

MAXIMUM EXTENSION OF
CAPACITY *BEFORE OR DURING*
ALLOCATION FRAMEWORK
IMPLEMENTATION

1. Only for patients **at high risk of decompensation and death** when your instincts tell you that they would not likely benefit from resuscitation and/or ICU care regardless of availability.
2. Our goal is to identify the patients who would not want resuscitation but have never had the chance to talk about it in the context of their illness.
3. This approach might feel new. Yet it is a part of standard care for very sick patients. It uses a medical recommendation to provide patients with information about the likelihood of benefit.

Examples of severely life-limiting co-morbidities:

- Cardiac arrest
- Severe burns
- Acute, severe neurological event with minimal chance of functional recovery
- Incurable metastatic cancer
- Heme malignancy with poor prognosis
- Advanced heart failure
- Liver failure
- Advanced lung disease
- Advanced dementia
- Persistent coma or vegetative state
- Any patient meeting hospice eligibility including multi-comorbidities or rapidly declining function



Crisis Communication in a Pandemic

Talking about CPR with very sick patients

For patients with low likelihood of significant ICU benefit

OPEN THE CONVERSATION

I'd like to talk and do some planning if you were to get sicker. Would that be ok?

ASSESS PATIENT'S PERSPECTIVE

What is your **understanding** of your illness?

What are your **worries**?

If time were short, what is **most important** to you? What else?

SHARE INFORMATION

What we know about your health is _____.

Would it be ok if I told you how we think about CPR and breathing machines given your health? What do you know about these already?

When patients' illnesses progress to the point where their heart or lungs stop working, the medical team sometimes uses compressions to try to restart the heart and provides a breathing machine to breathe for you.

Given your advanced illness, our team is **worried** that CPR and/or a breathing machine might do more harm than good. They are unlikely to help you live longer or to have a better quality of life.

ALIGN

I imagine this is hard to think about. What are your thoughts?

MAKE A RECOMMENDATION

I recommend that we make a plan to help you meet your goals and avoid treatments that are unlikely to help.

Our plan to help you meet your goals is _____.

I recommend that if your heart or lungs were to fail, we focus on your comfort. This would mean focusing on treatments such as oxygen and medication. This means we would not have you go to the ICU. We would not use a breathing machine or CPR. Does this plan sound OK to you?

IF NO AGREEMENT: I understand. Thank you. We may need to talk again.

IF AGREEMENT: Ok. I think this makes the most sense for you. If you got sicker, our plan would be to keep you comfortable and not go to the ICU.

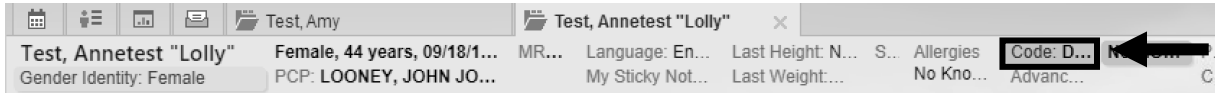
DOCUMENT YOUR CONVERSATION

Use the serious illness care template in Epic (see reverse side)



1. Open the ACP module in a patient encounter

Click CODE in patient header, this will open the ACP Report



Click to open the Advance Care Planning Activity



2. Navigate to Serious Illness Conversation flowsheet

Scroll down and click on NEW READING to open screen for documentation



3. Document Conversation.

4. Type the SmartPhrase ".SIC" or .Serious" to pull the conversation into a note, problem or handoff