

**COVID19 Ventilator Decision Aid:**  
***“Life Support at a Time of COVID”***

**Development Documentation**

**3/17/2020 - 10/12/2020**

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# Development Team

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Rosa Lawrence, BA

## Development Process Summary

### 3/17/2020: Development Process Initiated

- Matthew Wynia introduced the idea of a decision aid for COVID19 ventilator shortages during a meeting with Dan Matlock, Eric Campbell, Christine Baugh, Julie Ressalam, and Rosa Lawrence (see Meeting Summary section for notes)
- Daniel Matlock agreed to draft a decision aid based on his experience developing decision aids in the past ex: LVAD decision aid
- Daniel Matlock drafted Version 1 of the decision aid

### 3/18/2020: Version 1 Review

- Version 1 was circulated for edits (Version 1 Review)
- Daniel Matlock drafted Version 2 based on feedback on Version 1 (See Record of Comments and Changes)

### 3/19/2020: Version 2 Review

- Version 2 was circulated for edits
- Daniel Matlock drafted Version 3 based on feedback from Version 2

### 3/20/2020: Version 3/4 Review

- Version 3 was circulated to:
  - Meeting held with Abigail Lara, Jean Youngwerth, Jean Abbott, Julie Swaney, Daniel Matlock, and Rosa Lawrence to coordinate the decision aid development with other
  - Meeting held with Julie Swaney, Jean Youngwerth, and Daniel Matlock to discuss an ethical framework
- COVID19 response efforts at UCHHealth (See Meeting Summary).
- Version 4 drafted based on feedback from Version 3

### 3/23/2020: Dissemination and Implementation Discussion

- Version 5 drafted based on feedback from meeting and edits to Version 4
- Meeting with Jean Youngwerth, Julie Swaney, Daniel Matlock, Abigail Lara, Liz Harry, Sarguni Singh to discuss dissemination and implementation

### 3/24/2020: Version 5 Iterative Review

- Version 5 circulated and revised iteratively
- Meeting with Matt Wynia, Daniel Matlock, and Rosa Lawrence to discuss dissemination

### 3/25/2020: Version 6 Review

- Version 6 drafted based on iterative feedback from version 5
- Meeting with Jean Youngwerth, Jean Abbott, Julie Swaney, Abigail Lara, Sarguni Singh, Daniel Matlock, Rosa Lawrence

### 3/26/2020: Final Version: Version 7

- Version 7 drafted based on feedback from Version 6
- Development Document finalized

## Meeting Summary

**3/17/20**

**Present: Matthew Wynia, Daniel Matlock, Eric Campbell, Christine Baugh, Julie Ressler, Rosa Lawrence**

**Purpose: Initial meeting on COVID19 Ventilator Decision Aid**

Wynia- Decision Aids needed for COVID19 Rapid response

- Questions about advanced directives, patient's desires
- Critical care resource triage
- Writing policy for the hospital ex. For needing a ventilator, when they become scarce
- Iterative feedback in actual use
- Personal values balanced with resource sharing

Matlock- to frame something out COVID19 Ventilator Decision Aid

Utility of a decision Aid

- 1) Pre-triage discussion, informative, empowering discussions
    - Talk to family, empowering proxy decision makers
  - 2) Voluntary vs. involuntary triage, people can self elect to be taken out of the pool
    - "I want everything" ➔ into triage pool
    - We may be forced to make tough decisions, we want to get your perspective and voice to be in these decisions
- Consensus view: It is better to have make triage decisions transparent and public, novel to discuss with individual patients

**3/20/20**

**Present: Daniel Matlock, Jean Abbott, Jean Youngwerth, Abigail Lara, Julie Swaney, Rosa Lawrence**

**Purpose: Coordinate existing UHealth efforts with decision aid development**

Purpose of decision aid: To integrate patients' voices into rationing decisions

Scope- This is being developed because of COVID but if there is a ventilator shortage it will affect everyone on a ventilator

- Cannot treat COVID patients based on a different standard than
- Scripting is helpful in these situations to initiate discussions
- Decision is for a life support machine not Code Status, a supplement to code status discussions

Where does this go in clinical care

Potential situation for use:

- 1) ED
- 2) After admitted developing respiratory distress
- 3) ICU if they are clinically deteriorating
- 4) Pulmonary clinic/cardiac clinic (chronically ill patient)
- 5) Informing DNR status

- Timing is important- it is difficult to think through this decision when in need of a ventilator
- Importance of integrating with MDPOA conversations

#### Implementation

- Preamble sheet for staff to read and understand the purpose, attach MDPOA form to integrate discussions
- Involve UHealth Administration to disseminate
- Distribute anyone admitted at UHealth- Through ED, free standing EDs, transfers
  - Normalizes, doesn't discriminate

### **3/20/20**

**Present: Jean Youngwerth, Julie Swaney, Daniel Matlock**

**Purpose: Coordinate existing UHealth efforts with decision aid development**

Discussed the ethical framework to prepare people for scarcity scenarios

### **3/20/20**

**Present: Jean Youngwerth, Julie Swaney, Daniel Matlock, Abigail Lara, Liz Harry, Sarguni Singh**

**Purpose: Coordinate existing UHealth efforts with decision aid development**

Steps to finalize the document

- Other stakeholders to involve- contact communications departments
- As the document is disseminated there should be an iterative feedback process

#### Implementation

- The document should be disseminated to vice chairs of the departments once all the necessary components are ready (including finalization of the triage team and process, cover letter, educational materials). The intention is to disseminate the document with enough warning to integrate it into practice before a shortage
- The document will be used with all patients admitted
- Hospitalists and Chaplains need education on how to implement and address questions
- Must develop a way to track if the document has been filled out by a patient

### **3/23/20: Meeting to discuss Dissemination**

**Present: Jean Youngwerth, Julie Swaney, Daniel Matlock, Abigail Lara, Liz Harry, Sarguni Singh, Rosa Lawrence**

**Purpose: Discuss Dissemination**

Target patient population- distribute to all patients during admission to simplify and avoid singling out certain populations

Staged Approach for dissemination:

- Key components of the document must be finalized before dissemination as well as the infrastructure the document is a part of (Triage Plan)
- Approach Vice Chairs of Clinical Affairs first, who then can give feedback and disseminate to the front lines, then widely distribute

Equip hospitalists and admissions teams to have these discussions

- Turn cover letter into FAQ sheets for patients and physicians
- Develop a tracking method for the document

### **3/24/20**

**Present: Matthew Wynia, Daniel Matlock, Rosa Lawrence**

**Purpose: Discuss Dissemination and Implementation**

Next Steps:

- Review by UCHealth Leadership
- Distribute the document as a draft to Vice Chairs for Pilot testing
- Prepare the document for public consumption- under the assumption that it will be in the public view once it is sent out
- Develop a flyer and post on an accessible website

### **3/25/20**

**Present: Abigail Lara, Julie Swaney, Jean Abbott, Jean Youngwerth, Sarguni Singh, Daniel Matlock, Rosa Lawrence**

Final review of the Decision Aid Document

- Discussed feedback from communications department

Implementation

- Clinical Pilot in COVID response teams- elicit feedback from providers and patients
- Contact Vice Chairs
- Continue development of FAQ sheets
- Integrate into COVID workflow

# Version History

## Version 1 3/18/20

### The coronavirus pandemic and life support machines

This is a scary time for everyone. The country and world are facing a very large number of sick people. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).

