



### Meeting Highlights and Action Plan

Agenda Item/ Topic	Key Points	Action Items <i>Including Responsible Party/Timeline if applicable</i>
<b>RHC Referrals and Numbers</b>	<ul style="list-style-type: none"> <li>• Lisa S. gave an update on current numbers from RHC – see handout               <ul style="list-style-type: none"> <li>➢ 122 total referrals from the Hospital to RHCHC in 2015                   <ul style="list-style-type: none"> <li>✓ In 2014, 22 patients were referred and 15 were seen</li> </ul> </li> <li>➢ 83 patients established care in 2015 (Reasons for not seeing a referral: no shows, no working # or found other care)</li> <li>➢ See handout for remaining data (Diabetes referrals, Hypertension Referrals, Addition/ Substance Abuse)</li> </ul> </li> <li>• Focus point: Where do patients go when they leave the hospital?</li> </ul>	<ul style="list-style-type: none"> <li>• Sarah E. to run reports for RHC</li> <li>• MP looking for data on discharges / diagnosis and the top 5 comorbidity to present at next meeting               <ul style="list-style-type: none"> <li>➢ Additional information requested from NHR to include sleep apnea links.</li> <li>➢ Additional information requested from L. Kerr to include the average age of patients.</li> </ul> </li> <li>• G. Jones to get remaining data</li> </ul>
<b>Miscellaneous Category</b>	<ul style="list-style-type: none"> <li>• M. Potina shared top reasons for ER Visits               <ul style="list-style-type: none"> <li>➢ Upper respiratory</li> <li>➢ Pain (chest)</li> <li>➢ Sprains/Contusions</li> <li>➢ Open wounds</li> <li>➢ Joint pain</li> <li>➢ Pain in extremities</li> <li>➢ Dental</li> <li>➢ Headache</li> </ul> </li> <li>• Group discussed the issue of patients not having awareness about community resources</li> <li>• CAP briefly described the main focus areas that the group has identified:               <ul style="list-style-type: none"> <li>➢ Education/ Intervention</li> <li>➢ Primary Prevention                   <ul style="list-style-type: none"> <li>✓ Risk factors for heart disease                       <ul style="list-style-type: none"> <li>▪ All illnesses are at risk for cognitive decline (Dr. Teegala)</li> </ul> </li> <li>✓ Tobacco prevention/cessation</li> <li>✓ Prescription Affordability</li> <li>✓ Transportation / Illnesses</li> </ul> </li> <li>➢ Third area of focus to be determined</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Individual agencies to get with G. Jones to get remaining data on prescription affordability and transportation illnesses.</li> <li>• Team members to think about what we are particularly concerned about and to be briefly discussed at the next meeting.</li> <li>• Chronic Disease Team to send out any concerns to Sarah D. to discuss at next meeting.</li> </ul>

	<ul style="list-style-type: none"> <li>• Dr. Teegala briefly touched base on creating a Wellness Coach Coalition. <ul style="list-style-type: none"> <li>➤ Areas to possibly focus on coaching <ul style="list-style-type: none"> <li>✓ Smoking Cessation</li> <li>✓ Healthy Diet</li> <li>✓ Sleep</li> <li>✓ Exercise</li> <li>✓ Medication Awareness</li> <li>✓ Preventative Awareness</li> <li>✓ Health Literacy (#1 focus)</li> </ul> </li> </ul> </li> </ul>	
<b>Updates and Discussion</b>	<ul style="list-style-type: none"> <li>• CAP – Briefly discussed what data is needed before the meeting on March 29, 2016. Three specific goals are to be completed prior to March 29, 2016 to be presented at the CHA meeting.</li> <li>• Next meeting set for February 29, 2016 @ 8am. (RHC)</li> </ul>	<ul style="list-style-type: none"> <li>• Individual agencies to collect data for next meeting.</li> </ul>