

# Overview of the Serious Illness Care Program's COVID-19 Response Toolkit

Ariadne Labs | May 2020

# Today's objectives

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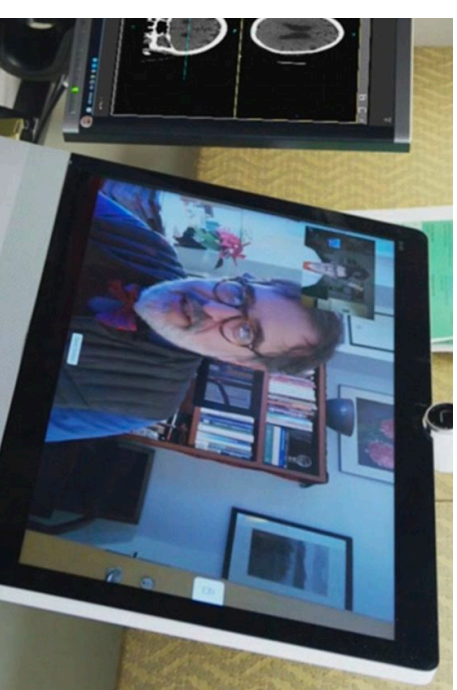
At the end of this webinar, participants will be able to:

1. Describe the rationale and components of the SSCP COVID-19 Response Toolkit
2. Engage in conversations with patients and/or families using COVID-19 conversation guides for outpatient or inpatient care
3. Consider a systems-approach to communication in the time of COVID-19
4. Know where and how to access additional resources and updates

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# Context for creating COVID-19 Toolkit

# This is an extraordinary time with unprecedented challenges



We developed COVID-19 communication tools and implementation resources to help...

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- **Patients and families** feel informed, prepared, & cared-for
- **Clinicians** feel prepared and supported to engage in conversations and decision-making with patients and families
- **Implementers and leaders** have access to adaptable, scalable tools and resources to implement and disseminate within their organization

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Available on the Ariadne Labs website

<https://www.ariadnelabs.org/coronavirus/clinical-resources/covid-conversations/>

# CURRENT: The Serious Illness Care Program's COVID-19 Response Toolkit

## Outpatient Care

- Outpatient conversation guide
- Context 1-pager
- Video
- Demonstration
- Telehealth Tips
- Care Planning Tool
- Recommendation Aid
- Letter to patients

## Inpatient Care

- Inpatient conversation guide
- Context 1-pager
- Video
- Demonstration
- Crisis Standards Guide
- Context 1-pager

## Patient Resources

- Patient guide

## Training Resources

- Webinar Slides (Unabridged)
- Webinar Video Recording

# COVID-19 Response Toolkit Overview

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- ❑ COVID-19 Conversation Guide for Outpatient Care
  - ❑ Case Studies & Toolkit for the Outpatient Guide
- ❑ COVID-19 Conversation Guide for Inpatient Care
  - ❑ Case Studies & Toolkit for the Inpatient Guide
- ❑ Patient Resources
- ❑ Implementation Strategies and Additional Tools



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  - ❑ Case Studies & Toolkit for the Outpatient Guide
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# Design Principles

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- **Person-centered** - Focuses on what matters most to patients
- **Simple** - One page with relatable language
- **Usable** - Accompanied by implementation resources
- **Refined** - Rapid iteration based on feedback and experience from a diverse group of individuals and experts

# Process for Design

## Adaptation

- Assembled a team (n=6)
- Adapted SICG v1.0
- Guiding principles and values

## Rapid Feedback and Iteration

- Face validity from external reviewers (n=8)
- Feedback from simulations with patient actor (n=4)
- Feedback from user experience in clinical encounters (n=6)

# The COVID-19 Conversation Guide for Outpatient Care...

## COVID-19 Conversation Guide for Outpatient Care

→ **Equips** clinicians for proactive outreach

**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?

→ **Emphasizes** prevention and preparation

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

**EXPLORE**  
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.

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[If additional recommendations] I also recommend \_\_\_\_\_.  
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# Simulated Telehealth Demonstration of COVID-19 Conversation Guide

## Outpatient Care

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### Tensions of Sharing Info

