The Coleman Palliative Medicine Training Program

COVID-19 IN THE NURSING HOME: ADVANCED CARE PLANNING/END OF LIFE CARE

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Disclosures

- Presenter have no disclosures to report.

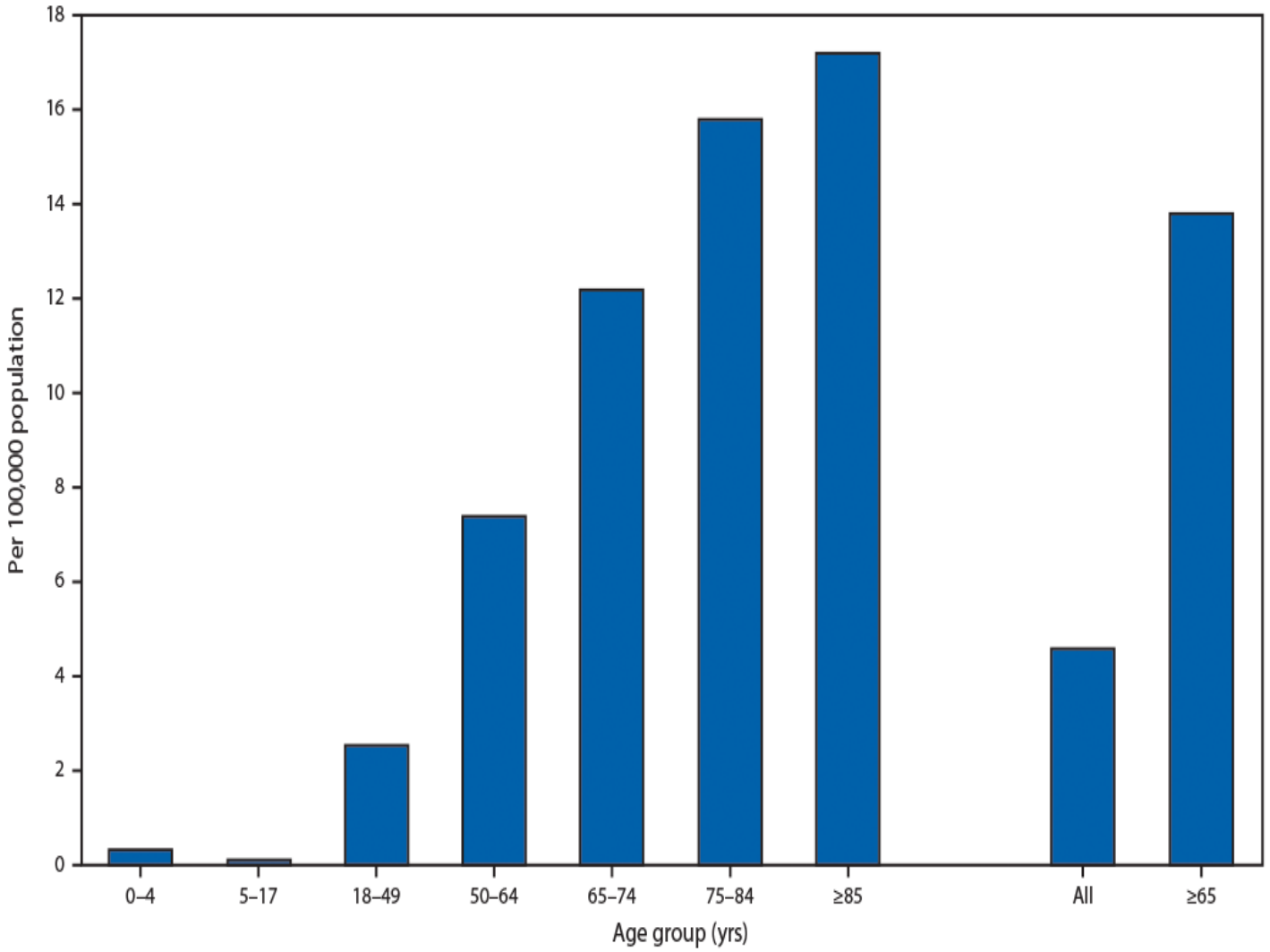
Objectives

- Discuss how to conduct pre-emptive goals of care conversations and documentation in the context of COVID-19 and SNFs.
- Review updates on Advance Care Planning and documentation in the context of social distancing and COVID-19.
- Outline when to refer to hospice for COVID-19
- Discuss strategies to ensure adequate comfort medication supply

