

**Colorado Healthcare Ethics Resource**

**Meeting Minutes 4/7/20**

We will meet Friday 4/10 at 2pm, 303-436-8000 1861#

If you didn’t have a chance to sign in to the call and you were present, please access the link for attendance: <https://forms.gle/8NfrwudVKinWGW128>

Colorado Healthcare Ethics Resource minutes:

1. What do folks think of this logo? Vs the earlier version?



1. Triage updates and questions about triage guidelines from state
	1. Several from EDs feel that the triage score is difficult to apply in the ED. They are planning to meet to further discuss this. Are there people they can assess more quickly to decide that they wouldn’t benefit from invasive treatment even prior to calculating a score.
	2. Some concern from rural areas about how to communicate with other facilities re possible transfers as they don’t have ventilators available at all facilities. This concern was brought up by several facilities with regard to possible surge of patients.
	3. Dr. Cantrill – re above, the state plans to help with possible transfers. Plans to have a phone number that anyone can call for help. Hopefully soon.
	4. There is the hope that CO may already have seen our peak, though not all scoring systems agree and models are shifting. However, this is hopeful that we won’t run out of resources.
	5. How will triage teams get information about patients for tie breakers and how will we operationalize this process
	6. Dr. Mehta – thinks that we should try and give the newer patients a vent and re allocate vents. But not with terminal extubation, rather by changing to non ICU vents. Feels that patient’s needs change with time and the other vents would likely be able to support the airway once stable on vent after weeks. CHA setting up webinar that he and Matt Wynia will speak at, likely Thursday to address some of these issues. I will send info once I have it.
	7. Thought that will be innumerable scenarios that we can’t think of them all up front. One recommendation is to look at the NY ventilator allocation document.
	8. Consider practicing cases with triage teams. Many questions can be discussed up front.
	9. Implicit bias training important for triage teams. Biases built in scores and concerns about potential biases in tiers.
	10. Noted that information coming out in the country about minorities with higher covid rates, but unclear how hospital stays going.
2. Palliative Care updates
	1. Important to know advance care planning wishes prior to coming to hospital
	2. Working on letter with resources for advance care planning for OP providers and institutions, to understand upstream wishes of patients
	3. There are concerns about lack of resources to provide Palliative Care
	4. Concerns by hospice about having proper PPE and comfort kits to take care of patients
	5. CSA pushing for alternate site for patients to go from hospital. Maybe switching tier 3 with tier 4 as priorities
	6. Dan Johnson – via PCP outreach, many patients don’t want to go to hospital, but above concerns are problematic
	7. **ACTION item for Palliative Care**: make a list of concerns to send to Dr. Cantrill who will present this to the GEEERC for consideration
3. Unbefriended and Incapacitated – if crisis standards of care are called, a more streamlined process to assign an MD proxy of last resort may be needed.
	1. Although we may have a streamlined approach, it’s still important to try and find interested persons who know patient.
	2. Will start a MD proxy folder in Onedrive with: best practices from Jean and Jacky and also with the Denver Health process and information for teams and for proxies (though this is not CSC)
4. NH updates
	1. The group has finalized emails for large organizations, professionals in long term care facilities, SNF leadership and patient’s families
	2. Will include a video about how to have conversations, info from vital talk, scripted MOST form conversations for health care providers or families, an online MDPOA form, a link to advance directives
	3. Telligen and CDPHE have been very helpful and plan to help distribute emails
	4. This letter and resources are in the OneDrive site
	5. Also public education re advance directives in the OneDrive site f. Following is the MDPOA form that can be filled out on line: <https://bea0a031-b753-42dc-af35-6a5681e50d6e.filesusr.com/ugd/307d59_3561def30a754c7092ebc6eb62c76255.pdf>
5. Community involvement –
	1. Working on education
	2. People are also asking about advance directives and online info and facts and a fillable form for MDPOA will be helpful
	3. Collecting questions and concerns from community leaders about triage guidelines
	4. Planning to meet with religious leaders

Thank you all so much,

Barbara