Overview of the Serious Illness Care Program’s COVID-19 Response Toolkit
Today’s objectives

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

1. Describe the rationale and components of the SICP 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
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...

- Patients and families feel informed, prepared, and 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

...
Overview of Serious Illness Care Program’s COVID-19 Response Toolkit

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

Patient Care

Outpatient Care

Resources

Training

Outpatient Care Toolkit

COVID-19 Response Toolkit

CURRENT: The Serious Illness Care Program’s
COVID-19 Response Toolkit Overview

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

COVID-19 Response Toolkit Overview
COVID-19 Response Toolkit Overview

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

COVID-19 Response Toolkit Overview
Design Principles

- 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
Assembled a team (n=6)
Guiding principles and values
Rapid Feedback and Iteration

- Adapted SICG v1.0
- Face validity from external reviewers (n=8)
- Feedback from simulations
- Face validity from external encounters (n=6)
- Feedback from user with patient actor (n=4)

Process for Design: Adaptation
The COVID-19 Conversation Guide for Outpatient Care...

➔ Equips clinicians for proactive outreach
➔ Emphasizes prevention and preparation
➔ Focuses on what matters most and surrogate decision making

This is a crucial and necessary tool for our communities. It helps us take stock, what is most

COVID-19 Conversation Guide for Outpatient Care
Outpatient Care

COVID-19 Conversation Guide
Simulated Telehealth Demonstration of
This is a difficult and scary time with the coronavirus. I'm hoping we can talk about what's important to you so we can provide you with the best care possible.

Is that ok?
What do you understand about how the coronavirus could affect your health?

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

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

What do you understand about how the coronavirus could affect your health?
Tensions of Sharing Info

How much information to share

Conveying uncertainty

Titrating to the patient's anxiety

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. Recovery from the illness is uncertain.
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 COVID-19 Conversation Guide for Outpatient Care

What would be most important for your healthcare providers or loved ones to know if you became very sick?

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?
Tensions in the
Recommendation

Specificity

Variety of possible next steps depending on numerous factors (e.g. patient's current illness, prior discussions, readiness, needs, social and cultural context)

-patient's current illness, prior discussions, readiness, needs, social

Specificity of the Recommendation

Tensions in the
Recommendation

COVID-19 Conversation Guide for Outpatient Care
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.
This is an uncertain time for all of us. We will do everything we can to help you and your family through this.

I also recommend [If additional recommendations] also recommended.
COVID-19 Response Toolkit Overview

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

COVID-19 Response Toolkit Overview
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.

Recommendation: Increase home services, document DNR/DNI

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 is open to her PCPs guidance about whether or not hospitalization would be helpful.

Case Studies: Family Medicine Telehealth Visit
Intensified comfort measures.

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

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.”

Portuguese-speaking

Does not have symptoms of Covid-19

Lives with wife and daughter

66yo man: Type I diabetes, stage IV lung cancer, progressing

Case Studies: Palliative Care Telehealth Visit
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
Requires 24 hr care
Exposed to the coronavirus (by a direct caregiver)
Lives in assisted living
86 yr old woman with advanced dementia, frail and prone to falls

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.

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

Case Studies: Primary Care visit with surrogate of patient in assisted living
42 yr old man lives with wife and 2 teenage sons.

Advanced sarcoma, on 3rd line chemotherapy, responding to treatment.

42 yr old man lives with wife and 2 teenage sons.


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

What you learn: Patient did not want to discuss: ‘Let’s not think about that right now.’

Case Studies: Palliative Care Telehealth Visit
Implementation Resources

COVID-19 Care Planning Resources

A Resource for Making Reconciliations

COVID-19 Telemental Health Communication Tips

A Resource for Conducing COVID-19 Conferences

Prevent and Protect

Assess the patient that you will need to be involved and/or work with.

Where to start:

Are the communication and collaboration skills intact? How are they working?

What are the barriers to a smooth communication?

Prevent and Protect

Assess the patient that you will need to be involved and/or work with.

Where to start:

Are the communication and collaboration skills intact? How are they working?

What are the barriers to a smooth communication?

Prevent and Protect

Assess the patient that you will need to be involved and/or work with.

Where to start:

Are the communication and collaboration skills intact? How are they working?

What are the barriers to a smooth communication?

Prevent and Protect

Assess the patient that you will need to be involved and/or work with.

Where to start:

Are the communication and collaboration skills intact? How are they working?

What are the barriers to a smooth communication?