BACKGROUND

Background – Hospitalization Rates increase with Age

Laboratory-confirmed coronavirus disease 2019 (COVID-19)–associated hospitalization rates,* by age group — COVID-NET, 14 states,† March 1–28, 2020



Garg S, Kim L, Whitaker M, et al. MMWR Morb Mortal Wkly Rep 2020.

Background

- Hospitalization rates for COVID-19 were highest (13.8 per 100,000 population) among adults aged ≥65 years from March 1-28, 2020 in 14 states.
- Among 178 (12%) adult patients with data on underlying conditions as of March 30, 2020, 89.3% had one or more underlying conditions
  - Most common were hypertension (49.7%), obesity (48.3%), chronic lung disease (34.6%), diabetes mellitus (28.3%), and cardiovascular disease (27.8%).

Garg S, Kim L, Whitaker M, et al. MMWR Morb Mortal Wkly Rep 2020.

Background – The case of facility A in King County, Washington

- 56.8% of facility A residents with COVID-19 were hospitalized
- Preliminary case fatality rates among residents as of March 9 were 27.2%
- Most common chronic underlying conditions among facility residents were hypertension (69.1%), cardiac disease (56.8%), renal disease (43.2%), diabetes (37.0%), obesity (33.3%), and pulmonary disease (32.1%).

McMichael TM, Clark S, Pogosjans S, et al. MMWR Morb Mortal Wkly Rep 2020.

