Mar Vista Community Council

MAR VISTA COMMUNITY COUNCIL
Aging in Place Committee
Thursday, June 18th, 2015 at 6:00 PM
Windward School Room #800
11350 Palms Blvd, Los Angeles, CA 90066
Co-Chairs – Sherri Akers, Robin Doyno
Co-Founders – Sherri Akers, Tatjana Luethi

Minutes

Attendees - Sherri Akers, Lisa de Blois, Tatjana Leuthi, Delan Hilliard, Joan Temple, Birgitta Kastenbaum, Robin Doyno, Susan Black-Feintstein, Michael Kastenbaum, Lily Zandel, Dani Zandel, Suzanne Benoit, Michelle Owen, Cheserae Scala, Gretchen Moore, Hosneya Khattab, Mandi Carpenter, Allison Beale, Heidi Feingersh

- **Called to order – 6:05**
- **Introductions and public comments**
  - Sherri – SB 128 (Death with Dignity) – distributed copies of MVCC motion to support. Goes to vote in State Assembly Health Committee on June 23rd. AM Sebastian Ridley Thomas is currently undecided. Calls or emails asking for his support would help.
  - Lisa – Westchester Playa Village is offering the Powerful Tools for Caregivers workshop July 14th through August 19th – info available on the event page of their web site.

- **Update on creating a logo** – review design selected by subcommittee and color options – make a selection to take to MVCC BOD for approval. Presentation by Tatjana Leuthi
  - In the design world, you have to consider the larger context when you design "something". Meaning, to develop the AIP logo and make a decision on colors, we can't just focus on logo design alone, we also have to consider the environment it will be living in. Tatjana created 7 design directions for the AIP environment. She presented 4 stylescapes - a stylescape is an essential part of the design process where we establish the creative design direction of the overall look, feel, fonts and color direction of a brand. It helps create a unified design direction that then gets applied across varies marketing platforms (website, brochures, business cards, etc). She presented various elements, including a simulation of a website. She did some research on best design practices for "seniors" as it related to readability and "color issues that come with age" and applied them in my design:
    - large point type size
    - high-contrast color combinations
    - simple and straight-forward design
    - block and box design for easy identification and grouping

  - The 19 attendees voted on the 4 designs and selected the overall color option of black and gold using the black and white logo shown below. The full color story can be viewed at the link below. We will now submit that motion to MVCC Board of Directors for approval. Thank you Tatjana for this incredible logo!!!

https://www.dropbox.com/s/nsag6bxmi1aylva/05_AIP_StyleScape_Volte_Helvetica_01B.png?dl=0

- **Motion to approve April and May minutes –** both approved unanimously on consent
- **New business – Special guest presentation by Birgitta Kastenbaum**: Choices and options, Advanced Health Care Directive, POLST.

Birgitta Kastenbaum (Birgitta@bridgingtransitions.net) works with older adults on illness, dementia and end of life. **Advanced Health Care Directive (AHCD)** is not just for end of life or as simple as a two page form. It's a gift to those you love to ensure that we get the treatment we want. We carry guilt and insecurity as we commit to helping our loved ones. When people talk, great things happen. We get to the root of what we want. Sharing our fears and hopes is an act of intimacy. Without a plan, we panic. We need to be empowered to be a guide for those we love.

There are two parts to an ACHD. This must be done while we are still of sound mind.
1 - **Medical Power of Attorney or Proxy** - who we choose to speak for us if we can't speak for ourselves– gives power to the person that you trust most.
2 – **Living will** – what we want, instructions for future care. In the US, 1.4 million Americans are kept alive by feeding tubes. 30,000 people are living in a comatose state. "Longer living sometimes means longer dying" – Daniel M. Hoefer, Coalition for Compassionate Care. Our number one objective is supposed to be 'do no harm' - not to simply keep us alive. Studies show that 70% of people want to die at home (80% of those with chronic illnesses) yet only 24% - 30% actually do. This is not binding and can be overridden by EMT's or a hospital that refuses compliance on religious grounds (IE: in the case or terminating artificial means of life support).

