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**Colorado Healthcare Ethics Resource**

**Meeting Minutes 5/12/20**

Hi all,

We will meet on ZOOM next week on Tuesday May 19 from 2-3:30. Will send out a meeting request.

Roll Call: Please sign in on the attendance link if you were present today on the call and haven’t had time to sign in yet: <https://forms.gle/xjP2zDvw2qrhKaV66>

Announcement: Jean will be speaking about Advance Directives and CSC to Telligen on Thursday May 14 at 1pm. For those interested in attending, register on the following link: <https://telligenqinqio.zoom.us/meeting/register/tJMkcuqgqD0rHNHZ2wDzQWKS7EPSsv2hK2OE>

Announcement: Please let Cordt Kassner know if you would like to attend the below meeting with Colorado hospice leaders CKassner@HospiceAnalytics.com. The below will be taped.

The CHER Palliative Care and Hospice subcommittee would like to schedule a Zoom meeting with all Colorado hospice leaders Thursday June 4, 2020 @ 10:00 AM using https://us02web.zoom.us/j/7430085211. Hospice Analytics participates on the subcommittee and offered to assist in coordinating this meeting, and future similar discussions if helpful. Many of you know Cathy Wagner, RN MSN MBA, with Hospice Analytics, who is the primary coordinator for this project. The agenda is:

1. To review the current Crisis Standards of Care – Palliative Care and Hospice draft (Dr. Jean Abbott)
2. To discuss potential data collection related to COVID-19 (Cathy Wagner and Cordt Kassner)
3. To discuss other COVID-19 successes and challenges facing Colorado hospices (Cathy Wagner and Cordt Kassner)

Minutes from Colorado Healthcare Ethics Resource:

1. Triage updates – no new updates since the GEEERC approved the triage changes. They are now on the Governors site: <https://www.colorado.gov/pacific/cdphe/colorado-crisis-standards-care>
2. Alternate site – the convention center plans to open June 4th if needed. Now with 85 beds. Will be a cot in a bare room with walls and a plastic hanging door. Will have Wifi.
   1. For Covid recovering patients. Must be on ≤ 4 liter oxygen and be able to handle their ADLs with one person assist. Not high nursing needs.
   2. Need to have their own medications for a 5 day supply, and also need to have designated a MDPOA. Visitors similar to hospital policies.
   3. CMO will be an ED physician from Denver Health. Not sure who will be staffing it yet.
   4. No Behavioral Health beds
   5. State working on additional alternate sites in Westminster, Pueblo and Grand Junction
3. Thank you to Cory Hussain from Denver Health and Jared Eddy from National Jewish for joining us to talk about ID concerns
   1. Infectivity and guidelines for returning to work – CDC criteria (many hospitals are following) though are changing based on knowledge and studies that are coming out.
      1. Testing criteria – 2 negative tests 24 hours apart
      2. Non testing criteria – 10 days out from onset of symptoms and improvement of symptoms and afebrile without antipyretics for 72 hours.
   2. Issues with testing
      1. Folks can be RNA positive for a long time, one study up to 42 days (median 24 days). This doesn’t necessarily mean that they are infectious
      2. Have found that viral cultures seem to grow for about 9 days which is why the CDC guidelines changed from 7 to 10 days in non testing criteria above.
      3. PCR testing for RNA can be affected by test collection (needs to be collected properly) and also by potential variable shedding as people improve are maybe shedding less.
         1. Can see negative results followed by positive results
         2. Have seen 2 negatives followed by a positive
   3. Many places require 2 negative tests separated by 24 hours. The more vulnerable the group, the higher standard we try to have to protect the most vulnerable.
   4. SNFs will also quarantine patients from hospitals for 2 weeks in addition to 2 negative tests as their clients are vulnerable
   5. SNFs finding it difficult to know when to stop isolation for their positive patients
   6. As the highest infectivity might be before people get sick, it is patients who aren’t actually known to have covid who may be the most infectious. At least if we know someone is covid positive we take precautions to protect
   7. Important to wear proper PPE which remains difficult at LTC facilities as they are low on PPE and may not receive adequate PPR or have ability to fit test
4. Remdesivir – CO is expecting 20 cases with 40 vials, enough for 133 5 day treatment courses or 72 10 day courses
   1. Trying to decide how to have equity across CO
      1. Maybe by lottery
      2. Maybe folks should meet the same criteria that people met for the first arm of the remdesivir study.
      3. Hard to know exactly who will benefit the most. Still awaiting subgroup analysis from the first study
5. Behavioral Health CSC update – Will have a draft to present to the GEEERC later this week or early next week

