

- ✓ **Community of Learning**
- ✓ **Confidential Case Sharing**
- ✓ **Practical**



- ✓ **Interdisciplinary**
- ✓ **On-line Learning**
- ✓ **Free CME and CE**

Learn and apply Leadership & Quality Improvement principles from experts!

Share and get practical tips from colleagues!

Project ECHO University of Hawaii

Long-Term Care Learning Action Network

A Collaborative Partnership
to Provide Education from
Quality Improvement and
Leadership and
Implementation Experts
with Case Discussion to
build a Community of
Learning



Long-Term Care Learning Action Network



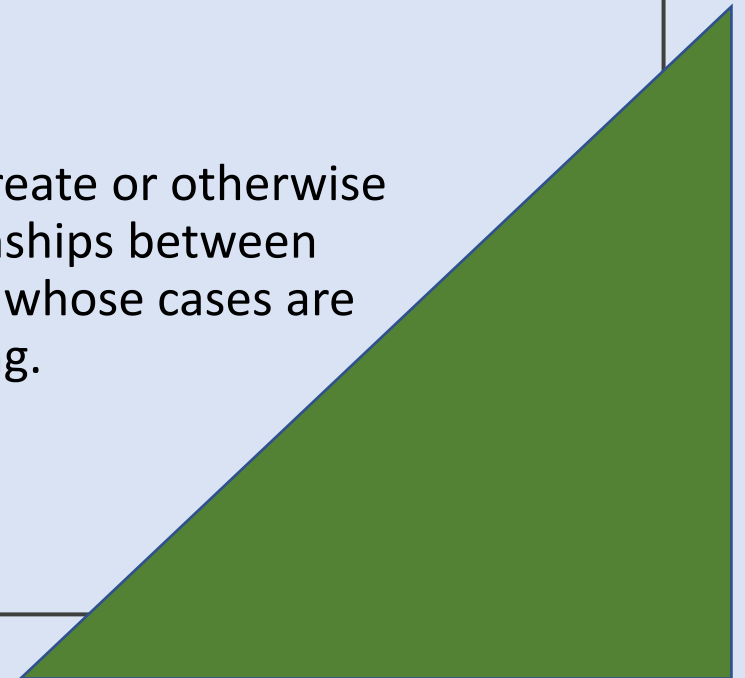
This series is made possible through GWEP funding to the University of Hawaii Department of Geriatric Medicine from the Health Resources and Services Administration (HRSA): Grant Nos. U1QHP28729 and T1MHP39046 and the support from generous our donors- AlohaCare and UnitedHealthcare

Confidential & Safe



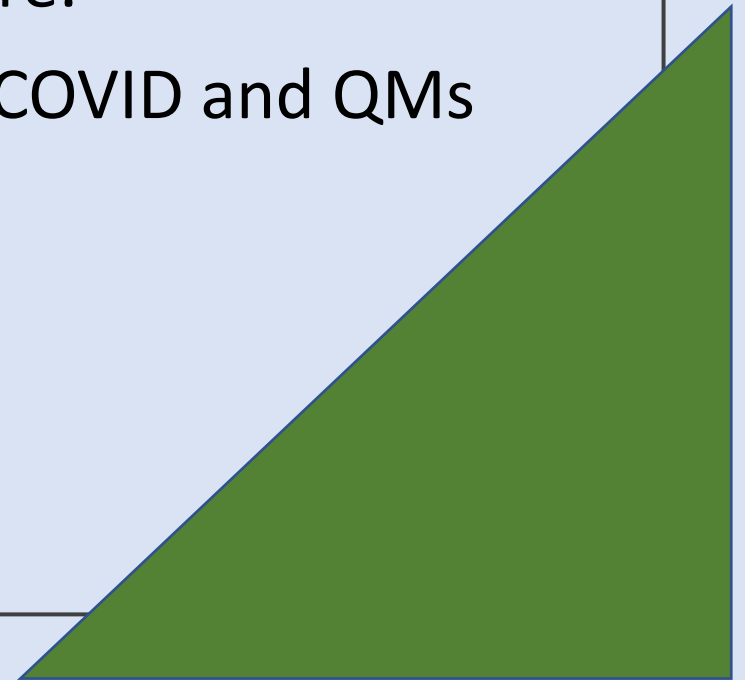
We commit to maintain and safeguard the **confidentiality of information** shared. All case presentations are required to be de-identified and **HIPAA compliant**. In order to create a **safe learning environment**, we will foster a culture of mutual learning and **encouragement**, rather than negativity, shame and blame.

ECHO case consultations do not create or otherwise establish provider-patient relationships between any ECHO specialists and patients whose cases are being presented in an ECHO setting.



