**Colorado Crisis Standards of Care**

**Palliative Care and Hospice Workgroup**

**Notes 8/20/20**

**30 Attendees, including**: Jean Abbott (CHER - Palliative Care & Hospice subgroup), Michelle Appenzeller (Hospice Of Mercy - Durango), M. Baillar (), Tim Bowen (Care Synergy), Pamela Brunsell (Gunnison Valley Health Hospice & Palliative Care), Tracey Cannon (New Century Hospice - Denver), Casey Frank (Attorney), Justine Fritzel (HopeWest), Tina Gallegos (Hospice Of Mercy - Durango), Ross Guillen (Namaste Hospice), Reagan Gyorffy (TRU Community Care), Clessie Henderson (Suncrest Hospice - Colorado Springs), Cordt Kassner (Hospice Analytics), Jenn Klus (CDPHE), Alexis LaHaie (Phoenix Home Care and Hospice - Fort Collins), Heather Landendberger-Roushia (Suntree Hospice of Colorado), Richard Lewis (Namaste Hospice), Lori McCoy (Aviant Hospice), Kim Mooney (CHER - Palliative Care & Hospice subgroup), Michelle Quinn (Fremont Regional Hospice), Amy Rose (Sangre de Cristo Community Care), Larry Russell (Frontier Hospice), Cathy Wagner (Hospice Analytics), Ashley Whitney (HopeWest), and Stephanie Wilderman ().

