



HH ALLIANCE LIAISON COMMITTEE

Date / Time:	March 20, 2019; 4 to 5 pm
Location:	Livingston's Camarillo Office
Conference Call Info:	
Recorder:	Teri Helton

Invitees---**Bold indicates attendance**

Amanda Larson (Mission)	Lorie Fleming (Los Robles)	
Amber Herman (Mission)	Lynette Harvey (CHCD)	
Bonnie Subira (CMH)	Matthew Tufte (VCMC)	
Carmen Cano (Las Posas)	Ramona Camargo (CMH) CHAIR	
Cecille Luna (Assisted)	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
Mission/Purpose Statement	Ensure an optimal transition for patients across the continuum of care by standardizing person-centered communication and education of patients and caregivers, and enhancing communication between acute and post-acute settings.	Everyone is to review statement and provide ideas on improving it.
CM/provider Education	<p>Liaison and CM meetings with HHAs at Seaview – 3/21 from 11 to 12</p> <p>Transfer to Acute from to be the reason for liaison/CM meetings at Dignity. Meetings are scheduled as follows:</p> <ul style="list-style-type: none"> ● <u>SJRM</u>C – 4/16 at 1 to 2 PM ● <u>SJ</u>PVH – 4/17 2 to 3 PM <p>CMH to be determined at later date r/t recently having had a meeting</p> <p>Seaview would like to visit each HHA team meeting(s) to share what the Seaview ambulatory nurses do, as well as why, when and how to contact them.</p>	Cecille, Lorie, Amber and Jasmyn to work on talking points for Dignity Hospital meetings.
Provider/Focus Group Planning	Draft for HH Admission Summary reviewed and discussed with it to go back to the physicians for their review. Document does provide a more detailed and rounded view of patient that is easier to read than a 485. Document would possibly be the cover doc for 485.	
HHAVC Introductory letter	Changing format of original patient preference letter to be focused on providers and CMs. Should help providers/CM understand what a HHA can and cannot do.	Agencies to do
Process for new buildings	Process considered complete at this time.	
Referral Documentation	<p>Continuing discussion regarding what is needed during the intake process for HHAs to improve transition from hospital to home.</p> <ul style="list-style-type: none"> ○ See below or attached ● CMH is doing 	Discuss at next meeting

	<ul style="list-style-type: none"> ● Sally will meet with HHA representatives to work on 	
Transfer to Acute Care	<ul style="list-style-type: none"> ● 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. 	Discuss at April meeting
High Risk Tool and HHAs	To be discussed in the future	
	Are there processes that need to be met?	

NEXT MEETING: Wednesday, April 17 at 4 PM at LMVNA's Camarillo office.

See next page for added notes for Referral Documentation

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 ANTIBIOTICS

- 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

- 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