

**Colorado Healthcare Ethics Resource**

**Meeting Minutes 1/18/22**

Hi all,

We will meet again Tuesday February 1 from 3:30 – 5pm.

Announcements:

**Our CHER colleague** John Massone lost his home in the Marshall Fire.  There is a gofundme site for those interested: <https://www.gofundme.com/f/help-john-and-his-family-rebuild>

Also, for those impacted by the Marshall Fire: HeartLight has partnered with TRU to offer the following: Weekly Drop-In Groups, Teen Support Group, Facing the Mourning 4-Week Support Group.  Information and registration can be found on this [here](https://heartlightcenter.org/marshall-fires-support-resources-boulder/) and in the flyer attached.

Minutes from 1/18/22

41 participants

1. CO updates –
	1. Long term facility updates – Staff shortages continue.  Still testing twice a week.  They are having staff cases and also resident spread, though less hospitalizations and no deaths among residents at this point.  They have implemented wearing N95s to try and reduce spread/keep staff.  Also, keeping open to visitors though visitors have been a vector for other illness such as RSV/flu.
	2. Hospice updates –
		1. Cordt introduced Joshua – Air Force Academy cadet who will be working this semester with the Center for Healthcare Analytics
		2. Last meeting January 13th noted similar issues to LTC facilities.
		3. Confusion re vaccine mandate timeline:  Link to CMS’ updated vaccine mandate guidance from Friday, January 14th is available [HERE](https://www.cms.gov/files/document/qso-22-09-all-injunction-lifted.pdf).  Note that this doesn’t address boosters
	3. Hospital updates (1/17/22) - 54% of hospitals reporting:  1,655 covid admissions (70% unvaccinated), 51% expect staff shortages this week, 1% expect PPE shortages, 31% expect ICU bed shortages.  Note: over the last 7 days, 93% of acute care beds full, 92% ICU beds full.
		1. Discussed visitation restrictions tightening and with this increased stress for families during current surge.  Noted that some patients were infected by roommate’s visitors
		2. More updates as below
2. COVID, CSC and updates
	1. Combined Hospital transfer Center tier 3 – updates – the state has a contract for out of state help for transfer support in our state
	2. CSC for scarce staff remains activated – each individual facility needs to notify CDPHE if using
	3. CSC for EMS activated
	4. Hospital CSC remains on standby though…
		1. many hospitals at overfull capacity, increased stress on ED’s, inpatient providers
		2. CDPHE quiet on this front
		3. The ACEP wrote a letter to encourage Gov Polis to activate CSC for hospitals
			1. For uniform liability protections
			2. Transparency about which hospitals are limiting elective procedures/call for uniformity
			3. See <https://www.cpr.org/2022/01/14/colorado-covid-omicron-hospital-capacity-emergency-room/>
		4. Others have written similar letters to CDPHE calling for CSC for hospital care
		5. Dr. Ricky Dhaliwal (thank you for being here) from the ACEP planning to meet with Gov’s office and CDPHE to again discuss the need for the above 1/19
		6. Many hospitals are forced into making decisions similar to CSC for hospitals but without liability protection.  Gov Polis feels that the CSC for scarce staff and for EMS cover these concerns.
			1. Concern about the lack of uniformity.
			2. Discharging from ED’s when we would normally admit
			3. Discharging from hospitals faster with higher readmission rates, worse outcomes
			4. Back ups in the hospitals as we are unable to discharge to LTC facilities as they also have staff shortages, sick staff, etc
			5. Worse outcomes for our patients - All-cause mortality data lags:  <https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm>.
	5. Gov Polis to be on CO Matters 1/19 AM to further discuss (spoiler – somewhat rosy outlook)
	6. Feel there is a need for more messaging from organizations such as CHA and others for acknowledgement about need for hospital CSC
	7. What else can we do?
		1. Legislative liability protections?  Such as in Utah
	8. Wonder about lawsuits about poor outcomes – think this will likely lag
	9. Note that there are complaints going to the BOM about providers recommending things like ivermectin but also complaints about providers not prescribing ivermectin….
	10. We look to Casey for all the legal predictions!! 😊
3. Stress, burn out and moral distress in healthcare workers
	1. no direct follow-up from Michael Bennet’s office – will circle back
	2. Describing the scope of the problem – still difficult though pervasive
		1. Story of 2 traveler nurses (first day) and 1 staff nurse overseeing 24 cardiac patients, way understaffed/unsafe
		2. PTSD, trauma will get worse once we are able to slow down and process, worry we lose even more providers
		3. **Very powerful and worth a watch: We Know the Real Cause of the Crisis in Our Hospitals. It’s Greed.** [**https://nyti.ms/3qIjVHy**](https://nyti.ms/3qIjVHy)
	3. Can we measure what is happening now?
		1. Survey about burnout in HCW from CDPHE – can we see this?  Not easily available.  Julie can help to pursue this information under freedom of information act
		2. Possible visitor from CPHP – Christy
		3. Possible visitor from CO Psych Society – Suzanne
	4. Messaging – how do we convey what is happening in scope and breadth?
		1. Noted that we overwhelmed Mike Washington when visiting – leads us to think maybe people don’t understand
		2. Beyond the provider experience, though very important
		3. How this is affecting people’s healthcare, focus on the shortcomings to our patients
		4. What happens if healthcare fails?
	5. What can we do to help?  What are our asks?  Through legislature?
	6. **Side group ask**:  How can we address the messaging and the possible solutions?
		1. To the news to better understand scope and breadth
		2. Julie has a contact who could help with communication
		3. **Let me know if you are interested in participating in a side group about the above (if you haven’t yet).  Will send out an email this week to try and meet.**

Thank you so much,

Barbara and Jean