



## **ANNUAL REPORT**

### **PALLIATIVE CARE AND PAIN MANAGEMENT TASK FORCE**

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*Submitted by:*

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in partnership with members of the Palliative Care and Pain Management Task Force

## I. PURPOSE

This report is submitted per Act 25 (2009) to the House Committee on Human Services and the Senate Health & Welfare Committee regarding recommendations, progress and activities related to the work of the Palliative Care and Pain Management Task Force.

## II. BACKGROUND INFORMATION

Vermont law makers have a longstanding history of supporting patient self-determination and ensuring access to quality end-of-life care services. The Palliative Care Task Force was created in 2009 with a goal of coordinating palliative care initiatives across the state, providing ongoing education to health care clinicians and consumers about palliative and end-of-life care, working to remove barriers to these essential services and ensuring that Vermonters have access when needed. When barriers to access or gaps in services are identified, it was intended that the Task Force would make the legislature aware of such issues and, where appropriate, propose policy solutions.

## III. RECOMMENDATIONS

The Task Force is deeply appreciative of the policy changes that were enacted in 2024 to improve access to advance directive completion by making permanent remote witnessing and explaining and making permissible the use of digital signature in the execution of advance care planning documents. While the Task Force has no specific policy recommendations this year, we urge lawmakers, as you endeavor to address the broader issues impacting healthcare and health care delivery in Vermont, to prioritize policies that improve access to palliative and end-of-life care services, promote timely referrals to hospice, remove obstacles to receiving concurrent disease modifying and supportive care and target system-level improvements aimed at serious illness communication and care coordination.

The remainder of this report provides highlights from local, regional, and statewide agencies/initiatives directed toward advancing advance care planning, palliative and end-of-life care initiatives.

## IV. STATEWIDE & REGIONAL EFFORTS

**Statewide Palliative Care and Ethics Education:** In May of 2024 the Task Force, in partnership with the Vermont Ethics Network, offered a virtual palliative care educational series covering topics of medical decision-making and advance care planning, medical aid in dying, hospice care and medical guardianship. Each session was presented in a 75-minute “lunch and learn” format with the availability of CME/CEU credits for attendees. The series: *What’s Old is New: A Fresh Take on Some Classics* consisted of the following:

- **May 22, 2024.** *Patient Self-Determination: Same Dog, New Twists:* Cindy Bruzzese, MPA, MSB, HEC-C – Executive Director & Clinical Ethicist, Vermont Ethics Network; Clinical Ethicist, UVM Medical Center. (214 Participants)

- **May 29, 2024.** *Medical Aid in Dying: A Truth-telling Imperative.* Diana Barnard, MD – Palliative Medicine, Porter Medical Center. (150 Participants)
- **June 5, 2024.** *Inside the Mind of a Hospice Medical Director: 10 Things Hospice Providers Wished You Knew.* Cristine Maloney, MD, HMDC - Medical Director of Palliative Care and Hospice at Visiting Nurse and Hospice for Vermont and New Hampshire (VNH). (142 Participants)
- **June 10, 2024.** *Guardianship: Not the Holy Grail for Medical Decision-Making.* Honorable Jeffery Kilgore, Superior Court Probate Division, Washington County & Honorable Kathryn Kennedy, Superior Court Probate Division, Orange County. (153 Participants)

Learning objectives, copies of slides and video recordings of all presentations can be found online at: <https://vtethicsnetwork.org/presentation-recordings-spring-2024-palliative-care-series>

In January of 2025, the Vermont Ethics Network will host a virtual ethics series: *Contemporary Issues in Healthcare Ethics* following the same “lunch and learn” format as the spring palliative care series. The January series will address:

