**Colorado Crisis Standards of Care**

**Palliative Care and Hospice Workgroup**

**Hospice Leadership Meeting 5/27/21**

* 6 Participants
* All meeting materials and attachments [here](http://www.nationalhospiceanalytics.com/hospice-care-products-and-services/co-crisis-standards-of-care).

1. Open discussion – current concerns? [Michelle Quinn](mailto:michelle@fremontregionalhospice.com)
   1. Discussion of providing respite level of care in facilities, visitation, challenges. Some nursing facilities continue to have strict visitation policies (e.g., one person in the facility has an elevated temp results in the facility locking down 2 weeks). Yes, this continues to be common practice.
   2. Hospices are seeing an increase in highly acute patients on admission – perhaps related to delayed healthcare through COVID and later referrals to hospice. Knowing this continues to occur, is there a way to strategically plan staffing for this?
   3. Discussion of challenges associated with hospice patients seeking COVID vaccinations, particularly bedbound patients. Lyft and Uber are offering free rides for people to vaccination sites. Some firefighters are going to homes administering vaccines. Many hospices cannot accommodate vaccine storage requirements so do not directly administer shots. Perhaps there are other options for hospices to participate in administering vaccine shots, if there’s demand.
   4. Discussion of reintegrating hospice volunteers. Volunteers continue to be reintegrated since January. Some hospices may experience challenges as the “CMS 5% clinical care provided by volunteers waiver” continues in place through end of the national emergency. There may be some challenges for hospices when this waiver expires, as many hospice clinical volunteers may no longer be available.
   5. Discussion of hospice staff sharing – CNAs, etc. Hospices tend to seek exclusive employees and not allow them to work at other hospices, but might there be an opportunity here for sharing part-time employees across different hospices? This might effectively meet both the hospice’s staffing and employee’s employment needs.
2. CHER updates, [Jean Abbott, MD MH](mailto:jean.abbott@cuanschutz.edu)
   1. No CHER meeting this week, they are moving to a monthly meeting schedule.
3. CDPHE updates, [Jenn Klus, MPH](mailto:jenn.klus@state.co.us)
   1. Unavailable today.
4. Moral Distress, [Jenn Flaum, LCSW MBA](mailto:jflaum@heartlightcenter.org)
   1. Unavailable today.
5. Facility Visitation Paper, [Kim Mooney, CT](mailto:kim@practically-dying.com), 720-434-5942
   1. Unavailable today.
6. CDPHE Data 5/25/21, [Cordt Kassner, PhD](mailto:ckassner@hospiceanalytics.com)
   1. Case Summary: 346 Cases reported today; 65 new hospital admits; 3.88% state positivity rate; 6657 deaths due to COVID-19.
   2. Hospice Outbreaks: 2 active hospice outbreaks (Jefferson and Pueblo); 8 resolved cases.
   3. COVID-19 Vaccine Distribution Plan: Colorado is in Phase 2 (General public 16+).
   4. Immunized: 2.9M first doses; 2.2M fully vaccinated (43% of population; 59% of adults).

Articles for Discussion / Assistance:

Next Call: 6/24/21 @ 10:00-11:00 AM (<https://us02web.zoom.us/j/7430085211>).

* ***Note move to monthly call schedule.***