

**CHNA Work group**

**Meeting minutes March 13, 2017 (call – In)**

**Attendance list:**

Megan Williams, Catherine Murphy, Cheryl Doucette, Rita Williams, Wendy Polk, Arlene Feleccia, Nataleen Bauer.

Nutrition/Obesity focus:

Catherine: intro and attendance of group. Focus of the meeting to discuss discharge paperwork and updating EMR’s across the health care systems to include BMI stats.

Nataleen: Stated she did not remember seeing BMI info on discharge paperwork from theBeebe ED, she will investigate this capability and report back next month.

Wendy: Reported that the discharge papers she spoke about did not have info about BMI as she thought just info about a low fat diet. She stated she has spoken to her IT team and they do have capability to incorporate BMI stats into Nanticoke’s EMR system. She also stated the nutrition department at Nanticoke does include teaching healthy lifestyles and diet to patients with BMI>40 as well as referring them to the Bariatric program.

Arlene: Stated Beebe’s system kicks out a red flag to her department when a patients BMI is >40 the nutritionist then assesses the patients diet to be sure it is appropriate. If the PCP requests they will also follow up with education as requested.

Rita: Brought up a good point, it is a catch 22 as to when to introduce wt. loss info. Illness from hospitalization may be stressful and diet may not be appropriate at that time. Key resource may be the Care coordinators??

Megan: Discussed the transition of care and D/C summary are sent over to the PCP’s office but she does not think it has info related to BMI or needs upon discharge related to weight in general. The team agreed it would be better to incorporate better navigation upon discharge with educational info from the bedside nurse, RD, and or Care Coordinators than to refer it out to the PCP where it could be missed.

Megan & Team: The care coordinators call the patients within 24 hours of discharge from the hospital, the only patients that are not called by Care coordinators are Peds, surgical, and Infants. The team agreed that the discharge planners and care coordinators would be a good asset to help implement this tool.

Catherine & Team: As was previously discussed last meeting, the team will put together a simple resource list with contact phone numbers, web sites, and info related to nutrition and exercise. (”Sussex county wellness educational programs”). This list will be used across the health systems to aid in referring the patients to the programs available in the community setting. It was agreed by the team that each will provide the resource list to Catherine and Cheryl by April 5th.

Cheryl: Discussed that the next SCHC meeting is set for March 22nd at the Easter Seals in Georgetown from 8:30 till 10 am (the time and dates were attached and forwarded to all with these notes.) This meeting will be instrumental in letting each health care system discuss its desire to connect to the community and its stake holders, as well as discussing its Implementation strategies.

Please e-mail any corrections to Catherine related to these meeting notes.

The next meeting is scheduled for April 10th from 1-2 pm. Please call into 302-645-3300 and ask for the CHNA Workgroup meeting, Catherine Murphy the Admin.

Thank you all for your time and support with the CHNA Task force and our Implementation process.