- **January 9, 2025.** *AI in Healthcare: Legal and Ethical Challenges:* Chad P. Brouillard, MA, JD, Partner, Foster & Eldridge, LLP. The presentation explores the unique legal risks and ethical challenges healthcare providers face when integrating artificial intelligence into healthcare, emphasizing issues such as liability, informed consent, data privacy, and decision-making accountability. It aims to provide thoughtful questions about navigating the balance between innovation and patient safety in an increasing AI-driven landscape.
- **January 14, 2025.** *How Health Care Can Outgrow Bias.* Tim Lahey, MD, MMSc, HEC-C, FACP, Director of Ethics at UVM Medical Center & Professor of Medicine at UVM Larner College of Medicine. The presentation discusses why bias mitigation is needed in health care, and the evidence behind some non-judgmental approaches.
- **January 21, 2025.** *Critical Issues in the Care of Older Adults with Cognitive Impairment.* Michael LaMantia, MD, MHP, FACP, Chief of Geriatrics & Palliative Care, Portland (Oregon) VA Medical Center, Associate Professor of Medicine, Oregon Health & Science University. The presentation discusses high impact topics in the care of cognitively impaired older adults including how to address driving safety, how to discuss firearms safety, and the use of medications to manage behavioral symptoms in distressed individuals.
- **January 30, 2025.** *Incapacitated Refusals & Vermont’s Ulysses Clause.* Cindy Bruzzese, MPA, MSB, HEC-C, Executive Director & Clinical Ethicist, Vermont Ethics Network, Clinical Ethicist, UVM Medical Center. The presentation reviews the ethical considerations and legal frameworks for treating incapacitated patients over their objection, outlines the process for executing a Ulysses Clause and explores potential uses and limits of the Vermont Ulysses Clause provision.

Learning objectives, copies of slides and video recordings will be posted on the VEN website at: <https://vtethicsnetwork.org/recordings-from-january-2025-ethics-education-series>.

## **ORGANIZATION & PROGRAM SUMMARIES**

### **Vermont Ethics Network (VEN)**

VEN has long been the state's premiere resource for advance directives and medical decision-making education and training. The organization also now serves as the primary liaison for inquiries and communications between consumers and providers and the Vermont Advance Directive Registry (VADR). In the last six months, VEN has responded to over 1170 calls/emails about advance directives and the VADR and has supported 2557 Vermonters with registration of their advance directives for health care. At present, Vermont has a total of 54,912 registrants in the Vermont Advance Directive Registry.

In July of 2024, VEN launched user upload to the registry and brought all customer support services for the registry back in-state. Direct user upload has been accessed by nearly 300 Vermonters, and each year, more and more Vermonters are choosing to complete and register their advance directives. Since July 2024, a total of 2,854 new registrants were added, representing 400 more registrations than the same time period the previous year.

At the consumer level, completion and submission of advance care planning documents remains an important goal. At the facility level, VEN continues to emphasize the importance of improving internal systems such that documents are readily available when needed and practitioners are knowledgeable of their obligations as it relates to these documents. VEN continues to work to maintain high quality customer service and accessibility that Vermonters depend on and will be closely monitoring the success of user upload and the new VADR submission procedures to ensure that the service for Vermonters is user friendly and universally accessible.

Our efforts to improve access to ethics expertise in rural settings are also gaining traction both in and outside of Vermont. In the last four years, VEN has provided over 383 ethics consults for rural health care providers/facilities in Vermont and New Hampshire. Increased education has raised awareness about the importance of the ethics lens in clinical decision-making, driving requests for more ethics expertise to assist with complex care decisions. As requests for ethics consults continue to rise, both human and financial resources will be the limiting factor. Ensuring that facilities and providers have access to real-time ethics expertise when needed should be a priority for Vermont's health care delivery system.

### **Central Vermont Home Health & Hospice (CVHHH)**

In its second year, CVHHH's Palliative Care Consultative Service (PCCS) continues to support Central Vermonters facing serious illness, helping them understand their disease

progression while providing one-on-one care and emotional support at home. The program is led by Palliative Care Nurse Practitioner Dr. Kelley Elwell, DNP, APRN, FNP-BC, who works hand-in-hand with each person's care team, including their PCP, specialists, family members, spiritual or faith counselors, and social workers, to ensure they get the care necessary to manage pain and symptoms, achieve optimal quality of life, and explore their health care wishes and long-term goals of care. Referrals come directly from patients, hospitals, or patients' physicians. Kelley also helps patients and families prepare advance directives and provides navigational support for those pursuing hospice care. The PCCS program is paid for by Medicare Part B, Medicaid, VA benefits and private insurances. In 2023 and 2024, CVHHH's PCCS provided care to 149 and 240 patients, respectively.

In 2024, CVHHH introduced a meaningful addition to the program by using volunteers to maintain connections with patients to check in on their well-being and ensure they are getting what they need from the service when they need it. Many of these individuals or their loved ones have complex needs and engage with the Palliative and Complex Care Coordinator who supports Dr. Kelley Elwell. One recipient expressed gratitude for the volunteer reaching out and requested support in coordinating care for a family member in the ICU – help CVHHH's Complex Care Coordinator was happy to provide.

