**Colorado Crisis Standards of Care**

**Palliative Care and Hospice Workgroup**

**Hospice Leadership Meeting**

**Notes 10/1/20**

28 Participants

1. **Welcome and Introductions**
   1. Meeting Recording [here](https://www.youtube.com/watch?v=5EttHfzAK6E&feature=youtu.be).
   2. Meeting Materials [here](http://www.nationalhospiceanalytics.com/hospice-care-products-and-services/co-crisis-standards-of-care/mtg-mtls-10-01-20).
2. **CHER updates,** [Jean Abbott, MD MH](mailto:jean.abbott@cuanschutz.edu)
   1. See attached essay by Jean Abbott, MD MH; Dan Johnson, MD; and Matt Wynia, MD MPH: [Ensuring Adequate Palliative and Hospice Care During COVID-19 Surges](http://www.nationalhospiceanalytics.com/library/CSC/JAMA_Ensuring_Adequate_Palliative_and_Hospice_Care_During_COVID-19_Surges_-_Abbott_Johnson_Wynia_09.20.pdf), JAMA, 9/21/20.
3. **CDPHE updates,** [Jenn Klus, MPH](mailto:jenn.klus@state.co.us)
   1. “Verbal” Advance Directive Signature update – continued work on this.
   2. [CDPHE Resumption of Routine Health Facility Inspections](http://www.nationalhospiceanalytics.com/library/CSC/CDPHE_Resumption_of_Routine_Health_Facility_Inspections_MEMO_FINAL_9.25.2020.pdf).
4. **Colorado Hospice Survey updates,** [Cordt Kassner, PhD](mailto:ckassner@hospiceanalytics.com)
   1. Weekly hospice survey: [here](https://www.surveymonkey.com/r/HA-CSC).
   2. [2020 Colorado Senior Law Handbook – Hospice & Palliative Care chapter](http://web28.streamhoster.com/clcinco/BOOKS/SLHB/Ch_27_SLH_2020.pdf).
   3. CDPHE Data 9/30/20:
      1. [CDPHE COVID Dial Dashboard!](https://covid19.colorado.gov/data/covid-19-dial/covid-19-dial-dashboard)
      2. **COVID decreasing in Colorado: 407 active cases (down31), 28 new hospitalizations (0), 3.10% state positivity rate (down 0.36%).**
      3. **CDPHE Hospice Outbreaks:**
         1. **Active: 0 cases.**
         2. **Resolved: 2 cases (Hospice del Valle, 2 staff, 6/25-7/16; Seasons Hospice, 4 staff, 7/29-9/3).**
      4. **If a hospice patient in a nursing facility with COVID – where is that reported? A nursing facility reports the COVID case, not the hospice.**
   4. Any hospices aware of hospitals no longer accepting MOST forms? No. Casey clarified some unique rules in VA hospitals.
5. **Primary Discussion: Hospice Entry to Facilities During COVID,** [Michelle Quinn](mailto:michelle@fremontregionalhospice.com)
   1. In Spring 2020, due to COVID-19, many Colorado facilities restricted hospice access to patients. Many of these facilities, although not all, have begun allowing hospice staff back in, and the goal of today’s call is to discuss how to continue and build on this positive momentum as we anticipate a second COVID wave in the Fall. Invited guests to today’s call include [Rebecca Jackson, DO](mailto:rebecca.jackson@frgeriatrics.com) (Northern Colorado physician), [Eliza Piesman](mailto:piesmael@co.larimer.co.us) (Ombudsman Larimer County), [Jo Tansey](mailto:jo.tansey@state.co.us) (CDPHE LTC Section Manager), and [Cheryl McMahon](mailto:cheryl.mcmahon@state.co.us) (CDPHE Home and Community Facilities Branch Chief). Key takeaways:
      1. **Facility Access**: [CHAP](https://education.chaplinq.org/) noted hospices shouldn’t be prohibited from seeing patients if they are clinically needed. Jo noted [CMS requirements](https://www.cms.gov/newsroom/press-releases/cms-announces-new-guidance-safe-visitation-nursing-homes-during-covid-19-public-health-emergency) are that hospices shall be allowed into facilities to provide their services. Hospice staff need to be tested according to the positivity rate in the facility’s county ([CDPHE guidance](http://www.nationalhospiceanalytics.com/library/CSC/CDPHE_Residential_Care_Settings_Surveillance_Testing_Strategy__Guidance_07.01.20.pdf); [Residential Care Strike Team](https://www.colorado.gov/pacific/cdphe/residential-care-strike-team) (esp. see 8/6/20 FAQ)). If