Compassionate Care Amidst the COVID-19 Crisis

Ensuring compassionate care during this pandemic, when human, equipment and financial resources are significantly strained, when we are balancing professional and personal struggles, can be a challenge. Advance care planning or end-of-life conversations can be difficult in the best of circumstances, let alone the current environment with restrictions, heightened emotions, and scarce resources.

The key tenant of compassionate care is person-centered, holistic care. Compassionate care in normal times considers the whole person needs—the psychological, social, physical, emotional and spiritual needs, which can be hard during a crisis. It should not just focus on alleviating pain and suffering but also explore ways to provide comfort. The positive news is that the strategies employed during crisis are similar to non-crisis situations, but the timeline and the pace will likely be accelerated.

Steps to be Prepared

- Check all residents' records to get a list of which residents have executed advance directives such as Do Not Resuscitate orders, Medical Orders for Life Sustaining Treatment (MOLST) or Physician Orders for Life Sustaining Treatment (POLST), Living Wills, or Durable Medical Powers of Attorney (health care agents).
- For residents with executed advance directives, as status' change, follow the goals of care and preferences as indicated in those documents. However, affirming their wishes and goals in light of COVID-19 can helpful.
- For residents who are a full code or do not have advance directives, having a conversation to understand the resident's values, goals and preferences is beneficial, even if the resident or family in the case of an incapacitated resident, does not want to execute an advance directive document. Document the conversation and take appropriate follow up actions.
- During this pandemic, there will be residents that are at the end-of-life unrelated to COVID-19. Assess to determine if the resident's condition has elevated to an end-of-life event (i.e., is this resident's condition reversible or irreversible, and what does that mean in meeting the needs of that resident).

Steps to Having Care Planning Discussions

1. **Meet the resident and family where they are at.**
    a. Be an active listener despite the chaos and urgent demands going on around you.
    b. Acknowledge emotions and feelings they have.
        - Reinforce commitment to doing your best to meet their needs.
        - Reassure that you will be able to manage pain.
    c. Provide a simple, honest and clear picture of resident's condition and potential implications of treatment choices, if appropriate.
    d. Involve the resident in the discussion as much as possible.
2. **Explore goals of care and the rationale for the goals of care.**
    a. Explore any personal, cultural or religious beliefs or preferences that might influence care decisions.
    b. Explore any fears or worries or wishes resident/family has about current condition or future state.

   c. Understand what is important to resident or family regarding care.
      i. Extending life under any circumstance even with the means of machines, or
      ii. Maintaining interventions and treatment as long as quality of life is maintained with reasonable expectation of recovery, or
      iii. Focusing on quality of life and comfort while allowing the disease to take its course.

3. **Reflect conversation and discuss treatment options in light of COVID-19**
   a. Full code/treatment
      i. Provide aggressive care including CPR, resuscitative medications, intubation, ventilator care, etc.
   b. Selective Treatment
      i. Provide all necessary care to treat illness or injury including hospitalization, if necessary, up until the point of cardiac or respiratory arrest (no CPR, no intubation, and/or ventilator)
   c. Comfort Care only
      i. Provide medication and treatment focused on comfort such as oxygen, pain medications, suction, etc. Will not include resuscitative medications, CPR, ventilator care, continuous cardiac monitoring, or defibrillation.
4. **Document discussion and treatment choice**
   a. Document in medical record.
   b. Update physician orders, MOLST or POLST forms, DNRs, etc.
   c. Communicate with family, resident wishes, if family not present.

End-Of-Life Care

Most people are afraid of dying alone. Assess your facility's ability to provide the care needed at the end-of-life and whether the resident and/or family could benefit from the added support and counseling from hospice, while restricting entry of non-essential visitors or contractors into our buildings. Think through the benefits of bereavement support. It is likely that this environment may result in tremendous amounts of complicated grief for many people. Steps on the front end to support, guide, minimize anger and fear, can help mitigate some of the risk factors for complicated grief.

The Coalition for Compassionate Care of California put out some care recommendations for nursing facility staff. These include:

- Taking a quiet moment or few deep breaths before entering the room or apartment.
- Focusing on the dying person. If he or she wants to talk, be available. If not, be silent.
- Sharing memories and acknowledge what the person has meant to you.
- Being present, being patient.
- Providing reassurance with gentle touch to the feet, hands, and forehead of the resident.
- Speaking gently. Hearing is the last sense that is lost. An unresponsive resident can likely still
  hear what is being said.

Remember

- **Ensure frequent and consistent communication**
  Communication is always important but gains even more significance in the COVID-19 environment due to the restrictions on family member visits and in-person interaction.

Frequent and consistent communication with family regarding early changes in status and on-going changes is essential to minimize anger and confusion. Take the time to hear family members' fears, hopes, and wishes. In the case of a competent resident, it is critical that providers communicate with family, resident wishes, and have it clearly documented. Conversations on this topic may be required more than once and in smaller segments. Given this precipitous time, family members may look to nursing and physicians for guidance. Communicating simply and confidently may be effective and comforting to family members.

- **Take time for self-care**
  As staff take the time for some self-care in your day, even if it is just a few moments to take a deep breath, tell a joke, share a fun movie. As the saying goes, "If you want to have enough to give to others, you will need to take care of yourself first. A tree that refuses water and sunlight for itself can't bear fruit for others." – Emily Maroutian

Additional Resources

Respecting Choices Proactive Care Planning for COVID-19. Complimentary use granted until June 30, 2020.

INTERACT Advance Care Planning Tools (free, but requires a login)