



ESTES PARK HEALTH

ESTES PARK HEALTH BOARD OF DIRECTORS'

Special Tele Town Hall Board Meeting Minutes - May 13, 2020

Board Members in Attendance

Dr. David Batey, Chair
Ms. Sandy Begley, Vice Chair (via webinar)
Dr. Monty Miller, Treasurer (via webinar)
Ms. Diane Munro, Secretary (via webinar)
Mr. William Pinkham, Member-at-Large
Dr. Steve Alper, Director Elect

Other Attendees

Mr. Vern Carda, CEO
Mr. Tim Cashman, CFO (via webinar)
Ms. Pat Samples, CNO
Mr. Gary Hall, CIO (via webinar)
Dr. John Meyer, COS (via webinar)
Dr. Amanda Luchsinger

Community Attendees (via webinar)

Morgan Svoboda, Karen Sackett, Judith Beechy, Kim Mooney, Robert Drake, Sam DeWitt, Jane Truesdell, Barbara Ayres, Kay Rosenthal, Steve Barlow, Dona Cooper, John Cooper, Jennifer McLellan, James Cozette, Gail Cozette, Aaron Alberter, Sylvia Schneider, Lyle Hileman, Lisa Beard, Pavel Perminov, David Brewer, Sandy Chockla, Audrey TeSelle and Jean McGuire

1. Call to Order

The Special Tele Town Hall Board meeting was called to order at 6:03 p.m. by Dr. Batey, Chairman of the Board of Directors; there was a quorum present. Notice of the Special Board meeting was posted in accordance with the SUNSHINE Law Regulation.

2. Approval of the Agenda

Mr. Pinkham motioned to approve the agenda as submitted. Dr. Miller seconded the motion, which carried unanimously.

3. Public Comments

No public comments were submitted.

4. Colorado End of Life Options Act Policy Discussion

4.1 Colorado End of Life Options Act (CEoLOA)

- CEoLOA authorizes an individual who satisfies the statute's requirements to request aid-in-dying medication, to fill the prescription, and to self-administer the medication. Requirements include:
 - Colorado resident adult
 - Terminal diagnosis prognosis of 6 months or less
 - Mental capacity to make and communicate an informed decision
 - Able to self-administer aid-in-dying medication
 - And satisfy many other requirements
- CEoLOA takes place within the privacy and confidentiality of the doctor-patient relationship
- CEoLOA provides privacy and confidentiality protections for all involved
- Patient and provider choice to participate or not participate is voluntary
- CEoLOA prohibits any adverse organizational consequences of the choice to participate or not participate in CEoLOA activities

4.2 Estes Park Health Colorado End of Life Options Act Policy and Procedure

- Estes Park Health offers patients a full range of end-of-life journey options including services addressing:
 - Colorado Advance Directive
 - Pain Management
 - Palliative Care
 - Hospice
 - Colorado End of Life Options Act
- All EPH medical staff who may have direct involvement in CEoLOA activities (Primary Care and potentially involved specialties) will:
 - Provide information on CEoLOA
 - Provide CEoLOA referrals if requested
 - Some EPH medical staff may facilitated CEoLOA patient needs
- EPH CEoLOA Policy does not permit self-administration of aid-in-dying medication on Estes Park Health premises including:
 - The Emergency Department
 - The Inpatient Hospital
 - The Estes Park Health Living Center (EPHLC)
 - EPHLC is a skilled nursing facility
 - EPHLC is a skilled nursing facility with limited physical plant hindering in patient privacy in self-administration of aid-in-dying medication

4.3 Colorado Department of Public Health and Environment – Medical Aid in Dying

In 2016, Colorado voters approved Proposition 106, "Access to Medical Aid in Dying," which amends Colorado statutes to include the Colorado End-of-Line Options Act at Article 48 of Title 25, C.R.S. The Act:

- Allows an eligible terminally ill individual with a prognosis of six months or less to live to request and self-administer medical aid-in-dying medication in order to voluntarily end his or her life;
- Authorizes a physician to prescribe medical aid-in-dying medication to a terminally ill individual under certain conditions; and
- Creates criminal penalties for tampering with a person's request for medical aid-in-dying medication or knowingly coercing a person with a terminal illness to request the medication.

This Act requires the prescribing physician and the health care professional dispensing aid-in-dying medication to provide the Colorado Department of Public Health and Environment (CDPHE) with information outlined by the Act, and necessary to ensure compliance with the documentation requirements of the Act.

