Goals of Care Discussions in the COVID Era

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Objectives

1. List two communication strategies to support shared decision-making following severe stroke.

2. Identify strategies for adapting communication about goals of care to the challenges created by the COVID-19 pandemic.

I do not have financial relationships to disclose.

Why is skilled communication so important?

Impacts outcomes for patients, families, and clinicians

- Supports surrogate's (or patient's) ability to participate effectively in shared decision-making
  - Decrease in non-beneficial treatments with structured family meetings using "VALUE"/brochure (Lautrette et al, NEJM 2007; 356:469-78).
- Lessens negative psychological impact on family members (Curtis et al., 2016; Hwang, Yagoda, Perrey, Currier et al., 2014; Lautrette, 2007)
- Improves family satisfaction (Dhillon et al., 2014; Huffines et al., 2013; Hwang, Yagoda, Perrey, Tehan, et al., 2014a; Kaufer et al., 2008; Kodali et al., 2014; Shaw et al., 2014; Sundararajan et al., 2012)
- May lessen moral distress among clinicians
  - Poor communication/conflict is commonly identified as a source of moral distress (Bruce et al, 2015; Hamric & Blackhall, 2007; Hamric & Epstein, 2017; Whitehead et al, 2015)

Why is skilled communication so important?

Gaps in communication are common

- Gaps in frequency (Schwarzkopf et al, 2013; Sundararajan et al., 2012)
- Gaps in quality (Douglas et al., 2012; Hwang et al., 2014a; Hwang et al., 2014b; Scheunemann et al., 2015)
- Inconsistencies in information from different team members (Hwang et al., 2014b)

- Often sudden and unexpected
- Patient may be unable to fully participate in decision-making
- Impacts quality of life
- Limited prognostic capability for neurological recovery
  - Survival versus functional recovery
  - Focus on broad categories of outcomes (may not focus on outcomes of importance to a specific patient/family)
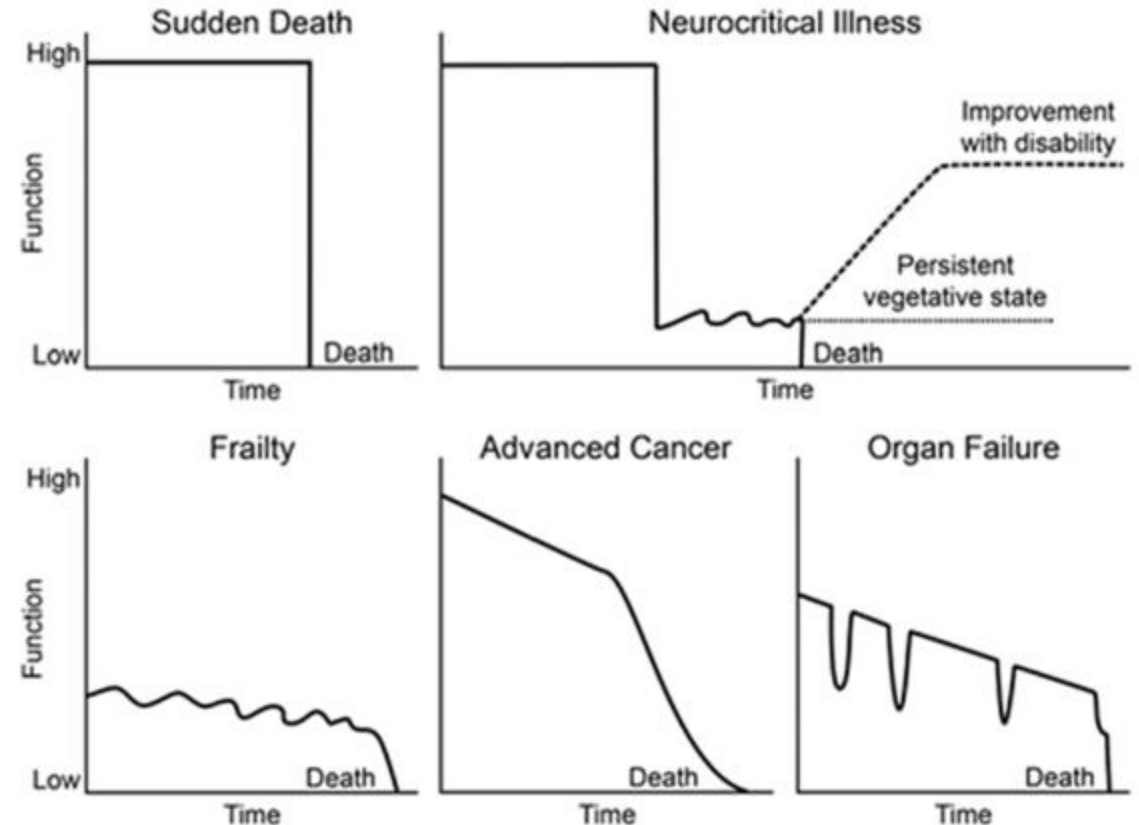
Frontera, et al. (2015). Integrating palliative care into the care of neurocritically ill patients: A report from the improving palliative care in the ICU project advisory board and the center to advance palliative care. Critical Care Medicine, 43(9), 1964-1977.