- How much information to share
- Conveying uncertainty
- Titrating to the patient's anxiety

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*[Pause, respond to emotion]*

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Close

## COVID-19 Conversation Guide for Outpatient Care

# Tensions in the Recommendation

- **Specificity of the recommendation**
  - **Variety of possible next steps**
- depending on numerous factors (e.g. patients' current illness, prior discussions, readiness, needs, social and cultural context)

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## Case Studies: Family Medicine Telehealth Visit



79 yo woman with asthma, diabetes, hypertension, and well-controlled schizophrenia (full decision-making capacity)  
Her daughter lives close by  
5 days of fever, intermittent wheezing: Coronavirus PCR positive.  
Febrile, wheezing improves with albuterol, able to speak without difficulty.

**What she tells you:** She would like to stay home if possible but is open to hospitalization if needed to help her feel better. Would prefer to have DNR/DNI order but wants her PCPs guidance about whether or not hospitalization would be helpful.

**Recommendation:** Increase home services, document DNR/DNI

## Case Studies: Palliative Care Telehealth Visit



66 yo man: type I diabetes, stage IV lung cancer, progressing  
Lives with wife and daughter  
Does not have symptoms of Covid-19  
Portuguese-speaking

**What he tells you:** “If I get sick, just make me comfortable. I don’t want to suffer.”  
**What his wife says:** “Do everything you can to save him.”

**Recommendation:** Hospitalization if needed. If he got sicker, would recommend intensive comfort measures.

## Case Studies: Primary Care visit with surrogate of patient in assisted living



86 yr old woman with advanced dementia, frail and prone to falls, requires 24 hr care  
Lives in assisted living  
Son is her healthcare proxy  
Exposed to the coronavirus (by a direct caregiver)

**What you learn:** Patient had prior MOLST w/ DNR/DNI but OK to send to hospital. After the conversation, no hospitalization under any circumstances.

**Recommendation:** Referred her to hospice (that accepts patients with Covid), updated MOLST to include DNH, confirmed with assisted living that they could care for her.

## Case Studies: Palliative Care Telehealth Visit



42 yr old man lives with wife and 2 teenage sons  
Advanced sarcoma, on 3<sup>rd</sup> line chemotherapy, responding to  
treatment

**What you learn:** Patient did not want to discuss: ‘Let’s not think about that right now.’ Numerous questions about coronavirus in general. Very anxious and ‘anything besides living is not ok.’ Paused the conversation and responded to his questions

**Recommendation:** Document surrogate decision maker. Counsel on prevention.

# Implementation Resources

## COVID-19 Telehealth Communication Tips

A RESOURCE FOR CONDUCTING COVID-19 CONVERSATIONS

### Opening a COVID-19 Outpatient Conversation

Patients may or may not want family members involved with the patient to invite those they want to be involved and/or as desired.

### Techniques for responding to emotion: Verbal

**Normalizing and validating positive and negative emotion** understood. For example: *“It makes perfect sense that it felt so good that you’ve been able to laugh with your family during*

**Silence:** Pausing with silence after sharing hard news allows: During silence, continue to look into the camera and use the break the silence by re-initiating eye contact or talking again gesture of empathy.

**Reflection and curiosity:** Allowing patients the space to explore relationship and connection. Statements like *“I hear how so what you’re thinking”* enable patients to share their complete

## COVID-19 Recommendation Aid

A RESOURCE FOR MAKING RECOMMENDATIONS

This aid provides a framework to who has underlying health conditions COVID-19, should they contract it decisions about ventilation or res patient’s needs, values, and prior plan moving forward. Would that

“Thank you for sharing that with plan moving forward. Would that

“I’ve heard you say that \_\_\_\_\_ is about your illness and this current

### Wellbeing (consider the following)

Share facts about **COVID-19** and prevent infection.

Assure the patient that you will

- Revisit the conversation with
- Involve members of the patient’s support system
- the patient desires.

