

Palliative Care Committee Meeting Notes

Friday, October 2, 2:00 – 3:30pm
1650 Mission Street, 5th floor, Golden Gate room

Present: Christine Ritchie (co-chair), Anne Hinton (co-chair), Shireen McSpadden, Ramona Davies, Eric Weiss, David Zwicky, Judy Long, Sandy Stokes, Jeff Newman, Dawn Gross, Heather Harris, Kelly Dearman, Redwing Keyssar, Anne Hughes, Daniel Hsueh, Bill Verducci
Via phone: Abbie Yant, Donnie Nelson, Rebecca Sudore

Update on “Diversity and Care: Understanding and Preparing for Later Life.” –

Redwing reported on the forum to take place at SFSU. Originally planned for November, this will now be moved to February. Logistics should be finalized next week, including date and meeting place at SFSU. Brian de Vries is retiring at the end of this semester, but will be involved in the event in February. Once logistics are arranged, volunteers for panel will be recruited.

Forum Leadership Opportunity Draft –

Eric and Rebecca reviewed the draft document as guidelines for working with media and journalists. (The document is attached.) This committee has approved this document. Experts on this committee in particular areas can be experts for the media and journalists on areas appropriate to their expertise. Jeff offered to do journalism in-service at UCSF, and suggests the group do another in February.

Action: Eric, Rebecca and Jeff will reconvene and create timeline / pilot / activity to do as we evolve, to connect with media and journalists. They will report back at next meeting.

There was discussion specifically regarding interactions with media about the end-of-life bill just signed by the Governor. Redwing questions whether we are taking a stance as a group when talking with media. Christine suggests that it is hard to come to consensus with this group, and has found that even in like-minded groups this is difficult with this issue.

Rebecca suggests that the group needs to come with language that will be used by all members when questioned.

Bill suggests developing a professional press kit, so all members are saying the same thing. This can include a fact sheet that can be used by all. He suggests that the group needs to be clear on what they are experts on; that individuals are not experts on the bill, but are experts in palliative care. He suggests that perhaps the group can identify a spokesperson. He questions whether as a group, do we all say the same thing?

Action: Anne and Christine will develop a skeleton fact sheet and send to group for review.

Hospital quality of care: point of contact, cover letter and survey –

There was discussion to assist in understanding what folks are doing in respect to measuring quality of palliative care in acute hospital settings.

Action: Christine will develop a simple survey and will send to this group to review and offer feedback and suggestions.

David has gathered from Steve Pantilat those that are members of Palliative Care Quality Network (PCQN), and is now working on getting specific individual contact names. The goal is to develop standard metrics. The PCQN only deals with acute hospitals at this point but include other licensed facilities in the future. We may want to gather information on skilled nursing facilities. In LTC facilities, information can be gathered from the MDS, utilization numbers, and other metrics.

Action: David will continue to gather contact information.

Palliative care training for direct care workers –

Rebecca reported that she learned from Peter O’Connell at Homebridge that they are pulling together pieces of information to determine the essential training areas for IHSS caregivers. She explained to this group she has a grant to look at advanced care planning with individuals who receive IHSS services. It is important to remember that this teaching is for caregivers not nursing assistants, who have a different training.

There is some concern about tying the medical into the caregiver who is not a medical provider; therefore there is the idea of targeting family caregivers first.

This grant and process is about offering something, not forcing something. The training would include how to approach the client about advance care planning. There is a need to be cognizant of not trying to move from a social model to a medical model of service. Kelly suggests that the training start with family caregivers. Kelly informed the group of the mentoring program provided by the IHSS Public Authority. It is open to consumers and caregivers. The mentor trains the consumer in training modules such as how to hire, transportation, and positive communication. Kelly sees this as perhaps another training module that is offered.

Consumer training related to IHSS –

This topic is covered above.

IHSS policies and how we would pay staff for this training –

Anne Hinton informed group that Megan Elliott will look into this. It may be a task that is covered under the “time for task.”

Action: Megan will explore reimbursement for this task.

Utilization patterns of care –

Jeff spoke with an epidemiologist at DPH, who informed him that 2013 utilization data is available. Jeff will find out the name of the epidemiologist and send to Anne Kinderman. In addition, Heather informed the group that Kathleen Kerr says that this data can be accessed from the state. She is going to create a process for accessing this data. She is currently working on the application so that it is possible to access death data in real time. Jeff and Anne will also explore the DPH connection.

Action: At the next meeting of this group, Jeff, Anne, and Heather will share what actual data is available, and what the variables look like. Heather will put this in a format for the group to understand. Heather will have application information at next meeting. Shireen and Melissa will follow-up with DPH to determine what we can glean from the city.

Needs assessment/environmental scan –

BJ is not present for discussion on needs assessment. Christine explained that he is interested in something like the Mayor's Report on Aging, but focus this report will focus on chronic disease.

Action: BJ will explain and discuss with this group at the next meeting. Any advice on this is helpful. Pursue? – report focused on chronic serious illness.

Meeting day and time –

There was discussion on future day and time of this meeting. The group decided to stick with the first Friday of the month at 2:00 – 3:30pm ongoing for the time being.

Next meeting date –
Friday, November 6, 2:00 – 3:30pm
1650 Mission Street, 5th floor, Golden Gate room