



**HH ALLIANCE SNF Nursing Competency SubCommittee**

<b>Date / Time:</b>	05/17/2019
<b>Location:</b>	SeaView IPA (Change HealthCare)
<b>Conference Call Info:</b>	n/a
<b>Recorder:</b>	Lynette Harvey

**Bold indicates primary attendee.**

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<b>#</b>	<b>Topic</b>	<b>Action Items</b>
	<b>Introductions</b> <ul style="list-style-type: none"> <li>• New Oxnard Manor participants introduced.</li> <li>• Robin Broms filling in for Sally while she is out.</li> <li>• New sign in sheet passed around and emails confirmed.</li> </ul>	

1	<p><b>Skills Fair –</b></p> <ul style="list-style-type: none"> <li>● October 22<sup>nd</sup> at VCMC – 8-4:30 pm</li> <li>● October 24<sup>th</sup> at SJRMC – 8-4:30 pm</li> <li>● Each SNF to send 2 people from each shift to attend and then do a Train the Trainer afterwards for those skilled staff that could not attend.</li> </ul> <p>Diane and her team are ready to proceed once topics are confirmed. Laura talked about CAL TCM training and how that may be included, and care pathways from Interact Suite. Topics will include the following:</p> <ul style="list-style-type: none"> <li>● Palliative Care vs. Hospice</li> <li>● Advanced Care Planning and the documents used</li> <li>● Goals of care</li> <li>● How to communicate regarding end of life desire and goals, including scripting (What is resident saying that would open a conversation? How do you respond?)</li> <li>● Handling chronic disease</li> <li>● Return demonstrations for competency</li> </ul>	<p>Erin from Dignity to attend June meeting.</p> <p><b>SNFs to get feedback from their staff on scenarios that they feel uncomfortable with and may hear often.</b></p> <p><b>Laura, Lynette, Renee and Diana will set a date and time for a subcommittee to develop competencies.</b></p>
2	<p><b>POLST-</b> Prior discussion was that the hospitals are to include code status, Advance Directive and/or POLST into report at transfer. If not give, SNF will ask for it.</p> <p>SNFs report that receiving the POLST from Dignity hospitals has improved. CMH hospitals are about the same; however, if they do not get it, they are asking for it.</p> <p>SNF admission was again reviewed. Section for Advance Directive was included as well as a question about BiPAP/CPAP. SNFs are welcome to add to the form individually as needed, but not to take things out.</p>	<p><b>Sally will be working with the staff at SJRMC to observe their process and educate and will report in June.</b></p> <p><b>Bonnie will report next month on whether she was able to get in front of CNE's to discuss report.</b></p> <p><b>Lynette will do final form revision and send out to the SNFs for use. They can each put their own logo on it.</b></p>
3	<p><b>LTC Ombudsman Survey-</b> Lynette reported that she and Sally went to the LTC Ombudsman office and met with Sylvia, the Director and shared best practices that the SNFs were sharing with one another on call lights and food. They also shared that the Alliance was working on a Skills Fair for the nurses in October and an admission form for transfers from acute to SNF so that the transition would be smooth and information needed was available and sent.</p>	<p><b>Lynette and Sally will have a follow-up meeting with Sylvia in November after the Skills Fair for a periodic update.</b></p>
4	<p><b>EMS/fire Survey –</b>On hold. Brad has reached out to the training office at the stations near him but has not yet heard back. Plan is to educate them on SNFs and what they can and cannot do and open lines of communication. Subsequently, a Train the Trainer will be done with other SNFs so they can go out to their local fire/EMS and do the same. Brad will assist them as needed.</p> <p>Ambulance is on hold until after the EMS / fire is done and then decisions of how to go forward will be made at that time.</p>	<p><b>Brad to pilot the training with fire and then train the trainer will be developed for discussions with other local Fire/EMS by each SNF.</b></p>
5	<p><b>ED surveys-</b> Lynette reported preliminary results from the hospital ER surveys. Lynette reported that it seems that there is some confusion at some hospitals about the difference between B&amp;C, AL, and SNF as well.</p> <ul style="list-style-type: none"> <li>● <b>Ojai</b> – overall had good marks and feel that they work well with local SNFs. Per Unit Secretaries, only ID, POLST and insurance are scanned into chart at</li> </ul>	<p><b>Lynette will bring final results from ED surveys with recommendations to the next meeting so that next steps can be developed</b></p>

	<p>that time. Important things to them are med sheets that show when last meds taken, and DNR/POLST.</p> <ul style="list-style-type: none"> <li>● <b>CMH</b> – States sometimes and usually were the answers on if they get what is needed. Want DNR status, med list with last time they were taken and reason why they are coming to the E. Unit Secretaries state they scan papers into chart after MD/nurse looks at them. SNF and EMS Reports are given to the charge nurse and information does not always get to the nurse caring for the patient. Many statements about needing family contact and whether they have been called.</li> <li>● <b>SJRCM</b> – Sometimes was the popular answer on whether they get what is needed; want code status, patient’s baseline status, why sending and what was done prior to sending. They also want family info and who was called. Unknown what is scanned into chart if anything. Concerns were that they wanted a better report and consistently called in.</li> <li>● <b>SJPVH</b> – Paper work is reviewed by MD/nurse and put in chart. Varying answers on whether if anything is scanned into chart. They want patient’s baseline status, code status, reason for transfer and brief hx.</li> </ul> <p>Overall, there is opportunity to make improvements on both sides and to do some education with the hospital ERs, so seems survey was worthwhile.</p>	
6	<p><b>Naloxone at SNFs</b>  Laura reported that the steering committee met with Lindsay Holland from HSAG and HSAG is on top of the opioid issue and is working on guidelines for SNFs.</p> <p>Renee reported that she had written a policy for this and it is currently in draft and she had sent it to the other SNFs to review and give feedback.</p> <p>Laura stated that she would still like to bring a case to our quarterly SNF review if we can get one; if not, she can get a list from Chris Rosas of facilities where Naloxone has been administered if needed</p>	<p><b>Naloxone policy to be reviewed by Ensign facilities and then finalized by Renee.</b></p>
7	<p><b>SNF/MD access to acute facility EMR, Mobile MD for SJRCM and SJPVH</b>- All SNFS now have access to Mobile MD.</p>	
8	<p><b>New discussion – date and time for meetings</b>  Cyndy reported that it is hard for many to meet in the middle of the day. Consensus at this time is that we will meet for the next 2 months on the 4<sup>th</sup> Thursday of the month at 2:30 pm – 4 pm at Change Healthcare.</p>	<p><b>Laura will see if she can get the room at that time after July if that time works for the majority.</b></p>

\*\*\*\*\* **NEW MEETING DATE and TIME: 4<sup>th</sup> Thursday of the month : June 27th, 2019 at 2:30 pm**