

Coronavirus Care
Community of Practice

Bystander Rescue Care
CareUniversity Series

What To Do – They’re in the ICU A Survive & Thrive Guide™

Coronavirus Care
Community of Practice

Bystander Rescue Care
CareUniversity Series

Welcome

Charles Denham, MD
 Chairman, TMIT Global
 Founder Med Tac Bystander Rescue Care
 Med Tac Bystander Rescue Care
 March 4, 2021
 CareUniversity Webinar 156

Coronavirus Care
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Our Purpose, Mission, and Values

Our Purpose:
 We will measure our success by how **we protect and enrich the lives of families...patients AND caregivers.**

Our Mission:
 To accelerate performance solutions that **save lives, save money, and create value** in the communities we serve and ventures we undertake.

CAREUNIVERSITY®

Our ICARE Values:
 Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.

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Disclosure Statement

The following panelists certify that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship pharmaceutical or device companies discussed in their presentations. The funding of the program is from the Denham Family fund of TMIT Global, a 501c3 Medical Research Organization

- Gregory H. Botz, MD, FCCM, has nothing to disclose.
- Dr. Tim Jessick has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Heather Foster has nothing to disclose.
- Keith Flitner has nothing to disclose.
- Jaime Yrastorza has nothing to disclose.
- Daniel Pollicicchio, Jr., has nothing to disclose.
- Paul Bhatia has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Audrey Lam has nothing to disclose.

Charles Denham, MD, is the Chairman of TMIT Global; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for Chasing Zero documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for Surfing the Healthcare Tsunami documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for BioPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham is the developer and producer of CareUniversity™, the learning management system providing continuing education materials for TMIT Global.

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Voice of the Patient

Jennifer Dingman
 Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division
 Co-founder, PULSE American Division
 TMIT Patient Advocate Team Member
 Pueblo, CO

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What To Do – They're in the ICU A Survive & Thrive Guide™

Charles Denham, MD
 Chairman, TMIT Global
 Founder Med Tac
 Bystander Rescue Care

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Monthly Webinars every first Thursday of the month at 1PM ET (Noon Central and 10AM PT). Free, video, and resources posted.

BASIC MODULES

Masks: The SCIENCE of Success

Why Social Distancing WORKS

Hand Washing & DISINFECTANTS

CLEAN High Contact Surfaces

Building a FAMILY SAFETY PLAN

If we NEED Emergency Care

Why ICU, Respirators, and ECMO

BASIC MODULES:

- Short Videos 4-10 min
- Critical Information
- Hits Pillars of Prevention

ADVANCED MODULES

Preparing for CARE at Home

TELEMEDICINE Works - Try It

Care of Seniors & those AT-RISK

The Latest Best Practices

Coronavirus Best Use Medication

Caring Home Safe Visitors

The New Remote Monitor

Back to School Safety

ADVANCED MODULES:

- Longer more detailed
- Webinar Recordings
- Technical Information

Related Resources

Care of the At Risk & Seniors at Home

www.medtacglobal.org/coronavirus-response/

Survive & Thrive Guide

BASIC MODULES

Masks: The SCIENCE of Success

Why Social Distancing WORKS

Hand Washing & DISINFECTANTS

CLEAN High Contact Surfaces

Building a FAMILY SAFETY PLAN

If we NEED Emergency Care

Why ICU, Respirators, and ECMO

8 Minute Video at

<https://www.medtacglobal.org/coronavirus-response/>

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Speakers & Reactors

Jennifer Dingman

Dr. Gregory Botz

Dr. Tim Jessick

Heather Foster RN

Keith Filmer

Charlie Denham III

Danny Pollicchio

Dr. Charles Denham

Jamie Yratorza

Paul Bhatia EMT

Audrey Lam EMT



COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Global Cases
61,787,692

Global Deaths
1,445,541

US State Level Deaths, Recovered
34,477 deaths, 84,723 recovered
New York US: 21,693 deaths, 840,663 recovered
United Kingdom: 57,648 deaths, 18,363 recovered
Florida US: 16,942 deaths, 42,923 recovered
Italy: 81,009 deaths, 10,000 recovered
US Deaths, Recovered

Cases by Country/Region/Sovereignty
13,094,010 US
9,351,109 India
6,238,350 Brazil
2,240,209 France
2,223,500 Russia
1,628,208 Spain
1,593,260 United Kingdom
1,538,217 Italy
1,407,277 Argentina
1,290,510 Colombia
1,078,594 Mexico
1,038,649 Germany
973,593 Poland
AdmiD

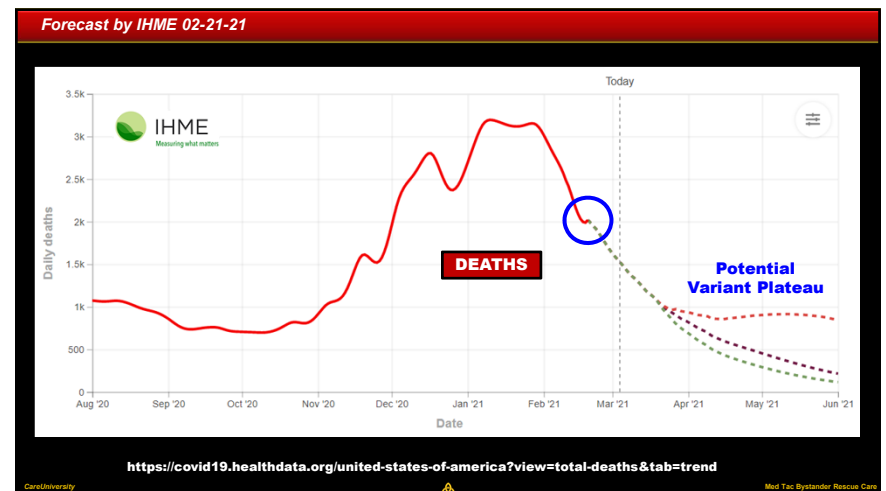
2 Infections Every Second

2 Deaths Every Minute


191

Last Updated at (MD/YYYY)
11/28/2020, 5:27 AM

Lancet Inf Dis Article: Here. Mobile Version: Here. Data sources: Full list. Downloadable database: GitHub, Feature Layer. Lead by JHU CSSE. Technical Support: Earl Living Atlas team and JHU APL. Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: Slack.




High Impact Care Hazards to Patients, Students, and Employees



- Cardiac Arrest
- Choking & Drowning
- Opioid Overdose
- Anaphylaxis
- Major Trauma
- Infections
- Transportation Accidents
- Bullying


Med Tac Story Article




Active Shooter Healthcare Article




Rapid Response Teams Article




AED & Bleeding Control Gear Article



Family Safety Plan Article



Supports today's webinar



A Medical-Tactical Approach undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:


- **High Impact Care Hazards** are frequent, severe, preventable, and measurable.
- **Lifeline Behaviors** undertaken by anyone can save lives.

