

# LifeCircle South Dakota

06/26/2023

9:00 AM CT

<b>LifeCircle</b>	<p><b>Purpose of LifeCircle SD:</b> Improve care at the end of life for the people of South Dakota.</p> <p><b>Vision of LifeCircle SD:</b> People of South Dakota will receive the care needed to complete their life and die peacefully, their loved ones will receive support, and health care providers in the State will improve care of patients and families at the end of life.</p> <p><b>Aim of Life Circle:</b> Interdisciplinary and inter-institutional representation of people, organizations, and institutions for the entire state.</p> <p><b>Goals of LifeCircle SD:</b> To help us meet our purpose and vision, LifeCircle SD strives to provide:</p> <ul style="list-style-type: none"> <li>• Professional Education</li> <li>• Public Education</li> <li>• Public Policy- monitoring and advocacy</li> </ul> <p><b>Monthly Meetings: Last Monday of every Month @ 0900 CST</b></p>
<b>Members of LifeCircle SD</b>	<p><b>Ally Brandner;</b> Amanda Sedlacek; Andrew Brown; <b>Becky Memboleo;</b> <b>Beth Dokken;</b> Brandi Pravecek; Cameo Anders; <b>Cate Davis;</b> <b>Cathy Kellogg;</b> Charlene Berke; <b>Dan Heineman;</b> <b>David Brechtelsbauer;</b> Deb Fischer-Clemens; <b>Desirae Toomey;</b> Frannie Arneson; Heather Krzmarzick; <b>Hillary Turner;</b> <b>Justin Ohleen;</b> Karen Jensen; <b>Kathy Gubin;</b> <b>Kim Malsam-Rysdon;</b> LaVonne Gaspar; Lora Nelson; Lori Tracy; LuAnn Eidsness; <b>Mari Perrenoud;</b> Marty Link; Mary Hill; Mary Minton; Megan Cooper; <b>Michele Snyders;</b> <b>Michelle Roy;</b> Rachel Wagemann; Sandra Dieleman; <b>Sarah Mollman;</b> Shawnie Rechtenbaugh; <b>Tammy Hatting;</b> <b>Terri Peterson-Henry;</b> <b>Theresa Garren-Grubbs;</b> Thomas Elness</p>
<b>SD Definition of Palliative Care</b>	<p><i>Palliative care is medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of illness with the goal of improving quality of life for both the patient and family. Effective palliative care is delivered by a trained team of doctors, nurses, social workers, chaplains, and other health professionals who collaborate to provide an extra layer of support. Based on the needs of the patient, not on prognosis, palliative care is appropriate at any age and any stage of serious illness and may be provided alongside curative treatments in primary and specialty settings.</i></p>
<b>Items</b>	<b>Action</b>
<b>Quarterly Education</b>	<p><b>Occurs the 2<sup>nd</sup> Wednesday every 3 Months 12:00-1:00 CST</b></p> <p><b>June 26-</b> Jacque Kreber, RN- Hospice Director of <a href="#">Hospice of Siouxland</a>/Siouxland Palliative Care-<b>Jacque provided an overview of their Home-Based Palliative Care program. They currently serve 132 patients from their catchment area. The average daily census is 150. Referrals primarily come from the Unity Point Inpatient Program- they do not have an OP Palliative Care Program- They have 1.2 APP and 1 FTE RN that see patients primarily for symptom management. They are housed under the hospice umbrella- APP can bill Medicare B, Medicaid and Private insurance using palliative care CPT codes. Metrix Care has an integrated billing component where the APP does her notes. LISW can bill- consulted by PC RN- use the hospice SW. Get about 27 referrals a month- generally admit 11- need to prioritize due to staffing and some who are referred decline the service or are lost to follow up- see patients that are homebound, in ALF and NF. 14% conversion to</b></p>

