Attachment 6

ESTES PARK HEALTH

Colorado End of Life Options Act Policy

Department: Administration

Policy Title: Colorado End of Life Options Act
(Patient's request for medical aid in dying)

Creation Date: 26-Jan-2019
Review Date:
Revise Date:

PURPOSE:

The Colorado End of Life Options Act (C.R.S § 25-48-101, et seq.) authorizes medical aid in dying and allows a terminally ill adult with a prognosis of six months or less, who has mental capacity, has made an informed decision, is a resident of Colorado, and has satisfied other requirements, to request and obtain a prescription for medical aid in dying medication for the purpose of shortening a prolonged dying process through self-administration of the aid-in-dying medication to end his or her own life in a peaceful manner.

The purpose of this policy is to describe the position of Estes Park Health regarding the End of Life Options Act, including participation of physicians employed or under contract, to describe the requirements and procedures for compliance with The Colorado End-of-Life Options Act, and to provide guidelines for responding to patient requests for information about aid-in-dying medications in accordance with federal and state laws.

The requirements outlined in this policy do not preclude or replace other existing policies, including but not limited to Colorado End-of-Life Options Act, Hospice; Medically Inappropriate Treatment (Futility); Spiritual Care of Patients; Hospice Scope of Service; Healthcare Ethics Committee; Patient Rights Ethical Issues, Nursing; Patient Rights and Responsibilities; Do Not Resuscitate; Advanced Directives; Treatment of Pain, Nursing; Informed Patient Consent; referenced herein.

POLICY:

1. The Colorado End-of-Life Options Act (herein after the "Act") allows adult (18 years or older) terminally ill patients, with capacity to make health care decisions, seeking to mitigate suffering and shorten a prolonged dying process, to request aid-in-dying medications from an attending physician. These terminally ill patients must be Colorado residents (as defined herein) who will, within reasonable medical judgment, die within 6 months. Patients requesting an aid-in-dying medication must satisfy all requirements of the Act in order to obtain the prescription for that medication. Such a request must be initiated by the patient and cannot be made through utilization of an Advance Health Care

ESTES PARK HEALTH

Colorado End of Life Options Act Policy

Directive, Physician Orders for Life-Sustaining Treatment or other document. It cannot be requested by the patient's surrogate.

2. Estes Park Health respects the privacy of the Health Care Provider-Patient relationship and expects that any discussion of, or participation in the Act will be kept private and confidential.
3. Estes Park Health neither encourages nor discourages participation in the Act. Only those providers who are willing and desire to participate should do so. Any participation or refusal to participate in the Act by Estes Park Health physicians, employees, or patients is entirely voluntary, and Estes Park Health will not penalize an individual for participating in, or refusing to participate in the Act. An Estes Park Health physician, staff, or employee that elects not to engage in activities authorized by the Act is not required to take any action in support of a patient's request for a prescription for an aid-in-dying medication, including but not limited to, referral to another provider who participates in such activities.
4. Estes Park Health is more than an Acute Care Hospital. Estes Park Health includes services delivered outside of the Acute Care Hospital: Long-term Residential Care in the Estes Park Health Living Center, and Home Health and Hospice.
5. Estes Park Health permits the ingestion or self-administration of an aid-in-dying medication outside of Estes Park Health premises, including within a patient's home. Estes Park Health premises include the Acute Care Hospital (Emergency Department, Inpatient Hospital), and the Estes Park Living Center.
6. Estes Park Health does not permit ingestion or self-administration of an aid-in-dying medication on any Estes Park Health premises including the Acute Care Hospital (Emergency Department, Inpatient Hospital), and the Estes Park Living Center.
7. If an Estes Park Health patient in the Acute Care Hospital or the Estes Park Living Center wishes to ingest or self-administer an aid-in-dying medication, Estes Park Health will cooperate with the patient in transfer to another facility of the patient's choice. The transfer will promote continuity of care. Upon request, Estes Park Health will transfer a copy of the patient's medical record to the new health care provider/facility.

ADDITIONAL INFORMATION:

If you have questions about End of Life care or the Colorado End of Life Act policy, please contact Estes Park Health Home Health and Hospice at 970-586-2273. If you need additional information about the Colorado End of Life Options Act and making a medical aid in dying request, please contact Compassion & Choices at Compassionandchoices.org.