the nursing home is in an Outbreak mode, then of course the testing requirements increase. Recently released [facility indoor visitation guidance](https://covid19.colorado.gov/safer-at-home-in-the-vast-great-outdoors/guidance-by-sector/nursing-homes-congregate-care) recommends a negative COVID test within 48-hours, but this applies to families, etc., not hospices. Some facilities have begun implementing the indoor visitation guidelines, some have not – so there is some confusion around this right now. Hospices are considered Essential, not visitors. Please contact Jo if facilities need to be “reminded” that hospices can access facility patients.
      2. **ALF Access**: Per Cheryl, CDPHE guidance is that hospice should not be restricted in accessing ALFs. ALFs don’t have 24/7 clinical staff onsite, making it even more important for hospices to provide services. Please contact Cheryl if AFLs need to be “reminded” that hospices can access ALF patients.
      3. **Communication**: Dr. Jackson commented on how helpful hospice has been in her facilities and perhaps monthly check-in meetings with facilities to discuss concerns might help.
      4. **Ombudsman Program**: Eliza noted hospices work hard in developing relationships with facilities and ALFs, and it might be difficult to make a report through CDPHE. The Ombudsman Program can assist with these communications from a patient advocacy perspective. The Larimer County Ombudsman Program can be reached at email [ombudsman@co.larimer.co.us](mailto:ombudsman@co.larimer.co.us) and [Ombudsman Program information here](https://theconsumervoice.org/get_help/state_resources/co).
      5. **Patient Care**: Hospices have had difficulty finding respite locations for patients and getting later referrals because patients and families are concerned about going into a facility. Families are concerned about putting a loved one in a facility and having limited visitation / quarantine periods. This results in shorter hospice lengths of stay. Dr. Jackson noted as long as hospice staff are doing weekly testing, they have access to her facilities. Someone asked if hospice staff are required to be “dedicated” to only one facility. Dr. Jackson said they are fortunate to have some hospices with facility-dedicated staff, but they do not require it unless there’s an outbreak. Dedicated staffing is a difficult approach for some smaller hospices.
      6. **Testing**: Most hospices reported using the [CDPHE lab](https://www.colorado.gov/pacific/cdphe/lab). CDPHE used to have some rapid tests but do not right now. Dr. Jackson noted some HHAs will not take people without a negative COVID test but recovering COVID patients might test positive for 6-8 weeks after their illness. Jo noted there is no reason for extra testing. If a facility requires “more stringent” testing than the county positivity rate requires, they are allowed to do so, although she offered to talk with such facilities about why this requirement is in place and verify it is being applied consistently across all providers (i.e., not singling hospice out).
6. Follow-Ups, [Michelle Quinn](mailto:michelle@fremontregionalhospice.com)
   1. Moral Distress: Hospices are sharing Dr. Joy Berger’s presentation on Moral Distress with staff.
   2. COVID Testing: Per above, most hospices are using the [CDPHE lab](https://www.colorado.gov/pacific/cdphe/lab). Heather shared details regarding how this works. Many commented how helpful this has been. There is concern that the CDPHE lab is a short-term option, but not necessarily a long-term solution. New COVID machines for testing (~$1200) and supplies (~$23/test) are becoming available, although no CO hospices are talking about doing this yet. Tests must be CLIA-waived, not all are.

**Next Call: 10/15/20 @ 10:00-11:00 AM (**[**https://us02web.zoom.us/j/7430085211**](https://us02web.zoom.us/j/7430085211)**).**