LTSS in Our Community

Keeping Tribal Elders Connected:
Real Stories from the Front Lines
Disclaimer

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UNITE (Uniting Nursing Homes in Tribal Excellence)

• Entering its 7th year of service to tribal nursing homes and tribal assisted living facilities
• Promotes evidence-based education and training, best practices, and quality improvement initiatives
• Works with any tribe desiring facility and/or home-based services for tribal elders to age in place
UNITE’s Mission, Status, and Location

UNITE’s mission

UNITE partners with Native Americans/Alaska Natives/Native Hawaiians to improve the quality of life of elders through the implementation of evidence-based practices and culturally relevant education and training

• 501c3 with Board of Directors
• Serving tribal elders since 2014
• Membership-based
Webinar Objectives

- State 3 ways to keep residents connected despite federal and state regulations
- State 3 ways to stay connected during the admission process
- State the healthy benefits of companionship and touch
- State 3 ways to continue the Resident Council during COVID
- Describe how traditional food is beneficial
- State 3 strategies to use technology to reduce social isolation
- List 3 quarantine activities
- State 3 ways to stay connected during the holidays
- State 3 concerns related to masks and social isolation
- Identify ways to keep residents connected when receiving dialysis and other medical treatments
Definitions and CMS mandates

“Loneliness and social isolation in older adults are serious public health risks affecting a significant number of people in the United States and putting them at risk for dementia and other serious medical conditions.”

Social Isolation

Social isolation and loneliness are serious, yet underappreciated, public health risks that affect a significant portion of the older adult population.

People who are 50 years of age or older are more likely to experience many of the risk factors that can cause or exacerbate social isolation or loneliness, such as living alone, losing family or friends, chronic illness, and sensory impairments.

Social isolation and loneliness may be episodic or chronic.

Social isolation presents a major risk for premature mortality comparable to other risk factors, such as high blood pressure, smoking, or obesity.

Social Isolation and Loneliness

Social isolation significantly increased a person’s risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.

Social isolation was associated with about a 50% percent increased risk of dementia.

Poor social relationships (characterized by social isolation or loneliness) were associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.

Loneliness was associated with higher rates of depression, anxiety, and suicide.

Loneliness among heart failure patients was associated with a nearly 4-time increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Social Isolation and the Health Care System

People generally are social by nature, and high-quality social relationships can help them live longer, healthier lives.

Health care systems are an important, yet underused, partner in identifying loneliness and preventing medical conditions associated with loneliness.

A doctor’s appointment or visit from a home health nurse may be one of the few face-to-face encounters someone has.

These visits represent a unique opportunity for clinicians to identify people at risk for loneliness or social isolation.

Social Isolation and Person-Centered Care

Patients must make their own decisions

- Some people may like being alone
- It is also important to note that, even though social isolation and loneliness are 2 distinct aspects of social relationships, both can put health at risk

Staying Connected Despite Regulations

Cohorting
Quarantining
Vaccination
Exposure to COVID
Length of time spent outside the facility
Community transmission rates
Family decisions affecting elders
Interdisciplinary team meetings and care planning
Waivers
Social distancing
Connections during Admissions and Readmissions
Connections during Admissions and Readmissions

Admission processes becoming more difficult
COVID testing pre-admission
Lockdowns

Readmission processes for current residents
  • § Readmission of COVID-positive residents
  • § Readmission of non-COVID-positive resident
Compassionate Care

Exemptions for hospice care
Other exemptions
Connections and Resident Council

- Door-to-door canvassing
- No committee meetings
- Concerns forwarded to department heads
- New processes
- Paper trail
- Zone impact

Group size
Managing grievances
Connections and Traditional Food

Spiritual food
Connections: family, culture, generations, and history
Provides opportunity to teach and increase participation
Cutting Geeoga – Half-Dried Salmon
Processing Moose Head for Special Occasions
Enjoying Salmon Head
Teaching the Cook How to Prep Lush – A Fall Favorite
Enjoying Cutting Salmon
Connections and Social Media/Technology

Lack of computers or internet
Pictures on Facebook
Purchase of tablets
Purchase of cordless cell phones

Declination of outreach by phone or video
Remote counseling sessions
Remote behavioral health sessions
Process of online visits
Consultations
Use of empty room to Skype family
Connecting with Sensory Limitations

Low vision and blindness
Hard of hearing
Telehealth
Connections and Activities

Jumping through “hoops”
Standing on our heads
“I want to go shopping”
Native Connections – yard signs
Bird feeders

Blessings by priest on facility from the outside
Current visitation policy
Van rides
Community funerals
Morning Star Care Center’s Elder Council Survey 2020

How are you doing with the COVID guidelines?
How is your care?
Any staff you would like to spotlight, and why?
Any issues or concerns you would like to discuss?
Any improvements we could make to make it better?
Connections and Holidays

Christmas balloon train
Bringing holiday spirit to rooms
Shared meals via window visits
Family entrance visits
Santa’s room visits
Connections and masks

Inability to wear mask or refusals
Use of guardian to determine risk/benefit
Connectivity and Spiritual Needs - Phase 1

Window prayer with priest from local church

Last rites and prayers
  • A priest from a local church organization with immunity from a positive COVID test came into the facility to pray with family and residents’ days leading up to the residents’ passing

Local girls school made Chanli waphahta “tobacco ties” as prayers for our elders in our facility
  • These items were hung on the west wall in the facility per the guidance of a spiritual leader
Connectivity and Spiritual Needs - Phase 2

small group

Used resources, such as a Facebook, live stream from a local church for Sunday services

- Projected the sessions onto a large screen in theater room

Father made prayers for the facility halls and blessed rooms frequently

Drum group sang songs outside the facility to lift residents’ spirits and give strength

Mental health issues related to COVID pandemic
Connectivity and Spiritual Needs: Testimonial

One resident with underlying diagnosis of anxiety experienced an increase of symptoms related to his preexisting condition.

The resident believed these symptoms to be a result of being confined to room during the pandemic.

The resident and staff were able to find some relief through spiritual guidance of a father of local church.

The father would call or video chat with the resident and make-in person visits.
Companionship and Touch

Additional attention of staff
Virtual hugs
Touching and vaccinations
Visitation
Caregivers
Connections during Dialysis and Medical Appointments

Double isolation
Waiting outdoors
Separate quarantine “hall”
Case Study: Isolation-Induced Dementia

Morning Star Care Center
March 12, 2020, to October 5, 2020
Understanding the Impact of COVID-19 on Tribal Long-term Care Communities

• A new form: https://forms.gle/kPPBR2KZVkDAwUpX9
• Voluntary participation
• Aggregate information only
• Submitted monthly
• Quarterly calls to review the data collected
Understanding the Impact of COVID-19 on Tribal Long-term Care Communities

Gathering objective and subjective information
Addressing the pandemic
Assistance with best practices
Demonstrating a need
Telling a story
Advocacy
Positive attention

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