



PALTmed Colorado (CMDA) 31st Annual Conference April 24, 2026

More information available [here](#).

[Registration Page](#)



EARLY BIRD EXPIRES SOON!

**PALTmed-COLORADO'S 31ST ANNUAL CONFERENCE:
VISIONARY GOALS & INSPIRING LEADERSHIP**

Register Now!

PPA Event Center
Friday, April 24, 2026

JOIN US IN-PERSON OR LIVESTREAM!

PALTmed
COLORADO
THE NEXT GENERATION OF CMDA

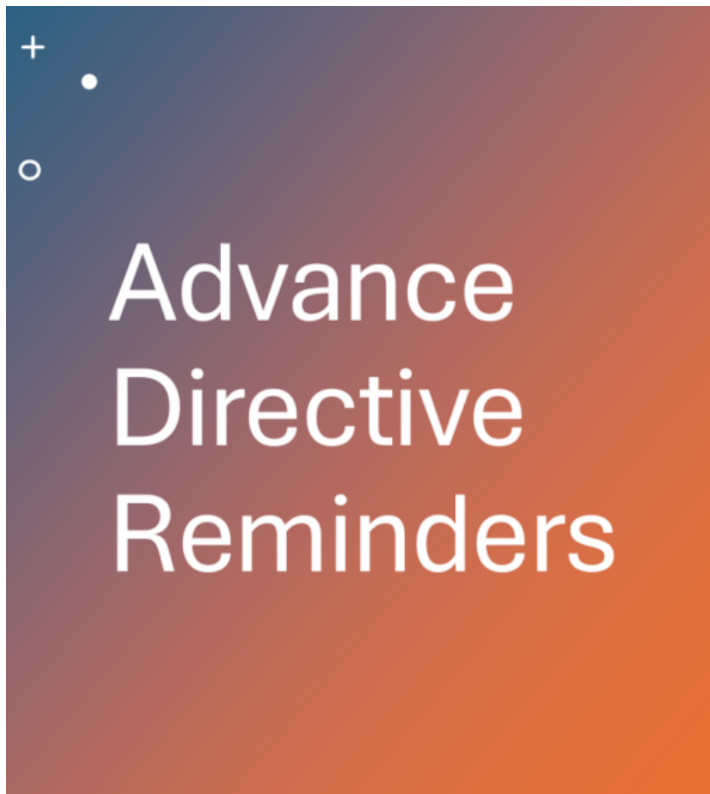
www.cmda.us

Pikes Peak Ethics Committee Meeting

- First Friday of every month at noon.
- Please consider bringing a case to the meeting. It's a great opportunity to discuss difficult cases with your peers in LTC, share experiences, and learn from each other.
- Email me if you would like to be added to our email list to receive the agenda and reminders about the meeting.
- <https://zoom.us/j/97461641616?pwd=YPPjU1ZHMG3bTChSVxAcD9gb39qVaY.1>



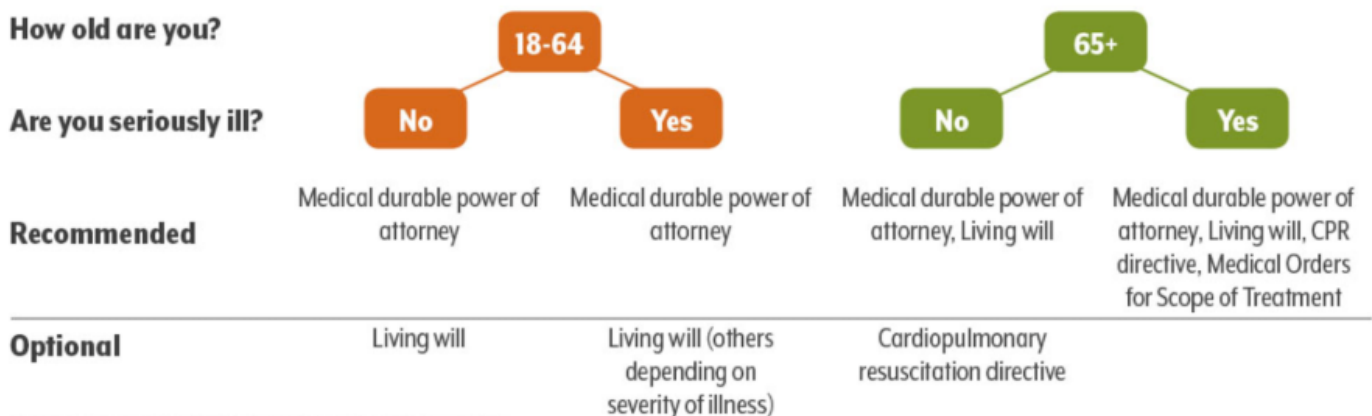
[Advance care planning for patients and families | Colorado Department of Public Health and Environment](#)



