American Hospital Association™
Advancing Health in America

COVID-19: Proactive Care Planning and Respecting the Patient and Family Choice

Audience: Inpatient and outpatient providers

Purpose: Proactive planning provides clinical teams a clear plan detailing what matters most to each patient and honors the preferences of the patient and family. Proactively asking patients about the type of care they prefer, should they become severely ill, helps address their uncertainty as well as that of their family members.

Six Step Proactive Care Planning Guide

	WHY	SCRIPT	ADDITIONALS TIPS
STEP 1: Invitation to discuss proactive care planning	• Explaining what it means to proactively plan care and the reason it is discussed can help ease concerns and normalize the conversation.	• "With all the uncertainty surrounding COVID-19, I want to talk to you about proactive care (advance care) planning." • "These conversations can be difficult, but one thing you can control before a medical crisis occurs is your plan of care and the person you choose to speak for you if you can't speak for yourself." • "I want to discuss your values and preferences so I understand what matters most to you. I know this is a lot to take in all at once and these are tough decisions to think about and make. I want to support you any way I can."	• Include the patient's health care agent (legally appointed health care representative) and family members if the patient wishes to have them present for the discussion. • Expect emotion at any point during the discussion. Be patient and take time to empathize, support and actively listen to the patient.
STEP 2: Ask if patient has a health care agent	• Confirming if the patient has a health care agent is critical to note at the start of the discussion as the health care agent will act as the patient's decision-maker and carry out the patient's wishes when the patient is unable to speak or make decisions for themselves.	**If the patient does not have a health care agent:** • "One of the most important decisions is choosing someone you trust who will be able to communicate your wishes and the decisions you have made in the event that you are unable to make decisions for yourself." • "Talking to your health care agent about your wishes can be difficult; I can help facilitate a conversation with you and your agent about what it entails and what matters most to you about your care after our discussion today." **If the patient does have a health care agent:** • "What conversations have you had with your health care agent?" • "Have you completed an advance directive document or Portable Medical Orders (POLST) form with your health care agent?"	• Steps 3-6 will walk you through assisting patients in creating an advance directive that clearly articulates their goals, values and treatment decisions.

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STEP 3: Discuss the situation and explore their thoughts, goals and values in detail	• Discussing the patient's thoughts, goals and values in detail will help build their care plan according to their wishes. It also will help them feel supported and heard.	• "I want to take a minute to talk about your risk factors and COVID-19. What worries you most about the situation? What fears do you have?" • "Understanding that worry, what is most important for you to live well? For example, if you were having a good day, what would happen on that day?" • "What personal, cultural, or spiritual beliefs do you have that would impact your care?"	• Provide education regarding COVID-19 per your organization's guidance (e.g., CDC guidelines). • Document the conversation to ensure that you have captured the correct information.
STEP 4: Summarize the conversation	• Reflecting or rephrasing back what the patient says will ensure that their concerns have been heard and understood.	• "Thank you for helping me better understand what matters most to you. You have said [describe themes from the conversation, e.g., goals, values, beliefs]. Does this capture our conversation so far?"	• If you did not summarize correctly, be sure to amend and repeat your summary again to ensure you have captured the correct information.
STEP 5: Priorities for medical care and treatment options	• Discussing medical care priorities and treatment options with the patient ensures the patient is engaged in their own care and feels supported that their preferences will be carried out.	• "Knowing what is important to you, let's explore how this aligns with your medical care priorities and treatment options if you were to become seriously ill." • "This can be a hard conversation, but discussing your medical care priorities and treatment options provides us with direction ahead of time to allow us to act based on your wishes." • "Can I clarify anything we just discussed?"	• Clearly define what you mean by medical care priorities (e.g., living longer, maintaining health, comfort) and available treatment options. • Actively listen and document the patient's thoughts regarding treatment. Take time to answer their questions to the best of your ability.
STEP 6: Summarize their decisions and finalize their care plan	• Reflecting and validating what the patient has decided can help demonstrate that their preferences have been clearly understood and documented.	• "So that I understand you correctly, if you become ill with COVID-19 and a treatment decision needs to be made, you would prefer [repeat care plan]." • How did this conversation make you feel? • "What else would you want us to know about what is important to you at this time?" • "What questions do you have?" • "I appreciate having this conversation with you today. I understand it is a lot to take in and discuss at once. I will make sure to document this information in your chart so the care team is aware of your decisions." • "If at any time you change your mind about the decisions you made today, let me know and we will amend the care plan."	• Document the discussion and decisions in the patient's medical record. • Modify physician orders and update/create POLST form, as appropriate. • Encourage the patient to share their care plan with their health care agent, family and loved ones.

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Sources

- Respecting Choices — Person-Centered Care: "Proactive Care Planning For COVID-19"
- PREPARE for Your Care: "Basic Advance Care Planning Scripts for All Outpatient Healthcare Professionals"
- PREPARE for Your Care: "Brief COVID Goals of Care Guide for Outpatients at High Risk"
- Ariadne Labs: Serious Illness Care Program COVID-19 Response Toolkit, "COVID-19 Conversation Guide for Inpatient Care"

Additional Resources

- COVID-19 Patient and Family Engagement (PFE) Scripting: Vitaltalk's "COVID Ready Communication Playbook"
- COVID-19 Response Resources for Teams: "Center to Advance Palliative Care COVID-19 Response Resources"
- COVID-19 POLST information: National POLST Paradigm's "POLST and COVID-19"
- Respecting Choices — Person-Centered Care: "COVID-19 Resources"