In this very difficult time, we may not have enough life support machines for everyone who needs them.

We want to help as many people as we possibly can.

Placeholder for picture of someone on a ventilator

### How do we decide who gets a life support machine and who does not?

We are committed to doing *everything* we can to help you recover.

We may face some challenging choices about which critically ill patients get a life support machine. We have a team of people who are reviewing all cases of people who need life support machines. This team will be making these very tough decisions.

While you may not have a choice, we want to hear your thoughts on this decision?

### Our difficult question to you?

Some people in your position may not want a life support machine for lots of different reasons. We want to know your thoughts on this.

*If we do not have enough life support machines, would being placed on one be in line with your wishes?*

- Yes
- No

For people who do not get a life support machine, our number one priority would be relief of suffering. We have many medicines we can use to help make sure people are comfortable.

### What are the next steps?

At a minimum, you should do three very important things right now:

- 1) Decide who would speak for you if you can't speak for yourself. This is called a medical power of attorney.
- 2) Talk to this person so they know what is truly important to you. This is the most important step.
- 3) Write the name and contact information of this person down and give it to your medical team.

This is a difficult time for everyone. We're all in this together. Regardless of what happens, we will never stop caring for you.

## Review 3/18/20

### Editors:

Bryan Wallace  
Channing Tate  
Laura Scherer  
Hillary Lum  
Christopher Knoepke  
Sarah Perman  
Larry Allen  
Monica Fitzgerald  
Jocelyn Thompson

Comments/Suggestions	Response	Text Changes
<b>Overall Comments</b>		
I wonder about the approach. This feels a little like Soylent Green. A different approach would be to just say that “In the setting of this pandemic which often causes life threatening lung and heart disease, it is all the more important to confirm our care preferences – please make sure you have a living will and have considered things with your family. Go to Hillary Lum’s ROADMAP at URL <a href="http://www.ColoradoCarePlanning.org">www.ColoradoCarePlanning.org</a> .” -Allen	Decision Aid for a ventilator during a shortage seen as an additional conversation that needs to happen in order to incorporate the patient’s voice into triage decisions	
Adding historical context- emphasize the historical context and pieces of information that might not be as widely known as we would hope (specifically that ventilator shortages have happened in other parts of the world) – Knoepke	Comment accepted	Added: “We hope this doesn’t happen here, but it has already happened in Italy and other places.”
<b>Use of a discussion guide</b>		
Given the complexities of dealing with these issues, I question whether it is possible to make an ethical tool. I see what you’re trying to do and who you’re trying to reach, but I worry. Even if we grapple with 1-4, I further worry that this tool will freak out patients and reduce trust. – Scherer	The issue is being honest with people in advance, which might freak people out but it also gives them time to grapple with this before it happens, hopefully. And it allows us to capture some number of altruistic patients who will say, “If I’m going downhill and there’s someone else who also really needs the	

	vent, I would give it up...” – that knowledge might be very important if we get the currently-expected deluge of patients all needing critical care.- Wynia	
Liability for triage decisions	If we are getting close to implementing CSC, the state can authorize these systems and provide legal protections for decisions made in a catastrophic circumstance – asking for that protection is built into our triage guidance under development. It’s not iron clad, of course, but it might mitigate this concern. -Wynia	
- this will be offered only to patients- and will not be used in scenarios with a surrogate or POA? <i>If we get to a point where this is necessary-</i> I can see this being very useful in the Emergency Department prior to decompensation or need for emergent intubation. -Perman	Ongoing discussion throughout development process on the appropriate patient population and implementation for this decision aid	
<b>Screening</b>		
We need to have a least 1 comprehension check, otherwise people who don’t understand the question may mark the wrong thing, and it may have implications for their care. –Scherer	YES-Wynia	Added “Are you sure that your answer above reflects your wishes? -Yes, I understand and my answer above reflects my wishes -No, I need to ask questions and talk to a doctor before I can be sure”
Assuming we do not want depressive symptoms (e.g., suicidality) to influence patients’ answers and clinicians’ decision-making ,we need a depression screener... A depressed person says that they’re willing to not get life	This seems like an ideal, but note that we don’t do formal depression screening every time we elicit advance directives	

<p>support. Then the patient dies, and the family sues, arguing that their loved one effectively committed suicide using this tool and would have lived a long, healthy, productive life had it not been for the tool and resultant lack of life support. -Scherer</p>	<p>now, and I'm not sure we need everyone admitted during an emergency to complete a PHQ9 ... that seems unrealistic. But what do others think?-Wynia Given that this will be in-the-moment decision making, I don't think we can practically include depression. More important would be an assessment of a decision making capacity. However, that doesn't need to be part of the tool, instead it's part of teaching the medical team member how to use this with the appropriate patients. - Lum</p>	
<b>Influence on Clinical Decision Making</b>		
<p>We need to be entirely transparent about whether or not patients' answers to the question might impact clinicians' decision to give them life support vs. not. Will it influence clinician decision-making? This was not clear and patients need to know. -Scherer</p>	<p>YES, it will influence decisions if we go to Crisis Standards of Care and implement triage teams. Pt preference away from life support will mean they do not get it. BTW, preference FOR life support might NOT guarantee they get it, depending on resource shortages -- we need to be clear about that, too. -Wynia</p>	
<p>We need to be entirely transparent about whether patients will have the opportunity to change their answer or not. Or (as I've suggested in my edits), we could ask them whether they would like to have the opportunity to change their answer, and use this to assess certainty... If a patient says they do not want to receive life support, but then</p>	<p>YES, they should have this opportunity, and their prior decision should not factor into subsequent triage decisions. - Wynia</p>	<p>Added explicit mention of the medical team "your medical team wants to know"... "your responses will be considered by your medical team"</p>

