



Health Committee Meeting Minutes
June 27, 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 Carrie Snyder. The committee members introduced themselves. Motion to approve the minutes by Patti Burke, motion to second by Pat Ayers. 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: Carrie Snyder, Kim Blanch, Johana Thomas, Debbie Pringle, Marcey Rezac, Patricia Ayers, Quiana Dorn, Karen Marsh, Patti Burke, Tiffany Edwards, Christina Farmer, Debbie Campbell, Bhavana Viswanathan, Pat Maichle, Maria Ortiz, Angeline Dewey, Laura Marek, Chong Yi, Ida Pennewell, Greer Firestone, (Connie guest), Peggy Geisler, Lisa Coldiron, Nancy Burris

Action Items:

**Kim Blanch to introduce Jeff Foxx to Peggy. Kim will invite Jeff to future health meetings.
Kim Blanch will update the committee in the fall on the MIH/COPD progress.**

Guest Speaker: Kim Blanch, Beebe HealthCare, Population Health Community Services Manager

Phone: 302-645-3100 x 5056 Email: kblanch@beebehealthcare.org

MIH COPD: Sussex EMS & Beebe Healthcare Pilot Program ... engage the skills and of trained paramedics and expands their role as pivotal members of a transitional care team, serving a COPD target population with history of frequent ER Visits and inpatient admissions. Most EMS calls that are received are non-emergency. 1996 National Highway Traffic Safety Administration report entitled, "EMS Agenda for the Future": described an EMS with the ability not only to provide acute care but also:

- Identify health risks
- Provide follow up care
- Treat chronic conditions
- Monitor community health

2004 Rural and Frontier EMS Agenda of the Future provided a vision of EMS personnel providing NOT only: Rapid Response but also filling roles in:

- Prevention
- Evaluation
- Triage
- Referral

2010 Joint Committee on Rural Emergency Care called the community paramedicine model: "One of the most progressive and historically-based evolutions available to community-based healthcare" ... further praising its potential to decrease emergency department utilization, save healthcare dollars and improve patient outcomes.

2013 DE Public Health Assessment: in 2010, DE had 104,600 non-elderly residents with no health insurance.

MIH Pilot Program

- Engages the skills of trained Paramedics
- Expands their role as pivotal members of a transitional care team
- Serving a COPD target population with history of frequent ED visits and inpatient admissions
- Based on existing home-based care programs showing improvements in patient Quality of life (QOL) and reduced healthcare system spend
- Decrease access barriers for patients: geography, provider shortage, etc.
- Innovative treatment by being in the patient's home
- Reduce levels of stress and anxiety, known triggers of acute respiratory events
- Break the cycle of repeat Emergency Department visits.

Scope of Paramedic Training and Interventions:

- Only interventional skills and medications within the scope of the National Paramedic Standard Curriculum
- Pulmonary disease education and assessment
- Pharmacology education and assessment
- Nutritional education and support
- Stress and anxiety reduction techniques
- Motivational interviewing
- Provider-patient communication education
- Smoking cessation counselor training
- QOL and Transition Care Measurement assessments
- Supported by ACC NP, CC, Pulmonary Rehab, Medical Director, others

Pilot Service Areas: Millsboro, Long Neck, Rehoboth, Lewes, Southeast Sussex

Goals:

- 30% reduction in 30-day readmission rates for COPD patients. Paramedics provides:
- In-home, non-emergent, post-discharge visits
- In-home and/or telephonic follow-up visits
- Medication reconciliation
- Patient empowerment, increasing their Healthcare IQ
- Home Safety Assessments
- Equipment education and training
- Social Service Assessment

Patient Enrollment Process

- Patients offered free and voluntary 90-day program prior to discharge
- Beebe's Population Health Care Coordinator (CC) notified of consent
- CC Notifies SEMS Paramedic, patient's PCP and Pulmonologist
- Home visit is scheduled
- Intake visit occurs with all necessary assessments conducted
- Documentation in EMR to be viewed by or sent to HC providers
- Paramedic has SS Resource Toolkit to address SS needs and collaborates with CC to ensure success of referrals to programs and services.
- Early graduation is an option and based on patient's success!

