



# CHAPCA

## Newsletter

### CHAPCA Receives Grant for Trauma-Informed Care Initiative for Veterans on Hospice

We Honor Veterans, in conjunction with the Department of Veterans Affairs (VA), has expanded their grant-funded work to include efforts aimed at providing telemental health services to Veterans, including a pilot triage mechanism to screen referrals to VA’s PTSD Consultation Program, and administering a competitive bid process in which thirteen state-wide partner organizations have been selected to receive funding for the Trauma-Informed Care for Veterans on Hospice Initiative. California Hospice and Palliative Care Association was selected as one of the 13 organizations to receive this grant funding.

This initiative has been mandated by Congress to support efforts to improve access to key resources and services available from the VA and to disseminate key training on trauma-informed care as provided through the We Honor Veterans program. Trauma-informed care is defined as practices that promote a culture of safety, empowerment, and healing. Trauma comes in many different forms. However with this initiative, we are going to focus specifically on three domains that affect Veterans: **PTSD, Moral Injury and Suicidality.**

#### Promote access to VA Telemental Health Services

CHAPCA has built a resource page on our website found under the menu tab: Program providers. We encourage you and your staff to visit our site for a summary of the many resources available on [www.wehonorveterans.org](http://www.wehonorveterans.org) and [www.va.gov](http://www.va.gov).

Con't pg 2



### Message from CHAPCA CEO, Chair and Vice Chair

#### California Hospice and Palliative Care Spotlights the Importance of Palliative Care and Hospice Services for Patients’ Families During the COVID-19 Pandemic.

News reports made people aware of medical challenges and hospital resource shortages, from high volumes of patients to a lack of personal protective equipment (PPE), ventilators and ICU beds. The pandemic also revealed another aspect of healthcare in short supply: hospice and palliative care.

End-of-life care is difficult no matter what the circumstances. As the number of people succumbing to the virus rapidly grew over a relatively short period of time, the work of specially trained hospice and palliative care team members has been amplified.

Con't pg 3

### Inside

- CHAP Site Visits .....4
- Emotional Intelligence .....4
- CHAPCA Kudos Corner .....5
- COVID-19 Impact Survey .....5
- CMS Updates & Model Delays.....6
- Executive Orders Comments .....7
- CHAPCA Updates.....9
- Tidbits .....10-11
- Palliative Care Adapts .....12
- Calendar .....13

# Trauma-Informed Care Initiative, *con't.*

[VISIT OUR TRAUMA-INFORMED CARE PAGE](#)

## Promote access to VA Telemental Health Services

To kick off the initiative, CHAPCA is hosting a FREE Live Webinar every Friday morning from 10:30 – 11:00 in the month of June to provide an introduction to the Trauma Informed Care Initiative.

In this webinar, we will cover:

1. What is the Trauma Informed Care Initiative
2. Define and discuss the three main domains: PTSD, Moral Injury and Suicidality.
3. Review of the resources that are available to Hospice Providers to properly detect, screen, and treat veterans who test positive in a domain.

We invite ALL hospice providers to participate in this informative webinar. Please feel free to pass this invitation on to your designated We Honor Veterans Champion.

[CLICK HERE TO REGISTER](#)

## Share Programmatic Data

As part of the initiative, we are required to submit survey results from California Hospice Providers to Congress by September 1st. This reporting is a requirement in an effort to continue to receive funding for Veterans. Therefore, we have built surveys to determine:

1. Hospice Providers who would like to participate in the Initiative.
2. Number of Veterans that are screened within your hospice agency
3. Number of Veterans that are testing positive for PTSD, Moral Injury or Suicidality.

### CHAPCA STAFF

#### Shelia Clark

President & CEO

#### Sarah Dorricott

Director of Membership  
Programs and Services

#### Courtney Rineman

Membership Outreach  
Coordinator

#### CHAPCA

P.O. Box 340698  
Sacramento, CA 95834  
PH: 916.925.3770  
FX: 916.925.3780  
[www.calhospice.org](http://www.calhospice.org)

Please take a moment to complete your survey. Each survey takes approximately 1-5 minutes to complete:

- [Trauma Informed Care Initiative](#)
- [Trauma Informed Care Initiative - Agencies Adopting Protocols](#)
- [Trauma Informed Care Initiative - Number of Veterans Screened](#)
- [Trauma Informed Care Initiative - Positive Domains](#)

## CHAPCA Job Boutique

Do you have an opening at your agency? Be sure to visit the CHAPCA Job Boutique. The CHAPCA Job Boutique is a free member benefit and will allow you to post your agency's job openings on our public forum for FREE. Members are welcome to post a 30, 60, or 90-day listing.

- [Click here](#) to visit the Job Boutique and to sign up for Job Boutique alerts.

