



## Mar Vista Community Council



# AGING IN PLACE

Mar Vista Community Council

**Thursday April 19th, 2018**

6:00 PM – 7:30 PM

**Windward School Room 1030**

11350 Palms Blvd, Los Angeles, CA 90066

[See campus map for room location and parking here](#)

Co-Chairs – Sherri Akers, Tatjana Luethi, Birgitta Kastenbaum

Co-Founders – Sherri Akers, Tatjana Luethi

### Draft Minutes

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- **Called to order - 6:11pm**
- **Announcements and Public Comment**
- **Windward School will hold three (3) Windward Teaches Tech workshops** where Windward Student Leaders will teach social media, apps, and rideshare services. Our classes will cover such programs as Netflix, Hulu, Lyft, Uber, and Amazon. Other subjects may be available upon request. Dates and times: Friday, April 20, May 4, and May 18, from 3:20 p.m. until 4:20 p.m. in Room #210 on the Windward campus. RSVP required - <https://docs.google.com/forms/d/e/1FAIpQLSc6roWPgMiaaxEHZaEzqhEH-WASUfytRil5orw1oIgmWWhuHXA/viewform>
- **Free Older Adult Tech Fair** – Saturday April 28<sup>th</sup> 11:00 AM to 3:00 PM Santa Monica Library - see flyer following the minutes below. More info <https://www.eventbrite.com/e/santa-monica-older-adult-tech-fair-tickets-41467232609>

**Music and Health Concert for the Aging** - A Celebration of Music & Health, included singing, and a talk about how music has helped with brain injuries, memory and brain function. See flyer following minutes. RSVP recommended. Saturday April 28, 2018 - 12:15 - 1:30 p.m. Palms-Rancho Park Library, 2920 Overland Ave., Los Angeles 90064 - (310) 840-2142

- **Motion to approve March Minutes - approved**

· **Speaker presentation - Birgitta Kastenbaum of Bridging Transitions** continues our conversation from the January screening of Being Mortal. Has your family discussed plans for aging and end of life? Let's discuss our wants, options, and the tools to accomplish them. We'll also review Advanced Health Care Directive, POLST and the new Advanced Directive for Dementia.

- o This is a continuation from the evening when we watched the documentary Being Mortal. Tonight we will continue the conversation about end of life care and wishes.

- o Right now might be the best time to have a conversation about end of life care and wishes.

**It's important to have your "end of life" wishes written down and communicated with your family and those close to you so you are not asking them to make decisions for you without knowing what you want.** It's a good to have this conversation with your loved ones sooner than later! The kitchen table is a much better place to have this conversation than the ER or the back of an ambulance. Anyone over the age of 18 should have these conversations and document them.

#### **Advanced Health Care Directives:**

There are many different ones, some medical facility want you to use theirs. Advanced Health Care Directives(AHCD) allow you to appoint someone to speak for you in the case you cannot speak for yourself – They will be your advocate or also called agent or proxy for healthcare and be able to make decisions for you when you cannot make them yourself. Secondly, it allows you to write down what care options you would like. "Five Wishes" is the most used Health Care Directive because the language is very simple.

There are many forms to choose from.

- your healthcare provider will have a form, just ask.

- The Five wishes Advanced Healthcare Directive can be ordered at <https://agingwithdignity.org/shop/product-details/five-wishes>

The cost is \$5. Birgitta will bring in more free copies to the next few committee meetings for anyone who want one.

- State-Specific Advance Directive

- <http://ag.ca.gov/consumers/pdf/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf>

- o Your doctor or medical group will be able to provide it too. Sometimes each medical group wants you to fill out their version. Always have a copy in your car, and make sure your loved ones have a copy of your directive handy and available in their car.

If you are single, living alone, put an envelope with everything inside on your fridge. ER is trained to go and look there for information. They will also look into the freezer (in case of fire, earthquake). Include your "File of Life" – a piece of paper that contains all the information about you, your doctor, your medication, allergies, your wishes. You can get it from the Fire Department and at many senior fairs

- o Carry a copy of your file of life in your purse or wallet.

The second part of your Advanced Directive addresses "care", for example, if you are close to death do you want life support, if it has been started do you want it stopped, or do you want everything to

be done to save your life – it’s really important for ER and doctors to know what you want to be done. The decision lies in your values and what’s important to you, and it’s important to communicate that to your family and friends, because it’s very hard for anyone to be in the situation to make these decisions for you.

What if a person doesn’t want to have this conversation?

Maybe it’s a slow approach, it’s not a 15 minute sit down, maybe it’s a series of conversations. Explore more what’s important to them, their beliefs, maybe their religion. For example “I love you and this is my belief system and this is how I will care for you, but if your belief system is different and you would like me to do something different, I’d like you to let me know”.

### **Medical Terms: what do they really mean?**

**CPR** is an attempt to restart someone’s heart, chest compressions, the chances of breaking your ribs is pretty big in older people. Electrical shocks, A breathing tube, a mask to pump air into lungs can all be part of this effort. You need to weigh if this is right for you depending on your health, age and other factors. The decision to preform CPR on a healthy adult who was in an accident is different from performing CPR on an 85 year old with frailty and multiple health issues. Of 100 elderly people who have CPR preformed on them 49 do not survive the attempt leaving their loved ones with very traumatic last images. 34 die in the days following CPR. 7 die in the days to months after CPR . Only 10 elderly out of 100 will survive after CPR for more then a year, 9 will have significant neurological deficits, Only 1 will survive without significant neurological deficits.

