Proactive Conversations that Support Providers and Patients

**AUDIENCE:** Frontline Staff including outpatient and inpatient providers, as well as those responsible for registering and admitting patients.

**PURPOSE:** Patients and their families may experience increased stress amid crises. Engaging our patients and families in proactive conversations about their care can help guide decisions when patients are in crisis or unable to communicate. Identifying and documenting critical information about language preference, emergency contacts, and advance directives ensures patient communication preferences and treatment preferences are understood and respected throughout the continuum of care.

### Proactive conversations to have with all patients at time of registration, admission, or in the event of care escalation

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| **Confirming Communication and Language Preference** | • Confirming this information ensures patients receive information in ways they can easily understand and feel supported through their preferred communication channels | • “We are talking right now in English, is this the language you are most comfortable receiving information in, or do you have another language that you prefer?”  
| | | • “We have readily available interpreter services if you or your family prefer to receive information in a different language.” |
| | | • EMR/EHR  
| | | • White boards  
| | | • Admission checklist |
| **Determining Contact Information and Preferred Emergency Contacts** | • Confirming this information allows care providers to quickly communicate with the patient’s preferred decision maker during an emergency | • “Who would you like for us to call in the event of an emergency?”  
| | | • “In the event of the emergency, we have John Smith listed as your preferred contact, I just want to confirm that this is the right person to contact.” |
| | | • EMR/EHR  
| | | • White boards  
| | | • Admission checklist |
| **Addressing Options for Advance Directives (including: Health Care Power of Attorney, Living Will, and DNR)** | • If completed, it is critical that these items are accurately documented in the chart  
| | | • Engaging in open communication about why and when these will be used can help patients understand their importance  
| | | • “We like to ensure we have accurate documentation for all patients; do you have a power of attorney for health care that I should include in the chart?”  
| | | • “It is important that your wishes and preferences are respected even when you are unable to make decisions for yourself; would it be OK if I explain the role of a health care power of attorney/living will/DNR?” |
| | | • Enter copies of forms into the patient’s chart and medical records. The original documents should be provided to the patient. |

**Questions specific to COVID-19?** Proactively communicating on COVID-19 through written information and reviewing resources can assist patients and families. Please review the American Hospital Association’s (AHA) compiled PFE resources below:

- **COVID-19 PFE Scripting:** [VitalTalk COVID-19 Ready Communication Playbook](https://www.vitaltalk.org/covid-19-ready-communication-playbook/)
- **Communication App for Patients Unable to Verbally Communicate:** [Society for Critical Care Medicine The Patient Communicator App](https://www.sccm.org/Integrating-Technology/Apps/Patient-Communicator-App)
- **COVID-19 Response Resources for Teams:** [Center to Advance Palliative Care (CAPC) Response Resource Toolkit](https://www.capc.org/covid-19/resources)
- **Pandemic Planning and PFE:** [Institute for Patient and Family Centered Care Pandemic Planning and Patient Centered Care](https://www.ipfcci.org/)
- **COVID-19 Resources for Patient Experience:** [The Beryl Institute COVID-19 Resources](https://www.berlinstitute.org/covid-19/)