



HH ALLI ANCE LIAISON COMMITTEE

Date / Time:	August 21, 2019; 4 to 5 pm; called to order at 4:10pm adjourned at 5:11pm
Location:	Livingston's Camarillo Office
Conference Call Info:	
Recorder:	Tree Pavan

Invitees---**Bold indicates attendance**

Mary Leste (Access TLC)	Molly Buck (Los Robles)	Lynette Harvey (CHCD)
Shelley Chilton (Access TLC)	Lorie Fleming (Los Robles)	Sue Tatangelo (CHCD)
Chris Cortez (Assisted)	Steven Zlomke (Los Robles)	Bonnie Subira (CMH)
Cecille Luna (Assisted)	Amanda Larson (Mission)	
Carmen Cano (Las Posas)	Amber Herman (Mission)	Sally Grove (Dignity) CHAIR
Debbie Santa Rosa (Las Posas)	Robin Broms (identity medical group)guest	Laura Zarate (Seaview)
Tree Pavan (LMVNA) SECRETARY	Jasmyn Tapia (Summit)	Cindy Jordon (shoreline SNF)
	Keon Mardanpour (Summit)	Matthew Tufte (VCMC)

Old Business	Topic	Action Items
Mission/Purpose Statement	<i>Ensure an optimal transition for patients across the continuum of care by adopting a person-centered approach of care and enhancing communication between acute and post-acute settings.</i>	
Transfer to Acute Care	Community Health System process reviewed	1. Sally requesting feedback next meeting...is this process working?
High Risk Tool and HHAs (LACE Tool)	<p>The purpose of sharing this tool is to help provide a common language that both the hospital and HH agencies understand. Ideally, when a hospital indicates a LACE score on a referral, the HH agency will understand where that patient falls in terms of re-hospitalization risk, essentially giving the HH agency a "heads up" on whether or not this patient might be a high risk for re-hospitalization. This should help the HH agency in the creation of the POC, for example, the LACE score might indicate that front loading visits may be beneficial.</p> <ol style="list-style-type: none"> 1. CMH is ready for implementation. Dignity will work on a go live date. Once the date has been established, the hospitals will tell the HH agencies how they will give the LACE score on referrals. 2. HH agencies will continue to work on appropriate HH interventions for the different LACE categories. 3. Formstack – a column will be added to formstack to identify the LACE score. This could be used in further 	<ol style="list-style-type: none"> 1. HH Agencies to await direction from the hospitals re go live. Sally to reach out to Marianna Jong at VCMC re the LACE initiative. 2. HH Agencies to continue discussion at the partnership meeting re this form and possible HH interventions that might be appropriate for each risk category. 3. Bonnie to replace the "3 questions" column on formstack with "LACE score" as the header

	<p>data analysis in the future to compare LACE scores and re-hospitalizations.</p> <p>4. Future goals – admission criteria could potentially be adjusted in the future based on LACE scores. For example, if a patient is a low on the LACE tool, an admission within 24 hours of discharge may not be warranted, allowing the higher acuity/LACE score patients quicker access to HH services.</p>	
<p>HHAVC Introductory letter (formerly patient preference letter)</p>	<p>vider letter to help providers/CM understand what makes an alliance HH Agency different than other HH agencies.</p> <p>Molly has added “charter language” to the letter.</p>	<p>1. Molly to work with Laura Z. to review the new language and will bring back to next liaison meeting.</p>
<p>Dignity referral policy change</p>	<p>1. Sally reported that Dignity is conducting internal analysis on statistics related to timely booking. Sally is working on process improvement initiatives within the Dignity system to make improvements. Sally reports all bolded providers will get the initial referral through navi health. She met with her care coordinator team on 8/20/19to discuss the process. The care coordinators are reporting that they are getting too many phone calls from HH agencies with the following questions</p> <p>a. Calls asking if the case has been “booked”</p> <p>b. Calls asking “why didn’t my agency get the referral”</p> <p>Clarification – once the case is “booked” with your agency, the liaison should see the patient. Liaisons do not need to wait for an invitation from the hospital care coordinator.</p>	<p>1. HH agencies are to ask their staff not to call the hospital care coordinators with these questions. All questions should be sent through the navi health portal. The hospital is working on “booking” in a more timely manner in order to help with this issue.</p> <p>If an HH agency has a question as to why they did not get a referral, they are to email Sally and she will investigate.</p>
<p>HH Alliance SNF coordination</p>	<p>H agencies asked if there are any SNFs that take Dementia patients. Cindy reports, basically no. Shoreline will take some patients with mild dementia if they are easily re-directed. Shoreline has alarmed entrances and exits but that is the extent of the security to keep confused patients from wandering.</p>	

New Business	Topic	Action Items
Liaison Care Coordination form	<p>CMH states, give the form to the case manager on a case by case basis.</p> <p>After much discussion it was agreed that the form and process needed review and revision.</p>	<p>ing back form to partnership meeting for review and suggested revisions.</p>

Liaison hospital check in protocol	Discussion re the protocol sheet that is over a year old. Steps have changed.	Form to be sent electronically to Sally, Bonnie and Jong (?) for revision. (to be sent by Cecille ?)
Alliance presentation dates to partners	Hospitals request that presentation from alliance members have more detail and be more informative. Sally has scheduled dates for Dignity. Bonnie will work on 2 more dates for CMH	Dignity dates as follows JRMCMC – Tuesday, September 17th 1 pm JRPV – Wednesday, September 18th 2 pm
Community partners	Discussion regarding adding community partners to the alliance. Currently Camarillo Health Care District is part of the alliance. Invitees would need to “bring something to the table” to be included. It has been suggested that some community agencies could participate as a guest speaker vs a member in the alliance.	Members are to brainstorm some ideas of possible speakers/members and send them to Tree to be discussed at the next liaison meeting. Sally is suggesting VCAAA and Gold Coast and plans to reach out to these two agencies.
Round Robin	Discussion regarding patients who go to the hospital as observation vs admitted. This information is critical in determining re-hospitalizations and the paperwork HH agencies need to complete. Also, it affects form stack data regarding liaison visits made and ROC orders. If a patient is under observation, the HH agency will not complete a transfer order. If the patient is indeed admitted, the agencies need to complete the transfer order and expect a ROC.	<ol style="list-style-type: none"> 1. Agencies – work out a plan for your liaisons to be following up on this 2. CMH – Bonnie will bring this issue back to her case managers and ask them to keep the agencies in the loop re observation patients vs admitted.

NEXT MEETING: Wednesday, September 18, at 4 PM at LMVNA’s Camarillo office.