Complexities of End-of-Life Care In the COVID Era

Satheesh Gunaga, DO, FACEP, FACOEP
Henry Ford Health Center Brownstown: ED Medical Director

Thomas McKeown, MD, FACEP
Medical Director of Quality and Safety, Henry Ford Wyandotte Hospital
Interim Chief Medical Officer, Henry Ford Wyandotte Hospital (March-August 2020)

Elizabeth Plemmons, MD, FACEP
ED Medical Director and Chair of the Department of Emergency Medicine
Henry Ford Wyandotte Hospital and Henry Ford Brownstown ED

Conflict of Interest Statement

- ✓ We have No Financial or Personal Conflicts of Interest to Disclose
- ✓ We are here as Physician Leaders from Henry Ford Wyandotte Hospital to tell our story and embrace opportunities to improve End-of-Life Care for all patients.

Objectives of This Discussion

- Describe The Henry Ford Wyandotte COVID Experience: THEN
- Brief Timeline and Epidemiology of the COVID Pandemic
- Challenges of End-of-Life Care with Visitor Restrictions
- Embracing Early Palliative Care Consultation in the ICU
- Embracing Early Advanced Directive Completion in the ED
- Embracing Early Palliative Care Discussions in the ED
- The Henry Ford Wyandotte COVID Experience: Now
- A Son's COVID Story
- Questions and Discussion with the Panel

Henry Ford Wyandotte

COVID Experience

Portrait of a Pandemic: COVID-19 Timeline

OUR PANDEMIC YEAR—A COVID-19 TIMELINE

On March 11, the WHO declared COVID-19 a pandemic. Here is a look back at a year in disruption.

A MYSTERIOUS NEW ILLNESS
Images appear of Wuhan in lock-down, where officials attempt to contain a mysterious virus. Soon after, new cases of and deaths related to (what's later named) COVID-19 surge in Europe.

THE WORLD SHUTS DOWN
Countries seal borders; sports teams cancel seasons; schools close and employees go home.
People start wearing masks and "social distancing."

UPTICK IN MENTAL HEALTH ISSUES
People struggle as continued unemployment and/or working from home without childcare/school takes its toll. U.S. break records for daily cases/deaths.

LIGHT AT THE END OF THE TUNNEL?
2021 begins with a race to vaccinate. Cases and deaths begin to fall. But the variants are still a threat, vaccine rollout is uneven, and we are still wearing masks.

JAN 2020 | MAR | MAR/APR | MAY/JUN | JUL– | DEC | 2021–

THE VIRUS SPREADS, CASES MULTIPLY
The Grand Princess cruise ship, docked outside of San Fran, has passengers with COVID-19; Bay Area is first in the U.S. to announce shelter-in-place orders; hospitals become overwhelmed as cases grow; there is a nationwide shortage of PPE.

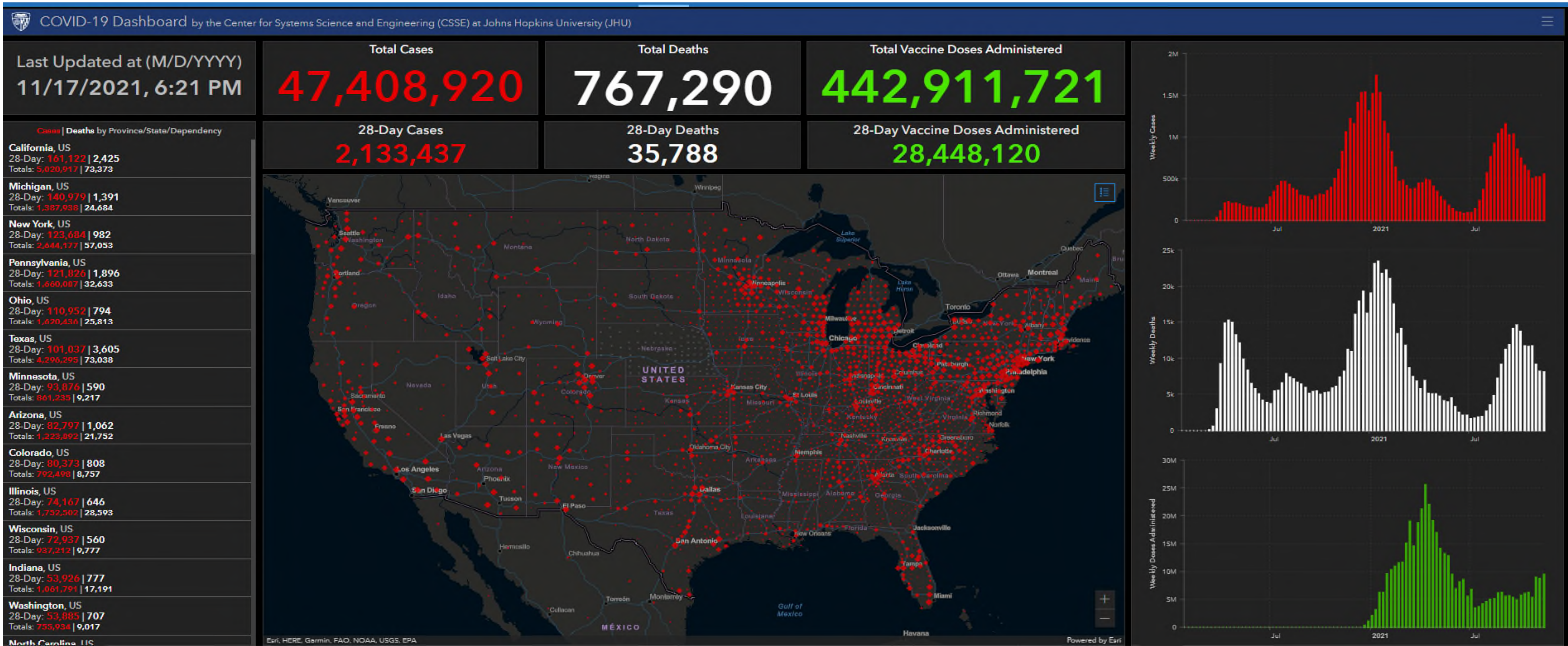
FLATTENING THE CURVE—FOR A WHILE
After "flattening the curve," cases begin to skyrocket again as states "reopen" in different phases. Researchers continue to race to identify treatments and make vaccines.

