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OF CANADA



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Hospital Medicine Mini-Series: Part 2

Approach to Determining Level of Care in the Time of COVID-19

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Presenter Disclosure

- **Faculty:** Benjamin Schiff
- **Relationships with financial sponsors:** None to declare
- **Other:** None



Presenter Disclosure

- **Faculty:** Jonah Marek
- **Relationships with financial sponsors:** None to declare
- **Other:** None



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Presenter Disclosure

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- **Relationships with financial sponsors:** None to declare
- **Other:** affiliated with Vancouver Coastal & Fraser Health authority as a hospitalist, UBC as a clinical instructor and a very small half-time clinic practice at the Telus Health Care Center in Vancouver, BC.

Presenter Disclosure

- **Faculty:** Serena Siow
- **Relationships with financial sponsors:** None to declare
- **Other:** None



Learning Objectives

- Develop an approach to establishing level of intervention in the hospitalized patient
- Recognize the necessity and challenges of these conversations in the time of COVID



Overview

- Process
- Who, What, Where, When and How
- Challenges in the time of COVID
- Learning Points



Clinical Scenarios

#1

- Feb 2019
- 82 Y/O male
- COPD
- Admitted with **pneumonia**

#2

- April 2020
- 82 Y/O male
- COPD
- Admitted with **COVID**

Process

- Lay the foundation
- Engage the patient
- Explore values
- Review available options
- Establish a level of care (intervention)
- Document
- Review when appropriate

Who is involved in the discussion?

- Patient, if capable
- Family/friends as per patient wishes (respecting legal requirements)
- Proxy; ideally chosen by patient (ACP)
- Treating physician
- Primary care physician



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Question 1:

Who do you think should be having
the discussion of goals of care?



Role of the Physician

EDUCATE

GUIDE

SUPPORT

REASSURE

What should be discussed?

- Review current situation; patient and disease factors
- Ascertain patient's understanding
- Determine if patient has previously established goals of care; are they documented?
- Explore values/goals
- Discuss specific interventions appropriate for this patient

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Question 2:

When is the most appropriate time?
Do you feel comfortable having the
conversation when you first meet the
patient?



Where should the discussion take place?

- Ideally, quiet and isolated
- Emergency room
- Ward
- ICU



When should the discussion occur?

- Ideally, in advance (office visit, home care, previous admission)
- On admission
- Change in status
 - New diagnosis
 - Event
- Triggers for discussion

Indicators of decline

- **General:**
 - PPS \leq 50% or ECOG \geq 3
 - \geq 10% weight loss over 6 months
 - \geq 2 unplanned admissions to hospital in past 6 months related to chronic conditions
 - New Dx of progressive life limiting illness
 - Sentinel event (e.g. serious fall)
 - Serum albumin \leq 25g/L
 - 2 or more advanced conditions

Predicting 1-Yr Mortality After Admission

Variable	Score
Male	1
Needs assistance with 1-4 ADLs at discharge	2
Needs assistance with all ADLs	5
CHF	2
Cancer	3
Metastatic cancer	8
Creatinine > 265 umol/l	2
Serum albumin 30-34 g/l	1
Serum albumin <30g/l	2



Total score	1-year mortality %
0-1	4
2-3	19
4-6	34
> 6	64

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**Would I be surprised if this patient
would still be alive 1 year from
now?**



How to get started

- Have a script
- “There is something else we need to discuss”
- “I have this conversation with all my patients”
- “I know I just met you, but it is important we have this discussion now to avoid having to make a decision in the middle of a crisis situation”
- “This doesn’t mean I think something will happen, but better to be prepared in case something does happen”

How to get started: Representative questions

- What have you been told about your illness; what does it mean to you?
- Have you given any thought to what kinds of treatment you would want (and not want) should something serious happen, like your heart stops or you get really sick?
- Have you discussed this with anyone?
- What makes life worth living for you?
- Are you more concerned about the quality of your life or how long you live?
- Would there be any circumstances under which you would find life not worth living?
- What are your most important hopes/goals
- What are your biggest fears?

Keys to effective decision making

- Normalize
- Ample time; for reflection, clarification, more information
- Appropriate language
- Understanding the treatment options
- Appreciating the possible outcomes; not just life or death but quality of life
- Use of scenarios
- Values based vs situational
- Emphasize what you will do; reassure you will always provide care

Challenges around COVID-19

- Resource limitations driving discussion
- Uncertainty (new disease); treatment; outcomes; etc.
- Institutional policies
- Time pressure
- Hard to involve family
- Outside pressures (institution, societal)
- Risk to health care workers

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Question 3:

What are some of the challenges you face when trying to determine a level of care?



Barriers: Physician factors

1. Time restraints
2. Fear of upsetting patients/families
3. Only discuss if critically ill
4. Discuss only if believe CPR not indicated
5. Quality of discussion (66% of patients didn't know about ventilator after CPR)
6. Lack of knowledge/training/comfort

Barriers: Patient factors

1. Patient has never thought about it
2. Too ill to participate
3. Unwilling to discuss
4. Quality and clarity of living will/advanced care document
5. Accessibility of document and/or proxy
6. Proxy factors:
 1. Limited advanced discussion
 2. Choosing proxy (convenience)

Experience

- Majority of patients wish to discuss advance care planning, few have the discussion
- Most of the time patients choose to limit care

Summary

- Level of care (intervention) should be established for all at risk patients. This is more challenging when the discussion has never taken place before, and you have no prior relationship with the patient
- The key is engaging the patient, providing relevant information and providing reassurance
- Discussions should be contextually based around goals and values
- COVID-19 adds challenges which can be stressful for physicians and patients. But the overall approach remains the same

Take home messages

- Normalize the process
- Develop a script
- The level of intervention should reflect both the patients' goals and values and the actual medical context
- Emphasize that the patient will always be cared for

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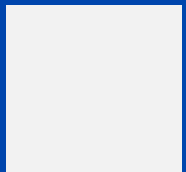
Question 4:

Do you agree that in some cases
medical judgement supersedes the
patients'/families' wishes?

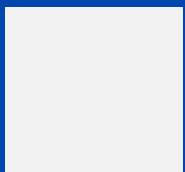


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