## A Message from CHAPCA Leadership, *con't.*

With their knowledge and skills, hospice and palliative care teams were quickly thrust into a frontline workforce as the pandemic progressed.

Those identified by the U.S. Centers for Disease Control and Prevention (CDC) as people at a higher risk for severe illness and complications from COVID-19—older adults and those with serious underlying medical and comorbid conditions such as cardiac illness, cancer, congestive heart failure, and pulmonary disease—are those most often needing palliative care. While COVID-19 hasn't altered the clinical aspects of end-of-life care, hospice and palliative care team members have taken on additional responsibilities.

Hospice and Palliative care providers excel at navigating challenging conversations about patient goals and expectations, enabling them to play a significant role in supporting front-line responders as they care for Coronavirus patients by lending expertise and guidance in how to deal with patients and families in these difficult times.

### **Navigating a Compressed Time Frame**

The pandemic has brought people face-to-face with mortality. While hospice and palliative care teams are accustomed to having difficult end-of-life conversations with family members and other loved ones, the often quick decline of many Coronavirus patients has forced the conversation loved ones are not prepared to have. There has been little or no time to have discussions about the patient's wishes; no time to think through what a patient might have wanted. There's also precious little time to ensure that loved ones understand the medical approaches that have been tried and why they are not working, or to prepare them emotionally for their loved one's passing.

The situation has also been tempered in many instances by the need to have those exceedingly difficult discussions remotely. Having uncomfortable conversations that no one was prepared to have on a screen makes the situation even more challenging. Hospice and Palliative care providers are having to think creatively about how to use technology to allow for some degree of connection. That connection can make all the difference in helping patients and their families feel secure when having the most difficult of discussions.

### **Guiding Emotional Journeys**

Although those who work in hospice and palliative care are no strangers to piloting the emotional path patients and families find themselves taking, that aspect also relies on technology. In this new environment, hospice and palliative care team members have also become communication intermediaries.

As trying as it might be, many people want the opportunity to sit at their loved one's bedside and share cherished memories, hold their hand or just be with them. But since the Coronavirus has become a part of our reality, hospitals, Skilled Nursing Facilities and Assisted Living Facilities have barred visitors, with very few exceptions, in an attempt to slow the spread of the virus. Communication from family and friends has transitioned from face-to-face to virtual bedside visits. Family members and friends must rely on technology—cell phones and iPads—to connect with the sick, who, in the most serious cases, may have a range of awareness but cannot reply. Often team members are witness to heartbreaking conversations as they hold a cell phone or tablet for patients who are too weak to do it on their own so they can say goodbye.

The impact of the pandemic has made the need for hospice and palliative care-trained healthcare professionals abundantly apparent. It will require education, not only for clinicians, but also for healthcare administrators and medical schools. We welcome your help in achieving this goal.

Sincerely,



**CHAPCA Board Chair**



**CHAPCA Vice Chair**



**CHAPCA President -CEO**

## Community Health Accreditation Partner (CHAP) is Resuming Site Visits!

CHAP announced that they are resuming regular site visit activity as of the week of June 8, 2020. This means that accredited organizations can expect a re-certification visit or a focus visit associated with a previous site visit. Site visits for deemed organizations remain unannounced. Initial site visits will continue to be scheduled based on readiness. Re-accreditation visits for all other organizations will be scheduled per our usual process.

NOTE: The re-accreditation or initial surveys of DMEPOS are not yet authorized by CMS.

- The scheduling of CHAP site visits will be based on a state's re-opening criteria.

CHAP site visitors will be assessing compliance with standards acknowledging:

- Current federal blanket waivers for home health and hospice regulations - if your organization obtained a specific waiver, please have that available at the time of your site visit;
- State Medicaid waivers, and
- Applicable state executive orders.

If you have questions, please contact your Director of Accreditation.

[Hospice Blanket Waivers.pdf](#)

[Home Health Blanket Waivers.pdf](#)

[Click here](#) to visit the CHAP Associate Member Partnership Page for more information and resources.

## Cultivating Emotional Intelligence is Effective Against Health Care Worker Burnout

The level of stress, anxiety, and physical demands that health care workers are experiencing during the COVID-19 crisis is expected to take an emotional toll. Before coronavirus, the risk of burnout was already particularly high in healthcare. The pandemic has only made matters worse, [Harvard Business Review](#) (5/20/20) reports.

Research shows that cultivating higher emotional intelligence is the best safeguard against burnout. Expected outcomes of improved emotional intelligence include "more trust among patients, higher levels of patient satisfaction and less physician burnout," says *HBR*. For these purposes, emotional intelligence can be broken down into four categories: "self-awareness, self-management, social awareness, and relationship management."

Because medical training is so focused on patient awareness and diagnosis, self-awareness can be hard to come by for healthcare workers. It is important that workers prioritize their own needs alongside those of the patients. Throughout the article, queries for self-reflection are suggested.

The increased workload, stress, and grief that the pandemic causes can make relationship management particularly difficult at the moment. Along with attention to patients and self, healthcare providers are advised by the article to practice patience with their colleagues. *HBR* says "Research has shown that sometimes we need to slow down to increase our effectiveness, especially at key moments. You can defuse a tense conversation or ease the tension around a crucial decision simply by saying, 'This is important, let's go slow.'"

## CHAPCA Kudos Corner

### ***A Shout Out to Salus Hospice for its Volunteer Program: Tapping Into Technology!***

The realities of COVID-19 have brought changes to many industries including agencies that [provide hospice care at home](#). The most vulnerable members of society must use due diligence to shelter in place and protect their health and wellbeing, but that does not minimize the need for socialization and companionship, both of which are linked to emotional, physical and spiritual health.

While CMS has waived the requirement for hospice to use volunteers (at least 5% of direct patient care hours), and some hospice agencies have opted to suspend volunteer training programs and efforts toward providing volunteer services, it is our opinion that these services remain essential.

Debbie Robson, Salus Hospice VP states, "At a time when patients and families are the most isolated, we want to provide more care, not less. Discovering new ways to deliver volunteer services that benefit the hearts and souls of our patients is essential during this time. Salus Hospice's efforts are focused on revolutionizing our volunteer program so that it continues to meet these important needs in light of COVID-19 and as new information and changes come our way."

The work our [volunteers](#) are doing in supporting the emotional, spiritual and physical health of our patients has never been more crucial. Tapping into an active and engaged volunteer base has involved being responsive to the individuals who have contacted us with a great desire to "do something" for the community but remain safe and healthy while doing so. Connecting volunteers who have this desire to serve with patients who have a need to stay connected to their community involved some out of the box thinking. Our professional team put our heads together and came up with a [few strategies](#). Tapping into technology has played an important role.

Visit the CHAPCA website to learn more about the ways that [Salus Hospice is tapping into technology](#).

#### **Submit a "Shout Out" Nomination:**

CHAPWA members are encouraged to submit entries for consideration and publication in the newsletter to: [info@calhopsice.org](mailto:info@calhopsice.org).



## Survey Reveals COVID-19 Impact on Hospice

The National Association for Home Care & Hospice reports findings from their Hospice COVID-19 Impact Survey. The survey was held over the first three weeks of May 2020 and received insights from providers in nearly every U.S. state and territory. Inquiry was made into the impacts of COVID-19 on a broad range of hospice topics including care delivery, admissions and referrals, financials, operations, telehealth use, and more.

The survey found that nearly two-thirds of hospice respondents have admitted COVID-19 positive patients. Simultaneously, more than half of the respondents also report a decrease in admissions compared to this time last year. A 15% decrease was reported by more than a quarter of respondents. However, two-thirds have kept the same level of "conversion rates on patient referrals." There were also large numbers of reported decreases in referrals from nursing facilities (71%), hospitals (63%), and the community (49%). More than half of the hospices saw a higher number of short-stay patients, and 44% report an increase in the severity of illness in admitted patients.

Access the [Hospice COVID-19 Impact Survey](#) on the NAHC website.

## CMS Updates Related to Nursing Homes and Infection Control

### **6/1/20 Memo - COVID-19 Survey Activities, CARES Act Funding, Enhanced Enforcement for Infection Control deficiencies, and Quality Improvement Activities in Nursing Homes**

In their June 1 guidance memo (QSO-20-31-All) to State Survey Agency Directors, CMS Quality, Safety & Oversight Group (QSOG), CMS noted that further direction related to prioritization for completing the focused infection control surveys in nursing homes is needed, and is initiating performance-based funding requirements tied to CARES Act grants. CMS is enhancing penalties related to noncompliance with infection control. And, Quality Improvement Organization (QIO) activity will be refocused to assist nursing homes in addressing dynamic infection control activities to combat COVID-19. [Download the full document.](#)

### **6/4/20 Memo - Posting of Nursing Home Inspections**

CMS will post health inspection (i.e., surveys) results that were conducted on or after March 4, 2020, which is the first date that CMS altered the way that inspections are scheduled and conducted. This includes inspections related to complaints and facility-reported incidents (FRIs) that were triaged at the Immediate Jeopardy (IJ) level, and the streamlined Infection Control inspection process that was developed based on the guidance for preventing the spread of COVID-19. The information will be available in the “Spotlight” section of the [Nursing Home Compare](#) home page on June 4, 2020.