NEW HOPE, NEW MUTATIONS
The FDA authorizes two vaccines. Major variants begin to circulate, some of which might impact the effectiveness of vaccines.

- **Dec. 2019** — Cluster of 27 cases of pneumonia in Wuhan, China
- **12 Jan. 2020** — China publicly shared the genetic sequence
- **20 Jan. 2020** — First case in US
- **30 Jan. 2020** — The WHO designated coronavirus a 'public health emergency of international concern'
- **10 Mar 2020** — First 2 cases identified in MI
- **March – May 2020** — SARS-CoV-2 declared a pandemic and MI Faces 1st Wave
- **Oct– Dec 2020** — MI Faces 2nd COVID Wave
- **Dec 2020** — Phase 1A Vaccinations in Michigan begins
- **Mar – May 2021** — MI Faces 3rd COVID Wave
- **November 15th, 2021** — 1.2 Million total cases in Michigan with 22,862 lives lost.

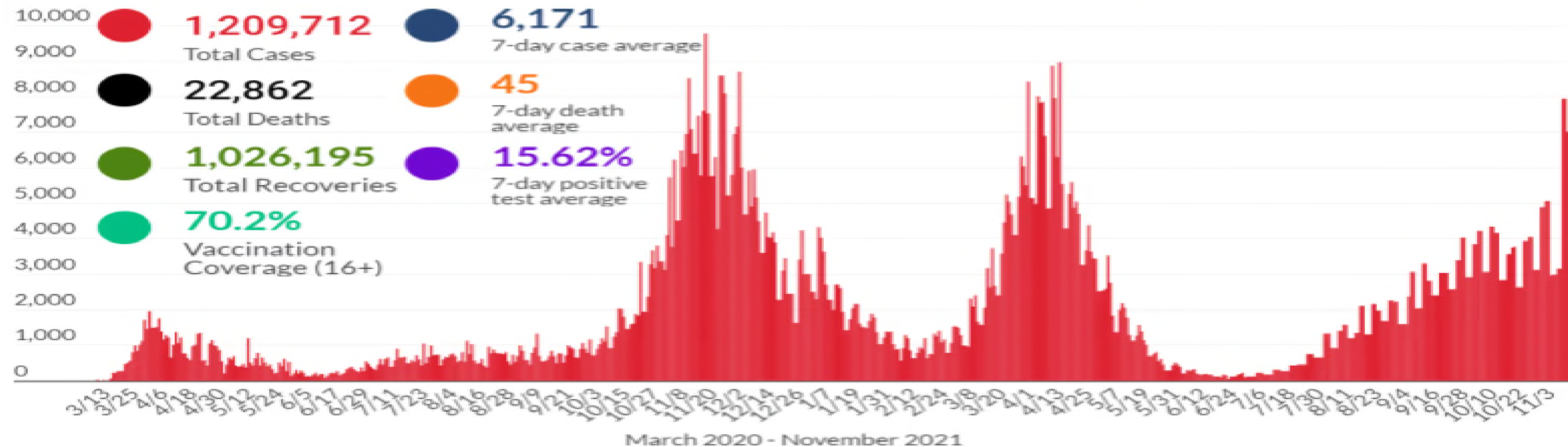
Global Impact of COVID-19
Johns Hopkins Tracking System

Impact of COVID-19 in the United States
Johns Hopkins Tracking System



Michigan COVID: Here's what to know Nov. 15, 2021

21,034 new COVID cases reported over three-day period



All data from MDHHS (Michigan Department of Health and Human Services)

CLICK ON DETROIT

Michigan COVID data as of Nov. 15, 2021. (WDIV)

> *Michigan is now reporting COVID-19 data on Monday, Wednesday and Friday.*

DETROIT – Michigan reported 21,034 new cases of COVID-19 and 95 virus-related deaths Monday -- an average of 7,011.3 cases over the past three days.