CVHHH has a 100-plus-year history of serving its community and of launching programs to meet the evolving needs of Central Vermonters. The PCCS program is one example of CVHHH's commitment to delivering care that Central Vermonters want and that is supportive of community members' desire to receive care at home that helps them maintain their autonomy and independence.

Looking ahead to 2025, CVHHH leadership and Dr. Kelley Elwell will continue to raise awareness and understanding of palliative care and hospice through educational presentations and outreach to community groups, healthcare facilities, and providers within CVHHH's service area.

### **Department of Vermont Health Access (DVHA)**

DVHA's Palliative and Hospice initiative included a second year of collaboration with the Robert Larner College of Medicine at the University of Vermont Public Health Project opportunity. The focus of this effort is to improve access to adult palliative care through Medicaid expansion.

- Low enrollment and short length of stays for hospice services have prompted the need for palliative care
- Palliative care services can improve quality of life and support the facilitation of appropriate referral to hospice care
- The provision of home-based palliative care services may require additional expenses for coverage, or it may generate over-all cost savings by a lower rate of emergency department visits and hospitalizations
- A new reimbursement model will need to be explored to support the DVHA determining the cost of providing this home-based palliative care services

- The UVM medical students may engage with interested parties and determine opportunities for them to serve Medicaid members
- To include but not limited to UVM Home Health and Hospice agency under the Longitudinal Care Program and Southwestern Home Health Agency. Southwestern Vermont offers palliative care services but are unable to get reimbursed

*Development of Hospice Manual for Vermont Medicaid*

Multi-unit effort within DVHA to develop a comprehensive Hospice Manual to provide a comprehensive resource for providers and members

*Development of Payment Model*

Preparing a 2024 proposal that outlines a Palliative Care Medicaid Benefit and payment method model to Agency Leadership

**Patient Choices Vermont (PCV)**

Patient Choices Vermont (PCV) is a non-profit organization that serves as the steward of medical aid in dying (MAID) in Vermont. PCV's goal is to ensure that all those who are facing end-of-life decisions know about all their options and have access to the support they choose. PCV is funded by donations and does not currently receive any funding from the State of Vermont. [www.PatientChoices.org](http://www.PatientChoices.org)

*Act 39 Quick Summary:* People who want to consider medical aid in dying under Vermont's Act 39 must be adults who are terminally ill with a 6-month prognosis. They must be able to make their own decisions and to self-administer the medication. Each person must go through an eight-step process, including assessment by two doctors, to qualify.

*Data:* The most recent Department of Health official report showed an average of 43 people per year qualified for MAID for the period ended June 30, 2023. This is triple the number from the previous DOH biennial report and represents just Vermonters, as it was before the Vermont residency requirement was removed from Act 39. The unofficial (but disclosed publicly) DOH numbers for the year ended June 30, 2024 was 96 (double the previous period), of which 72 were Vermonters and 24 were non-residents. As shown in PCV's website data below, it is clear that thousands more people explore medical aid in dying than the number who actually use it.

The volume on the PCV website demonstrates the level of interest in aid in dying: 20,000 website visitors per year; 3,600 views of PCV's Clinician's Guide; 90,000 views of PCV's videos. PCV fields approximately 1,000 inquiries per year from patients, families and medical providers. The Helpline team provides vital coaching to clarify requirements and explain nuances of the law and the choices people may want to discuss with their providers. The VT DOH, VEN and others refer people who call about medical aid in dying to the PCV Helpline. PCV also holds educational events for both medical professionals and for Vermont communities as part of an ongoing effort to build

networks of medical, hospice and community people to support personal end-of-life choice.

*Access to MAID:* In previous years, PCV received a number of calls from Vermonters who needed help finding a doctor who would prescribe medical aid in dying if they met all the criteria. This past year, there have been no such calls from Vermonters, giving us a very strong indication that Vermonters who know about and want to explore medical aid in dying are able to open this conversation with their doctors and receive the care they prefer. However, it is impossible to determine whether thousands of other Vermonters with terminal conditions are receiving information about this option from their healthcare providers. From PCV's discussions in community settings, we believe it is still unusual for doctors to inform patients about Act 39 if the patient doesn't ask. In addition, it is difficult for people from out of state to find Vermont doctors with sufficient time in their schedules to take new patients for the purpose of medical aid in dying.