Learning Objectives

- Explore strategies for well-being during the Pandemic and recovery
- Practice Age Friendly Health Systems strategies
- Identify QI strategies to improve nursing home care.
- Increased knowledge for regulatory guidance for COVID and QMs



CME Credits

In order to receive CMEs please:

1. Register:

<https://echo.zoom.us/meeting/register/tJUqcuysrjsvGtE2kdnnVk9kl4iAu9cPoOGB>

2. Complete an Evaluation

<https://geriatrics.jabsom.hawaii.edu/nh-echo-lan/>

** Some systems do not allow access to google forms.
Fillable PDFs can be found on our website. Please send
to Jon at Nakasone@hawaii.edu

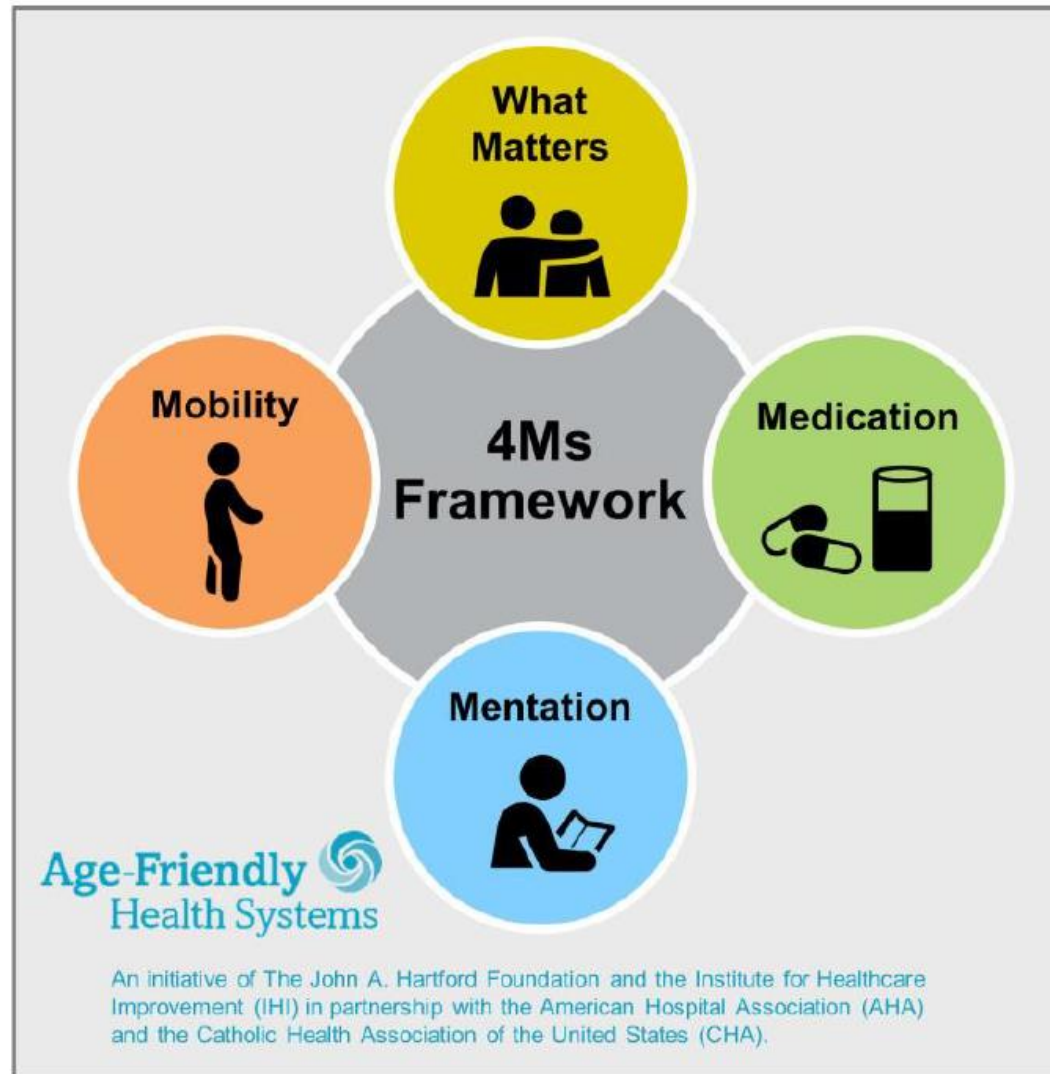
The Hawaii Consortium for **Continuing Medical Education** is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

This program is approved by the **National Association of Social Workers** - Hawai'i Chapter (Approval HI62792021-190) for up to 1 Social Work continuing education contact hour(s).

HRSA is encouraging Nursing Facilities to adopt AFHS

There will be an Opportunity for AFHS Recognition through IHI

Figure 1. 4Ms Framework of an Age-Friendly Health System



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

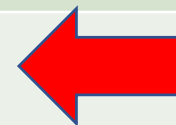
Stay tuned...

What Matters Series- 4 Parts

LTC ECHO LAN Schedule

2nd Tuesday of each
month
2:00- 3:00 pm

DATE	TOPIC
Feb	Who Knows What Matters?
Mar	Understanding What Matters
Apr	Addressing What Matters
May	Care Plans that Matter



