Providence St. Joseph Health

POWERED BY VITAL talk

Outpatient COVID-19 Talking Maps

Connections Palliative Care, Oregon Region
Home and Community Care
Providence St. Joseph Health

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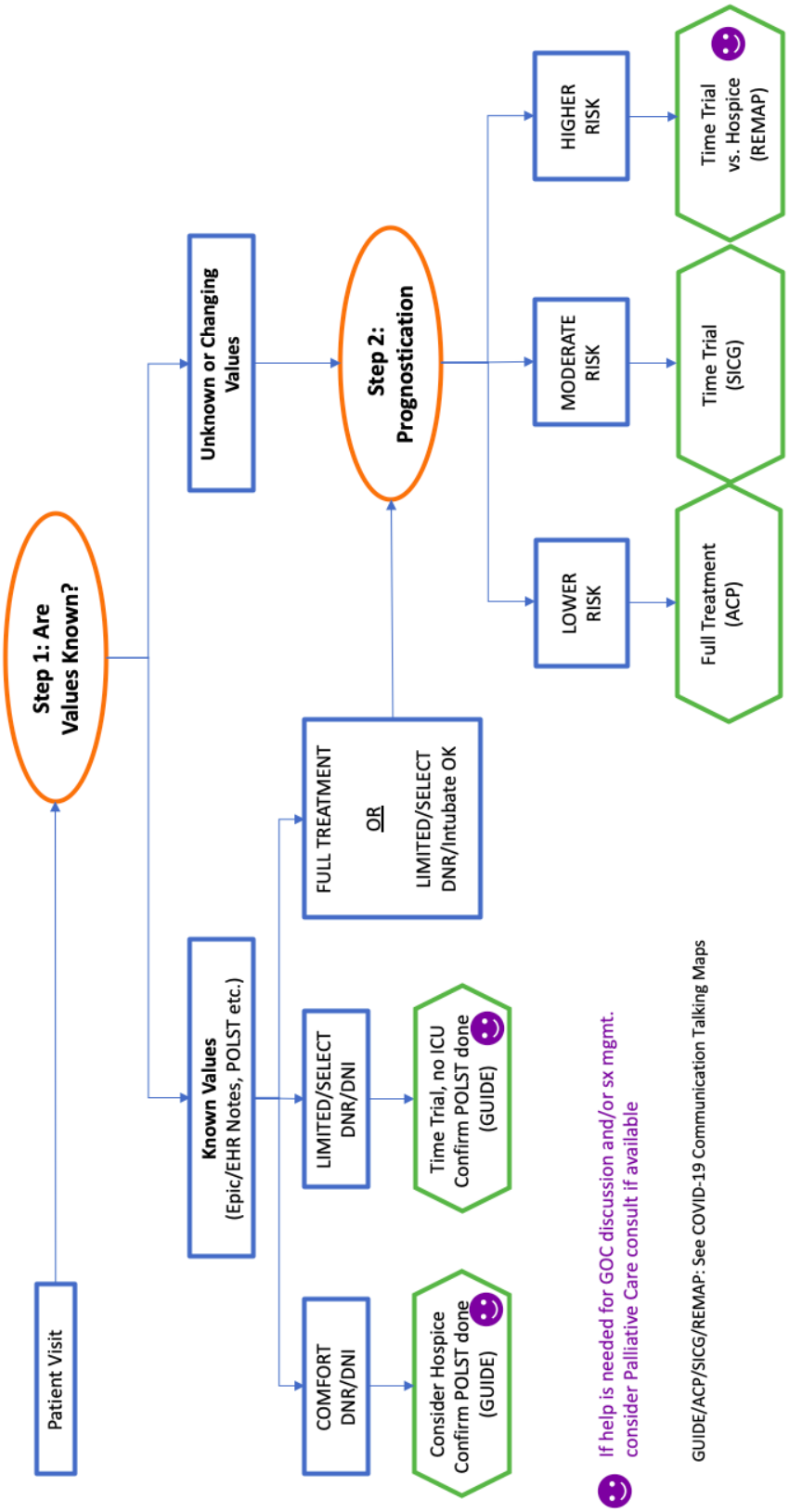
OUTPATIENT TALKING MAP



