"> Coronavirus (COVID-19) – National aged care guidance – escalation tiers and aged care provider responses Coronavirus (COVID-19) resources for health professionals, including aged care providers, pathology providers and healthcare managers Managing home care through COVID-19 Prescriptions via telehealth – state and territory rules COVID-19 vaccination – Shared decision making guide for people receiving palliative care or end-of-life care

Types of resource	Website title	Guidance document within website
	Australian National COVID-19 Clinical Evidence Task Force	<ul style="list-style-type: none"> • Management of people with COVID-19 who are receiving palliative care (PDF – 158kB), flowchart • Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment (PDF – 154kB), flowchart
	PHNs and health region consortia	<p>Gold Coast PHN:</p> <ul style="list-style-type: none"> • Aged care and COVID-19 <p>Southern Metro Region Palliative Care Consortium:</p> <ul style="list-style-type: none"> • Care of COVID-19 positive residents in residential aged care facilities (PDF – 394kB) <p>Barwon Health:</p> <ul style="list-style-type: none"> • Residential aged care COVID-19 pandemic plan (PDF – 1.69MB)
	NSW Health	<ul style="list-style-type: none"> • End of life and palliative care medication prescribing
	SA Health: Palliative care during COVID-19	<ul style="list-style-type: none"> • Guide to non-pharmacological interventions in the palliative care of persons deteriorating and dying with COVID-19 • Communication tips for clinicians supporting patients and family facing life-threatening illness/infection (COVID-19) • Symptom management for adult patients with COVID-19 receiving end-of-life supportive care outside of the ICU
	Victorian Government Health and Human Services	<ul style="list-style-type: none"> • Coronavirus disease 2019 (COVID-19): Recognising and responding to a person at the end of life (DOCX file – 228kB) • Coronavirus (COVID-19): Plan for the Victorian aged care sector. Version 5 (DOCX file – 1.80MB)
	Western Australian Health	<ul style="list-style-type: none"> • Clinical resources for end-of-life and palliative care in the COVID-19 environment • Management of respiratory distress for adult patients with COVID-19 (flowchart) • Management of delirium or agitation for adult patients dying of COVID-19 (flowchart) • Management of excessive secretions for adult patients with COVID-19 (flowchart)
	Advance Care Planning Australia	<ul style="list-style-type: none"> • COVID-19 healthcare planning advice for aged care providers, health service providers, GPs, and individuals and families

Types of resource	Website title	Guidance document within website
Palliative care organisations and national programs	ANZSPM guidance documents	<ul style="list-style-type: none"> • Further symptom management in COVID-19: Treatment approaches and alternative routes (PDF – 1167kB) • Supply and access issues for palliative care medications during COVID-19 (PDF – 835kB) • Palliative care in the COVID-19 context (PDF – 204kB) • Palliative care communication in the COVID-19 context (version 1, April 2020) (PDF – 452kB) • Pandemic-context palliative care triage (PDF – 271kB) • Solutions to supply and access issues for palliative care medications during COVID-19 (PDF – 370kB) • Peri and post-death COVID-19 care at home (PDF – 342kB) • Essential palliative & end-of-life care in the COVID-19 pandemic (PDF – 209kB) • Visitor limitations to hospitals and palliative care units in the COVID-19 context (PDF – 224kB) • Bereavement and the COVID-19 pandemic (PDF – 252kB)
	Australian Centre for Grief and Bereavement	<ul style="list-style-type: none"> • Provides a number of COVID-19 aged care grief and bereavement support resources for practitioners and the public
	CareSearch	<ul style="list-style-type: none"> • Aged care and COVID-19 resources • Allied health and COVID-19 resources • Diverse populations and COVID-19 resources • Hospitals and COVID-19 resources • Nurses and COVID-19 resources • Paediatrics and COVID-19 resources • COVID-19: Who is at risk and where to find information. Information for patients and carers
	Caring@Home	<ul style="list-style-type: none"> • Caring@home packages for carers. Includes an emergency COVID-19 pack to support home-based care and help limit risks of community COVID-19 transmission. These packages are funded by the Australian Government • Caring@home information sheet: General practitioners. A short guide to support GPs to educate carers in managing breakthrough symptoms (PDF – 217kB) • palliMEDS App developed by NPS MedicineWise to familiarise primary care prescribers with palliative care medicines endorsed by ANZSPM for management of terminal symptoms

Types of resource	Website title	Guidance document within website
	ELDAC	<ul style="list-style-type: none"> Many health pathways have now included a COVID-19 pathway addressing assessment and management, practice preparation, referrals and impacts on local services. Check out your local health pathway with the help of ELDAC
	Queensland Palliative Care Response to COVID-19	<ul style="list-style-type: none"> Palliative care preparedness checklist for COVID-19: Residential aged care facilities COVID-19 outbreak management: Preparing and responding – guidance for residential aged care facilities in Queensland Queensland Health COVID-19 Online Booking and Triage System Frequently Asked Questions
National journals		<ul style="list-style-type: none"> Aitken G, Holmes A, Ibrahim J. COVID-19 and residential aged care: Priorities for optimising preparation and management of outbreaks, Med J Aust 2021;214(1):6-8.e1. doi: 10.5694/mja2.50892 Cairns W, Coghlan R. COVID-19: Clinicians in jeopardy for undertaking triage. Insight+ 2021 May 24;18
Aged care services and bodies	COTA	Dementia Australia: <ul style="list-style-type: none"> Coronavirus (COVID-19) - Tips for residential aged care providers
	Meaningful Ageing Australia	<ul style="list-style-type: none"> Industry code for visiting residential aged care homes during COVID-19
	Baptist Care, NSW	<ul style="list-style-type: none"> Spiritual care during COVID-19 COVID-19: What we need to know
Primary care resources	CareSearch GP Hub	<ul style="list-style-type: none"> GPs and palliative care GPs and primary care and COVID-19 resources palliAGEDgp App for mobile devices or computer. Provides palliative care guidance including medications and symptom management for older people
	Royal Australian College of General Practitioners	<ul style="list-style-type: none"> COVID-19 and COVID-19 vaccine resources Rhee J, Grant M, Clayton J, Detering K, Arthurs K. Dying still matters in the age of COVID-19. Aust J Gen Pract 2020;49 Suppl 28. doi: 10.31128/AJGP-COVID-28 GP Support Program. This is a free and confidential psychological support service available to all members, delivered by LifeWorks by Morneau Shepell. Access the service by calling 1300 361 008 (24 hours/seven days)

Discussion

COVID-19 is not a static situation. Advice and guidance have changed as availability of vaccines and national vaccinations rates have grown. Variants have also made planning and clinical responses complex and more recently the rapid spread of the Omicron variant has directly impacted on primary care in terms of having GPs as a first point of call for those testing positive with COVID-19.

This rapid review has shown there is a volume of clinical guidance at the state and national level and a wide range of COVID-19 related materials delivered by palliative care projects and organisations in response to the pandemic. Many of these documents have been developed by consensus. High level guidance through ANZPSM and the National COVID-19 Clinical Evidence Taskforce can be utilised within the primary care and community setting.

There is an increasing volume of pandemic research literature becoming available, but it is not yet able to provide a comprehensive guide to end-of-life care and palliative care responses across the life course, across the systems and settings of care, and across the needs of specific groups and populations. Community based care is a system of care and must consider the relationships and activities across the whole of the system if an individual is to receive appropriate care for their end-of-life needs including during a pandemic.

Managing uptake of new processes, skill and knowledge during an active pandemic is challenging where workforce shortages are apparent and multiple pressures impacting the systems. It is also complicated by the focus on reducing mortality which directs attention to prevention and control rather than preparation for end-of-life care. There are indications that the health workforce and the aged care workforce have been under sustained pressure. Burnout is a risk to the ability to continue to provide care.

Areas where higher mortality was apparent such as residential aged care have also been subject to state and commonwealth health procedural requirements. Public health orders have also had severe impacts in some aspects of palliative care provision such as visiting procedures, inability to travel between states, and enforced or self-enforced social isolation of people with chronic disease. It is also clear that some changes have been rapidly adopted including use of personal protective equipment and telehealth to support patients and carers not able to attend in person.

The early evidence is showing guidance is available, enacting change in stretched and stressed sectors such as primary care and aged care is complex, there are unintended consequences of some public health measures such as aged care lockdowns. The social impacts of policy and the bereavement implications of dying during COVID-19 as well as dying of COVID-19 are yet to be fully understood. There is a need to continue to monitor and investigate the processes, responses, mechanisms used and barriers and enablers that underpinned the COVID-19 response in the community around palliative care and end of life. Examining their timeliness, comprehensiveness, inclusiveness, and outcomes will help to model a more sequenced and comprehensive pandemic preparedness plan for non-acute care at the end of life and in response to palliative care needs during pandemic and emergency situations.

Recommendations arising from the COVID-19 review

This review has generated the following 7 recommendations relating to pandemic preparedness in the aged care and community settings.

1. Promote and encourage use of existing COVID-19 resources relating to palliative care and end-of life in Australia in aged, primary care and community settings
 - a. Promote general palliative care resources for these providers as well
2. Encourage advance care planning resources for use within aged care and primary care generally
3. Promote the availability of serious illness communication resources for use in the COVID-19 context
4. Encourage self-care practices to maintain resilience and support workforce longevity
5. Promote bereavement resources to build workforce capability in grief support to reduce community levels of grief and loss arising from COVID-19 deaths and deaths during COVID-19
6. Streamline the use of telehealth to promote care delivery and care coordination in the non-acute sector
7. Continue to monitor the processes, mechanisms and outcomes of COVID-19 planning and delivery in relation to palliative care, end of life and death and dying to model a more sequenced and comprehensive pandemic preparedness plan.

