

ST. LAWRENCE COUNTY PUBLIC HEALTH DEPARTMENT
PROFESSIONAL ADVISORY COMMITTEE

MINUTES

Wednesday, January 16, 2008

PRESENT: **Patricia Cryderman, SCHN/SLCPHD; Robert Duda; Kathryn Hayes; Deborah Kent, DPS/SLCPHD; Michelle Perras, SCHN/SLCPHD; Yvonne Turner, OT; William J. Serafin, Interim Public Health Director/SLCPHD; Sandra Worden, SCHN/SLCPHD**

1. **ROLE CALL**

Role call was completed.

2. **ACCEPTANCE OF MINUTES FOR SEPTEMBER 20, 2007**

Minutes for the September 20, 2007 meeting were reviewed and accepted as written.

3. **INTRODUCTIONS**

No introductions were necessary.

4. **BUSINESS**

A. **CERTIFIED HOME HEALTH AGENCY PROGRAMS – D. Kent, DPS**

1. **Census – Trends**

Deborah Kent told committee members that the department will begin interviewing for a Corporate Compliance Officer tomorrow. Hopefully, the successful candidate will begin in a month or so.

Deborah also distributed results of our ongoing CHHA satisfaction survey for members to review. Most comments were of a positive nature. One negative comment received involved the use of computers in the client's home. Another negative comment resulted from a misunderstanding of services provided by our department. The complainant thought nurses would move her bed and spend the night.

The department had an IPRO survey in April. Some issues addressed were as follows:

- It is our responsibility to make a referral within two days when we see that a child has a need for further services. If the parent refuses the referral, we are required to ask again within a specific time frame to ensure they have not changed their minds.
- A consent must be obtained for every therapy.
- The therapist's license number should be written at the top of their daysheets.

2. **Quality Assurance**

Chart Review

We have made revisions in our chart review procedure regarding wound care due to the State's survey findings. The Supervisors are now checking charts to be sure wound care is properly addressed and documented. Another area Supervisors are reviewing is to ensure the number of visits indicated on the Plan of Care are being completed, and if not, documentation of the reason needs to be in the chart

Complaints

There were 7 complaints in 2007. One complaint had to do with the quality of care received. The complainant felt that two of our newly hired nurses did not have adequate training to perform their care. Two were complaints of missed visits. Another complaint was due to untimely visits by physical therapy and occupational therapy. Our on-call number did not work properly on one occasion and two complaints dealt with home health aides not acting in a professional manner.

Patient Satisfaction Survey

Our patient satisfaction survey has a return rate of between 20% and 45%. Comments have been very positive.

Acute Care Hospitalization

The department's overall goal is 31.7% for 2008. The statewide goal is 23%. In December of 2007, we were at 35.9%. A nurse from each office comprises the committee. They develop ways to decrease hospitalization of clients. One of the things the committee has done is to have all nurses check with clients to see if they have had their flu and/or pneumonia vaccines.

Oral Medication Study

Our target for 2008 in this study is 42.5%. The statewide goal is 90%. We have achieved over 90% with chart reviews. New York State is currently at 38.2 %. We are improving.

Pain Medication Study

This study is measuring if a patient who has pain is taught by our staff how to manage their pain. A pain management teaching tool should be used where applicable. The RN should teach from moderate to mild pain management depending on the physician's orders.

Adverse Events

This year there were 17 falls, 20 wound infections, 2 improper med happenings, 2 UTIs, 6 hypo/hyperglycemia events; 2 unexpected nursing home admissions; 4 unexpected deaths; 7 events where the patient declined in their ability to perform activities of daily living.

3. **Report from DOH Survey – 9/25/07**

The New York State Department of Health surveyed our CHHA Program from September 24, 2007 through September 28, 2007. All-in-all we did very well. Some issues addressed were:

- **Case Conferencing Every Two Weeks** – This was due mainly to a lack of documentation of case conferencing performed.
- **Specific Plan of Care** – The Plan of Care must address what is to be done, who is to do it, when it is to be done, and how often it is to be done.
- **Diagnosis** – The nurse must cover all diagnoses with the patient and be sure patient knows what all medications are for.
- **Blood Sugar Monitoring** – When blood sugar monitoring is ordered, Physician Orders should address who is to perform the monitoring and how often. If it is the patient's responsibility and if the patient is not compliant, the physician must be notified.
- **Wound Care** – Wound care documentation must be specific and include all wounds regardless how small they may be and each wound must be addressed at every visit.
- **Pain Management** - Pain management must be addressed and be a part of case conferencing if more than one service is involved.
- **Edema Measurement** – When an edema is measured, documentation should show exactly how you measured it (i.e. "from 4" above the knee")

4. **Case Presentations**

Sandra Worden, SCHN presented a case for CHHA. A LTC case was presented by Michelle Perras.

5. **Long Term Home Health Care Program** – S. Worden, SCHN

The Long Term Home Health Care program has a current caseload of 58. Sandra explained that a memo was sent to all nursing staff to encourage anyone who is eligible to apply for the LTC program.

Sandra reviewed items covered at her meeting in Albany on January 11th.

Sandra also presented our revised Long Term Care Program Client Satisfaction survey for approval by the committee. She asked if anyone had any suggestion or questions. No questions or revisions were made except to the revised date on the form.

6. **Policy & Procedure Review**

The following policies were reviewed and accepted:

- IV – Peripheral Inserted Central Catheter (PICC Line) (as written)
- Edema Measuring (as written)
- Coordination of Services by Nursing (with revisions)

B. OTHER BUSINESS

1. **Department Updates and Announcements**

Debby asked the committee if anyone had any suggestions for a physician who would like to sit on our committee. A few suggestions were made.

2. **Next Meeting**

Meetings will now be held in February, May August and November. A schedule is being prepared and will be sent with the next meeting announcement.