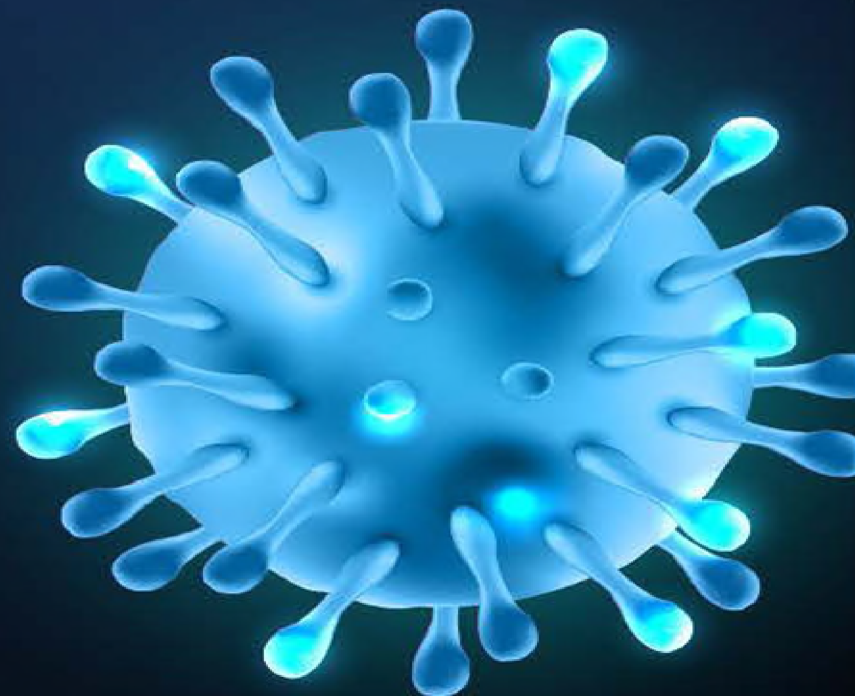
Complexities of End-of-Life Care In the COVID Era

Intensive Care and Inpatient Opportunities

VISITOR RESTRICTIONS

COVID-19

NOVEL CORONAVIRUS



STOP

NOW IN EFFECT

Families are integral to ICU care, but COVID-19 policies limited family visitation

98%

had a "NO VISITOR" policy

Most had end-of-life exceptions

4 of 5

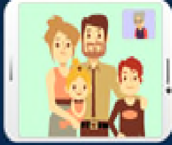
hospitals changed communication

Moving to telephone/video conferencing with families

Restrictions protected public health, but have major implications for patient, family, and health care outcomes

AJRCCM, DOI: 10.1164/rccm.202005-1706LE

Corresponding author: T. Valley, MD, MSc
@tsvalley



Ask the staff if you can schedule a **video chat**.

Ask the staff about sending a **care package**, including cards, things to keep them busy or things that will make them smile.

STAY CONNECTED

To Your Loved Ones

There are many ways to stay connected to your loved ones who are in care facilities or in the hospital, even when you're unable to physically visit them due to concerns of COVID-19. Here are just a few:

If you have an idea regarding staying connected to your loved one during this time that is safe and secure and respects the current visitor restrictions currently in place, ask the staff if they can assist you.

If you have younger children, have them write a **letter** or **color** in a card.

Visit www.midmichigan.org/e-card to send a free **electronic greeting**.

Take time for a **phone call**, and spend time reminiscing on happy memories.

MidMichigan Health
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

Keeping Families Connected is Everything

disbelief
worry
fear
trouble
state
ambiguity
skeptical
confused
suspect
doubt
dilemma
certainty
ask
hesitation
ambivalence
certain
confusion
interrogation
distrust
mental state
doubtful
assured
question
confidence
anticipation
truth
indecision
unknown
skepticism
unclear
uncertainty
assurance
decision
questioning
clear
inquiry
query
sure
uncertain
suspicion
feeling
uncertainity
investigation
unsureness
choice
mental
problem
convinced
mistrust

The situation looks like therapeutic obstinacy …

Is it time to withhold life supports?

How should I discuss with his family?

Should I call the palliative care service for consultation?

Palliative
Care
comfort
goodbye
person-centered
preparation
family
today
practice
end-of-life
life
holistic
empower
coping
spiritual
dying
passion
training
families
love
prepare
decision-making
complex
emotional
illness-related
informed
continuum
nursing
autonomy
sympathy
resolution
responsibilities
support
variety
appreciate
friends
celebrate
concerns
cardiac
moral
respectful
timely
quality
disease-specific
communication
competence
heart
need
educational
death
team
management
treatment

Henry Ford Wyandotte ICU Experience

- Followed by formal policy of palliative care consultation for all ICU Patients with elevated MEWS scores.

- Early policy change requiring Palliative Care Consultations for all COVID ICU Admissions