*Technical Advisory Group:* PCV participated in the Technical Advisory Group established by H.870 to consider various proposals by the Vermont Association of Naturopathic Physicians. Following review of relevant materials, Patient Choices Vermont determined that it does not support the addition of naturopathic physicians as authorized prescribers or consulting physicians under Act 39. The full PCV statement is available from PCV or from the Department of Health.

PCV does not have legislative recommendations for Act 39 at this time.

### **Pediatric Palliative Care Program (PPCP)**

Currently, we have 56 children enrolled in the program and PPCP services are offered through 8 home health agencies (HHAs) throughout Vermont.

#### Successes:

- The UVMHC Pediatric Advanced Care Team (PACT) continued to provide consultation to the PPCP via a subrecipient grant written by VDH, bridging gaps in communication, increasing pediatric hospice enrollment, and access to quality PPC across the system of care in Vermont. This grant was renewed for an additional 2 years in July 2024.
- The PPCP offered monthly virtual education to its statewide providers, covering a variety of topics from hospice support to palliative nutrition.
- The PPCP continues to access funding for HHAs to purchase "comfort cart" supplies targeted at legacy creation, psychoeducational support materials, comfort enhancements, and coping toys. Approved uses for funds were expanded to include sibling bereavement kits and other bereavement supports.
- In collaboration with the PACT RN, the PPCP Coordinator provided a second annual, half-day training to UVMHC titled, "Perinatal Palliative and Neonatal End-of-life Education."
- The PPCP Coordinator provided training to WIC colleagues titled, "Perinatal Bereavement."

- The PPCP secured funding to provide a TalkVT training for statewide pediatric palliative care providers in November 2024.
- Collaborative work with DVHA to expand access to PPCP Skilled Respite benefit, by opening the billing codes to include IFCs clinically appropriate for PPCP enrollees, including in neighboring states. In 2024, 3 PPCP enrollees were provided skilled respite by the Cedarcrest Center for Children with Disabilities in N.H.
- “Pedi Pals 101” materials were developed as an orientation and quality assurance measure for new PPCP providers. The PPCP Coordinator oriented 6 RNs and 3 expressive therapists in 2024.

Plans for 2025/Ongoing Initiatives:

- Continue to standardize processes and procedures focused on orientating new PPCP providers, supporting a family’s bereavement process following the death of a child, and grief resources throughout the state.
- The PPCP Coordinator will offer the complete End-of-life Nursing Education Consortium (ELNEC) training. This training is for statewide pediatric palliative care providers interested in becoming ELNEC certified.
- Identify strategic solutions to improve access to the PPCP services across the state.
- Continue to research community-based palliative care measurement best practices to demonstrate value to stakeholders, manage program operations, and perform continuous quality improvement

**UVM Health Network Department of Family Medicine / Division of Palliative Medicine**

The Division of Hospice and Palliative Medicine at the University of Vermont Health Network continues to care for patients with serious illness across six medical centers in Vermont and Northern New York. Our mission is to provide high quality care for patients with serious illness and their families. Below are updates to our clinical and education wide programs.

*Leadership Changes in our Division and Quality Metrics for the Division*

Since 2016, Dr. Robert Gramling has served in an augural role of Division Head and the Holly & Bob Miller Chair for Palliative Medicine. Under his great leadership, we have been able to expand the footprint of Palliative Care at the University of Vermont Medical Center (UVMMC) and the educational programs. In October 2024, Dr. Robert Gramling transitioned to serving in the role of Vice Chair of Research for the Department of Family Medicine. Dr. Stephen Berns, who was serving as the UVMMC Site Leader for Palliative Medicine and Program Director for the Hospice and Palliative Medicine Fellowship, was appointed as the Division Head for the Hospice and Palliative Medicine as well as the Holly & Bob Miller Endowed Chair. Dr. Berns has been building off Dr. Gramling’s vision and mission and creating a more cohesive Division infrastructure across all six medical centers.



There are 3 important goals that Dr. Berns has for 2025: 1) To ensure inpatient palliative care provider coverage at every site across the network Monday-Friday and 365 days at UVMMC and UVM Home Health and Hospice, 2) To ensure an interdisciplinary inpatient team provides palliative care at every site, 3) To expand outpatient infrastructure for locations.

In 2024, we also examined 3 key metrics that are signs of a high functioning palliative care team: 1) we see at least 50% of consults within the first 48 hours of admissions, 2) our inpatient palliative care penetration rate is >8% of all admissions, 3) patients are seen by an interdisciplinary palliative care team. We will include these metrics in our accomplishments below.