**Ventilator:**Also called a breathing tube, Is a mechanical device that pushes air into the lungs when you cannot breathe on your own. A tube is inserted through the mouth into the windpipe. Once the tube is in, you can not speak or eat and it is uncomfortable so often medication is given that makes people sleep or very sleepy. Patients may also need to be retrained so they do not try to pull the tube out.

**Tube feeding:** gives the ability to give liquid food by artificial means. A tube is inserted through the nose, or through a surgery a tube is placed directly in your stomach. This can be helpful for a short term solution, but when elderly are frail or have progressive diseases they may not be able to wean off the tube. Surgically placed feeding tubes are prone to infection and may therefor warrant additional medicine.

**Artificial hydration:** IV if you are not able to swallow. It is not considered painful or invasive. I can become questionable, when somebody is close to death, as it may not be helpful when someone is close to dying, sometimes too much liquid can build up in the body as the body’s ability to process diminishes and this can cause discomfort or complications.

**Hospice:** In Los Angeles, hospice is not a place, it’s a service that comes to your home or facility to support someone in their last 6 months of life. Hospice is a team with a doctor, a nurse, a home health aid, a social worker and spiritual counselor that are all available to both patient and the family or care circle. Most Hospices have volunteers that can come to your home to provide companionship or provide short periods of respite for the caregivers. Hospices may have complementary services like music therapists, Aroma therapists, massage therapists etc. Hospice care can be so good that patients actually stabilize and live longer and with more comfort. While in Hospice care you forgo curative treatments, all other treatments can continue. You can choose to

stop Hospice or might not be eligible anymore if your conditions improve so much that life expectancy becomes more the 6 months.

### **POLST: the pink paper**

Physician Order for Life Sustaining Treatment. An Advance Directive is a directive gives instructions but is not legally binding. POLST is an order, it has to be signed by a physician or a nurse and that makes it a legally binding agreement. If EMT's comes to your home, their obligation is to save your life, POLST is what allows them to stand back and honor the wishes in your POLST and just provide comfort care if that is what you have decided. You need to get one from your doctors office because it needs to be signed by them. The doctor will make an assessment to see if this is the right time and appropriate for a person to complete. A healthy person might not be able to get it. It's meant for people who are older, have a disease that is progressing, or are frail. Tape it next to your bed and on your fridge, have a copy with you.

### **HIPAA Release:**

All your health information is protected by HIPAA, doctors and other medical professionals are restricted in the information the can share and with whom the can share information. A HIPAA waiver will allow you to choose a person whom the doctors are able to release information to other then your next of kin. Very important if your family is not nearby and a friend or neighbor may be the one helping you and communicating with your doctors.

### **Compassion & Choices:**

Is an organization that advocates for the right to die and your ability to choose your care at end of life. They have created a toolkit that has documents that will help you advocate for yourself. For example, you may want to have a conversation about what your medical care will look like in that facility. Is it going to be okay for hospice to come serve you there? Or if something happens to you and you have a POLST form, what is the policy of this facility you are living? Do they have a religious tenant of what is acceptable and what is not regarding end of life care? You need to know about this when you choose hospitals, doctors, facilities etc. if this is something that is not in alignment with your beliefs.

The Good-to-go Toolkit from Compassion and Choices provides documents which allow you to document specific wishes and choices. <https://www.compassionandchoices.org/wp-content/uploads/2016/02/Good-to-GoToolkit-FINAL-2.1.16.pdf>. Add a copy to your advanced health care directive. Plus provide copies to your doctors, next of kin, the person you appointed as your medical power of attorney/advocate listed in your advance health care directive, and anyone else who you think should know.

### **The more people you have that know your wishes, the better your chances are for getting your wishes met.**

- Review these Documents and decide if they are right for you:
- Values Worksheet
- Dementia Provision
- My Directive Regarding Healthcare Institutions Refusing to Honor My Healthcare Choices
- My Particular Wishes as a helpful tool to promote conversations with your loved ones and medical providers.
- Rider to Residential Agreement with Assisted-Living Facility
- Hospital Visitation Form
- Letter to My Healthcare Provider

### **The Dementia directive or Provision:**

The Advanced Health Care directive is only valid if completed when you are of sound mind. When you have a diagnosis of dementia, your advanced healthcare directive could be called into question if you have a relative that didn't agree with it. By the time we feel it's important to put things in writing, sometimes there is already a diagnosis, so complete the form asap. The Dementia Provision is not a legal binding peace of paper, but it will give the people around you information about your wishes. Example of when it is important to know some ones wishes. It has been shown that a feeding tube for someone with severe dementia is not really giving them a longer life. But having a feeding tube can have negative side effects as well and can be very scary leading to the use of more medications and sedatives.

Print a copy: <https://dementia-directive.org/>

### **Future speakers -**

- o **May 17<sup>th</sup> - Alissa Walker – Let's talk about sidewalks!** Americans are, in general, living five to 10 years longer than they should physically be behind the wheel, says Jay Walljasper, author of [America's Walking Renaissance](#) and a walkability consultant for AARP, which has become one of the [biggest advocates for walkable cities](#). "We are outliving our ability to drive safely and comfortably," he says, yet seniors keep driving because their independence relies on it. "If you stop driving, you cease to exist as a viable human being."
- o **June 21<sup>st</sup> – Margaret B. Sharp on the probate process - when it occurs, what happens during the process, and some common misconceptions about the process.**

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