- The [Colorado MOST form](#) is **not required**. It is an **option** for people who are seriously ill and likely to experience a life-threatening medical event.
- To comply with CMS requirements, you need to:
 - Advise residents of their right to complete advance directives and document that discussion (upon admission). [Acknowledgment of Notice of My Right to State Advance Directives](#)
 - Obtain physician orders related to CPR to align with the resident’s preference (as soon as possible after admission).
 - Train staff members on Advance Directives and your related policies and procedures.
- You can provide other options for Advance Directives, as explained on the [CDPHE Advance Care Planning website](#). This site also includes flowcharts to help choose the right form.
 - Medical Durable Power of Attorney
 - Living Will
 - CPR Directive
 - Medical Orders for Scope of Treatment

What advance directive is right for me?

Figure 1: How to Determine Which Advance Directives Are Right For You

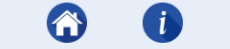


Source: Colorado Advance Directives Consortium

[Adv care planning flowchartDownload](#)



COVID/ Influenza / RSV



Select a category below to view more information.

- Hospitalizations
- Syndromic Surveillance
- Sentinel Lab Positivity
- Outbreaks
- Deaths
- Emerging Infections Program
- Multisystem Inflammatory Syndrome
- Wastewater
- Vaccine Data

Viral Respiratory Diseases Data

Colorado monitors statewide influenza, COVID-19, and respiratory syncytial virus activity throughout the year. For influenza and RSV, Colorado conducts additional enhanced monitoring each viral respiratory season between October and May. Currently, all statewide COVID-19 surveillance activities are conducted year-round. The viral respiratory season surveillance period officially ended on Saturday, May 23, 2026.

This Week's Overview

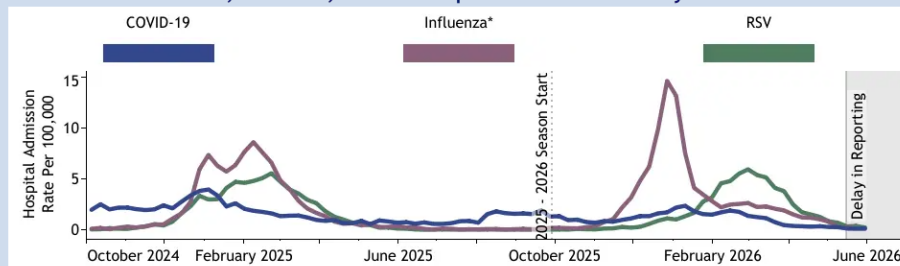
Overall respiratory illness activity in Colorado is **Very Low**

For more information, visit [CDC's Respiratory Illness Data Channel](#)

Hospital Admission Rates

Syndromic Data

Colorado COVID-19, Influenza, and RSV Hospital Admission Rates by Week of Admission



Key Metric Changes This Week Compared to Last Week

Pathogen	ED Visits Diagnosed	Weekly Sentinel Positivity Rate
COVID-19	0.08% (▲0.03)	0.73% (▼0.19)
Influenza*	0.15% (▼0.15)	1.46% (▼0.74)
RSV	0.03% (▼0.03)	0.60% (▼1.34)

*B is the predominant circulating virus.

Wastewater Surveillance Data

SARS-CoV-2	Influenza	RSV
Increasing SARS-CoV-2 trends in 2 out of 21 monitored utilities.	Influenza detected in 2 out of 21 monitored utilities.	Respiratory Syncytial Virus (RSV) detected in 1 out of 21 monitored utilities.

[Link to Prevention Guidance](#)

