Southeast
Community Healthcare Connections Minutes

Meeting Name	Location		Minutes Taken By	
Southeast Community Health Care Connections	East Georgia Regional Medical Center 1499 Fair Road, Statesboro, Ga		Rhonda Jones & Jennifer Judson	
Date	**Facilitator**	**Leaders**	**Actual Start Time**	**Actual End Time**
April 21, 2015	Jennifer Judson	Jennifer Judson	2:00PM	3:00PM

Meeting Purpose/Objective: **Coming Together to Improve Care in the Community**

- ✓ Improve communication and patient care across the continuum
- ✓ Assist all facilities in meeting goals for Medicare quality improvement measures
- ✓ Discuss and implement efforts to increase communication between providers and settings
- ✓ Recognize current work and reward creative thinking.

Team Members Present		
☐ See sign-in sheet	☐	☐

Other Attendees

DISCUSSION / Getting Started

- Jennifer Judson welcomed the group and introductions were made.
- Meeting objectives were reviewed and confidentiality sheets discussed
- Jennifer updated the group Spring Council and Southern Partners Action Collaborative for Excellence (SPACE) which is the Nursing Home Quality Care Collaborative. One of the goals for Nursing Homes during this SOW is to improve composite scores. Discussed the Diabetes DEEP (Diabetes Education Empowerment Program) goal to educate Medicare Beneficiaries regarding Diabetes Self-Management. Informed group we are recruiting sites to hold these classes.

ACTION ITEMS

- Jennifer led the group in a discussion regarding the results of the annual assessment and evaluation process that will continue to be online every other meeting. The next evaluation after the next meeting in June.
- Eagle Nursing facility identified a barrier to creating an ideal care coordination is payment plans. They would like a system for early consultation for payment plan from hospitals, so that they are assured of payment for services given to residents and there is smoother transition from hospitals.

DATA

- Orchard Rehabilitation share their data of having no readmissions during the month of March by using Interact, grand rounds, monthly nursing and CNA meetings, care paths on the MAR for those at risk of a readmission.
- Willow Pond prevents readmissions by having caregivers available for residents when they return from a hospital stay
- Gentilly Gardens Assisted Living interventions include frequent rounds and increased communication between caregivers and families
- Camilla Nursing facility reported a readmission rate of zero (0) with an increased use of Emergency Department visits vs. readmissions

EDUCATION

- All agreed the problem of problematic discharges has been resolved by greater communication between providers for better transitions between healthcare settings.

CLOSING / Assignment

- N/A

NEXT MEETING

June 16, 2015 at Meadows Regional Medical Center, Vidalia, GA

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NEXT STEPS		
Party Responsible	**Activity**	**Due Date**
Jennifer Judson	Complete and disburse minutes along with a save the date notice	ASAP

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