



Emergency Department and Inpatient COVID-19 Talking Maps



sama09

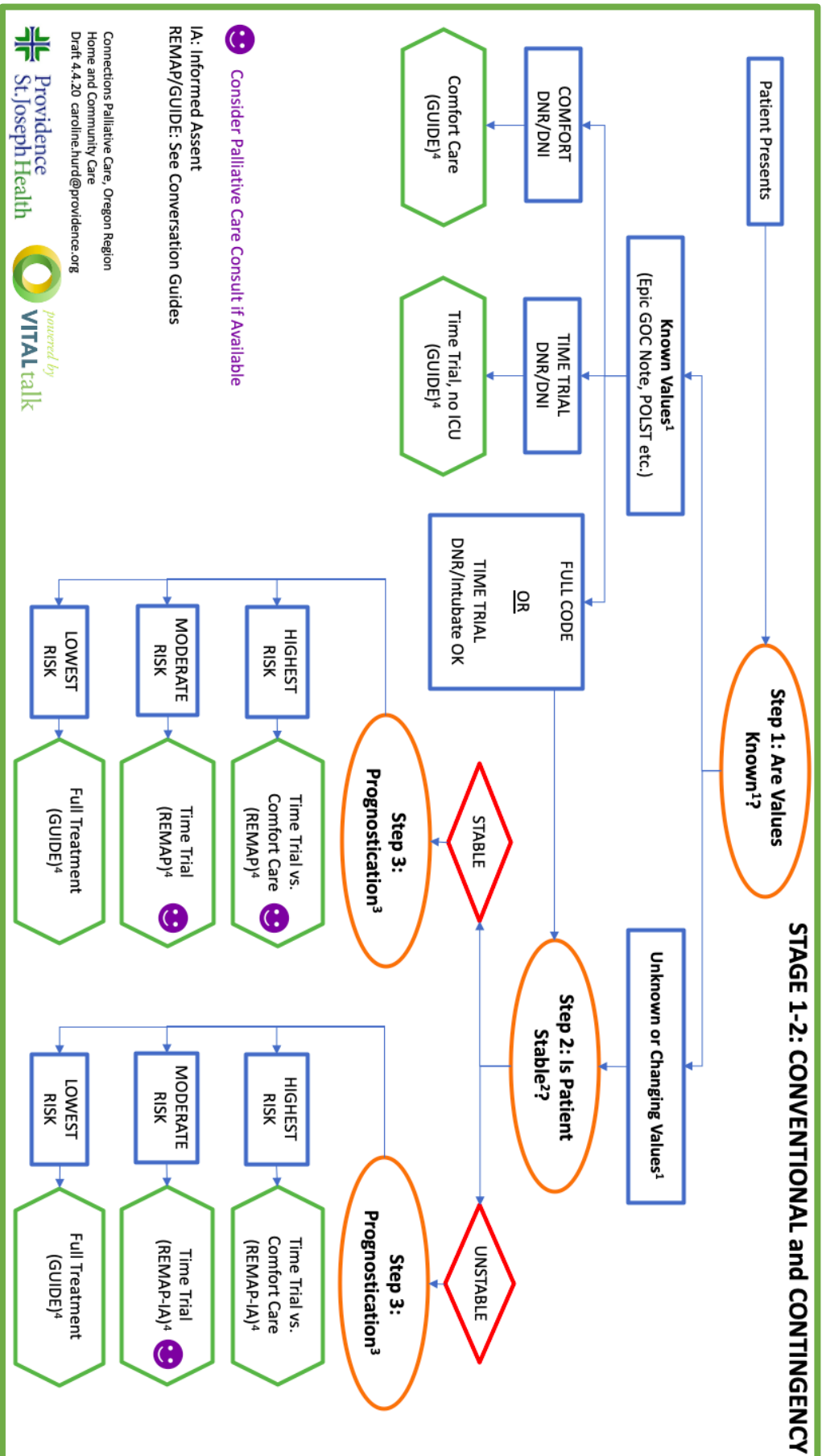
Connections Palliative Care, Oregon Region
Home and Community Care
Providence St. Joseph Health

TABLE OF CONTENTS

- [Inpatient Talking Map Workflow for Crisis Stage 1 and 2](#)
- [NURSE\(S\): Responding to Emotions](#)

Example Scenarios:

- [GUIDE: Delivering Serious News + Anticipatory Guidance](#)
- [REMAP: Stable, Moderate Risk Patients \(Acute Care Focus\)](#)
- [REMAP-IA: High Risk, Unstable Patients \(ED Focus\)](#)
- [REMAP-IA: Patients Dying Despite Critical Care \(ICU Focus\)](#)



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

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.

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

COVID-19: GUIDE Delivering Serious News about COVID-19 and Anticipatory Guidance

Example: Patients with KNOWN values that are DNR/DNI

Before You Start: This talking map is for patients who have clear goals of care. If a patient has DNR/DNI preferences documented in the chart (POLST, GOC note etc.) Confirm their preferences first before having the conversation below. If this information is incorrect, or they want to change their preferences, use the REMAP talking map instead.

GET READY

[Key Information] Make sure you have the key **information** (COVID-19 test results, prognosis, POLST etc.)

[Key People] Make sure you have the key **people** (patient, family, surrogate and interprofessional clinicians etc.)

[Key Space] If possible, find a **private**, quiet space and allow adequate time

UNDERSTAND what they know

[Warning Statement] *"I have some serious news to talk about today."*

[Assess Prior Knowledge] *"So I know where to begin, it's helpful to know what you've **already been told**. What do you **already know** about [your test results for the coronavirus, how coronavirus affects your lungs...what to expect with a coronavirus infection... etc.]"*

[Always **assess** what the patient or family knows before giving information, this allows you to tailor your response.]

INFORM using a headline

[Ask Permission] *"Thank you, that's helpful. You've heard some important information already. Would it **be okay** if I share what I know?"* [If **yes**, proceed, if **no** explore concerns]

[Headline = Information + Meaning]

Information (1-2 sentences of key information):

Example 1: *"The test results show that you have the coronavirus."*

Example 2: *"The CT scan shows that the coronavirus has caused serious damage to your lungs..."*

Meaning:

Known Values for DNR/DNI Time Trial: *"This **means** that while we **hope** you will recover quickly, **some people with your other medical conditions** get sick quickly and do not survive."*

Known Values for DNR/DNI Comfort Care: *"This **means** that while we **hope** you will improve; we **are worried** you may get sicker quickly and not survive."*

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

DEMONSTRATE EMPATHY



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

Name: *"This must be hard news to hear."*

Understand: *"I can only imagine how difficult this is to think about."*

Respect: *"I really appreciate you having this difficult conversation with me."*

Support: *"Our teams are here to support you through this."*

Explore: *"Tell me more about what you are thinking..."*

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

EQUIP for next steps



[Align First] *"I want you to know that our team will do everything we can to support you."*

[Anticipatory Guidance] [Provide a spectrum of potential **outcomes** and **signpost** potential **challenges**]

*"I also want you to be **prepared** for what's to come. Our plan right now is to..."*

Option 1: Known DNR/DNI Time Trial *"...admit you to the hospital for a **trial** of medications and treatments to help you **get better**. We will monitor you closely on our acute care floor. We **hope** you improve quickly and we can get you home as soon as possible. Sometimes people's condition worsens, despite our best efforts. Given your prior wishes, and their unlikely benefit in people with serious underlying medical conditions, if you became critically ill and were dying, we would not do CPR or put a tube into your lungs and connect you to a ventilator machine that breathes for you. Instead we would **shift our focus** to comfort during the dying process."*

[Remember you will likely need to respond to **emotions** again after this recommendation]