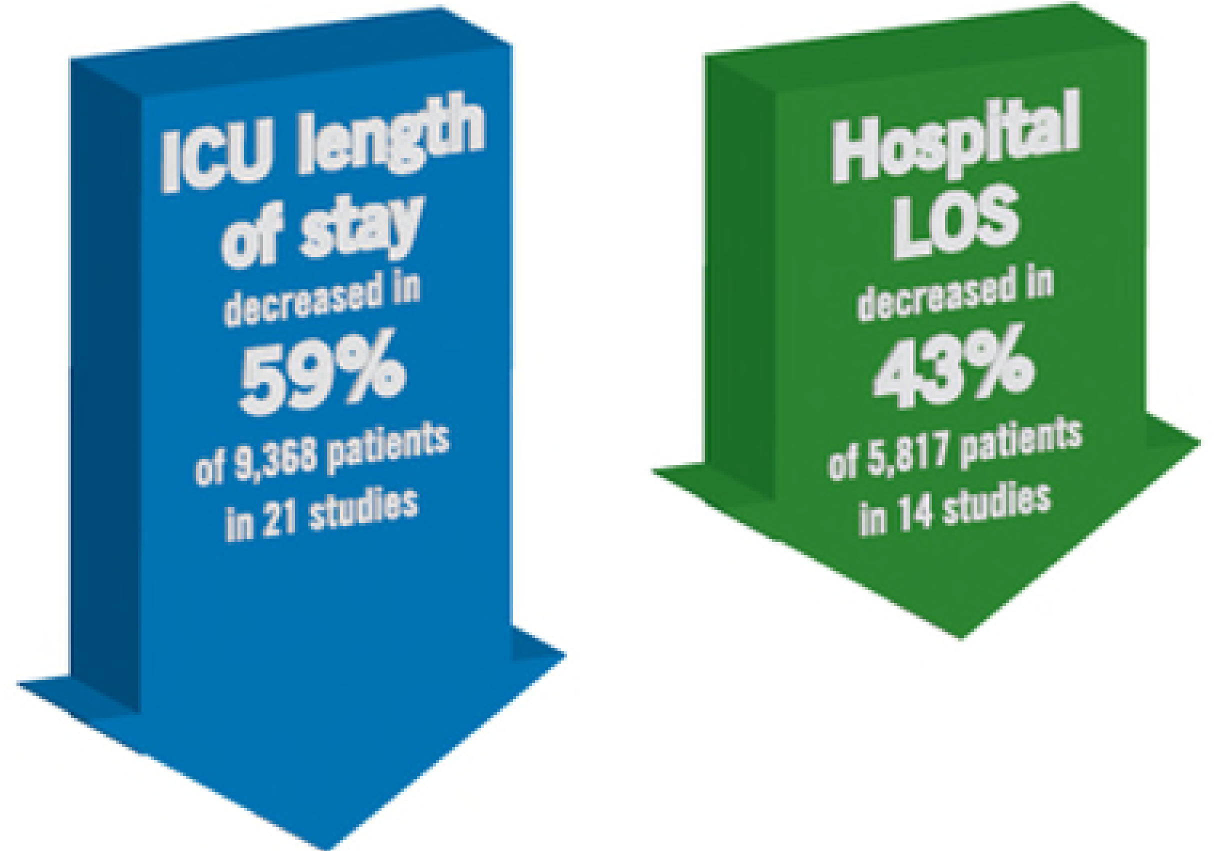


Table 1 Suggested palliative care approach for patients with COVID-19 and comparison with other approaches

	Palliative care approach for patients with advanced disease	Intensive care approach for patients with COVID-19	Palliative care approach for patients with COVID-19
Assessment of symptoms	▶ Face to face during interdisciplinary team rounds.	▶ Brief bedside assessment.	▶ Video conferencing to minimise exposure and conserve PPE.
Dyspnoea	▶ Oxygen not usually given. ▶ Opioids. ▶ Steroids. ▶ Nebulisers. ▶ Palliative sedation in refractor cases.	▶ Intubation and sedation. ▶ Steroids recommended only for patients with ARDS. ▶ Nebulisers not recommended.	▶ Oxygen by nasal cannula. ▶ Opioids. ▶ Possible role for steroids. ▶ Palliative sedation in refractory cases.
Delirium	▶ Minimise psychoactive drugs. ▶ Palliative sedation in refractory cases.	▶ Sedation while on mechanical ventilation.	▶ Psychoactive medications such as haloperidol. ▶ Palliative sedation in refractory cases.
Goals of care and DNR	▶ Discuss with patients and family members in clinics or during hospitalisation.	▶ Usually not discussed and emergency physicians assume every incoming patient is full code.	▶ Discuss goals of care and DNR orders with all elderly patients, nursing home residents and patients with advanced disease. ▶ Consider having DNR bracelets.
Family support/ family meetings	▶ Usually during clinic visit or hospitalisation.	▶ No visitation. ▶ Family isolated or quarantined.	▶ Video visits and conferences.
End-of-life care.	▶ Hospice mainly at home. ▶ Combination of family members and visiting nurses.	▶ Patient dies in the hospital, mainly ICU. ▶ Family unable to be at the bedside.	▶ Consider inpatient hospice. ▶ Equip hospices with easy to instal temporary negative pressure rooms.[41] ▶ Train hospice personnel on telemedicine and telecounselling.
Bereavement	▶ Provided to close family members for up to 1 year from patients death.	▶ Not routinely done.	▶ Telecounseling and bereavement support by trained personnel. ▶ Virtual support groups.

ARDS, acute respiratory distress syndrome; DNR, do not resuscitate; ICU, intensive care unit; PPE, personal protective equipment.

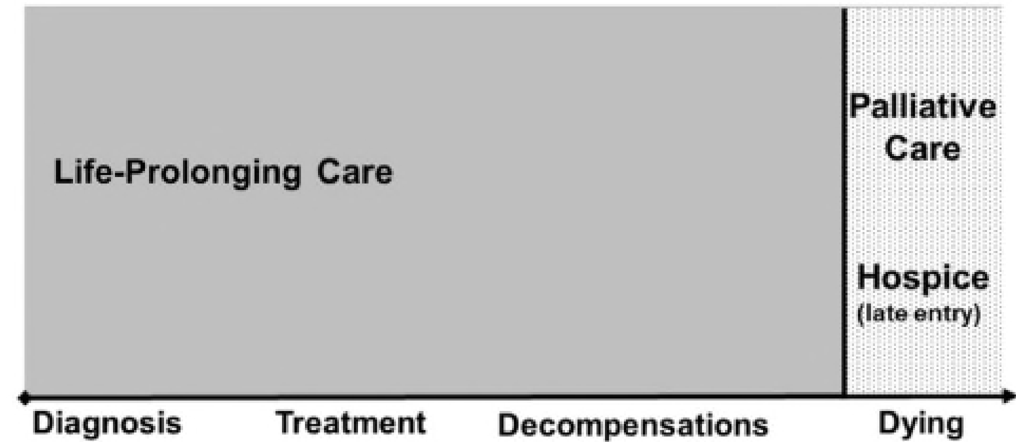
Complexities of End-of-Life Care In the COVID Era

