



State of New Jersey

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TO: Nursing Facility Administrators

DATE: December 10, 2020

SUBJECT: Advance Care Planning During the COVID-19 Crisis

AUTHORITY: New Jersey Advance Directives for Health Care Act, as specified in N.J.A.C. 8:39-9.6(d); Requirements for certain facilities concerning end-of-life care, as specified in N.J.S.A. 26:2H-132.2

Background

The COVID-19 pandemic disproportionately affects older individuals and those with underlying medical conditions. Residents of long-term care facilities are particularly affected due to the congregate living environment that can increase risk of exposure to COVID-19.

Residents have a right to receive care consistent with their preferences. **In light of COVID-19, each facility should prospectively confirm residents' treatment preferences, develop care plans and obtain requisite orders to reflect residents' goals, values and preferences, and put policies and procedures in place to support resident treatment wishes being recognized and honored.** Residents have a right to create advance care planning documents but cannot be required to do so. Facilities should ensure that information is effectively communicated to residents and decision makers and provide auxiliary aids and services to residents with disabilities as needed to facilitate communication.

Recommendations

The New Jersey Long-Term Care Ombudsman (NJLTCO) recommends that all skilled nursing facilities (SNFs):

- Educate all residents/decision makers about COVID-19 and the higher risk of severe illness and death from COVID-19 for older persons and those with serious illness.
- Inform all residents/decision makers of possible treatment options for those who become seriously ill from COVID-19, including those treatment options that are available in the facility.
- Make residents/decision makers aware that cardiopulmonary resuscitation (CPR) is the default treatment for cardiac arrest and will be started unless there is an existing valid "do not resuscitate" (DNR) order documented in the medical chart or POLST form.
- Review all residents' existing advance care planning documents, including ADs, POLST forms and confirm with the resident or their decision maker the resident's current preferences for treatment in the event of severe COVID-19 symptoms. Record their preferences in the resident's

medical record with appropriate orders, using a POLST if appropriate and, if possible, an advance directive (AD).

- Remind staff that POLST is only appropriate for residents who are seriously ill or nearing end of life. It is always voluntary and cannot be required as a condition of admission. If a POLST form is not appropriate, consider using your facility's standardized forms and regular code status and other treatment preference orders entered in the facility chart.
- Create a treatment plan and obtain medical orders that reflect resident preferences, including whether the resident wants to be transferred to an acute care hospital for treatment of severe COVID-19 symptoms.
- Consider developing a telehealth program to support advance care planning conversations and rapid virtual access for residents and families to community palliative and hospice care services.
- Develop and implement policies to identify and address end-of-life care issues for patients and residents upon admission to the facility.

Sincerely,



Laurie Facciarossa Brewer
NJ Long-Term Care Ombudsman



Additional resources to support advance care planning, including POLST forms in multiple languages, free videos for patients and family decision makers explaining POLST, and POLST instructions for healthcare professionals are available from the Goals of Care Coalition of New Jersey and many of its member organizations (www.goalsofcare.org).



David R. Barile, MD
Founder and Chief Medical Officer

The following members of the Goals of Care Coalition of New Jersey support efforts to confirm resident treatment wishes during the COVID-19 pandemic through proactive advance care planning:

