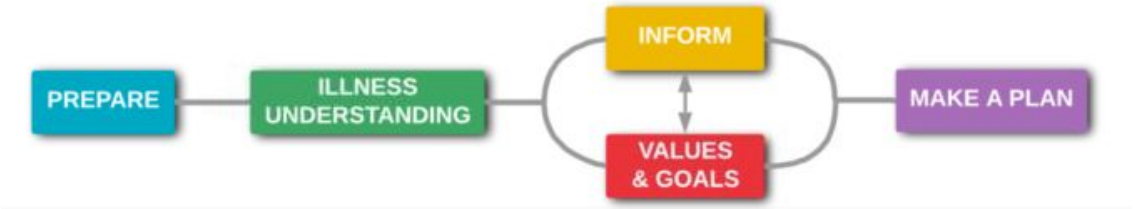
Guide for Clinicians
COVID-19 Goals of Care Discussion

Target Population:	1. Frail/Elderly or Serious underlying comorbidities 2. Long Term Care or other institution 3. Severe COVID-19 Illness



Goal: To have an initial goals of care conversion, identify a substitute decision maker, and explore values and wishes in the case the patient's condition deteriorates

Example situation: Mr. Turner is a 90 year old male, with advanced heart failure, diabetes, COPD and atrial fibrillation. He developed respiratory illness (COVID-19) 9 days ago and now has decreasing level of consciousness and his oxygen requirements are increasing.

Conversation occurs between staff of LTC and resident and/or SDM

Step 1: Introduce yourself and discussion

"I'm calling to talk about your (relative) and to discuss plans for his/her care. Can we talk about this now?

Step 2: Explore illness understanding

"I am sorry to have to talk to you about this over the phone...

'Can you start by telling me what you already know about your (relative)? It will help me to understand your point of view and let me know what other information you need.

Step 3: Provide information

Be brief, concise, use simple terminology and wait for response and reaction. If you are not sure if they understand, ask them to repeat it back to you. If they have an emotional reaction, pause and respond supportively to the emotion

"Well, let's start from the beginning…your relative became ill last week…

"We tested him and found him to have coronavirus..

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Ask: *Is this new information?*

There has been a lot of information in the news about coronavirus. You've probably heard that most people have mild to moderate illness and then recover…but some people have severe illness and aren't able to recover.

We know that people who have existing medical problems such as (list any applicable conditions that the person has) make it harder for them to recover...

Until today, your (relative) was stable, and we were hoping he would recover...unfortunately, he is getting sicker now...

I wish it were different, I am worried that he/she might get so sick that he/she won't recover…and she/he is going may die from this illness. I wonder if we can talk about how best to care for him/her going forward...

I'm so sorry – I wish I didn't have to tell you this…and especially over the phone…

Step 4: Respond to emotions:

Pause and let the patient/SDM absorb this news. DO NOT CONTINUE if SDM has a strong emotional response or if they are disagreeing with you.

Address and acknowledge their emotion by:

- Naming the emotion: for example, *"this must be such a shock…I wish things were different..."*
- Exploring: *"tell me more about what you are thinking now?*
- Supporting: *"thank you for sharing this information with me...it is important for me to know so I can help you best*

Step 5: Explore values and goals, including previous discussions during care planning

"Let's review the previous discussions we've had...

"Can you tell me more about your (relative)?

"What they might say would be important to them at this time?

"Do you have any worries or fears for your (relative) at this time?

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Step 6: Make recommendations for management

"Do you think I could make some recommendations about how we can continue to care for your (relative)?

"Based on what you've said...it sounds like your (relative) would want to focus on comfort...And so I would recommend we care for him here at the LTC home instead of transferring him to hospital. It is our main priority to make sure your (relative) is comfortable and well-cared for. We are equipped to care for your (relative) here in the home. We will provide oxygen and any medication he/she needs to make sure he/she is comfortable. There are medications we can use to help with the shortness of breath and/or pain that people with COVID-19 are experiencing.

"In addition to these things, is there anything that you can think of that your (relative) might want to make him/her more comfortable.

Step 7: Discuss Visitor policy: Discuss visitor policy as per situation at the time

We are allowing one visitor to come and say goodbye. Let's talk about who that person should be.

Or, if you would prefer to stay in your own home, we can organize a phone or video call for you to speak to him to say goodbye. I will help you do that.

I can also deliver a message for you

Tell me what you would like to do…

Step 8: Confirming management plan

"Do you have any more questions for me now?"

- If patient staying in LTC for palliative care, discuss medical management and comfort medications
- Set expectations for when they might receive another call

"If your (relative's) condition changes either I or someone else from the LTC will give you a call."

Step 9: Respond to questions with information and acknowledgment of emotions

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Can't he go to the hospital and go on a ventilator?

> *Thank you for asking me this -- let's talk about what the options are and how they will impact your (relative).*

Discussion then depends on values and situation. Patient/SDM may give consent for supportive/palliative care in LTC or may request transfer to hospital for more intensive management. You can discuss that patients with severe underlying illnesses who get COVID-19 are at a much higher risk of dying, even with the most intensive treatment in the intensive care unit.
If this option is chosen, follow the guidelines for transfer to hospital when a patient has a respiratory illness

Ask: *How can I best support you now?*

Step 10: Confirming management plan

> *"Do you have any more questions for me now?"*

- If patient staying in LTC for palliative care, discuss medical management and comfort medications
- Set expectations for when they might receive another call

> *"If your (relative's) condition changes either I or someone else from the LTC will give you a call."*

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Thank you to Fraser Health for the following communication practices.

Within your own scope of practice, provide information directly and honestly to the best of your knowledge

- Allow silence as time permits
- Acknowledge and explore emotion as it occurs. Do not just talk about facts and procedures
- Make a recommendation. In these distressing times, patients & families need to hear your professional opinion.
- Listen more than you talk.
- Avoid premature reassurance, instead align with the patients in hoping things may improve
- Focus on patient-centred goals and priorities not medical procedures
- Do not offer a menu of interventions, especially those that are not clinically beneficial
- Use the wish, worry, wonder framework…
    - ***I wish*** allows for aligning with the patient's hopes
    - ***I worry*** allows for being truthful while sensitive
    - ***I wonder*** is a subtle way to make a recommendation

"I wish things were different...I'm worried that your (relative) isn't going to recover from this infection and may die...I wonder if we can talk about how we are going to care for him best in his home...

Additional resources and helpful conversation suggestions from VitalTalk.

www.vitaltalk.org

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Guiding Principles for these conversations to be attached to all conversations:

General information about the conversation guides

- These are suggested conversation guides only. They offer you language to use, but you will need to adapt to the specific situation you are facing.
    - For example, if the emotion is not shock, but is sadness, name that emotion: “you are right to feel so sad...you obviously care so much about your (relative)…" “you are right to be frustrated and upset...it is difficult news that I am telling you...”
- Communicate with key health care team members who can help support these conversations and the patients
- Make sure you are talking to the correct SDM when the patient is incapable
- Document your conversations
- Know what’s available at your own site or region
    - Visitor Policy
    - Resource allocation policies
    - Palliative care supports from regional palliative care team
    - Availability of social work and chaplaincy support
- Know what resources your institution has to provide patient/families about COVID-19 and any triage information

General tips about communication (from Fraser Health Services BC)

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If you have any feedback about these guides, please email rachel.dragas@HPCO.ca

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Additional Resources

Hospice Palliative Care Ontario	hpco.ca
Speak Up Ontario	speakupontario.ca
Ontario Palliative Care Network	ontariopalliativecarenetwork.ca
VitalTalk	vitaltalk.org

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