ESTES PARK HEALTH

Colorado End of Life Options Act Policy

Process Steps and Summary* – Colorado End-of-Life Options Act

Attending Physician
- Diagnoses terminal illness, prognosis of ≤6 months

Individual (18yrs or older)
- Makes voluntary oral request for medical aid-in-dying

Attending Physician
- Verifies residency, mental capacity, voluntary request, informed decision
- Counsels individual about:
  - Risks/results of drugs
  - May receive drugs but not ingest
  - May rescind request
  - Alternatives and/or treatment possibilities: comfort care, palliative care, hospice care, pain control
  - Recommend notifying kin
  - Have someone with you when ingest
  - Don't ingest in public place
  - Keep drugs in safe place; dispose of unused drugs properly
- Refers individual to Consulting Physician
- Refers individual to Mental Health Professional if concerned about mental capacity
- Documentation (see below)

Qualified Individual
- Makes written request per statute
  - 2 witnesses
  - NOT attending physician, POA, or MDPOA
  - 1 may be related, heir, owner/employee or healthcare facility where individual receiving care
- Makes second oral request at least 15 days after first request
- Visits Consulting Physician (and Mental Health Professional if referred)

Consulting Physician
- Examines individual and medical records
- Confirms terminal diagnosis, prognosis, mental capacity
- If concerned about mental capacity, refers to Mental Health Professional
- Submits documentation in writing to Attending Physician

Mental Health Professional, if needed
- Evaluates individual to assess mental capacity to make decisions
- Confirms in writing to Attending Physician

NOTE: IF ATTENDING OR CONSULTING PHYSICIAN OR MENTAL HEALTH PROFESSIONAL FIND THAT THE INDIVIDUAL LACKS MENTAL CAPACITY, THE INDIVIDUAL WILL NOT RECEIVE AID-IN-DYING MEDICATIONS.

Attending Physician
- Confirms individual's mental capacity
- Issues prescription
- Dispenses drug(s) directly, if properly licensed, and file dispensing record with CDPHE
- With written consent of individual, delivers prescription either in person, by mail, or by authorized electronic method to pharmacist

Pharmacist
- Fills prescription
- Delivers drugs to either individual for whom drugs prescribed or to person "expressly designated"
- File dispensing record with CDPHE

Qualified Individual
- Self-administers drugs to bring about peaceful death
- Caregivers/Family/Companions call attending physician or hospice program (if enrolled) to report patient's death

Attending Physician or Hospice Medical Director
- Signs death certificate citing underlying illness as cause of death

---

Documentation required for the medical record:
- Dates of all oral requests
- A valid written request
- Diagnosis and prognosis, determination of mental capacity, voluntary request, informed decision
- Consulting physician's confirmation of diagnosis and prognosis, mental capacity, informed decision
- If applicable, written confirmation of mental capacity from licensed mental health professional
- Notation of notification of the right to rescind a request
- Notation by the attending physician that all requirements have been met; all steps taken; date of prescription of aid-in-dying medications

***THE INFORMATION IN THIS DOCUMENT DOES NOT CONSTITUTE LEGAL OR MEDICAL ADVICE. CONSULT AN ATTORNEY OR QUALIFIED MEDICAL PROFESSIONAL FOR ADVICE ON YOUR SITUATION.**
For details, see 25-48-101–123 Colorado Revised Statutes

Colorado End of Life Options Act Policy

Implementation Plan and Status Report

1. The policy is active in Policy Manager. This means it's available to all employees 24/7.
2. All Department Directors have been given a copy of the policy and have been asked to make a copy available to the staff in their department.
3. A copy of the policy is now being included in the Admissions paperwork. The documents included in the admissions packet are attached.
4. Copies of the policy have been printed and are available at the Volunteer Desk and in the Administration office in case someone asks for it.
5. Andrea Stegeman has sent the policy to all employed and contracted physicians.
6. A copy of the policy is on the eph.org website. https://eph.org/about-us/colorado-end-of-life-options-act/ There is also a link to the policy on our front page at eph.org .
7. Home Health and Hospice have agreed to be our "voice" when we have community members asking to speak to someone about the Act.
8. We have listed Compassion & Choices as an additional resource

Attachment 7

ESTES PARK
HEALTH

Strategic Plan Executive Summary
March 25, 2019

Highest Priorities

1. Epic Lawson Conversion
2. Access to Care, Clinic
3. Surgicalist Program
4. Orthopedic Marketing
5. Urgent Care Project
6. Facility Master Plan

ESTES PARK HEALTH

Key Strategic Initiatives

Epic Lawson Conversion

Summary: The transition to an integrated electronic health record (EHR) and associated financial system. The integrated system will be hosted by UCHealth and will replace three existing EHRs (Physician Clinic, hospital, and Emergency Department). All financial components will also all be replaced by Epic revenue cycle and Lawson Financials.

Champion: Gary Hall

Goals: Higher quality, safer patient care, and better patient service by:

1. The integration of patient health and financial records into a single consolidated patient record, which will allow EPH providers to see the "whole story" from a single EHR
2. Interoperability across the region and the country, to allow secure access to a patient's medical & health information from all of the patient's providers.

