**Advance Care Planning Conversation Guide**

**For use with outpatients at high risk of developing COVID-19 complications**

# Prepare

Does the patient have a prior advance directive, POLST form, or life sustaining treatment note in the chart? If the patient has a healthcare agent, include them in the conversation, if at all possible.\*

Take a deep breath. These conversations are not easy.

# Check in

*“Is this a good time to talk about how things are going for you and the plan for your care in the setting of the COVID-19 pandemic?”*

IF YES, proceed. IF NO, see if you can schedule another time to talk. If patient seems resistant to the discussion, gently explore why: “Would you be willing to share your concerns about discussing COVID?”

“How are you doing with all of this?”

# ASK ABOUT COVID

*“What have you been thinking about COVID and your situation?”*

*“What do you understand about the complications of COVID-19 and how it may affect you?”*

Just LISTEN

# LAY OUT ISSUES

*“Because of your health issues, you are at high risk of getting really sick, and even dying, if you got COVID.”*

[This is bad news! PAUSE and check in “How does that sit with you?” or respond to emotion (see below)]

# Motivate them to choose a surrogate and talk about what matters

**Choose a Surrogate**

*“I want us to be prepared to take the best care of you as possible in case you get COVID. If things took a turn for the worse, what you say now can help your family / loved ones.”*

If they already have surrogate:

*“Is \_\_\_\_\_ still the person who can help make decisions if you can’t speak?”*

*“Would you like to add another person in case we can’t reach them?”*

If no surrogate:

*“Who is your backup person–who helps us make decisions if you can’t speak? Who else?” (having 2 backup people is best)*

**Talk About What Matters**

*“We’re in an extraordinary situation. Given your situation, what matters to you? (About any part of your life? About your health care?) What worries you the most right now?”*

# EXPECT EMOTION

Name the emotion: *“It can be scary to think about what may happen”*

Understand and Support: *“I know this is a lot to take in all at once. I want to support you any way I can.”*

# Recommend a PLan

**Summarize goals/values/preferences**

*“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]. Did I get that right?”*

**Make a recommendation–if they would be able to hear it.**

*“Based on what I’ve heard about what’s important to you and my worries about your health if you get COVID, is it ok if I give a recommendation?”*

If yes:

 *“I’d recommend [this]. What do you think?”*

*EXAMPLE: “Here’s what I’d recommend based on what you are telling me. We will continue to take care of you no matter what. The best case is that you don’t get the virus. The worst case is that you get the virus despite our precautions. In that case I recommend that we admit you to the hospital and do everything we can to help you get through this, and if you were to get sicker in the hospital, I would recommend that we would not do particular interventions like putting you on a breathing machine or sending you to the ICU as I worry that those things wouldn’t help meet your goals of spending time with family, being comfortable, and staying mentally clear. How does that sound?”*

# Summarize the Conversation and Record it

“Thank you for having that hard conversation with me. I am going to write down what we discussed in your chart. I want to continue to support you in any way I can.”

\*If surrogate not on call, “I recommend that you go over what we discussed with \_\_\_\_\_. That will help them best represent your wishes if they need to.”

**Document**

* For VA providers: Life Sustaining Treatment (LST) note in CPRS to document conversation and any LST limitations (will auto create LST orders). If there is a prior LST note, make an addendum.
* POLST: You can fill out a POLST form and mail it to the patient to sign and place on their fridge.
* Advance directive: PREPAREforYourCare.org website has simple information and simple advance directive forms that patients can be done at home and be downloaded for free.