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Survive & Thrive Guide: Protecting Your Family

Survive & Thrive Guide™ Program Road Map


Survive & Thrive Guide Series: Coming Home Safety



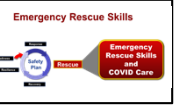
Creating Your Family Safety Plan




Providing Care at Home




Emergency Rescue Skills







Keeping Our Kids Safe




Safety Plan Templates for Everyone



Your 2021 Family Safety Plan



What To Do – They're in the ICU



March Webinar

CareUniversity Med Tac Bystander Rescue Care

Survive & Thrive Guide™ Program Road Map

Survive & Thrive Guide Series: Coming Home Safety



Keeping Our Kids Safe



Creating Your Family Safety Plan



Safety Plan Templates for Everyone



Providing Care at Home



Your 2021 Family Safety Plan



Emergency Rescue Skills



What To Do – They're in the ICU



Vaccines, Variants, and Victory

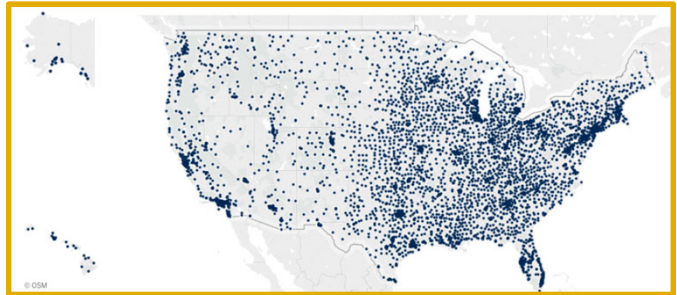


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Survive & Thrive Guide: Keeping Your Family Safe

TMIT Global Research Test Bed

3,100 Hospitals in 3,000 Communities
500 Subject Matter Expert Pool Developed over 35 Years



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Survive & Thrive Guide: Protecting Your Family

500 Subject Matter Experts

Graphic Representation to Protect Export Privacy

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MED + TAC **Coronavirus Care Community of Practice** **Bystander Rescue Care CareUniversity Series**

John Nance JD	Dr. Gregory Botz	Chief William Adcox	Heather Foster	Dr. Charles Denham	Dr. Casey Clements	Beth Ullem	Dr. McDowell	Dennis Quaid	Preston Head III
Fred Halse	Dr. Steve Swensen	Tyler Sant	Avarie Pettit	Dr. Mary Foley	Bob Chapman	Perry Bechtie III	Becky Martins	Betsy Denham	Charlie Denham III
Dr. C Peabody	Dr. Chris Fox	Randy Styner	Tom Renner	David Beshk	Ann Rhoades	Nancy Conrad	Dr. Chopra	John Little	Debbie Medina

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MED + TAC **Coronavirus Care Community of Practice** **Bystander Rescue Care CareUniversity Series**

Matt Horace	John Tomlinson	Dan Ford	Ariene Salamendra	Jennifer Dingman	Bill George	Penny George	Hilary Schmidt PhD	Paul Bhatia EMT	Dr. McDowell

Contributions Through Segments of our Discovery Channel Documentaries

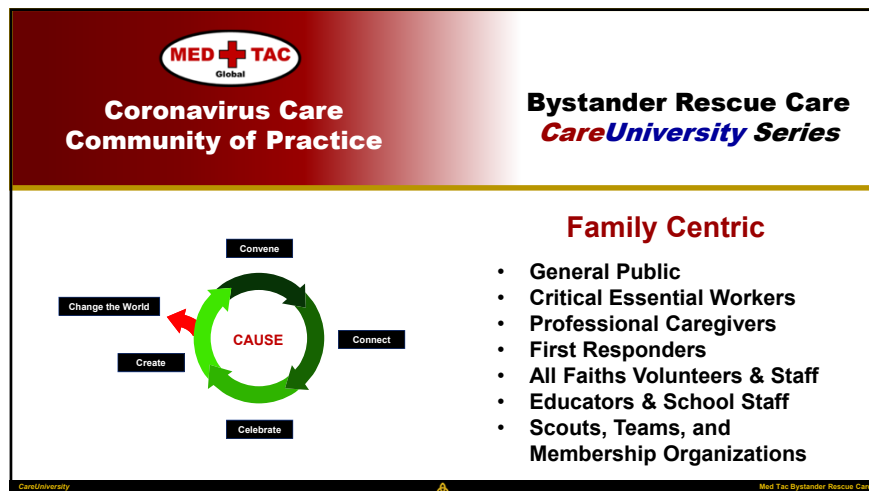
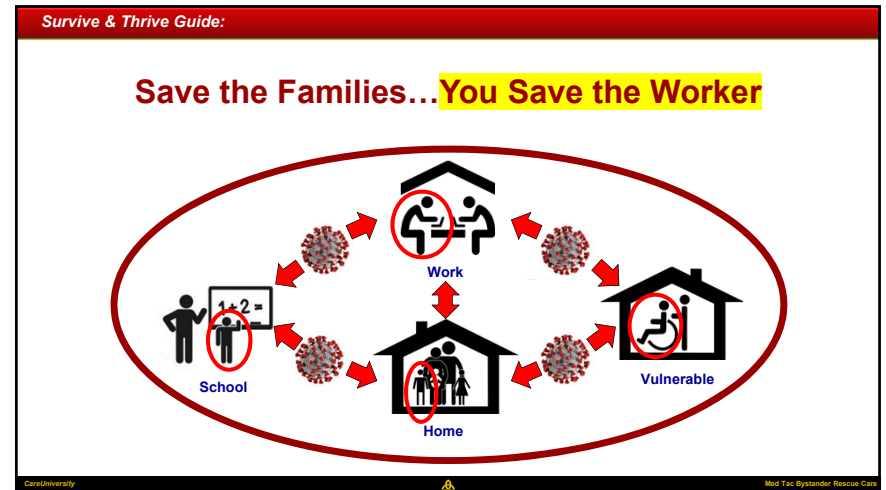
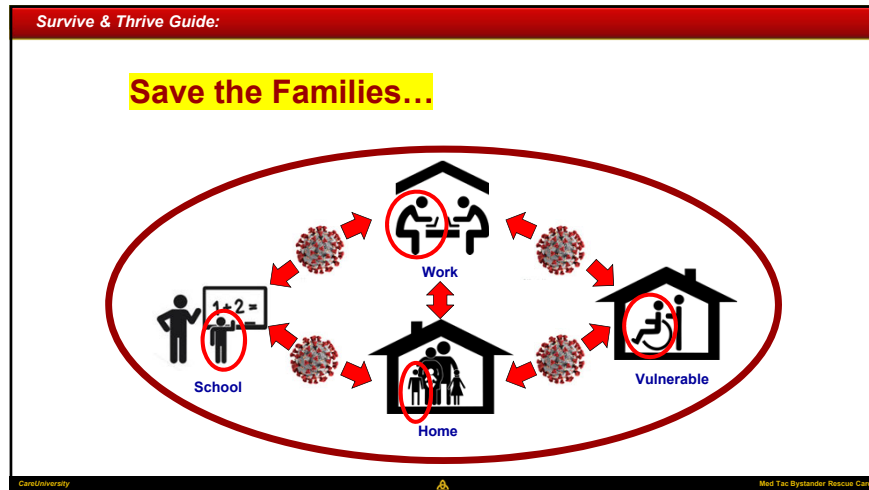
Prof Christensen	Jim Collins	C Sullenberger	Charlotte Guglielmi	Dr. Don Berwick	Dr. Howard Koh	Dr. Jim Baglan	Dr. Harvey Fineberg

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Essential Critical Workforce Infrastructure

Educators Declared Essential Critical Infrastructure Workers

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Creating Your Family Safety Plan

Family Survive & Thrive Guide™

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THE UNIVERSITY OF TEXAS

MDAnderson Cancer Center

Stanford University

UCSF

University of California San Francisco

UF

UNIVERSITY of FLORIDA

MAYO CLINIC

HARVARD UNIVERSITY

UCI

UTSouthwestern

Medical Center

USC

University of Southern California

Family Rescue R&D

The 5 R's of Safety

CardUniversity

Med Tac Bystander Rescue Care

Survive & Thrive Guide: Protecting Your Family

Family Health Safety Plans

Readiness

Resilience

Response

Rescue

Recovery

Readiness:

Preparation, regular review, and updating of a plan based on the latest science. Regular deliberate practice of roles and skills each family member undertake.