Adapted by Caroline.Hurd@providence.org, Matt Gonzales and Mari Matsumoto using work from VitalTalk, Ariadne Labs, Steve Berns, Elizabeth Lindenberger, Lindsay Dow, Amy Kelley, Diane Meier, Elke Lowenkopf and Rachelle Bernacki version 4.23.20

PROGNOSTICATION

Note: These are general prognostication tools to help with rapid assessment and are not necessarily COVID-19 specific. No one tool can determine prognosis and many diseases processes are not included. These tools should be used together to create a general estimate to guide conversations.

Component	Tool/Question	Lower Risk	Moderate Risk	Higher Risk
Acute Illness (inpatient/ER/ED)	SOFA or MSOFA score[1]	≤ 7 (Low potential for death)	8-11 (Intermediate potential for death)	≥ 12 (High potential for death)
Functional Status Functional Trajectory	Frailty Scale[2]	0 Criteria	1-2 Criteria	3+ Criteria
	Has the patient had any unplanned hospital admissions in the last 6 months?[3]	No Or Yes but age is <65y	Yes, and age is 65-85	Yes, and age is ≥ 85y
	2 yr "Surprise Question" "Would I be surprised if this patient died in the next 2 years?"[4]	Yes, I would be surprised	No, I would not be surprised	No, I would not be surprised
Disease Specific	Does the patient have any of the following and what is the severity?[5] Dementia Malignancy Heart Failure/CAD Pulmonary Disease ESRD Cirrhosis Progressive Neurologic Conditions (ALS etc.)	None OR Minor, well controlled, or earlier stage comorbidities	Major Comorbidities (associated with significantly decreased long term survival) • Moderate dementia • Malignancy with a < 10 year expected survival • NYHA Class III heart failure • Severe multi-vessel CAD • Moderately severe chronic lung disease (e.g., COPD, IPF) • ESRD in patients <75y • Cirrhosis with history of decompensation	Severe Comorbidities (associated with >1 year survival) • Severe dementia • Cancer being treated with only palliative interventions • NYHA Class IV heart failure plus evidence of frailty • Severe chronic lung disease plus evidence of frailty • ESRD ≥ 75y • Cirrhosis with MELD score ≥20, ineligible for transplant

1. MSOFA and SOFA: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3811929/
2. Frailty Scale: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515112/
3. Unplanned admissions: Quinn et. al. The risk of death within 5 years of first hospital admission in older adults. CMAJ. 2019 Dec 16;191(50):E1369-E1377.
4. 2 year "Surprise Question": Lakin et. al. Prioritizing Primary Care Patients for a Communication Intervention Using the "Surprise Question" J Gen Intern Med. 2019 Aug;34(8):1467-1474.
5. Adapted from: Executive Summary: Allocation of Scare Critical Care Resources During a Public Health Emergency, Doug White et. al. https://ccm.pitt.edu/sites/default/files/UnivPittsburgh_ModelHospitalResourcePolicy.pdf

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FRAILTY SCALE

FRAIL	SCORE = 0
Fatigue	*"Are you fatigued throughout the day?"* (yes=1pt)
Resistance	*"Can you walk up a flight of stairs?"* (no=1pt)
Ambulation	*"Can you walk a block?"* (no=1pt)
Illness	Does the patient have ≥ 5 of the following: HTN, DM, cancer (other than skin cancer), chronic lung disease, h/o MI/CAD/stent, CHF, angina, asthma, arthritis, h/o stroke/TIA, CKD? (yes=1pt)
Loss of weight	*"Have you lost weight unexpectedly in the past 6 months?"* OR: If weights are in Epic, have they lost more than 5% body weight (yes=1pt)
SCORE: 0 criteria = Robust | 1 or 2 criteria = pre-frail | 3+ criteria = frail	

