



## **Hospice Committee**

**4/3/25**

**0930-1025**

### **Minutes**

#### **I. Call to order**

A. Meeting called to order at 0930

B. Introductions

C. Attendees:

Travis Havens, Katie Parkhurst, Tiffany Leiter, Heidi McAdams, Cindy Thelen, Carie Meadows, Cindy Thelen, Jamie Fritz, Jen Weed, Jennifer Voegtline, Justin Muhlenkamp, Karen Gugala, Karen Cafeo, Sue Houseman, Michelle Dereski, A Decam, Amber Wallace, Katie Parkhurst, Susie My Michigan, Lori J, Amber Wallace

#### **II. Minute approval**

A. Minutes approved unopposed.

#### **III. Additions to agenda: none**

#### **IV. Reports**

A. MILARA Survey Liaison: no actions

B. NGS Report – no actions

#### **V. Hospice Committee Reports**

A. Education

Cindy Thelen, reminds members to watch for webinars available. Encourage members to attend Annual conference and recommend signing up for hotel rooms as they are filling up.

B. Quality & Regulatory

- Justin: Telehealth flexibility has been extended until September 30, 2025.
- Special focus program has been cancelled.
- Second measles in MI (Kent County)
- Hope Assessment will be in force in October. Justin asking group about needing a 3<sup>rd</sup> party to submit data. Members report they are in conversation with Netsmart to scrub and submit. One member talked about doing case studies to educate staff.

C. Palliative Care

Tiffany Leiter reports last meeting was short and sweet. Mostly did brainstorming as a group on ideas for Palliative Care and telehealth extension.

D. Reimbursement: no report

E. Hospice Residence: Lori reports discussed old business.

F. Public Policy: not meeting this month

G. Membership: no discussion

H. Volunteer Managers: encouraging members to join meetings

I. Bereavement Committee: next mtg next Wednesday at 3 pm

VI. **New Business:**

a. Reminder that Board of Directors invite sent to agency leader to vote for new slate of potential board members. Open until April 30<sup>th</sup>. Will announce new board members at the MHHA conference.

b. New Hope Assessment: Question posed to ask group what they are anticipating for staffing needs to fulfill visit requirements of the HOPE tool.

-education

-hiring additional team member for triage to supplement

-Doing education to teams

-Case studies to assist with training. What would signal need for additional assessment follow ups. What Severity would trigger?

VII Open discussion

A. Staffing, specifically difficulty in hiring RNs

- Katie discussed on call requirements. Stopped having CM do on call.
- Some have position as on call, and some expected to work throughout the shift.
- Pilot 4- 10 hr days with RN CM role. No issues currently, wash on pro & cons. More of a staff satisfier
- *One is trialing a "weekend" warrior with FT benefits/pay*
- Discussion on triage ability of Outside Triage Service. Group reports about 50% of calls get "triaged" and the others are passed along for visits. General consensus of those using service are satisfied with service. Email and phone call made if they need f/u or dispatching.

- Work place culture: how important for staff retention.
- Sign on bonuses

## B. Workplace Violence

### 1. Panic buttons

Sue Houseman: discussed workplace violence.

Was asked to carry pepper spray. As an agency, they decided to use a monitoring system. Purchased panic buttons. They can push a button/ or app. Recent roll out. No GPS tracking. When they push a button, the monitoring system will listen and alert 911 if needed. Will call nurse if all quiet, have a response code if all is well.

Some Companies members are using:

Lone Worker Safety Device Guardian MPS

NSCC uses Katana Safety Devices

### 2. Protocols

Hospice of Lenawee uses a safety Protocol: First staff are to remove self from situation. *If staff can't, they call triage and say they need to talk with Dr. Sharp.* Triage will then alert 911.

Meeting adjourned at 0925 am.

Next meeting will be at the Annual conference in May. This meeting will be in person.

Submitted

Karen Cafeo 4/3/25