Emergency Medicine Opportunities

Reconceptualizing Palliative Care

It is a Continuum of Support

Early Goal Directed Palliative Care



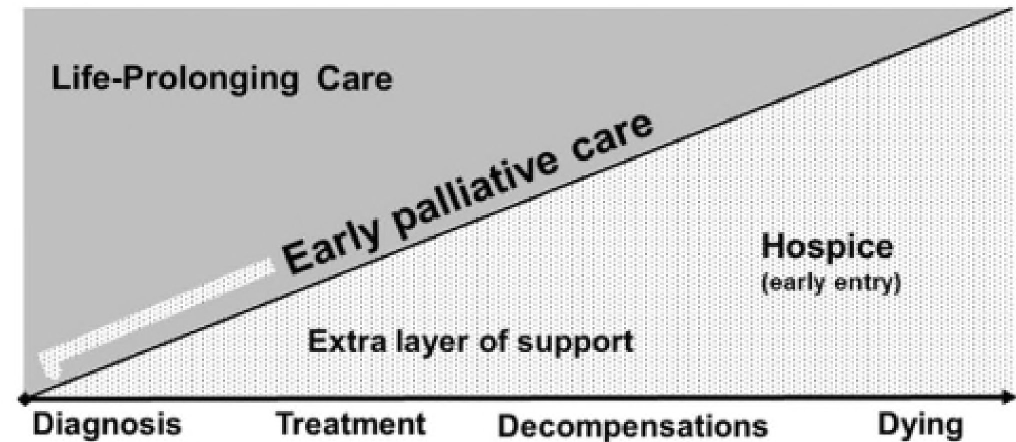
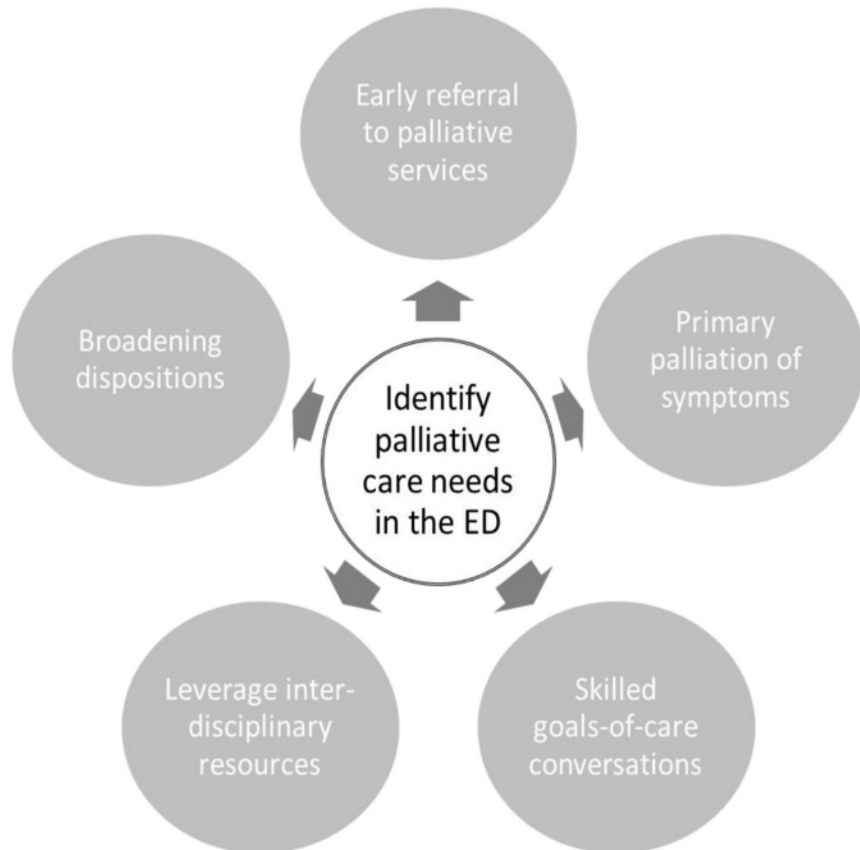
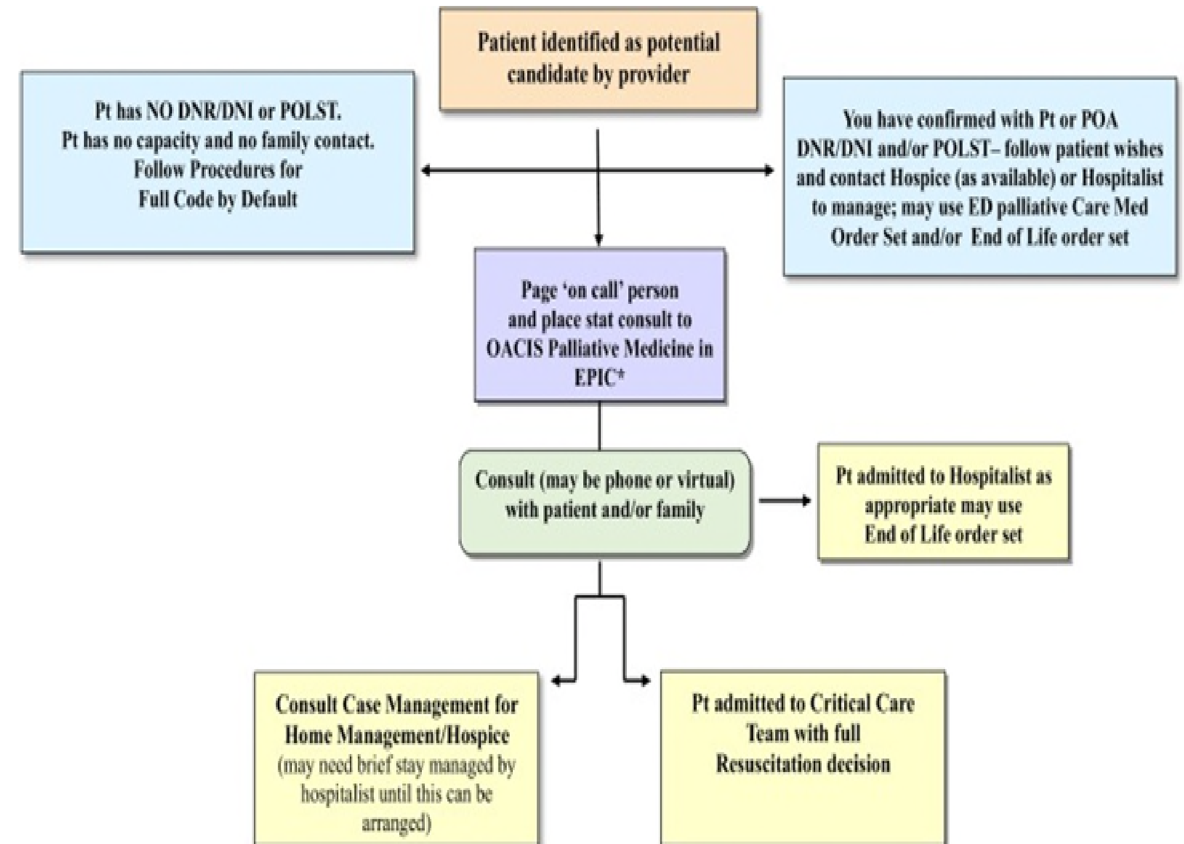


