

ELNEC COVID-19 Communication Resource Guide

Goals of Care – in the Acute Care Setting

In this COVID-19 era, patients with the virus may become very ill. Moreover, contracting COVID-19 may be 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). This occurs through goals of care discussions.

Patients and families are filled with uncertainty and fear about COVID-19. Once COVID-19 symptoms escalate to warrant hospitalization, patients are often unable to participate in decision-making. Therefore, it is essential to conduct goals of care discussions while the patient can participate, and if they cannot, determine their goals of care from prior advance care planning documents and from conversations with their families.

The nurse has an essential role in advocating for patients and families in goals of care and providing primary communication about care (ANA, 2015). This is achieved by promoting informed decision making particularly in clarifying and providing information in simple terms. Nurses then assist patients and families with weighing the benefits, burdens, and risks of available treatment options, including the choice of declining or forgoing further treatment (ANA, 2020; ELNEC, 2020; ANA, 2016).

GATHERING INFORMATION UPON PATIENT'S ADMISSION TO THE ACUTE CARE SETTING

1. Review the patient's demographic information.
2. Confirm the location of any advance care planning documents in the electronic health record.
3. 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.).

GOALS OF CARE DISCUSSION WITH PATIENTS AND FAMILIES

1. Prepare yourself to talk with the patient, if able, or the family.
2. If the patient is conscious, confirm the patient's family decision maker and their surrogate decision maker.
 - Arrange for a meeting with the patient and at least the surrogate decision maker, either virtual or in-person, as visitor policies allow.
3. If the patient is unconscious, review the chart with the family member or designated surrogate decision maker and coordinate a virtual family meeting.
 - Arrange for a family meeting, either virtual or in-person, as visitor policies allow.
4. Consult with the palliative care team for coaching prior to conducting the meeting.

STEPS TO A PATIENT AND FAMILY MEETING (ELNEC, 2020; Paladino & Fromme, 2019; Dahlin & Wittenberg, 2019).

1. Nurses may arrange, coordinate, and lead a family meeting.
2. Make sure to include key clinicians involved in the care plan (i.e. intensivist, pulmonologist, hospitalist, palliative advanced practice provider, or palliative physician) to address questions about diagnosis and prognosis.
3. Make sure to have an interpreter available to assist, if there are language barriers.
4. Introduce all team members to family members, whether in-person or on a virtual or audio platform.

- If possible, have one of the participating health care providers (intensivist, pulmonologist, hospitalist, palliative advanced practice provider, or palliative physician) located in a safe, non-patient care area that allows them to unmask. The ability to see a provider's face promotes a more human connection and conveys empathy.
- 5. Ask what the patient and family understand about the current health situation.
- 6. Ask how much information they want to know about the health situation.
- 7. Provide information about the patient's current health situation to the extent the patient and family want to know.
- 8. Share concerns about the patient's current health status.
- 9. Ask about goals of care, fears and worries, definition of quality of life.
- 10. Verify the current plan of care.
- 11. Summarize the conversation.
- 12. Review next steps such as implementation of a treatment or therapy, a diagnostic intervention, or the time interval for the next meeting or ongoing communication.

QUESTIONS FOR PATIENTS WHO ARE ALERT AND HAVE DECISION MAKING CAPACITY
(ELNEC, 2020; Paladino & Fromme, 2019; Dahlin & Wittenberg, 2019)

Information Gathering

- What information has been shared with you?
- What do you understand about your current condition?
- Could you tell me about your health before COVID-19?
- What do you know about COVID-19?
- As you undergo more testing, how much information do you want to know?
- When we talk about medical information - do you want to know the full details?

Values and Goals

- What is most important to you? What makes life worth living? What matters to you most?
- What concerns or worries do you have now?
- If you become sicker, how much are you willing to go through for the possibility of gaining more time?
- How much does your family know about your priorities and wishes?

QUESTIONS FOR FAMILIES WHEN PATIENT IS UNCONSCIOUS OR LACKS DECISION MAKING CAPACITY
(ELNEC 2020; Dahlin & Wittenberg, 2019)

Information

- Tell us about your loved one.
- What is your understanding of your loved one's illness?
- What information do you need right now?
- Did your loved one ever discuss what they would want if they got very ill or if they developed COVID-19?
- What concerns or worries about your loved one do you have now?

Values and Goals

What is most important to your loved one? What matters to them most?

What were their goals or definition of quality of life?

Did your loved one ever talk about how much care would want or not want if they became very sick?

How much does the family know about the patient's priorities and wishes?

ONGOING COMMUNICATION AND SUPPORT TO THE FAMILY

1. Offer and provide information about the patient's current situation.
2. Review what the patient communicated to the family about their goals of care.
3. Discuss if care is congruent with the patient's wishes.
4. Offer and provide support on how the family is making decisions the best they can. This includes support from chaplaincy or social work.
5. Ask if they would like recommendations from the team.
6. Inform them of when they should call for health and communication updates, for instance after change of shift rounds.
 - With COVID-19, morning rounds may take longer. So, it may be best to tell families to call after 10 am after morning patient rounds are completed or after 5 pm when afternoon patient rounds are done.
 - Explain that you may not call back right away because of privacy issues if you are in another patient's room or if you are in the middle of care provision.
 - Assure the family that if urgent issues or changes arise, you will contact them sooner.
7. Provide encouragement and support for the work they are doing.

- C Dahlin for ELNEC COVID-19 Communication Resources

References

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