

Conversation Guide For patients in LTC or other institutions who have mild/moderate COVID

Goal: to discuss current situation with resident's health with COVID and prepare them for possible limits in health care system

Conversation is with resident and/or SDM (if resident incapable)

STEP 1: Introduce yourself and discussion

"I'm calling to talk about your (relative) and to discuss plans for his/her care. Is now a good time to talk?"

STEP 2: Explore illness understanding

"I recognize that it can be challenging to have conversations like this over the phone, but I am going to try and help you as best I can. Would it be ok if I asked you a few questions first?"

If answer is no, go to Step 3 and gently provide information

Can you start by telling me what you already know about your (relative)? It will help me to understand your point of view and let me know what other information you need.

Assess their understanding of the stage or progression of whatever illnesses they have. This will help you prepare them to discuss COVID-19 in the context of multiple co-morbidities.

"From what you understand, has your (relative) been getting better or worse over time?"

"What do you already know about what happens if someone becomes infected with COVID-19?"

STEP 3: Provide information

Be brief, concise, use simple terminology and wait for response and reaction; If you are not sure if they understand, ask them to repeat it back to you. If they have an emotional reaction, pause and respond supportively to the emotion.

*"Let's start from the beginning...your relative became ill last week...
We tested him and found him to have coronavirus"*

Ask: *Is this new information?*

There has been a lot of information in the news about coronavirus. You've probably heard that many people have mild to moderate illness and then recover...but some people have severe illness and aren't able to recover.

At this time, your (relative) has fairly mild disease and I hope it will remain that way and they will recover. We will keep you informed about how he/she is doing.

Pause and let information get absorbed:

“But it is important to prepare you for what might happen over the next few days. We know that people who are frail, and have other medical problems, get much sicker from coronavirus. (insert information about the person’s chronic illnesses if appropriate)

We will provide him with medications to give him the best chance of recovery. There isn’t any cure for coronavirus, but we would give her/him all the treatments to help him recover, such as antibiotics (if he develops a bacterial infection) and oxygen.

However -- and I wish I didn’t have to be so blunt and tell you this. IF he/she continues to worsen, then it is possible he/she will pass away – will die – from this infection.

Pause and let information get absorbed: Respond to emotions with acknowledgment, understanding and empathy:

1. Naming the emotion: *“this isn’t what you wanted to hear...I can’t imagine how upsetting this news is...”*
2. Exploring: *“tell me about what you’re thinking?” or “what makes this most scary for you?”*
3. Supporting: *“We all know how much you care about your (relative). Is there anything you want us to know about him/her that will help us care for him?”*

I’m sorry to have to be so blunt with you...

It is important to be prepared at the same time as staying hopeful that his/her illness will remain mild and that they will recover.

As I said earlier, your (relative) has mild disease now and we do expect he/she will recover... we will let you know if things do change –

Step 4: Ask about values:

One way to help everyone prepare is to ask about what you (your relative) value if they were to become more sick?

“tell me more about your (relative)...what would they say would be important to them if they were so sick that they were at end of life?”

“If your (relative) were to get sicker, what would be important for me to know so that we can take the best care of him/her?”

Language to prepare patient/SDM about potential triage system:

In addition, I/we want to prepare you for the possibility that the system may need to triage resources. What I mean is, there might come a point where we are unable to offer intensive care to everyone who is critically ill. If this happens, hospitals will only be offering intensive care to the individuals who are most likely to survive and recover from their critical illness. You may have heard about this in the news – all hospitals in the region are working under these guidelines and sharing resources. Because of you/your (relative's) underlying illness(es), there is a possibility that you may not be offered intensive care. I am talking about worst case scenario right now, not something that I am expecting will happen. Still, after seeing what is going on in other parts of the world including Europe and the US, I thought it was best to discuss these issues with you in person to give you and your family time to prepare.

Information about triage system will be communicated to institutions.

Ending the call

Based on circumstances and what's available in your institution you might suggest:

- Video or phone call with resident
- Delivering a message to the resident
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“How can I best support you now?”

“Do you have any more questions for me now?”

Set expectations for when they might receive another call

“If your (relative's) condition changes either I or someone else from the LTC will give you a call.”

Link to Vital Talk Video of conversation with SDM

<https://vimeo.com/401465080>

Additional phrases to support HCP in this time:



www.vitaltalk.org

What they say	What you say
I'm scared.	This is such a tough situation. I think anyone would be scared. Could you share more with me?
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 is most pressing on your mind?
What they say	What you say
I want everything possible. I want to live.	We are doing everything we can. This is a tough 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 spouse would have wanted this.	Well, let's pause and talk about what they would have wanted. Can you tell me what they considered most important in their life? What meant the most to them, gave their 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 spouse 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 their overall condition now, if we need to put them on a breathing machine or do CPR, they will not make it. The odds are just against us. My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully. I suspect that may be hard to hear. What do you think?

Guiding Principles for these conversations to be attached to all conversations:

General information about the conversation guides

- These are suggested conversation guides only. They offer you language to use, but you will need to adapt to the specific situation you are facing.
 - For example, if the emotion is not shock, but is sadness, name that emotion: “you are right to feel so sad...you obviously care so much about your (relative)...” “you are right to be frustrated and upset...it is difficult news that I am telling you...”
- Communicate with key health care team members who can help support these conversations and the patients
- Make sure you are talking to the correct SDM when the patient is incapable
- Document your conversations
- Know what’s available at your own site or region
 - Visitor Policy
 - Resource allocation policies
 - Palliative care supports from regional palliative care team
 - Availability of social work and chaplaincy support
- Know what resources your institution has to provide patient/families about COVID-19 and any triage information

General tips about communication (from Fraser Health Services BC)

Within your own scope of practice, provide information directly and honestly to the best of your knowledge

- Allow silence as time permits
- Acknowledge and explore emotion as it occurs. Do not just talk about facts and procedures
- Make a recommendation. In these distressing times, patients & families need to hear your professional opinion.
- Listen more than you talk.
- Avoid premature reassurance, instead align with the patients in hoping things may improve
- Focus on patient-centred goals and priorities not medical procedures
- Do not offer a menu of interventions, especially those that are not clinically beneficial
- Use the wish, worry, wonder framework...
 - I wish allows for aligning with the patient’s hopes
 - I worry allows for being truthful while sensitive
 - I wonder is a subtle way to make a recommendation

If you have any feedback about these guides, please email rachel.dragas@HPCO.ca

Additional Resources

Hospice Palliative Care Ontario	hpcoco.ca
Speak Up Ontario	speakupontario.ca
Ontario Palliative Care Network	ontariopalliativecarenetwork.ca
VitalTalk	vitaltalk.org

