Transitions of Care Meeting notes, Augut 6th, 2019:

Candy Sawyer notified everyone that if you have a change in your contact information you must submit the changes on your business letter head. There will no longer be the ability to request a fax being sent to a random number “just for today”.

We reviewed the topic of needing to create a transition handoff document that is being used by the facilities and the hospital. You will find an example provided by Avamere of the tool they will be using when reviewing a patient for admission. Candy has created a document based on several documents found being used by hospitals across the country. The goal is to have the input from this group to create a tool that works for everyone.

* One piece of feedback from the nurses is that when they call to give report please be sure that someone takes the call as if they have to try to call back or wait for a return call there may not be contact until the patient is already in transport
* Agencies asked to remind the discharging team to ensure that they review the medication list to ensure that there is more than the name of the medication and frequency
  + Example given of lisinopril BID without dose
* Agencies requested that they are kept informed of discharge/return and given a 24 hour notice to ensure that they are able to complete their assessment for their admission

We discussed a new reporting that a facility was declining a  patient due to no BM on day of discharge. The group discussed that there should be a discussion of patients normal bowel movements. Has there been bowel care initiated and when? Will the patient be discharging with a bowel care regimen?

Candy notified the group that she is beginning the education with the physician groups about the upcoming changes in October for SNF’s and January for Home Health.

* Physicians are being notified that they must have discharge summary available same day or next day
* Ensure that there is an inclusion of diagnosis codes if ordering specialty therapies e.g. speech needs justification for this therapy
* Hospital diagnosis may not be the same as SNF admission diagnosis which will require some additional documentation
  + Severity of illness not just simply falls or weakness but what is causing those and how severe
* All new medications, narcotics and psychotropics must have a diagnosis attached

Next Meeting Topics

Group to review and provide input on transition/hand off tool.

Candy will follow up with IT about Signatures continued struggles with the In-Basket and Hospice reports of referrals being held for up to 72 hours.