Option 2: Known DNR/DNI Comfort Care *"...admit you to the hospital and start medications and treatments to help you **feel better**. Because of the severity of this illness, your other medical conditions, and your previously expressed wishes, we will focus our care on treating symptoms to ensure your **comfort**. We will not do treatments that don't provide comfort like CPR, ventilator breathing machines that require a tube into the lungs, or transfer you to the intensive care unit. Some patients, even when we focus on comfort, will recover from this illness. However, even if you worsen, we will pay close attention to shortness of breath, or any other signs of discomfort, and we will give medications and other treatments that will help you feel more comfortable during the dying process."*

[Remember you will likely need to respond to **emotions** again after this recommendation]

[Check-in] *"That is a lot to process, what **questions** do you have?"*

[Affirm and Close] *"Thank you for talking with me about this today. I will write our discussion down in your chart, so everyone on our healthcare teams knows the plan. We are committed to making sure you get the best care possible."*

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/recommend as appropriate.

COVID-19: REMAP For Goals of Care

Example: Stable Moderate Risk Patients who are FULL code or DNR/intubate Okay (Acute Care Focus)

1. INTRODUCE the idea

[Set Agenda, Normalize] *"Things can change quickly when people have the coronavirus. Because of this, I am asking **all my patients** about **what matters** most and what they might **expect** for their situation. This way, we can be prepared during your hospital stay and makes sure you get the kind of medical care you want."*

[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 talk about during our conversation?"*

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 particular situation?"*

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

[Headline = Information + Meaning]

Information: *"Because of your other medical conditions, you are at risk for serious complications if the coronavirus makes you very sick."*

Meaning: *"This **means** that if you became so sick that you needed intensive care, I **worry** that you may 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: *"You seem worried..."*

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 your health situation **worsened**. Is that okay?" [If **yes**, proceed, if **no**, explore emotions first]*

[Hopes] *"What are you **hoping** for in the coming days?...What/who else is important to you?...What does a 'good day' look like?"*

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

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



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

- **Longevity**: *"Some people would want to try all life support treatments to **live as long** as possible, even if this meant living on machines permanently, or not being aware of their surroundings. They would even want CPR attempted if their heart stopped and they died."*

- **Function**: *"Other people would want a **trial** of life support treatments, such as a ventilator machine which requires a tube down into the lungs to help you breathe. But if the treatments weren't working, and they weren't able to get back to **doing** important things, they would want them stopped. They would also not want CPR."*

- **Comfort**: *"Other people, if they got very sick from the coronavirus, would only want treatments focused on comfort. They would not want a ventilator or CPR and they would want to have a natural peaceful death, even if they lived a shorter time."*

"How about you?"

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]: *"For now, I would **recommend** all available medical treatments to help you live as long possible. [Affirm] I want you to know that, if you get sicker, 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]: *"For now, I would **recommend a trial** of all available medical treatments that would help you get back to doing things that are important to you. If you get sicker, and you are dying 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 during the dying process 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 you get sicker, we will do everything that **we think** will help you recover."*

[Response 3-Comfort]: *"I **recommend** that we focus our care on treating symptoms to ensure your comfort. We call this 'comfort care.' This would mean that we don't do treatments that would cause discomfort, like CPR, breathing machines or moving you to the intensive care unit. But we aggressively treat any symptoms that are causing you to be uncomfortable. Some patients, even when we focus on comfort, will recover from this illness. However, even if you worsen, we will pay close attention to shortness of breath, or any other signs of discomfort, and we will give medications and other treatments that will help you feel more comfortable during the dying process." [Pause and Check-in] "How does this plan seem to you?" "Did I miss anything?" [Affirm] I want you to know that 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's important to you. Our team will do everything we can to help you through this."*

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-Informed Assent For Goals of Care

Example: Unstable High Risk Patients Unlikely to Benefit from CPR or Intubation (ED Focus)

1. INTRODUCE the idea

[Context] *"I am **worried** you are very sick and might have the coronavirus. Things can change quickly and we want to make sure you have all the information you need about what to **expect** for **your situation** and we also want to know **what matters** most to you if you became critically ill and you cannot communicate with us."*

[Ask Permission] *"Is that okay?"*

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, at least try to complete step 2 to identify a health care representative.

