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  Alexis Rodich, SEIU 775, Employee Labor Organization 1 (Margaret D.)  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  Corinna Fale, Self-Advocate, Service Recipient (DDA)  Darla Helt, Executive Director PEACE , Parent of a Service Recipient  Darryl Johnson, Agency Provider, Long-Term Care Worker 1  Dave Budd, Catholic Community Services, Home Care Agency Rep  Diana Stadden, The Arc of Washington, Disability Advocacy Group 2  Isaac Peterson, Service Recipient, Service Recipient Over age 65  Ivanova Smith, Advocate, Advocate (General)  Jaime Bond, DSHS/DDA, DSHS Representative  Laura Lindstrand, Human Rights Commission, HRC Representative  Marcail Moody-Burks, SEIU 775 Benefits Group, Training Partnership Rep  Melissah Watts, Individual Provider, Long-Term Care Worker 2  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 |  |
| **Outstanding Work**   1. Incorporating information on trauma-informed care 2. Culturally competent peer-to-peer training 3. Best practices for training service recipients |  |
| **Looking ahead**   1. Modifying current training 2. Preventing physical harm with practice or role-play 3. The violence escalation cycle |  |
| **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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