WEBVTT

1
00:00:00.000 --> 00:00:14.579
Nice to have all of you on that again. My name's Lesley to grow and I am
a registered nurse, a service, the division of developmental
disabilities, clinical coordinator and I went to welcome you all today.
And thank you for joining us in this informational.

2
00:00:14.579 --> 00:00:18.239
Uh, information, sharing, update for agency our ends.

3
00:00:18.239 --> 00:00:22.890
Out there in the field, providing nursing oversight to our residential
waiver participants.

4
00:00:22.890 --> 00:00:26.399
This is the 1st, sort of update of this type.

5
00:00:26.399 --> 00:00:38.880
We have lots of educational items to discuss today that we put together
related to data that we are seeing statewide as well as from input from
our regional office. Our ends related to things that they are noting out
in the field.

6
00:00:38.880 --> 00:00:46.439
So, anyway, again, I want to say, welcome and without further ado, I
would like to introduce our 1st speaker.

7
00:00:46.439 --> 00:00:51.179
Um, she will be giving us an exciting presentation followed by a Q, a
session.

8
00:00:51.179 --> 00:01:03.174
Um, she is a registered nurse and received for bachelor of science in
nursing at St Francis, medical center College of nursing. She has 20
years of nursing experience and now serves as a clinical services
manager.

9
00:01:03.295 --> 00:01:12.864
And she will be speaking to us today about Missouri's utilization of her
screening tool and health risk, support plans and the fatal 5 plus 1.

10
00:01:13.200 --> 00:01:17.640
Um, her presentation is titled Missouri, fatal 5 and.

11
00:01:17.640 --> 00:01:22.799
I am honored to present to you, Deborah Davis dam. I will turn it over to
you.

12
00:01:25.019 --> 00:01:28.319
Thanks so much I'll get my screen shared.

13
00:01:28.319 --> 00:01:36.359
I hope everyone can see that.

14
00:01:39.090 --> 00:01:42.390
Yes. Okay. Great.

15
00:01:42.390 --> 00:01:52.650
Okay, good morning and thanks for the nice introduction. Leslie and
welcome everyone. Thank you so much for having me. I am the clinical
services manager for.

16
00:01:52.650 --> 00:01:58.230
Intellect ability and I enjoy interacting with you and I recognize some
names.

17
00:01:58.230 --> 00:02:06.900
In the attendees, so hope to interact with more of you going forward as
you continue expanding your use of the health screening tool.

18
00:02:08.639 --> 00:02:16.409
Um, now, intellect ability, and you may have noticed that, um.

19
00:02:16.764 --> 00:02:26.995
There have been some changes to our branding. We've enjoyed serving you
the past 14 years as health risk screening and now we're going to be
providing that same, great service under a name.

20
00:02:26.995 --> 00:02:35.305
The better encompasses who we are as a company, and these changes are
across all of our products, our line of products and material.

21
00:02:36.270 --> 00:02:46.650
We are our flagship product is the health risk screening tool and I'm
real happy to be your presenter about that today. We also have.

22
00:02:46.650 --> 00:02:50.550
The academy division, and where we have E, learning.

23
00:02:52.435 --> 00:03:05.965
Other neat opportunities to to get educational material and productions
where they can be custom designed for you, and our person centered
services division and I'm real happy that I get to participate in all of
the divisions.

24
00:03:06.685 --> 00:03:09.985
But the flagship product that you're using right now is.

25
00:03:10.259 --> 00:03:18.449
The health risk screening tool, and in Missouri, you have done a lot of
nice add on material as well so that you can actually.

26
00:03:18.449 --> 00:03:24.180
Use that to do all of your planning as well, which I think is really
cool.

27
00:03:24.180 --> 00:03:39.120
And the training is built into the app about that, which, which I also
enjoyed very much. I have taken all of that but this Academy training is
brought to you by and there's my picture that's been about 4 years ago or
a little more than that. So.

28
00:03:39.120 --> 00:03:49.979
You know, I have covert hair and all that stuff, but anyway, I love being
in the field of intellectual developmental disabilities and I have.

29
00:03:49.979 --> 00:04:00.210
Been in that field for probably the last 1516 years now I fell into it
and I love it. And so I'm hoping that I can give you.

30
00:04:00.210 --> 00:04:10.199
Good information that you can use going forward because I know what it's
like to support people with intellectual and developmental disabilities
and I know how challenging our work is.

31
00:04:10.199 --> 00:04:25.110
Our mission at interactability is, we provide you tools and training to
those who support people with vulnerabilities, helping them replace risk
with health and wellness. And that is 1 of the things that I, I truly.

32
00:04:25.110 --> 00:04:35.759
When I, I was actively working hands on doing jobs probably similar to
what you're doing. I was a registered nurse trainer here in Illinois
where I live. Um.

33
00:04:36.084 --> 00:04:49.764
And I felt like I reacted all the time. I always felt like I was never
getting ahead of the risk. And so that's something I think we all
struggle with and the health risk screening tool really help you. So.

34
00:04:51.178 --> 00:05:00.538
Our objective today is that you'll understand how areas of risk
identified by the trustee populate into Missouri's health risk.

35
00:05:00.538 --> 00:05:06.449
Support plans and are related to those fatal 5 causes of preventable
death.

36
00:05:06.449 --> 00:05:09.689
In people with ID, and actually we go.

37
00:05:09.689 --> 00:05:12.809
We kind of broken that down to where we have 6 of them.

38
00:05:12.809 --> 00:05:18.088
We just felt at inflexibility that we needed to add, make sure that.

39
00:05:18.088 --> 00:05:21.928
We encompass everything that we're seeing is preventable causes of death.

40
00:05:23.428 --> 00:05:31.439
So, how we identify risk using the trustee is by screening and those of
you who have started probably, no, it's it's a process.

41
00:05:31.439 --> 00:05:34.798
Um, but it is 1 that everyone seems to be.

42
00:05:34.798 --> 00:05:40.439
Learning and moving along with that screening needs to be accurate.

43
00:05:40.439 --> 00:05:44.999
In order to identify all areas of risk that are present for a person.

44
00:05:44.999 --> 00:05:49.408
And I said earlier we have that person's centered.

45
00:05:49.408 --> 00:06:04.374
Practices division and I remember 1 of the very 1st memos I received when
I started working from, which is our payment source. Medicare, Medicaid
was that for all documentation and planning related to the person.

46
00:06:04.374 --> 00:06:12.744
It must be person centered and person specific. And the trustee
accomplishes that. Because it takes what you observe.

47
00:06:13.139 --> 00:06:16.649
What the writer is observing about the person.

48
00:06:16.649 --> 00:06:20.788
They plug that into the screening and then it.

49
00:06:20.788 --> 00:06:34.108
Shows you where the person themselves that person, not every person with
ID where there are specific areas of risk for that person what are the
areas we need to focus on for this person?

50
00:06:34.108 --> 00:06:39.509
So, it's not cookie cutter and it's not a guess. It's this is what's.

51
00:06:39.509 --> 00:06:44.249
Where we can help this person reduce risk.

52
00:06:45.774 --> 00:06:58.673
And an accurate screening that produces service and training
considerations that are specific to the risk for that person and service
considerations, focus on assessments or those clinically based referrals
for identified risk.

53
00:06:58.673 --> 00:07:11.814
It might be, hey, consider a consult positioning study, something like
that training considerations say, gosh, for the people that are
supporting this person, what do they need to know to support them safely?

54
00:07:12.119 --> 00:07:19.709

To reduce the the risk that's present for that person and it really provides a good.

55
00:07:19.709 --> 00:07:22.978
I was call it my sanity checklist, you know.

56
00:07:22.978 --> 00:07:26.009
You know, where you should be focusing your attention.

57
00:07:26.009 --> 00:07:38.519
What's going on for this person and maybe helps you get ahead of that a little bit because playing catch up. Never never feels good. Does it? I'd always to me felt as though. Gosh I.

58
00:07:38.519 --> 00:07:43.139
Why didn't I see that coming? Or what did I miss? What am I missing? You know.

59
00:07:43.139 --> 00:07:52.709
This really helps. You organize all the information you have about a person in such a way that you can use that information successfully but.

60
00:07:52.709 --> 00:07:59.668
It provides you the most important thing is that you use that information that's provided to you by the trustee.

61
00:07:59.668 --> 00:08:08.908
To take those actions to reduce or eliminate that identified risk. And in Missouri you've got a really good method there because any.

62
00:08:08.908 --> 00:08:17.189
Rating items, scored 3 or higher, automatically populate into your and.

63
00:08:17.189 --> 00:08:23.278
Those lower ones, we don't ignore those, go into the healthy living domain. So it, it, it really.

64
00:08:23.278 --> 00:08:27.509
Keeps everything very, very tight in person specific.

65
00:08:28.704 --> 00:08:36.384

And we do know that early identification action is going to reduce or eliminate the risk for that person, and also improve their quality of life.

66
00:08:36.413 --> 00:08:47.484
We want the people that are being supported to have a good quality of life, and we don't want to spend all our time reacting and trying to figure out what we should've would've could've done. We want to figure out.

67
00:08:47.879 --> 00:08:52.708
How to get ahead of it? It seems as though sometimes all we do.

68
00:08:53.969 --> 00:09:03.688
Is chase our tails and that's really not a good way to work. So the really helps you organize what you know, about a person so that you can use it.

69
00:09:03.688 --> 00:09:06.928
To help them.

70
00:09:06.928 --> 00:09:13.168
You know, reduce the risk that's present for that person, or hopefully eliminated. It's not always possible.

71
00:09:13.168 --> 00:09:18.899
But it's a good a really good way to organize all the information.

72
00:09:20.663 --> 00:09:31.673
As far as the fatal 5, a lot of our rating items, and these aren't all inclusive. If I really wanted to delve down, I could probably find a way to to figure out how aspiration may be related to more of them.

73
00:09:31.673 --> 00:09:35.724
But the usual suspects is what I like to call this, so.

74
00:09:37.193 --> 00:09:51.923
In the H. R. S. T. aspiration is captured in in these rating items for sure. And possibly and others but aspiration in item a, eating a score of 3 or 4 means that that person has safety issues related to eating.

75
00:09:51.923 --> 00:10:04.913
They might be behavioral. They might be missing teeth. They might have to have a specialized procedure, be reminded to tuck their chin or something

like that to swallow safety. They might have an altered texture consistency diet and we know that.

76
00:10:05.908 --> 00:10:15.538
You know, that, that means they already have a risk, or they might receive their nutrition hydration via other than oral routes, either all or or partial.

77
00:10:15.538 --> 00:10:22.948
Partially fed by tube or other than oral routes, and we know that the more support a person needs around eating.

78
00:10:22.948 --> 00:10:28.558
The higher the risk is and so those.

79
00:10:29.818 --> 00:10:42.089
Any any scores, so 3 or 4 are going to populate into your, and we know aspiration. Certainly people who choke. That's a big risk and any safety issues related to eating.

80
00:10:42.089 --> 00:10:46.889
Big risk and then item 8 clinical issues. That's 1 of our catch all.

81
00:10:46.889 --> 00:10:56.099
Um, uh, rating items, it captures things that maybe aren't don't have a specific section in the screening tool. Um.

82
00:10:56.099 --> 00:11:02.458
But if a person has episodes or problems, when they're eating.

83
00:11:02.994 --> 00:11:13.374
And they significantly impact their day such as choking, or maybe they're, they have have to have a new to place or complications with an existing to maybe it became just lodged or something.

84
00:11:13.854 --> 00:11:20.423
Um, that's gonna significantly significantly impact that person's day. And it's going to count towards scoring.

85
00:11:20.668 --> 00:11:24.808
Item f, self abuse, you know, rumination a.

86
00:11:24.808 --> 00:11:29.369

Increases the risk of choking and aspiration and we see that often.

87
00:11:29.369 --> 00:11:34.649
With with people with ID item Kay gastrointestinal.

88
00:11:34.649 --> 00:11:48.389
Like hand mounting behaviors, those type of things are going to score 3
or if a person has Gerd, we know acid reflux as a as a very big risk
factor related to aspiration and.

89
00:11:48.389 --> 00:11:51.688
It'll score 3 if they have gird.

90
00:11:51.688 --> 00:12:04.014
And are only on 1 medication they'll score for if they are more than 1
medication to manage record, any disease is gonna score 3 and
hospitalization for any issues is going to score 4.

91
00:12:04.014 --> 00:12:06.894
so those will automatically become part of your.

92
00:12:09.384 --> 00:12:09.894
Item P,

93
00:12:09.894 --> 00:12:18.683
nutrition issues with being able to consume consume enough calories or
recurrent aspiration ammonia those are going to trigger higher scores for
item P,

94
00:12:18.683 --> 00:12:19.374
nutrition,

95
00:12:19.614 --> 00:12:33.953
new to placement or complications with an existing tube are going to
score higher as well and populate into your item queue high risk
treatment a person with a J tube will qualify for a Q score.

96
00:12:34.229 --> 00:12:46.438
And there may be other qualifying events in item queue, but that's the
big 1. as far as Ga, we see a lot of 2 migration and necrosis related to
a J tube.

97
00:12:46.438 --> 00:12:58.139

Item T, professional healthcare services this is anytime somebody sees a provider for aspiration or suspected aspiration. Those are going to be counted towards scoring there.

98
00:12:58.139 --> 00:13:08.818
Emergency room visits for aspiration will be counted an item. You emergency room visits hospital admissions for aspiration. Aspiration. Ammonia will be counted.

99
00:13:08.818 --> 00:13:12.509
In item the hospital admissions, so those.

100
00:13:13.828 --> 00:13:20.308
All of those rating areas are informing your hey, there's a risk here.

101
00:13:20.308 --> 00:13:29.428
There's something going on here, take a look here and it produces those service and training considerations that guide your plan of care.

102
00:13:29.428 --> 00:13:43.678
Bal, obstruction related rating items in the item eat clinical issues. Of course. Um, any day the person has severe constipation and impaction or obstruction. Those will count towards scoring.

103
00:13:44.724 --> 00:13:59.634
For item E item Kay, gastrointestinal impacts and obstruction or parasitic alias will score for if it if it occurred within the past 12 months for item K gastrointestinal. So that's that's a biggie bowel function.

104
00:14:00.568 --> 00:14:09.298
They're going to get scores of 3 or 4 if they take medication that affects bound motility, they'll score.

105
00:14:09.298 --> 00:14:13.889
A 3 indicating that that person has some pretty big risk if they're having.

106
00:14:13.889 --> 00:14:17.788
Having to take medications that affect them mortality.

107
00:14:18.594 --> 00:14:32.663

And hospitalization for battle, obstruction paraolympic, alias, any time in their lifetime is going to score 4 because we know anyone who has ever had a Bal obstruction has a very high risk of having that happen again.

108
00:14:32.969 --> 00:14:40.678
Item P, nutrition, unresolved diarrhea, scores the 4 and oftentimes it's that.

109
00:14:40.678 --> 00:14:44.219
Liquid, that's trying to push pass an obstruction.

110
00:14:44.219 --> 00:14:48.028
That people think it's diarrhea they find out. Oh, well, that they don't.

111
00:14:48.028 --> 00:14:51.778
They don't have unresolved diarrhea. What they really have is a battle obstruction.

112
00:14:52.793 --> 00:15:04.854
An item T, professional healthcare services provider visits for constipation. impaction obstruction will be counted towards scoring for item T, visits for constipation impaction, obstruction or parallel.

113
00:15:04.943 --> 00:15:09.774
Alias are going to be counted in item new emergency room visits and.

114
00:15:11.514 --> 00:15:23.874
Item V. hospital admissions hospital admissions for any impaction obstruction or paraphyletic alias is going to be counted there. So the scoring is really based on frequency and intensity of all these problems.

115
00:15:24.173 --> 00:15:35.964
So, as you can imagine scores of 3 or 4 main hey, pay attention. This person has a huge risk going on and it's going to give you service considerations and get this person checked out.

116
00:15:36.269 --> 00:15:48.418
Have the farmers look pharmacists, look at their medications it's going to tell you how to train staff and make sure that ball tracking is is in place. So it really does help guide your plan of care.

117
00:15:48.418 --> 00:15:54.568
Dehydration related reading items in the H. R. S. T.

118
00:15:56.219 --> 00:16:10.948
Item a eating scores free may mean the person needs constant prompts to consume enough fluids and scores of 3 or 4 related to receiving all or some nutrition hydration via other than oral routes makes that person dependent on others.

119
00:16:10.948 --> 00:16:22.558
To provide their nutrition and hydration and that really increases the risk because oftentimes supporters don't remember hey, if I'm thirsty the person who receives all their.

120
00:16:22.558 --> 00:16:29.788
Nutrition hydration via other than oral routes might be thirsty too. They might need some fluid.

121
00:16:30.869 --> 00:16:44.849
Item E, clinical issues a day a person has symptoms of dehydration would count towards scoring and item. K gastrointestinal course vomiting is scored in that rating item and it certainly tributes to dehydration.

122
00:16:44.849 --> 00:16:58.139
Item and skin and trigger day skin it is really impacted by dehydration and then skin issues, such as Burns also contribute to dehydration. So those are going to be, um.

123
00:16:58.139 --> 00:17:02.788
Scored higher malfunction.

124
00:17:02.788 --> 00:17:15.419
Fluids are needed for healthy malfunctions. So, Val issues may be a sign of dehydration. So it's, it's all of these things kind of intertwine and that's what's great about the app. It's going to point, you.

125
00:17:15.419 --> 00:17:25.199
Look at this, look at this, look at this, you know, because the rating items, there's an algorithm in the app that talks to 1 another. So you might get some.

126
00:17:26.519 --> 00:17:29.909
A consideration.

127
00:17:31.199 --> 00:17:38.729
Related to dehydration because of somebody scoring high on mobile function. So.

128
00:17:38.729 --> 00:17:51.868
You just never know item P, nutrition and fluid restrictions are going to score 3 anyone who has a fluid restriction. We know that they're at higher risk for dehydration and hospitalization for unresolved.

129
00:17:51.868 --> 00:17:56.669
Vomiting or diarrhea would score 4 or and.

130
00:17:56.669 --> 00:18:09.028
Unresolved wounds a lot of times that's related to nutrition and hydration. So those are going to produce higher scores for item P, nutrition.

131
00:18:09.028 --> 00:18:15.209
Item cheat, professional health care services of course, any provider visits to address or diagnose.

132
00:18:15.534 --> 00:18:27.564
Dehydration will be counted there and then emergency room visits item. You any are visit related to dehydration is going to count towards scoring and item fee hospitalization.

133
00:18:27.594 --> 00:18:30.864
Any hospitalization for dehydration is going to count there.

134
00:18:32.818 --> 00:18:36.239
Excuse me and.

135
00:18:37.288 --> 00:18:47.638
For gird lots and lots of things impact that and and Gerd is probably.

136
00:18:47.638 --> 00:18:54.058
1 of the things that we see, maybe the most underrecognized in this population.

137
00:18:54.058 --> 00:18:58.348
For item a eating gird increases the risk of aspiration.

138
00:18:59.243 --> 00:19:03.864
It's known that people with curtain aspirate and if any,

139

00:19:03.983 --> 00:19:04.824
any of you want here,

140
00:19:04.824 --> 00:19:05.453
have had courage,

141
00:19:05.453 --> 00:19:10.433
you know what I'm talking about I've had had it for a long time and I
related to,

142
00:19:10.433 --> 00:19:10.644
you know,

143
00:19:10.644 --> 00:19:13.074
you're waking up in the middle of the night choking and thinking,

144
00:19:13.074 --> 00:19:13.374
okay,

145
00:19:13.374 --> 00:19:14.483
this is how it ends.

146
00:19:15.173 --> 00:19:16.523
It's very horrible.

147
00:19:17.999 --> 00:19:21.628
People who receive nutrition hydration, be a.

148
00:19:21.628 --> 00:19:27.269
Than, and other than oral routes, they are still at high risk for having
gird as well.

149
00:19:27.269 --> 00:19:32.128
That's why you see so many of those folks who take Franklin.

150
00:19:34.074 --> 00:19:48.233
Usually half hour before feedings and things like that, because of the
reflex item E, clinical issues days when a person is experiencing good
symptoms that significantly interrupts their days. But account towards
scoring for item. E, clinical issues.

151
00:19:48.653 --> 00:19:51.653

Self abuse rumination is often.

152
00:19:51.989 --> 00:19:56.278
Both a symptom in a cause of gird.

153
00:19:56.278 --> 00:20:00.419
So, it scored under item self abuse.

154
00:20:00.419 --> 00:20:11.128
Item Kay, gastrointestinal coughing after meals and at night pike our
hand mounting behaviors are score 23 and there's a sign of distress.

155
00:20:11.128 --> 00:20:17.578
See, a lot of behavior plans, people or interventions.

156
00:20:18.628 --> 00:20:31.318
In place to try to keep people from putting their hands in their mouth
when oftentimes what they're trying to tell us as well. I've got some
kind of hurting going on. something's not right and they're just trying
to communicate that to us.

157
00:20:31.318 --> 00:20:40.888
Item nutrition, recurrent aspiration and more pneumonia is going to score
4 and populate on.

158
00:20:42.088 --> 00:20:45.598
And we know that that's caused a lot of time spiker.

159
00:20:46.403 --> 00:21:00.354
Professional health care services, provider, visits, related to grid or
to be counted there and item you emergency room visits are business
related to gird aspiration things like that are going to be counted there
and hospital admissions.

160
00:21:01.048 --> 00:21:04.048
Will be counted under item the hospital admissions.

161
00:21:07.134 --> 00:21:18.054
Seizures those related rating items in the ambulation, a person may need
increased supports around ambulation because of seizures.

162
00:21:18.054 --> 00:21:33.054

The same with transfers personnel seizures may need additional supports for transfer clinical issues, seizures with recovery to baseline lasting longer than 30 minutes will be counted towards scoring for clinical issues.

163
00:21:34.679 --> 00:21:40.199
Behavior support physical a person may wear a helmet to protect from injury.

164
00:21:40.199 --> 00:21:43.199
During seizures, so they'll have scoring.

165
00:21:43.199 --> 00:21:50.519
There for behavior, support, physical, they'll score either 3 or 4, depending on how many hours each day they wear the.

166
00:21:50.519 --> 00:21:59.519
Helmet seizures, uh, seizures, scored there based on the frequency and intensity of those seizures.

167
00:21:59.519 --> 00:22:03.328
So, if they have 12 or more seizures.

168
00:22:03.328 --> 00:22:09.058
Per year, or have any seizure activity within the year that.

169
00:22:09.058 --> 00:22:13.078
Does interfere with.

170
00:22:13.078 --> 00:22:27.983
Functional abilities for 30 minutes or more, they're going to score at 3, and they'll score 4 if they've been admitted to the hospital for any injury or anything related to the seizure. So, those will also populate on your.

171
00:22:29.814 --> 00:22:38.304
Item in anti epileptic medication scores of 3 indicates the person takes 3 or more medications to manage seizures,

172
00:22:39.144 --> 00:22:44.423
or has had changes to anti epileptic medications within the past 12 months,

173

00:22:44.634 --> 00:22:49.163
or they take depakote in combination with any other anti epileptic
medication or they take.

174
00:22:50.213 --> 00:22:52.044
We know. All of those things.

175
00:22:52.618 --> 00:23:02.878
Contribute to a higher risk for that person and a score for indicates the
person has been to the are hospitalized for anti epileptic.

176
00:23:02.878 --> 00:23:05.909
Uh, drug toxicity within the past 12 months.

177
00:23:05.909 --> 00:23:09.659
So those will also populate on your piece.

178
00:23:09.659 --> 00:23:13.169
Item as falls a person has seizures may wear a helmet.

179
00:23:13.169 --> 00:23:20.729
For protection from injury, and it scores there as well. And a person as
seizures may also have falls.

180
00:23:20.729 --> 00:23:25.048
And injuries from falls, which would would boost up the score there.

181
00:23:25.048 --> 00:23:29.969
And item T, professional health care services.

182
00:23:29.969 --> 00:23:34.288
Provider visits to manage your diagnose. Seizures are counted there.

183
00:23:34.913 --> 00:23:44.634
Emergency room visits for complications from seizures or other seizure
medications are going to be counted for item you emergency room visits
and item V hospital admissions,

184
00:23:44.634 --> 00:23:50.273
hospital emissions for seizures or complications or injuries related to
seizures are going to be counted there as well.

185

00:23:53.939 --> 00:23:58.439
And our final 1 is just sepsis and.

186
00:23:59.604 --> 00:24:03.023
That has quite a few as well item D,

187
00:24:03.023 --> 00:24:06.384
toileting scores of 3 indicate incons incontinence,

188
00:24:06.384 --> 00:24:14.243
which increases risk of infection that can lead to sepsis and a score for
indicates catheterization within the past 12 months,

189
00:24:14.452 --> 00:24:17.273
which also increases the risk for infection.

190
00:24:18.473 --> 00:24:30.084
Item E, clinical issues days, a person is ill with sepsis will be counted
towards scoring for item a clinical issues self abuse, skin, picking
eating, spoil food, inserting objects into their urethra.

191
00:24:30.324 --> 00:24:34.943
All kinds of things can cause a risk of infection.

192
00:24:37.888 --> 00:24:50.219
So, item f, soft uses is included item. K gastrointestinal. Pica eating
food that's spoiled and aspiration. All increase.

193
00:24:50.219 --> 00:24:57.239
Risk of infection, so those are going to score higher item and skin
integrity, open areas to the.

194
00:24:57.239 --> 00:25:02.159
In the skin increased risk of infection scores of 4.

195
00:25:02.159 --> 00:25:10.854
Indicate that person is hospitalized or has been hospitalized, or is
receiving recurrent treatment from a wound care clinic.

196
00:25:10.884 --> 00:25:21.983
And this typically indicates there's an ongoing, big risk of infection
from, from significant skin integrity issues. And, of course, we know
Burns, you know, there's.

197
00:25:22.229 --> 00:25:26.068
Always a huge risk of sepsis with burns.

198
00:25:26.068 --> 00:25:30.239
Animal bowel function.

199
00:25:30.239 --> 00:25:34.348
A bell obstruction can lead to perforation in sepsis where.

200
00:25:34.348 --> 00:25:46.588
That's that's typically the cause of death is listed as sepsis or
obstruction, but it's usually a combination of both of those things
nutrition.

201
00:25:46.588 --> 00:25:52.469
Item PE, nutritional compromise leads to slow healing and increases that
risk of infection.

202
00:25:52.469 --> 00:26:05.308
Items professional health care services provider, visits to diagnose
sepsis their address. Sepsis are counted there. Emergency room visits
item you. Those are counted.

203
00:26:06.354 --> 00:26:18.773
Any time they have to go to the manager diagnosed sepsis and hospital
admissions for sepsis are counted for item B, hospital admissions and
sepsis typically treated in the IC. You.

204
00:26:18.953 --> 00:26:30.203
So that's going to score 4 but remember always consider other less
obvious rating items such as item. G, aggression rule out the medical
cause.

205
00:26:30.509 --> 00:26:37.169
Of what a person might be trying to communicate to you by being
aggressive. A lot of times we.

206
00:26:37.169 --> 00:26:41.128
When I immediately assigned something as a behavior, but.

207
00:26:41.128 --> 00:26:46.108

I always, uh, 1 of the training speech to do live I was, we would start
out and I would say.

208
00:26:46.108 --> 00:26:49.199
Complete this sentence aggression is.

209
00:26:49.199 --> 00:27:01.199
And people are looking at it, it's a form of communication. They're
trying to tell you something. Now it may not be an appropriate way, but
maybe it's medical. Let's look at their 1st, so the.

210
00:27:01.199 --> 00:27:13.979
The trustee is really going to help you pinpoint where you need to focus
your attention. And the great thing about that is those service and
training considerations that output of the tool.

211
00:27:13.979 --> 00:27:23.663
After the trustee is scored accurately, it provides those actions to
consider so that you can take action to reduce or eliminate that risk.
That's specific for that person.

212
00:27:24.324 --> 00:27:31.074
And then the are created based on those rating items with the score of 3
or 4 indicating high risk. And.

213
00:27:31.588 --> 00:27:45.898
The consideration statements are included in the, and you can prioritize
them in, in the, the ones you're going to use and rating items with a
score of 1 or 2 will be included in the healthy living domain.

214
00:27:46.973 --> 00:27:59.903
And you must complete the, then it's going to populate into your review
of delegated nursing tasks and specialized instructions supervision
documentation. So, make sure you do your.

215
00:28:01.229 --> 00:28:04.439
1st, you know, right after the rating has been.

216
00:28:04.439 --> 00:28:14.038
It's been rated and the clinical reviewer has decided it's accurate, then
do your and then it will populate into those other areas.

217
00:28:14.038 --> 00:28:22.648

So, I think I ran a manager to over. I apologize if you have any questions about how to rate.

218
00:28:22.884 --> 00:28:37.344
Review use the where to find things certainly contact us at support. It's at replacing risk com and also, if you want to look in the.

219
00:28:38.159 --> 00:28:41.489
Missouri it's M. O. D. D.

220
00:28:41.489 --> 00:28:46.409
Demo.

221
00:28:46.409 --> 00:28:56.189
App dot com and look at miss risk. That's part of your your training. You can look at all of those things I've talked about the.

222
00:28:56.189 --> 00:29:03.568
And how to rate the rating and reviewing all of those things are there. And if you.

223
00:29:03.568 --> 00:29:12.298
Look in the, your database, they'll be training if you click on the icon that looks like a graduation cap.

224
00:29:13.439 --> 00:29:17.638
So, I think that's it. Is there anything else that any.

225
00:29:17.638 --> 00:29:22.138
And were there any questions or do you want me to, um.

226
00:29:24.148 --> 00:29:32.068
Go back anywhere I think I'm probably at time so if there were questions in the chat, can you send them to me?

227
00:29:32.068 --> 00:29:37.798
Yeah, definitely right now I'm not seeing any questions in the chat.

228
00:29:37.798 --> 00:29:44.159
Does anybody else have any questions, um, for dev, or perhaps myself that we can answer.

229

00:29:45.239 --> 00:29:59.848
Don't be shy and otherwise I can talk a little bit about where we are.

230
00:29:59.848 --> 00:30:13.403
Uh, we are in implement fate, implementation phase 1 where we're agencies can volunteer to come aboard and what that means. I'm going to put an email. I'm going to drop an email in the chat for you guys.

231
00:30:13.403 --> 00:30:15.413
So if any agencies are interested.

232
00:30:15.808 --> 00:30:26.638
Well, we'll set up a call with you and talk a little bit about what that looks like and give you time to digest that because it's, you know, it's a lot of information and it's something new.

233
00:30:26.638 --> 00:30:41.483
So so we'll let you guys take a little time, digest the information and then if your agency decides to move forward with it, then we'll set up another call and give you the tools that you need to get going again.

234
00:30:41.909 --> 00:30:48.568
Um, I posted the email address in the box.

235
00:30:50.608 --> 00:30:59.634
And so, does anybody have any questions? Oh, sorry. Sorry.

236
00:30:59.814 --> 00:31:05.723
Yeah, I did want to say to that as people do get started using the health for a screening tool.

237
00:31:06.838 --> 00:31:12.209
You can always ask for help and we'll help you. It's free. It's.

238
00:31:12.209 --> 00:31:20.999
If you feel like, oh, gosh, I did this online rater training and I feel a little bit overwhelmed and you want 1 of us to maybe.

239
00:31:20.999 --> 00:31:34.193
Walk you through your 1st rating, we're happy to do that and I please don't hesitate to reach out to us. I'm not a person who learns things by reading the manual. I had to be walked through it. So that's my learning style.

240
00:31:34.253 --> 00:31:43.013
And what we do is we set up a team's meeting with you, and we make you the presenter. You're actually doing the work, but we're talking you through and guiding you as you go.

241
00:31:43.374 --> 00:31:49.463
And we're happy to do that in any process that you're going through with the.

242
00:31:49.769 --> 00:31:54.598
In rating, or doing the clinical review, we're going to help you all. We can.

243
00:31:57.298 --> 00:32:03.419
And I can attest to that David, her crew have been a great help, um, in many facets of it.

244
00:32:03.419 --> 00:32:11.219
Of the Hearst process, Deb will your PowerPoint be available to us? That's 1 question that came through.

245
00:32:11.394 --> 00:32:26.094
Oh, sure, I can, I can make a PDF to that and send it to you, Leslie, if you want to distribute that. Yeah. Yeah. And when I think we can do is post it on the web, perhaps with this webinar, but we will definitely figure out a way to get that out to everyone.

246
00:32:26.183 --> 00:32:37.433
Okay, they get for that. And then when a statewide implementation implementation phases go as right now, or people are coming on board on a voluntary basis.

247
00:32:37.588 --> 00:32:46.048
Next spring, we're going to do a survey and just kind of feel like because we know that this is going to increase our in hours. So we're going to get a feel for that. And.

248
00:32:46.048 --> 00:32:51.838
Work on that kind of do some changing with the allocation and things of that nature.

249
00:32:51.838 --> 00:32:54.929
And the official full.

250
00:32:54.929 --> 00:33:00.989
Roll out to start bringing everyone on board, I believe is 2023.

251
00:33:00.989 --> 00:33:07.588
The fall in the fall, we're going to gradually bring people and region by region.

252
00:33:09.269 --> 00:33:13.618
So, it's kind of a slow process that it'll be here before we know it.

253
00:33:13.618 --> 00:33:22.199
And them, if your agency is interested, you don't have to do your entire case load or your entire agency. If you.

254
00:33:22.199 --> 00:33:28.048
All are interested in joining, maybe just 1 rn's caseload just to try it out.

255
00:33:28.048 --> 00:33:35.638
Um, you know, just things of that nature, if are just interested at all, we can have a call with you and talk through some of these things.

256
00:33:35.638 --> 00:33:42.719
So, yeah, see, I'm looking through the questions here.

257
00:33:45.659 --> 00:33:52.588
And then the orange role, I can just go through that briefly. We have a little bit of time also, until our next speaker speaker is not on until 11.

258
00:33:52.588 --> 00:33:58.409
But as you're as an RN, an oversight oriented, you will be, you will have the training.

259
00:33:58.409 --> 00:34:02.548
And what when you do the her screen, it will be yourself.

260
00:34:02.548 --> 00:34:09.389
And then, hopefully the individual, like, as much as they can participate, and you'll definitely want to direct support professional with, you.

261

00:34:09.389 --> 00:34:12.719
Um, someone that knows that person day in day out.

262
00:34:12.719 --> 00:34:23.938
If they attend a, they have or whatever, um, probably someone who knows
them well, from there could possibly attend if they can contribute to the
answering the questions.

263
00:34:23.938 --> 00:34:33.239
Well, the our end will be at the computer and you can even do this, like
teleconferencing or what have you, but they'll the Oriental answer the
questions yes. Or no.

264
00:34:33.239 --> 00:34:39.298
And I don't know, is also an option and if you hit, I don't know, it'll
kind of help you answer that question.

265
00:34:39.298 --> 00:34:42.509
You get through and do this screening and a score comes up.

266
00:34:42.509 --> 00:34:56.429
Well, if they score a 3 or above the regional office, are in, will do a
quality enhancement type of activity with it to make sure everything
matches that the comments fit the scores.

267
00:34:56.429 --> 00:35:00.059
And that's about a 14 day turnaround.

268
00:35:00.059 --> 00:35:08.909
And then prior to the implementation date for the that That'll be done
during the planning month.

269
00:35:08.909 --> 00:35:15.628
And then prior to the implementation of the, or the DSP, who knows the
individual? Well.

270
00:35:15.628 --> 00:35:23.998
And then, hopefully the individual can participate and then whomever
knows the person very well. We'll get together again and complete the
health risk support plans.

271
00:35:23.998 --> 00:35:31.139
And those will act as the health and livvie, it'll replace a lot of the
healthy living section in the.

272
00:35:31.139 --> 00:35:35.938
And when your service coordinators get, um, access, they'll be able to go in.

273
00:35:35.938 --> 00:35:47.963
And look at those when they're done and oh, yeah. They can do their electronic signature in there. And once you get started, you can do all of your our monthly documentation in there. It's a format.

274
00:35:47.963 --> 00:35:48.923
That's much like,

275
00:35:48.923 --> 00:35:49.943
what this,

276
00:35:49.943 --> 00:35:54.623
what we have on our website was issued out for the R and oversight monthly documentation,

277
00:35:54.833 --> 00:36:03.293
only with some enhancements in there that we think will help make it more thorough and will guide you better with how you're doing your monthly.

278
00:36:03.414 --> 00:36:18.264
You had to toes, you'll look at the medications and the record, and there's different places where you can add all that. And we also have delegations portion built in there. So when you do have a nursing delegation, and we don't have a laundry list for Missouri.

279
00:36:18.503 --> 00:36:25.733
But I surveyed the state operator programs, nurses to see what are common things that they delegate. So we have templates.

280
00:36:26.068 --> 00:36:35.608
That 1 of our colleagues from had created, she researched and created them. So you can use these templates for your delegations and just kind of make.

281
00:36:35.634 --> 00:36:48.864
Changes and so that they're individualized for the consumers or individuals, and there's a way that the staff can sign off on it electronically and you can have that, as a record in your system and source. Correct.

282
00:36:48.864 --> 00:37:00.954
Coordinators can look at that other team members who are granted access
can look at that, and you also have the availability of printing it out
and putting it in a paper chart. So we're very excited about these
enhancements.

283
00:37:01.284 --> 00:37:04.134
And it does seem like we've been talking about it for a while, but.

284
00:37:04.559 --> 00:37:07.768
You know, things are moving slowly, but surely.

285
00:37:07.768 --> 00:37:11.009
Okay, I'm done talking for a 2nd I think we have.

286
00:37:11.009 --> 00:37:15.659
Is this a requirement a responsibility of the agency or and.

287
00:37:15.659 --> 00:37:24.114
Uh, no, it'll be a team approach and, like, so this is this meeting or
update is for oversight R ends.

288
00:37:24.324 --> 00:37:36.503
You can go back if you think it sounds neat and talk to your director and
see if your director wants to your agency wants to reach out. It will not
all fall on you. It'll be your agency working as a team.

289
00:37:36.773 --> 00:37:40.733
However, you will be doing the screening.

290
00:37:41.338 --> 00:37:46.648
But you'll have the support of all of us and your agency will be on
board.

291
00:37:46.648 --> 00:37:50.099
So, it won't be alone. You won't be a lone ranger.

292
00:37:52.858 --> 00:37:59.998
What was the demo site address again? Oh, demo site it's M. O. D.

293
00:37:59.998 --> 00:38:04.048

Well, thank you. Yeah.

294
00:38:04.048 --> 00:38:07.259
Bd like Missouri DD.

295
00:38:07.259 --> 00:38:10.798
That H. H. R. S. T. demo.

296
00:38:10.798 --> 00:38:18.360
Dot com. Hey, thanks. And I'm sending that to everyone. Okay. Very good.

297
00:38:22.139 --> 00:38:29.190
Um, any other, let me scroll around here and see if I've missed anything
that was a great presentation. I really appreciate you.

298
00:38:29.190 --> 00:38:36.960
Anytime we love this anything I can do to help my neighbors. I'm here in
Illinois.

299
00:38:36.960 --> 00:38:43.679
That's that's awesome. I think.

300
00:38:44.635 --> 00:38:53.514
And eventually, everybody will have to come on board. I see. There's a
question. Is this a requirement for the agency to use her soon?
Eventually it will be. Everyone will need to come on board.

301
00:38:53.755 --> 00:39:01.195
So, if you want to try it now and see how it is and start small, you're
welcome to do that or, you know, wait a little longer.

302
00:39:01.559 --> 00:39:12.389
See, I have not looked at the tool quite some time, but it seems to be a
lot of data entry to maintain.

303
00:39:12.389 --> 00:39:15.659
Is this the sole responsibility of the agency or and.

304
00:39:16.164 --> 00:39:25.284
Well, they will be inputting most of the data. However, we have such a
thing that is an lpn and I can't think of what the exact role is.

305

00:39:25.494 --> 00:39:39.324
But if you have other nursing staff, like their lpns, or even if you have
just another staff member that you want to train for this purpose, they
can enter in the medications and the diagnoses and kind of take care of
that portion of it.

306
00:39:39.599 --> 00:39:43.494
So, there will be assistance. There is a change.

307
00:39:43.494 --> 00:39:45.175
There is a lot of documentation,

308
00:39:45.474 --> 00:39:50.244
but the good thing about all this documentation is it's going to follow
that individual pretend like,

309
00:39:50.244 --> 00:39:52.614
they live in 1 for at 1 agency,

310
00:39:52.824 --> 00:39:53.965
and they want to transfer,

311
00:39:53.965 --> 00:39:58.704
maybe across the state from region to region that information is going to
follow them,

312
00:39:58.704 --> 00:40:03.114
so they'll have this medical record that we're building for them inside
of Hearst,

313
00:40:03.414 --> 00:40:07.195
and whoever the receiving people are will be able to say oh,

314
00:40:07.195 --> 00:40:09.054
this person has such such and such.

315
00:40:09.085 --> 00:40:20.005
Oh, they have seizures. Oh, they take this for whatever. And there won't
be that big hunt for oh, my gosh. How are we going to support this
person? We don't even we didn't get that much information.

316
00:40:20.699 --> 00:40:24.780
So That'll be a positive thing. Let's see.

317
00:40:31.440 --> 00:40:35.489
See, is there a place in the delegation to document that stamp.

318
00:40:35.489 --> 00:40:42.599
Staff, excuse me are competent in addition to the staff staff signing. Well.

319
00:40:42.599 --> 00:40:46.050
The staff, the staff signing off on that.

320
00:40:46.050 --> 00:41:01.014
The nurse has done the training for the delegation and deems that they, they wouldn't do the training. If they didn't think that they were except acceptable to do it. And I want to refer you to the delegation tree, which we will point out later this afternoon. Where that is.

321
00:41:01.199 --> 00:41:06.000
Um, all right, let me see, I lost my train of thought.

322
00:41:06.000 --> 00:41:09.329
By the staff signing off on it.

323
00:41:09.329 --> 00:41:20.610
They'll have them sign off on it and that says that they're okay to do that. So, yeah, it'll say that they've been trained in it and that they're good to. But the nurse has said, yes, you're fine to do that task.

324
00:41:20.610 --> 00:41:24.780
So, that's that's what that signature means when they sign it.

325
00:41:24.780 --> 00:41:28.440
How often should this be completed? Excellent question.

326
00:41:28.440 --> 00:41:32.070
Um, annually planning month.

327
00:41:32.070 --> 00:41:35.639
However, if somebody has a health change.

328
00:41:35.639 --> 00:41:43.289

Um, that are in render can go ahead and do another 1 and probably should, like, if these things that.

329
00:41:43.289 --> 00:41:47.550
Any of the rating items are changed they'll probably want to go ahead and do another 1.

330
00:41:47.550 --> 00:41:57.599
Because they may need more supports because sometimes people get sick and there's to help status changes. And so that will help get get the supports needed for them.

331
00:41:57.599 --> 00:42:00.900
And where is the delegation template at.

332
00:42:00.900 --> 00:42:04.139
It is in the Hearst system.

333
00:42:04.139 --> 00:42:12.389
There's a nursing like a tablet or module modules what it's called and it has or an oversight documentation.

334
00:42:12.389 --> 00:42:16.559
Um, delegation, the health support plans.

335
00:42:16.559 --> 00:42:23.519
Um, so it's all kind of in this 1 section, and you'll be walked through it. Once you come aboard the training, we.

336
00:42:23.519 --> 00:42:26.610
Uh, actually just updated the training.

337
00:42:26.610 --> 00:42:33.474
And we tried to be very specific, very detailed so that it would be easier to to learn.

338
00:42:33.474 --> 00:42:47.335
And, and, I mean, we've had a lot of experience with this related to we started with state operated program waiver programs at Northwest community services, and Southwest community services. And we just learned as just so much by getting them started.

339
00:42:47.514 --> 00:42:54.355

So we're putting a lot of training on the front end and a lot of documents that you'll be required to read. They're just like 1 pagers but.

340
00:42:54.809 --> 00:43:03.449
Very helpful and, you know how someone gives you a paper and they're like here read this. This will help, but you have all this other stuff you're doing and you mean to read it, but you don't.

341
00:43:03.449 --> 00:43:14.099
We have all that required in the beginning so that that way the person's just to hopefully just good. Has a good in their mind. And, of course, as Deb said.

342
00:43:14.099 --> 00:43:25.739
Oh, she's throwing stuff on the screen. I've been rambling away. I'm sorry. No, I, I put this up because this is miss risk and this is what you could find on your demo site, and it has.

343
00:43:25.739 --> 00:43:35.340
The health risks for plans, nursing delegation forms, you can access there, you create new oversight forms.