### **6/4/20 Memo - Release of COVID-19 Nursing Home Data**

CMS will begin posting the reported COVID-19 NHSN data for viewing by nursing home residents and families, facilities, stakeholders, and the general public. The information posted will include each facility’s name, their reported number of confirmed and suspected cases of COVID-19 (including residents and staff), resident Memorandum Summary. CMS will post COVID-19 data submitted by facilities via the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). For more details on the specific data elements collected, please view the [CDC’s Long Term Care Facility COVID-19 Module](#) website. The NHSN COVID-19 information will be posted on June 4, 2020, on the [Nursing Home Compare](#) home page, in the “Spotlight” section, and will be updated on a weekly basis.

## CMS Announces Model Delays and Adjustments

[In an announcement](#) on June 3, the Centers for Medicare & Medicaid Services (CMS) Innovation Center announced model delays and adjustments to address the COVID-19 public health emergency. More details can be found in this [CMS document](#) (PDF).

Important changes announced about Innovation Center models include:

- Delaying implementation of the start of the **Serious Illness component of Primary Care First to April 1, 2021**, while starting the Primary Care First only component on time on January 1, 2021.
- Delaying the first performance period of **Direct Contracting will be delayed until April 1, 2021**. CMS will offer an application cycle for a second cohort to start in 2022.
- The Next Generation (Next Gen) ACO Model will be **extended through December 2021**. Similar to the Medicare Shared Savings Program (MSSP), CMS will reduce losses by the percentage of months for which the COVID-19 public health emergency is in effect and will remove episodes of care for the treatment of COVID-19.



## NHPCO Submits Comments on President’s Executive Order for Regulatory Relief

National Hospice and Palliative Care Organization responded to President Trump’s Executive Order 13924: Regulatory Relief to Support the Economic Recovery. The President requested that agencies “should address this economic emergency by rescinding, modifying, waiving, or providing exemptions from regulations and other requirements that may inhibit economic recovery...”

NHPCO provided the Administration with recommendations for regulatory relief, identifying what flexibilities adopted by the Administration should be made permanent and identifying areas for enforcement discretion after the public health emergency has concluded.

NHPCO focused on regulatory flexibilities that encourage economic recovery, such as making the hospice face-to-face encounter available through telehealth after the end of the public health emergency, allowing audio-only for CPT codes for advance care planning, requesting a code for telehealth visits on the claim form, the use of pseudo patients for hospice aide training, and support for telehealth services to continue after the end of the public health emergency.

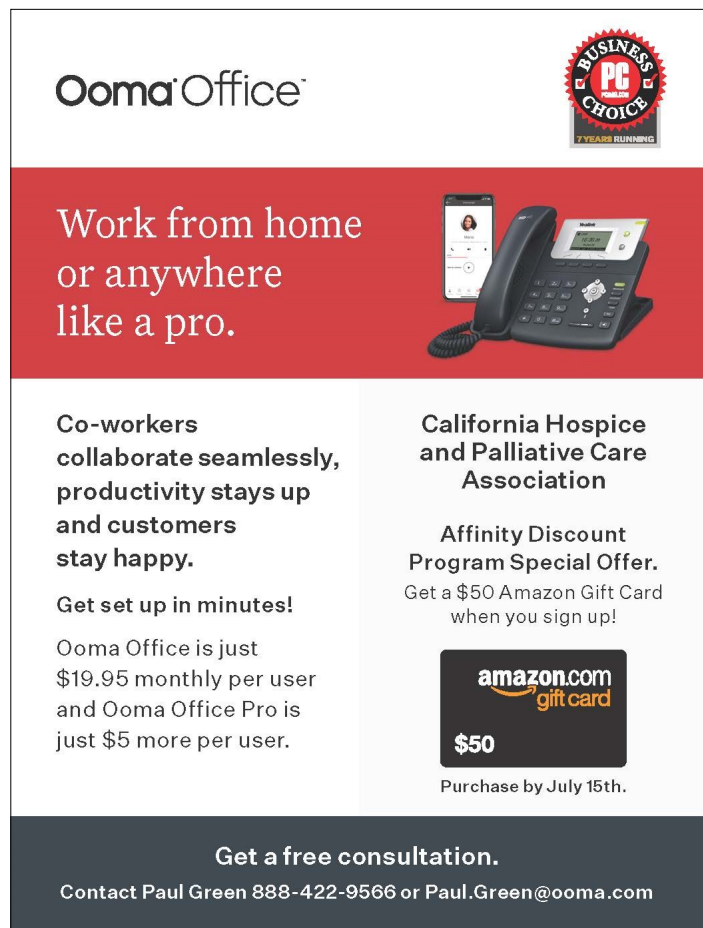
In addition, NHPCO focused on innovation, requested that the Administration consider the development of a community based palliative care model through the Center for Medicare and Medicaid Innovation (CMMI). Finally, NHPCO focused on enforcement considerations, requesting that TPE and other audits continue to be suspended for twelve months after the end of the public health emergency and that CMS designate hospice workers as essential workers in guidance to nursing homes. Read the full [NHPCO comment letter](#) (06/05/20) available on the NHPCO website.

