

## **Palliative Care Committee Meeting Notes**

Friday, September 4, 2105, 2:00 – 3:30pm

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Present: Christine Ritchie, Jeff Newman, Anne Kinderman, Bill Verducci, Kelly Dearman, Ria Mercado, Luba Roniss, Birgitta Durrett, Hilda Uribe-Escobar

Via phone: Anne Hinton, Redwing Keyssar, David Zwicky, Anne Hughes, BJ Miller, Rebecca Sudore

### Discussion on short-term goals for committee –

Brian de Vries had previously informed group of forum at SFSU in November.

<http://csupalliativecare.org/campuspartners/sfsu/>

From the website – “In November 2015: The Institute Faculty Director of SFSU will host a community dialog on “Diversity and Care: Understanding and Preparing for Later Life.” This seminar will include speakers from both the campus and broader diverse community to address some of the issues involved in care provision and preparations for later life. The invitation is for campus and community members—those previously, currently, or expecting to provide care and those interested in preparing for later life and end of life care.”

**\*Redwing will take lead in learning more and confirming event, including the date from Brian.**

**\*Eric and Rebecca will refine draft on leadership opportunity to use at forum.** (attached)

Please submit any comments to Eric Weiss and Rebecca Sudore.

### Hospital quality of care measures –

The committee wants to learn how Palliative Care objectives are worked into quality measures in acute hospitals.

The goal is to report to the Health Commission that we have collected valuable information to move forward with the work of the task force.

Each hospital can complete a brief survey.

We need to create survey for this purpose. **\*Christine will take the lead on developing survey.**

Does the hospital have pc program? And if so, is hospital collecting info?

Need to identify the point of contact at each hospital to determine whether the hospital has a palliative care program, and if they are collecting pertinent information. Contact the person overseeing palliative care as a place to start; they will know if hospital is collecting the data.

**\*Christine, Anne K., and David Z. will work on determining points of contact for each hospital and drafting a cover letter on behalf of this committee.**

### Palliative care training for direct care workers –

Rebecca Sudore informed that her proposal for training of direct care workers was just funded.

She will work with IHSS and DAAS on how direct care staff can assist clients in advance care planning. The information can be put into a tool kit that could be used by IHSS workers.

Rebecca will be conducting a small pilot with IHSS workers and their clients to see if this works.

Margy Baran said that Homebridge has been doing some training in this area, with the goal of helping caregivers be more a part of the clinical team.

BJ explained that about a year ago, he piloted program with home health aides. The content included basics around patient care and sensitivities toward end-of-life, information on medications (including dispelling some myths about morphine), and mindfulness. The caregivers trained reported that they felt appreciated that the training spoke to them at a higher level and pulled them up into the care team. Also, the opportunity to train and share with others as is this is often solitary work was important to them.

**\*Next action step – Rebecca, Redwing, and BJ will meet to develop fuller curriculum, and will present at next meeting.**

Kelly Dearman says this is needed for consumer training, and there may be a way to pair it up with workers to bring to consumers. Kelly has folks that could be part of the pilot. **\*Rebecca will connect with Kelly to explore further.**

Anne Hinton informs that Megan Elliott is looking at IHSS policies and how we would pay staff for this training.

Family Caregiver Alliance wants to assist in training, and is open to opportunities.

#### Utilization patterns of care –

Anne Kinderman talked about building a case for earlier palliative care in the community, and we therefore need to know what costs can be avoided by introducing palliative care earlier. It would be beneficial to use the death master file in the Office of Vital Statistics. To do so, need to apply as research. We need to continue trying to determine how data can be accessed.

**\*Jeff will look into this information on a state level, and see what is available.**

**\*Melissa / Anne / Shireen will look into whether there are county-specific groups (DPH) that may have this information. Jeff will also try to determine from DPH what is available.**

It would be helpful not to have to use death master file, as this file has a lag of a couple years, and is cumbersome to access.

#### Pilot projects –

Discussion on “blue sky thinking” / possibilities for this group.....

Hilda from Family Caregiver Alliance talked about the palliative care needs of caregivers, including needs assessment, training, and awareness of palliative care. The majority has not heard of palliative care, but they are familiar with hospice.

BJ talks about needing to provide awareness of what palliative care is, and how it differentiates from hospice. This is a training objective. It is important to provide grief and bereavement support for the loved ones; behavioral health support for the bereaved.

Anne Hughes suggests looking at the words “palliative care,” and whether there is a better word. Christine informs that there has been much discussion about the word, and using the word that folks understand as it is hard to start over with another word. Anne Kinderman points out that at SF General, the unit is “palliative and supportive care.” Also acknowledged that there is a lot of variability on translation and what it means in other cultures.

Anne Hinton informed that the tech council is looking at ideas and pilots, and looking for things to move forward. The pilot would have to have a tech component. If we come up with something that may fit, that might be a place to take it to for additional support.

Redwing talks about the education pieces and the start of the speakers' bureau. She suggests the group come up with a basic palliative care presentation; perhaps one for professionals and one for community, and then take it on the road at various events.

Jeff likes the tech idea, and suggests looking at website development. We have a lot of resources, but lack of knowledge. **\*Jeff will look at the current website. Contact Colleen and Sneha at DPH regarding the current website.**

Jeff suggests a campaign focused on physicians and nurses working together on advance care planning, as NP's and PA's can now sign POLST form.

Check-in on meetings –

Friday afternoons are difficult time to meet. **\*Melissa will do a Doodle poll to determine future meetings.** October will continue as scheduled on Friday, October 2, 2:00 – 3:30pm.

**Update on plans and what has been accomplished will be on the agenda for next month. SFHIP website and community partners and results of Google survey done by Abbie will also be on the next meeting agenda.**

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Next meeting – Friday, October 2, 2015