GOALS OF CARE CONVERSATIONS

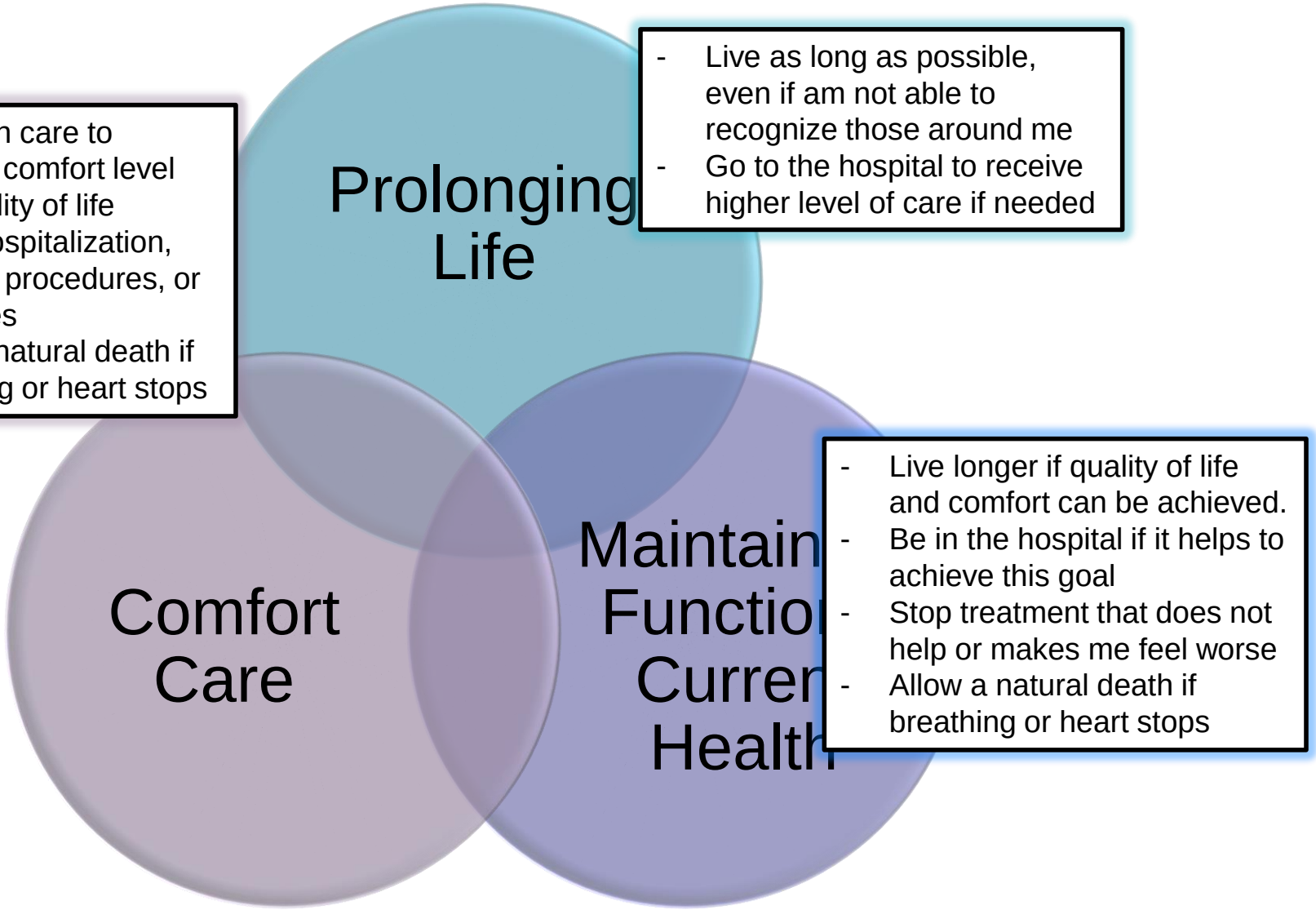
Goals of Care Conversations

- Start early!

Goals of Care – Setting the Stage

- By now you may have heard about the coronavirus that is going around. We are reaching out to all patients/families during this pandemic to keep you informed and provide you with the best care.
- COVID-19 can be particularly dangerous or deadly for elderly residents and those with multiple diseases. What are your thoughts on this and what it might mean for you?
- What matters most to you regarding what you would like out of your medical care?

Goals of Care Conversations



- Live as long as possible, even if am not able to recognize those around me
- Go to the hospital to receive higher level of care if needed

- Focus on care to improve comfort level and quality of life
- Avoid hospitalization, invasive procedures, or machines
- Allow a natural death if breathing or heart stops

- Live longer if quality of life and comfort can be achieved.
- Be in the hospital if it helps to achieve this goal
- Stop treatment that does not help or makes me feel worse
- Allow a natural death if breathing or heart stops

Goals of Care Conversations – Realistic discussions of hospital interventions

- Regarding oxygen support:
  - Nursing homes can provide oxygen up to 5-6L/minute through a nasal cannula.
  - Hospitals can provide oxygen support through high flow nasal cannula.
  - With COVID-19, hospitals are transitioning from high flow nasal cannula directly to intubation given the risk of spread of the virus with NIPPV.

Goals of Care Conversations – Realistic discussions of hospital interventions

- Regarding dehydration/IV fluids:
  - Nursing homes can provide a low flow of IV fluids to help with hydration if a resident develops decreased fluid intake.
  - If a resident develops significant dehydration not responsive to mIVF, this may be an indication for hospitalization.
  - Large volume IV fluids cannot be given in the nursing home.

Goals of Care Conversations – Realistic discussions of hospital interventions

- Regarding treatment for COVID-19:
  - There is no evidence-based, recommended treatment for COVID-19 at this time.
  - Most treatment is supportive care which can be done to a large extent in the nursing home.
  - Hospitals (some, not all) may have access experimental trial therapies ongoing, but it is not a guarantee. Depending on the resident's clinical case, they may not qualify for an experimental trial.

