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**Colorado Healthcare Ethics Resource**

**Meeting Minutes 2/15/22**

Hi all,

We will meet again on March 1 from 3:30-5pm.

Announcements:

Ethics of Hospital Transfers in the COVID-19 Pandemic: Experience and Lessons Learned – Harvard Organizational Ethics Consortium cosponsored by the Center for Bioethics and Humanities University of Colorado. A national conversation on hospital transfer systems and ethical challenges confronted, overcome and still at issue, with our own Darlene Tad-y and Matt Wynia, among others on Feb 25 from 10:30 – 12pm MT. <http://campaign.r20.constantcontact.com/render?preview=true&m=1121322547811&ca=2b25be7a-48c4-485e-88c6-12c83ded0e57&id=preview>

CHER website: Supportive Resources for Healthcare Workers: [www.cohcwcovidsupport.org](http://www.cohcwcovidsupport.org)

CHER Meeting Minutes, February 15, 2022

Participants: 38

1. Welcome to Curt Drennen and Heather Cook from the CDPHE Office of Emergency Preparedness and Response – working to identify actions that the State can take to support our healthcare workforce
   1. Website: <https://cdphe.colorado.gov/healthcare-resilience> - have plan to keep website updated/current
   2. Looking to support for clinicians and non-clinicians across all healthcare settings.
   3. Trying to collect information from groups still – see ask in announcements
   4. Born out of pandemic but needed before, hoping to:
      1. Serve as touchpoint for organizations & individual in the moment, navigate the needs.
      2. Foster organizational and cultural support including leadership, make connections and build relationships.
      3. Staff retention.
      4. Areas to be included: moral distress, ethics, violence, etc.
   5. Advisory group formed; survey results including open ended have all be read.
   6. Funding from COVID money tied to PH workforce. Looking for more sources.
   7. Some concerns:
      1. disconnect between front line and institutions – can’t address without addressing the institutions.
      2. Also concern that “get healthy” resilience campaigns just make workers angry as it implies solutions are up to workers and ignores institutional issues.
      3. <https://www.ted.com/podcasts/worklife/we-should-allow-sad-days-not-just-sick-days-transcript#:~:text=get%20this%20done.-,Adam%20Grant%3A,t%20end%20with%20the%20pandemic>.
      4. If we do not address the SYSTEMIC problems that preceded and will follow the pandemic, this will not result in sustained assistance.
      5. Importance of language: “recovery,” “resilience”, “support,” commodification of people a danger.
   8. Research in Australia links to patient safety and outcomes for all hospitalized patients. One way to engage the c suite.
   9. Ideas: retention bonuses, exit interviews, support for new grads, loan forgiveness; regulations to move administrations.
   10. **ASK: From Curt Drennen and Heather Cook:** If there are stakeholder groups such as Critical Care providers, PC providers, hospice, others who want to meet with Curt and Heather to discuss issues and possible solutions for HCW support, please let them know.  We can expect a google form to request meetings.

1. Revisiting MD/stress side group met, initial conversation – not yet sure about a project.
   1. some conversation about updating CHER website  [www.cohcwcovidsupport.org](http://www.cohcwcovidsupport.org)
2. 2 pieces of legislation on “visitation” in healthcare settings – unlikely to survive; conflicts with LTC Medicare rules
   1. Note legislation not way to address this as would be inflexible and healthcare changes frequently and has nuances depending on what’s happening
   2. Nursing homes more open to visitation under CMS guidance.
      1. <https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf> Nursing Home Visitation Frequently Asked Questions (FAQs) FEb 2, 2022
      2. Whole CMS document <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>
   3. Irony: staff who are COVID + can come to work, but family can’t.
   4. Need to balance patient and staff safety with the need for patient advocates
      1. Family integral part of team
      2. Uptick in nosocomial covid infections this last surge from visitors
      3. Note that visitors not adhering to masking rules has been huge stress for our nursing staff who has to deal with this in real time
   5. Acceleration of dementia deterioration in those isolated in LTC facilities
   6. Money that went to screening visitors could be given for “visitor ambassadors” to ensure people following rules, don’t have questions, maybe companion for isolated patients, etc.
   7. **ASK: A letter** noting that visitation rules need improvement, very important but does not make sense for legislature – beyond scope.  Encourage CHA to oppose legislation
      1. Nuance from changes day-to-day, needs aren’t static, and legislation is inflexible
      2. Trying to fix a complex problem, need to open up in a meaningful way
      3. **Send Jean** [**jabbott49@gmail.com**](mailto:jabbott49@gmail.com) an email if interested in helping

1. COVID/CSC updates
   1. GEEERC meeting update – Steve
      1. EMS and HC Worker crisis standards to be inactivated on Thursday.
      2. Rationale for backing out of CSC is that acute crisis in staffing alleviated, and deep restoration of staffing will take years.  Long-term structural interventions needed.  Does this get it off the radar?
   2. Consider brewing malcontent with long waiting times – ER, OR, primary care.  May take worsened healthcare outcomes for change.
   3. Many mask mandates stood down
   4. CHTC at tier 1 – rural areas buddying with larger hospitals for transfers
   5. Pfizer postponed EUA application to FDA for kids 6 months – 4 yrs – waiting for 3rd dose data in this age group – early April
   6. New monoclonal antibody, bebtelovimab, EUA approved by FDA last Friday – looks good for Omicron.  To be handled through state.  Very limited doses at this time
   7. Testing positivity now 5.3%, with lots of potential biases.
   8. 90% of CO people with immunity by end of month per Public Health.
   9. BA.2 subvariant not growing as feared – 3.9% (80% in Denmark) – though if spreads, thinking those who already had omicron will have immunity so not as large a surge

Thank you so much!

Barbara and Jean