344
00:43:35.340 --> 00:43:39.989
So, there's, there's a lot in each tab, um.

345
00:43:40.315 --> 00:43:52.014
And if you need any help doing that, when you get going, you know, anything that, I don't know, I'm going to reach out to Leslie and find and but we're going to help you as much as we can. Yeah.

346
00:43:52.014 --> 00:44:05.094
We're really we're really committed to helping you get off to a good start with this. So please don't feel in any way intimidated by this process because you're not out here alone. And I would recommend.

347
00:44:05.429 --> 00:44:08.849
As, as Leslie said, you know, what start off small.

348
00:44:08.849 --> 00:44:14.340
Jump on board, start off small so that when it is a mandatory thing that you implemented.

349
00:44:14.340 --> 00:44:24.900

You're already there you've already gone through the learning curve and and worked it out on a smaller group before you have to take on a larger case load of that.

350
00:44:24.900 --> 00:44:33.570
I'm going to I'm sorry, I'm going to we have a few more minutes. I'm going to go ahead and read some of these questions, Leslie, to make it a little easier for you. If we can get them in.

351
00:44:33.570 --> 00:44:40.079
So, does does the H. R. S. T communicate with therapy by chance?

352
00:44:40.079 --> 00:44:52.590
Oh, I discussed I asked at their it wizard, he's awesome from electability and he says that there, they will work with.

353
00:44:53.275 --> 00:45:03.655
Whatever electronic medical record they can in order to have help them communicate as best possible. Now, I don't have any experience myself with that.

354
00:45:03.864 --> 00:45:14.394
However, where there's a, will, there's way, and we'll work on that and try to help, make it as streamlined as possible, because we don't want a lot of duplications. None of us want that. So that's definitely something.

355
00:45:14.574 --> 00:45:24.804
And by people, joining now, this is kind of exciting to an exciting time people to joining. Now, on a voluntary basis we can kind of work through those things and learn from them. And.

356
00:45:25.079 --> 00:45:34.769
And before you go full on agency wide, you could, if you want to go ahead and start now small, you can and then just kind of try that out and see how it'll work for you.

357
00:45:34.769 --> 00:45:44.070
So that's just something to think about. Can we use the delegation template now before we start the H. R. S. T. project.

358
00:45:45.510 --> 00:45:53.699
Oh, I hate saying, no, I just don't like doing that, but, I mean, they're not really available until you get the training and then you get access in there. So.

359
00:45:53.699 --> 00:45:57.510
But if you need any assistance with the delegation.

360
00:45:57.510 --> 00:46:01.380
Forms or what have you, we do have them on the website, but they aren't.

361
00:46:01.380 --> 00:46:11.489
Um, they are already kind of kind of filled out, you know, with the steps that you can alter or adjust or individualize. So.

362
00:46:11.489 --> 00:46:17.760
Sorry, will they have to re, enter all the data for a health change?

363
00:46:18.565 --> 00:46:33.025
No, it just should be the only data you'll have to enter is related to the section, like, say, eating I use that a lot eating and ambulation or in the same section. Pretend like, maybe they went to the hospital and had to get a G2.

364
00:46:33.025 --> 00:46:40.344
Maybe, they're no, their ambulation has suffered because of some weakness that something happened. That will be the only.

365
00:46:41.849 --> 00:46:50.130
That would be the only section that you would no best practice. Sorry I'm rethinking it. Best practices that you go through.

366
00:46:50.155 --> 00:46:58.824
Each rating item, but you don't necessarily need to change anything in that would only take about. I mean, probably 15 minutes. It wouldn't take very long at all.

367
00:46:59.065 --> 00:47:13.195
But if someone's had a significant health change, where you think that different aspects of their ability to live and do things is change, you'll want to go through all those. Now, what I was talking about before I record myself was the health support plans.

368
00:47:13.195 --> 00:47:14.724
That are produced after that.

369
00:47:14.969 --> 00:47:18.780

If any of those are a, if any of the, um.

370
00:47:18.780 --> 00:47:23.909
Screening items, raise up to the level where it's 3 or above.

371
00:47:23.909 --> 00:47:30.719
Then it will only change that just that that 1, there's only 5 sections, and it will only change whatever affects.

372
00:47:30.719 --> 00:47:37.590
That health support plan so so we, we, we do learn due exercise. We had.

373
00:47:38.215 --> 00:47:45.385
Like, you could have up to 22 or more I think it was 25, even 3 support plans. It was our 1st time doing it.

374
00:47:45.385 --> 00:47:59.364
We were just trying what we could and then after getting feedback from Southwest, and they, they know that there's just way too many pages. And who's going to be able to a point of the helper support plans also is for staff to be able to look.

375
00:48:00.960 --> 00:48:15.210
Quickly be able to read it and not have to spend all day, trying to read through a book and learn how to take care of this person. So, we made it to where, if there's only 55 possible for support plans, but they should have the, the information in there needed.

376
00:48:15.210 --> 00:48:19.800
Like, the different supports, the person needs, I hope that answered your question.

377
00:48:19.800 --> 00:48:27.090
We will will the electronic delegations replace the paper delegations that are in house.

378
00:48:28.469 --> 00:48:36.929
Oh, yeah, I would, I would think so. Um, you can use those, however, since we still have paper charts, you should probably, um.

379
00:48:36.929 --> 00:48:46.710
Print them out for now, until we get more down the road for technology and electronic health records and such business, we still do have paper charge. You'll want to keep those delegations.

380
00:48:46.710 --> 00:48:51.929
You can print them out. I mean, they're housed in hers, but you'll want to print them out.

381
00:48:51.929 --> 00:48:56.429
And put them in the chart, or however, it is that you have them displayed.

382
00:48:56.429 --> 00:49:01.199
Now, do you have to have a username and password.

383
00:49:02.340 --> 00:49:08.309
Yes, yeah, once you come aboard once your agency comes a board.

384
00:49:08.309 --> 00:49:21.239
Um, our, our go to, she's the hub of it all, she keeps track of everything. Misty Archer will we'll be involved in that, and she will work with someone who your agency designates as a gatekeeper who will help get people access.

385
00:49:21.239 --> 00:49:27.900
And then you'll get, you'll, you'll have your own individual username password to log in.

386
00:49:27.900 --> 00:49:31.829
So this is I'm so sorry, Leslie.

387
00:49:31.829 --> 00:49:39.269
No, you're fine. I was just wondering if we could take and 2 minutes take a 5 minute break before our next speaker comes or.

388
00:49:39.269 --> 00:49:44.429
Is that okay? That's fine. We will answer the.

389
00:49:44.429 --> 00:49:55.829
Like I said, in the beginning, there will be a Q and a, so we will get all of these questions answered for you. If we didn't answer them right now they will get answered and it will get posted.

390
00:49:55.829 --> 00:50:06.295
With the on the website. Okay, so please put all your questions. If they didn't get answered, please put them in the chat box.

391
00:50:06.295 --> 00:50:10.885
So they can be collected because we don't want anybody out there without
the information that they need.

392
00:50:11.280 --> 00:50:15.510
Thank you a 5 minute break, right?

393
00:50:15.510 --> 00:50:25.889
And also, I lost my train of thought oh, if you are interested, or you
want to talk to your agency director, or what have you shoot us an email
on that email?

394
00:50:25.889 --> 00:50:28.980
See, I think if do I still have it?

395
00:50:28.980 --> 00:50:37.409
It right here, I'm going to put it back in there so you shoot us an
email. We can get something scheduled. If you guys want to talk. Do you
even just talking more about it? She doesn't email and we'll.

396
00:50:37.409 --> 00:50:43.170
We'll definitely reach back out to you and and get something scheduled.

397
00:50:43.170 --> 00:50:46.679
And sorry, can I talk over yet?

398
00:50:46.679 --> 00:50:56.579
That's fine. So we're going to please be back by 11 because we're going
to start backed up. We're just going to take a short break.

399
00:50:56.579 --> 00:51:00.780
My Monica.

400
00:51:00.780 --> 00:51:05.250
And I am with compasses, hospice and palliative care.

401
00:51:07.440 --> 00:51:10.769
See, so another application is using your camera.

402
00:51:20.369 --> 00:51:26.130
Monica, we can give you a good a introduction and an introduction.

403
00:51:26.130 --> 00:51:32.400
Thank you turn it over to Trisha Parker to give you an introduction.

404
00:51:35.250 --> 00:51:41.190
Good morning or afternoon hope everybody's back. Um.

405
00:51:41.190 --> 00:51:46.170
Can you hear me? I hope you can give me thumbs up if you can.

406
00:51:46.170 --> 00:51:59.070
Okay, so I'm pleased to announce for 1st of all. My name's Patricia
Parker. I am the health and wellness coordinator for DD. Our next guest
is Monica.

407
00:51:59.070 --> 00:52:03.239
She is with, um, compass has.

408
00:52:03.239 --> 00:52:16.949
Hospice, she has registered nurse. She is a late liaison for compass
hospice. She received her degree from Columbia College, and she also
earned her bachelor's degree in psychology.

409
00:52:16.949 --> 00:52:22.110
Sociology human development and family studies from the University of
Columbia.

410
00:52:22.110 --> 00:52:30.179
Today Monica going to talk about, um, end of life care and we'll have a
brief a.

411
00:52:30.179 --> 00:52:33.269
Question and answer after her presentation.

412
00:52:33.269 --> 00:52:36.300
Monica, I'm going to turn it over to you.

413
00:52:36.954 --> 00:52:38.605
Hello good morning.

414
00:52:39.684 --> 00:52:52.284

Yes, I work for compasses, hospice and palliative care and I was asked to come and speak with you all about what it is that we do how we can help you all who might be appropriate for our services and what that might look like.

415
00:52:52.530 --> 00:52:56.159
So, I'm going to share my.

416
00:52:56.159 --> 00:53:00.480
Screen here.

417
00:53:05.639 --> 00:53:08.969
I'm going to.

418
00:53:08.969 --> 00:53:13.199
My presentation. Okay.

419
00:53:25.679 --> 00:53:29.670
There we go. All right, we're in business.

420
00:53:29.670 --> 00:53:33.059
So, today I wanted to talk to you about choices, an end of life care.

421
00:53:33.059 --> 00:53:39.329
I think hospice is very special to me, because I just think it's very important.

422
00:53:39.329 --> 00:53:43.199
For those people to have a choices at end of life.

423
00:53:43.199 --> 00:53:49.500
You know, none of us are going to escape the end of life. And so I think it's important that we.

424
00:53:49.500 --> 00:53:56.219
Take some time to think about what that's going to look like for us and how we want that to go.

425
00:53:56.219 --> 00:54:00.510
So, 1st, I wanted to talk about a few terms 1st, palliative care.

426
00:54:00.510 --> 00:54:11.905

Is the act of total care patients whose disease is not responsive to curative treatment and it emphasizes healing of the person and relief of distressing symptoms rather than carrying a disease.

427
00:54:12.175 --> 00:54:21.744
It's a cocky, comprehensive treatment of the discomfort symptoms and stress of serious illness. The goal is to prevent and ease suffering and improve quality of life.

428
00:54:22.019 --> 00:54:33.539
The goal of modern palliative care for persons at any stage of serious illness illness is to achieve the best quality for their patients and their families inconsistent with their values.

429
00:54:36.210 --> 00:54:49.105
So then we talk about end of life care is used to reference the care received in the final 6 to 12 months of life while hospice extensively uses a pelvic care approach to manager relieve the pain and symptoms experience by patients.

430
00:54:49.525 --> 00:54:57.445
Health care is used in a wider context outside of hospice, and it's often initiated earlier in the disease process, rather than just at the end of life.

431
00:54:57.719 --> 00:55:10.769
So, I wanted to make that distinction because we actually provide 2 different services. We have hospice and palliative care and pallet of care. palleted. The term is just a wider term for basically symptom management.

432
00:55:10.769 --> 00:55:15.360
Today, I'm just going to focus on hospice. So what is hospice?

433
00:55:15.360 --> 00:55:23.159
It's a set of services provided to patients and family spacing a terminal illness. The focus is on care, but not sure.

434
00:55:23.159 --> 00:55:38.099
Hospice embraces quality of life rather than the length of life, and it provides an alternative to routine routine, home care and repeated hospitalizations. It's about living life to the fullest and secure and familiar surroundings with those who matter most.

435
00:55:38.099 --> 00:55:43.019

It is a team oriented approach to providing specialized care.

436
00:55:43.434 --> 00:55:44.784
Includes expert,

437
00:55:44.784 --> 00:55:45.954
medical care,

438
00:55:45.985 --> 00:55:47.094
pain management,

439
00:55:47.125 --> 00:55:49.764
emotional support for patients and their families,

440
00:55:50.304 --> 00:55:58.585
but more simply hospice is supporting living one's life to the fullest
with dignity regarding regardless of how much time remains.

441
00:56:00.389 --> 00:56:09.599
At the center of hospice care is the belief that all people have the
right to die pain free and with dignity and that their families will
receive a necessary support to assist them.

442
00:56:10.980 --> 00:56:19.320
So, something that I talk about a lot, and my travels when I'm talking to
families and patients and caregivers at facilities.

443
00:56:19.320 --> 00:56:27.150
Is that we recognize that dying is a normal process that involves the
patient family and the hospice caregivers.

444
00:56:27.150 --> 00:56:34.829
Again, you're going to see because I don't know how much more we focus a
lot on comfort and not the cure.

445
00:56:34.829 --> 00:56:41.550
And that we're not gonna hasten or hinder the dying process. I mean, that
we're not going to change someone's timeline.

446
00:56:41.550 --> 00:56:45.449
We're just going to be with them and walk alongside them in their
process.

447
00:56:45.449 --> 00:56:50.909
So, I think that's really important to note that hospice a lot of times people hear that word.

448
00:56:50.909 --> 00:56:57.719
Immediately think oh, well, if I go on hospice, then I'm going to die. Well, that could happen but it also.

449
00:56:57.719 --> 00:57:02.400
Might just help you become more comfortable in the light that you have left.

450
00:57:02.400 --> 00:57:09.780
So, it's here 1 of the myths is, all people enrolled them. Hospice will die soon after they're admitted.

451
00:57:09.780 --> 00:57:16.739
So, it's here that 278,000 people were discharged alive from hospice in 2011 for extended prognosis.

452
00:57:16.739 --> 00:57:21.000
Either, and then also for curative treatment and any other reasons.

453
00:57:21.000 --> 00:57:33.900
The average length of stay for a hospice patient is 69 days. I think we saw earlier on 1 of the other slides that somebody at the end of life is considered 6 to 12 months at the end of life.

454
00:57:35.155 --> 00:57:47.215
1 of my goals is for folks to become on hospice sooner in their disease process than later because that gives us more time to create a relationship and establish your for with the family and the patient.

455
00:57:47.454 --> 00:57:50.244
And also they just get to utilize our resources longer.

456
00:57:51.900 --> 00:57:56.789
It also says, you know, 1 of the mix, because people die sooner than those who don't choose hospice.

