- ✓ Community of Learning
- ✓ Confidential Case Sharing
- ✓ Practical



- ✓ Interdisciplinary
- ✓ On-line Learning
- ✓ Free CME and CE

Learn and apply Leadership & Quality Improvement principles from experts!

Share and get practical tips from colleagues!

Project ECHO University of Hawaii Long-Term Care Learning Action Network

A Collaborative Partnership to Provide Education from Quality Improvement and Leadership and Implementation Experts with Case Discussion to build a Community of Learning



Long-Term Care Learning Action Network











This series is made possible through GWEP funding to the University of Hawaii Department of Geriatric Medicine from the Health Resources and Services Administration (HRSA): Grant Nos. U1QHP28729 and T1MHP39046 and the support from generous our donors- AlohaCare and UnitedHealthcare

Confidential & Safe



We commit to maintain and safeguard the confidentiality of information shared. All case presentations are required to be de-identified and HIPAA compliant. In order to create a safe learning environment, we will foster a culture of mutual learning and encouragement, rather than negativity, shame and blame.

ECHO case consultations do not create or otherwise establish provider-patient relationships between any ECHO specialists and patients whose cases are being presented in an ECHO setting.

Learning Objectives

- Explore strategies for well-being during the Pandemic and recovery
- Practice Age Friendly Health Systems strategies
- Identify QI strategies to improve nursing home care.
- Increased knowledge for regulatory guidance for COVID and QMs

CME Credits

In order to receive CMEs please:

- Register: https://echo.zoom.us/meeting/register/tJUqcuysr
 - https://echo.zoom.us/meeting/register/tJUqcuys jsvGtE2kdnnVk9kl4iAu9cPoOGB
- Complete an Evaluation
 https://geriatrics.jabsom.hawaii.edu/nh-echo-lan/

** Some systems do not allow access to google forms. Fillable PDFs can be found on our website. Please send to Jon at Nakasone@hawaii.edu

The Hawaii Consortium for **Continuing Medical Education** is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

This program is approved by the **National Association of Social Workers** - Hawai'i Chapter (Approval HI62792021-190) for up to 1 Social Work continuing education contact hour(s).

What Matters Series- 4 Parts

LTC ECHO LAN Schedule

2nd Tuesday of each month 2:00- 3:00 pm

DATE	TOPIC
Feb	Who Knows What Matters?
Mar	Understanding What Matters
Apr	Addressing What Matters
May	Care Plans that Matter
** Session	Topics subject to change

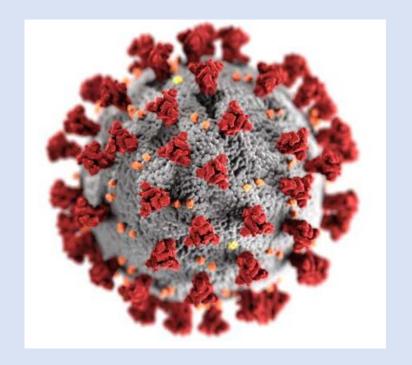
Introducing: The Hub Team

	Position	Role	
Aida Wen, MD, CMD	UH Dept of Geriatric Medicine	Course Director	
Ritabelle Fernandes, MD	UH Dept of Geriatric Medicine	Speaker	
Jim Pietsch	Professor, UH Law School	Speaker	
Gayle Rodrigues, MSN, RN	Director of Nursing, Oahu Care Facility	Facilitator	
Dana Mitchell, RN	Mountain Pacific Quality Health	QI Coach	
Lori Henning, LNHA	HAH-Quality & Education Program	COVID and Regulatory updates	

^{*}Our speakers report that they have no conflicts of interest.

Regulatory & COVID-19 Updates

Healthcare Association of Hawaii





CMS Vaccine Mandate

By January 27, 2022:

 All staff must have received at least a single dose or first dose of a multi-dose vaccine

- Precautions implemented for staff who are not fully vaccinated
- Process for tracking and documenting staff vaccinations and boosters
- Procedures for requesting medical or religious accommodations
- Contingency plans for staff who have not completed their primary series

By February 28, 2022:

 All staff must have completed their primary series or have received an accommodation Nursing
Home
Visitation
FAQs
Updated

February 3: CMS released updated <u>Nursing Home</u> <u>Visitation FAQs</u>. Included is information on the following:

- Suggestions on how to conduct visits that reduce the risk of COVID-19 transmission
- Best practices for improving air quality or managing air flow during visitation
- Facilities can request CMP funding to purchase portable fans and portable room air cleaners with HEPA filters
 - ➤ A maximum use of \$3,000 per facility including shipping costs may be requested
- States can require visitors to be tested prior to entry if the facility is able to provide a rapid antigen test

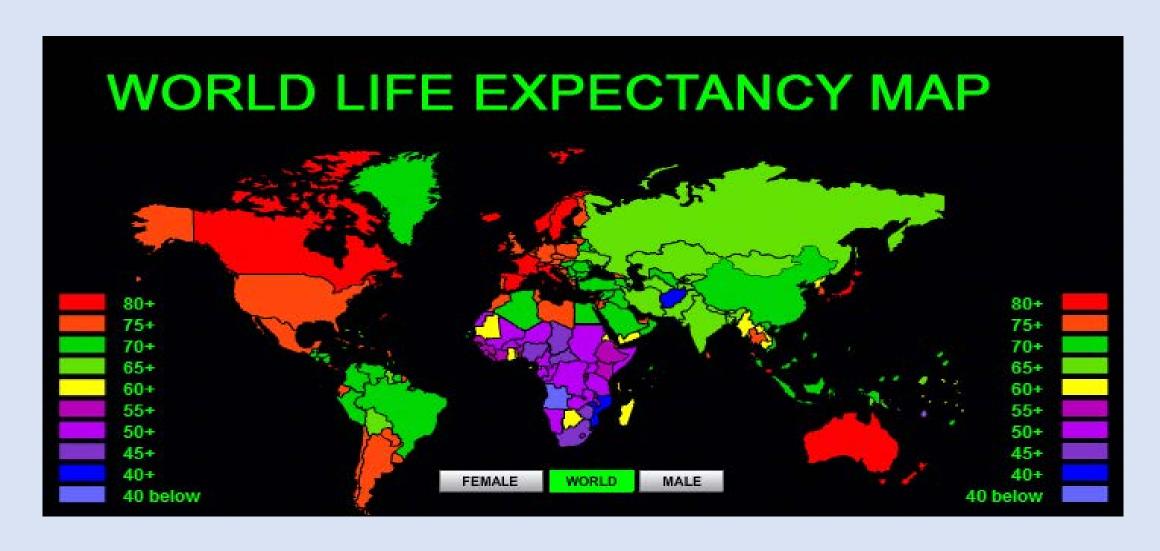
What Matters Series – Part 1

Who Knows What Matters Most?





Why do we need to plan for incapacity?



Capacity

An individual is usually considered to have decisional capacity when the individual is sufficiently able to receive, understand, and evaluate information and to communicate a particular choice.



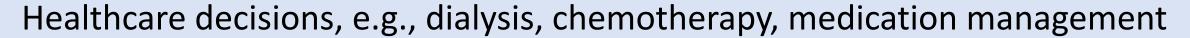
Capacity for what?

Examples include:

Activities of daily living

Finances

Wills, Powers of Attorney



Advance Directives

Driving







Who decides

 Capacity and Competency are often used interchangeably but "capacity for what?" is the key question.

 Most day-to-day issues relating to capacity are determined without medical or court intervention.



Decisional Capacity

Medical doctors (geriatricians, neurologists, psychiatrists, primary care physicians) and psychologists are experts in determining decision-making capacity.

Competency

Judges (Courts) determine legal capacity in such court cases involving guardianship, conservatorship, and protective services and require expert medical evidence.





Who needs a guardian or conservator?

- Under the Uniform Guardianship and Protective Proceedings Act, a
 guardianship or a conservatorship, is appropriate if that person, for
 reasons other than being a minor, is unable to "receive and evaluate
 information or make or communicate decisions to such an extent that
 the individual lacks the ability to meet essential requirements for
 physical health, safety, or self-care, even with appropriate and
 reasonably available technological assistance."
- Petition with Family or Probate Court.

what is GUARDIANSHIP

Gives an individual the authority to decide on matters relating to the physical and mental well-being of a person.

Duties include:



vehicles, etc.

medical care

the "WARD"

for the individual

what is CONSERVATORSHIP?

Conservatorship grants one or more people the power to make estate planning decisions on financial matters for someone who is found to be unable to manage their affairs.



Property or Protected person



Downsides to Guardianships and Conservatorships

There can be some downsides to a Guardianship or Conservatorship, including loss of autonomy, time, and legal fees.



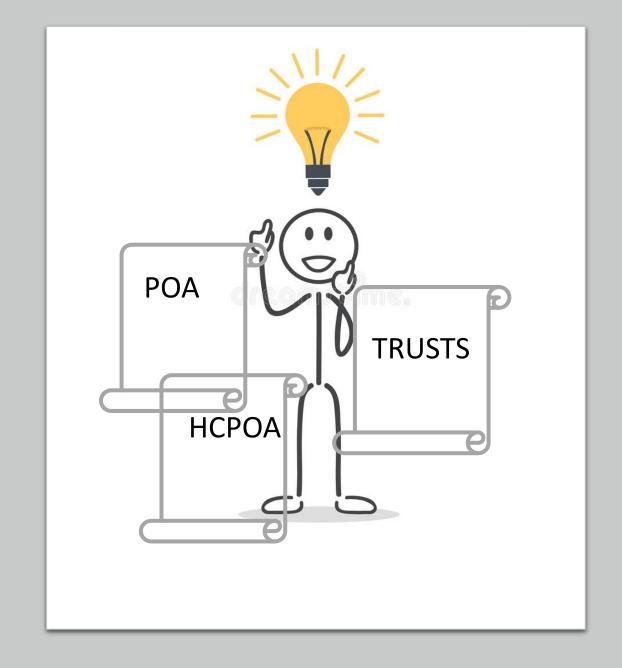






Alternatives to Guardianships and Conservatorships

- Health Care Power of Attorney
- Financial/Legal Powers of Attorney
- Representative Payeeships
- Money Management
- Trusts





Powers of Attorney

1

Choose your Agent Wisely

- Family Member
- Trusted Friend
- Lawyer

2

Choose the Type of Power of Attorney

- Full legal and financial powers or limited powers
- Taking effect immediately or upon incapacity
- Effective through incapacity or terminates upon capacity

3

Revocation

- Written Revocation or Execution of new PoA
- Submitted wherever you submitted the original PoA



Financial/Legal Powers of Attorney - UPOAA

city



Uniform Power of Attorney Act (UPOAA)

- Ensures that a Power of Attorney will be accepted by banks, financial institutions.
- Ensures that a Power of Attorney validly executed outside of the state will remain valid in Hawai`i.
- Ensures that an Agent is liable for violations of the terms of the Power of Attorney or of the Uniform Power of Attorney Act.



Money Management - Electronic Financial Services

- Electronic Banking services are available at most Banks for a small or no fee
 - Automatic bill payments
 - View your balance, statement and bank activity
- The Social Security Administration strongly encourages beneficiaries to receive their benefits through direct deposit, rather than mailing a check.
- Filing State and Federal Tax Returns can be done using online services.



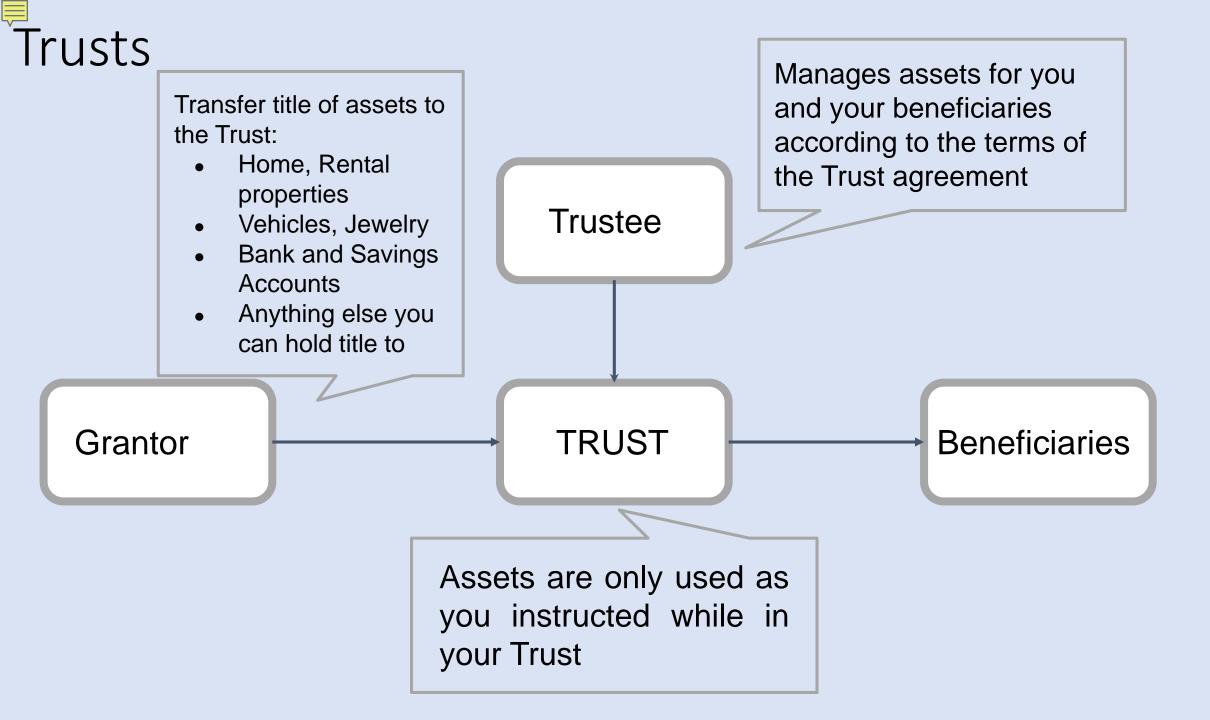
Money Management - Representative Payees and Fiduciaries

Representative Payee

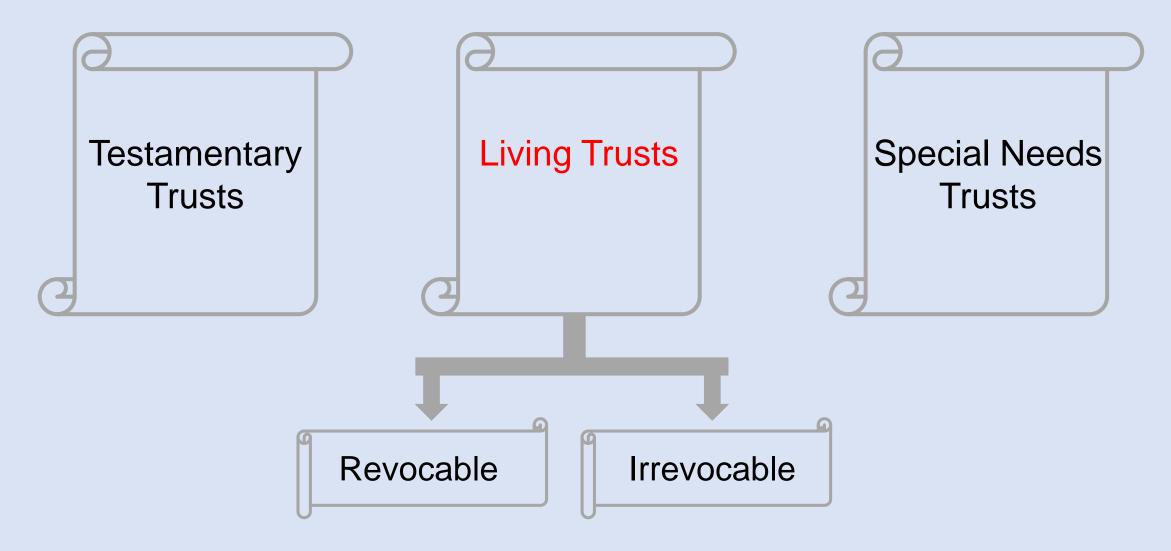
- Appointed to manage government benefits, such as Social Security benefits
- Required to use the money for the needs of the beneficiary
- Responsible for keeping records of how the payments are being used

Dept. of Veterans Affairs Fiduciary Program

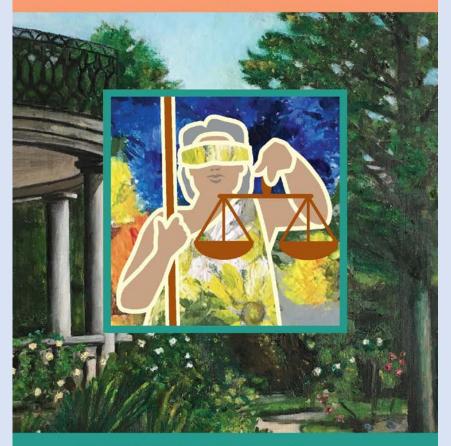
- Requires medical documentation or court determination that the beneficiary is unable to manage financial affairs
- Must undergo an investigation of suitability



Types of Trusts



Deciding What to Do and Why Not Now?



A Legal Handbook for Hawai'i's Older Persons, Families and Caregivers

By James H. Pietsch, JD and Lenora H. Lee, PhD University of Hawai'i Elder Law Program William S. Richardson School of Law

RESOURCE

Available at www.hawaii.edu/uhelp/ or as hardcopy.

CHECK THE CHART:

GENERAL POWER OF ATTORNEY OF

Jane Doe

l,	, the Principal, of	
address], City of	, State of	
hereby designate	, [attorney-in-fact's	s name], of
	[street address], City of	
State of	, my attorney-in-fact (herein	
to act as set forth below, in my	y name, in my stead and for my benefit,	
all powers of attorney I may h	ave executed in the past.	

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[street

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health Care Professional Preparing Form	Preparer Title	Phone Number	Date Form Property
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all powers of attorney I may have executed in the past.

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#1	OF	
# 	Jane Doe	
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address], City of	, State of	
hereby designate	, [attorney-in-fact's name], of	
	[street address], City of	
State of	, my attorney-in-fact (herein	
to act as set forth below	, in my name, in my stead and for my benefit,	

#2

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Care Directive		

Please Share with our Team:

You will receive a link to fill out an online survey form to share how many of your residents have these 3 documents.

Please try have someone screen all your residents before our next session.

If you are too busy this month, its ok to do this next month as well.

DOCUMENT	HOW MANY HAVE?	TOTAL# RESIDENTS
Power of Attorney		
Advanced Care Planning (e.g. DPOA HC)		
POLST form		

Please Share with our Team:

As we provide ideas to help your residents & families complete these we hope that all these scores will improve.

We will ask you to do this again at the end of May

This will demonstrate that you are doing a good job helping residents achieve their wishes!



NEED HELP?

- FRIDAY 2/11/22
 - 10am
 - 2pm
- MONDAY, 2/14/22
 - 2pm

Mibrao@hawaii.edu

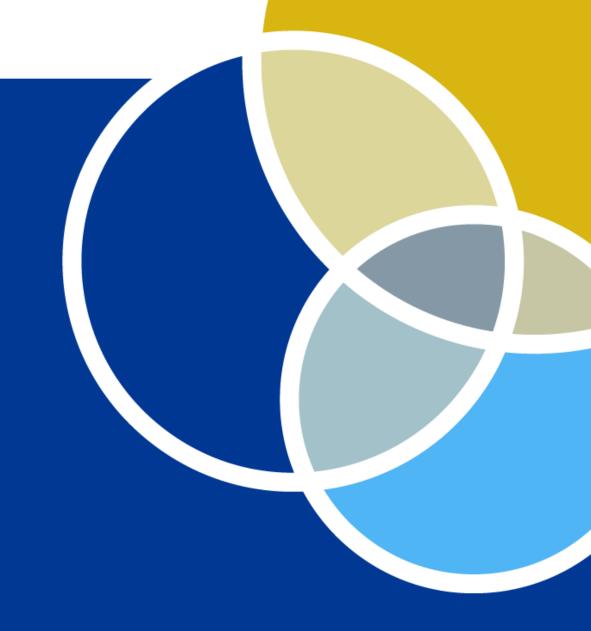




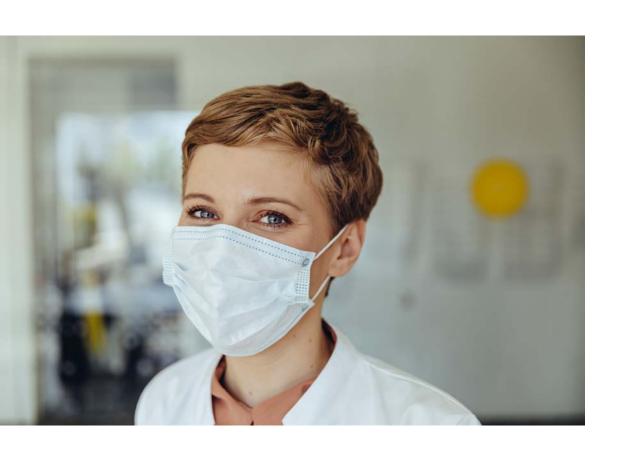


What matters to you?

Talking about what matters



Where did "What Matters to You" (WMTY) come From?



- The concept was first shared in the New England Journal of Medicine in 2012 as a way of implementing shared decisionmaking and patient-centered care
- It is about compassion and empathy
- WMTY relates to providers setting goals with patients/residents, but it could be a useful tool for other caregivers to know and understand residents

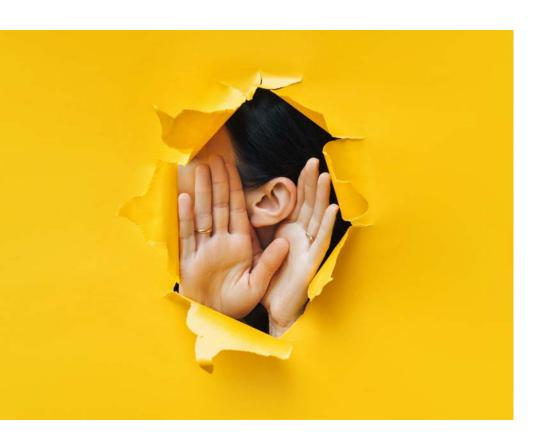
WMTY and Person-Centered Care



- Person-centered care focuses on a meaningful life and how people are recognized as unique individuals, not as patients
- WMTY turns around the question "what's wrong with you?" to make the caregiver-resident conversations more resident-centered
- We want to understand what motivates a resident, what their hopes for the future are



Why does it matter?



Residents and loved ones want to feel:

- Included
- Respected
- Heard
- Clearly communicated with
- Have a say in their care plan
- In control

Tips for WMTY Conversations



Top Tips For a WMTY Conversation

Asking What Matters is for everyone. Build a culture that supports curiosity, person-centeredness, and action. Work across roles and teams to bring patients' requests to life.

Be vulnerable and approach the patient with curiosity and give it a go; ask even 1 patient "What matters to you right now?"

The expectation is not to fix anything. Most requests are achievable.

Ask questions that spark conversation. Use open-ended questions that make the patient feel safe to give feedback and ideas to solve pain points.

Be present and authentic by actively listening and practicing empathy. Ask question(s) with patients and let them guide the conversation. Patients recognize authenticity when reflecting on their experience.

Show that you are listening; Make an action plan. Incorporate your patients' feedback into their plan of care. If you are unable to act on the request, explain why.

Close the loop. Share with the patient the action that you and the team are taking. Demonstrate that they are part of the decision-making team and when to expect action.

Learn and iterate. Reflect with the care team to learn if knowing What Matters changed the way that they delivered care. Are there common themes that patients report matter most? How might we anticipate patient needs and address them before?

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What are potential issues?



- WMTY might be a "heavier" question for providers to ask in the context of a resident's medical plan
- Care transitions/coordination across the continuum are tricky and may lead to conflicting goals
- Fear of unrealistic expectations
- Providers may experience uncertainty about their responsibility to fulfill all the needs and preferences of a resident with limited resources

Skills Needed



- Providers and caregivers must have/develop skills around communication, listening, empathy and reflection
- Providers must be able to elicit goals sensitively and have the conversations necessary to establish realistic and achievable goals

Discussion and Conclusion



What tools have you used in your building to really get to know your residents and what matters to them?

When we take the time to build relationships with our residents and understand what makes them tick, we can provide them with meaningful care, which should affect both resident and caregiver satisfaction.

Resources/References

Putting "What Matters to You?" Into Practice to Improve Patient Experience and Equity (ihi.org)

Olsen, C.F., Debesay, J., Bergland, A. *et al.* What matters when asking, "what matters to you?" — perceptions and experiences of health care providers on involving older people in transitional care. *BMC Health Serv Res* **20**, 317 (2020). https://doi.org/10.1186/s12913-020-05150-4





Thank you!

This material was prepared by Mountain-Pacific Quality Health, a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MPQHF-HI-NH-02/22-03

Wellness

Take Care of Yourself

...and your family



Take time to Plan for your own healthcare

This will help everyone!

<u>Templates</u> | <u>Letter Project</u> | <u>Stanford Medicine</u> about writing a letter to the doctor of what matters most.

	Dear Doctor,
	My Doctor's name
	RE: What matters most to me at the end of my life
	I have been reading and thinking about end-of-life issues lately. I realize how important it is that I communicate my wishes to you and my family. I know that you are very busy. You may find it awkward to talk to me about my end-of-life wishes or you may feel that it is too early for me to have this conversation. So I am writing this letter to clarify what matters most to me.
	My name
	What Matters Most to Me Examples: Being at home, doing gardening, going to church, playing with my grandchildren
	My important future life milestones: Examples: my 10th wedding anniversary, my grandson high school graduation, birth of my granddaughter
L	
E	dere is how we prefer to handle bad news in my family ixamples: We talk openly about it, we shield the children from it, we do not like to alk about it, we do not tell the patient



THANKS FOR CARING!