** Session Topics subject to change

Introducing: The Hub Team

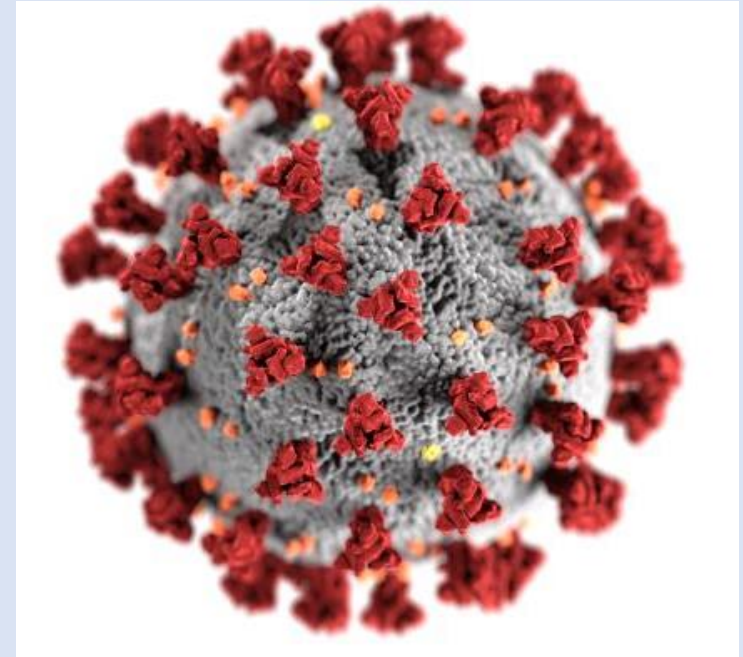
	Position	Role
Aida Wen, MD, CMD	UH Dept of Geriatric Medicine	Course Director
Cody Takenaka, MD	UH Dept of Geriatric Medicine	Speaker
Gayle Rodrigues, MSN, RN	Director of Nursing, Oahu Care Facility	Facilitator
Dana Mitchell, RN	Mountain Pacific Quality Health	QI Coach
Lori Henning, LNHA	HAH-Quality & Education Program	COVID and Regulatory updates

*Our speakers report that they have no conflicts of interest.



Regulatory & COVID-19 Updates

Healthcare Association of Hawaii



What Matters Series – Part 2

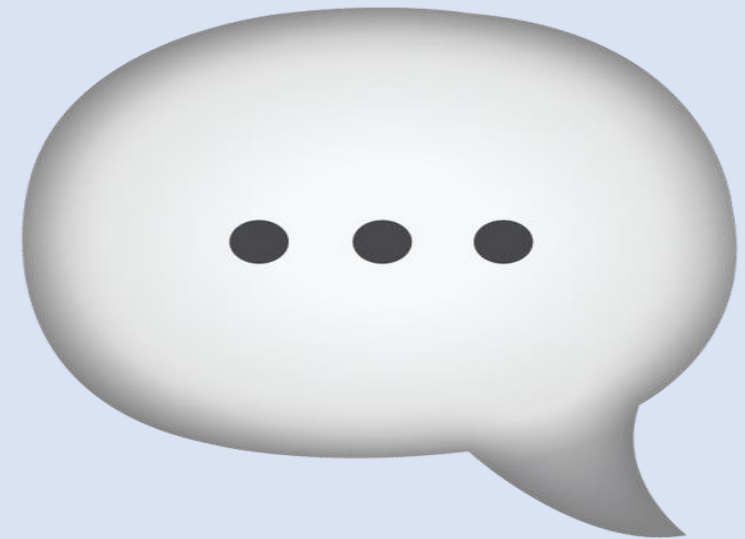
Understanding What Matters Most

Starting the Conversation



Your turn to chat:

Why are ACP Conversations Hard to Have?



Core Principles of Trauma Informed Care



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness + Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



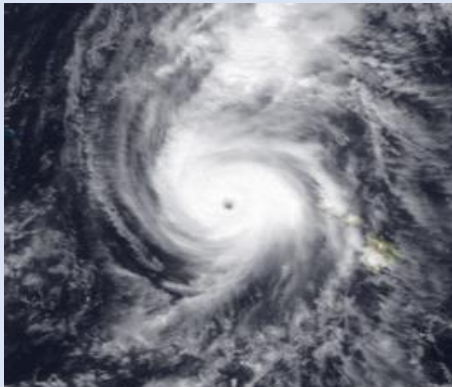
Humility + Responsiveness

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

What is Trauma?

Exposure to an event or series of events that cause an emotional or physical threat with lasting effects on an individual's well-being.

- Individual: Physical, Sexual, or Emotional abuse
- Natural disasters
- Region: Local events
- Culture/group: Violence in the community, discrimination, war or terrorism



How Does Trauma Affect Health?

ACE study

- The number of traumatic events experienced prior to age 18 found that participants with “ACE score” >4



Vincent J. Felitti, Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, James S. Marks,
REPRINT OF: Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study, American Journal of Preventive Medicine, Vol56, Issue 6, 2019, p 774-786.

Always Use Trauma Informed Care Universal Precautions

- Be aware of your body language
- Inform the patient who you are, and what you are going to be doing
- Don't be authoritarian in your communication. Use a collaborative approach
- Don't be rushed
- No blame/shame, no judgements
- Identify strengths and build on them
- Don't ignore their needs, help find solutions
- Keep noise levels low

What Makes a Person Who they Are?



- Identity & Culture
- Relationships
- Personality
- Likes and dislikes...

Be mindful on how culture affects if they trust you enough to have the conversation...