457
00:57:56.789 --> 00:58:10.320

Hospice care may actually prolong the lives of some, terminally ill patients in a 2007 study. The mean survival was 2009 days longer for hospice patients than if we're non hospice patients. So.

458
00:58:10.320 --> 00:58:24.989
The people who chose hospice care live an average of 1 month longer than somewhere patients who did not choose hospice. I think that's also a really important point to make. And that a lot of times when folks kind of focus more on comfort that actually extends their life.

459
00:58:26.094 --> 00:58:41.034
You know, when we're going aggressively at a illness or treating it aggressively, sometimes we're taking medications that can make us feel worse and have more side effects and symptoms. And when we start focusing on that comfort, it looks a little bit different.

460
00:58:41.369 --> 00:58:50.340
So, what are some of the services that we provide for hospice? We have a 24 hour on call staff availability.

461
00:58:50.340 --> 00:59:05.099
I always tell folks when I'm meeting with them with their family's patients, or any of the facilities, we are available 24 hours. 7 days a week. There shouldn't be any time that you're concerned about calling. Anytime is okay, if you have a question call, we'd rather you call sooner than later because if we think.

462
00:59:05.099 --> 00:59:09.300
We catch a problem before it's too severe. It's much easier to solve.

463
00:59:09.300 --> 00:59:13.800
So, I usually talk about the things that we provide are people.

464
00:59:13.800 --> 00:59:20.849
Uh, equipment, services, things like that the people nursing care that includes our ends. lpns.

465
00:59:20.849 --> 00:59:24.389
Health dates.

466
00:59:24.389 --> 00:59:29.670
Those are the folks that come in and kind of do light housekeeping and then also help bathing.

467

00:59:29.670 --> 00:59:38.369
We also have social workers who provide counseling. We also have
chaplain's who provide spiritual support.

468
00:59:38.369 --> 00:59:50.005
A lot of things people when they hear chaplain's are like, oh, I already
got my pastor or my priest or whoever that doesn't mean that we're going
to replace that person. It just means that we're an additional person
that can come in and provide support.

469
00:59:50.034 --> 01:00:00.655
So, I think it's important to note that we can use all of these services
in addition to what we already have in place. So we are just some extra
pair of hands and eyes on that person.

470
01:00:00.929 --> 01:00:06.449
We also have volunteers who are we have specially trained volunteers.

471
01:00:06.449 --> 01:00:13.170
Who can be matched up with your resident, or your patient, or your family
member based on.

472
01:00:13.170 --> 01:00:17.940
Your interests, so if you have somebody who is a knitter or a quilter.

473
01:00:17.940 --> 01:00:27.480
Or somebody who likes watching their stories, you know, like, on the
restless, and these are lives and things like that, we can match people
up with our volunteers. So that when they come and visit.

474
01:00:27.480 --> 01:00:41.815
They can really have something to talk about or visit about. We actually
had a request recently of a guy who was just wanted to go fishing and he
just needed a ride. I'm like. Oh, my goodness. We're going to have so
many people wanting to do that. When the call out who wants to go fishing
with this guy?

475
01:00:43.045 --> 01:00:57.385
So, yeah, our volunteers really work as a companion. They're not folks
who are going to be doing hands on work, but they do come and sit with
somebody maybe relieve the husband or the wife to go to the grocery store
because they're afraid to leave, em, by themselves but they are okay to
sit with somebody.

476
01:00:57.840 --> 01:01:06.690

So those volunteers come in really handy. We also have specially trained volunteers. We call them Angel, watch volunteers and those are for folks at the very end of life.

477
01:01:06.925 --> 01:01:15.954
So, we're feel very strongly about not letting somebody pass alone. So, for some reason family's getting tired, or is not available, or is at a state.

478
01:01:16.494 --> 01:01:23.724
We have angel watch volunteers that can come and just sit at someone's bedside just to ensure that they're not alone. So, I think that's really important.

479
01:01:24.684 --> 01:01:32.034
We also provide durable medical equipment that would be hospital beds, walkers, wheelchairs, oxygen.

480
01:01:32.340 --> 01:01:38.219
You know, basically what I tell folks when they're talking about coming on services.

481
01:01:38.219 --> 01:01:42.599
Before you go buy anything, come and ask us 1st.

482
01:01:42.599 --> 01:01:46.769
Chances are if it's something that you need for your care, we're going to be able to provide that for, you.

483
01:01:47.155 --> 01:02:01.914
And that goes with medical supplies as well medical supplies. A lot of times I refer to that as incontinence incontinence supplies because that encompasses your briefs, your wipes your powders anything to kind of keep you dry and clean. We're going to provide all of those things.

484
01:02:02.099 --> 01:02:11.070
Also, we provide bereavement counseling for a minimum of 13 months. That is grief. Counseling. We do have a.

485
01:02:11.070 --> 01:02:15.690
Brief support groups out of each of our offices in our area.

486
01:02:15.690 --> 01:02:22.769

I cover the make in Columbia, Jefferson city and beach offices, but we have offices all around the state of Missouri.

487
01:02:22.769 --> 01:02:33.480
I don't know that we're currently doing great group bereavement, right? At this point but we are doing 1 on 1 bereavement. We are sending out information and calling folks.

488
01:02:33.480 --> 01:02:40.889
And that's also available to any of our facility staff members that might experience some loss.

489
01:02:40.889 --> 01:02:49.619
We understand that those of us that provide care for our patients become attached and we need to properly.

490
01:02:49.619 --> 01:02:56.760
Go through the steps of losing somebody, so we provide that resource as well for our folks.

491
01:02:56.760 --> 01:03:03.090
We do provide medications that are related terminal diagnosis and anything related to comfort.

492
01:03:03.090 --> 01:03:15.300
Somebody just give a brief example of somebody that maybe is on service with congestive heart failure. We're going to cover any medications related to the cardiac disease process and then.

493
01:03:15.300 --> 01:03:18.449
With it would be like, in halers.

494
01:03:18.449 --> 01:03:26.130
If comfort encompasses a whole scope of things that that's pain.

495
01:03:26.130 --> 01:03:30.360
Shortness of breath agitation restlessness.

496
01:03:31.855 --> 01:03:46.824
Nausea constipation bell issues, all, those kind of medications we are going to cover. Now. That's not to say that just because they're on hospice and they have to stop all their medications, except for the ones we cover. They can continue taking whatever medications.

497
01:03:46.824 --> 01:03:52.945
They want as long as they're if they're related to hospice, we have to cover them.

498
01:03:53.309 --> 01:04:06.719
And if they're, let's say they're on a thyroid pill or cholesterol pill, and they want to still keep taking that that's great. Go ahead. And keep taking them insurance is just going to cover that. Like, it normally would if we weren't even in the picture.

499
01:04:06.719 --> 01:04:13.349
Let's see, we also can provide physical, occupational speech therapy when needed to improve quality of life.

500
01:04:13.349 --> 01:04:28.289
Respite care when family needs a break from care getting these are for folks who might be living at home and their family members are taking care of them. If our family members need to go on vacation or take a break or just tired or somebody. 1 of the family members whose caregiving a sick.

501
01:04:28.289 --> 01:04:41.429
We can get the, the patient set up at a local nursing facility for them to receive 24 hour care. And so we help get that set up through 1 of the contracts we have with any of the facilities in our areas.

502
01:04:41.429 --> 01:04:56.364
So, that can be super helpful to the family members and then also hospital care when needed for symptom management again, folks, your hospice and they're like, well, I guess I never going to the hospital again. Well, that's the goal. We don't want you to have to go back to the hospital. We don't want you to go to a 1Million doctor's appointments.

503
01:04:56.724 --> 01:05:08.125
But in the event that we're doing everything, we possibly can in your home, or wherever you reside, and we're unable to get the symptoms under control. We might suggest going to the hospital for symptom management.

504
01:05:08.934 --> 01:05:20.244
We might be able to control those symptoms, better with maybe like an IV pump or something. That just can't be done in the home and we're going to cover that stay as long as something related to symptom management.

505
01:05:20.784 --> 01:05:29.094

So just a couple of things that, you know, if you have any questions, obviously send it through chat and I can answer them. But those are the things that we cover.

506
01:05:29.519 --> 01:05:34.019
And help with folks who might be appropriate for hospice.

507
01:05:34.019 --> 01:05:45.625
You can stop hospice care at any time if you'd be company get better we call that graduating from hospice you know, sometimes you will get upset when they graduate from hospice, because they're no longer no longer receiving those excellent resources.

508
01:05:46.014 --> 01:05:49.675
And sometimes, sometimes I joke while there's worse things in life, and graduating from hospice.

509
01:05:49.889 --> 01:05:54.570
But, yes, you can graduate from hospice. You could.

510
01:05:54.570 --> 01:06:03.960
And then if you're eligible for hospice, you can always come back on. So, if somebody decides that all, you know what, I've actually changed my mind I do want to pursue aggressive treatment.

511
01:06:05.304 --> 01:06:20.304
They can pursue their aggressive treatment and then at the point that they decide, you know what it's just too much. I don't want to do this anymore. They can come right back on hospice. As long as they still qualified. And we'll talk about who would qualify here in just a little bit real quick. I don't like talking to my insurance.

512
01:06:20.304 --> 01:06:30.925
It's not my jam. I'm a nurse. Anytime someone starts talking about insurance. I'm like, let me get my social worker. Right. Hospice is a Medicare benefit and isn't Medicaid benefit here in the state of Missouri?

513
01:06:31.585 --> 01:06:35.574
Anybody there's Medicare Medicaid there is no cost to the patient or the family.

514
01:06:35.940 --> 01:06:42.269
If you don't have Medicare, Medicaid, private insurance would cover it, you can private pay, but.

515
01:06:42.269 --> 01:06:50.969
At the end of the day, we are never going to reserve refuse services to
somebody regardless of their ability to pass. So don't let that ever be a
barrier.

516
01:06:52.110 --> 01:07:06.630
Okay, speaking of barriers spite, the benefits many patients are referred
late in the illness, leading to limited access to hospice services
reasons for late admission or no enrollment include reluctance to accept
a terminal diagnosis.

517
01:07:06.630 --> 01:07:14.579
It's tough. This is like the hardest conversation you're ever going to
have with somebody is somebody accepting the fact that they are terminal.

518
01:07:14.579 --> 01:07:27.000
And that aggressive treatment is no longer going to serve them or maybe
they don't have treatments available for them. We are very skilled at
having those tough conversations. So, if you feel that somebody would
benefit from our services.

519
01:07:27.000 --> 01:07:31.110
Reach out to us, we can take that on, um.

520
01:07:31.110 --> 01:07:34.800
Lack of hospice knowledge again. People have a lot of.

521
01:07:34.800 --> 01:07:38.579
Preconceptions and that's about what we do.

522
01:07:38.579 --> 01:07:43.170
Um, again, we're very skilled at having these conversations reach out to
us. We can help with that.

523
01:07:43.170 --> 01:07:52.530
Concerned about hospice eligibility. How do I know if I'm a eligible for
hospice again we can come out and do an evaluation at.

524
01:07:52.530 --> 01:08:04.525
There's no ear Co pay or anything. We can come out and do an evaluation
and check it out. And then if you're not eligible, we will put you on our
transitions list and check in with you every. So often. Just to see how
things are going.

525
01:08:04.704 --> 01:08:08.215
And if there's a change in your status, then at that time, we can move forward.

526
01:08:08.610 --> 01:08:18.869
Sometimes people are concerned about the degree of support that's needed. We are a support service meaning that we are not we do not stay 24 hours a day.

527
01:08:18.869 --> 01:08:25.380
So, if there's somebody who's needing work here, we can provide those contacts. So folks can.

528
01:08:25.380 --> 01:08:32.279
Get with somebody that, you know, do an outside private agency.

529
01:08:32.875 --> 01:08:45.774
Financial issues we just kind of talked about that that financial issue should never be a barrier and then communication barriers we have somebody has a different language. We have all kinds of, like, language lines that we've used with languages.

530
01:08:45.774 --> 01:08:49.975
I've never even heard of before and it's really great. We off those resources.

531
01:08:51.505 --> 01:09:05.904
Okay, when does a time typically a precipitating medical that prompts hospice discussions, including escalating home care needs a decision to withhold or withdraw life sustaining treatment. That would be like dialysis.

532
01:09:05.904 --> 01:09:10.164
We see a lot of dialysis patients when they decide that they can no longer participate with dialysis.

533
01:09:10.289 --> 01:09:17.909
Difficult pain and send some management issues and then a need for additional care before discharge from a facility.

534
01:09:17.909 --> 01:09:23.220
Signs of the patient may be eligible frequent hospitalizations.

535
01:09:23.220 --> 01:09:35.880
Progressive weight loss, increase sleeping. I'm going to see that 2
things. For me, there are the biggest red flags with somebody is when
they start sleeping more and they start eating less.

536
01:09:35.880 --> 01:09:42.449
Those 2 things are my biggest red flags. If you have folks that are
losing weight.

537
01:09:42.449 --> 01:09:53.369
Not wanting to eat and sleeping more. It could be a UTI. It could be
something simple that can be fixed. If it's not something simple. Once
you rule out all those other things.

538
01:09:53.369 --> 01:09:57.569
It might be time just to talk to somebody about end of life care.

539
01:09:57.569 --> 01:10:06.000
3 decrease food or drink intake, increase assistance with activities of
daily living, such as being quality and walking.

540
01:10:06.000 --> 01:10:13.680
You start seeing somebody that was previously able to get out of bed, get
themselves to the bathroom, get themselves dressed.

541
01:10:13.680 --> 01:10:27.234
You know, in a few weeks, go by, and they're slowly deteriorating and now
the requiring assistance for all of those things, it's time to take a
look at whether or not this person might be eligible and then increase
weakness and fatigue, including shortness of breath.

542
01:10:27.265 --> 01:10:29.125
And then frequent balls.

543
01:10:29.489 --> 01:10:33.899
Are also another big indicator so those are the things that.

544
01:10:33.899 --> 01:10:37.680
Might tip you off that somebody might be eligible for hospice.

545
01:10:37.680 --> 01:10:43.170
Here are some of the potential medical diagnoses diagnoses.

546
01:10:44.454 --> 01:10:56.244
A disease process in which an nd would have to certify left life
expectancy in 6 months is 6 months or less if the disease runs its
normal. Course now, I say that, because none of us have a crystal ball.

547
01:10:56.305 --> 01:11:00.805
None of us know what are like, what the future holds for us.

548
01:11:01.260 --> 01:11:14.034
But there are certain indicators for each of these disease processes that
shows us that if the disease progresses as it normally, would that we
could anticipate that maybe somebody wouldn't be here 6 months from now.

549
01:11:14.454 --> 01:11:18.564
So, cancer's if somebody has a cancer diagnosis, they almost always.

550
01:11:19.770 --> 01:11:25.109
Are eligible for hospice pulmonary disease that would be like, pulmonary
fibrosis.

551
01:11:25.109 --> 01:11:30.569
Lung cancer.

552
01:11:30.569 --> 01:11:42.114
Emphysema heart disease, that could there's a whole bunch of heart
diseases that could lead to somebody needing hospice, alzheimer's disease
and related disorders. That's a huge umbrella.