4.4 2017 – 2019 Trends and Totals Data Summary

- In 2019, for those requesting prescriptions
 - Median age 72 (range mid 20’s to upper 90’s)
 - 62.5% Cancer, 19.2% Neurological, 7.9% Cardiovascular, 5.8% Pulmonary, 4.6% Other
- In 2019, for those who died following prescription
 - 82.6 % died in a residence
 - 83.5% died under hospice care

Colorado End-of-Life Options Act Statistics				
	2017	2018	2019	2017 - 19
Number of patients prescribed Aid-in-Dying medication	72	123	170	365
Number of patients dispensed Aid-in-Dying medication	56	85	129	270
Percent of patients prescribed Aid-in-Dying medication that had the medication dispensed	77.8%	69.1%	75.9%	74.0%

Comments and Questions

- Prohibiting this in the Living Center is not right and should be amended. The hospital is willing to transfer a patient to another facility in order to accommodate the request, but that does not seem appropriate.
 - By the time a patient enters the Living Center they are debilitated and will not qualify under the law because they are no longer able to care for themselves or make sound decisions.
- Would an employee be put at risk if they were present with their own family member during the process?
 - The national hospice policy requires staff to leave the room during the ingestion, so the intention in the EPH policy was to mirror that requirement. The Board will review the policy to ensure that the language is clear regarding when it is appropriate and not appropriate for an employee to remain in the room.
- How many participating providers are available?
 - The State publishes the number of prescribing physicians and pharmacies for prior years, however, due to confidentiality laws, no names are published.
- Has there been any consideration from EPH to change the policy of not allowing the act to occur on the premises?
 - At this time, no change is being made regarding EPH’s policy on prohibiting the act to occur on its premises. The law does not state that an individual has the right to perform the act in a specific place.
- Are people utilizing Telehealth for the use of the act?
 - The request must be submitted in writing to a physician first.
- If an individual still has the capacity to understand and can self-administer, why are they not allowed to perform the act at EPH?
 - The individuals in the Living Center do not qualify under the law because they are no longer able to care for themselves or make sound decisions. EPH will help in the referral process for anyone who qualifies under the law.

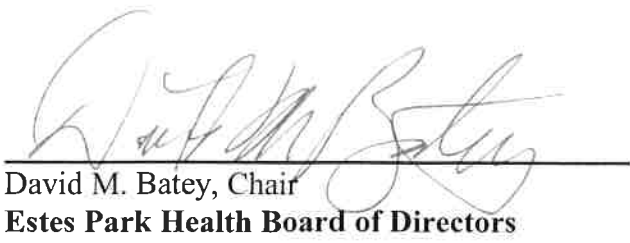
- What will happen if someone presented to the ER who already ingested the medication?
 - Once the medication is ingested there are no measures that can be taken to reverse the outcome. The ER staff will remain with the patient during the process and make them as comfortable as possible.
- What will happen if someone who is a patient in the facility ingests the medication?
 - Inpatient medication are, by policy, taken from patients upon admission. Home medications, by policy, cannot be brought into the facility.
- Has EPH considered hiring or identifying a patient navigator to route patients to a healthcare provider?
 - EPH does refer to UCH, but our system is too small to require a patient navigator position. The starting point for any patient will be their primary care physician, who will act as the navigator.
- What happens if a physician has a fundamental issue with the law and won't provide a referral?
 - A recent survey of the medical staff found that all were willing to provide referrals.
- What will be done with a patient that presents to the facility with one disease and contracts a terminal disease?
 - EPH has procedures in place to institute hospice care to help the patient pass with comfort, dignity and care. An individual in this scenario most likely will not qualify under the law due to their condition and status.
- Does EPH have homes available on the hospital campus that could be utilized for hospice care?
 - The homes on the campus are currently being utilized for other services.
- Can Board members provide their personal opinions on the law?
 - Dr. Batey – A Board member's responsibility is to make recommendations and decisions based on what is the in the best of the organization and the needs of the community, not based on their personal opinions.
 - Mr. Pinkham – The rights of individuals and dealing with patients in a compassionate way is the basis for decision making. The policy is to provides guidelines for assisting individuals in finding resources.
 - Ms. Munro – It would not be my personal choice; however, Board decisions are made based on all the information received from the community, physicians and hospital. Obtaining input from various avenues allows the Board to reach decisions without relying on our own personal preferences.
 - Ms. Begley – We all have personal choices, but the Board bases their decisions on what is most beneficial to the hospital and the Estes Park community.
 - Dr. Miller – The majority of community voted to allow this act and encouraged the EPH Board to continue its work with providers and administrators to find a solution within the organization.
 - Dr. Alper – I encourage people to think beforehand and take responsibility in making the best decision for themselves. People in the community have several options available and the hospital is here to assist with referrals.

Final Comments:

- Many participants thanked the Board for hosting the forum and providing clear information
- A challenge was placed on the community to pursue obtaining a hospice house.
- The EPH Board is committed to providing service and honoring patient wishes.

5. Adjournment

Mr. Pinkham motioned to adjourn the meeting at 7:18 p.m. Dr. Miller seconded the motion, which carried unanimously.



David M. Batey, Chair
Estes Park Health Board of Directors