Appendices

Appendix 1: Studies included using two RePaDD searches

- Aker N, West E, Davies N, Moore KJ, Sampson EL, Nair P, et al. Challenges faced during the COVID-19 pandemic by family carers of people living with dementia towards the end of life. *BMC Health Serv Res.* 2021;21(1):996. doi: 10.1186/s12913-021-07019-6.
- Allen Watts K, Malone E, Dionne-Odom JN, McCammon S, Currie E, Hicks J, et al. Can you hear me now?: Improving palliative care access through telehealth. *Res Nurs Health.* 2021;44(1):226-237. doi: 10.1002/nur.22105.
- Andreas M, Piechotta V, Skoetz N, Grummich K, Becker M, Joos L, et al. Interventions for palliative symptom control in COVID-19 patients. *Cochrane Database Syst Rev.* 2021;8(8):Cd015061. doi: 10.1002/14651858.Cd015061.
- Bell JS, Reynolds L, Freeman C, Jackson JK. Strategies to promote access to medications during the COVID-19 pandemic. *Aust J Gen Pract.* 2020;49(8):530-532. doi: 10.31128/ajgp-04-20-5390.
- Bernabeu-Wittel M, Ternero-Vega JE, Nieto-Martín MD, Moreno-Gaviño L, Conde-Guzmán C, Delgado-Cuesta J, et al. Effectiveness of a on-site medicalization program for nursing homes with COVID-19 outbreaks. *J Gerontol A Biol Sci Med Sci.* 2021;76(3):e19-e27. doi: 10.1093/gerona/glaa192.
- Berning MJ, Palmer E, Tsai T, Mitchell SL, Berry SD. An advance care planning long-term care initiative in response to COVID-19. *J Am Geriatr Soc.* 2021;69(4):861-867. doi: 10.1111/jgs.17051.
- Bolt SR, van der Steen JT, Mujezinović I, Janssen DJA, Schols J, Zwakhalen SMG, et al. Practical nursing recommendations for palliative care for people with dementia living in long-term care facilities during the COVID-19 pandemic: A rapid scoping review. *Int J Nurs Stud.* 2021;113:103781. doi: 10.1016/j.ijnurstu.2020.103781.
- Brunello A, Galiano A, Finotto S, Monfardini S, Colloca G, Balducci L, et al. Older cancer patients and COVID-19 outbreak: Practical considerations and recommendations. *Cancer Med.* 2020;9(24):9193-9204. doi: 10.1002/cam4.3517.
- Chaudhuri KR, Rukavina K, McConvey V, Antonini A, Lorenzl S, Bhidayasiri R, et al. The impact of COVID-19 on palliative care for people with Parkinson's and response to future pandemics. *Expert Rev Neurother.* 2021;21(6):615-623. doi: 10.1080/14737175.2021.1923480.
- Cheyne S, Lindley RI, Smallwood N, Tendal B, Chapman M, Fraile Navarro D, et al. Care of older people and people requiring palliative care with COVID-19: Guidance from the Australian national COVID-19 clinical evidence taskforce. *Med J Aust.* 2021. doi: 10.5694/mja2.51353.
- Crotty F, Watson R, Lim WK. Nursing homes: The titanic of cruise ships – will residential aged care facilities survive the COVID-19 pandemic? *Intern Med J.* 2020;50(9):1033-1036. doi: 10.1111/imj.14966.
- Dhavale P, Koparkar A, Fernandes P. Palliative care interventions from a social work perspective and the challenges faced by patients and caregivers during COVID-19. *Indian J Palliat Care.* 2020;26(Suppl 1):S58-s62. doi: 10.4103/ijpc.ijpc_149_20.
- Fadul N, Elsayem AF, Bruera E. Integration of palliative care into COVID-19 pandemic planning. *BMJ Support Palliat Care.* 2021;11(1):40-44. doi: 10.1136/bmjspcare-2020-002364.
- Gilissen J, Pivodic L, Unroe KT, Van den Block L. International COVID-19 palliative care guidance for nursing homes leaves key themes unaddressed. *J Pain Symptom Manage.* 2020;60(2):e56-e69. doi: 10.1016/j.jpainsymman.2020.04.151.
- Groom LL, McCarthy MM, Stimpfel AW, Brody AA. Telemedicine and telehealth in

nursing homes: An integrative review. *J Am Med Dir Assoc.* 2021;22(9):1784-1801.e1787. doi: 10.1016/j.jamda.2021.02.037.

- Hack E, Hayes B, Radcliffe N, Monda S, Yates P. COVID-19 pandemic: End of life experience in Australian residential aged care facilities. *Intern Med J.* 2021. doi: 10.1111/imj.15628.
- Hirakawa Y, Saif-Ur-Rahman KM, Aita K, Nishikawa M, Arai H, Miura H. Implementation of advance care planning amid the COVID-19 crisis: A narrative review and synthesis. *Geriatr Gerontol Int.* 2021;21(9):779-787. doi: 10.1111/ggi.14237.
- Holland DE, Vanderboom CE, Dose AM, Moore D, Robinson KV, Wild E, et al. Death and grieving for family caregivers of loved ones with life-limiting illnesses in the era of COVID-19: Considerations for case managers. *Prof Case Manag.* 2021;26(2):53-61. doi: 10.1097/ncm.0000000000000485.
- Hughes MC, Vernon E. Hospice response to COVID-19: Promoting sustainable inclusion strategies for racial and ethnic minorities. *J Gerontol Soc Work.* 2021;64(2):101-105. doi: 10.1080/01634372.2020.1830218.
- Indu S, Christina LV. Hoping for the best, planning for the worst: Palliative care approach to Parkinson disease during the COVID-19 pandemic. *Parkinsonism Relat Disord.* 2020;80:203-205. doi: 10.1016/j.parkreldis.2020.09.042.
- Kelly M, Mitchell I, Walker I, Mears J, Scholz B. End-of-life care in natural disasters including epidemics and pandemics: A systematic review. *BMJ Support Palliat Care.* 2021. doi: 10.1136/bmjspcare-2021-002973.
- Kirkpatrick JN, Hull SC, Fedson S, Mullen B, Goodlin SJ. Scarce-resource allocation and patient triage during the COVID-19 pandemic: JACC review topic of the week. *J Am Coll Cardiol.* 2020;76(1):85-92. doi: 10.1016/j.jacc.2020.05.006.
- Lakhani A. Which Melbourne metropolitan areas are vulnerable to COVID-19 based on age, disability, and access to health services? Using spatial analysis to identify service gaps and inform delivery. *J Pain Symptom Manage.* 2020;60(1):e41-e44. doi: 10.1016/j.jpainsymman.2020.03.041.
- Lam JKW, Cheung CCK, Chow MYT, Harrop E, Lapwood S, Barclay SIG, et al. Transmucosal drug administration as an alternative route in palliative and end-of-life care during the COVID-19 pandemic. *Adv Drug Deliv Rev.* 2020;160:234-243. doi: 10.1016/j.addr.2020.10.018.
- Latif A, Faull C, Waring J, Wilson E, Anderson C, Avery A, et al. Managing medicines at the end of life: A position paper for health policy and practice. *J Health Organ Manag.* 2021;35(9):368-377. doi: 10.1108/jhom-11-2020-0440.
- Lieneck C, Betancourt J, Daemen C, Eich R, Monty E, Petty MJ. Provision of palliative care during the COVID-19 pandemic: A systematic review of ambulatory care organizations in the United States. *Medicina (Kaunas).* 2021;57(10). doi: 10.3390/medicina57101123.
- Lowe J, Rumbold B, Aoun SM. Memorialisation during COVID-19: Implications for the bereaved, service providers and policy makers. *Palliat Care Soc Pract.* 2020;14:2632352420980456. doi: 10.1177/2632352420980456.
- MacIntyre CR, Heslop DJ. Public health, health systems and palliation planning for COVID-19 on an exponential timeline. *Med J Aust.* 2020;212(10):440-442.e441. doi: 10.5694/mja2.50592.
- Mayland CR, Harding AJE, Preston N, Payne S. Supporting adults bereaved through COVID-19: A rapid review of the impact of previous pandemics on grief and bereavement. *J Pain Symptom Manage.* 2020;60(2):e33-e39. doi: 10.1016/j.jpainsymman.2020.05.012.
- Mendis R, Haines A, Williams L, Mitchener K, Grimaldi F, Phillips M, et al. Palliative care and COVID-19 in the Australian context: A review of patients with COVID-19 referred to palliative care. *Aust Health Rev.* 2021;45(6):667-674. doi: 10.1071/ah21157.