<p>says they are unsure or want an opportunity to change their answer in the future, then the team should NOT consider their answer to this question when making decisions about who gets an ventilator -Scherer</p>	<p>I agree in principle, but this may make it too long. -Lum</p>	
<b>SECTION SPECIFIC FEEDBACK</b>		
<b>The coronavirus pandemic and life support machines</b>		
<p>It might be helpful to add a sentence describing what a ventilator does? I don't know if you make an informed decision if you don't know what a "breathing machine" does. -Fitzgerald</p>	<p>Suggestion accepted</p>	<p>Included an image of a ventilator: "like a ventilator or breathing machine – see picture"</p>
<p>Add "We hope this does not happen here but it has already happened in Italy and other places" -Knoepke</p>	<p>Suggestion accepted</p>	<p>"We hope this does not happen here but it has already happened in Italy and other places"</p>
<p>Move "<i>We are committed to doing everything we can to help you recover.</i>" To this section -Tate</p>	<p>Suggestion accepted</p>	<p>"We are committed to doing everything we can to help you recover."</p>
<b>How do we decide who gets a life support machine and who does not?</b>		
<p>I think we need to clarify who is making these decisions... not just "people" - Fitzgerald</p>	<p>Suggestion accepted</p>	<p>Added "We have a team of doctors and nurses who are reviewing all cases of people who need life support machines. This team will be making very tough decisions."</p>
<p>Is a ventilator the only form of life support in this scenario? Does this need to be explained more? If I were reading this, I may think that I do want a ventilator but may not want other forms of life support. May be a dumb Q that does not need to be included here, but others lay people may be thinking the same? -Thompson</p>	<p>I have added "machine" after life support for clarity – but please feel free to delete if this is not accurate. -Fitzgerald</p>	
<b>Our difficult question to you?</b>		
<p>Rename section "Your medical team wants to know what you want if you need a life support machine" -Lum</p>	<p>This section was combined with the section above "How do we decide who gets a life support machine and who does not?" The wording suggested by Lum was used to</p>	<p>"While you may not have a choice, <u>your medical team wants to know what you want if you need a life support machine.</u>"</p>

	introduce the question.	
Add " <i>The vast majority of people want life support. However,</i> " before "a few people in your position may <u>not</u> want a life support machine for lots of different reasons." Creating a social norm so that this tool feels less manipulative - Scherer	Comment used but reworded	Rephrased to: "Most people want life support and would say ... Others may say"
Use the wording "some people in your position" rather than "a few people" - Lum, Thompson, Fitzgerald	Sentence changed, so the quantifier is not "others"	"Other may say"
State reasons people may not want a life support machine. It might help to normalize this decision- and make people feel less confused over what those reasons are. -Perman	Comment accepted	"Most people want life support and would say 'I would like to have it if I can get it.' Others may say 'I have lived a good life and want others to get the scarce hospital treatments.'"
In response to "We want your thoughts on this": The way some of this is phrased seems very casual. Do you want to know my thoughts for research purposes? Or do you want to know so that it can be part of my medical care? Needs to be more direct -Thompson	Clarified that this question will inform the medical team	"We want to know your thoughts on this, and your response here will be considered by your medical team."
Rephrase question to say " <i>Are you willing to NOT get life support if there are not enough machines for everyone?</i> " rather than "If we do not have enough life support machines..." I do not think it is ethical to ask this question in an indirect way. Patients need to see exactly what you're getting at. This thought drove my edits. - Scherer	Comment accepted	"Are you willing to NOT get a life support machine if there are not enough machines for everyone?"
I would also add a statement after the above question describing how not using a life machine might help other people because there aren't enough. I don't know if in this DA, we want to just pinpoint someone's desire for their own end-of-life decisions, or if we want to also make people feel good about their decision for helping other people. Sensitive areas. It might help them feel better about making that decision, but I don't want to push/guilt people towards	Not explicitly addressed though the concept is reflected in the question	"Are you willing to NOT get a life support machine if there are not enough machines for everyone?"

<p>making one decision over another. - Wallace</p>		
<p>If a patient says they do not want to receive life support, but then says they are unsure or want an opportunity to change their answer in the future, then the team should NOT consider their answer to this question when making decisions about who gets an ventilator - Scherer</p>	<p>I agree in principle, but this may make it too long -Lum I'm wondering if instead of a yes or no question here, we have a line that says; "You are able to change your answers to these questions in the future. To change your answers, talk to your doctors and nurses." -Fitzgerald</p>	
<p><b>What are the next steps?</b></p>		
<p>Should we add anything at the end about someone to contact, or more information resources? It feels to me that we end with "we will never stop caring for you," but it might be nice to have a "Please continue to reach out to your medical team with questions to walk through this decision with you." -Wallace, Thompson</p>	<p>Comment accepted</p>	<p>"Please continue to reach out to your medical team with any questions you may have."</p>
<p>The document has a regrettable flaw near the end. This is the misleading section: Name a medical power of attorney: A "medical power of attorney" is not a person, it is a writing. The surrogate named in such a document is called a "Health care Agent." The correct phrasing at the bottom of the COVID document would be: Name a Health Care Agent: - The Agent is the person who speaks for you if you can't speak for yourself. - The writing where you identify your Agent is called a Medical Power of Attorney. - Make sure you have one, and that your health care team knows about it. - Casey Frank</p>	<p>Comment accepted</p>	<p>Replaced "Name a medical power of attorney section" With "Name a Health Care Agent: - The Agent is the person who speaks for you if you can't speak for yourself. - The writing where you identify your Agent is called a Medical Power of Attorney. - Make sure you have one, and that your health care team knows about it."</p>

## Version 2 3/19/20

### The coronavirus pandemic and life support machines

This is a scary time, and we haven't seen one like it in our lifetime. The country and world are facing large numbers of very sick people. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).

In this very difficult time, we may not have enough life support machines for everyone who needs them. We hope this doesn't happen here, but it has already happened in Italy and other places.

We want to help as many people as we possibly can. ***We are committed to doing everything we can to help you recover.***

Placeholder for picture of someone on a ventilator

### How do we decide who gets a life support machine and who does not?

We have a team of doctors and nurses who are reviewing all cases of people who need life support machines. This team will be making very tough decisions.

While you may not have a choice, your medical team wants to know what you want if you need a life support machine. Most people want life support and would say "I would like to have it if I can get it." Others may say "I have lived a good life and want others to get the scarce hospital treatments." We want to know your thoughts on this, and your response here will be considered by your medical team. You may always change your answers to these questions.

Are you willing to NOT get a life support machine if there are not enough machines for everyone?

- I am willing to NOT receive a life support machine. I understand this would mean that I am more likely to die without a life support machine.
- I definitely WANT to receive a life support machine, if the machines are available

Are you sure that your answer above reflects your wishes?