Adapted from: Brigham and Women's Geriatric Resource for Front Line Clinicians Guide and
Ref: Morley et. al. www.ncbi.nlm.nih.gov/pmc/articles/PMC4515112/

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COVID-19: NURSE(S) RESPONDING TO EMOTIONS

STEP	WHAT YOU SAY OR DO	TIPS/SKILLS
NAME	*"You sound concerned."*	Acknowledges the emotion. Be careful to suggest only; most people don't want to be told how they feel but appreciate the acknowledgement. In general, turn down the intensity (e.g. scared →concerned).
UNDERSTAND	*"I can imagine this is difficult news to hear."* *"Many people in your situation might feel…"*	**Normalizes** the emotion or situation. Avoid suggesting you understand their experience because we often can't.
RESPECT	*"I can see you really care about your mother."*	Expression of praise or **gratitude** about the things they are doing. This can be especially helpful when there is conflict.
SUPPORT	*"We will do everything we can to support you during this illness."*	Expression of what you can do for them and a good way to express **non-abandonment**. Making this kind of commitment can be a powerful statement.
EXPLORE	*"Can you **tell me more** about…"*	Emotion cues can be expressions of underlying concerns or meaning. Combining this with another NURSE(S) skills can be very effective and help you understand their reasoning or actions. Make sure to avoid judgment and come from a place of **curiosity**.
(S)ILENCE	Can be used in many situations, but often effective after delivering serious news	It is often more therapeutic for family members to provide emotional support to each other. Using silence allows room for this opportunity. Silence can also make **space** for the person to share more. Use silence intentionally; too much can leave people feeling uncomfortable.
BONUS: "I wish" statements	*"**I wish** we had better treatments… [more testing ability….that we were in a different situation…that your father wasn't so sick… etc.]"*	I wish statements allow you to affirm your commitment even when you don't have the ability to achieve the desired outcome.

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COVID-19: ADVANCE CARE PLANNING

LOWER RISK PATIENTS

PATIENT SELECTION: This can be used with all patients. It is intended for those at LOWER RISK of serious complications from COVID-19 to determine wishes if something unexpected occurs.

CHECK IN

[provide context] *Because of the coronavirus, we are checking in with **all our patients** to offer support and answer any questions.*

– *How are you doing with everything?* [respond to any emotions]
– *What are you doing to protect yourself from getting the virus?* [use respect statement to acknowledge their efforts]

INTRODUCE the idea

[normalize] *One of the ways that many of our patients are taking **control** of the situation is doing some **planning in advance** about what would be important if they unexpectedly became critically ill.*

[ask permission] *Would it be okay if we talk about that today?*

[name emotion if present, use respect statement] *It can be hard to talk about these things, thank you for talking with me.*

EXPLORE prior plans

[assess] *Some people already have **plans** for their medical care if they become critically ill, and may even have a legal document, called an advance directive. Others have not thought about it at all. What about you?*

[**if they already have plans:** Review prior preferences (use rest of the map if needed) and obtain documents if not in EHR]

CHOOSE a trusted decision maker

[context, normalize] *A good first step can be choosing someone you **trust** to make medical decisions for you if you were too sick to communicate. Not everyone has someone they can trust to make medical decisions. How about you?*

[**has legal documents:** Obtain if not in EHR]
[**has person but NO documents**: Try to assign a primary AND alternate decision maker and document in EHR]
[**doesn't have ANYONE:** Normalize this is common and emphasize importance of discussing and documenting their wishes]

ASK what matters

[elicit values] *The next step is to think about things that **matter** most in your life.*

– *Everyone defines quality of life differently. What does a 'good day' look like for you?* [pause and listen]
– *What activities, abilities, or experiences are most important?* [pause and listen]

[reflect values] *It sounds like [value] is really important to you.*

[respect statement] *Thank you for sharing. It really helps me know you better and helps me personalize your medical care.*

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ASK about serious illness

[context] *Now that I have a better understanding of what is important in your life, it would help me to know what would be **important** if you became **critically ill**.*

[past experiences] *Have you experienced, or seen someone experience, a serious medical illness or accident?*
– What did you take away from that experience?
– How does this experience impact how you think about your own choices?