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI_Age_Friendly_What_Matters_to_Older_Adults_Toolkit.pdf

Checklist for Culturally Appropriate “What Matters” Conversations

- ☐ Learn the older adult’s preferred term for his or her cultural identity.
- ☐ Determine the appropriate degree of formality. Learn the older adult’s preference for how he or she would like to be addressed and use this title and the surname (e.g., Mrs. Smith), unless a less formal address is requested.
- ☐ Determine the older adult’s preferred language. If the older adult has basic or below basic literacy or English language proficiency, seek permission from the person to have a medical interpreter assist in the “What Matters” conversation, or determine if a trusted individual who is literate can be present during the “What Matters” conversation.
- ☐ Be respectful of nonverbal communication. Watch for body language cues that might be linked to cultural norms. Adopt conservative body language, use a calm demeanor, and avoid expressive gestures.
- ☐ Address issues linked to culture such as a lack of trust, fear of medical experimentation, fear of side effects, and unfamiliarity with Western biomedical belief systems.
- ☐ Review the medical records to determine if there has been a history of trauma, including refugee status, survivors of violence, genocide, and torture. These are very sensitive issues and must be approached with caution. Reassure the older adult of the confidentiality of the clinician–patient relationship.
- ☐ Determine the level of acculturation and recognize that this is a factor for individuals who are recent immigrants, as well as for those who are not recent immigrants.
- ☐ Recognize health beliefs that include the use of alternative therapies.
- ☐ Consider how gender or gender identity might affect decision making.
- ☐ Consider an approach to decision making that recognizes family and community decisions and does not automatically exclude them in favor of individual autonomy.

Understanding Life Contexts and Priorities

Guiding Questions: Understanding Life Context and Priorities

- What is important to you today?
- What brings you joy? What makes you happy? What makes life worth living?
- What do you worry about?
- What are some goals you hope to achieve in the next six months or before your next birthday?
- What would make tomorrow a really great day for you?
- What else would you like us to know about you?
- How do you learn best? For example, listening to someone, reading materials, watching a video.

Understand Anchoring Treatment Goals and Preferences

Guiding Questions: Anchoring Treatment in Goals and Preferences

- What is the one thing about your health care you most want to focus on so that you can do [fill in desired activity] more often or more easily?
- What are your most important goals now and as you think about the future with your health?
- What concerns you most when you think about your health and health care in the future?
- What are your fears or concerns for your family?
- What are your most important goals if your health situation worsens?
- What things about your health care do you think aren't helping you and you find too bothersome or difficult?
- Is there anyone who should be part of this conversation with us?

Who Can initiate the Conversation?

- Patient
- Family
- Caregivers
- MD
- ANYONE else on the IDT: nurse, social worker, pharmacist, activities, housekeeping, dietary, chaplain, PT/OT

Whoever the patient is most comfortable with....
And has the time and availability
(need lots of listening!)

When Should We Ask? And Re-visit?

- Admission
- Annual visit
- New Diagnosis
- Change in Condition/ Chronic Disease Progression
- Inpatient visits

Sharing “What Matters”

- Complete documents (DPOA HC, ACP, POLST)
- Document the Conversation in the EMR
- Discuss with the care team
- Incorporate into resident Care Plan
- Continue the Conversation

CHECK THE CHART:

GENERAL POWER OF ATTORNEY

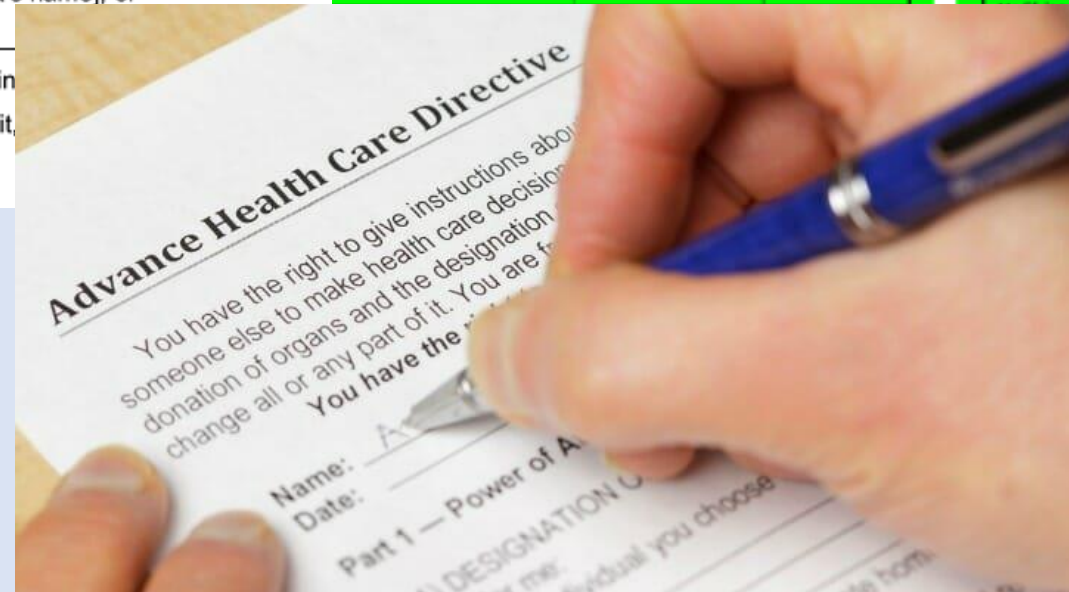
OF

Jane Doe

I, _____, the Principal, of _____ [street address], City of _____, State of _____, hereby designate _____, [attorney-in-fact's name], of _____ [street address], City of _____ State of _____, my attorney-in-fact (herein to act as set forth below, in my name, in my stead and for my benefit, all powers of attorney I may have executed in the past.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY		
PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) - HAWAII		
	<p>PHS1 follows these orders. PHS1 contact the patient's provider. This Provider Order Form is based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.</p>	<p>Patient's Last Name _____</p> <p>First/Middle Name _____</p> <p>Date of Birth _____ Date Form Prepared _____</p>
A	<p>CARDIOPULMONARY RESUSCITATION (CPR): <i>"Person has no pulse and is not breathing"</i></p> <p><input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNAR (Allow Natural Death)</p> <p>(Section B: Full Treatment required)</p> <p>If the patient has a pulse, then follow orders in B and C</p>	
B	<p>MEDICAL INTERVENTIONS: <i>"Person has pulse and/or is breathing"</i></p> <p><input type="checkbox"/> Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Comfort care needs cannot be met in current location.</p> <p><input type="checkbox"/> Limited Additional Interventions Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use less invasive airway support (e.g. continuous or bi-level positive airway pressure) if indicated. Avoid intensive care.</p> <p>Transfer to hospital if indicated. Avoid intensive care.</p> <p>Intubation Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardiopulmonary bypass as indicated. Transfer to hospital if indicated. Includes intensive care.</p>	
<p>Orders:</p> <p>ONLY ADMINISTERED NUTRITION: <i>Always offer food and liquid by mouth if feasible and desired</i></p> <p>by mouth (information on nutrition & hydration)</p> <p>If nutrition by tube <input type="checkbox"/> Goal: _____</p> <p>artificial nutrition by tube. _____</p>		
<p>DESIGNATED REPRESENTATIVE AND SUMMARY OF MEDICAL CONDITION Discussed with:</p> <p><input type="checkbox"/> Legally Authorized Representative (LAR) If LAR is checked, you must check one of the boxes below:</p> <p><input type="checkbox"/> Agent designated in Power of Attorney for Healthcare <input type="checkbox"/> Patient-designated surrogate</p> <p>selected by consensus of interested persons (Sign section E) <input type="checkbox"/> Parent of a Minor</p>		
<p>Provider (Physician/APRN Licensed in the state of Hawaii):</p> <p>I hereby indicate to the best of my knowledge that these orders are consistent with the person's medical preferences.</p>		
Name _____	Provider Phone Number _____	Date _____

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY			
Patient Name (last, first, middle)		Date of Birth	Gender M F
Patient's Preferred Emergency Contact or Legally Authorized Representative			
Name		Phone Number	
Address		Phone Number	
Health Care Professional Preparing Form		Preparer Title	Date Form Prepared
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">E</div> <div> <p>SURROGATE SELECTED BY CONSENSUS OF INTERESTED PERSONS (Legally Authorized Representative as defined in section D)</p> <p>I make this declaration under the penalty of false swearing to establish my authority to act as the legally authorized representative for the patient named on this form. The patient has been determined by the primary physician to lack decisional capacity and no health care agent or court appointed guardian or patient designated surrogate has been appointed or the agent or guardian or designated surrogate is not reasonably available. The primary physician or the physician's designee has made reasonable efforts to locate as many interested persons as practicable and has informed such persons of the patient's lack of capacity and that a surrogate decision-maker should be selected for the patient. As a result I have been selected to act as the patient's surrogate decision-maker in accordance with Hawaii's Revised Statutes §327E-5. I have read section C below and understand the limitations regarding decisions to withhold or to withdraw artificial hydration and nutrition.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Signature (required) Name Relationship </div> </div> </div>			
DIRECTIONS FOR HEALTH CARE PROFESSIONAL			
Completing POLST <ul style="list-style-type: none"> • Must be completed by health care professional based on patient preferences and medical indications. • POLST must be signed by a Physician or Advanced Practice Registered Nurse (APRN) licensed in the state of Hawaii and the patient or the patient's legally authorized representative to be valid. Verbal orders by providers are not acceptable. • Use of original form is strongly encouraged. Photocopies and Xerox of signed POLST forms are legal and valid. 			
Using POLST <ul style="list-style-type: none"> • Any incomplete section of POLST implies full treatment for that section. <p>Section A:</p> <ul style="list-style-type: none"> • No do-not-resuscitate (including automated external defibrillator) should be used on a person who has chosen "Do Not Attempt Resuscitation." <p>Section B:</p> <ul style="list-style-type: none"> • When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture). • IV medication to achieve comfort may be appropriate for a person who has chosen "Comfort Measures Only." • A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment." <p>Section C:</p> <ul style="list-style-type: none"> • A patient or a legally authorized representative may make decisions regarding artificial nutrition or hydration. However, a surrogate who has not been designated by the patient (surrogate selected by consensus of interested persons) may only make a decision to withhold or withdraw artificial nutrition and hydration when the primary physician and a second independent physician concur in the patient's medical records that the provision or continuation of artificial nutrition or hydration is merely prolonging the act of dying and the patient is highly unlikely to have any neurological response in the future. HRS §327E-5. 			
Reviewing POLST <p>It is recommended that POLST be reviewed periodically. Review is recommended when:</p> <ul style="list-style-type: none"> • The person is transferred from one care setting or care level to another, or • There is a substantial change in the person's health status, or • The person's treatment preferences change. 			
Voiding POLST <p>In exactly one, if lacking exactly the legally authorized representative, can request a different treatment plan and the POLST at any time and in any manner that communicates an intention as to this change.</p> <p>voids a POLST form, draw a line through Sections A through E and write "VOID" in large letters on the original and on and date this line. Complete a new POLST form indicating the modifications.</p> <p>A provider may medically evaluate the patient and recommend new orders based on the patient's current health care of care.</p>			
Kāhuna Mau – Hawaii's Hospice and Palliative Care Organization			
<p>is the lead agency for implementation of POLST in Hawaii. Visit www.kahunamau.org/polst to download a copy and read more POLST information. This form has been adopted by the Department of Health July 2014.</p> <p>Kāhuna Mau • PO Box 62235 • Honolulu HI 96825 • info@kahunamau.org • www.kahunamau.org</p>			
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED			



