



Outpatient COVID-19 Talking Maps

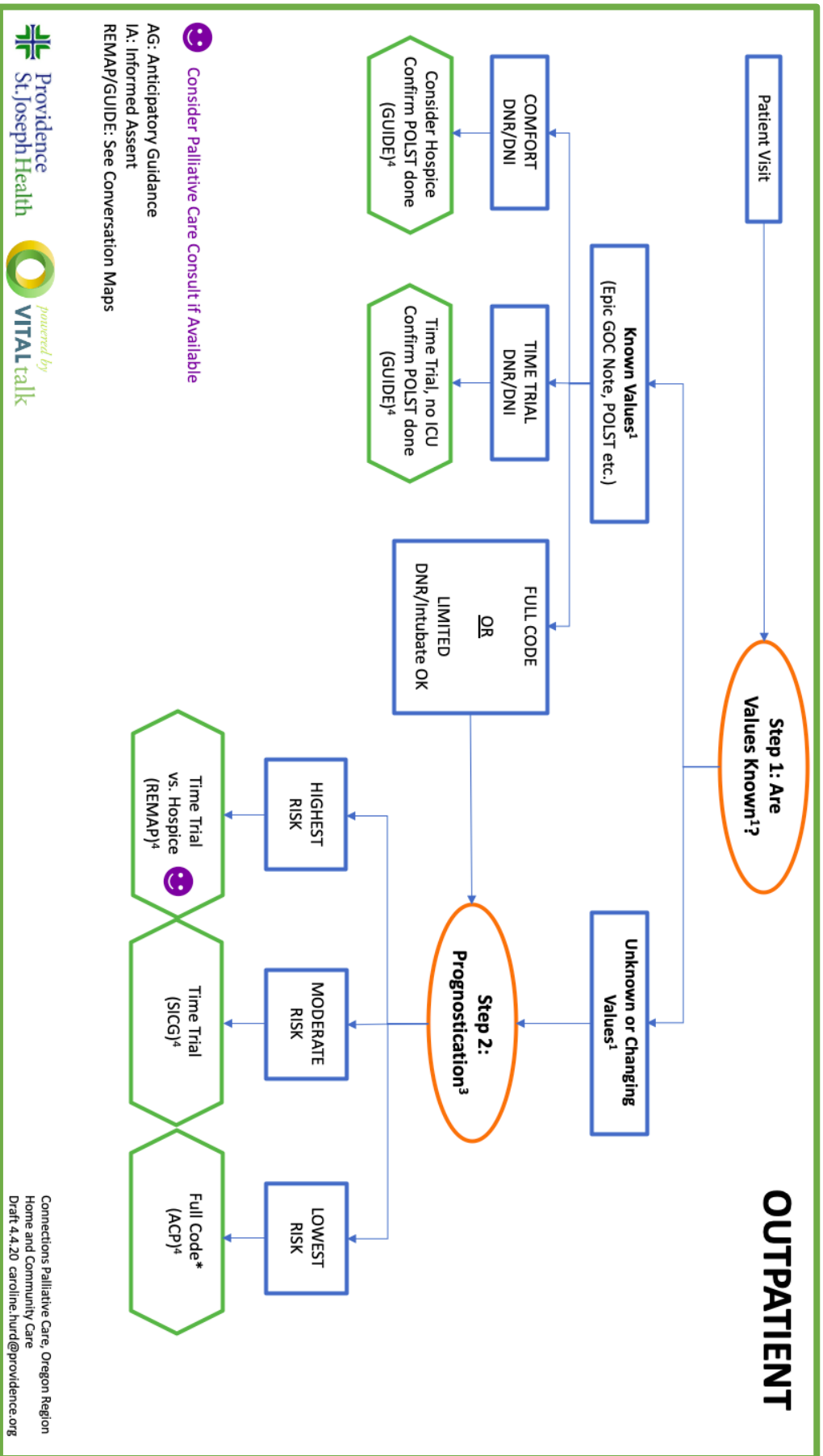


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Adapted by Caroline.Hurd@providence.org using work from VitalTalk, Ariadne Labs, Elizabeth Lindberger, Lindsay Dow, Amy Kelley, Diane Meier, Elke Lowenkopf and Rachelle Bernacki version 4.4.20



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COVID-19: NURSE(S) RESPONDING TO EMOTIONS



