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**Colorado Healthcare Ethics Resource**

**Meeting Minutes 3/24/20**

Hi all,

We plan to meet on Thursday March 26 at 2pm. 303-436-8000. Then 1861#

If you haven’t accessed the link for attendance today, and you were on call, please do so at this link. <https://forms.gle/XtztvhECwLVVCcqaA>

Martina is going to send out a link to sign up for small groups as well.

Some notes from today:

1. Update from Matt Wynia –
   1. There have been several updates on the triage framework. The most recent version of this is available to look at and Matt Wynia would like input from this group. [Matthew.wynia@cuanschutz.edu](mailto:Matthew.wynia@cuanschutz.edu)
   2. Working on a scoring system and way to implement without bedside visit from triage team
   3. Trying to avoid having bedside provider make these decisions
   4. Trying to be equitable
   5. Trying to shield triage teams from info that would bias
2. Update from Dr. Cantrill
   1. GEEERC advisory group met yesterday – have made 2 subgroups to report to GEEERC
3. Triage planning as above – they are meeting today
4. ii. Community involvement group – Please email me if you have ideas about community leaders that I could contact
5. Updates from Anuj –
   1. Working on scoring systems – in contact with other states re triage planning, common themes such as equity across institutions, removing bedside healthcare providers from the triage decision. of note, neither WA or NY have had to institute crisis standards of care yet.
   2. Triaging with two aspects
6. Scoring systems as above, but also
7. ii. Covid specific issues such as, these folks are requiring vents for a long time, maybe weeks – need to take this into account.
   1. Jeff Sankoff - Concern ED is out of the triage framework as patient may show up and we may not know information. Dr. Sankoff from ED planning to join triage group
   2. Need to have a plan to operationalize the above – hoping to have a triage guideline by end of week
   3. Need to have a regional knowledge of resources available
8. Updates on SNFs and hospice – Peggy, Constance, Amy
   1. They have created a one page tip sheet/scripting to ask SNF patients and families/review patient goals of treatment – would they want to go to a hospital if ill – will be in our OneDrive site
   2. There is much concern from everyone about sending covid patients to SNFs, as very vulnerable group
   3. Would like to keep their patients, but if not enough PPE might be sent to hospital anyway
   4. Questions about how to communicate to families if covid patients are there
   5. Want hospice help/medication help. Hospices also want to help, but concerned about PPE
9. Questions about where to discharge patients who are covid positive. CDPHE is aware and working on this.
10. Scripting questions for conversations around advance directives
    1. In ED/hospitals – Jean, Kelly, others – working on this. Some examples in OneDrive. Jean and UH group plan to have a finished FAQ for staff, hints about how to have conversations, a form for talking to people on admit or in ED. Will be posted in OneDrive soon.. Also NHCPO document.
    2. Prior to hospitals – Rush, Kelly, Jean – interested in pursuing this idea. concern to have medical students participate as would be isolated and no one to debrief with.
11. Moral distress – folks are interested in coming together to further discuss – will be small group sign up sheet
    1. Denver Health has a resiliency/mental health wellness resource. We wonder if other hospitals have this.
12. Help with family conversations – Some hospitals are having off staff call family for meetings and updates rather than the on call physician who is at the bedside. This is offering quite a bit of relief to the rounding physicians.

We will meet twice a week at this point for updates.

Thanks so much,

Barbara

Below are our on line resources. SLACK link: <https://join.slack.com/t/coloradohealt-iue8418/shared_invite/zt-cxhbyr34-VG_hlQqNQjauax1YSi_~gQ> OneDrive link: <https://1drv.ms/u/s!AlVOqWtXNJHzvnr5A-bsgW44jN0o?e=wg0IPK>