

HH ALLIANCE LIAISON COMMITTEE

Date / Time:	February 20, 2019; 4 to 5 pm
Location:	Livingston's Camarillo Office
Conference Call Info:	Sally Groves present via phone
Recorder:	Teri Helton & Chair since Ramona unable to attend

Invitees---Bold indicates attendance

Amber Herman (Mission)	Lorie Fleming (Los Robles)	
Bonnie Subira (CMH)	Lynette Harvey (CHCD)	
Carmen Cano (Las Posas)	Matthew Tufte (VCMC)	
Cecille Luna (Assisted)	Ramona Camargo (CMH) CHAIR	
Cerri Mansfield (VCMC)	Sally Grove (Dignity)	
Jasmyn Tapia (Summit)	Shelley Chilton (Access TLC)	
Keon Mardanpour (Summit)	Teresa Pavan (LMVNA)	
Laura Zarate (Seaview)	Teri Helton (LMVNA) SECRETARY	

#	Topic	Action Items
Purpose	Each committee should have a statement of purpose to help maintain focus. Ramona to initiate statement of purpose for the committee and the committee members to add and/or comment.	Teri will contact Ramona regarding starting this.
Scrub Jackets	Jackets to remain gray.	
Forms	Not all present had received the updated Care Coordination form	Teri will resend form
CM/provider Education	 Talking points by agencies needs to be developed r/t Alliance and the importance of excellent communication with the agency liaison and purpose of liaison patient visits. Sally proposed April CM/liaison meetings; see action items Focus group for providers met 2/20 with four providers present with one each from SCICN, Identity, CMH and Seaview. Specifics that came from that meeting were: PCPs have limited time for reviewing the 485s and would like to have a synopsis of the plan of care with the medications that were ordered while in the hospital. PCPs want more of a 360 view of the patient, caregiver(s) and 	 Agencies will develop talking points at their agency meeting >Sally will inform of dates and times for April meetings at SJRMC/SJPVH; >Teri will include this reminder for Ramona when minutes sent >Laura will bring dates for Seaview
	 their home Feel validated when they understand that HHs are also struggling with particular patients/caregivers Need more understanding of what HH can and cannot do Future work for the committee is to focus on Developing Trust, Improving Communication and Providing Education 	All at next meeting(s)
Patient preference letter	Change the name to HHAVC Introductory Letter	Agencies to review and improve related to Trust, Communication, and Education
	 Same process at CMH and is working, but takes extra time Discussion focused on process not working at SJ or PVH 	Agencies will confirm with their liaisons what they are doing at SJ

#	Topic	Action Items
Process for new		and PVH and what response they
buildings		are receiving
Referral Documentation	 Continuing discussion regarding what is needed during the intake process for HHAs to improve transition from hospital to home. See below or attached CMH is doing 	Discuss at next meeting
	Did not discuss what process for SJ and PVH	
Transfer to Acute Care	 Process is mostly working at CMH Process at SJ & PVH needs improvement – liaisons report they do not get the form back if they leave it; they have to stand and wait for it. 	Sally to check on and address how to improve the process at SJ and PVH and
High Risk Tool and HHAs	To be discussed in the future	
	Are there processes that need to be met?	

NEXT MEETING: Wednesday, March 20 at 4 PM at LMVNA's Camarillo office.

See next page for added notes for #7

FACESHEET W/CORRECT DEMOGRAPHICS

- Address
- Phone
- PCP or following MD

DOCUMENTATION

- •H&P
- Most recent consults, if any (2 days is fine)
- Order specifying RN, PT, OT, etc..
- CM Assessment
- Social Worker Assessment if seen by social worker during stay
- Discharge Summary
- Advance Directives/POLST, if available
- Medications

IV ANTIBIOTIC

- Infusion company name
- Following ID, if any
- Antibiotic order w/times & end date
- Expected date for home health to start
- PICC line or midline?

TUBE FEEDING

- Dietitian/Nutrition Assessment/Note
- Order w/feeding type, bolus or continuous, & water flush

WOUND CARE including WOUND VAC/OSTOMY

- $\bullet\,\mbox{If}$ wound vac, the pressure requirements
- Specific order regarding the type of dressing change, vac, and ostomy.
- If MD wants an enterostomal nurse, that needs to be specified in the order

FOLEY CATHETER

- Specific order saying "foley catheter care" if home health is expected to monitor.
- Change schedule and Flushing orders

PALLIATIVE CARE

- Palliative Care Assessment /Notes from hospital
- Palliative Care Order