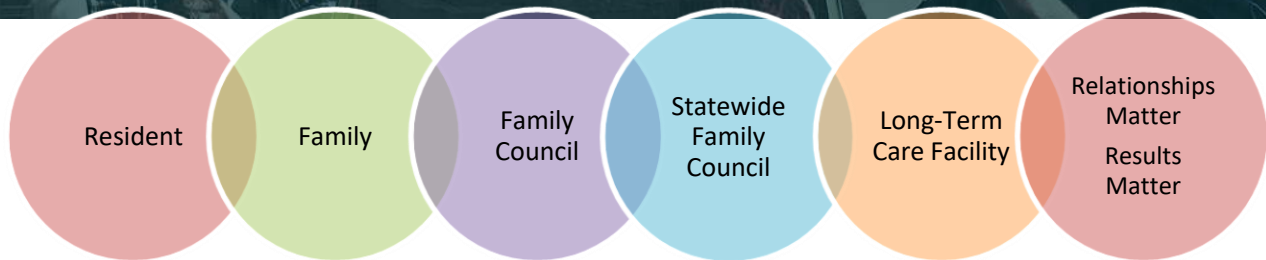


Connecticut Statewide Family Council



MINUTES

TUESDAY, MARCH 28, 2023

A Meeting of the CT State Family Council (CTSWFC) was held on March 28, 2023, via Zoom.

The Meeting was called to order at 7:04 pm by Chair, Amy Badini and all in attendance were welcomed

ROLL CALL: Amy Badini Chair, Rick Kaeser Vice-Chair, Robin DeLieto Recording Secretary, Laura Carnein, Liz Stern, Jeanette Sullivan-Martinez, Dr. Mara Karpel, Irma Rappaport, Andrea Elliott, Mary Richards, Dr Christopher Morren (speaker)

Introduction of new member – Laura Carnein - Family member at Ingram Manor Bristol

Motion to approve Minutes for February 28, 2023 – Amy. **Second** – Rick. **Motion passed.**

NEW BUSINESS:

Guest Speaker – Dr Christopher Morren – A retired Internist and Geriatrician. He served as the Medical Director for Pendleton Health and Rehabilitation, an acute and Long-Term Care facility in Mystic CT from 1991-2011. He is a Certified Medical Director (CMD) and a member of the American Medical Directors Association.

Changes that have affected Nursing Homes is due to “prospective payment”. This is an incentive to get people out of the hospitals quickly even if they are still sick and need more care. Therefore, people have gone from hospitals to Nursing Homes for sub-acute to post-acute level care. Nursing Homes would take patients on Medicare for cost plus. When Medicare cut back on the payments, Nursing Homes cut back on their staffing. The Medical Director is a Coordinator between Administration and Nursing. The Director would oversee the staffing to assure that the resident/patient was receiving the proper level of care. If needed, they would let doctors/nursing know that an individual needed to be seen more often.

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Originally, nursing homes had a stable residency of basically older long-term individuals. Prospective payments created a higher turn over of residents/patients. The level of acuity went up –those needing additional staffing resources. Nursing care at a nursing home went to a hospital level of care needed but with less staff and without the more modernized equipment available at the hospital. A nurse at a nursing home may be responsible for up to 20 individuals where in a hospital they have only about 5. It is harder to attract doctors to work at a nursing home because the environment is much less exciting than a hospital and doctors at a nursing home face more potential litigation from patients being release so quickly from the hospital lending itself to more complications. In addition, the pay scales at nursing homes for doctors is less than at a hospital.

Advance Directives – Resident/patient must be assessed by a physician within the first 48 hours of admission. Then there should be discussion with the facility about if they are DNR, if you want them to go back to the hospital if illness occurs, etc. Every Quarter, all directives are reviewed.

DNR Bracelets – Can order online. Sports ID bracelets, tags that clip onto an Apple watch/phones. Make sure they are waterproof. Old versions were ugly orange bracelets that no one wanted to wear.

Quality reviews - Done by the State which involve falls, infections, admissions to the hospital.

“Medicare Advantage” – This is not advised. Although they offer incentives such as \$100 towards food, sneakers, free gym memberships, they do not cover everything that Medicare does. Medicare has a 2-week unhinged period with no preauthorization. Tests, PT, Mental Health, etc, covered by Medicare but not necessarily covered by Medicare Advantage.

Dementia Residents – Ask facility if they have a group of staff trained to recognize symptoms of pain, hunger, thirst for the non-verbal. Music bring out the best with them. Encourage family photos in their area. Even if they do not recognize you, let them know you are there so they have a sense that someone is there for them. Sitting together at a table will encourage conversation. Don't let them be isolated.

Hospice – Ability to die with dignity. Certification by a doctor stating that the person has a terminal diagnosis with 6 months or less to live, such as end stage respiratory, cardiac, or cancer. Interaction with the nursing home, bolster the staffing when it's not great, Palliative care, pain management.

Resident File – All information about person and their care to include vitals, PT, nursing, mental health, trends. Extremely important.

OLD BUSINESS

DSS – Department of Social Services. Will be working with them in future.

Quality surveys – Evaluate from resident and family members perspective. Not specific to resident life.

Meeting adjourned by Amy Badini Chair at 8:20 pm.

Next meeting will be April 25, 2023 at 7pm

Respectfully submitted,

Robin DeLieto, Recording Secretary