Goals of Care Conversations – Realistic discussions of hospital interventions

- Regarding prognosis:
  - If an elderly patient develops acute respiratory failure related to COVID-19 and requires a ventilator to breathe, it is highly unlikely that they will recover
  - If an elderly patient suffers cardiac arrest in the setting of COVID-19, it is highly unlikely they will survive CPR

Goals of Care Conversations – Realistic discussions of hospital interventions

- Transfer to the hospital may put a frail elder at further risk of trauma, exposure to diseases, and interventions that depending on the severity of the virus, may do more harm than help
- If you or your loved one gets a bad case, would you want to go to the hospital and potentially be treated in an ICU on a ventilator?

CPR in the Nursing Home

- Facility dependent, based on availability of PPE
- CPR is an aerosolizing procedure (fitted N95s, goggles, face shield, gown, and gloves)
- CPR in facility: Call EMS, cover the patient's face with a cloth and do chest compressions until EMS arrive.
  - Only do bag valve mask if staff can safely put on available PPE, including N95

CPR in the Nursing Home

- "So what I am hearing you say is you would like your mother/father/spouse/etc to have CPR initiated in the event he/she is found not breathing or without a heartbeat and we would call 911. Given the risk of COVID spreading particles from the airway into the atmosphere to the staff there is likely going to be a delay in placing your loved one on the breathing tube as we need proper protective equipment and help from the paramedics. We will do everything we can to support him/her until they arrive."

Goals of Care Conversations – Comfort Care in the Nursing Home

- Your facility has and will continue a robust set of services for symptom management and palliative care
- Comfort care in a familiar setting by nurses, aides, and doctors who know their history and personality may be the kindest way to ensure comfort and dignity at end of life

Goals of Care Conversations

- We will do our best to honor your preferences.

End of Life Visitation Policies

- This may be facility-specific and limited by availability of PPE
  - Document conversation w family re risks of COVID-19
  - Must wear surgical mask, gown, gloves
  - Consider facility policy re length of visit
- In our facility, we have been allowing 1-2 visitors for end-of-life

Goals of Care Conversations

- DOCUMENT!
  - Ensure goals of care conversation, including resuscitation and transfer preference is documented in the chart, clearly marked, updated in the order set, and accessible for all healthcare workers

Handy References

- Vital Talk: https://www.vitaltalk.org/guides/covid-19-communication-skills/
- Center to Advance Palliative Care: https://www.capc.org/toolkits/covid-19-response-resources/

ADVANCED CARE PLANNING

Advanced Care Planning

- Legal Documents
  - HCPOA/healthcare proxy
  - Living Will
- Medical Orders
  - Hospitalization
  - CPR/Intubation
  - POLST

ACP: Prior to COVID-19

- Advanced directives normally need to be signed, witnessed, and/or notarized depending on state law
- POLST may not be accepted without signatures

"Fast Five": Legal Issues in Advance Care Planning During COVID-19, https://www.capc.org/toolkits/covid-19-response-resources/

ACP: During COVID-19

- While guidelines regarding healthcare proxies have largely not changed, patients can still express their wishes
- Formal directives are always preferred
- Some creative solutions regarding ACP have been developed

ACP: During COVID-19

- A few states allow electronic signatures on advanced directives
  - Docusign and Adobe can support e-sigs
  - ACP HER solutions like Vynco and MyDirectives.com incorporate electronic signatures

Signing of Documents during COVID-19 - Living Will/HCPOA

- Remote/Online Notarization
  - See National Notary Association for updates
  - Get creative with physical distancing e.g. “drive by signing”
- Illinois COVID-19 Executive Order No. 12) on 3/26/20
  - Notary publics can perform a remote notarization via two-way audio-video communication technology
  - Any act of witnessing required by Illinois law may be completed remotely by via two-way audio-video communication technology
  - All legal documents, including deeds, last wills and testaments, trusts, durable powers of attorney for property, and powers of attorney for health care, may be signed in counterparts by the witnesses and the signatory

https://www.cyberdriveillinois.com/departments/index/notary/electronicnotary0320.pdf

https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-14.aspx
https://www.isba.org/barnews/2020/03/governorpritzkersignscoronavirusrel