[respect statement] *Thank you, that is really helpful.*

ASK about tradeoffs

[tradeoffs] *Something else that's important, though often hard to think about – is if you became critically ill, such that the doctors thought you were unlikely to survive, what would be **most important** to you?*

[OPTIONAL: Describe the values triad below to determine the patient's primary value]

*– Some people would want all life support treatments to **live as long** as possible, even if this meant living on machines permanently or not being aware of their surroundings.*

*– Other people would want a **trial** of life support treatments, but if they couldn't get back to a life they found meaningful, and the treatments were causing suffering, they would want them stopped.*

*– Other people would not want any artificial life support treatments if they were unlikely to survive, and would want to focus on **comfort and have a natural death.***

How about you?

DOCUMENT preferences

[align and plan] *We've had a really important talk today and I want you to know that if you get sick, our team will do everything we can to help you recover. I will **document** our conversation in the medical record so everyone knows, and can follow, your wishes. We can complete an Advance Directive, which is a legal document that identifies a health care representative and provides written instructions to your healthcare team.*

[ask permission]
[in person visits]: *Would it be okay if we complete one today?*
[virtual visits]: *Would it be okay if we mail you one today and you can complete it and send it back to the clinic?*

[yes: Arrange a way they can complete an Advance Directive and recommend they use your discussion to guide choices]
[no: Offer to help them complete one at a later time**]**

[respect statement and close] *Thank you again for sharing with me what's important to you. This will help us make sure you get the best care possible and that your wishes are followed.*

[document your conversation in the EHR (for some Epic builds, use the green Goals of Care tile)]

SHARE preferences

[share with trusted decision maker]
*I encourage you to **talk** with the people who would make medical decisions for you about what would be important if you became critically ill and couldn't communicate. If they know your wishes in advance, it will help them make medical decisions on your behalf during a stressful situation. Let us know if you want help with that conversation.*

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COVID-19: Serious Illness Conversation Guide

MODERATE or HIGHER RISK PATIENTS

(This talking map was adapted from Ariadne Labs and Steve Bern's VitalTalk PrEMAP framework)

PATIENT SELECTION: This talking map is intended for patients with a SERIOUS ILLNESS at moderate or higher risk of serious complications from COVID-19.

CHECK IN

[provide context] *Because of the coronavirus, we are checking in with **all our patients** to offer support and answer any questions.*

– *How are you doing with everything?* [respond to emotions]
– *What are you doing to protect yourself from getting the virus?* [use respect statement to acknowledge their efforts]

INTRODUCE the idea

[ask permission] *I'm also hoping we can talk about how the coronavirus might **affect your situation** and what is **important** to you so that we give you the best care possible. **Is that okay**?*

[OPTIONAL] *I am going to use this guide, so I don't miss anything…*

PROGNOSTICATE

[assess understanding] *What do you **already know** about how the coronavirus could affect your health?*

[ask permission] *May I share with you **what I know** about how the coronavirus could affect your health?*

[affirm first] *I'm really **hoping** you stay safe and never get the coronavirus. If you do get the coronavirus, most people have mild or moderate symptoms and get better on their own.*

[headline] *We also know that people who are older, or have other health problems **like yours,** can become seriously ill quickly and may **not survive**. The treatments that we normally use to try to help people live, like breathing machines, may not work.*

EXPECT EMOTION

[use the **NURSE(S)** and **I wish** tools to explicitly empathize before giving more information]

Name: *This seems like hard news to hear.*
Understand: *I can only imagine how difficult this is to think about.*
Respect: *I can see you're working hard to protect yourself.*
Support: *We are here to support you through this.*
Explore: *Tell me more about what you are thinking…*
Silence
I wish: ***I wish** the situation were different…*

MAP out values

[affirm and provide context] We *really hope that you don't get the virus. It's also important to prepare in case you do. Given your [medical condition]/age, I'd like to think together about what would be **important** if you became so sick you couldn't communicate? If this happened, what would be most important for us to know?*

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MAP out values (cont.)