Once we have done an ACHD there is more to do – where is it? Was your doctor informed? Does your family or proxy know? We plan and investigate for every other major life event in life but tend to avoid planning for this. Preparation is no good if it is in a file drawer or with an attorney. Give copies of ALL documents to the person named proxy (power of attorney), all doctors, carry a copy in your wallet, and give copies to any caregivers. Once a year, review the documents to consider any change in your wishes.

Birgitta's inspiration – her friend Annette was dying from leukemia and Birgitta was her proxy with clear instructions not to use artificial means to sustain life – "let me go". Annette had a minor procedure that went wrong and was put on life support in an induced coma. The family knew this was not how she wanted to end her life and the decision had to be made whether to take her off life support. But Birgitta also knew that her daughter's birthday party was just weeks away and that Annette would want to be there. She also knew that she wanted to die at home. As proxy, she agreed to further treatment. Annette was able to have three more weeks at home, be there for her daughter's birthday and die at home surrounded by family. This was because they had shared thoughts – it went beyond a legal form. Their conversations resulted in real advocacy.

This is not just about old people. Accidents and illness happen at all ages.

CPR – it's not like in the movies! "Dying isn't medical, it's personal" – Dr. Ira Byock. If a person is frail we have an obligation to discuss the options. The researchers found that about 40 percent of the patients had successful CPR, or 'return of spontaneous circulation,' but more than half of those patients ultimately died in the hospital. For patients aged 70 to 79, the rate of survival to discharge was about 19 percent, for patients aged 80 to 89, the rate was 15 percent and less than 12 percent of patients over the age of 90 were eventually discharged. (Source - The study was led by Dr. Dionne Frijns, a geriatric medicine researcher at Diakonessenhuis hospital in Utrecht, the Netherlands.)

Advance *Death* Care Directive – an additional form that states our wishes for after we have passed. It is in the form of a workbook and an excellent tool to start the conversation with loved ones.

POLST is a fairly new document and can only be done when someone is terminally ill. It provides information about a current condition, is issued by the physician and becomes a binding order. The form is bright pink and should be posted for EMT's to readily see – they will look for it on the refrigerator or nightstand. AHCD is NOT binding to EMT's when 911 is called. If on hospice care, it is essential that you have a POLST form and call the hospice line rather than 911 in a medical emergency.

HIPAA Release – extremely important form so that doctors and share information with loved one. Must be done before there is serious dementia. Proxy or medical power of attorney only goes into effect when the patient can't effectively communicate or is not of sound mind. HIPAA goes into effect immediately and allows you to collaborate on the health care of a loved one. Find out if you need it for each doctor or if your health care system (IE UCLA, Kaiser) honors one with all providers.

Dementia Provision Form – can be added to and AHCD. Will address choices such as ok to be spoon fed but not to be put on a feeding tube. Decide these preferences before a person is unable to communicate or not of sound mind. It is very hard emotionally to undo artificial life support. It is easier to decline it than to undo it once it has been done.

Personal Self-Assessment Scale - PSAS – created by Dr. Williams-Murphy – great tool to evaluate what our preferences are based on our state of health. Great to add to your AHCD.

Rider for Assisted Living

Hospital Visitation Form – to ensure that those you want to have nearby are not restricted from hospital visitation by the institutions visitor criteria. Example, late night might be restricted to closest relative which might not be the person you most want to see.

Additional tools –
Five Wishes – a tool that Mandi found helpful as an exercise to initiate the conversation with loved ones
Go Wish – card game to facilitate the conversation with loved ones and values assessment to determine priorities that Birgitta uses
California Registry for Advanced Care Directives – recommended by Lisa

The balance of the agenda was tabled due to time

Meeting adjourned 7:30

---

*in compliance with Government Code section 54957.5, non-exempt writings that are distributed to a majority or all of the board in advance of a meeting, may be viewed at http://www.marvista.org or at the scheduled meeting. In addition, if you would like a copy of any record related to an item on the agenda, please contact secretary@marvista.org.

**As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities. Sign language interpreters, assistive listening devices, or any auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least 3 business days prior to the meeting you wish to attend by contacting chair@marvista.org