- Miralles O, Sanchez-Rodriguez D, Marco E, Annweiler C, Baztan A, Betancor É, et al. Unmet needs, health policies, and actions during the COVID-19 pandemic: A report from six European countries. *Eur Geriatr Med.* 2021;12(1):193-204. doi: 10.1007/s41999-020-00415-x.
- Mitchell S, Maynard V, Lyons V, Jones N, Gardiner C. The role and response of primary healthcare services in the delivery of palliative care in epidemics and pandemics: A rapid review to inform practice and service delivery during the COVID-19 pandemic. *Palliat Med.* 2020;34(9):1182-1192. doi: 10.1177/0269216320947623.
- Mitchell SM. True resilience: A look inside COVID's effect on children with medical complexity and their families. *Curr Pediatr Rep.* 2021:1-7. doi: 10.1007/s40124-021-00254-9.
- Mitchinson L, Dowrick A, Buck C, Hoernke K, Martin S, Vanderslott S, et al. Missing the human connection: A rapid appraisal of healthcare workers' perceptions and experiences of providing palliative care during the COVID-19 pandemic. *Palliat Med.* 2021;35(5):852-861. doi: 10.1177/02692163211004228.
- Munjal M, Ahmed SM, Garg R, Das S, Chatterjee N, Mittal K, et al. The transport medicine society consensus guidelines for the transport of suspected or confirmed COVID-19 patients. *Indian J Crit Care Med.* 2020;24(9):763-770. doi: 10.5005/jp-journals-10071-23584.
- Nair D, Malhotra S, Lupu D, Harbert G, Scherer JS. Challenges in communication, prognostication and dialysis decision-making in the COVID-19 pandemic: Implications for interdisciplinary care during crisis settings. *Curr Opin Nephrol Hypertens.* 2021;30(2):190-197. doi: 10.1097/mnh.0000000000000689.
- O'Connor M, Wilson B. Managing bereavement when a family member dies in an aged care home: The impact of COVID-19. *Med J Aust.* 2021;214(7):333-333.e331. doi: 10.5694/mja2.51003.
- Powell VD, Silveira MJ. What should palliative care's response be to the COVID-19 pandemic? *J Pain Symptom Manage.* 2020;60(1):e1-e3. doi: 10.1016/j.jpainsymman.2020.03.013.
- Rainsford S, Hall Dykgraaf S, Phillips C. Effectiveness of telehealth palliative care needs rounds in rural residential aged care during the COVID-19 pandemic: A hybrid effectiveness-implementation study. *Aust J Rural Health.* 2022;30(1):108-114. doi: 10.1111/ajr.12789.
- Roberts B, Wright SM, Christmas C, Robertson M, Wu DS. COVID-19 pandemic response: Development of outpatient palliative care toolkit based on narrative communication. *Am J Hosp Palliat Care.* 2020;37(11):985-987. doi: 10.1177/1049909120944868.
- Rosa WE, Davidson PM. Coronavirus disease 2019 (COVID-19): Strengthening our resolve to achieve universal palliative care. *Int Nurs Rev.* 2020;67(2):160-163. doi: 10.1111/inr.12592.
- Rowland B, Kunadian V. Challenges in the management of older patients with acute coronary syndromes in the COVID-19 pandemic. *Heart.* 2020;106(17):1296-1301. doi: 10.1136/heartjnl-2020-317011.
- Rowley J, Richards N, Carduff E, Gott M. The impact of poverty and deprivation at the end of life: A critical review. *Palliat Care Soc Pract.* 2021;15:26323524211033873. doi: 10.1177/26323524211033873.
- Runacres F, Steele P, Hudson J, Bills M, Poon P. 'We couldn't have managed without your team': A collaborative palliative care response to the COVID-19 pandemic in residential aged care. *Australas J Ageing.* 2021. doi: 10.1111/ajag.13013.
- Samara J, Liu W-M, Kroon W, Harvie B, Hingeley R, Johnston N. Telehealth palliative care needs rounds during a pandemic. *J Nurse Pract.* 2021;17(3):335-338.
- Sinclair C, Nolte L, White BP, K MD. Advance care planning in Australia during the

COVID-19 outbreak: Now more important than ever. *Intern Med J.* 2020;50(8):918-923. doi: 10.1111/imj.14937.