## 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><b>MENTAL &amp; BEHAVIORAL HEALTH</b> For example: psychiatrists, psychologists, social workers</p> <ul style="list-style-type: none"> <li>▪ <i>Type resource here</i></li> </ul>	<p><b>HOME SERVICES (MEDICAL CARE, FOOD DELIVERY, PHARMACY DELIVERY)</b> For example: Specific agencies’ contact info</p> <ul style="list-style-type: none"> <li>▪ <i>Type resource here</i></li> </ul>
<p><b>PATIENT/FAMILY SUPPORT</b> For example: social work, patient advocate, community health workers, social services)</p> <ul style="list-style-type: none"> <li>▪ <i>Type resource here</i></li> </ul>	<p><b>PALLIATIVE CARE</b> For example: inpatient, outpatient, and home-based resources</p> <ul style="list-style-type: none"> <li>▪ <i>Type resource here</i></li> </ul>

# COVID-19 Response Toolkit Overview

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- ❑ COVID-19 Conversation Guide for Outpatient Care
  - ❑ Case Studies & Toolkit for the Outpatient Guide
- ❑ **COVID-19 Conversation Guide for Inpatient Care**
  - ❑ Case Studies & Toolkit for the Inpatient Guide
  - ❑ Patient Resources
- ❑ Implementation Strategies and Additional Tools

# Process for Design

## Adaptation

- Assembled a team (n=6)
- Adapted SICG v1.0
- Guiding principles and values

## Rapid Feedback and Iteration

- Face validity from external reviewers (n=10)
- Feedback from simulations with patient actor (n=4)
- Feedback from user experience with clinical encounters (n=3)

# The COVID-19 Conversation Guide for Inpatient Care...

→ **Equips** clinicians to have conversations in the hospital with patients with confirmed or suspected Covid-19

→ **Emphasizes** patients' values, priorities, and care preferences

→ **Informs** decision-making about life-sustaining treatments

→ **NOT** a guide for Crisis Standards

## 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?

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?

### ASSESS

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 [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.

### SHARE

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?

### EXPLORE

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

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 [treated 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?

### CLOSE

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



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# Simulated Demonstration of COVID-19 Conversation Guide Using Digital Technology

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?”

## COVID-19 Conversation Guide for Inpatient Care

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

**SHARE** Can I share some information with you about how this illness might affect you?  
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 [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 would 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]**  
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**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.

# 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?

## COVID-19 Conversation Guide for Inpatient Care

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**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 [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]**

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**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.

# Share

## Tensions of Sharing Information

- **Uncertainty and how quickly people get sick (need to normalize)**
- **Different levels of risk**
- **Communication with surrogate, interpreters, PPE, virtual tech**

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**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?**

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 [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.

**SHARE** 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?

**EXPLORE** 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]**

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

# Share

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- **[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.

## COVID-19 Conversation Guide for Inpatient Care

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

## COVID-19 Conversation Guide for Inpatient Care

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**CLOSE**

# Explore

“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?**”

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# Explore

“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?”

## COVID-19 Conversation Guide for Inpatient Care

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

Close

## Tensions of the Recommendation

- Mismatch between patient preferences and medical situation
- Uncertain preferences-not clear which direction to go in
- Worries about crisis standards

### COVID-19 Conversation Guide for Inpatient Care

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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 [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.

**SHARE** 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?

**EXPLORE** 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.

# 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]

## 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 [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 would 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?  
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**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]**  
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# Close

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?”

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

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# COVID-19 Response Toolkit Overview

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- ❑ COVID-19 Conversation Guide for Outpatient Care
  - ❑ Case Studies & Toolkit for the Outpatient Guide
- ❑ COVID-19 Conversation Guide for Inpatient Care
  - ❑ **Case Studies & Toolkit for the Inpatient Guide**
- ❑ Patient Resources
- ❑ Implementation Strategies and Additional Tools

## Case Studies: Conversation with the patient's daughter by phone, HD 1



86 y/o woman with dementia requiring full time care; heart failure; frailty  
Lives in skilled nursing facility  
Admitted with fever, labored breathing (RR=30) on 6L nasal canula, delirium, coronavirus +  
Daughter is her decision-maker

**Conversation:** The patient's daughter is angry about the lack of communication in the nursing home. Hospitalist acknowledges and validates her frustration and distress; learns that the patient's quality of life before the admission was declining for months. Daughter said that she doesn't want her mom to suffer.

