



Health Committee Meeting Minutes
May 23, 2018
8:30 am to 10:00 am
Easter Seals Office, 1st Floor Conference Room
22317 DuPont Blvd., Georgetown, DE

The Mission of the Health Committee is to positively impact and promote healthy outcomes for children and families through collaboration with key health community partners, that empower families to live healthy lifestyles.

Meeting Called to order by Richard Holaday. The committee members introduced themselves. Motion to approve the minutes by Ericka Sample, motion to second by Kathy. Minutes approved as presented. In August minutes will no longer be printed out for committee members, please read the minutes sent prior to the meeting send any changes to SCHC.

Attendees: Catherine Murphy, Kim Blanch, Johana Thomas, Marcey Rezac, Patricia Ayers, Ericka Sample, Richard Holaday, Juanita Mireles, Polly Pusey, Patti Burke, Tiffany Edwards, Sharon Harrington, Debbie Campbell, Nancy Mears, John Richter, Kathy Kolb, Christina Farmer, Ray Fulkrod, Heather Walker, Nicole Caselli, Terry Towne, Maddy Shea, Troy Hazzard, Brian, (La Red), Jackie Sullivan, Christine Wands, Jake Murray, Peggy Geisler, Cheryl Doucette, Lisa Coldiron, Nancy Burris

Cheryl thanked the committee members for attending and representing Sussex County.

Action Items:

SCHC will send Ray Fulkrod's power point presentation to all committee members. Done

Ray, Peggy, Maddy will discuss care coordination/HMA proposal. Done

SCHC will connect Juanita Mireles with Delaware Readiness Teams. Done

Kim Blanch, COPD pilot, June presentation. SCHC to follow up. Done

Guest Speaker: Ray Fulkrod Jr., RN, MBA, MSN, Assistant VP Clinical Operations, Required community measures and care management roles.

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Objectives: Hardwiring a fundamental understanding ... discharge to transition. Early identification of high risk patient, barriers, and opportunities. Factors: Social economic, Transportation, patient compliance
Hospital is establishing effective and consistent communication (handoff). Having a structure handoff process works for high risk patients so they can be managed properly. Building a strong network and team (accountable partnerships). Everyone that is part of the team, is accountable so patients don't fall through the cracks. Partnership includes FQHC (Federally Qualified Health Centers).

Who are the stakeholders?

- Committed and accountable partners:
- Home Health Agencies
- Hospice Care
- Palliative Care
- Skilled Nursing Facilities (SNF)
- Specialty Centers
- State Partnerships
- Our Physicians

Roles and Responsibilities:

- Communication: consistent and structured handoff process with follow-up ability

Partnership: accepts the challenge, mutual bidirectional work effort

Accountability: responsibility for opportunities of growth and further development

Commitment: recognizes the challenge, willingness to “think outside the box” always committed to improve. Sense of ownership.

Care Management: Responsibility for navigating patients through the inpatient/outpatient continuum

(NEW) Care Transitions: (Transitional care coordinator): Effectively navigates patients from one care environment to the next, closing gaps along the way.

Care Coordinators: Navigates the challenges of transitioned primary care patients while assessing and addressing challenges.

Population Health: Overall focus and trend of these patients within the given population. Can you recognize the challenges? What do we do with the patient after they have received the medical treatment from Nanticoke? Partners in the room support population health. Knowing about the resources and using the resources to benefit the patient.

New Resources: Transitional Care Coordinator; Emergency Department (ACO – sickest of the sick patients, early triage) Care manager is a registered nurse position. Working to stop the cycle of patients coming back to the hospital, to help reduce the cost of care.

Q: work with insurance companies home care providers?

Q: If you had the money to implement a continuum of care plan, could Nanticoke sustain the program? HMA, funds could be used for the program. Evidenced based program. Ray, Peggy, Maddy, to discuss.

Most appropriate care for our patient decreases overall cost of care; compliance with value reimbursement programs (Medicare), re-admissions). The community knows that the front door of any hospital is “open” and they will receive services. Easton Hospital (Maryland) has an urgent care center inside the hospital. ER patients go through a triage department, Nanticoke is looking at something similar to Easton Hospital. Can the population have a primary care at the ER? Can physician offices extend their hours, offer walk in offers, weekend hours? Access, access, access is the key. Having services available when people can access those services.

Western Sussex is a primary care shortage area; 10% of population have nowhere to go, all area hospitals are working on the 10% population.