### CHAPCA Commitment to Professional Development

Training and professional development opportunities are also key elements to attract and retain a competent and high-quality staff. Research has shown that staff are more likely to remain with organizations that make training available.

One of the best ways organizations can be assured their staff has access to current operational and clinical education and training is to become a member of the California Hospice and Palliative Care Association (CHAPCA). With a combination of webinars, workshops, events, on-line training programs and conferences, CHAPCA makes a wide selection of training options available to its members to learn best practices that enable them to deliver the highest quality care to their patients and their loved ones.

Learn more at [www.calhospice.org/education](http://www.calhospice.org/education).



Ooma Office

Work from home or anywhere like a pro.

Co-workers collaborate seamlessly, productivity stays up and customers stay happy.


Get set up in minutes!

Ooma Office is just \$19.95 monthly per user and Ooma Office Pro is just \$5 more per user.

California Hospice and Palliative Care Association

Affinity Discount Program Special Offer.

Get a \$50 Amazon Gift Card when you sign up!



Purchase by July 15th.

Get a free consultation.

Contact Paul Green 888-422-9566 or Paul.Green@ooma.com

## We are seeking a Hospice Administrator to become a part of our team!

The Administrator is primarily responsible for directing the day-to-day hospice operations; ensuring compliance with applicable law and regulation, contract provisions, and applicable government guidelines; and the implementation of effective budgeting and fiscal operations, resulting in the achievement of financial goals. The Hospice Administrator establishes, implements, and evaluates goals and objectives for hospice services that meet and promote the standards of quality and contribute to the total organization and philosophy.

### Minimum Education & Experience Requirements:

- Recent hospice experience actively involving CMS, insurance regulations, and hospice standards of care
- Prefer a Master's Degree, but would accept a Bachelor's Degree and 2 or more years of hospice experience
- Complete understanding of the hospice philosophy of care and the ability to both teach and lead others delivering services
- Management and leadership of successful teams

### Qualifications:

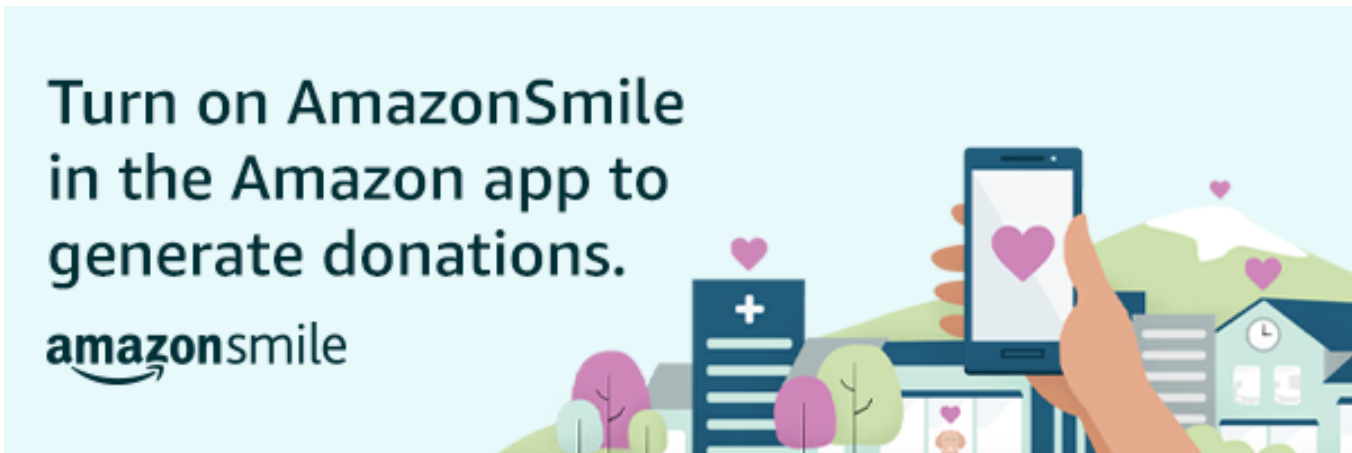
- Strong leadership qualities
- Strong organizational skills
- Excellent written and verbal communications skills
- Hospice management experience

Only candidates with both hospice and leadership experience will be considered and interviewed. Multiple interviews are required for this top-level executive position. Please do not apply if you do not meet the described minimum education and experience requirements.