**Recommendation:** DNR/DNI; intensive comfort measures

**Documentation:** ACP note; code status

## Case Studies: Conversation with Admitted Patient HD# 2



69M with advanced COPD (2L home O<sub>2</sub>, multiple admissions for COPD exacerbation), CHF, IDDM, hypertension, CKD  
Admitted with COPD exacerbation, Covid - on admission  
Lives alone, no family

**Conversation:** “My faith is important to me and going to church and all of the activities we do. God will help me get through this.” The patient did not express strong views about preferences about life-sustaining treatments and not ready to discuss it.

**Recommendation:** Chaplain visits during hospitalization. Discussed the use of CPR/ventilation if needed. Will revisit if situation changes during hospitalization.

**Documentation:** ACP note; code status: full

## Continued: Conversation with Admitted Patient HD# 6



Now Covid +, worsening hypoxemia and dyspnea, acute kidney injury  
69M with advanced COPD (2L home O2, multiple admissions for COPD exacerbation), CHF, IDDM, hypertension, CKD  
Lives alone, no family

**Conversation:** “I’m feeling worse. I’m not going to get out of here, am I? I want to talk to my pastor.” The patient is focused on what this means for him. Responding to emotion during the conversation.

**Recommendation:** Phone call with pastor. Given what’s important to the patient and worries about prognosis, patient agreed to recommendation not to use CPR/ventilation should he get

sicker. **Documentation:** ACP note entered



## Case Studies: Conversation with patient and daughter, HD 4



73F with RA, dementia admitted with pneumonia (covid + ) , clinically stable, though has been declining for 3 years (8 admissions in the last year), poor POs, dysphagia, nutrition recommending TF, Peg-tube?  
Has 5 daughters, all actively involved  
No HCP documented, but youngest daughter most vocal

**Conversation:** “My family knows best. Can you call my daughter Angela?” Angela says: “She needs nutrition. It’s so important that she get stronger with food to fight this and to get better. I need to talk to my sisters.” It’s not clear who the decision-maker is and there are multiple family members involved.

**Recommendation:** Talk again tomorrow. SW will call to provide support and to discuss HCP paperwork.

## Conversation Guide Tips

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- Read the guide aloud before using it with a patient or surrogate
- Stick to the language on the Guide - *“I’m going to use this Guide, just to make sure I don’t miss anything”*
- When working with surrogates, consider using video where possible rather than phone
- When working with interpreters, have a discussion with interpreter before-hand to review questions and discuss potential challenges
- Use silence and acknowledge emotions when they arise
- Never struggle alone: Debrief with a colleague for support and self-care

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# Patient Resources

- Jointly developed with The Conversation Project
- Being Prepared in the Time of COVID-19
- **Email letter to patients**  
*(just released)*

NAME \_\_\_\_\_

DATE \_\_\_\_\_

## Being Prepared in the Time of COVID-19

### Three Things You Can Do Now

This is a challenging time. There are many things that are out of our control. But there are some things we can do to help us be prepared — both for ourselves and the people we care about. Here are three important things each of us can do, right now, to be prepared.

#### 1 Pick your person to be your health care decision maker

Choose a health care decision maker (often known as a proxy, agent, or health care power of attorney) — a person who will make medical decisions for you if you become too sick to make them for yourself.

- Here's a [simple guide](#) to help you choose a health care decision maker.

Have a talk with your health care decision maker to make sure they know what matters most to you.

- [Make a plan to talk with your decision maker as soon as possible.](#)
- [Phone calls or video chats are good if you don't live with that person.](#)

Fill out an [official form naming your health care decision maker](#). Give one copy of the filled-in form to your decision maker and one copy to your health care team.

