Patient and Family/ Health Care Resources [3-24-20 Version]

Healthcare System is currently providing public health emergency care and health care resources are reaching shortage levels. When the available health care resources are not adequate to meet the expected or actual demand, Healthcare System will follow an ethics-guided framework of principles to make community-centered decisions about the allocation of available health care resources to improve or save the greatest possible number of lives. Unfortunately, choices for both patients and practitioners may be limited in these circumstances, and the available resources will be allocated to provide necessary and available treatments to those patients who are most likely to benefit. Please tell the doctors and staff about any current medical conditions or if the patient has a Do Not Resuscitate (DNR)/Do Not Attempt Resuscitation (DNAR), Comfort One, POLST, MOST or POST, or other important medical information.

Specifically, Healthcare System will apply standards, procedures and plans that support the following principles:

1. Decisions are fair and viewed as fair by those who are affected, even if those individuals may be adversely affected or disadvantaged by application of the procedures;
2. Account for existing disparities in access to care and the unique needs of vulnerable populations;
3. Are structured to avoid the use of irrelevant factors such as class, race, ethnicity, neighborhood, personal connections or socioeconomic status, and to minimize the likelihood that these factors inadvertently influence allocation decisions;
4. Recognize and support individual providers' obligations to patients by separating the functions of triage and allocation of the scarce resources from the function of care delivery;
5. Support choices that are evidence-based and rely on measurable and objective clinical parameters to the extent possible, rather than patient preference or individual provider judgment;
6. Account for potential risks to healthcare workers, including, when applicable, allocation of resources that are typically used for the protection or support of healthcare staff;
7. Assure that the burdens or restrictions imposed on individuals serve important public needs, and are appropriately limited in time and scale based on the scope and severity of the incident;
8. Identify who is accountable for resources management and to whom concerns should be routed;
9. Incorporate accountability for decision-makers to maintain situational awareness and evidence based decisions, including modifications to decisions as the circumstances change; and
10. Explain the basis for the decisions, for the understanding of those who are affected.

* Decisions will be based on medical condition and likelihood of getting better and not on other reasons such as race, gender, health insurance status, ability to pay for care, sexual orientation, employment status or immigration status.

Suggested Wording for Having Difficult Conversations

Screening

When someone is worried they might be infected

What they say	***What you say***
Why aren't they testing everybody?	All lab testing is based on medically necessary criteria. The CDC has specific criteria for eligibility for COVID-19 testing.
Why do the tests take so long?	There is a large volume of samples in the cue for testing. The test may take several days.
How come the basketball players got tested?	I don't know anything about this.

Triaging

When you're deciding where a patient should go

What they say	***What you say***
Why shouldn't I just go to the hospital?	Our primary concern is your safety. We are trying to organize how people come in. Please [explain procedure to be followed]. ***You can help speed up the process for yourself and everyone else.***
Why are you keeping me out of the hospital?	**I imagine you are worried and want the best possible care**. Most who are infected with COVID-19 will recover just fine at home. Only some will need hospitalization. I am glad you are lucky enough to be able to recover at home. If positive, you will be monitored and if your condition worsens, you will be directed back to the hospital.

Admitting

When your patient needs the hospital, or the ICU

What they say	**What you say**
Does this mean I have COVID-19?	From the information I have now and from my exam, your situation is serious enough that you should be in the hospital. ***We will know more in the next day***, and we will update you.
Is my grandfather going to make it?	***Honestly, it is too soon to say for certain.*** Here's what I can say: he is 90, and is already dealing with other illnesses. ***You understand he is frail and the reality may be difficult.***
VISITATION	
Are you saying that no one can visit me?	**I know it is hard to not have visitors, but it is critical for the control of potential infection in our hospital to limit visitors**.
How can you not let me in for a visit?	The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. We can help you be in contact electronically

Counseling When coping needs a boost, or emotions are running high

What they say	What you say
I'm scared.	This is such a tough situation. ***I think many are scared.*** We have helpful consumer information on our website that can provide you additional information.
I need some hope.	Tell me about the things you are hoping for? ***I want to understand more.***
You people are incompetent!	I can see why you are not happy with things. ***I am willing to do what is in my power to improve things for you.*** What could I do that would help?
I want to talk to your boss.	I can see you are frustrated. ***I will ask my boss to come by as soon as they can. Please realize that they are juggling many things right now.***
Do I need to say my goodbyes?	I'm hoping that's not the case. And I worry time could indeed be short. What most pressing on your mind?