#### *Central Vermont Medical Center*

Central Vermont Medical Center continues to offer both inpatient and some outpatient palliative care services. The team consists of 1.6 physicians, 0.8 nurse practitioners, 1.0 social worker/manager and 0.5 chaplains. Additional to their clinical work, the CVMC team continues to help with patients who are requesting Medical Aide and Dying from out of state and home visits for patients that cannot make it to the medical center. They also provide education for their colleagues and community members. In 2024, the CVMC Palliative Team saw 385 new consults (43% within the first 48hrs of admission and 9.9% penetration rate). Unfortunately, not every patient was seen by the interdisciplinary team.

#### *Porter Medical Center*

The program at Porter Medical Center (PMC) had two changes in personnel: 1) Diana Barnard, MD stepped down from her clinical position at PMC and 2) Taylor Zak, LICSW stepped down from her role as Palliative Care Social Worker at PMC. We were able to successfully hire Dr. Clare O'Grady to serve in the role of Site Leader for PMC Palliative Care and are still actively searching for a social worker to replace Taylor Zak's position. Currently, our PMC Palliative Care Team sees patients at both Porter Medical Center and Helen Porter Rehabilitation and Nursing. In 2024, the PMC team saw over 110 new consults at PMC Porter (50% in the first 48 hours of admission and an 8% penetration rate) and over sixty-five new consults at Helen. Currently, there is no palliative care outpatient services at PMC and since Dr. Barnard's departure, they have not had the bandwidth to see out of state patients for MAID. Also, Dr. O'Grady is currently a 0.9 clinical FTE, and we do not have the clinical FTE to see patients inpatient one day a week. PMC Palliative Care is fortunate to also have 1.0 FTE Manager of Palliative Support Services to lead a volunteer program with over one hundred active volunteers. The volunteer program continues to offer Vigil Sitting, Bereavement Support, and ongoing Companionship for those navigating serious illness. In 2024, we offered 4 8-week Grief support groups, 1 6-week Volunteer Trainings, and 1 6-week Bereavement Companion Trainings. The volunteer program continues to offer Death Cafés and a Story Telling Event around the subject of Grief and Healing.

*University of Vermont Health Network, UVM Medical Center in Burlington*

UVMMC continues to see patients in both the inpatient and outpatient settings. This year, we were able to return to 365-day coverage in the hospital and phone coverage during nights. The UVMMC inpatient palliative care team includes 3.0 physician, 2.9 nurse practitioner, 1.0 social worker, and 1.5 chaplain clinical FTE. In 2024, our team was able to see 1361 new consults (41% in the first 48hrs of admission and 6.5% penetration rate). We currently are in the midst of hiring three more physicians to help us expand our services in the Emergency Department and the ICUs as well as creating our own Palliative Care Primary service that can care for patients who are dying at UVMMC and cannot leave the hospital. Our outpatient team continues to see patients during five half day clinic sessions a week within the UVM Cancer Center as well as through General Palliative Medicine. Eighty percent of our clinic is conducted via telehealth. We currently have 0.6 nurses and 0.76 physicians seeing these patients. In 2024, we were able to see over two hundred new consults. However, we still have a wait list of at least 4-6 weeks and are looking for resources to help expand our services.

*University of Vermont Larner College of Medicine*

Our formal teaching programs reaches more than five hundred learners each year and includes inpatient observerships for first-year medical and nursing students, elective clinical rotations for medical students and residents, and a required 40-hour Palliative Medicine course for medical students during their third year. We are in our third year of our fellowship, successfully matching a primary care resident from rural New York and an anesthesia/critical care Attending from Pittsburgh. Our goal of retaining 50% of our graduating fellows continues to be achieved as we have successfully hired one fellow from each graduating class in 2023 and 2024. Our fellowship continues to innovate with AHEC of Northern and Southern Vermont by offering a Rural Rotation in Palliative Care and we continue to collaborate with the fellowships in Maine and New Hampshire to create the Northern New England Fellowship Retreats 3 times every year. The Vermont Conversation Research Lab ([vermontconversationlab.com](http://vermontconversationlab.com)) continues to advance the science of human connection in serious illness, including recent completion of the successful *Story Listening Project*, an EOL Doula-facilitated intervention for families, friends and healthcare professionals who experienced the death of a person during the COVID pandemic to share the story of that experience with an engaged, non-judgmental listener.

