

**Social Work Conference Call
Meeting Summary
March 3, 2010**

Facilitators: Paige Hector, LMSW with CARES and Joe Bestic, NHA, BA with HSAG

Conference calls are regularly scheduled meetings on the first Wednesday of each month at 12:30 PM. Call 1-888-482-3813 and enter the pass code of 3813 to join in!

Topics Discussed:

- Resident on a puree diet due to aspiration precautions. Daughter believed that mom was not eating enough. Social worker facilitated a family meeting with daughter and other family members to discuss mom's status. Other family members did not share the same concerns as the daughter. Daughter wanted to take mom on a Leave of Absence and did not plan to adhere to the diet restrictions. Risks of aspiration clearly explained by the interdisciplinary team to all family members present at the meeting and everyone expressed understanding of such. We discussed the importance of each interdisciplinary team member documenting the outcome of the meeting to include the statements of understanding by the family members and the daughter's intention to take mom on an LOA despite the risks. The physician has also been involved with this situation. *It will be very important to continue to discuss the risks with the daughter and to document these attempts at education.*
- Discussed the periodic challenges of working with health plan case managers such as getting timely authorizations for durable medical equipment as well as assistance to order the equipment. A resident needed a specialized wheelchair cushion and the case manager informed the facility social worker that the authorization was pending. This "pending" status went on for three months. The facility social worker did speak with the case manager's supervisor and then proceeded to order the cushion directly from the DME provider. The cushion arrived in three days. The important points-of-discussion in this situation were 1) if a case manager is not as responsive as necessary, contact the supervisor sooner rather than later, 2) providers for services such as DME and home health can also facilitate getting authorizations for their services which can be very helpful, 3) it is very important to *document every attempt* to facilitate services/physician orders, 4) even if multiple attempts are made to carry out orders/treatments/services, etc, the facility is still responsible for the resident's status during this pending period.
- Resident on narcotics for pain but also has alcohol addiction issues. Family members bring alcohol to the resident and resident has stashed alcohol in his room. Staff implemented a number of appropriate interventions such as requesting the room to remain open when he has visitors and moving the room closer to the nursing station. Just recently, a family member brought Listerine in a Gatorade bottle. A 30-day notice was issued "a long time ago" but the facility has not been able to find another facility to accept the resident. Recently the resident was sent to the hospital and had a blood alcohol level of .428. The case manager has been involved as well as the Ombudsman. The

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resident is bedridden and has extensive wound care issues. We discussed the petitioning process given that this patient could be considered a “danger to self.” The petition documents are in the Social Work Toolkit provided by CARES and JacksonWhite to each social work department in all SNF’s in Arizona.

- The petition process can be a challenge. It is very important to develop a very detailed petition to include specific statements from the resident and examples of behaviors, situations, etc. If the petition is denied, consider initiating an appeal immediately.
- Many facilities have started implementing elements of the QIS process. It is important to develop a protocol to manage the massive amount of information generated and to ensure that resident, staff and family interviews are conducted under the auspices of the facility Quality Assurance process.
- Dentures, glasses and hearing aids affect a resident’s quality of life. Tracking these items upon admission and throughout the stay is important. All efforts must be made to obtain such devices to maintain or improve quality of life. If a resident (or sometimes a family member/responsible party) chooses to not pay for or pursue these devices, all efforts to maintain quality of life must be documented in the narrative notes and on the care plan. For example, for the resident who no longer has dentures, the facility must demonstrate effort to obtain new dentures if it is the desire of the resident, modify the diet if necessary, etc.
- When a resident needs to purchase items such as glasses, hearing aids and dentures, it is possible that the member share of cost could be reduced to accommodate the expenditure. Contact the resident’s case manager to discuss the details. It might be necessary to contact the resident’s eligibility worker to make arrangement for the reduction in the share of cost. In Pima County, the adjustment can take several weeks.
- A male resident with a childlike mentality picks fights with his roommate regarding issues of bodily functions, orders his roommate around, yells at staff, and runs his wheelchair toward staff. On several occasions, he has rejected the opportunity to discuss his behavior with the social worker. Periodically, once he has calmed down, he will engage in discussion with the social worker at which time he apologizes for his behavior. A psych eval was completed in February. During this conference call we discussed the importance of several issues: 1) the social worker needs to read the psych eval and determine if the recommendations have been addressed, 2) make sure the care plan reflects all attempts to manage this resident’s behavior – including what works and what has been tried but not successful, 3) ensure there is adequate documentation from the interdisciplinary team to demonstrate all efforts at addressing and managing the issues, 4) the facility must self report those instances of resident-to-resident abuse, 5) recommended to involve the ombudsman, especially if a 30-day notice becomes necessary, 6) consider petitioning the resident as a danger to self/others if the behaviors continue.

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- ***DHS to Offer MDS 3.0 Training - Save the Dates***

*****MDS 3.0 TRAINING*****

The DHS Offices of Long Term Care and Automation will be presenting a general introduction to the new MDS 3.0 via two day training sessions. The training will occur at Department of Health Services, 150 N. 18th Avenue, in the fourth floor training room. Provider attendance will be by reservation only, as attendance will be limited to two persons from each facility. To make a reservation, please e-mail either Sandy Enkey or Dana Malone the following information: Name of each attendee, facility, contact phone number, email address, and dates of preferred training sessions. You will receive a confirmation via email. Please bring your MDS 3.0 RAI manuals. The two day training agenda will be emailed out to all participants prior to the training. *(I have been told that if there are additional training sessions needed DHS will set them up - but each session is limited in space, and will be on a first come first serve basis... remember- only 2 persons per facility... there is no cost. KCP.)* Email

Registration info to:

Sandy Enkey: ENKEYS@azdhs.gov or Dana Malone: MALONED@azdhs.gov

The two day training sessions are scheduled for the following dates:

May 20 & 21, 2010 (Thurs/Fri) from 8-4

June 29 & 30 (Tues/Wed) from 8-4

July 29 & 30 (Thurs/Fri) from 8-4

September 7 & 8 (Tues/Wed) from 8-4

- The Arizona Health Care Association provides a wonderful program called the Live a Dream Award. From the AHCA website, <http://azhca.org/foundation/index.php>, here is information about the Award:

Established in 1997 to enhance the lives of our residents and the people who care for them, AHCF sponsors two programs throughout the year. One is the Live A Dream Award for residents and the other is the Scholarship Award to assist long term care staff in furthering their education.

The experiences and wisdom of our elders deserve both honor and respect. In some cases, lifetime dreams are unfulfilled because of health, finances, and unexpected life circumstances. To acknowledge these dreams and make wishes a reality, the Live A Dream program provides monetary support and professional assistance to help each recipient live their dream. For a Live A Dream application, please [click here](#).

This information is not intended to constitute legal advice and should not be relied upon in lieu of consultation with appropriate legal advisors. The information is for informative or educational purposes only.