- Yes, I understand and my answer above reflects my wishes*
- No, I need to ask questions and talk to a doctor before I can be sure*

For people who do not get a life support machine, our number one priority is always relieving their suffering. We will focus on making sure people are comfortable.

### What are the next steps?

Even if you do not know the answers to the above questions, you should do four very important things right now:

- 1) Decide who would speak for you if you can't speak for yourself. This is called a medical power of attorney.
- 2) Talk to this person so they know what is truly important to you. **This is the most important step.**
- 3) Write the name and contact information of this person down and share it with your medical team.
- 4) If you have a Colorado MOST form or a living will, please share it with your medical team.

This is a difficult time for everyone. We're all in this together. Whatever happens, we will never stop providing you with the best possible care. Please continue to reach out to your medical team with any questions you may have.

## Review 3/19/20-3/20/20

### Editors:

Matt Wynia  
Marian Betz  
Anuj Mehta  
Colleen McIlvennan  
Jeanie Youngwerth

Comments/Suggestions	Response	Text Changes
<b>Overall Comments</b>		
Lots of intubations happening in EDs. General recommendation is intubate early (don't use bipap) so vent-decision team will need to be in ED too I'd think - Betz	Discussed during meeting on 3.20.20 -Potential situation for use: (1)ED, (2) after admitted developing respiratory distress, (3)ICU if they are clinically deteriorating, (4) Pulmonary clinic/cardiac clinic (chronically ill patient), (5) Informing DNR status -Scope- Use in a discussion with anyone admitted at UCHealth including ED, Free standing Eds, Transfers	Changes reflected in Version 4
<b>SECTION SPECIFIC FEEDBACK</b>		
<b>The coronavirus pandemic and life support machines</b>		
One thing I felt is that the document makes it seem like the idea of not having a vent for respiratory failure is a COVID/pandemic situation. The pandemic situation is that not everyone who wants and needs a vent may get one. I think there should be some language that acknowledges that even before the pandemic many people had directives refusing life support machines (DNR/DNRI). -Mehta	Extra option added under the question "If you become sick enough to need a life support machine, what would you want?"	Added: "I do NOT want to receive a life support machine, even if the machines are available. I understand this would mean that I am more likely to die"
In response to: "Some people are getting so sick that they need a life support machine" - Can we make it clear that this consideration, if applied, would apply to everyone needing a vent, not just those with COVID? -Wynia	Language kept general	Kept language "we may not have enough life support machines for everyone who needs them"

<p>Say "in the US" instead of "here" - McIlvennan</p>	<p>I see your point but I sort of like 'here', because that makes the document useable overseas, and because it is possible there will be hot spots (Seattle...) at the same time that there are other places in the US where triage isn't necessary. - Wynia I would actually remove the term "here" altogether. While it may be true that certain areas of the country enact crisis standards of care and others do not, the concept of "here" potentially highlights the regional variation which could cause distress -Mehta</p>	<p>Changed: "We hope this doesn't happen here" to "We hope this doesn't happen"</p>
<p><b>How do we decide who gets a life support machine and who does not?</b></p>		
<p>In response to: "This team will be making very tough decisions" - Do we want to say anything about the criteria that will or will not be used? - Wynia</p>	<p>I don't know if specific criteria should be stated as it could lead the conversation down a rabbit hole. However, given the distrust in the medical system from certain racial/ethnic groups do we want to have a statement that they are making tough decisions based on medical information and that decisions will never be made based on gender, race, or ability to pay - Mehta</p>	<p>Added: "This team will be making tough decisions based on medical issues only. Neither race nor money will be part of these decisions."</p>
<p><b>What are my options?</b></p>		
<p>I think we are missing a chance to normalize the idea of DNR/DNI. Even without a crisis, many patients would chose not to receive life support. We may want to highlight that this decision is not a new one just because of COVID. -Mehta</p>	<p>Extra option added under the question "If you become sick enough to need a life support machine, what would you want?"</p>	<p>Added: "I do NOT want to receive a life support machine, even if the machines are available. I understand this would mean that I am more likely to die"</p>
<p>I think you need to have both options before you ask what you would want.</p>	<p>Added description of what would happen if they opted</p>	<p>Added: "For people who do not get a life support</p>

<p>Only asking one option then asking the question seems biased. - Youngwerth</p>	<p>not to get a life support machine.</p>	<p>machine, our number one priority is always relieving their pain and suffering. We will focus all our efforts on making sure people are comfortable.”</p>
<p>I found the wording confusing. The use of a contrapositive “willing to NOT receive” is technically correct but will require a higher literacy than most people have. Also, you may want to have an option that says “I am willing to not receive a life support machine, I already have a DNR/DNI/MOLST/POLST/advanced directive” -Mehta</p>	<p>Question reworded</p>	<p>Replaced: “I am willing to NOT receive a life support machine” with “I do NOT want to receive a life support machine”</p>
<p>In response to: “Are you sure your answer above reflects your wishes?” Not sure this is necessary if you add an “unsure” response option to the first question – making it only 1 question? Or I’m wondering if this was added so that not everyone chooses “unsure” -McIlvennan</p>	<p>I think this is to avoid having an ‘unsure’ option, and to spark further conversation when it is needed. -Wynia</p>	<p>Kept: “Are you sure that your answers above reflect your wishes?”</p>

## Version 3 3/20/20

### The coronavirus pandemic and life support machines

This is a scary time, and we haven't seen one like it in over 100 years. The country and world are facing large numbers of very sick people. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).

Because of the current pandemic, we may not have enough life support machines for everyone who needs them. We hope this doesn't happen, but it has already happened in Italy and other places.

*We are committed to help as many people as possible.*



### How do we decide who gets a life support machine and who does not?

We have a team of doctors and nurses who are reviewing all cases of people who need life support machines. This team will be making tough decisions based on medical issues only. Neither race nor money will be part of these decisions.

### What are my options?

If there are not life support machines left, you would not have a choice. But, this is an important time to think about what you would want. People often have thoughts about life support machines. Many people say “I would like to have it if I can get it.” Others may say, “I have lived a good life and want others to get the scarce hospital treatments.”

For people who do not get a life support machine, our number one priority is always relieving their pain and suffering. We will focus all our efforts on making sure people are comfortable.

Your medical team needs to know what you want if you need a life support machine. You may always change your answers to these questions.

If you become sick enough to need a life support machine, what would you want?

- I do NOT want to receive a life support machine, even if the machines are available. I understand this would mean that I am more likely to die.
- If there are NOT enough life support machines, I do NOT want one. I understand this would mean that I am more likely to die.
- I WANT to receive a life support machine, if the machines are available

Are you sure that your answer above reflects your wishes?