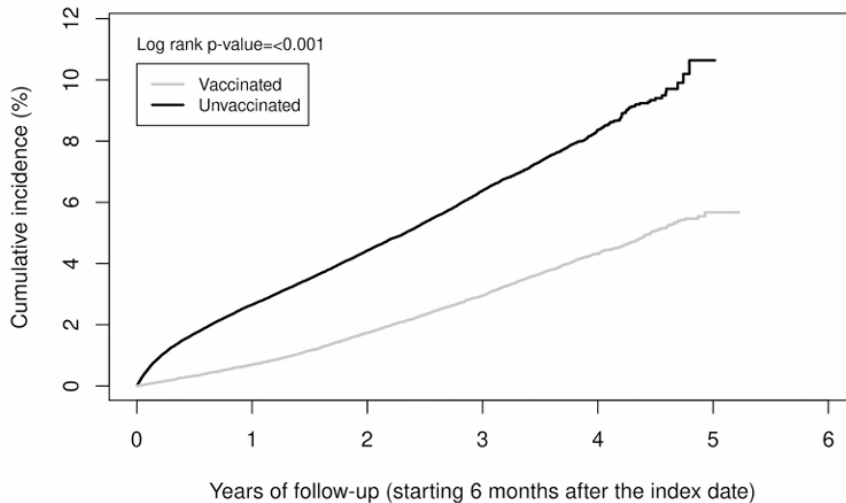
Illness data are updated weekly at about 4 p.m. on Wednesdays and includes cases reported through the previous week. Wastewater data is updated on Wednesdays and Fridays. All data, for dates past and present, are recalculated weekly. Last Update: 6/3/2026



Recombinant zoster vaccine is associated with a reduced risk of dementia

[Recombinant zoster vaccine is associated with a reduced risk of dementia | Nature Communications](#)

Vaccination with two doses of RZV was associated with a 51% lower risk of dementia (aHR: 0.49 [95% confidence interval (CI): 0.46-0.51]); aHRs were comparable across age, and racial and ethnic groups, but the risk reduction was stronger in females compared to males.



	0	1	2	3	4	5	6
Vaccinated							
Number at risk	65,800	62,888	59,888	47,928	17,053	151	0
Cumulative events	0	449	1,096	1,784	2,294	2,401	2,401
Cumulative incidence	0	0.7	1.74	2.95	4.32	5.67	5.67
Unvaccinated							
Number at risk	263,200	176,826	125,601	53,513	7,928	1	0
Cumulative events	0	5,729	8,505	10,304	10,930	10,983	10,983
Cumulative incidence	0	2.65	4.42	6.38	8.36	10.64	10.64

Fig. 3 | Cumulative incidence of dementia among two-dose RZV-vaccinated versus unvaccinated individuals. RZV recombinant zoster vaccine.

Osteoporosis

Recognize when a patient has osteoporosis and get that diagnosis into the medical diagnosis list. This provides the recognition of increased fracture risk which is relevant in cases of fall related fractures. This can include recognizing the diagnosis of osteopenia on many types of X-rays and CT scans.

- **M85.80** – Osteopenia, unspecified site



- **M85.88** - Osteopenia of other specified site
 - **M81.0** - Age-related osteoporosis without current pathological fracture
 - **M81.8** - Other osteoporosis without current pathological fracture
 - **M80.08XA** - Age-related osteoporosis with current pathological fracture, vertebra, initial encounter
 - **M80.00XA** - Age-related osteoporosis with current pathological fracture, unspecified site
-

Dementia Care



10 ABSOLUTES in Dementia Care

1. Never **ARGUE**, instead **AGREE**
2. Never **REASON**, instead **DIVERT**
3. Never **SHAME**, instead **DISTRACT**
4. Never **LECTURE**, instead **REASSURE**
5. Never say "**REMEMBER**",
instead **REMINISCE**
6. Never say "**I TOLD YOU**",
instead **REPEAT/REGROUP**
7. Never say "**YOU CAN'T**".
instead **DO WHAT THEY CAN**
8. Never **COMMAND/DEMAND**,
instead **ASK/MODEL**
9. Never **CONDESCEND**,
instead **ENCOURAGE/PRAISE**
10. Never **FORCE**, instead **REINFORCE**



[Alzheimer's Hope - Making Life Better TODAY](#)

[Nursing Homes Falsely Diagnose Patients as Schizophrenic to Sedate Them, Report Says](#)

“Notably, OIG found that nursing homes’ reporting of schizophrenia diagnoses increased following the introduction of the quality measure,” the authors wrote.

....

The report was based on 40 survey reports focused on dementia care or schizophrenia that CMS conducted from 2018 through 2021. “These types of surveys specifically address the use of antipsychotics, including the accuracy of schizophrenia diagnoses for residents given antipsychotics,”

.....

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL), which represents nursing homes, criticized the study’s methodology. “These OIG reports are based on a very small subset of specifically selected nursing homes and are not indicative of national trends,” Holly Harmon, AHCA/NCAL’s senior vice president of quality, regulatory, and clinical services, said in an email. “We support the appropriate use of medications to meet individual resident needs, with the right medications at the right times.”

General Updates

[Association Update 4-7-26Download](#)

[Dr. David Shepherd Inducted as Fellow of PALTmed](#)