- Sultan H, Mansour R, Shamieh O, Al-Tabba A, Al-Hussaini M. DNR and COVID-19: The ethical dilemma and suggested solutions. *Front Public Health.* 2021;9:560405. doi: 10.3389/fpubh.2021.560405.
- Sutherland AE, Stickland J, Wee B. Can video consultations replace face-to-face interviews? Palliative medicine and the COVID-19 pandemic: Rapid review. *BMJ Support Palliat Care.* 2020;10(3):271-275. doi: 10.1136/bmjspcare-2020-002326.
- Tielker JM, Weber JP, Simon ST, Bausewein C, Stiel S, Schneider N. Experiences, challenges and perspectives for ensuring end-of-life patient care: A national online survey with general practitioners in Germany. *PLoS One.* 2021;16(7):e0254056. doi: 10.1371/journal.pone.0254056.
- Veronese N, Barbagallo M. Specific approaches to patients affected by dementia and COVID-19 in nursing homes: The role of the geriatrician. *Ageing Res Rev.* 2021;69:101373. doi: 10.1016/j.arr.2021.101373.
- Waldon M. A rapid response and treatment service for care homes: A case study. *Br J Community Nurs.* 2021;26(1):6-12. doi: 10.12968/bjcn.2021.26.1.6.
- West E, Moore K, Kupeli N, Sampson EL, Nair P, Aker N, et al. Rapid review of decision-making for place of care and death in older people: Lessons for COVID-19. *Age Ageing.* 2021;50(2):294-306. doi: 10.1093/ageing/afaa289.

Appendix 2: Results from open web search

Table 2: Results from open web search

RePaDD search string available at development.caresearch.com.au/VirusSearch/search (Select the 'Palliative/end-of-life care and COVID-19 (Australia only)' option under 'Web searches')

Title	Organisation	Description	Link
Palliative care during the COVID-19 pandemic	Palliative Care Australia (Australian COVID-19 Palliative Care Working Group)	This paper has been written to guide an understanding of the scope of challenges that a pandemic or disaster poses for the delivery of health services, in particular for palliative care. It describes the role of palliative care in supporting different patient journeys during COVID-19, including the importance of advance care planning, the ethical challenges and distress that may arise in the event that resource allocation or rationing decisions become necessary, the overarching principles that govern the distribution of finite resources, and the practical realities of how such principles are implemented.	palliativecare.org.au/palliative-care-during-the-covid-19-pandemic/

Title	Organisation	Description	Link
Caring for a person at the end of life at home during COVID-19	CarerHelp	Fact sheet.	www.carerhelp.com.au/Portals/16/Documents/Carersheet/Caring%20for%20a%20person%20at%20the%20end%20of%20life%20at%20home%20during%20COVID-19.pdf
Palliative care and COVID	palliAGED	Resources selected to help the aged care sector find useful information on providing palliative care and care at the end of life in the COVID-19 context.	www.palliaged.com.au/tabid/5983/Default.aspx
Palliative care and COVID-19 in the Australian context: A review of patients with COVID-19 referred to palliative care	Australian Health Review	Patients with COVID-19 referred to a hospital-based palliative care consultancy service in Melbourne, Australia had similar demographic characteristics, symptoms, medication needs and outcomes to patients with COVID-19 referred to other palliative care services in the UK and the US. There were significant psychosocial issues affecting patients, families and staff in the context of the pandemic.	www.publish.csiro.au/ah/ah21157
COVID-19	ELDAC	Information, resources and ELDAC webinars for the health and aged care sectors.	www.eldac.com.au/tabid/5953/Default.aspx
COVID-19 palliative care resources	Queensland Health	Selected national, international and state resources, information and links to support palliative care in the context of COVID-19.	www.health.qld.gov.au/cpcrc/covid-19

Title	Organisation	Description	Link
Australian COVID-19 Palliative Care Working Group (ACPCWG)	Palliative Care Australia	<p>The purpose of this Working Group (ACPCWG), in the context of advice from the Department of Health and relevant state/territories jurisdictions, is to:</p> <ul style="list-style-type: none"> • Provide expert advice to the PCA Board; including specific advice on the areas PCA can influence • Provide expert palliative care input into government decisions and policies about COVID-19 • Communicate critical information to PCA Member Organisations and Affiliate Members, and State and Territory clinical networks set up specifically to address palliative care issues related to COVID-19 • Provide a central point for the summary of and prioritisation of evolving issues to inform a national response • Support the ongoing provision of the best possible palliative care to the Australian community; including consideration of issues of training and upskilling; clinical care; organisation and delivery of services; equipment, infrastructure and medicines; and ethics and decision making. 	www.aph.gov.au/DocumentStore.ashx?id=7d2dfb4d-5daa-475c-bcf5-087da3f10628&subId=691303
Management of people with COVID-19 who are receiving palliative care	National COVID-19 Clinical Evidence Taskforce	Evidence based flow chart to guide health professionals.	covid19evidence.net.au/wp-content/uploads/FLOWCHART-9-PALLIATIVE-CARE.pdf
Queensland Palliative Care Response to COVID-19	Palliative Care Queensland	Collection of resources, pathways, tools and guides to support health and aged care providers.	palliativecareqld.org.au/covid19/
Clinical resources for end-of-life and palliative care in the COVID-19 environment	WA Health	These resources have been developed to assist healthcare professionals respond to the care needs of patients in the evolving COVID-19 environment. This includes clinical care of those who require general and supportive care during COVID-19 illness, and for those who will be unlikely to recover and as a result will go on to require end-of-life care.	ww2.health.wa.gov.au/Articles/A_E/Clinical-resources-for-End-of-Life-and-Palliative-Care-in-the-COVID19-environment

