Clark County Commission on Aging
1300 Franklin Street, 6th Floor
Vancouver, Washington

MEETING NOTES

Wednesday, August 21, 2019
4:30 p.m. – 6:00 p.m.

Members Present: Nancy Dong, Chuck Green, Franklin Johnson, Marjorie Ledell, Meghan McCarthy, Larry Smith, Pam Wheeler

Absent: Amy Gross, Linda O'Leary

1. **Welcome and call to order**
   Marjorie Ledell opened the meeting. The group approved Marjorie to serve as acting chair for the meeting.

   Approval of agenda
   The agenda was approved with the addition of by-law changes and letter of support for the complete streets program.

   Approval of meeting minutes
   The June 19 and July 17 meeting minutes were approved.

2. **Presentations: Advance Care Planning/Healthcare Directives**
   Details on each presentation are available in the CVTV video recording and presentation slides.

   Presentation: Sharing your Wishes: Advance Directives, Advocacy and Wellness
   Presenters: Daleasha Hall, Melissa Ensey, April Duff, Peace Health

   Presentation highlights:
   - Advance care planning is:
     - Sharing your personal goals, values, religious and cultural beliefs, and what matters for your quality of life, as well as completing an advance directive
     - An advance directive is a legal form that you fill out to describe the kinds of medical care you want to have if something happens to you and you can't speak for yourself. The form can be notarized or witnessed by two people.
     - Putting your wishes in writing helps avoid confusion or conflict in times of crisis or uncertainty
   - Why advance care planning?

    - People are more likely to receive care that matches their goals and honors their wishes
        - 82% say it's important to put their wishes in writing
        - 23% have actually done it
    - People are more likely to be where they want to be at end of life
        - 70% prefer to spend last days at home
        - 70% die in long-term care or hospital
    - People spend less time in the hospital at end-of-life with less aggressive, non-beneficial treatment
        - 10 fewer days spent in hospital during last two years if patient participated in advance care planning
- Why aren't people doing this? Barriers to the conversation and putting it in writing:
    - Talking about end-of-life is not easy – it needs skilled, facilitated conversations
    - It can be confusing (i.e. there are 8+ different documents in WA state)
    - People believe they need a lawyer. A lawyer is not needed, just two witnesses or a notary.
- POLST is NOT an Advance Directive
    - POLST = physician order for life sustaining treatment.
    - A POLST should be part of a conversation.
    - A POLST does not name a durable power of attorney for healthcare. It is the only document emergency medical professionals can follow in the field.
    - Advance directive = for everyone, 18+ and it names the decision makers for health decisions.
- Choosing a healthcare agent:
    - A healthcare agent is someone who will make healthcare decisions on your behalf
    - Choose someone you:
        - Trust
        - Believe will follow your medical decisions even if they don't agree with them
        - Can handle stressful and uncertain situations
- Who decides if you DON'T choose a healthcare agent? Legal order of decision maker:
    - Healthcare Agent
    - Spouse or Registered Domestic Partner (even if separated)
    - Adult Children*
    - Parents*
    - Adult Siblings*
    - Adult Grandchildren*
    - Adult Nieces & nephews*
    - Adult Aunts & Uncles*
    - A close friend that meets certain criteria*
    - *in Washington state, if there is more than one person in a category, all must agree; other states may have different rules.
- Continue the conversation and revise as needed. Use the following 5Ds to refresh your plan:
    - Decade – when you hit 30, 40, 50, 60, 70, 80, 90+
    - Divorce – does this change your healthcare agent choice?
    - Diagnosis – do you have a new or worsening health condition?
    - Decline in health – has your health condition changed? Are you as independent as you once were?

    - Death – the death of a significant person in your life may create new viewpoints or values or you may need a new healthcare agent.
- All adults 18+ should have a directive that includes
    - Healthcare agent (Durable Power of Attorney for Healthcare)
    - Healthcare directive (specific instructions about the care they want)
- Advocacy starts with clear expectations about the care someone wants to receive
    - How does treatment align with values
    - How to partner with providers
- Here's what our community needs:
    - Encouragement to have the conversation about what their wishes would be and who will be their healthcare agent
    - Completion of documents with local leaders choosing to lead by example and complete their own advance directives
    - Awareness and education of the issue, where to access resources to complete the forms and normalization of the conversation
    - Advocacy at the state and local level – recognition of events like National Health Care Decisions Day and the creation of a statewide POLST repository
- Your plan is done, what now?
    - Make copies of your advance directives documents; keep the original
    - Give copies to your healthcare agent(s), primary care provider, your local hospital
    - WA does not have a POLST registry or advance directives database. This will require advocacy at the local, state, and national level.
    - PeaceHealth is a repository in the communities where it has hospitals.
- Community resources and supports
    - End of Life Coalition of Southwest Washington - www.eolcoalition.org
    - The Vancouver Clinic – www.tvc.org
    - Area Agency on Aging and Disabilities of SW Washington -
    - http://www.helpingelders.org/end-of-life-resource-page/
    - Honoring Choices Pacific Northwest - https://www.honoringchoicespnw.org/
    - The Conversation Project - https://theconversationproject.org/
    - Legacy Salmon Creek Medical Center - https://www.legacyhealth.org/patients-and-visitors/about-your-care/your-hospital-stay/checking-in/advance-directive-and-POLST.aspx
    - PeaceHealth - www.peacehealth.org/advance-care-planning

Q&A and Comments from Commission on Aging:

- **Marjorie:** regarding the repository, is there a HIPPA implication? **Presenters**: the repository would only be for the advance directive, and would not include any other medical records.
- **Franklin:** does two witnesses or notarized make the document binding? **Presenters**: yes.
- **Franklin:** what if I travel a lot? **Presenters**: we would recommend that you have your advance directive notarized rather than witnessed because it will carry more weight in other states. We also recommend that you carry a copy of your advance directive on you if you are traveling. If you travel frequently to one area, you can go to the local hospital and ask what to do to get your document on file in that location.
- **Franklin:** to clarify, you said that the notarized option carries more weight? **Presenters:** yes, across state lines.

- **Larry:** this message seems like it could be carried to groups like Chambers of Commerce and the Human Resource departments of the respective cities and other local organizations. My question is on mental health and seniors with dementia. I assume that in most cases an attorney's call would be involved on when a certain threshold is reached and that it is a case by case call? I imagine there are lots of examples where people don't have advance directives and are already in the early stages of dementia. **Presenters**: decision making capacity is determined on a case by case basis. It is an ongoing conversation and is fluid. There is a good resource called the Dementia Directive. It's not a legal document, but a supporting document that says the type of care the person wants to receive. PeaceHealth actually has a speaker coming on October 8 to talk about that document at a free community event.
- **Nancy:** can you speak about the privacy of these documents? Do hospitals have a legal obligation to keep it to themselves? Can they sell the information? **Presenters:** the advance directive is part of a person's medical record and held in privacy as all other medical records are. If another hospital requested the information, there would need to be through a signed agreement with the patient.
- **Nancy:** you mentioned that there is a difference between advance directives in different states? Can you speak about that? **Presenters:** Oregon's legislature voted on an advanced directive and there is only one form valid in the state. Washington state has voted on the things that need to be included in the document, but there is not a single statewide document. That seems to be the trend we are seeing in other states. A medical association or national group might put out a version of the document that meets a state's criteria. **Nancy:** if I got ill in another state and only had my Washington advance directive, would it be honored? **Presenters:** if the document was on you, it would be honored. **Nancy:** would it be honored if I was in another country? **Presenters:** it doesn't legally carry international weight, but could still be used to inform the care you receive.
- **Chuck:** my wife and I created advance directives at the same time we did our wills and I think we told my children, but need to double-check on that. I would support lobbying for a statewide filing system. I also appreciated the advice of giving a copy to our physician. My wife lost both of her parents within 1.5 years of each other and when they recognized they wouldn't recover from illness, and realized they needed an advance directive, that was one of the toughest conversations I have ever experienced. The advance directive makes the conversation much easier. Here is my question: I noticed you showed a slide with a copy of a POLST for Oregon, does a POLST cross state lines? **Presenters:** it's tricky. The intent of a POLST would be honored and followed in different states. In the greater Portland area, the Oregon and Washington providers are familiar with both states' POLSTs**.** If you live in an area that is not near a state boundary and the medical professionals (EMTs, doctors, etc.) are not familiar with the document you have, then the intent would be to honor it but there may not be the education to carry out honoring it.
- **Marjorie:** is there a statewide POLST in OR and/or WA? **Presenters:** WA has statewide POLST. OR has a statewide POLST and a statewide registry. WA does not have a statewide registry/bank. **Marjorie:** what do we tell our state legislators to do? **Presenters:** tell them to build a registry. **Public comment:** 10-years ago WA had a registry, but it was not funded. So, the request would be to fund the POLST. OR did it in 2 years. **Presenters:** there is support on this idea from hospital and medical associations.

- **Pam**: in OR, who funds registry? **Presenters**: OHSU funds it. OR was ahead of most states in having a registry and funding it. Funding sounds like a critical area and the WA hospital and medical association could be key players.
- **Franklin**: we have medical alert bracelets. Could you see us eventually having a microchip in a medical alert bracelet with this info? **Presenters**: anything is possible. We'll see a lot of changes in tech and healthcare that will help us do better in caring for our community. **Franklin**: sometimes time is of the essence in having that info. **Public comment:** we have the new driver's license with a chip in it, maybe it could be put on that.
- **Marjorie**: when is National Healthcare Decisions day? **Presenters**: The week of April 16. There are typically several events in the Vancouver area in collaboration with other resources. **Marjorie**: we could ask our councilors for a resolution.

Q&A and Comments from Public:
None

Debrief: What have we heard? Potential recommendations? Request(s) for more information?

- **Chuck**: we could have a conversation with county auditor about registry ideas and could eventually make a request at the state level. We could have conversations with our state representatives too. Monica Stonier, Anette Cleveland and Paul Harris have been involved in healthcare issues.
- **Marjorie**: we should include the resources in the annual report.
- **Nancy**: when renew our license with the donor information, we could save a lot of unnecessary costs and it could be a good way to catch everyone.
- **Marjorie**: we will need to be methodical in taking ideas to the policy and administrative level for action.
- **Larry**: this topic is so significant and a discussion people don't like to have. I have a friend who is 100 and he updates his advance directive once per year. It is something you need to do, like your will. Don't put your family in stress and strain.
- **Chuck**: one area that came to mind talking about where we have been; my wife and I are starting to talk about long term care and helping a woman from our church who does not have money for healthcare, medical bills, etc. Does PeaceHealth have long-term care advocates or education programs that you offer? **Presenters**: the care management and social work staff are very well versed in the long-term care system. AAADSW has advocates who you can call and be given information and resources. A patient navigator within a hospital can also help.
- **Franklin**: we talked about POLST and advanced care directives. Are there people that can help us understand what POLST options actually mean? **Presenters**: we provide a palliative care provider academy, which is a one-day training to help providers with communication skills regarding POLST and advanced care directives. It's one area that PeaceHealth is working to educate medical providers. Many providers did not get a POLST education in medical school. It's being taught in medical schools now, but historically was not a part of the medical school training. We are trying to help providers have meaningful conversations with their patients. **Franklin**: if you don't have PeaceHealth, can you access that information? **Presenters**: PeaceHealth community classes are for any community member, whether or not you are part of the PeaceHealth system. In those classes: we will walk through questions for each community member. You can sign-up for those classes through the website link provided in the slide deck.

3. **By-laws**
   The commission unanimously approved the edits and minor changes to by-laws as discussed in their work session.

4. **Authorize chair to write letter of support re: complete streets.**
   The commission unanimously approved the chair to write a letter of support regarding the complete streets project including the feedback discussed in the commission's work session.

5. **Officer Elections**
   The commission unanimously approved Larry Smith as the new commission chair and Chuck Green as the new vice chair.

6. **Public Comment**
   No additional comments.

7. **New Business, Updates and Announcements:**
   The next Commission on Aging meeting will be held on Wednesday, September 18, 2019 and the presentation will be on complete neighborhoods.

8. **Adjournment**
   The meeting adjourned at 5:30 pm.

The Clark County Commission on Aging provides leadership and creates community engagement in addressing the needs and opportunities of aging.