

CHNA Work group meeting minutes 2/13/17

**SME introduction:**

Mackenzie Bowman - Beebe Nutritionist.

Arlene Feleccia - Beebe Nutritionist.

Wendy - Nanticoke Nutritionist

Shelly - Nanticoke Director of Bariatric.

Bayhealth to connect with their nutritionist and Bariatric staff for next meeting.

Mackenzie : Discussed how Beebe's Cerner system fires off a referral to them when a person's BMI is >40. The nutritionist then checks to be sure the patient is on an appropriate diet i.e.: heart health, no education is given unless ordered by a physician. Multiple co morbidities usually cause a referral. The goal for this year is to involve the patients PCP's more and to see more in patients with nutritional needs. Beebe has no Bariatric nurse navigator or Director at this time.

Cheryl: Discussed work site wellness options which are offered to community stake holders and businesses. Cheryl also indicated that the school districts in Georgetown were on board with improving nutrition and obesity issues. Anyone interested in learning more about or connecting with the SCHC and the worksite wellness plan please contact her directly .

Wendy: Stated more of the Nanticoke PCP's are talking to their patients about weight issues.

Shelly: Discussed that Nanticoke is having an educational dinner for their physicians to educate them about obesity.

Wendy: Brought up that when her husband was discharged from a hospital in Maryland his discharge papers stated his BMI and suggested he discuss weight management with his PCP.

The group decided that this may be something easily integrated into their discharge planning as a way to address and open up the conversation with the patient about weight loss. It was left that we look into how IT can integrate the BMI in all facilities and what if anything at each hospital is discussed on discharge paperwork related to obesity, BMI, or referrals to the PCP for weight management. To be updated and discussed again at next meeting.

Megan: Stated Each group should find out who they need to connect with to build BMI and a referral into the discharge paperwork. Also how can we roll this into the PCP practice?

Also would be good to include phone numbers for the nutritionist or dieticians on the D/C paperwork as a point of contact for the patient.

Megan: Suggested the SME's from the group or a representative from each facility should connect with SCHC Sussex county Health coalitions monthly Health group meeting to become acquainted with other Sussex County stake holders in the community. The next meeting is February 22nd at the Easter Seals in Georgetown from 8:30-10am. The nutrition portion of the meeting was adjourned .

Mental/Behavioral Health meeting focus:

**SME introduction:**

Nataleen Bauer - Beebe Nurse Navigator Ed and Inpatient.

Lisa Wild - Nanticoke Director of ED, also Dr. Chester (not available for meeting).

Bayhealth- Kate and Esther will be Reps. for Mental Health as SME's.

Lisa: Discussed that they use Dover Behavioral Health who sends a screener for voluntary admissions from the ED. They are now piloting with Recovery Innovations program ( Linda Jenkins) they have offered a peer support person who will transport the patient to RI for treatment. This program connection was assisted by Mike Barbiary of D-SAM.

Cheryl: Discussed the Pilot Program in the planning stages now through SCHC. Slotted to be held April 4,11,18th 2017 from 6:00 - 7:30 pm. A three part series designed to help support the families of addicts. The topics would be:

1. What is addiction 2. Healthy relationships

3. Networking / Community support

It is planned to be held at Grace United Methodist Church in Georgetown. They will be providing translators in Spanish.

Nataleen: Discussed she will be using the PHQ 2 or PHQ 9 depression screening tool to assist in ruling out risks with patients for depression. There is a new Agitation protocol (Dementia) starting and she is also working on an Opiate protocol for patients with opiate history or Methadone use.

Megan: Discussed that on April 1st new guidelines are rolling out to providers. Acute injuries/pain are to be prescribed a 7 day supply only of controlled substances. Long term prescribing must institute a pain contract, PCP & Patient which will require drug screening and a PMP prescription monitoring program. A data base will be mandated for the PCP to check prior to prescribing controlled substances. This will inform the PCP if the patient has been prescribed controlled meds from other PCP's. Megan also reiterated she is working on submitting the grant application which should assist with establishing preseptorships for FNP's and Psych NP's which will help down the road with the shortage.

The group decided that the SME's for mental health will be attending the monthly SCHC Mental /Behavioral health committee meetings in Lou of this work group meeting due to its well established connections with stakeholders and obvious organizational benefits. The next meeting will be held February 17th 2017 at the Adam's State building in Georgetown from 9:30-11 am .

The next meeting of the CHNA work group R/T nutrition only will be slated for March 13th from 1-2 pm a phone in meeting. ( see invite via e-mail )

Please e-mail name corrections and contact info ie: e-mail addresses and phone numbers to Catherine prior to the next meeting so all parties will be updated promptly.

Thank you all for your continued support with the CHNA Task Force and our Implementation process.