	<p>hospice- some die on PC because they are still seeking aggressive care. Some are removed due to lack of participation. They work with the Cancer Center and co monthly care plans with the shared patients along with sx mgt. Main DX are COPD, CHF and CA- they do have several other dx- adrenal insufficiency, MS, Parkinson's etc. Future growth: great potential if they hire additional NPs. They are working on integrating telemedicine now that they use Metrix care as that has a HIPPA compliant link. Looking at developing an OP clinic. Patients are ranked high/medium and low priority for scheduling- some monthly- others weekly. They do quarterly care plans and annual recertification- no regulations that oversee the program. If the patient needs more help, they make referrals to PACE or facilities based on patient/family needs. Their model is under the hospice program- not a stand alone due to limited billing opportunities. 24/7 coverage by phone- will either be seen the next day or go to ER if can't be managed by phone- Hospice helps with on call. Shared staff so great continuity of care. If any hospice patient is dc'd live- referral to PC program and vice versa. They have data on how it impacts hospitals- decreased ER- decreased re-hospitalizations. They now serve Union and Clay County in SD. For more information- referral line: 712-233-4144. Jacque Kreber: 712-233-4150 or <a href="mailto:kreberj@hospicemail.com">kreberj@hospicemail.com</a></p> <p><b>September 13<sup>th</sup>- CHW Panel:</b> Madeline Sitting Holy (Monument Health); Carrie Hawley (Sanford Health); Angela Schoffelman (Avera Health)</p> <p><b>December 13<sup>th</sup>-TBD ?Veterans Series? (WHV; Brandon V; Palliative +; Caregiver Program)</b></p>
<b>MISC Education re: Hospice and PC</b>	<p><b>July 11-</b> Soul Injury Training- <a href="#">SDAHO Calendar</a> for registration</p> <p><b>August 1-</b> Marketing Palliative Care w/Dr. Anthony Back and Marian Grant- <a href="#">SDAHO Calendar</a> for registration.</p> <p><b>Project ECHO: Equity Where it Matters 2023 (NHPCO)</b> <a href="#">Register here</a> Monthly Education addressing diversity and cultural competence in healthcare</p> <p><b>CAPC- <a href="#">Introduction to Palliative Care for Health Professionals</a>- New Open Access Course</b> Health professionals from all specialties and disciplines, as well as clinicians-in-training, can take this interactive course and come away with an understanding of how to relieve unnecessary suffering and improve quality of life through basic palliative care principles and practices</p>
<b>2023 Conferences</b>	<p><b><a href="#">7<sup>th</sup> International Conference on Palliative Care, Hospice, and Wellness</a>: July 20-21</b></p> <p>SDAHO Fall Convention: <a href="#">Dr. Christopher Kerr</a> to present on End of Life Experiences (ELE) research along with their Home Based Palliative Care Program <b>September 20-22.</b></p> <p><b><a href="#">HPNA and SWHPN Team Conference</a>: virtual Sept 28-29</b></p> <p><b><a href="#">Leadership Summit- CAPC &amp; CTAC</a>- Oct 23-24 DC</b></p>

<b>Projects:</b>	<p>Becky Mamboleo- <b>Messaging Palliative Care:</b> No content revisions suggested. Will get a draft to share with the group next month with updated colors for ease of readability. Will need to discuss printing vs. on the website and have people print them off as needed.</p> <p><b>Hospice map-</b> Sanjana Murthy-SDAHO summer intern-will have a map that captures catchment area information along with information on services, staffing, phone numbers etc</p> <p><b>Palliative Care State directory-</b> Sanjana Murthy, Mari and Michele will continue to work on this. Sanjana will create a map for this as well.</p>
<b>Guardianship Education Update:</b>	<p>Cameo Anders; Mari Perrenoud; Michele Snyders; Tammy Hatting; SDAHO education team- Michella, Stephanie, Shenna</p> <p>Web page: <a href="https://sdaho.org/guardianship/">https://sdaho.org/guardianship/</a></p> <p>Current 5-minute video topics include:</p> <ol style="list-style-type: none"> <li>1. Informed Consent ✓- video is live on the website</li> <li>2. Healthcare Responsibilities ✓ Video is Live on the website</li> <li>3. Advance Care Planning ✓ Videos Part One uploaded Part 2 recorded- needs editing before uploading</li> <li>4. Life Sustaining Treatment-Mari P recorded- being edited. Mary Hill's document on the ERDs will be the worksheet.</li> </ol>
<b>Web Pages</b>	<p><a href="https://sdaho.org/hospice-palliative-care/">https://sdaho.org/hospice-palliative-care/</a>  <a href="https://sdaho.org/lifecircle/">https://sdaho.org/lifecircle/</a></p> <p>Please share additional resources with Michele to ensure the website is robust</p> <p><b>Updated:</b> <a href="#">ICP Seminar Article-</a> Update in August  <a href="#">Patient Quality of Life Coalition</a></p>
<b>National POLST Collaborative</b>	<p><b>Update:</b> <a href="https://polst.org/state-polst-programs/">https://polst.org/state-polst-programs/</a> An update was provided to the National POLST organization using LifeCircle information. They are not charging us membership this first year to belong to the newly formed National POLST Collaborative. Will keep you posted on happenings.</p>
<b>Legislative News-</b>	<p>Reps Joyce, Armstrong, Underwood, &amp; Kiggans reintroduced the <b>Improving Care and Access to Nurses (I CAN) Act</b>. <a href="#">HR 2713</a> Removes federal barriers that prohibit nurses from practicing to the full scope of their education and training in hospice, HHC and SNF. Read <a href="#">more here</a>.</p> <p><b>Expanding Access to Palliative Care Act (S. 2565)</b> introduced by Sens Rosen(D-NV), Barrasso(R-WY), Baldwin(D-WI), and Fischer(R-NE). proposes the creation of a demonstration project to support improved access to palliative care services through a community-based model. If passed, the bill would require the Center for Medicare and Medicaid Innovation (CMMI) to develop a Community-Based Palliative Care (CBPC) demonstration- interdisciplinary care to people with serious illness in their home and lead to improved quality and cost outcomes. NHPCO <a href="#">Press Release</a></p> <p><b>CONNECT for Healthcare Act</b> – Introduced by Sens Schatz (D-HI), Wicker (R-MS), Cardin (D-MD), <b>Thune (R-SD)</b>, Warner (D-VA), &amp; Hyde-Smith (R-MS) on June 15. It would build on expanding coverage of telehealth services through Medicare and make permanent COVID-19 telehealth flexibilities including Permanently allowing for the use of</p>