2. ASK about a Health Care Representative

[Normalize] *The first thing I want to know is if there is someone you trust to make medical decisions for you if you become 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 the person is, and if they've legally designating this person. If they have, ask your team to help get the paperwork.

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."*

3. REFRAME we are in a different place + informed assent for DNR/DNI

[Context] *The next thing I want to talk about are your wishes if you suddenly become critically ill.*

[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 particular situation?"* [Actively listen so you can tailor your information to what they already know]

[Ask Permission] *"Thank you, that's helpful. You already have important information. Would it **be okay** if I share what I know?"*

[Headline = Information + Meaning]

Information: *"The test results show that it is very likely that you have the coronavirus. I am worried that you have developed a serious complication in which the virus has affected your lungs."*

Meaning Part 1

*"This **means** that if the infection becomes severe, despite our best efforts, **most** people who already have serious medical conditions, don't survive, even with maximal medical support. [Pause]*

Meaning Part 2

[Informed Assent] *Therefore we don't recommend invasive treatments like CPR, or a ventilator breathing machine that requires a tube into your lungs to help you breathe, because these treatments would only cause harm."*

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: *"I can see this is upsetting to hear."*

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

[see NURSE(S) tool for more responses]

5. MAP out values



[Ask Permission] **“Given this situation, I want to know how best to care for you. I know this can be hard to think about. Is it okay if we go on?”**

[If **yes**, proceed, if **no**, explore concerns and emotions.]

Option 1: Time Trial *“Some people hear this news and knowing that CPR and ventilator breathing machines would not be helpful, they want a **trial of all other available treatments*** that the doctors recommend.*

Option 2: Comfort Focused *“Other people hear this news and say that if are this sick, they only want treatments and medications that help with **comfort** and want to have a natural peaceful death. They also want any treatments that don’t provide comfort stopped.”*

“How about you?”

[Note: If a patient is **actively dying** and even a time trial would not be effective, skip to making a clear recommendation to transition to **comfort** focused care now, see **Option 2 below**.]

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 + informed assent for DNR/DNI



[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?”*

[Option 1-Value Function/Time Trial]: *“For now, I would **recommend a trial of available medical treatments*** that we think will help. We will not do CPR or use a ventilator breathing machine, because these would not help in your situation. **[Informed Assent]** If you get sicker, and you are dying despite these treatments, we would shift our focus to your comfort during the dying process. We would increase treatments and medications to manage your symptoms and we would stop any treatments that are not helping. **[Affirm]** I want you to know that our whole team **hopes** that we help you recover.”*

[Option 2-Comfort]: *“I **recommend** that we focus our care on treating symptoms to ensure your comfort. We call this ‘comfort care.’ We will pay close attention to shortness of breath, or any other signs of discomfort, and we will give you medications and other treatments that help you feel more comfortable during the dying process. We will also stop or avoid treatments that cause discomfort, like CPR, breathing machines or moving you to the intensive care unit. **[Affirm]** I want you to know that we will do everything we can to keep you **comfortable**.”*

[Pause and Check-in] *“How does this plan seem to you?” “Did I miss anything?”*

[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 is committed to supporting you through this.”*

[*BiPAP and HFNC are controversial. Would only offer if these are available, recommended and would potentially offer benefit, they are **aerosolizing procedures** and require special PPE]

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-Informed Assent For Goals of Care

Example: Talking to Surrogates When Patients Are Dying Despite Critical Care (ICU Focus)

1. INTRODUCE the idea

[Context and Warning Statement] *"I have some serious news to talk about today about how [patient] is doing. Things have changed a lot in the last few [hrs, days etc.] and I want to give you a medical update and then talk about a plan together for next steps."*

[Ask Permission] *"Is that okay?"*

YES: Go to Step 2

NO: [Explore Concerns] Emotions are often under these concerns, address these first and try again. If emotions are too high, and the situation is urgent, ask if there is another surrogate to talk to, if the situation is non-urgent arrange another time to talk.