- \$125,000 to \$175,000 annually
- Please contact Donna Olson to apply:
- (858) 737-7482
- [donnaolson@interimhealthcare.com](mailto:donnaolson@interimhealthcare.com)
- 5625 Ruffin Rd. Suite 110
- San Diego, CA 92123



## CHAPCA Updates



**Good news!** AmazonSmile is now available in the Amazon Shopping app on iOS and Android mobile phones. Please support California Hospice And Palliative Care Association by downloading the Amazon shopping app on iOS and Android mobile phones! Amazon will donate 0.5% of your purchases to CHAPCA automatically! Simply follow these instructions to turn on AmazonSmile.

1. Open the Amazon Shopping app on your device
2. Go into the main menu of the Amazon Shopping app and tap into 'Settings'

Tap 'AmazonSmile' and follow the on-screen instructions to complete the process.

## CHAPCA Committee Members

Earlier this year, we sent our members an invitation to join the CHAPCA Public Policy and Education Committee. We received an overwhelming response of applicants. CHAPCA thanks all the applicants for their dedication and service to CHAPCA. Such commitment and involvement allows CHAPCA to focus on providing resources that will benefit not only providers in California, but also patients and families. CHAPCA would like to acknowledge our committee chairs for their leadership and participation to our programs:

### Public Policy Committee

Debbie Robson, Salus Hospice

Joseph Rogers, Hospice of Humboldt

### Education Committee

Kelley Horn, Silverado Hospice

## Paycheck Protection Program Flexibility Act of 2020

On June 3, 2020, Congress passed H.R.7010, the [Paycheck Protection Program Flexibility Act](#). This legislation amends the CARES Act and aims to make business loans provided under the Payroll Protection Program (PPP) more accessible and loan terms more flexible. Many hospice providers have been recipients of PPP loans.

The CARES Act, H.R. 748, established the Paycheck Protection Program (PPP), which was a guaranteed loan program, as an expansion of an existing loan program operated by the Small Business Administration (SBA) for small businesses to cover payroll and other operating expenses during the public health crisis.

# Tidbits

## Hospice Care

**Hospice Provider Preview Reports for the August 2020 refresh are available.** Hospice HIS provider preview reports and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey provider preview reports have been updated and are now available. These two separate reports are available in a hospice provider's Certification and Survey Provider Enhanced Reports (CASPER) non-validation reports folder. Providers are encouraged to review their Hospice Item Set (HIS) quality measure results from Quarter 4, 2018 to Quarter 3, 2019 and their facility-level CAHPS® survey results from Quarter 4, 2017 to Quarter 3, 2019. – [MORE](#)

**CAHPS Hospice Survey response rate.** The CAHPS Hospice Survey response rate for the public reporting period (fourth quarter of 2017 through the third quarter of 2019). – [MORE](#)

**Helpful effect music can have on people who are grieving.** Hospice Chaplain Chris Sikora shares how music has personally helped him grieve. "We are all now experiencing collective grief for everything lost in the coronavirus pandemic. The path through grief is mourning, and it's music that can meet us on the path and help us keep walking," he writes in *The New York Times*. Sikora describes the role music plays in his work as a hospice chaplain. Music has helped families hold vigil around dying loved ones. It can help memorialize the deceased, and it can bring hope to the bereaved. Sikora suggests we need music to carry us through lockdown and the uncertainty of the pandemic. – [MORE](#)

**National Hospice Foundation hosts virtual gala, free of charge.** The 2020 National Hospice Foundation Gala, originally scheduled during NHPCO's spring Leadership & Advocacy Conference, is now a virtual event being held Thursday, June 18, 2020 at 7:00pm ET. Funds raised will go to the creation of bereavement resources for hospice providers. The event is expected to run about one hour. The event is free and open to anyone, but attendees must register. – [MORE](#)

***New York Times* editor shares her experience caring for her grandmother in hospice during the coronavirus lockdown.** Lockwood writes that her grandmother's death was not due to COVID-19, but it was influenced by it. Her family chose home-based hospice care for her grandmother after failing to find any hospice facilities in their area that could allow visitors during the pandemic. Lockwood describes how her whole extended family worked together to care for her grandmother, saying it was reminiscent of when her siblings were newborns. While all who cared for her grandmother were tired, she says, they were also grateful to be with one another. Lockwood was asleep, holding her grandmother's hand during her night watch shift, when her grandmother died. "The small blessing of quarantine is that we were all at home," she reflects. – [MORE](#)

**NPR on COVID-19 and hospice.** NPR's *All Things Considered* correspondent Deborah Amos looks at the challenges facing hospice providers during the COVID-19 crisis. Amos speaks with Janet Bull, MD of Four Seasons and NHPCO's Edo Banach. Listen online. – [MORE](#)

