



Introducing and Scheduling Proactive Care Planning for COVID-19

What matters most to you matters to us

Note to User: This guide is for use by team member to invite and schedule the healthcare agents or dedicated decision makers of individuals at greatest risk for complications from COVID-19, to have a proactive conversation about their preferences for care.

1. The invitation (virtual or in person)

"It is important that the healthcare team understands what matters most to [name of individual] in the event that [name of individual] becomes seriously ill as a result of COVID-19. We are eager to make sure we understand what they would want."

"As the healthcare agent/DDM for [name of individual] your role is to help the healthcare team:

- Follow [name of individual's] previous decisions.*
- Make decisions in difficult moments (e.g., stressful times, differing opinions; crisis situations) that are in line with [name of individual's] goals, values, and preferences."*

2. Provide the context for having further conversation

"There's no way to tell if a sudden illness, such as COVID-19, could leave [name of individual] seriously ill and you, as their healthcare agent/DDM, may need to make decisions about treatment options and where [name of individual] might receive care, such as staying at home, hospital, or care facility. By giving direction ahead of time, the doctors will know what matters most to [name of individual], and treatments that match [name of individual's] goals and values."

"Has [name of individual] completed a POLST form?"

- **If yes:** *"It is important to review this document with the care team now to understand what matters most in the event [name of individual] becomes seriously ill."* Proceed to #3: Make recommendations to continue the conversation.
- **If no:** *"We are here to help you have a conversation with the care team, so they know your answers to questions such as:*
 - What is most important for [name of individual] to live well? For example, if they were having a good day, what would happen on that day?*
 - What personal, cultural, or spiritual beliefs does [name of individual] have, if any, that would impact their care?*
 - What would [name of individual] want if they became very ill? For example, would they want their medical care to focus on living longer, maintaining current health, or comfort care?*
 - Anything else you would want us to know about what is important to [name of individual] at this time?"*

3. Make recommendations to continue the conversation

"Thank you for taking the time to talk with me today. Let's talk about next steps. Can I schedule a time for you to talk with a clinician and continue the conversation, to make sure the care team is sure to know and honor [name of individual's] preferences for care?"

"What questions do you have? Thank you again for talking with me today."

Note to User: Make an appointment (telephonic, telemedicine, video conference, or in-person, as appropriate) to talk with a clinician (e.g., Facilitator, nurse, social worker, chaplain, physician, advanced practitioner) to continue the conversation.

Communication Skills

- **Explore meaning of words/phrases**

"What does, 'I feel like a burden' mean to you?"

- **Paraphrase/clarify**

"You were frustrated being in the hospital; tell me more."

- **Ask, "Anything else?"**

"You have said you are weak, tired, and frustrated. Anything else?"

- **Listen for and summarize themes**

"You have talked about how difficult it was making decisions when your father was seriously ill. This conversation can help better prepare your family."

- **Affirm/reaffirm purpose of conversation**

"You say this conversation is hard for you. I hope to help you today, to make it easier to learn how to talk to each other."

- **Verbalize empathy**

"I'm sorry to hear you lost your job. I see that this is very upsetting."

(over)

Additional Communication Techniques

- **Use the Ask-Teach-Ask technique**

When providing information:

1. First, ASK... what the individual understands.
2. Then, TEACH...provide information to fill in gaps in understanding.
3. Last, ASK (i.e., Teach-Back)...assess understanding of information before moving on.

"These are new ideas for many people, so I want to make sure I was clear. Can you tell me what you now understand about _____?"

- **Remain value-neutral**

Avoid words, phrases, or nonverbal expressions that may communicate personal biases or values.

- **Pay attention to nonverbal communication**
(facial expressions, body movements)

Respecting Choices®

PERSON-CENTERED CARE
www.respectingchoices.org

Materials developed by Respecting Choices®.
© Copyright 2012-2018 GLMF, Inc. All rights reserved. Copying is permitted for Respecting Choices certified Facilitator use only, provided it is copied in its entirety with no alterations. RC 0046 CommSklsCard v05.18 CE