Title	Organisation	Description	Link
COVID-19	Palliative Care WA	This page has been developed to provide information and resources specifically relevant to palliative care in Western Australia during COVID-19.	palliativecarewa.asn.au/covid-19/
COVID-19 resources for SCHN paediatric palliative care families	NSW Paediatric Palliative Care Programme	Provides a list of good quality information and resources for parents and carers of children receiving palliative care. Organised into five headings: <ul style="list-style-type: none"> • For the Adults in the Family • For the Younger children in the family • For the Young people in the family • Activities at Home • NDIS & COVID-19 	www.nswppcprogramme.com.au/tabid/6008/Default.aspx
Report from the Palliative Care COVID-19 Response Group	SA Palliative Care COVID-19 Response Group	It includes both preparation for the provision of palliative care for terminally ill COVID-19 patients and their families, and the ongoing provision of safe pre-existing palliative care service delivery in the acute and community settings. The group considered patient, community and staff welfare in the provision of palliative care.	ceih.sa.gov.au/assets/library/document/Palliative-Care-Clinical-Network-Report-COVID19-July-2020.pdf
Supporting aged care residents and visitors during COVID-19	Victorian Department of Health	Section included on end of life. Topics covered: ACP, standardised care processes and bereavement.	www.health.vic.gov.au/covid-19/supporting-aged-care-residents-and-visitors-during-covid-19
Care of older people and people requiring palliative care with COVID-19: Guidance from the Australian National COVID-19 Clinical Evidence Taskforce	MJA	Journal article	onlinelibrary.wiley.com/doi/10.5694/mja2.51353

Title	Organisation	Description	Link
COVID-19 resources	Palliative Care Social Work Australia	Palliative Care Social Work Australia has collated resources about COVID-19 to support social workers in the context of palliative care and care at the end of life and the social work role.	pcswa.org.au/covid-19/
Making end-of-life documents during COVID-19	Queensland Government	Enables nurse practitioners as well as doctors to complete a certificate in advanced health directives.	www.justice.qld.gov.au/initiatives/documents-during-covid/end-of-life
COVID-19 Impacts on Palliative Care	Palliative Care Victoria	Palliative Care Victoria in partnership with 12 other key organisations and members of the Victorian community welcomes the opportunity to submit to the Public Accounts and Estimates Committee (PAEC) on the Victorian Government's Management of the COVID-19 pandemic.	www.parliament.vic.gov.au/images/stories/committees/paec/COVID-19_Inquiry/Submissions/105a_Palliative_Care_Victoria_-_Revised_version.pdf
Tips for carers of people in palliative care	Carers Australia NSW	This fact sheet contains information and advice about coronavirus (COVID-19) specifically for people in New South Wales (NSW) caring for a family member or friend in palliative care.	www.carersnsw.org.au/uploads/main/Files/3.Resources/Carer/COVID19-fact-sheets/2006CN-Covid19-factsheet-Palliative_290621.pdf
Palliative care and COVID-19: Grief, bereavement and mental health	Palliative Care Australia (Australian COVID-19 Palliative Care Working Group)	Outcomes paper from two Palliative Care Australia strategic forums held in 2020 with experts in palliative care, grief, bereavement and mental health with recommendations for policy makers, health and aged care leaders and professionals, and carers and consumers.	palliativecare.org.au/statement/palliative-care-and-covid-19-grief-bereavement-and-mental-health-2/

