



HH ALLI ANCE LIAISON COMMITTEE

Date / Time:	September 18, 2019; 4 to 5 pm;
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 (Dignity)	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	<ol style="list-style-type: none"> Dignity – Sally is “socializing” all groups at Dignity at all levels in rounds, with care coordinators, M.D.s, etc CMH – no specific feedback yes. Bonnie will ask case managers at CMH if this form is helpful VCMC – it was reported that case managers at VCMC are not sure what this form is. Sally will email Marrianna Jong to see how this form is working 	<p>CMH – Bonnie will ask case managers at CMH if this form is helpful</p> <p>VCMC – Sally will email Marrianna Jong to see how this form is working</p>
High Risk Tool and HHAs (Risk Score)	<ol style="list-style-type: none"> The LACE Tool will now be called the “Risk Score”. Patients will be identified by the hospitals as Minimal, Low, Moderate or High Risk CMH and Dignity need to sort out how they will communicate the risk score to the HH agencies. Dignity will likely put the score in a note in navi health, CMH will likely put it on the cover sheet. Hospitals will let agencies know where to find this information before the October 1st go live date. CMH – if a patient is identified as a high risk at CMH, the liaison may ask for the “visit history” 	<ol style="list-style-type: none"> Hospitals will let agencies know where to find this information before the October 1st go live date. HH agencies to work on common interventions to be implemented in home health based on the hospital risk score as well as the HH risk score HH agencies will track in formstack whether or not a risk score was given and what the score was.

	<ol style="list-style-type: none"> 4. HH agencies to work on common interventions to be implemented in home health based on the hospital risk score as well as the HH risk score 5. Formstack has been changed to include a “high risk score” column. HH agencies will track whether or not a risk score was given and what the score was. 6. VCMC – sally will talk to new leadership, Marrianna Jong, re this process and see if VCMC is able to commit to participating in terms of completing the hospital interventions as well as notifying HH agencies re the score. 7. October 1 will be the go live date for this process 	<p>Sally will talk to new leadership, Marrianna Jong, re this process and see if VCMC is able to commit to participating in terms of completing the hospital interventions as well as notifying HH agencies re the score.</p>
<p>HHAVC Introductory letter (formerly patient preference letter)</p>	<p>Almost complete. Molly to send to Laura for final edits</p>	<p>Molly to send to Laura for final edits</p>
<p>Liaison Care Coordination Form</p>	<p>Do we need this form? The purpose of this form is still relevant. It provides good patient care coordination and the opportunity to integrate additional services. We need to include the resource list with the form. Cecille and Amber will work on a revision of the resource list and bring back to the committee. Cecille will make the suggested revisions to the form and bring back to the committee.</p>	<p>Cecille and Amber will work on a revision of the resource list and bring back to the committee.</p> <p>Tree will make the suggested revisions to the form and bring back to the committee.</p>
<p>Dignity referral policy change</p>	<ol style="list-style-type: none"> 1. Sally reported that Dignity is “booking” in a more timely manner. Sally also reports Dignity is giving notice to the HH Agencies of the patient discharges sooner. Care Coordinators have been instructed to cancel all other agencies once a referral has been booked. 2. Dignity is conducting internal analysis on statistics related to these efforts. 	<p>Dignity is conducting internal analysis on statistics related to these efforts.</p>
<p>HH Alliance SNF coordination</p>	<ol style="list-style-type: none"> 1. Are HH liaisons getting into SNFs? Cindy will poll the SNFs to find out. 2. For the next meeting, HH agencies bring a list of items they need from the SNFs on the referrals, similar to the “hospital complete referral” algorithm. ie: wound care discussion – what supplies are needed. Who is the M.D. assigned to the patient, Social worker notes, etc. 	<p>Cindy will poll the SNFs to find out if HH agencies are doing liaison visits in the SNFs</p> <p>HH agencies bring a list of items they need from the SNFs on the referrals, similar to the “hospital complete referral” algorithm. ie: wound care discussion – what supplies are needed. Who is the M.D. assigned to the patient, Social worker notes, etc.</p>

New Business	Topic	Action Items
Community Partners	<ol style="list-style-type: none"> 1. At partnership meeting discuss topics we want more information on 2. Lynnette will bring back a discussion on “meals” at the next meeting 	<ul style="list-style-type: none"> - Agencies to compile a list of topics that they would like more information on - Lynnette will prepare a discussion on “meals” for the next meeting
Liaison hospital check in protocol	Cecille to work with Bonnie and Sally to update this protocol	Cecille to distribute to agencies once protocol updated
Alliance presentation dates to partners	<ol style="list-style-type: none"> 1. Dignity Meetings – not much feedback from care coordinators. Sally felt the alliance reps presented very well. At the next meeting HH agencies will focus on one topic such as transfer to acute care. <ul style="list-style-type: none"> - Sally will coordinate a meeting with the alliance members and the physician group - Sally will ask Angela Luttge to attend Liaison Committee meetings 2. CMH – Bonnie will work on scheduling the rest of 2019 and 2020 meetings. 	<ul style="list-style-type: none"> - Sally will coordinate a meeting with the alliance members and the physician group - Sally will ask Angela Luttge to attend Liaison Committee meetings - Bonnie will work on scheduling the rest of 2019 and 2020 meetings.
Round Robin	<ol style="list-style-type: none"> 1. Laura Zarate is resigning from Sea View. Sea Views future participation in the alliance is pending. 2. Lynnette is requesting liaison meeting minutes from April, May, June, July. Sally to get them to her. 3. “my care my choice” – this is an on line tool that helps a patients choose their insurance plan and provider. Information packets were handed to committee members to bring back to their agencies. 4. Master Plan on Aging event – this is a forum to discuss Ventura County’s readiness to manage our aging population. This event is co-sponsored by the VCAAA and the Alliance. It will be held on October 23, 830 am – 1230 pm at Spanish Hills Country Club. All are invited. 	

NEXT MEETING: Wednesday, October 14, at 4 PM at LMVNA’s Camarillo office.