STEP

WHAT YOU SAY OR DO

TIPS/SKILLS

NAME	<i>"You sound concerned."</i>	Acknowledges the emotion. Be careful to suggest only, most people don't want to be told how they feel but appreciate the acknowledgement. In general, turn down the intensity (e.g. scared→concerned).
UNDERSTAND	<i>"I can imagine this is difficult news to hear." "Many people in your situation might feel..."</i>	Normalizes the emotion or situation. Avoid suggesting you understand their experience, because we often can't.
RESPECT	<i>"I can see you really care about your mother."</i>	Expression of praise or gratitude about the things they are doing. This can be especially helpful when there is conflict.
SUPPORT	<i>"We will do everything we can to support you during this illness."</i>	Expression of what you can do for them and a good way to express non-abandonment . Making this kind of commitment can be a powerful statement.
EXPLORE	<i>"Can you tell me more about..."</i>	Emotion cues can be expressions of underlying concerns or meaning. Combining this with another NURSE(S) skills can be very effective and help you understand their reasoning or actions. Make sure to avoid judgment and come from a place of curiosity .
(S)ILENCE	Can be used in many situations, but often effective after delivering serious news	It is often more therapeutic for family members to provide emotional support to each other. Using silence allows room for this opportunity. Silence can also make space for the person to share more. Use silence intentionally, too much can leave people feeling uncomfortable.
BONUS: "I wish" statements	<i>"I wish we had better treatments... [more testing ability....that we were in a different situation...that your father wasn't so sick... etc.]"</i>	I wish statements allow you to affirm your commitment even when don't have the ability to provide something that is desired.

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COVID-19: ADVANCE CARE PLANNING

Outpatient: Low Risk Patients

1. INTRODUCE the idea

[Set Agenda, Normalize] *"We want you to have control over your medical care so that you get the best care possible. Because of the coronavirus, we are talking to all our patients about what is important to them if something unexpected happens and they became very sick."*

[Ask Permission] *"Would it be okay if we talk about that today?"*

YES: Go to Step 2

NO: [Explore Concerns] Address concerns first, if concerns cannot be addressed, offer written material and revisit at another encounter.

[Name Emotion if present, Respect Statement] *"It can be hard to talk about these things, thank you for talking with me."*

2. ELICIT questions

[Set Agenda] *"Are there things you want to make sure we cover today?"*

YES: Elicit/address quick questions, **bracket** longer questions, then go to Step 3.

NO: Go to Step 3

3. EXPLORE prior plans

[Assess] *"Many people already have plans, or a legal document that outlines their wishes, called an advance directive. What about you?"*

YES: Review prior preferences (use rest of map if needed) and obtain documents.

NO: Go to Step 4

4. CHOOSE a healthcare representative

[Context, Normalize] *"A good first step can be choosing someone who could make medical decisions for you if you were too sick to communicate your own wishes. Not everyone has someone they could trust to make medical decisions for them, and others already have someone in mind. How about you?"*

YES: Ask who, and if they have a legal form designating this person. If they have form, ask for a copy, if they don't, offer to complete one at the end.

NO: [Affirm] *"That's okay, many people don't have someone who could speak for them. In this situation it is even more important that we know your wishes and preferences before a crisis happens and we can't communicate with you."*

5. ASK what matters

[Elicit Values] *"The next step is to think about key things that matter most to you in your life. Everyone defines quality of life differently, what does a 'good day' look like for you? [pause and listen]... "What activities or experiences are most important to you?"*

[Reflect Back Values] *"It sounds like [value] is most important..."*

[Respect Contributions] *"Thank you for sharing, it really helps me understand better."*

6. ASK about serious illness



[Context] *“Now that I have a better understanding of what is most important in your life now, it can be helpful to think about what would be important to you if you unexpectedly got very sick.”*

[Past Experiences] *“Have you seen or experienced a serious medical illness or accident? [“Has anyone you know had the coronavirus?”]*

“What did you take away from that experience? What went well? What did not go well? Why?”

“If you were in these situations, what would be important to you?”

[Respect Contributions] *“Thank you, that is really helpful.”*

7. ASK about tradeoffs



[What If] *“Something else, that can be hard to think about is, if you got the coronavirus, or another serious illness, and became so critically ill that the doctors thought you were unlikely to survive, what would be important to you?”*

[Values Triad]

- *“Some people would want to try all life support treatments to **live as long** as possible, even if this meant living on machines for the rest of their life or not being aware of their surroundings.”*

- *“Other people would want a **trial** of life support treatments, but if they weren’t working and were only causing suffering they would want them stopped.”*

- *“Other people would not want artificial life support treatments and would want to focus on **comfort and a natural death.**”*

“How about you?”

8. DOCUMENT preferences



[Align and Plan] *“We’ve had a really important talk today and I want you to know that if you get sick, our team will do everything we can to help you recover. I will document our conversation in the medical record, so everyone knows your wishes. You can also complete an advance directive, which is a legal document that can assign a health care representative and can provide written instructions.”*

[Ask Permission] *“Would it be okay if we complete one today?”*

YES: Complete [State] advance directive and make **recommendations** based on your conversation and thank them for the discussion.