Deciding When things aren't going well, goals of care, code status

What they say	What you say
I want everything possible. I want to live.	I hear you and understand you are in a difficult situation. Could we step back for a moment so I can learn more about you? ***What do I need to know about you to do a better job taking care of you?***
I don't think my grandfather would have wanted this.	Well, let's pause and talk about what he would have wanted. Can you tell me what he considered most important in his life? ***What meant the most to him, gave his life meaning?***
I don't want to end up being a vegetable or on a machine.	Thank you, it is very important for me to know that. ***Can you say more about what you mean?***
I am not sure what my grandfather wanted—we never spoke about it.	You know, many people find themselves in the same boat. This is a hard situation. To be honest, given his overall condition now, if we need to put him on a breathing machine or do CPR, he will not make it. The odds are just against him. ***My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully.*** I know that is hard to hear. What do you think?

Resourcing *When limitations force you to choose, and even ration*

What they say	**What you say, and why**
Why can't my 90 year old grandmother go to the ICU?	***This is an extraordinary time. We are trying to use resources in a way that is fair for everyone.*** Your grandmother's situation does not meet the criteria for the ICU today. I wish things were different.
Shouldn't I be in an intensive care unit?	Your situation does not meet criteria for the ICU right now.
My grandmother needs the ICU! Or she is going to die!	I know this is a difficult situation. ***I am sorry your grandmother does not meet the clinical criteria for ICU.*** So we need to be prepared that she could die. We will do everything we can to ensure her comfort.
Are you just discriminating against her because she is old?	We follow established clinical guidelines which include age, but not as a stand alone criteria. Several factors would have been considered. You may consult the care team for more clarity.
You're treating us differently because of the color of our skin.	Our guidelines are structured to avoid the use of irrelevant factors such as class, race, ethnicity, neighborhood, personal connections or socioeconomic status, and to minimize the likelihood that these factors inadvertently influence allocation decisions.
It sounds like you are rationing.	In effect, yes because we have limited resources and it comes down to using appropriate clinical protocol for decision making.
You're playing God. You can't do that.	I am sorry. I did not mean to give you that feeling. I am just a clinician doing the best I can. I wish we had more. Please understand that we are all working as hard as possible.
Can't you get 15 more ventilators from somewhere else?	***I realize that is disappointing to hear, but there are no more ventilators.***

Code Status Discussions with Patients and Families

Patient likely to recover, full code would be appropriate:

I always like to talk with patients about what we call "code status" in medicine and get your opinions. Our goal is to be thoughtful and make sure we are delivering the best care possible based on the values and priorities of the people we care for. If you were in your present state of health and suddenly became very ill and were unable to breathe on your own, how do you feel about the use of a mechanical ventilator, like a mechanical ventilator, if it were used short term to help you get through the illness? What if we were caring for you on a mechanical ventilator and despite our best efforts and excellent medical care you were getting sicker instead of better, how do you feel about the use of a mechanical ventilator for a longer amount of time? What if you were a lot sicker than you are today and we did not think we could improve your condition medically, how do you feel about the use of a mechanical ventilator in that situation?

I also need to let you know that, because [you have COVID-19] we're in the middle of a COVID-19 Pandemic, our supply of mechanical ventilators is limited, and we need to protect the staff from contracting COVID-19. Therefore, even if you are initially designated to receive a full code, that may not happen if resources are unavailable or if the resuscitation process would put the staff and others at risk.

If you would medically recommend a NO CODE designation:

I would like to talk to you a bit about your healthcare priorities and values in the setting of your underlying conditions, including (chronic conditions), and now facing (acute condition). I want to make sure we are being thoughtful and are delivering the best care possible based on your preferences. We will continue to care for you and manage your symptoms throughout this illness. If you become so sick that you are unable to breathe on your own, or your heart stops and you die, I believe that the use of a mechanical ventilator or attempted CPR would not be helpful because these interventions would likely cause suffering and may prolong the dying process. Therefore, I recommend that we focus on the achievable and important goals of maintaining your comfort, supporting you and your family, and allowing a natural death by placing a "Do Not Resuscitate" order.

I also need to let you know that, because [you have COVID-19] we're in the middle of a COVID-19 Pandemic, our supply of mechanical ventilators is limited, and we need to protect the staff from contracting COVID-19. Therefore, even if you would like to receive a full code, that may not happen if resources are unavailable or if the resuscitation process would put the staff and others at risk.

General Considerations:

1. Frame the conversation and put it in context (I discuss this with all of my patients because I value their opinions and want to respect their goals and wishes regarding their medical care).
2. Define what code status means medically.
3. Pause and listen to the patient's concerns and thoughts.
4. Clarify (can provide outcomes) and provide a recommendation if appropriate.

