Valdosta
Community Healthcare Connections Minutes

Meeting Name	Location	Minutes Taken By
Valdosta CHCC	**South Georgia Medical Center Classrooms B and C 2501 N. Patterson St. Valdosta, GA**	**Melody Brown**

Date	Facilitator	Leaders	Actual Start Time	Actual End Time
December 16, 2014	**Alliant Quality**	**Melody Brown**	**10:00 AM**	**12 Noon**

Meeting Purpose/Objective: **Coming Together to Improve Care in the Community**

- ✓ Improve communication and patient care across the continuum
- ✓ Assist all facilities in meeting goals for Medicare quality improvement measures
- ✓ Discuss and implement efforts to increase communication between providers and settings
- ✓ Recognize current work and reward creative thinking.

Team Members Present

☒ South Georgia Medical Center	☒ Hospice South Georgia	☒ Berrien Nursing Center
☒ Amedisys Home Health	☒ Home Instead Senior Care	☐
☒ Georgia Home Health Services	☒ Georgia Nurse Care	☐
☒ Heritage Healthcare of Holly Hill	☒ 1st America Home Medical Equipment	☐
☒ Pruitt Health Hospice	☒ Partnership Health Center	☐
☒ HeritageHealthcare of Lake Haven	☒ Barnes Healthcare	☐
☒ Pruitt Health of Valdosta	☒ Suncrest Home Health	☐

Other Attendees

DISCUSSION / Getting Started

- Meeting objectives and confidentiality were discussed by Melody Brown.

ACTION ITEMS

- Data sharing of readmission statistics for 2014
- CHCC Charter was read by Melody Brown and signed by participants for this Community.

DATA

- Melody Brown shared a graph depicting readmission data up through Q2 14. Findings as benchmarked against Statewide statistics showed that the Valdosta area is below the State average and decreasing in a positive direction at about 16%.

EDUCATION

This material was prepared by GMCF, for Alliant Quality, the Medicare Quality Innovation Network – Quality Improvement Organization for Georgia and North Carolina, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 11SOW-GMCFQIN-C3-14-01

- Amedisys, Heritage of Holly Hills, 1st American DME, and Suncrest shared their findings of recent data abstraction related to readmissions to their organizations. Findings included:
  - Recurring diagnoses were sepsis and heart failure
  - Each had about 4 readmissions per look back period
  - Time range post discharge to readmission was around 7-11 days for one and a couple at 30 days out
  - Payors were varied with no distinct relationship to readmissions

Discussion was had around 1 instance where a NH resident's family was insistent upon the resident being transferred to the hospital though he has a diagnosis of cancer, refuses hospice services, and remains a full code. Thoughts around intervention of palliative care at the hospital were discussed with hopes that this might assist with an ease of transfer to hospice. This case will be discussed further with the hospital and NH. This led to a good open discussion of services that might be beneficial to intervene in more cases.

Interventions discussed were: tracking readmission data monthly---reviewing each readmission for several statistics to include day of readmission for discharge, diagnosis at discharge vs. diagnosis for readmission, etc.

Also, from Home Health, institution of a "risk" rating and if the patient is considered a "high" risk at intake assessment time, the nurse will call and elevate this status to implement a strategy for visit protocol.

CLOSING / Assignment

- All were encouraged to closely review their readmission data monthly/examine each readmission and look for trends that might be improved

NEXT MEETING

February 10 , 2015 10AM-12 Noon South Georgia Medical Center 2501 N. Patterson St Valdosta, GA Classrooms A and B

NEXT STEPS

Party Responsible	Activity	Due Date
Kay Frazier	Share INTERACT tools used and how they aide in reducing readmissions	February 10, 2015
All	Reach out to other Community Partners that might benefit from meeting attendance	February 10, 2015

This material was prepared by GMCF, for Alliant Quality, the Medicare Quality Innovation Network – Quality Improvement Organization for Georgia and North Carolina, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 11SOW-GMCFQIN-C3-14-01