- Yes, I understand and my answer above reflects my wishes
- No, I need to ask questions and talk to a doctor before I can be sure

### What are the next steps?

Even if you do not know the answers to the above questions, you should do 4 very important things right now:

- 1) Decide who would speak for you if you can't speak for yourself. This is called a medical power of attorney.
- 2) Talk to this person so they know what is truly important to you. **This is the most important step.**
- 3) Write the name and contact information of this person down and share it with your medical team.
- 4) If you have a Colorado MOST form or a living will, please share it with your medical team.

This is a difficult time for everyone. We're all in this together. Whatever happens, we will always provide you with the best care we possibly can. Please continue to reach out to your medical team with any questions you may have.

## Review 3/20/20

### Editors:

7 members of the ACCORDS Patient Panel

Jean Abbott

Rosa Lawrence

Comments/Suggestions	Response	Text Changes
<b>Overall Comments</b>		
<p><b>Gravity of the situation:</b> My initial reaction to this tool is one of ethical decision making, immediacy of a drastic and hellish medical situation, and having frightened and sick patients make a life-and-death decision. -Patient Panel</p>	<p>Feedback incorporated into ongoing discussions about implementation</p>	
<p><b>Need to speak with family:</b> -My immediate reaction was to reject the ventilator. When I spoke with my daughter who is my medical power of attorney, she became concerned. She knows my wishes to live a quality of life that brings me joy and she respects that. <u>Her concern is that IF patients are asked to sign this tool before their health truly declines, they might not get the care they need.</u> -Patient Panel -I had not thought about this just trying to stay in to stay sage. It is something I need to discuss with my family. -Patient Panel</p>	<p>Feedback incorporated into ongoing discussions about implementation, necessary to develop tracking for delivery and completion of decision aid</p>	
<p><b>Importance of prognosis:</b> -What is the my prognosis? According to some experts if you recover you may of a 20-30% decrease in lung function. That would be important information for me if I already had a compromised quality of life because of health issues. -Patient Panel it would perhaps be helpful to patients to know if the intubation will help them recover, or only survive for a few more hours/days. -Patient Panel</p>	<p>Feedback included in ongoing discussion about appropriate patient population and implementation process</p>	
<p><b>Palliative care approach:</b> If you could reframe the wording toward more of a palliative care approach, where you help the patient understand that even with the ventilator you think they are not likely to live (If you can judge that medically), then it becomes more like the decision to “allow a natural death,” which is much better language than “Do not resuscitate.” In that case, you would</p>	<p>The challenge there is many people might live with the ventilator – the challenge is shortage. That’s the difference here from the</p>	

<p>be saying that, in my medical judgement, the ventilator might prolong your life somewhat, but that you would not likely recover... I know that the problem you are trying to solve is how to we deal with the scarce resource issue. But at the bedside, from the patient and family perspective, I believe it is better treated as an end of life issue. You could begin to put this into the context of an advanced directive and offer it on admission. However you use it, I would make sure that the statement about relieving pain and suffering is in the blue box section along with the item checked for no ventilator. -Patient Panel</p>	<p>advance directive.</p>	
<p><b>Patient population</b> Is this intended for use with only older patients? Or would you use it with seriously ill young people? I assume the first. -Bloom If someone has declined nutrition/hydration in any sort of end of life document, does that rule out intubation which includes those things?... it might be pretty important to know if a scarce resource both in terms of equipment and personnel is saving a life or delaying the inevitable. -Patient Panel</p>	<p>No, all pts,. with COVID.</p>	
<b>Implementation of the discussion aid</b>		
<p>I don't see the intent of this tool to be used in that manner. However, she asked me not to make a definitive decision at this time because of the hour-by-hour chances being made in this country. -Patient Panel</p>	<p>The intent of the tool is to incorporate patients' voices into rationing decisions.</p>	
<p>Are you seeing patients that have appointments? If not how will they get this form? -Patient Panel</p>	<p>Feedback included in ongoing discussion about appropriate implementation process</p>	
<p>Would it be used at the point that a ventilator is needed or in advance of illness or crisis? -Patient Panel</p>	<p>No idea yet. Really needs to be in advance but likely when people are coming to the ED. We've never done this before in this</p>	

	country so don't know.	
<b>SECTION SPECIFIC FEEDBACK</b>		
<b>The coronavirus pandemic and life support machines</b>		
Perhaps you don't even need to introduce the shortage issue and have this perceived as rationing. Maybe it's just an end of life decision, for the patient or family. I expect it would be the closest family member, or HCPOA, making the decision in many cases where the person is too sick to make the decision for her/him self. -Patient Panel	Unfortunately, that's the whole point. The ethics team wants and needs to be transparent that this could be a rationing issue. Again...I really really hope we never need to use this.	
It seems a little strange to only call out Italy, maybe add to a list of places or delete - Lawrence	Edit accepted	Reworded to: "We hope this doesn't happen, but it has already happened in other places."
<b>How do we decide who gets a life support machine and who does not?</b>		
In response to "Neither race nor money will be part of these decisions" This phrasing makes me wonder if other non-medical considerations, like ability to pay or immigration status would affect the decision. It may be better to just say that it will be based on medical considerations only. -Lawrence	Edit accepted	Deleted: "Neither race nor money will be part of these decisions"
<b>What are my options?</b>		
In response to "I have lived a good life.." This seems to emphasize the moral preferability of opting out -Lawrence	Second response reworded, third option added	Reworded to: "Some people say, 'I would like to have a life support machine if one is available.' Others may say, 'I want a live support machine if there is one, but first consider others who may be more likely to survive.' A third group of people sometimes say 'I do not want any kind of life support or breathing machine. If it comes to that, please let me have a natural death.'

<p>You switch from 1st person to 3rd person in second paragraph of "What are my options?" That reads weirdly, but I think it might be right to distance the person from that actuality. Just think about it. -Abbott</p>	<p>Original wording kept</p>	<p>Kept: "For people who do not get life support machines..."</p>
<p>After the phrase "always relieve their pain and suffering" add "while they are dying", so people understand clearly that's what's happening -Abbott</p>	<p>Original wording kept</p>	<p>Kept: "For people who do not get life support machines when needed, our number one priority is always to relieve pain and suffering"</p>
<p>In response to the question "Are you sure that your answer above reflects your wishes?": If the answer is no, it might be feasible to have a family member present or some way (written or recorded) to confirm the patient's decision, This could protect the medical profession should the family/public disagree with the fact that patient was not given support. In today's world some proof of the patient's decision might be required – so just verbal between patient and staff is not adequate. I would imagine this already is policy at the hospital - Patient Panel</p>	<p>Feedback included in ongoing discussion about appropriate patient population and implementation process, necessary to develop tracking for delivery and completion of decision aid</p>	
<p><b>Next Steps</b></p>		
<p>I really think you should switch 2 &amp; 3 in "next steps." And perhaps be firmer on designating a spokesperson: "Write name and contact information down now so I can...." -Abbott</p>	<p>Edit accepted</p>	<p>Next steps now read: “(2) If you do not have a medical power of attorney, decide who would speak for you if you can't speak for yourself. (3) Talk to this person so they know what is truly important to you. This is the most important step.”</p>
<p>..."Thank you for the opportunity to work with you in advance based on your personal directive." -Patient Panel</p>	<p>Original ending kept</p>	