Informing patient/surrogate of the decision to triage patient to DNR/DNI or extubate

1. With patient who is not already intubated:

Introduce the topic	"I have something difficult I need to discuss with you about a possible future issue in your care. It's not anything that affects your care right now, and we hope that it never will."
Briefly summarize current condition	*Stable/improving patient:* "Right now, everything is stable with your condition and the treatments seem to be helping." *Deteriorating patient:* "Unfortunately, we've been seeing changes in your condition since you came in that indicate your condition is getting worse, but for now, we have been able to control your breathing with oxygen through the nose."
Succinctly frame the issue	"As you know, right now we are in the middle of a Coronavirus pandemic. What this currently means is that we don't have enough mechanical ventilators for people who are having severe breathing difficulty. Therefore, a team at our hospital is using Pandemic Guidelines to make the difficult decision of who would be eligible to receive a ventilator, if necessary. These decisions are being made based on who would be most likely to survive being on a ventilator."
Discuss the Triage Decision	"The hard thing for me to say is that this separate team of doctors has determined that [you OR your (family relationship)] would not be eligible to receive support from a breathing machine. (*Can discuss general rationale for decision, but avoid debating the decision. Someone might say "but I think I could survive." It's ok to acknowledge that this might be the case, and once again, reiterate that you wish things were different.)*
Empathize	"It's a helpless feeling." "I can't imagine what this is like."
Discuss Plan and prognosis	"We are going to continue the rest of your hospital care and evaluations. We are aiming for the best outcome for you." (*Can discuss chances of surviving to hospital discharge.)*
Talk about plan in event of respiratory failure	"If you were to get to the point of having more difficulty breathing, we could do the following…" (*Talk about escalation that may be possible- increasing oxygen, etc, as well as other supportive measures.)*

2. With family member of patient who is already intubated/decision to triage to extubation:

Introduce the topic	"I have something very difficult to talk to you about."
Succinctly frame the issue	"As you know, right now we are in the middle of the COVID-19 pandemic. What this currently means is that we don't have enough mechanical ventilators for people who are having severe breathing difficulty. Therefore, a team at our hospital is using Pandemic Guidelines to make the difficult decision of who would be eligible to receive a ventilator, if necessary. These decisions are being made based on who would be most likely to survive being on a ventilator."
Discuss the Triage Decision	"The hard thing for me to say is that this separate team of doctors has determined that [(name)] is no longer eligible to receive support from a breathing machine. I wish that I had more control over this." (*Can discuss general rationale for decision, but avoid debating the decision. Someone might say "but I think s/he could survive." Reiterate that you wish things were different.)*
Empathize	"It's a helpless feeling." "I can't imagine what this is like."
Discuss Plan and prognosis	*Talk about plan after extubation and supportive measures.*

Supporting Health Care Providers

Anticipating *When you're worrying about what might happen*

What you fear	What you can do
That patient's son is going to be very angry.	Before you go in the room, take a moment for one deep breath. ***What's the anger about?*** Love, responsibility, fear?
I don't know how to tell this adorable grandmother that I can't put her in the ICU and that she is going to die.	***Remember what you can do***: you can hear what she's concerned about, you can explain what's happening, you can help her prepare, you can be present. These are gifts.
I have been working all day with infected people and I am worried I could be passing this on to the people who matter most.	Talk to them about what you are worried about. You can decide together about what is best. There are no simple answers. But ***worries are easier to bear when you share them***.
I am afraid of burnout, and of losing my heart.	Can you look for moments every day where you connect with someone, share something, enjoy something? ***It is possible to find little pockets of peace even in the middle of a maelstrom.***
I'm worried that I will be overwhelmed and that I won't be able to do what is really the best for my patients.	Check your own state of being, even if you only have a moment. If one extreme is wiped out, and the other is feeling strong, where am I now? ***Remember that whatever your own state, that these feelings are an essential aspect of our human condition.*** Can you accept them, not try to push them away, and then decide what you need

Grieving When you've lost someone

What I'm thinking	What you can do
I should have been able to save that person.	Notice: ***am I grading myself?*** Could I step back and just feel? Maybe it's sadness, or frustration, or just fatigue. Those feelings are normal. And these times are distinctly abnormal.
OMG I cannot believe we don't have the right equipment / how mean that person was to me / how everything I do seems like its blowing up	Notice: ***am I catastrophizing?*** Is all this analyzing really about something else? Like how sad this is, how powerless I feel, how puny our efforts look? Under these conditions, such thoughts are to be expected. But we don't have to let them suck us under. Can we notice them, and feel them, maybe share them? And then ask ourselves: ***can I step into a less reactive, more balanced place even as I move into the next thing?***