

Serious Illness Care Program

COVID-19 Response Toolkit

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The first version of this toolkit was released April 3, 2020. An updated version was released April 15, 2020.

Materials included in the toolkit were developed based on expert knowledge and information on COVID-19 available at the time of publication. Materials will be updated as the COVID-19 situation evolves and as we receive feedback from users.

New versions of the materials will be indicated with the date in the footer, formatted as *SI-COVID-Toolkit YYYY-MM-DD*.

For the most up to date resources, please visit our website at ariadnelabs.org/covid-conversations. New and updated toolkit items will be added as they are completed.



COVID-19 Conversation Guide for Inpatient Care

SET UP

This is a difficult and scary time with the coronavirus. I'm hoping we can talk about the upcoming hours and days and what's important to you so we can provide you with the best care. **Is that okay?**
Is there anyone that you would want to join us by phone or video?

ASSESS

What about your health are you **most worried about** right now?
Thank you for sharing that with me.

Can I share some information with you about how this illness might affect you?

SHARE

Many people will recover from this infection. We will do everything we can to help you recover. As you've probably heard, some people get so sick that they do not survive. **[Pause]**

[If Normal Risk] Because there is some uncertainty about how this illness affects people, we are asking **everyone** to share what would be important if they became very sick and couldn't speak for themselves.

[If High Risk] Because of your [high risk condition], if **you** get really sick, I worry that the treatments that we can use to try to help people get better, like breathing machines or CPR, are not likely to work or get you back to the quality of life you had before. **[Pause] This must be hard to hear.**

EXPLORE

What is **most important** for your loved ones and medical team to know if you were to get very sick?

What **abilities** are so important to your life that you can't imagine living without them?

Some people are willing to go through a lot, including being on machines for many weeks, even if there is only a small chance that this could help them survive. Others avoid these treatments to focus primarily on comfort, especially if the medical team thought the treatments wouldn't work or would leave someone unable to do things that are important to them. **How do you think about this?**

If you couldn't speak for yourself, **who do you trust** to make medical decisions for you?

How much do they know about what is important to you?

CLOSE

This can be hard to talk about. I really appreciate your sharing this information with me.

I heard you say that ___ is really important to you. Given what you told me, and what we know about your current health, I would recommend that we... **[CHOOSE A or B]**

A. use intensive care if necessary, including CPR or breathing machines. If something changes to make us worry that these treatments are not likely to work, we will tell you or your [trusted decision maker]. Is that okay?

B. provide only treatments that we think will be helpful. This means that we would not do CPR or breathing machines but will provide all other available treatments to help you recover and be comfortable. Is that okay?

We can revisit this at any time. We will do everything we can to help you and your family through this.



COVID-19 Conversation Guide for Inpatient Care

CONTEXT AND DESCRIPTION

What? This communication tool offers language to assist clinicians in having conversations with patients who have suspected or confirmed Covid-19 about their values and preferences. This can inform decisions about life-sustaining treatments and ensure the highest quality care.

Why? Communication with hospitalized patients with confirmed or suspected Covid-19 about their treatment preferences presents unique challenges. These include uncertainty about illness trajectory, [high risk of critical illness or death](#) for some, high levels of distress, and use of virtual communication platforms. High quality conversations that help patients understand their specific vulnerabilities and share their worries and priorities can inform shared decision-making about life sustaining treatments.

Who? The Guide is for all inpatient clinicians who take care of patients with Covid-19. This conversation is for all patients in the hospital who have suspected or confirmed Covid-19.
NOTE: If using crisis standards of care, use a tool adapted for that purpose.

Where? Inpatient setting: emergency department, the medical floor, or ICU.

When? As early in the admission as possible, given the uncertainty of the clinical trajectory.

Tips for successful use:

1. Watch the [demo video](#).
2. Read the guide aloud before using it with a patient or surrogate.
3. Use the exact words on the Guide to reduce your cognitive load
4. Use silence and acknowledge [emotions](#) when they arise.
5. When working with surrogates, consider using video where possible rather than phone.
6. When working with interpreters, have a discussion with the interpreter in advance to review the Guide and discuss potential challenges.
7. Never struggle alone: Debrief with a colleague for support and self-care.



COVID-19 Conversation Guide for Outpatient Care

SET UP

This is a difficult and scary time with the coronavirus. I'm hoping we can talk about **what is important to you**, so that we can provide you with the best care possible. **Is that okay?**

ASSESS

What do you **understand** about how the coronavirus could affect your health?

What are you currently doing to **protect yourself** from getting the virus?

May I share with you **my understanding** of how the coronavirus could affect your health?

SHARE

Most people who get the coronavirus get better on their own. However, people who are older or have other health problems **like yours** can get very sick and may not survive. The treatments that we use to try to help people live, like breathing machines, may not work. If they do work, recovery from the illness is uncertain. *[Pause, respond to emotion].*

We really hope that you don't get the virus, but it is important **to prepare** in case you do.

Given your [medical condition]/age, I'd like to think together about what would be important to you if you became very sick and couldn't speak for yourself.

EXPLORE

What would be **most important** for your healthcare providers or loved ones to know if you became very sick and couldn't speak for yourself?

With all that's going on, what are you most **worried** about?

What **abilities** are so important to you that you can't imagine living without them?

If we think they may not help or may cause suffering, some people make decisions to avoid treatments like breathing machines or CPR if they get very sick. If that happened to you, have you thought about **medical treatments** that you may or may not want?

How much do your **loved ones** know about your priorities and wishes?

CLOSE

This can be hard to talk about. At the same time, this conversation can help us ensure that **what matters most to you** guides your care if you get sick.

I've heard you say _____. I think it's important to **share this information with your loved ones** so they can speak for you if you can't. I recommend that we complete a healthcare proxy so we know who you trust to make decisions if you can't.

[If additional recommendations] I also recommend _____.

This is an uncertain time for all of us. **We will do everything we can** to help you and your family through this.



COVID-19 Conversation Guide for Outpatient Care

CONTEXT AND DESCRIPTION

Why? Communicating with patients about serious illness is challenging under the best of circumstances. The COVID-19 pandemic reinforces the need for conversations that enable patients with serious illness or other risk factors to understand the potential impact of COVID-19 on their health, to share their worries, values, and priorities, and to make informed decisions. This tool aims to make it easier for clinicians to have these discussions in a trustworthy and compassionate way during this time of uncertainty and distress.

Who? Patients in the community who have underlying health conditions are at increased risk of critical illness or death from COVID-19 infection. While there is still a lot to learn about this infection, the highest risk patients may include **older adults**, those who are **immunocompromised**, and/or **patients with one or more** of the following underlying conditions:

- Cardiovascular or cerebrovascular disease
- Pulmonary disease
- Advanced cancer
- Chronic renal disease
- Diabetes and hypertension
- Frailty

What? Engage in a conversation with the patient or surrogate to:

1. Discuss [protective measures](#) to prevent infection
2. Share the risk of critical illness due to COVID-19 because of underlying health conditions
3. Understand their priorities, values, and preferences in this context
4. Acknowledge and respond to emotions
5. Make a recommendation about next steps
6. Document the conversation and care plan in the EHR

Where? Ambulatory care via telehealth

When? Early! Ideally at a time when the patient is feeling well. Build this into an existing telehealth visit or schedule a separate telehealth visit for this conversation.

How?

1. Watch the [demo video](#) and review the guide
2. Try the Guide language for the conversation
3. Use silence to allow emotions to be shared
4. Acknowledge emotions with [empathic statements](#)
5. Recommend next steps, such as completing a healthcare proxy
6. Reiterate your ongoing support to the patient and family
7. Use advance care planning billing codes - 99497 and 99498
8. Don't struggle alone: Debrief with a colleague for support and self-care



COVID-19 Telehealth Communication Tips

A RESOURCE FOR CONDUCTING COVID-19 CONVERSATIONS VIRTUALLY*

Opening a COVID-19 Outpatient Conversation visit: environment and privacy

Patients may or may not want family members involved when discussing their priorities. Make sure to cue the patient to invite those they want to be involved and/or to consider moving to a private setting, if possible and desired.

Techniques for responding to emotion: verbal and non-verbal

Normalizing and validating positive and negative emotions: This response can help patients feel heard and understood. For example: *“It makes perfect sense that it feels difficult to live with this uncertainty.”* OR: *“I’m so glad that you’ve been able to laugh with your family during this difficult time.”*

Silence: Pausing with silence after sharing hard news allows time for patients to process their emotions. During silence, continue to look into the camera and use head-nodding to maintain connection. Patients will break the silence by re-initiating eye contact or talking again. You can also put your hand to your heart as a gesture of empathy.

Reflection and curiosity: Allowing patients the space to explore their emotions and thoughts supports relationship and connection. Statements like *“I hear how sad it is to think about this”* or *“Tell me more about what you’re thinking”* enable patients to share their complex experiences during this difficult time.

Attending to cues during the visit

Since patients are in their home, their environment may change during the visit. For example: their kids or grandkids may enter the room. You can check in with patients to make sure they are ok to continue the discussion.

Pay attention to signs that the patient is struggling with the discussion. If they are breaking eye contact, shifting in their seat, or appear uncomfortable, you can say: *“I know this is hard to talk about, and I think we covered a lot today. Thank you so much for sharing. What are your thoughts about shifting gears and talking about something else?”*

Ending the session

Ending a telehealth session, especially one that focuses on a potentially sensitive discussion, can feel unnatural and abrupt. **Toward the end, begin to wind down the conversation so the patient can feel more integrated and less emotional.** For example: *“We are committed to caring for you and will do everything we can to support you through this.”*

Consider naming when you have a short amount of time left: *“I see that we have 10 minutes remaining. I wonder what might be most helpful to discuss as we finish up our appointment for today?”*

*These tips are adapted from a document created by Drs. Vicki Jackson, Isaac Chua, Mihir Kamdar, and Jennifer Temel at Massachusetts General Hospital and Dana-Farber Cancer Institute as part of the REACH Palliative Care Study. The document is available at www.capc.org/documents/758.



COVID-19 Recommendation Aid

A RESOURCE FOR MAKING RECOMMENDATIONS FOR OUTPATIENT CARE

This aid provides a framework to create holistic recommendations after a conversation with a patient who has underlying health conditions that put them at higher risk of severe complications of COVID-19, should they contract it. For many patients, these conversations may not result in firm decisions about ventilation or resuscitation. Rather, the goal is to open a dialogue and connect your patient's needs, values, and priorities to therapeutic options.

"Thank you for sharing that with me. I'd like to reflect together on what you've shared and make a plan moving forward. Would that be ok?"

"I've heard you say that _____ is really important to you. Based on your priorities and what we know about your illness and this current situation with the coronavirus, I recommend..."

Wellbeing (consider the following options)

Share facts about COVID-19 and counsel the patient on protective measures to prevent infection.

Assure the patient that you will document and honor what matters most to them.

- Revisit the conversation when needed.
- Involve members of the patient's support system (family, friends) in the next conversation, if the patient desires.

If the patient has urgent distress (e.g. anxiety, depression, isolation) consider:

- Referrals to social work, palliative care, and/or psychiatry.
- Involving other members of the patient's medical care team in the next conversation.
- Having additional discussions to clarify next steps.

Ask the patient to identify someone they trust to make decisions if they can't (called a healthcare proxy), and encourage them to have a conversation with their decision-maker.

- The goal is for the patient to identify a loved one they trust to make medical decisions if they are unable and to talk to their loved one about their priorities, values, and preferences.
- Share resources to support patients and families in talking about priorities and preferences, e.g. prepareforyourcare.org.