	<p>telehealth in the certification of a beneficiary for hospice. Read a summary <a href="#">Here</a>. Read the full Bill <a href="#">Here</a>.</p> <p><b>PECHETA: Soon to be Reintroduced</b> by??? The Palliative Care and Hospice Education and Training Act (PECHETA) requires HHS to provide support for Palliative Care and Hospice Education Centers. The centers must improve the training of health professionals in palliative care and establish traineeships for individuals preparing for advanced-education nursing degrees, social work degrees, or advance degrees in physician assistant studies in PC. HHS may provide support to medical schools, teaching hospitals, and graduate medical-education programs for training physicians who plan to teach palliative medicine. HHS must (1) provide Palliative Medicine and Hospice Academic Career Awards to individuals to promote their career development, (2) support entities that operate a Palliative Care and Hospice Education Center, (3) support individuals in specified fields who are pursuing an advanced degree in palliative care or related fields, and (4) award grants to nursing programs to train individuals in providing palliative care. The Agency for Healthcare Research and Quality (AHRQ) must provide for a national education and awareness campaign to inform patients, families, and health professionals about the benefits of palliative care. The National Institutes of Health must expand national research programs in palliative care.</p> <p><a href="#">S.2186</a>- A bill to require CMMI demonstration to test allowing blood transfusions to be paid separately from the Medicare Hospice all-inclusive per diem payment was reintroduced to the Senate Finance Committee by Senator Rosen (D_NV)</p>
<b>State Grants</b>	<p><b>SDPN Grant</b>- Charlene Berke, Sarah Mollman, Mari Perrenoud- Ends 6/30/23. <b>Review of findings:</b> Charlene Berke-will provide an update of dissemination next month. Mari did report that the grant ends June 30<sup>th</sup> and they are still waiting to hear if they were awarded the HRSA Development Grant they applied for to continue the great work they have done. Their education data was remarkable. They will let LifeCircle know next steps as soon as they know them.</p> <p><b>R01 Grant</b>- JR LaPlant, Tinka, Duran, Bethany-Rose Daubman, MD, Frannie Arneson, MD, Mary Isaacson; Dr. Daniel Peterite-</p> <p><b>SDSU</b>- ACI in Pierre- Early PC for AI &amp;Rural Patients w/ Advanced CA- Sarah Mollman and Brandon Varilek-Ends 6/30/2023</p> <p><b>SDSU RSCA Challenge Grant:</b> Brandi Pravecek- lead investigator and Mary Isaacson-co-investigator looking at the impact personal familiarity with patients has on goals of care conversations. Ends 12/31/2023- <b>Data collection has been completed and they are beginning work on dissemination.</b></p> <p><b>HRSA Community Planning Grant:</b> Waiting on decision</p>
<b>Pediatrics</b>	<p><b>Crisis Standards of Care:</b> Tammy Hatting: <b>Draft 7 completed but on hold until more understanding of how to use the PELOD 2 assessment tool and incorporate wording to not be discriminatory with co-morbid conditions. Pennsylvania was sued after they developed a Crisis plan that assigned a “score” based on co-morbid conditions. Looking at language very carefully. More information to come. Working with Sanford legal and docs to clarify needed items/language.</b></p>
<b>Quality</b>	<b>Place holder- please share any quality information important to LifeCircle</b>
<b>LTC</b>	<b>Place holder- please share any LTC/SNF/ALF information important to LifeCircle</b>

<b>Round Table</b>	<b>Dr. Heineman</b> suggested that we find out from the Systems' legal department on the interpretation of the <a href="#">Healthcare Consent Law</a> that LifeCircle helped legislate in 2007 when it comes to same sex marriages. Do same sex marriages fall under the existing definition of "spouse" in the hierarchy. Would this be something that LifeCircle would need to take any action on? Michele will reach out to they Systems to determine how they are approaching this scenario and report back next month.
<b>Next meeting</b>	<b>July 24, 2023 vs July 31, 2023</b>