2. REFRAME we are in a different place

[Assess What they Know] *"Before I begin, it's helpful to hear, from your perspective, how you think [patient] is doing, and what you already know about his current condition."* [Actively listen so you can tailor your information and plan to their needs.]

[Ask Permission] *"Thank you, that's helpful. You already have important information. Would it **be okay** if I share what I know?"*

[Deliver Headline = Information + Meaning]

Information:

Option 1: *"Despite our best efforts, in the past few [hours/days], [patient] has not improved..."*

Option 2: *"Despite our best efforts, in the past few [hours/days], [patient] has become sicker..."*

Meaning + Informed Assent

Option 1: *"This **means** that we are **worried** that the infection and damage are so severe that [patient] won't survive and may even die in the next couple of [hrs/days]."*

Option 2: *"This **means** that the infection and damage are so severe that even with maximal medical support, [patient] is **dying**."*

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

3. EXPECT EMOTION

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

Name: *"I can see this is unexpected."*

Understand: *"I can only imagine how difficult this is to think about."*

Respect: *"I really appreciate you having this difficult conversation with me."*

Support: *"Our teams are here to support you through this."*

Explore: *"Tell me more about what you are thinking..."*

I wish: *"I **wish** we had better treatments to fight this infection..."*

4. MAP out values



[Ask Permission] **“Given this situation, I want to know how best to care for [patient]. This can be hard, is it okay if we go on?”**
[If yes, proceed, if no, explore concerns and emotions.]

Option 1: Time Trial “Some people hear this news and even though they understand that their loved one is unlikely to survive, they want to continue all **recommended** medical treatment for another few days to see if there is any improvement.”

Option 2: Comfort Focused “Other people hear this news and say that if [patient] is likely to die/is dying no matter what, their loved one would only want treatments and medications that help with **comfort**. They would want all life support treatments stopped to allow their loved one to have a natural peaceful death. This would include stopping the ventilator and any other treatments that cause discomfort and starting more medications and treatment to improve comfort.”

[Empty Chair] “If [patient] **could sit with us** and understand the situation and talk to us, what would he **say**?”

[Note: If a patient is **actively dying** and even a time trial would not be effective, skip to making a clear recommendation to transition to **comfort** focused care now, see **Option 2 below**.]

5. 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?”

6. PLAN (informed assent recommendation for DNR)



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

[Option 1-Time Trial]: “For now, I would **recommend a trial of [time]** using all available medical treatments that we think will help. We will watch closely for signs of improvement, including [list signs]. We will also look for any signs that [patient] is getting worse, including [list signs]. **[Informed Assent for DNR]** At a minimum I would recommend that if [patient] gets so sick that their heart stops and they die, we should not do CPR because it would only cause harm and not help [patient] survive. If [patient] gets sicker, and they are dying despite these treatments, we will likely recommend that we shift our entire focus to comfort during the dying process and stop the ventilator to allow a natural and peaceful death. **[Affirm]** We want you to know that whatever happens our team will support you through this.”

[Option 2-Comfort]: “I **recommend** that we focus our care on treating symptoms to ensure [patient] comfort. We call this ‘comfort care.’ We will pay close attention to shortness of breath, or any other signs of discomfort, and we will [patient] medications and other treatments to help with comfort during the dying process. When we take people off the ventilator who are this sick, they usually die within minutes to hours, though occasionally it can be days. **[Affirm]** I want you to know that we will do everything we can to keep [patient] **comfortable**.”

[Pause and Check-in] “How does this plan seem to you?” “Did I miss anything?”

[Close] Thank you for talking with us 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 is committed to supporting you through this.”

[offer supportive/bereavement services from the interprofessional team as appropriate]

[Note: you may have to address visitation policies etc.]

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.