**National Coalition Town Hall on June 22.** The National Coalition for Hospice and Palliative Care will host a COVID-19 Virtual Town Hall, "Conversations with Coalition Leaders: COVID-19 Impact on Palliative Care and Hospice, Now and into the Future," on Thursday, June 22, 2020, 1:00 – 2:00 p.m. ET. There will be special emphasis on the role of chaplaincy and need for psychosocial support for patients, families and the palliative care and hospice team. – [MORE](#)

**NHPCO Comments on FY21 Hospice Wage Index Rule.** NHPCO submitted comments on the FY 2021 Hospice Wage Index and Payment Update Proposed Rule. Highlights from the NHPCO recommendations include the request for a delay in the implementation of the election statement and addendum for and supports for the 2.6% market basket increase for FY 2021. Read the letter for further details. – [MORE](#)

## Tidbits

### Palliative Care

**Palliative care physician writes about the teaching power of the pandemic in *NEJM*.** Jane deLima Thomas, MD, writes in the *New England Journal of Medicine* that the arrival of the COVID-19 pandemic has changed the spirit of her palliative care practice. While deLima Thomas writes that she tends to operate under the maxim “Hope for the best, prepare for the worst,” the pandemic has had her doing a lot more preparing for the “worst” than she’s accustomed to. This practice left deLima Thomas with a new appreciation for the struggles that seriously ill patients face. Physicians are also having to take on more advance care planning conversations with their families. – [MORE](#)

**GeriPal hosts discussion on “Ramping up Tele-GeriPal in a Pandemic.”** Panelists Ashwin Kotwal and Lynn Flint discussed their recently published guide for successful serious illness phone conversations. Now, in the age of coronavirus, “Video and telephone consults at home, in the ICU, and in the ED are common, accepted, and normal.” Panelists Claire Ankuda and Chris Woodrell, from Mt Sinai in New York City, describe their experiences with telehealth use in palliative care. A video of the discussion is available for viewing at GeriPal. – [MORE](#)

**Ensuring meaningful phone and video conversations about serious illness.** Geriatrics and palliative care experts Dr. Ashwin Kotwal and Dr. Lynn Flint recently wrote a strategic guide to conversational techniques they have learned in their practice during the COVID-19 pandemic. “Conversations about serious illness are really hard to have, even when they are done in person,” says Kotwal. “Now many of these conversations are happening over video or telephone due to hospital visitor restrictions or infection precautions, and this brings unique challenges.” This includes making sure the patient is able to adequately participate over phone or video. Additional information is available in an article published by *Annals of Internal Medicine*. – [MORE](#)

**WHPCA webinar recording.** The Global Palliative Care Series hosted a webinar on Thursday, June 11, “Palliative Care in COVID-19: Inter-Professional Spiritual Care and Self Care.” Featuring a distinguished panel of noted professionals, the WHPCA has posted the recording and slides on its website. – [MORE](#)

## Tidbits

### Other Notes

**Barriers to engagement with advance care planning have long been observed among black patients.** A recent study finds a 41% increase in black patients completing advance directives after playing an end-of-life planning game, Hello. “Foremost, end-of-life care planning is often done via one-to-one patient-provider interactions, which are time-intensive and difficult to scale,” Patient Engagement HIT says of the research. “Additionally, black populations are often reticent to discuss the end of life and place trust in the healthcare system.” These two barriers were specifically targeted by the game called Hello. For the study, the game was used in community centers and places of worship. The game consists of medical and non-medical questions meant to spark conversation amongst players, then prompt them to capture that information in advance directive forms. – [MORE](#)

**“Reimagine: Life, Loss, & Love” a worldwide virtual festival.** Featuring numerous changemakers from health care, end-of-life care, the arts, and spirituality, the Reimagine: Life, Loss & Loss festival is focused on “embracing life, facing death, and loving fully in the face of COVID-19.” The virtual festival runs through July 9 and includes workshops, concerts, conversations, ceremonies, book club discussions, film screenings, games, dances, dinners, demonstrations and more center around the themes of “wonder,” “prepare,” “remember,” and “live fully.” Organizations such as Death Café, Compassion and Choices, End of Life Choices New York, Steady Waves End of Life Services, and many others are holding special presentations and events. Most events are free. The full schedule is available on their website with links to RSVP for individually events. – [MORE](#)

**Death and loss during difficult times.** “In times of illness, we are drawn closer to those in need and endure tragedy through gestures of compassion and concern,” writes hospice physician Christopher Kerr, MD. “The global calamity of the coronavirus has not just brought death—it has also separated us from each other and from those we love.” Kerr prompts readers to look beyond a medical event or physical pain and consider it “a human experience.” How we experience or conceptualize the death of a loved one affects our grieving, he explains. – [MORE](#)

## Palliative Care Adapts to Expanded Use During Pandemic

Palliative care has important insights to give during coronavirus. Specialists in the field are “particularly adept at handling a patient’s swift deterioration and heightened anxiety, even if the patient is isolated from family,” [Pain Medicine News](#) reports. These skills are now being shared more widely across care disciplines to better meet the needs of COVID-19 patients and their families.

