Discharge Planning Workgroup Meeting Minutes for Meeting of January 29, 2009

40 North Pearl Street, Albany, 217 So Salina Street, Syracuse Area Office, 317 Lenox Avenue, NewYork City Area Office 10:00 am – 12:00 -pm

NEXT MEETING: March 26th, 2009, 10 a.m. – 12:00 p.m.

Present:

Diana Abadie DOH

Stacey Agnello NYS Office for Aging Nora Baratto St. Peter's Hospital

Linda Camoin OTDA

Eleanor Canning
Visiting Nurses Services of NY
Fran Gautier Brown
NYC Chap of N.S.W. Assoc.
Peter Brown
Inst. of Behav. Hlth. & Mgmt

Anna Colello DOH

Dr. Kevin Costello Albany Medical Center

Mary Ann Cresanti NYS Nurse Practitioner's Assoc

Lou Czynski Bronx-Lebanon Highbridge-Woodycrest Ctr

Maureen Duffy DOH

Tom Fisher NYSSDMC Program

Beth Eisenhandler DOH

Maureen Freehill Div. of Housing & Comm. Renewal

Margaret Gorman NYSHCP

Deborah Greenfield Bureau of Adult Services – OCFS

Anne Hill NY Assoc. for Homes & Services for Aged

Maire Kavanaugh

Andrew Koski Home Care Association of NYS
Catherine Morris Stony Brook Univ Med Ctr

Lisa Newcomb Empire State Assoc. of Asst Living Martha Patterson Visiting Nurses Assoc. of Albany

Rick Patterson

Cindy Riecker Home Instead

Mchael Schaeffer Albany Medical Center Brenda Scovello Kings Arms Assisted Living

Terese Seastrum NE Health Gerald Stenson DOH

Patty Willsey Albany Co. Dept of Social Services

Welcome Members,	Anna welcomed all conference participants from each
Anna Colello	of the three video conferencing locations
Dr. Kevin Costello	Dr. Costello gave a presentation on transitional care,
Albany Medical Ctr.	focusing on the post-hospital discharge care of elderly
	patients. The presentation explored a variety of
Transition of Care	models of transitional care, and evidence of the
	efficacy of some of those models. He described the
	facilitated hospital discharge model of transitional care
	that has been developed at Albany Medical Center, a
	collaborative effort with the Visiting Nurses
	Association of Albany, Rensselaer and Saratoga
	Counties. Inc.
D 1 2	
Brenda Scovello	Ms. Scovello Pinckney presented a three case scenario
Pinckney	of residents discharged to an ACF/ALR facilities who
T7.	were in need of skilled clinical assessment and clinical
Kingsway Arms	tasks which the facility was not able to provide. The
A Jule CADE	regulations governing the operation of ACF/ALR
Adult CARE Facilities	facilities does not allow for clinical assessments and
racinues	skilled services to be provided to residents residing in this level of care.
Problematic	this level of care.
Discharges	Also identified is the fact that ACF/ALR facilities can
Discharges	try to refuse inappropriate residents for readmission
	when these residents are outside of the scope of
	services the facility is licensed to provide. Although
	the readmission is inappropriate, there have been times
	the department of health will advise readmission with
	follow up discharge planning to ensured the resident is
	admitted to the level of care which can meet the
	resident's needs. This does impact on the facility's
	operation and is noted as non compliance with the
	ACF/ALR/EH regulations governing retention
	standards.
	There are many levels of licensum to an emate in the
	There are many levels of licensure to operate in the
	adult care facility industry. Adult Home, Enriched

Housing, Assisted Living Program, Assisted Living Residence, Enhanced Assisted Living Residence, Special Needs Assisted Living Residence, and Alzheimer's/Dementia Units to name a few. It is understandable that Emergency Room Departments, acute care facilities, sub acute care facilities and nursing homes may not be fully apprised of each facility's set of regulations relating to admission/discharge and retention standards.

Education and communication with local hospitals, nursing homes, sub acute rehabilitation centers relating to the adult care facility's various sets of regulations is necessary. This education and communication will hopefully ensure that adult care facility residents will be discharged to the setting which can appropriately provide the direct care and services required by the resident.

Tom Fisher Director NYSSDMC Program

Surrogate Decision Meeting

The Surrogate Decision Making Program (SDMP) retains continuing jurisdiction to make informed consent treatment decisions for persons who once resided in an OMRDD or OMH licensed, operated or funded facility, and who have subsequently been discharged to a community setting such as a nursing home, adult home or other community setting.

The expansion of the program jurisdiction can assist qualifying residents of nursing homes, assisted living facilities, adult homes and other community settings when a major medical treatment is proposed for them, but they lack the capacity to make their own informed decision and there is no legally authorized, willing and available surrogate decision-maker to act on his/her behalf.

Anna Colello Program Staff	To be discussed at March 26 th meeting.
Review of Problematic Discharge	
Mental Health Diagnosis	
No Immediate Housing	
Linda Camoin	The group decided that Fridays are not good, so she will look to book the room on Thursdays going
Dates for Future Meetings	forward. The part masting is March 26, 2000 from 10,00 a m
Future Topics	The next meeting is March 26, 2009 from 10:00 a.m. – 12:00 p.m.