## Version 3- Literacy Testing

**Testing done by Larry Allen**

**Flesch Reading Ease score:** 75.8 (text scale)  
Flesch Reading Ease scored your text: fairly easy to read.

**Gunning Fog:** 8.7 (text scale)  
Gunning Fog scored your text: fairly easy to read.

**Flesch-Kincaid Grade Level:** 6.2  
Grade level: Sixth Grade.

**The Coleman-Liau Index:** 7  
Grade level: Seventh Grade

**The SMOG Index:** 6.4  
Grade level: Sixth Grade

**Automated Readability Index:** 5.6  
Grade level: 10-11 yrs. olds (Fifth and Sixth graders)

**Linsear Write Formula :** 7.1

## Version 4 3/20/20

### Life Support at a Time of COVID

#### The coronavirus pandemic and life support machines

This is an unusual time, and we are facing large numbers of very sick people right now. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).

Because of the current pandemic, we may not have enough life support machines for everyone who needs them. We hope this doesn't happen, but it has already happened in other places. Especially at this time, we want to be clear about your values and priorities for your health care.



***We are committed to helping as many people as possible.***

#### How do we decide who gets a life support machine and who does not?

If there is a shortage, we have a team of doctors and nurses who are reviewing all cases of people who need life support machines. This team will be making tough decisions based on medical issues only.

#### What are my options?

If there are not life support machines left, you would not have a choice. But this is an important time to think about what you would want. People often have thoughts about life support machines. Some people say, "I would like to have a life support machine if one is available." Others may say, "I want a live support machine if there is one, but first consider others who may be more likely to survive." A third group of people sometimes say "I do not want any kind of life support or breathing machine. If it comes to that, please let me have a natural death."

For people who do not get life support machines when needed, our number one priority is always to relieve pain and suffering. We will focus all our efforts on making sure people are comfortable.

Your health care team **and your loved ones** need to know what you want if you need a life support machine.

#### **If you become sick enough to need a life support machine, what would you want?**

- I **WANT** to receive a life support machine, if a machine is available.
- I want one **IF IT IS AVAILABLE**, but first consider others who may be more likely to survive. I understand this would mean that I am more likely to die.
- I **DON'T WANT ONE**, even if it is available. I understand this would mean that I am more likely to die.

#### **Are you sure that your answer above reflects your wishes?**

- Yes, I understand and my answer above reflects my wishes
- No, I need to ask questions and talk to a doctor and my loved ones before I can be sure

#### What are the next steps?

Even if you do not know the answers to the above questions right now, you should do 4 very important things:

- 1) If you already have one, please provide copies of your medical power of attorney form or other advance directives (like a Colorado MOST form, CPR directive, or medical living will) to your healthcare team.
- 2) If you do not have a medical power of attorney, decide who would speak for you if you can't speak for yourself.
- 3) Talk to this person so they know what is truly important to you. **This is the most important step.**
- 4) Complete a medical power of attorney form if we do not have one in your electronic healthcare records

This is a difficult time for everyone. We're all in this together. Whatever happens, we will always provide you with the best care we possibly can. Please continue to reach out to your medical team with any questions you may have.

## Review 3/20/20-3/22/20

### Editors:

Tim Wimbish  
Sarguni Singh  
Jean Youngwerth  
Jean Abbot  
Abigail Lara  
Julie Swaney  
Elizabeth Harry

Comments/Suggestions	Response	Text Changes
<b>Overall Comments</b>		
My biggest concern is that some responses, although accurate, may come off as insensitive or uncompassionate - Wimbish	Format of the conversation with patient discussed during 3/23/20 meeting- document intended to be comprehensible without physician aid, there should be a discussion with the hospitalist or chaplain	Comment addressed in Cover Letter to physician that accompanies document. Normalizing and emotive language used in decision aid.
Always stress the importance that the patient's safety and well-being is our top priority; they don't care about our policy and how it applies to them. -Wimbish	Comment accepted	Rephrased end of first section to: "We are committed to giving the best care to people, no matter what"
It seems like the main information we want to extract is which patients would not want to be intubated in a time of critical shortage - Singh	This is the primary intention of the decision aid	
<b>Implementation of the discussion aid</b>		
-Staff should be aware of and <b>appropriately</b> offer patients and their loved ones further counseling (Spiritual Care, Palliative Care, etc. -Wimbish -Staff need to know that "Hurting people, hurt people". It might help with the mental health of staff to not take everything too personal. Patients and their loved ones will usually be angry with the situation, and not the staff member. -Wimbish - Zen rooms available to ALL staff members. -Wimbish	Implementation, staff support, and education discussed during meeting 3/23/20.	Comments addressed in Cover Letter to physicians and in the implementation process.
Who is going to be responsible for having these discussions with patients? -Singh	The admitting providers would have these discussions	

	<p>with the patient. I see it as one way to identify those patients who know they don't want life sustaining therapy(s) at all or during time of critical shortage, when admitted to the hospital. I would also recommend using this as a platform to incorporate your code status discussion on admission. -Youngwerth</p>	
<b>SECTION SPECIFIC FEEDBACK</b>		
<b>The coronavirus pandemic and life support machines</b>		
<p>Replace: "We are committed to helping as many people as possible" with "We are committed to providing the best care to people, no matter what" -Youngwerth</p>	<p>Comment accepted</p>	<p>Rephrased end of first section to: "We are committed to giving the best care to people, no matter what"</p>
<b>What are my options?</b>		
<p>the checkboxes are confusing to me (verses bullet points?); I worry patients and healthcare team members may think this is legal document. - Youngwerth</p>	<p>I actually like the check boxes because it more clearly implies a decision with trade-offs. I agree that it risks making it feel more formal or legal but I worry the bullets won't be viewed as the trade-off which I think is important. - Matlock</p>	<p>Kept checkboxes, included: "Note: This is not a legal document"</p>

## Version 4- Literacy Testing

Testing done by Larry Allen

**Flesch Reading Ease score:** 77.8 (text scale)  
Flesch Reading Ease scored your text: fairly easy to read.

**Gunning Fog:** 8.8 (text scale)  
Gunning Fog scored your text: fairly easy to read.

**Flesch-Kincaid Grade Level:** 6.3  
Grade level: Sixth Grade.

**The Coleman-Liau Index:** 7  
Grade level: Seventh Grade

**The SMOG Index:** 6  
Grade level: Sixth Grade

**Automated Readability Index:** 6  
Grade level: 10-11 yrs. olds (Fifth and Sixth graders)

**Linsear Write Formula :** 7.8  
Grade level: Eighth Grade

## Version 5 3/22/20

### Life Support at a Time of COVID

#### The coronavirus pandemic and life support machines

This is an unusual time, and we are facing large numbers of very sick people right now. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).