[concerns] *With all that's going on what are you most **worried** about?*

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

[strengths] *What gives you **strength** as you think about the future?*

[optional - experience w/ illness] *Has **anyone** you know been **seriously ill**? How does this **impact** your thinking?*

[optional - personal beliefs] *Are there important spiritual or cultural beliefs that impact how you think about things?*

[tradeoffs] *I'm wondering if you've ever thought about treatments you may or may not want if you became critically ill?*
[if you don't get specific preferences, consider one of the following options]:

OPTION A: *Some people decide to **avoid** medical treatments, like breathing machines or CPR, if their medical team thinks they may not help. Others would want a **trial** of these treatments. What are your thoughts?*

OPTION B: Describe the values triad

*Some people would want all life support treatments to **live as long** as possible, even if this meant living on machines permanently, or not being aware of their surroundings.*

*Other people would want a **trial of recommended treatments**, but if the treatments couldn't help them get back to a life they found meaningful, and were only causing suffering, they would want them stopped.*

*Other people, if they were unlikely to survive, would only want treatments that focus on **comfort and a natural death.***

How about you?

ALIGN

[reflect/respect values] *As I listen, it **sounds** like what matters most is…* [summarize values]. *Did I miss anything?*

PLAN next steps

[recommend] *Given what I know about your medical situation and what you said is most important, would it be okay if I make a **recommendation** about what we should do if your health condition worsened?*

[plan should be based on the values you elicited and the medical situation. Consider the POLST framework for options.]

[check in] *How does this plan seem to you?*

[affirm] *Thank you for talking with me about this today. This conversation can help us ensure that what matters most to you guides your care if you get sick. I will **document** our conversation in your medical record so everyone on your healthcare teams knows, and can follow, your wishes. Our team will do **everything we can** to help you through this.*

DOCUMENT and share the conversation

[trusted decision maker]: If patients have a trusted decision maker, recommend they share what was discussed (be aware that many patients do not have someone they trust to make medical decisions).

[documentation]: Document your conversation in the EHR (some Epic builds have a Goals of Care tile). If the patient does not have an Advance Directive, health care representative and/or POLST, complete those documents as appropriate.

COVID-19: REMAP Goals of Care

HIGHEST RISK PATIENTS

PATIENT SELECTION: This talking map is intended for patients with the HIGHEST risk of serious complications from COVID-19 who are unlikely to benefit from a ventilator or CPR.

CHECK IN

[provide context] *Because of the coronavirus, we are checking in with **all our patients** to offer support and answer any questions.*

– *How are you doing with everything?* [respond to emotions]
– *What are you doing to protect yourself from getting the virus?* [use respect statement to acknowledge their efforts]

INTRODUCE the idea

[ask permission] *I'm also hoping we can talk about what you might **expect** for your situation and what is **important** to you so that so that we can provide you with the best care possible. **Is that okay**?*

REFRAME we are in a different place

[assess understanding] *What do you **already know** about how the coronavirus could affect your health?*

[respect + ask permission] *Thank you, that's helpful. Would it **be okay** if I share what I know?*

[affirm first] *I'm really **hoping** that you stay safe and don't get the coronavirus. If you do get the coronavirus, most people have mild or moderate symptoms and get better on their own.*

[deliver headline = information + meaning]

Information: *We also know that people who are older or who have **serious medical conditions like yours** are in the **highest** risk group for serious complications if they get critically ill from the coronavirus.*

Meaning: *This **means** that if you got the coronavirus and became critically ill, the most likely outcome is that you would not survive, even with maximal medical treatments like a ventilator machine that breathes for you.*

STOP! Emotions means they heard the reframe. Respond to emotions before giving more medical information.

EXPECT EMOTION

[use the **NURSE(S) and I wish** tools to explicitly empathize before giving more information]

Name: *This seems like hard news to hear.*
Understand: *I can only imagine how difficult this is to think about.*
Respect: *I can see you're working hard to protect yourself.*
Support: *We are here to support you through this.*
Explore: *Tell me more about what you are thinking…*
Silence
I wish: ***I wish** the situation were different…*

MAP out values

[context, ask permission] ***Given this situation**, I'd like to step back and talk about what would be most important to you if you got the coronavirus and became critically ill. Is that okay?* [If yes, proceed, if not, address emotions first]

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MAP out values (cont.)