LOOK FOR 3 THINGS:

#1

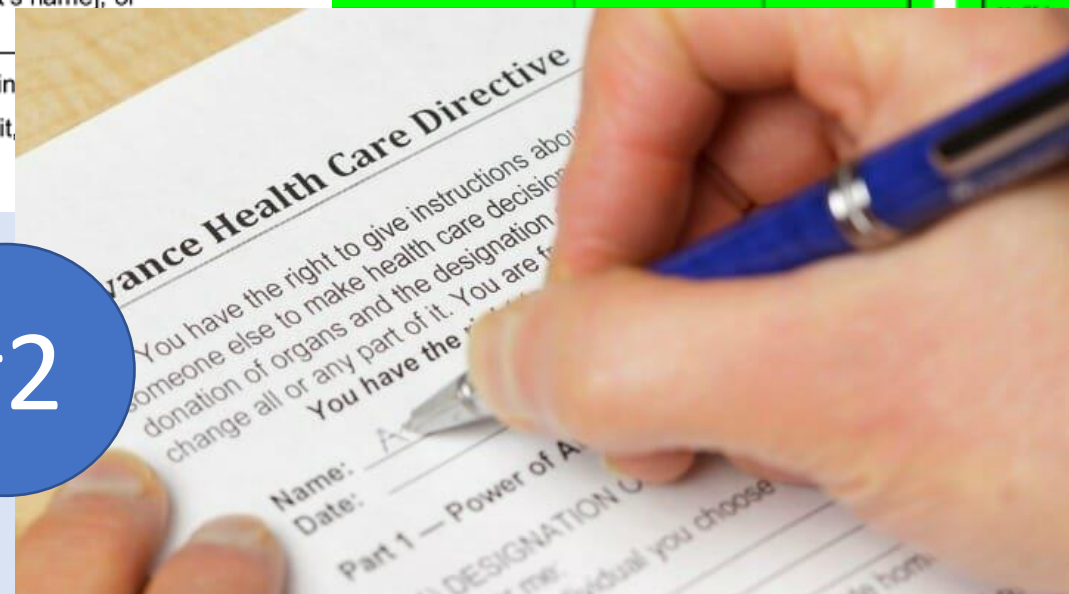
GENERAL POWER OF ATTORNEY

OF

Jane Doe

I, _____, the Principal, of _____ [street address], City of _____, State of _____, hereby designate _____, [attorney-in-fact's name], of _____ [street address], City of _____, State of _____, my attorney-in-fact (herein to act as set forth below, in my name, in my stead and for my benefit, all powers of attorney I may have executed in the past.

#2



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) - HAWAII

First follow these orders. THEN contact the patient's provider. This Provider Order form is based on the patient's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone should be treated with dignity and respect.

Patient's Last Name: _____
First/Middle Name: _____
Date of Birth: _____ Date Form Prepared: _____

A CARDIOPULMONARY RESUSCITATION (CPR): **"Person has no pulse and is not breathing"**
☐ Attempt Resuscitation/CPR ☐ Do Not Attempt Resuscitation/DNAR (Allow Natural Death)
(Section B: Full Treatment required)
If the patient has a pulse, then follow orders in B and C.

B MEDICAL INTERVENTIONS: **"Person has pulse and/or is breathing"**
☐ Comfort Measures Only: Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Transfer if comfort needs cannot be met in current location.
☐ Limited Additional Interventions: Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use less invasive airway support (e.g. continuous or bi-level positive airway pressure) if indicated. Avoid intensive care.
Transfer to hospital if indicated. Avoid intensive care.