Figure 1. Reconceptualizing palliative care as a continuum of support.

Reconceptualizing Palliative Care

- Palliative Care Pathways in the Emergency Department





Addressing Advanced Directives and Code Status Early in ED Encounter

ED CODE STATUS CONVERSATION GUIDE

ED CODE STATUS CONVERSATION GUIDE

Goal: Identify patients who **PREFER** symptom/comfort-oriented treatments **AND** consider the best possible outcome of mechanical ventilation/CPR "worse than death."

Is this patient at high risk for a poor outcome?
- Serious illness (ESRD, Home O_2, etc.) **OR**
- Frail elder **OR**
- Patient resides in a nursing home or LTAC
- Suspected COVID in age >70

→

Does the patient have a DNR/DNI?
- YES → Confirm these choices.
- NO → Proceed to ED Code Status Conversation.

↓

STEPS	WHAT TO ASK
Ask what they know.	Hello. I am Dr. _____. I am sorry to meet you this way. What have you heard about what has happened today to your [loved one]?
Break bad news.	**Warning shot**: I am afraid I have serious news. Would it be OK if I share? **Headline**: Your [mother] is not breathing well from [pneumonia/COVID]. With her other health issues, I am worried she could become/is very sick and may even die.
Establish urgency. Align.	We need to ***work together quickly*** to make the best decisions for her care.
Baseline function	To decide which treatments might help your (mother) the most, I need to know more about her. What **type of activities** was she doing day-to-day before this illness?
Patient's values (Select appropriate questions.)	Has she **previously expressed wishes** about the kinds of medical care she would or would not want? If time is short, what is **most important to her**? **How much** would she be willing to go through for the possibility of more time? What **abilities are so crucial** to her that she would consider life not worth living if she lost them? Are there states she would consider **worse than dying**?
Summarize	What I heard is ___. Did I get that right?
Make recommendations	We will use all available medical treatments that we think will help your loved one recover from this illness. For her, this means care focused on ___. We will do ___ and not do ___.
Forecast [If they elect ICU care]	I hope these treatments will help your [mother]. We are still worried about how sick she is — the ICU team will discuss with you how your [mother] is responding to treatment in the next 24 to 48 hours.

SPIKES Embrace a Patient-first Approach to Advance Care Planning Conversations

S	P	I	K	E	S
Setting Choose a private, comfortable, non-threatening setting	**Perception** Uncover what patient & family think is happening	**Invitation** Ask patient what they would like to know	**Knowledge** Explain disease and care options in plain language	**Emotion** Respect feelings, respond with empathy	**Summarize** Recap and decide what's next