Resilience:

Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this "target hardening".

Response:

Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

Recovery:

Follow up care of the family member after an event. Returning to normal family activities after a family member is infected and isolated, hospitalized, or under quarantine."

Readiness

Resilience

Response

Rescue

Recovery

Readiness

Resilience

Response

Rescue

Recovery

Readiness

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Rescue

Recovery

National Survey Questions

I have already responded to
the Family Health Safety Survey

YES

NO

State what you want to see in the
Family Safety Plan Templates in Free Text Entry

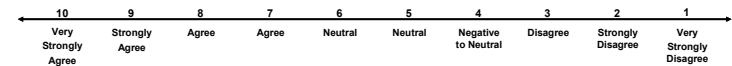
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READINESS

My family is ready to take care of a loved
one with Coronavirus in our home.



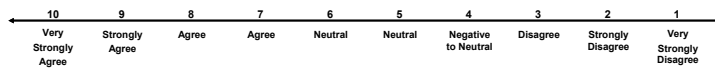
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RESPONSE

My family knows what actions to take if a loved
one becomes infected with Coronavirus.



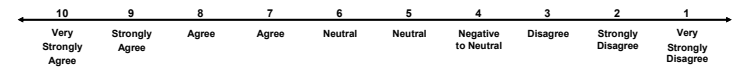
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RESCUE

My family knows what do when someone
develops severe COVID-19 symptoms.



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RECOVERY

My family has a safety plan to return to work and play when the Coronavirus social restrictions are relaxed.

10 9 8 7 6 5 4 3 2 1

Very Strongly Agree Strongly Agree Agree Agree Neutral Neutral Negative to Neutral Disagree Strongly Disagree Very Strongly Disagree

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RESILIENCE

My family has a plan to make them less vulnerable to epidemics in the future.

10 9 8 7 6 5 4 3 2 1

Very Strongly Agree Strongly Agree Agree Agree Neutral Neutral Negative to Neutral Disagree Strongly Disagree Very Strongly Disagree

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Emergency Rescue Skills

A Survive & Thrive Guide™

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Family Safety Plan

Readiness

Response

Rescue

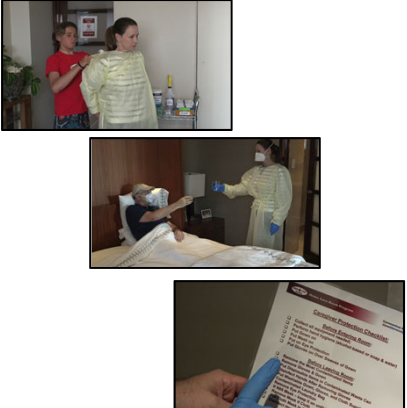
Recovery

Resilience

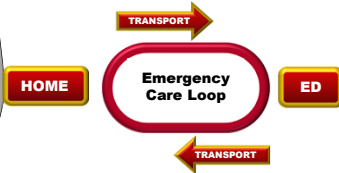
Family Member Scenarios	Readiness	Response	Rescue	Recovery	Resilience
No Exposure No Test or Negative Test	Be ready for waves or new epidemics. Social distance, hygiene, cleaning, and masks. Protect high risk family members.	Recognize people with no exposure – no test are at risk for infections.	Care of loved on with severe symptoms. Know the triggers for emergency care. Have med records ready for family.	Assistance safely to the "new normal". Be very careful until vaccine, antivirals, or an immunity shield is can protect public.	Making the family "harder to be targeted". Learn from others who are infected. Maintain medical records for family members.
Exposure to Infected Person and No Test	Know: what "exposure" is, what to if exposed, and if notified by a contact tracer.	Know where to get testing, maintain quarantine period, and how to protect family.	Know the triggers for emergency care. Have med records ready for family.	If infected, be aware of the possible long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Asymptomatic – No Test	Family behaves as if they	Isolate if test positive and	Watch for the signs and symptoms triggering seeking emergency care.	Be aware of and watch for the long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Asymptomatic – With Test	Follow records, med and a plan. Be ready for patient to be solo phone only contact.	Recognize people with infections to you. Watch for worsening signs/symptoms	Seek emergency care immediately. Have medical records and medications for ED care providers.	Recognize probable long-term consequences after being infected. Be aware of "long haulers" scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best emergency care location.
Infected & Requiring Hospitalization	Be ready for no contact with patient while at hospital. Be ready to give care at home following hospital discharge.	Be ready to respond to infections of others at home or in contact with patient.	Watch for triggers for emergency care of other family members who may get sick.	Recognize probable long-term consequences after being infected. Be aware of "long haulers" scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best hospital care providers.
Infected & Require ICU Life Support Respirator & ECMO	Keep the family ready for a death. Prepare to deliver substantial care at home if the patient is discharged.	Be ready to respond to isolate and care for infected family members. Quarantine those in significant contact.	Watch for symptom triggers requiring emergency care visit if others in family get sick.	Recognize probable long-term consequences after being infected. Be aware of "long haulers" scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best hospital care providers.

Continuously
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Family Lifeguard



Emergency Rescue Skills: Care at Home Post ED





HOME → TRANSPORT → Emergency Care Loop → TRANSPORT → ED

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Family Lifeguard

Emergency Rescue Skills: During Transport to Hospital





HOME → TRANSPORT → Emergency Care Loop → TRANSPORT → ED


CardUniversity Med Tac Bystander Rescue Care

Family Lifeguard


Emergency Rescue Skills: While at Emergency Dept.



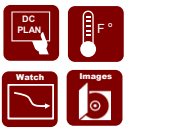
Right Diagnosis



Right Treatment




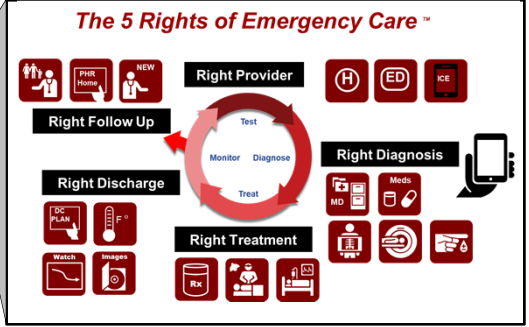
Right Discharge



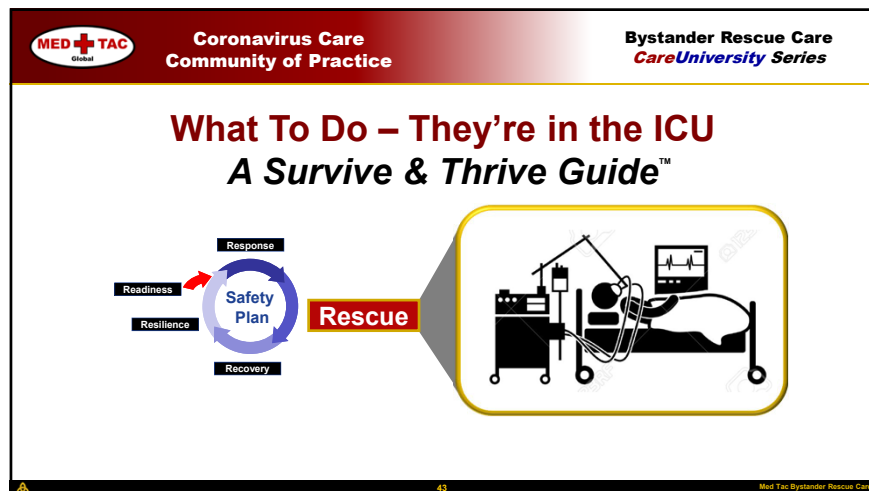
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The 5 Rights of Emergency Care™

www.medtacglobal.org/

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What To Do – They're in the ICU A Survive & Thrive Guide™

Gregory H. Botz, MD, FCCM

Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of
Anesthesiology
Stanford University School of Medicine,
Stanford, CA

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What To Do – They're in the ICU

Coronavirus Care Community of Practice

Coronavirus

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What To Do – They're in the ICU

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- Hospital Admission → ICU
 - HOW do we prepare?
 - WHAT to anticipate?
 - WHAT do we need to know?
 - HOW to get the best care?
 - WHAT can the family do?

