LOCATION: Video: Microsoft OfficeTeams

ATTENDANCE:

Present: Maureen Cooper-Gaine, Amy Gonzalez, Joy Choy, Lori Curtis, Ashley Bromley, Tiffany Eder, Steve Lowry

Guest Present: Hospice RN

Guest: Hospice RN with concerns

- Unwanted Overtime (especially stressful when 2 hours or more are needed)
  - There has been an increase frequency of unwanted overtime
- Contributing factors
  - 2 Admission visits during one shift
  - Driving time
    - To visits
    - Drop off consent in office
  - Inadequate staffing
    - Nurses cancelled and remaining staff must take on more admission visits
  - Increase frequency of late hospital discharges with hospice admission visit same day
  - Higher acuity
- PNCC is concerned with inadequate staff on east side and now opening up Clark County
- PNCC recommendations
  - 1) Adequate staffing is the primary issue. Inappropriate call offs impact ability to see pts and serve the Hospice population appropriately with urgent visits.
  - 2) Evening staff are being told they should be able to see 2 admits in 8 hours. This has proven to not be possible without OT due to the
high acuity of pts. (Evening admit pts have usually just been dc from the hospital.)

- 3) Docusignatures would eliminate the need to drive to the office with consents on the same day. Is this possible within current regulations?

- 4) Shift the Shift- If 2 admits can't be avoided for one clinician, consider allowing he nurse to come in an hour early rather than working early into the early morning. Instead of a start time of 3 consider a start time of 1400 for days with more than one admits per one hour shift.

- 5) Hold a nurse on Standby- If you are going to call off a nurse, consider putting that nurse on "Standby". CONSULT CONTACT

- 6) Any administrative work that can be done before the admit should be done. IE- Confirming meds are entered. ID ACT patients early!!

- 7) Increased use of LPNs for the complex pt situations

- 8) MSW see the pts first and explain the program, get consents and do POLST

- 9) Develop a work group to ID areas that can be streamlined further.

- 10) Avoid situations where multiple syncing of computer in the field. This takes some significant time in the field.

- 11) Consider holding admits if you do not have the staff to cover to case manage. IE 40 pts do not have an assigned Case Manager currently.

- Other hospice issues
  - Hospice staff no longer able to commit to routine follow up visits
  - Case managers doing more video visits and less in person visits
  - Patients not seen for 2-3 weeks at a time
  - Hospice families reporting decrease in quality of care from previous experiences with hospice
• Member Update
  o Kathleen Leendertse has stepped down from PNCC
  o Steve Lowry has joined PNCC
  o Mary Dehning alternate
• Process when management requests meeting with PNCC
  o Contact PNCC with request and subject in advance
• Need for PNCC Bylaws- Steve may possibly take on this project but requesting more information
  o Helen has binders
  o Review contract & ONA resources

SRDF

• Main concern has been not enough staff
• Response from management has lacked solutions, instead often rationalize circumstances

PRODUCTIVITY

• No response from management following recommendations
• Case management lacking, as evidenced by missed visits, outdated POC
• Need clarification on:
• Job description including role and responsibilities for the following:
  o Case manager
  o Home health nurse
  o Hospice nurse
  o Mental health nurse
• Need Caseload formula for home health nurse (Hospice formula 13 x FTE)
• PNCC needs to connect with clinicians: Plan Open House Event

LPN Concerns and PNCC Recommendations
• No response from management following recommendations

Next meeting June 3, 2021 via TEAMS 1430-1630