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1. Update on CSCs for PC/hospice — Dan & Jean will be presenting CSC guidelines for PC/Hospice and an action memo to the Unified Command Center for items to be highlighted now to GEEERC Thursday.
2. Specific discussion on medications, Tier 3 “convalescent” unit (e.g. Convention Center) – must bring own meds, few staff, difficulty dispensing “hospice kits” to hospice patients (2 day tops). O2 up to 4L/min only, ADLS with no more than 1-person assists. ?Visitor policy – may also be “no visitors” – per Jenn Klus
3. Kelly & Carol led discussion of issues around PC & Hospice – PC can be needed in any place – watch conflating with hospice; convalescent beds at convention center not for these patients.
   1. Kelly – experiences that even floor nursing in hospitals uncomfortable with palliative modes – used to a “fight it mode”; some consider it euthanasia to honor patient/surrogate wishes for no O2, not checking sugars in diabetic, etc.
   2. Some of these COVID patients not uncomfortable with hypoxia and makes nursing uncomfortable.
   3. End-of-life care may be better term.
   4. EOL – family administration of meds helpful; nurses can be reluctant (esp in actue care settings?)
   5. Some great recommendations for future: More nursing training in EOL. Rotating super-users by hospice specialist nurses, partnering with nursing, assessing, sq lines and other strategies. “Critical response team” to coach nurses in the first hour when patient needing EOL caring.
4. Education/outreach report: Ferraro, Kari, Massone, Fowler, et al. Curriculum developing:
   1. MDPOA issues – legal and conversations about who to choose.
   2. Symptom management at EOL
   3. Current challenge: platform and how to disperse to target providers:
      1. COPIC interested in outline, may be able to post on their site
      2. Christine LaRocca will consider via Telligen.
      3. ???Other venues for distribution?
5. LTC and homeless concerns — Peggy Budai – had to leave. Telligen presentation Thursday.
6. Hospice issues – suggest splitting from LTC. Cordt discussed planning for Zoom hospice invitation, to discuss CSC standards, data that would be nice to know across hospices, successes and challenges. June 4th. 10 AM.
7. Advance Directives — report on ways to clarify acceptable documentation, progress with above action activities — Will be part of Action memo and CSC standards being presented to Geeerc Thursday.
   1. Discussion about needs -- Conversation vs. document;
   2. Metrics are unsatisfactory but markers? Billing the ACP code (often just part of a visit, not solely cause of bisit), document uploaded – but which? Importance of MDPOA; Carol pointing out what is durable is MDPOA.
8. CMS waivers —Latest – pay parity for phone vs. video meetings with patients/surrogates. Constance question: There is a waiver that allows hospitals to not ask about ADs on admission. Counterintutitive, but perhaps purpose is decreasing physician burden.
9. Just FYI: The Colorado Office of Public Guardianship (OPG) is launching!
   1. Beginning April 30, 2020, the Colorado Office of Public Guardianship will accept referrals for nomination of the Office for permanent guardianship petitions. The online referral process is available through the Colorado OPG website at: https://colorado-opg.org/opg-referral-process
   2. Individuals that do not have the ability to complete an online referral may contact the Colorado Office of Public Guardianship at 303.606.2500.
   3. For detailed information, please see the attached Press Release and Checklist for a brief outline of the process and information needed to complete a referral.
   4. Please note: Please use the non-Denver County streamlined referral process on the website if an alleged incapacitated individual resides outside of Denver County. Your referral will provide useful information in determining the continuation and expansion of the Colorado OPG.

Thank you all so much,

Barbara and Jean