553
01:11:42.925 --> 01:11:55.494
That includes Parkinson's things of that nature stroke or coma, liver
disease renal disease, neurological disease. And so any of those
diagnoses could lead to.

554
01:11:56.369 --> 01:11:59.850
You know, somebody to be eligible for, for hospice.

555
01:12:00.564 --> 01:12:10.314
So these are some of our patient oriented principles we again provide
comfort, rather than a cure and focuses on managing symptoms symptoms of
patients illness.

556
01:12:10.975 --> 01:12:23.904

Our hospice team works together to help meet the needs of the patient and monitors changes where you respect the wishes and the right. So the patient also respects patient autonomy, allowing them to kind of be the.

557
01:12:24.300 --> 01:12:27.300
The captain another ship.

558
01:12:27.300 --> 01:12:30.810
I always tell I kind of joke and tell family members and patients.

559
01:12:30.810 --> 01:12:40.050
Whatever it is, that you want, that's what we're going to do. This is the time. If any time in your life, this should be the time of, like, where you get to make the decisions that work best for, you.

560
01:12:40.050 --> 01:12:50.010
Each patient cares individualized based on patients families leads and goals. We provide holistic care, um, as well as spiritual care.

561
01:12:50.010 --> 01:12:57.600
Recess resources are available to help with the planning and the hospice can meet with patient and family whenever whenever's convenient for them.

562
01:12:57.600 --> 01:13:10.800
So this is the, this is the point in the presentation where I encourage all of you to really consider taking care of your own health and making sure that each of you, I don't care how old you are.

563
01:13:10.800 --> 01:13:15.060
Get a advance health care directive, filled out for yourself.

564
01:13:15.060 --> 01:13:22.675
Here are a couple of the websites that you can look at to see to help you with that if you have any questions I can certainly point you in the right direction as well.

565
01:13:23.005 --> 01:13:30.234
The reason that this is important is that you're giving your family members, a gift of not having to guess and worry.

566
01:13:30.569 --> 01:13:40.319
About what you might want if you're unable to make your own health care decisions. So identify a surrogate decision maker. So, in addition to.

567
01:13:40.319 --> 01:13:49.409
Writing out what it is that you do, and you don't want if you're unable
to make your own decisions it's extremely important that you find
somebody that you trust to follow your wishes.

568
01:13:49.409 --> 01:13:54.750
Okay, so you got to find somebody that you trust and then you have to
communicate with them.

569
01:13:54.750 --> 01:14:09.595
What your wishes are, it doesn't help to have them written down not tell
the person what it is. You've got to have those open honest
communications and then obtain a durable power of attorney if possible
and then ask questions just because a treatment is available.

570
01:14:09.625 --> 01:14:11.244
Doesn't mean you have to use it.

571
01:14:11.939 --> 01:14:26.550
Um, so I can answer any questions about that, but I always try to get
that little piece in there. It's just so important to have. I have had
mine since I was 25 years old working in the I saw a lot of things that
were, um.

572
01:14:26.550 --> 01:14:31.229
Very upsetting to me, which is kind of what led me to hospice care and.

573
01:14:31.229 --> 01:14:41.039
You know, we all have a choice on how we want the end of our life to
look. And I am very opinionated about that. It's on a piece of paper and
my husband is aware of my wishes.

574
01:14:41.039 --> 01:14:47.460
In conclusion, most people would say they'd rather be at home with their
families instead of a health care setting when they die.

575
01:14:48.774 --> 01:15:00.055
Held him and hospice care services are options or options to lengthy and
sometimes disabling therapies. Hospice care provides patients with the
opportunity to live their last month with dignity and autonomy. There are
many misconceptions. It is.

576
01:15:00.085 --> 01:15:04.645

Our job to advocate and educate patients and their family regarding end
of decisions.

577
01:15:05.250 --> 01:15:08.399
It's also a less expensive, more holistic here alternative.

578
01:15:09.449 --> 01:15:21.420
90% of people would like to die at home 80% of people with chronic
diseases state that they do not want to die in a hospital. Especially not
intensive care unit. However, less than 25% of people die at home.

579
01:15:21.420 --> 01:15:25.020
And approximately 75 to 80% of Americans die and facilities.

580
01:15:25.704 --> 01:15:37.345
I am on a mission to change that people have needs and wishes at the end
of life and express through the instructors and of life planning is
easier for all involved as healthcare providers.

581
01:15:37.345 --> 01:15:40.854
We need to ensure that patients and families communicate about the life
care.

582
01:15:41.159 --> 01:15:47.970
Healthcare providers are also needed to help patients, make informed
decision about their care by giving them honest and open information.

583
01:15:47.970 --> 01:15:54.359
And choices at the there are choices and don't like it is our job to
ensure that those choices are identified an honor.

584
01:15:55.649 --> 01:16:01.979
So, that's what I've got. Let's see, I'm going to stop sharing.

585
01:16:03.359 --> 01:16:08.189
Okay, does anybody have let's see chat does anybody have any questions.

586
01:16:10.470 --> 01:16:21.149
Well, Monica, that was an awesome that was a powerful presentation and I
learned so much from it. Thank you so much for sharing all that with us.
That is just the information that we need because.

587
01:16:21.149 --> 01:16:33.774

So, many of our people, or they're just out living their life expectancy and you just want to see them live out the best life they can. And then, of course, pass away the best way they can. And you, thank you that.

588
01:16:33.774 --> 01:16:36.805
You just yeah, that was really that was really nice.

589
01:16:37.079 --> 01:16:41.609
I saw she said how low she's 1 of my old hospice buddies.

590
01:16:41.609 --> 01:16:45.779
So, good to see you Sheila.

591
01:16:46.734 --> 01:16:59.965
Yes, thank you for. Having me I obviously I'm very passionate about my work and any chance. I get to share it. I am I'm on with. I'm here with bells on. Thank you. We appreciate you. Does anybody have any questions?

592
01:16:59.994 --> 01:17:05.484
Oh, do you want me to review or how do you want to do that? I can assist to me. That would be great that well, okay.

593
01:17:05.760 --> 01:17:14.399
Yeah, I hear you. It's like, okay, so okay. Not a question, but your company provided support to my mother recently. Oh. And I can't say enough.

594
01:17:14.399 --> 01:17:18.689
Good things about the care provided. Thank you. Oh, I.

595
01:17:18.689 --> 01:17:24.989
So sorry for your loss, but I'm so happy that you had the resources available to you. Thank you so much.

596
01:17:24.989 --> 01:17:28.890
Yeah, we're sorry for your loss and thank you for sharing that.

597
01:17:28.890 --> 01:17:34.770
And just a lot of thank you very well presented. Thank you so much Monica for sharing.

598
01:17:34.770 --> 01:17:40.170

Any questions we have 1, I don't know if it's a question.

599
01:17:40.170 --> 01:17:48.539
As much, but there's always a concern that hospice and other programs
will conflict with each other, making them eligible.

600
01:17:49.619 --> 01:18:04.045
Yes, so that is a very good question. Hospice is of Medicare a benefit.
So is incompatible with home healthcare and any other aggressive
treatments. Really?

601
01:18:04.345 --> 01:18:18.055
So, if somebody were on home, health or receiving aggressive treatment, I
said, it wasn't going to talk about part of characters as a whole nother
piece. But I think I can always send some information. Overpowered of
care is a wonderful option.

602
01:18:18.055 --> 01:18:19.494
It is a Medicare B.

603
01:18:19.890 --> 01:18:23.220
Service and it works like a.

604
01:18:23.220 --> 01:18:30.779
It works as a consultative service like a, you were to go to a specialist
doctor's office. That's how that works. So they would be able to have a,
but it's.

605
01:18:30.779 --> 01:18:37.890
Nurse practitioner comes to wherever they reside, wherever they reside,
the nurse practitioner comes to you. It's a community care program.

606
01:18:37.890 --> 01:18:42.869
So, if you had somebody that was a, utilizing their Medicare, a benefit.

607
01:18:42.869 --> 01:18:49.319
But you feel like they need help with symptom management. Pilot of care
would be a really great step to take.

608
01:18:51.000 --> 01:18:56.069
I think, um, somebody had asked for a website, so I'm gonna.

609
01:18:56.069 --> 01:19:04.560

Up here, write a web link or an 800 number yeah, I'm going to give you my web link.

610
01:19:05.425 --> 01:19:20.364
Let's see chat hopefully. Okay. It's actually, I can't get that state. Its compasses dot com. C. P. A. S. S. U. S. dot com. Okay.

611
01:19:20.395 --> 01:19:34.585
I can put that in a chat. Okay, thank you. Okay. Great. Wonderful. And then here is something if we can maybe take a couple more, is that okay? Just a couple more questions or? Alright someone comments hospice is a wonderful option for into life.

612
01:19:34.890 --> 01:19:47.699
And someone else says if the concern is whether or not someone on a waiver can receive hospice in a residential setting, the answer is yes, we have had clients receive hospice well, in an oh, okay. Okay.

613
01:19:47.699 --> 01:19:57.720
Yes, we do. Yes, we do partner with residential care settings and work well with them and if there's ever.

614
01:19:57.720 --> 01:20:05.939
A question whether or not, it's going to work for somebody, or it will be covered. I recommend reaching out. We can figure that out.

615
01:20:05.939 --> 01:20:11.729
Okay, okay, let me give a few tips for how we help.

616
01:20:11.729 --> 01:20:23.189
Or that's what we call our direct support professionals, like a nurse or whatever, transition easier to thinking in terms of end of life care. I think staff have a hard time with the changes of care.

617
01:20:23.189 --> 01:20:30.270
How do we reduce the resistance or power struggle that staff may feel when hospice comes into the care team.

618
01:20:30.270 --> 01:20:40.770
Okay, I can reread that too, because I kind of, I don't know. So, do you feel like the power struggle struggles between our team and your team or more? Can you.

619
01:20:41.215 --> 01:20:48.265

To find that a little bit more, or I can take a stab at defining it.

620
01:20:48.265 --> 01:21:02.664
I think that a lot of our are our caregivers, they just really care about the individual and maybe they're not ready, except that it's end of life. Maybe, there's things that they've always done a certain way, and that's how I take care of them. But then you have other people come in.

621
01:21:03.060 --> 01:21:17.520
To help, and maybe there might be some conflicting territorial Islam. I want to say, not, you know what I mean at least it's because they care, but yeah sometimes that people have a hard time letting go and realizing that okay, this is this person's into life.

622
01:21:17.520 --> 01:21:28.319
And this is how we always get it, you know, and I'm just taking a stab at that. Now, the person who put that in there, if you want to add to that, please do, I don't want to quote you or anything.

623
01:21:28.319 --> 01:21:33.835
I think the best thing we can do is remind people that we're all here for the same reason,

624
01:21:34.255 --> 01:21:43.704
which is to make sure that this person is getting the best care possible and reminding people that the goal is for this person's comfort and quality of life.

625
01:21:44.039 --> 01:21:47.460
Right and and we can do that together.

626
01:21:47.460 --> 01:21:50.729
And then also our team can help.

627
01:21:50.729 --> 01:21:56.550
Emphasize that, and then show ways and give actions on how they can help with that.

628
01:21:56.550 --> 01:22:01.050
Yeah, I think you're right I think people do have difficulty.

629
01:22:01.050 --> 01:22:09.390
Transitioning from that cure, fix mentality to comfort.

630
01:22:09.390 --> 01:22:13.949
In quality, so I would say to just remind.

631
01:22:13.949 --> 01:22:22.199
Everybody that we're all a team working together for the same goal, which
is to make sure this person is safe and comfortable.

632
01:22:25.350 --> 01:22:28.920
Well said, oh, right. Okay.

633
01:22:28.920 --> 01:22:32.550
Okay, good good.

634
01:22:32.550 --> 01:22:47.250
Any other questions comments going once going twice. That was an awesome
presentation. Thank you. I learned a lot from it.

635
01:22:47.250 --> 01:23:00.569
Good, I'm so happy and I've known about this for a while, and I even
started off working in nursing homes and sometimes office would come in
and be able to support and I know different people who have utilized
hospice. They can't ever learn too much and.

636
01:23:00.569 --> 01:23:06.180
It's just amazing all the awesome stuff that you guys do to help people
with into life because, as you said, it's.

637
01:23:06.180 --> 01:23:13.409
We're all going to happen to all of us. We might as well every live
special minds will make each end of life special as well.

638
01:23:14.095 --> 01:23:23.814
100%, thank you. I love I love you. Yeah, I love your philosophy and your
your passion. Yes, thank you. Yes, I saw that. That is the PowerPoint
available.

639
01:23:23.814 --> 01:23:30.385
I'm having trouble sharing it with privacy settings, but I will figure
out a way to share it and get it to you all.

640
01:23:31.199 --> 01:23:37.979
Okay, thank you so much. Just shoot it to me. And we'll get that figured
out how to disperse it or what have you.

641
01:23:37.979 --> 01:23:45.449
Okay. All right well, thanks again, Monica, thank you. Have a good rest
of your day guys. You did the same Thank you. Bye. Bye.

642
01:23:48.329 --> 01:23:59.760
Wow, that was that was amazing. I can't ever learn too much about hospice
and how just how it taking care of people and getting them thoroughly
because that's a that's a tough that's a tough deal into life care.

643
01:23:59.760 --> 01:24:03.479
But they, they do definitely they're experts and they make it easier.

644
01:24:03.479 --> 01:24:09.449
All righty so next our next session, this is going to be fun.

645
01:24:09.449 --> 01:24:13.739
During this session, we will be asking here, I'm going to move this over
so I'm looking at you.

646
01:24:13.739 --> 01:24:26.220
All right, during this section, we will be asking poll questions that we
encourage you to answer. They're anonymous. So please feel free to be
honest. I'm pleased to introduce you to our regional office nurses.

647
01:24:26.220 --> 01:24:31.829
This presenter serves there is Springfield, regional office area as a
call, the enhancement registered nurse.

648
01:24:31.829 --> 01:24:35.550
Shared her nursing degree from northeast Oklahoma and and.

649
01:24:35.550 --> 01:24:42.720
It has been a nurse for 25 years with a remote with most of your career
in the I see you as well as several other positions.

650
01:24:42.720 --> 01:24:48.300
She was an oversight orient prior to entering her role with Springfield,
regional office in 2018.

651
01:24:48.300 --> 01:24:53.159
This morning she is going to present information to consider for risk
mitigation.

652
01:24:53.159 --> 01:24:59.250
I'm honored to present to you, Michelle Cooper. Okay, Michelle. I'm going
to turn it over to you.

653
01:25:00.720 --> 01:25:06.000
Thank you Leslie. Good morning. Everybody. Okay. I'm going to share.

654
01:25:06.000 --> 01:25:11.550
Screen just started the Google home at on the phone or tablet.

655
01:25:11.550 --> 01:25:15.630
Are you there's strange voices in my home.

656
01:25:21.989 --> 01:25:29.939
All right, so we're going to talk about risk mitigation strategies is
this thing that every 1 of you already know it's just to help remind.