In the time of COVID…

- Physical distancing
    - Visitor restrictions
    - Teams
- Depersonalization associated with PPE
    - Loss of non-verbal communication
- Social isolation/disruption of social networks
- Stress associated with pandemic
    - Health concerns
    - Financial concerns
- Need to quickly learn new technology
    - New rules for technology

- Need to quickly evolve process and procedures
    - Unfamiliar duties, unfamiliar teams, unfamiliar spaces
- Focus on public health instead of individual outcomes

Adams, 2020.

Hart et al, 2020.

Selman et al, 2020.

Strategies to Improve Clinician-Family Communication

- Routine interprofessional team and patient/family meetings
  - ICU PFCC guidelines (Davidson et al., 2017), shared decision-making guidelines (Kon et al., 2016)
- Written information
- Family presence on rounds (Davidson et al., 2017)
- Support for family presence/involvement in bedside care
- Early identification of high-risk patients/families
- Early involvement of supportive professionals (social work, chaplaincy, ethics)

COVID-19 makes many of these strategies more difficult to implement.

Goldfarb et al. Crit Care Med 2017; 45: 1751-1761.
(Systematic review of interventions to support PFCC).

Strategies to Support PFCC during COVID

- Clear procedures and expectations
- Proactive, regular communication
  - Daily updates
  - Structured meetings
- Family "presence"
  - Visitor exceptions for EOL and other special circumstances
  - Virtual visits/calls and electronic messages
  - Drop-offs for familiar items
- Alternatives to paper-based education
- Interprofessional collaboration for family support
- Manage demands on clinical staff (supply resources to assist with communication)

Selman et al, 2020. Hart et al, 2020.

Virtual Communication in the Time of COVID

- Department of HHS has allowed for expanded use of non-public-facing platforms (Apple FaceTime, Facebook Messenger, Google Hangouts, Zoom, Skype)
    - ….BUT it's important to be careful and to protect both your patient's and your own personal information.
- Don't use applications that could be viewed by the broader public (Facebook Live, Twitch, TikTok).
- Other options include doxy.me, WebEx, Doximity video dialer, etc.
- Check with your TeleHealth or IT department about platforms approved by your organization.
- If a non-HIPAA compliant platform will be used (e.g. FaceTime), gain assent of family members.

Good communication in the time of COVID-19 is good communication.

- Recognizes patients and family members as active participants in their own care.

- Promotes collaboration between the patient/family and the health care team.

- Respects and maintains the integrity of the family unit.