- [Get a free health care decision maker form here or download a form for free from your state attorney general website.](#)
- [In a time of social distancing, you may not be able to create an official legal document. That's okay! Writing it down is still better than nothing!](#)

#### YOU SHOULD KNOW

- First and foremost, do everything you can to stay personally safe and protect others!
- Follow the CDC recommendations for social distancing: Stay home. Clean your hands often. Avoid close contact. Cover coughs and sneezes.
- Most people who get COVID-19 get a mild or moderate illness and don't need to go to the hospital.
- Those who do get a severe case of COVID-19 are mostly people who are older or have other medical problems.
- Some people, especially those who are young and healthy, will get better with routine hospital care. But many, especially those who are older and sicker, are not likely to survive even with a ventilator (breathing machine).
- Those who survive may be left with

# COVID-19 Response Toolkit Overview

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- ❑ COVID-19 Conversation Guide for Inpatient Care & Toolkit
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- ❑ **Implementation Strategies and Additional Tools**

# Systems Approach to Communication

## Care Model Components

Risk Stratification

Digital/Telehealth Technologies for Outreach

EHR ACP Documentation Changes

## Clinician Training/Support

Train/Educate Inter-professional Clinicians Virtually

Support Groups for Clinicians Virtually

New Clinical Roles

## Communication Tools

COVID-19 Conversation Guides & Implementation Tools

Patient Guide

Patient Outreach Letter

# Identification of High-Risk Groups in the Community

## MEDIUM RISK

- 70 years old +
- Not in the med-hi or hi risk groups

## MEDIUM-HIGH RISK

- 80+ w/ frailty
- 70+ w/ respiratory disease, CVD, diabetes

## HIGH RISK

- Patients with serious illness

# Digital/Telehealth Outreach Strategies

## MEDIUM RISK

Letter outreach to patients and families via EHR portal

## MEDIUM-HIGH RISK

Telehealth visit by inter-professional team members:

- Outpatient Conversation Guide
- Care Planning

## HIGH RISK

Telehealth visit by primary or specialist team plus trained social outreach clinician:

- Outpatient Conversation Guide
- Care Planning



# Electronic Health Record Changes

## Inpatient/ED

- Advance care planning (ACP) activity added to top of ED EHR interface and admission & discharge navigators

## Smart Phrases

- New COVID conversation guides and response options created as Smart Phrases in Epic

## Code Status

- Enable Current Code Status orders to persist across ED, inpatient, and outpatient settings

# Virtual Training and Support; New Clinical Roles

## WEB-BASED CLINICIAN TRAINING

- Primary care clinicians (all professionals)
- Video demonstration and talk through the COVID-19 Outpatient Conversation Guide; Q&A

## CLINICIAN SUPPORT

- Palliative care ‘hotline’
- Support groups for clinicians (led by SW and psychiatry)
- ED Geriatric Triage Team

## EMBEDDED PC EXTENDERS

- Clinicians paired with behavioral health specialists
- Embedded in ED, medical floor, and ICU

# Patient Outreach for Advanced Care Planning

## ONLINE TOOL

- Identify decision-maker
- Share what matters and care preferences
- Aligned with SICG/Patient Guide

## INTEGRATION

- Add it to the patient's EHR
- Share with care circle (support network)

## DISSEMINATION

- 28 primary care practices (240,000 patients, 200+ clinicians)

## What's Next?

### Just released

- ❑ COVID-19 Conversation Guide for Crisis Standards
- ❑ Email letter for outreach to patients

### Quality improvement methods

- ❑ Survey for feedback on the COVID-19 conversation guides to refine the tools based on diverse experiences
- ❑ Case studies of implementation with health systems
- ❑ Development of new implementation tools

# Additional Resources

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Serious Illness Care Program COVID-19 Response Toolkit

<https://www.ariadnelabs.org/coronavirus/clinical-resources/covid-conversations/>

The Conversation Project IHI/Serious Illness Care Program Patient Guide

<https://www.ariadnelabs.org/resources/articles/news/being-prepared-in-the-time-of-covid-19/>

VitalTalk COVID-ready Communication Skills

<https://www.vitaltalk.org/guides/covid-19-communication-skills/>

Center to Advance Palliative Care COVID-19 Response Resources

<https://www.capc.org/toolkits/covid-19-response-resources/>

CDC Fact Sheet and ACP Decisions Video for information about coronavirus

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>

<https://acpdecisions.wistia.com/medias/rgbuphegzi>

## Join our Community of Practice

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- Continue the conversation and share resources on the Serious Illness Care Program Community of Practice  
<https://portal.ariadnelabs.org>
- Become a Serious Illness Care Program Ambassador
  - Applications can be found on the Community of Practice
  - Applications due by June 1, 2020

THANK YOU!

# Ariadne Labs Team

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