**Colorado Crisis Standards of Care**

**Palliative Care and Hospice Workgroup**

**Hospice Leadership Meeting 4/29/21**

**Notes**

* 11 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. Governor turned COVID control measures over to county mayors 4/16/21 – how’s that going? How are hospices responding to these changes?
      1. In some counties, things pretty much the same – maintaining statewide mask mandate. Some counties are not following mandates and it’s confusing.
      2. Continuing to require masks for staff and visitors at IPUs.
      3. Staff meetings continue virtual / hybrid. Expecting virtual / hybrid meetings will continue into the future long term. Although some smaller hospices have continued to meet in-person and plan to continue doing so.
   2. COVID testing and vaccinations.
      1. Seeing more COVID positive cases in hospice staff.
   3. [Hospice License Plate](https://caresynergynetwork.org/colorado-lawmakers-consider-new-license-plate-to-honor-hospice-and-palliative-care/): Please contact your legislators ([here](https://leg.colorado.gov/legislators)) and advocate your support for HB21-1128.
2. CHER updates, [Jean Abbott, MD MH](mailto:jean.abbott@cuanschutz.edu)
3. CDPHE updates, [Jenn Klus, MPH](mailto:jenn.klus@state.co.us)
4. Moral Distress, [Jenn Flaum, LCSW MBA](mailto:jflaum@heartlightcenter.org)
5. Facility Visitation Paper, [Kim Mooney, CT](mailto:kim@practically-dying.com), 720-434-5942
   1. Kim writing paper intended for CDPHE regarding hospice access to facilities during pandemic – and also talking with facilities about what it’s like for them regarding working with hospices. The focus is on how these relationships impact patient and family care.
   2. Facilities have outbreaks, which has challenged some hospice access to patients.
   3. Situation where facility refused hospice access and the hospice quoted CDPHE policy regarding hospice being essential employees. Facility opted to allow the hospice in and it worked out for the patient.
   4. There are issues with national companies being compliant with state regs. Related, facilities have shared local, state, and national regs being in conflict – so they have to choose where to take risks.
   5. If you were locked out of facilities and then were able to get in – what changed? How were you able to get in? Some of it was related to decreased COVID positivity rate. What about interpersonal relational successes? Long-term relationships, trust, education…
   6. Some hospices have involved Ombudsman Office, which has been helpful.
   7. There has been recent frustration on needed to re-educate facilities regarding the value and importance of hospice, as well as specific hospice interdisciplinary team members.
   8. Early in the pandemic, Mesa County held a series of weekly meetings focused on long term care facilities – including hospices and others. This was helpful.
   9. Kim would like to talk with more hospices and facilities about their experiences.
6. Collaborative Discussion Across Facilities.
   1. Mike suggested it would be helpful to have a broader discussion across organizations – hospice, SNF, NF, ALF, hospitals, etc., sharing concerns together and working towards solutions.
   2. When people have capacity (bandwidth?), they are more open to collaborative interactions with other providers. However, when it gets stressful, many conversations shut down.
   3. Terri mentioned a county collaborative that was helpful – a statewide collaborative may also be helpful. This could help with discussion, communication, education, dissemination of information, etc.
   4. Emergency Support Function #8 (ESF-8) or Emergency Management – is there a healthcare equivalent? Is it county-by-county or is there something statewide? NHPCO has some helpful national resources, as well as regional healthcare coalitions.
7. Advocacy. There’s a telehealth bill in the Senate to make telehealth permanent.
8. Surveys. There appears to be a lot of emphasis on emergency preparedness and infection control in surveys right now. They are also looking at mutual aid agreements – even between hospices in certain circumstances.
9. CDPHE Data 4/27/21, [Cordt Kassner, PhD](mailto:ckassner@hospiceanalytics.com)
   1. [Case Summary](https://covid19.colorado.gov/data/covid-19-dial-dashboard)**: 834 Cases reported today; 125 new hospital admits; 7.87% state positivity rate; 6403 deaths due to COVID-19.**
   2. [Hospice Outbreaks](https://covid19.colorado.gov/covid19-outbreak-data)**: 1 active hospice outbreak (Pueblo); 9 resolved cases.**
   3. [COVID-19 Vaccine Distribution Plan](https://covid19.colorado.gov/for-coloradans/vaccine/vaccine-for-coloradans)**: Colorado is in Phase 2 (General public 16+).**
   4. [Administration](https://covid19.colorado.gov/vaccine)**: 1357 vaccine providers have administered 4,097,026 doses (2.5M first doses; 1.7M fully immunized; 70% of population).**

Articles for Discussion / Assistance:

* From the Hastings Center: Vaccinated and Still Isolated: The Ethics of Overprotecting Nursing Home Residents <https://www.thehastingscenter.org/vaccinated-and-still-isolated-the-ethics-of-overprotecting-nursing-home-residents/>
* From the National Academy of Medicine - <https://nam.edu/public-health-covid-19-impact-assessment-lessons-learned-and-compelling-needs/>
* Vaccine hesitancy map: <https://aspe.hhs.gov/pdf-report/vaccine-hesitancy>

**Next Call: 5/13/21 @ 10:00-11:00 AM (**[**https://us02web.zoom.us/j/7430085211**](https://us02web.zoom.us/j/7430085211)**)**