Respect and Dignity

Information Sharing

Patient and Family

Participation

Collaboration

Hart et al, 2020.
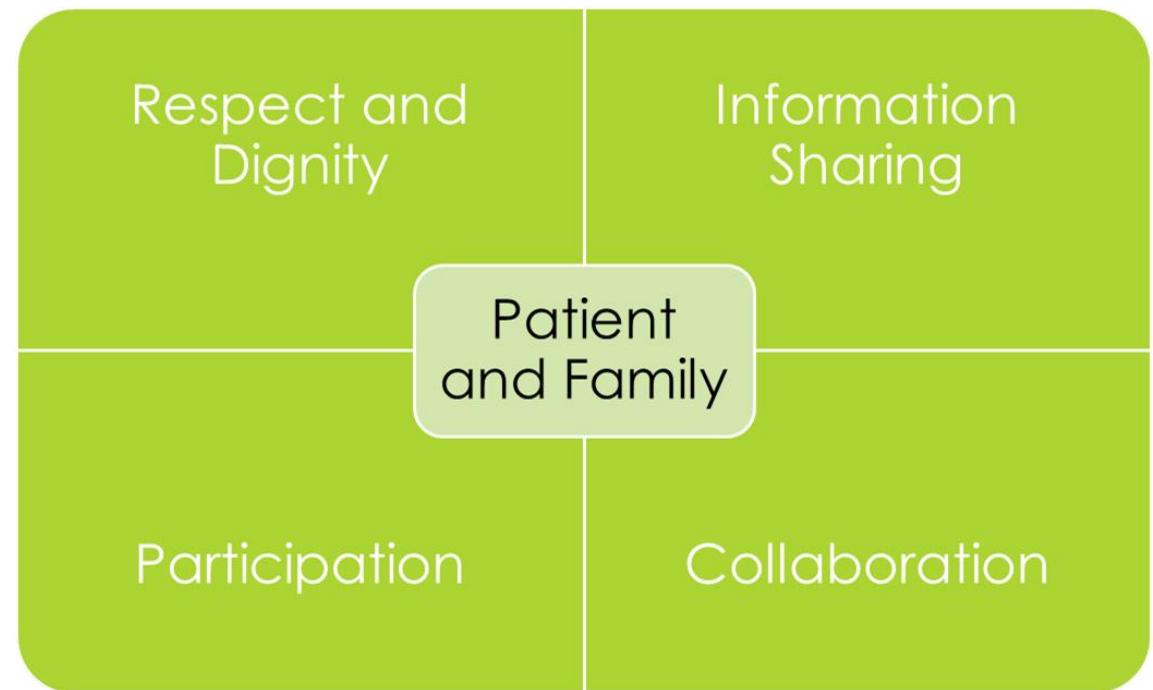
Institute for Patient- and Family-Centered Care. Retrieved from http://www.ipfcc.org/faq.html

Family Meetings

Not just for EOL decision-making…

Early proactive meetings

- Introduce care team
- Provide information about the patient's condition and plan of care
- Get to know the patient through the family

Why?

- Establishes trust
- Promote collaboration, easier communication, increased ability to engage in shared decision-making

Structured Clinician-Family Meetings

Phases

1. Planning
2. Team Pre-Meeting
3. Clinician-Family Conference (During the Meeting)
4. After the Meeting

Three Goals: Relational, task, identity

Scott AM & Van Scoy LJ. (May 27, 2020) What Counts as "Good" Clinical Communication in the COVID-19 Era and Beyond? Ditching Checklists for Juggling Communication Goals. Chest. https://journal.chestnet.org/article/S0012-3692(20)31602-0/pdf)

Planning

- Identify participants.
    - Patient if able. If unable, identify surrogate decision maker.
    - Ask patient/surrogate if they would like for additional family members to be present.
    - Interprofessional team members (at least one provider and bedside RN, with additional team members as appropriate to the setting and circumstances).
- Determine and communicate the time and location of the meeting.
- Arrange coverage for other patient care responsibilities.

These principles also apply to virtual conferences.