Signing of Documents during COVID-19 - POLST

- Some states allow electronic POLSTs and verbal orders
  - https://polst.org/covid/
- 8/2019: Illinois enacted a new law (SB 182) directing IDPH to do a feasibility study regarding the creation of a registry of advance directives and POLST forms and provides for creation of advance directives in an electronic format.
  - How far this has gotten in the context of COVID-19 is unclear

ACP: During COVID-19

- Plan B: Document patient's wishes - common law and constitutional law usually respect documented wishes as long as they are not unethical
  - Consider having a witness present for high stakes telephone conversations and document as such

REFERRAL TO HOSPICE

Indications for Hospice Referral

- Terminal illness (a prognosis of ≤ 6 months) and the patient/family has elected for palliative care
- Declining functional status as determined by either:
  - Palliative Performance Scale (PPS) rating of ≤ 50%-60%
  - Dependence in 3 of 6 Activities of Daily Living (ADLs)
- Alteration in nutritional status, e.g., > 10% loss of body weight over last 4-6 months
- Observable and documented deterioration in overall clinical condition in the past 4-6 months, as manifested by at least one of the following:
  - ≥ 3 hospitalizations or ED visits
  - Decrease in tolerance to physical activity
  - Decrease in cognitive ability
- Other comorbid conditions

https://www.vitas.com/for-healthcare-professionals/hospice-and-palliative-care-eligibility-guidelines/hospice-eligibility-guidelines/

Partnering with Hospice during COVID-19

- Consider using phone call, phone with video, or other device with audio and video capability for routine visits
- It is up to the hospice clinician to determine whether in person or virtual visits are more appropriate
- Minimize the number of different hospice staff dedicated to a SNF
- Bundle visits to minimize the number of different days hospice needs to be in the building

https://www.nhpco.org/wp-content/uploads/Hospice-and-LTC-Facilities-During-COVID-19_040920.pdf

MEDICATIONS

Medications – ensure fast access

- Given restrictions on STAT BOXES, consider ordering comfort medications preemptively (liquid morphine, liquid lorazepam and atropine) when patients develop fever and/or respiratory symptoms and/or COVID+ test result.
- Use your Pyixis Machine or Omnicell to ensure a robust supply of comfort meds
  - Ensure all overnight nursing staff has access to Pyixis or Omnicell
- Consider immediate comfort care staff education on shortness of breath / respiratory distress at end of life and consider partnering with Hospice for an emergency Hospice support line for staff

Resources

- **Vital Talk:** https://www.vitaltalk.org/guides/covid-19-communication-skills/
- **Center to Advance Palliative Care:** https://www.capc.org/toolkits/covid-19-response-resources/
- **"Fast Five": Legal Issues in Advance Care Planning During COVID-19:** https://www.capc.org/toolkits/covid-19-response-resources/. https://www.youtube.com/watch?feature=youtu.be&v=Q4jWEWbcPG0
- **Advance Care Planning During a Crisis:** https://www.optimistic-care.org/docs/pdfs/NH_Advance_Care_Planning_During_a_Crisis.pdf
- **HPNA Primary Palliative Nursing Resources for Patients with COVID-19:** https://advancingexpertcare.org/HPNAweb/Education/COVID19_PrimaryPalliativeNursing.aspx

References

- McMichael TM, Clark S, Pogosjans S, et al. COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020. MMWR Morb Mortal Wkly Rep 2020;69:339-342. DOI: http://dx.doi.org/10.15585/mmwr.mm6912e1
- Garg S, Kim L, Whitaker M, et al. Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:458–464. DOI: http://dx.doi.org/10.15585/mmwr.mm6915e3externalicon.

THANK YOU!

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Everyone on the front lines

colemanpalliative.org