



PLAN WELL

# It's Time We Ensure Patients Get the Medical Care That is Right for Them!

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COVID-19 has dramatically transformed our lives as well as our deaths. COVID-19 is primarily a problem for older persons as they are at a greater risk of developing more serious infections and at a greater risk of dying if they develop a serious infection compared to younger patients. While outcome data continues to evolve, it appears that if you are over 80 years of age and you develop COVID-19 that requires hospitalization, chances of surviving are less than 15% and survivors require more than three weeks of mechanical ventilation and longer hospital stays.<sup>1</sup> Pre-COVID-19, longitudinal follow up studies suggest that 1 year later, only 25% of older patients will be back to baseline with another 25% alive but with a much-reduced quality of life and functional status.<sup>2</sup> With COVID-19, these numbers are currently unknown but are likely much lower given the prolonged nature of the critical illness.

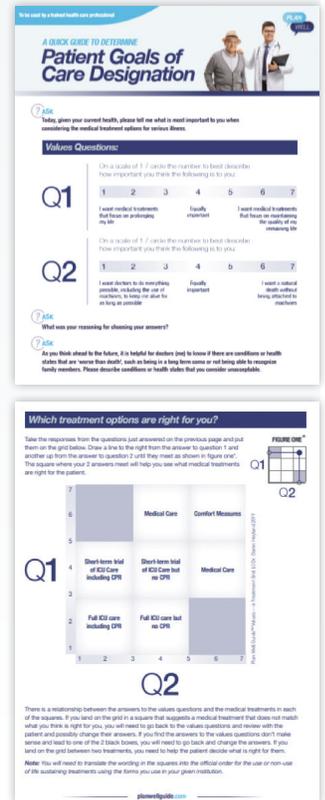
In managing severe COVID-19 infection in older adults, one of the most frequent and difficult decisions is regarding the use (or non-use) of life-sustaining treatments, such as mechanical ventilation, CPR, etc. Past research has shown considerable medical errors are committed in hospital where patients are prescribed and/or receive treatments that they did not want in the first place.<sup>3,4</sup> Not only does this harm the patient and put added stress on the family, but it unnecessarily exposes health care providers to a greater risk of COVID-19 transmission if they are intubated or resuscitating someone that didn't want to be treated aggressively in the first place. For some older patients, there are health states worse than death and many would rather choose conservation and dignity-preserving treatment pathways to that of the aggressive use of technology when seriously ill.<sup>5</sup> How do we do a better job making sure the right treatments are applied to the right patient at the right time? Surely this is at the core of patient-centered care!

We surveyed over 1200 doctors and nurses working in acute care centers across Canada to assess their main barriers to engaging older, seriously ill patients in comprehensive planning discussions.<sup>6</sup> A "lack of patient/family preparedness" was the main reason for this, suggesting that if we could better prepare patients (or their surrogates) for a decisional encounter, physicians would be more likely to engage and participate in the goals of care discussions. Accordingly, we developed a novel decision support tool called Plan Well Guide, available by visiting [www.planwellguide.com](http://www.planwellguide.com). The focus behind creating Plan Well Guide was to have provide individuals with a free, online tool, to help them understand the difference between planning for end of life care and planning for serious illness. The tool helps them clarify their authentic values using a constraining values clarification approach that helps the patient see what they are giving up to obtain what they want (see Figure). It also presents a first-in-class decision aid that illustrates the risk, benefits, and possible

outcomes of ICU care, medical care and comfort care and transparently connects those values to these possible treatment options. The goal of Plan Well Guide is NOT to have the patient make treatment decisions in advance but rather, to prepare them for a future clinical encounter where they make decisions with a doctor in a shared decision-making model. The results of a randomized clinical trial of Plan Well Guide demonstrated that it improves decisional quality, patient and physician satisfaction, and reduces time physicians spend on their interactions with patients compared to usual care. You can read the full article of the e-publication <https://bit.ly/2W4nzLf>, in CMAJ Open. If there is not time to 'prepare' the patient in advance of clinical decision-making, as often is the case, Plan Well Guide provides a worksheet available <https://planwellguide.com/wp-content/uploads/2020/04/HCPPlanWell-Worksheet--July-31-3.pdf> that enables clinicians to optimally elicit values and transparently links values to possible treatment preferences.

Our goal is to broadly disseminate Plan Well Guide, engaging people in advance serious illness preparations and plans (ASIPP). This would allow us to improve the quality and quantity of clinical decision-making regarding the use (or non-use) of life sustaining treatments). The output of this could be a reduction in medical error, improved patient-centered care, greater satisfaction and less stress and anxiety experienced by the family, as well as less exposure and risk to infection for front-line workers. The time is now, do your ASIPP ASAP! And we call upon clinicians and decision-makers to act by embedding this planning tool, Plan Well Guide, in the health care system and to promote it amongst their patients so that when they arrive in the emergency room with a serious illness, they are decisionally ready!

To learn more about or if you have any questions or comments about Plan Well Guide, please connect with Dr. Daren Heyland directly at [mailto:Dkh2@queensu.ca](mailto:mailto:Dkh2@queensu.ca).



## References

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