VITAS® Healthcare

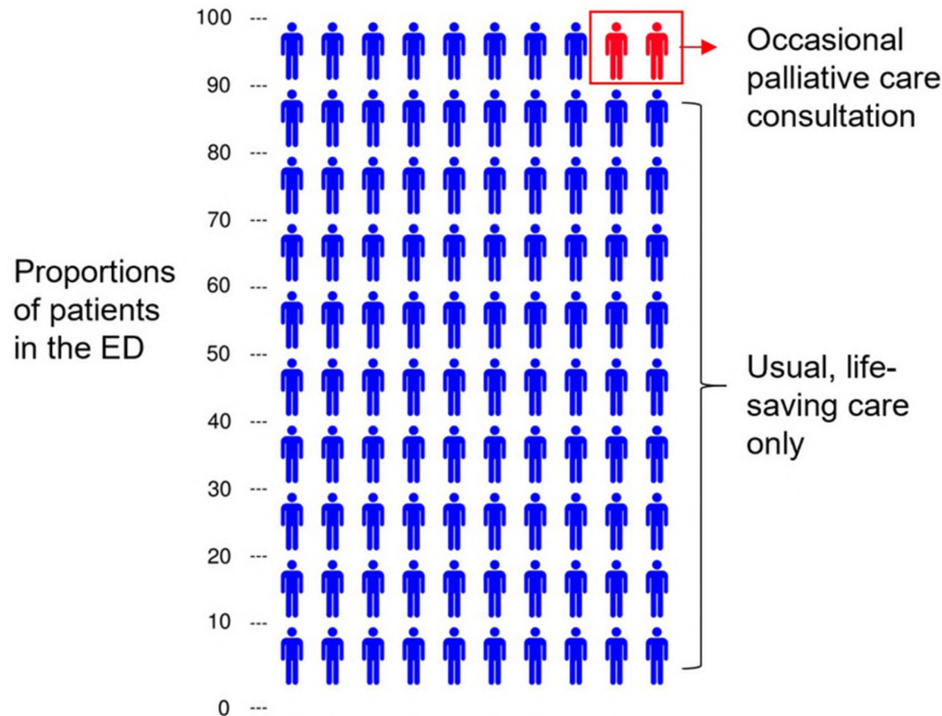
Source: Baile, W. F., Buckman, R., Lenzi, R., Glober, G., Beale, E. A., & Kudelka, A. P. (2000). SPIKES—a six-step protocol for delivering bad news: application to the patient with cancer. The oncologist, 5(4), 302-311.

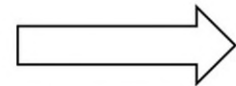
Consider the Following Word Choices

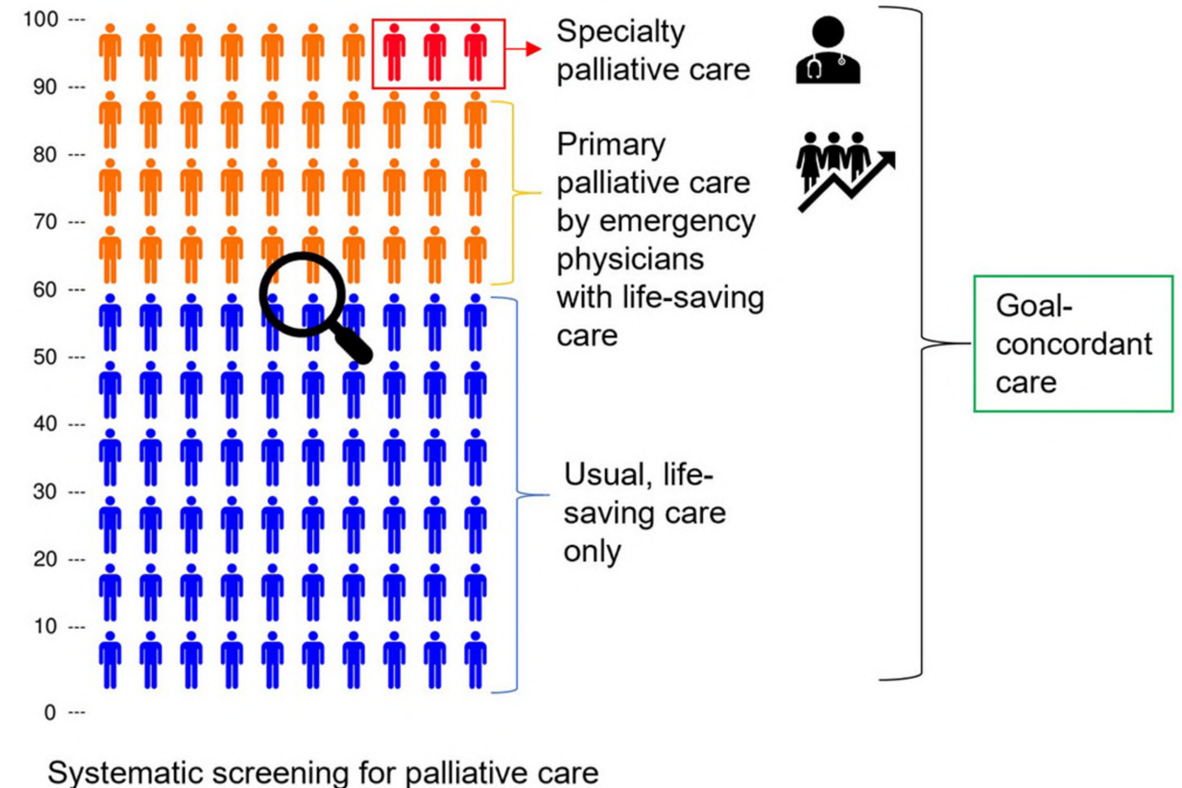
Table 4. Intentional word choice refines goals of care conversations.

Avoid These Phrases	Better Phrases to Use
Do you want us to do everything possible?	What is most important to your loved one right now?
Would [patient's name] want heroic measures?	What was [patient's name] like before the illness?
Do you want us to push on [patient's] chest, use electricity, and provide [patient's name] with a breathing machine?	Based on what you've told me about [patient's name], do you think [he or she] would want to die a natural death?
I wouldn't want this for my mother.	Tell me about your mother.
There is nothing more we can do.	May I suggest another option?
	We will aggressively make [patient's name] comfortable.