What is the ICU?

Coronavirus

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What To Do – They're in the ICU

HOW to Prepare?

- Discuss key findings that signal the need for ICU
- Discuss Advance Directives
- Identify Family Contact
- Use Video Conferencing
- Plan Transition Out of ICU

Coronavirus

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Why Go to the ICU?



- Worsening Oxygenation
- Worsening Infection
- Kidney Failure
- Neurological Symptoms
- Underlying Medical Issues

W

WHAT to Anticipate?



Intensive Care Unit

- “Intensive Care”
- “24-Hour Care”
- Critical Care Teams
- Lower provider-patient ratio
- Life Support Equipment
 - Monitoring
 - Mechanical Ventilators
 - Medication Infusions
 - Hemodialysis
 - ECMO



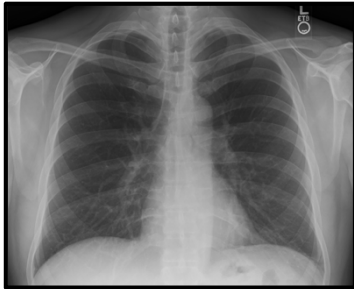
ICU During the COVID-19 Pandemic



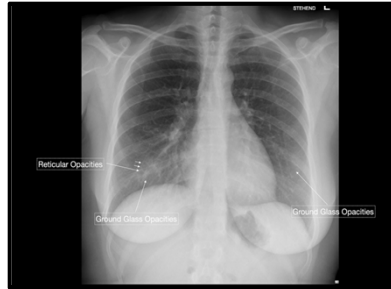
What To Do – They're in the ICU

Acute Respiratory Failure

Normal



COVID-19



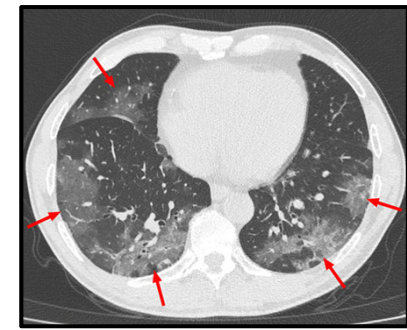
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What To Do – They're in the ICU

COVID Pneumonia



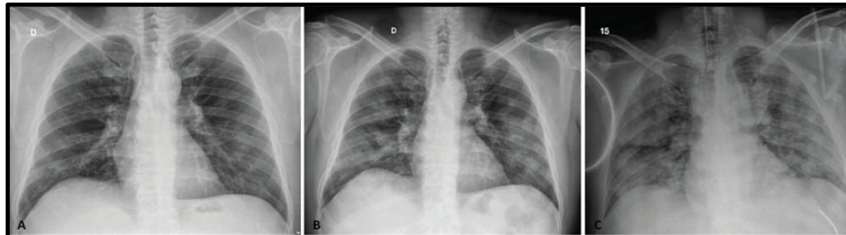
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What To Do – They're in the ICU

COVID-19 Acute Lung Injury



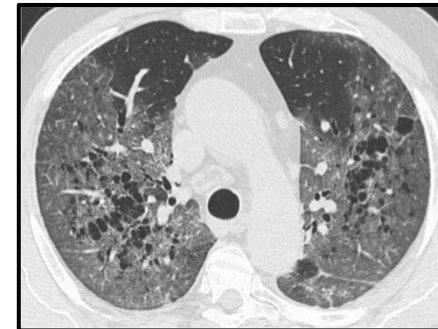
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What To Do – They're in the ICU

COVID-19 Acute Lung Injury



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COVID Medications

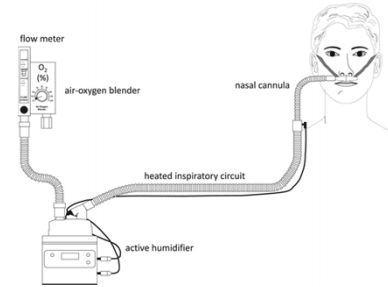


- Immune Therapy Drugs
- Dexamethasone
- Rheumatoid Arthritis Drugs?
- Convalescent Plasma?
- Antiviral Drugs?

What Works?

Respiratory Support

High Flow Nasal Cannula



Non-Invasive Ventilation

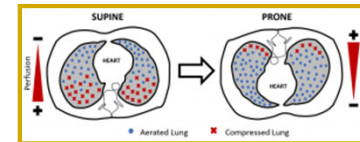


Respiratory Support

Invasive Mechanical Ventilation



Prone Positioning



What To Do – They're in the ICU

Extracorporeal Membrane Oxygenation (ECMO)



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What To Do – They're in the ICU

Good Critical Care!



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Family Safety Plan

	Readiness	Response	Rescue	Recovery	Resilience
Family Member Scenarios	Be ready for waves or new epidemics.	Response if someone in the home gets sick.	Care of loved on with severe symptoms.	Assistance safely to the "new normal".	Making the family "hardened" as a family.
No Exposure No Test or Negative Test	Social distances, hygiene, cleaning, and masks. Protect high risk family members.	Recognize people with no exposure – no test are at risk for infections.	Know the triggers for emergency care. Have med records ready for family.	Be very careful until vaccine, antivirals, or an immunity shield is can protect public.	Learn from others who are infected. Maintain medical records for family members.
Exposure to Infected Person and No Test	Know: what "exposure" is, what to if exposed, and if notified by a contact tracer.	Know where to get testing, maintain quarantine period, and how to protect family.	Know the triggers for emergency care. Have med records ready for family.	If infected, be aware of the possible long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Asymptomatic – No Symptoms Ever				Be aware of and watch for the long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Pre-symptomatic – Before Symptoms				Be aware of and watch for the long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Symptomatic – Have Symptoms				Be aware of and watch for the long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Severely Symptomatic – Need Help				Recognize probable long-term consequences after being infected. Be aware of "long haulers" scenario.	Maintain latest knowledge of local testing, contact tracing, isolation process AND best emergency care location.
Infected & Requiring Hospitalization				Recognize probable long-term consequences after being infected. Be aware of "long haulers" scenario.	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best hospital care providers.
Infected & Require ICU Life Support Respirator & ECMO				Recognize probable long-term consequences after being infected. Be aware of "long haulers" scenario.	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best hospital care providers.