Q: How can we go to Highmark for more dollars, so the hospitals are reimbursed ... can EMS hours be billed?

Q: Does EMS/paramedic still respond to an emergency call if they are working with a patient? Yes, if they are the closest responder to the emergency call.

Guest Speaker: Greer Firestone, Heart in The Game

Phone: 302-494-3133; Email: greerfirestone@gmail.com; www.heartinthegame.org

- Project Grace aims to prevent death from SCA through education and implementation of CPR/AED programs. A Cardiac Emergency Response Plan (CERP), is presently mandated, in DE but NOT implemented.
- Project Grace will provide a method of disseminating national evidence-based CPR/AED implementation and education. With the aid of interested school principals and districts, it will create and train an IN-school team. It focuses on core elements of cardiac emergency awareness, preparedness and bi-annual practice drills to ensure schools are prepared to respond to cardiac emergencies.
- We follow a train-the-trainer model. It is intended for instruction of an admin (staff) and student TEAM who will use the CERP curriculum when responding to an emergency.
- The workbook and appendices contain protocols and checklists to be completed, complied to and administered by the Project HITG Plan Manager that include:
 - Recognizing signs and symptoms of SCA
 - Comprehensive School Summary
 - Curriculum AND written tests for elementary, middle and high school admin and student CERP team members. This is a life lesson for students.
 - CERP Assessment School Checklist/School Implementation
 - CPR/AED basics and techniques for training with infant, child and adult.
 - CERP for schools; flowsheet and school-based Drill scenarios
 - CRP/AED incident report and debriefing
 - Project HEART IN THE GAME Certification as a “Heart Healthiest” School
 - An ancillary benefit may be reduced insurance costs in Heart Healthy Schools.

HMA Healthy Neighborhoods, Peggy Geisler:

- Nanticoke Nurse Navigator program was not sustainable once the 6-month HMA funding HMA ran out. HMA was supposed to be a pool of funds for the community.
- YESO Committee identified real need for prevention education, focus on catchment area for Seaford middle and high school, applied for 50K. We will be awarded the funds ... majority will go to Boys and Girls Club.
- SBMHC, Indian River has done the most on this program. Can we apply to do this for the 6 year and give the schools more funding for education? Each school district will let us know where the gaps are, so we can work to fill the gaps. 20,000 students will be impacted. Best practice model that should be sustained. Indian River needs 38 case managers in schools to manage their student based. Outside providers can be referred to much quicker, appropriate level of care based on insurance or noninsurance. All schools will have the prevention piece in place. Seaford is now on board. Less than 2 weeks wait time for an appointment, previously 3-month wait period. Some cases, treatment is same day. Each school needs \$7,000 to \$10,000.
- SCHC did an excellent job on the presentation last week, very polished and professional.

Partner Updates:

Pat Maichle: Seaford Fire Hall, July 28 health screenings/vendors. Developmental disabilities assistance follow federal guidelines. She will send a flyer.

Project Purple, Chris Herren, September 11th 7:00, Community Event. 1500 people. Sponsorship packets will be ready in two weeks. Let Lisa know, if interested. Putting together speakers' bureau, need help with social media. Volunteer opportunities. Kick off

April 1st, AmeriHealth, Nurse Navigator. After screenings, what happens next? If a problem is found, treatment is not covered. When you can identify the problem, you can bring it to the attention of legislatures to fix the pipeline.

Bethany Hall-Long has been a champion for the past 15 years. Still trying to pass the bill for pregnant women, why isn't

dental care included? When is the annual dental event in Salisbury? April 5-6, 2019. Q: can dentists just show up and work from the dental van? Dental Van is operational, dentist and hygienist must both staff it. Public Health would have to pull a dentist and hygienist from the clinic. Delaware has closed borders for mental health, dental health. Closed network for fear of competition.

July 11, Milford, Family Shade Networking Breakfast.

Meeting Adjourned: No committee meeting in July: