Safe Environments in LTC Settings

Thursday, March 25, 2021 10:00 - Noon

Join Zoom Meeting

https://us02web.zoom.us/j/83822370497?pwd=S3pTTGFXTWtTaHQ1b3hyTVFNeWREdz09

Dial by your location

(253) 215-8782 US (Tacoma)

Meeting ID: 838 2237 0497

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| **Workgroup Members Present:** | [ ]  Adrienne Stuart, DD Council, Disability Advocacy Group 1[x]  Alexis Rodich, SEIU 775, Employee Labor Organization 1 (Margaret D.)[x]  Allison Drake, Government Affairs and Policy, L&I Representative[ ]  Allison Lee, CDWA, Consumer Direct Employer Representative[ ]  Angie Wedekind, OPEIU Local #8, Employee Labor Organization 2[x]  Corinna Fale, Self-Advocate, Service Recipient (DDA)[x]  Darla Helt, Executive Director PEACE , Parent of a Service Recipient[x]  Darryl Johnson, Agency Provider, Long-Term Care Worker 1[x]  Dave Budd, Catholic Community Services, Home Care Agency Rep[ ]  Diana Stadden, The Arc of Washington, Disability Advocacy Group 2[x]  Isaac Peterson, Service Recipient, Service Recipient Over age 65[x]  Ivanova Smith, Advocate, Advocate (General)[x]  Jaime Bond, DSHS/DDA, DSHS Representative[x]  Laura Lindstrand, Human Rights Commission, HRC Representative[x]  Marcail Moody-Burks, SEIU 775 Benefits Group, Training Partnership Rep[x]  Melissah Watts, Individual Provider, Long-Term Care Worker 2[x]  Shawn Latham, Allies in Advocacy, Service Recipient |

| Topic | Notes: *(Record options & decisions, not detailed conversations)* |
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| **Presentation**1. Overview of the Care Plan
 | Jamie Bond’s presentation: overview of the DDA and ALTSA care plan which are very similar. The plan provides (**the list below is a portion of the actual plan**):* client information (client name, current case manager/office location)
* reason for assessment (case manager enters the details)
* name of the provider
* topics of interest for the client (goals for upcoming year)
* client’s contacts (i.e. family members, doctor)
* communication – how the client communicates (speech, hearing)
* vision
* mental/physical health – medical history (i.e. a past surgery)
* diagnosis
* medication management (i.e. assistant needed, no assistance needed)
* treatment options – who is the provider and how often
* sleep – can the provider get the appropriate amount of sleep (in case a back-up is needed)
* memory loss – impacts how many hours are determined in the CARE system
* decision making – is the client able to supervise a paid care provider
* behavior – current behaviors and any challenges (case manager describes how to resolve)
* suicidal thoughts during the last 30 days prior to the assessment
* ADL – specific tasks within their own room and outside their own room (i.e. client needs physical assistance, limited, etc.), who is the provider and any equipment needed
	+ Transfer
	+ Eating
	+ Toilet use
	+ Dressing
	+ Personal hygiene
	+ Bathing
	+ Skin care
* IADL – planning meals, house workers, etc.)
	+ Nutrition problems
	+ Shopping
	+ Transportation
	+ Social (relationships – family, friends)
* Provider Information – case manager assigned the specific tasks
	+ Family provider, paid provider, doctor
* Definitions at the end of the care plan document

Team had a robust conversation about the care plan and its impact for clients and providers.  |
| **Deep Dive Topics**1. Other policy changes that will reduce HAD
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| **Outstanding Work**1. Incorporating information on trauma-informed care
2. Culturally competent peer-to-peer training
3. Best practices for training service recipients
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| **Looking ahead**1. Modifying current training
2. Preventing physical harm with practice or role-play
3. The violence escalation cycle
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| **Wrap-Up**1. Reflections
2. Action items review
3. Next meeting
 | Next meeting is April 1.  |

| **Action Items** |
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| *Who?* | *Does What?* | *By When?* |
| Porsche  | Draft recommendations for Care Plan improvements based on March 25 meeting  | Next meeting  |
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