References

1. Australian Institute of Health and Welfare. The first year of COVID-19 in Australia: Direct and indirect health effects. Canberra, ACT: AIHW; 2021.
2. Royal Commission into Aged Care Quality and Safety. Aged care and COVID-19: A special report. Canberra, ACT: Commonwealth of Australia; 2020.
3. Tielker JM, Weber JP, Simon ST, Bausewein C, Stiel S, Schneider N. Experiences, challenges and perspectives for ensuring end-of-life patient care: A national online survey with general practitioners in Germany. *PLoS One*. 2021;16(7):e0254056. doi: 10.1371/journal.pone.0254056.
4. Bernabeu-Wittel M, Ternero-Vega JE, Nieto-Martín MD, Moreno-Gaviño L, Conde-Guzmán C, Delgado-Cuesta J, et al. Effectiveness of a on-site medicalization program for nursing homes with COVID-19 outbreaks. *J Gerontol A Biol Sci Med Sci*. 2021;76(3):e19-e27. doi: 10.1093/gerona/glaa192.
5. Samara J, Liu W-M, Kroon W, Harvie B, Hingeley R, Johnston N. Telehealth palliative care needs rounds during a pandemic. *J Nurse Pract*. 2021;17(3):335-338.
6. Hack E, Hayes B, Radcliffe N, Monda S, Yates P. COVID-19 pandemic: End of life experience in Australian residential aged care facilities. *Intern Med J*. 2021. doi: 10.1111/imj.15628.
7. Crotty F, Watson R, Lim WK. Nursing homes: The titanic of cruise ships – will residential aged care facilities survive the COVID-19 pandemic? *Intern Med J*. 2020;50(9):1033-1036. doi: 10.1111/imj.14966.
8. Mitchinson L, Dowrick A, Buck C, Hoernke K, Martin S, Vanderslott S, et al. Missing the human connection: A rapid appraisal of healthcare workers' perceptions and experiences of providing palliative care during the COVID-19 pandemic. *Palliat Med*. 2021;35(5):852-861. doi: 10.1177/02692163211004228.
9. Brunello A, Galiano A, Finotto S, Monfardini S, Colloca G, Balducci L, et al. Older cancer patients and COVID-19 outbreak: Practical considerations and recommendations. *Cancer Med*. 2020;9(24):9193-9204. doi: 10.1002/cam4.3517.
10. Miralles O, Sanchez-Rodriguez D, Marco E, Annweiler C, Baztan A, Betancor É, et al. Unmet needs, health policies, and actions during the COVID-19 pandemic: A report from six European countries. *Eur Geriatr Med*. 2021;12(1):193-204. doi: 10.1007/s41999-020-00415-x.
11. O'Connor M, Wilson B. Managing bereavement when a family member dies in an aged care home: The impact of COVID-19. *Med J Aust*. 2021;214(7):333-333.e331. doi: 10.5694/mja2.51003.
12. Mitchell S, Maynard V, Lyons V, Jones N, Gardiner C. The role and response of primary healthcare services in the delivery of palliative care in epidemics and pandemics: A rapid review to inform practice and service delivery during the COVID-19 pandemic. *Palliat Med*. 2020;34(9):1182-1192. doi: 10.1177/0269216320947623.
13. Gilissen J, Pivodic L, Unroe KT, Van den Block L. International COVID-19 palliative care guidance for nursing homes leaves key themes unaddressed. *J Pain Symptom Manage*. 2020;60(2):e56-e69. doi: 10.1016/j.jpainsymman.2020.04.151.
14. Sinclair C, Nolte L, White BP, K MD. Advance care planning in Australia during the COVID-19 outbreak: Now more important than ever. *Intern Med J*. 2020;50(8):918-923. doi: 10.1111/imj.14937.

15. Hirakawa Y, Saif-Ur-Rahman KM, Aita K, Nishikawa M, Arai H, Miura H. Implementation of advance care planning amid the COVID-19 crisis: A narrative review and synthesis. *Geriatr Gerontol Int.* 2021;21(9):779-787. doi: 10.1111/ggi.14237.
16. West E, Moore K, Kupeli N, Sampson EL, Nair P, Aker N, et al. Rapid review of decision-making for place of care and death in older people: Lessons for COVID-19. *Age Ageing.* 2021;50(2):294-306. doi: 10.1093/ageing/afaa289.
17. Berning MJ, Palmer E, Tsai T, Mitchell SL, Berry SD. An advance care planning long-term care initiative in response to COVID-19. *J Am Geriatr Soc.* 2021;69(4):861-867. doi: 10.1111/jgs.17051.
18. Fadul N, Elsayem AF, Bruera E. Integration of palliative care into COVID-19 pandemic planning. *BMJ Support Palliat Care.* 2021;11(1):40-44. doi: 10.1136/bmjspcare-2020-002364.
19. Nair D, Malhotra S, Lupu D, Harbert G, Scherer JS. Challenges in communication, prognostication and dialysis decision-making in the COVID-19 pandemic: Implications for interdisciplinary care during crisis settings. *Curr Opin Nephrol Hypertens.* 2021;30(2):190-197. doi: 10.1097/mnh.0000000000000689.
20. Rowland B, Kunadian V. Challenges in the management of older patients with acute coronary syndromes in the COVID-19 pandemic. *Heart.* 2020;106(17):1296-1301. doi: 10.1136/heartjnl-2020-317011.
21. Roberts B, Wright SM, Christmas C, Robertson M, Wu DS. COVID-19 pandemic response: Development of outpatient palliative care toolkit based on narrative communication. *Am J Hosp Palliat Care.* 2020;37(11):985-987. doi: 10.1177/1049909120944868.
22. Groom LL, McCarthy MM, Stimpfel AW, Brody AA. Telemedicine and telehealth in nursing homes: An integrative review. *J Am Med Dir Assoc.* 2021;22(9):1784-1801.e1787. doi: 10.1016/j.jamda.2021.02.037.
23. Sutherland AE, Stickland J, Wee B. Can video consultations replace face-to-face interviews? Palliative medicine and the COVID-19 pandemic: Rapid review. *BMJ Support Palliat Care.* 2020;10(3):271-275. doi: 10.1136/bmjspcare-2020-002326.
24. Chaudhuri KR, Rukavina K, McConvey V, Antonini A, Lorenzl S, Bhidayasiri R, et al. The impact of COVID-19 on palliative care for people with Parkinson's and response to future pandemics. *Expert Rev Neurother.* 2021;21(6):615-623. doi: 10.1080/14737175.2021.1923480.
25. Indu S, Christina LV. Hoping for the best, planning for the worst: Palliative care approach to Parkinson disease during the COVID-19 pandemic. *Parkinsonism Relat Disord.* 2020;80:203-205. doi: 10.1016/j.parkreldis.2020.09.042.
26. Mitchell SM. True resilience: A look inside COVID's effect on children with medical complexity and their families. *Curr Pediatr Rep.* 2021:1-7. doi: 10.1007/s40124-021-00254-9.
27. Rowley J, Richards N, Carduff E, Gott M. The impact of poverty and deprivation at the end of life: A critical review. *Palliat Care Soc Pract.* 2021;15:26323524211033873. doi: 10.1177/26323524211033873.
28. Veronese N, Barbagallo M. Specific approaches to patients affected by dementia and COVID-19 in nursing homes: The role of the geriatrician. *Ageing Res Rev.* 2021;69:101373. doi: 10.1016/j.arr.2021.101373.