NO: *“Let us know if you change your mind. Thank you for talking with me about this today.”*

9. SHARE preferences



If they have someone they trust to make medical decisions:

“I encourage you to talk with your healthcare representative about your wishes. It can really help people when they are in stressful situations and have to make medical decisions for someone else. If you want help talking with them, let us know.”

COVID-19: Serious Illness Conversation Guide



Outpatient: Moderate Risk Patients

1. INTRODUCE the idea

[Set Agenda, Normalize] *"Given the situation with the coronavirus, I am asking **all my patients** about **what matters** most and what they might **expect** for their situation. This way, we can prepare for the future, so you get the best care possible."*

[Ask Permission] *"Would it be okay if we talk about that today?"*

YES: Go to Step 2

NO: [Explore Concerns] Emotions are often under these concerns, address these first and try again. If concerns cannot be addressed, offer to revisit at another encounter.

"I am going to use this guide, so I don't miss anything..."

2. ELICIT agenda

[Elicit Agenda] *"Are there things you want to make sure we cover today?"*

YES: Elicit/address quick questions, **bracket** longer questions, then go to Step 3.

NO: Go to Step 3

3. DISCUSS prognosis

[Assess What they Know] *"So I know where to begin, what have you **heard so far** about the coronavirus and how it could affect your situation?"*

[Assess Information Preferences] *"How much **information**, about what to expect in the future, would be **helpful**?"*

[Ask Permission] *"Would it **be okay** if I share what I know?"*

[Headline] *"Based on your medical conditions, you are at increased risk for serious complications from coronavirus"* [Then pick ONE of the following strategies]

Uncertainty: *"While it can be difficult to predict, **some people** with similar medical conditions get the coronavirus and do very well with mild symptoms and **other people** get very sick quickly, and even die."* [Can also use best/worst/most likely case]

Time: *"I **wish** we were not in this situation. I'm **worried** that if you got coronavirus and became very sick, even with medical support, time could be as short as [days to weeks, weeks to mths]...."*

Function: *"I **hope** you do well for a long time, I **worry** if you got the coronavirus, you would not be able to [function]..."*

4. EXPECT EMOTION

[Use the **NURSE(S)** tool to explicitly empathize before giving more information]

Name: *"You seem worried."*

I wish: *"I **wish** I had better news..."*

[see NURSE(S) tool for more responses]

5. MAP out values



[Context, Elicit Values] *"In order to provide you with the best care if you were to get sick, it helps me to know what are some things that **matter most** to you **now**? ... If you got the coronavirus and your health situation **worsened**, then what would **matter most**?"*

[Concerns] *"When you think about the future with your health, what are your biggest **worries** or **concerns**?"*

[Strengths] *"What gives you **strength** as you think about the future?"*

[Abilities] *"What **abilities** are so critical that you can't imagine living without them?"*

[Experience with Illness] *"Has **anyone** you know been **seriously ill**? How does this experience **impact** your own decisions? Do you have any spiritual or cultural beliefs that impact how you think about these decisions?"*

[Tradeoffs] *"If you become sicker, how much are you **willing to go through** for the possibility of gaining more time?"*

- *"Some people would want to try all life support treatments to **live as long** as possible, even if this meant living on machines for the rest of their life or not being aware of their surroundings."*

- *"Other people would want a **trial** of life support treatments, but if they weren't working and were only causing suffering they would want them stopped."*

- *"Other people would not want artificial life support treatments and would want to focus on **comfort and a natural death**."*

6. ALIGN



[Respect and Reflect Values] *"Thank you for sharing this with me. As I listen, it **sounds** like what matters most is....[summarize values]. Did I miss anything?"*

7. PLAN



[Recommend] *"Given what I know about your medical situation and what you said is most important, would it be okay if I made a **recommendation** about next steps?"*

[Plan should be based on the values you elicited, consider the POLST framework for potential plans] [Check-In] *"How does this plan seem to you?" "Did I miss anything?"*

[Affirm] *"Thank you for talking with me about this today. I will write down our discussion in your medical record, so everyone on your healthcare teams knows what is important to you. Our team will do everything we can to help you through this."*

8. DOCUMENT your conversation



In addition to documenting your conversation in the EHR (Green Goals of Care Tile in Epic), if the patient does not have an advance directive, health care representative and/or POLST, complete as appropriate.

COVID-19: REMAP Goals of Care

Outpatient: High Risk Patients

1. INTRODUCE the idea

[Set Agenda, Normalize] *“Given the situation with the coronavirus, I am asking **all my patients** about **what matters** most and what they might **expect** for their situation. This way, we can prepare for the future, so you get the best care possible.”*

[Ask Permission] *“Would it be okay if we talk about this today?”*

YES: Go to Step 2

NO: [Explore Concerns] Emotions are often under these concerns, address these first and try again. If concerns cannot be addressed, offer to revisit at another encounter.