Prevent and Protect

Assess the patient that you will need to be involved and/or work with.

Where to start:

Are the communication and collaboration skills intact? How are they working?

What are the barriers to a smooth communication?
COVID-19 Response Toolkit Overview

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

COVID-19 Response Toolkit Overview
Assembled a team (n=6)

Adapted SICG v1.0

Guiding principles and values

Rapid Feedback and Iteration

Face validity from external reviewers (n=10)

Face validity from user

Feedback from simulations with patient actor (n=4)

Feedback from user experience with clinical encounters (n=3)

Process for Design
The COVID-19 Conversation Guide for Inpatient Care...

- NOT a guide for Crisis Standards
- Emphasizes patients' values, priorities, and care preferences
- Informs decision-making about life-sustaining treatments
- Equips clinicians to have conversations in the hospital with patients with confirmed or suspected Covid-19
Simulated Demonstration of COVID-19 Conversation Guide Using Digital Technology

Inpatient Care

Technology
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? 

Did 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?

Thank you for sharing that with me.

What about your health are you most worried about right now?
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

Information

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.

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.
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

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. This must be hard to hear.
What is the most important for your loved ones and medical team to know if you were to get very sick?

When abilities are so important to your life that you can’t imagine living without them?

Explore COVID-19 Conversation Guide for Inpatient Care

What is most important for your loved ones to know if you were to get very sick?
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?"
Tensions of the Recommendation

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

...
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 Response Toolkit Overview

- COVID-19 Conversation Guide for Outpatient Care
- Case Studies & Toolkit for the Inpatient Guide
- COVID-19 Conversation Guide for Inpatient Care
- Case Studies & Toolkit for the Outpatient Guide

Patient Resources

Implementation Strategies and Additional Tools
86 y/o woman with dementia requiring full time care; heart failure; frailty

Documented: ACP note; code status
Recommendation: DNR/DNI; intensive comfort measures

The patient’s daughter is her decision-maker. Daughter said that she doesn’t want her mom to suffer. 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. 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.

The patient is admitted with fever, labored breathing (RR=30) on 6L nasal canula. Admitted with fever, labored breathing (RR=30) on 6L nasal canula. Admitted with fever, labored breathing (RR=30) on 6L nasal canula.

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

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 daughter is her decision-maker. Hospitalist acknowledges and validates her frustration and distress; learns that daughter is her decision-maker. Hospitalist acknowledges and validates her frustration and distress; learns that daughter is her decision-maker. Hospitalist acknowledges and validates her frustration and distress; learns that daughter is her decision-maker.
69M with advanced COPD (2L home O2, multiple admissions for COPD exacerbation), CHF, IDDM, hypertension, CKD

Admitted with COPD exacerbation, Covid - on admission
COVID exacerbation, CHF, IDDM, hypertension, CKD

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

Case Studies: Conversation with Admitted Patient HD#2
Now Covid+ with worsening hypoxemia and dyspnea, acute kidney injury.

Injury

69M with advanced COPD (2L home O2, multiple admissions for COPD exacerbation, CHF, IDDM, hypertension, CKD Livest alone, no family

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. The 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.

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.

Documentation: ACP note entered
Case Studies: Conversation with patient and daughter, HD 4

73F with RA, dementia admitted with pneumonia (covid+), clinically stable, thought has been declining for 3 years (8 admissions in the last year), poor POs, dysphagia, nutrition recommending TF, Peg-tube.

HCP paperwork:

Recommendation: Talk again tomorrow. SW will call to provide support and to discuss there are multiple family members involved. It’s not clear who the decision-maker is and to get better, I need to talk to my sisters. "It’s so important that she get stronger with food to fight this and she needs nutrition. It’s so important that she get stronger with food to fight this and"

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"

NO HCP documented, but youngest daughter most vocal

Has 5 daughters, all actively involved

Recommendation: TF, Peg-tube?

daughter, HD 4
Conversation Guide Tips

➔ 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 read the guide aloud before using it with a patient or surrogate"
➔ Use silence and acknowledge emotions when they arise
➔ When working with surrogates, consider using video where possible
➔ When working with interpreters, have a discussion with interpreter beforehand to review questions and discuss potential challenges
➔ Never struggle alone: Debrief with a colleague for support and self-care
COVID-19 Response Toolkit Overview

- 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
Being Prepared in the Time of COVID-19

You should know

- Pick your person to be your health care decision maker
- Have a list of your health care wishes
- Make a plan to talk to your health care decision maker
- Think about what’s most important for your family in case something happens