29. Bolt SR, van der Steen JT, Mujezinović I, Janssen DJA, Schols J, Zwakhalen SMG, et al. Practical nursing recommendations for palliative care for people with dementia living in long-term care facilities during the COVID-19 pandemic: A rapid scoping review. *Int J Nurs Stud.* 2021;113:103781. doi: 10.1016/j.ijnurstu.2020.103781.
30. Aker N, West E, Davies N, Moore KJ, Sampson EL, Nair P, et al. Challenges faced during the COVID-19 pandemic by family carers of people living with dementia towards the end of life. *BMC Health Serv Res.* 2021;21(1):996. doi: 10.1186/s12913-021-07019-6.
31. Hughes MC, Vernon E. Hospice response to COVID-19: Promoting sustainable inclusion strategies for racial and ethnic minorities. *J Gerontol Soc Work.* 2021;64(2):101-105. doi: 10.1080/01634372.2020.1830218.
32. Lakhani A. Which Melbourne metropolitan areas are vulnerable to COVID-19 based on age, disability, and access to health services? Using spatial analysis to identify service gaps and inform delivery. *J Pain Symptom Manage.* 2020;60(1):e41-e44. doi: 10.1016/j.jpainsymman.2020.03.041.
33. Dhavale P, Koparkar A, Fernandes P. Palliative care interventions from a social work perspective and the challenges faced by patients and caregivers during COVID-19. *Indian J Palliat Care.* 2020;26(Suppl 1):S58-s62. doi: 10.4103/ijpc.ijpc_149_20.
34. Holland DE, Vanderboom CE, Dose AM, Moore D, Robinson KV, Wild E, et al. Death and grieving for family caregivers of loved ones with life-limiting illnesses in the era of COVID-19: Considerations for case managers. *Prof Case Manag.* 2021;26(2):53-61. doi: 10.1097/ncm.0000000000000485.
35. Latif A, Faull C, Waring J, Wilson E, Anderson C, Avery A, et al. Managing medicines at the end of life: A position paper for health policy and practice. *J Health Organ Manag.* 2021;35(9):368-377. doi: 10.1108/jhom-11-2020-0440.
36. Lam JKW, Cheung CCK, Chow MYT, Harrop E, Lapwood S, Barclay SIG, et al. Transmucosal drug administration as an alternative route in palliative and end-of-life care during the COVID-19 pandemic. *Adv Drug Deliv Rev.* 2020;160:234-243. doi: 10.1016/j.addr.2020.10.018.
37. Bell JS, Reynolds L, Freeman C, Jackson JK. Strategies to promote access to medications during the COVID-19 pandemic. *Aust J Gen Pract.* 2020;49(8):530-532. doi: 10.31128/ajgp-04-20-5390.
38. Mendis R, Haines A, Williams L, Mitchener K, Grimaldi F, Phillips M, et al. Palliative care and COVID-19 in the Australian context: A review of patients with COVID-19 referred to palliative care. *Aust Health Rev.* 2021;45(6):667-674. doi: 10.1071/ah21157.
39. Munjal M, Ahmed SM, Garg R, Das S, Chatterjee N, Mittal K, et al. The Transport Medicine Society consensus guidelines for the transport of suspected or confirmed COVID-19 patients. *Indian J Crit Care Med.* 2020;24(9):763-770. doi: 10.5005/jp-journals-10071-23584.
40. Runacres F, Steele P, Hudson J, Bills M, Poon P. 'We couldn't have managed without your team': A collaborative palliative care response to the COVID-19 pandemic in residential aged care. *Australas J Ageing.* 2021. doi: 10.1111/ajag.13013.
41. Lowe J, Rumbold B, Aoun SM. Memorialisation during COVID-19: Implications for the bereaved, service providers and policy makers. *Palliat Care Soc Pract.* 2020;14:2632352420980456. doi: 10.1177/2632352420980456.
42. Mayland CR, Harding AJE, Preston N, Payne S. Supporting adults bereaved through COVID-19: A rapid review of the impact of previous pandemics on grief and bereavement. *J Pain Symptom Manage.* 2020;60(2):e33-e39. doi: 10.1016/j.jpainsymman.2020.05.012.

43. MacIntyre CR, Heslop DJ. Public health, health systems and palliation planning for COVID-19 on an exponential timeline. *Med J Aust.* 2020;212(10):440-442.e441. doi: 10.5694/mja2.50592.
44. Andreas M, Piechotta V, Skoetz N, Grummich K, Becker M, Joos L, et al. Interventions for palliative symptom control in COVID-19 patients. *Cochrane Database Syst Rev.* 2021;8(8):Cd015061. doi: 10.1002/14651858.Cd015061.

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**

Level 5, 255 Elizabeth Street, Sydney NSW 2000
GPO Box 5480, Sydney NSW 2001

Phone: (02) 9126 3600

Email: mail@safetyandquality.gov.au

Website: www.safetyandquality.gov.au