657
01:25:29.939 --> 01:25:44.845
Um, some ways that we can help our to ensure that we're decreasing
medication risk maybe decreasing risks of injury, due to inappropriate
use of adaptive equipment or procedures.

658
01:25:45.534 --> 01:25:55.225
We're going to be talking about distribution of medication, errors,
mitigating risk said administration of medication and things for you to
consider as your role.

659
01:25:57.000 --> 01:26:08.244
I did a research as best. I could figure it out between the date of
August 1st of 2020 to August. 15th of 2021. there was 8,014 medication
1st amongst those 95% was failure to administer.

660
01:26:08.274 --> 01:26:14.095
So, people just forgot to give the medication. Some folks.

661
01:26:20.520 --> 01:26:27.329
Signed for them, and then never gave them and, you know, some folks were
gone and doing something and it just took their mind.

662
01:26:27.329 --> 01:26:32.250
I think that was from her to DOS.

663
01:26:32.250 --> 01:26:38.670
And then, at the end of the pack was wrong time and wrong person.

664
01:26:38.670 --> 01:26:49.560
We never did I think there was 1 that the wrong medication was giving like, it was completely wrong how it was.

665
01:26:51.659 --> 01:27:03.029
How did I guess is what I'm trying to say we're mitigating risk. The 1st, place to start is with the physician orders.

666
01:27:03.029 --> 01:27:07.529
Just like our physician orders need to be individual specific.

667
01:27:07.529 --> 01:27:21.930
Um, so, the more specific, the order, the more instructions that can be provided the least likely chance there is for an error to happen. So, 1st, off, of course, is medication. We all know that there needs to be a date.

668
01:27:21.930 --> 01:27:25.229
There needs to be a doctor's name, the name of the medication.

669
01:27:25.229 --> 01:27:33.270
Making sure that it's spelled correctly. I am the world's worst speller so I know I'm all the time having to Google to make sure I'm selling things correctly.

670
01:27:33.270 --> 01:27:40.979
The dose you want to make sure that there is a specific dose no dose ranges. Nothing like 1 to 2 tabs or.

671
01:27:40.979 --> 01:27:53.520
50 to 100 milligrams, it has to be a specific dose. Now, if there is a dose range, and it has instructions, you can give 1 Tylenol for a paying rating of 1 to 3 and 2 Tylenol for a.

672
01:27:53.520 --> 01:27:58.920
Are 4 to 10. that's fine but they need to be specific.

673
01:27:58.920 --> 01:28:06.210
You want to know the route ensure that that route is appropriate. I actually had a client who had a.

674
01:28:06.210 --> 01:28:10.409
In order for to be dropped here.

675
01:28:10.409 --> 01:28:15.779
So, I wasn't really sure that that was correct and when I followed up
sure enough was incorrect.

676
01:28:15.779 --> 01:28:25.170
You want to make sure that just correct the frequency. What is the
frequency when you have a PR in? You want to make sure that there is a
frequency of the administration.

677
01:28:25.170 --> 01:28:28.890
You do not want to get that.

678
01:28:28.890 --> 01:28:33.510
Medically trained personnel.

679
01:28:33.510 --> 01:28:48.119
That the assumption of when should I give this medication, you want it to
be very specific and the medication needs to have a reason why we're
giving it. And that reason why should be associated with a known
diagnosis.

680
01:28:48.119 --> 01:28:52.619
Or symptoms down to that client pain and fees.

681
01:28:53.670 --> 01:28:57.630
The client that we get for, or.

682
01:29:03.954 --> 01:29:18.744
For high cholesterol, or for thyroid disease, we want to know why we're
giving that medication to help those. Folks understand the reason why
they're giving the med obviously on a diet is a big issue over the last
year.

683
01:29:18.744 --> 01:29:32.335
So, we've had several clients unfortunately passed away from so we're
getting those site orders to make sure that they're again client
specific. Is there an alteration to the diet? And is that alteration
described.

684

01:29:32.640 --> 01:29:36.720
Clearly on the physician.

685
01:29:36.720 --> 01:29:40.380
Whenever you are receiving those orders.

686
01:29:40.380 --> 01:29:44.489
And there is an alteration you want to ensure that you're providing.

687
01:29:44.489 --> 01:29:48.899
Education we need to do remediation at times.

688
01:29:48.899 --> 01:29:56.250
Or maybe even need to have a visual aid in the home to say, this is what a puree diet looks like. This is what the meal should be.

689
01:29:56.250 --> 01:30:11.250
When you're done, preparing it for the client and ensuring that those folks know proper alignment and how person needs to be, they need to set up. Right? At least at a 90 or 45 degree angle maybe just stay up for an hour.

690
01:30:11.250 --> 01:30:16.529
For hernia, you want to be very, very specific in those.

691
01:30:17.699 --> 01:30:21.149
So so our 1st, big question is.

692
01:30:21.149 --> 01:30:26.609
Do over the counter topical medications, require a physician order.

693
01:30:29.640 --> 01:30:33.869
And you get about answer this question.

694
01:30:37.949 --> 01:30:43.710
You have 1 minute to answer and you should be able to see that in the right hand panel of your screen.

695
01:30:43.710 --> 01:30:47.130
And you can click on yes. Or no. And submit.

696
01:30:51.329 --> 01:30:58.829

Thank you no problem.

697
01:30:58.829 --> 01:31:03.510
This is fun doing polling questions.

698
01:31:17.789 --> 01:31:31.079
You'll have to tell me when the clock stop.

699
01:31:31.079 --> 01:31:41.520
My quit working off minded to mine stopped at 12. that's when I finally
realized. Oh, I can that's her too.

700
01:31:41.520 --> 01:31:44.670
So, Carol get us.

701
01:31:44.670 --> 01:31:48.750
Whenever it'll tell me, and then she'll be able to show us.

702
01:31:48.750 --> 01:31:52.350
Okay, can everybody oh, there it is awesome.

703
01:31:52.350 --> 01:31:57.298
Okay, do over the counter. Okay. Do they need to require physicians
order.

704
01:31:57.298 --> 01:32:02.578
Um, looks like those of you that said.

705
01:32:02.578 --> 01:32:07.319
No, you are correct not.

706
01:32:07.319 --> 01:32:12.238
Um, as far as our preventative.

707
01:32:12.238 --> 01:32:20.668
Or 1st aid is topical medications. They do not require physician order so
things such as sunscreen or chopsticks.

708
01:32:20.668 --> 01:32:29.189
Or, like hand, lotion, you know, just really good hand lotion. Those
kinds of things do not require a physician order.

709
01:32:30.689 --> 01:32:36.809
Is select all that apply so the over the.

710
01:32:36.809 --> 01:32:40.828
Include, but not limited to a.

711
01:32:40.828 --> 01:32:45.328
Triple antibiotic appointments B, sunscreen see, Chapstick or the.

712
01:32:45.328 --> 01:32:55.378
Try mess. Yes, I can't say that was my dream. Send along. Maybe. I'm not
sure, but that's just.

713
01:32:55.378 --> 01:32:58.708
You know, you're okay. Thank you.

714
01:32:58.708 --> 01:33:03.179
Self can't speak. You're good. You do great.

715
01:33:23.458 --> 01:33:28.769
Silence.

716
01:33:28.769 --> 01:33:34.229
Okay, and that was a little bit more of an extended time in order to
answer the question.

717
01:33:34.229 --> 01:33:41.099
And I did see in the chat, someone did say that their agency requires
doctor's orders for those different things.

718
01:33:41.099 --> 01:33:44.698
And if that you fall all your agency policy.

719
01:33:44.698 --> 01:33:48.328
Because it's not.

720
01:33:48.328 --> 01:33:56.038
I don't want to say it's going over up above and beyond, rather than
below standard and, you know, that's.

721
01:33:56.038 --> 01:33:59.849

That's what your agents right Jeffrey.

722
01:34:00.384 --> 01:34:00.953
Just so,

723
01:34:00.953 --> 01:34:06.894
that standard for for purpose is that those preventive and 1st,

724
01:34:07.043 --> 01:34:13.434
state or lotions do over the counter do not require a physician order if your provider,

725
01:34:13.463 --> 01:34:16.253
or you provider agency policy is.

726
01:34:16.588 --> 01:34:21.809
Free everything has to have a physician order to follow your provider agency policy.

727
01:34:21.809 --> 01:34:27.389
Silence.

728
01:34:27.389 --> 01:34:32.069
And it looks like the pole has ended and so we will.

729
01:34:32.069 --> 01:34:35.189
Okay, see our results here shortly.

730
01:34:35.189 --> 01:34:38.668
What we're doing, I'm clicking around all stuff.

731
01:34:48.359 --> 01:35:01.048
So all of you that chose D is as 1 that does not require a position order. You are correct?

732
01:35:01.048 --> 01:35:09.418
Appointment the same screen in the ChapStick are ones that we, as the image does not require a physician order for.

733
01:35:09.418 --> 01:35:15.929
The 3rd 1 are the number D is does require a position order because it is Medicare.

734
01:35:15.929 --> 01:35:18.929
And it's for a specific reason.

735
01:35:19.224 --> 01:35:29.844
Usually for acne, so to continue with adaptive equipment, you want to
again be specific on what the order is for.

736
01:35:30.024 --> 01:35:36.923
So any piece of adaptive equipment that your client utilizes, it needs to
be listed as on a physician order.

737
01:35:37.259 --> 01:35:45.389
So, let's say they use a wedge display needs to be on there, or they use
a cane or a walker a wheelchair.

738
01:35:46.703 --> 01:36:00.384
Maybe they have grabbed bar or gate bell he's a helmet. All of those
things need to be listed individually on a physician order. It can be 1
order and have them all listed, but it does need to be listed with order.

739
01:36:01.163 --> 01:36:10.703
Now, as far as education providing on how to use the equipment
appropriately, you want to go with the recommendation of the
manufacturer.

740
01:36:10.703 --> 01:36:17.724
So, for for your lists, however, the manufacturer recommends that the
horror lift be used safely that flow.

741
01:36:18.833 --> 01:36:29.064
Now, as far as I think there has been some debate over whether your lift
is a 1 or 2 person thing, follow your policy, your provider policy again
on that route.

742
01:36:29.368 --> 01:36:37.498
Um, personally, I feel like it's safer if there's 2 people, I mean, those
things are very top heavy. They can tip over sometimes fairly easily.

743
01:36:37.498 --> 01:36:42.208
So, but again, solve your provider.

744
01:36:42.208 --> 01:36:46.738

You might it is strongly recommended that you.

745
01:36:46.738 --> 01:36:58.859
Have copies of the manufacturer recommendations in the home for quick
reference for the staff that are coming in. Especially if you have staff
that tend to have to move around a lot to cover.

746
01:36:58.859 --> 01:37:03.958
Just so that they can kind of review that and make sure that they're
utilizing that equipment safely.

747
01:37:03.958 --> 01:37:10.529
So, we haven't sent it do your staff have access to make that
recommendation for you?

748
01:37:10.529 --> 01:37:18.088
And maintenance of adaptive equipment, in addition that maintenance of
adaptive equipment, you want to make sure that you have.

749
01:37:18.088 --> 01:37:29.069
But the staff is documenting their routine maintenance routine, cleaning,
routine, maintenance like the wheelchair. She knows usually yearly or
every 6 months they get seen by the men by.

750
01:37:29.069 --> 01:37:38.309
Like, some professional that make sure that all the bells and whistles
are working all the gears are working and replaces any damage or torn.

751
01:37:38.309 --> 01:37:44.908
Pieces are you also want to make sure that they're documenting routine
clean, you know.

752
01:37:44.908 --> 01:37:50.488
Nowadays, I would recommend the thing seek wiped off daily and then
that's charted.

753
01:37:50.488 --> 01:37:53.939
That's when I, when we look at.

754
01:37:53.939 --> 01:38:00.899
Doing our nursing reviews that's what we look at. We love to make sure
that there's documentation that things that's being cared for on a
regular basis.

755
01:38:07.769 --> 01:38:12.809
Okay, and that looks like our time is up. The answers are being tallied.

756
01:38:16.048 --> 01:38:20.908
Any questions.

757
01:38:28.828 --> 01:38:33.298
From the will be.

758
01:38:33.298 --> 01:38:37.889
Okay, it does look like some people have them available. Okay.

759
01:38:37.889 --> 01:38:44.038
A lot of people didn't answer and that's okay too, but just something to keep in mind. Turn it back over you, Michelle.

760
01:38:44.038 --> 01:38:47.849
Okay.

761
01:38:47.849 --> 01:38:54.389
The administration we want to make sure that there is a clear defined administration process.

762
01:38:54.389 --> 01:39:03.059
Process for your facility so the process that I was used to looking at, whenever I was in the oversight, our position was.

763
01:39:03.059 --> 01:39:15.564
That position orders, match the Mars and that the Mars and the physician wars match the labels on the containers that they're in, whether they all packs or the little cartridges making sure that all 3 match was 1 of the big things.

764
01:39:15.774 --> 01:39:19.613
I did find several times discrepancies between some of those.

765
01:39:21.054 --> 01:39:35.844
And making sure that, you know, kind of looking at the pill to make. Sure. Well, this wasn't the same as the kind. We got last time, giving a quick call to the pharmacy saying, hey, this is a different color. They might tell you that. Oh, it was a different supplier this time. That's why it's a different color that kind of thing.

766
01:39:36.208 --> 01:39:42.868
You want to make sure that whenever they are passing medications that they're truly identifying the client that they're giving it to.

767
01:39:42.868 --> 01:39:48.448
I have had a couple in the last couple of weeks. The empties come across where people have.

768
01:39:48.448 --> 01:40:01.139
Perhaps the medication 1 person, and they were sitting on the couch next to each other, and they inadvertently gave it to the housemate rather than the person they prep the medicines for make sure that they're identifying who they're giving him to.

769
01:40:01.139 --> 01:40:08.069
And because cellular to give was 95% of all of our medication errors.

770
01:40:08.069 --> 01:40:13.408
We want to make sure that we're seeing some sort of alarm. We're setting a practice up.

771
01:40:13.408 --> 01:40:17.338
To ensure that we're remember that there's medication.

772
01:40:17.338 --> 01:40:28.048
Be given at this time, a lot of times when I was teaching middle class, I would say, set time on your phone set an alarm, your phone that being maybe people that want to use their phone. Maybe getting a house.

773
01:40:28.048 --> 01:40:36.029
Clock was an alarm on it, didn't you set that alarm for whenever it's time to give them medicine or something to that? So we want.

774
01:40:36.029 --> 01:40:48.208
Clear precise administration process on how to give them as appropriately. Again, following your provider policy is the way to go on this.

775
01:40:48.208 --> 01:40:58.139
But you want to monitor that, make sure that you're going into the home at times with meds or do so you can observe fast giving those medications, make sure that they're.

776

01:40:58.139 --> 01:41:04.168
Checking everything to make sure if incorrect make sure they're
identifying that client and that they're charting appropriately.

777
01:41:04.168 --> 01:41:11.488
If they're not voice your concerns, fine, you know, say, hey, you didn't
do this, this and this stuff.

778
01:41:11.488 --> 01:41:18.868
And maybe you, you might have missed something. So what happens is at the
time that you find them.