*TalkVermont and Serious Illness Communication Training for All Clinicians*

TalkVermont has continued to offer Serious Illness Communication Training for Clinicians across the health network in 3 types of courses: Foundations (1/2 day course in person or virtually), Mastering Goals of Care Conversations (full day courses in person and virtually), and Advancing Serious Illness Conversations (2 day course in person). In 2024, we taught over 12 TalkVermont Courses (67 in total since 2018). Some new courses that we offered in 2024 were a TalkVermont Oncology Course and a Pediatric Course for Care Managers across the state. In conjunction with Maine Medical and Dartmouth Hitchcock Health Network, we offered a train the trainer course to

teach several clinicians how to teach in these courses. TalkVermont sent six interdisciplinary team members as part of this training sessions with the hopes for them to teach with us in 2025. To date, TalkVermont has trained more than 2500 clinicians (physicians, nurse practitioners, nurses, social workers, and chaplains) and trainees (nursing students, medical students, and medical residents) throughout the UVM Health Network. This year we have focused on changing the electronic health record to capture serious illness conversations more effectively and are including documentation education in our trainings. Our hope is to create a system where patient's goals and values are easy to find within the electronic health network so that clinicians can keep this in mind as they recommend care plans. We are also collaborating with the network to see how we can incorporate incentives to take the course and include artificial intelligence to help document conversations.

### *Challenges for 2025*

Despite our many successes in growth and delivery in 2024, we do anticipate some challenges in 2025. Given the budget cuts to the network in fiscal year 2025, Palliative Care has had delays in expanding our resources to meet the needs of our patients both at UVMHC and across the network. Recruitment of talented clinicians who are trained in hospice and palliative care is also incredibly difficult and without a fellowship/training program for non-physicians this is even harder. Given our limited resources, especially in the outpatient space, it has been hard to not only care for our local Vermont population but also for out of state patients seeking MAID. We are looking for ways to incrementally build our program and to share resources with UVM HHH as we move into 2025. We appreciate the advocacy and the work of the Vermont Ethics Network and the Vermont Legislature to help ensure that patients with Serious Illness are cared for across the state.

### **Visiting Nurse and Hospice for Vermont and New Hampshire (VNH)**

Visiting Nurse and Hospice for VT and NH (VNH) is a mission-driven nonprofit organization with our main office located in White River Junction, VT

VNH's hospice interdisciplinary team provides in-home hospice services 24 hours a day, 7 days a week. We are dedicated to delivering outstanding home health and hospice services that enrich the lives of the people we serve, in more than 140 towns in Vermont and New Hampshire

As the area's foremost team of home health care experts, we deliver hospice services with proven effectiveness, integrity, and compassion. We are driven by a focus on excellence and a spirit of innovation, from improving systems of care to improving individual lives. Our relationship with each client is rooted in respect — for the families whose homes we are privileged to enter, for the communities we are honored to serve, and for all the lives we touch.

VNH Hospice 2024 Data:

- Patients admitted to VNH hospice services in past 12 months: 212

- Total number of patients receiving hospice services in 2024: 254
- Total number of bereaved provided support in 2024: 617
- Ongoing bereavement groups held in:
  - Thetford, Hartland and Bradford VT
  - Charlestown, NH
- Total number of hospice volunteers in 2024: 18

2024 accomplishments:

- VNH hospice obtained a much deserved 4 star CMS rating.
- With the combined efforts of the VNH psychosocial team and volunteers, successfully hosted our first post-COVID community bereavement service.
- Added a dedicated hospice facilities RN case manager to the team in an effort to increase time and resource to the facilities in our coverage area.
- Continued to develop strong relationships and communication with our referring providers, including partnering with the Alice Peck Day hospital senior care team on a hospice fast track program. This program ensures we are reviewing and monitoring not quite hospice eligible patients to ensure they are admitted to hospice as soon as they become eligible.
- Successfully recruited and retained a larger group of hospice volunteers in 2024, including students from Dartmouth College and a local singing group. This has led us to provide much needed support for our patients and families.
- Addition of more team members to our business development team. This has led to increased community educational outreach and relationship development throughout our coverage area.

## V. CONCLUSION

There continues to be a strong commitment to robust advance care planning, palliative care, and hospice programming across the state. Vermont Ethics Network, in partnership with the Palliative Care Task Force, will continue to advance this important work and is grateful for the ongoing support of the Vermont Legislature and their interest and openness to recommendations that promote alignment of state policy, Vermonters values and clinical best practice.

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**This report was prepared in consultation with the following members of the Task Force:**

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