Virtual Family Meetings

When setting up the conference, you'll need to know:

- Devices and platforms available to the clinicians
    - Need camera, microphone, speaker
    - May need to download specific platforms or apps
- Devices and platforms available to the family members – ASK ABOUT:
    - Computer – camera, microphone, speaker
    - Email account
    - Connectivity
    - Phone type and data access

Virtual Family Meetings

Families who don't have computer access

- Ask about phone type (iPhone, Android, flip phone, TracPhone)
    - iPhone and Android can both receive Doximity video dialer calls provided the family is able to receive text messages
    - Flip phone or TracPhone – limited options. If computer available, use computer-based platform. If not, phone communication.
- Ask about service plan (cellular data, wireless connectivity)

Use of Video Conferencing for Family Communication

Practical Tips

- For email-based meeting invitations, send to one key family member who can forward
    - Send from a generic email when possible
    - Provide a tip sheet/guide
- Virtual participation also possible for providers
- Sit farther away from the device than you would typically
    - Allows you to look at the whole family if multiple participants
- Mounted devices are nice, but any straight stand will work

Not just for the conference room – visit the bedside.

Team Pre-Meeting

- Ensure that all relevant interprofessional team members are represented.
- Establish who will lead the meeting.
- Ensure consensus within the team about the information to be presented and the plan of care.

More challenging with virtual communication.

During the Meeting

- Ensure that all participants are seated at the level of the patient or surrogate.
- Complete introductions.
- Briefly explore the patient as a person prior to hospitalization (vocation, activities, etc)
- Assess patient/family's current understanding of patient condition and plan of care.
- Clarify misconceptions, provide update.

Patient

During the Meeting

- Engage in shared decision-making if necessary/appropriate.
    - Ask about the patient or family's preferred role in decision-making.
    - Provide explanation of the role of the surrogate.
    - Provide reassurance that the care team will provide support and assistance.
    - Discuss realistic options, including potential benefits and burdens.
    - Offer recommendation with rationale if desired by the patient or surrogate.
    - Provide time for discussion.
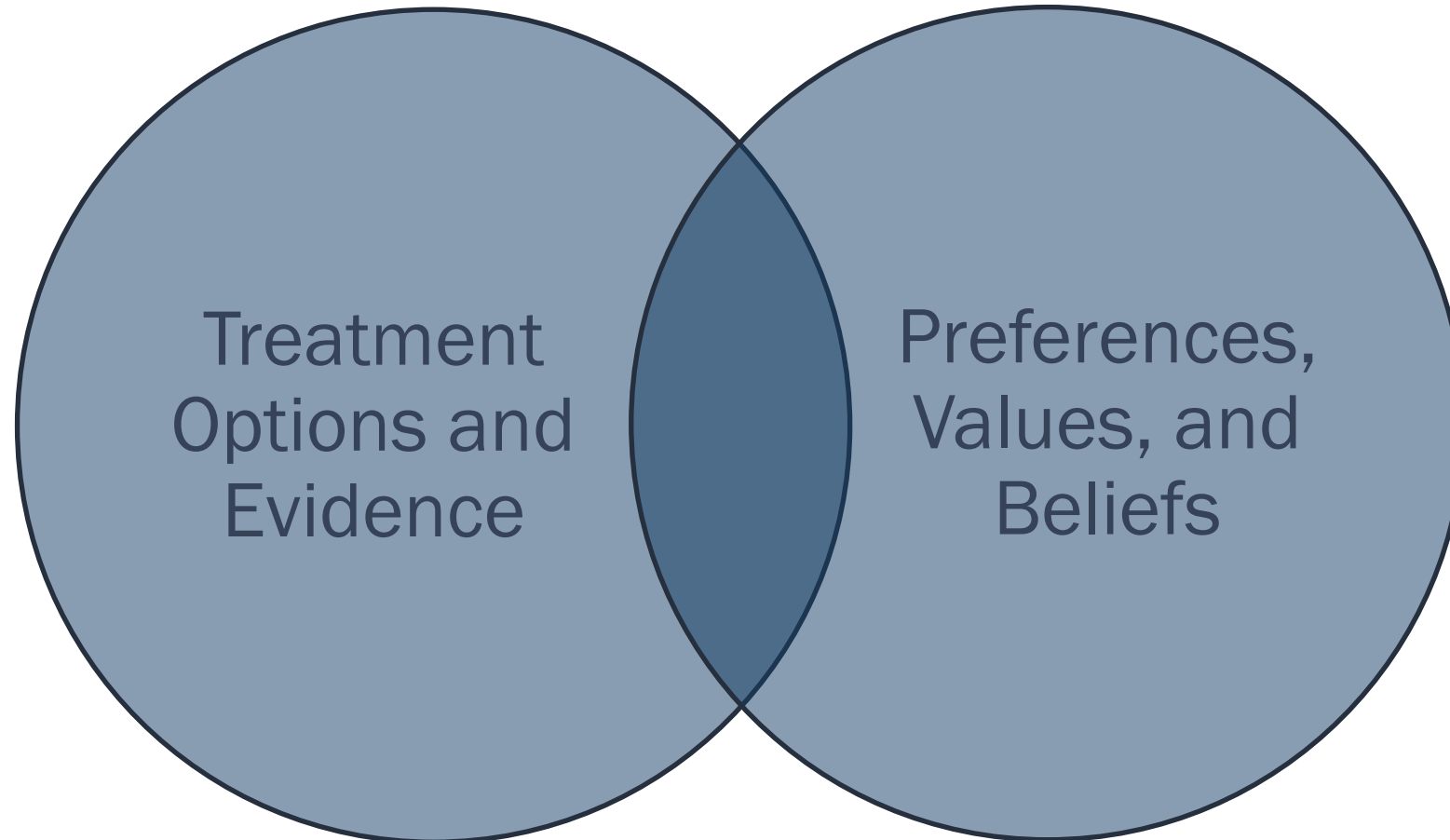
"You can't get what you want…"