779
01:41:18.868 --> 01:41:21.958
We're going to only.

780
01:41:21.958 --> 01:41:29.069
Certified personnel are allowed to administer medications in the hall.

781
01:41:29.069 --> 01:41:35.849
Whether that be in state operated, or in an, or a group home only level
1.

782
01:41:35.849 --> 01:41:42.838
lpns, and are allowed to administer medication to a client in the home
when they are in services.

783
01:41:42.838 --> 01:41:47.969
With their provider, only those people are allowed to give medications
guardians.

784
01:41:47.969 --> 01:41:52.559
Should not be a cloud to come in and that's something that they just
brought in with them.

785
01:41:52.559 --> 01:42:07.314
To a client while they're in the care of the provider now, if that
guardian takes them home with them, and they are away from our services,
and the Guardian chooses at that time to give them something that is not
prescribed position that's on them.

786
01:42:07.618 --> 01:42:15.569
But while they are in the dark here level 1, and should be allowed to
administer medication.

787
01:42:15.569 --> 01:42:22.889
If guardian want something to be added, or taken away from their
medication list.

788
01:42:23.969 --> 01:42:32.788
Remind them that they have to have the process is that they have to have
a physician okay. On that. They have position order to stop anything or
to add anything.

789
01:42:32.788 --> 01:42:38.519
You know, and explain to them that that has to do with that. You're just
ensuring the safety of the client.

790
01:42:38.519 --> 01:42:46.349
And it's nothing against that, you can pursue that discussion with the
physician, or they can pursue that discussion with the physician.

791
01:42:46.349 --> 01:42:49.439
But you, as a provider has to have an order for that change.

792
01:42:52.798 --> 01:43:00.088
Backtrack there only, you know, a lot of guardians will say, hey, I want
this added.

793
01:43:01.139 --> 01:43:07.229
Remind them never remind them again that they can't just automatically
add anything.

794
01:43:07.229 --> 01:43:11.128
What comes into your house and tells here you need to do this.

795
01:43:11.128 --> 01:43:14.338
Make sure that has that information.

796
01:43:14.338 --> 01:43:19.649
Knowledge that that whole process that they have to inform the Guardian
that.

797
01:43:19.649 --> 01:43:24.779
That can't happen without if it's as far as your role.

798
01:43:24.779 --> 01:43:28.559

Just awareness overall, awareness.

799
01:43:28.559 --> 01:43:35.368
What, when there is a medication error, or there is an event, a
reportable event of some kind.

800
01:43:36.719 --> 01:43:39.838
Who, who does what who filled out the report?

801
01:43:39.838 --> 01:43:44.519
Who does that report go to make sure that, you know.

802
01:43:44.519 --> 01:43:48.418
That process is, and what is your role during that process?

803
01:43:48.418 --> 01:43:53.939
Who contacts you, if there's a medication error who contacts you are you
contacted.

804
01:43:55.349 --> 01:44:02.939
What is your role in the follow up? Or do you go out and do an assessment
on these folks? Do you just give a call and say, hey, how are they doing?

805
01:44:02.939 --> 01:44:08.219
Do you have any process in the reporting? Do you have a role in the
reporting process?

806
01:44:08.219 --> 01:44:14.639
No, if you don't have a role and you don't know what your.

807
01:44:14.639 --> 01:44:23.099
Role is in that process, or maybe included in that process start
conversations with your administration, saying that, you know.

808
01:44:23.099 --> 01:44:26.878
As we are in providing oversight for this client.

809
01:44:26.878 --> 01:44:33.809
You should be involved in that process if the medication error, if there
is a fall or an injury, or.

810
01:44:33.809 --> 01:44:47.038

Any reportable event, you should be a part of that process. You should be getting notified somehow whether someone calls you or you receive a copy of the report, something affect, you need to be included so that you can help.

811
01:44:47.038 --> 01:44:53.219
And provide your medical opinions for how to proceed, or what follow up needs to be.

812
01:44:53.219 --> 01:44:56.279
Taken care of.

813
01:44:57.448 --> 01:45:04.498
Also discuss your role of what monitoring remediation for those pieces.

814
01:45:04.498 --> 01:45:09.238
Maybe you have 1 DSC that is making medication errors on a regular basis.

815
01:45:09.238 --> 01:45:12.269
You know, you've had 2 or 3 of them in the last month.

816
01:45:12.269 --> 01:45:21.599
Maybe that person needs a little bit of remediation. Maybe they need to be I know what process that is of correcting your problem because, you know.

817
01:45:21.599 --> 01:45:25.109
1 is an accident to is a trend.

818
01:45:25.109 --> 01:45:30.389
So, we don't want that to happen and we don't want them cropping any farm to our people.

819
01:45:31.408 --> 01:45:42.328
Then follow up with your staff, if your staff have concerns, or if they have questions, make sure those questions are being answered if they have concerns, make sure you're following up on those.

820
01:45:42.328 --> 01:45:45.838
If you have concerns about a specific staff.

821
01:45:45.838 --> 01:45:50.759

Have that conversation with your administration and with a director with a leper.

822
01:45:50.759 --> 01:45:57.748
Is about that and say, I have concerns about this 1st thing SMS or I have concerns about this during this treatment.

823
01:45:57.748 --> 01:46:01.498
Make sure that you're communicating. I know that.

824
01:46:01.498 --> 01:46:09.328
My biggest problems was vacation that I wasn't in part of that process. And so I.

825
01:46:09.328 --> 01:46:12.809
Being a very assertive almost 1st time.

826
01:46:12.809 --> 01:46:21.569
Make sure I interject my a little bit. Assertiveness can go a long way to decreasing injuries.

827
01:46:23.189 --> 01:46:28.019
So, poll question number 4 are you notified when a medication error occurs?

828
01:46:29.069 --> 01:46:36.838
Hey, Eva.

829
01:46:50.878 --> 01:47:04.679
This question we were allowing 1 minute time to answer. So, as soon as.

830
01:47:04.679 --> 01:47:10.498
That minute has passed, we will see the results of the pole.

831
01:47:27.359 --> 01:47:30.538
I feel like we needed.

832
01:47:32.219 --> 01:47:35.698
Yeah, for a timer or tick? Tik Tok mm. Hmm.

833
01:47:35.698 --> 01:47:39.118
There was a comment in the chat that.

834
01:47:39.118 --> 01:47:51.689
Notification was hit and miss, I can say in my experience, that's the way it was for me when I.

835
01:47:51.689 --> 01:47:59.158
So oh, good more people than not.

836
01:47:59.158 --> 01:48:03.509
Are being notified at least. So I'm glad to hear that.

837
01:48:05.309 --> 01:48:09.719
Because you don't know, there's a problem if you're not told there's a problem. So.

838
01:48:09.719 --> 01:48:13.679
Making sure that the is always a big thing.

839
01:48:15.269 --> 01:48:20.849
Question and 5 is, are you notified when a event report is completed for a medication error?

840
01:48:20.849 --> 01:48:24.509
Do you get a copy of that report?

841
01:48:24.509 --> 01:48:27.569
Does someone say, hey, I got this report.

842
01:48:29.849 --> 01:48:42.389
The time limit on this 1, it looks like it's about 5 minutes. So.

843
01:48:42.389 --> 01:48:45.658
Take your time and answer please.

844
01:48:48.599 --> 01:48:52.708
What's happening with the poll questions is, is if someone is still.

845
01:48:52.708 --> 01:48:57.448
There's a few people still answering it won't cut them off. It gives them.

846

01:48:57.448 --> 01:49:02.399
An extra few seconds timer and that's why, when you see if it's only 1 minute.

847
01:49:02.399 --> 01:49:07.349
Yes, it's taking a little bit of time. It's only because people are still working on it.

848
01:49:07.349 --> 01:49:11.038
Oh, okay, great. Thank you. Okay.

849
01:49:19.618 --> 01:49:30.779
Yeah, so key takeaways where do you fit in.

850
01:49:30.779 --> 01:49:36.359
With your medication error reporting process and how are you.

851
01:49:36.359 --> 01:49:41.368
Called upon to maybe assist with mitigation strategies and.

852
01:49:41.368 --> 01:49:45.389
And so that's a that's important because Michelle said to.

853
01:49:45.389 --> 01:49:48.538
To make sure you understand your agencies policies and that.

854
01:49:48.538 --> 01:49:51.658
That you have a communication with your director.

855
01:49:51.658 --> 01:49:56.458
Yeah, you know, just just so that you understand what what it is that it's expected of, you.

856
01:49:58.109 --> 01:50:06.359
And I just saw someone mentioned something about you were working with them on pyramid on your notification, and you're working with them on that.

857
01:50:06.359 --> 01:50:11.248
If there isn't a process for you or, you know.

858
01:50:11.248 --> 01:50:15.899

Then create 1 get with your administrator and say, okay, I, I struck.

859
01:50:15.899 --> 01:50:22.979
So, we built our new part of this process and so create the process, create how it should be taken care of. So.

860
01:50:24.899 --> 01:50:30.389
Again, yes, some of you are receiving most of you are receiving notification at the.

861
01:50:30.389 --> 01:50:35.368
And some of you are not so if there isn't a process.

862
01:50:35.368 --> 01:50:40.259
Make yourself familiar if there is 1 and if there's not.

863
01:50:40.259 --> 01:50:43.529
Help to create that process so you can be involved in that.

864
01:50:45.719 --> 01:50:52.529
The conclusion basically clear specific, individualized orders with instructions.

865
01:50:52.529 --> 01:50:56.189
Making sure that everything is spelled out as as.

866
01:50:56.189 --> 01:51:00.748
Clearly, and plainly as possible. Remember you want to make those.

867
01:51:00.748 --> 01:51:11.338
Orders so that any John micro Harry can come off the street and read that order and be able to follow those instructions able to pass to give treatment to study.

868
01:51:11.338 --> 01:51:16.198
Make sure that everyone has defined clear role.

869
01:51:16.198 --> 01:51:25.859
Level 1, that this is your role. This is what you do you and as the oversight are in, this is my list is everything that I do.

870
01:51:25.859 --> 01:51:31.948

You want to make sure that those everyone knows what their role is and that they're even those expectations of their role.

871
01:51:31.948 --> 01:51:36.269
Especially in a reportable events, you know.

872
01:51:36.269 --> 01:51:41.639
1 of the things I had a client that has surgery.

873
01:51:41.639 --> 01:51:55.588
And the queue of the house, the shift supervisor about handled everything from Pre admission, all the way through surgery and nobody knew about it the oversight, our service coordinator myself.

874
01:51:55.588 --> 01:52:01.859
Administration nobody knew about this, so make sure that you are aware and everyone has defined clear roles.

875
01:52:01.859 --> 01:52:07.408
And then open communication and the installation, all I would have taken was 1 phone call.

876
01:52:07.408 --> 01:52:11.488
Hey, Johnny has to have surgery. Here's where going on.

877
01:52:12.538 --> 01:52:23.878
Open communication with your DSP making insurance, saying that they're comfortable listening and asking questions and with your administration saying, this is what I feel is most important.

878
01:52:23.878 --> 01:52:32.368
And you fill us, right? Stand up for it. Otherwise, you know, make sure that things are going to they're supposed to be going and that you are.

879
01:52:32.368 --> 01:52:39.059
You know, what you need to know how do you need to know it and when you need to know it can provide that oversight.

880
01:52:39.059 --> 01:52:42.208
So that inclusion.

881
01:52:42.208 --> 01:52:45.298
Does anyone have any questions.

882
01:52:48.418 --> 01:52:58.168
Thank you very much Michelle for that presentation. We really appreciate
that.

883
01:52:58.168 --> 01:53:03.359
See, there doesn't appear to be any questions in the chat.

884
01:53:05.729 --> 01:53:11.698
And we are coming up upon our where we are going to break for lunch for
an hour, give you guys a chance to please.

885
01:53:11.698 --> 01:53:15.509
Hydrate get something to eat to stretch your legs.

886
01:53:15.509 --> 01:53:20.519
And we will regroup at 1 o'clock.

887
01:53:20.519 --> 01:53:24.448
You don't have to log out and.

888
01:53:24.953 --> 01:53:36.293
It's advisable if everyone does not log out, because when we track this,
uh, for attendance and everything and misses up that, so please do not
log out for that hour.

889
01:53:36.293 --> 01:53:40.613
Just step away do whatever you need to do to be back for 1.

890
01:53:44.849 --> 01:53:57.564
Thank you sorry I didn't want everybody to.

891
01:53:57.564 --> 01:53:59.934
I didn't want to hop off.

892
01:54:00.208 --> 01:54:11.969
No, you're fine. I was, I was thinking about how to say that and you're
just fine. Do you care if while we're taking a break? I'm going to I'm
going to share my PowerPoint.

893
01:54:11.969 --> 01:54:18.389

And I just want to make sure it shares properly. Is that okay? If we
practice that real quick? Oh, absolutely. Okay.

894
01:54:18.389 --> 01:54:21.509
Thank you just I'll just take a 2nd, I just want to make sure I'm.

895
01:54:21.509 --> 01:54:28.078
Pulling it up. Okay. There were some great question or we've had.

896
01:54:28.078 --> 01:54:33.448
We have had some questions that would be for.

897
01:54:34.918 --> 01:54:39.208
It would be for Michelle, um, in regards to some of the other.

898
01:54:39.208 --> 01:54:42.658
Um, some other stuff, so.

899
01:54:44.998 --> 01:54:55.559
Oh, okay, okay. I didn't see that. Come through, but we can definitely
answer those and address those in an epic queue. Right right. They were
just we were getting those at the time. So.

900
01:54:55.559 --> 01:55:06.689
So.

901
01:55:10.229 --> 01:55:18.179
Okay, perfect. I just wanted to make sure I can share. What what the
actual PowerPoint without my notes showing. Okay.

902
01:55:18.179 --> 01:55:25.559
All right, great is all I needed to do I want to stop sharing.

903
01:55:32.099 --> 01:55:37.168
Right. We'll have a good break. Hey, Lesley, I'm going to do the same
thing.

904
01:55:37.168 --> 01:55:41.279
Okay, I just want to make sure sure.

905
01:55:41.279 --> 01:55:47.788
Yeah, after I looked at it, I just if you have 2 screens, you hit that.

906
01:55:47.788 --> 01:55:53.368
From beginning, if you go under slide show, then from beginning, and
it'll show.

907
01:55:53.368 --> 01:55:58.259
On 1 screen, what everybody else is seeing, and then on the other screen,
and it'll show.

908
01:55:58.259 --> 01:56:04.439
Notes in the next slide, I'll stay on and work if you want me to and.

909
01:56:08.219 --> 01:56:16.109
Are you there? Yes.

910
01:56:16.109 --> 01:56:20.519
Okay, so I don't have that share button at the bottom of my screen.

911
01:56:22.889 --> 01:56:26.969
Just like in.

912
01:56:34.828 --> 01:56:39.748
Tricia, are you trying to share something? Is that what it is?

913
01:56:40.889 --> 01:56:44.878
I was just going to do see if I could.

914
01:56:44.878 --> 01:56:45.779
Load up.