



HH ALLIANCE SNF Nursing Competency SubCommittee

Chair: Lynette Harvey

Date / Time:	8/15/19 2:30pm
Location:	Change Healthcare Conference Room
Conference Call Info:	n/a
Recorder:	Tim Cooley

Bold indicates attendees.

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Maria R.	Liaison, Maywood Acres	
Joy Paguntalan	MDS, Ventura PostAcute	

#	Topic	Action Items
	Introductions	N/A

#	Topic	Action Items
1	<p>Skills Fair</p> <ul style="list-style-type: none"> Haven't been able to verify how many people VCMC can accommodate for skills fair 	Lynette will follow up with Matthew to confirm VCMC auditorium reservation and how many it can accommodate.
2	<p>Skills Fair Competencies - Indicators of performance</p> <ul style="list-style-type: none"> Laura distributed 3 templates for learning at career fair: Goals of care, Palliative Care vs. Hospice, and Advance Care Planning Documents. 4th template is Chronic Disease and is in process Diana stated her staff needs to work on this asap so needs to know who acute hospital RNs will be. 	<p>Sally and Bonnie to check and see if they have volunteer RNs from their facilities to teach chronic disease portion; need answer ASAP</p> <p>Lynette, Laura, Diana and Renee to work on last competency (chronic disease)</p>
3	<p>Palliative care and SNF cohesion brochure</p> <ul style="list-style-type: none"> Ryan and Tim gathering clinical content 	Diana to send presentation and diagram to Tim.
4	<p>POLST tracking</p> <ul style="list-style-type: none"> SNFs state they are not getting the POLSTs on many patients who are DNR. Diana broke down Juvie's list. CMH staff is consistently not sending palliative consult notes and POLST on transfer. The bigger find was that there were 31 clients on the list and not one was seen by the inpatient Palliative Care team. (see attachment) Diana requested transfer lists from all SNFS and will do a review of all July SNF transfers for the same information and present results. Once Sally returns, this may be done for Dignity as well. 	All SNFs to submit their patients admitted from CMH during July to Diana. She wants to know patient name, code status on transfer and if the POLST came with the patient.
5	<p>Curaspan</p> <ul style="list-style-type: none"> Meeting with Marjorie and Sally to go over checking Curaspan for Palliative Care notes 	Marjorie will send Sally an email regarding setting up a meeting
6	<p>Fire/EMS training pilot update</p> <ul style="list-style-type: none"> Brad waiting to hear back from fire to see if they want to educate at individual stations, or with all together. 	Brad to update next meeting
7	<p>ED survey - SNF to Acute information transfer discussion</p> <ul style="list-style-type: none"> SNFs are already sending everything that the ED said they want to receive; if not ready when discharging, information will be given later verbally with phone call Hospitals to verify if there is a policy for what ED personnel are doing with the packet when it gets there as the survey showed varied answers 	Sally and Bonnie to check with ED Dept heads as to what the policy regarding what is done with SNF transfer documentation.
8	<p>Acute to SNF Intake form</p> <ul style="list-style-type: none"> SNFs reported that often acute hospital staff do not have all the information asked for. Discussion encouraged Intake staff to continue to ask for information so that the acute staff get used to what is needed. Decision to leave this on the agenda monthly for SNFs to report on 	<p>SNFs to work on embedding use of document with Intake staff and to use to its fullest as able</p> <p>SNF staff to also report on whether the information requested from acute is improving.</p>
9	<p>Naloxone</p> <ul style="list-style-type: none"> Tim confirmed that Naloxone is free at CVS but only if you 	Juvie to reach out to state

#	Topic	Action Items
	<p>are on large amounts of medication.</p> <ul style="list-style-type: none"> • Naloxone policy has been approved. Indications are for 90MG or more MME in 24 hours. Discussion ensued that initial order should be coming from acute upon transfer. There is still confusion on purchasing and whether it will be allowed to just have on the crash cart or ekit vs individual orders. 	<p>pharmacist</p> <p>Diana to send MME calculator to SNFs</p>
10	<p>Future meetings</p> <ul style="list-style-type: none"> • Going forward, meetings are at SJRMC • Sept & Nov remain same date/time as previously indicated • October moved to the 10th due to conflict • December is DARK 	

***** Next meeting is Thursday, September 19, 2019 at SJRMC Conf Room 2&4**



SNF Competency Committee Sign in Sheet

Date: 8/15/19

NAME	POSITION	EMAIL	Signature
Frances Foy	Administrator; Coastal View	francesf@coastalviewhcc.com	
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Catherine Rodriguez	Administrator, Greenfield Health Care	Admin@gccfillmore.com	
Joy Paquintalan	UDS, Ventura Post Acute	lesliep@venturapa.org	<i>J. Paquintalan</i> - Represents for Renee J.

Palliative Care versus Hospice

Indicators of Performance Level Summary

Date:			
Nurse's Name:			
Evaluator's Name:			
Competency:	Palliative Care versus Hospice		
How Met		Level of Competency	
L	Review Labs	1	Below Expected Standards
V	Verbalization/Discussion	2	Fully Meets Standards
T	Test	3	Well Above Standards
D	Demonstration		

The Nurse demonstrates skills and competence in the following:	How met	Level of Competency			Evaluated by:
		1	2	3	
Describe and compare & contrast Palliative and Hospice care					
• List 3 elements of palliative care					
• List 3 elements of hospice care					
• Describe 1 similarity and 1 difference of palliative and hospice care					
Activity					
• Using the case studies provided, identify which residents are appropriate for palliative care and which are appropriate for hospice.					
• Discuss in small group what elements in the case studies indicate a resident is appropriate for the different types of care and why.					
We need to create the case studies – Diana will find 4 case studies that are Patients who are d/c to SNF					
**confirmed that SNFs are not using the Interact tool "Identifying Residents Who may be appropriate for hospice or palliative/comfort care orders"					

Advance Care Planning (ACP) Documents

Indicators of Performance Level Summary

Date:			
Nurse's Name:			
Evaluator's Name:			
Competency:		Advance Care Planning Documents	
How Met		Level of Competency	
L	Review Labs	1	Below Expected Standards
V	Verbalization/Discussion	2	Fully Meets Standards
T	Test	3	Well Above Standards
D	Demonstration		

The Nurse demonstrates skills and competence in the following:	How met	Level of Competency			Evaluated by:
		1	2	3	
Of the common ACP documents, the nurse will;					
• List 3 different ACP documents					
• Describe the difference between an Advance Directive and a POLST					
Capacity versus Competency					
Activity					
• Using the documents provided, identify which documents are valid and state why					
• Using the documents provided, identify which documents are invalid and state why					
• Using the documents provided, identify the legally authorized decision maker					
Valid and invalid - Diana to get samples					
Diana will ask her staff to incorporate elements of the Interact Advance Care Planning Guide into the presentation					

List sent from Juvi 7/2019

N=31

I reviewed all of these patients and there are a couple of glaring deficiencies.

1. Not one of these 31 patients were seen by the inpatient PC team
2. 6 completed POLST forms that should have been included in the transfer packet but were not
3. 1 POLST completed on the date of transfer that should have been forwarded to you the next day.
4. 8 inpatient DNR's that were transferred as DNR without completion of a POLST form

This review revealed that there are multiple areas for improvement. Please send me a list of all of your admissions from CMH for the month of July with their code status and if they were received with a POLST form.

WOW, do we have work to do.

We will keep you updated

Diana