

Patient Care Discussion Guide

For Triage Committee, ED, ICU Nurses, Physicians, APP's, Chaplains Use Only

**For CHS Medical Staff Use Only - Not for Public Distribution
(April 6, 2020)**

I. Communication Summary

This communication brief provides both key messages and guidance to physicians, nurses, clinicians, pastoral care caregivers and other caregivers to communicate difficult news and decisions regarding the use of resources and to navigate conversations with patients and their families during the COVID-19 public health crisis.

The objectives of this guide are to:

- **Inform patients and their families** with facts concerning shortages of resources and equipment, and criteria for resourcing
- **Provide transparency for patient and their loved ones** regarding the current global supply shortages and the difficult decisions and criteria for the use of resources.
- **Provide comfort** by communicating what care will be provided

II. Discussion and Key Messages

Inquire Immediately:

Does the patient have an advance directive, such as a DNR, MOLST, or have they appointed someone to make healthcare decisions when they cannot make them?

Initial and Ongoing Conversations:

Tell me what you have been thinking about your loved one's situation.

I have some important information for you about your loved one who needs critical care [is undergoing critical care on a] and possibly mechanical ventilation. As you know, a public health emergency currently exists because of the COVID-19 virus and this has overwhelmed the national supply of essential medical resources, including ICU beds and mechanical ventilators. Because of these shortages, patients who have the best chance of recovery will be prioritized to receive scarce resources. Those with a low chance of survival will be provided symptomatic treatment, comfort care, and emotional and spiritual support.

Your loved one [use name] is extremely sick and very unlikely to survive this illness even with this type of critical care treatment. In addition to the COVID-19 virus, your family member also has a medical condition(s) (name it/them here) and it would ultimately not benefit them to be on a ventilator. All patients are evaluated on whether available treatment and resources will benefit their chances of survival. We will continue to care for your loved one to the best of our ability during this pandemic and do everything we can to keep them comfortable.

Questions and Answers:

[Where possible, begin the response to the question or comments by summarizing and otherwise acknowledging the questioner, demonstrating that you are listening.]

Why can't I or my family member have a resource (e.g., ventilator, bed)?

Your loved one [use name] is extremely sick and very unlikely to survive this illness even with this type of critical care treatment. In addition to the COVID-19 virus, your family member also has a medical condition(s) (name it here) and it would not ultimately benefit them. All patients are evaluated on whether available treatment and resources will benefit their chances of survival. We will continue to care for your loved one to the best of our ability during this pandemic and do everything we can to keep them comfortable.

Why do you have to remove my family member from the resource (e.g., ventilator, ICU bed)?

Your loved one [use name] is extremely sick and remains critically ill with poor prognosis. All patients are evaluated on whether available treatment and resources will benefit them and their chances of survival. In addition to the COVID-19 virus, your family member also has a medical condition(s) (name it/them here) and it would ultimately not benefit them to be on a ventilator. We will continue to care for your loved one to the best of our ability during this pandemic.

Why is this occurring?

Right now, the hospital is operating over capacity and does not have enough resources such as ventilators and ICU beds. It is not possible for us to increase our capacity for [ICU beds, ventilators, etc.] at this time. I wish this were not the case.

How were the criteria for receiving a ventilator developed?

The development of criteria for prioritizing the use of scarce resources during a public health crisis such as this was guided by our Core Value of Reverence for all people and insights from a diverse group of industry and medical experts.

Are you discriminating against my loved one?

These decisions are based on a patient's medical condition, the likelihood of a favorable outcome. The decisions are not based on demographics such as age, race, gender, health insurance status, ability to pay for care, sexual orientation, employment or immigration status. A team of clinicians evaluates all patients for survival using the same measures, without knowing any of their demographic information.

How will you care for my loved one?

We will continue to care for your loved one to the very best of our ability during this pandemic.

- Patients who are not admitted to the ICU or who do not receive a ventilator will receive treatment for managing pain, symptom management, and comfort measures.
- Patients who have ventilator or ICU treatment withdrawn will receive treatment for symptom management, and comfort measures.

Why can't I be with my loved one?

This is extremely difficult for all families and staff, but for the safety of all patients, visitors and staff, we cannot allow visitors in the hospital during this pandemic. However, **[include local instruction regarding inquiring about the status of or making contact with loved ones.]**

Basic Key Messages

We, at Catholic Health, seek to provide the best care possible for each of our patients during this unprecedented health crisis. Like all health systems in the U.S., we have planned and prepared for worst-case scenarios which includes making extremely difficult medical decisions regarding the use of scarce resources and equipment.

These decisions will be based on the patient's medical condition, the likelihood of a favorable and curative medical response, the relative risk of harm posed by not treating the patient, and other indicia of survivability and favorable medical outcomes. The decisions do not use demographic category such as age, race, gender, health insurance status, ability to pay for care, sexual orientation, employment or immigration status. A team of clinicians evaluates all patients for survival using the same measures.

- Patients who are not admitted to the ICU or who do not receive a ventilator will receive treatment for managing pain, symptom management, and comfort measures.
- Patients who have ventilator or ICU treatment withdrawn will receive treatment for managing pain, symptom management, and comfort measures.

We continue to work with Federal, state and local officials, as well as manufacturers and suppliers, to address national equipment and resource shortages.

Visitation Restrictions

For the safety of our visitors, patients and staff, we currently have a no-visitation policy in place at our hospitals (except for rare end-of life situations). We are going to care for your family member [use name] and keep them as comfortable as possible. We have health care chaplains and other professionals available to care for and support [name's] and your spiritual and emotional needs during this extremely difficult time. [Provide local direction on how to inquire about the status or connect with patients]

III. Discussion Guidelines

As a provider, clinician, or caregiver, you will be involved in communicating difficult decisions or news. Some major communication points to consider include to:

- Focus on the person(s), the basic facts, and on connecting the two
- Convey the medical reality for this patient and their condition
- Expect emotion and acknowledge every point
- Engage the loved one by asking questions – what are you thinking, feeling?
- Listen and empathize with the family member before restating the question
- Family members want to be assured that their loved ones will be cared for and will not be in pain
- Empower other healthcare team members to share in communication
 - Physician: chief communicator of medical facts, responding to questions
 - Advanced Practice Provider: supports or in place of physician communication
 - RN: clarifies care process and coordination of care questions, etc.
 - Chaplain: chief supporter of emotional process and spiritual distress

IV. Transitional Listening Acknowledgments

- What I'm hearing you say is...
- Let me see if I am understanding you...
- You are concerned that...and that leaves you feeling...
- This news is really distressing to you ...
- You feel (name a feeling word) because (this is what you heard)
- This can be hard to think about
- Based on what I've heard, I'd recommend [this]. What do you think?