Q: Who is the high-risk person?

- Any person that has been hospitalized in the last 60 days,
- Person with affordable issues/transportation issues, does not have to be just health issues, sometimes economic issues will cause the patient to be high risk.
- We don't want high risk patients, (COPD patient) in the ER with the flu patients.

Q: What are your usage times of ER? Nanticoke recent study shows that most ER visits are M-F, during normal physician office hours. Patients are coming to the hospital and not going to their primary care doctors. Peak times, 5-7 pm in the evening. Lack of primary care and women's health care providers in Sussex. Hard to get into providers to Sussex County Delaware. Sussex does not have the level of private/charter schools as options for physician kids. Sussex county lacks culture/access/education for kids.

Q: have you identified “hot spots” where are the patients coming from? Data from physician offices ... Medicare population, largest Bridgeville and Delmar zip codes. 55%-60% inpatient population is under Medicare coverage.

Nanticoke is a self-insured hospital. ER is working with patients to explain to them the differences of ER Care, Urgent Care, going to their PCP office for care. Medicare is the best paid insurance, better than private insurance.

Nanticoke Hospital has an employee care coordinator that works with employees, especially high-risk employees.

128 out of 134 patients with Plan of Care (POC) complete the POC (96%), not “good enough” for Nanticoke. As of yesterday, Nanticoke was at 100%. Committee applauded Nanticoke. Care Coordination follows all high-risk cases for at least 60 days, can also be followed indefinitely. 77% of patients had a follow up PCP appointment and 79% of patients kept their follow up PCP appointment.

Q: have you look at high compliant vs low compliant can this community help? Nanticoke does not have all the data. Nanticoke was applauded on the deep dive of the data, how can SCHC help you? Embrace the concept of NO Where to go for all of us? ER department has a layer of risk built into it. If high risk patients do not need to be in the ER, change the public's perception, eliminate unnecessary trips to the ER. Babies should not be in the ER, unless true emergency.

Change no where to go to: KNOW where to go! SCHC can help share that message. Can a check list be created for the public ... did you call the PCP ... PCP can review check list with patients. Healthier Sussex Task Force, should take this on. Once a document is created, SCHC will push out, county initiative. Update PCP office message to educate the client on hold, work to reduce hold time for patients. People don't want to call a doctor's office and sit on hold for 30 minutes, access barrier. On line check in for ER is already being used, can it be used for primary care Nanticoke network? Nanticoke needs to have good collaborations with physicians.

Suggestion: reach out to the millennial population via social media to educated parents and grandparents on where to go. Young people will help the parents and grandparents know where to go. Access the young people Boys and Girls Clubs, 4-H, little league, etc.

Old & New Business:

Review April Action Items:

HMA – Readiness Assessment: BMI Pilot Update, we are really trying to drill down to identify a program that we can sustain, working on for 2 months. Project Purple will not qualify, can't do awareness program. Botvin grant already applied for training paid for summer months. Ask for money in June, to get money in the schools. We can use HMA funds to replicate best practices. Q: Is Nanticoke interested in working with SCHC to work on a proposal for care coordination staff? Plan needs to be ready in 2 weeks; \$175,000 to Nanticoke; less 15-20% fees for SCHC. Conference call to discuss immediately following the committee meeting. The established evidence-based Diabetes program, can be paid for with HMA funds, management courses training, can that be expanded county wide. 3-4 weeks for the proposal to be finalized. SBMHC programs can qualify, use the school systems that have done the best work with this.

Food bank study, people that can't purchase food also can't purchase their medications or correct food choices. Can Nanticoke create a food bank with some HMA funds? Community resources they connect with especially for inpatients going home. Consultation with nutritionist, patient sent home with 2 bags of healthy food. Smaller version of the food bank at Nanticoke, they have applied for a couple of grants. Housed in the hospital, volunteers, been trained on safe food handling, trying to focus on heart healthy, low sugar, low salt. Patient is asked "Have you felt like you would run out of food in the past two months or did you run out of food? Only high-risk inpatients right now have access to food bank.

Partner updates:

Safe kids conference, June 19th

June 23, La Red Walk, Seaford, Juanita Mireles. Kids registered for next school year. SCHC to connect her to De Readiness teams.

Marcey Rezac received large grant, domestic violence community health workers program, 3 years project, state wide.

Meeting Adjourned:

Next Meeting: June 27, 8:30 am, Eastern Seals in Georgetown, Conference room (First Floor)