C FULLY ADMINISTERED NUTRITION: Always offer food and liquid by mouth if feasible and desired
If on next page for information on nutrition & hydration
☐ Artificial nutrition by tube ☐ Do not use artificial nutrition by tube
Goal: _____

D AGENTS AND SUMMARY OF MEDICAL CONDITION: Discussed with: _____
☐ Legally Authorized Representative (LAR). If LAR is checked, you must check one of the boxes below:
☐ Agent designated in Power of Attorney for healthcare ☐ Patient-designated surrogate
Selected by consensus of interested persons (Sign section E) ☐ Parent of a Minor

Provider (Physician/APRN licensed in the state of Hawaii): _____
Signature: _____ Date: _____
Title: _____

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Patient Name (last, first, middle): _____

Patient's Preferred Emergency Contact or Legally Authorized Representative: _____
Name: _____ Address: _____
Health Care Professional Preparing Form: _____ Preparer Title: _____ Date: _____

E SURROGATE SELECTED BY CONSENSUS OF INTERESTED PERSONS (Legally Authorized Representative as outlined in section D)
I make this declaration under the penalty of false swearing to establish my authority as a legally authorized representative for the patient named on this form. The patient has been determined by a physician to lack decisional capacity and no health care agent or court appointed guardian or patient-designated surrogate has been appointed or the agent or guardian or designated surrogate is not reasonably available. The primary physician or the physician's designee has made reasonable efforts to locate as many interested persons as practicable and has informed such persons of the patient's lack of capacity and that a surrogate decision-maker should be selected for the patient. As a result I have been selected to act as the patient's surrogate decision-maker in accordance with Hawaii's Revised Statutes §327B-5. I have read section C below and understand the limitations regarding decisions to withhold or to withdraw artificial hydration and nutrition.
Signature (required): _____ Name: _____ Relationship: _____

DIRECTIONS FOR HEALTH CARE PROFESSIONAL

Completing POLST

- Must be completed by health care professional based on patient preferences and medical indications.
- POLST must be signed by a Physician or Advanced Practice Registered Nurse (APRN) licensed in the state of Hawaii and the patient or the patient's legally authorized representative to be valid. Verbal orders by providers are not acceptable.
- Use of original form is strongly encouraged. Photocopies and faxes of signed POLST forms are legal and valid.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.
- Section A:**
 - No defibrillator (including automated external defibrillators) should be used on a person who has chosen "Do Not Attempt Resuscitation."
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 - When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
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- Section C:**
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- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

Voiding POLST

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To void a POLST form, draw a line through Sections A through E and write "VOID" in large letters on the original and sign and date this line. Complete a new POLST form indicating the modifications.
A provider may medically evaluate the patient and recommend new orders based on the patient's current health status of care.

Kāhala Maui – Hawaii's Hospice and Palliative Care Organization
The lead agency for implementation of POLST in Hawaii. Visit www.kahalamau.org/polst to download a copy and more POLST information. This form has been adopted by the Department of Health July 2024.
Kāhala Maui • PO Box 62235 • Honolulu HI 96828 • info@kahalamau.org • www.kahalamau.org
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

#3

Please Share with our Team:

You will receive a link to fill out an online survey form to share how many of your residents have these 3 documents.

Please try have someone screen all your residents before our next session.

If you are too busy this month, its ok to do this next month as well.

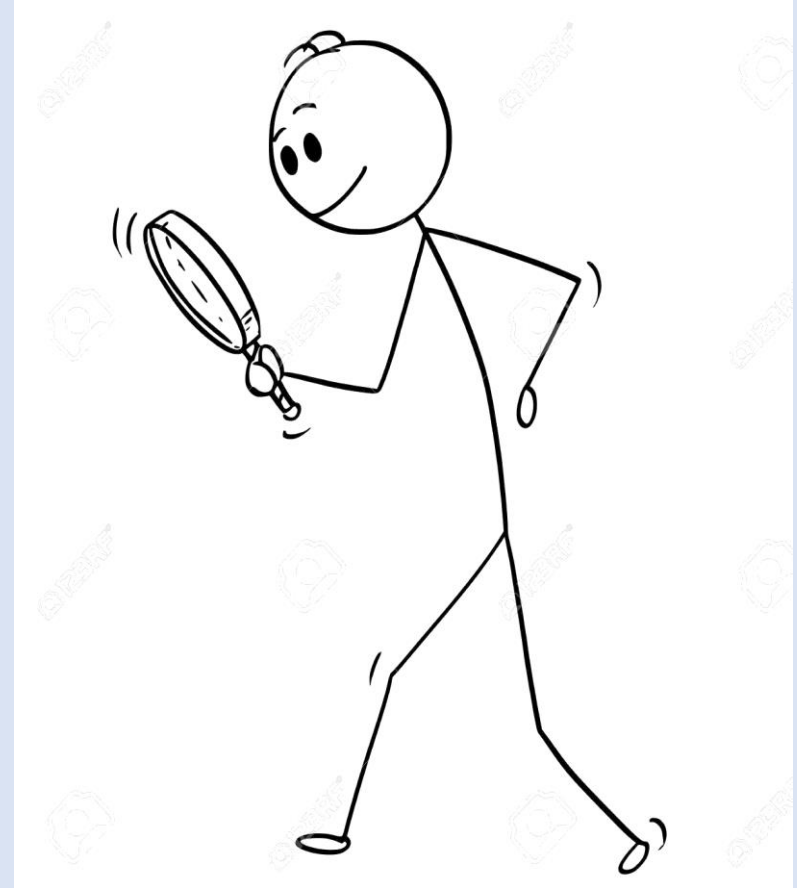
DOCUMENT	HOW MANY HAVE?	TOTAL# RESIDENTS
Power of Attorney		
Advanced Care Planning (e.g. DPOA HC)		
POLST form		

Please Share with our Team:

As we provide ideas to help your residents & families complete these we hope that all these scores will improve.

