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, New York 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       Home Care Association of NYS
Andrew Koski          Stony Brook Univ Med Ctr
Catherine Morris      Empire State Assoc. of Asst Living
Lisa Newcomb          Visiting Nurses Assoc. of Albany
Rick Patterson        Home Instead
Cindy Riecker         Home Instead
Michael 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
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<tr>
<th>Welcome Members, Anna Colello</th>
<th>Anna welcomed all conference participants from each of the three video conferencing locations</th>
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<td><strong>Dr. Kevin Costello</strong>&lt;br&gt;An Albany Medical Ctr.</td>
<td><strong>Transition of Care</strong>&lt;br&gt;Dr. Costello gave a presentation on transitional care, focusing on the post-hospital discharge care of elderly patients. The presentation explored a variety of 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.</td>
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<td>Brenda Scovello Pinckney</td>
<td><strong>Kingsway Arms</strong>&lt;br&gt;<strong>Adult CARE Facilities</strong>&lt;br&gt;<strong>Problematic Discharges</strong>&lt;br&gt;Ms. Scovello Pinckney presented a three case scenario of residents discharged to an ACF/ALR facilities who were in need of skilled clinical assessment and clinical tasks which the facility was not able to provide. The regulations governing the operation of ACF/ALR facilities does not allow for clinical assessments and skilled services to be provided to residents residing in this level of care. Also identified is the fact that ACF/ALR facilities can 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.</td>
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<td>There are many levels of licensure to operate in the adult care facility industry. Adult Home, Enriched</td>
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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  
| Review of  
| Problematic  
| Discharge  
| Mental Health  
| Diagnosis  
| No Immediate  
| Housing  |
|---|---|
| To be discussed at March 26\(^{th}\) meeting.  

| **Linda Camoin**  
| Dates for Future  
| Meetings  
| Future Topics  |
|---|---|---|
| The group decided that Fridays are not good, so she will look to book the room on Thursdays going forward.  
| The next meeting is March 26, 2009 from 10:00 a.m. – 12:00 p.m.  