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Speakers & Reactors



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Family Survive & Thrive Guide:™ Providing Care at Home

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Family Lifeguard

Emergency Rescue Skills: Care at Home Post ED

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What To Do – They're in the ICU A Survive & Thrive Guide™


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What To Do – They're in the ICU A Survive & Thrive Guide™

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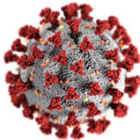
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Jaime Yrastorza

UCSD Graduate
Med Tac College Team Member




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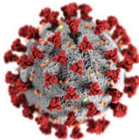
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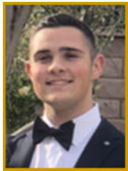


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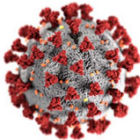
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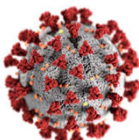
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Charles R. Denham III

High School Student
Co-founder Med Tac Bystander
Rescue Care Program
Co-lead Lifeguard Surf Program
Junior Med Tac Instructor

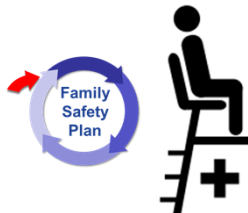



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Family Lifeguard

Be a Lifeguard For Your Family & Friends

90% Prevention and 10% Rescue



Gathering Huddle Checklist

The Goal - Prevent Bubble Trouble
Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use

Before Event:

- ☐ Assign Tasks to Family Members
- ☐ Prepare Separate Family Bubble Portions
- ☐ Set Up Handwashing Stations
- ☐ Develop a Bathroom Plan
- ☐ Prepare Bathroom – Optimize Ventilation
- ☐ Maintain Kitchen Hygiene

During Event:

- ☐ Convene Holiday Huddle with Guests
- ☐ Opening Prayer
- ☐ Describe Safe Family Bubbles
- ☐ Review Four Safety Pillars
- ☐ Provide Restroom Plan
- ☐ Describe Eating Plan
- ☐ Summarize Clean Up Plan

After Event:

- ☐ Glove up to Clean Up
- ☐ Soak Plates and Cutlery in Soapy Water
- ☐ Wipe down surfaces touched by guests
- ☐ Wipe down bathroom used by guests
- ☐ Meet to de-brief to be safer next time

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Family Lifeguard

Spring Break, Ski Week, and Easter Vacations



Holiday Huddle Checklist

The Goal - Prevent Bubble Trouble
Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use

Before Event:

- ☐ Assign Tasks to Family Members
- ☐ Prepare Separate Family Bubble Portions
- ☐ Set Up Handwashing Stations
- ☐ Develop a Bathroom Plan
- ☐ Prepare Bathroom – Optimize Ventilation
- ☐ Maintain Kitchen Hygiene

During Event:

- ☐ Convene Holiday Huddle with Guests
- ☐ Opening Prayer
- ☐ Describe Safe Family Bubbles
- ☐ Review Four Safety Pillars
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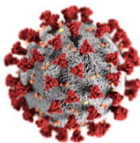
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Keith Flitner

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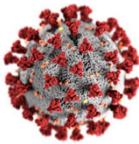
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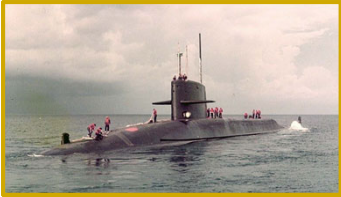
SBAR for Patients



Original SBAR

- **S**ituation
- **B**ackground
- **A**ssessment
- **R**ecommendation

Original SBAR



SOLUTIONS FOR LEADERS

SBAR for Patients

Charles R. Denham, MD

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Situation

- **The Current Situation of Concern:** What brought patient and family to request help.
- **"Active Medical Problems":** We can teach families to understand they are conditions requiring treatment.
- **Purpose of Visit:** Briefly summarize why seeing caregiver.

Background

- **What led to Situation:** Summarize what led to visit – the facts.
- **Prior Diagnosis:** Include diagnosis and treatment to date.
- **Important Information:** Patient and family to express what they think is important information.

SBAR for Patients

- **Situation**
- **Background**
- **Assessment**
- **Request**


Request

- **Clear Ask:** Patients and families to be encouraged to make a clear "ask" for help. The structure
- **Our Priority on their Priorities:** It is important to readback the priorities of the request.

Key Opportunities

- **Human Factors:** We can improve on the communication by structures that optimize connections.
- **Health Literacy:** The tool allows us to speak at a level of detail that can more easily close health literacy gaps. This makes patients a partner.
- **Active Listening:** The structure allows us to be much more attentive to the key issues.

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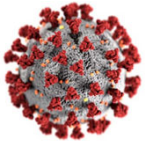
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Dr. Timothy Jessick


**Palliative Care and Family Medicine
Post Acute Medical Director
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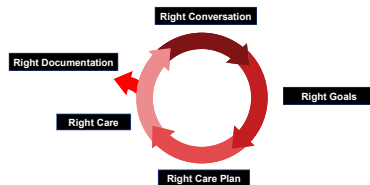
Critical Questions

- Why is an End of Life Program important?
 - Communication is a skill
 - It should be "person focused"
- Is an End of Life Program "good business"?
 - They improve quality, decrease cost, and is measurable
 - It enhances patient and provider experience.
 - Improve "Quad-triple Aim"
- Have you had a loved one who experience poor care at the end of life?
 - Story about Couple
- How do we change the culture in medicine to be more family-centered?
- How do we become more proactive than reactive?
- What do you need for a good End of Life Program?
 - We need system support - top down support



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The 5 Rights of End of Life Care™



Right Conversation: Early conversations to be prepared for future events, proper conversations about care interventions, and the conversation at the end of life.

Right Goals: The patient and family goals and expectations grounded in reality that are synchronized to their personal values and desires. Meet them where they are and help them get to where they want to go.

Right Documentation: Processes and systems are in place to make sure that all documentation flows properly between caregivers, the organization, and the family.

Right Care: Here we make sure that the care provided is consistent with the Right Goals and Care Plan.

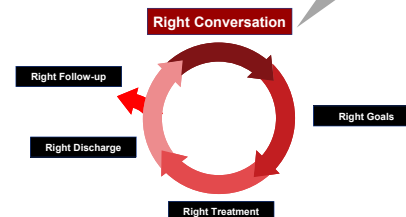
Right Care Plan: Linked to the Right Goals; the orders, procedures, and documentation such as Advance Directives, DNR, and Powers of Attorney support the Care Plan.

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Right Conversation: Early conversations to be prepared for future events, proper conversations about care interventions, and the conversation at the end of life.

Concepts:

- Patient Centered conversations are a skill.
- Clinicians need communication training.
- The right conversation at the right time in the right place with the right participants (family & caregivers)

Tools:

- Advance Care Planning and Goals of Care Documentation SEE: SafetyLeaders website.
- **CODES** mnemonic: **C**onversation, **O**rders, **D**ocumentation, **E**ducations, and **S**ystem **C**hange.

Resources:

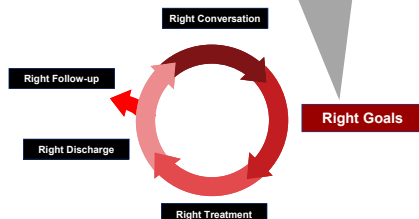
- Improving Generalist Palliative Care for Hospitalized Seriously Ill Patients Guidebook. David Weissman MD & Tim Jessick DO, et al. SEE SafetyLeaders website.

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Right Goals: The patient and family goals and expectations grounded in reality that are synchronized to their personal values and desires. Meet them where they are and help them get to where they want to go.