Accomplishments: The project organization and governance processes are built. UCHealth has studied EPH's processes. UCHealth has proposed workflows for our new Epic/Lawson world. Department Directors and clinical and revenue-cycle "readiness leads" have received preliminary training. Leaders have delivered most information needed to UCHealth. Leaders are beginning to draw their gap analyses of proposed workflow versus desired workflow. Oversight continues on multiple levels to identify roadblocks and resolve them.

ESTES PARK HEALTH

Key Strategic Initiatives

Next Steps: We are beginning cycles of hands-on exposure to the new workflows through "day in the life of a patient" sessions and "conference room pilots" and other work. A full training schedule for all staff will be published the week of March 25. Connectivity to UCHealth is being built. Interfaces are being designed. Projects for definition and movement of patient information pre and post go-live are in full operation.

Schedule: The major components that have upcoming or critical dates include:

1. Training schedule published for all staff, week of March 25,
2. Hardware gap analysis published first week in April,
3. Lawson first (of three) conference room pilots week of April 15,
4. Due date for gap analyses April 19, and
5. Intense just-in-time training scheduled throughout September and October for all staff.

Issues: Key obstacles or challenges:

1. Organization stress: Many other projects in play and all the "normal" work. Constant vigilance and oversight is being provided to spot issues and address them early.
2. Turnover: Staff departures will add additional stress to the process by requiring surviving staff to carry additional burdens. Administration must ensure rapid replacement of leaders, staff, or contractors to address these gaps.
3. Provider productivity will decline during training, go-live, and for some time after go-live.
4. Faulty expectations may leading to disgruntled staff and providers for a period of time. The panacea of integrated EHR will not be perfect and, in some cases, will take time to settle. For example, viewing some past patient data will still be done thru legacy systems for a significant time (months) after go-live.

ESTES PARK HEALTH

Key Strategic Initiatives

Access to Care, Clinic

Summary: Improving access to care in the clinic will be done by standardizing work flows, documentation, elements of the patient visit that support staff working at the top of their license. Standardizing work flows will also help prepare for the implementation of Epic and decrease provider burnout.

Champion: Mandy Fellman along with a core team of cross-functional providers, nurses/MAs, coding/HIM, and IT.

Goals: To improve provider availability and address burn-out both of which are impacted by:

- Various workflows, preferences, and protocols
- Identify opportunities for staff to work at top-of-license
- Multiple platforms vs an integrated platform (Epic)

Accomplishments: Recruited three Internal Medicine and one part-time Pediatrician. Process improvement project increased acute care availability with all PCPs. New protocols enable routine appointment scheduling by Patient Service Representatives, at the first point of contact. Nurse/MA intervention to schedule appointments should only happen when clinically appropriate. Streamlined wellness/physical documentation completed prior to appointment. Improved follow-up/communication of abnormal diagnostic results when providers are out of clinic.

ESTES PARK HEALTH

Access to Care, Clinic

Next Steps:

- Monitor appropriate use of scheduling protocols.
- Provide education, support, and address potential obstacles.
- Build reports to monitor acute care and routine scheduling.

Schedule:

Requested the first monitoring report by mid-April and should have an update for the April board meeting.

Issues:

- The first obstacle was updating schedule templates during Epic meetings when staff were all busy.
- Second obstacle was educating all staff (clinical and non-clinical) regarding the provider-approved scheduling protocols, templates, and expectations.
- The biggest potential obstacle is always resistance to change.

Key Strategic Initiatives

Surgicalist Program

Summary: We are striving to solidify the Surgicalist program with highly competent and marketable surgeons and build referral networks to keep as much of the surgery business as possible at Estes Park Health.

Champions: Dr. Reitter, Cameron Byers (RPG), Mandy Fellman, and Lisa Taylor

Goals:

1. To become the trusted general surgery service of choice in Estes Park.
2. Keep more of our surgical patients closer to home.
3. Identify and engage the right surgeons to support the program
4. Expand the surgical capability through equipment and OR time to support the program
5. Facilitate the engagement of surgeons with referring providers to build referrals
6. Build informational resources on the EPH website to support consumer inquiry

Accomplishments:

Facilitated communications with referring providers at Timberline Clinic over lunch.

ESTES PARK HEALTH

Surgicalist Program

Next Steps:

Facilitate additional meetings with referring providers.
Augmenting surgical and anesthesia staffing to handle the increased workload

Schedule:

April 12 referring provider meeting at Salud Clinic

Issues:

Providers continuing to refer patients within their network while building trust with the Surgicalists.

ESTES PARK HEALTH

Orthopedics Marketing Plan

Summary:

The EPH will build market share in the local market for orthopedics. A steering committee has been formed to study the orthopedics market and develop strategies for building market share.