Because of the current pandemic, we may not have enough life support machines for everyone who needs them. We hope this doesn't happen, but it has already happened in other places. Especially now, we want to be clear about your values and priorities for your health care.

***We are committed to giving the best care to people, no matter what.***



#### How do we decide who gets a life support machine and who does not?

If there is a shortage, we have a team of doctors and nurses who are reviewing all cases of people who need life support machines. This team will be making tough decisions based on medical issues only.

#### What are my options?

If there are not life support machines left, you would not have a choice. But this is an important time to think about what you would want. People often have thoughts about life support machines. Some people say, "I would like to have a life support machine if one is available." Others may say, "I want a life support machine if there is one, but first consider others who may be more likely to survive." A third group of people may say, "I do not want any kind of life support or breathing machine. If it comes to that, please let me have a natural death."

For people who do not get life support machines, our number one priority is always to relieve pain and suffering. We will focus our efforts on making sure people are comfortable.

Your health care team **and your loved ones** need to know what you want if you need a life support machine.

#### **If you become sick enough to need a life support machine, what would you want?**

- I **WANT** to receive a life support machine, if a machine is available.
- I want one **IF IT IS AVAILABLE**, but first consider others who may be more likely to survive. I understand this would mean that I am more likely to die.
- I **DON'T WANT ONE**, even if it is available. I understand this would mean that I am more likely to die.

#### **Are you sure that your answer above reflects your wishes?**

- Yes, I understand and my answer above reflects my wishes
- No, I need to ask questions and talk to a doctor and my loved ones before I can be sure

Note: This is not a legal document

#### What are the next steps?

Even if you do not know the answers to the above questions right now, you should do 4 very important things:

- 1) If you already have one, please provide copies of your medical power of attorney form or other advance directives (like a Colorado MOST form, CPR directive, or medical living will) to your healthcare team.
- 2) If you do not have a medical power of attorney, decide who would speak for you if you can't speak for yourself.
- 3) Talk to this person so they know what is truly important to you. **This is the most important step.**
- 4) Complete a medical power of attorney form if we do not already have one in your computer chart.

This is a hard time for everyone. We're all in this together. Whatever happens, we will always provide you with the best care we possibly can. Please continue to reach out to your medical team with any questions you may have.

## Review 3/22/20-3/25/20

### Editors:

Jean Youngwerth  
Matthew Wynia  
Communications Team

Comments/Suggestions	Response	Text Changes
<b>Overall Comments</b>		
Is this intended to be used across UCHHealth or just UCH? When would this be implemented—only after the triage plan for scarce resources is implemented? -Anonymous	Discussed in 2/25/20 meeting- Intention is to pilot at UCH then to share across any organizations that could use it	
Reword sentences so they don't say "we" -Anonymous	Suggestions accepted: Wynia suggested edits throughout to remove "we"	"We" removed throughout
<b>SECTION SPECIFIC FEEDBACK</b>		
<b>The coronavirus (COVID) pandemic and life support machines</b>		
This is a restatement of the title - Anonymous	Comment accepted	Section title removed
The statement about being "committed to giving the best care to people, no matter what" can create an issue under the CO Consumer Protection Act. -Anonymous	Comment accepted	Sentence deleted
<b>How do we decide who gets a life support machine and who does not?</b>		
Reword "How do we decide who gets a life support machine and who does not?" to "How are decisions regarding who gets a life support machine made?" - Anonymous Reword to "How would decisions about who gets a life support machine be made?" -Wynia	Comment accepted	Reworded to: "How would decisions about who gets a life support machine be made?"
In some cases, other factors may be considered such as the person's ability to help care for others (e.g., healthcare workers...)—deleted "only". -Anonymous	Comment accepted	Reworded to: "This team will make tough decisions based on the best medical information available."
<b>What are my options?</b>		
Perhaps bullet out the section under 'what are my options.' -Communications	Original format kept	
Deleting "breathing" to be consistent in terminology -Anonymous	Comment accepted	Replaced "Life support or breathing machine" with "life support machine"

<p>Reword “For people who do not get life support machines our number one priority is always to relieve pain and suffering. We will focus our efforts on making sure people are comfortable” to “For people who do not get life support machines, care and treatment will focus on relieving pain and suffering and make patients comfortable” -Anonymous</p>	<p>Comment accepted</p>	<p>Reworded to “For people who do not get life support machines, care and treatment will focus on relieving pain and suffering and making sure patients are comfortable.”</p>
<p>If a patient has a prior executed advanced directive that conflicts with what they say here how will that situation be handled? What if we receive the AD after they've completed this form? It would be better to have the patient complete a MOST form than this checklist.</p> <p>There will be legal risks if we follow what the patient tells us if it is not consistent with their advanced directive.</p> <p>Who will be obtaining this information from the patient? Will they be qualified to determine whether or not the patient has capacity to make this choice/decision? If not, this wouldn't be valid.</p> <p>Are there other negative outcomes than just death (e.g., permanent neurologic damage... ) that should be noted as well—in a general way—if they choose not to have a life support machine? - Anonymous</p>	<p>Discussed during 3/25/20 meeting. Clinically it is standard to follow the patients most recent wishes, so conflicts between this form and ADs would be resolved by whichever reflected their most recent wishes</p>	
<p>In response to “Note: This is not a legal document” We can't say this is not a legal document but then rely on it later as evidence of what the patient wants. - Anonymous</p>	<p>Discussed during 3/25/20 meeting. Develop record keeping system for completion of this form</p>	
<b>What are the next steps?</b>		
<p>Old Version: Complete a medical power of attorney form if we do not already have one in your computer chart. Revised: If you already have one, please give a copy of your medical power of attorney form to your healthcare team. If you do</p>	<p>Section edited to be two steps rather than four</p>	<p>Reworded to: “-Name a medical power of attorney: The medical power of attorney is the person who speaks for you if you can't speak for yourself. If you already have one, please give a copy of your medical</p>

not have one, complete a medical power of attorney now. -Youngwerth		power of attorney form to your healthcare team. If you do not have one, complete a medical power of attorney now. -Talk to this person so they know what is truly important to you. This is the most important step.”
Delete “Whatever happens, we will always provide you with the best care possible” -Anonymous	Comment accepted	Sentence deleted

## Version 6 3/25/20

### Life Support During the COVID Pandemic

This is an unusual time, with very large numbers of very sick people right now. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).