Concepts:

- Determine patient's goals
- Prognosis, plan for future deterioration
- Mind, body and spirit evaluation

Tools:

- **PEACE** Tool: **P**hysical, **E**moational, **A**utonomy/Advance Directives, **C**oping/closure, **E**xperiences, Transcendent/Spiritual
- FICA tool(link) www.mypcnw.org/fast-fact/the-fica-spiritual-history-tool/

Resources:

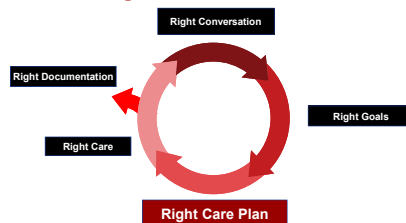
- Prognosis Fast Fact www.mypcnw.org/fast-fact/determining-prognosis-in-advanced-cancer/
- SBAR: Situation, Background, Assessment, and Recommendation.
- **SBAR** for Patients in Journal of Patient Safety – Situation, Background, Assessment, and **Request**.

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Right Care Plan: Linked to the Right Goals; the orders, procedures, and documentation such as Advance Directives, DNR, and Powers of Attorney support the Care Plan.

Concepts:

- Discussing orders such as code status is crucial;
- Discussing future plans such as returning to the hospital if condition worsens, tube feeding, assessing aggressive surgeries and treatments.

Tools:

- Advance Directive resources/links for each state National Hospice and Palliative Care Organization and a list of all state AD's (<https://www.nhpco.org/advancedirective/>)

Resources:

- Honoring Choices Wisconsin website with videos and basic ACP information (<https://www.wismed.org/wisconsin/wismed/about-us/honoring-choices/wismed/about-us/honoring-choices.aspx>).
- Fast Fact resource on Myths of advance directives www.mypcnw.org/fast-fact/myths-about-advance-directives/

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Concepts:

- Measurement of clinical, operational, and financial outcomes.
- Mind, body and spirit outcomes – synchronize with Care Goals.
- Patients and families must be continuously informed of the care plan.

Tools:

- Safety Learning System such as Dr. J Huddleston's work in Opportunities for Improvement (OFIs).

Resources:

- See original article in Journal of Patient Safety regarding Mayo Mortality Reviews
- www.HBHealthcareSafety.org

Right Care: Here we make sure that the care provided is consistent with the Right Goals and Care Plan.

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Right Documentation: Processes and systems are in place to make sure that all documentation flows properly between caregivers, the organization, and the family.

Right Documentation: Processes and systems are in place to make sure that all documentation flows properly between caregivers, the organization, and the family.

Concepts

- Care across the continuum and over time is well documented.
- Good care coordination is documented.
- Goals of care are documented over time.
- Distribute goals of care documents and other documents to all facilities and sites of care

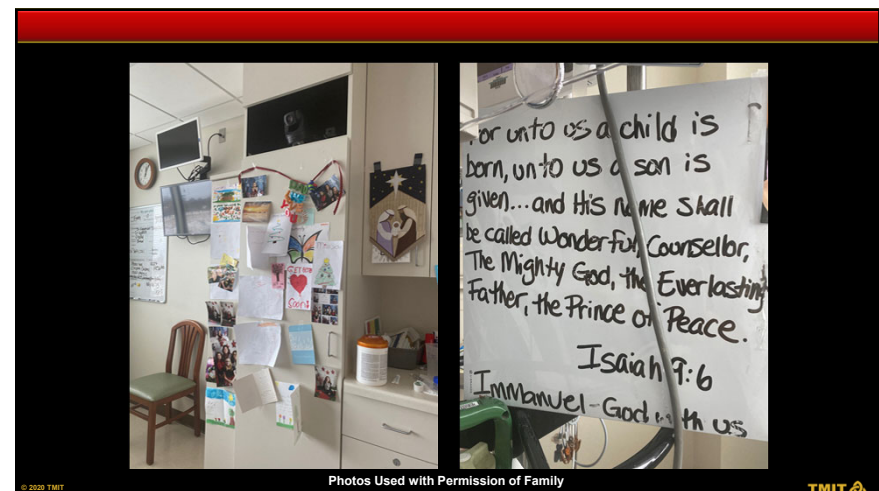
Tools

- Standardized templates for organization.
- Transitions Checklists and Flow Charts

Resources

- The 5 Rights of Medical Records (March 2021)

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The Dream Scenario

- Patient centered care is the norm for all patients
- Goals of care are completed and then documented for all appropriate patients in all settings
- Goals of Care Conversations are a credentialing requirement
- Patient care is concordant with their wishes



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Survive & Thrive Guide

BASIC MODULES

8 Minute Video at

<https://www.medtacglobal.org/coronavirus-response/>

Masks: The SCIENCE of Success

Why Social Distancing WORKS

Hand Washing & DISINFECTANTS

CLEAN High Contact Surfaces

Building a FAMILY SAFETY PLAN

If we NEED Emergency Care

Why ICU, Respirators, and ECMO

ICU Care, Respirators, and ECMO



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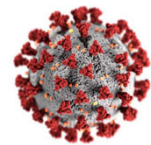
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TMIT Patient Advocate Team Member
Pueblo, CO



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Additional Resources and Slides from Videos

Family Member Scenarios	Care of loved on with severe symptoms.
No Exposure No Test or Negative Test	Know the triggers for emergency care. Have med records ready for family
Exposure to Infected Person and No Test	Know the triggers for emergency care. Have med records ready for family
Infected & Asymptomatic – No Symptoms Ever	Watch for the signs and symptoms triggering seeking emergency care.
Infected & Pre-symptomatic – Before Symptoms	Watch for the signs and symptoms triggering seeking emergency care.
Infected & Symptomatic – Have Symptoms	Watch for the signs and symptoms triggering seeking emergency care.
Infected & Severely Symptomatic – Need Help	Seek emergency care immediately. Have medical records and medications for ED care providers.
Infected & Requiring Hospitalization	Watch for triggers for emergency care of other family members who may get sick.
Infected & Require ICU Life Support Respirator & ECMO	Watch for symptom triggers requiring emergency care visit if others in family get sick.

Family Plan Checklist

Awareness

- Family Rescue Scenario Awareness: Members need to be aware of "rescue scenarios" and what the CDC describes as "emergency warning signs":
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Rescue Knowledge - 4 P's: Family members are aware of how to be prepared, prevent medical errors, protect loved ones, and learn performance improvement from caregivers.

Accountability

- Rescue Task Accountability Reinforced: Everyone needs to know what, when, why, and how to respond when someone develops the CDC emergency warning signs.
- Rescue Task Completion Log: These recorded lifesaving tasks are vital to professional caregivers.

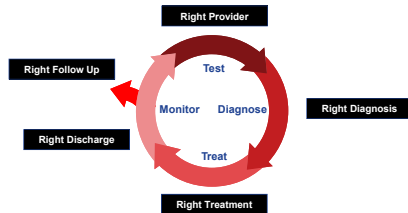
Ability

- Rescue Skills: Care of an infected family member in isolation requires safe use of PPE, safe transportation, and protecting family members.
- Rescue Resources: Staff, supplies, space, and financial resources vital. Staff include family members and service providers. Adequate funding, PPE supplies, and disinfection resources are critical.

Action

- Follow the Plan for the Family Member Scenario: Specific checklists for each scenario needs to be followed. The most important issue is that patients will have to be admitted to hospital alone.
 - Infected & Severely Symptomatic – Need Help: Emergency Sign recognition, safe transportation, safe communication with Caregivers are critical. See SBAR for Patients Communication Tool.
 - Infected Requiring Hospitalization: Communication with Hospital Caregivers will have to be by phone or mobile web device. Briefings with family members is ideal through one family member.
 - Infected & Require ICU Life Support Respirator & ECMO: The seriousness of the situation should be communicated to the family members.