We will ask you to do this again at the end of May

This will demonstrate that you are doing a good job helping residents achieve their wishes!

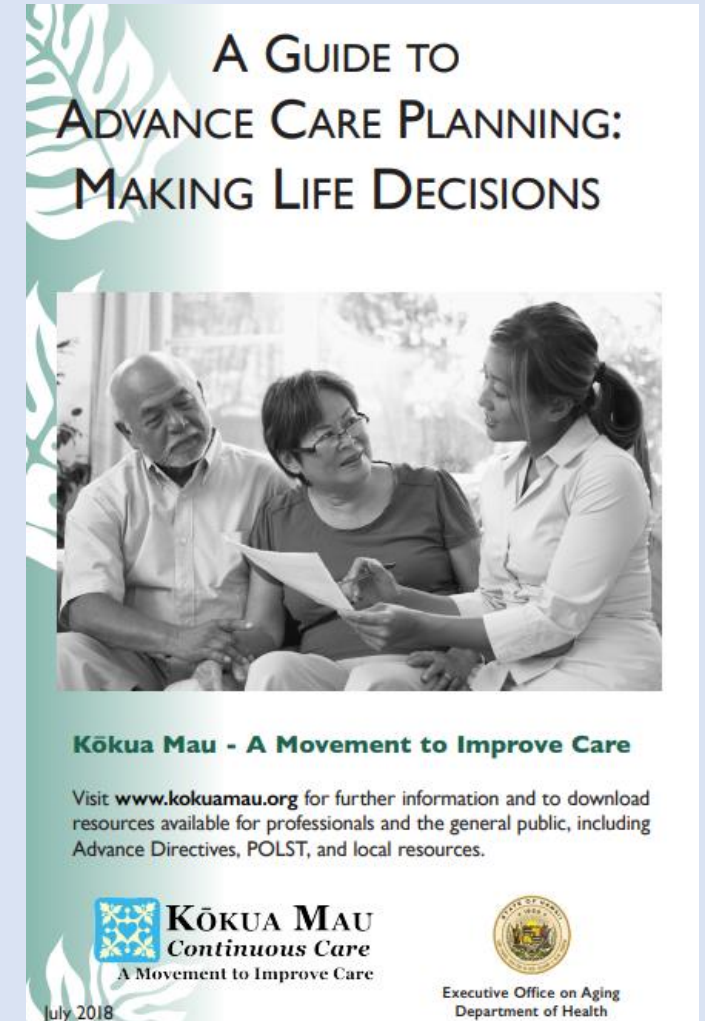


Completing this will help you get your Continuing Education Credits!

Local Resources

Online at kokuamau.org

- Tube feeding handout
- What is CPR?
- Kokua Mau Booklet “A Guide to Advance Care Planning: Making Life Decisions”



Deciding What to Do and Why Not Now?



A Legal Handbook for Hawai'i's Older Persons, Families and Caregivers

By James H. Pietsch, JD and Lenora H. Lee, PhD

University of Hawai'i Elder Law Program
William S. Richardson School of Law

RESOURCE

Available at www.hawaii.edu/uhelp/ or as hardcopy.

Toolkits

- IHI AFHS
 - ([http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI Age Friendly What Matters to Older Adults Toolkit.pdf](http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI_Age_Friendly_What_Matters_to_Older_Adults_Toolkit.pdf))
- The Conversation Project
- 5 Wishes
- Vital Talks



Wellness

What Matters Most to YOU?

Your immediate family

Your grandchildren

Your church Family

Your pet

Your mango tree...



Wellness

What Things do you ENJOY?

Music, Dancing, Zumba...

Fresh vegetables from the garden

Good Barbeque

Beach



These are important to put back into your life – DO IT THIS WEEK!

And don't forget to Plan for your own healthcare

*This will help
everyone have
peace of mind!*

[Templates](#) | [Letter Project](#) | [Stanford Medicine](#)
about writing a letter to the doctor of what
matters most.

Dear Doctor,

My Doctor's name

RE: What matters most to me at the end of my life

I have been reading and thinking about end-of-life issues lately. I realize how important it is that I communicate my wishes to you and my family. I know that you are very busy.

You may find it awkward to talk to me about my end-of-life wishes or you may feel that it is too early for me to have this conversation. So I am writing this letter to clarify what matters most to me.

My name

What Matters Most to Me

Examples: Being at home, doing gardening, going to church, playing with my grandchildren

My important future life milestones:

Examples: my 10th wedding anniversary, my grandson high school graduation, birth of my granddaughter

Here is how we prefer to handle bad news in my family

Examples: We talk openly about it, we shield the children from it, we do not like to talk about it, we do not tell the patient

NEED HELP?

- FRIDAY 3/11/22
 - 10am
 - 2pm

Mibrao@hawaii.edu



*May you always have
Walls for the winds,
A roof for the rain,
Tea beside the fire,
Laughter to cheer you,
Those you love near you,
And all your heart might desire!*



Bittle

***THANKS
FOR CARING!***