

## **Palliative Care Committee Minutes**

Friday, January 6<sup>th</sup>, 2:00 – 3:30pm  
1650 Mission Street, 5<sup>th</sup> floor, Golden Gate room

**Present:** Christine Ritchie (co-chair), Terry Hill, Judy Long, Ramona Davies, George Kellar, Jeff Newman, David Zwicky, Kelly Dearman, Dawn Gross, Marisol Fuerte, Bill Verducci, Torrie Fields, Redwing Keyssar, Anne Kinderman

**DAAS Staff:** Valerie Coleman

### **Introductions & Overview:**

Christine Ritchie discussed the last meeting and discussing a potential gaps analysis with the Stupski Foundation (review Jan 6<sup>th</sup> 2017 minutes for more information) and the various small groups within the Palliative Care Committee.

### **IHSS & Palliative Care**

Rebecca Sudore gave an update: 2 sources from funding to explore the relationship between IHSS case managers and their patients as a way to get palliative care (PC) and advanced care planning (ACP) resources out to the community. Group has completed 10 focus groups, including DAAS and IHSS agencies, providers and consumers and came up with the following main themes:

- For both (palliative care and advanced care planning), it is very wanted and needed but needs to be optional;
- Regarding ACP: really important that it doesn't given out at the provider level, due to conflict of interest, family providers, etc. Was suggested that it should start with case managers or higher up and that it would seem normal to bring up in annual check-ups or screenings;
- Both staff and peer counselors wanted a checklist, language about how to introduce or discuss, as well as other tools to make it easier for them to present to patients;
- If can provide this information, what is the follow-up? For example, case manager provides and then check in after a certain amount of time, with recognition that just handing out information will not require action or next steps;
- Providers and patients were really interested in a class - both to learn more and to have a social element to this process, as both groups are often extremely lonely;
- Consumers would really appreciate if case managers could help bridge this information to their primary care provider or hospitals – of course, having it be optional, but many expressed interest in helping to convey their interests;
- Regarding PC: realization that none of the participants knew what a symptom is, but once the team dialed down into actually what that is, what came up among providers and consumers was a lot of pain and loneliness. The providers feel profoundly lonely
- Lack of clarity around next steps for providers, especially those outside of Homebridge. As a result, providers were really interested in attending trainings, as well as very

simple checklists. Additionally, a very simple system that allows the providers to identify issues, track changes, and a process by which to get more information and/or resources;

- Also heard that some consumers may not want to report their symptoms because they don't want their families to institutionalize them – so a consideration re: tracking;
- Homebridge has some funding to try and pull together some of these trainings, at least initially;
- Other important considerations include: when the consumer being taken care of is actually really difficult and/or family members don't get along.

Next steps are to figure out how to implement, and if people are interested in getting involved, they're welcome to join the workgroup that is tasked with implementation . Goal is also to publish the results. Currently, they have transcribed results and are now coding to better identify the trends.

There was some discussion about the potential conflict of interest if the provider disagrees with the consumers' wishes and tries to hold the provider agency accountable. A solution might be a disclosure or some protection for agencies. Also, there was a reminder that the priority is really about having the conversations and less about the static document. The pieces of paper should be the very last thing within this process, really needs to focus on conversations: with care providers, in groups, etc.

A roll-out should begin with the "lowest hanging fruit" or those clients that really want to engage, and they can help develop the process. Consider developing trainings for case management agencies, so that they can provide their case managers for specific and concrete resources and information. Homebridge doesn't provide classes for case managers but DAAS does.

#### **Workgroups:**

- **Re:Imagine Partnership:** Torrie and Redwing discussed a meeting they had this morning from Grace Cathedral and other participants of the Re:Imagine effort. They discussed both successes and challenges, as well as how to navigate moving forward. Grace Cathedral is participating in the 50<sup>th</sup> anniversary of the AIDS quilt in late summer/fall, which is a great way to bring in discussions around end of life care and palliative care. Brainstorming about events that could happen in the end of October, with or without IDEO. The organization of the event left something to be desired but the impact and representation was phenomenal. The group is looking at what the focus should be, who should be invited to participate, and the Palliative Care Committee would be a partner. Unclear what IDEO's participation will be moving forward. Can the IDEO platform be utilized moving forward, turning it into a resource directory and outreach platform? Also, would be helpful to know more about their lessons learned. There was some discussion around hosting it in a different month, such as April for National Health Care Decisions day.

- **Next Steps: developing a calendar, timeline, and an actual plan.** Need to be really intentional about who should be involved, how to deploy it and giving plenty of lead time, think about potential funding sources. Having members from this group represented with the Grace Cathedral group that wants to partner on this effort, palliative care members can play a supportive role or a partnership (helping to identify presentations, logistics, etc.), trying to engage more diverse communities, and can also have their own presentation or panel.
- **Outreach & Speakers Bureau:** ran out of time, will break up and discuss at length at March meeting.
- **Gaps Analysis & Resource Directory:** ran out of time, will break up and discuss at length at March meeting.

Next meeting date:

**Friday, March 3rd, 2017, 2:00 – 3:30pm**

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