Because of the current pandemic, there might not be enough life support machines for everyone who needs them. Hopefully, this does not happen.

In this very difficult time, it's really important to be clear about your values and priorities for your health care.



#### **How would decisions about who gets a life support machine be made?**

If there is a shortage, a team of doctors and nurses will review all cases of patients who need life support machines. This team will make tough decisions based on the best medical information available. The team will not be given information about patient race, ethnicity, religion, insurance or other irrelevant things.

#### **What are my options?**

This is an important time to think about what you would want. People often have thoughts about life support machines. Some people say, "I would like to have a life support machine if one is available." Others may say, "I want a life support machine if there is one, but first consider others who may be more likely to survive." A third group of people may say, "I do not want any kind of life support machine. If it comes to that, please let me have a natural death."

For people who do not get life support machines, care and treatment will focus on relieving pain and suffering and making sure patients are comfortable.

Your health care team **and your loved ones** need to know what you want if you need a life support machine.

#### **If you become sick enough to need a life support machine, what would you want?**

- I **WANT** to receive a life support machine, if a machine is available.
- I want one **IF IT IS AVAILABLE**, but first consider others who may be more likely to survive. I understand this would mean that I am more likely to die.
- I **DON'T WANT ONE**, even if it is available. I understand this would mean that I am more likely to die.

#### **Are you sure that your answer above reflects your wishes?**

- Yes, I understand and my answer above reflects my wishes
- No, I need to ask questions and talk to a doctor and my loved ones before I can be sure

#### **What are the next steps?**

Even if you do not know the answers to the above questions right now, you should do one very important thing:

- Name a **medical power of attorney**: The medical power of attorney is the person who speaks for you if you can't speak for yourself. If you already have one, please give a copy of that document to your healthcare team. If you do not have one or we do not have it in your records, complete a medical power of attorney document now.
- Talk to this person so they know what is truly important to you. **This is the most important step.**

This is a hard time for everyone. We're all in this together. Please continue this conversation with your medical team with any questions you may have.

## Review 3/26/20

### Editors

Monique McCollum

Comments/Suggestions	Response	Text Changes
<b>Overall Comments</b>		
If the patient makes a decision about life support that differs with their advanced directive (AD), we would need documentation that they had capacity when they made that choice for it to be legally supportable. Also, a MOST form completed by the patient would be the best option if they want to make a change from what's in their AD. I understand that the situation may get worse over time, which would certainly impact what the team can and can't accomplish—I just want to provide you with what the best case scenario would be from a legal standpoint.	Will be discussed during dissemination	
<b>SECTION SPECIFIC FEEDBACK</b>		
<b>What are my choices?</b>		
Add bullet points before “some people say” ... “others may say” ... “A third group of people may say”	Suggestion accepted	Bullet points added
Reword “Are you sure that your answer above reflects your wishes” to “Are you sure that your answer above says what you really want”	Suggestion accepted	Reworded to “Are you sure that your answer above says what you really want”
<b>What are the next steps?</b>		
Add bullet points under before “The medical power of attorney is” ... “If you already have one”...“If you do not have one”	Suggestion accepted	Bullet points added
The document has a regrettable flaw near the end. This is the misleading section: Name a medical power of attorney: A “medical power of attorney” is not a person, it is a writing. The surrogate named in such a document is called a “Health care Agent.” - Casey Frank	Comment Accepted	Replaced “Name a medical power of attorney section” With “Name a Health Care Agent: - The Agent is the person who speaks for you if you can't speak for yourself. - The writing where you identify your Agent is called a Medical Power of Attorney. - Make sure you have one, and that your

		health care team knows about it.”
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## Version 7 3/26/20

### Life Support During the COVID Pandemic

This is an unusual time, with very large numbers of very sick people right now. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).



Because of the current pandemic, there might not be enough life support machines for everyone who needs them. Hopefully, this does not happen.

In this very difficult time, it's really important to be clear about your values and main concerns for your health care.

#### How would decisions about who gets a life support machine be made?

If there is a shortage, a team of doctors and nurses will review all cases of patients who need life support machines. This team will make tough decisions based on the best medical information available. The team will not be given information about patient race, ethnicity, religion, insurance or other unrelated things.

#### What are my choices?

You may not have a choice. But this is an important time to think about what you would want. People often have thoughts about life support machines.

- Some people say, *"I would like to have a life support machine if there is one."*
- Others may say, *"I want a life support machine if there is one, but first think of others who may be more likely to survive."*
- A third group of people may say, *"I do not want any kind of life support or breathing machine. If it comes to that, please let me have a natural death."*

For people who do not get life support machines, care and treatment will focus on the relief of pain and suffering. The goal is to make sure patients are comfortable.

Your health care team **and your loved ones** need to know what you want if you need a life support machine.

#### If you become sick enough to need a life support machine, what would you want?

- I **want** to be on a life support machine, if a machine is available.
- I want one **if it is available**, but first consider others who may be more likely to survive. I understand this would mean that I am more likely to die.
- I **don't want one**, even if it is available. I understand this would mean that I am more likely to die.

#### Are you sure that your answer above says what you really want?

- Yes, I understand and my answer above says what I really want.
- No, I need to ask questions and talk to a doctor and my loved ones before I can be sure.

#### What are the next steps?

Even if you do not know the answers to the above questions right now, you should do one very important thing:

- Name a **medical power of attorney**:
  - The medical power of attorney is the person who speaks for you if you can't speak for yourself.
  - If you already have one, please give a copy of that document to your health care team.
  - If we do not have it in your records, complete a medical power of attorney document now.
- Talk to this person so they know what is truly important to you. **This is the most important step.**

This is a hard time for everyone. We're all working together. Please continue this conversation with your medical team with any questions you may have.

## Version 7- Literacy Testing

### Testing done by Monique McCollum

Fry-based Grade Level: 7  
ARI: 5.9  
Gunning –Fog Index: 9.0  
Precise SMOG Index: 9.3  
Flesch-Kincaid Grade: 6.3  
Flesch Reading Ease Score 75.5 (Fairly Easy – Grade 6)  
Coleman-Liau Index: 9.3  
FORCAST Readability Grade: 9.1  
New Dale-Chall Cloze Score: 39.5 (Grade 5-6)

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Developed for