The 5 Rights of Emergency Care™



Right Provider: Patients and families need to choose the best emergency care provider they will use prior to experiencing an emergency.

Right Diagnosis: The right diagnosis depends on information – make sure to help the emergency care providers with all of the information you have to help them.

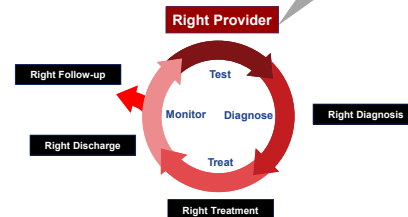
Right Treatment: It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

Right Discharge: A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.

Right Follow-up: The continuity of care after an Emergency Medicine visit is very important to the long-term outcome of the care received. The breakdown in follow up is often an area of safety risk.

Source: Denham, CR

The 5 Rights of Emergency Care™



Right Provider: Patients and families need to choose the best emergency care provider they will use prior to experiencing an emergency.

- Choose RIGHT Emergency Care Provider:** The one that already has your records, especially for complex issues
- Your Choices:** Urgent Care, Community Hospital, Specialty Center – Pediatric, CA, Stroke Center Trauma Center...if you have a choice.
- Bigger Centers – Bigger Problems:** when in doubt with serious problems the larger more comprehensive center may be best.
- ICE – In Case of Emergency:** Make sure to always have your In Case of Emergency (ICE) contact in your wallet and on phone. First responders will look for it if you are in an accident.

Source: Denham, CR

The 5 Rights of Emergency Care™

Right Diagnosis: The right diagnosis depends on information – make sure to help the emergency care providers with all of the information you have to help them.

- **Bring Your Medical Records:** your prior hospital records and summaries of the latest care if you have them.
- **Bring your Care Plan** if you have one.
- **Bring Medications:** your actual medications in a bag and be prepared to describe how you take them.
- **Imaging Studies & Reports:** If you have imaging studies on disc which can prevent you from getting other studies.
- **Tests & Diagnosis:** Understand the tests the findings of the tests.

Source: Denham, CR

The 5 Rights of Emergency Care™

- **Treatment of Short-term Symptoms and of Long-term Conditions:** Procedures, medications, and new behaviors you need to maintain should be understood for the short-term and long-term timeframes.
- **Shared Decision Making:** Understand the treatment and decide together
- **Risks and Benefits:** Understand the risks and the benefits of proposed treatment.
- **Hospital Admissions:** Understand why you might be admitted for care in the hospital versus what would be required for care at home.

Right Treatment: It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

Source: Denham, CR

The 5 Rights of Emergency Care™

- **Return Precautions:** Understanding when to come back to ED — signs and symptoms to return. Care is never over during the visit. This is a vital safety area and we often wait too long before returning.
- **Understanding What Happened:** The Medical Problem, Diagnosis, and Treatment must be understood to make sure to have long-term results.
- **Medication Reconciliation:** The stops, adds, and changes in medications must be understood.
- **Records Reconciliation:** Assembling and summarizing the latest records are vital.
- **Care Plan:** Wound care, diet, and special instructions need to be understood.
- **Get the Records:** All of the records of the visit including imaging should be obtained and maintained at home – even if releases are required and in the following days to get the records.

Right Discharge: A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.


Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Emergency Care™

Right Follow-up: The continuity of care after an Emergency Medicine visit is very important to the long-term outcome of the care received. The breakdown in follow up is often an area of safety risk.

- **WHO, about WHAT, and WHEN:** In follow up we need to understand who we need to see as a caregiver, about what issues, and when we need to see them.
- **Update Your Records:** You will want to update your home records with the follow up visit records for future reference.
- **See New Caregivers:** You may need to see a new doctor and the records from primary care, ED visit, medications lists, and imaging studies will all be important.

Source: Denham,






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Coming Home Safely

Family Survive & Thrive Guide™

Hot Zone	Warm Zone	Safe Zone
<p>Public & Work Exposure</p> 	<p>Disinfection Area</p> 	<p>Home with Family</p> 

Hot-Warm-Safe Zone Practices

The diagram consists of three vertical panels with a color gradient from red to green. The top panel contains the zone names and descriptions. The middle panel features a large white double-headed arrow connecting the zones. The bottom panel lists specific practices for each zone.

Hot Zone Public & Work Exposure	Warm Zone Disinfection Area	Safe Zone Home with Family
<u>Maintain Best Protection</u> <ul style="list-style-type: none">• Social Distance• Masks• Hand Hygiene• Clean Hi-Contact Surfaces	<u>Disinfection & Storage</u> <ul style="list-style-type: none">• Considered Contaminated• Remove PPE• Disinfect each Person• Store PPE• Separate Laundry• Clean Surfaces	<u>Maintain Zone Virus Free</u> <ul style="list-style-type: none">• Disinfection Stations at doors at Warm Zones• Clean Contact Surfaces• Maintain Ventilation• Manage Isolation, Quarantine, and Senior Care

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Survive & Thrive Guide: Protecting Your Family

Survive & Thrive Guide: Protecting Your Family

Hot-Warm-Safe-Zone Practices

Hot Zone

Public & Home Exposure

Maintain Best Protection

- Social Distancing
- Hand Hygiene
- Clean & Disinfect Surfaces

Warm Zone

Disinfection Area

Disinfection & Hygiene

- Considered Contaminated
- Remove PPE
- Disinfect All Person
- Disinfect PPE
- Clean Ventilation
- Clean Surfaces

Safe Zone

Home with Family

Maintain Best Protection

- Disinfect Surfaces at least 1x per day
- Clean Contact Surfaces
- Monitor Ventilation
- Quarantine, Isolate, and Monitor Care

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Hot Zone

Public & Work Exposure



Maintain Best Protection

- Social Distance
- Masks
- Hand Hygiene
- Clean Hi-Contact Surfaces

HOT ZONE PRACTICES

- Social Distance – 6 Feet is a MINIMUM
- Handwashing is poor even in caregivers – 20 sec
- Avoid Poorly Ventilated Spaces
- Don't Touch Face Masks or the Face
- Be gracious but firm when others invade your space
- It is critical to know how to put on and take off Personal Protective Equipment (PPE). Called “Don and Doff” in healthcare jargon.
- Whenever in doubt, wash your hands.
- Know the process for reporting outbreaks.
- “Exposure to Infected” is being within 6 FEET OF INFECTED FOR LONGER THAN 15 MINUTES.

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Hot-Warm-Safe Zone Practices

WARM ZONE Leaving Hot Zone Practices

- Disinfect before getting in car.
- Contain Contaminated Materials
- Wipe Down Car Door Handles and contact surfaces if car is warm zone.
- If Car is WARM ZONE: It must be considered contaminated.
- Be ready to store contaminated gear in your car if you must.

WARM ZONE Joining Hot Zone Practices

- Assure your mask has good fit.
- Practice no mask or face touching
- If contaminated – wash hands.
- Know the rules of the workplace or public venue.

Warm Zone
Disinfection Area

WARM ZONE Coming Home Practices

- Designate WARM ZONE room or space for disinfecting.
- Assemble & Maintain Disinfection Station with cleaning supplies.
- Keep the family out of WARM ZONE
- Increase precautions if someone is in quarantine or isolation.

WARM ZONE Leaving Home Practices

- New or Cleaned masks, gloves, face shields and coverings.
- Bring disinfectants in your car or your gear.
- Bring extra masks if you have them.