For patients who may be ready to make decisions, recommend for or against life-sustaining treatments based on the patient's priorities and the medical situation.

For example: "*Based on what you shared about what's important to you and your desire to avoid treatments that may not benefit and may lead to suffering, I recommend that if you get sick with COVID-19, it makes sense for you to be in the hospital, and we will do everything we can to keep you from getting sicker and to make you feel better. If you get worse and become critically ill with COVID-19, I would recommend that we change the focus of your care to making sure you are comfortable and don't put you in the ICU or on a ventilator.*"



Illness and care management (consider the following options)

Consider the impact of social distancing on illnesses and well-being.

- While necessary for public health and personal protection, social distancing can lead to isolation and depression for some patients.
- Enact strategies to support those who are isolated (e.g. frequent contact via telehealth with patients and caregivers).
- Involve social work and community resources (e.g. grocery delivery, medication delivery, etc.).

Consider increasing access to home care services (e.g. home-based palliative care).

- Consider **hospice** for those who qualify and have expressed preferences for comfort-focused care.
- Ensure access to comprehensive symptom management and psychosocial and spiritual support.

Consider completing a MOLST/POLST for those with clear preferences: [POLST.org](https://www.polst.org) is portable across settings and is appropriate for patients of any age with advanced illness. It should be:

- Completed after a conversation with a clinician about the patients' priorities and preferences.
- Signed by the patient or surrogate AND a medical provider (doctor, physician's assistant, or nurse practitioner) to specify patient wishes for:
 - CPR
 - Mechanical ventilation, CPAP, and other procedures
 - Transfer to a hospital

Support System (consider the following options)

Consider who else should be involved to help your patient navigate their worries and to provide support during this difficult and uncertain time.

- Identify the patient's support system and what helps them cope.
- If the patient lacks a support system, refer to social work, chaplain, hospital volunteer, patient advocate, etc.
- Involve members of the patient's support system (family, friends) in the next conversation, if the patient desires.

Help

- "Thank you for taking the time to talk to me about this."
- "Does this sound ok? Is there anything else we should think about?"
- "We will do everything we can to help you through this."



COVID-19 Care Planning Resources

SITE-SPECIFIC RESOURCES & SERVICES

Identify a health professional who can help complete this worksheet to document the resources and services available to patients and their loved ones at your site. This document can be used as a reference by all clinicians having conversations about COVID-19. **Please indicate what services are available by telehealth where relevant.** Since this situation is changing quickly, **date each entry and update regularly.**

<p>MENTAL & BEHAVIORAL HEALTH For example: psychiatrists, psychologists, social workers</p> <ul style="list-style-type: none"> ▪ <i>Type resource here</i> 	<p>HOME SERVICES (MEDICAL CARE, FOOD DELIVERY, PHARMACY DELIVERY) For example: Specific agencies' contact info</p> <ul style="list-style-type: none"> ▪ <i>Type resource here</i>
<p>PATIENT/FAMILY SUPPORT For example: social work, patient advocate, community health workers, social services)</p> <ul style="list-style-type: none"> ▪ <i>Type resource here</i> 	<p>PALLIATIVE CARE For example: inpatient, outpatient, and home-based resources</p> <ul style="list-style-type: none"> ▪ <i>Type resource here</i>
<p>HOME CARE AND HOSPICE CARE For example: Specific agencies' contact information</p> <ul style="list-style-type: none"> ▪ <i>Type resource here</i> 	<p>SPIRITUAL SUPPORT For example: Chaplain, rabbi, shaman, imam, Hindu priest</p> <ul style="list-style-type: none"> ▪ <i>Type resource here</i>
<p>DOCUMENT COMPLETION For example: POLST, Advanced Directive, HC Proxy, e.g. mydirectives.com, prepareforyourcare.org</p> <ul style="list-style-type: none"> ▪ <i>Type resource here</i> 	<p>NOT AVAILABLE For example: Commonly requested resources that are not available at this site</p> <ul style="list-style-type: none"> ▪ <i>Type resource here</i>