Professional organizations, such as the Center to Advance Palliative Care (CAPC), are contributing education and resources for the field. Specifically, CAPC is creating clear and comprehensive toolkits to help clinicians in deploying palliative care strategies.

Another important adaptation of palliative care in the time of COVID-19 is the expansion of telemedicine. Relaxing of certain telehealth requirements is one of the most important changes to palliative care during the pandemic.

Advance care planning plays a huge role in a successful pandemic response too. Having end-of-life conversations sooner rather than later is key. Waiting until times of great stress to have these conversations is not a good plan.

### Advertising Rate Sheet

Support CHAPCA - Advertise!

**Publication Schedule**  
Published Monthly on 15th

**Advertising Deadline**  
10th of the month of publication

#### Ad Rates

Full Page (7.5" w x 10" h)	\$225 / \$300
Half Page (7.5" w x 5" h)	\$175 / \$225
One-Third Page (2.5" w x 10" h)	\$150 / \$200
Quarter Page (3.75" w x 5" h)	\$125 / \$175

\*rates listed as member/non-member

### Acknowledgment

Thank you to Hospice News Network for contributions to this issue of the CHAPCA newsletter. Hospice Analytics is the national sponsor of Hospice News Network for 2020. Hospice Analytics is an information sharing research organization whose mission is to improve hospice utilization and access to quality end-of-life care. For additional information, please call Dr. Cordt Kassner, CEO, at 719-209-1237 or see [www.HospiceAnalytics.com](http://www.HospiceAnalytics.com).

## Calendar of Educational Events

New in 2020, CHAPCA has added LIVE webinars that are FREE to CHAPCA members. Check the event calendar on our website for a current schedule. Register through our [Event Calendar on calhospice.org](https://www.calhospice.org/event-calendar).

### Upcoming FREE Live Webinars:

- Recorded Class - [Engaging Patients for Meaningful Results in the Face of Change](#)
- **June 17** - [Understanding the Hospice Regulatory Requirements When Caring for Patients in Long Term Care](#), presented by Lisa Meadows, ACHC.

**Lorman Educational Services** – Lorman provides professional continuing education on compliance, regulatory and business topics. [Check out the complete course catalog](#).

- **June 17** - [Dealing With Employees Who Bring Their Problems to Work](#)
- **June 18** - [Curbing FMLA Abuse: How to Manage Manipulative Employees](#)
- **June 25** - [Paid Sick Leave Update: Policies Procedures in Evolving Workplace](#)
- **June 30** - [Ergonomics: Guide to Safe Posture & Movement in Workplace](#)
- **July 8** - [Successful Employee Orientation Programs](#)
- **July 14** - [First Time Supervisor: Strategies for a Successful Transition](#)
- **July 15** - [Top 10 Management Mistakes](#)

**Hospice and Home Care Webinar Network** – CHAPCA members receive a reduced price on over 50 webinar topics. The [2020 webinar schedule](#) with registration links is online. Upcoming webinars:

- **June 18** - [Getting In or Getting Out? Considerations in Buying & Selling Home Health & Hospice Providers](#)
- **June 24** - [How Emotional Intelligence Can Help Us Through a Crisis](#)

### Conferences & Events

[Weatherbee Resources Regulatory Bootcamp](#) - December 14-16, 2020.

[2020 Virtual Conference: A Focus on Quality](#) - July 22-23, hosted by AAHPM, HPNA, and NHPCO.



# CHAPCA

## CHAPCA Board of Directors

### Board Chair

**Suzi Johnson**

San Diego, CA

### Denyse Ashlock

Director of Patient Care Services,  
Hospice of the Foothills  
Grass Valley, CA

### Rebecca Burnett

CEO, Hospice of San Joaquin  
Stockton, CA

### Paul Huante

President, Horizon Oxygen and  
Medical Equipment, Inc.  
Anaheim, CA

### Jan Jones

CEO, The Elizabeth Hospice  
Escondido, CA

### Cristi Keith

COO, Continuum Care Hospice  
North Bay, Petaluma, CA

### Sharon Lutz

Executive Director,  
Hospice of the North Coast  
Carlsbad, CA

### Sue Malter

Regional VP, Seasons Hospice &  
Palliative Care  
Sacramento, CA

### Peggy Pettit

Executive VP, VITAS Healthcare,  
California locations

### Debbie Robson

Vice President, Salus Hospice  
Irvine, CA

### Joseph Rogers

CEO, Hospice of Humboldt  
Eureka, CA