The Past, Present and Future of ED Palliative Care





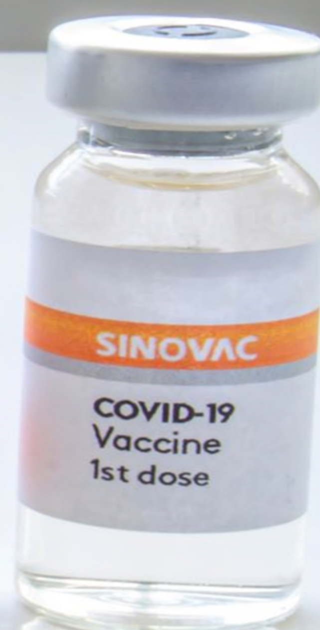


Past, present, and future of palliative care in emergency medicine in the USA
Acute Medicine & Surgery, Volume: 7, Issue: 1, First published: 18 March 2020, DOI: (10.1002/ams2.497)

Complexities of End-of-Life Care In the COVID Era

Where are We Now and What's Next

COVID Vaccination Science and Data



After Delta became the most common variant,* fully vaccinated people had reduced risk† of...

INFECTION	HOSPITALIZATION	DEATH
5X	>10X	>10X

Vaccination offers strong protection against COVID-19

bit.ly/MMWR91021

* June 20-July 17, 2021
† Compared with people not fully vaccinated

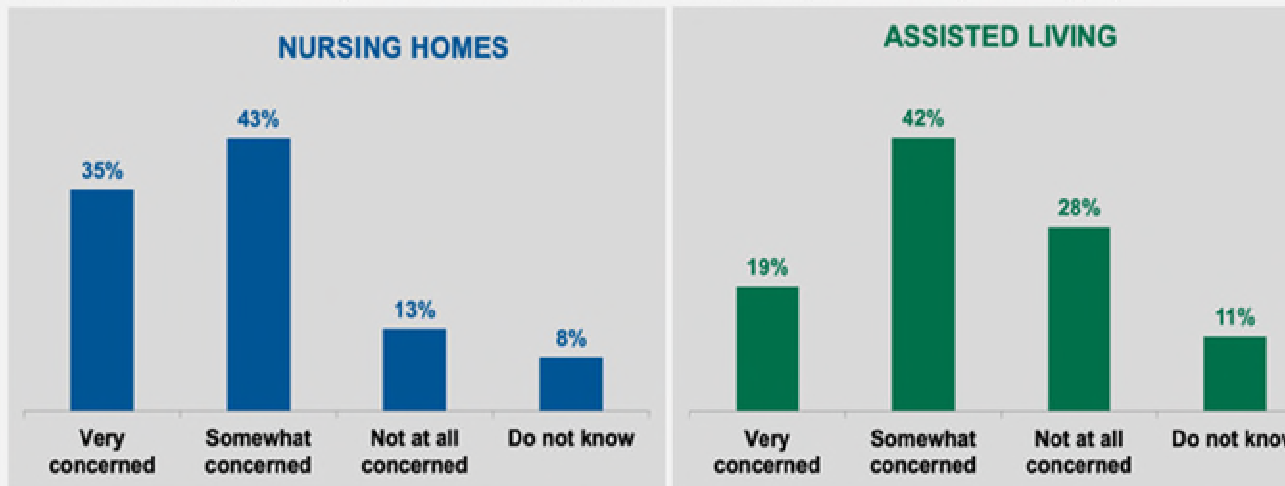
MMWR

Covid-19 has created a nursing crisis in every state.
East and West; North and South; rural and urban—every state and every community in America needs more nurses to defeat the coronavirus.

National Nursing Shortage and Crisis

78% of nursing homes and 61% of assisted living communities are concerned workforce challenges might force them to close. More than one-third of nursing homes are very concerned about having to shut down their facility(ies).

Q. How concerned are you that if your workforce challenges persist that you may have to close your facility(ies)?



Source: American Health Care Association & National Center for Assisted Living Survey of 1,183 Nursing Home and Assisted Living Providers, September 2021

- **SILVER SPRING, MD** – The American Nurses Association (ANA), representing the interests of the nation's 4.2 million nurses, urges the U.S. Department of Health and Human Services (HHS) to declare the current and unsustainable nurse staffing shortage facing our country a national crisis.
- "The nation's health care delivery systems are overwhelmed, and nurses are tired and frustrated as this persistent pandemic rages on with no end in sight. Nurses alone cannot solve this longstanding issue and it is not our burden to carry," said ANA President Ernest Grant, PhD, RN, FAAN. "If we truly value the immeasurable contributions of the nursing workforce, then it is imperative that HHS utilize all available authorities to address this issue."

Summary and Next Steps

- Reality: COVID is not Going Away.
- Continue to support and advocate in favor of COVID Vaccinations and Masks. This makes all the difference when coming from established and trusted health care providers
- Must continue to refine ICU COVID restrictions but never lose site of the families and the value of connection at the end of life.
- Early Goal Directed Palliative Care is the Future
- Palliative leaders from all spectrums of practice need to develop new relationships with their Emergency Departments and continue to grow their relationships with the ICU.
- The Palliative Community will need to prepare for workforce and resource shortages and develop creative solutions
- One More Story……

A Son's COVID Story

Dr. Kuppayya Gunaga

June 1st, 1940 – January 27th, 2021

THANK YOU
ANY QUESTIONS