Avoid asking what the patient would want.

- Encourages focus on treatments instead of goals
- Once family answers, further discussion is limited
- Evokes magical thinking – suggests alternatives that may not exist

Instead ask…
What would (the patient) think about all this?

Schwarze ML, Campbell TC, Cunningham TV, White DB, & Arnold RM. Am J Respir Crit Care Med 2016; 193(1): 14-16.

During the Meeting

- End the meeting.
  - If conference included decision-making, ask family for their understanding of decisions made or that need to be made, as appropriate. Clarify as needed.
  - Thank the family for meeting and participating in discussions about care.
  - Define a follow-up plan, including the plan for ongoing communication.
  - Provide a mechanism for the family to contact team members.

If not previously offered, consider a virtual visit to the bedside.

After the Meeting

- Debrief with other team members to review what went well and opportunities for improvement.
- Complete any follow-up items discussed during the meeting.
- Document the meeting in the patient's chart.

Structure for Follow-Up Meetings

- Team pre-meeting
- Family conference
    - Has progress been made towards established goals?
    - Are there any changes in condition that impact ability to achieve goals?
    - Are there any changes in prognosis based on this information?
- Team debrief
- Document

Communication Tools: VALUE

V: Value family statements

A: Acknowledge family emotions

L: Listen to the family

U: Understand the patient as a person

E: Elicit family questions

Lautrette et al, 2007.

Additional Considerations

- Be self-aware
    - How do your beliefs impact how you interact with patients and families?
- Be aware of patient/family beliefs, role of community
- Identify resources for more information
- Don't make assumptions

Relying on virtual communication can worsen racial, socioeconomic, and geographic inequities and thus health disparities.

Resources

- Center to Advance Palliative Care, COVID-19 Response Resources Hub: https://www.capc.org/covid-19/
- Palliative and Advanced Illness Research Center, COVID-19 Resources: https://pair.upenn.edu/covid-19-resources
- Patient Safety Learning (UK). Talking to relatives: A guide to compassionate phone communication during COVID-19. 2020. https://www.pslhub.org/learn/coronavirus-covid19/tips/talking-to-relatives-a-guide-to-compassionate-phone-communication-during-covid-19-r2009/

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NOT COVID-specific (outlines family meeting structure): Mahanes D. Ethical Concerns Caring for the Stroke Patient. Critical Care Nursing Clinics. 2020 Mar 1;32(1):121-33.

Complete reference list available on request.

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