

The following are proposals from the WUSM Student COVID-19 Recovery Think Tank. They are based on data reviewed up to 3/31/20 and subject to change. These proposals do not necessarily reflect the intuitional policies or opinions of Washington University School of Medicine.

Proposal:

We propose that hospitals refer patients to established online resources to support value-informed, goal-concordant decisions regarding their code status and furthermore provide a platform (e.g. MyChart) by which patients' can pre-register their code status preferences prior to any need to present to care. While this proposal would not bypass the need to review code status on admission, it may better prepare patients and facilitate the process for providers.

Background:

Patients are typically asked to state their preferences regarding intubation and resuscitation on hospital admission as to ensure that they receive goal-concordant care. However, such inquiries often do not include a discussion of patients' values, goals of care, and attitudes towards the burden of these code measures.¹⁻⁴ This is in part due to time limitations and lack of long-term therapeutic relationship. The absence of such discussions can lead to discordance between patients' true preferences and documented code status,⁵ which negatively impacts quality of care and use of resources.

While ideally patients would have code status conversations with their established providers,³ this may not be possible due to lack of such providers or during times of social distancing. Fortunately, online resources can provide an accessible alternative to guide patients and their families and help them make value-informed, goal-concordant decisions regarding code status. Examples include the Institute of Health Improvement's Conversation Project (<https://theconversationproject.org/>) or the University of California's Prepare for your Care program (<https://prepareforyourcare.org/>).⁶

The need for value-informed, goal-concordant care is heightened during the COVID-19 pandemic.³ With the potential for limited ventilator capacity, knowledge of code status can allow for better prediction of ventilator need and allocation of these lifesaving machines. Similarly, knowledge of code status can reduce risk to healthcare workers given the expected aerosolization of SARS-CoV-2 with intubation.³ Finally, given publicization of the pandemic and stay-at-home restrictions during the pandemic, patients and their families may have more time and impetus to reflect on and make decisions regarding their code status preferences.

In addition to its utility during the current pandemic, implementing this proposal can be expected to contribute to the continued provision of goal-aligned care in the future.

References:

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