[tradeoffs] *Some people, **after hearing this news**, want to avoid medical treatments that are unlikely to help if they became critically ill, like breathing machines or CPR. If this happened to you, have you thought about **medical treatments** that you may or may not want?*

[OPTIONAL: To elicit more specific preferences, describe the values triad below to identify their primary value]

*Some people would want all life support treatments to **live as long** as possible, even if this meant living on machines permanently or not being aware of their surroundings.*

*Other people would want a **trial of recommended treatments**, but if the treatments couldn't help them get back to a life they found meaningful, and were only causing suffering, they would want them stopped.*

*Other people, if they were unlikely to survive, would only want treatments that focus on **comfort and a natural death.***

How about you?

[for surrogates-empty chair] *If [patient] **could understand** the situation and tell us what is important, what would they say?*

ALIGN

[reflect/respect values] *As I listen, it **sounds** like what matters most is…*[summarize values]. *Did I miss anything?*

PLAN next steps

[ask permission] *Given what I know about your **medical situation** and what you said is **most important**, would it be okay if I make a **recommendation** about next steps?* [if yes proceed]

[recommend] *If you were to get the coronavirus, or some other serious illness and became critically ill, I would **recommend…***

[**choose ONE response** below based on the clinical conditions and the patient's values]

[RESPONSE 1 - LONGEVITY] *…**all available** medical treatments to help you **live as long as possible**, including a ventilator and CPR.*
[anticipatory guidance] *I also want you to be prepared that even with these medical treatments you may become so sick that you are dying, and your medical team may recommend against CPR, because it would not help you survive.*

[RESPONSE 2 - FUNCTION/TIME TRIAL]
***A:* DNR/Intubate Okay**…*medical treatments that could help you **recover**, including a **trial** of a ventilator machine.*
B:* DNR/DNI**…a **trial** of all *medical treatments, except a ventilator, to support your breathing and help you **recover.

If you got sicker, and these treatments were not helping you regain a quality of life you found meaningful, then we would give you medications and treatments for your comfort, stop treatments that aren't helping, and allow a natural death.

[RESPONSE 2 - COMFORT] *…**avoiding the hospital** and not using breathing machines or doing CPR. We could arrange **hospice care** to help manage your symptoms at home, focus on your comfort, and allow a natural and peaceful death.*

[check-in] *How does this plan seem to you?*

[affirm + close] *Thank you for talking with me about this today. I will write down our discussion in your medical record, so everyone on your healthcare team knows what is important to you. Know that our team is committed to helping you through this.*

DOCUMENT your conversation

In addition to documenting your conversation in the EHR (green Goals of Care tile in some Epic builds], if the patient does not have an advance directive, health care representative and/or POLST, complete as appropriate.

COVID-19 COMMUNICATION RESOURCES

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

Ariadne: Serious Illness Care Program
- https://www.ariadnelabs.org/areas-of-work/serious-illness-care/

Center to Advance Palliative Care (CAPC)
- https://www.capc.org/toolkits/covid-19-response-resources/

Respecting Choices
- https://respectingchoices.org/covid-19-resources/

Prepare for your Care
- https://prepareforyourcare.org/covid-19

The Conversation Project
- https://theconversationproject.org/wp-content/uploads/2020/04/tcpcovid19guide.pdf

ELNEC: COVID-19 Resources for Nursing
- https://www.aacnnursing.org/ELNEC/COVID-19

National POLST
- https://polst.org/covid/

Providence St. Joseph Health/Institute for Human Caring
- https://coronavirus.providence.org/#tabcontent-38-pane-2/
- https://www.instituteforhumancaring.org/Advance-Care-Planning.aspx

California State University Palliative Care Courses
- https://csupalliativecare.org/covid-19-resources-announced/

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