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Hot-Warm-Safe Zone Practices

SAFE ZONE PRACTICES

- Establish and maintain disinfection stations at doors.
- Regularly clean high contact surfaces.
- Prevent people or parcels from bringing the virus home.
- If possible, keep rooms well ventilated.

Care of Someone At Home

- Getting your “MacGyver On” – Use what you have.
- Whether the flu or Coronavirus – use same processes.
- Isolation is for all those who are infected or sick.
- The infected NEED to wear masks. Social distance and hand hygiene are important. Surfaces ARE a risk.
- Quarantine is for who may be infected – assume infected until end of quarantine period or test negative.

Safe Zone
Home with Family

Maintain Zone Virus Free

- Disinfection Stations at doors at Warm Zones
- Clean Contact Surfaces
- Maintain Ventilation
- Manage Isolation, Quarantine, and Senior Care

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MED + TAC Global Coronavirus Care Community of Practice Bystander Rescue Care CareUniversity Series

Keeping Our Kids Safe

Family Survive & Thrive Guide™

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Threats X Vulnerability = Risk to Your Family

Threats:
Likely to cause **HARM**.

Vulnerability:
Weaknesses that can be **EXPLOITED** by threats.

Risk:
PROBABILITY of harm by a threat exploiting vulnerability.

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Survive & Thrive Guide: Protecting Your Family

Keeping Our Kids Safe: Steps 1-4

Keeping Our Kids Safe...by Keeping the Unit Family Safe

Reduce Family Vulnerability

STEP 1: Identify Each Family Member's Threat Profile

- Family living together and those in direct contact.
- Identify threats due to age, underlying conditions, and outside threats related to region and living conditions.

STEP 2: Identify and Follow Local Coronavirus Threats

- Local Community infection factors, trends, and public health guidelines will drive your behaviors and plans.
- Understand the public health processes in place where the family members will work, learn, play, and play.

STEP 3: Develop a Family Safety Plan

- A leader or leaders of the family act as the CPO - Chief Family Officer who drives the plan: Readiness, Response, Recovery, and Resilience.

STEP 4: Plan the Flight and Fly the Plan

- The novel Coronavirus virus, trends, vulnerabilities, and therefore the family risk changes continuously. Every family flight plan is modified along the route - so will your family safety plan.

Survive & Thrive Guide: Protecting Your Family

STEP 1: Identify Each Family Member's Threat Profile

Understanding the Threats, Vulnerability, and Risk of Harm to our Children

Family Unit Threat Profile:

Outside Threats from Community

- Threats, Vulnerability, and Risk from the outside encompass for each individual family member for being and doing.
- Threats, Vulnerability, and Risk of current behaviors.

Inside Threats from Family - Home and Closest

- Threats, Vulnerability, and Risk for each family member unique to them from being infected, harmed, and death.
- Threats, Vulnerability, and Risk of current behaviors within the home and living spaces.

Survive & Thrive Guide: Protecting Your Family

STEP 2: Identify and Follow Local Coronavirus Threats

Inside versus Outside Threats

Outside Threats:

- High Background COVID-19 Infection
- Community without adequate public health services including Test, Trace, Treat, Isolate, and Quarantine Programs.
- Group Activities and Events without Proper Prevention - Social Distancing etc.

Inside Threats:

- Delayed/Emergency Medical Care for of Children due to fear.
- Delayed Vaccines for Children due to fear.
- Expression of Children isolated at home.
- Threats to increase Compromised Children.
- Inadequate Nutrition of Children.
- Lack of Experiences of Children and Adults.
- Delayed/Emergency Medical Care for of Adults due to Fear.
- Senior were 65 years of age at risk of due age.
- Delayed/Emergency Medical Care for of Adults due to Fear.
- Delayed or absent Screening of Adults and Seniors.
- Delayed/Emergency Medical Procedures for adults.
- Inadequate Disinfection of Contact Surfaces.

Survive & Thrive Guide: Protecting Your Family

STEP 2:

Develop a Family Safety Plan

A leader or leaders of the family act as the CPO - Chief Family Officer who drives the plan: Readiness, Response, Recovery, and Resilience.

STEP 3:

Plan the Flight and Fly the Plan

The novel Coronavirus virus, science, trends, vulnerability, and therefore the family risk changes continuously. Every airplane flight plan is modified along the route - so will your family safety plan.

CanineUniversity

1

Mod Cat Bystander Rescue

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- Local Community infection factors, trends, and public health guidelines will drive your behaviors and plans.
- Understand the public health processes in place where the family members will work, learn, play, and pray.

STEP 3: Develop a Family Safety Plan

- A leader or leaders of the family act as the CFO – Chief Family Officer who drives the plan: Readiness, Response, Rescue, Recovery, and Resilience.

STEP 4: Plan the Flight and Fly the Plan


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Carroll University Med Tac System Rescue Clinic

Family Lifeguard

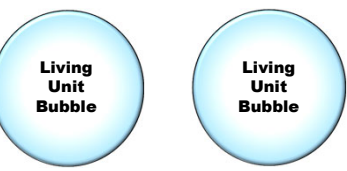
Be Your Family Lifeguard

90% Prevention and 10% Rescue



The diagram illustrates the concept of being a family lifeguard. It features a black silhouette of a person sitting on a ladder, with a large plus sign at the base of the ladder. To the left of the person is a circular arrow with the text 'Family Safety Plan' inside it. A red arrow points from the 'Family Safety Plan' circle towards the person on the ladder.

Avoid "Double Bubble Trouble"



The diagram shows two light blue circles, each labeled 'Living Unit Bubble'. They are positioned side-by-side within a black rectangular frame.

CareUniversity

Med Tac Bystander Rescue Course

Family Lifeguard

**Be Your
Family Lifeguard**

90% Prevention and 10% Rescue



Holiday Huddle Checklist

The Goal - Prevent Bubble Trouble
Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use

Before Event:

- ☐ Assign Tasks to Family Members
- ☐ Prepare Separate Family Bubble Portions
- ☐ Set Up Handwashing Stations
- ☐ Develop a Bathroom Plan
- ☐ Prepare Bathroom – Optimize Ventilation
- ☐ Maintain Kitchen Hygiene

During Event:

- ☐ Convene Holiday Huddle with Guests
- ☐ Opening Prayer
- ☐ Describe Safe Family Bubbles
- ☐ Review Four Safety Pillars
- ☐ Provide Restroom Plan
- ☐ Describe Eating Plan
- ☐ Summarize Clean Up Plan

After Event:

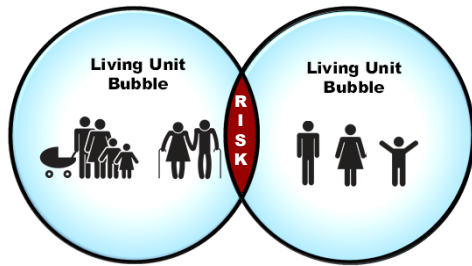
- ☐ Glove up to Clean Up
- ☐ Soak Plates and Cutlery in Soapy Water
- ☐ Wipe down surfaces touched by guests
- ☐ Wipe down bathroom used by guests
- ☐ Meet to de-brief to be safer next time

"Double Bubble Trouble" Create Transmission Chains

CDC Close Contact

Exposure Risks

- 15 Minutes within 6 feet over 24 Hours
- Provided Care to COVID-19 Infected
- Physical Contact (hugs & kisses)
- Use Same Cooking Utensil's
- Droplet Contact



General Risks

- Indoor Events
- Poorly Ventilated Environments
- Common use bathroom facilities
- High Contact Surfaces not disinfected
- Common Food Access