2. ELICIT questions

[Elicit Agenda] *“Are there things you want to make sure we cover today?”*

YES: [Bracket Questions] *“Great, thank you, I will make sure I address those by the end of our conversation.”* Then go to Step 3.

NO: Go to Step 3

3. REFRAME we are in a different place

[Assess What they Know] *“So I know where to begin, what have you **heard so far** about the coronavirus and how it could affect your situation?”*

[Ask Permission] *“Thank you, that’s helpful. You’ve heard some important information. Would it **be okay** if I share what I know?”*

[Deliver Headline = Information + Meaning]

Info: *“Because of your other medical conditions [and your age], you are in the highest risk group for serious complications if the coronavirus makes you very sick.”*

Meaning: *“This **means** that if you got the coronavirus and became so sick that you needed intensive care, I **worry** that you would not survive, even with maximal medical support.”*

STOP! Emotions means they heard the reframe. Respond to emotions before giving more medical information.

4. EXPECT EMOTION

[Use the **NURSE(S)** tool to explicitly empathize before giving more information]

Name: *“This must be hard news to hear.”*

I wish: *“**I wish** I had better news...”*

[see NURSE(S) tool for more responses]

5. MAP out values

[Context, Ask Permission] *“**Given this situation**, I’d like to step back and talk about what would be most important to you if you got the coronavirus and your health situation **worsened**. Is that okay?” [If yes, proceed, if not, explore emotions first]*

[Hopes] *“What are you **hoping** for in the coming days, weeks, mths...? What/who else is important to you?...What does a ‘good day’ look like?...Anything else that is important that we should know?...”*

[Concerns] *“When you think about the future with your health, what are your biggest **concerns** or **worries**?”*

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MAP out values (cont.)



[Values Triad] “If you become sicker, how much are you **willing to go through** for the possibility of gaining more time?”

- “Some people would want to try all life support treatments to **live as long** as possible, even if this meant living on machines for the rest of their life, or not being aware of their surroundings, they would even want CPR if their heart stops and they die.”

- “Other people would want a **trial** of medical treatments, but if they weren’t working, and they weren’t going to get back to **doing** important things, they would want them stopped. They would not want to be on a ventilator that breathes for them and they would not want CPR.”

- “Other people, if they got the coronavirus and got very sick, would want to avoid the hospital all together, focus on **comfort and have a natural death**. They would want to start hospice to manage their symptoms and try to stay at home.”

“How about you?”

[For Surrogates-Empty Chair] “If your father **could understand** the situation and talk to us, what would he say?”

6. ALIGN



[Respect and Reflect Values] “Thank you for sharing this with me. As I listen, it **sounds** like what matters most is....[summarize values]. Did I miss anything?”

7. PLAN



[Recommend] “Given what I know about your medical situation and what you said is most important, would it be okay if I made a **recommendation** about next steps?”

[Response 1-Value Longevity]: “If you were to get the coronavirus, or some other serious illness and you needed to go to the hospital. I would **recommend** all available medical treatments to help you live as long possible. [Affirm] I want you to know that, if this happens, we will do everything we can to help you recover.” [Pause and Check-in] “How does this plan seem to you?” “Did I miss anything?” [Provide Anticipatory Guidance] “I also want you to be prepared that even with this plan, there may come a time when you are so sick that you would die even with these treatments. If this happens, your doctors might not even recommend a ventilator machine to breathe for you, or CPR, because these treatments would not help.”

[Response 2-Value Function/Time Trial]: “If you were to get the coronavirus, or some other serious illness and you needed to go to the hospital. I would **recommend** all available medical treatments that would help you get back to doing things that are important to you. If you get sicker, despite these treatments, I don’t think we should put you on a machine that breathes for you, or do CPR, but instead shift our focus to your comfort at the end of life and allow a natural death. [Pause and Check-in] “How does this plan seem to you?” “Did I miss anything?” [Affirm] I want you to know that, if this happens, we will do everything that we think will help you recover.”

[Response 3-Comfort]: “If you were to become seriously ill with the coronavirus, or another serious illness. I would **recommend** avoiding the hospital and not using breathing machines or CPR. We could arrange hospice care to help manage your symptoms at home, focus on your comfort, and allow a natural and peaceful death. [Pause and Check-in] “How does this plan seem to you?” “Did I miss anything?” [Affirm] I want you to know that, if this happens, we will do everything we can to keep you comfortable.”

[Close] “Thank you for talking with me about this today. I will write down our discussion in your medical record, so everyone on your healthcare teams knows what is important to you. Our team will do everything we can to help you through this.”

8. DOCUMENT your conversation



In addition to documenting your conversation in the EHR (Green Goals of Care Tile in Epic), if the patient does not have an advance directive, health care representative and/or POLST, complete as appropriate.