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| **Agenda Item** | **Notes** |
| **Welcome and Introductions** | 1. Meeting Recording [here](https://www.youtube.com/watch?v=nc5w5cBRngo&feature=youtu.be).
2. Meeting Materials [here](http://www.nationalhospiceanalytics.com/hospice-care-products-and-services/co-crisis-standards-of-care).
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| **CHER Updates, Jean Abbott, MD MH** | 1. There is a subgroup advising the GEEERC regarding medication allocation in 3 ways: allocation of new treatment drugs, vaccines, and ICU / PC medications (e.g., opioids and oxygen).
2. The state is exploring telehealth and call centers for a 2nd COVID surge.
3. CDC is starting to count “**excess deaths**” – deaths above what might be expected thus far into the year. A NYTs 8/13/20 article [here](https://www.nytimes.com/interactive/2020/08/12/us/covid-deaths-us.html) notes 200,000+ more people have died nationally since March than expected. This number is ~60,000 higher than the number of deaths directly linked to COVID.
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| **CDPHE Updates, Jenn Klus, MPH** | 1. **Hospice Data Collection**: CDPHE in discussion about how they can collect hospice data. They already collect data from hospitals and are in the process of beginning data from LTC providers. They are discussing perhaps including hospices in the LTC data collection process. Currently, the survey data we are collecting has been helpful.
2. **“Verbal” Advance Directives Signatures** – under discussion. Are hospices getting MOST forms or other forms without signatures, and if so what do you do? Some hospices haven’t had this problem – they work hard to get actual signatures. The idea is to approve a Doc-You-Sign procedure / E-Signature waiver during the pandemic. (And some discussion around finalizing “processes that worked during the pandemic” after the pandemic.
3. **Hospice Medical Directors**: CDPHE would like to meet with all Hospice Medical Directors – particularly hospices with inpatient units. Please share their name and contact information with Jenn (jenn.klus@state.co.us).
4. **Alternative Care Sites** have been identified around Colorado (Denver, Pueblo, Grand Junction). Several hospices in these areas have agreed they would be willing to assist in these locations – which might work better than using hospice inpatient units. (Previous discussions found several hospices not accepting patients in their inpatient units.) There are concerns that the ACS beds may be pretty bare bones, but still exploring options.
5. **Outdoor Patient Visits**: Jenn looking into CDPHE guidelines for outdoor patient visits.
6. **Hospice Survey**: Could someone at CDPHE email hospices asking them to participate in the current survey? Basically no, not at this time, due to follow-up and accountability for survey responses.
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| **Weekly Hospice Survey, Cordt Kassner, PhD** | 1. Colorado hospice data collection: Please complete this survey every Friday by noon. <https://www.surveymonkey.com/r/HA-CSC>.
	1. Med Shortages: Injectable Dilaudid and Ativan - Seems to be getting better.
	2. PPE: Gloves have been hard to source, as well as gowns and foot coverings. Might check with local health departments for PPE.
2. CDPHE Webpages reviewed on the call: [current data](https://covid19.colorado.gov/data/case-data), [hospital data](https://covid19.colorado.gov/hospital-data), and [trends](https://covid19.colorado.gov/data/incidence-epidemic-curve).
	1. 80+ year old Coloradans account for 3% of population, 5% of COVID cases, but 53% of COVID deaths.
	2. Hispanics account for 22% of population, but 38% of COVID cases and 23% of COVID deaths.
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| **Hospice – Care Community Presentation, Michelle Quinn** | 1. How might hospices use the Hospice – Care Community Presentation posted on website? Positive comments about the presentation – no additional edits noted today. Interest expressed in sharing with local care communities before the 2nd COVID wave. Suggestions included adding hospice logo to it and mailing / emailing / sharing PPT in person and over Zoom. Perhaps make a recording of the presentation to share, followed by some Q&A.
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| **Reintegrating Hospice Volunteers, Michelle Quinn** | 1. How might hospices use the Reintegrating Hospice Volunteers document? The document looks comprehensive. There has been concern about the availability of PPE for volunteers.
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| **Additional Discussion,****Michelle Quinn** | 1. Additional topics for discussion
	1. Moral Distress & Social Isolation:
		1. What is Moral Distress? Shared in the chat box: According to the original definition proposed by Jameton in 1984, moral distress arises when “one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (p.6). When healthcare workers are prevented—whether by policies, procedures, institutions, or lack of resources—from taking the ethically correct action, the emotional toll on these healthcare workers can be significant. This is how one member described the common terms: Moral Distress and Neurobiology: The brain is an incredible organ and responds to stress and trauma in predictable ways that are described in the video by Ruby Jo Walker that is found under the Stress tab on this site. Sometimes health care professionals cannot discuss what is morally distressing about a situation and/or the ethical features until they attend to the stress reaction of their bodies. They cannot “think straight” while so emotionally engaged. Other times, health care professionals begin talking about the morally distressing and ethical features of a situation and find themselves having to deal with the stress reactions of their bodies. Our neurobiology and our rationality are connected – but they are also distinct. You cannot just deal with the stress reactions and you cannot just deal with the morally distressing and ethical features. Both have to be addressed, whether you begin at the top (rationally with ethics) or the bottom (stress).
		2. Some talking points or brief presentation would be helpful. Cathy and Cordt offered to reach out to a colleague about this for an outline / introduction to the topic. The CHER group is also working on a presentation or webpage about Moral Distress.
	2. Home Care & Hospice Association of Colorado Annual (virtual) Conference 10/15-16 – info [here](http://www.homecarehospice.civicaconferences.com/conference-home/).
	3. Joanne Lynn, MD, "[Playing the Cards We Are Dealt: COVID-19 and Nursing Homes](http://www.nationalhospiceanalytics.com/library/CSC/Lynn_nursing_home_dilemmas.pdf)", JAGS 2020. Article addressing social isolation in facilities. How can we help patients and families balance the risks and benefits of visiting loved ones in facilities?
	4. COVID Testing:
		1. General testing for hospice employees?
		2. How are hospices with inpatient units applying CDPHE’s Residential Care Settings Surveillance Testing & Guidance?
	5. Impact of decreased LOS / ADC / Revenue?
	6. Coroner concerns?
	7. Kids Camps – how to support them?
	8. Telehealth – challenges in rural areas?
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| **Next Call** | 1. **Next Zoom: Thurs 9/3/20 @ 10:00-11:00 AM using** [**https://us02web.zoom.us/j/7430085211**](https://us02web.zoom.us/j/7430085211)**.**
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