

ELNEC COVID-19 Communication Resource Guide

Advance Care Planning – In the Acute Setting and the Community

In this COVID-19 era, patients with the virus may become very ill. Moreover, contracting of COVID-19 may become a terminal event for many individuals. Providing patients with a sense of control can help decrease their anxiety and lead to discussions about the meaning of life (ELNEC 2020). Previous advance care planning (ACP) helps foster some sense of control.

ACP is particularly important in the COVID -19 era. Patients who have many comorbidities are at risk for greater complications with COVID-19. Moreover, patients who develop respiratory distress rapidly become critically ill and may not be able to make decisions. ACP should be recommended to all adults, although the focus of the conversations may vary depending on the person's health status, age, and setting of care. (Izumi, 2017).

- Maricela, an 80-year-old individual, with heart failure and end-stage renal disease, living in a nursing home, needs ACP to consider what she would want if she contracts COVID-19, because older adults with co-morbidities, such as Maricela, have a higher risk of death.

- Sean, a 25-year-old individual with cystic fibrosis, who has exacerbations of respiratory distress, needs ACP to consider his options for care, because individuals who already have respiratory issues have a higher risk of death.

- Adriana, a 50-year-old, with breast cancer on maintenance chemotherapy, needs ACP to consider the aggressiveness of care she wants, because being immunocompromised and taking steroids makes patients with Adriana's health status at a higher risk for contracting COVID-19.

Nurses are often the first clinician patients encounter (Dahlin, 2019). The nurse is essential in providing primary communication to patient and families. Patients and families are often filled with uncertainty and fear. Nurses are essential in clarifying and providing information in simple terms (ELNEC, 2020). It is part of the nurse's scope of practice to advocate for patients (ANA, 2015).

Nurses can and should promote ACP conversations and be knowledgeable about the benefits and limitations of various advance directive documents (ANA, 2015; HPNA, 2017). In community and acute care settings, nurses must encourage and facilitate ACP conversations with patients and their families (Izumi, 2017). Wherever nurses provide care, they play the critical roles of assessor, initiator, information provider and educator, communicator, facilitator, advocate, and manager of ACP (Izumi, 2017). To be successful in eliciting preferences and wishes, nurses need to impart information about ACP, gather information about the patient and their values, beliefs, culture, and religion, and listen (Dahlin, 2019; HPNA 2017).

STEPS FOR ACP IN THE COMMUNITY - TELEHEALTH, CLINIC, HOME, and LONG-TERM CARE VISITS

1. Inform the patient that you will ask some questions about their thoughts on illness.
2. Make sure to have an interpreter available, if there are language barriers.
3. Ask the patient if they have heard about COVID -19 and its effects.
4. Ask if the patient understands the challenges of COVID-19 and the necessary care it demands (i.e. hospitalization often without family, the use of a breathing machine, potential long-term lung effects, and possibly dying in the hospital without family).
5. Ask the patient if she or he has considered how aggressive of care they would want if they get COVID-19.
6. Ask if they have chosen a person to speak for them if they are too sick to make decisions.
7. Ask if they have spoken to their loved ones about their wishes for care if they get very sick and cannot make decisions.
8. Ask if they have documented their care choices in writing. If so, ask for a copy of the documentation.
9. If they have not completed prior ACP documents, offer to help them complete the ACP documents.
 - a. Offer to help the patient discuss their care choices/wishes with their families and their surrogate decision-maker.

STEPS FOR ACP UPON ADMISSION TO THE ACUTE CARE SETTING

1. Review the patient's demographic information.
2. If the patient is conscious, confirm their family members and their surrogate decision maker, along with their family members'/surrogate decision maker's contact information in the chart or electronic health record.
3. If the patient is unconscious – review the chart or electronic health record for the family member or designated surrogate decision maker
4. Confirm the location of any advance care planning documents.
5. Work with the team to Inform the family where the patient is located within the acute care setting (e.g. emergency department, medical floor, intensive unit, field hospital, etc.).

SAMPLE QUESTIONS TO ASK THE PATIENT

Have you chosen a person to speak for you if you are too sick to make decisions?
Have you spoken to your loved ones about your wishes for care if you get very sick and cannot make decisions?
Have you written down your wishes and choices about care on a document?
If so, where is that document located?
Do your family members know the document's location?
Have you thought about what kind of care you would want if you got really sick?
What is your understanding of COVID-19?
Have you considered if you would want the aggressive treatments necessary to treat COVID-19?
How do you feel about receiving care in the hospital or in a skilled facility, if your family is unable to be with you or visit you in person?

SAMPLE QUESTIONS TO ASK THE FAMILY

Did your loved one choose a person to make decisions if she or he became too sick to make decisions?
Did your loved ones speak to anyone about his or her wishes for care if they get very sick and cannot make decisions?
Are there any written documents that contain these wishes or preferences?
Do you know the location of these documents?
Did you and your loved one discuss COVID-19 and the care necessary for treatment?
Did your loved talk about if they would want the aggressive treatments necessary if they contracted COVID-19?

ONGOING COMMUNICATION WITH THE FAMILY

1. Coordinate a meeting with the family, which may be a virtual meeting.
 - Make sure to have an interpreter, if there are language barriers.
2. Offer information about their loved one's care and treatment options.
3. Reconfirm for the family the contact information for the treating team, the nursing unit, and the primary nurse.
4. Discuss if care is congruent with the patient's wishes.
5. Acknowledge the psychological and emotional work of trying to make care decisions for a loved one, if they are not able to be present.
6. Offer and provide support in family decision making. This may include an offer of chaplaincy or social work.
7. Always ask if they have any questions regarding the care of their family member.
8. Before ending the meeting, summarize what was discussed and the next steps.

- C Dahlin for ELNEC COVID-19 Communication Resources

References

ELNEC. (2020). Communication Guide for Nurses and Others During COVID-19.

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