Champions:

Dr. Florence, Dr. Grant, and Lisa Taylor

Goals:

1. Identify opportunities to grow orthopedic market share by 2-3 surgeries per week per surgeon.
2. Identify product improvement opportunities to enhance our ability to accommodate increased surgeries.
3. Develop a marketing plan based on shorter wait times and a complete continuum of care at EPH.

Accomplishments:

- Market research is complete
- SWOT analysis done
- Creative Strategy Worksheet to guide marketing

ESTES PARK HEALTH

Orthopedics Marketing Plan

Next Steps:

- Developing a direct mail campaign
- Create a one-page referral reference guide for clinics and providers.
- Schedule additional meet and greet opportunities with referring providers
- Orthopedic surgeons to be featured at community events

Schedule:

Direct mail pieces scheduled to go out at the end of April

Issues:

The orthopedic surgery service line is a highly competitive market.
Referral patterns are established for clinics and insurance companies.
We will continue to make sure information about our Orthopedic Surgery Service Line is in front of the community so that when they need the service, they will think to ask for a referral here.

ESTES PARK HEALTH

Urgent Care Project

Summary: As of March 2019, the project is in development. The Developers, Engineers, and Architect continue to deal with changes in staffing and town Code interpretation. Expecting to pull permits by end of March/early April, with construction to begin shortly thereafter. Anticipated completion is planned for late February 2020. Design work continues for the Urgent Care Center, Outpatient Surgery, and Wound Care. A decision about moving Outpatient Rehab will be delayed until the Facility Master Plan is complete.

Champions: Tim Cashman, Leslie Roberts, and Elise Booth

Goals: The Goal of the Urgent Care Center is to provide access and affordability to non-emergent healthcare services to the community and our visitors. The Goal of the Outpatient Surgery Center is to move Pain Management and Endoscopies out of the Hospital to free up two full days of Surgical Suite availability for more complex cases.

Accomplishments: Successfully obtained permission to build on the site. Architects and building Contractor are ready to pull building permits and commence construction.

Urgent Care Project

Next Steps:

- Complete discussions and approval with CDOT regarding the proposed turning lane.
- Complete approval with the Home Owners Association.
- Working on obtaining a written lease for consideration.
- Working on estimating costs for Tenant Improvements (TI).
- Developing a financing package for the TI's.
- Proforma completion, pending overall building costs.
- Steering Committee continues to work with subcommittees (Urgent Care, OP Surgery, and Rehab) on finalizing design.
- Project Plan is getting close to completion.

Schedule:

The Project Plan, still in development with specific details, will identify respective milestones, and dates. The project is slated for completion by late February 2020.

Issues:

- Completion of Project Plan
- Discussion, Analysis, and Completion of financing options for the Tenant Improvement work.
- Negotiation and approval of the Lease
- Staffing assumptions.
- Pending Permits for commencement of construction.
- CDOT approval
- HOA/ACC approval

ESTES PARK HEALTH

Key Strategic Initiatives

Facility Master Plan

Summary: Identify, prioritize, and design changes and additions to EPH's facilities, to create better working areas, improve safety, and improve patient care.

Champion: Gary Hall

Goals:

- Design and build an ambulance barn;
- a decontamination room in the ED;
- improved parking;
- expanded clinic space; and
- identify and prioritize other potential future building improvements.

Accomplishments: Preliminary summary of needs identified. A Steering team is assembled, including clinical leaders and physician. Owner's rep hired (RLH Engineering). Architects vetted, and architect firm hired (Boulder Associates).

ESTES PARK HEALTH

Facility Master Plan

Next Steps: Present issues to the architect and acquaint architect with EPH campus and needs.
Begin to meet with stakeholders as appropriate.
Begin to prioritize needs in 2019 and subsequent years.

Schedule: Meetings begin with architect first week of April.
Expectation is that plan will be developed over four months (by end of July).

Issues:

- Cost: Improvements will be prioritized for staged implementation.
- Conflicting priorities: May have to make some hard decisions.
- Limited human resources & time: Competes with normal workload, Epic/Lawson, Urgent Care, and several other key projects will tax participants.
- Vigilance by project leaders, steering team, and Administration will be essential to identify issues early and resolve them.
- Continuity: Administration and the Board will work to find paths to give continuity to this plan over several years of implementation.

ESTES PARK HEALTH

Strategic Initiatives

1. Access to Primary Care
2. Urgent Care
3. Prospect Park Living Center
4. Home Health & Hospice
5. General Surgery
6. General Medicine, Inpatient Care
7. Orthopedics
8. Cardiology
9. Health & Wellness
10. Master Facility Plan
11. Medical Staff Engagement
12. Medical Staff, Administration, and Governance

ESTES PARK HEALTH

Questions?

ESTES PARK HEALTH