

Mt. Division - Dalton

Community Healthcare Connections Minutes

Meeting Name	Location		Minutes Taken By	
Mt. Division CHCC	Dalton Community Center 218 N. Fredrick Street, Dalton, GA		Gaetane Wilder	
Date	Facilitator	Leaders	Actual Start Time	Actual End Time
8/11/15	Gaetane Wilder		2:00 p.m.	3:30 p.m.
<p><i>Meeting Purpose/Objective: Coming Together to Improve Care in the Community</i></p> <ul style="list-style-type: none"> ✓ 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				
<input type="checkbox"/> Amedisys Home Health <input type="checkbox"/> Amedisys Hospice <input type="checkbox"/> Calhoun Health Care Center <input type="checkbox"/> Chatsworth Health Care <input checked="" type="checkbox"/> GA Mountains Health Svcs. <input checked="" type="checkbox"/> Gordon Health and Rehab <input type="checkbox"/> Gordon Home Care	<input checked="" type="checkbox"/> Gordon Hospital <input checked="" type="checkbox"/> Hamilton Med. Center <input type="checkbox"/> Hamilton Med Ctr. Home Hlth & Hospice <input type="checkbox"/> Hamilton Convenient Care <input type="checkbox"/> Homestead Hospice <input checked="" type="checkbox"/> Hutcheson Med. Center Sub Acute <input type="checkbox"/> Murray Med. Center	<input type="checkbox"/> NHC Healthcare Ft. Oglethorpe <input checked="" type="checkbox"/> NHC Rossville <input type="checkbox"/> NW GA Healthcare Partnership <input checked="" type="checkbox"/> NW GARC/AAA <input type="checkbox"/> Parkside at Hutcheson <input type="checkbox"/> Pruitt Health LaFayette <input type="checkbox"/> Pruitt Health Fort Oglethorpe	<input type="checkbox"/> Quinton Memorial <input type="checkbox"/> Regency Park <input type="checkbox"/> Rescare Home Care <input checked="" type="checkbox"/> Ridgewood Manor <input checked="" type="checkbox"/> Ross Woods Adult Day Svc. <input checked="" type="checkbox"/> Southeastrans <input type="checkbox"/> Wood Dale	
Other Attendees				
DISCUSSION / Getting Started/Updates				
<ul style="list-style-type: none"> • Welcome and Intros were made by Gaetane Wilder. Individuals present were asked to review and update the contact information available. Included reminder of history/purpose of group (previous focus on reducing pressure ulcers, use of restraints and improving communications. Current focus on better transitions of care with outcome of reducing readmissions and reducing healthcare acquired conditions. • RossWoods provided an update on their special education series. They had a turnout of about 90 people. They will also be showing a Teepa Snow video on August 20 for family and professional caregivers of individuals with Alzheimer’s or a related dementia. Contact Laurie Parker for more information lparker@rosswoods.org • Jodi Boyer, new Regional Manager for Southeastrans NE Region, was present to discuss questions and concerns about Medicaid Non-Emergency Transportation (NET). Most feedback was positive, and a few providers had some specific issues which Jody Boyer agreed to discuss with them individually after the meeting. Questions and concerns regarding future NET issues should be directed to her. jboyer@southeastrans.com • Gaetane Wilder provided the following QIN- QIO (Quality Innovation Network- Quality Improvement Organization)updates: <ul style="list-style-type: none"> – New work focusing on behavioral health and immunizations for Medicare beneficiaries. All health care providers will be encouraged to use the GRITS (Georgia Registry of Immunization Transactions)system. – The use of antipsychotics in long term care continues to decline. Nursing homes have been working on this for several years. – The 8th Culture Change Network of Georgia Summit will be taking place on 8/27/15. www.CultureChangeGa.org – New “Zone Tools” about hip/knee replacement are available on the Alliant Quality website http://alliantquality.org/content/care-coordination. Additional zone tools, CHF, Pneumonia, UTI, COPD, Diabetes, and other tools can be accessed at http://alliantquality.org/content/health-care-providers. Additional tools are also available via https://INTERACT2.net , including End of Life Conversation Starters and more. 				

ACTION ITEMS

Open Discussion was held which included the following:

- **Georgia Mountains Health** talked about the work they do as part of reducing readmissions. They are part of the Affordable Care Corporation of Georgia ACO, which consists only of primary care providers, including 22 Federally Qualified Healthcare Programs (FQHCs). A handout was provided to list what type of care is available and in which areas. They work primarily with individuals without a regular primary care physician, many of whom are uninsured (about 50%). They have a close working relationship with Hamilton Hospital, and credit electronic medical records (which they use) with part of the success of helping to reduce hospital readmissions.
- **Hamilton Hospital** talked about some one-on-one work they're doing with Quinton SNF to assess and improve the transition process due to frequent readmissions (sometimes within hours of discharge). Part of that conversation includes frank discussion with family members both at the hospital and the facility regarding the "new normal" for the patient so that patients aren't readmitted for symptoms/conditions that will not be able to be improved. Additionally, there was emphasis on "where can we meet in the middle" on what both the hospital and facility want and need to happen. Once the process is achieving the goals it will be used at other nursing homes.
- Many facilities present indicated that some difficulty still exists in getting hard scripts for patients discharging from the hospital. Most would like to receive a 2-3 day supply of meds upon discharge.
- There was a group discussion around reducing stigma for hospice / palliative care, and often underutilized resource that can help reduce the readmission rate.
- There was discussion about improving trust between care providers (facilities, families and doctors), including a hospital's willingness to "treat and release" for issues that a nursing home can manage but not treat on-site, rather than admitting the patient for treatment and care.
- Gaetane reminded the group of the importance of the "Facilities Abilities List" and making sure not just the hospital in general, but also the Emergency Rooms, have access to this information so that patients can be discharged to the facility most capable of meeting their individual needs. The form can be found at https://interact2.net/tools_v4.html

DATA

- Bar graphs shared with nursing homes of readmission rates compared to other nursing homes
- Hospitals received readmission rates

CLOSING / NEXT STEP Assignment

- Assess readmissions to hospital to identify if they could have been avoided. Evaluate handoff of information between providers for possible concerns and opportunities for improvement.
- Do you know your present readmission rate?? If not, find out what it is and what your facility is doing to reduce the rate. If yes, ask those that work with you if they know and inform them if they don't..
- Encourage other providers to attend meeting.

NEXT MEETING

Next meeting scheduled for November 10, 2015.