There are three important things each of us can do right now to be prepared:

- Talk to your health care decision maker
- Make a plan for what you want to happen
- Think about how you want to be treated

This is a conversation that we all need to have. There are many things that we can control, but there are some things we can’t control. But there are some things we can control.
COVID-19 Response Toolkit Overview

- Implementation Strategies and Additional Tools
- Patient Resources
- Case Studies & Toolkit for the Inpatient Guide
- COVID-19 Conversation Guide for Inpatient Care & Toolkit
- Case Studies & Toolkit for the Outpatient Guide
- COVID-19 Conversation Guide for Outpatient Care
<table>
<thead>
<tr>
<th>Care Model Components</th>
<th>Tools</th>
<th>Training/Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Clinical Roles</td>
<td></td>
<td>Clinicians Virtually Support Groups for Clinicians Virtually Train/Educate</td>
</tr>
<tr>
<td>Changes Documentation</td>
<td></td>
<td>EHR ACP</td>
</tr>
<tr>
<td>Outreach Technologies for Digital/Telehealth</td>
<td></td>
<td>Risk Stratification</td>
</tr>
<tr>
<td>Patient Guide</td>
<td></td>
<td>COVID-19 Conversation</td>
</tr>
<tr>
<td>Patient Outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation Tools</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Systems Approach to Communication**
### High Risk
- Patients with serious illness

### Medium-High Risk
- Diabetes, CVD, respiratory disease
- 70+ w/ frailty
- 80+ w/ frailty

### Medium Risk
- Groups hi or hi risk not in the med-
- 70 years old +

---

**Identification of High-Risk Groups in the Community**
**High Risk**
- Care Planning
- Outpatient Conversation Guide
- Outpatient
- Clinician:
  - Social outreach
  - Team plus trained primary or specialist

**Medium-Risk**
- Care Planning
- Outpatient Conversation Guide
- Outpatient
- Team members:
  - Inter-professional
  - Telehealth visit by

**Medium Risk**
- Letter outreach
- Portal families via EHR
- Telehealth outreach strategies
Electronic Health Record Changes

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

- Smart Phrases
  - New COVID
  - COVID

- Inpatient/ED
  - Advance care planning (ACP) activity added to top of ED EHR interface and admission & discharge navigators
  - Enable Current Code Status
  - Code Status
  - orders to persist
  - smart phrases in Epic created as smart responses options and conversation guides
  - smart phrases
  - COVID
WEB-BASED CLINICIAN TRAINING

Virtual Training and Support, New Clinical Roles

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

EXTENDERS

ED Geriatric Triage Team
SW and psychiatry clinicians (led by support groups for hotline, palliative care

CLINICIAN SUPPORT

OA COVID-19 Outpatient Conversation Guide; video demonstration and walk through the clinic
Support groups for clinicians (all professionals) primary care

TRAINING

WEB-BASED CLINICIAN
Patient Outreach for Advanced Care Planning

**Dissemination**
- 28 primary care practices (240,000 patients)

**Integration**
- Add it to the patient's EHR
- Share with care circle (support network)
- Share with care maker
- Share what matters
- Aligned with SICG/Patient Guide
- Identify decision-maker

**Online Tool**
What’s Next?

Just released
COVID-19 Conversation Guide for Crisis Standards

- Development of new implementation tools
- Case studies of implementation with health systems
- Refine the tools based on diverse experiences
- Survey for feedback on the COVID-19 conversation guides to refine the tools based on diverse experiences
- Quality improvement methods
- Email letter for outreach to patients
- COVID-19 Conversation Guide for Crisis Standards
- Just released
Additonal Resources

Additional Resources

CDC Fact Sheet and ACP Decisions Video for Information about Coronavirus


Center to Advance Palliative Care COVID-19 Response Resources

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

The Conversation Project COVID-19 Response Toolkit

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

Serious Illness Care Program COVID-19 Response Toolkit


VitalTalk COVID-Ready Communication Skills

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

The Conversation Project IHII/Serious Illness Care Program Patient Guide

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

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

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

https://www.ariadnelabs.org/coronavirus/clinical-resources/covid-conversations/
Join our Community of Practice

Continue the conversation and share resources on the Serious Illness Care Program Community of Practice

Applications can be found on the Community of Practice

Becomes a Serious Illness Care Program Ambassador

Applications due by June 1, 2020

https://portal.ariadnelabs.org
THANK YOU!